Update: MMIS Status

August 14, 2015

Payments: From June 17, 2015 through August 14, 2015, an average of 102,579 claims totaling $29.4 million was paid on a weekly payment cycle. The table below details payments from 6/17/2015 through 8/12/2015.

Final Payment Cycle Date	Total Paid Claims	Total Denied Claims	Total Reimbursement Amount
6/17/2015	93,119	27,908	$28,921,221.27
6/24/2015	103,672	39,794	$30,868,942.06
7/1/2015	118,582	34,643	$28,797,160.49
7/8/2015	81,163	22,307	$25,743,623.81
7/15/2015	95,923	33,784	$32,405,630.47
7/22/2015	107,832	27,491	$26,832,375.54
7/29/2015	102,605	27,478	$28,660,161.25
8/5/2015	100,941	26,159	$29,968,252.19
8/12/2015	119,374	24,334	$32,526,574.76

July Fixes and Updates:

- **All Durable Medical Equipment providers** are required to revalidate enrollment with Alaska Medicaid. During the week of July 27, 2015, DME providers received a letter with additional information regarding revalidation. Revalidation is occurring from August 3, 2015 through September 10, 2015. To maintain uninterrupted claims processing and payment, please complete the revalidation by September 10, 2015. You will find instructions for accessing and completing your required revalidation at http://manuals.medicaidalaska.com/docs/providerrevalidation.htm.
- **Certain waiver claims are incorrectly posting exception code 8930**, *Residential Habilitation not on same DOS*, for procedure code T2016 and T2016 TG. Corrections are being implemented to allow these codes to be considered on the same date of service. Exception code 8930 is currently set to suspend until the issue is corrected. The suspended claims will be analyzed daily to determine if the T2016 has been billed before the T2016 with a TG modifier on the same date of service. Inappropriately denied claims are also being identified for reprocessing.
- **Certain waiver claims are incorrectly posting exception code 8903**, *Family Habilitation vs. Other Waiver*. The issue is occurring when procedure code S5150 and S5151 are billed in conjunction with procedure codes S5140 and S5145. Exception code 8903 is currently set to suspend until the issue is corrected. The suspended claims will be analyzed daily if S5150 and S5151 have been billed on the same date of service as S5140 and S5145.
- **Third Party Avoidance (TPLA)**, enhancements were made in the system to apply TPLA to claims processing. As a result of the change, Xerox will be adding TPLA for certain carrier codes with multiple policies and TRICARE TPLA for specific providers. TPLA allows a provider to bypass the requirement to bill a certain TPL carrier prior to billing Alaska Medical Assistance.
- **Exception code 6707**, *Adult Dental Annual Benefit Exceeded*, posted in error on claims when the $1150.00 benefit had not been fully exhausted for adult enhanced dental services. This exception posted erroneously during fiscal year 2014, between July 1, 2014 and June 30, 2015, and is linked to certain recipients. The issue has been corrected and the benefit limits have been reset without error as of July 1, 2015. Claims for specific recipients affected during fiscal year 2014 are being analyzed for correct adjudication and being reprocessed as necessary.
- **Exception code 4828,** *Inpatient Rate Record for Provider Not Found*, was posting in error for this exception code. This issue occurred after June 27, 2015 and impacted Residential Psychiatric Treatment Facilities (RPTCs) on the 7/01/2015 payment cycle. All affected claims were reprocessed in the system for this issue.

June Fixes:

Update: MMIS Status

August 14, 2015

- **Inpatient Qualis SA issues:** There was a problem with the file transfer process between the Qualis Inpatient Service Authorization system and the MMIS. The issue impacted files being transmitted from December 15, 2014 through June 27, 2015. Xerox and Qualis are actively working to resolve and reconcile service authorizations that have been impacted by the file transfer. These authorizations do not have the updated continuous stays approved for inpatient claims, including RPTC facilities. A full reconciliation is currently underway and will be performed over the next two weeks. Xerox will reprocess affected claims that were not paid for all approved days that correspond to approved service authorizations.

- **Exception code 4626**, *Accommodation days is not equal to the covered days,* is positing on inpatient claims and is impacting the ability to pay a 24-hours inpatient stay. The fix was implemented on June 27, 2015. Xerox and the State are reviewing affected claims for reprocessing.

- **Box 25 on the 2012 ADA Dental claim form** was improperly populating a leading zero. The leading zero was causing claims to deny inappropriately. The system was modified on June 13, 2015 to keep the leading zero from populating in box 25. The Xerox Dental staff has contacted providers and claims have been reprocessed.

- In 2013, an issue developed in the Alaska Medicaid Health Enterprise system that affected the ability to record external payments made to providers' financial accounts in the MMIS. As a result, many providers noted errors in total amounts on their financial transactions and 2014 1099s. The issue was isolated to repayments from providers in the form of a check. These payments included transactions such as overpayment for anticipated voids or recoupments, TPL reimbursement, and advancement repayments made in 2014. The issue was resolved in May 2015 and Xerox is currently processing all payments submitted by check during 2014. Affected providers will see adjustments to their financial accounts reflected on upcoming RAs in the Financial Transaction and Summary sections as they are processed. Although the provider's financial transactions and current 1099 amounts may appear incorrect on the RA, the adjustments will have no impact on the final Year-To-Date Total Paid amount. All affected 2015 1099s will be manually reviewed to ensure all checks were processed and applied appropriately.

Service Authorization Updates and Edits:

- **Exception Code 8040**, *Service Authorization Units Exceeded*. Since the introduction of Enterprise, there have been multiple issues with exception code 8040 posting to claims as a result of a system error that improperly calculated available units on associated service authorizations (SA). Xerox is reviewing claims and SAs affected by this issue in stages: specific authorization types, claims denied after October 1, 2013 with the new SA numbers (10 digits), and claims denied after October 1, 2013 with old SA numbers (8 digits). Xerox is reviewing and reprocessing the impacted claims that were denied and still have available units remaining on the SA.

Update: MMIS Status

August 14, 2015

The following table outlines the actions Xerox is taking to resolve exception code 8040 errors:

Issue:	**There are three specific areas Xerox is currently reviewing regarding exception code 8040.**
Claims suspending 8040	Taxi providers may have noticed that, on the August 5, 2015 payment cycle, a large number of claims were released out of suspense after Xerox updated the units on the service authorization and processed the claim. Other impacted providers are being reviewed for claims suspending due to the 8040 exception code. Updates will be provided on upcoming RA messages and on additional claim volumes that are suspended for the exception code 8040.
Claims denied for 8040 after October 1, 2013; with the new service auth numbers (10-digit)	Xerox is currently reviewing all claims that have denied for exception code 8040 that were billed with a new service authorization number (10-digit). A cross-reference check is still being done on paid claims in the system against the approved units on all SAs. Any SAs that have remaining available units will be identified during this process. Once all of these have been identified, they will be cross-referenced against all claims that were denied for exception 8040. Any claims with approved units not previously paid will be reprocessed. Providers should expect to see RA messages in the coming weeks when reprocessing begins. The MMIS update will continue to be updated with current information including claim counts and provider types impacted by this error code. All claims will be considered timely during the reprocessing of the denials.
Claims denied for 8040 after October 1, 2013; with the old MMIS service auth numbers (8-digit)	Xerox is currently reviewing all claims that have denied for exception code 8040 that were billed with the legacy MMIS service authorization numbers (8-digit). A cross-reference check is still being done on paid claims in the system against the approved units on all SAs. Any SAs that have remaining available units will be identified during this process. Once all of these have been identified, they will be cross-referenced against all claims that were denied for exception 8040. Any claims with approved units not previously paid will be reprocessed. Providers should expect to see RA messages in the coming weeks when reprocessing begins. The MMIS update will continue to be updated with current information including claim counts and provider types impacted by this error code. All claims will be considered timely during the reprocessing of the denials.

- A major data correction effort is in progress to correct the used units on approved service authorizations. The table below provides the list of authorization types that have been updated along with the remaining types still being reviewed. Future claims reprocessing may be required but sufficient notice will be provided prior to any recoupments of overpayments.

Completed
Personal Care Attendant
Inpatient Hospital - Inpatient Psych, Inpatient Hospital - UM
Outpatient Hospital / CAMA Treatments, Pharmacy Drugs
Professional, Private Duty Nursing, Outpatient Hospital/ASC - UM
Behavioral Rehab Services, CAMA Treatments, Hospice
Transportation (Emergent)
Dental, Vision

Update: MMIS Status

August 14, 2015

Home Infusion Therapy, Hearing Aids & Hearing Aid Supplies
Transportation & Accommodation (Non-Emergent)
Home Health Services
Residential Psych
DME/Medical Supplies
In Progress
Waiver
Enhanced Adult Dental Service
Radiology
Mental Health Outpatient Services

Claims Reprocessing:

- A recent error occurred after the June 27, 2015 implementation for Durable Medical Equipment providers causing 8040 errors to post on claims. A data fix exhausted available units in the service authorization record. The error was corrected on July 11, 2015 and impacted claims were reprocessed on the 07/14/15 and 07/21/15 payment cycles.

- **Providers may have noticed exception 1994**, *There is no Deductible or Coinsurance On Crossover Claim submitted*, posting on Medicare part B and C crossovers. 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. Reprocessing has occurred on suspended claims impacted by exception code 1994. Xerox processed and released approximately 4,500 claims after deploying a fix to correctly apply the coinsurance and deductible to the claims. Additional analysis and testing is currently being accomplished for denials caused by exception code 1994.

- **RBRVS Reprocessing:** From October 1, 2013 through March 2014, Health Enterprise incorrectly calculated RBRVS pricing; payment of affected claims was off by a few cents in each case. Reprocessing of underpaid claims is underway; no action is required from providers. Reprocessed claims will be reflected on upcoming RAs in the Adjustments and Summary sections as they are processed. On the 07/14/15 payment cycle Xerox released 8,075 claims impacted by the error. Over the following months additional claims will be reprocessed for this error.

- **Bad Member Mass Adjustment:** An erroneous claim reprocessing occurred in the early stages of Enterprise implementation, referred to as Bad Member Mass Adjustment. This resulted in improperly adjusted claims with dates of service in 2010, 2011 and 2012. Xerox has begun reprocessing the impacted claims. On 07/14/15, 182 claims were reprocessed. An additional 1,206 claims were reprocessed on 07/21/15. Additional claims are currently being analyzed for reprocessing.

- All remaining resolved Tribal issues are being reviewed for reprocessing. The impacted claims are being identified along with the retro rate reprocessing for rate changes in 2014 and 2015. The reprocessing currently being reviewed will impact Inpatient and Outpatient facilities, Behavioral Health, Dental, Clinics and Health Professional Group providers. Additional communication will be provided to the Tribal Organizations on the monthly tribal teleconference.

Update: MMIS Status

August 14, 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. This issue has been corrected. 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 accurately calculate the 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 occurring to identify additional areas where providers may be positively impacted by further adjustments to the NPI logic.

Providers may have noticed an increase in exception code **5050**, *billing provider does not match the billing provider on the service authorization.* This exception is posting correctly. Providers should verify that the information on their claim and the provider information on the corresponding service authorization are correct. Providers are strongly encouraged to continue to bill with NPI, billing taxonomy and the servicing zip+4 of the billing address to assist in mapping claims to the correct provider ID number.

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 for dates of service submitted between October 1, 2013 and December 31, 2014. Xerox has been instructed to override and approve timely filing for the following reasons:

- Claims impacted by known defects that must be reprocessed
- Claims processed or denied in error by Xerox
- Appeals for claims impacted by known defects
- Adjustments impacted by 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 filing in relation to defects will help accurate reprocessing of the previously denied or reduced claims.

Update: MMIS Status

August 14, 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)

ICD-10 Updates:

The ICD-10 implementation is set for October 1, 2015. Claims submitted with dates of service on or after the October 1, 2015 deadline will require appropriate ICD-10 diagnosis and surgical procedure codes to process.

The required ICD-10 code set will affect all service authorization types for requested dates of service on or after October 1, 2015. Providers should anticipate changes to all authorization request forms and accompanying communication for each type of authorization request in the coming weeks.

Providers have access to Alaska Medical Assistance ICD-10 training through live instructor-led training sessions and computer-based training modules. Topics include *Basic Information about ICD-10, Impacts and Changes, and Impacts for Non-Diagnosing Providers*.

These courses are designed to give providers a general understanding of ICD-10 and the impact it will have once ICD-10 goes into effect on October 1, 2015. Providers may sign up for live courses, as well as access the computer-based training modules on the Alaska Medicaid Learning Portal at https://learn.medicaidalaska.com.

The Centers for Medicare & Medicaid Services (CMS) requires all Medicaid trading partners to complete End-to-End testing for ICD-10 certification. Alaska Medical Assistance began trading partner testing on March 23, 2015 to validate the ICD-10 updates that have been made to their billing systems and Health Enterprise.

Providers submitting claims through a trading partner should communicate with their trading partners to verify appropriate End-to-End testing is being accomplished with Alaska Medical Assistance. Failure to successfully complete the required End-to-End testing will impact processing of claims with dates of service on and after October 1, 2015.

Any trading partners that have not started the testing process should contact the Alaska Medical Assistance ICD-10 Support staff by emailing AK-ICD10-Support@xerox.com or calling 855.744.8142 (toll free) or 907.644.8142 for more information about the testing procedures.

Update: MMIS Status

August 14, 2015

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 August 13, 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. Exceptions highlighted in green represent a substantial drop (>20%) in inventory compared to the previously released MMIS update on June 16, 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	53	-122.64%	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	107	-1171.96%	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	425	-268%	Reviewers manually audit claims to determine if a referral is valid so that the claim can be approved for payment.

Update: MMIS Status

August 14, 2015

Edit/EOB Code	Description	Providers Impacted	Impacted Claims	% Change	Status
3321	Rendering Provider Certification Expired	DME HPRF PCA RSL	325	60.92%	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).
3620	Billing Provider NPI matches multiple IDs	Electronic Claims ALL provider types that require NPI	515	80.19%	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	228	-63.16%	These claims continue to be analyzed to determine if additional providers can be taken off review.
3832	Medicaid coverage – Waiver claim excluded	CCA HCB RSL	1,092	6.96%	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	632	-103.01%	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	543	-14.73%	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	1.419	-6.55%	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	437	30.66%	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

August 14, 2015

Edit/EOB Code	Description	Providers Impacted	Impacted Claims	% Change	Status
4912	Procedure code requires pricing	DENT DME FPC HPRF LAB TRAN TRB TRVL	1.315	66.77%	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	638	21.94%	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	256	-91.02%	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	4,684	62.53%	Analysis is being conducted to prevent future claims from posting this exception.
8040	Service Authorization Units Fully Exceeded	BH DENT PCA CCA HCB TRAN TRVL DME RPTC	2027	-17.22%	Xerox continues to work on issues related to Service Authorizations. See detailed update on the Service Auth cleanup and 8040 issue.