

# Update: MMIS Status

March 10, 2015

**Payments:** In the March 4, 2015 payment cycle, 91,523 claims received payments totaling over \$28,500,000. The table below details payments from 2/4/2015 through 3/4/2015.

Final Payment Cycle Date	Total Paid Claims	Total Denied Claims	Total Reimbursement Amount
2/4/2015	88,451	35,510	\$34,133,974.46
2/11/2015	104,973	35,993	\$32,846,562.61
2/18/2015	84,753	30,239	\$29,048,058.54
2/25/2015	86,200	34,441	\$29,196,453.39
3/4/2015	91,523	30,936	\$28,528,340.10

**Exception 9854 Posting to Providers Remittance Advice:** Many providers have made inquiries regarding Remittance Advice documents containing claims suspending with exception code 9854. Exception 9854, First Time Mass Adjustment, posts on claims that Xerox is staging for reprocessing. Providers should note that claims posting 9854 have not been adjudicated, but are simply being evaluated for reprocessing.

Xerox is working with State of Alaska to review the staging of claims posting 9854 to ensure that the reprocessing efforts minimize the number of times a single claim is touched. When reviewing Remittance Advice, claims suspended for 9854 are a sign that the process of correcting impacted claims is underway.

Upcoming reprocessing resulting in recoveries, or the recoupment of overpayments, will be communicated to providers in advance; and the repayment options will be discussed before the recoupment is made. Recoupments will be made according to the process outlined in 7 AAC 105.260.

Xerox and the State of Alaska are evaluating reprocessing for the scenarios listed below. This is not an all-inclusive list, but represents the reprocessing that is most likely to occur in the coming weeks:

- Emergency MRI submissions that did not previously bypass Service Authorization requirements. There are an estimated 1,100 claims impacted.
- There were 260 Radiology codes and modifier combinations updated within Enterprise. This update allows for additional units to be processed before hitting the “max units allowed” exception code. There are an estimated 2,400 claims impacted.
- Reprocessing claims submitted with procedure code A4927 that were billed without modifier AX. There are an estimated 225 claims impacted.
- Reprocessing claims that incorrectly denied for exception code 6110. There are an estimated 2,200 claims impacted.
- Reprocessing claims that incorrectly hit exception 3800. There are an estimated 2,200 claims impacted.
- Reprocessing claims that hit for out of state pricing, but were not paid the correct number of units. There are an estimated 450 claims impacted.

## Notable February Fixes:

- A fix was implemented to correct an error in the pricing logic on part-B crossover claims that were previously being reimbursed at \$0. The fix addressed the calculated allowed and the allowed amount for proper payment, while taking into consideration the coinsurance and deductible.
- LTC providers may submit Revenue Code 0270 for Medical Supplies. LTC submissions for revenue code 0270 should suspend for manual pricing only when sent with an invoice for continuous flow oxygen. Without this invoice, the use of rev code 0270 on an LTC claim will process consistent with other ancillary services.
- A fix was implemented to correctly suspend claims for providers who have an expired License, Certification, Permit or Grant. Providers must submit active credentials to Xerox Provider Enrollment before claims can be released and considered for adjudication.
- The criteria for the birthing center add-on fee (U5) was modified to evaluate the rendering instead of the billing provider. Monitoring to confirm that this update was successful is ongoing.

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## Upcoming March Fixes:

- Weekend admissions, newborn cutbacks and C-section length-of-stay cutbacks. Xerox is updating the pricing logic for these types of hospitalizations to appropriately reimburse providers for claims that meet the State of Alaska criteria for these admission types.
- Xerox and the State of Alaska are working to update the duplicate logic for transportation claims posting exception code 6602. Once the correction is in place, the suspended claims will be released.
- A change to correct the processing of coinsurance and deductible on Part A crossover claims is scheduled for 3/28. The edit impacting this issue is 1994, and is currently set to suspend. Once fixed, Xerox will release the impacted claims. No provider action is necessary at this time.

## Behavioral Health

Xerox is working with the State of Alaska to update the service limits for procedure H0047-TG, as well as incorporating Screening, Brief Intervention, and Referral to Treatment (SBIRT) codes into Health Enterprise. Additionally, system logic to improve processing of H0031, S9484 and diagnosis codes related to drug and alcohol screenings is also being developed..

**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.

**Cutbacks on Inpatient Stays:** Xerox deployed a fix 1/31/15 to prevent claims from cutting back when there are multiple date spans approved on a Qualis inpatient stay. The system update was 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.

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 have identified a long-term solution to this problem. This update is currently being tested for successful outcomes; 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.

**Multiple MRIs Billed on the Same Date of Service:** Multiple MRIs billed on the same DOS 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.

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## 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 previously 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. Providers who desire to adjust their claims prior to the Xerox reprocessing effort may do so at this time.
- 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 after the appropriate provider notifications take place.

**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](http://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](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 have developed additional mapping updates to further improve claims processing and reduce the number of claims suspended for exception 3620. This improved system functionality is scheduled for addition to Health Enterprise on March 28, 2015. Following the release on the updated NPI matching logic, new analysis and outreach will take place to assist providers in accurately billing their NPI numbers and taxonomies.

**Exception Code 5050:** This exception has previously impacted providers who bill claims with service authorizations attached. System updates were put in place to improve claims payment in relation to service authorizations. 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.

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**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. Currently, 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.

Providers are encouraged to submit proof of timely filing in relation to claims that were previously denied as part of system defects or processing errors. While this is not a provider requirement, attaching proof of timely in relation to defects will help accurate reprocessing of the previously denied or reduced claims.

## 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.

**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)

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Department	Lighter Call Periods	Contact Information
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)

**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 5, 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 February 6, 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	1,125	9%	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	6,251	-8%	Analysis to determine the appropriate course of action to clear exception 1882 is underway

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Edit/EOB Code	Description	Providers Impacted	Impacted Claims	% Change	Status
2950	Payment cannot be made. The member is locked into another Provider	FQHC HPRF PHYS TRB	627	48%	Reviewers manually audit claims to determine if a referral is valid so that the claim can be approved for payment.
3321	Rendering Provider Certification Expired	DME HPRF PCA RSL	448	84%	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	27	-87%	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	1,795	342%	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	618	-62%	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	282	103%	Xerox is working to identify the issues that are causing the remaining claims to set exception 3800 and will take appropriate action to resolve.
3832	Medicaid coverage – Waiver claim excluded	CCA HCB RSL	752	33%	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	660	87%	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.

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Edit/EOB Code	Description	Providers Impacted	Impacted Claims	% Change	Status
4105	Diagnosis Requires Review by the State	FPC HPRF	861	-29%	Claims are suspending correctly and being reviewed as part of normal processing.
4645	Out of State Pricing Segment Not Found	DME FPC HPRF RSL HOSP	742	-10%	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	430	21%	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	835	99%	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	375	-63%	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	80	-30%	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	3,026	24%	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	BH DENT PCA TRAN TRVL PRV DTY NRS	2,338	347%	Xerox is working to correct the issue impacting this exception code.