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Payments: From December 2, 2015 through January 13, 2016, an average of 105,169 claims totaling $30.4 million was paid on a weekly payment cycle. The table below details payments from 12/2/2015 through 1/13/2016.

Final Payment Cycle Date	Total Paid Claims	Total Denied Claims	Total Reimbursement Amount
1/13/2016	108,343	32,203	$35,173,478.34
1/6/2016	141,347	37,419	$31,927,624.52
12/29/2015	97,323	22,068	$24,580,550.10
12/22/2015	105,907	25,981	$26,954,987.51
12/16/2015	93,344	55,961	$32,038,309.90
12/9/2015	114,431	66,349	$39,147,022.39
12/2/2015	75,490	24,178	$23,318,257.48

January Fixes and Updates:

- **Certain Mental Health claims are incorrectly posting exception code 3663**, *The operating psychiatrist's License is Expired*. The MMIS is not reading the active license information on the provider enrollment file. Xerox is in the process of isolating and correcting the issue. Once the issue is fixed, all affected claims will be reprocessed.
- **Some Medicare Crossover claims have been inappropriately receiving exception code 3810,** *The submitted service on the claim is not covered by the Benefit Plan for this member.* This exception has been inappropriately affecting Medicare Crossover claims that contain ambulatory surgical center, outpatient physical therapy, speech therapy, and occupational therapy services. The issue has been resolved in the MMIS and Xerox is currently evaluating claims for reprocessing.
- **Exception 6706,** *Adult Dental Annual Benefit Met.* This exception is posting inappropriately on some encounter rate claims. Any claim that receives this exception, legitimately or in error, is suspended for review by Xerox personnel and manually reviewed to ensure the member's benefit limit has not been met. This is impacting tribal and non-tribal dentists. A fix is projected for the end of January.
- **Exception 4596**, *The diagnosis code qualifier or version in not a valid value*. This exception is posting inappropriately to some claims submitted on paper and suspending the claim. These claims are being manually processed and a permanent MMIS correction is projected for February 2016 to keep this exception from posting incorrectly. There are a number of paper claims that are receiving this exception legitimately as well. Providers should ensure that the ICD version submitted on the claim is correct, legible, and within the appropriate field. Additionally, ensure that the ICD version is consistent with the diagnosis code set used and appropriate for the reported dates of service. For guidance on the appropriate version, please review the specific claim form instructions which can be found at http://manuals.medicaidalaska.com/docs/ProviderReference.html.
- **Reimbursement rates for procedure code 97802 and 97803** are calculating incorrectly. Xerox is aware and working to isolate the issue. Once the issue is resolved, all affected claims will be reprocessed with the correct reimbursement rates.
- **Third Party Liability Avoidance** (TPLA) allows a provider to bypass the requirement to bill other insurance carriers prior to billing Medicaid under certain circumstances. Currently, the following behavioral health procedure codes have been placed on TPLA: H0031, H2017, H2019, H2019-HQ, H0033, and T1016. Xerox, in collaboration with DHCS, is working to incorporate additional behavioral health services in the coming month.

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December Fixes:

- **Non-covered service indicator operational.** Providers billing institutional claims may have noticed that certain procedure codes that were previously reimbursed started paying at $0.00 in mid-September. These particular procedure codes are not covered as standalone procedure codes under the Medicaid program. They are only reimbursable when they are used in conjunction with an appropriate revenue code. However, when the non-covered indicator was implemented, an issue was identified regarding revenue code pricing calculations. The non-covered indicator was inappropriately overriding all other pricing calculations. The issue was corrected on December 12, 2015. If a provider is using the appropriate revenue code with an otherwise "non-covered" procedure code, the reimbursement rate will be calculated using the revenue code rate in effect for the submitting provider type. Xerox is reprocessing all claims between September and December that paid incorrectly.

- **Double encounter rates on outpatient claims** occurred for some outpatient claims with services spanning two days. A correction was made to the MMIS to ensure claims receive the appropriate encounter rate. Claims that received a double reimbursement are currently being reprocessed. Providers that are affected by the reprocessing will be contacted as the claims are 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 Alaska Medicaid Health Enterprise, there have been multiple issues with exception code 8040 posting to claims as a result of an MMIS 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.

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

Issue:	**There are three areas related to exception code 8040.**
Claims suspending 8040	A large number of claims were released out of suspense after Xerox updated the units on the service authorization and processed the claim. Claims suspending due to the 8040 exception code are being reviewed as necessary.
Claims denied for 8040 after October 1, 2013; with the new Service Authorization 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 MMIS 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. The MMIS update will continue to be updated with current information including 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 Legacy Service Authorization 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 MMIS 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. The MMIS update will continue to be updated with current information including 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.

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

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Claims Reprocessing:

- **Reprocessing of Payout claims:** A significant work effort was accomplished in December 2015 and continues through January 2016. Xerox is working on identifying and reprocessing all claims impacted by early system issues that resulted in claim denials. Some of our key areas that have been reprocessed include but are not limited to:
    - RBRVS rate reprocessing
    - Inpatient weekend and length of stay cutbacks
    - Medicare Cross Over Reprocessing, (1994 and zero pays where co-insurance and deductible information was not mapped correctly)
    - Tribal Encounter and Retro Rate Reprocessing
- **Potential Recoupment Notices**: As MMIS corrections and enhancements are implemented, Xerox will be reprocessing any claims that may have been affected. In certain instances, providers may have previously received overpayment for services. In the event Xerox determines a provider was overpaid, the provider will receive a Provider Recoupment Notice detailing the affected claims, the amount overpaid, repayment options, and the appeal process.

Expired Licenses, Certifications, Permits and Grants

Providers may have recently noticed that their claims have been suspended for expired licenses after the New Year. If the appropriate licenses are not updated through the Provider Enrollment Department, the claims will be set to deny. All provider licenses, certifications, permits, and grants must be current to prevent claims from suspending or denying. Please submit a copy of all renewed licenses, certifications, permits, and grants to Xerox as soon as you receive your updated documents. You may submit copies to Xerox by fax to 907.646.4273 or by mail to:

Xerox State Healthcare
Attn: Enrollment Services
P.O. Box 240808
Anchorage, AK 99524-0808

Questions? Contact Provider Enrollment at 907.644.6800, option 2, or toll-free in Alaska at 800.770.5650, option 1, 3.

NPI Matching, Taxonomy and Zip+4:

MMIS improvements have been implemented and more are being 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, this information is critical to appropriately identify 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 the MMIS 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.

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Xerox Corrective Action Plan Still in Effect

The Xerox Corrective Action Plan (CAP) is still in effect. This CAP addressed corrective actions for Alaska Medicaid claims processing issues. For more information about the CAP and to review the current status, go to http://dhss.alaska.gov/dhcs/Pages/news/Xerox_plan.aspx.

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 Enrollment	From 8:00-9:30 a.m. After 2:00 p.m.	In Anchorage: 907.644.6800 (option 2) Outside Anchorage: 800.770.5650 (option 1, 3)
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 January 12, 2016.

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 inventory on December 1, 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

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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	250	32%	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	355	-42%	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	1907	52%	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	175	-53%	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).
3329	Billing Provider License Expired	All Provider Types	2458	61%	Outreach is being made to affected providers. As licenses are updated, the claims are released. Providers that have renewed licenses should submit them to Provider Enrollment.
3620	Billing Provider NPI matches multiple IDs	Electronic Claims ALL provider types that require NPI	14220	29%	If the Billing Provider NPI matches multiple IDs, the MMIS cannot determine which provider record to use for processing. Provider outreach continues to help providers understand how to submit claims correctly if the issues 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 MMIS changes are in development to improve automated provider record matching.
3700	Provider on review	HPRF PCA RSL TRB	542	36%	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	1516	-3%	Xerox is conducting further analysis to determine if these claims can be released for processing.

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Edit/EOB Code	Description	Providers Impacted	Impacted Claims	% Change	Status
4076	Review for Medical justification – Prof Claim Types	HPRF TRAN AIRAMB	1992	28%	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	667	4%	Claims are suspending correctly and being reviewed as part of normal processing.
4596	The diagnosis code qualifier or version is not a valid value.	All Provider Types	2358	57%	This is affecting claims submitted on paper. Any claim that is suspended for this code is manually reviewed and processed. If the incorrect version is submitted on the claim form, the claim will be denied.
4645	Out of State Pricing Segment Not Found	DME FPC HPRF RSL HOSP	3068	20%	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.
4680	Zero Units with greater than zero amount on claim	All provider types capable of submitting Crossover and Outpatient claims	5789	18%	This is exception code is currently being reviewed. A recent fix has allowed Xerox to update our pricing segments to pay these claim types impacted by this exception code. Cross Over and Outpatient claims are impacted by this exception code.
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	982	0%	Research is ongoing to see if claims are related to out of state providers and/or other issues that need to be addressed.
4912	Procedure code requires pricing	DENT DME FPC HPRF LAB TRAN TRB TRVL	2972	25%	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.

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Edit/EOB Code	Description	Providers Impacted	Impacted Claims	% Change	Status
4916	Procedure / Modifier combination Pricing segment is set to Manual Review	DENT DME HOSP HPRF LAB	1549	4%	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.
6060	Service Authorization record is pended w/errors - Header	DME HCB PCA	9249	28%	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	9053	-49%	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	4078	-29%	Xerox continues to work on issues related to Service Authorizations. See detailed update on the Service Authorization cleanup and 8040 issue.