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Payments: In the January 30, 2015 payment cycle, 92,424 claims received payments totaling over $41,500,000. The table below details payments from 12/29/2014 through 1/30/2015.

Final Payment Cycle Date	Total Paid Claims	Total Denied Claims	Total Reimbursement Amount
12/29/2014	71,693	19,305	$26,930,524.64
1/5/2015	82,157	23,667	$21,109,505.20
1/12/2015	87,905	30,119	$35,632,658.25
1/23/2015	146,046	75,784	$39,138,858.05
1/30/2015	92,424	30,016	$41,503,911.60

Payment Cycle Changes: Medicaid providers will notice that there have been changes to the dates/time of payment cycle processing. This change is the result of ongoing collaboration between Xerox, the State of Alaska, and the Alaska Medicaid Provider Community. The new claim submission deadline is *Monday at noon*, with RA's available in the portal on Wednesday, and EFT payments made on Friday. For questions about these dates and deadlines please contact the Xerox Provider Inquiry line.

Status of 1099s: Alaska Medicaid 1099s were mailed to most providers on January 31, 2015. As a result of Alaska Medicaid Health Enterprise (Enterprise) issues experienced during 2014, there may be instances in which the amount reflected on the 1099 does not match the 1099 amount indicated on the final RA of 2014. In these instances the 1099s are correct, and the amounts on the final RAs were incorrect. Both the Department of Health and Social Services and its fiscal agent, Xerox State Healthcare are fully aware of this problem and, in the coming weeks, will provide detailed explanations to address each discrepancy.

Cutbacks on Inpatient Stays: Xerox deployed a fix 1/31/15 to assist claims from cutting back when there are multiple date spans approved on a Qualis inpatient stay. The system update is designed to account for multiple line date spans for inpatient service authorizations to assist in processing the appropriate number of covered days. Please note that if an incorrect service authorization is submitted, claims will continue to cut back to three days because of the invalid authorization. Confirmation that the system fix is working properly is ongoing. Once post-deployment validation is complete Xerox will reprocess the impacted claims.

Weekend cutback issues are occurring on claims. This issue is impacting hospital services provided on weekends. Additional criteria is being added to the system based on the admit type code billed.

C-Section cutbacks are occurring. A cutback to the allowed length of stay is being inappropriately applied to cesarean deliveries. The system is editing on secondary surgical procedure codes, which is causing claims to cut back covered days. Xerox and the State of Alaska are working to identify a long-term solution to this problem. Once implemented, Xerox will reprocess the impacted claims.

Outpatient Hospital Pricing Issues: Xerox is working in collaboration with the State of Alaska to address error code 4580. The system is currently editing the procedure on outpatient claims even when the revenue code does not require a procedure code. A change will be identified to correct the issue and impacted claims will be reprocessed.

Outpatient MRI claims are still denying when billed with revenue code 450. A fix was implemented in November that partially resolved the issue. Xerox is taking steps to add criteria to evaluate the medical justification requirements for other revenue codes. These secondary revenue codes should also be considered for payment during an emergent MRI visit.

Multiple MRIs billed on the same date of service are denying in error. A system change is underway so claims can read all approved spans on a Qualis approved service authorization. This issue impacts professional services billing multiple MRI codes on the same date of service. Following the updated system logic, reprocessing will occur.

Third Party Liability Avoidance (TPLA): Xerox is working in collaboration with the State of Alaska to incorporate TPL avoidance into Health Enterprise. As of December 2014, the following Behavioral Health procedure codes have been placed on TPL avoidance; H0031, H2017, H2019, H2019-HQ, T1016, and H0033. Claim denials for no explanation of benefits (EOB) were reprocessed the weeks of December 15 and December 22, 2014.

Xerox and the State of Alaska are also working on identifying additional provider types and code sets that are appropriate for TPL avoidance. As these efforts are ongoing, providers must continue to submit EOBs or denial letters from the primary carrier to Xerox for manual review and consideration for claims payment. Additional information will be provided when new codes are updated in the system, and we expect that to be very soon. Impacted claims will be reprocessed.

Behavioral Health Issues:

- Xerox is currently analyzing age restriction denials for certain Behavioral Health codes.
- Denial of Crisis Intervention Services (S9484) is posting exception code 7856. Additional criteria is being added to the system to address the Crisis Initial Daily Service Limit Exceeded exception posting on claims. Once the fix is implemented Xerox will announce reprocessing of the claims.
- Additionally, providers have reported issues when billing procedure code 99408 (screening, brief intervention to treatment). Xerox is analyzing this issue and is working to identify an alternative method for processing substance use screenings.

Cost of Care:

- Long Term Care (LTC): An issue was identified that resulted in overpayments and underpayments for LTC claims due to the application of LTC cost of care. Claims impacted by this issue are being identified and will be reprocessed by Xerox. No provider action is required at this time. Xerox is working with the State of Alaska to draft a notice of financial impact to providers. Affected providers will be contacted.
- Assisted Living Homes: An update to correct patient payment amounts submitted on claims was implemented on January 31, 2015. This issue may have resulted in overpayments to providers. At this time providers can begin submitting adjustments to impacted claims. If providers choose not to submit adjustments, claims impacted by this issue will be identified and reprocessed.

Tribal Reprocessing and Updates:

Specific issues are affecting timely and accurate processing of claims for tribal providers. All claims will be adjusted when all tribal defect fixes have been deployed. This is to reduce the number of times a single claim is reprocessed. A list of recent tribal reprocessing and upcoming efforts is shown below.

Recent updates have been implemented to correct encounter rate issues experienced by Dental and Behavioral Health providers. These updates impact fee for service claims for dates of service prior to October 1, 2013. Outpatient services when billed with a lab service are now paying at the encounter rate only. Both of these issues are under post implementation review, and claims will be reprocessed in coordination with the Division of Health Care Services. Some of the recent reprocessing jobs that have occurred for Tribal providers are identified below.

Health Professional Groups, Clinics, Behavioral Health and Outpatient Services

- Clinics impacted by the 2014 retro rates are beginning to be reprocessed for targeted providers. Additional providers will be reprocessed over the coming weeks.
- TPLA CHA/P reprocessing
- Behavioral Health claims previously denied for rendering exceptions
- Edit 4125 Denials impacting Health Professional Groups and Clinics will be reprocessed.

Edit 3847: Claims that previously denied for exception 3847 have been sent through the system for reprocessing. This new edit will post when the claim type submitted is not valid for the billing provider type. If providers are receiving this error, they should verify that they are using the correct taxonomy code for the billing provider designated on the claim.

Adjustment & Void Processing: A quick reference guide containing detailed instructions on the appropriate way to execute electronic adjustment and void transactions has been posted to the updates page of medicaidalaska.com. Providers are encouraged to review this reference guide and outreach to the Xerox Provider Inquiry line with any questions or clarifications that are necessary.
The quick reference guide can be accessed by following the link below.
http://manuals.medicaidalaska.com/docs/dnld/Update_Adjust_Void_Electronic_Claims_20141211.pdf.

At this time Xerox is unable to process adjustment/void forms that are accompanied by a check. Xerox is actively working to resolve this issue and the corresponding backlog that this has created. This inventory will be processed as soon as the functionality is repaired.

To help expedite the processing of adjustment and void requests, Xerox encourages providers to use one of the following two options: 1) The electronic adjustment option within their electronic billing software package. 2) Submit adjustment/void requests via the web portal; however this option is only available for claims that were originally submitted through the web portal. Paper claim adjustments will continue to be accepted and processed.

NPI Matching, Taxonomy and Zip+4: System improvements have been developed that should lead to better NPI matching and reduced suspense volume for NPI multi-match issues. If they have not already done so, providers are strongly encouraged to know and make use of their taxonomy codes and zip+4 that are listed on their provider file.

For renderers affiliated with more than one group, and/or providers with multiple billing IDs, use of this information is critical to appropriately identifying the proper entity for payment. Failure to include taxonomies and zip+4s that match your provider file may result in adjudication delays and an increase in your suspended claim volume.

Additional NPI mapping enhancements to include form type and procedure code were also recently completed. Xerox and DHCS are working on developing additional mapping updates to further improve claims processing and reduce the number of claims suspended for exception 3620. Announcements regarding this effort will be included in future versions of this MMIS Update document.

Exception Code 5050: This exception has previously impacted providers who bill claims with service authorizations attached. Recent system updates have been put in place to improve claims payment in relation to service authorizations. These changes include mapping the billing provider ID submitted on a claim to the line level of a service authorization. Xerox is actively working claims that are suspended for exception code 5050. Xerox is also making outreach to providers that appear to need assistance mapping their claims to the correct provider ID.

Procedure Code 90832: Mental health providers may notice that CPT code 90832 shows up as 9006 on the Service Authorization look up in Health Enterprise. This is not an error in the system; Enterprise converts the CPT 90832 to 9006, which is a system list, during processing. Please continue to use 90832 and other appropriate codes when submitting requests for service authorization and claims for payment. A data fix to correct this issue is scheduled for January 31, 2015.

Timely Filing Denials: Xerox has set exception 1882 (Timely Filing Limit Exceeded) to suspend to prevent improper timely filing denials for claims that were submitted between October 1, 2013 and September 30, 2014. Providers will receive timely filing denials for claims that are past one year from date of service billed. Xerox has been instructed to approve timely filing for the following reasons.

- Claims impacted by known defects will be reprocessed and timely filing overridden.
- Claims processed or denied in error by Xerox.
- Appeals should also be considered timely for known defects.
- Adjustments will be considered timely for known defects.

CMS-1500 Claim Form Instructions: New CMS-1500 claim form instructions were recently posted to Alaska Medicaid website. These instructions are a valuable tool for providers, as they help clarify appropriate field values to ensure appropriate claims adjudication. Please use these instructions as a companion to, and not a replacement for, the National Uniform Claim Committee (NUCC) 1500 Claim Form Reference Instruction Manual, available at http://nucc.org.

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Effective October 15, 2014, Alaska Medicaid transitioned to exclusive acceptance of the 02/12 version of the CMS-1500 paper claim form. As of this date, the 08/05 version is no longer accepted. As always, providers are encouraged to submit claims electronically or through the web portal. Questions? Please contact Provider Inquiry using the call center support table below.

Claim Denials – Exception Code 2950: Providers have reported a pattern of claim denials for exception code 2950, *Member is locked into another Provider*. Xerox is working with providers on a case by case basis to determine if the 2950 denials are appropriate as each provider/member combination is unique. Providers must include a referral with each date of service/claim submitted. AK Health Enterprise does not store referrals for application to subsequently submitted claims. To date the primary source of 2950 denials appears to be based on referrals that do not meet the required criteria.

A reminder about acceptable referral criteria was published in the *Ask Medicaid* section of the September 2014 Provider Newsletter and can be found using the following link http://manuals.medicaidalaska.com/docs/dnld/Newsletter_201409.pdf.

Provider Appeal Submissions: There are approximately 256 (-65% since 12/26/2014) provider appeals being processed by the Xerox Appeals Department. Xerox has added additional staff and resources to help process the appeals backlog. Some of these appeals are duplicate submissions and/or pertain to claims impacted by unresolved system issues. Providers are encouraged to submit only one appeal per TCN. Providers are also encouraged to review future versions of the MMIS Update document to avoid submitting appeals that cannot be processed due to previously identified system issues.

Provider Training Schedule 2015: Xerox is pleased to announce the 2015 Provider Training Schedule. Training locations and dates may be viewed on the Learning Management System (LMS) at http://learn.medicaidalaska.com. For a complete list of courses and descriptions, log in to the LMS and select Provider Training from the Provider dropdown menu.

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, 1)
Provider Relations Unit Member Eligibility	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, 2)
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)
EMC HIPAA (EDI, Electronic Billing)	From 8:00-9:30 a.m. After 2:00 p.m.	In Anchorage: 907.644.6800 (option 3) Outside Anchorage: 800.770.5650 (option 1, 4)

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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 January 27, 2015.

The Providers Impacted column lists the provider types affected by the exception code if there are more than 100 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. Exceptions highlighted in green represent a substantial drop (>20%) in Inventory compared to the previously released MMIS update on January 2, 2015.

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	% Change	Status
1370	The Diagnosis Related Code is repeated or missing or invalid.	DME FQHC HPRF HCB RSL	1,031	-3%	Analysis is ongoing to determine the most appropriate action to take on these remaining claims.
1882	Claim exceeds timely filing and no proof of timely filing attached	All Provider Types	6,779	8,269%	Analysis to determine the appropriate course of action to clear exception 1882 is underway
2950	Payment cannot be made. The member is locked into another Provider	FQHC HPRF PHYS TRB	424	-16%	Reviewers manually audit claims to determine if a referral is valid so that the claim can be approved for payment.

Edit/EOB Code	Description	Providers Impacted	Impacted Claims	% Change	Status
3321	Rendering Provider Certification Expired	DME HPRF PCA RSL	244	-55%	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).
3325	Rendering Provider License Expired	HPRF TRB FQHC	202	-15%	This exception will recycle for 60 days and if the license is not updated the claim will deny. This edit is functioning correctly.
3620	Billing Provider NPI matches multiple IDs	Electronic Claims ALL provider types that require NPI	406	-79%	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. Additional system changes are in development to improve automated provider record matching.
3700	Provider on review	HPRF PCA RSL TRB	1,642	242%	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	HCB PCA	139	22%	Recent Xerox effort has substantially reduced claims suspended for this reason.
3832	Medicaid coverage – Waiver claim excluded	CCA HCB RSL	566	-14%	Xerox is conducting further analysis to determine if these claims can be released for processing. Recent Xerox effort has substantially reduced claims suspended for this reason.
4076	Review for Medical justification – Prof Claim Types	HPRF TRAN AIRAMB	353	-46%	These claims are suspending correctly. Manual review required to move a claim forward is ongoing by Fiscal Agent nurses. Xerox has added additional resources in an effort to reduce this backlog.
4105	Diagnosis Requires Review by the State	FPC HPRF	1,219	0%	Claims are suspending correctly and being reviewed as part of normal processing.

Edit/EOB Code	Description	Providers Impacted	Impacted Claims	% Change	Status
4418	There is a conflict between the Procedure Code and Provider Specialty submitted on the claim	BH PCA BRSC HCB	8	-96%	This occurred when the specialty included for the procedure was not the specialty that is being assigned to the claim. No provider action is required at this time.
4645	Out of State Pricing Segment Not Found	DME FPC HPRF RSL HOSP	821	-35%	Analysis is in progress to determine if a change is needed or if the exception is working as designed. Xerox is assigning additional resources to assist with these claims.
4829	Outpatient Institutional Rate for Provider on the Claim cannot be found, or Dates of Service are not within Institutional Rate Pricing Span	HOSP TRB	354	-31%	Research is ongoing to see if claims are related to out of state providers and/or other problems that need to be addressed.
4912	Procedure code requires pricing	DENT DME FPC HPRF LAB TRAN TRB TRVL	419	61%	This exception occurs when all pricing methodologies have been exhausted and the calculated allowed amount is zero. Analysis is ongoing to determine if prices can be established for the codes currently suspending for this exception.
4916	Procedure / Modifier combination Pricing segment is set to Manual Review	DENT DME HOSP HPRF LAB	1,004	124%	A rate is not on file causing manual pricing on these claims. Criteria for determining waiver claims pricing was updated. Review of all pricing criteria is ongoing as the Fiscal Agent staff continues manually pricing these claims.
5220	Service Authorization record is pended w/errors - Header	DME HCB PCA	114	-65%	These claims are set to automatically release for reprocessing each evening so that corrected claims process as the Service Authorization team takes action.
6430	Cost Avoid for no TPL $ but EOB exists	BH DENT DME HOSP HPRF PHYS THER THRCTR TRB	2,436	3%	Analysis is being conducted to prevent future claims from posting this exception.

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Edit/EOB Code	Description	Providers Impacted	Impacted Claims	% Change	Status
8040	Service Authorization Units Fully Exceeded	DENT PCA TRAN TRVL PRV DTY NRS	523	-36%	Xerox is working to correct the issue impacting this exception code.