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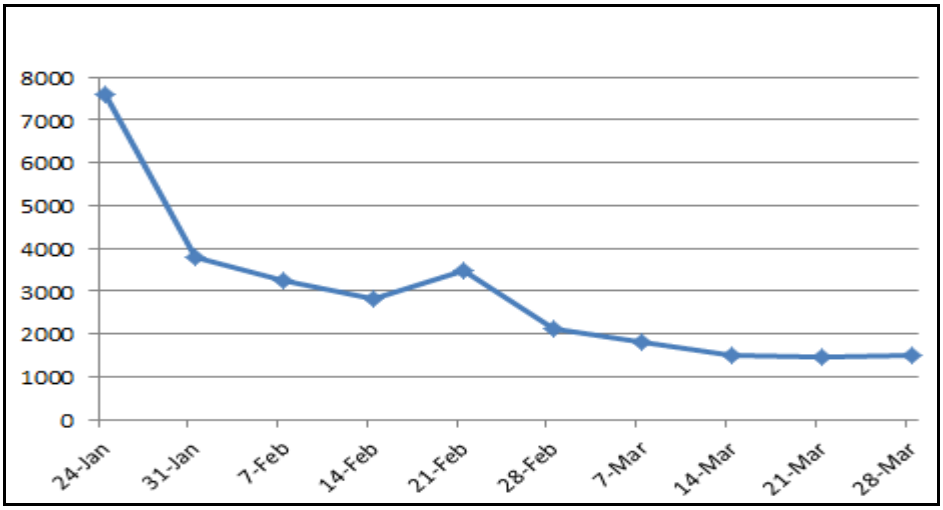
Processing levels remain constant in the areas of service authorizations, claim payments, and paper claims.

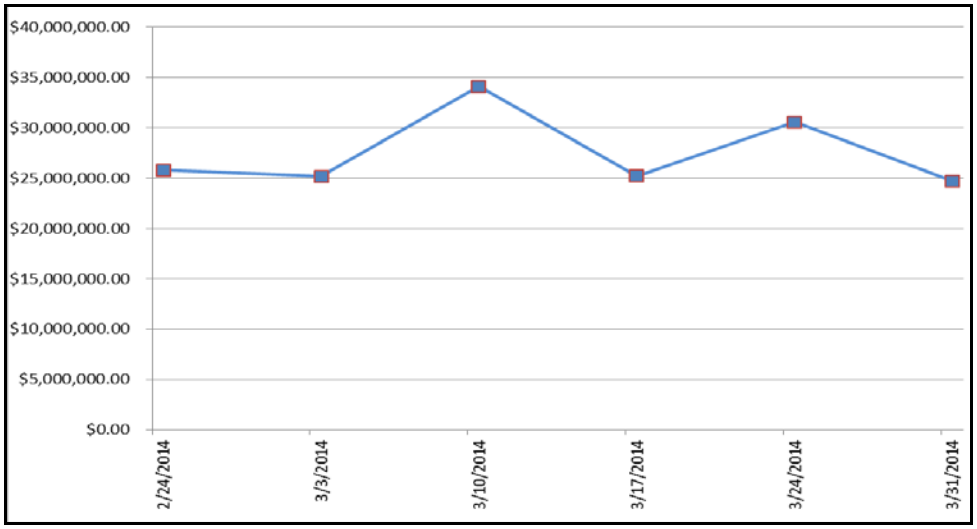
- **Service Authorizations**: Processing faxed service authorization requests continues to remain within normal processing standards. As of March 28, faxed dental requests processed within 1 day of receipt, while the majority of other faxed requests processed within 1 to 3 days of receipt.

Suspended Service Authorizations



- **Claim Payments**: Last week 93,329 claims received payments totaling almost $25 million.

Total Cash Reimbursement Amount



- **Paper Claims**: With the exception of claims submitted on the new CMS-1500 claim form, paper claim processing remains current. Claims submitted on the old form can be processed while changes to fully support the new form are being developed. Xerox will continue to accept the old form until the changes for the new form are completed.

Service Authorization Status Inquiry: All changes to correct the problem with random missing records on the online search capability have been implemented. We are working with selected providers to verify that the ability to view the status of all submitted service authorization requests is functioning correctly.

Service Authorization Letters: Changes targeted for early May are in progress to provide standard detailed reasons with more descriptive messages and the associated Regulation Citation on Service Authorization letters.

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.

Mass Adjustments: Mass adjustments to reprocess approximately 600 claims have been completed since the last MMIS Update. The major categories of adjustments include:

- Approximately 455 claims to adjust denials for Exception 3800 (Rendering Provider not in any Network associated to any of the Benefit Plans for the Member

- Updating the maximum units for procedure code 95004 on over 130 claims

RBRVS Problem: Evaluation of the most effective way to stagger reprocessing claims paid incorrectly due to problems with the RBRVS factor continues. The factor problem was corrected in early March and all claims are now being paid with the correct factors.

Paper Claims with Exception 4826 (Submitted units exceed the maximum units allowed): 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 optical character recognition (OCR)

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.** A change targeted as part of the new CMS-1500 claim form implementation will resolve this issue by allowing OCR to recognize decimals.

Tribal Providers: Specific issues are affecting timely and accurate processing of claims for Tribal providers. 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: All identified optimization changes to improve internal processing of claims with more than 100 lines have been implemented and the system will now automatically process claims with up to 500 lines. During reprocessing, 7 out of the 12 outstanding claims suspended with Exception 9379 (System Information Not Found). A change is scheduled for early April to correct claims that are suspending with this edit. All remaining claims should complete processing by mid-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. All changes to the automated interface are currently being tested and implementation is targeted for mid-April. Provider outreach is continuing as needed.

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 Provider Inquiry	From 8:00-9:30 a.m. After 2:00 p.m.	In Anchorage: 907.644.6800 (option 1,1) Outside Anchorage: 800.770.5650 (option 1, 1)

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Department	Lighter Call Periods	Contact Information
Member Eligibility Verification Provider Inquiry	From 8:00-9:30 a.m. After 2:00 p.m.	In Anchorage: 907.644.6800 (option 1,2) 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 April 1, 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.

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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	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

Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
1370	The Diagnosis Related Code is repeated or missing or invalid.	HPRF HCB PCA RSL VISION	804	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 number of suspended claims to drop from 2,329.
1880	Claim is pending for review due to notes	DME	1,774	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 RSL SNF/ICF TRVL	1,457	Claims are suspending correctly and being reviewed as part of normal processing.

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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	1,637	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	1,876	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	1,898	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	4,265	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 2,800 (66%) of the claims are from Health Professional Groups and 800 (19%) are Behavioral Health claims. **However, it appears this edit may not be valid for Behavioral Health claims and analysis is in progress to determine why this edit it is posting. If research determines the edit is invalid for these Behavioral Health claims, a change will be made that allows them to move forward for processing.**

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Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
3321	Rendering Provider Certification Expired	CCA DENT DME HCB HOSP HPRF PCA	1,937	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). 1,300 (68%) 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	DENT DME HOSP HPRF TRB	1,505	This exception will recycle for 60 days and if the license is not updated the claim will deny. 1,080 (72%) of these are claims for Health Professional Groups. In addition to the change implemented in mid-February, another change was deployed in early March.
3329	Billing Provider License Expired – Suspend	DENT DME HOSP HPRF PCA TRVL	1,249	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 of the edit criteria was completed in mid-March and it is functioning correctly.**
3337	Billing Provider License Missing – Deny	DENT	0	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 verified this exception is functioning correctly and the disposition was changed from Suspend to Deny. This exception will be removed from the watch list next week.**
3338	Billing Provider Certification Missing	SBS	200	The Billing Provider does not have certification on file that is in effect on the Date of Service. **Updates to enrollment files occurred in late March.**

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Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
3600	Category of Service cannot be determined from information on the claim	ASC BH HPRF PHAR TRB	1,885	Category of Service and provider type combinations need changes to the processing criteria. Also, a problem that impacts these claims was found relating to the NPI crosswalk. This exception has a dependency with 4932 (Claim Type Cannot be Determined). Analysis is in progress to identify needed changes.
3620	Billing Provider NPI matches multiple IDs	Electronic Claims ALL provider types that require NPI	9,313	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 if the problems are caused by failing to submit with the service location zip +4 code, using an incorrect taxonomy, or submitting on the wrong paper form. **A system change to the NPI crosswalk is targeted for implementation in early May that will improve automated provider record matching.**
3650	Provider Payee ID Not Found	Electronic claims	580	Analysis in progress to determine if this should deny.
3660	Rendering Provider Cert Expired – Deny	SBS	21	This exception is tied to exception 3321 (Rendering Provider Certification Expired). **Research was completed and 1,342 claims moved forward for final processing. This exception will be removed from the list next week if the number of suspended claims remains less than 50.**
3700	Provider on review	BRS HCB RSL TRB	1,139	These claims continue to be analyzed to determine if additional providers can be taken off review.

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Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
3800	Rendering Provider not in any Network associated to any of the Benefit Plans for the Member	BH HCB HPRF PCA	2,594	Analysis continues to determine if additional changes are needed. Based on current information, the edit is working correctly. Claims must be manually reviewed to determine if they should deny or moved forward for payment.
3802	Billing Provider not in Network for Member	Electronic claims	615	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 coverage does not exist for this Member for the services being billed	BH DME FQHC HOSP HPRF LAB TRB	2,093	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.
3832	Medicaid coverage – Waiver claim excluded	HCB RSL CCA	12,291	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. Over 11,550 (94%) of these claims are from Home Based Care providers.
4076	Review for Medical justification – Prof Claim Types	DENT HPRF TRAN	2,763	These claims are suspending correctly. Manual review required to move a claim forward is ongoing. Approximately 1,900 (71%) of these claims are from Ground Ambulance providers.
4105	Diagnosis Requires Review by the State	FPC HPRF	369	Manual work continues on these claims.

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Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
4125	Diagnosis Requires Review by Fiscal Agent	BH CCA DME FQHC HCB HOSP HPRF PCA SBS TRB	7,505	These claims require nurse review. Manual work continues and operational procedures have recently been streamlined. A change was implemented on March 22 for specified diagnosis codes if the member is under the age of 21. This impacted 30% of the claims with this edit and the number of suspended claims decreased from 10,585 claims 2 weeks ago. **Another change is planned for early April that is related to date spans.**
4645	Out of State Pricing Segment Not Found	DME FPC HPRF LAB TRAN	1,881	Analysis is in progress to determine if a change is needed or if the exception is working as designed.
4826	Submitted units exceed the maximum units allowed for this procedure	DME HOSP HPRF RSL TRAN	740	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. **A change has been identified that will resolve this issue by allowing OCR to recognize decimals.**

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Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
4912	Procedure code requires pricing	CCA DENT DME FQHC HCB HOSP HPRF LAB PCA RSL TRAN TRVL	5,932	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	7,026	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.
5051	Bill Provider - No Match Service Authorization Bill Provider	BH BRS DENT DME FQHC HPRF PCA	25,000 Denied and need mass adjustment 4,469 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 denied claims after the Service Authorization team completes their work. Due to the volume, the mass adjustments will be staggered to reduce risk of error. Suspended claims will also be released for processing.**
5220	Service Authorization record is pended w/errors - Header	BH DENT DME HCB NURS PCA RSL	1,903	These claims are set to automatically release for reprocessing each evening so that corrected claims process as the Service Authorization team takes action. Almost 1,500 (79%) of these are Behavioral Health claims.

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Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
5221	Service Authorization record is pended w/errors – Line	BH DENT HCB TRAN	1,940	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 (83%) of these are Behavioral Health claims.
6110	Member Medicare Pt B Eligibility w/No Attachment	DME	1,592	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. **A system change is targeted for mid-April.**
6280	Cost avoid for no EOB and no TPL dollars	ICFMR SNF/ICF	464	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 five weeks ago after a change was implemented. **However, further analysis revealed that it posts incorrectly when Exception 6430 (Cost Avoid for no TPL $ but EOB Exists) is Force Paid. A change is scheduled for mid-April to correct the problem.**
6430	Cost Avoid for no TPL $ but EOB exists	BH DENT DME FQHC HOSP HPRF OCC PHYS RPTC THER THRCTR TRAN TRB	24,140	The majority of these exceptions are from paper claims. Almost 16,200 (67%) are claims submitted by Health Professional Groups. Several system changes related to TPL processing have been identified and are in development. **Also, additional staff have been added to assist with manually reviewing and processing these claims.**

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Edit/ EOB Code	Description	Providers Impacted	Impacted Claims	Status
6440	**Cost Avoid when TPL dollars and EOB Exist**	**HOSP HPRF TRB**	**664**	**An automated process has been implemented to update the Other Payer section on claims and to allow Force Payment of this edit.**
6604	Possible Conflict / Different Provider	ASC BH BRS DENT ESRD FQHC HCB HOSP HPRF LAB NURS PHYS RPTC RSL TRAN TRB TRVL	5,858	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. **A change was implemented in mid-March to fix a problem tied to admit and discharge dates that was related to the process of checking for duplicate claims.**
8040	Service Authorization Units Fully Exceeded	DENT TRAN TRVL	13,159	**Testing is in progress for system updates to correct this problem. Once the changes are approved, mass adjustments will occur to correct data on claims so that they can then be released for processing. Because of the volume of claims and the complexity of the changes, the mass adjustments will be staggered to reduce risk of error. A target implementation date is pending.** Almost 6,900 of these claims are from taxi providers and 5,400 are from travel-related providers.

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8050	Service Authorization Unit of Measure Mismatch	BH HCB TRAN TRVL	2,038	The Service Authorization unit of measure code does not equal the claim line unit of measure code. These claims are suspending incorrectly. **A change was implemented in late March for transportation procedure codes and these claims were released for processing on March 27, dropping the number of impacted claims from last week's 4,321. Additional changes are needed for other procedure codes.**
9090	No Fund Code Criteria	HPRF TRVL	624	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.