



Project Plan

Version	11-Jun-12
Project Name	2012 Absolute Total Care Work Plan
Project Description	Corrective Action Plan
Team	Absolute Total Care

Key: Overall Status	
Green	Not Yet Started or On-Track
Yellow	Cautionary concern; requires close management
Red	Off-Track; immediate course correction required
Completed	Milestone Complete

Overall Project Timeline

Task #	Sub-Task #	Task/Issue	Target End Date	Status	Accountability	Actions Taken To Date
1		Review provider data such as demographics and affiliations as well as investigate claims administration to correct Par/NonPar payment issues (i.e. denials for authorization), contracted payment rates (including pediatric subspecialists) and accuracy of our provider directory (web/print).				
	1.1	Review contractual terms for identified providers to pay and adjust payclass accordingly. For proper claims adjudication, forward provider to Claims for configuration audit.	8/31/2012	Started	Portico Task Force	
	1.1.1	Adjust provider setup and verify demographic data to increase auto-adjudication rates.	8/31/2012	Started	Portico Task Force	
	1.2	Verify provider credentialing status and establish recredentialing time frames for all network providers.	8/31/2012	Started	Portico Task Force/ Peter Bachini	
	1.3	Obtain and review current rosters from network providers to verify practice name, locations, hospital privileges, phone numbers, board certifications, Tax ID and billing information. Update information in systems as needed and coordinates with Provider Group to reconcile information.	8/31/2012	Started	Portico Task Force	
	1.3.1	Review and correct provider demographic and specialty data so members can accurately select a provider.		Started		
	1.3.2	Validate provider "pay to" address to ensure payments are mailed to the correct locations.		Started		
	1.4	The process of 1.1 to 1.3.2. was applied to the following providers: University Specialty Clinics, St. Francis Physician Services, Clarendon Health Center, Kershaw Physicians, University Medical Associates (MUSC)	5/31/2012		Portico Task Force	
	1.5	Complete tasks 1.1 to 1.3.2 for the following provider: Sandhills Pediatrics, Physicians Practice Group (PPG)	6/15/2012	Started	Portico Task Force	
	1.6	Complete tasks 1.1 to 1.3.2 for the following provider: Eau Claire Cooperative's Acquisition of Richland Primary Care	6/30/2012	Started	Portico Task Force	

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	1.7	Complete tasks 1.1 to 1.3.2 for the following provider: Anderson Medical Center, Doctor's Care, and Greenville Hospital System (Hospitalists, OP Facilities, Providers and RHCs)	7/15/2012	Started	Portico Task Force	
	1.8	Complete tasks 1.1 to 1.3.2 for the following provider: MUSC (Hospitalists), TRMC (Hospitals, Providers and RHCs), Roper St. Francis (Hospital, Providers)	8/3/2012	Not Started	Portico Task Force	
	1.9	Complete tasks 1.1 to 1.3.2 for the following provider: Marion Medical, Singleton Medical, Barnwell Medical	8/17/2012	Not Started	Portico Task Force	
	1.10	Complete tasks 1.1 to 1.3.2 for other network providers identified.	8/31/2012	Not Started	Portico Task Force	
	1.11	Implement a process to accurately collect, maintain, and audit provider data.	8/31/2012	Not Started	Portico Task Force	

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2		Implement provider specific, service type and claim type system configuration changes identified through provider complaints.				
	2.1	Review the current manual process for payment of Inpatient Outliers/Short Stay/One Day Stays/Transfers- Hospital Inpatient claims to determine if reimbursement can be processed systematically.	8/31/2012	Requires Close Management	Contract Implementation Team/Optum	Process in research and preliminary testing phases.
	2.2	Review ATC's Stat Lab initiative implemented 5/1/11. Requires labs to be outsourced to a national/regional contracted lab vendor.	6/29/2012	Started	Configuration Team	Since the process was implemented, the stat lab listing, rules, and exceptions granted to various provider groups has been revised which requires additional configuration. The stat lab listing was updated with four additional codes. The process has been completed for one payclass (4/11/12); however it will be applied to other pay classes by 6/29/12.
	2.3	Implement an exception process to allow pediatricians to perform all lab services rendered to newborns in the office for the first 60 days of life.	6/29/2012	Started	Configuration Team	Configuration requirements are being researched and tested.
	2.3.1	Implement an exception process to allow specific providers to perform all services on site.	6/29/2012	Started	Configuration Team	Configuration requirements are being researched and tested.
	2.4	Configure the claims payment system to exclude maternity copays on hospitals and medical claims.	6/29/2012	Started	Configuration Team	
	2.4.1	Review and configure the claims payment system to not require maternity copays on pharmacy perscriptions.	7/31/2012	Started	US Script	Coordinating with US Script.
	2.5	Update SC DHEC configuration so that claims pay according to their LOA.	6/29/2012	Started	PDM/ Configuration Team	Configuration research completed. Configuration and PDM changes are in process.
	2.5.1	Establish monthly meeting with SC DHEC and ATC staff to monitor configuration changes and ensure payment is accurate.	Ongoing	Started	Kisha Price	Meeting dates of 4/18 & 5/11 have occurred. Next meeting scheduled for 6/29/12
	2.6	Review dialysis laboratory claims configuration to determine why some are denying EX-1B - to determine if ATC is responsible for payment. SCDHHS Physician Manual states that independent laboratory providers when rendering services for clinic (i.e. Dialysis Clinics) should submit the bill to the clinic for reimbursement not the MCO.	8/31/2012	Off Track	Plan	Researching why some lab codes are paying, and others are denying. Questions submitted to ATC's state coordinator and awaiting clarification to determine if claims configuration or provider education is required.
	2.7	Educate ESRD clinic-dialysis providers who are submitting claims on a UB-04 hospital claim form. Per the SCDHHS clinic manual, ESRD clinics should submit claims on a CMS 1500 form. Validation codes that are reimbursed for dialysis are configured appropriately.	8/31/2012	Started	Yolanda Marsh	Continue ongoing provider outreach education.

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	2.8	Research why anesthesia procedure codes 01967 and 01968 (add on codes) continue to deny as EX-VI. Determine why the system is not recognizing these procedures as add on codes.	8/31/2012	Cautionary	Configuration Team/ PDM Team	
	2.9	Research why Ambulance Claims, procedure codes X0401 and X0402, are rejecting, denying or paying incorrectly. These Codes are deleted codes which SCDHHS continues to use for reimbursement, however ATC NCCI system edits reject as invalid codes.	6/29/2012	Started	Rhonda Tucker/ Carmin Pruitt/ Claims Xten	Configuration process completed and tested. Audit and review being conducted to include Claims Xten.
	2.10	Research denials for modifiers 26 (professional) and TC (technical). Determine why the system is not recognizing valid modifiers that can be submitted with the procedure code. Determine if default to "professional" portion of SCDHHS fee-schedule could resolve.	8/31/2012	Started	Plan/ Configuration Team	Configuration in-process and being tested. Audit and review being conducted.
	2.11	Update provider pay class for MUSC and USC providers submitting claims for vision services. MUSC and USC have not contracted with Opticare	6/30/2012	Started	Configuration Team/ PDM	Two system updates have been made to address this issue (CR37192 and 40720) The remaining CR is in development and is on track to be tested and in production by 6/30/12 (CR50328)
	2.12	Develop a process for RHC encounter rate reimbursement configuration updates: (1) The encounter rate upkeep relies on provider communication of changes to Plan; (2) Lack of timely notice from CMS communicating rate updates to clinic/physician; (3) The clinics are submitting claims and the encounters are denying EX-46 in error; and (4) The clinics are submitting billing under incorrect NPIs for bill above services.	8/31/2012	Requires Close Management	Contracting Team	Reviewed to determine: Provider Setup, Configuration, PDM review and provider education required
	2.13	Determine resolution to the hospital complaints for ERA remits, not showing the correct copay information.	8/31/2012	Requires Close Management	Configuration Team	Work has begun on this as part of the 5010 compliance project.
	2.14	Research and determine why system is denying postpartum care when claim meets CMS criteria (Ex-5M).	8/31/2012	Cautionary	Configuration Team	System to be updated to count days from the discharge date to allow appropriate reimbursement.
	2.15	Identify why the system is denying services for "no-fee schedule" or "manual pricing" in error (EX-SJ). The reimbursement rate is loaded in Amysis but the claim still continues to deny.	7/31/2012	Cautionary	Configuration Team	Configuration requested is being implemented and tested.

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	2.16	Determine why the system denies covered services when there is an authorization on file to approve services (EX-46). For example, Breast reconstruction services are covered if deemed medically necessary.	8/31/2012	Cautionary	Medical Management/ Configuration	ATC reviewed the procedures that are listed under the EX46 denial rule. Configuration is currently being updated to fix these denials.
	2.17	Determine why the system is not able to capture the POA in Amisys.	8/31/2012	Requires Close Management	Optum	5/15/12 Update: Testing configuration with Optum to verify system changes will capture POA.
	2.18	Research and resolve why ATC did not show NDC numbers being submitted by certain providers.	8/31/2012	Requires Close Management	Configuration Team/ Rhonda Tucker	The Centene EDI team has contacted the provider's clearinghouse to confirm that NDC numbers were not submitted. The Provider's clearinghouse has confirmed that NDC numbers were not submitted.
	2.19	Research how to include the APR-DRG: 4 digit DRG on the ATC remittance advice to the	8/31/2012	Requires Close Management	Configuration Team	Configuration team reviewed and additional configuration required.
	2.20	Implement an improve communication process between ATC Provider Relations staff and claims team to identify and resolve provider issues earlier in the process.	8/31/2012	Started	Configuration Team/ Provider Relations	

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3		Prior Authorization - Providers are concerned about consistency of prior authorization information/requirements from ATC or subcontractors				
	3.1	Provide consistent information regarding authorization requests to providers.	6/22/2012	Started	Barbara Excell	
	3.1.1	Re-educate all prior authorization (PA) staff on PA policies and procedures and turn around times (TAT) beginning week of June 11, 2012	6/22/2012	Not Yet Started	Barbara Excell	
	3.1.2	Monitor and audit turn around times on a daily/monthly basis to manage non-compliance.	Ongoing	Started	Barbara Excell	
	3.2	Confirm all subcontractors require the same type of authorization information as ATC.	6/29/2012	Not Yet Started	Bobbi Crimm	
	3.2.1	Review prior authorization requirements to determine if changes are needed, acting on findings as required.	7/31/2012	Not Yet Started	Barbara Excell	
	3.3	Reassess and provide additional provider education regarding ATC's prior authorization	7/31/2012	Not Yet Started	Barbara Excell/ Provider Relations	
	3.3.1	Review current prior authorization education information. Revise education materials as needed and provide process flows to assist them with prior authorization.	7/31/2012	Not Yet Started	Barbara Excell/ Provider Relations	

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4		Prior authorization - Providers are concerned about timeliness in response from ATC or subcontractors.				
	4.1	Improve turn-around-time of authorization requests	8/31/2012	Not Yet Started	Barbara Excell	
	4.1.1	Increase prior authorization staff FTEs 2 FTEs by May 31, 2012 1 FTE to be hired	7/13/2012	Started	Barbara Excell	2 FTEs hired on May 31, in orientation
	4.2	Review all subcontractors provide consistent turn around time compliance for all authorization requests	7/13/2012	Not Yet Started	Barbara Excell	
	4.2.1	Schedule meetings with all subcontractors who are delegated Utilization Management (UM) to reiterate need for timeliness and consistency of message	6/29/2012	Not Yet Started	UM/Quality/Vendor Oversight	
	4.2.2	Review all contracts for compliance with established turn around times.	7/31/2012	Not Yet Started	UM/Quality/Vendor Oversight	
	4.2.3	Require monthly subcontractor reports and meetings.	7/31/2012	Not Yet Started	UM/Quality/Vendor Oversight	
5		Ensure sustainability of improvement in Medical Management				
	5.1	Add 'hot questions' regarding UM processes to provider satisfaction survey in Fall 2012. (Respondent is asked if they would like to have ATC follow up on their responses when survey is completed.)	6/15/2012	Started	Bobbi Crimm	
	5.2	Assess findings after 'hot question' discussions are collected.	8/31/2012	Not Yet Started	Bobbi Crimm	
	5.3	Compile and review audit findings from 3.1.2 above and provide additional coaching as required.	Ongoing	Started	Barbara Excell	
	5.4	Enforce requirements of prior authorization including providing consistent information and turn around time compliance monthly from	7/13/2012	Not Yet Started	UM/Quality/Vendor Oversight	

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6		Back Transport Concern - McLeod Hospital				
	6.1	Contact staff at McLeod to determine what back transport issues exist. [Janice Norris-Discharge Planner, Anastasia Whitt-Manager UM, Jeannie Beshere-Regional Systems Developer, Dr. Thomas Cox Jr-Neonatologist]	6/29/2012	Started	Barbara Excell	Discussed issues at length with identified individuals who stated McLeod had no issue with back transport. (Spoke with Janice Norris and Anastasia Whitt. Jeannie Beshere is on vacation and will be back 6/18/12--will call her then. Also sent two inquiry emails to Dr. Thomas Cox Jr. with no response.)
	6.2	Identify root cause of back transport Issue	7/13/2012	Started	Barbara Excell	
	6.3	Create open channel for communication with McLeod staff.	6/15/2012	Started	Barbara Excell	Provided management direct contact information for questions/issues/concerns regarding back transports Provided process to facilities to follow for back transport requests
7		Newborn 60 day coverage				
	7.1	Review ATC policy, provider manual, and contract requirements to clarify newborn 60 day coverage. Research identified denials for root cause.	8/31/2012	Started	Barbara Excell/ Configuration Team	Review of ATC policy completed. Determined in compliance with state requirements. Identify newborns date of birth denials within 60 days of birth. Respond appropriately based on findings.
8		Provider Repapering Project-Amendments/Boilerplates				
	8.1	Monitor and report progress to SCDHHS on existing Work Plan progress.	Ongoing	Started	David Hatch	Monthly report to be provided to DHHS on the 15th of each Month

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9		NIA High-End Radiology Management				
	9.1	Research, identify and resolve rolling 12 month provider complaints and identify issue categories and referring and/or servicing provider type.	6/29/2012	Started	NIA/ Peter Bachini	ATC identified the current categories: servicing providers, referring providers or both for intervention: 1) MUSC - Both, 2) AnMed - Both, 3) Beaufort Memorial Hospital - Both, 4) HCA Hospitals - Both, 5) Tenet Hospitals - Both, 6) Columbia Cardiology - Both, 7) Midlands Orthopaedic - Both, 8) Palmetto Health - Both, 9) SC Oncology Assoc - Both, 10) Charleston Hematology & Oncology - Both, 11) Walterboro - Referring.
	9.1.1	Research, identify and resolve NIA authorization issues: 1) poor execution/service 2) provider acceptance of criteria and process	7/31/2012	Started	NIA/ Peter Bachini	5/1/11 - NIA/ATC implemented monthly meetings with NIA to discuss new issues, exceptions, and other provider related issues for discussion, education and resolution.
	9.1.2	Network Servicing Provider Diversion: 1) Cost, 2) Quality	7/31/2012	Started	Peter Bachini	5/1/11 - NIA/ATC implemented provider "privileging" process in addition to the ATC credentialing process to more closely monitor equipment and certifications for MR, CT and PET in competing hospital vs freestanding settings. NIA to provide criteria for decision making.
	9.1.3	Criteria/Protocol variance: Commercial vs Medicaid	7/31/2012	Started	Peter Bachini/ Bobbi Crimm	1/1/12 - NIA/ATC implemented clinical verification review (CVR) of targeted MR & CT procedures that have high propensity for abuse and misuse. NIA to provide education to ATC providers.
	9.2	Educate all providers about ATC's CVR process for Medicaid populations	8/31/2012	Started	NIA/ Peter Bachini	3/1/12 - Educated high volume/high membership provider offices, RHC, FQHC and hospitals regarding the CVR process and the potential for future CVR expansion.

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10		Improve HEDIS scores in CY 2012				
	10.1	Analyze CY 2011 HEDIS results for improvement opportunities.	7/6/2012	Not Yet Started	Bobbi Crimm	
	10.2	Develop a member outreach program to improve scores for selected measures	8/31/2012	Not Yet Started	Bobbi Crimm	
	10.3	Continue asthma initiative in three counties for SCDHHS asthma initiative.	12/31/2012	Not Yet Started	Bobbi Crimm	
	10.3.1	Identify providers and members for focused education on HEDIS improvement initiatives. Continue supporting SCDHHS initiatives	8/31/2012	Not Yet Started	Bobbi Crimm	
	10.4	Develop a diabetes outreach/incentive program for PCPs	8/31/2012	Not Yet Started	Bobbi Crimm	
	10.5	Implement Connection Representative HEDIS Quick Reference Guides.	Ongoing	Started	Bobbi Crimm	HEDIS Quick Reference Guide developed for Connections staff to screen members during home visits and explain why HEDIS measures are important.
	10.6	Continue to implement spirometry initiative in conjunction with Nurtur.	Ongoing	Started	Bobbi Crimm	Program implemented where Nurtur staff conducts spirometry readings and forwards to the Member's Physicians.
	10.7	Implement process where ATC nurses collect HEDIS clinical information to use as a secondary data source	Ongoing	Started	Bobbi Crimm	
	10.8	Develop partnerships with FQHCs and key provider groups to improve HEDIS scores and develop supplemental data sources as needed.	Ongoing	Started	Bobbi Crimm	B. Crimm educated CIMS Senior Leadership on HEDIS and reporting improvements at Shareholders meeting (May 2012). B. Crimm to speak at SCPHA Clinical Conference on HEDIS improvement processes and supplemental data sources. (June 2012) Initiated a program with Palmetto Primary Care Physicians focused on diabetics with elevated BMI. (May 2012)
	10.9	Evaluate current P4P program to align with SCDHHS Withhold Program and adjust as needed.	8/31/2012	Not Yet Started	Bobbi Crimm	

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11		Review HCI Physician Claim Insight and Fraud Finder Pro Claims Editing process.				
	11.1	The Centene Payment Integrity Department (PI Department) in conjunction with ATC will re-review the South Carolina specific HCI customizations based on SCDHHS' provider manual and state billing regulations to verify the claim edits are appropriately configured in HCI.	8/31/2012	Not Yet Started	Payment Integrity Department	
	11.2	HCI Fraud Finder Pro identifies providers with aberrant billing patterns. For example, the provider's billing practice is two standard deviations away from the mean when compared to the provider's peers (i.e., same specialty). The PI Department recently changed its HCI Fraud Finder Pro process to review a 20 medical record sample prior to putting the provider on prepayment review. The PI department will work with ATC to establish a process to where provider services will proactively educate providers to reduce aberrant billing patterns prior to putting them on prepayment review.	7/31/2012	Not Yet Started	Payment Integrity Department	
	11.3	The PI Department will work with ATC to review the providers who have been identified by Fraud Finder Pro and placed on prepayment review to determine if additional outreach and education is required.	7/13/2012	Not Yet Started	Payment Integrity Department	
	11.4	The PI Department will provide ATC a weekly versus bi-weekly HCI denial report to help the health plan proactively identify providers that require outreach.	6/15/2012	Not Yet Started	Payment Integrity Department	
	11.5	ATC will distribute additional education and outreach materials for providers regarding the HCI prepayment review process to help answer questions and reduce the number of complaints.	7/13/2012	Not Yet Started	Payment Integrity Department	