

Update: MMIS Status

February 12, 2014

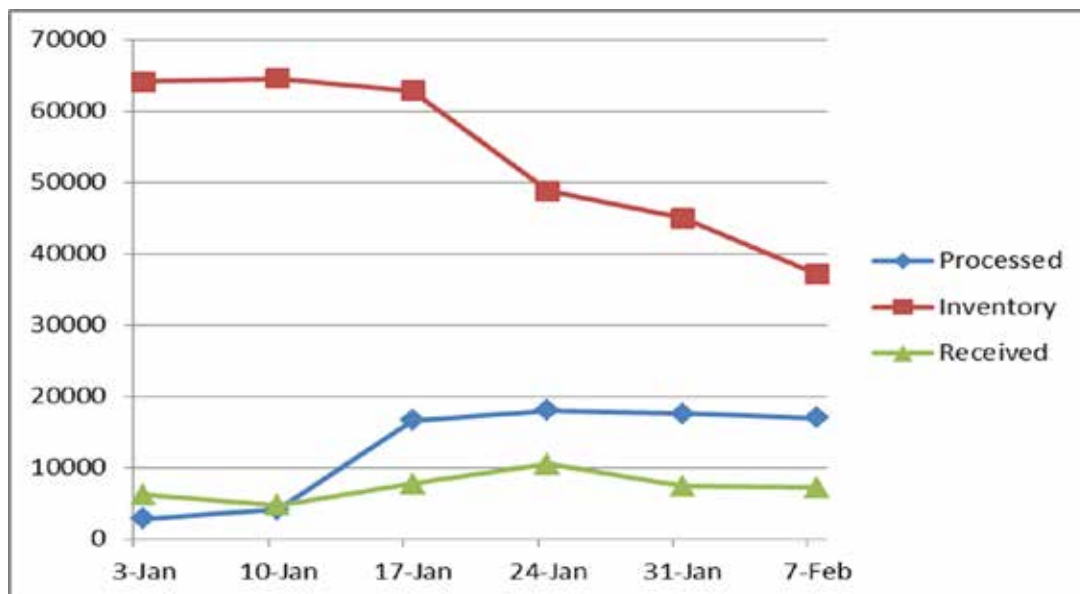
Progress continues in correcting outstanding issues that affect claims processing on Alaska Medicaid Health Enterprise (Health Enterprise). Xerox has implemented several changes over the past two weeks to repair errors and streamline operational processes.

Positive results from the operational improvements and increased staffing levels are being realized. For example:

- Paper Claims:** Staffing was tripled to handle the inventory of paper claims. Over the past two weeks, this team entered over 29,000 claims for processing. Oldest claims are being processed first.

Paper transportation claims submitted prior to January 4, 2014 have been entered; all other claims (CMS-1500, UB-04 and Dental) submitted prior to January 23, 2014 have been entered. We anticipate being within a normal processing cycle by the end of March. The graph below illustrates recent progress.

Paper Claims Processing



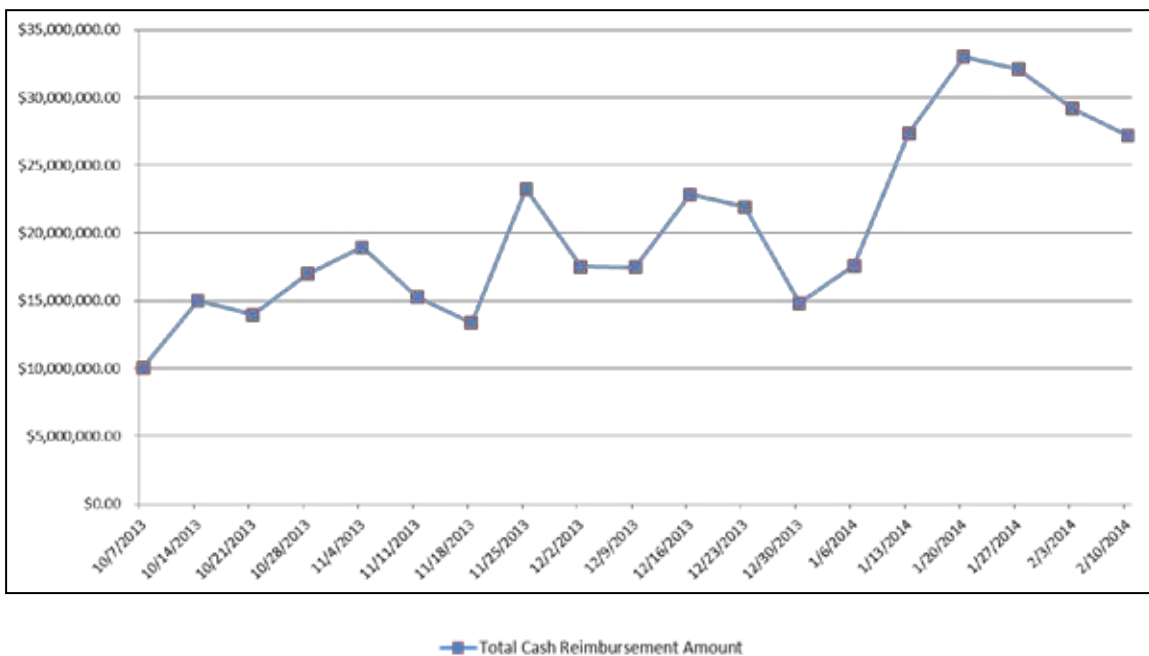
- Service Authorizations:** The backlog of all faxed service authorization requests has been cleared and is now within normal processing standards, which is within a week of receipt. The oldest items in inventory are dated 2/7.

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- Claim Payments:** In addition to fixing system problems, implementing semi-automated workarounds to eliminate some of the manual intervention required to process claims has resulted in a decrease of 14% in the excess inventory of suspended claims since the beginning of the year.

Total Cash Reimbursement Amount



Mass Adjustment Update: Several mass adjustments to reprocess claims were recently completed.

- Transportation claims that denied for Pending Service Authorization
- Claims with procedure codes 99308 and 99309
- Claims that denied for exception 4826 - The submitted units exceed the maximum units allowed for this procedure.
- Claims that posted exception 6600 - Exact duplicate - incorrectly against themselves for the same line
- Claims where line was denied for exception 4588 - Procedure Code and Modifier Requires Manual Review - no attachment

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Mass Adjustments scheduled in the next two weeks will reprocess claims with the following errors:

- Exception 4462 - Procedure requires diagnosis - where 1st Diagnosis pointer is between 1 and 9
- LTC claim types with exception 6280 - Cost avoid for no EOB and no TPL dollars
- Claim types that denied with exception 3155 - Rendering Provider NPI not on file
- Claims denied as duplicates for the same procedure but had different tooth numbers

Reformatting the Remittance Advice (RA): In response to provider feedback regarding the format and content of the new Remittance Advice (RA), design of a new RA is in progress. Once the new design is finalized, it will be submitted to the technical team for development.

Service Authorization Status Inquiry: The online search capability to determine status of submitted service authorization requests does not always return complete results. This problem is scheduled to be fixed by mid-February.

Tribal Providers: Specific issues are impacting timely and accurate processing of claims for Tribal providers. The target date for resolving these problems is mid-February.

- Copay taken on Tribal claims
- Dental encounter claims are not paying correct rate

Pharmacy: Newly enrolled pharmacies are not recognized, while recently dis-enrolled pharmacies are still showing as active. New pharmacies are being added manually to the pharmacy file to enable processing of claims. The automated interface is scheduled to be corrected by the end of February.



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Call Center Support: If you need to contact Xerox, the following times are traditionally the lightest periods and you should experience a shorter call wait time than if you call at peak periods:

Department	Lighter Call Periods	Contact Information
Provider Relations Unit	From 8:00-9:30 a.m. After 2:00 p.m.	In Anchorage: 907.644.6800 (option 1) Outside Anchorage: 800.770.5650 (option 1, 1)
Service Authorization	From 8:00-9:30 a.m. After 2:00 p.m.	In Anchorage: 907.644.6800 (option 5) Outside Anchorage: 800.770.5650 (option 1, 2)

Outstanding Claim Inventory: The table on the following pages summarizes the edits causing the majority of suspended claims and the associated processing status as of February 11, 2014. The Providers Impacted column lists the provider types affected by the exception code if there are more than 50 claims associated with the provider category. The Impacted Claims column reflects the total number of claims for each exception. These numbers and the provider types change daily as additional improvements, processing and outreach occur. As issues are resolved, these suspended claims are released for processing and potential payment in the weekly cycle.



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Status of Processing Outstanding Claim Inventory

Legend for Providers Impacted			
Code	Description	Code	Description
ASC	Ambulatory Surgical Center	NURS	Nurses – Private Duty, RN, Agencies
BH	Behavioral Health	OCC	Occupational Therapist
BRS	Behavioral Rehabilitation	PCA	Personal Care Agency
CCA	Care Coordinator Agency	PHAR	Pharmacy
DENT	Dental Groups and Dentists	PHY	Physicians
DME	Durable Medical Equipment Supplier	RPTC	Residential Psychiatric Treatment Center
FQHC	Federally Qualified Health Center	RSL	Residential Supported Living
HCB	HCB Agency	SPEE	Speech/Language Therapist
HEAR	Hearing Aid Specialist	TRAN	Transportation – Taxi, Ambulance, Air
HHA	Home Health Agency	TRB	Tribal Hospital or Clinic
HOSP	Hospital – In-patient and out-patient	TRVL	Travel Accommodations
HPRF	Health Professional Group	VISION	Optometrist, Vision Contractor
LAB	Independent Lab/X-ray		

Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
1880	Claim is pending for review due to notes	DME	1,700	These claims are suspending correctly. Only DME claims are affected. The manual intervention required is ongoing. A system change was implemented late January.
1882	Claim exceeds timely filing and no proof of timely filing attached	BH HPRF VISION	840	Claims are suspending correctly and being reviewed.
1891	Void / Replace TCN Missing or Invalid	PCA	470	This error is tied to claims submitted prior to Oct 1, 2013. Analysis of a change to correct this issue is in progress.
1895	Claim not found on history	PCA	560	This error is tied to claims submitted prior to Oct 1, 2013. Analysis of a change to correct this issue is in progress.
1905	Billing Provider on claim does not match Billing Provider on replacement request	PCA	530	This error is tied to claims submitted prior to Oct 1, 2013. Analysis of a change to correct this issue is in progress.
2950	Payment cannot be made. The member is locked into another Provider	BH HPRF TRB	4,600	Steps performed by reviewers for manual “valid referral” determination are under evaluation to see if they can be automated.



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3155	Claim is professional and Rendering Provider NPI not on file		5,100	A change is scheduled in February that will allow these claims to move forward.
3321	Rendering Provider Certification Expired Greater than 60 days	ASC CCA DENT DME HCB HOSP PCA	4,300	This exception will recycle for 60 days and if the certification is not updated the claim will deny with Exception 3660 (Rendering Provider Cert Expired – Deny). A change is scheduled mid-February that impacts this edit.
3325	Rendering Provider License Expired <= 60 Days	ASC DENT DME HPRF TRB	1,200	This exception will recycle for 60 days and if the license is not updated the claim will deny. A change is scheduled mid-February that impacts this edit.
3329	Billing Provider License Expired – Suspend	ASC DME HPRF	450	Additional analysis is needed on remaining claims after changes were implemented in late January.
3337	Billing Provider License Missing – Deny		630	Additional analysis is needed on remaining claims after changes were implemented in late January.
3338	Billing Provider Certification Missing – Deny		560	Additional analysis is needed on remaining claims after changes were implemented in late January.
3600	Category of Service cannot be determined from information on the claim	CCA HOSP HRPF TRB	2,500	Several situations cause this exception. <ol style="list-style-type: none"> 1. NPI lookup does not find a match on taxonomy and facility type. An update scheduled mid-February will correct institutional claims (approx. 300 claims) 2. Category of Service and provider type combination need changes to the processing criteria. Analysis is in progress.



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3620	Billing Provider NPI matches multiple IDs	Electronic Claims ALL provider types that require NPI	11,000	Most problems are caused by provider error in submitting the claim. If the Billing Provider NPI matches multiple IDs, the system cannot determine which provider record to use for processing. Provider outreach continues to help providers understand how to submit claims correctly. Common problems include failing to submit with the service location zip code, using an incorrect taxonomy, and submitting on the wrong paper form.
3650	Provider Payee ID Not Found	Electronic claims	550	Analysis in progress to determine if this should deny.
3660	Rendering Provider Cert Expired – Deny	HCB PCA	815	This exception is tied to exception 3321. A mass adjustment occurred in January to reprocess claims. Research has completed on most remaining claims and they will move forward for final processing.
3700	Provider on review	BRS TRB	800	The remaining claims are being analyzed to determine if additional providers can be taken off review.
3800	Rendering Provider not in any Network associated to any of the Benefit Plans for the Member	DME HCB HPRF PCA TRAN TRVL	1,600	Analysis continues. System change scheduled in February will address some situations.
3802	Billing Provider not in Network for Member	Electronic claims	100	Majority of remaining claims may be affected by NPI/invalid provider issue – meaning system cannot determine the provider; otherwise, appears to be a situation in which Provider is not enrolled. Claims are posting incorrectly from the electronic data interchange.
3805	Benefit Plan does not exist for this Member for the services billed	ALL provider types	2,400	Additional changes are scheduled for implementation in mid-February.
3810	Benefit Plan found but service not covered for member	CCA DENT HCB RSL	6,300	These claims are suspending correctly. They will continue to suspend until a change is implemented for new waiver regulations. The disposition to the exception will be revisited at that time.



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3832	Medicaid coverage – Waiver claim excluded	HCB RSL CCA	7,000	These claims are suspending correctly. They will continue to suspend until a change is implemented in late February for new waiver regulations. The disposition to the exception will be revisited at that time.
4076	Review for Medical justification – Prof Claim Types	DENT HPRF TRAN	2,800	These claims are suspending correctly. Manual review required to move a claim forward is ongoing.
4105	Diagnosis Requires Review by State	HPRF	500	Enhancement scheduled late February. Manual work continues and a workaround will facilitate processing.
4125	Diagnosis Requires Review by Fiscal Agent	CCA DME FQHC HCB HOSP HPRF LAB TRAN TRB VISION	4,860	Enhancement scheduled late February. Manual work continues and a workaround will facilitate processing.
4645	Out of State Pricing Segment	HPRF LAB VISION	1,100	Enhancement scheduled in February.
4826	Submitted units exceed the maximum units allowed	ASC DME HCB HOSP HPRF	4,000	Codes were updated and claims have been identified for reprocessing. A mass adjustment was recently submitted to reprocess these claims.
4912	Procedure code requires pricing	CCA DENT HCB HPRF PCA RSL TRB	2,000	These claims must be manually repriced and processed.
4916	Procedure / Modifier combination Pricing segment is set to Manual Review	DENT DME DME HCB HOSP HPRF	6,300	A rate is not on file causing manual pricing on these claims. Research is in progress to determine if the manual steps can be automated. Codes were updated 1/24 for DME. Review of the factor codes is in progress.



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5051	Bill Provider - No Match Service Authorization Bill Provider	BH DENT PCA	25,000	Billing provider on the claim does not match the billing provider on the service authorization (SA). These claims denied. A fix for the SA part of the problem is scheduled mid-February. After it is implemented, mass adjustments will be run to reprocess claims.
5220	Service Authorization record is pended w/errors - Header	BH DENT HCB PCA	1,400	These claims are set to automatically release for reprocessing each evening so that the claim will process as action is taken by the Service Authorization team.
5221	Service Authorization record is pended w/errors – Line	BH DENT HCB PCA	350	These claims are set to automatically release for reprocessing each evening so that the claim will process as action is taken by the Service Authorization team.
6110	Member Medicare Pt B Eligibility w/No Attachment	DME HOSP HPRG	510	A workaround is allowing these claims to move forward until a permanent change occurs to the system.
6280	Cost avoid for no EOB and no TPL dollars	HPRF	10,200	Paper claims will continue to suspend until the inventory is reduced. If research indicates the edit is working correctly, electronic claims will deny. Providers will need to rebill and submit EOB.
6430	Cost Avoid for no TPL \$ but EOB exists	DENT DME FQHC HOSP HPRF TRB	7,700	The majority of these exceptions are from paper claims. Operational processes being addressed regarding entry of TPL updates. Also, changes to address several system problems related to TPL processing are scheduled for late February.

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6604	Possible Conflict / Different Provider	ASC BH BRS DENT DME ESRD FQHC HCB HOSP HPRF LAB NURS PHY RSL TRAN TRB TRVL	10,600	Additional criteria for duplicate edit check will enable these claims to auto-adjudicate and not require staff intervention. These claims are being worked daily until the additional criteria is identified and implemented. In-patient and waiver criteria is being reviewed.
7990	UR unit of measure code does not equal claim line item unit of measure code	CCA	1,145	A change was recently implemented to correct this exception.
8040	Service Authorization Units Fully Exceeded	DENT PCA TRAN TRVL	8,000	A change is scheduled in late February to correct this problem.
8050	Service Authorization Unit of Measure Mismatch	BH HCB	934	A change is scheduled for mid-February to correct this exception.
9090	No Fund Code Criteria	BH DENT DME FQHC HCB HOSP HPRF PCA RSL TRAN TRVL	3,500	Problems are tied to Category of Service. Approx. 2,100 claims suspended because Category of Service could not be determined (Exception 3600). Analysis continues on impacted categories to determine appropriate changes to allow them to move forward.