

# Update: MMIS Status

April 13, 2015

**Payments:** In the April 1, 2015 payment cycle, 90,777 claims received payments totaling over \$30,700,000.00. The table below details payments from 3/4/2015 through 4/1/2015.

Final Payment Cycle Date	Total Paid Claims	Total Denied Claims	Total Reimbursement Amount
3/4/2015	91,523	30,936	\$28,528,340.10
3/11/2015	90,842	32,442	\$32,219,333.25
3/18/2015	100,170	32,774	\$28,006,047.94
3/25/2015	103,278	29,016	\$27,797,606.34
4/1/2015	97,404	35,214	\$30,734,980.13

## Notable March Fixes:

- Weekend admissions and newborn cutbacks. Xerox updated a portion of 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. Additional updates to the system will be required to complete this effort.
- Xerox and the State of Alaska are working to update the duplicate logic for transportation claims posting exception code 6602. Xerox is working to reprocess claims that previously denied in error, as well as clearing claims currently suspended for this exception.
- An update to improve the NPI matching logic was made. Early analysis shows that fewer claims are posting exception 3620 than in previous weeks. Xerox and DHCS will work to identify additional areas to improve NPI processes.
- Updates were made to the Provider Remittance Advice documents that correct issues surrounding TPL and Co-pay amounts on Institutional RA's claims.
- Exception 8050, updates were made to the system for improved recognition of appropriate units of measure.

## Upcoming April Fixes:

- Claims have erroneously denied for exception 1580; *operating physician number is missing or invalid*. Once this issue is resolved claims will be reprocessed in the system for this denial edit.
- Residential substance use disorder treatment-high intensity services (H0047-TG) have been posting exception 6709; *service limit exceeded*. This procedure code is being reviewed to allow for additional billings of the code over the fiscal year.
- Length of stay cutback for C section will be addressed in April. Xerox will be updating a portion of the pricing logic for these types of hospitalizations.
- Providers may have noticed exception 1994; *There is no Deductible or Coinsurance On Crossover Claim submitted*, posting on Medicare part B and C cross overs. Fixes will address the mapping of the co-insurance and deductible information to apply the correct pricing logic to these claim types. Outpatient and professional services are impacted. The exception has been set to suspend while fixes are being implemented.
- Additional enhancements are being made in the system for processing the 2012 ADA Dental claim form. If submitted, Xerox will process the new dental claim form and these will not be returned to providers.
- Enhancements are being made in the system for Assistant Surgeon claims to allow for codes that are sometimes payable based on medical justification. Once the changes have been made providers will begin seeing exception 4076; *Review for Medical Justification*, post to claims that are sometimes payable based on medical justification.
- Corrections to waiver claims posting 8930; *Residential Habilitation not on same DOS*, for procedure code T2016 and T2016 TG are being implemented to allow these codes to be considered on the same date of service.
- Long Term Care claims are being denied for exception 4131; *admitting diagnosis age conflict*. This issue is targeted for correction at the end of April.

**Service Authorization Updates:** A major reprocessing effort is underway to correct used units on approved service authorizations. Xerox completed updates for Inpatient Authorizations on March 28<sup>th</sup>, and Personal Care Services were updated on March 14<sup>th</sup>. Cleanup efforts for professional, private duty

# Update: MMIS Status

April 13, 2015

nursing, authorization types are planned throughout the months of April and May 2015. Other authorization types will also be scheduled for correction. These updates will be announced using this MMIS Update format.

**Cutbacks on Inpatient Stays:** Xerox implemented a fix on 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 standard 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.

## Behavioral Health Issues:

- 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 and treatment). Xerox is analyzing this issue and is working to identify an alternative method for processing substance use screenings.
- Procedure code H2015 was updated in the system to allow for 18 and over. Claims that had previously denied for 3834, (age restriction denials), will be reprocessed.

**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. Repayment options will be discussed before the recoupment is made.

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:

- Timely filing denials 1882, 1982 and 1212 received from October 1, 2014 through December 31, 2014 are being identified for reprocessing.
- Age restriction denials for procedure code H2015 are being identified for reprocessing and will appear on provider remittance advices in the month of April.
- Emergency MRI submissions that did not previously bypass Service Authorization requirements. There are an estimated 1,100 claims impacted. (Completed 3/17/2015).
- 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. (Completed 3/17/2015).
- 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.

# Update: MMIS Status

April 13, 2015

## Cost of Care:

- Long Term Care (LTC): An issue was previously identified that resulted in overpayments and underpayments for LTC claims due to the misapplication 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.

**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 was added to Health Enterprise on March 28, 2015. New analysis is underway to identify additional areas where providers may be positively impacted by further adjustments to the NPI logic.

**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.

**Timely Filing Denials:** Xerox has set exception 1882, 1982, and 1212, (Timely Filing Limit Exceeded) to suspend to prevent improper timely filing denials for claims that were submitted between October 1, 2013 and December 31, 2014. 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.

# Update: MMIS Status

April 13, 2015

**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)

**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 3, 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 March 6, 2015.

# Update: MMIS Status



April 13, 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	143	-87%	Recent Xerox effort has substantially reduced the volume of claims suspending for this exception.
1882	Claim exceeds timely filing and no proof of timely filing attached	All Provider Types	6,155	-2%	Xerox has received new instructions on processing claims for timely filing and is working to apply this logic to suspended claims, and claims that may have denied in error.
2950	Payment cannot be made. The member is locked into another Provider	FQHC HPRF PHYS TRB	505	-19%	Reviewers manually audit claims to determine if a referral is valid so that the claim can be approved for payment. This is normal volume when compared to Legacy MMIS volume.
3321	Rendering Provider Certification Expired	DME HPRF PCA RSL	256	-43%	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).

# Update: MMIS Status

April 13, 2015

Edit/EOB Code	Description	Providers Impacted	Impacted Claims	% Change	Status
3620	Billing Provider NPI matches multiple IDs	Electronic Claims  ALL provider types that require NPI	1,550	-14%	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	705	14%	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	262	-7%	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	721	-4%	Xerox is conducting further analysis to determine if these claims can be released for processing.
4076	Review for Medical justification – Prof Claim Types	HPRF TRAN AIRAMB	653	-1%	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	785	-9%	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	812	9%	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	231	-46%	Research is ongoing to see if claims are related to out of state providers and/or other problems that need to be addressed.

# Update: MMIS Status

April 13, 2015

Edit/EOB Code	Description	Providers Impacted	Impacted Claims	% Change	Status
4912	Procedure code requires pricing	DENT DME FPC HPRF LAB TRAN TRB TRVL	1,360	63%	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	870	132%	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	267	234%	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	3,920	30%	Analysis is being conducted to prevent future claims from posting this exception.
8040	Service Authorization Units Fully Exceeded	BH DENT PCA TRAN TRVL PRV DTY NRS	907	-61%	Xerox continues to work on issues related to Service Authorizations. Recent efforts have cleaned up Inpatient Authorizations, and a cleanup of PCA Authorizations is underway.