Q3DY4 ATTACHMENT H: 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.

As of 9/20/17, testing for Report #3 was successful with no issues detected. It is anticipated that this item will be closed following the data run and submission for Q3.

Quarter 2 DY3

BCBSNM

Q2DY3		
Action Plan #1	Implementation Date	Completion Date
Myers and Stauffer Audit	02/04/16	9/30/17

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. This 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. 09/30/17 – System upgrade was implemented and a process for electronic and paper claims is in place. Completed 09/30/17.

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

UHC

Q3DY3		
Action Plan #1	Implementation Date	Completion Date
HSD Care Coordination Audit	09/01/16	In progress

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 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.

10/9/17 – HSD and UHC exchanged positive feedback and comments at their quarterly meeting with the Quality Bureau regarding ongoing Care Coordination performance improvement efforts.

BCBSNM

Q3DY3

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

Description
HSD conducted an audit on care coordination documentation in November 2015. The audit examined Care Coordination processes 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
07/19/16 – 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 the 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 records 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.

09/30/17 – BCBSNM's self-auditing and monitoring continues. Additional education was completed by 09/30/2017. BCBSNM continues to conduct multi-disciplinary rounds to manage complex physical health and/or behavioral health care needs.

BCBSNM

Q3DY3		
Action Plan #3	Implementation Date	Completion Date
Members with HSD Mailing Address	07/29/16	9/21/17

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

Status
09/7/16 – 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.

10/06/17 – It was determined that there are variations of how the address information is updated by HSD, including the use of other default addresses. Due to the default address variations, BCBSNM's enrollment system will not be reprogrammed to remove HSD's default address. BCBSNM's internal action plan has been closed as complete.

Quarter 4 DY3

BCBSNM

Q4DY3		
Action Plan #4	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 touch points 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.

09/30/17 - Interventions are now approximately 95% complete. BCBSNM will be revising one standard operating procedure to reflect the internal process and requirements. Additionally, performance metrics are being monitored to assure performance levels are met and maintained. Anticipated date of completion is October 2017.

Quarter 2 DY4

PHP

Q2DY4		
Action Plan #1	Implementation Date	Completion Date
EQRO Audit Results – 2016 Audit conducted in 2017	07/2017	In progress

Description
Determine if there is a 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.

November 2017 – PHP will work on Transition of Care plan documentation.

Quarter 3 DY4

PHP

Q2 DY4 reported in Q3 DY4

Action Plan #2	Implementation Date	Completion Date
DentaQuest Internal Audit and Monitoring	5/25/2017	09/07/2017

Description

PHP conducted annual audit of DentaQuest on 05/25/017. PHP placed DentaQuest on a CAP for 95% technical accuracy on claims and 97% accuracy for network access.

Status

September 2017 – Claims CAP: The findings have been corrected and were technical errors. Two claims in question were reprocessed on 5/25/17. A copy of the remits were provided to PHP for the claims in question. CAP approved and closed on 9/7/17 with continued monitoring by PHP. CAP reported to HSD on 8/24/17. Provider Directory IP: On-going maintenance of DentaQuest's Provider Directory to ensure all providers are registered with NM Medicaid and information is accurate. CAP closed on 9/7/17.

PHP

Q2 DY4

Action Plan #3	Implementation Date	Completion Date
EQRO Encounter Validation Audit	9/01/2017	In progress

Description

Items listed in the EDV audit require correction – reconciliation process improvements; medical record information; file format improvement

Status

September 2017 – PHP is waiting for the final report and has asked for specific issues that the auditors found as noncompliant in order to effectively implement CAPs. For instance, in its rebuttal PHP questioned the reporting that 50% of medical records failed. PHP requested specific data from the auditor such that PHP can work with its network of providers to correct.

PHP

Q1 DY4 reported in Q3 DY4

Action Plan #4	Implementation Date	Completion Date
VSP Semi-Annual Audit with CAP	3/17/2017	In progress

Description

PHP conducted the semi-annual audit of Vision Service Plan on 3/17/2017. VSP was placed on a CAP for several items: Claims (Timeliness 88% & Accuracy 95%), Network Development 70% and Utilization Management 85%.

Status

Claims CAP: HSD's requirements for accuracy of claims processed is 99% for financial accuracy and 98% for technical accuracy. VSP scored a 95% for denied claims and a 96% score for paid claims.

Claims CAP: HSD's claim requirements for timeliness of claims paid and denied are 90% of clean claims paid/denied within 30 calendar days and 99% of clean claims paid/denied within 90 calendar days. VSP scored an 87.5% score for paid claims within 30 days and a 95% score for claims denied in 90 days.

VSP's Resolution: VSP confirmed coaching was provided to the processors for each of the claims in question within 3 business days of VSP receiving notification of the errors. CAP reported to HSD on 8/24/17.

Provider Network CAP: VSP not adhering to LOD 39 which requires VSP to not to pay claims of providers and/or provider groups who are not registered with NM Medicaid.

VSP Resolution: Updated Reports from Presbyterian Health Plan
VSP has implemented a practice validation process by which a practice is not added to the VSP Medicaid Network in NM until we have verified the correct NPI2 number is registered with the State. This includes validating practices on the report received from PHP each month. *CAP closed* on 8/15/17.

VSP Resolution: Practices Pending State approval
VSP has implemented a practice validation process by which a practice is not added to the VSP Medicaid Network in NM until we have verified the correct NPI2 number is registered with the State. In addition, all 14 practices have been re-activated with their original effective date. CAPs reported to HSD on 8/24/17.

UM CAP: VSP is required to adhere to NCQA UM Requirements. *CAP closed* on 8/21/17 with continued monitoring by Clinical Operations.

MHC

Q3 DY3 reported in Q3 DY4

Action Plan #2	Implementation Date	Completion Date
HSD Care Coordination IAP		
	7/16	In progress

Description

Following an HSD desk audit, MHC developed and implemented an IAP to: 1) improve and standardize the documentation in members' case files, and 2) create a process for multidisciplinary review and identification of intervention strategies for members with BH issues who refuse treatment.

The IAP included the development of a file documentation template and extensive training of Care Coordinators in file documentation processes. MHC measures progress through quarterly review of a random sample of files. MHC also implemented Physical and Behavioral Health Co-Managed Rounds for members refusing BH services

Status
As of the 3rd quarter, MHC reports progress in consistent and complete file documentation of disaster and back up plans, next steps for members, and member reassessments. The results of the sample reviews are shared with Supervisors for feedback to Care Coordinators.

A workflow has been developed for members seen in inpatient multidisciplinary rounds to be followed in MHC's outpatient co-managed rounds. Care Coordinators are educated on the importance of motivational interviewing and medication adherence. The recommendations of Medical Directors and Pharmacists are clearly documented in the member's file.