Appendix B – Agenda for On-Site Review Session

BLUECARE FAMILY PLAN DRAFT
EXTERNAL QUALITY REVIEW AGENDA
BREAK-OUT DISCUSSIONS
Date: August 15, 2006

Mercer
Nancy Abbott, RN, MSN, SpCLN
Nan Jeannero, RN, BSN, MBA
Jeanie Aspiras

DSS
Theresa Rugens

Note: Meeting times may vary based upon the results of the desk review.

8:30 a.m. to 8:45 a.m.	***Introductions and Overview of EQR***
Location: TBD	**Attendees:**
8:45 a.m. to 10:00 a.m.	***Corrective Action Plan***
	Attendees:
	Quality, Medical Management, and Network Managers and staff or others who can address corrective action plan issues and results.
10:00 a.m. to 1:00 p.m.	***Chart Reviews and Working Lunch***
1:00 a.m. to 2:30 p.m.	***Compliance with Access and Timeliness Requirements***
	Attendees:
	Quality, Medical Management, and Provider Services Managers and staff and others who can address comprehensive processes related to access and timeliness of services.
2:30 p.m. to 3:00 p.m.	***HUSKY B***
	• ***HUSKY Plus***
	• ***HUSKY B Aggregate Cost Sharing***
	Attendees:
	Participants should include those who can address issues related to HUSKY Plus and HUSKY B processes.
3:00 p.m. to 3:15 p.m.	***Break***
3:15 p.m. to 4:15 p.m.	***Performance Improvement Projects and Performance Measures***
	Attendees:
	Quality, Medical Management, and IS Managers and staff and others who can address questions related to PIPs and PMs.
4:15 p.m. to 5:00 p.m.	***Closing Summary***
	Attendees:

Appendix A

Appendix C – MCO Corrective Action Plans

BlueCare Family Plan Response/Corrective Action Plan for 2005 Mercer Compliance Review

Regulation Found Partially or Non-Compliant During 2005 Review	Findings from 2005 Review	MCO Corrective Action	Responsible Person for Corrective Action	Target Completion Date of Corrective Action
Enrollee Rights and Protection ▪ **The member will be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation (BCFP must assure that all documentation related to this standard are consistent and that the documentation is also shared on member materials.)** ▪ **The enrollee's right to request that the medical record be amended or corrected. (BCFP includes in Enrollee Rights the right to access medical records, but evidence did not indicate that the information is shared with the member reflecting the above standard.)** ▪ **The enrollee who exercises their rights will not adversely**	1. The intent of Enrollee Rights and Protections is to ensure that enrollee providers, vendors and staff are fully informed regarding Enrollee rights. BCFP should follow through with the development and distribution of a member bulletin updating Enrollee Rights information Pg 2, p 9,	Vendors have produced new vendor policies on "Member Rights." LogistiCare, DBP's and OptiCare attached. Wellpoint Dental's will be forthcoming in 2006. Member Update with enrollee rights was completed and mailing in October 2005 (copy attached) January 27, 2006: Wellpoint Dental's Member Rights and Responsibilities Policy is attached.	**Denise Consiglio**	**Communications (copy attached) to members completed re: Enrollee Rights and Member Rights and Responsibilities Oct 2005.**

Regulation Found Partially or Non-Compliant During 2005 Review	Findings from 2005 Review	MCO Corrective Action	Responsible Person for Corrective Action	Target Completion Date of Corrective Action
affect the way the MCO and its providers treat the enrollee. (BCFP informs the member of the right to exercise their rights, but does not inform the member of consequences. This is addressed in an internal policy.				
Enrollee Rights and Protection ▪ **Information regarding what constitutes post-stabilization services.**	. BCFP should include the definition of post-stabilization services in the *Member Handbook*, as specified in the work plan, and include the definition in the member bulletin created and distributed to members informing them of additional rights. This bulletin was intended to provide information to members while awaiting approval of the updated *Member Handbook*, which is in approval process. P2, p9	Definition of post-stabilization services ("*Post-Stabilization care services are usually needed to evaluate and/or stabilize a patient during an emergent medical situation. Upon receiving emergency treatment your provider may require additional services in order to further assess your medical condition")* will be included in the revised *Member Handbook* (on page 5 next to the Urgent Care & Emergency sections). *Member Handbook* is slated for completion in 2 Q 2006.		**2qtr 2006**

Regulation Found Partially or Non-Compliant During 2005 Review	Findings from 2005 Review	MCO Corrective Action	Responsible Person for Corrective Action	Target Completion Date of Corrective Action
Compliance with Standards for Timeliness and Access to Services ▪ **The MCO shall serve members statewide. The MCO shall ensure that its provider network includes access for each member to PCP's, OB/GYN providers and BH providers at a distance of no more than:** ▪ **15 miles for PCP's and OB/GYN's** ▪ **20 miles for general dentists as measured by the Public Utility Commission**	A plan to track and monitor overall primary care physician compliance with access requirements should be developed. The MCO should begin to produce reports for dental and BH services, which reflect distance requirements. This will support monitoring of compliance standards. P 2, p13, p 19 **BH carve-out eff Jan 1, 2006 and reports or access plan will not be needed by MCO. Per Nan at Mercer based on phone call 12/12/05.	As of January 1, 2006, Behavioral Health & Substance Abuse Services are assigned to the CT DSS Behavioral Health Partnership. Wellpoint Dental has agreed to produce a quarterly network access report. Their first network access report is attached. Please review. G:\MEDICAID\SHARED\Denise\2005 2004 PCPs Access Report 01 06.pdf 2005 PCP Access Report 01 06.pdf 2004 Dentists Access Report 01 06.pdf 2005 Dentists Access Report 01 06.pdf	**Elrena Dawson** **Denise Consiglio**	**1 Q 2006**

Regulation Found Partially or Non-Compliant During 2005 Review	Findings from 2005 Review	MCO Corrective Action	Responsible Person for Corrective Action	Target Completion Date of Corrective Action
Compliance with Standards for Timeliness and Access to Services ▪ **The MCO shall ensure that the PCP's in its network adhere to the following PCP scheduling practices:** ▪ **Emergency cases shall be seen immediately or referred to an emergency facility** ▪ **Urgent cases shall be seen within 48 hours of PCP notification** ▪ **Routine cases shall be seen within 10 days of PCP notification** ▪ **Well care visits shall be scheduled with 6 weeks of PCP notification** ▪ **EPSDT comprehensive exams shall be scheduled in accordance with the Departments Health Track periodicity and immunization schedules** ▪ **New members shall receive an initial PCP appointment in a timely manner (for those members who do not access goods and services within the first 6 months of enrollment, the MCO shall identify and remedy any access problems** ▪ **Waiting times at PCP's are kept at a minimum**	Develop a plan to track and monitor overall PCP compliance with access requirements. This access plan would allow the MCO to track an overall compliance rate to access requirements.	*All the other attachments sited in the Provider Access Goals and Calendar Access Requirements was submitted with the originally documentation under the Quality Assessment and Performance Improvement section. E.g. newly credentialed report, non-par request form.	**Elrena Dawson**	

Regulation Found Partially or Non-Compliant During 2005 Review	Findings from 2005 Review	MCO Corrective Action	Responsible Person for Corrective Action	Target Completion Date of Corrective Action
Compliance with Standards for Timeliness and Access to Services ▪ **The MCO shall contract with a sufficient number of dentists throughout the state to ensure access to oral health.** **The MCO shall:** ▪ **Maintain an adequate dental provider network throughout the states eight counties, including access to orthodontic services**	BCFP should continue the following activities for dental: develop and implement recruitment plans related to increasing dental staff in the network;	Wellpoint Dental Services is the new subcontractor for all HUSKY dental services effective 11/1/05. Wellpoint Dental will begin a 2006 Dental Enhancement Plan in January 2006. Dr. Gong, the VP of Provider Relations, has many new, exciting ideas for enhancement to services. On October 1, 2005, an Escalated Matters Unit is up and running. The unit that is located in California is open from 5:00 AM – 2:00 PM to reflect EST. The Unit handles all concerns from BCFP members and providers. Wellpoint Dental has two recruiters in CT every week since August 2005. They have a corrective action plan in place to meet their recruitment goals. **01/27/06Update:** CT DSS has agreed to allow Wellpoint Dental until 03/31/2006 to bring their provider network within DSS contractual standards. The report below is broken down by CT counties. It expresses the CT DSS contractual standards, which states the network standards for dental providers: *1 dental providers, including general and pediatric dentists*	**Denise Consiglio**	**1 Q 2006**

Regulation Found Partially or Non-Compliant During 2005 Review	Findings from 2005 Review	MCO Corrective Action	Responsible Person for Corrective Action	Target Completion Date of Corrective Action
Compliance with Standards for Timeliness and Access to Services **To ensure that access standards are met with respect to dental screenings and appt availability. The MCO shall ensure that the scheduling of a routine dental visit is six weeks.** **Provided for sufficient access to dental services for different ages:** ▪ **The MCO shall ensure that no less than 80 percent of continuously enrolled members 21 years of age and over shall receive 1 screening and dental cleaning per 12-month period.**	Continue to work in partnership with DSS and WDS to identify opportunities to improve access; continue performance improvement initiatives in place to improve screening rates and examine options to expand interventions; review goals by age group to assure ongoing improvement is identified; and continue the expedited unit to assist members who have difficulty to access a dental provider. P2, p20, p21	Wellpoint Dental is performing "secret shopper calls" on a monthly basis. Wellpoint Dental will report their first quarter 2006 results to the BlueCare Family Plan on a quarterly basis. The first quarterly 2006 report is due on May 15, 2006. Dr. Donna Balaski, from CT DSS, has given Wellpoint Dental until 2nd Quarter 2006 to enact their Quality Initiatives. The template for the 2006 Dental Enhancement Plan is attached. Wellpoint Dental is forming a study on Early Childhood Caries Prevention. The template for this study will be sent to the BlueCare Family Plan by March 31, 2006.	**Denise Consiglio**	

Regulation Found Partially or Non-Compliant During 2005 Review	Findings from 2005 Review	MCO Corrective Action	Responsible Person for Corrective Action	Target Completion Date of Corrective Action
PIPs page 27	**PM=Partially Met NM=Not Met**			
Name of PIP: Improving the Breast Cancer Screening Rates				
I. Assess the Study Methodology				
Step 1. Review the selected study topics				
1.1 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care and services?	**PM** Included in the PIP documentation was a description of the prevalence and importance of breast cancer to women at the national and state level; however specific demographics, prevalence rates and impact to BCFP members was not addressed.	*The program is offered to 4,505 women over 40 years of age enrolled in the BCFP. Demographically, this represents 4 percent of the BCFP population. Also, according to a recent cost/frequency report, breast cancer ranked in the top 30 percent of ETG's with a 12-month cost of $1 million.* *Demographic and cost/frequency information will be added to the "Activity selection and methodology" section of the PIP.*	**Darlene Ashford and Lois Mascia**	

Regulation Found Partially or Non-Compliant During 2005 Review	Findings from 2005 Review	MCO Corrective Action	Responsible Person for Corrective Action	Target Completion Date of Corrective Action
Step 4. Review Identified Study Population				
4.1 Did the MCO clearly define all Medicaid enrollees to whom the study question and indicators are relevant	**PM** The study defined the participants, however the written study documentation was not consisted with the attached DSS specifications See below	*As DSS modified the measurement specifications at the end of May 2005 and documentation needed to be submitted by June 15, 2005 there was insufficient time to assess the full impact and address any data limitations.* *Moving forward the Plan will work with DSS to address specifications, allowable codes and any limitations.*	**Darlene Ashford and Lois Mascia**	
4.2 If the MCO studied the entire population, did its data collection approach capture all enrollees to whom the study applied	**PM** The study collection approach with identified codes would not have accurately identified all members of the denominator, due to inconsistencies in codes impacting the denominator. See below	*Same as above*	**Darlene Ashford and Lois Mascia**	

Regulation Found Partially or Non-Compliant During 2005 Review	Findings from 2005 Review	MCO Corrective Action	Responsible Person for Corrective Action	Target Completion Date of Corrective Action
4.3 Are study specifications compliant with DSS	**PM** Denominator: age range and timeframe consistent Exclusions: unilateral codes, CPT codes listed as applied. ICD-9 CM codes were not listed. Study documentation indicated that modifiers were not included as the BCFP system did not accept greater than 2 digit modifiers. Bilateral codes: the study indicated that codes for bilateral mastectomy were not used. Numerator: CPT codes, V codes and UB 92 codes were consistent Breast Cancer ICD 9 CM screening codes 87.36 and 87.37 were not included; by not including these codes the numerator is impacted.	*Same as above* *Will state in PIP "baseline methodology" section that the Plan's system does not accept ICD-9 codes*	**Darlene Ashford and Lois Mascia**	

Regulation Found Partially or Non-Compliant During 2005 Review	Findings from 2005 Review	MCO Corrective Action	Responsible Person for Corrective Action	Target Completion Date of Corrective Action
Step 8 Review Data Analysis and Interpretation of Study Results				
8.3 Did the analysis identify initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?	**PM** Statistical significance was included for the increase in trend from the baseline of 29.7 percent to Re-measurement #3 resulting in 34.2 percent. Factors influencing data comparability were included. Comparability between cycle 3 and prior year's results were impacted by a change in specifications. It was noted that there were no limitations to the study data impacting results. However, IS limitation did exist related to system inability to include all modifiers. While impact of including modifiers was unknown, and perhaps the impact was small, regardless of the size of the impact, any limitation should be identified.	*Will state in PIP "baseline methodology" section that the Plan's system does not accept ICD-9 codes*	**Darlene Ashford and Lois Mascia**	

Regulation Found Partially or Non-Compliant During 2005 Review	Findings from 2005 Review	MCO Corrective Action	Responsible Person for Corrective Action	Target Completion Date of Corrective Action
Name of PIP: improving the Cervical	**Cancer Screening Rates**			
1.1 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care and services?	**PM** The Cervical Cancer Screening program began in 1996 and became a PIP in 2001. The literature review included in the study indicated prevalence rates of cervical cancer for 2001 and that 100 new cases would be diagnosed in women in the state. While a regional approach was mentioned, the specific analysis of the prevalence or impact to female members of BCFP was not addressed.	*The program is offered to 21,635 women aged 18 and over enrolled in the BCFP. Demographically, this represents more than 17 percent of the BCFP population. Also, according to a recent cost/frequency report, cancers of the female genital track ranked in the top 50 percent of ETG's with a 12-month cost of $570,000.* *Demographic and cost/frequency information will be added to the "Activity selection and methodology" section of the PIP.*	**Darlene Ashford and Lois Mascia**	

Regulation Found Partially or Non-Compliant During 2005 Review	Findings from 2005 Review	MCO Corrective Action	Responsible Person for Corrective Action	Target Completion Date of Corrective Action
Step 4. Review Identified Study Population				
4.1 Did the MCO clearly define all Medicaid enrollees to whom the study question and indicators are relevant	**PM** While the study documentation indicated the DSS specs were applied, in reviewing the documentation submitted, variation occurred in defining identified codes for the study population	*Numerator – the Plan's system does not capture LOINC or ICD-9 codes, however, crosswalk codes will be researched if available.* *Moving forward, the Plan will work with DSS to allow the P3001 code that HEDIS accepts.*	**Darlene Ashford and Lois Mascia**	
4.2 If the MCO studied the entire population, did its data collection approach capture all enrollees to whom the study applied	**PM** The study collection approach with identified codes would not have accurately identified all members of the denominator, due to inconsistencies in codes impacting the denominator. See below	*As above*	**Darlene Ashford and Lois Mascia**	
4.3 Are study specifications compliant with DSS	**PM** **Denominator:** the denominator should have been broken into two age ranges, 18-20 and 21-64 **Exclusions:** ICD-9 CM codes 64.4-68.8 not applied. **Gap:** consistent	*The Cervical Cancer Screening PIP has been in place since 2001 and the Plan's data results have been presented in aggregate format since that time.* *Moving forward, the Plan will present the data broken into the two specified age ranges.*	**Darlene Ashford and Lois Mascia**	

Regulation Found Partially or Non-Compliant During 2005 Review	Findings from 2005 Review	MCO Corrective Action	Responsible Person for Corrective Action	Target Completion Date of Corrective Action
	Numerator: screening codes, CPT codes, V codes and UB 92 codes were consistent LOINC, ICD-9 CM code 91.46 were not identified as included. P3001 was identified as included; however, this was not in DSS specifications. Numerator and denominator definitions in the study documentation were labeled incorrectly.	*Will state in PIP "baseline methodology" section that the Plan's system does not accept LOINC or ICD-9 codes.* *The typo in the body of the PIP mislabeling the numerator and denominator has been corrected.*		
Step 8. Review Data Analysis and Interpretation of Study Results				
8.2 Did the MCO present numerical PIP results and findings accurately and clearly?	**PM** Study results were indicated in a clear and numeric format, however the results were not presented in age ranges but in composite form.	*The Cervical Cancer Screening PIP has been in place since 2001 and the Plan's data results have been presented in aggregate format since that time.* *Moving forward, the Plan will present the data broken into the two specified age ranges.*	**Darlene Ashford and Lois Mascia**	

Regulation Found Partially or Non-Compliant During 2005 Review	Findings from 2005 Review	MCO Corrective Action	Responsible Person for Corrective Action	Target Completion Date of Corrective Action
Name of PIP: Appropriate Use of	**Asthma Medications**			
Review Identified Study Population				
4.1 Did the MCO clearly define all Medicaid enrollees to whom the study question and indicators are relevant	**PM** While the study documentation indicated the DSS specs were applied, in reviewing the documentation submitted, variation occurred in defining identified codes for the study population	*In the baseline methodology section of the PIP document will add the 2 CPT and 2 UB92 codes that were included in the data pull but were inadvertently omitted from the PIP language. In the future will assure all codes used are noted in this section.*	**Darlene Ashford and Lois Mascia**	
4.2 If the MCO studied the entire population, did its data collection approach capture all enrollees to whom the study applied	**PM** For the study participants included the whole population as described by the specifications	*Need clarification as to why this is noted as partially met and any desired next steps.*	**Darlene Ashford and Lois Mascia**	
4.3 Are study specifications compliant with DSS	**PM** **Denominator:** inpatient CPT codes 99356 and 99357 and UB 92 codes 72 and 80X were not identified in the study populations **Exclusions:** consistent **Gap:** consistent **Numerator:** NDC codes from NCQA website	*In the baseline methodology section of the PIP document will add the 2 CPT and 2 UB92 codes that were inadvertently omitted. In the future will assure all codes used are noted in this section.*	**Darlene Ashford and Lois Mascia**	

Regulation Found Partially or Non-Compliant During 2005 Review	Findings from 2005 Review	MCO Corrective Action	Responsible Person for Corrective Action	Target Completion Date of Corrective Action
8.2 Did the MCO present numerical PIP results and findings accurately and clearly?	**PM** Study results were to be broken into three age ranges and a composite category. Composite study results were indicated in a clear and numeric format with results as 61.21 percent	*Will include the age breakdown within the PIP document.*		
Name of PIP: Improving Adolescent	**Access to Well Care - All ratings**	**"MET"**	**M. Cyr**	
Validation of Performance Measures p 59				
Objectives: ▪ **Validate the accuracy of Medicaid PMs reported by BCFP** o **Asthma Medications** o **EPSDT** o **Access to Prenatal Care** o **Adequacy of Prenatal Care** ▪ **Determine the extent to which Medicaid specific PMs calculated by an MCO followed specifications established by DSS for the calculation of PMs**	**BCFP was found to be "Fully Compliant" in each PM**			

Regulation Found Partially or Non-Compliant During 2005 Review	Findings from 2005 Review	MCO Corrective Action	Responsible Person for Corrective Action	Target Completion Date of Corrective Action
Calculation of Performance Measures p 63				
Objectives: ▪ **To calculate Medicaid PMs for BCFP in accordance with specifications prescribed by DSS:** o **NICU Admits/100 Births** o **ED visits/1000 members** o **Readmission Rates** o **Diabetic Retinal Exams** o **Breast Cancer Screenings/Mammos** o **ED Visits by Asthmatics** ▪ **To provide information to DSS on the extend to which BCFP Information Systems provided accurate and complete information necessary for the calculation of PMs**	**Last year, Mercer recommended that BCFP re-evaluate their data collection/claims efforts to determine if they are achieving a complete accounting of diabetic retinal exams. Addl recommendations were that BCFP diabetic patients should be tracked by their PCP. Quarterly reports should be issued to PCPs listing diabetics who had not received their diabetic retinal exam. Although BCFP has increased their rate, they are still substantially lower than national standards. Mercer recommends that BCFP continue their efforts in this area.** **Re-evaluation of data collection/claims efforts was recommended for breast screening for BCFP last year. In addition, root cause analysis and activities designed to increase the rates of mammography were suggested. BCFP has increased their breast screening rates, but it is recommended they continue their efforts in this area.**	*Anthem Blue Cross and Blue Shield will continue to remind members of the importance of a yearly dilated eye exam. Given that the BCFP dilated eye exam methodology differs from the Medicaid HEDIS methodology, the plan cannot be compared to the national benchmark. The plan will consider provider interventions.* *The Plan did a barrier analysis in 2005. The Plan will continue to implement member reminders.*	**Darlene Ashford** **Lois Mascia**	

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Attachments:

BlueCare Family Plan Member Notice

October 2005

To: BlueCare Family Plan HUSKY A and B Members

In this Notice:

- Announcing WellPoint Dental Services
- Member Bill of Rights and Responsibilities

WellPoint Dental Services

We are pleased to notify you that BlueCare Family Plan has selected WellPoint Dental Services to administer our dental services beginning November 1, 2005.

This change will not impact your benefits in any way. You will continue to contact BlueCare Family Plan Member Services for any questions you may have regarding your benefits, however, WellPoint Dental Services will now manage the dental provider network and services.

Please call Member Services at 1-800-554-1707 and someone will assist you if you:

- *would like to confirm your dentist's participation*
- *are currently receiving dental treatment that may extend beyond 11/1/05*
- *if you have a scheduled appointment in November or December*

BlueCare Family Plan is confident that WellPoint Dental Services will provide quality access to dental care and we look forward to continuing to service your dental needs.

Member Bill of Rights and Responsibilities

You may be familiar with the Member Bill of Rights and Responsibilities which are included in your Member Handbook. Please take a moment to read the recently updated member rights and responsibilities.

Members' Rights

- To receive information about Anthem Blue Cross and Blue Shield, its services, its physicians, other health care professionals, providers, and your rights and responsibilities.
- To be treated with respect, and with recognition of your dignity and right to privacy.
- To participate with your physician, other health care professionals and/or your provider in decision making regarding your health care.
- To be free from any form of restraint or seclusion as a means of coercion, discipline, retaliation or convenience.
- To candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.

- To voice complaints or appeals about Anthem Blue Cross and Blue Shield or the care provided. This includes the right to an appeal to the Grievance/Fair Hearing Process for HUSKY A members and Appeals/Grievance Process for HUSKY B members and providers.
- To select a physician from among the benefit program's primary care physician as their caseload permits.
- To change your selected primary care physician at any time without the need for stating a reason.
- To an explanation from your physician, other health care professional or provider of the process for giving informed consent prior to the start of treatments or procedures requiring such informed consent.
- To know the name of the physician coordinating your care and the names and roles of other health care professionals involved in your care.
- To expect that member-related information, as well as medical information, will be treated as confidential, as may be required by law.
- To access your medical records, including the right to request to amend or correct your medical records, through participating practitioners and the plan, when applicable.
- To know how data measures will be utilized to ensure confidentiality.
- You have the right to know what type of information, if any, is accessible by your employer.
- To expect that Anthem Blue Cross and Blue Shield has policies and procedures to determine who may authorize the release of your personal health information, and who may have access to this information when you lack the ability to give your consent.
- To approve or deny the release of personally identifiable or personal health information that is beyond the standard consent you have already agreed to when you applied for and enrolled in your health benefit plan. In such instances, Anthem Blue Cross and Blue shield will specify the information to be released when requesting your consent.
- To exercise the rights described above without any adverse affect on your treatment by Anthem Blue Cross and Blue Shield and it's participating providers.

Members' Responsibilities

- To provide, to the extent possible, information that Anthem Blue Cross and Blue Shield, your physician, other health care professionals and providers need to care for you.
- To follow the plans and instructions for care that you have agreed on with your physician and other health care professional.
- To assist your physician or health care professional in assessing your medical needs by providing complete and accurate information about medical history, hospitalizations, medications and other relevant matters pertaining to your health.
- To assist your physician and other health care professionals in their efforts by following their medical instructions and by asking questions if directions and procedures are not understood.
- To be considerate of your physician and other health care professionals, their staff and property, and respect the comfort of other patients.
- To read your Member Handbook, which explains the benefits you are entitled to receive and your responsibilities. Questions may be directed to the benefit program's member services department.

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If you have any questions about the information in this update please contact BlueCare Family Plan Member Services at 1-800-554-1707.

Noticia Para Miembros de BlueCare Family Plan

octubre 2005

Para: Miembros de BlueCare Family Plan HUSKY A y HUSKY B

En Esta Noticia:

- Anunciando WellPoint Dental Services
- Declaración de los Derechos y Responsabilidades del Miembro

WellPoint Dental Services

Estamos contento de avisarle que el BlueCare Family Plan ha seleccionado WellPoint Dental Services para administrar nuestros servicios dentales comenzando noviembre 1, 2005.

Este cambio no afectará sus beneficios de ninguna manera. Usted continuará comunicándose con los Servicios de Miembros del BlueCare Family Plan en 1-800-554-1707 para preguntas con respecto a sus beneficios, sin embargo, WellPoint Dental Services será responsable de administrar la red de proveedores y servicios dentales.

Por favor de llamar a los Servicios de Miembros al 1-800-554-1707 y alguien le ayudará si usted:

- quiere confirmar si su dentista particípa
- esta recibiendo tratamiento dentales actualmente que puede extender después de 11/1/05
- tiene una cita fija en noviembre o diciembre

BlueCare Family Plan tiene confianza que WellPoint Dental Services le ofrecerá accesso a su cuidado dental de calidad y esperamos continuar de servirle todas sus necesidades dentales.

Declaración de los Derechos y Responsabilidades del Miembro

Derechos del Miembro

- Para recibir información sobre Anthem, sus servicios, sus médicos, otros profesionales del cuidado médico, proveedores, y sus derechos y responsabilidades.
- Ser tratado con respecto, y con el reconocimiento de su dignidad y derecho a la confidencialidad.
- Para participar con su médico, otros profesionales del cuidado médico y/o su proveedor en tomar decisiónes con respecto a su cuidado de salud.
- Para estar libre de cualquier forma de limitación o de aislamiento como medio de coacción, disciplina, venganza o conveniencia.
- A la discusión sincera de las opciones médicamente y apropiado para su condición, sin tener en cuenta el costo o los beneficios.
- Para expresar quejas o súplicas sobre Anthem Blue Cross y Blue Shield o el cuidado porcionado. Esto incluye el derecho a una súplica al proceso de Quejas/Audiencia Administrativa para los miembros HUSKY A y Apelaciones/Proceso de Quejas para miembros y proveedores de HUSKY B.
- Para seleccionar a un proveedor de cuidado primario como permite su lista de pacientes.

- Cambiar a su proveedor de cuidado primario en cualquier momento sin la necesidad de indicar una razón.
- A una explicación de su médico, de otro profesional del cuidado médico o del proveedor del proceso para dar consentimiento informado antes del comienzo del tratamiento o de los procedimientos que requieren tal consentimiento informado.
- Saber el nombre del médico que coordina su cuidado y los nombres y responsabilidades de otros profesionales de su cuidado médico.
- Para esperar que la información miembro-relacionada, tan bien como la información médica, sea tratada como confidencial, como puede ser requerido por la ley.
- Tener acceso a sus expedientes médico, incluyendo el derecho de solicitar para corregir sus expedientes médicos, a través de médicos que participan y el plan, cuando es aplicable.
- Saber cómo las medidas de los datos serán utilizadas para asegurar confidencialidad.
- Usted tiene el derecho de saber qué tipo de información, si hay, es accesible por su empresario.
- Para esperar que Anthem Blue Cross y Blue Shield tenga políticas y procedimientos para determinar quién puede autorizar el lanzamiento de su información personal de salud, y quién puede tener acceso a esta información cuando usted carece la capacidad de dar su consentimiento.
- Autorizar o negar el lanzamiento de la información identificable o personal de la salud que es más allá del consentimiento normal que usted quedo de acuerdo cuando aplíco con en plan de salude. En estos casos, Anthem especificará la información que lanzará cuando pide su consentimiento.
- Para ejercitar los derechos descritos arriba sin afecto adverso en su tratamiento de Anthem Blue Cross y Blue Shield y los proveedores que participan.

Responsabilidades del Miembro

- Para proporcionar, hasta lo posible, información que Anthem, su médico, otros profesionales del cuidado médico y los proveedores necesitan para cuidarle.
- Seguir los planes y las instrucciones de cuidado que usted quedó de acuerdo con su médico y otro profesional del cuidado médico.
- Para asistir a su médico o profesional del cuidado médico en la evaluación de sus necesidades médicas por la proporcion de información completa y exacta sobre su historial médico, admissiones de hospital, medicamentos y otros asuntos perteneciendo a su salud.
- Para asistir a su médico y otros profesionales del cuidado médico en sus esfuerzos por seguir las instrucciones médicas y haciendo preguntas si usted no entiende las direcciones y los procedimientos.
- Ser considerado con su médico y otros profesionales del cuidado médico, su personal y propiedad, y respetar la comodidad de otros pacientes.
- Leer su Manual del Miembro, que explica los beneficios que tiene derecho a recibir y sus responsabilidades. Las preguntas se pueden dirigir al departamento de servicios del miembro.
- Para ejercitar las derechas descritas arriba sin adverso afectan en su tratamiento de Anthem y es abastecedores que participan.

~

Si usted tiene cualquier pregunta sobre esta noticia por favor llame a los Servicios de Miembros al

1-800-554-1707.

OptiCare
EYE HEALTH NETWORK

Policy Title:	Connecticut Medicaid Member Rights
Department:	Customer Relations
Section:	General
SOP #:	0001-CS – R1
Author:	Bridget Alston
Approved By:	Quality Management Committee
Approved Date:	November 12, 2003
Authorized By:	Larry Keeley, Senior VP, Operations
Effective Date:	October 3, 2003
Revision Approved By:	Quality Management Committee
Revision Date:	November 2, 2005

Policy Statement:
This policy addresses member rights as they apply to the State of Connecticut's Medicaid subscribers. Opticare Eye Health Network (OEHN) will comply with all applicable state and federal laws pertaining to member rights and privacy. OEHN shall further ensure that all OEHN employee's and network providers consider and respect those rights when providing services to Members.

Procedure Description:

OEHN complies and enforces each of the following member rights included here, but are not limited to, the following:

1. the right to receive information regarding your health care;

   OEHN Compliance: All Customer Relations Employees are trained to inform members of their vision health care benefits and those participating providers within the network where a member can seek such services. This communication to the member is performed in manner in which a reasonable member can comprehend and in the member's native language if required.

2. the right to be treated with respect and due consideration for the member's dignity and privacy;

OEHN Compliance: All Customer Relations Employees are trained to treat members with courtesy and professionally assist them with their needs while maintaining internal company standards relative to patient confidentiality and privacy regardless of the member's coverage. Additionally, all Customer Relations Employees must complete Cultural Competency Training offered by OEHN.

3. the right to receive information on treatment options and alternatives in a manner appropriate to the member's condition and ability to understand;

   OEHN Compliance: All Customer Relations Employees are trained to inform members of their treatment options and ensure that all OEHN provider offices make members aware of treatment alternatives. This communication to the member must be done in manner in which a reasonable person can comprehend their options and make a decision regarding the type of care they would want to pursue.

4. the right to participate in treatment decisions, including the right to refuse treatment;

   OEHN Compliance: All Customer Relations Employees are trained to inform providers that their (the providers') Provider Participation Agreement states that all members, regardless of coverage, are to participate in treatment decisions and be educated regarding their right to refuse treatment if so desired. Customer Relations Employees are also trained to inform members of these rights as well.

5. the right to be free from any form of restraint or seclusion as a means of coercion, discipline, retaliation or convenience;

OEHN Compliance: **All Customer Relations Employees are trained to inform providers that this form of patient treatment is in direct violation of the Provider Participation Agreement and may be grounds for panel termination. Member complaints of such treatment would be logged into OEHN's Complaint Database and the office contacted to explain this action.**

6. the right to receive a copy of his or her medical records, including, if the HIPAA privacy rule applies, the right to request that the records be amended or corrected as allowed in 45 CFR part 164; and

   OEHN Compliance: All Customer Relations Employees are trained to inform providers that members must be allowed access to their medical records and also inform members of their right to receive a copy of their records.

7. freedom to exercise the rights described herein without any adverse affect on the member's treatment by OEHN or its network providers.

OEHN Compliance: All Customer Relations Employees are trained to treat all members, regardless of coverage with respect and professionally. Should a member choose to exercise any of these rights, they will be treated in the same manner they would if they did not exercise these rights. Additionally, all Customer Relations Employees are trained to inform providers that adverse treatment of a patient due to the exercising of these rights is in direct violation of the Provider Participation Agreement and may be grounds for panel termination. Member complaints of such treatment would be logged into OEHN's Complaint Database and the office contacted to explain this action.

Member Bill of Rights & Responsibilities

In line with our commitment to a managed care system that involves the health plan, participating physicians and health care providers and members, OEHN has adopted the following *Member Bill of Rights and Responsibilities* for members of Anthem's HMO plans and programs including BlueCare Family Plan.

Members' Rights

- To receive information about Anthem Blue Cross and Blue Shield, its services, its physicians, other health care professionals, providers, and your rights and responsibilities.
- To be treated with respect, and with recognition of your dignity and right to privacy.
- To participate with your physician, other health care professionals and/or your provider in decision making regarding your health care.
- To be free from any form of restraint or seclusion as a means of coercion, discipline, retaliation or convenience.
- To candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- To voice complaints or appeals about Anthem Blue Cross and Blue Shield or the care provided. This includes the right to an appeal to the Grievance/Fair Hearing Process for HUSKY A members and Appeals/Grievance Process for HUSKY B members and providers.
- To select a physician from among the benefit program's primary care physician as their caseload permits.
- To change your selected primary care physician at any time without the need for stating a reason.
- To an explanation from your physician, other health care professional or provider of the process for giving informed consent prior to the start of treatments or procedures requiring such informed consent.
- To know the name of the physician coordinating your care and the names and roles of other health care professionals involved in your care.
- To expect that member-related information, as well as medical information, will be treated as confidential, as may be required by law.
- To access your medical records, including the right to request to amend or correct your medical records, through participating practitioners and the plan, when applicable.
- To know how data measures will be utilized to ensure confidentiality.
- You have the right to know what type of information, if any, is accessible by your employer.

- To expect that OEHN has policies and procedures to determine who may authorize the release of your personal health information, and who may have access to this information when you lack the ability to give your consent.
- To approve or deny the release of personally identifiable or personal health information that is beyond the standard consent you have already agreed to when you applied for and enrolled in your health benefit plan. In such instances, OEHN will specify the information to be released when requesting your consent.
- To exercise the rights described above without any adverse affect on your treatment by OEHN and it's participating providers.

Members' Responsibilities

- To provide, to the extent possible, information that OEHN, your physician, other health care professionals and providers need to care for you.
- To follow the plans and instructions for care that you have agreed on with your physician and other health care professional.
- To assist your physician or health care professional in assessing your medical needs by providing complete and accurate information about medical history, hospitalizations, medications and other relevant matters pertaining to your health.
- To assist your physician and other health care professionals in their efforts by following their medical instructions and by asking questions if directions and procedures are not understood.
- To be considerate of your physician and other health care professionals, their staff and property, and respect the comfort of other patients.
- To read your Member Handbook, which explains the benefits you are entitled to receive and your responsibilities. Questions may be directed to the benefit program's member services department.

OEHN is committed to developing partnerships with Anthem members, physicians and other health care providers. To further that goal, this Member Bill of Rights and Responsibilities will serve as testimony to our commitment.

Applicability:
Wellpoint Dental, Wellpoint Dental employees.

Purpose: To adhere to applicable state and federal laws pertaining to member rights and privacy.

Policy: In its role as a contractor to state and Medicaid MCO's, Wellpoint Dental manages the dental provider network and provides administrative dental services. Those Members are entitled to certain rights described in a Members Bill of Rights. Because we are an integral part of the overall provision of services to these Members (even though we do not provide dental services), it is important that we do everything possible to respect and protect the rights of Members. Therefore, set forth below is the Members' Bill of Rights as described in 42 CFR 438.100 and by this Policy we direct all Wellpoint Dental employees to familiarize themselves with it and comply with it to the fullest extent it is applicable to the services we provide.

Member Bill of Rights & Responsibilities

Members' Rights

- To receive information in accordance with 438.10
- To be treated with respect, and with recognition of your dignity and right to privacy.
- To participate with your dentist, other health care professionals and/or your provider in decision making regarding your health care.
- To be free from any form of restraint or seclusion as a means of coercion, discipline, retaliation or convenience.
- To candid discussion of appropriate or dentally necessary treatment options for your condition, regardless of cost or benefit coverage.
- To voice complaints or appeals about Wellpoint Dental or the care provided. This includes the right to an appeal to the Grievance/Fair Hearing Process for HUSKY A members and Appeals/Grievance Process for HUSKY B members and providers.
- To select a dentist from among the benefit program's primary care dentist as their caseload permits.
- To change your selected primary care dentist at any time without the need for stating a reason.
- To an explanation from your dentist, other health care professional or provider of the process for giving informed consent prior to the start of treatments or procedures requiring such informed consent.
- To know the name of the dentist coordinating your care and the names and roles of other health care professionals involved in your care.
- To expect that member-related information, as well as dental information, will be treated as confidential, as may be required by law.
- To access your dental records, including the right to request to amend or correct your dental records, through participating practitioners and the plan, when applicable.
- To know how data measures will be utilized to ensure confidentiality.
- You have the right to know what type of information, if any, is accessible by your employer.

- To expect that Wellpoint Dental has policies and procedures to determine who may authorize the release of your personal health information, and who may have access to this information when you lack the ability to give your consent.
- To approve or deny the release of personally identifiable or personal health information that is beyond the standard consent you have already agreed to when you applied for and enrolled in your health benefit plan.
- To exercise the rights described above without any adverse affect on your treatment by Wellpoint Dental and it's participating providers.

Members' Responsibilities

- To provide, to the extent possible, information that Anthem Blue Cross and Blue Shield, Wellpoint Dental, your dentist, other health care professionals and providers need to care for you.
- To follow the plans and instructions for care that you have agreed on with your dentist and other health care professional.
- To assist your dentist or health care professional in assessing your dental needs by providing complete and accurate information about dental history, hospitalizations, medications and other relevant matters pertaining to your health.
- To assist your dentist and other health care professionals in their efforts by following their dental instructions and by asking questions if directions and procedures are not understood.
- To be considerate of your dentist and other health care professionals, their staff and property, and respect the comfort of other patients.
- To read your Member Handbook, which explains the benefits you are entitled to receive and your responsibilities. Questions may be directed to the benefit program's member services department.

AUTHOR (S):
Elrena Dawson

APPROVAL:

_____
Director, BlueCare Family Plan

POLICY:
BlueCare Family Plan (BCFP) has established guidelines to ensure that members have access to a comprehensive network of providers close to their homes. Below are the following plan-wide geographic access requirements:

- 2 PCPs within 8 miles of each member
- 2 Obstetrics and Gynecologist within 8 miles of each member
- 1 Primary Care Dentist within 20 miles of each member

PROCEDURES:

I. On a monthly basis a Geo-Access Report is run to identify any PCPs, Ob/Gyns and Dental providers not within required geographic access requirements.

   a. If the Geo-Access Report indicates that the PCPs, Ob/Gyns or Dental providers are not within the required access requirements Network Management Consultant will notify the Provider Network staff and the vendor management liaison of the deficiencies.

II. Along with the above report, HealthReach Services, BCFP Operations Unit, Quality of Service Department or Medical Management may identify other access deficiencies not identified in the Geo-Access Report.

III. From the Geo-Access Report or an inquiry from the above departments, the Network Management Consultant follows the below procedure:

   a) Request a report from Commercial Professional Provider Operations area regarding their PCP & Ob/Gyn network and distribute it to the Network staff
   b) Distribute the monthly report of newly credentialed providers to the Network staff for solicitation purposes
   c) Utilize the Out of Network or Non-Participating request for the purpose of identifying providers interested in participating with the BCFP program.

IV. From the Geo-Access Report or an inquiry for the above departments, the Network Management Consultant follows the below procedure:

   d) Request a report from Commercial Professional Provider Operations area regarding their dental network and distribute it to the vendor management liaison.

e) The vendor management liaison will send out a corrective action plan to the dental vendor. The commercial dental provider list will accompany the corrective action. The dental vendor's Network Development Manager is responsible to recruit in areas of the state where dental access does not meet contractual standards.
f) The Dental Manager will form a recruitment plan and send it to the vendor management liaison. The corrective action will be monitored on a monthly basis.

The Network Relations Consultant will monitor the network access on a monthly basis to ensure that the network access deficiencies are met.

ATTACHMENT (S):
BlueCare Family Plan Access Standard Report
Out of Network Request Form
Non-Participating Request Form
Newly Credentialed Report

POSITION (S) RESPONSIBLE FOR IMPLEMENTATION:
Director, BlueCare Family Plan
BlueCare Family Plan Provider Network staff

DISTRIBUTION:
BlueCare Family Plan Provider Network staff
BlueCare Family Plan HealthReach staff
BlueCare Family Plan Operations staff
BlueCare Family Plan Quality of Service staff
BlueCare Family Plan Medical Management staff

AUTHOR (S):
Elrena Dawson

APPROVAL:

_____
Director, BlueCare Family Plan

POLICY:
BlueCare Family Plan (BCFP) has adopted calendar access requirements for our participating BCFP Provider Network. This policy and procedure has been developed to periodically monitor to ensure that BCFP participating PCPs and Specialists meet the following calendar access requirements for appointment scheduling.

Primary Care Providers

- In-office waiting time - 30 minutes
- Initial appointment within 6 weeks
- Routine appointment for symptoms within 5 days
- Emergency care available on a 24 hour per day, 7 days a week basis or arranged for as approved by the Plan.
- Preventive care (including EPSDT) with in 6 weeks
- After-hours coverage is required by the provider agreement

Specialist

- In-office waiting time - 30 minutes
- Initial non-urgent appointment within 6 weeks
- Follow-up with non-acute symptoms with in 5 days
- Emergency care available on a 24 hour per day, 7 days a week basis or arranged for as approved by the Plan.
- After-hours coverage is required by the provider agreement

PROCEDURES:

I. Provider Network staff on a monthly basis will monitor participating PCPs and Specialists via the Calendar Access Requirements survey form.
   a. The BCFP Calendar Access Requirements survey form will be provided to PCPs or Specialist for completion during an in-office visit or via fax
   b. Provider Network staff will review the survey form to ensure that the PCPs or Specialist meets the BCFP Calendar Access Requirements
   c. Provider Network staff will contact the provider office to educate the staff regarding any requirements not met in accordance with the BCFP Administrative Policy and Procedure Manual
   d. Provider Network staff will document the communication and attach the survey form for filing in the provider's record

II. Provider Network also receives internal notifications when a provider is not adhering to the above Calendar Access Requirements.

a. HealthReach staff will refer cases to Provider Network when they identify a provider who is not adhering to above requirements (See GOV 902).
b. Member Services staff will refer cases to Provider Network staff when they identify a provider who is not adhering to above requirements.
c. Quality of Service staff will refer cases to Provider Network when they identify a provider who is not adhering to the above requirements

(i) Provider Network will contact the provider's office to educate the PCP or Specialist office staff regarding the Calendar Access Requirements in accordance with the BCFP Administrative Policy and Procedure Manual.

(ii) Provider Network staff will document the communication and attached the notification for filing in the provider's record.

ATTACHMENT (S):
BlueCare Family Plan Calendar Requirement Survey for PCP and Specialists

POSITION (S) RESPONSIBLE FOR IMPLEMENTATION:
Director, BlueCare Family Plan
BlueCare Family Plan Provider Network staff

DISTRIBUTION:
BlueCare Family Plan Provider Network staff
BlueCare Family Plan HealthReach staff
BlueCare Family Plan Member Service staff
BlueCare Family Plan Quality of Service staff
BlueCare Family Plan Medical Management staff

Anthem
Decide to be healthy.SM

BlueCare *Family Plan*

Please complete this form legibly and in full and fax it to (203) 234-5310

(Primary Care Provider)

Provider/Group Name: _____

Service Address: _____

City, State, Zip Code: _____

Federal Tax ID Number: _____ Phone Number: ( ) _____

Office Contact Person: _____Title:_____

❑ Check the applicable box below as it relates to your office

Office Hours: **MON**_____ **TUE**_____ **WED**_____ **THU**_____ **FRI**_____ **SAT**_____ **SUN**_____

What is your in-office wait time?
❑ 25 minutes
❑ 30 minutes
❑ 40 minutes
❑ 45 minutes
❑ Other (please specify)_____

How long does it take a patient to get an initial appointment?
❑ 3 weeks
❑ 6 weeks
❑ 9 weeks
❑ 12 weeks
❑ Other (please specify)_____

How long does it take a patient with symptoms to get a routine appointment?
❑ 5 days
❑ 7 days
❑ 9 days
❑ 11 days
❑ Other (please specify)_____

How long does it take a patient to get an appointment for preventive care?
❑ 5 days
❑ 7 days
❑ 9 days
❑ 11 days
❑ Other (please specify)_____

How long does it take a patient to get an appointment for urgent care?

❑ 1 day
❑ 3 days
❑ Other (please specify)_____

Do you provide after hour coverage?
❑ Yes
❑ No

Do you provide 24/7 coverage for emergency care?
❑ Yes
❑ No

Anthem
Decide to be healthy.℠

BlueCare *Family Plan*

Please complete this form legibly and in full and fax it to (203) 234-5310

(Specialist)

Provider/Group Name: _____

Service Address: _____

City, State, Zip Code: _____

Federal Tax ID Number: _____ Phone Number: ( ) _____

Office Contact Person: _____Title:_____

❑ Check the applicable box below as it relates to your office

Office Hours: **MON**_____ **TUE**_____ **WED**_____ **THU**_____ **FRI**_____ **SAT**_____ **SUN**_____

What is your in-office wait time?
❑ 25 minutes
❑ 30 minutes
❑ 40 minutes
❑ 45 minutes
❑ Other (please specify)_____

How long does it take a patient to get an initial non-urgent appointment?
❑ 4 weeks
❑ 6 weeks
❑ 9 weeks
❑ 12 weeks
❑ Other (please specify)_____

How long does it take a patient with non-acute symptoms to get a follow-up visit?
❑ 5 days
❑ 7 days
❑ 9 days
❑ 11 days
❑ Other (please specify)_____

How long does it take a patient with acute symptoms to get an appointment?
❑ 1 day
❑ 3 days
❑ Other (please specify)_____

Do you provide after hour coverage?

- ❑ Yes
- ❑ No

Do you provide 24/7 coverage for emergency care?

- ❑ Yes
- ❑ No

Program/Project Title: Dental Access Enhancement Improvement Initiative	Time Period: January 1, 2006 – December 31, 2006	Lines of Busin All HUSKY A & B Services

Purpose: The purpose of the Dental Access Improvement Initiative will be to:

- Continue to increase access to dental screenings for the HUSKY population concentrating on the 2-5 year old age group, the 6-9 year year old age group.
- Build collaborative relationships by improving communication between WELLPOINT DENTAL/BlueCare Family Plan and the CT denta visits and dental communications.
- Continue to enhance communication to dental network as to unique needs of BCFP population.

Plan Goals:

- Perform 2 dental screening events during 2006. Location.
- Perform 2 Provider Education/Orientation Events in 2006.
- Increase member satisfaction level for BlueCare Family Plan members. by 2-5%
- Hold quarterly meeting between WELLPOINT DENTAL, Health Research Services Inc., and BlueCare Family Plan
- Increase CT dental provider participation with BCFP program in key areas: Hartford, Litchfield and Tolland.
- Increase member screenings and follow-up care in the HUSKY Plan by 10% for the 2-5 year old by 10% for the 6-9 year olds, and b group.
- Hand out diversity articles and member education packets at all venues..

Target Population:

- Husky A/B members age 2-5, 6-9 and 10-14
- Sample size: all eligible members in HUSKY programs.
- All CT Dentists participating with BCFP program.

Data Source: WellPoint Dental Claims data; Blue Care Family Plan's Health Reach Services data base; and WellPoint Dental's provider network summary reports

Re-Audit:
Annually

Report to: Quality Steering Committee
Regional Delegation Oversight Committee

Quarter	ACTION PLAN	Member / Provider	Due Date	Responsible Person(s)	
1st Quarter	**Focus on increasing member screenings and follow-up care in the HUSKY Plan by 10% for the 2-5 year old, 10% for the 6-9 year old, and by 5% in the 10-14 year old age group.**				
	1. Identify who is due for annual dental screens and send reminder postcards.	Member	Ongoing	HealthReach	
	2. Assistance with appointments provided as needed. WELLPOINT DENTAL to designate one person as point of contact when a member cannot get an appointment with a participating dentist. WELLPOINT DENTAL will try to set up an appointment with non-participating dentist, as necessary.	Member	Ongoing	HRSI/WELLPOINT DENTAL	
	Conduct dental screenings in key areas of state				

	1. WELLPOINT DENTAL will analyze utilization data in order to hold venues in areas of state where care is not being accessed.	Member	03/31/06	WELLPOINT DENTAL	
	2. Plan to conduct at least 2 venues	Member	03/31/06	WELLPOINT DENTAL	
	Increase Member Satisfaction for BlueCare Family Plan Members				
	1. Work with BlueCare Family Plan to create Member satisfaction Improvement Strategy.	Member	03/31/06	WELLPOINT DENTAL/Blue Care Family Plan	
	2. WELLPOINT DENTAL to work on creating at least one customer focus group project in 2006.	Member	03/31/06	WELLPOINT DENTAL/Blue Care Family Plan	
	3. Increase member satisfaction. Measure through CAHPS survey	Member	03/31/06	WELLPOINT DENTAL,	2005 score is 8
	Increase dentist participation in key areas: Tolland, Litchfield and Hartford	Provider	03/31/06	WELLPOINT DENTAL	
	1. Make follow up recruitment calls in target areas: Tolland, Litchfield, and Hartford. Dentists for other counties should also be recruited: Fairfield, New Haven, Middlesex, New London, and Windham.	Provider	03/31/06	WELLPOINT DENTAL	
	2. Schedule face to face visits to collect contracts	Provider	03/31/06	WELLPOINT DENTAL	
	Increase communication between dental provider network and WELLPOINT DENTAL/BlueCare Family Plan				
	1. Hand out diversity articles and member education at venues	Provider	03/31/06	WELLPOINT DENTAL	
	2. Plan to Partner with local Headstart organizations to educate community dentists to facts about participation with Medicaid.	Provider	03/31/06	WELLPOINT DENTAL	Dates & Loca
	3. Plan to Perform 2 Provider Education/Orientation Events in CT.	Provider	03/31/06	WELLPOINT DENTAL	Dates & Loca

	Hold quarterly outreach discussions				
	1. Hold quarterly meetings on-site between Dental Network Manager of WELLPOINT DENTAL and Manager of Health Reach Services to discuss outreach for the quarter.	Provider	03/31/06	HRSI/WELLPOINT DENTAL	Dates and tim
	2. Gather handouts and materials used for venue. Designate leads and partner to have associates attend venues.	Member	03/31/06	HRSI/WELLPOINT DENTAL	DATES AN
2nd Quarter	**Focus on increasing member screenings and follow-up care in the HUSKY Plan by 10% for the 2-5 year old, by 10 % in 6-9 year old and by 5% in the 10-14 year old age group**				
	1. Identify who is due for annual dental screens and send reminder postcards.	Member	Ongoing	HRSI	
	2. Assistance with appointments provided as needed. Special contact at WELLPOINT DENTAL in place and customer service and Heath Reach Staff are using when a member can't find a participating dentist.	Member	Ongoing	HRSI	
	Conduct screening events in CT				
	1. Confirm 1st venue and date	Member	06/30/06	WELLPOINT DENTAL	
	2. Event Planning with HRSI/BlueCare Family Plan	Member	06/30/06	WELLPOINT DENTAL/Blue Care Family Plan/HRS	
	3. Findings from Event & Follow Up	Member	06/30/06	WELLPOINT DENTAL/HRSI	
	4. Plan 2nd event	Member	06/30/06	WELLPOINT DENTAL	
	Increase Member Satisfaction for BlueCare Family Plan Members				

	1. Work with BlueCare Family Plan to create Member satisfaction Improvement Strategy.	Member	03/31/06	WELLPOINT DENTAL/Blue Care Family Plan	
	2. WELLPOINT DENTAL to work to create at least one customer focus group in CT.	Member	03/31/06	WELLPOINT DENTAL	
	Increase dentist participation in key areas: Tolland, Litchfield and Hartford				
	1. Conduct face to face visits – visit key counties first – report on visits. Report on total visits.	Provider	Ongoing	WELLPOINT DENTAL	
	2. Initiate credentialing for providers who contract with WELLPOINT DENTAL – report on number of new providers.	Provider	Ongoing	WELLPOINT DENTAL	
	3. Schedule face-to-face meetings to collect contracts	Provider	06/30/06	WELLPOINT DENTAL	
	Increase communication between dental providers and WELLPOINT DENTAL/BlueCare Family Plan				
	1. Hand out diversity articles and member education at venues	Provider	06/30/06	WELLPOINT DENTAL	3rd Q 2006 4th Q 2006
	2. Partner with local Headstart Programs to educate community dentists to facts about participation with Medicaid s, Document total meetings.	Provider	060/05	WELLPOINT DENTAL	
	3. Establish a relationship with CT Dental Society. Document. Attend meetings.	Provider	0630/05	WELLPOINT DENTAL	
	Hold quarterly outreach discussions				
	1. Hold quarterly meeting between f WELLPOINT DENTAL and Health Research Services to discuss outreach for the quarter.	Provider/Member	06/30/06	HRSI/WELLPOINT DENTAL	

	2. Hold quarterly meetings/teleconference between responsible parties to designate roles at venues.. .	Provider/Member	06/30/06	HRSI/WELLPOINT DENTAL/Blue Care Family Plan	
3rd Quarter	**Focus on increasing member screenings and follow-up care in the HUSKY Plan by 10% for the 2-5 year old, by 10% for the 6-9 year old, and by 5% in the 10-14 year old age group**				
	1. Identify who is due for annual dental screens and send reminder postcards.	Member	Ongoing	HRSI	
	2. Assistance with appointments as needed.	Member	Ongoing	HRSI	
	3. Continue to use contact person at WELLPOINT DENTAL when member having trouble getting an on time appointment.	Member	Ongoing	WELLPOINT DENTAL	
	Conduct Dental Screening Event				
	1. Provide Update and results of previous venue.	Member	09/30/06	WELLPOINT DENTAL	
	2. Confirm 2nd venue and date	Member	09/30/06	WELLPOINT DENTAL	
	3. Event Planning	Member	09/30/06	WELLPOINT DENTAL	
	4. Conduct Event	Member	09/3/05	WELLPOINT DENTAL	
	5 Assess possibility of other Outreach Programs In state. Report on.	Member	Ongoing	WELLPOINT DENTAL	
	Increase Member Satisfaction for BlueCare Family Plan Members				

	1. Work with BlueCare Family Plan to create Member satisfaction Improvement Strategy.	Member	On going	WELLPOINT DENTAL/Blue Care Family Plan	
	2. Initiative focused at members to monitor satisfaction.	Member	09/30/06	WELLPOINT DENTAL	
	Increase dentist participation in key areas: Tolland, Litchfield and Hartford		09/30/06		
	1. Conduct fact-to-face meetings/visits – visit key counties- - report on number of meetings & results of visits	Provider	09/30/06	WELLPOINT DENTAL	
	2. Initiate credentialing for new providers wishing to join WELLPOINT DENTAL - report on number of new providers.	Provider	09/30/06	WELLPOINT DENTAL	
	Continue to increase communication between CT dentists and WELLPOINT DENTAL/BlueCare Family Plan.	Provider	09/30/06	WELLPOINT DENTAL	
	1. Hand out diversity & member education articles at venues..	Provider	09/30/06	WELLPOINT DENTAL	4th Q Plans
	2. Conduct Provider Orientation Session, in partnership with local Health Department & Headstart and other dental groups.	Provider	09/30/06	WELLPOINT DENTAL	
	Hold quarterly outreach discussions				
	1. Hold quarterly meeting between WELLPOINT DENTAL Network Manager and Health Research Services Manager to discuss outreach for the quarter.	Member	09/30/06	HRSI/WELLPOINT DENTAL	
	2. Designate roles and responsibilities of all involved in venues.		09/		
4th Quarter	**Focus on increasing member screenings and follow-up care in the HUSKY Plan by 10% for the 2-5 year old, by 10% for the 6-9 year old, and by 5% in the 10-14 year old age group**				
	1. Identify who is due for annual dental screens and send reminder postcards for 2006	Member	12/31/06	HRSI	
	2. Total for 2006	Member	12/31/06		
	3. Assistance with appointments as needed. - Document 4th Q 2006 results a	Member	12/31/06	HRSI	

	4. Total for 2006	Member	12/31/06	HRSI	
	5. Continue to use contact person at WELLPOINT DENTAL when member having trouble getting an on time appointment. Track how many issues BlueCare Family Plan had to use the Escalated Unit for 2006	Member	12/31/06	WELLPOINT DENTAL	
	6. Total for 2006	Member	12/31/06	WELLPOINT DENTAL	
	Increase Member Satisfaction for BlueCare Family Plan Members				
	1. Work with BlueCare Family Plan to create Member satisfaction Improvement Strategy. Plan for 2006 2. CAHPS score is:	Member	12/31/06	WELLPOINT DENTAL BlueCare Family Plan	
	2. Summarize customer focus events in CT for 2006	Member	12/321/05	WELLPOINT DENTAL	
	Increase Provider Participation in key areas of the State: Tolland, Litchfield and Hartford.				
	1. Analyze proposed network strategy for 2007 provider network. Complete report for DSS to close out QIA. Document how many new providers WELLPOINT DENTAL recruited in 2006	Provider	12/31/06	WELLPOINT DENTAL	
	2. Document number of meetings with providers to discuss issues. Total for 2006. Summarize 2006 findings.	Provider	12/31/06	WELLPOINT DENTAL	
	3. Perform Provider Education / Orientation Event – document total events held in 2006. Summarize findings.	Provider	12/31/06	WELLPOINT DENTAL	
	Continue to Increase Communication between CT Dental Provider Network and WELLPOINT DENTAL/BlueCare Family Plan				
	1. Send copies of all handouts.	Provider	12/31/06	WELLPOINT DENTAL	Copy of all BlueCare F
	2. Partner with local health departments and Headstart to educate community dentists to facts about Medicaid population. Document total 2006 meetings. Summarize findings.	Provider	12/31/06	WELLPOINT DENTAL	

	Hold quarterly outreach discussions				
	1. Hold quarterly meeting between Dental Network Manager of WELLPOINT DENTAL and Manager of Health Research Services to discuss outreach for the quarter. Summarize findings.	Member/Provider	12/31/06	HRSI/WELLPOINT DENTAL	