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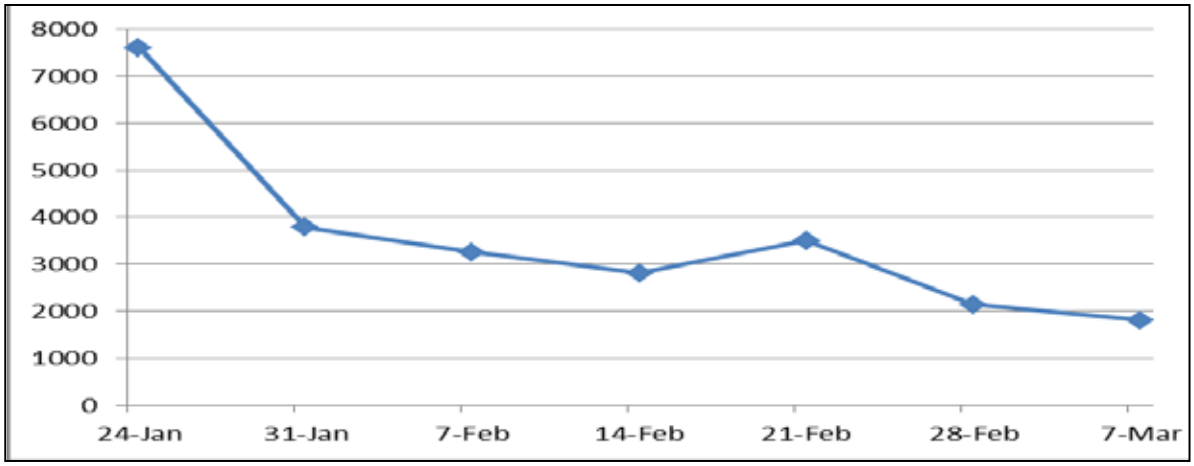
Improvements continued this week in the areas of processing service authorizations and claim payments.

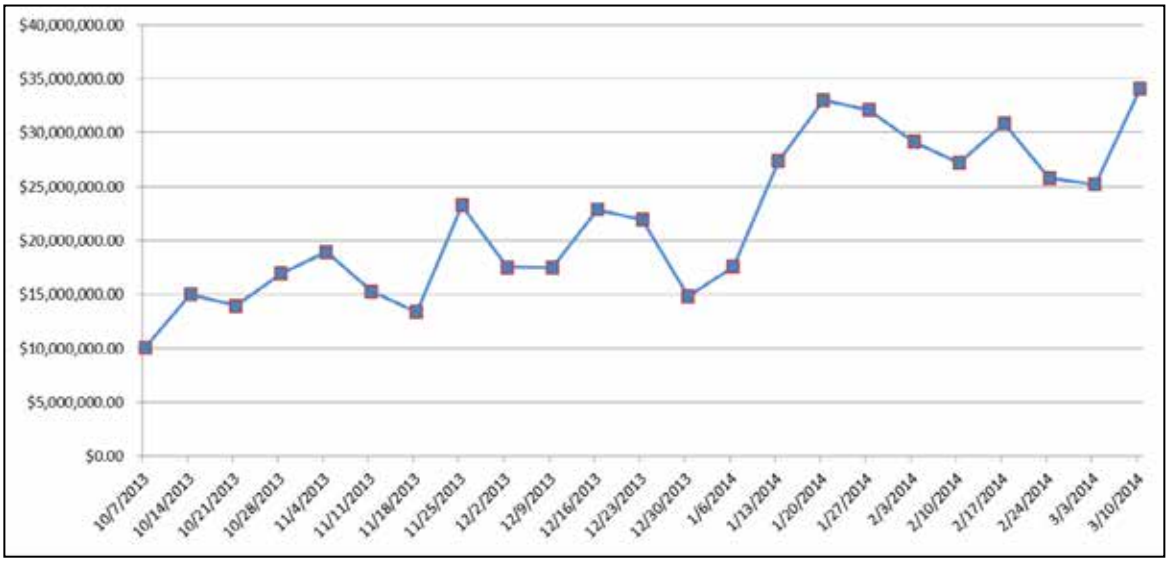
- **Service Authorizations**: Processing faxed service authorization requests remains within normal processing standards. As of March 7, processing faxed dental requests was within 2 days of receipt and all others were within 1 day or less. The inventory of Service Authorizations dropped from 2,136 to 1,804.

Suspended Service Authorizations



- **Claim Payments**: Last week 137,216 claims received payments totaling over $34 million.

Total Cash Reimbursement Amount



- **Paper Claims**: Paper claim processing continues to remain current. Processing will continue to be closely monitored to insure timeliness of entering paper claims as they are received.

Service Authorization Status Inquiry: The online search capability to determine status of submitted service authorization requests does not always return complete results. Implementing a correction to this problem that will return it to 100% functionality is scheduled for the end of March.

Reformatting the Remittance Advice (RA): The design work for the new RA continues. The development team has begun review of the new designs to determine timelines.

RBRVS Problem: A problem with the RBRVS factor was corrected last week and claims are now paying correctly. Claims paid with the incorrect factor will be reprocessed. The reprocessing effort must be carefully planned and will be staggered due to the significant number of claims that are affected. Reprocessing dates have not been determined at this time.

Mass Adjustments: Mass adjustments to reprocess approximately 14,300 claims meeting the following conditions were completed this week:

- Claims impacted by Exception 3155 (The claim is professional and Rendering Provider NPI not on file) or Exception 3618 (The Rendering Provider NPI is not a valid NPI number format) where the rendering provider is not required to be enrolled.
- Claims where the NDC is not required but that denied for Exception 4375 (NDC submitted on the claim line is a DESI Drug as indicated by CMS or the FDA)
- Claims with lab procedures since 1/1/2014 where the CLIA Certification was end-dated as of 12/31/2013 and Exception 4400 posted (The CLIA Certification Type on file for the Procedure Code submitted on the claim does not match the CLIA Provider Certification Type on the Provider file for the Dates of Service on the Claim).

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Paper Claims with Exception 4826 (Submitted units exceed the maximum units allowed): A problem was identified last week with the program that reads the Units field on paper claims. If a unit is submitted with a decimal, the decimal is disregarded and any characters after the decimal become part of the whole number. For example, if 1 unit is reflected as 1.0 on the claim, the character recognition program translates it to 10 units; 20.0 units becomes 200 units. This causes the claim to reject for too many units. **Units entered without a decimal process correctly. Providers can avoid claims suspending for this exception by entering whole numbers without a decimal in the units field.** Analysis is in progress to determine how to fix the problem for future claims, and what needs to be done to correct the claims that were erroneously suspended.

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
- Encounter claim zero pricing issue on dental claims

A mass adjustment to reprocess claims where the co-pay was taken for a tribal provider and the member is a native Alaskan is currently on hold until all known problems that affect claims are corrected. This is to reduce the number of times a single claim is reprocessed.

Complex Claims: The MMIS system has difficulty processing claims with more than 100 lines. These are typically high dollar claims. Special steps are occurring to process these claims while changes to optimize internal processing are made. There are currently 10 claims that fall into this category, down from 33 last week. Step 3 of the optimization process is scheduled for this weekend. The optimization improvements are targeted for completion in early April.

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. Some changes have already been implemented and one final update to the automated interface is scheduled by the end of March. Provider outreach is continuing.

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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 exception codes that are receiving special monitoring. It does not provide reporting on all exception codes. The status reported is as of March 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.

Even when a change is implemented, it can take several processing cycles to determine that it is working effectively. Changes are implemented on Saturday nights making the first time they impact a claims cycle the following Friday. That is why analysis continues even after a change has been implemented.

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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	TCM	Targeted Case Management
HEAR	Hearing Aid Specialist	THER	Therapists – Speech, Physical, Occupational
HHA	Home Health Agency	THRCTR	Occupational/Physical Therapy Center
HOSP	Hospital – In-patient and out-patient	TRAN	Transportation – Taxi, Ambulance, Air
HPRF	Health Professional Group	TRB	Tribal Hospital or Clinic
ICFMR	Intermed Care Fac for Mentally Retarded	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
1370	The Diagnosis Related Code is repeated or missing or invalid.	HPRF PCA VISION	627	An issue with this exception was previously corrected and claims processed. These particular claims did not get released due to issues with missing data, usually the Date of Service, on claims submitted in October 2013. A change was implemented in early March that caused the caused the number of suspended claims to drop from 2,329.
1880	Claim is pending for review due to notes	DME	1,443	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 DME HCB HOSP HPRF TRVL	1,186	Claims are suspending correctly and being reviewed as part of normal processing. The number of suspended claims doubled this week due to the large number of mass adjustments that have been processed recently.

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Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
1891	Void / Replace TCN Missing or Invalid	BH HCB HOSP HPRF SBS	1,057	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. These claims must be manually worked.
1895	Claim not found on history	BH HCB HOSP HPRF PCA SBS	1,410	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. These claims are being manually worked.
1905	Billing Provider on claim does not match Billing Provider on replacement request	BH HCB HOSP HPRF PCA SBS	1,429	This error is tied to claims submitted prior to Oct 1, 2013. These claims must be manually worked.
2950	Payment cannot be made. The member is locked into another Provider	BH FQHC HPRF PHYS TRB	3,929	Reviewers manually audit claims to determine if a referral is valid so that the claim can be approved for payment. If the referral is not valid, the claim is denied. Approximately 2,700 (69%) of the claims are from Health Professional Groups and 760 (19%) are Behavioral Health claims.
3321	Rendering Provider Certification Expired <= than 60 days	CCA DENT DME HCB HPRF PCA	2,743	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). 2,100 (77%) of these are PCA claims. 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 HOSP HPRF TRB	1,249	This exception will recycle for 60 days and if the license is not updated the claim will deny. 861 (69%) of these are claims for Health Professional Groups. In addition to the change implemented in mid-February, another change was deployed in early March.

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Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
3329	Billing Provider License Expired – Suspend	DENT DME HOSP HPRF PCA TRVL	1,219	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. Analysis continues to monitor claims that hit this exception.
3337	Billing Provider License Missing – Deny	DENT PCA TRAN TRVL	1,074	The Billing Provider does not have a license on file in effect on the Date of Service. In December this edit was set to suspend claims that met the exception criteria. Analysis has been occurring to verify it is working correctly. If an issue is not identified, it will be changed begin denying claims that meet the criteria in late March.
3338	Billing Provider Certification Missing – Deny	SBS THRCTR	493	The Billing Provider does not have certification on file that is in effect on the Date of Service.
3600	Category of Service cannot be determined from information on the claim	ASC BH HRPF PHAR TRB	1970	Category of Service and provider type combinations need changes to the processing criteria. Also, a problem that impacts these claims was found last week relating to the NPI crosswalk. This exception has a dependency with 4932 (Claim Type Cannot be Determined) which has 222 suspended claims. Analysis is in progress to identify needed changes.
3620	Billing Provider NPI matches multiple IDs	Electronic Claims ALL provider types that require NPI	7,714	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. Outreach continues as Xerox identifies additional changes to the NPI crosswalk that will improve automated provider record matching.

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Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
3650	Provider Payee ID Not Found	Electronic claims	332	Analysis in progress to determine if this should deny.
3660	Rendering Provider Cert Expired – Deny	DME SBS	1,352	This exception is tied to exception 3321 (Rendering Provider Certification Expired <= than 60 days). Research has completed on most remaining claims and they will move forward for final processing. Additional conditions need to be determined for this exception. Most of these claims (over 1,200) are for School Based Services.
3700	Provider on review	BRS TRB	728	These claims continue to be 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	BH HCB HPRF PCA TRVL	1,099	Analysis continues to determine if additional changes are needed. A system change in February addressed some situations.
3802	Billing Provider not in Network for Member	Electronic claims	402	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	BH DME FQHC HOSP HPRF TRB	1,660	A change was implemented February 15. Analysis has indicated that the edit is now working correctly. The Fiscal Agent must manually work the remaining claims as well as any new ones that suspend for this reason.
3810	Benefit Plan found but service not covered for member		79	These claims are suspending correctly. A change implemented in early March to the business rules for this exception caused the number of suspended claims to drop from 8,150 to 55. It now appears to be working correctly.

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Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
3832	Medicaid coverage – Waiver claim excluded	HCB RSL CCA	9,482	These claims are suspending correctly. They will continue to suspend until a change is implemented in late March for new waiver regulations. The disposition to the exception will be revisited at that time. Almost 8,900 (94%) of these claims are from Home Based Care providers.
4076	Review for Medical justification – Prof Claim Types	DENT HPRF TRAN	2,802	These claims are suspending correctly. Manual review required to move a claim forward is ongoing. Approximately 2,000 (72%) of these claims are from Ground and Air Ambulance providers.
4105	Diagnosis Requires Review by State	FPC HPRF	563	Manual work continues on these claims.
4125	Diagnosis Requires Review by Fiscal Agent	BH CCA DME FQHC HCB HOSP HPRF PCA SBS TRB	11,655	An enhancement was implemented in early March. These claims require nurse review. Manual work continues and a workaround will facilitate processing. Also, operational procedures have recently been streamlined. Analysis is in progress for additional changes for the rules that govern this edit.
4645	Out of State Pricing Segment Not Found	DME HPRF LAB TRAN TRVL VISION	5,766	Analysis is in progress to determine if a change is needed or if the exception is working as designed. 70% of the suspended claims are from taxi and vision providers.

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Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
4826	Submitted units exceed the maximum units allowed for this procedure	DME HOSP HPRF TCM TRAN	1,125	A problem has been identified that causes this exception to post in error on paper claims. The Optical Character Recognition (OCR) program that reads paper claims ignores decimal points and considers any number(s) after the decimal point as part of the whole units amount. For example, if 1 unit is submitted as 1.0, it is translated to 10 units in the OCR program; 45.0 units submitted becomes 450 units in the system. This causes the claim to reject for too many units. Claims with units without decimals are recognized correctly. Analysis is in progress to determine how to fix the problem for future claims, and also what needs to be done to correct the claims that were erroneously suspended.
4912	Procedure code requires pricing	CCA DME FQHC HCB HOSP HPRF LAB PCA RSL TRAN TRVL	3,099	This exception occurs when all pricing methodologies have been exhausted and the calculated allowed is zero. An issue was identified this week with the region codes on provider records. This impacts the ability to assign rates for certain claims. Analysis is in progress to determine a solution. At this time, these claims must be manually priced and processed.
4916	Procedure / Modifier combination Pricing segment is set to Manual Review	DENT DME HCB HOSP HPRF LAB	8,150	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. Review of the factor codes is in progress and Fiscal Agent staff will continue manually pricing these claims.

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Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
5051	Bill Provider - No Match Service Authorization Bill Provider	BH DENT DME FQHC HPRF PCA	25,000 Denied and need mass adjustment 2,349 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. Mass adjustments will be run to reprocess claims after the Service Authorization team completes their work.
5220	Service Authorization record is pended w/errors - Header	BH DENT DME HCB NURS PCA RSL	2,465	These claims are set to automatically release for reprocessing each evening so that corrected claims process as the Service Authorization team takes action. 1,718 (70%) are Behavioral Health claims.
5221	Service Authorization record is pended w/errors – Line	BH DENT HCB	1,983	These claims are set to automatically release for reprocessing each evening so that the claim will process as the Service Authorization team takes action. Over 1,600 (81%) of these are Behavioral Health claims.
6110	Member Medicare Pt B Eligibility w/No Attachment	DME	1,151	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. Analysis is in progress to determine if a system change is needed.

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Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
6280	Cost avoid for no EOB and no TPL dollars	ICFMR	281	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 three weeks ago and has remained less than 300 claims. Analysis is in progress to determine if CHA/P and D/HAT providers should be excluded from receiving this exception.
6430	Cost Avoid for no TPL $ but EOB exists	BH DENT DME FQHC HOSP HPRF PHYS RPTC THER THRCTR TRB	22,572	The majority of these exceptions are from paper claims. Changes to address several system problems related to TPL processing are being researched. 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 ESRD FQHC HCB HOSP HPRF NURS RPTC RSL TRAN TRB TRVL	5,201	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.
8040	Service Authorization Units Fully Exceeded	DENT TRAN TRVL	10,561	Analysis is in progress to determine changes required to fix this problem. Almost 5,200 of these claims are from taxi providers and 4,708 are from travel-related providers.

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Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
8050	Service Authorization Unit of Measure Mismatch	BH HCB TRVL	1,896	The Service Authorization unit of measure code does not equal the claim line unit of measure code. Research continues to determine if a problem exists. Adjustments will be run to reprocess claims.
9090	No Fund Code Criteria	BH DENT DME FQHC HCB HOSP HPRF LAB PCA RSL SBS TRAN TRVL	4,953	Problems are tied to Category of Service. A problem with the NPI crosswalk was found this week that may impact these claims. Analysis continues on impacted categories to determine appropriate changes to allow them to move forward. A fix to the Category of Service (COS) assigned for EPSDT screening claims was implemented in early March.