

DY4 Q1 ATTACHMENT G: MCO Action Plans

Quarter 3 DY2

MHC

Q3DY2

Action Plan #1	Implementation Date	Completion Date
Regulatory Reports	7/27/2015	In Progress

Description

Identify errors in report submission data. Ensure analyses address trends and details of report activity. Perform a quality review of report data and analyses prior to submission to HSD.

Status

MHC has engaged Corporate IT, the Enterprise Project Management Office, and other key resources to complete a priority 1, "State Remediation Report Project." This project was actively sponsored at the highest executive levels within the company. Twenty-four state reports were identified in this project.

MHC's State Remediation Report Project prioritized reports by "waves". Each report listed now has a data dictionary, which is part of the normalization process and is a well-established industry standard for Data Modeling based on Business Rules and Modeling.

The State Remediation Report Project was completed 9/30/16. Transition work was been completed on the reports that were still open items as of 9/30/16, including Report 3, 55 and 45. During the current reporting period, all open items, with the exception of Report 3, were closed.

For Report # 3, MHNM continued to take action to ensure data integrity and to refine the database infrastructure. Further logic changes are still in development. Testing has been delayed; finalization is now anticipated by August, 2017.

Quarter 2 DY3

BCBSNM

Q2DY3

Action Plan #1	Implementation Date	Completion Date
Myers and Stauffer Audit	02/04/16	In progress

Description

BCBSNM is actively addressing Myers and Stauffer audit findings and recommendations.

Status

1. Conducting provider training and education on how to properly submit late charges on inpatient hospital claims. 06/29/16 – BCBSNM anticipates that training activities will be completed in approximately five months. 11/15/16 – BCBSNM Network Services provided education on late charges on inpatient hospital claims in their December provider newsletter. Continuous education will be provided in thumb drives to new and existing

- providers. Completed 12/31/2016.
2. Returning claims to providers with blank Present on Admission (POA) indicators so the proper POA indicator can be included. 06/29/16 – BCBSNM creating coding and system upgrade request. 09/01/16 – BCBSNM’s Claims Department formed a committee to develop systematic solutions to upgrade system. 10/05/16 – System change request submitted and system upgrade is scheduled for February 2017. Anticipated completion is 02/28/2017. 03/31/17 – System upgrade has been rescheduled for April 2017; enhancement will enable BCBSNM’s system to automatically reject electronic institutional claims that do not have POA indicators when required. . 06/30/17 – System upgrade has been rescheduled for July 2017.
 3. Defining standards and routinely monitoring contract loading timelines. 6/29/16 – Inventory and monitoring process for application loading into BCBSNM’s system is in progress. 11/15/16 – A new policy for inventory control and monitoring was implemented within BCBS’s NM Network Services to monitor and control network inventory. This policy is congruent with BCBSNM’s timeliness policy, which supports timeliness standards in accordance with regulatory requirements. Additionally, an inventory workgroup has been meeting weekly to review the current inventory and escalate aging inventory, which is prioritized each week. Completed 12/31/2016.

Quarter 3 DY3

PHP

Q3DY3

Action Plan #1	Implementation Date	Completion Date
EQRO Audit Results	07/15/16	07/07/2017

Description

This audit was conducted in 2016 for 2015 data.

For all areas where PHP’s scored less than 80% in the individual categories PHP will develop an internal corrective action plan.

Status

10/6/2016 – PHP awaits the final Report for the EQRO Compliance Audit Report. PHP will work with HSD to ensure the requirement was to develop separate transition of care documents and not additional entries for transition in the member's care coordination plans.

PHP will begin an internal CAP while we await the draft EQRO Compliance Audit Report.

- Areas to address are Transition of Care and Care Coordination.

PHP submitted its rebuttal to the EQRO draft report and awaits HI/HSD’s decision and final report.

June 2017 –The program has maintained “Full Compliance” overall per the Draft Report issued March 2017. Areas where improvement is expected to be addressed from the 2015 scores include:

Utilization Management (78.72%) and PCP and Pharmacy Lock-Ins (78.75%). PHP is in the midst of a 2016 audit; on-site activities have just concluded. Current scoring for both these areas on the 2016 audit are 100%. No further corrective actions are required for these areas. The internal corrective action is closed.

UHC

Q3DY3

Action Plan #1	Implementation Date	Completion Date
HSD Care Coordination Audit	09/01/16	In process

Description

HSD conducted an audit on care coordination documentation in November 2015. Outcomes were favorable and indicated significant improvement in continued documentation efforts specific to care coordination activities.

Status

9/30/16 – A summary report was provided to HSD on UHC’s internal activities specific to the action plan that is in place to continue improvement on care coordination documentation. The internal action plan was also updated and submitted.

12/1/16 – Improvement activities for each audit finding is submitted monthly. Of the seven items, three are entirely complete and the four others are in progress. Random sample reviews guide areas of focus for continued improvement efforts.

4/5/17 – HSD provided UHC with two recommendations and seven action steps focused on ensuring positive health outcomes resulting from Care Coordination activities. Quarterly updates are due to HSD from the MCOs on the 15th of the month following the end of quarter. In addition the MCOs meet individually with HSD on a monthly basis to review progress as well as to identify barriers. UHC has several quality improvement initiatives utilizing its new clinical care system, CommunityCare. In 2017, UHC has placed an emphasis on internal auditing, staff education, training and feedback, utilizing system generated goals as a starting point for developing measurable goals for the member and having current medication and service data readily available in the CommuintyCare system. UHC has also developed a Corporate Adherence Report to measure adherence to contract metrics.

7/15/17 – UHC is meeting quarterly with the Quality Bureau at HSD for in-person meetings. HSD has provided positive feedback related to UHC care coordination efforts. Meetings will continue through 2017,

BCBSNM

Q3DY3

Action Plan #2	Implementation Date	Completion Date
HSD Care Coordination Audit	07/19/16	In process

Description

HSD conducted an audit on care coordination documentation in November 2015. The audit examined Care Coordination process and documentation completeness through a sample file

review of members with a Care Level 2 or 3. The final report from HSD indicated 12 findings/recommendations identified.

Status

7/19/16 – A summary report was provided to HSD specific to BCBS’s internal actions related to HSD’s findings as well as continued quality improvement for care coordination.

12/30/16 –BCBSNM continues to address HSD findings to improve care coordination processes and documentation. BCBSNM continues to update HSD on progress made on a monthly basis.

03/31/17 – BCBSNM continues to update HSD on progress made to improve care coordination processes and documentation. Future updates will be provided to HSD quarterly and will encompass information on ongoing internal audits, summarizing the scope (sample/universe), methodologies (record review, ride along/observations, etc.), measurable results and ongoing actions steps based on BCBSNM internal findings.

06/30/17 –BCBSNM’s internal audits demonstrate improvement in care coordination processes and documentation. Audit activities have validated the following: disaster and back-up plans have been included in the member records; appropriate behavioral health referrals have been made and documented in the member record; and multi-disciplinary teams have been involved in managing members with complex physical health and/or behavioral health care needs. BCBSNM will continue to educate and train staff on proper documentation in order to ensure positive health outcomes as a result of improved care coordination activities.

BCBSNM

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Action Plan #3	Implementation Date	Completion Date
Members with HSD Mailing Address	07/29/16	In process

Description

BCBSNM is implementing logic to suppress mailings when only the HSD physical address is provided.

Status

9/7/16 – The converter update to accommodate these situations is currently in process. 12/31/16 – BCBSNM identified mailing types impacted and corrected letters pertaining to the member’s enrollment with BCBSNM. BCBSNM continues to address the other mailing types. Anticipated completion is 03/31/17.

03/31/17 – BCBSNM has implemented a short-term interim fix that was deployed in March 2017 to suppress materials generated from the enrollment system. A mid-term interim fix is projected to be deployed in August 2017 to suppress the mailings of member ID cards and member packets to HSD. The long-term fix is currently under evaluation as this will remove HSD default addresses from the enrollment system to ensure that no downstream systems use the default addresses.

06/30/17 – BCBSNM is on target to deploy the mid-term interim fix in August 2017 that will

suppress the mailings of Member ID cards and member packets to HSD.

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BCBSNM

Q4DY3

Action Plan #5	Implementation Date	Completion Date
HCM CareNet Remediation Plan	11/01/16	In progress

Description

Collaborating with CareNet (new vendor) to ensure completed HRAs are loaded into the Aerial medical management platform. Confirming IT Oversight/Monitoring to ensure process does not negatively impact scheduling and completing of CNAs for New Mexico Centennial Care members who require a CNA.

Status

11/19/16 – Detailed data path flow analysis between systems completed and touch points identified. 11/23/16 – Determined why HRA data had not been loaded to the Aerial system. Pending – BCBSNM’s Information Technology is currently instituting a production failure monitoring and oversight process.

03/31/17 – An enterprise issue has been identified and the HRA’s completed by the vendor are consistently being entered in the healthcare management system in an automated manner. BCBSNM has identified a short and long term solution to ensure the HRA is loaded into the system. The preliminary implementation of the short term solution is a manual process and the long term solution will be a fully automated process to load records into the system.

06/30/2017 – BCBSNM has submitted a funding request internally to support a diagnostic tool to monitor and report on data feeds between all data path touchpoints and resolve the issues or problems between each data system. There is a manual work around to monitor data from the CareNet system to Aerial system; however, beginning in May 2017, BCBSNM will conduct member HRAs rather than CareNet.

Quarter 2 DY4

PHP

Q2DY4

Action Plan #2	Implementation Date	Completion Date
EQRO Audit Results – 2016 Audit conducted in 2017	07/2017	In progress

Description

Determine if need to have two care plans for transitioning members - a Comprehensive Care Plan (CCP) and a Transition Plan as separate documents to satisfy Health Insight Auditors

Status

July 2017 – Separate Transition plans are an issue. PHP seeks guidance and final determination of

having multiple care plans (CCP and Transition of Care plan) instead of one integrated CCP which includes transition items from HSD. Auditors and PHP do not agree on a process for these efforts. At the quarterly meeting, the Quality Bureau Chief stated that the Transition of Care plan may be located within the CCP provided that it is in a dedicated section of the plan and clearly identified as a Transition of Care Plan.

UHC

Q2DY4

<i>Action Plan #2</i>	<i>Implementation Date</i>	<i>Completion Date</i>
<i>Nursing Facility Claims</i>	<i>5/2017</i>	<i>6/29/17</i>

Description

UHC Nursing Facilities were having problems related to incorrect claim denials, incorrect MCC calculations, and required education/outreach for Skilled Nursing Facility providers to understand the claims processing denials. Internal comprehensive training and education for internal UHC departments around processing guidelines for Nursing Facility claims.

Status

Claims issues researched and resolved. UHC developed a claims dashboard per provider. Claims reports and analyses will be ongoing on a weekly basis to request adjustments as needed. A training track was developed and implemented for various UHC departments. Claims education webinars, and implementation of a monthly Joint Operating Committee (JOCs), were developed to enhance provider communication.