



Operational Status Report *Kentucky MMIS Project*

*Cabinet for Health and Family Services
Department for Medicaid Services*

Status Week Ending March 01, 2013

Cabinet for Health and Family Services Department for Medicaid Services

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1 Executive Summary

Claims Processed	161,700
Total Dollars Paid	\$56,593,586.20
Paper Claims Paid	1,709
Paper Claims Denied	3,899
Electronic Claims Paid	100,658
Electronic Claims Denied	55,434
Paper Claims % of Total Adjudicated Claims	3.47%
Electronic Claims % of Total Adjudicated Claims	96.53%
% Denied Paper Claims	69.52%
Denied Electronic Claims	35.51%
Claims Held in Cash Management	164,324
Dollars Held in Cash Management	\$26,832,192.99
Capitation Financial Transactions	750,608
Capitation Financial Payments	\$5,312,840.05
Suspended Claims	8,515
Total Suspended Claims > 90 Days	401
Encounter Load	
Dental	December 2012
Institutional	December 2012
Professional	December 2012
Pharmacy	December 2012
Pharmacy Claim Load	February 2013
Transportation Claim Load	April 2012
Provider Services Calls Received	2,208
Provider Services Current Service Level %	98%

NOTE:

- Decrease in inventories during week ending January 25, 2013 due to holiday on January 21st.

Executive Summary – Continued

Description	Change Order	Defect	Total
Total Open Change Orders / Defects as of 03/01/2013:	280	65	345
Total Emergency Change Orders/ Defects:	10	1	11
Total Priority Change Orders/ Defects:	133	10	143
Total Non – Priority Change Orders / Defects:	137	54	191
Change Orders / Defects:			
Completed During Week Ending 03/01/2013	19	5	24
Scheduled For February Release	16	3	19
Release projects marked as emergency by DMS	0	0	0
Emergency Change Orders:			
Completed	2	2	4
In Work	1	0	1
To Be Worked	9	1	10
Total	10	1	11
Priority Change Orders:			
Completed	0	3	3
In Work	59	2	61
To Be Worked	74	8	82
Total	133	10	143
Completed Non-Priority List:			
(Config., Suspense Reduction, Prod issues, etc.)	15	0	15
Completed Fast Track items	2	0	2

- *1 of the 345 open CO/Defects are related to the HIPAA II/5010-Extra project.
- *109 of the 345 open CO/Defects are child CO/Defects.

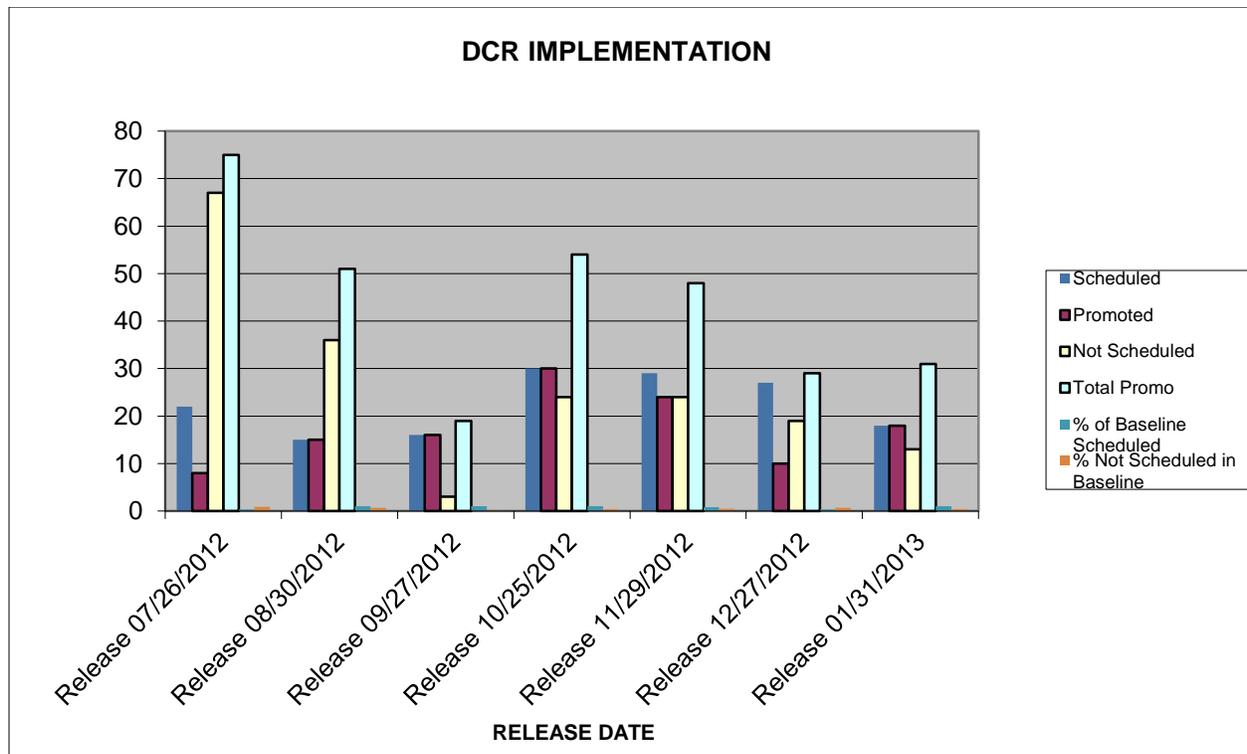
2 Kentucky MSIS Data Status

	ELIGIBLE	CLAIMIP	CLAIMLT	CLAIMOT	CLAIMRX
Q1 2012 Oct - Dec	Approved by CMS/MPR 10/31/12	Approved by CMS/MPR 7/10/12	Approved by CMS/MPR 7/10/12	Approved by CMS/MPR 7/10/12	Approved by CMS/MPR 7/10/12
Q2 2012 Jan - Mar	Approved by CMS/MPR 10/31/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12
Q3 2012 Apr - Jun	Approved by CMS/MPR 10/31/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12
Q4 2012 Jul - Sep	Approved by CMS/MPR 1/24/13	Approved by CMS/MPR 12/13/12	Approved by CMS/MPR 12/13/12	Approved by CMS/MPR 12/13/12	Approved by CMS/MPR 12/13/12

3 New KY MMIS Status

3.1 DCR Release Implementation Dashboard

Release	Scheduled	Promoted	Not Scheduled	Total Promo	% of Scheduled	% Not Scheduled
Release 07/26/2012	22	8	67	75	36.36%	89.33%
Release 08/30/2012	15	15	36	51	100.00%	70.59%
Release 09/27/2012	16	16	3	19	100.00%	15.79%
Release 10/25/2012	30	30	24	54	100.00%	44.44%
Release 11/29/2012	29	24	24	48	82.76%	50.00%
Release 12/27/2012	27	10	19	29	37.04%	65.52%
Release 01/31/2013	18	18	13	31	100%	41.94%



3.2 Analysis of DCR's Pulled from Release (As of 01-31-2013)

CO#	Business Area	Description	Current Status	Comments
17568	Managed Care	New Panel for 834 Transactions	Requirements Approved	Removed 1/31/13 commit date since all of the children are on hold. HP will provide commit date once children are ready to be worked.
18450	Data Warehouse	UNV - Add MCO tables to DSS	Define/Analyze In Progress	Updated to Feb release per email from Marilynn
18451	Managed Care	Not splitting PMP assign segs for county code NEMT	Testing Sent - DMS	Della granted extension. Commit date was chg'd to Feb release.

4 Paper Claim Statistics

A total of 161,700 claims were adjudicated this week for a total claim payment amount of \$56,593,586.20 and a total payment amount of \$61,554,091.53

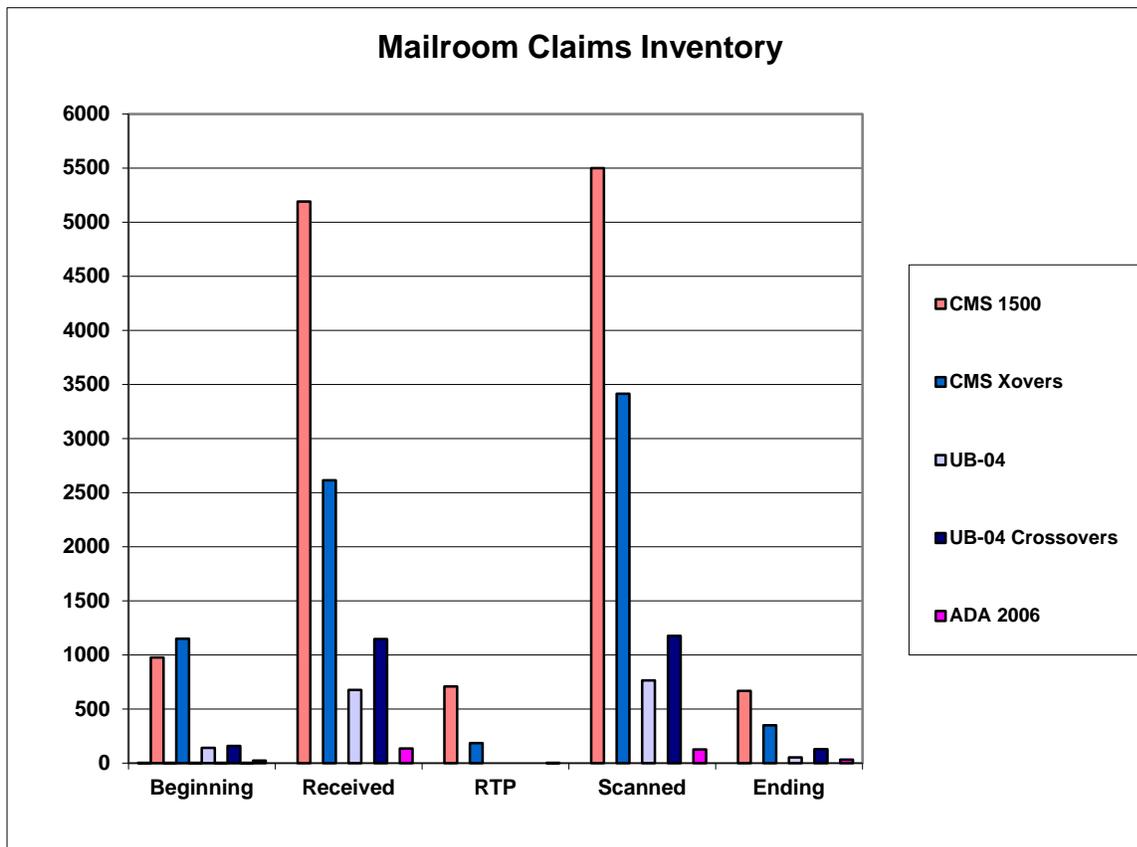
Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
CMS 1500	977	5,190	710	5,500	667	0 days
CMS Crossovers	1,150	2,615	184	3,415	350	0 days
UB-04	142	676	0	764	54	0 days
UB-04 Crossovers	158	1,148	0	1,176	130	0 days
Dental ADA 2006	24	134	2	127	31	0 days
Total	2,451	9,763	896	10,982	1,232	

Note: CMS crossover receipts and ending inventory totals are estimates. Claim Forms:

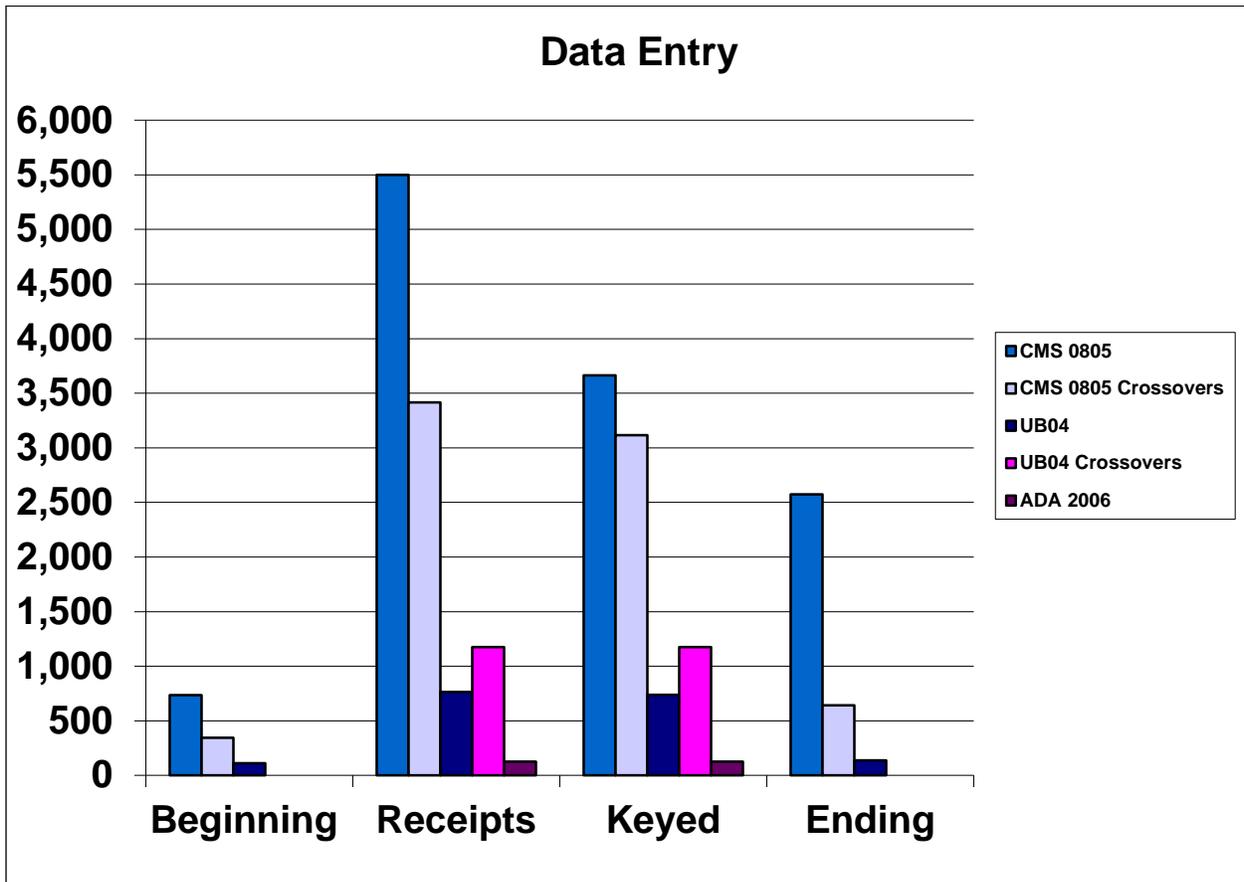
CMS 08/05 - mandatory 8/20/2007.

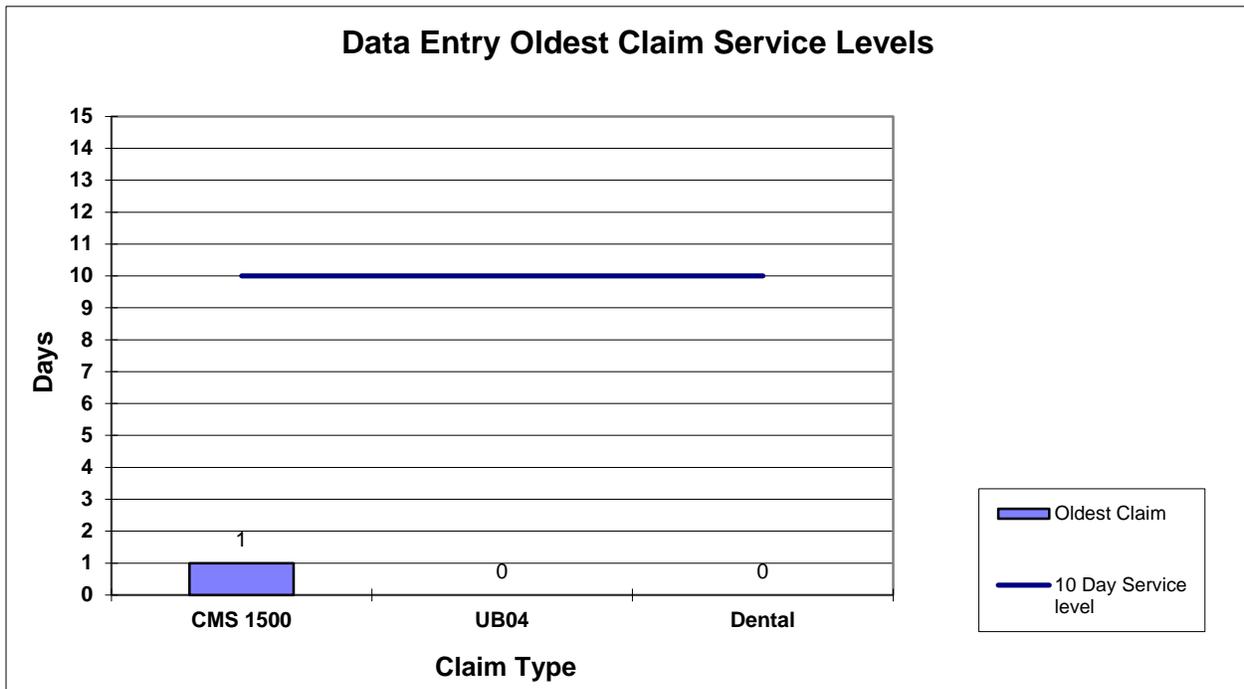
UB04 – mandatory 5/23/2007.

Dental ADA 2006 - mandatory 6/4/2007.



Data Entry	Beginning Inventory	Receipts	Keyed	Ending Inventory	Oldest Julian	Date	Oldest Claim
CMS 1500 08/05	736	5,500	3,663	2,573	059	02/28/13	1
CMS 1500 Crossovers	345	3,415	3,117	643	059	02/28/13	1
UB04	112	764	738	138	060	03/01/13	0
UB04 Crossovers	0	1,176	1,176	0	060	03/01/13	0
Dental ADA 2006	0	127	127	0	060	03/01/13	0
Total	1,193	10,382	8,821	3,354			





Note: CMS Crossover and UB04 Crossover excluded from 10 day standard

5 System Changes and Corrections

5.1 HP Enterprise Services Initiated DCRs for Week Ending 3/01/2013

ID	Defect Description	CSR Type	Subsystem	Grouping	Sub Grouping	Add Date
13038	ESC 1957	Defect	Claims	Batch		2/25/2013
15812	TPL-1050-M	Defect	Third Party Liability	Reports		2/28/2013
15966	Member re-assignments due to ADO	Change Order	Provider Data Maintenance	Batch	Provider Enrollment	2/25/2013
16576	Overlapping lines on PA	Defect	Prior Auth	Batch		2/28/2013
18899	277U ReF ICN missing for Adjustment claims	Defect	Claims	Batch		2/25/2013
19168	DB County Code Special Circumstance	Change Order	Member Data Maintenance	Data Model		2/25/2013
19275	SCL2 Batch Changes	Change Order	Prior Auth	Batch		2/25/2013
19280	KYHealth - New Attestation Form	Change Order	Internet	ALL		2/25/2013
19281	KYH - New attestation Form DataBase	Change Order	Internet	Data Model		2/25/2013
19399	Sorting Issue with MaxFee Panel	Defect	Reference Data Maintenance	UI		2/25/2013
19422	372/372S - Modify MPW Wvr Svcs	Change Order	MAR	Reports		2/28/2013
19460	AR Search Results not include Interest in balances	Defect	Financial	UI		2/25/2013

ID	Defect Description	CSR Type	Subsystem	Grouping	Sub Grouping	Add Date
19506	Create folder structure for HBE file transfers	Change Order	EDI and Claim Capture	Configuration		2/25/2013

5.2 Promoted to Production / Cancelled for Week Ending 03/01/2013

ID	Subsystem	CSR Type	Description	Resolution Date	Release Type	Release
19074	Claims	Defect	Encounters Bypassing Limit Audit Dispositioning	2/25/2013	Emergency	13.02.15
19446	Reference Data Maintenance	Change Order	New Place of Service Codes	2/25/2013	Fast Track	13.02.15
19367	Reference Data Maintenance	Change Order	SCL Psychological Services code change	2/26/2013	Emergency	13.02.16
19378	Provider Data Maintenance	Change Order	ADO 12/31/2299 Clean up	2/27/2013	Non - Priority	13.02.17
18451	Managed Care	Defect	Not splitting PMP assign segs for county code NEMT	2/28/2013	Priority	13.02.18
18916	Managed Care	Defect	MGD-0555-D needs to include preproc errors	2/28/2013	Priority	13.02.18
18993	Managed Care	Defect	Z Members Not Closed in PMP Assign	2/28/2013	Priority	13.02.18
19073	Claims	Change Order	Add the NCPDP batch files to the archive job	2/28/2013	Non - Priority	13.02.18
19111	Third Party Liability	Change Order	TPL Carrier Info Panel - Carrier File Data	2/28/2013	Non - Priority	13.02.18
19118	Member Data Maintenance	Change Order	Add Message to Member Add Panel for County Code	2/28/2013	Emergency	13.02.18
19138	Member Data Maintenance	Change Order	MCO LOC error records for invalid PT	2/28/2013	Non - Priority	13.02.18
19165	Member Data Maintenance	Change Order	Batch County Code Special Circumstance	2/28/2013	Non - Priority	13.02.18
19166	Member Data Maintenance	Change Order	UI County Code Special Circumstance	2/28/2013	Non - Priority	13.02.18

ID	Subsystem	CSR Type	Description	Resolution Date	Release Type	Release
19214	Third Party Liability	Change Order	Green Co. Court Clerk Address Change	2/28/2013	Non - Priority	13.02.18
19268	Provider Data Maintenance	Change Order	MCO Provider file changes for PCP enhanced rate	2/28/2013	Non - Priority	13.02.18
19269	Third Party Liability	Change Order	MCO TPL file process change	2/28/2013	Non - Priority	13.02.18
19272	Provider Data Maintenance	Change Order	PCP enhanced rate create MMIS panel for 19263	2/28/2013	Non - Priority	13.02.18
19273	EPSDT	Change Order	Revise CMS 416 5500A and KCHIP 5550A	2/28/2013	Non - Priority	13.02.18
19289	Managed Care	Change Order	County change impacting mgd cap process	2/28/2013	Non - Priority	13.02.18
19399	Reference Data Maintenance	Defect	Sorting Issue with MaxFee Panel	2/28/2013	Emergency	13.02.18
19168	Member Data Maintenance	Change Order	DB County Code Special Circumstance	3/1/2013	Non - Priority	13.03.01
19280	Internet	Change Order	KYHealth - New Attestation Form	3/1/2013	Non - Priority	13.03.01
19281	Internet	Change Order	KYH - New attestation Form DataBase	3/1/2013	Non - Priority	13.03.01
19487	Reference Data Maintenance	Change Order	Add CPT codes as billable for podiatrist PT 80	3/1/2013	Fast Track	13.03.01

5.3 Data Fixes Completed for Week Ending 03/01/2013

Data fixes are now done under Defects and Change Orders; they are reported in that section upon completion.

5.4 Proposed for HP Release– February 2013 Baseline - FINAL

CO#	CO/ Defect	Business Area	Description	Current Status	Requeste d As Emergenc y	HPES Proposed Baseline
18450	Change Order	Data Warehouse	UNV - Add MCO tables to DSS	Define/Analyz e In Progress	N	2/28/2013 Moved Release date to April
18451	Defect	Managed Care	Not splitting PMP assign segs for county code NEMT	Prod Implemented	N	2/28/2013
18602	Change Order	Reference Data Maintenance	PIDL update	Prod Implemented		2/11/2013
18916	Defect	Managed Care	MGD-0555-D needs to include preproc errors	Prod Implemented		2/28/2013
18993	Defect	Managed Care	Z Members Not Closed in PMP Assign	Prod Implemented		2/28/2013
19084	Change Order	Managed Care	Modify MCAPS_ELIG_INFO_SP Input Parameters	Testing Approved - DMS		2/28/2013 Release Extended
19111	Change Order	Third Party Liability	TPL Carrier Info Panel - Carrier File Data	Prod Implemented		2/28/2013
19118	Change Order	Member Data Maintenance	Add Message to Member Add Panel for County Code	Prod Implemented		2/28/2013
19138	Change Order	Member Data Maintenance	MCO LOC error records for invalid PT	Prod Implemented		2/28/2013
19139	Change Order	Financial	Exclude CMHC and AAA CDO claims from prudent pay	Prod Implemented		2/8/2013
19218	Change Order	Financial	Batch - Modify Prudent Pay prgm for PRV contract	Prod Implemented		2/8/2013
19219	Change Order	Financial	New sub panel for PROVIDER CONTRACT on Pay Hold	Prod Implemented		2/8/2013
19268	Change Order	Provider Data Maintenance	MCO Provider file changes for PCP enhanced rate	Prod Implemented		2/28/2013

CO#	CO/ Defect	Business Area	Description	Current Status	Requeste d As Emergenc y	HPES Proposed Baseline
19272	Change Order	Provider Data Maintenance	PCP enhanced rate create MMIS panel for 19263	Prod Implemented		2/28/2013
19273	Change Order	EPSDT	Revise CMS 416 5500A and KCHIP 5550A	Prod Implemented		2/28/2013
19280	Change Order	Internet	KYHealth - New Attestation Form	Prod Implemented		2/28/2013
19281	Change Order	Internet	KYH - New attestation Form DataBase	Prod Implemented		2/28/2013
19314	Change Order	Claims	2013 CPT codes effec. 1/1/13	Prod Implemented		2/28/2013
19348	Change Order	Reference Data Maintenance	2013 fee schedule add codes	Prod Implemented		2/28/2013

5.5 Maintenance and Modification Hours – Per DMS Request HP is revising this chart to reflect a more accurate track Modification hours.

2009/2010	Hours Available	Hours Used	Rate	Cost	Approved Hours	Cost of Approved Hours	Remaining Hours	Remaining Dollar Pool
Tier I - Maintenance	NA	Under Review	NA	NA	NA	NA	NA	NA
Tier II – Modification	12,000	Under Review		Under Review	0.00	\$0.00	Under Review	Under Review
Tier III – Modification	10,000	0		\$0.00	0.00	\$0.00	10,000.00	\$674,000.00
Tier IV – Modification	Above 22,000		TBD		0			

Tier I – Maintenance may result from a determination that a deficiency exists within the operational KY MMIS, including deficiencies found after takeover of modifications incorporated into the operational KY MMIS, or that continued efficiency can be maintained or achieved through the proposed activity. Included in the base rate.

Tier II – Modification hours may result from a determination that an additional requirement needs to be met or that a modification to existing file structures or current processing is needed. Initial 12,000 hours/operational year included in the base rate.

Tier III - Modification hours may result from a determination that an additional requirement needs to be met or that a modification to existing file structures or current processing is needed. Additional 10,000 hours/operational year at a defined rate.

Tier IV - Modification hours may result from a determination that an additional requirement needs to be met or that a modification to existing file structures or current processing is needed. Additional hours at a negotiated rate.

6 Ad hoc Reports

	Beginning	Received	Closed	On Hold	Ending Inventory	Oldest Request Overdue
Type A	0	0	0	0	0	0
Type B	1	0	1	0	0	0
Type C	4	2	2	1	4	0
Type D	2	0	0	0	2	0
Type E	0	0	0	0	0	0
HP Enterprise Services	0	2	2	0	0	0
Total	7	4	5	1	6	0

*On Hold may be cumulative across multiple weeks

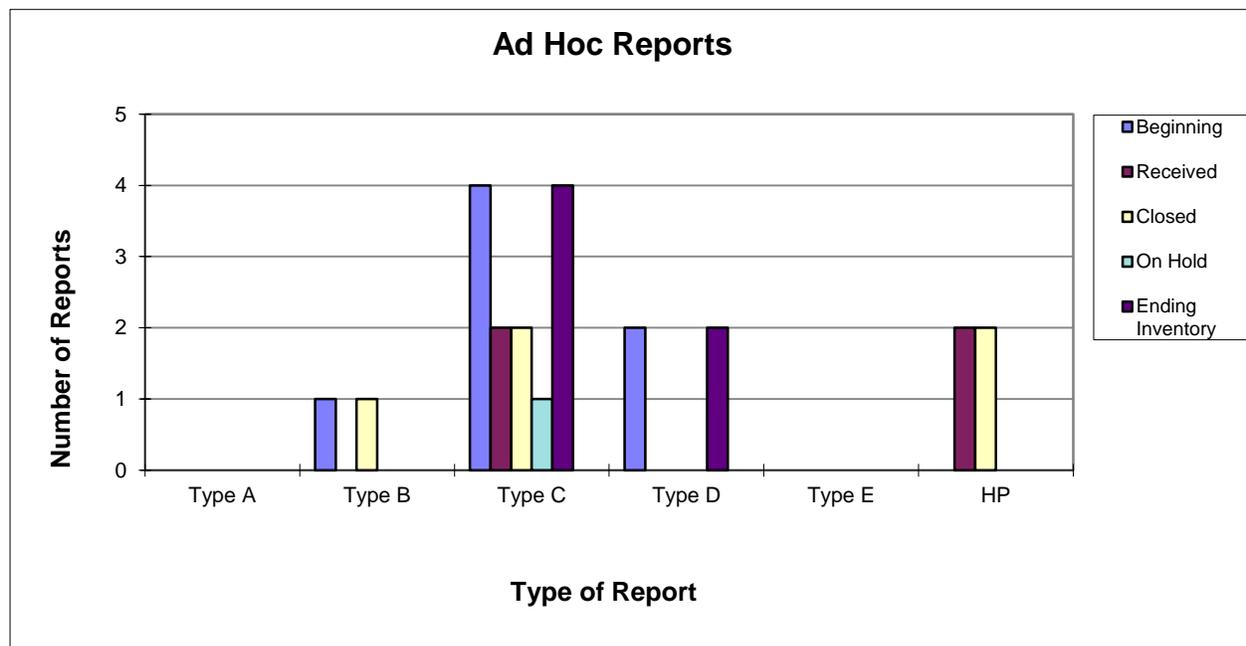
Type A – completed correctly within twenty-four (24) hours of receipt

Type B – completed correctly and delivered within forty-eight (48) hours of request

Type C – completed correctly and delivered within seven (7) business days of request

Type D – completed correctly and delivered within time frame established by DMS (greater than seven (7) business days)

Type E – Emergency reports completed correctly within two (2) hours of submitted request.



7 Weekly Claims Operations

7.1 Final Payment Summary

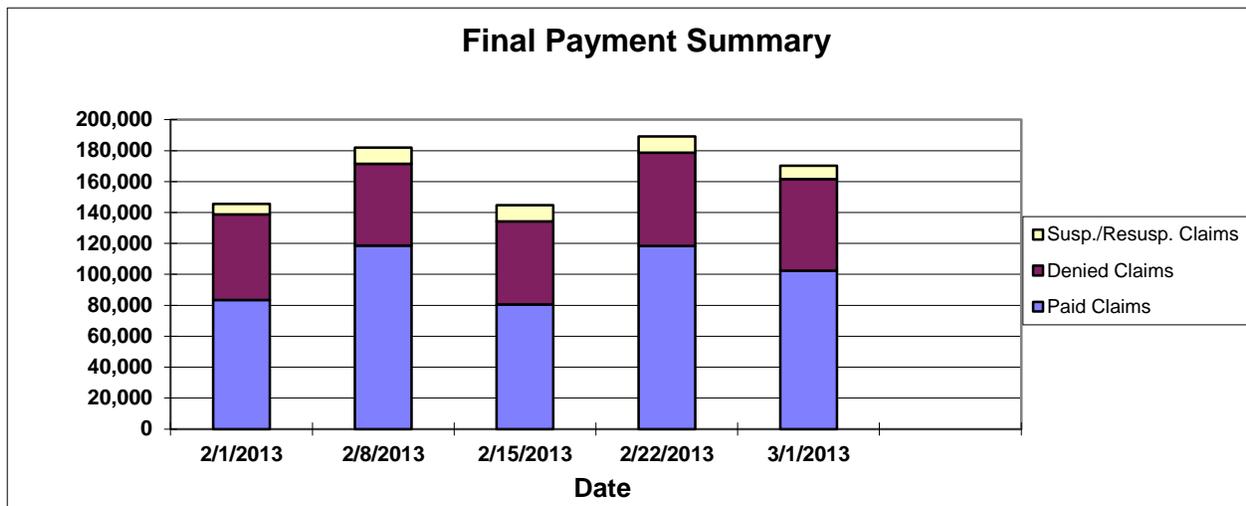
Category	02/01/13	02/08/13	02/15/13	02/22/13	03/01/13
Paid Claims	83,384	118,705	80,622	118,341	102,367
Denied Claims	55,486	52,853	53,624	60,247	59,333
Total Adjudicated Claims	138,870	171,558	134,246	178,588	161,700
Adjustments	3,267	3,525	2,952	3,789	3,129
Total Claims	142,137	175,083	137,198	182,377	164,829
Suspended/Resuspended Claims	6,716	10,392	10,490	9,978	8,515
Claim Payment Amount	\$49,261,346.80	\$56,697,725.06	\$29,408,045.62	\$31,529,508.55	\$56,593,586.20
(+) Payouts	\$60,671.38	\$43,565.77	\$42,530.32	\$4,324,141.01	\$251,856.41
(-) Recoupments	-\$1,034,021.58	-\$1,116,491.64	-\$795,068.41	-\$821,721.92	-\$604,191.13
Check Issue	\$48,287,996.60	\$55,624,799.19	\$28,655,507.53	\$35,031,927.64	\$56,241,251.48
Capitation Payment	\$5,260,472.41	\$0.00	\$0.00	\$284,481,037.75	\$5,312,840.05
Total Paid	\$53,548,469.01	\$55,624,799.19	\$28,655,507.53	\$319,512,965.39	\$61,554,091.53

Five week average payment equals \$103,929,674.15

Recoupments - The amount withheld from provider payments because of outstanding accounts receivable (money owed to the Medicaid program by providers)

Category	02/03/12	02/10/12	02/17/12	02/24/12	03/02/12
Paid Claims	142,217	116,486	89,631	144,857	123,977
Denied Claims	72,630	58,577	35,668	98,575	65,926
Total Adjudicated Claims	214,847	175,063	125,299	243,432	189,903
Adjustments/Claim Credits	2,486	3,238	4,299	3,263	4,284
Total Claims	217,333	178,301	129,598	246,695	194,187
Suspended/Resuspended Claims	5,534	6,242	5,714	6,123	6,577
Claim Payment Amount	\$82,154,968.30	\$52,451,725.36	\$38,484,727.69	\$29,200,044.21	\$62,750,657.14
(+) Payouts	\$10,924.23	\$2,304,858.78	\$10,187,499.66	\$15,036.02	\$4,143.08
(-) Recoupments	-\$1,293,640.11	-\$1,752,400.58	-\$1,458,563.56	-\$2,444,135.31	-\$1,392,711.69
Check Issue	\$80,872,252.42	\$53,004,183.56	\$47,213,663.79	\$26,770,944.92	\$61,362,088.53
Capitation Payment	\$80.00	\$0.00	\$0.00	\$252,720,019.90	\$60.00
Total Paid	\$80,872,332.42	\$53,004,183.56	\$47,213,663.79	\$279,490,964.82	\$61,362,148.53

Five week average payment equals \$104,388,658.62



7.2 Adjudicated Original Claims (By Claim)

Paper Claims	02/01/13	02/08/13	02/15/13	02/22/13	03/01/13	Average
Paid	2,782	1,793	2,542	3,329	1,709	2,431
Denied	3,425	4,766	4,452	4,037	3,899	4,116
Total	6,207	6,559	6,994	7,366	5,608	6,547
% of Total Adjudicated Claims	4.47%	3.82%	5.21%	4.12%	3.47%	4.19%
% of Paper Denied Claims	55.18%	72.66%	63.65%	54.80%	69.52%	62.87%

Electronic Claims	02/01/13	02/08/13	02/15/13	02/22/13	03/01/13	Average
Paid	80,602	116,912	78,080	115,012	100,658	98,253
Denied	52,061	48,087	49,172	56,210	55,434	51,393
Total	132,663	164,999	127,252	171,222	156,092	149,646
% of Total Adjudicated Claims	95.53%	96.18%	94.79%	95.87%	96.53%	95.81%
% of Electronic Denied Claims	39.24%	29.14%	38.64%	32.83%	35.51%	34.34%

Total % Denied Claims – 36.7%

7.3 Flush Report Claim Statistics

	UB04	CMS	Dental	Pharm	Total
Paid Claims in Error	53	347	3	0	403
Denied Claims in Error	36	135	2	0	173
Suspended Claims in Error	0	0	0	0	0
Total Claims in Error	89	482	5	0	576

7.4 Flush Report Error Occurrences Statistics

Error Number	Total Failures
1010 – Provider Name Not Found	7
2010 – Pay to Provider needs to Swap	1
3003 – No Recip Base Not Found	5
4030 – Paid Code Claim Status not P or D	16
5030 – Proc Fund Codes <> Hdr Paid Amt	44
5040 – Invalid Fund Code	1
5081 – Cash + Adj <> Orig. Claim	4
9991 – Adj Mother Info Not Found	480
9997 – Daughter Claim Prov <> Mom Claim Prov	28
Total # of Occurrences	586

7.5 Bad File Claim Statistics

	02/01/13	02/08/13	02/15/13	02/22/13	03/01/13
CLAIMS	3	3	3	0	0
PHARMACY	0	0	0	0	0
TOTAL	3	3	3	0	0

Oldest Claim (Receipt Date) – N/A

7.6 Bad File Defects

Defect #	Description	Status	Claim Count
16785	Hospice Assignment Plan	Cancelled 07/9/12	0
18833	Memory Issue	DMS Analyst Review Complete 10/29/12	0

7.7 Top Denial Reasons (By Detail Line)

Error	Description	Number of Denials
1010	Rendering Provider Not A Mem Of Billing Grp	20,762
2017	Services Covered Under Member's MCO Plan	19,539
4021	No Coverage for Billed Procedure	15,368
5001	Exact Duplicate	11,210
3317	This Service Was Not Approved by Medicare	10,928
1955	Cannot Determine Medicaid NBR for Billing Prov	9,756
4804	No Contract for Billed Rev Code	8,398
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	7,391
268	Billed Amount Missing	6,517
2003	Member Ineligible on Detail Date of Service	6,412

7.8 Mailroom

Imaging	Beginning Inventory	Receipts	Scanned	Ending Inventory	Oldest Item
Adjustment	0	143	143	0	0 days
Checks	0	247	247	0	0 days
RTP'S	0	896	896	0	0 days
Provider Enrollment	0	2,225	2,225	0	0 days

7.9 Top Suspense Reasons (By Detail Line)

Error	Description	Failures
2001	Member ID Number not on File Recycle	4,260
4405	Unable to Assign Provider Contract	1,648
3001	PA Not Found on Database	1,329
3305	Member Requires Valid PT Liability for DOS	1,321
2505	Member Covered by Private Insurance (w/attach)	686
1046	Facility Provider is Not Eligible	410
1047	Billing Provider is Not Eligible	357
4014	No Pricing Segment on File	350
5001	Exact Duplicate	289
3003	Procedure Code Requires PA	186

7.10 Suspended Original Claims by Age (By Claim)

Category	02/08/13		02/15/13		02/22/13		03/01/13	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	9,794	94.25	9,888	94.26	9,376	93.97	7,971	93.61
31-60 days	93	.89	93	.89	61	.61	69	.81
61-90 days	64	.61	67	.64	96	.96	74	.87
91+ days	441	4.25	442	4.21	445	4.46	401	4.71
Total	10,392		10,490		9,978		8,515	

7.11 Total Suspended Claims by Location (By Claim)

Category	02/08/13		02/15/13		02/22/13		03/01/13	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
Resolutions	1,272	12.24	797	7.60	618	6.19	565	6.63
Med. Review	2,348	22.59	2,083	19.86	1,490	14.93	978	11.49
TPL	1,140	10.97	1,047	9.98	607	6.08	699	8.21
Adjustments	456	4.39	312	2.97	207	2.08	190	2.23
DMS	711	6.84	705	6.72	699	7.01	653	7.67
Recycle**	4,465	42.97	5,546	52.87	6,357	63.71	5,430	63.77
Total	10,392		10,490		9,978		8,515	

**"Recycle" suspense consists of claims failing edits that must recycle for 8, 9, or 10 days before adjudicating.

Note: Region 52 (Mass Adjustments) = 95.8% of suspense volume

Region 58 (SE Mass Adjustments) = 1.5% of suspense volume

Region 80 (SE Reprocessed Claims) = 0.0% of suspense volume

Region 90 (Special Batched Claims) = 0.2% of suspense volume

7.12 Claims Suspense Over 30 Days by Responsible Unit (By Claim)

Category	02/01/13	02/08/13	02/15/13	02/22/13	03/01/13
Resolutions	6	1	1	1	0
Med. Review	29	10	14	19	18
TPL	0	0	0	0	0
Adjustments	3	1	1	0	1
Recycle	0	0	0	1	0
DMS	578	586	586	581	525
Total	616	598	602	602	544

7.13 Claims Suspense Over 90 Days

Suspense Inventory	Beginning Inventory	Received	Worked	Ending Inventory
	445	1	45	401

8 Third-Party Liability

8.1 Third-Party Liability Weekly Activity

Third Party Liability	Begin Inv	Received	Worked	To DMS	Ending Inventory	# Checks Exempt from 10 Day Requirement
PA40-Kames/Eligibles with Other Ins.	0	1,469	769	0	700	0
CS40-Child Support	0	0	0	0	0	0
SSI-Local Offices	0	0	0	0	0	0
TPL Edits	607	429	337	0	699	0
Accident/Trauma Leads	0	1	1	0	0	0
DMS Attorney	0	0	0	0	0	0
RUSH Attorney	0	4	4	0	0	0
HP Attorney	28	91	86	0	33	0
KY Assigned	0	0	0	0	0	0
Paternity	0	0	0	0	0	0
TPL Checks	306	79	72	0	313	0
HMS Checks	0	0	0	0	0	0
L P Mail-(Carriers)	1,444	1,264	1,390	0	1,318	0
Purged Data Research	0	0	0	0	0	0
Sus/Indicator	0	0	0	0	0	0
KHIPPS	0	93	93	0	0	0
Total	2,385	3,430	2,752	0	3,063	0

8.1.1.1 Comments # Checks Exempt from 10 Day Requirement:

All checks in an exempt status can be viewed in Onbase under report FIN-2752. These checks are either awaiting documentation or are too large to complete in 10 days

Application of refunds to claim history is at 05 days

Online Interchange Updates are at 30 days

9 Finance/Adjustments

9.1 Financial - Cash

Category	Beginning Inventory	Received	Keyed	Return to Provider	To DMS	On Hold	Ending Inventory
Accounts Receivable Set-up	4	29	33	0	0	0	0
Payouts	0	1	1	0	0	0	0
Accounts Receivable Updates	0	19	19	0	0	0	0
Accounts Receivable Transfers	0	0	0	0	0	0	0
Total	4	49	53	0	0	0	0

9.2 Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check	Julian date
Warrant	21	1	1	21	--	---
Financial	719	134	269	584	2	059
DMS	376	33	33	376	--	---
Total	1,116	168	303	981		

9.3 Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory
Professional	53	28	71	10	0
Institutional	23	34	53	4	0
Voids	59	81	134	6	0
System Req Adj	0	0	0	0	0
Systems Req voids	0	0	0	0	0
EMC Adjustments	0	0	0	0	0
Total	135	143	258	20	0

9.4 Financial - Age of Adjustments

Category	Oldest Claim	Oldest Julian
Professional Straight	----	----
Professional Crossovers	----	----
Dental	----	----
Claim Credits	----	----
Institutional Straight	----	----
Institutional Crossovers	----	----

9.5 Financial - Mass Adjustments

Category	Beginning Inventory	Received	Entered	On Hold	Ending
Mass Adjustment (region 52)	0	2	2	0	0
Adjustments-Processed by HP SE (region 58)	0	0	0	0	0
Mass Credit	0	0	0	0	0
Total	0	2	2	0	0

Category	In Process	Released	Deleted
Mass Adjustment (region 52)	53	1	1
Adjustments-Processed by HP SE (region 58)	0	0	0
Mass Credit	0	0	0
Total	53	1	1

10 Provider Relations

10.1 Provider Communications

10.1.1 Most Common Provider Calls

1. Claim Status
2. Eligibility
3. 5010 Inquiries
4. Prior Authorization
5. Manage Care Inquiries
6. Member Calls/Member Services
7. Provider NPI/Taxonomy Inquiries
8. Check Amount
9. KY Health Net Inquiries
10. Service Limitations

10.2 Provider Visits, Mini-Workshops, Teleconferences, Special Meetings, Training

10.2.1 Provider Visits

There are no provider visits to report.

10.2.2 Teleconferences

There are no teleconferences to report.

10.2.3 Representative Training

There is no representative training to report.

10.2.4 Association Meetings

There are no association meetings to report.

10.2.5 Research

DMS

There is no DMS research to report.

Provider

There is no Provider research to report.

10.2.6 Workshops

There are no provider workshops to report.

10.2.7 Webinars**Looking Ahead**

April 8, 2013 - School Based @ 9:30

April 9, 2013 – Hands, Title V, and First Steps @ 9:30

April 10, 2013 – HCBW and Model II Waiver @ 9:30

April 11, 2013 – Hospice @ 9:30

April 16, 2013 – ABI, SCL, and Adult Day Health Care @ 9:30

April 17, 2013 – ICF/MR and Nursing Facility @ 9:30

April 25, 2013 – ICF/MR and Nursing Facility @ 1:30

10.2.8 Accomplishments

There are no operational activities to report.

10.3 Training**10.3.1 Current Activities****February 25, 2013**

HP offered training to the Commonwealth staff on the interChange Financial Subsystem.

February 26, 2013

HP offered OnBase training to the Commonwealth staff.

February 27, 2013

HP offered one-on-one training to the Commonwealth staff.

10.4 Looking Ahead

The First Quarter 2013 training schedule has been distributed to Commonwealth users.

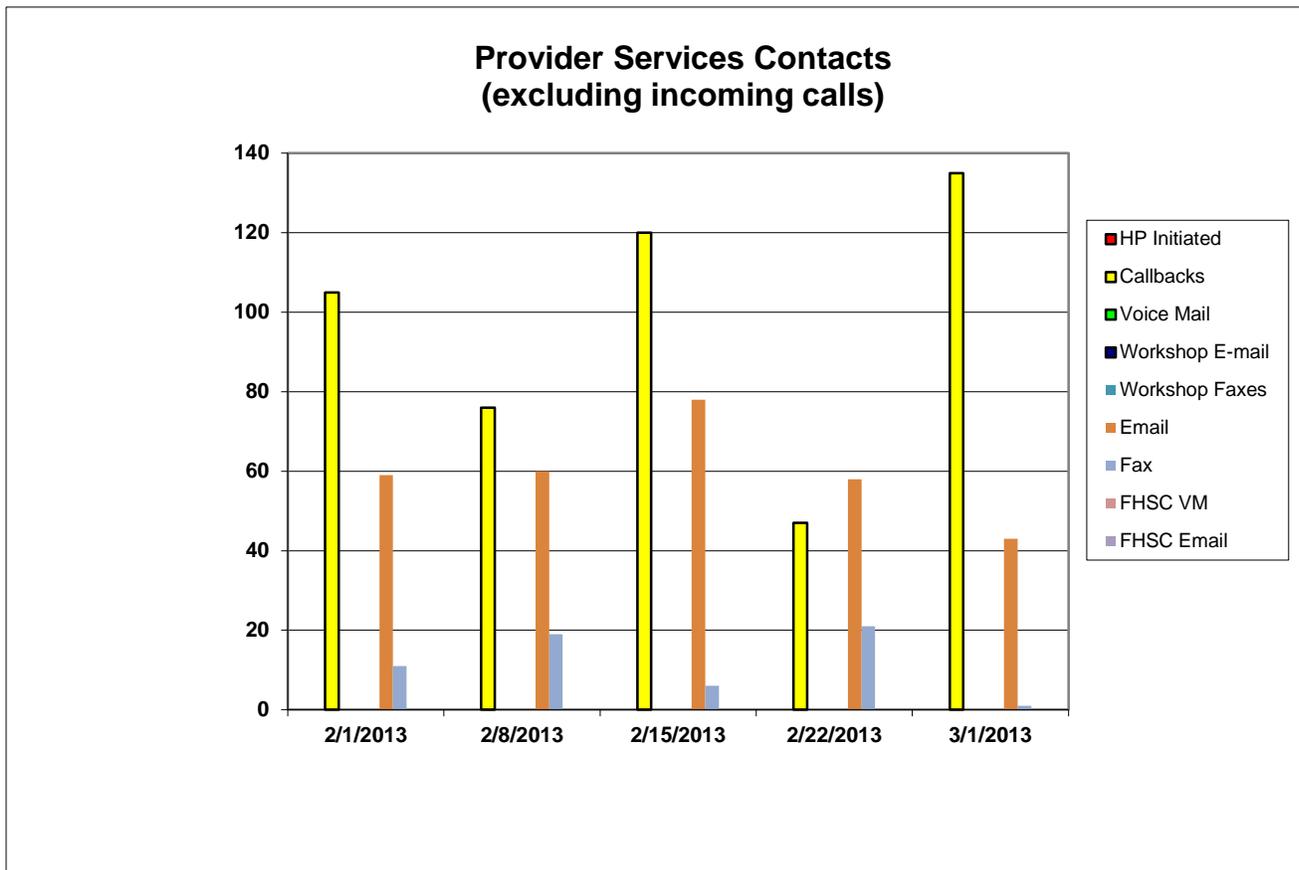
10.4.1 Training Summary

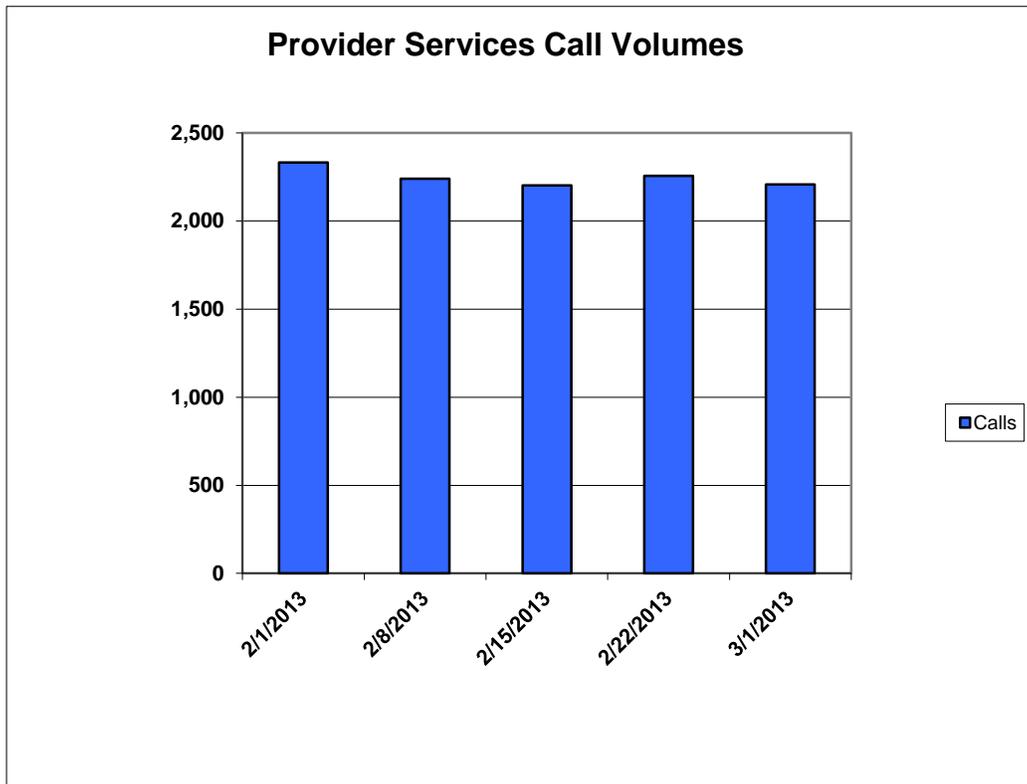
Category	Conducted
Provider Workshops	0
COMMONWEALTH	0
HP Enterprise Services	0

10.5 Provider Services

10.5.1 Provider Services Calls

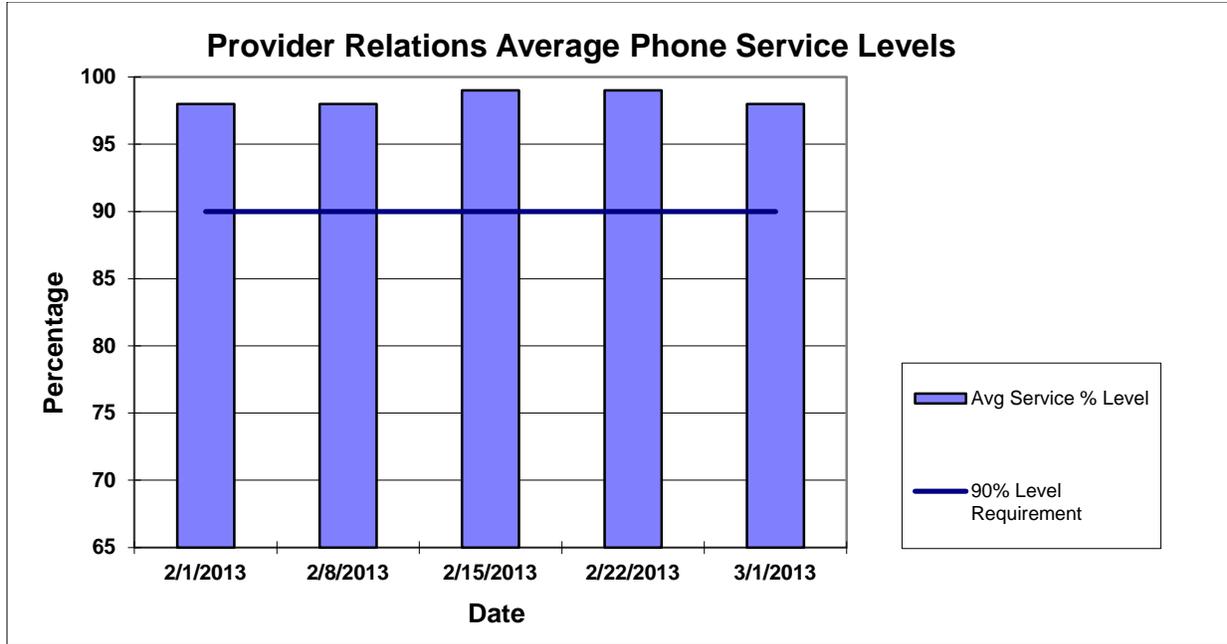
Category	02/01/13	02/08/13	02/15/13	02/22/13	03/01/13
Incoming	2,333	2,240	2,203	2,257	2,208
HP Enterprise Services Initiated Calls	0	0	0	0	0
Callbacks	105	76	120	47	135
Voice Mail	0	0	0	0	0
Workshop E-Mail	0	0	0	0	0
Workshop Faxes/RSVP	0	0	0	0	0
Electronic E-Mail	59	60	78	58	43
Electronic Fax	11	19	6	21	1
FHSC/Voice Mails	0	0	0	0	0
FHSC/E-Mail	0	0	0	0	0
FHSC/Fax	0	0	0	0	0
Total	2,508	2,395	2,407	2,383	2,387





10.5.2 Phone Services

Category	02/01/13	02/08/13	02/15/13	02/22/13	03/01/13
Avg Answer Time (min/sec)	.21	.19	.10	.23	.26
Abandoned Calls	39	38	9	27	39
Avg Abandon Time (min/sec)	1:06	.58	1.10	.38	2.57
% Service Level	98.00 %	98.00 %	99.00 %	99.00 %	98.00 %



10.5.3 Written Correspondence

	Beginning Inventory	Received	Completed	Ending Inventory	Oldest (Julian Date)
Paper	0	138	138	0	0(000)
Email	3	43	39	7	7(060)
Telephone	0	0	0	0	0
Telephone provider inquiry research	1	4	5	0	0

10.5.4 Communication Publications

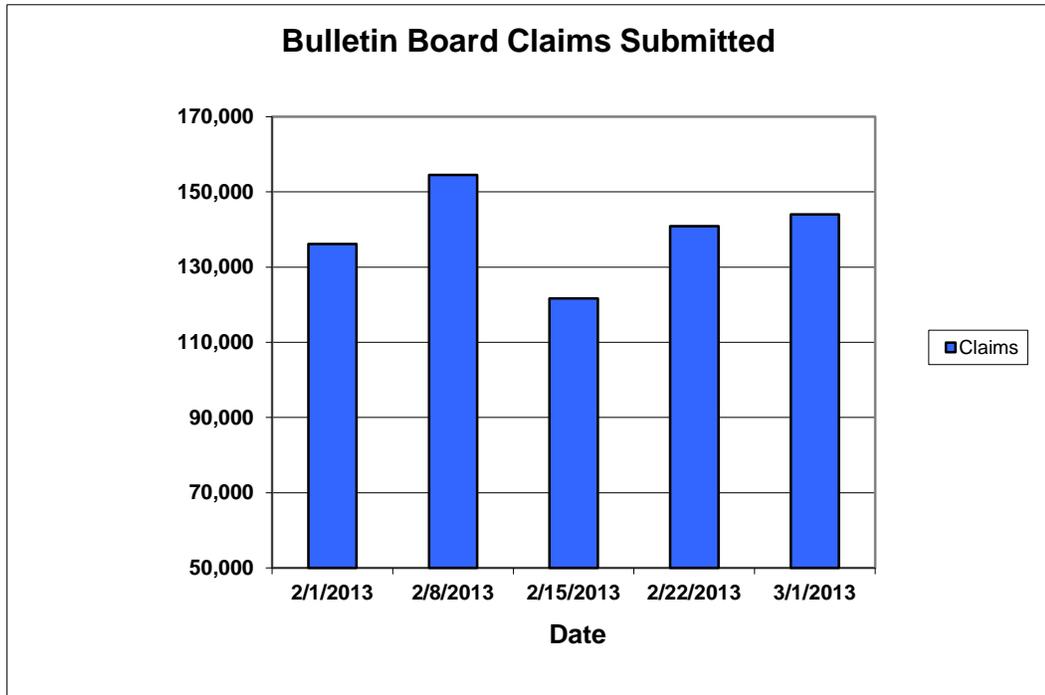
Mailed	Other Distribution	Total
0	0	0

11 Unplanned System Outages

A Breakdown Of The Downtime		
Date	Minutes	Reason For Downtime
03/01/2013	0	There were no unplanned outages.

12 Bulletin Board System

	02/01/2013	02/08/2013	02/15/2013	02/22/2013	03/01/2013
Number of Claims Submitted	136,128	154,545	121,652	140,908	144,051



13 Electronic Data Interchange

13.1 Electronic Data Interchange Weekly Activity

This measure reflects the number of providers testing. Multiple tests may be needed before a provider is approved for electronic billing but the provider is counted only once in each category.

*NPI tests are included in totals, and then broken out in the last stat.

BBS Test

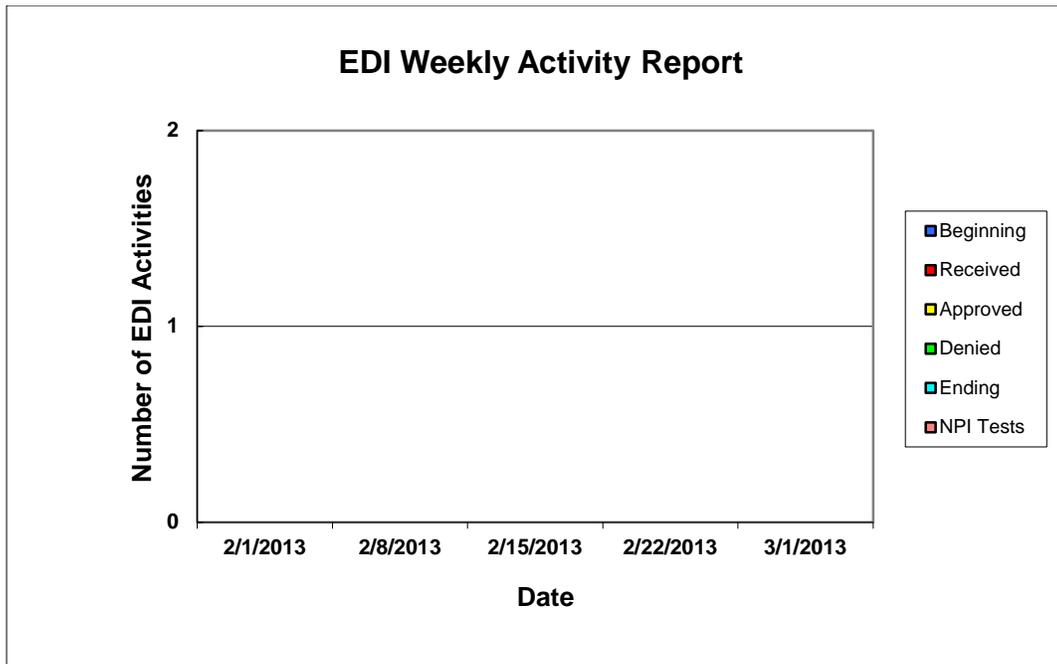
Category	02/01/2013	02/08/2013	02/15/2013	02/22/2013	03/01/2013
Beginning Inventory	0	0	0	0	0
Tests Received	0	0	0	0	0
Tests Approved	0	0	0	0	0
Tests Denied	0	0	0	0	0
New Providers Submitting	0	0	0	0	0
Ending Inventory	0	0	0	0	0
NPI Test*	0	0	0	0	0

New Providers Submitting

There were no new providers submitting to report.

New Trading Partners Still Testing

No new trading partners still testing to report.

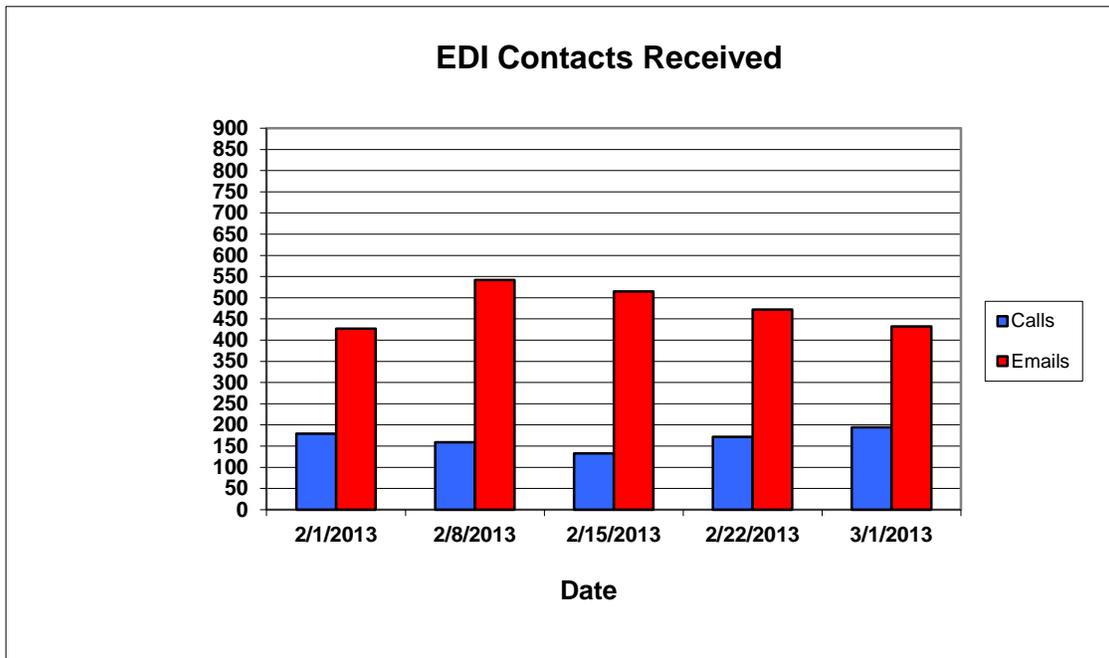


13.2 Electronic Data Interchange Calls Received

Category	02/01/2013	02/08/2013	02/15/2013	02/22/2013	03/01/2013
EDI Calls	179	159	133	172	194
Abandoned Calls	2	1	2	3	3
Avg Speed of Answer	:08	:05	:15	:10	:07
Avg Talk Time	2:45	2:41	3:43	2:29	3:18

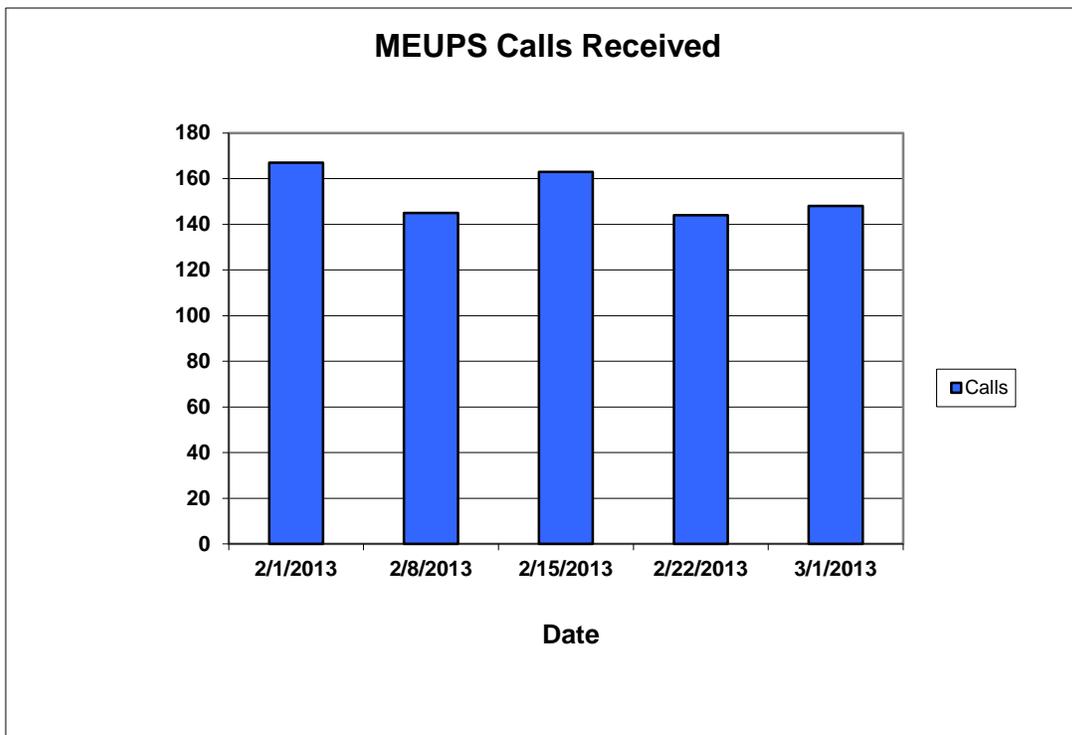
13.3 Email Requests

Category	02/01/2013	02/08/2013	02/15/2013	02/22/2013	03/01/2013
Emails Received	427	542	515	472	432
Answered	427	542	515	472	432



14 MEUPS Calls Received

Category	02/01/2013	02/08/2013	02/15/2013	02/22/2013	03/01/2013
MEUPS Calls	167	145	163	144	148
Avg Speed of Answer	0:04	0:07	0:19	0:12	0:02
Avg Talk Time	1:57	1:59	2:23	1:58	2:03



15 Voice Response

Category	02/01/2013	02/08/2013	02/15/2013	02/22/2013	03/01/2013
Calls Completed	2317	2580	2491	2414	2361
Avg. Speed of Answer	:01	:01	:01	:01	:01
Avg. Talk Time	1:33	1:29	1:29	1:29	1:27

