# Operational Status Report

## Kentucky MMIS Project

### Cabinet for Health and Family Services

#### Department for Medicaid Services

Status Month End September 2014

---

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

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Janet Penn</td>
</tr>
<tr>
<td>Reviewer</td>
<td>Gregg Currans</td>
</tr>
<tr>
<td>HP Enterprise Services Management</td>
<td>Matt Dawson, Account Executive</td>
</tr>
<tr>
<td>Client</td>
<td>Commissioner Lawrence Kissner</td>
</tr>
<tr>
<td></td>
<td>Deputy Commissioner Lisa Lee</td>
</tr>
<tr>
<td></td>
<td>Deputy Commissioner Neville Wise</td>
</tr>
<tr>
<td></td>
<td>Medicaid Systems Director Jennifer Harp</td>
</tr>
</tbody>
</table>

**DELIVERABLE TITLE:**  
Operational Status Report

**DATE SUBMITTED:** October 14, 2014

**FILE NAME:**  
2014-09_KY_MMIS_Operational_Status_Report.docx

**AUTHORING TOOL:**  
Microsoft Word 2007
Table of Contents

1 Executive Summary .................................................................................................................. 4
  1.1 Encounter Load Statistics ................................................................................................. 5
  1.2 Change Order and Defect Statistics .................................................................................. 6
  1.1 Change Order and Defect Statistics (continued) .............................................................. 7

2 Unplanned System Outages ................................................................................................... 8
  2.1 Billable Hours Usage Summary (Contract Year 2014) ....................................................... 9
  2.2 Running Total (Contract Year 2014) .................................................................................. 10

3 Monthly Ad hoc Requests ..................................................................................................... 11
  3.1 Inventory Summary .......................................................................................................... 11
  3.2 Inventory Detail .................................................................................................................. 11

4 FFS Paper Claim Receipt Statistics ....................................................................................... 15

5 Electronic Claims Processed ................................................................................................. 16

6 Monthly FFS Claim Totals by Media ..................................................................................... 17

7 Monthly Claims Operations .................................................................................................. 18
  7.1 FFS Monthly Financial Cycle Summary ......................................................................... 18
  7.2 Monthly MCO & NEMT Capitations .............................................................................. 19
  8.2 Monthly MCO & NEMT Capitations (continued) ........................................................... 20
  7.3 FFS Adjudicated Original Claims (By Claim) ................................................................. 21
  7.4 Monthly FFS Top Ten Procedure Codes ......................................................................... 22
  7.5 Monthly FFS Top Ten Diagnosis Codes ......................................................................... 22
  7.6 Monthly MCO Top Ten Procedure Codes ...................................................................... 23
  7.7 Monthly MCO Top Ten Diagnosis Codes ...................................................................... 23
  7.8 Monthly FFS Top Ten Denial Reasons (By Detail Line) .................................................. 24
  7.9 Monthly FFS Top Ten Suspense Reasons (By Detail Line) ............................................. 24
  7.10 FFS Suspended Original Claims by Age (By Claim) ..................................................... 25
  7.11 FFS Claims Suspense Over 30 Days by Responsible Unit (By Claim) ......................... 25

8 Monthly Third-Party Liability ................................................................................................. 26
  8.1 FFS Third-Party Liability Monthly Activity ..................................................................... 26

9 Monthly Finance/Adjustments ............................................................................................... 27
  9.1 Monthly FFS Financial – Accounts Receivable ............................................................... 27
  9.2 Monthly FFS Financial - Checks ..................................................................................... 27
  9.3 Monthly FFS Financial – Adjustments .......................................................................... 27
  9.4 Monthly FFS Financial - Mass Adjustments .................................................................. 28

10 Provider Relations ................................................................................................................. 29
  10.1 Provider Field Representatives ..................................................................................... 29
  10.1.1 Provider Visits ............................................................................................................ 29
  10.2 Conference Calls (Calls Greater Than 30 Minutes) ....................................................... 29
  10.3 Conference Calls (continued) ....................................................................................... 30
  10.4 Association Meetings ..................................................................................................... 30
  10.5 Provider Contacts .......................................................................................................... 30
  10.6 Provider Workshops ....................................................................................................... 31
  10.7 Provider Services ............................................................................................................ 31
    10.7.1 Provider Services ....................................................................................................... 31
    10.7.2 Top 5 Provider Calls ................................................................................................. 32
    10.7.3 Notable Topics .......................................................................................................... 32
    10.7.4 Current Activities ..................................................................................................... 33
11 EDI Customer/Provider Interaction ................................................................. 34
  11.1 Electronic Data Interchange Calls Received ................................................. 34
  11.2 EDI E-mails and Faxes Received ............................................................ 36
### Executive Summary

<table>
<thead>
<tr>
<th>Category</th>
<th>September 2014</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims Processed</td>
<td>774,174</td>
<td>Page 18</td>
</tr>
<tr>
<td>Total Dollars Paid</td>
<td>$194,735,154.30</td>
<td>Page 18</td>
</tr>
<tr>
<td>Claims Paid</td>
<td>534,710</td>
<td>Page 18</td>
</tr>
<tr>
<td>Claims Denied</td>
<td>239,464</td>
<td>Page 18</td>
</tr>
<tr>
<td>% Denied Claims</td>
<td>30.9%</td>
<td>Page 18</td>
</tr>
<tr>
<td>Average Claims Held in Cash Management</td>
<td>266,578</td>
<td>N/A</td>
</tr>
<tr>
<td>Average Dollars Held in Cash Management</td>
<td>$45,684,380.12</td>
<td>N/A</td>
</tr>
<tr>
<td>Capitation Financial Transactions</td>
<td>2,398,943</td>
<td>N/A</td>
</tr>
<tr>
<td>Capitation Financial Payments</td>
<td>$548,904,752.11</td>
<td>Page 19</td>
</tr>
<tr>
<td>Suspended Claims</td>
<td>5,065</td>
<td>Page 18</td>
</tr>
<tr>
<td>Total Suspended Claims &gt; 90 Days</td>
<td>362</td>
<td>Page 25</td>
</tr>
<tr>
<td>Provider Services Calls Received</td>
<td>10,239</td>
<td>Page 31</td>
</tr>
<tr>
<td>Provider Services Current Service Level %</td>
<td>94%</td>
<td>Page 31</td>
</tr>
</tbody>
</table>
1.1 Encounter Load Statistics

<table>
<thead>
<tr>
<th>Managed Care Organizations (MCOs)</th>
<th>April 2014</th>
<th>May 2014</th>
<th>June 2014</th>
<th>July 2014</th>
<th>August 2014</th>
<th>September 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coventry</td>
<td>969,490</td>
<td>1,123,433</td>
<td>866,971</td>
<td>867,227</td>
<td>1,099,922</td>
<td>1,033,568</td>
</tr>
<tr>
<td>Humana</td>
<td>151,761</td>
<td>261,745</td>
<td>187,024</td>
<td>223,588</td>
<td>348,051</td>
<td>263,156</td>
</tr>
<tr>
<td>Kentucky Spirit</td>
<td>36,985</td>
<td>3,427</td>
<td>2,393</td>
<td>989</td>
<td>5,626</td>
<td>3,502</td>
</tr>
<tr>
<td>Passport (R03)</td>
<td>773</td>
<td>961</td>
<td>824</td>
<td>1,254</td>
<td>1,656</td>
<td>1,841</td>
</tr>
<tr>
<td>Passport R31</td>
<td>671,585</td>
<td>914,822</td>
<td>653,151</td>
<td>680,635</td>
<td>990,960</td>
<td>1,072,201</td>
</tr>
<tr>
<td>WellCare</td>
<td>1,143,518</td>
<td>1,721,505</td>
<td>1,410,418</td>
<td>1,246,391</td>
<td>2,134,101</td>
<td>1,860,303</td>
</tr>
<tr>
<td>Anthem</td>
<td>0</td>
<td>0</td>
<td>69,320</td>
<td>102,637</td>
<td>214,784</td>
<td>114,664</td>
</tr>
</tbody>
</table>

| Other | | | | | |
| Transportation Encounters | 0 | 0 | 435,896 | 621,689 | 0 | 213,487 |
| Magellan Pharmacy Claims | 423,934 | 266,335 | 266,271 | 269,045 | 276,667 | 217,315 |
| Totals | 3,398,046 | 4,292,228 | 3,892,268 | 4,013,455 | 5,071,767 | 4,780,037 |
1.2 Change Order and Defect Statistics

<table>
<thead>
<tr>
<th>Change Orders / Defects Inventory</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning</td>
<td>539</td>
<td>543</td>
<td>547</td>
<td>531</td>
<td>519</td>
<td>448</td>
</tr>
<tr>
<td>Added</td>
<td>124</td>
<td>55</td>
<td>77</td>
<td>65</td>
<td>46</td>
<td>48</td>
</tr>
<tr>
<td>Implemented</td>
<td>107</td>
<td>38</td>
<td>77</td>
<td>69</td>
<td>93</td>
<td>54</td>
</tr>
<tr>
<td>Cancelled</td>
<td>13</td>
<td>13</td>
<td>16</td>
<td>8</td>
<td>24</td>
<td>7</td>
</tr>
<tr>
<td><strong>Ending</strong></td>
<td>543</td>
<td>547</td>
<td>531</td>
<td>519</td>
<td>448</td>
<td>435</td>
</tr>
</tbody>
</table>

![Change Orders / Defects Inventory Chart]
## 1.1 Change Order and Defect Statistics (continued)

<table>
<thead>
<tr>
<th>September 2014</th>
<th>Change Orders</th>
<th>Defects</th>
<th>Total</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Open</td>
<td>On Hold</td>
<td>Open</td>
<td>On Hold</td>
</tr>
<tr>
<td>DMS Priority</td>
<td>49</td>
<td>59</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Federally Mandated</td>
<td>33</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Non-Priority</td>
<td>162</td>
<td>8</td>
<td>117</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>244</td>
<td>68</td>
<td>122</td>
<td>1</td>
</tr>
</tbody>
</table>

*The priority list consists of 118 Change Orders & Defects.*

<table>
<thead>
<tr>
<th>September 2014</th>
<th>Change Orders</th>
<th>Defects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Added</td>
<td>Implemented</td>
</tr>
<tr>
<td>DMS Priority</td>
<td>15</td>
<td>23</td>
</tr>
<tr>
<td>Federally Mandated</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Non-Priority</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Totals</td>
<td>24</td>
<td>47</td>
</tr>
</tbody>
</table>
2 Unplanned System Outages

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Reason For Downtime</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>There were no unplanned system outages in September 2014.</td>
</tr>
</tbody>
</table>
Billable Hours

2.1 Billable Hours Usage Summary (Contract Year 2014)

<table>
<thead>
<tr>
<th>Month</th>
<th>Billable</th>
<th>Undecided</th>
<th>CCB Approved</th>
<th>Need CCB Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 2013</td>
<td>3,406.25</td>
<td>1.50</td>
<td>3,406.25</td>
<td>1.50</td>
</tr>
<tr>
<td>Jan 2014</td>
<td>2,714.75</td>
<td>10.50</td>
<td>2,713.50</td>
<td>11.75</td>
</tr>
<tr>
<td>Feb 2014</td>
<td>1,921.50</td>
<td>17.25</td>
<td>1,919.25</td>
<td>19.50</td>
</tr>
<tr>
<td>Mar 2014</td>
<td>2,323.50</td>
<td>14.50</td>
<td>2,275.25</td>
<td>62.75</td>
</tr>
<tr>
<td>Apr 2014</td>
<td>2,079.25</td>
<td>10.25</td>
<td>2,052.50</td>
<td>37.00</td>
</tr>
<tr>
<td>May 2014</td>
<td>1,848.50</td>
<td>14.50</td>
<td>1,848.50</td>
<td>14.50</td>
</tr>
<tr>
<td>Jun 2014</td>
<td>1,177.00</td>
<td>3.50</td>
<td>1,174.00</td>
<td>6.50</td>
</tr>
<tr>
<td>Jul 2014</td>
<td>1,296.25</td>
<td>162.25</td>
<td>1,273.75</td>
<td>184.75</td>
</tr>
<tr>
<td>Aug 2014</td>
<td>1,352.75</td>
<td>199.50</td>
<td>1,352.75</td>
<td>199.50</td>
</tr>
</tbody>
</table>

* Each month’s time entry is finalized on the 22nd day of the following month.
### 2.2 Running Total (Contract Year 2014)

<table>
<thead>
<tr>
<th>Month</th>
<th>Contractual limit</th>
<th>Billable + Undecided</th>
<th>CCB Approved</th>
<th>Billable</th>
<th>Undecided</th>
<th>Need CCB Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 2013</td>
<td>12,000.00</td>
<td>3,407.75</td>
<td>3,406.25</td>
<td>3,406.25</td>
<td>1.50</td>
<td>1.50</td>
</tr>
<tr>
<td>Jan 2014</td>
<td>12,000.00</td>
<td>6,133.00</td>
<td>6,119.75</td>
<td>6,121.00</td>
<td>12.00</td>
<td>13.25</td>
</tr>
<tr>
<td>Feb 2014</td>
<td>12,000.00</td>
<td>8,071.75</td>
<td>8,039.00</td>
<td>8,042.50</td>
<td>29.25</td>
<td>32.75</td>
</tr>
<tr>
<td>Mar 2014</td>
<td>12,000.00</td>
<td>10,409.75</td>
<td>10,314.25</td>
<td>10,366.00</td>
<td>43.75</td>
<td>95.50</td>
</tr>
<tr>
<td>Apr 2014</td>
<td>12,000.00</td>
<td>12,499.25</td>
<td>12,366.75</td>
<td>12,445.25</td>
<td>54.00</td>
<td>132.50</td>
</tr>
<tr>
<td>May 2014</td>
<td>12,000.00</td>
<td>14,362.25</td>
<td>14,215.25</td>
<td>14,293.75</td>
<td>68.50</td>
<td>147.00</td>
</tr>
<tr>
<td>Jun 2014</td>
<td>12,000.00</td>
<td>15,542.75</td>
<td>15,389.25</td>
<td>15,470.75</td>
<td>72.00</td>
<td>153.50</td>
</tr>
<tr>
<td>Jul 2014</td>
<td>12,000.00</td>
<td>17,001.25</td>
<td>16,663.00</td>
<td>16,767.00</td>
<td>234.25</td>
<td>338.25</td>
</tr>
<tr>
<td>Aug 2014</td>
<td>12,000.00</td>
<td>18,553.50</td>
<td>18,015.75</td>
<td>18,119.75</td>
<td>433.75</td>
<td>537.75</td>
</tr>
</tbody>
</table>

* Each month’s time entry is finalized on the 22nd day of the following month.*
3 Monthly Ad hoc Requests

3.1 Inventory Summary

<table>
<thead>
<tr>
<th>Type</th>
<th>Beginning of Month</th>
<th>Received This Month</th>
<th>Closed This Month</th>
<th>DMS Hold</th>
<th>Ending Inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type A</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Type B</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Type C</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Type D</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Type E</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unspecified</td>
<td>3</td>
<td>30</td>
<td>32</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>30</td>
<td>34</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

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.

3.2 Inventory Detail

<table>
<thead>
<tr>
<th>CO #</th>
<th>Type</th>
<th>Requested By</th>
<th>Status</th>
<th>Date Requested</th>
<th>Date Completed</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22698</td>
<td></td>
<td>Minedi, Laxmi</td>
<td>DMS Hold</td>
<td>20140801</td>
<td></td>
<td>IDD, Autism &amp; Mental Health Providers data</td>
</tr>
<tr>
<td>22840</td>
<td></td>
<td>Hoffmann, John</td>
<td>Completed</td>
<td>20140828</td>
<td>20140903</td>
<td>Age Breakdown of Membership Report</td>
</tr>
<tr>
<td>22841</td>
<td>D</td>
<td>Leliaert, Teresa</td>
<td>Completed</td>
<td>20140829</td>
<td>20140903</td>
<td>MFP Template</td>
</tr>
<tr>
<td>22842</td>
<td></td>
<td>Moccia, Don</td>
<td>Completed</td>
<td>20140829</td>
<td>20140911</td>
<td>MCO Data Book - Rates Effective July 1, 2015</td>
</tr>
<tr>
<td>CO #</td>
<td>Type</td>
<td>Requested By</td>
<td>Status</td>
<td>Date Requested</td>
<td>Date Completed</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
<td>------------------</td>
<td>-----------</td>
<td>----------------</td>
<td>----------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>22845</td>
<td></td>
<td>Jenkins, Ericka</td>
<td>Completed</td>
<td>20140829</td>
<td>20140909</td>
<td>SCL Expenditure</td>
</tr>
<tr>
<td>22846</td>
<td>D</td>
<td>Leliaert, Teresa</td>
<td>Completed</td>
<td>20140829</td>
<td>20140903</td>
<td>MFP Template</td>
</tr>
<tr>
<td>22848</td>
<td></td>
<td>Godshall, Kurt</td>
<td>Completed</td>
<td>20140902</td>
<td>20140904</td>
<td>Foundation for a Health Kentucky research project</td>
</tr>
<tr>
<td>22867</td>
<td></td>
<td>Minedi, Laxmi</td>
<td>Completed</td>
<td>20140904</td>
<td>20140905</td>
<td>DSS Waiver Information - addendum to 22524</td>
</tr>
<tr>
<td>22870</td>
<td></td>
<td>Shields, Teresa</td>
<td>Completed</td>
<td>20140908</td>
<td>20140911</td>
<td>ORR</td>
</tr>
<tr>
<td>22876</td>
<td></td>
<td>Godshall, Kurt</td>
<td>Completed</td>
<td>20140908</td>
<td>20140909</td>
<td>ORR 14-336</td>
</tr>
<tr>
<td>22878</td>
<td></td>
<td>Minedi, Laxmi</td>
<td>Completed</td>
<td>20140908</td>
<td>20140912</td>
<td>PA data for Waiver Members</td>
</tr>
<tr>
<td>22882</td>
<td></td>
<td>Godshall, Kurt</td>
<td>Completed</td>
<td>20140908</td>
<td>20140908</td>
<td>ORR 14-320</td>
</tr>
<tr>
<td>22883</td>
<td></td>
<td>Godshall, Kurt</td>
<td>Completed</td>
<td>20140908</td>
<td>20140908</td>
<td>Medically Fragile Children</td>
</tr>
<tr>
<td>22884</td>
<td></td>
<td>Godshall, Kurt</td>
<td>Completed</td>
<td>20140908</td>
<td>20140908</td>
<td>Public Health Match</td>
</tr>
<tr>
<td>22887</td>
<td></td>
<td>Godshall, Kurt</td>
<td>Completed</td>
<td>20140909</td>
<td>20140910</td>
<td>Waiver members pharmacy</td>
</tr>
<tr>
<td>22895</td>
<td></td>
<td>Patel, Siddharth</td>
<td>Completed</td>
<td>20140910</td>
<td>20140916</td>
<td>All Claims that hit threshold edit</td>
</tr>
<tr>
<td>22903</td>
<td></td>
<td>Dennis, David</td>
<td>Completed</td>
<td>20140910</td>
<td>20140912</td>
<td>PRTF UPL</td>
</tr>
<tr>
<td>22900</td>
<td></td>
<td>Dennis, David</td>
<td>Completed</td>
<td>20140911</td>
<td>20140911</td>
<td>Crossover claims Open Records</td>
</tr>
<tr>
<td>CO #</td>
<td>Type</td>
<td>Requested By</td>
<td>Status</td>
<td>Date Requested</td>
<td>Date Completed</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>--------------------</td>
<td>-----------</td>
<td>----------------</td>
<td>----------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>22917</td>
<td>Mine</td>
<td>Laxmi</td>
<td>Completed</td>
<td>20140912</td>
<td>20140912</td>
<td>Breast and Cervical Cancer Treatment-FY 2014</td>
</tr>
<tr>
<td>22929</td>
<td></td>
<td>Tracy</td>
<td>Completed</td>
<td>20140915</td>
<td>20140916</td>
<td>Access</td>
</tr>
<tr>
<td>22931</td>
<td></td>
<td>Karen</td>
<td>Completed</td>
<td>20140916</td>
<td>20140917</td>
<td>Cumberland River Homes annual billing</td>
</tr>
<tr>
<td>22932</td>
<td></td>
<td>Karen</td>
<td>Completed</td>
<td>20140916</td>
<td>20140917</td>
<td>Newcare #7100030440 08/01/2013-07/31/2014</td>
</tr>
<tr>
<td>22940</td>
<td></td>
<td>Tracy</td>
<td>Completed</td>
<td>20140917</td>
<td>20140918</td>
<td>Blessed Assurance Annual Review</td>
</tr>
<tr>
<td>22941</td>
<td></td>
<td>Tracy</td>
<td>Completed</td>
<td>20140917</td>
<td>20140918</td>
<td>NR Paducah 7100071850 02/01/2014 - 07/31/2014</td>
</tr>
<tr>
<td>22948</td>
<td></td>
<td>Phyllis</td>
<td>Completed</td>
<td>20140919</td>
<td>20140919</td>
<td>Patterson</td>
</tr>
<tr>
<td>22953</td>
<td></td>
<td>Julia</td>
<td>Completed</td>
<td>20140919</td>
<td>20140922</td>
<td>Procedure code 97533</td>
</tr>
<tr>
<td>22954</td>
<td></td>
<td>Julia</td>
<td>Completed</td>
<td>20140919</td>
<td>20140924</td>
<td>Procedure 97533 with V299.0-299.91</td>
</tr>
<tr>
<td>22973</td>
<td></td>
<td>Teresa</td>
<td>Completed</td>
<td>20140922</td>
<td>20140922</td>
<td>MFP Template</td>
</tr>
<tr>
<td>22974</td>
<td></td>
<td>Teresa</td>
<td>Completed</td>
<td>20140922</td>
<td>20140923</td>
<td>MFP Template</td>
</tr>
<tr>
<td>22991</td>
<td></td>
<td>Phyllis</td>
<td>Completed</td>
<td>20140924</td>
<td>20140925</td>
<td>Patterson</td>
</tr>
<tr>
<td>22997</td>
<td></td>
<td>Michelle</td>
<td>Completed</td>
<td>20140924</td>
<td>20140925</td>
<td>97110units</td>
</tr>
<tr>
<td>23001</td>
<td></td>
<td>Tracy</td>
<td>Completed</td>
<td>20140925</td>
<td>20140925</td>
<td>Access 17000894 080113-073114</td>
</tr>
<tr>
<td>CO #</td>
<td>Type</td>
<td>Requested By</td>
<td>Status</td>
<td>Date Requested</td>
<td>Date Completed</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
<td>--------------------</td>
<td>------------</td>
<td>----------------</td>
<td>----------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>23005</td>
<td></td>
<td>Bradshaw, Nicole</td>
<td>Completed</td>
<td>20140925</td>
<td>20140926</td>
<td>Maxey</td>
</tr>
<tr>
<td>23020</td>
<td></td>
<td>Wilson, Jacob</td>
<td>Completed</td>
<td>20140929</td>
<td>20140930</td>
<td>Jackie Maxey</td>
</tr>
<tr>
<td>23022</td>
<td></td>
<td>Godshall, Kurt</td>
<td>In Progress</td>
<td>20140930</td>
<td>20141001</td>
<td>ORR 14-365 CCSM Cost Report SFY2014</td>
</tr>
<tr>
<td>22871</td>
<td></td>
<td>Godshall, Kurt</td>
<td>Completed</td>
<td>40281816</td>
<td>20140908</td>
<td>Nursing Facility Card Services</td>
</tr>
</tbody>
</table>
4 FFS Paper Claim Receipt Statistics

<table>
<thead>
<tr>
<th>Mailroom</th>
<th>Beginning Inventory</th>
<th>Received</th>
<th>RTP</th>
<th>Scanned</th>
<th>Ending Inventory</th>
<th>Oldest Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2014</td>
<td>2,337</td>
<td>30,083</td>
<td>6,333</td>
<td>25,152</td>
<td>935</td>
<td>0 days</td>
</tr>
<tr>
<td>May 2014</td>
<td>935</td>
<td>33,686</td>
<td>2,202</td>
<td>31,078</td>
<td>1,341</td>
<td>0 days</td>
</tr>
<tr>
<td>June 2014</td>
<td>1,341</td>
<td>35,457</td>
<td>2,133</td>
<td>33,860</td>
<td>805</td>
<td>0 days</td>
</tr>
<tr>
<td>July 2014</td>
<td>805</td>
<td>35,063</td>
<td>2,640</td>
<td>32,609</td>
<td>619</td>
<td>0 days</td>
</tr>
<tr>
<td>August 2014</td>
<td>619</td>
<td>31,849</td>
<td>1,438</td>
<td>29,923</td>
<td>1,107</td>
<td>0 days</td>
</tr>
<tr>
<td>September 2014</td>
<td>1,107</td>
<td>32,353</td>
<td>1,507</td>
<td>31,010</td>
<td>943</td>
<td>0 days</td>
</tr>
</tbody>
</table>

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.
## 5 Electronic Claims Processed

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bulletin Board System</strong></td>
<td>636,501</td>
<td>686,033</td>
<td>605,684</td>
<td>650,446</td>
<td>614,672</td>
<td>638,809</td>
</tr>
<tr>
<td><strong>Claims Processed</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Kentucky HealthNet</strong></td>
<td>357,700</td>
<td>120,232</td>
<td>114,564</td>
<td>121,359</td>
<td>116,312</td>
<td>115,038</td>
</tr>
<tr>
<td><strong>Claims Processed</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note – Numbers reported for May forward will be for claims processed – not claims submitted. Prior to May, totals were based upon BBS claims submitted and KYHealth Net “hit” totals.*

![Electronic Claims Processed](chart.png)
6 Monthly FFS Claim Totals by Media

<table>
<thead>
<tr>
<th>Begin Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1/2014</td>
<td>9/30/2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Denied Claims</th>
<th>Paid Claims</th>
<th>Suspense Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Billed Amount</td>
<td>Billed Amount</td>
<td>Paid Amount</td>
</tr>
<tr>
<td>Electronic</td>
<td>$260,824,021.74</td>
<td>$515,726,795.20</td>
<td>$171,452,402.70</td>
</tr>
<tr>
<td>Paper</td>
<td>$38,444,705.83</td>
<td>$31,778,460.99</td>
<td>$18,935,087.59</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>$299,268,727.57</td>
<td>$547,505,256.19</td>
<td>$190,387,490.29</td>
</tr>
</tbody>
</table>
7  Monthly Claims Operations

7.1  FFS Monthly Financial Cycle Summary

<table>
<thead>
<tr>
<th>Category</th>
<th>April 2014</th>
<th>May 2014</th>
<th>June 2014</th>
<th>July 2014</th>
<th>August 2014</th>
<th>September 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid Claims</td>
<td>478,263</td>
<td>613,804</td>
<td>473,159</td>
<td>497,422</td>
<td>618,993</td>
<td>534,710</td>
</tr>
<tr>
<td>Denied Claims</td>
<td>239,368</td>
<td>299,193</td>
<td>248,363</td>
<td>239,315</td>
<td>294,271</td>
<td>239,464</td>
</tr>
<tr>
<td>Total Adjudicated Claims</td>
<td>717,631</td>
<td>912,997</td>
<td>721,522</td>
<td>736,737</td>
<td>913,264</td>
<td>774,174</td>
</tr>
<tr>
<td>Adjustments</td>
<td>12,154</td>
<td>13,953</td>
<td>10,092</td>
<td>16,223</td>
<td>14,636</td>
<td>14,099</td>
</tr>
<tr>
<td>Total Claims</td>
<td>729,785</td>
<td>926,950</td>
<td>731,614</td>
<td>752,960</td>
<td>927,900</td>
<td>788,273</td>
</tr>
<tr>
<td>% of Denied Claims</td>
<td>33.4%</td>
<td>32.8%</td>
<td>34.4%</td>
<td>32.48%</td>
<td>32.2%</td>
<td>30.9%</td>
</tr>
<tr>
<td>Avg $ per Claim</td>
<td>$378.95</td>
<td>$350.61</td>
<td>$220.46</td>
<td>$512.68</td>
<td>$364.97</td>
<td>$364.19</td>
</tr>
</tbody>
</table>

Claim Payment Amount $181,239,101.09 $215,204,430.82 $104,313,568.58 $255,016,091.78 $225,913,034.94 $194,735,154.30
(+ ) Payouts $704,261.22 $48,578,167.25 $351,861.31 $5,968,536.67 $3,486,034.64 $895,918.39
(- ) Recoupments $3,142,111.84 $3,117,382.62 $2,142,915.44 $3,254,747.61 $6,269,978.20 $5,243,582.40
Check Issue $178,801,250.47 $260,665,215.45 $102,522,514.45 $257,729,880.84 $223,129,091.38 $190,387,490.29
Capitation Payment $992,193,826.21 $505,391,986.27 $15,458,556.48 $1,019,260,670.96 $574,469,238.10 $548,904,752.11
Total Paid $1,170,995,076.68 $766,057,201.72 $117,981,070.93 $1,276,990,551.80 $797,598,329.48 $739,292,242.40

Note: Claim Payment Amount divided by Paid Claims = Avg $ per Claim
Total Denied Claims divided by Total Adjudicated Claims = % of Denied Claims
### 7.2 Monthly MCO & NEMT Capitations

<table>
<thead>
<tr>
<th>MCO</th>
<th>Regular Capitations</th>
<th>Reconciliation (Recoup &amp; Payout) Capitations</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Amount</td>
<td>Count</td>
</tr>
<tr>
<td>ANTHEM</td>
<td>47,453</td>
<td>$27,429,431.19</td>
<td>8,826</td>
</tr>
<tr>
<td>COVENTRY</td>
<td>298,100</td>
<td>$127,495,272.79</td>
<td>39,802</td>
</tr>
<tr>
<td>HUMANA</td>
<td>83,770</td>
<td>$45,558,008.65</td>
<td>14,650</td>
</tr>
<tr>
<td>NEMT</td>
<td>1,067,731</td>
<td>$7,860,548.53</td>
<td>164,670</td>
</tr>
<tr>
<td>PASSPORT HEALTH</td>
<td>204,815</td>
<td>$108,287,529.75</td>
<td>27,583</td>
</tr>
<tr>
<td>WELLCare</td>
<td>391,891</td>
<td>$188,095,881.50</td>
<td>48,196</td>
</tr>
<tr>
<td><strong>Sum</strong></td>
<td>2,093,760</td>
<td>$504,726,672.41</td>
<td>305,183</td>
</tr>
</tbody>
</table>

Begin Date: 9/1/2014
End Date: 9/30/2014
### 7.2 Monthly MCO & NEMT Capitations (continued)

<table>
<thead>
<tr>
<th>NEMT</th>
<th>Cap Transactions</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>L.K.L.P. C.A.C., INC REGION 1</td>
<td>42,541</td>
<td>$300,206.27</td>
</tr>
<tr>
<td>PENNYRILE ALLIED COMSERVICES, INC</td>
<td>47,982</td>
<td>$301,818.30</td>
</tr>
<tr>
<td>AUDUBON AREA COMM SRVC</td>
<td>47,973</td>
<td>$352,541.10</td>
</tr>
<tr>
<td>L.K.L.P. C.A.C., INC REGION 4</td>
<td>56,270</td>
<td>$419,256.00</td>
</tr>
<tr>
<td>LKLP CAC INC REGION 5</td>
<td>83,374</td>
<td>$884,285.50</td>
</tr>
<tr>
<td>FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS</td>
<td>201,108</td>
<td>$1,802,703.25</td>
</tr>
<tr>
<td>BLUE GRASS COMMUNITY ACTION AGENCY INC</td>
<td>67,967</td>
<td>$472,992.30</td>
</tr>
<tr>
<td>LKLP CAC INC REGION 9</td>
<td>77,619</td>
<td>$568,988.00</td>
</tr>
<tr>
<td>FEDERATED TRANSPORTATION SVS OF THE BLUE</td>
<td>53,354</td>
<td>$399,859.20</td>
</tr>
<tr>
<td>FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS</td>
<td>57,912</td>
<td>$1,103,353.60</td>
</tr>
<tr>
<td>RURAL TRANSIT ENTERPRISES</td>
<td>119,359</td>
<td>$927,102.25</td>
</tr>
<tr>
<td>LKLP COMMUNITY ACTION</td>
<td>81,254</td>
<td>$538,689.96</td>
</tr>
<tr>
<td>SANDY VALLEY TRANSPORTATION</td>
<td>56,981</td>
<td>$393,598.20</td>
</tr>
<tr>
<td>LKLP CAC INC REGION 15</td>
<td>56,422</td>
<td>$297,656.32</td>
</tr>
<tr>
<td>LICKING VALLEY COMMUNITY ACTION PROGRAM INC</td>
<td>17,615</td>
<td>$92,426.24</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,067,731</strong></td>
<td><strong>$8,855,476.49</strong></td>
</tr>
</tbody>
</table>
7.3 FFS Adjudicated Original Claims (By Claim)

<table>
<thead>
<tr>
<th>Begin Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1/2014</td>
<td>9/30/2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper Claims</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid</td>
<td>9,434</td>
<td>10,326</td>
<td>9,798</td>
<td>8,471</td>
<td>11,729</td>
<td>8,251</td>
</tr>
<tr>
<td>Denied</td>
<td>12,310</td>
<td>13,530</td>
<td>14,917</td>
<td>10,648</td>
<td>15,930</td>
<td>11,654</td>
</tr>
<tr>
<td>Total</td>
<td>21,744</td>
<td>23,856</td>
<td>24,715</td>
<td>19,119</td>
<td>27,659</td>
<td>19,905</td>
</tr>
<tr>
<td>% of Total Adjudicated Claims</td>
<td>3.01%</td>
<td>2.61%</td>
<td>3.42%</td>
<td>2.60%</td>
<td>3.02%</td>
<td>2.57%</td>
</tr>
<tr>
<td>% of Paper Denied Claims</td>
<td>55.28%</td>
<td>56.72%</td>
<td>60.36%</td>
<td>55.69%</td>
<td>57.59%</td>
<td>58.55%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic Claims</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid</td>
<td>468,829</td>
<td>603,478</td>
<td>463,361</td>
<td>488,951</td>
<td>607,264</td>
<td>526,459</td>
</tr>
<tr>
<td>Denied</td>
<td>227,058</td>
<td>285,663</td>
<td>233,446</td>
<td>228,667</td>
<td>278,341</td>
<td>227,810</td>
</tr>
<tr>
<td>Total</td>
<td>695,887</td>
<td>889,141</td>
<td>696,807</td>
<td>717,618</td>
<td>885,605</td>
<td>754,269</td>
</tr>
<tr>
<td>% of Total Adjudicated Claims</td>
<td>96.99%</td>
<td>97.39%</td>
<td>96.57%</td>
<td>97.40%</td>
<td>96.97%</td>
<td>97.43%</td>
</tr>
<tr>
<td>% of Electronic Denied Claims</td>
<td>32.70%</td>
<td>32.13%</td>
<td>33.50%</td>
<td>31.86%</td>
<td>31.43%</td>
<td>30.20%</td>
</tr>
</tbody>
</table>

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.
### 7.4 Monthly FFS Top Ten Procedure Codes

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
<th>Member Count</th>
<th>Claim Count</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>S5108</td>
<td>HOME CARE TRAIN PT 15 MIN</td>
<td>8,885</td>
<td>42,976</td>
<td>$16,986,976.75</td>
</tr>
<tr>
<td>T2016</td>
<td>HABIL RES WAIVER PER DIEM</td>
<td>3,023</td>
<td>23,520</td>
<td>$14,161,697.08</td>
</tr>
<tr>
<td>99199</td>
<td>SPECIAL SERVICE/PROC/REPORT</td>
<td>4,473</td>
<td>5,102</td>
<td>$7,424,950.31</td>
</tr>
<tr>
<td>T1015</td>
<td>CLINIC SERVICE</td>
<td>46,450</td>
<td>66,290</td>
<td>$4,980,478.98</td>
</tr>
<tr>
<td>T2021</td>
<td>DAY HABIL WAIVER PER 15 MIN</td>
<td>4,512</td>
<td>28,882</td>
<td>$4,898,730.40</td>
</tr>
<tr>
<td>T2022</td>
<td>CASE MANAGEMENT, PER MONTH</td>
<td>13,461</td>
<td>16,583</td>
<td>$4,472,982.94</td>
</tr>
<tr>
<td>S5100</td>
<td>ADULT DAYCARE SERVICES 15MIN</td>
<td>2,831</td>
<td>23,373</td>
<td>$2,955,222.45</td>
</tr>
<tr>
<td>H0004</td>
<td>ALCOHOL AND/OR DRUG SERVICES</td>
<td>3,043</td>
<td>8,466</td>
<td>$2,908,386.52</td>
</tr>
<tr>
<td>97535</td>
<td>SELF CARE MNGMENT TRAINING</td>
<td>1,908</td>
<td>6,807</td>
<td>$2,139,240.70</td>
</tr>
<tr>
<td>T2023</td>
<td>TARGETED CASE MGMT PER MONTH</td>
<td>4,501</td>
<td>5,024</td>
<td>$1,469,725.80</td>
</tr>
</tbody>
</table>

### 7.5 Monthly FFS Top Ten Diagnosis Codes

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Description</th>
<th>Member Count</th>
<th>Claim Count</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>317</td>
<td>MILD INTELLECT DISABILITY</td>
<td>4,161</td>
<td>30,319</td>
<td>$13,105,406.77</td>
</tr>
<tr>
<td>3180</td>
<td>MOD INTELLECT DISABILITY</td>
<td>3,016</td>
<td>21,175</td>
<td>$7,932,877.20</td>
</tr>
<tr>
<td>3128</td>
<td>OTHER CONDUCT DISTURBANCE</td>
<td>4,038</td>
<td>4,260</td>
<td>$7,303,681.60</td>
</tr>
<tr>
<td>3182</td>
<td>PROFND INTELLECT DISABLTY</td>
<td>569</td>
<td>2,058</td>
<td>$6,952,591.97</td>
</tr>
<tr>
<td>3310</td>
<td>ALZHEIMER'S DISEASE</td>
<td>1,567</td>
<td>2,605</td>
<td>$5,780,418.54</td>
</tr>
<tr>
<td>3181</td>
<td>SEV INTELLECT DISABILITY</td>
<td>832</td>
<td>4,574</td>
<td>$5,184,559.72</td>
</tr>
<tr>
<td>29900</td>
<td>AUTISTIC DISORD-CURRENT</td>
<td>2,280</td>
<td>14,412</td>
<td>$4,319,973.34</td>
</tr>
<tr>
<td>318</td>
<td>OTHER MENTAL RETARDATION</td>
<td>2,158</td>
<td>10,389</td>
<td>$4,084,372.49</td>
</tr>
<tr>
<td>496</td>
<td>CHR AIRWAY OBSTRUCT NEC</td>
<td>5,365</td>
<td>10,090</td>
<td>$3,988,353.27</td>
</tr>
<tr>
<td>4019</td>
<td>HYPERTENSION NOS</td>
<td>4,658</td>
<td>8,521</td>
<td>$3,742,430.33</td>
</tr>
</tbody>
</table>

Status Month Ending September 2014
7.6 Monthly MCO Top Ten Procedure Codes

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
<th>Member Count</th>
<th>Claim Count</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2022</td>
<td>CASE MANAGEMENT, PER MONTH</td>
<td>10,826</td>
<td>35,511</td>
<td>$12,237,969.23</td>
</tr>
<tr>
<td>99213</td>
<td>OFFICE/OUTPATIENT VISIT EST</td>
<td>185,374</td>
<td>265,500</td>
<td>$10,592,732.92</td>
</tr>
<tr>
<td>99284</td>
<td>EMERGENCY DEPT VISIT</td>
<td>45,489</td>
<td>57,130</td>
<td>$8,297,121.93</td>
</tr>
<tr>
<td>90837</td>
<td>PSYTX PT&amp;/FAMILY 60 MINUTES</td>
<td>21,038</td>
<td>61,880</td>
<td>$7,093,813.14</td>
</tr>
<tr>
<td>99283</td>
<td>EMERGENCY DEPT VISIT</td>
<td>61,562</td>
<td>79,252</td>
<td>$7,064,864.40</td>
</tr>
<tr>
<td>T2048</td>
<td>BH LTC RES R&amp;B, PER DIEM</td>
<td>299</td>
<td>943</td>
<td>$5,791,163.05</td>
</tr>
<tr>
<td>99214</td>
<td>OFFICE/OUTPATIENT VISIT EST</td>
<td>71,221</td>
<td>92,853</td>
<td>$5,575,028.84</td>
</tr>
<tr>
<td>99285</td>
<td>EMERGENCY DEPT VISIT</td>
<td>22,706</td>
<td>28,084</td>
<td>$5,091,182.90</td>
</tr>
<tr>
<td>90847</td>
<td>FAMILY PSYTX W/PATIENT</td>
<td>9,356</td>
<td>27,989</td>
<td>$3,487,340.74</td>
</tr>
<tr>
<td>90887</td>
<td>CONSULTATION WITH FAMILY</td>
<td>9,693</td>
<td>27,158</td>
<td>$2,383,286.57</td>
</tr>
</tbody>
</table>

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

7.7 Monthly MCO Top Ten Diagnosis Codes

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Description</th>
<th>Member Count</th>
<th>Claim Count</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>29690</td>
<td>EPISODIC MOOD DISORD NOS</td>
<td>7,059</td>
<td>36,680</td>
<td>$9,273,147.55</td>
</tr>
<tr>
<td>31401</td>
<td>ATTN DEFICIT W HYPERACT</td>
<td>15,372</td>
<td>69,299</td>
<td>$8,733,092.96</td>
</tr>
<tr>
<td>78650</td>
<td>CHEST PAIN NOS</td>
<td>14,797</td>
<td>23,190</td>
<td>$3,906,839.25</td>
</tr>
<tr>
<td>V202</td>
<td>ROUTIN CHILD HEALTH EXAM</td>
<td>38,463</td>
<td>41,806</td>
<td>$3,637,566.05</td>
</tr>
<tr>
<td>311</td>
<td>DEPRESSIVE DISORDER NEC</td>
<td>8,180</td>
<td>24,127</td>
<td>$3,560,992.23</td>
</tr>
<tr>
<td>V5811</td>
<td>ANTI NEOPLASTIC CHEMO ENC</td>
<td>661</td>
<td>1,365</td>
<td>$3,431,259.05</td>
</tr>
<tr>
<td>0389</td>
<td>SEPTICEMIA NOS</td>
<td>546</td>
<td>952</td>
<td>$3,352,896.85</td>
</tr>
<tr>
<td>3129</td>
<td>CONDUCT DISTURBANCE NOS</td>
<td>3,468</td>
<td>19,724</td>
<td>$3,334,350.30</td>
</tr>
<tr>
<td>31381</td>
<td>OPPOSITION DEFIANT DISOR</td>
<td>3,247</td>
<td>15,810</td>
<td>$3,147,218.01</td>
</tr>
<tr>
<td>V3000</td>
<td>SINGLE LB IN-HOSP W/O CS</td>
<td>2,448</td>
<td>3,446</td>
<td>$3,116,591.89</td>
</tr>
</tbody>
</table>

Note: Data taken from encounters received from the Managed Care Organizations
7.8 Monthly FFS Top Ten Denial Reasons (By Detail Line)

<table>
<thead>
<tr>
<th>Error</th>
<th>Description</th>
<th>Number of Denials</th>
<th>% of Top Ten</th>
</tr>
</thead>
<tbody>
<tr>
<td>1010</td>
<td>Rendering Provider Not A Mem Of Billing Grp</td>
<td>21,301</td>
<td>18.6%</td>
</tr>
<tr>
<td>2017</td>
<td>Services Covered Under Member’s MCO Plan</td>
<td>18,744</td>
<td>16.4%</td>
</tr>
<tr>
<td>4021</td>
<td>No Coverage for Billed Procedure</td>
<td>18,492</td>
<td>16.2%</td>
</tr>
<tr>
<td>5001</td>
<td>Exact Duplicate</td>
<td>10,520</td>
<td>9.2%</td>
</tr>
<tr>
<td>1955</td>
<td>Cannot Determine Medicaid Nbr Billing Prov</td>
<td>9,540</td>
<td>8.3%</td>
</tr>
<tr>
<td>4804</td>
<td>No Contract for Billed Rev Code</td>
<td>8,819</td>
<td>7.7%</td>
</tr>
<tr>
<td>3317</td>
<td>This Service Was Not Approved by Medicare</td>
<td>7,233</td>
<td>6.3%</td>
</tr>
<tr>
<td>1032</td>
<td>Billing Provider Not Eligible to Bill this Clm Type</td>
<td>7,045</td>
<td>6.2%</td>
</tr>
<tr>
<td>4407</td>
<td>Bnft Plan/Aid Categ Restriction for Cov Rev Code</td>
<td>6,811</td>
<td>6.0%</td>
</tr>
<tr>
<td>1908</td>
<td>NPI Only Submitted on Claim – Not on File</td>
<td>5,951</td>
<td>5.2%</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>114,456</td>
<td>60.9%</td>
</tr>
</tbody>
</table>

Total Denied Details – 187,843

Note: Total # of top ten denials (114,456) divided by total denied details (187,843) = % of top ten denials (60.9%).

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

<table>
<thead>
<tr>
<th>Error</th>
<th>Description</th>
<th>Number of Failures</th>
<th>% of Top Ten</th>
</tr>
</thead>
<tbody>
<tr>
<td>4405</td>
<td>Unable to Assign Provider Contract</td>
<td>2,287</td>
<td>31.4%</td>
</tr>
<tr>
<td>2001</td>
<td>Member ID Number not on File Recycle</td>
<td>1,684</td>
<td>23.1%</td>
</tr>
<tr>
<td>3305</td>
<td>Member Requires Valid PT Liability for DOS</td>
<td>1,265</td>
<td>17.3%</td>
</tr>
<tr>
<td>5001</td>
<td>Exact Duplicate</td>
<td>373</td>
<td>5.1%</td>
</tr>
<tr>
<td>2505</td>
<td>Member Covered by Private Insurance</td>
<td>358</td>
<td>4.9%</td>
</tr>
<tr>
<td>1046</td>
<td>Facility Provider is not Eligible</td>
<td>314</td>
<td>4.3%</td>
</tr>
<tr>
<td>3001</td>
<td>PA Not Found on Database</td>
<td>314</td>
<td>4.3%</td>
</tr>
<tr>
<td>4014</td>
<td>No Pricing Segment on File</td>
<td>308</td>
<td>4.2%</td>
</tr>
<tr>
<td>1047</td>
<td>Billing Provider is Not Eligible</td>
<td>261</td>
<td>3.6%</td>
</tr>
<tr>
<td>2079</td>
<td>Invalid Benefit Plan on Mass Adjustment</td>
<td>131</td>
<td>1.8%</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>7,295</td>
<td>81.9%</td>
</tr>
</tbody>
</table>

Total Suspended Details – 8,908

Note: Total # of top ten failures (7,295) divided by total suspended details (8,908) = % of top ten suspense (81.9%).
### 7.10 FFS Suspended Original Claims by Age (By Claim)

<table>
<thead>
<tr>
<th>Category</th>
<th>April 2014</th>
<th>May 2014</th>
<th>June 2014</th>
<th>July 2014</th>
<th>August 2014</th>
<th>September 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-30 days</td>
<td>9,261</td>
<td>93.93</td>
<td>11,533</td>
<td>94.01</td>
<td>12,834</td>
<td>94.21</td>
</tr>
<tr>
<td>31-60 days</td>
<td>52</td>
<td>.53</td>
<td>228</td>
<td>1.86</td>
<td>179</td>
<td>1.31</td>
</tr>
<tr>
<td>61-90 days</td>
<td>46</td>
<td>.47</td>
<td>22</td>
<td>.18</td>
<td>147</td>
<td>1.08</td>
</tr>
<tr>
<td>91+ days</td>
<td>500</td>
<td>5.07</td>
<td>482</td>
<td>3.95</td>
<td>463</td>
<td>3.40</td>
</tr>
<tr>
<td>Total</td>
<td>9,859</td>
<td></td>
<td>12,268</td>
<td></td>
<td>13,623</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Category</th>
<th>April 2014</th>
<th>May 2014</th>
<th>June 2014</th>
<th>July 2014</th>
<th>August 2014</th>
<th>Sept 2014</th>
<th>Oldest Julian Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolutions</td>
<td>67</td>
<td>70</td>
<td>119</td>
<td>1,636</td>
<td>87</td>
<td>107</td>
<td>14-078</td>
</tr>
<tr>
<td>Med.Review</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TPL</td>
<td>0</td>
<td>0</td>
<td>66</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adjustments</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Recycle</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DMS</td>
<td>668</td>
<td>719</td>
<td>806</td>
<td>938</td>
<td>348</td>
<td>343</td>
<td>12-128</td>
</tr>
<tr>
<td>Total</td>
<td>735</td>
<td>789</td>
<td>992</td>
<td>2,575</td>
<td>435</td>
<td>444</td>
<td></td>
</tr>
</tbody>
</table>
8 Monthly Third-Party Liability

8.1 FFS Third-Party Liability Monthly Activity

<table>
<thead>
<tr>
<th>Third Party Liability</th>
<th>Begin Inv</th>
<th>Received</th>
<th>Worked</th>
<th>To DMS</th>
<th>Ending Inventory</th>
<th>Oldest Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA40- Kames/Eligibles with Other Ins.</td>
<td>1,546</td>
<td>8,217</td>
<td>8,232</td>
<td>0</td>
<td>1,531</td>
<td>10 days</td>
</tr>
<tr>
<td>CS40-Child Support</td>
<td>0</td>
<td>757</td>
<td>757</td>
<td>0</td>
<td>0</td>
<td>0 days</td>
</tr>
<tr>
<td>SSI-Local Offices</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0 days</td>
</tr>
<tr>
<td>TPL Edits</td>
<td>432</td>
<td>1,800</td>
<td>1,824</td>
<td>0</td>
<td>408</td>
<td>7 days</td>
</tr>
<tr>
<td>Accident/Trauma Leads</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0 days</td>
</tr>
<tr>
<td>DMS Attorney</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0 days</td>
</tr>
<tr>
<td>RUSH Attorney</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0 days</td>
</tr>
<tr>
<td>HP Attorney</td>
<td>4</td>
<td>231</td>
<td>231</td>
<td>0</td>
<td>4</td>
<td>0 days</td>
</tr>
<tr>
<td>TPL Checks</td>
<td>3</td>
<td>147</td>
<td>142</td>
<td>0</td>
<td>8</td>
<td>0 days</td>
</tr>
<tr>
<td>TPL Mail</td>
<td>1,209</td>
<td>4,311</td>
<td>4,261</td>
<td>0</td>
<td>1,259</td>
<td>10 days</td>
</tr>
<tr>
<td>KHIPP</td>
<td>0</td>
<td>349</td>
<td>349</td>
<td>0</td>
<td>0</td>
<td>0 days</td>
</tr>
<tr>
<td>Total</td>
<td>3,194</td>
<td>15,812</td>
<td>15,796</td>
<td>0</td>
<td>3,210</td>
<td></td>
</tr>
</tbody>
</table>
9 Monthly Finance/Adjustments

9.1 Monthly FFS Financial – Accounts Receivable

<table>
<thead>
<tr>
<th>Category</th>
<th>Beginning Inventory</th>
<th>Received</th>
<th>Keyed</th>
<th>Return to Provider</th>
<th>To DMS</th>
<th>On Hold</th>
<th>Ending Inventory</th>
<th>Age Oldest AR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Receivable Set-up</td>
<td>0</td>
<td>155</td>
<td>138</td>
<td>0</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>0 days</td>
</tr>
<tr>
<td>Payouts</td>
<td>0</td>
<td>66</td>
<td>66</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0 days</td>
</tr>
<tr>
<td>Accounts Receivable Updates</td>
<td>0</td>
<td>113</td>
<td>113</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0 days</td>
</tr>
<tr>
<td>Accounts Receivable Transfers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0 days</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>0</td>
<td>334</td>
<td>317</td>
<td>0</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>0 days</td>
</tr>
</tbody>
</table>

9.2 Monthly FFS Financial - Checks

<table>
<thead>
<tr>
<th>Category</th>
<th>Beginning</th>
<th>Received</th>
<th>Completed</th>
<th>Ending</th>
<th>Age Oldest Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Warrant</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>1 day</td>
</tr>
<tr>
<td>HP Financial</td>
<td>130</td>
<td>401</td>
<td>337</td>
<td>194</td>
<td>5 days</td>
</tr>
<tr>
<td>DMS Financial</td>
<td>40</td>
<td>101</td>
<td>90</td>
<td>51</td>
<td>4 days</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>179</td>
<td>502</td>
<td>427</td>
<td>254</td>
<td></td>
</tr>
</tbody>
</table>

9.3 Monthly FFS Financial – Adjustments

<table>
<thead>
<tr>
<th>Category</th>
<th>Beginning Inventory</th>
<th>Received</th>
<th>Completed</th>
<th>Returns</th>
<th>Ending Inventory</th>
<th>Age Oldest Adj</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>22</td>
<td>103</td>
<td>81</td>
<td>18</td>
<td>26</td>
<td>0 day</td>
</tr>
<tr>
<td>Institutional</td>
<td>9</td>
<td>105</td>
<td>54</td>
<td>5</td>
<td>55</td>
<td>3 days</td>
</tr>
<tr>
<td>Voids</td>
<td>86</td>
<td>295</td>
<td>278</td>
<td>40</td>
<td>63</td>
<td>3 days</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>117</td>
<td>503</td>
<td>413</td>
<td>63</td>
<td>144</td>
<td></td>
</tr>
</tbody>
</table>
## 9.4 Monthly FFS Financial - Mass Adjustments

<table>
<thead>
<tr>
<th>Category</th>
<th>Beginning Inventory</th>
<th>Received (plus)</th>
<th>Released (minus)</th>
<th>Deleted (minus)</th>
<th>Zero Claims Pulled (minus)</th>
<th>Ending Inventory</th>
<th>On Hold</th>
<th>DMS Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass Adjustment (region 52)</td>
<td>281</td>
<td>30</td>
<td>91</td>
<td>1</td>
<td>14</td>
<td>205</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SE Processed Adjustment (region 58)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>281</strong></td>
<td><strong>30</strong></td>
<td><strong>91</strong></td>
<td><strong>1</strong></td>
<td><strong>14</strong></td>
<td><strong>205</strong></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
10 Provider Relations

10.1 Provider Field Representatives

10.1.1 Provider Visits

September 10, 2014

Vicky Hicks, HP Provider Field Representative, conducted a virtual room provider visit with West KY Orthopedics and Sports Medicine, on September 10, 2014. The provider requested a virtual room visit to learn how to read a remittance statement. We also viewed denied claims, reason for denial and the Medicare crossover coding sheet. Those who attended the virtual room training were: Ashlee Steele

September 16, 2014

Kelly Gregory, HP Provider Field Representative, conducted a virtual room provider visit with Phoenix Way, LLC, on September 16, 2014. The provider requested a virtual room visit to learn how to download and read her remit from KYHealth Net. During the visit we went over each section of the remit and the information contained within each section. Those who attended the virtual room training were: Lisa Miller

September 22, 2014

Kelly Gregory, HP Provider Field Representative, conducted a virtual room provider visit with Plaza Drug, on September 22, 2014. The provider requested a virtual room visit to learn how to navigate KYHealth Net and read a remit. During the visit the following was covered: member eligibility, claims inquiry, claim submission, claim adjustment and void, prior authorization letters, RA viewer, and how to read each section of their remit. We also review the following websites: chfs.ky.gov/dms and kymmis.com. Those who attended the virtual room training were: Tara Stiles and Dylan Arthur

10.2 Conference Calls
(Calls Greater Than 30 Minutes)

September 5, 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Summers Optical on September 5, 2014. The provider requested a conference call to review and discuss claim denials. We were able to resolve the claim denial issue and she will resubmit claims. Those who attended the conference call were: Lana
10.3 Conference Calls (continued)

September 18 2014
Kelly Gregory, HP Provider Field Representative, conducted a conference call with Perry Co Health Center on September 18, 2014. The provider requested a conference call to learn how to adjust and void a claim on KYHealth Net. During the conference call she was shown how void and adjust a claim. I also navigated her on how to locate KYHealth Net user manual on kymmis.com for future reference. Those who attended the conference call were: Kiatonna Fugate

September 18 2014
Kelly Gregory, HP Provider Field Representative, conducted a conference call with London Tri-County Hospice on September 18, 2014. The provider requested a conference call to review issues with denied claims. The cause of denial is due to provider NPI does not match the assigned hospice waiver provider. The provider received new provider ID number and has been unable to get member files updated. Working with her and member services to get member files updated. Those who attended the conference call were: Angela Bowman

September 23, 2014
Kelly Gregory, HP Provider Field Representative, conducted a conference call with London Dialysis Clinic on September 23, 2014. The provider requested a conference call to review Kentucky Medicaid Billing Instructions. During the conference call we reviewed fields required when Medicare is primary, when TPL is primary and when member has both. Those who attended the conference call were: Jennifer Murray

10.4 Association Meetings

There were no Association meetings in September 2014.

10.5 Provider Contacts

<table>
<thead>
<tr>
<th>Provider Calls</th>
<th>155</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider E-mails</td>
<td>337</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>492</td>
</tr>
</tbody>
</table>

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

September 12, 2014

Kelly Gregory, HP Provider Field Representatives, conducted a Hospital Presumptive Eligibility (PE) Webinar on September 12, 2014. There was 1 attendee logged into the virtual room and 3 called into the conference line. The webinar presentation introduced the objectives and benefits of PE. The webinar also included how the PE screenings and confirmation process works, and demonstrated the on-line provider entry form. Also present was HP Provider Field Representative, Vicky Hicks.

10.7 Provider Services

10.7.1 Provider Services

<table>
<thead>
<tr>
<th>Category</th>
<th>April 2014</th>
<th>May 2014</th>
<th>June 2014</th>
<th>July 2014</th>
<th>August 2014</th>
<th>September 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Service Level</td>
<td>97%</td>
<td>96%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>94%</td>
</tr>
<tr>
<td>Abandoned Calls</td>
<td>388</td>
<td>496</td>
<td>517</td>
<td>586</td>
<td>533</td>
<td>588</td>
</tr>
<tr>
<td>Avg Speed Ans</td>
<td>1:00</td>
<td>1:19</td>
<td>1:28</td>
<td>1:31</td>
<td>1:25</td>
<td>1:36</td>
</tr>
<tr>
<td>Incoming Calls</td>
<td>11,962</td>
<td>11,762</td>
<td>11,066</td>
<td>11,195</td>
<td>10,279</td>
<td>10,239</td>
</tr>
<tr>
<td>Paper Correspondence</td>
<td>713</td>
<td>545</td>
<td>476</td>
<td>411</td>
<td>433</td>
<td>422</td>
</tr>
<tr>
<td>E-Mail Correspondence</td>
<td>252</td>
<td>314</td>
<td>203</td>
<td>221</td>
<td>213</td>
<td>222</td>
</tr>
<tr>
<td>Fax</td>
<td>38</td>
<td>32</td>
<td>29</td>
<td>31</td>
<td>13</td>
<td>17</td>
</tr>
<tr>
<td>Total*</td>
<td>12,965</td>
<td>12,653</td>
<td>11,774</td>
<td>11,858</td>
<td>10,938</td>
<td>10,900</td>
</tr>
</tbody>
</table>

*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.
10.7.2 Top 5 Provider Calls

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

10.7.3 Notable Topics

1. Reason for claim denial or suspended. 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).
4. What is the PA number and how do I correct the overlapping dates?
5. Questions about the Attestation or enhanced checks and questions about payouts.
Commonwealth Training

10.7.4 Current Activities

The following instructor-led training classes were offered by HP in September 2014:

- Mechanics of Claims Processing (September 3)  2 attended
  - Julia Wang, Division of Program Quality & Outcomes
  - MaryDale Coleman, Division of Program Quality & Outcomes
- Member Subsystem (September 9)  2 attended
  - Kevin Wade, Division of Audits & Investigations
  - Jamie Sadler, Division of Audits & Investigations
- Provider Subsystem (September 11)  4 attended
  - Leeta Williams, Division of Policy & Operations – Pharmacy Policy Branch
  - Marydale Coleman, Division of Program Quality & Outcomes
  - Jamie Sadler, Division of Audits & Investigations
  - Paul Cales, Division of Audits & Investigations
- Prior Authorization Subsystem (September 17)  0 attended
  - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD
- Reference Subsystem (September 18)  4 attended
  - MaryDale Coleman, Division of Program Quality & Outcomes
  - Jamie Sadler, Division of Audits & Investigations
  - Paul Cales, Division of Audits & Investigations
  - Sara Robeson, Department for Public Health Epidemiology and Health Planning
- Claim Edits, Audits and Rules (September 23)  1 attended
  - MaryDale Coleman, Division of Program Quality & Outcomes
- Claims Subsystem (September 25)  2 attended
  - Deborah Simpson, Division of Program Quality and Outcomes
  - Jamie Sadler, Department of Insurance
- Financial Subsystem (September 26)  2 attended
  - MaryDale Coleman, Division of Program Quality & Outcomes
  - Candace Crawford, Division of Program Quality & Outcomes
- OnBase Application (September 30)  1 attended
  - Candace Crawford, Division of Program Quality & Outcomes
- DMS In Depth Member Class (September 15)  5 attended
  - Kimberly Bickers, Division of Provider & Member Services
  - Wayne Dominick, Division of Program Quality & Outcomes
  - Sara Robeson, Division of Epidemiology and Health Planning
  - Tracy Jewell, Division of Maternal & Child Health
  - Julia Wang, Division of Program Quality & Outcomes

Staff members' supervisors are sent a confirmation via email of attendance
11 EDI Customer/Provider Interaction

11.1 Electronic Data Interchange Calls Received

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EDI Calls</td>
<td>894</td>
<td>997</td>
<td>834</td>
<td>894</td>
<td>923</td>
<td>800</td>
</tr>
<tr>
<td>MEUPS Calls</td>
<td>707</td>
<td>692</td>
<td>722</td>
<td>752</td>
<td>687</td>
<td>652</td>
</tr>
<tr>
<td>Voice Response Calls</td>
<td>13,227</td>
<td>12,471</td>
<td>11,112</td>
<td>12,401</td>
<td>11,743</td>
<td>10,991</td>
</tr>
</tbody>
</table>

![Graph showing EDI Calls, MEUPS Calls, and Voice Response Calls by month]

Expanded Call Data

<table>
<thead>
<tr>
<th>Month</th>
<th>EDI Calls</th>
<th>Abandoned Calls</th>
<th>Avg. Speed of Answer</th>
<th>Avg. Talk Time</th>
<th>Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>894</td>
<td>20</td>
<td>:19</td>
<td>3:08</td>
<td>98%</td>
</tr>
<tr>
<td>May</td>
<td>997</td>
<td>34</td>
<td>:28</td>
<td>3:05</td>
<td>97%</td>
</tr>
<tr>
<td>June</td>
<td>834</td>
<td>13</td>
<td>:19</td>
<td>3:05</td>
<td>98%</td>
</tr>
<tr>
<td>July</td>
<td>894</td>
<td>19</td>
<td>:17</td>
<td>3:06</td>
<td>98%</td>
</tr>
<tr>
<td>August</td>
<td>923</td>
<td>27</td>
<td>:17</td>
<td>2:56</td>
<td>97%</td>
</tr>
<tr>
<td>September</td>
<td>800</td>
<td>8</td>
<td>:14</td>
<td>3:05</td>
<td>99%</td>
</tr>
</tbody>
</table>
Expanded Call Data (continued)

<table>
<thead>
<tr>
<th>Month</th>
<th>MEUPS Calls</th>
<th>Abandoned Calls</th>
<th>Avg. Speed of Answer</th>
<th>Avg. Talk Time</th>
<th>% Service Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>707</td>
<td>23</td>
<td>:24</td>
<td>2:21</td>
<td>97%</td>
</tr>
<tr>
<td>May</td>
<td>692</td>
<td>31</td>
<td>:32</td>
<td>2:15</td>
<td>96%</td>
</tr>
<tr>
<td>June</td>
<td>722</td>
<td>26</td>
<td>:26</td>
<td>2:11</td>
<td>96%</td>
</tr>
<tr>
<td>July</td>
<td>752</td>
<td>25</td>
<td>:18</td>
<td>2:15</td>
<td>97%</td>
</tr>
<tr>
<td>August</td>
<td>687</td>
<td>11</td>
<td>:14</td>
<td>2:08</td>
<td>98%</td>
</tr>
<tr>
<td>September</td>
<td>652</td>
<td>12</td>
<td>:15</td>
<td>2:16</td>
<td>98%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>Voice Response Calls</th>
<th>Abandoned Calls</th>
<th>Avg. Speed of Answer</th>
<th>Avg. Talk Time</th>
<th>% Service Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>13,227</td>
<td>359</td>
<td>:01</td>
<td>1:29</td>
<td>97%</td>
</tr>
<tr>
<td>May</td>
<td>12,471</td>
<td>423</td>
<td>:01</td>
<td>1:27</td>
<td>97%</td>
</tr>
<tr>
<td>June</td>
<td>11,112</td>
<td>347</td>
<td>:01</td>
<td>1:32</td>
<td>97%</td>
</tr>
<tr>
<td>July</td>
<td>12,401</td>
<td>167</td>
<td>:01</td>
<td>1:31</td>
<td>99%</td>
</tr>
<tr>
<td>August</td>
<td>11,743</td>
<td>432</td>
<td>:01</td>
<td>1:32</td>
<td>96%</td>
</tr>
<tr>
<td>September</td>
<td>10,991</td>
<td>557</td>
<td>:01</td>
<td>1:32</td>
<td>95%</td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Password Resets Received Via phone</td>
<td>422</td>
<td>446</td>
<td>484</td>
<td>580</td>
<td>463</td>
<td>439</td>
</tr>
</tbody>
</table>
11.2 EDI E-mails and Faxes Received

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mails Received</td>
<td>1,620</td>
<td>1,483</td>
<td>1,438</td>
<td>1,623</td>
<td>1,857</td>
<td>1,872</td>
</tr>
<tr>
<td>E-mails Answered</td>
<td>1,617</td>
<td>1,483</td>
<td>1,436</td>
<td>1,623</td>
<td>1,857</td>
<td>1,867</td>
</tr>
<tr>
<td>Faxes Received</td>
<td>345</td>
<td>339</td>
<td>300</td>
<td>292</td>
<td>389</td>
<td>287</td>
</tr>
<tr>
<td>Faxes Answered</td>
<td>340</td>
<td>338</td>
<td>289</td>
<td>288</td>
<td>385</td>
<td>284</td>
</tr>
</tbody>
</table>

EDI E-mails and Faxes Received

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Password Resets Received</td>
<td>392</td>
<td>290</td>
<td>389</td>
<td>387</td>
<td>409</td>
<td>383</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PINs Received via fax</td>
<td>315</td>
<td>1007***</td>
<td>231</td>
<td>101</td>
<td>132</td>
<td>127</td>
</tr>
<tr>
<td>Admins Received via fax</td>
<td>207</td>
<td>317</td>
<td>234</td>
<td>183</td>
<td>220</td>
<td>127</td>
</tr>
</tbody>
</table>

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

***There was one fax received from University of Cincinnati Health that included 984 PIN requests, also in response to the EADO letter.