

Q3DY3 ATTACHMENT H: MCO Action Plans

Quarter 3 DY2

MHNM

Q3DY2

Action Plan #3	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

MHNM has engaged Corporate IT, the Enterprise Project Management Office, and other key resources to complete a priority 1, "State Remediation Report Project." This project is being actively sponsored at the highest executive levels within the company. Twenty-four state reports have been identified in this project. This initiative involves redesigning and auditing all aspects of the data gathered and submitted for these reports.

Report redesign includes identifying subject matter experts (SMEs) for each report and compiling a data dictionary so data can be pulled using the same logic across multiple reports. The report requirement documents are also being updated to ensure report data is supplied to report owners sooner, increasing the time report owners have to review the data prior to submission to HSD.

This technical design review (TDR) process will yield a high quality report. Due to the enormous amount of data and sourced systems involved in the creation of these reports, the TDR process will be in progress until it is completed correctly. TDR is an industry standardized best practice and is a proven method that will result in repeatable and systematic quality output for the reports and will result in consistent and high quality reports. The company remains committed to supplying accurate and timely reporting to the Human Services Department (HSD). The TDR method overseen by our top engineering talent, coupled with key NM experts who are focusing on this project, will execute and deliver on this commitment.

March 2016 – MHNM’s State Remediation Report Project encompasses several reports that have been prioritized 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 data dictionaries for the Wave A reports are 100% complete.

June 2016 - Self-Directed Report #4 and Agency-Based Community Benefit Report #9 have been completed and removed from Report Remediation Project.

July 2016 – MHNM’s State Remediation Report Project encompasses several reports that have been prioritized 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 data dictionaries for the Wave A reports are 100% complete, however these are every changing based on reporting instructions and requirements provided by

HSD. The data dictionaries will also be used to cross-reference other reports that encompass similar data requests.

The State Remediation Report Project has completed as of 9/30/16. Transition work has been completed on the reports that were still open items as of 9/30/16, including Report 3, 55 and 45. The Analytics team was de-briefed and items such as code walk-through, RRD walk-through, and lessons learned were discussed.

The reports included in this report project are broken down by Waves

WAVE A: 4 Reports, 100% complete

WAVE B: 4 Reports, 100% complete

2 Reports removed from Report Remediation Project and moved to MHNM Analytics for logic and report design.

1 Report 90% complete and awaiting HSD approval of final template

WAVE C: 5 Reports removed from Report Remediation Project and moved to MHNM Analytics for logic and report design.

WAVE D: 2 Reports removed from Report Remediation Project and moved to MHNM Analytics for logic and report design.

Quarter 1 DY3

UHC

Q1DY3

Action Plan #1	Implementation Date	Completion Date
Myers & Stauffer Audit	3/24/16	Closed – Moved to a DCAP

Description

UHC began an internal action plan to address preliminary findings.

Status

3/24/16 – Some of the Myers & Stauffer preliminary findings, such as the delegated entity oversight and claim policy updates, will be tracked and monitored until resolved via self-initiated internal corrective action plan. 5/26/16 – HSD is transitioning this internal corrective action plan to a directed corrective action plan (DCAP) which includes additional areas of concern resulting from the Myers & Stauffer audit. 8/18/16 – Please see CMS notification and DCAP attachment.

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. Anticipated completion is end of 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.
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. Anticipated completion is end of 2016.
4. Activities are ongoing. Anticipated completion date is on target for December 2016.

UHC

Q2DY3

Action Plan #2	Implementation Date	Completion Date
Reporting	05/03/16	In process

Description

A previous internal action plan was completed in February 2016. This plan is to complete design reviews of state reports. UHC identified areas of the reporting process, to review, in its effort to ensure accurate reporting.

Status

7/7/16 – A reporting summit was held with report owners to identify any gaps and areas for process improvements. Quality review documents are being developed. 10/4/16 – Reviews are in progress with business owner and analytics team. Clinical reports were prioritized to ensure that there are no disruptions of state reporting in anticipation of UHC’s migration to a new clinical platform due to launch on 10/1/16. UHC completed an evaluation of its reporting inventory to account for all state reports including those that are ad hoc or required by some other means beyond the state contract (e.g. Letters of Direction (LODs)).

Quarter 3 DY3

PHP

Q3DY3

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

Description

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

Status

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

Q3DY3

Action Plan #2	Implementation Date	Completion Date
DentaQuest Claims Audit	07/15/16	12/31/16

Description

During PHP's 6/23/16 annual audit of DentaQuest the Claims Auditor identified the issue with claims timeliness and accuracy. Both measures were missing goal by 1% to 3%.

Status

DentaQuest's Claims CAP will be reported to Delegation Oversight Committee on 10/12/16.

DentaQuest is required to submit an updated CAP to PHP every 30 days.

UHC

Q3DY3

Action Plan #3	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.

BCBSNM

Q3DY3

Action Plan #4	Implementation Date	Completion Date
HSD Care Coordination Audit	07/29/16	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

7/29/16 – 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.

BCBSNM

Q3DY3

Action Plan #5	Implementation Date	Completion Date
Members with HSD Mailing Address	07/29/16	In process

Description

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

Status

9/7/16 – The converter update to accommodate these situations is currently in process.

BCBSNM

Q3DY3

Action Plan #6	Implementation Date	Completion Date
Non-Native American PA Criteria for ITU and Tribal 638 providers	09/30/16	In process

Description

It was determined that Prime Therapeutics systems were configured to require a PA for non-Native American members that get services from a ITU and Tribal 638 providers. Also, the 2-year timely filing limit was not correctly configured for these same situations.

Status

9/30/16 – Prime therapeutics is currently developing system edits to correct these two situations. These system updates are currently scheduled to go into production on 12/1/16. Interim solutions have been put into place to ensure claims are adjudicated.