

Q1DY4 ATTACHMENT J: MCO Action Plans

Quarter 3 DY2

MHNM

Q3DY2

Action Plan #1	Implementation Date	Completion Date
Regulatory Reports	7/27/15	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 engaged Corporate IT, the Enterprise Project Management Office, and other key resources to complete a top priority, “State Remediation Report Project.” The project is actively sponsored at the highest executive levels within the company. Twenty-four state reports are identified in the full project.
- MHNM’s State Remediation Report Project prioritized reports by “waves.” Each report listed now has a data dictionary that 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 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 continues to take action to ensure data integrity and to refine the database infrastructure. It is anticipated that all work will be finalized by June 2017.

Quarter 2 DY3

BCBSNM

Q2DY3

Action Plan #1	Implementation Date	Completion Date
Myers and Stauffer Audit	2/4/16	In progress

Description

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

Status

- BCBSNM conducted provider training and education on how to properly submit late charges on inpatient hospital claims. 6/29/16 – 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 its December provider newsletter. Continuous education will be provided in thumb drives to new and existing providers. Completed 12/31/16.

- BCBSNM is returning claims to providers with blank Present on Admission (POA) indicators so the proper POA indicator can be included. 6/29/16 – BCBSNM creating coding and system upgrade request. 09/01/16 – BCBSNM’s Claims Department formed a committee to develop systematic solutions to upgrade its system. 10/05/16 – System change request submitted and system upgrade is scheduled for February 2017. Anticipated completion date is 2/28/20. 3/31/17 – 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.
- BCBSNM is adhering to 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 BCBSNM’s New Mexico 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	7/15/16	In progress

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. PHP submitted a rebuttal to the EQRO draft report and awaits HealthInsight and HSD’s decision and final report.

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 rather than additional entries for transition in the member's care coordination plans. PHP is beginning an internal CAP while awaiting the final EQRO Compliance Audit Report.

UHC

Q3DY3

Action Plan #2	Implementation Date	Completion Date
HSD Care Coordination Audit	9/1/16	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. 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 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 CommunityCare system. UHC has also developed a Corporate Adherence Report to measure adherence to contract metrics.

BCBSNM

Q3DY3

Action Plan #3	Implementation Date	Completion Date
HSD Care Coordination Audit	7/19/16	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.

3/31/17 – 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.

BCBSNM

Q3DY3

Action Plan #4	Implementation Date	Completion Date
Members with HSD Mailing Address	7/29/16	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 in process. 12/31/16 – BCBSNM identified mailing types impacted, corrected letters pertaining to members’ enrollment, and continues to address the other mailing types. Anticipated completion is 3/31/17.

3/31/17 – BCBSNM implemented a short-term interim fix that was deployed in March 2017 to suppress materials generated from the enrollment system. An 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 for removal of the HSD default addresses from the enrollment system. This is to ensure no downstream systems use the default addresses.

Quarter 4 DY3

BCBSNM

Q4DY3

Action Plan #1	Implementation Date	Completion Date
HCM CareNet Remediation Plan	11/1/16	In progress

Description

BCBSNM is collaborating with CareNet, a new vendor, to: ensure completed HRAs are loaded into the Aerial medical management platform; confirm IT Oversight/Monitoring to ensure process does not negatively impact scheduling; and, complete CNAs for New Mexico Centennial Care members who require a CNA.

Status

11/19/16 – A detailed data path flow analysis between systems completed and touch points was identified. 11/23/16 – Determined the reason 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.

3/31/17 – An enterprise issue was identified, and HRAs completed by the vendor are consistently being entered in the healthcare management system in an automated manner. BCBSNM identified a short and long term solution to ensure HRAs are loaded into the system. The short term solution is a manual process while the long term solution will be a fully automated process to load records into the system.

BCBSNM

Q4DY3

Action Plan #2	Implementation Date	Completion Date
LogistiCare Annual Audit	10/25/16	3/31/17

Description

BCBSNM placed LogistiCare on a remediation plan due to claim and policy and procedure elements not being met during an annual audit.

Status

10/25/16 –LogistiCare required to revise and/or create two policies and procedures. Additionally, Logisticare is required to submit one claim to BCBSNM related to gas reimbursement.

11/7/16 – LogistiCare provided a remediation plan to BCBSNM to address the audit findings.

12/9/16 – LogistiCare provided an update to the anticipated completion date of January 2017.

3/31/17 – All findings have been addressed and the internal corrective action plan has been closed.

BCBSNM

Q4DY3

Action Plan #3	Implementation Date	Completion Date
NMCC Encounter Data Remediation Plan	9/2016	3/31/17

Description

This internal corrective action plan was implemented by BCBSNM in Q3 and reported to HSD in Q4. BCBSNM developed and implemented a remediation plan to address issues in the submission of encounters to the New Mexico Human Services Department (HSD). Issues identified in the encounter submission process were related to: the difference between the number of claims paid versus the encounters submitted to HSD; and, the difference between the number of encounters BCBSNM submitted versus the number of encounters rejected by HSD.

Status

10/1/16 – BCBSNM provided a detailed plan to HSD concerning encounter submission interventions. 3/31/17 – All interventions outlined within the remediation plan have been completed and the plan is closed.

MHNM

Q4DY3

Action Plan #4	Implementation Date	Completion Date
CVS/caremark	7/27/16	1/4/17

Description

This internal corrective action plan was implemented by MHNM in Q3 and reported to HSD in Q4. CVS-Caremark, Molina’s Pharmacy Benefits Manager, misdirected faxes containing Molina member PHI. Information intended to be faxed to the prescribing health care provider was instead sent to a non-contracted health care provider. The unintended recipient is a covered entity with confidentiality obligations under HIPAA.

Status

Database improvement, enterprise-wide training, and monthly reporting have resolved this issue. It is anticipated that the plan will be closed in Q1 2017. MHNM closed the action plan on 1/4/17.