

Update: MMIS Status

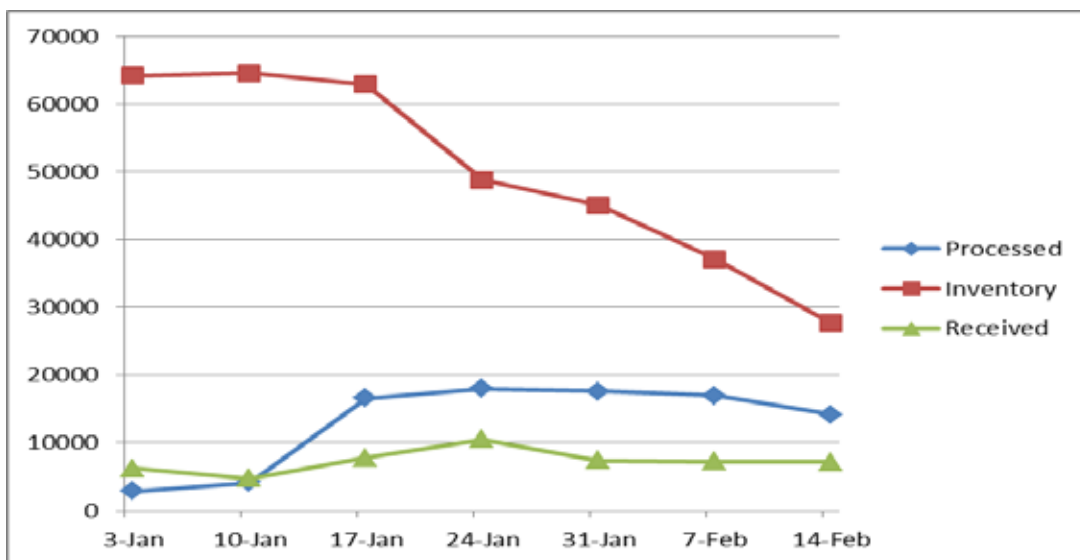
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The backlog of paper claims, suspended claims and service authorizations continues to decrease each week because of the operational improvements, increased staffing levels and system changes made to support Alaska Medicaid Health Enterprise.

- Paper Claims:** Xerox receives an average of 8,250 paper claims each week. Oldest claims are processed first.

Paper transportation claims submitted prior to February 10, 2014 have been entered; all other claims (CMS-1500, UB-04 and Dental) submitted prior to February 6, 2014 have been entered. The end of March is still the target date for being within normal processing cycles. The graph below illustrates how the gap continues to close between claims that are in inventory and claims that have been entered for processing.

Paper Claims Processing



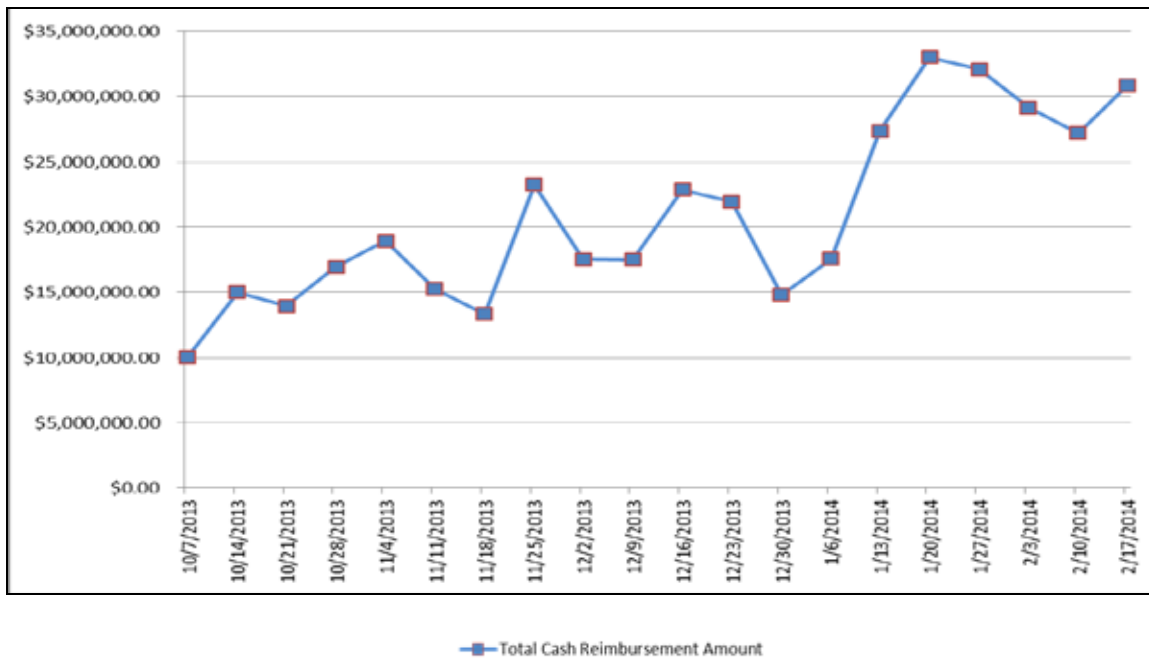
- Service Authorizations:** Processing faxed service authorization requests remains within normal processing standards. The Service Authorization focus team continues to analyze if additional mass updates can be applied via automated methods to process the backlog of pended requests. Pended requests have decreased from 7,606 on January 24, 2014 to 2,806 on February 14, 2014, a decline of 62%.

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- **Claim Payments:** Last week's payment cycle paid almost \$31 million to 84,362 claims.

Total Cash Reimbursement Amount



Mass Adjustment Update: The impact of the following mass adjustments to reprocess claims was realized this past week:

- LTC claim types with exception 6280 (Cost avoid for no EOB and no TPL dollars) resulted in a decrease from 10,200 suspended claims to 233.
- Claim types that denied with exception 3155 (Rendering Provider NPI not on file) dropped the number of suspended claims from 5,100 to 44.
- Claims with exception 4462 (Procedure Requires Diagnosis code) were reprocessed if the 1st Diagnosis pointer was between 1 and 9.
- Dental claims were reprocessed that denied as duplicates with exception 6600 (Exact Duplicate) for the same procedure but had different tooth numbers

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- Approximately 1,650 claims that denied for exception 4588 (Procedure Code and Modifier Requires Manual Review - no attachment) were reprocessed.

Service Authorization Status Inquiry: The online search capability to determine status of submitted service authorization requests does not always return complete results. A change was implemented in mid-February, however additional problems were subsequently identified, which should be resolved in early March.

Reformatting the Remittance Advice (RA): Design activities to improve the format and content of the Remittance Advice continue. Once the new design is finalized, it will be submitted to the technical team for development and a timeframe for when it will be ready can be determined.

Some of the flaws that are being addressed include:

- wrapping numerical fields that can cause dropping of dollar amounts and Transaction Control Numbers
- confusing information on claim adjustments
- lengthy RAs due to multiple reporting lines for one claim
- balancing discrepancies
- missing information

Tribal Providers: Specific issues are affecting timely and accurate processing of claims for Tribal providers. Changes were implemented in mid-February to address the following problems:

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

Xerox and the Department of Health and Social Services (DHSS) will coordinate any mass adjustments/suspense release jobs with the tribal organizations. All known problems that affect claims will be corrected before a mass adjustment is submitted in order to reduce the number of times a single claim is reprocessed.

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 for correction by the end of February.



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TPL Processing: Problems with TPL processing have resulted in a backlog of suspended claims that date back to November. The problems have been resolved and these claims can now be processed. Xerox is supplementing the Alaska Fiscal Agent staff with experienced TPL processors from other accounts to assist with clearing this inventory of claims by the end of March.

Call Center Support: Technology and workflow enhancements have reduced the Service Authorization average of call wait times by 50% since Health Enterprise was implemented on October 1, 2013. Data collected by the system that monitors telephone response times indicates that over the past few weeks most calls were answered in less than 4 minutes by the Service Authorization team. It is important to note that this is an average. Spikes do occur during peak calling times as well as during the first week after the monthly member eligibility updates are processed.

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 18, 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	OCC	Occupational Therapist
BH	Behavioral Health	PCA	Personal Care Agency
BRS	Behavioral Rehabilitation	PHAR	Pharmacy
CCA	Care Coordinator Agency	PHYS	Physicians
DENT	Dental Groups and Dentists	RPTC	Residential Psychiatric Treatment Center
DME	Durable Medical Equipment Supplier	RSL	Residential Supported Living
FPC	Family Planning Center	SBS	School Based Services
FQHC	Federally Qualified Health Center	SNF/ICF	Skilled Nursing/Intermediate Care Facility
HCB	Home Community Based Agency	THER	Therapists – Speech, Physical, Occupational
HEAR	Hearing Aid Specialist	THRCTR	Occupational/Physical Therapy Center
HHA	Home Health Agency	TRAN	Transportation – Taxi, Ambulance, Air
HOSP	Hospital – In-patient and out-patient	TRB	Tribal Hospital or Clinic
HPRF	Health Professional Group	TRVL	Travel Accommodations
LAB	Independent Lab/X-ray	VISION	Optometrist, Vision Contractor
NURS	Nurses – Private Duty, RN, Agencies		

Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
1880	Claim is pending for review due to notes	DME	1,007	These claims are suspending correctly. Only DME claims are affected. The manual intervention required is ongoing.
1882	Claim exceeds timely filing and no proof of timely filing attached	BH HOSP HCB HPRF TRB VISION	1,668	Claims are suspending correctly and being reviewed as part of normal processing.
1891	Void / Replace TCN Missing or Invalid	BH HCB HOSP HPRF PCA SBS	874	The exception indicates the requested void or replacement has already been voided or replaced, meaning the request cannot be processed. 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	BH HCB HOSP HPRF PCA SBS	1,098	The Transaction Control Number (TCN) to be replaced or voided does not match a previously adjudicated claim in history. This error is tied to claims submitted prior to Oct 1, 2013. Analysis of a change to correct this issue is in progress.

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1905	Billing Provider on claim does not match Billing Provider on replacement request	BH HCB HOSP HPRF PCA SBS	1,118	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 FQHC HPRF TRB	4,124	Steps performed by reviewers for manual "valid referral" determination are under evaluation to see if they can be automated.
3155	Claim is Professional and Rendering Provider NPI not on file		44	A change was recently implemented and a mass adjustment was processed that dropped the number of suspended claims from 5,100 to 44. This exception will be removed from this report going forward.
3321	Rendering Provider Certification Expired Greater than 60 days	CCA DENT DME HCB HOSP PCA	3,000	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). Two-thirds of these claims belong to PCAs. A change was implemented February 15. Analysis will occur to insure the change has the expected outcome.
3325	Rendering Provider License Expired <= 60 Days	DME HPRF TRB TRVL	1,197	This exception will recycle for 60 days and if the license is not updated the claim will deny. Two-thirds of these claims belong to Health Professional Groups. A change was implemented February 15. Analysis will occur to insure the change has the expected outcome.
3329	Billing Provider License Expired – Suspend	HPRF PCA TRVL	461	The Billing Provider does not have a license on file in effect on the Date of Service. The last Date of Service on the claim is after the license expiration date. Additional analysis is needed on remaining claims after changes were implemented in late January.



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3337	Billing Provider License Missing – Deny	DENT TRAN	407	The Billing Provider does not have a license on file in effect on the Date of Service. Additional analysis is needed on remaining claims after changes were implemented in late January.
3338	Billing Provider Certification Missing – Deny	SBS THRCTR	359	The Billing Provider does not have certification on file that is in effect on the Date of Service. 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	ASC BH HRPF PHAR TRB	1,421	Several situations cause this exception. <ol style="list-style-type: none"> 1. NPI lookup does not find a match on taxonomy and facility type. A change was implemented February 15 that corrected institutional claims. 2. Category of Service and provider type combination need changes to the processing criteria. Analysis is in progress.
3620	Billing Provider NPI matches multiple IDs	Electronic Claims ALL provider types that require NPI	4,759	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. The number of claims in this category dropped from 11,000.
3650	Provider Payee ID Not Found	Electronic claims	220	Analysis in progress to determine if this should deny.
3660	Rendering Provider Cert Expired – Deny	DME SBS	1,018	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. Most of these claims are for School Based Services.



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3700	Provider on review	BRS TRB	970	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	HCB HPRF PCA RSL TRAN TRVL	1,812	Analysis continues. A system change in February will address some situations.
3802	Billing Provider not in Network for Member	Electronic claims	277	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. Analysis is in progress.
3805	Benefit Plan does not exist for this Member for the services billed	DME HOSP HPRF TRB	1,249	A change was implemented February 15. Analysis will occur to insure the change has the expected outcome.
3810	Benefit Plan found but service not covered for member	CCA HCB RSL	6,097	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. Over 5,500 of these suspended claims are from Home Based Care providers.
3832	Medicaid coverage – Waiver claim excluded	HCB RSL CCA	7,936	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. Over 7,300 of these claims are from Home Based Care providers.
4076	Review for Medical justification – Prof Claim Types	DENT HPRF TRAN	3,225	These claims are suspending correctly. Manual review required to move a claim forward is ongoing. Over 2,400 of these claims are from Ground and Air Ambulance providers.



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4105	Diagnosis Requires Review by State	FPC HPRF	544	Enhancement scheduled late February. Manual work continues and a workaround will facilitate processing.
4125	Diagnosis Requires Review by Fiscal Agent	BH CCA DME FQHC HCB HOSP HPRF PCA TRB	9,059	Enhancement scheduled late February. Manual work continues and a workaround will facilitate processing.
4645	Out of State Pricing Segment Not Found	DME HPRF LAB TRAN TRVL VISION	2,561	Enhancement scheduled in February.
4826	Submitted units exceed the maximum units allowed for this procedure	DME HOSP HPRF	759	Codes were updated and claims have been identified for reprocessing. A mass adjustment was recently submitted to reprocess these claims, dropping the number of claims from 4,000. Approximately 500 of the remaining claims are for DME providers.
4912	Procedure code requires pricing	DME FQHC HCB HOSP HPRF LAB PCA RSL TRAN TRVL	2,010	This exception occurs when all pricing methodologies have been exhausted and the calculated allowed is zero. These claims must be manually repriced and processed.
4916	Procedure / Modifier combination Pricing segment is set to Manual Review	DENT DME HCB HOSP HPRF LAB	6,463	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 and Fiscal Agent staff will continue manually pricing these claims.



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5051	Bill Provider - No Match Service Authorization Bill Provider	BH DENT DME HPRF PCA	25,000 Denied and need mass adjustment 1,184 Suspended	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 was implemented February 15. Several additional changes are scheduled for late February. Mass adjustments will be run to reprocess claims after the changes are applied.
5220	Service Authorization record is pended w/errors - Header	BH DENT HCB PCA	826	These claims are set to automatically release for reprocessing each evening so that corrected claims process as the Service Authorization team takes action. The total dropped from 1,400 last week.
5221	Service Authorization record is pended w/errors – Line	BH DENT HCB PCA	486	These claims are set to automatically release for reprocessing each evening so that the claim will process as the Service Authorization team takes action.
6110	Member Medicare Pt B Eligibility w/No Attachment	DME HOSP HPRG	510	This exception indicates the member has Medicare Part B coverage for the Dates of Service on the claim, but no attachment was submitted with the claim indicating an Explanation of Medicare benefits. A workaround is allowing these claims to move forward until a permanent change occurs to the system at the end of February.
6280	Cost avoid for no EOB and no TPL dollars	SNF/ICF	233	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. The suspended claims for this exception dropped from 10,200 last week to 233 this week. Analysis is in progress to determine if CHA/P and D/HAT providers should be excluded from receiving this exception.



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6430	Cost Avoid for no TPL \$ but EOB exists	BH DENT DME FQHC HOSP HPRF PHYS RPTC THER THRCTR TRB	16,129	The majority of these exceptions are from paper claims. Changes to address several system problems related to TPL processing are scheduled for late February. These changes need to be implemented so that the claims price correctly before the Fiscal Agent staff works them.
6604	Possible Conflict / Different Provider	ASC BH BRS DENT DME ESRD FQHC HCB HOSP HPRF PHYS RSL TRAN TRB TRVL	7,457	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 are under review.
7990	UR unit of measure code does not equal claim line item unit of measure code	CCA	35	A change was recently implemented to correct this exception. The number of suspended claims for this exception dropped from 1,145.
8040	Service Authorization Units Fully Exceeded	DENT TRAN TRVL	8,666	A change is scheduled in late February to correct this problem. Over 4,200 of these claims are from taxi providers and 3,900 are from travel-related providers.
8050	Service Authorization Unit of Measure Mismatch	BH HCB TRVL	1,316	The Service Authorization unit of measure code does not equal the claim line unit of measure code. A change is scheduled for late February to correct this exception.



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9090	No Fund Code Criteria	BH CCA DENT DME FQHC HCB HOSP HPRF PCA RSL SBS TRAN TRVL	5,526	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.