



Utilization Management Turnaround Timeframe
Corrective Action Plan
July 18, 2012

Quality improvement project team will meet weekly to evaluate corrective actions and make any necessary adjustments to achieve timely compliance with turnaround timeframes. Quality improvement project team includes: Jennifer McClard, Sr. VP Information Systems; Berta O’Leary, VP Quality Management; Marilyn Doughman, Manager Care Management, Teresa Carr, Supervisor Care Management; Patricia Parker, Sr. Business Analyst; Jason Yarbrough, Chief Enterprise Application Architect

Issue Identified	Plan of Correction	Targeted Implementation Date	Responsible Party	Status
<u>Fax system functionality</u> Staff can fax from desktop however cannot receive faxes directly to desktop. Prevents direct faxing from facility to nurse reviewer for concurrent review.	Identify fax system solution to allow individual staff to receive desktop fax.	August 2, 2012	Jennifer	
<u>Staff assignment and workflow</u> Based on review volumes, staffing exceeds model by 2 RN’s, 1 Care Advocate, 2 Support and 3 additional Advocates are in training. One support staff is assigned to faxes. Fax volume @ 250 exceeds ability. Current assignment is not based on GSA or dedicated to highest volume providers.	<ol style="list-style-type: none"> 1. Assigned additional staff to review and distribute faxed review based on productivity and received volumes 2. Assign Advocates to specific nursing staff. 3. Assign Nurses by GSA and provider based on volumes 4. Create Non-User work queue by GSA for staff assignment 	<ol style="list-style-type: none"> 1– 3. July 23, 2012 4. July 23, 2012 	<ol style="list-style-type: none"> 1-3 Marilyn and Teresa 4. Patricia 	
<u>Reporting accuracy</u> Inconsistent process to identify when nurse review is initiated results in reporting variance. Unable to differentiate review request date and date clinical information received creates reporting errors for all turnaround times.	<ol style="list-style-type: none"> 1. Clearly document step by step process for consistency and accuracy 2. Add ‘pending clinical’ as system decision option 3. Add ‘clinical received’ to system for clear identification of date and time necessary information is received. 4. Adjust report specifications to incorporate 	<ol style="list-style-type: none"> 1. July 20, 2012 2. July 30, 2012 3. July 30, 2012 4. July 30, 2012 	<ol style="list-style-type: none"> 1. Marilyn and Teresa 2. Jason and Marilyn 3. Jason 4. Patricia 	<ol style="list-style-type: none"> 3. Complete 7/19



Issue Identified	Plan of Correction	Targeted Implementation Date	Responsible Party	Status
	receipt of clinical for accurate turnaround time calculation			
<u>Inefficient system workflow</u> Notification of outcomes requires staff to create three letters Staff unable to work in non-user queue requiring multiple steps Portal not available for providers to directly enter review information and obtain decision Faxed information must be manually entered into system	<ol style="list-style-type: none"> 1. Automate letter creation based on system review decision 2. System adjustment to allow creation of new episode in non-user queue 3. Provider portal currently in development 4. Incorporate intelligence into portal for immediate decision 5. Evaluate OCR solution for faxes 	<ol style="list-style-type: none"> 1. Sept 2012 2. July 30, 2012 3. August 15, 2012 4. Sept 2012 5. 4Q12 	<ol style="list-style-type: none"> 1. Jason and Marilyn 2. Jason 3-5. Greg, Jason / IS 	<ol style="list-style-type: none"> 2. In QA, testing
<u>Data Oversight and Monitoring</u> Multiple reports are utilized to evaluate productivity, call volumes, call times, fax volumes and turnaround time results	Develop full dashboard to incorporate all data associated with oversight of program	July 23, 2012	Berta	