Q4DY3 ATTACHMENT E: MCO Action Plans

Quarter 3 DY2

MHNM

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
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 was actively sponsored at the highest executive levels within the company. Twenty-four state reports were identified in this project.

MHNM'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.

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.
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.

UHC

Q2DY3		
Action Plan #1	Implementation Date	Completion Date
Reporting	05/03/16	12/31/16

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). 12/31/16 – Completed a full review of each item of the internal action plan and have implemented identified process enhancements. This action plan was determined to be complete and has been closed.

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 awaits the final Report for the EQRO Compliance Audit Report and is expected to be complete once received.

PHP

Q3DY3		
Action Plan #2	Implementation Date	Completion Date
DentaQuest Claims Audit	07/15/16	12/1/16

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.

Testing of daily script was successful. Script was put in production and working correctly. DentaQuest provided a screen shot of the ticket showing that the script was implemented and resolved.

UHC

Q3DY3		
Action Plan #2	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.

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.

BCBSNM

Q3DY3		
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.

BCBSNM

Q3DY3		
Action Plan #4	Implementation Date	Completion Date
Non-Native American PA Criteria for ITU and Tribal 638 providers	09/30/16	12/01/16

Description

BCBSNM's Pharmacy Benefit Manager, Prime Therapeutics, had their systems configured to require a Prior Authorization (PA) for non-Native American members obtaining services from an ITU and/or Tribal 638 provider. Additionally, the 2-year timely filing limit for claims 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.
12/01/16 – Prime Therapeutics completed the required system updates on 12/1/16 for non-native PA criteria.

Quarter 4 DY3

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.

BCBSNM

Q4DY3		
Action Plan #6	Implementation Date	Completion Date
LogistiCare Annual Audit	10/25/2016	In progress

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, they are 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 BCBSNM reporting the anticipated completion date of January 2017.

BCBSNM

Q4DY3		
Action Plan #7	Implementation Date	Completion Date
NMCC Encounter Data Remediation Plan	09/2016	In progress

Description

This CAP 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: 1) The difference between the number of claims paid versus the encounters submitted to HSD and 2) The difference between the number of encounters BCBSNM submitted versus the number of encounters rejected by HSD.

Status

10/01/16 – BCBSNM provided a detailed remediation plan to HSD concerning encounter submission interventions.

MHNM

Q4DY3		
Action Plan #2	Implementation Date	Completion Date
CVS/caremark	07/27/16	In progress

Description

This CAP 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. This unintended recipient is covered entity with confidentiality obligations under HIPAA.

Status

Database improvement, enterprise-wide training, and monthly reporting have resolved the issue. It is anticipated that the plan will be closed in Q1 2017.

PHP

Q4DY3		
Action Plan #3	Implementation Date	Completion Date
VSP Claims Audit	08/04/16	11/29/16

Description

This CAP was implemented by PHP in Q3 and reported to HSD in Q4. During PHP's August 4, 2016 annual audit of VSP the Claims Auditor identified the issue with timeliness and accuracy (2 claims).

Status

Claims were corrected and CAP was closed on 11/29/16. A summary of the VSP audit and CAP was presented to the Delegation Oversight Committee on 12/13/16.