



Operational Status Report

Kentucky MMIS Project

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

Status Month End April 2014

Cabinet for Health and Family Services Department for Medicaid Services

Cabinet for Health and Family Services Department for Medicaid Services	
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1 Executive Summary

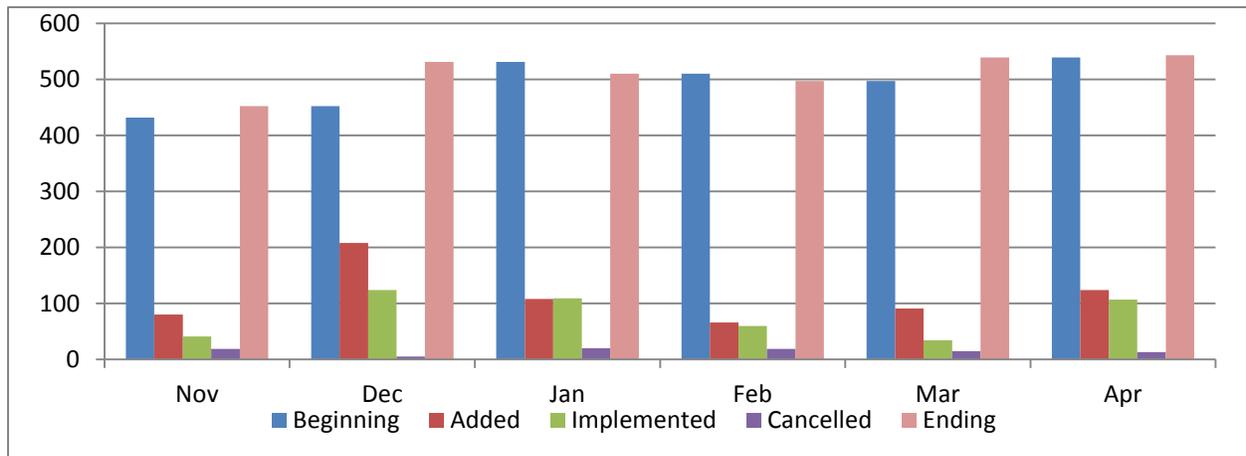
	April 2014	Page Number
Claims Processed	717,631	Page 16
Total Dollars Paid	\$181,239,101.09	Page 16
Claims Paid	478,263	Page 16
Claims Denied	239,368	Page 16
% Denied Claims	33.4%	Page 16
Average Claims Held in Cash Management	276,435	N/A
Average Dollars Held in Cash Management	\$47,775,436	N/A
Capitation Financial Transactions	2,156,344	N/A
Capitation Financial Payments	\$992,193,826.21	Page 17
Suspended Claims	12,268	Page 23
Total Suspended Claims > 90 Days	482	Page 23
Provider Services Calls Received	11,962	Page 30
Provider Services Current Service Level %	97%	Page 30

1.1 Encounter Load Statistics

Managed Care Organizations (MCOs)						
	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014
Coventry	1,218,510	961,113	788,742	797,818	1,217,582	969,490
Humana	47,394	25,760	27,040	82,022	158,660	151,761
Kentucky Spirit	54,582	68,019	16,107	6,676	57,678	36,985
Passport (R03)	84,634	69,115	2,617	1,999	5,449	773
Passport R31	505,918	472,910	747,576	539,834	761,678	671,585
WellCare	1,931,751	1,146,425	1,138,675	1,325,299	1,617,488	1,143,518
Anthem	0*	0*	0*	0*	0*	0*
Other						
Transportation Encounters	314,723	606,347	0*	406,862	0*	0*
Magellan Pharmacy Claims	274,801	265,092	268,579	276,021	294,265	423,934
Totals	4,432,313	3,614,781	2,989,336	3,436,531	4,112,800	3,398,046
<p>Zero Transportation Encounters due to a change order to correct Regions 15 and 16. This is expected to be corrected and should see an elevated number of files processed in the coming month.</p> <p>* January 2014 Transportation No files have been received for this month.</p> <p>* March 2014 Transportation No files have been received for this month.</p> <p>* Anthem – No production files yet received.</p> <p>* April 2014 Transportation No files have been received for this month.</p>						

1.2 Change Order and Defect Statistics

Change Orders / Defects Inventory	Nov	Dec	Jan	Feb	Mar	Apr
Beginning	432	452	531	510	497	539
Added	80	208	108	66	91	124
Implemented	41	124	109	60	34	107
Cancelled	19	5	20	19	15	13
Ending	452	531	510	497	539	543



1.1 Change Order and Defect Statistics (continued)

April 2014	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	61	55	3	1	120*	
Federally Mandated	169	1	0	0	170	7 open and 1 on hold COs are included on the Priority list.*
Non-Priority	148	12	93	0	253	
Totals	378	68	96	1	543	Total includes 161 ICD-10 and T-MSIS CO's.

*The priority list consists of 128 Change Orders & Defects.

April 2014	Change Orders			Defects		
	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	36	51	6	8	2	1
Federally Mandated	3	22	0	0	0	0
Non-Priority	12	9	5	65	23	1
Totals	51	82	11	73	25	2

2 Unplanned System Outages

A Breakdown Of The Downtime		
Date	Time	Reason For Downtime
-----		There were no unplanned system outages in April 2014.

3 Billable Hours

3.1 Billable Hours Usage Summary (Contract Year 2014)

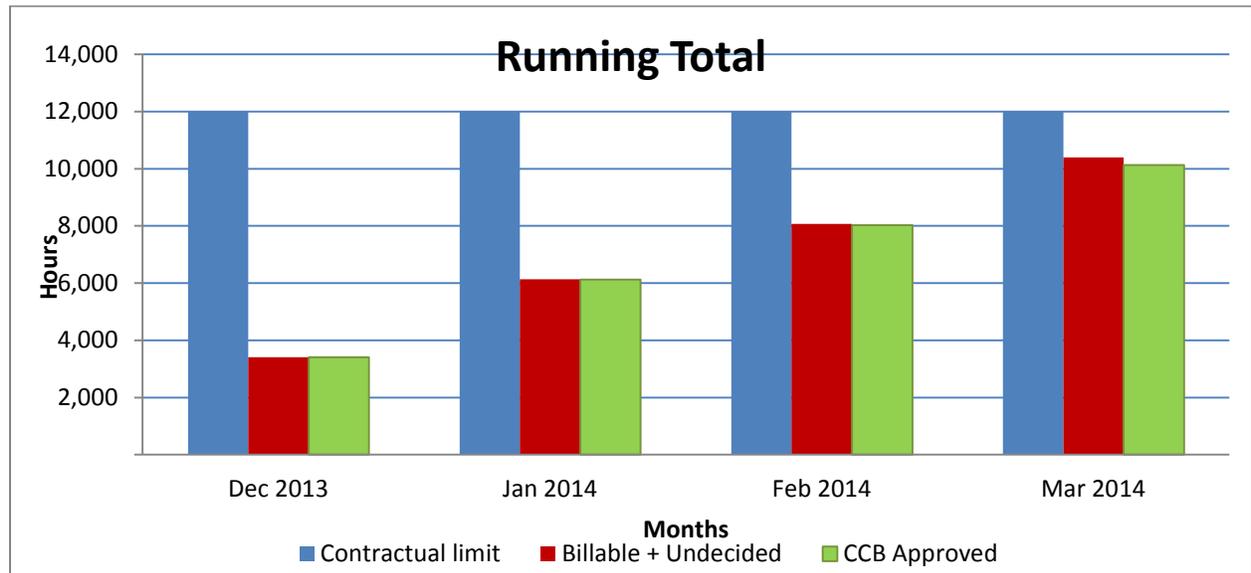
Month	Billable	Undecided	CCB Approved	Need CCB Review
Dec 2013	3,401.75	4.50	3,401.75	4.50
Jan 2014	2,672.75	53.00	2,662.75	63.00
Feb 2014	1,884.25	54.50	1,779.50	159.25
Mar 2014	2,201.50	124.00	2109.00	216.50
Apr 2014				
May 2014				
Jun 2014				
Jul 2014				
Aug 2014				
Sep 2014				
Oct 2014				
Nov 2014				

* Each month's time entry is finalized on the 22nd day of the following month.

3.2 Running Total (Contract Year 2014)

Month	Contractual limit	Billable + Undecided	CCB Approved	Billable	Undecided	Need CCB Review
Dec 2013	12,000.00	3,407.75	3,406.25	3,406.25	1.50	1.50
Jan 2014	12,000.00	6,133.00	6,119.75	6,121.00	12.00	13.25
Feb 2014	12,000.00	8,071.75	8,027.00	8,030.50	41.25	44.75
Mar 2014	12,000.00	10,397.25	10,136.00	10,232.00	165.25	261.25
Apr 2014						
May 2014						
Jun 2014						
Jul 2014						
Aug 2014						
Sep 2014						
Oct 2014						
Nov 2014						

* Each month's time entry is finalized on the 22nd day of the following month.



4 Monthly Ad hoc Requests

4.1 Inventory Summary

	Beginning of Month	Received This Month	Closed This Month	DMS Hold	Ending Inventory
Type A	0	1	0	0	1
Type B	0	0	0	0	0
Type C	0	5	5	0	0
Type D	0	0	0	0	0
Type E	0	0	0	0	0
Unspecified	0	3	2	0	1
Total	0	9	7	0	2

4.2 Inventory Detail

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
21910		Sayles, Karen	Completed	20140401	20140401	list of Prov for PE and Waiver functions
21918	C	Bechtel, Steve	Completed	20140402	20140403	COS23 Data for CMS64 I-Form support
21993	C	Jenkins, Ericka	Completed	20140409	20140410	Community Access
22051	C	Hoffmann, John	Completed	20140417	20140421	List of KYMMIS edits and audits with no hits
22059	C	Jenkins, Ericka	Completed	20140417	20140418	community access
22077		Shields, Teresa	Completed	20140421	20140423	KHIPP Annual Cost Savings

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
22118	C	Jenkins, Ericka	Completed	20140428	20140430	ER Visits
22139	A	Shields, Teresa	In Progress	20140430	20140505	KHIPP Cost Avoidance
22140		Poudel, Bikash	In Progress	20140430	20140505	Assessment and Case management

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

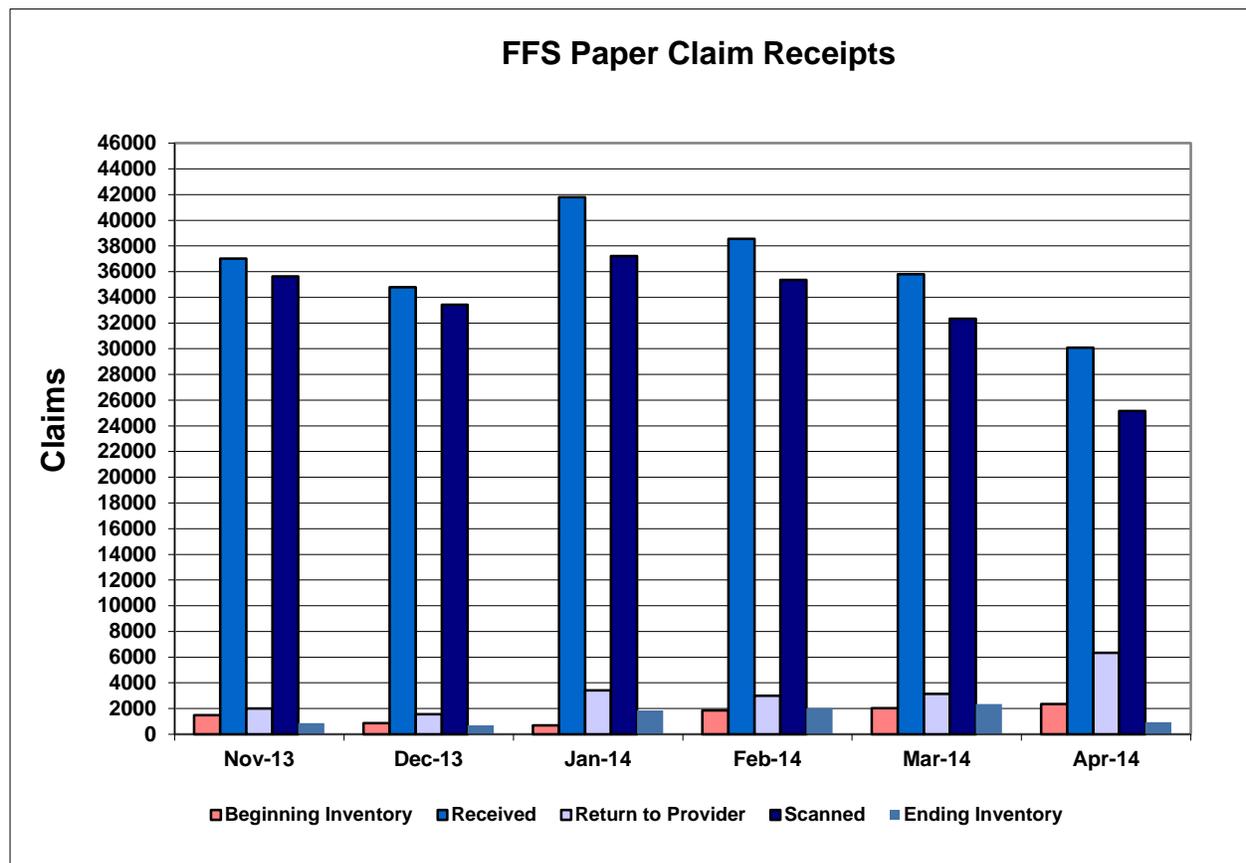
Type D – completed correctly and delivered within time frame established by DMS (greater than seven (7) business days)

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

5 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
November 2013	1,483	37,013	2,004	35,636	856	0 days
December 2013	856	34,798	1,551	33,424	679	0 days
January 2014	679	41,800	3,423	37,208	1,848	0 days
February 2014	1,848	38,550	2,994	35,371	2,033	0 days
March 2014	2,033	35,795	3,140	32,351	2,337	0 days
April 2014	2,337	30,083	6,333	25,152	935	0 days

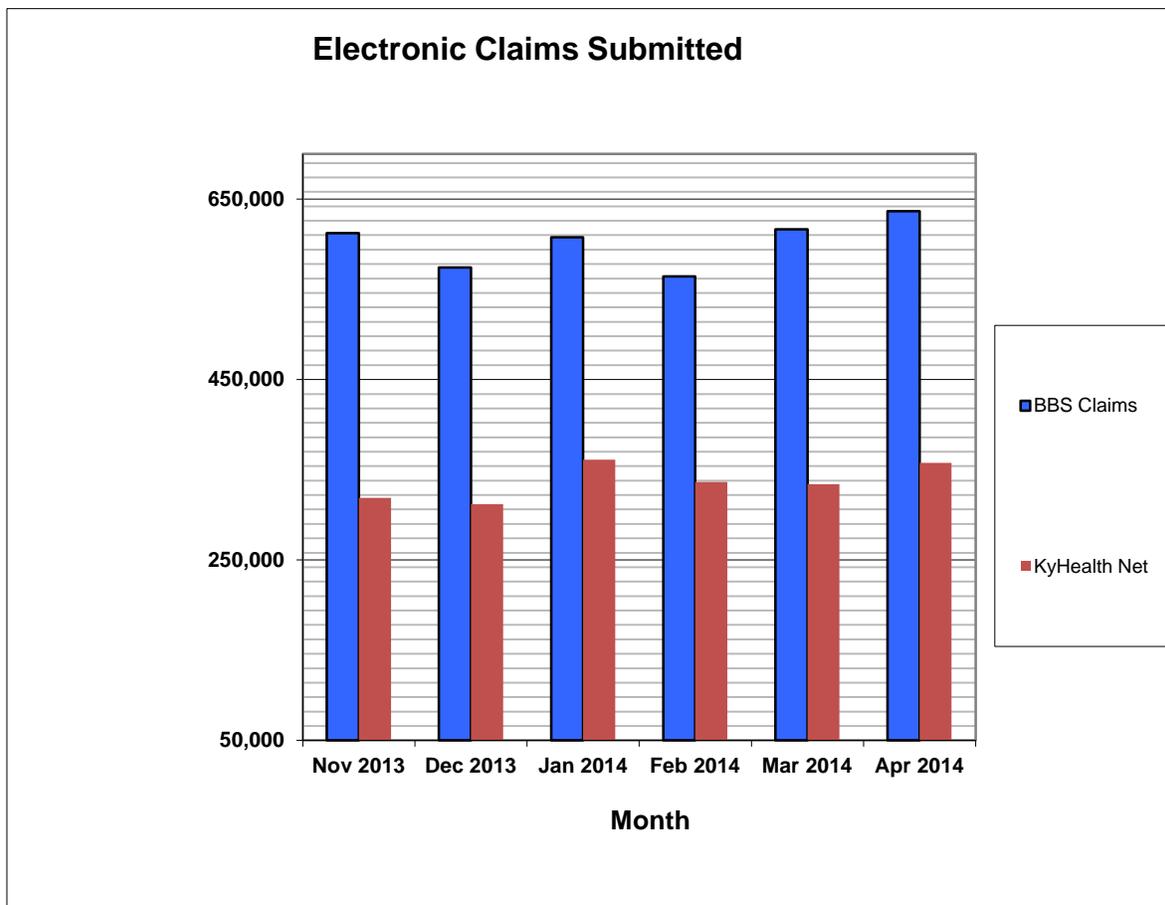
Note: The increase in RTPs for the month of April is due to the implementation of the revised CMS 1500 claim form. Claims billed on the old forms were returned to providers beginning on 4/1.



6 Electronic Claim Submissions

	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014
Bulletin Board Claims Submitted	612,321	574,352	607,864	564,399	616,624	636,501
Ky Health Net Claims Submitted	318,818	311,971	361,265	336,665	333,849	357,700

Note: HP will revise this report to reflect claims processed rather than claims submitted in May 2014. BBS claims submitted totals reflect counts of files that could have erred, and claims that did not make it to the MMIS to process. The current KY Health Net totals reflect a “hit” count from the Health Net.



7 Monthly FFS Claim Totals by Media

Begin Date	End Date
4/1/2014	4/30/2014

TOTAL	Denied Claims	Paid Claims		Suspense Claims
	Billed Amount	Billed Amount	Paid Amount	Billed Amount
Electronic	\$246,269,350.93	\$511,265,671.30	\$158,636,308.66	\$3,781,298.95
Paper	\$49,089,116.02	\$35,234,348.77	\$22,602,792.43	\$2,658,987.78
TOTAL:	\$295,358,466.95	\$546,500,019.80	\$181,239,101.09	\$6,440,268.73

8 Monthly Claims Operations

8.1 FFS Monthly Financial Cycle Summary

Category	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014
Paid Claims	605,447	459,040	531,560	461,048	468,663	478,263
Denied Claims	291,852	212,996	283,172	230,046	246,006	239,368
Total Adjudicated Claims	897,299	672,036	814,732	691,094	714,669	717,631
Adjustments	13,292	10,104	11,770	12,573	12,022	12,154
Total Claims	910,591	682,140	826,502	703,667	726,691	729,785
Suspended/Re-suspended Claims	12,811	11,094	8,907	12,023	9,859	12,268
% of Denied Claims	32.5%	31.7%	34.8%	33.3%	34.4%	33.4%
Avg \$ per Claim	\$361.62	\$406.61	\$396.79	\$420.73	\$388.96	\$378.95
Claim Payment Amount	\$218,939,387.67	\$186,650,101.31	\$210,919,296.23	\$193,977,077.58	\$182,291,626.77	\$181,239,101.09
(+) Payouts	\$7,360,754.51	\$48,295,830.15	\$5,634,150.15	\$1,556,172.01	\$1,792,372.36	\$704,261.22
(-) Recoupments	-\$4,091,631.89	-\$3,143,502.06	-\$5,181,714.36	-\$3,562,145.03	-\$4,784,462.67	-\$3,142,111.84
Check Issue	\$222,208,510.29	\$231,802,429.40	\$211,371,732.02	\$191,971,104.56	\$179,299,536.46	\$178,801,250.47
Capitation Payment	\$298,568,215.45	\$340,218,916.61	\$404,400,954.77	\$449,829,328.82	\$7,272,586.55	\$992,193,826.21
Total Paid	\$520,776,725.74	\$572,021,346.01	\$615,772,686.79	\$641,800,433.38	\$186,572,123.01	\$1,170,995,076.68

Note: Claim Payment Amount divided by Paid Claims = Avg \$ per Claim

Total Denied Claims divided by Total Adjudicated Claims = % of Denied Claims

Category	November 2012	December 2012	January 2013	February 2013	March 2013	April 2013
Paid Claims	516,497	430,573	411,690	401,052	531,419	394,165
Denied Claims	272,168	211,360	224,897	222,210	291,537	228,983
Total Adjudicated Claims	788,665	641,933	636,587	623,262	822,956	623,148
Adjustments/Claim Credits	20,314	13,370	23,748	13,533	17,148	10,610
Total Claims	808,979	655,303	660,335	636,795	840,104	633,758
Suspended/Resuspended Claims	12,402	7,657	6,716	9,978	9,206	9,807
% of Denied Claims	34.5%	32.9%	35.3%	35.7%	35.4%	36.7%
Avg \$ per Claim	\$388.10	\$409.78	\$416.06	\$416.15	\$351.29	\$428.76
Claim Payment Amount	\$200,454,913.45	\$176,441,820.39	\$171,289,507.73	\$166,896,626.03	\$186,684,187.94	\$169,000,500.02
(+) Payouts	\$15,158,699.92	\$20,395,641.89	\$13,932,014.73	\$4,470,908.48	\$7,003,745.40	\$15,646,058.03
(-) Recoupments	-\$16,740,078.98	-\$3,671,832.72	-\$14,489,814.12	-\$3,767,303.55	-\$4,536,525.79	-\$2,048,614.56
Check Issue	\$198,873,534.39	\$193,165,629.56	\$170,731,708.34	\$167,600,230.96	\$189,151,407.55	\$182,597,943.49
Capitation Payment	\$200,063,776.80	\$274,936,052.83	\$271,418,422.81	\$289,741,510.16	\$304,878,750.95	\$292,106,189.61
Total Paid	\$398,937,311.19	\$468,101,682.39	\$442,150,131.15	\$457,341,741.12	\$494,030,158.50	\$474,704,133.10

Note: Claim Payment Amount divided by Paid Claims = Avg \$ per Claim

Total Denied Claims divided by Total Adjudicated Claims = % of Denied Claims

8.2 Monthly MCO & NEMT Capitations

Begin Date	End Date
4/1/2014	4/30/2014

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
ANTHEM	58,998	\$37,002,726.42	19,470	\$11,290,533.83	78,468	\$48,293,260.25
COVENTRY	603,259	\$243,232,507.64	84,043	\$32,623,998.34	687,302	\$275,856,505.98
HUMANA	113,689	\$61,858,617.45	30,205	\$16,266,881.89	143,894	\$78,125,499.34
NEMT	0	0	0	0	0	0
PASSPORT HEALTH	357,252	\$182,360,501.05	53,540	\$27,129,774.44	410,792	\$209,490,275.49
WELLCARE	737,738	\$340,583,419.70	93,522	\$39,844,865.45	831,260	\$380,428,285.15
Sum:	1,870,936	\$865,037,772.26	285,408	\$127,138,521.25	2,156,344	\$992,193,826.21

8.1 Monthly MCO & NEMT Capitations (continued)

Begin Date	End Date
4/1/2014	4/30/2014

NEMT	Cap Transactions	Amount Paid
Sum:	0	0

* The NEMT cycle scheduled to run April 24, 2014 was delayed a week and ran May 01, 2014.

8.2 FFS Adjudicated Original Claims (By Claim)

Begin Date	End Date
4/1/2014	4/30/2014

Paper Claims	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014
Paid	14,939	8,618	9,538	10,541	9,346	9,434
Denied	14,889	12,048	15,248	12,846	13,577	12,310
Total	29,828	20,666	24,846	23,387	22,923	21,744
% of Total Adjudicated Claims	3.32%	3.08%	3.05%	3.38%	3.21%	3.01%
% of Paper Denied Claims	49.92%	58.30%	61.37%	54.93%	59.23%	55.28%

Note: Total Adjudicated Paper Claims divided by Total Adjudicated Claims = % of Total Adjudicated Claims. Total Denied Paper Claims divided by Total Adjudicated Claims = % of Denied Claims.

Electronic Claims	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014
Paid	590,508	450,422	521,962	450,507	459,317	468,829
Denied	276,963	200,948	267,924	217,200	232,429	227,058
Total	867,471	651,370	789,886	667,707	691,746	695,887
% of Total Adjudicated Claims	96.68%	96.92%	96.95%	81.95%	96.79%	96.99%
% of Electronic Denied Claims	31.93%	30.85%	33.92%	32.53%	33.60%	32.70%

Note: Total Adjudicated Electronic Claims divided by Total Adjudicated Claims = % of Total Adjudicated Claims. Total Denied electronic Claims divided by Total Adjudicated Claims = % of Denied Claims.

8.3 Monthly FFS Top Ten Procedure Codes

Begin Date	End Date
4/1/2014	4/30/2014

Procedure	Description	Member Count	Claim Count	Amount Paid
S5108	HOMECARE TRAIN PT 15 MIN	8,199	42,760	\$16,046,115.03
T2016	HABIL RES WAIVER PER DIEM	2,684	18,949	\$12,228,238.68
99199	SPECIAL SERVICE/PROC/REPORT	7,422	11,487	\$7,432,145.79
T2021	DAY HABIL WAIVER PER 15 MIN	4,641	26,665	\$5,009,983.65
T2022	CASE MANAGEMENT, PER MONTH	13,602	15,863	\$4,374,347.80
T2023	TARGETED CASE MGMT PER MONTH	8,848	11,606	\$3,396,348.65
H0004	ALCOHOL AND/OR DRUG SERVICES	2,822	7,542	\$2,721,641.07
97535	SELF CARE MNGMENT TRAINING	1,855	6,656	\$2,263,713.01
S5100	ADULT DAYCARE SERVICES 15MIN	2,453	18,402	\$2,242,696.26
99232	SUBSEQUENT HOSPITAL CARE	5,555	23,507	\$2,052,682.39

8.4 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
317	MILD INTELLECT DISABILTY	4,393	30,658	\$11,491,372.51
3128	OTHER CONDUCT DISTURBANCE	3,977	4,087	\$7,008,632.82
3180	MOD INTELLECT DISABILITY	2,885	20,399	\$6,753,282.16
3182	PROFND INTELLCT DISABLTY	558	1,969	\$5,970,274.11
3310	ALZHEIMER'S DISEASE	1,836	2,895	\$5,760,932.49
318	OTHER MENTAL RETARDATION	2,288	10,599	\$4,213,751.47
3181	SEV INTELLECT DISABILITY	817	4,184	\$3,972,181.16
29900	AUTISTIC DISORD-CURRENT	2,140	11,857	\$3,840,996.51
496	CHR AIRWAY OBSTRUCT NEC	5,311	10,157	\$3,551,995.97
4019	HYPERTENSION NOS	5,185	9,755	\$3,476,504.16

8.5 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
4/1/2014	4/30/2014

Procedure	Description	Member Count	Claim Count	Amount Paid
99213	OFFICE/OUTPATIENT VISIT EST	141,531	190,934	\$7,374,570.30
99284	EMERGENCY DEPT VISIT	35,818	44,751	\$5,403,813.31
99283	EMERGENCY DEPT VISIT	48,812	61,959	\$4,754,287.84
99285	EMERGENCY DEPT VISIT	17,667	21,995	\$3,456,666.65
99214	OFFICE/OUTPATIENT VISIT EST	45,946	53,979	\$3,113,854.98
99212	OFFICE/OUTPATIENT VISIT EST	35,493	49,909	\$1,684,812.85
T2048	BH LTC RES R&B, PER DIEM	105	358	\$1,146,896.15
99203	OFFICE/OUTPATIENT VISIT NEW	16,057	16,473	\$1,138,666.62
74176	CT ABD & PELVIS W/O CONTRAST	4,063	4,844	\$1,127,844.69
74177	CT ABD & PELV W/CONTRAST	3,353	3,995	\$1,084,986.58

Note: Data taken from encounters received from the Managed Care Organizations

8.6 Monthly MCO Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
V3001	SINGLE LB IN-HOSP W CS	854	1,173	\$3,421,401.79
29690	EPISODIC MOOD DISORD NOS	2,953	5,504	\$3,189,511.04
V3000	SINGLE LB IN-HOSP W/O CS	1,715	2,375	\$2,597,054.32
V202	ROUTIN CHILD HEALTH EXAM	26,091	29,287	\$2,507,057.89
0389	SEPTICEMIA NOS	346	483	\$2,391,134.22
78650	CHEST PAIN NOS	10,719	15,841	\$2,274,022.77
31401	ATTN DEFICIT W HYPERACT	9,923	19,249	\$2,255,286.05
V5811	ANTINEOPLASTIC CHEMO ENC	463	837	\$1,924,549.89
769	RESPIRATORY DISTRESS SYN	102	198	\$1,675,084.60
486	PNEUMONIA, ORGANISM NOS	3,177	4,695	\$1,569,282.52

Note: Data taken from encounters received from the Managed Care Organizations

8.7 Monthly FFS Top Ten Denial Reasons (By Detail Line)

Error	Description	Number of Denials	% of Top Ten
1010	Rendering Provider Not A Mem Of Billing Grp	19,563	16.8%
2017	Services Covered Under Member's MCO Plan	18,222	15.7%
4021	No Coverage for Billed Procedure	18,171	15.6%
5001	Exact Duplicate	12,386	10.6%
3317	This Service Was Not Approved by Medicare	9,671	8.3%
1955	Cannot Determine Medicaid Nbr Billing Prov	8,164	7.0%
2003	Member Ineligible on Detail Date of Service	8,028	6.9%
4804	No Contract for Billed Rev Code	8,018	6.9%
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	7,408	6.4%
1032	Billing Prov not Elig to Bill this Claim Type	6,684	5.7%
Totals		116,315	61.8%

Total Denied Details – 188,216

Note: Total # of top ten denials (116,935) divided by total denied details (188,216) = % of top ten denials (61.8%).

8.8 Monthly FFS Top Ten Suspense Reasons (By Detail Line)

Error	Description	Number of Failures	% of Top Ten
2001	Member ID Number not on File Recycle	7,819	53.2%
4405	Unable to Assign Provider Contract	2,093	14.2%
3001	PA Not Found on Database	1,405	9.6%
3305	Member Requires Valid PT Liability for DOS	1,068	7.3%
4014	No Pricing Segment on File	600	4.1%
5001	Exact Duplicate	399	2.7%
2505	Member Covered by Private Insurance	351	2.4%
3003	Procedure Code Requires PA	348	2.4%
1046	Facility Provider is not Eligible	314	2.1%
4980	Bnft PIn Restriction for Covered Procedure	308	2.1%
Totals		14,705	86.2%

Total Suspended Details – 17,053

Note: Total # of top ten failures (14,705) divided by total suspended details (17,053) = % of top ten suspense(86.2%).

8.9 FFS Suspended Original Claims by Age (By Claim)

Category	November 2013		December 2013		January 2014		February 2014		March 2014		April 2014	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	12,110	94.53	10,383	93.59	8,149	91.49	11,364	94.52	9,261	93.93	11,533	94.01
31-60 days	238	1.86	229	2.06	137	1.54	76	.63	52	.53	228	1.86
61-90 days	143	1.11	34	.31	168	1.89	58	.48	46	.47	22	.18
91+ days	320	2.50	448	4.04	453	5.08	525	4.37	500	5.07	482	3.95
Total	12,811		11,094		8,907		8,907		9,859		12,268	

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

Category	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	Oldest Julian Date
Resolutions	201	99	136	29	32	67	14-065
Med.Review	1	3	0	0	0	0	0
TPL	0	4	0	0	0	0	0
Adjustments	0	1	2	4	0	0	0
Recycle	0	7	0	0	0	0	0
DMS	499	597	620	626	566	668	12-117
Total	701	711	758	659	598	735	

9 Monthly Third-Party Liability

9.1 FFS Third-Party Liability Monthly Activity

Third Party Liability	Begin Inv	Received	Worked	To DMS	Ending Inventory	Oldest Date
PA40-Kames/Eligibles with Other Ins.	1,476	5,641	6,392	0	725	4 days
CS40-Child Support	0	0	0	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	485	1,796	1,843	0	438	13 days
Accident/Trauma Leads	0	0	0	0	0	0 days
DMS Attorney	0	0	0	0	0	0 days
RUSH Attorney	0	0	0	0	0	0 days
HP Attorney	0	209	209	0	0	0 days
TPL Checks	181	192	280	0	93	2 days
TPL Mail	856	3,870	3,601	0	1,125	5 days
KHIPP	0	214	214	0	0	0 days
Total	2,998	11,922	12,539	0	2,381	

10 Monthly Finance/Adjustments

10.1 Monthly FFS Financial – Accounts Receivable

Category	Beginning Inventory	Received	Keyed	Return to Provider	To DMS	On Hold	Ending Inventory	Age Oldest AR
Accounts Receivable Set-up	4	56	55	0	4	0	1	1 day
Payouts	0	1,069	1,068	0	0	0	1	1 day
Accounts Receivable Updates	1	35	32	0	0	0	4	1 day
Accounts Receivable Transfers	0	2	2	0	0	0	0	0 days
Total	5	1,162	1,157	0	4	0	6	

10.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	16	0	0	16	1 day
HP Financial	190	506	471	225	4 day
DMS Financial	91	110	98	103	4 day
Total	297	616	569	344	

10.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	0	99	93	6	0	0 days
Institutional	0	127	114	13	0	0 days
Voids	0	354	347	7	0	0 days
Total	0	580	554	26	0	

10.4 Monthly FFS Financial - Mass Adjustments

Category	Beginning Inventory	Received (plus)	Released (minus)	Deleted (minus)	Zero Claims Pulled (minus)	Ending Inventory	On Hold	DMS Review
Mass Adjustment (region 52)	20	44	7	0	0	57	57	0
SE Processed Adjustment (region 58)	0	0	0	0	0	0	0	0
Total	20	44	7	0	0	57	57	0

11 Provider Relations

11.1 Provider Field Representatives

11.1.1 Provider Visits

April 9, 2014

Kelly Gregory, HP Provider Field Representative, conducted a Virtual Room provider visit on April 9, 2014, with The Ole Homeplace Adult Day. During this visit, the provider was taught how to navigate KY Health Net and where to find provider information on the www.kymmis.com and chfs.ky.gov websites. Those in attendance were: Renee and Bridgette.

April 15, 2014

Vicky Hicks, HP Provider Field Representative, conducted a Virtual Room provider visit on April 15, 2014, with Brite Pointe. This visit was conducted to troubleshoot the provider's inability to access the KY Health Net web portal. Once the issue was resolved and provider was able to access KY Health Net, the provider was then taught how to navigate the web portal. Those in attendance were: Tim Hall.

11.2 Conference Calls (Calls Greater Than 30 Minutes)

April 3, 2014

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Achieving More on April 3, 2014. The Conference call was requested by the provider to discuss using KY Health Net. During the conference call the following was reviewed: Adding Agents for making access available for other users, Member, Claims, RA viewer, Prior Authorizations and EFT. Those on the conference call: Donna Cundiff.

April 11, 2014

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Brite Pointe on April 11, 2014. The Conference call was requested by the provider to discuss using KY Health Net. During the conference call the following was reviewed: Adding Agents for making access available for other users, Member, and Claims. Those on the conference call: Tim Hall.

11.1 Conference Calls (Calls Greater Than 30 Minutes) (continued)

April 25, 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Psychologist Daniel Jones on April 25, 2014. The Conference call was requested by the provider to discuss claims submission via paper, EDI and KY Health Net. During the conference call the following was reviewed: detailed billing instructions for submitting secondary claims to Medicaid, how to file claims on KY Health Net and updating the provider file through Provider Enrollment. Those on the conference call: Daniel Jones.

April 30, 2014

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Early Intervention & Consultation Services on April 30, 2014. The Conference call was requested by the provider to discuss how to use KY Health Net. During the conference call the following was reviewed: Member, Claims, RA viewer, Prior Authorizations, Remits and EFT. Those on the conference call: Robin Lashley.

11.2 Association Meetings

There are no association meetings to report for April 2014.

11.3 Provider Contacts

Calls	177
E-mails	522
Total	699

Total number of calls and e-mails between Provider Field Representatives and Providers during the month.

11.4 Provider Workshops

April 11, 2014

Kelly Gregory, HP Provider Field Representative, conducted a Hospital Presumptive Eligibility (PE) Webinar on April 11, 2014 from 1:30 p.m. to 2:30 p.m. The webinar presentation introduced the objectives and benefits of PE. The webinar also included how the PE screening and confirmation process works, and demonstrated the on-line provider entry form.

There were 14 attendees logged into the webinar.

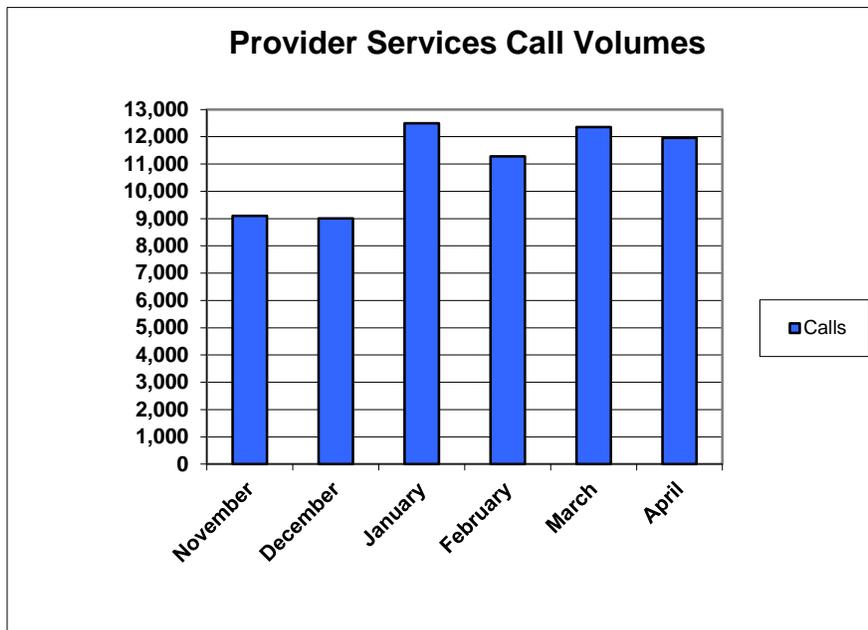
11.5 Provider Services

11.5.1 Provider Services

Category	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014
% Service Level	97%	97%	95%	96%	96%	97%
Abandoned Calls	311	315	683	460	440	388
Avg Speed Ans	1:03	1:07	1:34	1:49	1:01	1:00
Incoming Calls	9,101	9,007	12,496	11,286	12,359	11,962
Paper Correspondence	568	344	421	504	890	713
E-Mail Correspondence	292	208	274	278	306	252
Fax	28	20	36	37	40	38
Total*	9,989	9,569	13,227	12,105	13,595	12,965
HP Callbacks	93	77	110	82	142	95

*Total of Calls, Paper Correspondence, E-Mail Correspondence, and Faxes

Formula for % Service Level: Number of incoming calls minus abandoned calls divided by total number of incoming calls = % Service Level.



11.5.2 Top 5 Provider Calls

1. Claim Status
2. Member Services/Member Calls
3. Billing Help
4. Prior Authorizations
5. Check Amounts

11.5.3 Notable Topics

1. Reason for claim denial or suspend. How to get the MCO to void the claim in order for Medicaid to process the claim?
2. Which MCO the member has and MAP 552 questions. Also calls from members wanting to know if they are eligible for Medicaid, which MCO are they enrolled with and how to change the MCO.
3. Timely filing. CMS 1500 Crossover EOMB Form (is this form completed if Medicare pays or if Medicare denies). Questions about billing the SCL2 claims and why is the claim suspended.
4. What is the Prior Authorization (PA) number and how do I correct the overlapping dates?
5. Questions about the Attestation or enhanced checks

11.6 Commonwealth Training**11.6.1 Current Activities**

- Mechanics of Claims Processing (April 4) 2 attended
 - Debbie Pereta-Revell from OATS
 - Debbie Sellang from Division of Policy and Operations
- Member Subsystem (April 8) 9 attended
 - Jan Thornton from Division of Policy and Operations
 - Lisa Mills from Division of Community Alternatives
 - Debbie Salleng from Division of Policy and Operations
 - Theresa Yost from Division of Community Alternatives
 - Laxmi Minedi from OATS
 - Barbara McCarter from Division of Fiscal Management
 - George Hosfield from Division of Fiscal Management
 - Andrea Schank from Division of Program Integrity
 - Swathi Mall from OATS

The following instructor-led training classes were conducted by HP in April 2014 (continued):

- Provider Subsystem (April 10) 6 attended
 - Lisa Mills from the Division of Community Alternatives
 - Lek Daugherty from Division of Provider & Member Services
 - Theresa Yost from Division of Community Alternatives
 - Barbara McCarter from Division of Fiscal Management
 - George Hosfield from Division of Fiscal Management
 - Phyllis Wells from Division of Program Integrity
- Prior Authorization Subsystem (April 14) 4 attended
 - Kimberly Bickers from Division of Provider and Member Services
 - Lisa Mills from the Division of Community Alternatives
 - Theresa Yost from Division of Community Alternatives
 - Muskan Aga, HP Enterprise Services
- Reference Subsystem (April 16) 10 attended
 - Lisa Mills from the Division of Community Alternatives
 - Lek Daugherty from Division of Provider & Member Services
 - Ericka Jenkins from Depart. of Behavioral Health, Dev & Intellectual Disabilities
 - Theresa Yost from Division of Community Alternatives
 - Barbara McCarter from Division of Fiscal Management
 - Ronica Lewis from OATS
 - George Hosfield from Division of Fiscal Management
 - Phyllis Wells from Division of Program Integrity
 - Tammy Ricks from Division of Policy & Operations
 - Muskan Aga, HP Enterprise Services
- Claim Edits, Audits and Rules (April 17) 6 attended
 - Lisa Mills from the Division of Community Alternatives
 - Ericka Jenkins from Depart. of Behavioral Health, Dev & Intellectual Disabilities
 - Theresa Yost from Division of Community Alternatives
 - Ronica Lewis from OATS
 - Tammy Ricks from Division of Policy & Operations
 - Muskan Aga, HP Enterprise Services
- Claims Subsystem (April 22) 8 attended
 - Theresa Yost from Division of Community Alternatives
 - Laxmi Minedi from OATS
 - George Hosfield from Division of Fiscal Management
 - Andrea Schank from Division of Program Integrity
 - Phyllis Wells from Division of Program Integrity
 - Tammy Ricks from Division of Policy & Operations
 - Muskan Aga, HP Enterprise Services
 - Ronica Lewis from OATS
- Financial Subsystem (April 25) 3 attended
 - George Hosfield from Division of Fiscal Management
 - Tammy Ricks from Division of Policy & Operations
 - Cassie Givens from Division of Fiscal Management

The following instructor-led training classes were conducted by HP in April 2014 (continued):

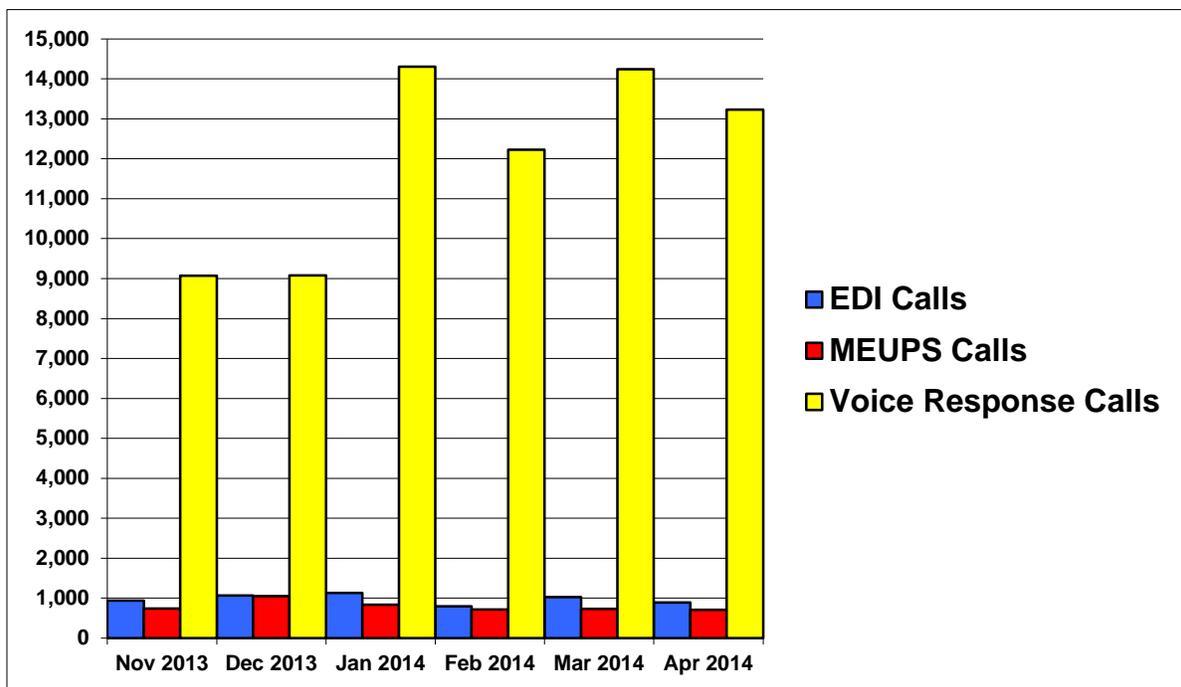
- OnBase Application (April 29) 8 attended
 - Wayne Dominick from Division of Policy & Operations
 - Debbie Sellang from Division of Policy & Operations
 - Ericka Jenkins from Depart. of Behavioral Health, Dev & Intellectual Disabilities
 - Barbara McCarter from Division of Fiscal Management
 - Gregg Stratton from Division of Community Alternatives
 - Muskan Aga, from HP Enterprise Services
 - Jan Thornton from Division of Policy & Operations
 - Ronica Lewis from OATS
- One-on-One Assistance (April 23) 1 attended
 - Ericka Jenkins from Depart. of Behavioral Health, Dev & Intellectual Disabilities

Staff members' supervisors are sent a confirmation of attendance via e-mail.

12 EDI Customer/Provider Interaction

12.1 Electronic Data Interchange Calls Received

Category	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014
EDI Calls	937	1,064	1,131	799	1,024	894
MEUPS Calls	740	1,053	832	714	732	707
Voice Response Calls	9,070	9,077	14,307	12,224	14,237	13,227



Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
November	937	10	:09	2:52	99%
December	1,064	21	:11	2:52	98%
January	1,131	23	:13	3:19	98%
February	799	16	:10	2:57	98%
March	1,024	18	:18	2:54	98%
April	894	20	:19	3:08	98%

Expanded Call Data (continued)

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
November	740	10	:07	2:11	99%
December	1,053	16	:13	2:11	98%
January	832	18	:14	2:06	98%
February	714	16	:16	2:14	98%
March	732	16	:16	2:07	98%
April	707	23	:24	2:21	97%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
November	9,070	122	:01	1:34	99%
December	9,077	290	:01	1:31	97%
January	14,307	350	:01	1:29	98%
February	12,224	607	:01	1:30	95%
March	14,237	457	:01	1:28	97%
April	13,227	359	:01	1:29	97%

*Formula for % Service Level: Number of incoming calls minus abandoned calls divided by total number of incoming calls = % Service Level.

EDI Top 5 calls:

1. Request to repost 835s
2. Verify electronic file transmission
3. Request to repost 999s
4. Confirm setup of MAP 380s/246s
5. Questions about 837 file structure

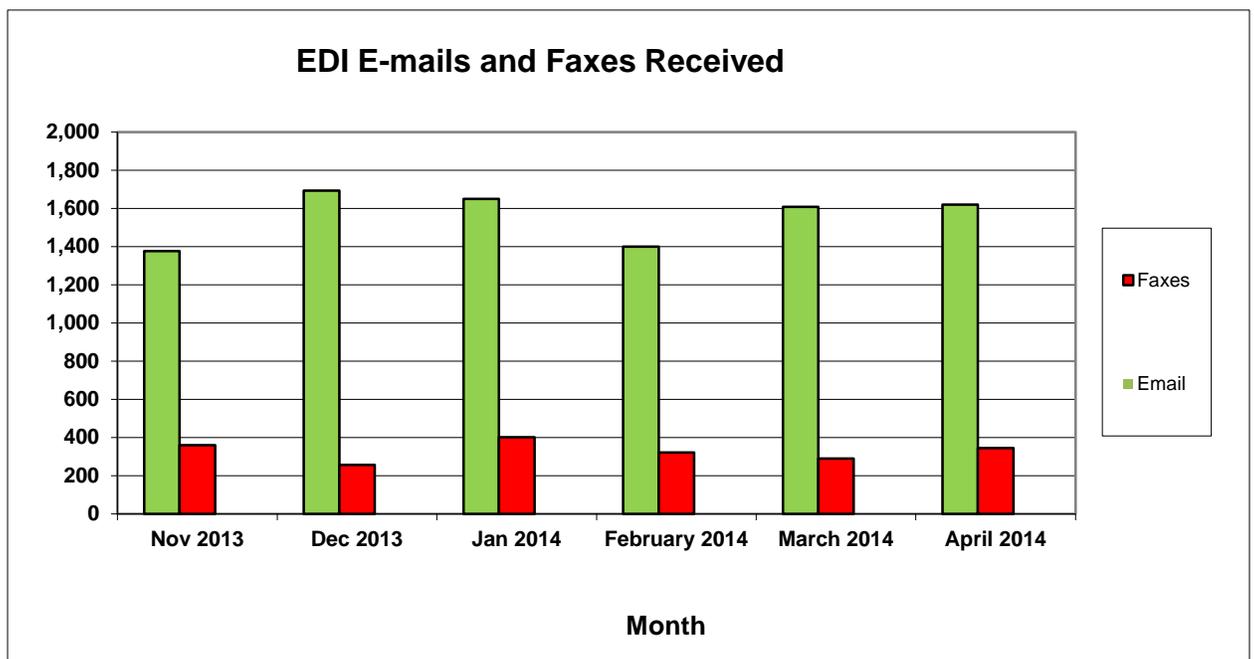
MEUPS Top 5 calls:

1. Password resets (*see table below*)
2. Request to change Administrator of account
3. PIN release request to set up new account
4. Medicaid contract has end-dated, resulting in no access to KyHealth Net
5. How to navigate member eligibility

Category	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014
Password Resets Received Via phone	538	952	624	468	499	422

12.2 EDI E-mails and Faxes Received

Category	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014
E-mails Received	1,376	1,693	1,650	1400	1,608	1,620
E-mails Answered	1,376	1,693	1,650	1400	1,608	1,617
Faxes Received	360	257	401	321	290	345
Faxes Answered	360	257	401	321	290	340



EDI Top 5 E-mail Requests:

1. Password resets (*see table below*)
2. Status of MAP 380
3. Status of 835
4. Research
5. Verify electronic file transmission

Category	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014
Password Resets Received Via e-mail	324	747	413	371	338	392

EDI Top 5 Fax Requests:

1. PIN release forms* (*see table below*)
2. Change of Administrator forms* (*see table below*)
3. MAP 380s and 246s
4. 835s
5. Trading Partner Agreements

Category	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014
PINs Received via fax	488	116	899**	182	360	315
Admins Received via fax	236	163	195	160	165	207

*All PIN release and Change of Administrator responses are outbound via e-mail only.

** Many providers set up accounts in Kentucky HealthNet in Jan 2014 in response to the EADO letter.