SUNFLOWER STATE
HEALTH PLAN

Provider Responsiveness - Summary
11/21/13

- Focused collaboration with Associations to keep abreast of issues and work with them to communicate issue resolution and any provider education needed. Outreach with KHA TAG hospitals including Via Christi / Wesley and physician practices identified through KMS.
- Daily reviews of high priority provider claims issues. Weekly Top 10 issue updates.
- Additional resources in claims, provider set-up and system configuration.
- Claims War Room: In addition to current resources, Sunflower / Centene is implementing a Kansas specific "War Room." There will be additional resources representing provider set-up, claims and medical management located in a single location. Existing projects will be given to one resource to follow-up on resolution completion. The different functional areas will work together to identify, research and resolve root causes immediately to keep current claims from processing incorrectly. This will continue through December and longer, if needed. This approach has been successful in other markets to quickly resolve both individual and systemic issues.
- Denied Claims: We are contacting hospitals identified through KHA and providing a report that shows denied claims. We will work with each of the hospitals to review and reconcile with their data including discussion of what is driving the denied claims.
- Credentialing and Provider Set-up: Reviewing our current provider set-up processes and implementing additional quality assurance reviews. Priorities on provider set-up that is impacting claims payment and auditing of large system provider rosters.
- Responsiveness: We are providing additional training to our Provider Relations team. We are reviewing the oversight and tracking of issue resolution and communication. We will continue JOC meetings with key hospitals and Sunflower leadership will be present to assure understanding of issues and follow-up. Providers are encouraged to escalate any issue to CEO at any time. Additional provider summit calls scheduled overall and specific to I/DD providers.
- Prior Authorization Review: Sunflower is working with the other MCOs and KHA to review prior authorization requirements including a meeting with KHA TAG representatives today. The electronic PA (278) will be available the first quarter 2014. Some hospitals have requested a file of all codes that require PA to integrate with their system.
- Revised process and communication for prior authorization expectations for individuals who are retro-eligible. Review of current denials with expediting processing for most claims. Review for medical appropriateness limited to large claims.
- The Alliance Group: Continue internal discussions to evaluate large claim review options.
- October 1st DRG rate increase: Sunflower began configuring our system as soon as the information was received with anticipated completion 12/2. We will reprocess claims retro to 10/1.
- GME Payments: Sunflower checks for the 3rd quarter were issued this week making us current with these payments.

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Seq #	Type	Title	Description	Date Fixed	Actionable Item/Issue Status	Affected Provider Types	Date Expected Claims Are to be/Reprocessed	Current Status
1	Vaccine Admin Codes	90471-90474	Retro active rate change to 1/1/2013	7/10/2013	System updated and claims project in progress	ALL	12/6/2012	70% complete
2	FQHC/RHC	Incorrect denials	1) Place of Service issue: Completed 11/18/2013 2) Provider setup related to claims processing for FFS rates vs. encounter rates	9/7/2013	System has been updated and claims project in progress	FQHC/RHC	1/10/2013	50% complete
3	COB	Blanket Denial Configuration	Issue identified related to the TPL non covered listing configuration causing incorrect EXL6 denials. Issue has been identified and system should be corrected by 09/13/13. All affected claims will be identified and reprocessed. 10/7/13 Project built. 10/17 Project in progress	9/13/2013	System Updated, Affected claims will be identified and reprocessed.	ALL	11/15/2013	98% complete
4	Eligibility	Eligibility/Retro spans - Client Obligation/Patient Liability	Elig program set CO/PL to zero from the 834 file. Program fix deployed 09/18/2013, this should eliminate retro and off date elig updates for changes to a members elig status. New changes should go through normally. Next step is to identify all claims in the historical spans and run a claims project. Processing 500 member claims at a time, beginning 11/20/2013	9/18/2013	Eligibility System corrected	NF, Waiver	12/31/2013	0(
5	QMB configuration	Claims denied in error	QMB only non covered list needs to be updated separately from global blanket denial list	9/18/2013	In Analysis	ALL		
6	Cross Over Claims	Claims Overpayment	Cross over claims were overpaid. System fix has been completed. Claims project is queued and needs to be worked.	9/10/2013	System configuration	ALL	12/13/2013	0% complete
8	CO/PL	CO/PL not being applied correctly	1. Retro eligibility spans were not being treated correctly and salary amounts were not being loaded to identify CO/PL 2. Incorrect class codes that identify PL/CO not being loaded correctly 3. Authorizations for HCBS providers that should have collected CO translation errors **Will be processed with #4 (above)**	11/8/2013	Identifying claims impacted to create claims project	All, waiver	12/20/2013	0
7	Global Fees	Incorrect denials	We are investigating this issue. IV fluids are being denied as global fees paid. Once investigation is completed, if deemed as system issue, we will reprocess all claims with the EXVI adjudication status. SF is appropriately denying Observation as Global to IV fluids EXVI. Additional research needed to identify instances of IV fluids being denied as global to Observation 11/21: In Configuration, target release date 12/6. Claims Project reprocessing by target date: 1/10/2013	12/6/2013	Additional Analysis / Claim Examples requested	ALL	1/10/2013	In Progress (see description)
1	Share of Cost	Spend down not being taken from Hospital claim types	Program Jobs for Share of Cost SD/CO/PL. Fix complete on 9/16. 576 claims affected by this and a claims project will be run to fix these. All claims went to the Spenddown WDSL and returned 10/8.	9/6/2013	System has been updated	Hospital	10/2/2013	100% complete
2	Radiology Codes	Denied as non covered benefit	Radiology codes (71260, 76856) were configured as non covered in error	8/15/2013	System has been updated and claims	ALL	10/15/2013	100% complete
3	COB Denials	Authorization and Configuration Denials	COB claims denied due to configuration where authorization was required for secondary and COB claims paid as primary due to errors in other insurance records. 2 separate projects in progress	5/13/2013	System has been updated and claims project in progress	ALL	10/31/2013	100% complete