DY5 Q2 ATTACHMENT F: MCO Action Plans

Quarter 3 DY2

MHC

Q3DY2

Action Plan #1	Implementation Date	Completion Date
Regulatory Reports	07/27/15	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

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 09/30/16. Transition work was been completed on the reports that were still open items as of 09/30/16, 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, MHC 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 09/20/17, 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.

This item remains open. Manual interventions are still required to generate the report. To reduce the potential for errors, MHC continues to work on programming solutions that will minimize these interventions.

03/31/18 – MHC closed this item 01/17/18. Configuration has been completed, and no issues were detected.

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

09/30/16 – 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.

12/01/16 – 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.

04/05/17 – 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 CommunityCare system. UHC has also developed a Corporate Adherence Report to measure adherence to contract metrics.

07/15/17 – 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.

10/09/17 – HSD and UHC exchanged positive feedback and comments at their quarterly meeting with the Quality Bureau regarding ongoing Care Coordination performance improvement efforts.

1/15/18 - Q4CY17 Internal Action Plan (IAP) submitted to HSD

2/6/18 - The Health Services team met with HSD and reviewed the quarterly IAP information. UHC received recommendations in regards of ongoing improvement of the care coordination documentation based on the report outcome. HSD added Nursing Home Transition documentation elements to the quarterly IAP, for which UHC received clarifications on the newly added elements. During the meeting, HSD also announced 3 elements are on the IAP are

deactivated effectively immediately. Since the action plan was initiated in 2015, there are total of 2 recommendations and 11 action steps (4 TOC action steps newly added in Q4CY17).

3/31/18 – Two (2) recommendations and 4 action steps are closed

BCBSNM

Q3DY3

Action Plan #	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.

12/31/17 – BCBSNM continues to identify members with physical health (PH) and behavioral health (BH) needs for co-management. Members identified with complex BH needs are assigned to

a Peer Support Specialist who uses their life experiences to assist members in managing their complex needs and encourage participation in care coordination. Additionally, BCBSNM is in the process of revising its transition of care documentation to improve the monitoring of members reintegrating into the community from the nursing facility, while ensuring a successful transition occurs.

03/31/18 – BCBSNM continues to focus on ensuring staff is appropriately managing member needs when reintegrating into the community from the nursing facility and the co-managed process for physical and behavioral health members. Additionally, BCBSNM has revised the Standard Operating Procedure (SOP) for 1915(c) waiver members to ensure that members enrolled in waiver categories who have a Comprehensive Needs Assessment indicating that they meet criteria for Care Coordination Level 2 (CCL2) or Care Coordination Level 3 (CCL3) are assigned to CCL2 or CCL3. The SOP was implemented and staff has been trained on this process to ensure adherence to the process.

06/29/18 –BCBSNM's Care Coordination team continues to provide training to staff on the completion of Comprehensive Care Plans (CCP) to ensure records contain detailed disaster plans and back-up plans as well as meet the member's identified needs. The revised Standard Operating Procedure was implemented on 6/28/18 to include expectations for completing the CCP within State deadlines. In addition, BCBSNM updated a tasking tool to ensure their care coordination team completes contractual care coordination touch-points as required. Weekly Dashboard Compliance meetings are being held to discuss compliance rates, including Comprehensive Needs Assessment (CNA) and Health Risk Assessment (HRA) compliance to ensure data is captured and remediation activities occur as necessary. In an effort to improve BCBSNM's ability to capture data, Job Aids and tasking tools continue to be evaluated and updated. These aids and tools are reviewed with the care coordination team and staff during weekly staff meetings. Additionally, BCBSNM implemented a new Transition of Care Plan on 2/27/18 and trained staff to utilize the plan on members residing in a nursing facility and reintegrating into the community. The plan ensures that BCBS is capturing all pertinent information for members to secure a safe transition into the community.

Quarter 3 DY4

PHP

Q2 DY4		
Action Plan #2	Implementation Date	Completion Date
EQRO Encounter Validation Audit	09/01/2017	6/30/2018

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 corrective action plans (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.

December 2017 - PHP understands that many of the issues identified were also issues of process and all MCOs along with HSD will be working on solutions. PHP also understood that the final report had been published on the HSD website and have retrieved this final report. PHP will be developing specific responses to the issues identified and determining if these issues were: 1) related to start up in 2014 and have sense been corrected; 2) part of an HSD/MCO solution that needs to be developed; or 3) items that are very specific to PHP and need to be addressed - these will be put in a work plan and reported on next quarter.

March 2018 - PHP carefully reviewed the items listed in the audit results. Many issues that had been identified by the EQRO were remediated and are now resolved. All items will be documented and closed by the end of Q2.

June 2018 – This action plan is now closed; however, PHP will reopen any areas that HSD identifies as requiring follow up.

MHC

Q3 DY3 reported in Q3 DY4		
Action Plan #2	Implementation Date	Completion Date
HSD Care Coordination IAP	07/16	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.

3/31/18 In Q4, HSD provided MHC with new recommendations for its care coordination action plan. HSD continues to monitor MHC progress in 1) the development of inter-rater reliability controls for Care Coordination consistency;2) addressing gaps in discharge planning and documenting transitions of care;3) back-up and disaster planning;,4) improving the file documentation of Behavioral Health (BH) Diagnoses; 5) the development of processes and strategies for members with BH needs who refuse treatment.

6/30/18 MHC continued to monitor care coordination activities as recommended by HSD, and documented sustained progress in 1) back up and disaster planning; 2) the completion of multi-disciplinary team reviews for members with BH needs who refuse treatment; 3) ensuring that a Comprehensive Needs Assessment was completed prior to nursing facility discharge; and 4) completion and file documentation of the Transition of Care plan for members moving from a nursing facility to the community.

Quarter 4 DY4

UHC

Q4 DY4		
Action Plan #2	Implementation Date	Completion Date
Provider Experience CAP	11/09/17	In progress

Description
Concerns of the increase in claims projects and reprocessing of claims, and an increase in provider service call center volume.

Status
UHC submitted an Internal Plan of Correction (ICAP) that included a self-identification that their current network training curriculum is inconsistent amongst provider facing teams. United has stated there are opportunities to align talking points to define; their UnitedHealthcare network voice, align reporting resources and tool kits to help mitigate issues proactively, align escalation channels to expedite provider claims resolution turnaround time, and align provider engagement strategies to define their United network voice.

UHC has initiated the following:

11/17/17 - Work groups are in progress

11/27/17 - Process of documenting a road map

12/13/17 - UHC Network contracting tool is completed and will be deployed to Network teams

12/15/17 - Develop oversight process and owners for Contract Data Variance Reporting.

12/15/17 - Align Network training and system access levels to facilitate research and ensure provider expectations can be managed throughout the resolution process.

12/15 17 - UHC has defined and aligned education around provider portal availability and functionality.

12/15/17 - UHC has aligned provider education forums (Expo's, Town Halls, and administrative advisory committees). Establish 2018 schedule of events

UHC Operation teams will continue to evaluate during regularly scheduled Operations Meetings.

4/4/18 - Provider Experience CAP entered steady-state in Q1 2018; two-part demonstration of Network enhancements and Claims oversight processes were shared with our Contract Managers and state partners acknowledged decreased provider escalations at the state level. Additional analysis of call center statistics shows a decrease in call volume, month-to-month in provider services queues as noted in Report 2 analysis. [Recommendation to deploy activities into steady-state model to maintain progress received on 2/21]

UHC

Q4 DY4

Action Plan #3	Implementation Date	Completion Date
Encounter CAP	11/10/17	In progress

Description

UHC has initiated a self-directed ICAP to address claims issues and to be proactive in the reduction of incorrect claims denials.

Status

Some of the remediation action taken by UHC to correct these issues included the following:

11/22/17 - Built oversight dashboard

12/08/17 - PRPK logic update in process. Will eliminate manual adjudication and insure greater payment accuracy

12/30/17 - Establish weekly claim performance per provider type – weekly reporting to allow for proactive feedback to providers.

12/29/17 - Review and validate processing SOP's for accuracy to minimize review escalations. Coordinate oversight of DEFECTS and CEAP (pre-payment) audits identifying processing errors.

12/29/17 - Automate claims processing versus overturn claims payment reports to target appeals/adjustments that were overturned as a result of claims inappropriately processed or adjusted.

12/30/17 - UHC established a weekly claims performance per provider type – weekly reporting to allow for proactive feedback to providers.

UHC states they have changed to proactive monitoring, formalized reviews via standing bi-monthly

meeting with the health plan operations team for CPEWS (Care Provider Early Warning System) and CEAP (pre-payment) audits on the various provider types for the high volume denial codes.

UHC Operations leadership Team informed HSD they will continue to monitor these items through their regularly scheduled Operations meeting and reports will be reviewed in bi-weekly Claims / Ops meetings.

3/16/18 - Added standing agenda item to bi-weekly systems call to manage state and UHC technical updates required to deploy a claim edit

4/2/18 - Strategy finalized. Combination of upfront claims denials, provider education and claims resubmission to insure minimal provider abrasion

4/6/2018 - Conducted Project to correctly identify denied claims versus zero paid claims and project was deployed on 4/6/18

4/8/18 - Built oversight dashboard and demonstrated to HSD on 4/8/18

4/30/18 - Evaluating opportunities for further provider education.

UHC Operations leadership Team informed HSD they will continue to monitor these items through their regularly scheduled Operations meeting and reports will be reviewed in bi-weekly Claims/Ops meetings.

6/8/18 IT work continues, deployment date of 6/30 delayed to 7/28 to allow for additional provider education, mitigating provider abrasion. Additional requirements provided 6/8: Added to work and aiming to deliver with original requirements 7/28.

Quarter 1 DY5

BCBS		
Q1 DY5		
Action Plan #3	Implementation Date	Completion Date
Americans with Disabilities Act (ADA) and Cultural Compentency Indicators in Online Provider Finder and Printed Directory	01/01/2018	In progress

Description
The BCBSNM online provider directory and provider finder does not currently include certain ADA indicators and does not indicate if a provider has completed provider cultural competence training.

Status
03/31/2018 – The ADA indicators are targeted to be incorporated into the online provider finder and hard copy provider directory effective 06/01/2018. An Enterprise-wide initiative is currently

being worked through to include provider training detail related to cultural competency and the current deployment target date is 09/29/2018.

06/29/2018 – The ADA/Physical Disability Accommodations have been fully implemented and are included in BCBSNM's online and printed Provider Directories. ADA indicators were loaded into provider records and will continue to be captured by BCBSNM as providers submit this information. BCBSNM will ensure that this information is up to date and accurate for members. As part of BCBSNM's Enterprise-wide initiative, Provider Services is reviewing previous provider training related to cultural competency to make adjustments as necessary and is still on target for 09/29/2018.

Quarter 2 DY5

PHP

Q2 DY5		
Action Plan #1	Implementation Date	Completion Date
NIA Improvement Plan	06/27/2018	In progress

Description

An issue was identifed with NIA, PHP's delegated Utilization Management (UM) vendor for radiologic services. NIA's affiliated vendor was not mailing letters in a timely manner.

Status

06/27/2018 PHP notified NIA of the required improvement plan. NIA will complete the initial plan of correction provided by PHP and return it to PHP within 10 days. NIA will identify a second method to notify members of decisions in addition to letter mailing. NIA will work with its mail vendor to mail letters timely and to provide mail dates to NIA who will document these dates in its system and monitor timeliness. NIA will identify appropriate control processes for mailing and ensure the secondary notification process is in place should the letter notification fail or be delayed. Lastly, NIA will identify a process to be able to identify the true mailing dates to ensure accuracy of reporting and to be able to assess member impacts.