

MAC Binder Section 12 – Operational Status & UM Reports

Table of Contents with Document Summary

Located online at <http://chfs.ky.gov/dms/mac.htm>

1 – KY_MMIS_Operational_Status_Report_Dec2014:

This report is contractual deliverable produced by the Department’s Fiscal Agent on a monthly basis which summarizes operational duties performed by the Fiscal Agent. It provides statistics related to claims, encounter loads and change orders. In addition, it provides a status update as to the inventory for FFS financial/adjustments and the provider relations team activities.

2 – UM_Status_Report_Dec2014:

This report is produced on a monthly basis and provides statistics related to the operational duties of utilization management.

3 – UM_Executive_Summary_Dec2014:

This report is contractual deliverable produced by the Department’s Fiscal Agent on a monthly basis which summarizes utilization management activities for report month. It provides a summary of UM review inventory as well as statistics related to referrals/denials.

4 – KY_MMIS_Operational_Status_Report_Jan2015:

This report is contractual deliverable produced by the Department’s Fiscal Agent on a monthly basis which summarizes operational duties performed by the Fiscal Agent. It provides statistics related to claims, encounter loads and change orders. In addition, it provides a status update as to the inventory for FFS financial/adjustments and the provider relations team activities.

5 – UM_Status_Report_Jan2015:

This report is produced on a monthly basis and provides statistics related to the operational duties of utilization management.

6 – UM_Executive_Summary_Jan2015:

This report is contractual deliverable produced by the Department’s Fiscal Agent on a monthly basis which summarizes utilization management activities for report month. It provides a summary of UM review inventory as well as statistics related to referrals/denials.



Operational Status Report *Kentucky MMIS Project*

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

Status Month End December 2014

Cabinet for Health and Family Services Department for Medicaid Services

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DELIVERABLE TITLE: Operational Status Report	DATE SUBMITTED: January 15, 2015
FILE NAME: 2014-12_KY_MMIS_Operational_Status_Report.docx	AUTHORING TOOL: Microsoft Word 2007

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1 Executive Summary

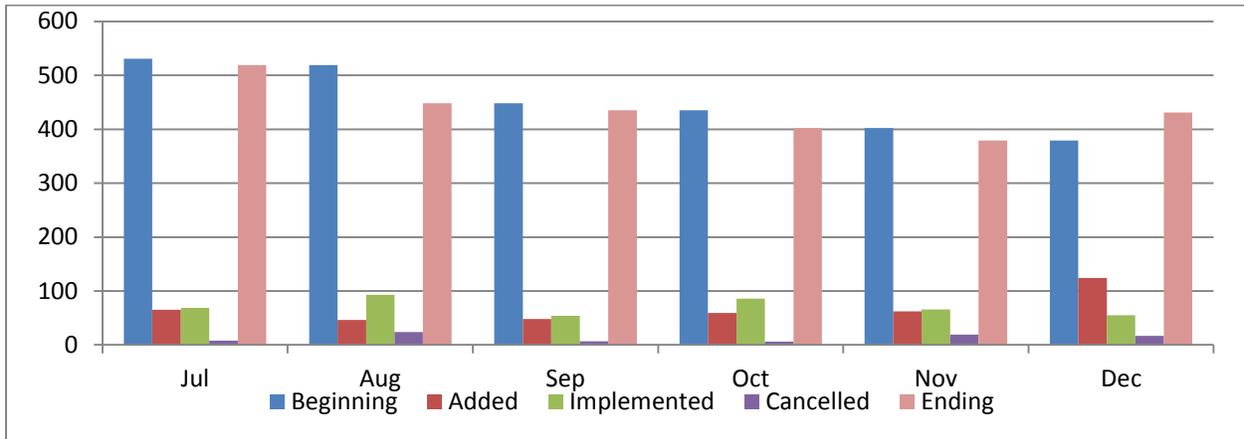
	December	Page Number
Claims Processed	798,509	Page 28
Total Dollars Paid	\$194,835,718.11	Page 28
Claims Paid	590,208	Page 28
Claims Denied	208,301	Page 28
% Denied Claims	26.1%	Page 28
Average Claims Held in Cash Management	268,898	N/A
Average Dollars Held in Cash Management	\$45,859,117.39	N/A
Capitation Financial Transactions	2,391,658	N/A
Capitation Financial Payments	\$576,694,958.60	Page 28
Suspended Claims	5,993	Page 28
Total Suspended Claims > 90 Days	275	Page 35
Provider Services Calls Received	9,390	Page 41
Provider Services Current Service Level %	95%	Page 41

Encounter Load Statistics

Managed Care Organizations (MCOs)						
	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014
Coventry	867,227	1,099,922	1,033,568	973,889	1,136,940	880,425
Humana	223,588	348,051	263,156	265,849	469,024	299,801
Kentucky Spirit	989	5,626	3,502	2,817	457	225
Passport (R03)	1,254	1,656	1,841	612	4,026	605
Passport R31	680,635	990,960	1,072,201	811,239	1,130,343	869,089
WellCare	1,246,391	2,134,101	1,860,303	1,308,988	1,756,066	1,580,384
Anthem	102,637	214,784	114,664	437,792	240,847	170,982
Other						
Transportation Encounters	621,689	0	213,487	179,559	426,804	298,183
Magellan Pharmacy Claims	269,045	276,667	217,315	289,139	284,683	284,519
Totals	4,013,455	5,071,767	4,780,037	4,269,884	5,449,190	4,384,213

1.1 Change Order and Defect Statistics

Change Orders / Defects Inventory	Jul	Aug	Sep	Oct	Nov	Dec
Beginning	531	519	448	435	402	379
Added	65	46	48	59	62	124
Implemented	69	93	54	86	66	55
Cancelled	8	24	7	6	19	17
Ending	519	448	435	402	379	431



1.2 Change Order and Defect Statistics (continued)

December 2014	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	116	55	2	1	174	
Federally Mandated	11	1	1	0	13	3 open and 1 on hold are included in the Priority list.
Non-Priority	152	6	86	0	244	
Totals	279	62	89	1	431	Total includes 5 ICD-10 and T-MSIS CO's

*The priority list consists of 178 Change Orders & Defects.

December 2014	Change Orders			Defects		
	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	86	23	8	4	2	2
Federally Mandated	0	2	0	1	0	0
Non-Priority	22	11	5	11	17	2
Totals	108	36	13	16	19	4

2 Unplanned System Outages

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

Billable Hours

2.1 Billable Hours Usage Summary (Contract Year 2014)

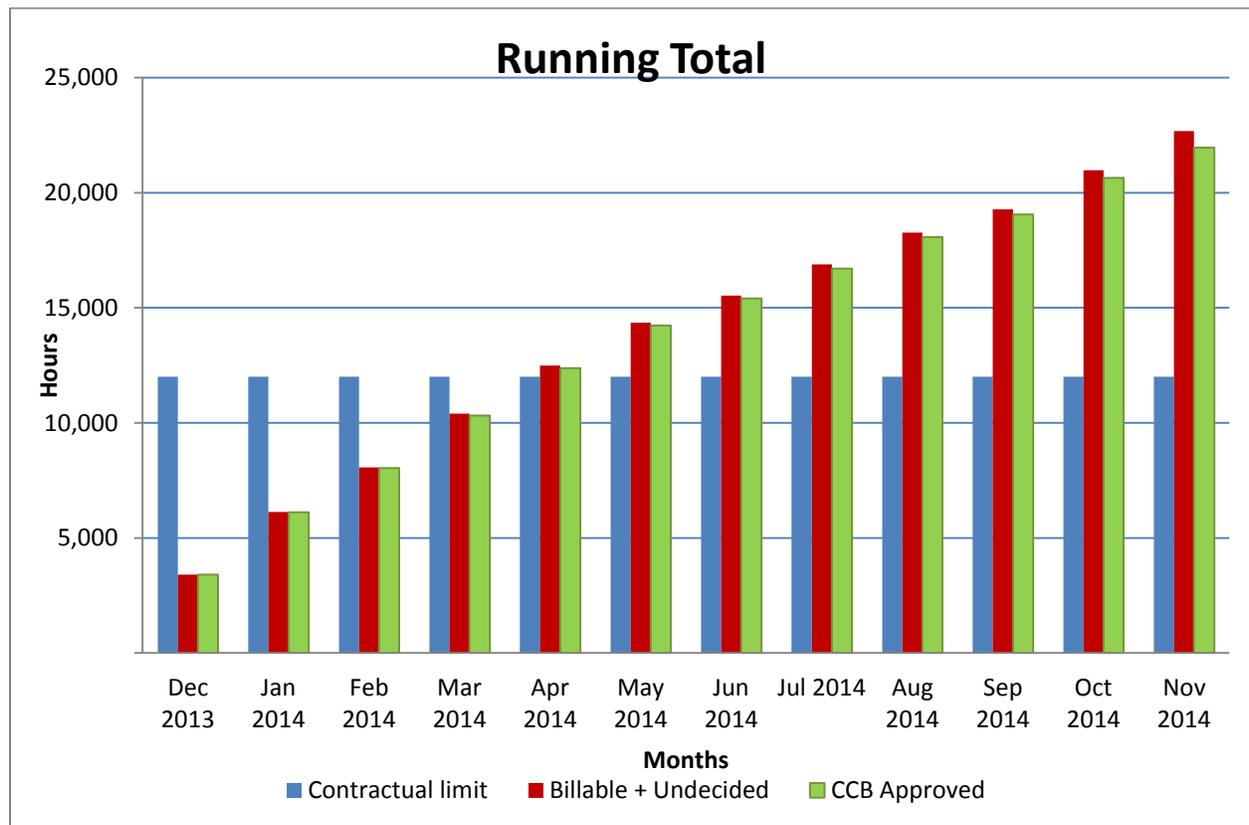
Month	Billable	Undecided	CCB Approved	Need CCB Review
Dec 2013	3,406.25	1.50	3,406.25	1.50
Jan 2014	2,714.75	10.50	2,713.50	11.75
Feb 2014	1,921.50	12.25	1,919.25	14.50
Mar 2014	2,327.50	7.00	2,279.25	55.25
Apr 2014	2,089.50		2,062.75	26.75
May 2014	1,848.50	12.00	1,848.50	12.00
Jun 2014	1,177.00	3.00	1,174.00	6.00
Jul 2014	1,315.00	34.25	1,302.00	47.25
Aug 2014	1,363.50	21.25	1,363.50	21.25
Sep 2014	992.25	23.25	991.25	24.25
Oct 2014	1,590.25	106.00	1,579.75	116.50
Nov 2014	1,409.25	294.25	1,324.50	379.00

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

2.2 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	8,066.75	8,039.00	8,042.50	24.25	27.75
Mar 2014	12,000.00	10,401.25	10,318.25	10,370.00	31.25	83.00
Apr 2014	12,000.00	12,490.75	12,381.00	12,459.50	31.25	109.75
May 2014	12,000.00	14,351.25	14,229.50	14,308.00	43.25	121.75
Jun 2014	12,000.00	15,531.25	15,403.50	15,485.00	46.25	127.75
Jul 2014	12,000.00	16,880.50	16,705.50	16,800.00	80.50	175.00
Aug 2014	12,000.00	18,265.25	18,069.00	18,163.50	101.75	196.25
Sep 2014	12,000.00	19,280.75	19,060.25	19,155.75	125.00	220.50
Oct 2014	12,000.00	20,977.00	20,640.00	20,746.00	231.00	337.00
Nov 2014	12,000.00	22,680.50	21,964.50	22,155.25	525.25	716.00

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



3 Monthly Ad hoc Requests

3.1 Inventory Summary

	Beginning of Month	Received This Month	Closed This Month	DMS Hold	Ending Inventory
Type A	0	0	0	0	0
Type B	0	1	1	0	0
Type C	3	58	61	0	0
Type D	0	5	5	0	0
Type E	0	0	0	0	0
Unspecified	0	1	0	0	1
Total	3	65	67	0	1

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

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
23453	C	May, Wilma	Completed	20141119	20141204	MFP Template
23699	C	Wilson, Jacob	Completed	20141124	20141204	CHC
23718	C	McFarland, Brian	Completed	20141126	20141203	11-25-14 Crossover ORR

23489	C	May, Wilma	Completed	20141201	20141202	MFP Template
23490	C	May, Wilma	Completed	20141201	20141202	MFP Template
23492	C	May, Wilma	Completed	20141201	20141202	MFP Template
23493	C	May, Wilma	Completed	20141201	20141202	MFP Template
23494	C	May, Wilma	Completed	20141201	20141202	MFP Template
23495	C	May, Wilma	Completed	20141201	20141202	MFP Template
23496	C	May, Wilma	Completed	20141201	20141202	MFP Template
23497	C	May, Wilma	Completed	20141201	20141202	MFP Template
23498	C	May, Wilma	Completed	20141201	20141202	MFP Template
23499	C	May, Wilma	Completed	20141201	20141202	MFP Template
23500	C	May, Wilma	Completed	20141201	20141202	MFP Template

23501	C	May, Wilma	Completed	20141201	20141202	MFP Template
23502	C	May, Wilma	Completed	20141201	20141202	MFP Template
23503	C	May, Wilma	Completed	20141201	20141202	MFP Template
23504	C	May, Wilma	Completed	20141201	20141202	MFP Template
23505	C	May, Wilma	Completed	20141201	20141202	MFP Template
23506	C	May, Wilma	Completed	20141201	20141204	MFP Template
23507	C	May, Wilma	Completed	20141201	20141202	MFP Template
23732	C	Godshall, Kurt	Completed	20141201	20141202	ORR 14-457 Kids Count
23735	C	Bentley, Tracy	Completed	20141201	20141205	ARCH Care Consultants 7100075910 10012013-10012014
23456	C	May, Wilma	Completed	20141202	20141204	MFP Template
23457	C	May, Wilma	Completed	20141202	20141204	MFP Template

23458	C	May, Wilma	Completed	20141202	20141204	MFP Template
23459	C	May, Wilma	Completed	20141202	20141204	MFP Template
23460	C	May, Wilma	Completed	20141202	20141204	MFP Template
23508	C	May, Wilma	Completed	20141202	20141204	MFP Template
23510	C	May, Wilma	Completed	20141202	20141204	MFP Template
23512	C	May, Wilma	Completed	20141202	20141204	MFP Template
23513	C	May, Wilma	Completed	20141202	20141204	MFP Template
23514	C	May, Wilma	Completed	20141202	20141204	MFP Template
23515	C	May, Wilma	Completed	20141202	20141204	MFP Template
23748	C	Leliaert, Teresa	Completed	20141202	20141202	MFP Template
23755	C	Keeling, Michelle	Completed	20141202	20141203	M Shahzad

23756	C	Keeling, Michelle	Completed	20141202	20141203	Chaney-Hazard
23757	C	Keeling, Michelle	Completed	20141202	20141203	J Brown
23758	C	Keeling, Michelle	Completed	20141202	20141205	G Ward
23766	D	Moccia, Don	Completed	20141203	20141205	MCO Capitation by Region for Contract Encumbrance
23772		Patel, Siddharth	In Progress	20141203		Claims data with diag codes provided
23516	C	May, Wilma	Completed	20141204	20141204	MFP Template
23517	C	May, Wilma	Completed	20141204	20141205	MFP Template
23518	C	May, Wilma	Completed	20141204	20141204	MFP Template
23519	C	May, Wilma	Completed	20141204	20141205	MFP Template
23520	C	May, Wilma	Completed	20141204	20141204	MFP Template
23521	C	May, Wilma	Completed	20141204	20141205	MFP Template

23522	C	May, Wilma	Completed	20141204	20141205	MFP Template
23523	C	May, Wilma	Completed	20141204	20141205	MFP Template
23242	C	May, Wilma	Completed	20141205		MFP Template
23243	C	May, Wilma	Completed	20141205		MFP Template
23244	C	May, Wilma	Completed	20141205		MFP Template
23251	C	May, Wilma	Completed	20141205		MFP Template
23252	C	May, Wilma	Completed	20141205		MFP Template
23393	C	May, Wilma	Completed	20141205	20141205	MFP Template
23412	C	May, Wilma	Completed	20141205	20141205	MFP Template
23461	C	May, Wilma	Completed	20141205	20141205	MFP Template
23462	C	May, Wilma	Completed	20141205	20141205	MFP Template

23545	C	May, Wilma	Completed	20141205	20141205	MFP Template
23828	C	Leliaert, Teresa	Completed	20141205	20141205	MFP Template
23868	B	Bechtel, Steve	Completed	20141215	20141215	APA Request for Hospital Payments
23881	D	Dennis, David	Completed	20141216	20141218	Claims data for M & S
23943	D	Bentley, Tracy	Completed	20141230	20141230	Abundant Solutions 17000415 11012013-10312014
23944	D	Bentley, Tracy	Completed	20141230	20141230	Cardinal Hill 17000340 11012013-103114
23945	D	Bentley, Tracy	Completed	20141230	20141230	Capacity Care 7100058840 11012013-103312014
23948	C	Smith, Toby	Completed	20141231	20150108	Members placed into Lock in program
23446	C	May, Wilma	Completed	40282323	20141203	MFP Template
23447	C	May, Wilma	Completed	40282323	20141203	MFP Template
23453	C	May, Wilma	Completed	20141119	20141204	MFP Template

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23493	C	May, Wilma	Completed	20141201	20141202	MFP Template
23494	C	May, Wilma	Completed	20141201	20141202	MFP Template
23495	C	May, Wilma	Completed	20141201	20141202	MFP Template
23496	C	May, Wilma	Completed	20141201	20141202	MFP Template
23497	C	May, Wilma	Completed	20141201	20141202	MFP Template
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23460	C	May, Wilma	Completed	20141202	20141204	MFP Template
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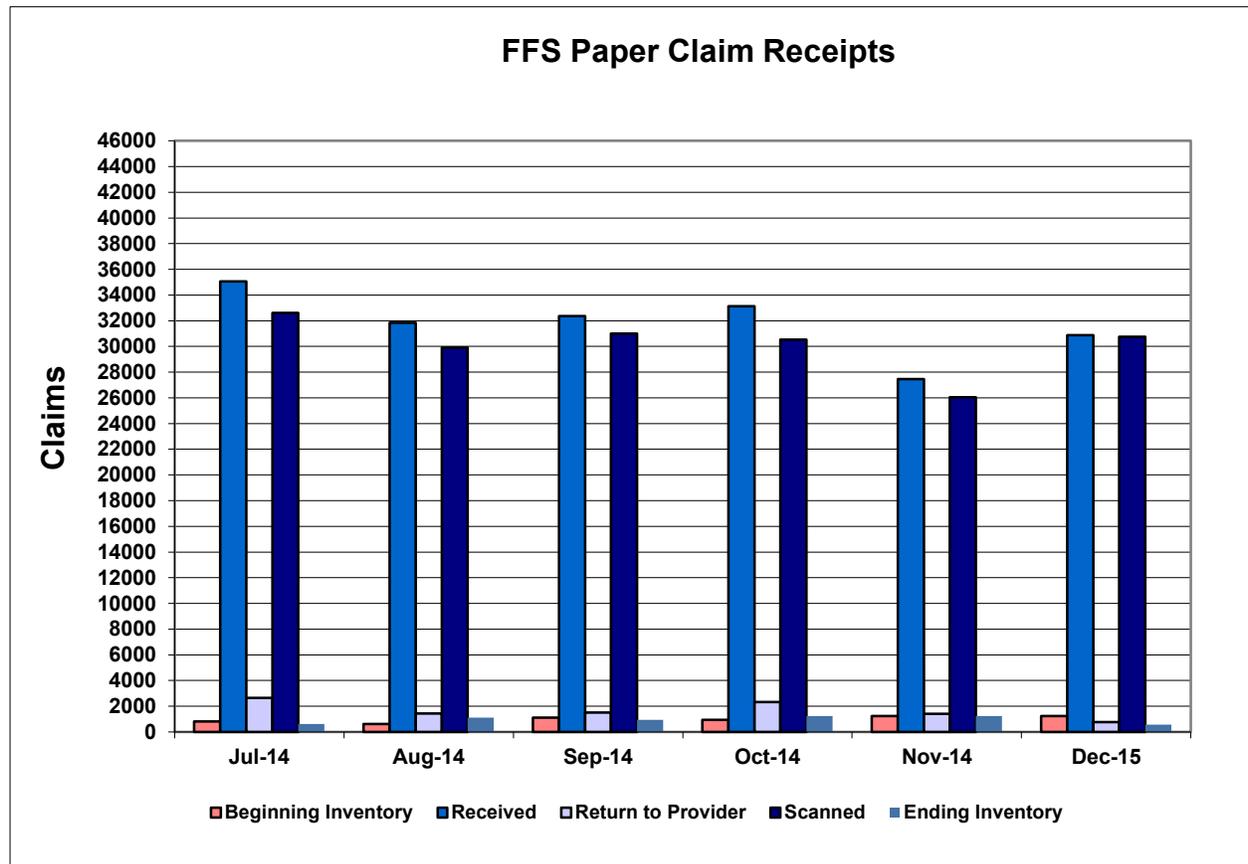
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23522	C	May, Wilma	Completed	20141204	20141205	MFP Template
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23446	C	May, Wilma	Completed	40282323	20141203	MFP Template

23447	C	May, Wilma	Completed	40282323	20141203	MFP Template
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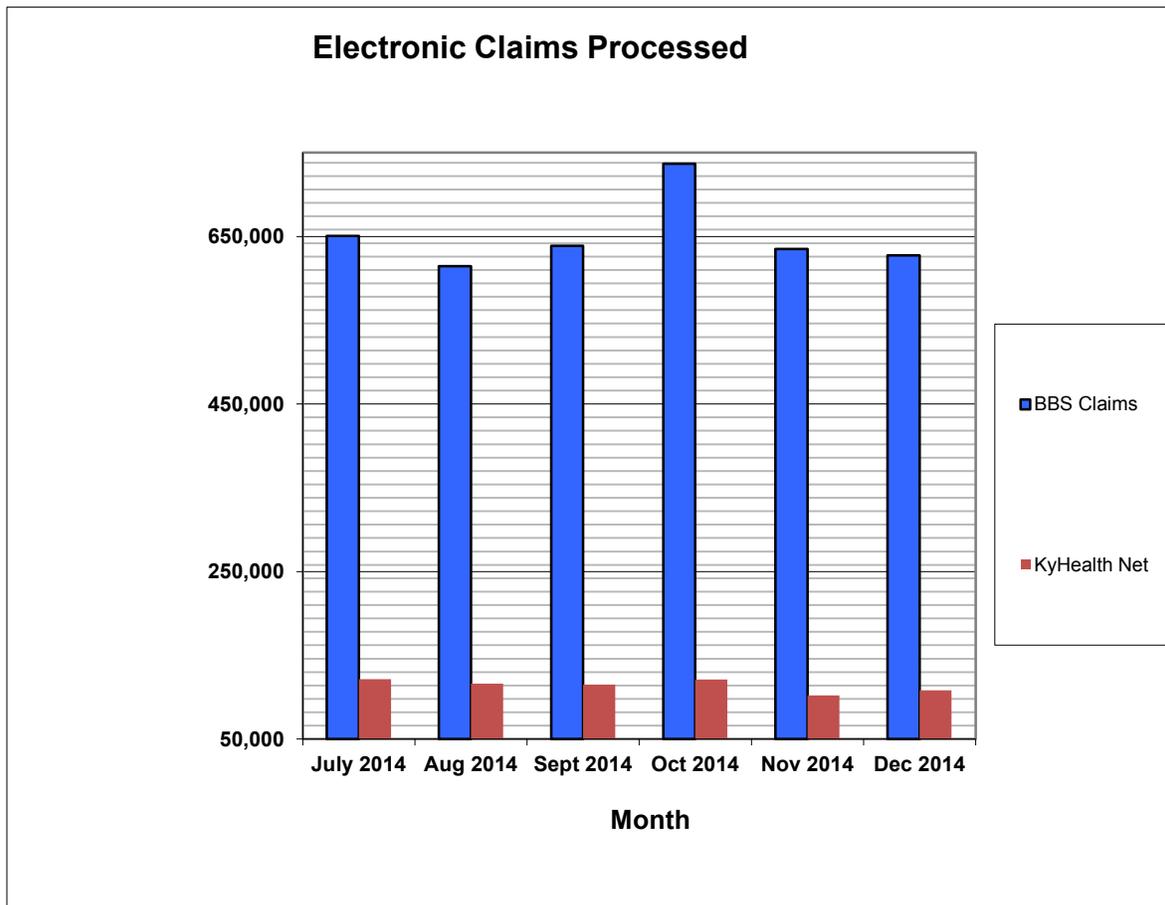
4 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
July 2014	805	35,063	2,640	32,609	619	0 days
August 2014	619	31,849	1,438	29,923	1,107	0 days
September 2014	1,107	32,353	1,507	31,010	943	0 days
October 2014	943	33,135	2,312	30,542	1,224	0 days
November 2014	1,224	27,454	1,397	26,053	1,228	0 days
December 2014	1,228	30,873	759	30,766	576	0 days



5 Electronic Claims Processed

	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014
Bulletin Board System Claims Processed	650,446	614,672	638,809	736,835	635,194	627,273
Kentucky HealthNet Claims Processed	121,359	116,312	115,038	121,223	102,344	108,172



6 Monthly FFS Claim Totals by Media

Begin Date	End Date
12/1/2014	12/31/2014

TOTAL	Denied Claims	Paid Claims		Suspense Claims
	Billed Amount	Billed Amount	Paid Amount	Billed Amount
Electronic	\$225,214,383.09	\$508,375,853.07	\$191,861,902.63	\$6,823,822.48
Paper	\$36,536,253.06	\$32,446,851.10	\$2,973,815.48	\$6,964,721.54
TOTAL:	\$261,750,636.15	\$540,822,704.17	\$194,835,718.11	\$13,788,544.02

7 Monthly Claims Operations

7.1 FFS Monthly Financial Cycle Summary

Category	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014
Paid Claims	497,422	618,993	534,710	759,717	609,516	590,208
Denied Claims	239,315	294,271	239,464	308,141	249,382	208,301
Total Adjudicated Claims	736,737	913,264	774,174	1,067,858	858,898	798,509
Adjustments	16,223	14,636	14,099	16,867	13,036	13,319
Total Claims	752,960	927,900	788,273	1,084,725	871,934	811,828
Suspended/Re-suspended Claims	8,717	3,197	5,065	5,795	9,695	5,993
% of Denied Claims	32.48%	32.2%	30.9%	28.9%	29.0%	26.1%
Avg \$ per Claim	\$512.68	\$364.97	\$364.19	\$300.36	\$330.92	\$330.11
Claim Payment Amount	\$255,016,091.78	\$225,913,034.94	\$194,735,154.30	\$228,189,682.95	\$201,698,555.45	\$194,835,718.11
(+) Payouts	\$5,968,536.67	\$3,486,034.64	\$895,918.39	\$18,470,812.50	\$449,744.98	\$758,053.27
(-) Recoupments	-\$3,254,747.61	-\$6,269,978.20	-\$5,243,582.40	-\$5,995,837.43	-\$3,568,083.19	-\$2,453,779.01
Check Issue	\$257,729,880.84	\$223,129,091.38	\$190,387,490.29	\$240,664,658.02	\$198,580,217.24	\$193,139,992.37
Capitation Payment	\$1,019,260,670.96	\$574,469,238.10	\$548,904,752.11	\$557,259,963.95	\$546,124,186.21	\$576,694,958.60
Total Paid	\$1,276,990,551.80	\$797,598,329.48	\$739,292,242.40	\$797,924,621.97	\$744,704,403.46	\$769,834,950.97

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

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

Category	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013
Paid Claims	411,145	548,289	446,264	456,714	605,447	459,040
Denied Claims	222,098	292,464	235,852	241,770	291,852	212,996
Total Adjudicated Claims	633,243	840,753	682,116	698,484	897,299	672,036
Adjustments/Claim Credits	8,948	13,959	12,363	10,059	13,292	10,104
Total Claims	642,191	854,712	694,479	708,543	910,591	682,140
Suspended/Resuspended Claims	9,246	12,939	11,788	15,296	12,811	11,094
% of Denied Claims	35.1%	34.8%	34.6%	34.6%	32.5%	31.7%
Avg \$ per Claim	\$447.39	\$381.59	\$405.57	\$430.47	\$361.62	\$406.61
Claim Payment Amount	\$183,942,129.35	\$209,224,330.84	180,991,079.99	\$196,601,602.10	\$218,939,387.67	\$186,650,101.31
(+) Payouts	\$5,356,806.56	\$496,177.51	7360754.51	\$1,183,572.44	\$7,360,754.51	\$48,295,830.15
(-) Recoupments	-\$2,818,257.18	-\$3,383,079.30	-3,956,438.25	-\$2,114,267.87	-\$4,091,631.89	-\$3,143,502.06
Check Issue	\$186,480,678.73	\$206,337,429.05	184,395,396.25	\$195,670,906.67	\$222,208,510.29	\$231,802,429.40
Capitation Payment	\$291,922,348.91	\$319,444,967.06	296,300,082.33	\$293,880,283.67	\$298,568,215.45	\$340,218,916.61
Total Paid	\$478,403,027.64	\$525,782,396.11	480,695,478.58	\$489,551,190.34	\$520,776,725.74	\$572,021,346.01

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

Begin Date	End Date
12/1/2014	12/31/2014

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
ANTHEM	56,939	\$31,941,231.13	15,146	\$5,285,651.03	72,085	\$37,226,882.16
COVENTRY	291,454	\$123,236,415.31	44,305	\$10,999,271.12	335,759	\$134,235,686.43
HUMANA	96,836	\$52,124,586.11	19,993	\$6,520,317.38	116,829	\$58,644,903.49
KENTUCKY SPIRIT						
NEMT	1,078,595	\$7,971,887.47	56,787	\$284,410.05	1,135,382	\$8,256,297.52
PASSPORT (Region 3)	228,596	\$119,956,125.58	34,875	\$4,973,056.37	263,471	\$124,929,181.95
WELLCARE	413,273	\$198,484,000.69	53,800	\$14,918,006.36	467,073	\$213,402,007.05
Sum:	2,165,693	\$533,714,246.29	225,965	\$42,980,712.31	2,391,658	\$576,694,958.60

7.2 Monthly MCO & NEMT Capitations (continued)

NEMT	Cap Transactions	Amount Paid
L.K.L.P. C.A.C., INC REGION 1	2,652	\$12,262.74
PENNYRILE ALLIED COMSERVICES, INC	53,507	\$317,780.34
AUDUBON AREA COMM SRVC	53,332	\$369,944.00
L.K.L.P. C.A.C., INC REGION 4	62,440	\$442,209.60
LKLP CAC INC REGION 5	92,868	\$935,763.64
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	223,878	\$1,912,034.40
BLUE GRASS COMMUNITY ACTION AGENCY INC	76,340	\$505,089.00
LKLP CAC INC REGION 9	88,431	\$611,317.00
FEDERATED TRANSPORTATION SVS OF THE BLUE	2	-\$13.30
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	60,211	\$423,482.33
RURAL TRANSIT ENTERPRISES	63,823	\$399,648.00
LKLP COMMUNITY ACTION	128,953	\$959,068.95
SANDY VALLEY TRANSPORTATION	86,977	\$555,899.46
LKLP CAC INC REGION 15	61,394	\$405,805.60
LICKING VALLEY COMMUNITY ACTION PROGRAM INC	61,598	\$310,835.20
TOTAL	18,976	\$95,170.56

7.3 FFS Adjudicated Original Claims (By Claim)

Begin Date	End Date
12/1/2014	12/31/2014

Paper Claims	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014
Paid	9,798	8,471	8,251	10,914	8,009	7,628
Denied	14,917	10,648	11,654	13,172	11,289	10,900
Total	24,715	19,119	19,905	24,086	19,298	18,528
% of Total Adjudicated Claims	3.42%	2.60%	2.57%	2.26%	2.25%	2.32%
% of Paper Denied Claims	60.36%	55.69%	58.55%	54.69%	58.50%	58.83%

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	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014
Paid	488,951	607,264	526,459	748,803	601,507	582,580
Denied	228,667	278,341	227,810	294,969	238,093	197,401
Total	717,618	885,605	754,269	1,043,772	839,600	779,981
% of Total Adjudicated Claims	97.40%	96.97%	97.43%	97.74%	97.75%	97.68%
% of Electronic Denied Claims	31.86%	31.43%	30.20%	28.26%	28.36%	25.31%

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

Begin Date	End Date
12/1/2014	12/31/2014

Procedure	Description	Member Count	Claim Count	Amount Paid
T2016	HABIL RES WAIVER PER DIEM	3,430	31,287	\$18,322,244.39
S5108	HOMECARE TRAIN PT 15 MIN	8,858	43,432	\$16,288,441.64
T1015	CLINIC SERVICE	75,786	109,616	\$8,451,678.48
99199	SPECIAL SERVICE/PROC/REPORT	7,406	10,834	\$7,430,471.44
99213	OFFICE/OUTPATIENT VISIT EST	21,429	83,517	\$5,937,016.49
T2021	DAY HABIL WAIVER PER 15 MIN	4,857	32,178	\$5,287,493.83
T2022	CASE MANAGEMENT, PER MONTH	13,999	16,924	\$4,560,267.46
S5100	ADULT DAYCARE SERVICES 15MIN	3,017	21,574	\$2,871,598.73
H0004	ALCOHOL AND/OR DRUG SERVICES	3,173	9,197	\$2,861,459.79
T2023	TARGETED CASE MGMT PER MONTH	8,540	9,745	\$2,850,290.70

7.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
3439	CEREBRAL PALSY NOS	1,571	8,729	\$21,621,358.52
3432	CONGENITAL QUADRIPLEGIA	202	1,481	\$15,662,762.38
317	MILD INTELLECT DISABILTY	4,606	32,007	\$12,661,823.63
3180	MOD INTELLECT DISABILITY	3,130	21,642	\$7,306,914.25
3128	OTHER CONDUCT DISTURBANCE	4,036	4,172	\$7,152,760.71
3182	PROFND INTELLCT DISABLTY	599	2,129	\$6,542,296.19
3310	ALZHEIMER'S DISEASE	1,669	2,906	\$6,439,445.67
34830	ENCEPHALOPATHY NOS	164	674	\$6,105,737.48
51889	OTHER LUNG DISEASE NEC	255	714	\$5,312,288.51
3181	SEV INTELLECT DISABILITY	839	4,571	\$4,750,853.60

7.6 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
12/1/2014	12/31/2014

Procedure	Description	Member Count	Claim Count	Amount Paid
99213	OFFICE/OUTPATIENT VISIT EST	190,379	258,073	\$10,517,573.24
99284	EMERGENCY DEPT VISIT	40,219	48,994	\$7,000,081.21
99283	EMERGENCY DEPT VISIT	53,264	66,680	\$5,916,147.75
99214	OFFICE/OUTPATIENT VISIT EST	68,337	81,809	\$4,947,949.90
99285	EMERGENCY DEPT VISIT	19,205	23,149	\$4,103,803.24
90837	PSYTX PT&FAMILY 60 MINUTES	13,919	27,531	\$3,942,669.18
T2022	CASE MANAGEMENT, PER MONTH	6,894	10,967	\$3,791,337.69
T2023	TARGETED CASE MGMT PER MONTH	3,681	7,748	\$2,513,327.39
74177	CT ABD & PELV W/CONTRAST	5,539	6,686	\$2,035,707.25
90832	PSYTX PT&FAMILY 30 MINUTES	13,649	22,917	\$1,942,562.49

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

7.7 Monthly MCO Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
31401	ATTN DEFICIT W HYPERACT	14,661	34,545	\$4,134,247.33
V5811	ANTINEOPLASTIC CHEMO ENC	670	1,217	\$3,160,589.37
29690	EPISODIC MOOD DISORD NOS	5,223	14,320	\$3,044,603.82
V3000	SINGLE LB IN-HOSP W/O CS	2,193	3,060	\$3,022,404.26
78650	CHEST PAIN NOS	12,127	17,915	\$2,842,740.82
0389	SEPTICEMIA NOS	504	819	\$2,739,324.92
V3001	SINGLE LB IN-HOSP W CS	1,068	1,467	\$2,707,639.19
V202	ROUTIN CHILD HEALTH EXAM	25,912	28,066	\$2,600,504.42
41401	CRNRY ATRHRSCL NATVE VSSL	1,513	1,911	\$2,291,890.78
65421	PREV C-DELIVERY-DELIVRD	746	1,064	\$2,177,484.73

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

7.8 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	21,103	19.9%
4021	No Coverage for Billed Procedure	16,362	15.4%
2017	Services Covered Under Member's MCO Plan	15,944	15.0%
1955	Cannot Determine Medicaid Nbr Billing Prov	9,006	8.5%
4804	No Contract for Billed Rev Code	8,991	8.4%
5001	Exact Duplicate	7,881	7.4%
1032	Billing Provider Not Eligible to Bill this Clm Type	7,240	6.8%
3317	This Service Was Not Approved by Medicare	6,720	6.3%
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	6,610	6.2%
1908	NPI Only Submitted on Claim – Not on File	6,244	5.9%
Totals		106.101	64.1%

Total Denied Details – 165,438

Note: Total # of top ten denials (106.101) divided by total denied details (165,438) = % of top ten denials (64.1%).

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

Error	Description	Number of Failures	% of Top Ten
4405	Unable to Assign Provider Contract	3,145	34.7%
2001	Member ID Number not on File Recycle	2,341	25.8%
3001	PA Not Found on Database	1,095	12.1%
3305	Member Requires Valid PT Liability for DOS	915	10.1%
5001	Exact Duplicate	340	3.7%
1046	Facility Provider is not Eligible	317	3.5%
3003	Procedure Code Requires PA	271	3.0%
1047	Billing Provider is Not Eligible	263	2.9%
2505	Member Covered by Private Insurance	193	2.1%
4014	No Pricing Segment on File	192	2.1%
Totals		9,072	79.8%

Total Suspended Details – 11,375

Note: Total # of top ten failures (9,072) divided by total suspended details (11,375) = % of top ten suspense (7%).

7.10 FFS Suspended Original Claims by Age (By Claim)

Category	July 2014		August 2014		September 2014		October 2014		November 2014		December 2014	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	6,142	7,046	2,762	8,639	4,621	9,123	5,351	92.34	9,252	95.43	5,592	93.31
31-60 days	1,747	2,004	46	144	44	87	41	71	71	.73	83	1.38
61-90 days	525	602	40	125	38	75	32	55	31	.32	43	.72
91+ days	303	348	349	10.92	362	715	371	640	341	3.52	275	4.59
Total	8,717		3,197		5,065		5,795		9,695		5,993	

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

Category	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	Oldest Julian Date
Resolutions	1,636	87	107	91	107	126	14-078
Med.Review	0	5	0	0	18	2	14-329
TPL	1	0	0	0	3	0	0
Adjustments	0	0	0	0	0	0	0
Recycle	0	0	0	0	0	0	0
DMS	938	348	343	353	315	273	12-184
Total	2,575	435	450	444	443	401	

8 Monthly Third-Party Liability

8.1 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.	1,599	5,461	5,406	0	1,654	9 days
CS40-Child Support	0	480	480	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	388	1,225	1,364	0	249	9 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	22	217	196	0	43	0 days
TPL Checks	35	148	120	0	63	0 days
TPL Mail	1,030	2,692	2,750	0	972	8 days
KHIPP	0	370	370	0	0	0 days
Total	3,074	10,593	10,686	0	2,981	

9 Monthly Finance/Adjustments

9.1 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	24	141	157	0	7	0	1	1 day
Payouts	0	47	47	0	0	0	0	0 days
Accounts Receivable Updates	0	12	12	0	0	0	0	0 days
Accounts Receivable Transfers	0	0	0	0	0	0	0	0 days
Total	24	200	216	0	7	0	1	

9.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	10	3	4	9	1 day
HP Financial	222	338	419	141	2 days
DMS Financial	47	90	84	53	5 days
Total	279	431	507	203	

9.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	0	108	72	13	23	1 days
Institutional	0	208	140	24	44	1 days
Voids	0	601	429	96	76	1 days
Total	0	917	641	133	143	

9.4 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)	150	189	88	0	2	249	249	0
SE Processed Adjustment (region 58)	0	00	0	0	0	0	0	0
Total	150	189	88	0	2	249	249	0

10 Provider Relations

10.1 Provider Field Representatives

10.1.1 Provider Visits

December 23, 2014

Vicky Hicks, HP Provider Field Representative, conducted a provider visit at HP in Frankfort KY with Families Hope on December 23, 2014. The provider who is new to Medicaid requested a provider visit to learn navigating in KYHealth Net. The following was reviewed during the visit: Adding agents; changing passwords; member eligibility, claims submission, RA viewer and provider status panel. Those who attended the visit were: Nana Nuro.

10.2 Conference Calls (Calls Greater Than 30 Minutes)

December 8, 2014

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Gateway Children's Services on December 8, 2014. The provider requested a conference call to learn navigating in KYHealth Net. The following was reviewed during the conference call: Adding agents; changing passwords; member eligibility, RA viewer and provider status panel. Those who attended the conference call were: Becky McCarty, Joe Gomes, Denise Emmons and Cindy Gilbert.

December 19, 2014

Vicky Hicks, HP Provider Field Representative, conducted a conference call with American Best Practices on December 19, 2014. The provider requested a conference call to learn navigating in KYHealth Net. The following was reviewed during the conference call: Adding agents; changing passwords; member eligibility, claims inquiry, PA letters, Map 552, RA viewer, and EFT. Those who attended the conference call were: Stephen Kponyoh.

December 31, 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Methodist Hospital Union County on December 31, 2014. The provider requested a conference call to review swing bed billing issues and how patient liability works. Those who attended the conference call were: Tammy.

10.3 Association Meetings

There were no Association meetings in December 2014.

10.4 Provider Contacts

Provider Calls	152
Provider E-mails	461
Total	613

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

10.5 Provider Workshops

December 17, 2014

Kelly Gregory, HP Provider Field Representative, conducted SCL new provider orientation. The orientation was held at the Department for Transportation in room 117. The presentation topics were: How Medicaid works, where to find information on CHFS and KYMMIS website, how to request access to KYHEALTH NET, navigating KYHEALTH NET, how to read remittance advice, and department contact information. The following KYHEALTH NET panels were talked about in detail: Member eligibility verification, patient liability and Map 552, claims inquiry, viewing PA letter and LOC, and RA viewer.

There were 19 providers in attendance, DMS staff members Michelle Thomas and Kathy Wilson and HP Provider Representative Vicky Hicks.

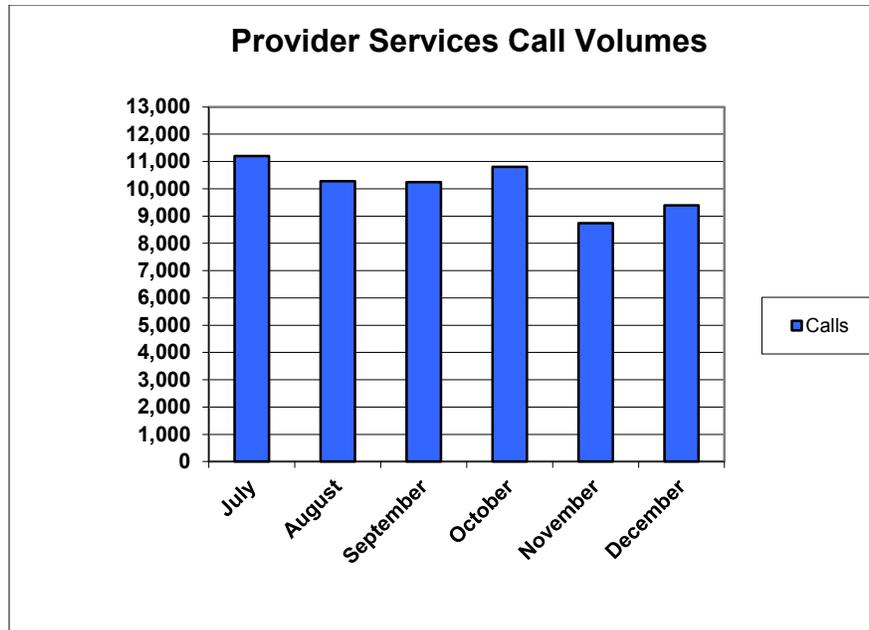
10.6 Provider Services

10.6.1 Provider Services

Category	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014
% Service Level	95%	95%	94%	96%	95%	95%
Abandoned Calls	586	533	588	418	418	512
Avg Speed Ans	1:31	1:25	1:36	1:10	1:34	1:36
Incoming Calls	11,195	10,279	10,239	10,807	8,736	9,390
Paper Correspondence	411	433	422	397	507	595
E-Mail Correspondence	221	213	222	336	179	263
Fax	31	13	17	9	2	10
Total*	11,858	10,938	10,900	11,549	9,424	10,258
HP Callbacks	127	131	138	88	84	127

*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.



10.6.2 Top 5 Provider Calls

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

10.6.3 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 and recoupments.

Commonwealth Training

10.6.4 Current Activities

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

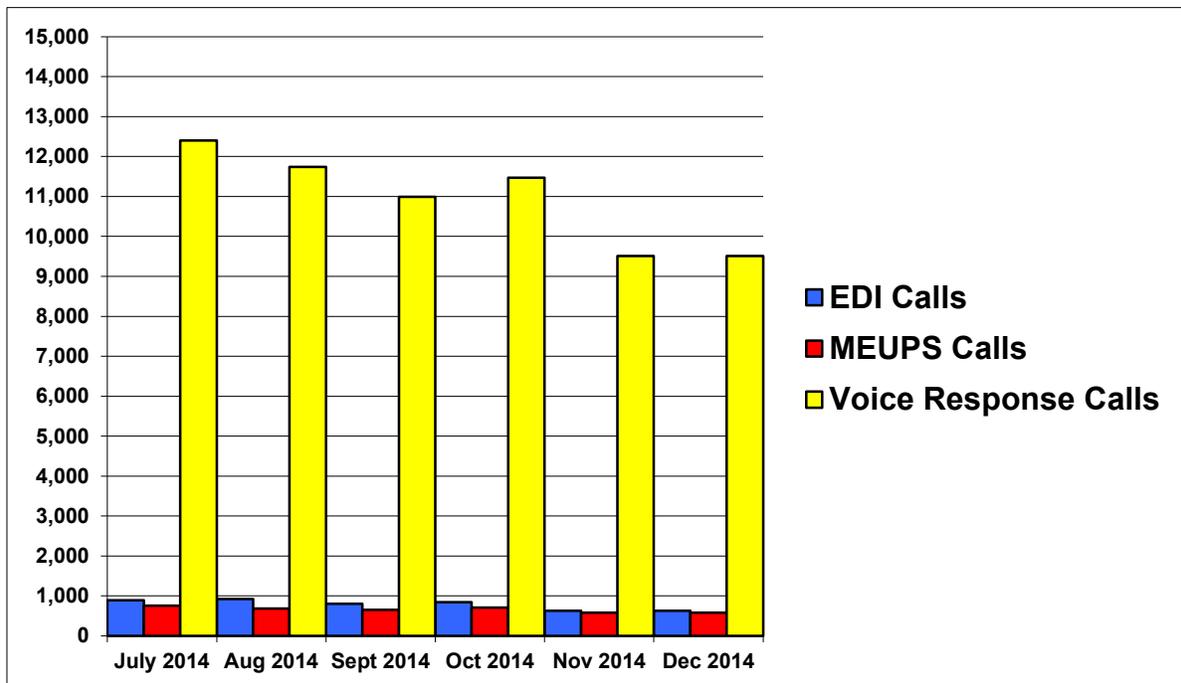
- Mechanics of Claims Processing (December 1) 1 attended
 - Jessica Williams, Medicaid Fraud & Abuse Control Division
- Member Subsystem (December 3) 2 attended
 - Amy S. Perry, Department of Insurance
 - Puneet Kumrah, OATS
- Provider Subsystem (December 4) 1 attended
 - Puneet Kumrah, OATS
- Prior Authorization Subsystem (December 4) 1 attended
 - Puneet Kumrah, OATS
- Reference Subsystem (December 8) 1 attended
 - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD
- Claim Edits, Audits and Rules (December 8) 1 attended
 - Puneet Kumrah, OATS
- Claims Subsystem (December 10) 1 attended
 - Puneet Kumrah, OATS
- Financial Subsystem (December 15) 2 attended
 - Deborah Simpson, Division of Program Quality & Outcomes
 - Puneet Kumrah, OATS
- OnBase Application (December 16) 1 attended
 - Lek Daugherty, Division of Provider & Member Services - Provider Services Br
- Special In Depth Training PA & On Base (December 9) 2 attended
 - Mary Mann, Dept for Behavioral Health, Dev. & Intellectual Disabilities
 - Haley Hammond, Dept for Behavioral Health, Dev. & Intellectual Disabilities

Staff members' supervisors are sent a confirmation of attendance via email.

11 EDI Customer/Provider Interaction

11.1 Electronic Data Interchange Calls Received

Category	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014
EDI Calls	894	923	800	842	630	662
MEUPS Calls	752	687	652	705	580	690
Voice Response Calls	12,401	11,743	10,991	11,466	9,510	10,080



Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
July	894	19	:17	3:06	98%
August	923	27	:17	2:56	97%
September	800	8	:14	3:05	99%
October	842	19	:10	2:57	98%
November	630	9	:12	3:01	99%
December	662	20	:17	2:49	97%

Expanded Call Data (continued)

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
July	752	25	:18	2:15	97%
August	687	11	:14	2:08	98%
September	652	12	:15	2:16	98%
October	705	9	:07	2:09	99%
November	580	15	:17	2:15	97%
December	690	18	:17	2:06	97%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
July	12,401	167	:01	1:31	99%
August	11,743	432	:01	1:32	96%
September	10,991	557	:01	1:32	95%
October	11,466	607	:01	1:32	95%
November	9,510	460	:01	1:32	95%
December	10,080	378	:01	1:31	96%

*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

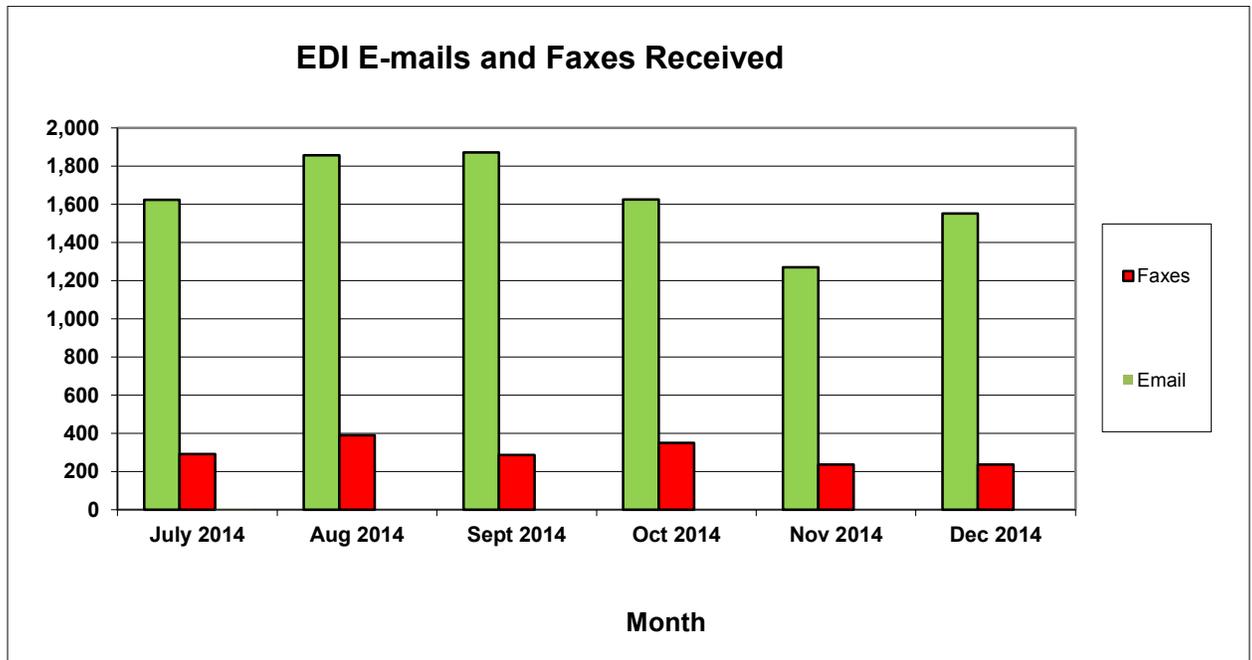
MEUPS Top 5 calls:

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	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014
Password Resets Received Via phone	580	463	439	485	445	511

11.2 EDI E-mails and Faxes Received

Category	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014
E-mails Received	1,623	1,857	1,872	1,625	1,270	1,551
E-mails Answered	1,623	1,857	1,867	1,621	1,267	1,546
Faxes Received	292	389	287	350	237	300
Faxes Answered	288	385	284	346	231	298



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	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014
Password Resets Received Via e-mail	387	409	383	380	314	281

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	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014
PINs Received via fax	101	132	127	152	273	361
Admins Received via fax	183	220	127	304	191	386

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



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

Utilization Management Operational Status Report

Status Month: December 2014

Report Date: January 12, 2015

Author: Carewise Health Staff/Pam Smith HP

Acute Inpatient Services

Call Metrics	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Administrative						
Abandoned Calls	6	4	9	0	14	8
Average Speed of Answer	00:08	00:08	00:09	00:08	00:11	00:16
Average Talk Time	03:16	03:18	03:19	03:23	03:31	03:53
First Call Resolution	99.7%	99.7%	99.2%	99.7%	99.5%	99.7%
Total Admin Calls	1978	1963	1862	1962	1616	1895
Clinical						
Abandoned Calls	1	2	0	0	0	0
Average Speed of Answer	00:09	00:08	00:09	00:07	00:08	00:12
Average Talk Time	06:50	06:23	06:02	05:46	06:10	06:21
First Call Resolution	100%	100%	98.1%	100%	98.3%	100.0%
Total Clinical Calls	262	274	243	282	272	288
Total Calls	2240	2237	2105	2244	1888	1888

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Pended						
Escalated	0	0	0	0	0	0
Lack of Information	0	0	0	0	0	0
MD Review	0	0	0	0	0	0
RN Review	37	31	32	33	36	27
Total	37	31	32	33	36	27

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	N/A
2.		
3.		
4.		
5.		

Requests Processed						
Approvals	301	268	255	244	254	283
Administrative Approval	1,535	1,423	1,603	1,482	1,269	1,645
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	20	19	20	22	13	31
Pended	37	31	32	33	36	27
Total	1,893	1,741	1,910	1,781	1,572	1,986

Current Month Top 10 Diagnosis Codes			
1.	486	PNEUMONIA, ORGANISM NOS	135
2.	518.81	FAILURE, ACUTE RESPIRATO	97
3.	038.9	SEPTICEMIA NOS	57
4.	491.21	BRONCHITIS, OBSTR CHR W	54
5.	428.0	FAILURE, CONGESTIVE HEAR	49
6.	786.50	SYMPTOM, PAIN, CHEST NOS	36
7.	599.0	INFECTION, URINARY TRACT	35
8.	780.39	SYMPTOM, CONVULSIONS NOS	31
9.	496	OBSTRUCTION, CHRONIC AIR	30
10.	584.9	ACUTE KIDNEY FAILURE, UN	28

Administrative Denials						
Technical (Out of Time Frame)	19	19	20	21	13	27
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	19	19	20	21	13	27

Current Month Top 5 Reasons for MD Denial		
1.	Admission was not medically necessary. 907 KAR 10:012(2) and 907 KAR 3:130	4
2.		
3.		
4.		
5.		

MD Review						
Medical Necessity	40	24	21	19	21	33
Not Medically Necessary	1	0	0	1	0	4
Referred to MD Rate	2.17%	1.38%	1.10%	1.12%	1.34%	1.86%
Not Medically Necessary Denial Rate	2%	0%	0%	5%	0%	11%
Total MD Review	41	24	21	20	21	37

Current Month Top 5 Reasons for Lack of Information Denial		
1.	N/A	
2.		
3.		
4.		
5.		

Reconsiderations						
Overtured	0	2	0	1	0	1
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	2	0	1	0	1

*Reconsiderations are not included in Request Processed Total

Durable Medical Equipment

Call Metrics	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Administrative						
Abandoned Calls	1	0	1	1	0	4
Average Speed of Answer	00:09	00:09	00:08	00:08	00:09	00:13
Average Talk Time	04:36	04:13	04:18	04:22	04:32	04:44
First Call Resolution	99.5%	99.5%	99.6%	99.5%	99.4%	100.0%
Total Admin Calls	537	604	556	502	396	497
Clinical						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:10	00:09	00:08	00:08	00:08	00:10
Average Talk Time	05:39	05:16	04:48	04:24	05:02	05:00
First Call Resolution	97.7%	97.7%	96.8%	97.7%	97.4%	96.8%
Total Clinical Calls	277	274	285	278	210	258
Total Calls	814	878	841	780	606	755

Requests Processed	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Approvals	840	922	958	1,149	868	935
Agreed Reduction	1	0	2	9	0	1
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	3	0	0	0	0	0
State Mandate	0	0	0	0	4	0
Denials	78	63	111	102	36	20
Pended	592	594	543	546	501	612
Total	1,514	1,579	1,614	1,806	1,409	1,568

Administrative Denials	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	69	59	99	91	22	4
Total Denied	69	59	99	91	22	4

MD Review	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Medical Necessity	141	137	165	161	122	129
Not Medically Necessary	9	4	12	11	14	16
Referred to MD Rate	9.91%	8.93%	10.97%	9.52%	9.65%	9.25%
Not Medically Necessary Denial Rate	6%	3%	7%	6%	10%	11%
Total MD Review	150	141	177	172	136	145

Reconsiderations	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Overtaken	14	0	3	0	0	3
Upheld	0	3	3	0	0	2
Total Reconsiderations	14	3	6	0	0	5

*Reconsiderations are not included in Request Processed Total

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Pended						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	568	568	539	493	487	580
MD Review	1	15	1	44	6	28
RN Review	23	11	3	9	8	4
HP Review	0	0	0	0	0	0
Total	592	594	543	546	501	612

Current Month Top 5 LOI Pended Reasons	
1.	Lack Of Information 580
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	
1.	343.9 PALSYP, INFANTILE CEREBRA 353
2.	496 OBSTRUCTION, CHRONIC AIR 61
3.	741.90 SPINA BIFIDA, W/O HYDROC 52
4.	343.2 PALSYP, INFANTILE CER, OU 42
5.	596.54 NEUROGENIC BLADDER NOS 37
6.	327.23 DSORD, ORGNC OBST SLEEP 34
7.	741.00 SPINA BIFIDA W/HYDROCEPH 29
8.	356.9 NEUROPATHY, IDIOPATHIC P 27
9.	783.3 SYMPTOM, FEEDING PROBLEM 24
10.	343.0 PALSYP, INFANTILE CEREBRA 21

Current Month Top 5 Reasons for MD Denial	
1.	Equipment is used primarily for the convenience of the recipient or caregiver. 907 KAR 1:479(6) and 907 KAR 3:130 5
2.	Noncovered item and incorrect coding. 2
3.	Does not meet review criteria 2
4.	Medical necessity not supported by the current documentation provided. 1
5.	Wound appears to have essentially healed 1

Current Month Top 5 Reasons for Lack of Information Denial	
1.	CMN is not received or incomplete 3
2.	LOI response not received or incomplete 1
3.	
4.	
5.	

DRG

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Target File						
Target File	250	250	250	250	102	123
On-Site Requested	39	55	36	33	0	0
In-House	211	195	214	217	102	123

Outcomes						
Total Approved	248	243	248	247	100	115

Outcomes						
Total Denied	2	7	2	3	2	8

Denial Reasons						
Not Medically Necessary	1	6	1	1	1	2
Technical	0	0	0	0	0	0
Reassignments	1	1	1	2	1	6
Total Denial Reasons	4	2	7	2	2	8

Reconsiderations						
Approved	0	0	0	1	0	0
Denied	0	0	0	2	0	0
Total Reviewed	0	0	0	3	0	0

Quality of Concern						
Severity 1 - Quality concern with minimum potential for significant effect (s) on the patient	0	0	0	0	0	0
Severity 2 - Quality problem with the potential for significant adverse effect (s) on the patient	0	0	0	0	0	0
Severity 3 - Quality problem with significant adverse affect (s) on the patient	0	0	0	0	0	0
Total Denied	0	0	0	0	0	0

EPSDT Special Services

Call Metrics	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Administrative						
Abandoned Calls	1	1	0	1	0	5
Average Speed of Answer	00:11	00:11	00:11	00:10	00:21	00:18
Average Talk Time	04:38	05:18	04:38	04:53	04:11	03:36
First Call Resolution	99.4%	99.4%	99.4%	99.4%	99.0%	99.6%
Total Admin Calls	284	316	259	273	185	190
Clinical						
Abandoned Calls	0	1	0	0	0	0
Average Speed of Answer	00:09	00:09	00:09	00:09	00:09	00:09
Average Talk Time	03:55	04:15	03:34	03:36	03:37	02:59
First Call Resolution	98.4%	98.4%	98.7%	98.4%	100.0%	96.8%
Total Clinical Calls	180	194	169	174	115	116
Total Calls	464	510	428	447	300	306

Requests Processed	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Approvals	1,097	970	1,179	1,223	856	1,088
Agreed Reduction	1	3	0	1	0	6
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	6	6	0	0	0	0
State Mandate	17	4	15	0	11	7
Denials	37	124	16	108	12	8
Pended	317	231	181	124	131	119
Total	1,475	1,338	1,391	1,456	1,010	1,228

Administrative Denials	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	18	117	2	99	0	3
Total Denied	18	117	2	99	0	3

MD Review	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Medical Necessity	15	29	28	19	10	19
Not Medically Necessary	19	7	14	9	12	5
Referred to MD Rate	2.31%	2.69%	3.02%	1.92%	2.18%	1.95%
Not Medically Necessary Denial Rate	56%	19%	33%	32%	55%	21%
Total MD Review	34	36	42	28	22	24

Reconsiderations	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Overtured	0	1	2	2	1	15
Upheld	0	8	10	0	0	0
Total Reconsiderations	0	9	12	2	1	15

*Reconsiderations are not included in Request Processed Total

Pended	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	282	203	168	114	125	106
MD Review	2	6	6	4	4	4
RN Review	33	22	7	6	2	9
Total	213	224	208	257	131	119

Current Month Top 5 LOI Pended Reasons	Count
1. Lack of Information	106
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	Count	Code	Description	Count
1.	299.00	DISORDER, AUTISTIC, CURR		265
2.	343.9	PALSY, INFANTILE CEREBRA		100
3.	758.0	DOWN'S SYNDROME		74
4.	315.9	DEVELOPMENT DELAY NOS		56
5.	783.40	LACK NRML PHYSLGCL DEV C		41
6.	759.89	ANOMALY, CONGENITAL NEC		35
7.	343.8	PALSY, INFANTILE CEREBRA		29
8.	781.3	SYMPTOM, LACK OF COORDIN		23
9.	742.3	HYDROCEPHALUS, CONGENITA		20
10.	315.32	DSORD, MIXED RECEPTIVE-E		18

Current Month Top 5 Reasons for MD Denial	Count
1. The service is primarily for the convenience of the recipient, family, physician or another provider of services. 907 KAR 11:034(9) and 907 KAR 3:130	5
2.	
3.	
4.	
5.	

Current Month Top 5 Reasons for Lack of Information Denial	Count
1. LOI response not received or incomplete	3
2.	
3.	
4.	
5.	

Home Health

Call Metrics	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Administrative						
Abandoned Calls	4	4	4	3	9	16
Average Speed of Answer	00:10	00:09	00:10	00:09	00:12	00:18
Average Talk Time	04:12	03:58	04:38	04:32	04:23	05:05
First Call Resolution	99.9%	99.9%	99.9%	99.9%	99.8%	99.7%
Total Admin Calls	1173	1236	1148	1194	952	1210
Clinical						
Abandoned Calls	0	0	0	3	0	7
Average Speed of Answer	00:09	00:09	00:10	00:11	00:09	00:24
Average Talk Time	07:46	07:31	08:12	07:51	07:59	08:29
First Call Resolution	99.1%	99.1%	100.0%	99.1%	98.9%	99.9%
Total Clinical Calls	934	944	931	1017	786	1053
Total Calls	2,107	2,180	2,079	2,211	1,738	2,263

Requests Processed	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Approvals	4,833	4,728	4,871	4,891	4,007	4,755
Agreed Reduction	149	143	126	186	128	201
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	1	0	0	1
State Mandate	0	18	0	0	0	1
Denials	38	40	69	57	58	48
Pended	91	77	80	87	75	171
Total	5,111	5,006	5,147	5,221	4,268	5,177

Administrative Denials	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Lack of Information	N/A	N/A	2	N/A	N/A	N/A
Medicare Primary	3	5	21	2	3	2
Technical (Out of Time Frame)	33	32	46	48	52	37
Total Denied	36	37	67	50	55	39

MD Review	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Medical Necessity	16	21	13	12	21	19
Not Medically Necessary	2	3	0	7	3	9
Referred to MD Rate	0.35%	0.48%	0.25%	0.36%	0.56%	0.54%
Not Medically Necessary Denial Rate	11%	13%	0%	37%	13%	32%
Total MD Review	18	24	13	19	24	28

Reconsiderations	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Overturned	0	0	1	0	0	0
Upheld	0	0	0	0	1	0
Total Reconsiderations	0	0	1	0	1	0

*Reconsiderations are not included in Request Processed Total

Pended	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Unreviewed	51	66	73	78	60	117
MD Review	0	0	0	0	0	0
RN Review	37	11	7	9	15	54
Total	88	77	80	87	75	171

Current Month Top 5 LOI Pended Reasons	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	
1.	343.9 PALSY, INFANTILE CEREBRA 433
2.	250.00 DM, UNCOMPLICATED, TYPE 275
3.	319 UNSPEC INTELLECTUAL DISA 252
4.	299.00 DISORDER, AUTISTIC, CURR 178
5.	401.9 HYPERTENSION, ESSENTIAL 152
6.	491.21 BRONCHITIS, OBSTR CHR N W 121
7.	428.0 FAILURE, CONGESTIVE HEAR 114
8.	496 OBSTRUCTION, CHRONIC AIR 97
9.	318.1 SEVERE INTELLECTUAL DISA 93
10.	780.39 SYMPTOM, CONVULSIONS NOS 82

Current Month Top 5 Reasons for MD Denial	
1.	Services can be safely and effectively provided on an outpatient basis. 907 KAR 1:030(4) and 907 KAR 3:130 5
2.	Recipient is not essentially homebound. 4
3.	
4.	
5.	

Current Month Top 5 Reasons for Lack of Information Denial	
1.	N/A
2.	
3.	
4.	
5.	

Hospice

Call Metrics	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Administrative						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
Total Admin Calls	N/A	N/A	N/A	N/A	N/A	N/A
Clinical						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
Total Clinical Calls	N/A	N/A	N/A	N/A	N/A	N/A
Total Calls	N/A	N/A	N/A	N/A	N/A	N/A

Requests Processed	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Approvals	95	152	282	186	129	117
Agreed Reduction	N/A	N/A	N/A	N/A	N/A	N/A
Client Approved/Negotiation	N/A	N/A	N/A	N/A	N/A	N/A
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	0	0	0	0	0	0
Pended	26	43	17	37	4	2
Total	121	195	299	223	133	119

Administrative Denials	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	N/A	N/A	N/A	N/A	N/A	N/A

MD Review	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Medical Necessity	0	0	0	0	0	0
Not Medically Necessary	0	0	0	0	0	0
Referred to MD Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
Total MD Review	0	0	0	0	0	0

Reconsiderations	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Overturned	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	0	0	0

*Reconsiderations are not included in Request Processed Total

Pended	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	26	43	17	37	4	2
MD Review	0	0	0	0	0	0
RN Review	0	0	0	0	0	0
Total	26	43	17	37	4	2

Current Month Top 5 LOI Pended Reasons	
1.	Lack Of Information 2
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	
1.	294.20 DEMENTIA, UNSPEC W/O BEH 24
2.	290.0 DEMENTIA, SENILE, UNCOMP 19
3.	189.0 NEOPLASM, MALIGNANT, KI 14
4.	429.9 DISEASE, HEART NOS 11
5.	496 OBSTRUCTION, CHRONIC AIR 10
6.	788.3 SYMPTOM, INCONTINENCE, U 8
7.	276.8 HYPOPOTASSEMIA 6
8.	789.39 SYMP SWELLING, ABDMN, SI 6
9.	238.75 NEOP, UB, MYELODYSPLASTI 5
10.	183.0 NEOPLASM, MALIGNANT, OVA 4

Current Month Top 5 Reasons for MD Denial	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 5 Reasons for Lack of Information Denial	
1.	N/A
2.	
3.	
4.	
5.	

Impact Plus

Call Metrics	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Administrative						
Abandoned Calls	0	0	0	0	0	2
Average Speed of Answer	00:09	00:16	00:11	00:09	00:12	00:07
Average Talk Time	03:48	04:17	04:12	03:49	04:24	03:29
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Admin Calls	72	66	74	31	26	14
Clinical						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:05	00:07	00:05	00:05	00:00	00:00
Average Talk Time	06:21	04:23	04:45	04:21	00:00	00:00
First Call Resolution	96.3%	96.3%	100.0%	96.3%	100.0%	100.0%
Total Clinical Calls	32	35	34	10	0	0
Total Calls	104	101	108	41	26	14

Requests Processed						
Approvals	364	208	232	11	0	0
Agreed Reduction	0	0	0	0	0	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	3	2	0	0	0	0
Pended	4	15	0	0	0	0
Total	371	225	232	11	0	0

Administrative Denials						
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	N/A	N/A	N/A	N/A	N/A	N/A

MD Review						
Medical Necessity	0	0	0	0	0	0
Not Medically Necessary	3	2	0	0	0	0
Referred to MD Rate	0.81%	0.89%	0%	0%	0%	0%
Not Medically Necessary Denial Rate	100%	100%	0%	0%	0%	0%
Total MD Review	3	2	0	0	0	0

Reconsiderations						
Overturned	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	0	0	0

*Reconsiderations are not included in Request Processed Total

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Pended						
Client Review	0	0	0	0	0	0
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
MD Review	0	0	0	0	0	0
RN Review	4	15	0	0	0	0
Total	4	15	0	0	0	0

Impact Plus Eligibility						
Total	23	6	9	0	0	0

Current Month Top 5 LOI Pended Reasons	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	
1.	N/A
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Current Month Top 5 Reasons for MD Denial	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 5 Reasons for Lack of Information Denial	
1.	N/A
2.	
3.	
4.	
5.	

Nursing Facility

Call Metrics	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Administrative						
Abandoned Calls	0	2	0	0	2	0
Average Speed of Answer	00:10	00:10	00:09	00:10	00:12	00:12
Average Talk Time	05:14	05:13	04:41	04:24	04:59	04:52
First Call Resolution	99.7%	99.7%	85.6%	99.7%	93.5%	99.4%
Total Admin Calls	276	301	298	317	215	264
Clinical						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:05	00:05	00:05	00:05	00:05	00:05
Average Talk Time	04:16	03:20	03:12	03:20	03:37	04:18
First Call Resolution	98.5%	98.5%	98.6%	98.5%	98.9%	99.3%
Total Clinical Calls	150	159	155	205	132	181
Total Calls	426	460	453	522	347	445

Requests Processed	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Approvals	5,867	6,237	6,312	5,392	6,240	4,878
Initial LOC Approval	2,512	2,463	2,337	2,511	2,121	2,316
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	1	2	9	3	1	2
Denials	40	47	27	22	22	4
Pended	337	213	268	191	146	196
Total	8,757	8,962	8,953	8,119	8,530	7,396

Administrative Denials	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Lack of Information	23	36	17	16	19	1
Non-Certified Bed	0	0	0	0	0	0
Total Denied	23	36	17	16	19	1

*Reconsiderations are not included in Request Processed Total

MD Review	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Medical Necessity	10	6	10	5	6	10
Not Medically Necessary	17	11	10	6	3	3
Referred to MD Rate	8.01%	7.98%	7.46%	5.76%	6.16%	6.63%
Not Medically Necessary Denial Rate	63%	65%	50%	55%	33%	23%
Total MD Review	27	17	20	11	9	13

Reconsiderations	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Overturned	3	3	2	1	1	1
Upheld	1	0	0	0	0	0
Total Reconsiderations	4	3	2	1	1	1

*Reconsiderations are not included in Request Processed Total

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Pended						
Lack of Information	242	167	211	173	144	174
MD Review	0	0	0	0	0	0
RN Review	94	46	57	18	2	20
Total	336	213	268	191	146	194

Current Month Top 5 LOI Pended Reasons	
1.	Lack of Information 174
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes		
1.	401.9	HYPERTENSION, ESSENTIAL 890
2.	290.0	DEMENTIA, SENILE, UNCOMP 520
3.	496	OBSTRUCTION, CHRONIC AIR 482
4.	436	DISEASE, ACUTE CEREBRAS, 315
5.	331.0	ALZHEIMER'S DISEASE 301
6.	428.0	FAILURE, CONGESTIVE HEAR 250
7.	250.00	DM, UNCOMPLICATED, TYPE 224
8.	486	PNEUMONIA, ORGANISM NOS 205
9.	599.0	INFECTION, URINARY TRACT 195
10.	728.87	WEAKNESS, MUSCLE 175

Current Month Top 5 Reasons for MD Denial	
1.	Recipient does not have a stable medical condition requiring intermittent high-intensity nursing care, continuous personal care or supervision in an institutional setting. 907 KAR 1:022(4) and 907 KAR 3:130 3
2.	
3.	
4.	
5.	

Current Month Top 5 Reasons for Lack of Information Denial	
1.	Lack of Information 1
2.	
3.	
4.	
5.	

Nursing Facility Ancillary

Call Metrics	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Administrative						
Abandoned Calls	12	7	17	16	9	27
Average Speed of Answer	00:18	00:18	00:18	00:18	00:20	00:28
Average Talk Time	02:53	03:08	03:15	03:33	03:17	03:14
First Call Resolution	99.7%	99.7%	99.7%	99.7%	93.5%	99.4%
Total Admin Calls	1146	1053	1146	1051	840	978
Clinical						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
Total Clinical Calls	N/A	N/A	N/A	N/A	N/A	N/A
Total Calls	1,146	1,053	1,146	1,051	840	978

Requests Processed	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Approvals	2,421	2,660	2,322	2,534	2,037	2,726
Agreed Reduction	0	0	0	0	0	0
Client Approved/Negotiation	2	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	273	348	261	322	270	229
Pended	234	181	224	252	237	195
Total	2,930	3,189	2,807	3,108	2,544	3,150

RN Denials/Overturns	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
FRN Criteria	251	324	249	309	263	225
FRN Reconsideration Overturned	6	9	6	14	7	6
FRN Reconsideration Upheld	18	13	10	11	6	3
Total Denied	275	346	265	334	276	234

MD Review	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Medical Necessity	2	11	5	11	0	5
Not Medically Necessary	1	11	2	2	0	1
Referred to MD Rate	0.10%	0.69%	0.25%	0.42%	0%	0%
Not Medically Necessary Denial Rate	33%	50%	29%	15%	0%	0%
Total MD Review	3	22	7	13	0	6

Reconsiderations	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Overturned	1	0	1	2	1	0
Upheld	0	0	0	4	0	0
Total Reconsiderations	1	0	1	6	1	0

*Reconsiderations are not included in Request Processed Total

Pended	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
MD Review	0	1	1	1	0	0
RN Review	181	223	216	251	237	195
Total	181	224	217	252	237	195

Current Month Top 5 LOI Pended Reasons	Reason	Count
1.	N/A	
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes	Code	Description	Count
1.	496	OBSTRUCTION, CHRONIC AIR	686
2.	728.87	WEAKNESS, MUSCLE	300
3.	786.05	SYMPTOM, SHORTNESS OF BR	236
4.	428.0	FAILURE, CONGESTIVE HEAR	197
5.	719.7	DIFFICULTY IN WALKING	134
6.	486	PNEUMONIA, ORGANISM NOS	97
7.	799.02	HYPOXEMIA	82
8.	781.3	SYMPTOM, LACK OF COORDIN	79
9.	786.09	SYMP ABNORMALITY, RESPIR	77
10.	401.9	HYPERTENSION, ESSENTIAL	50

Current Month Top 5 Reasons for MD Denial	Reason	Count
1.	Oxygen therapy is not medically necessary or appropriate for the recipient's diagnosis or condition. 907 KAR 1:023 and 907 KAR 3:130	1
2.		
3.		
4.		
5.		

Current Month Top 5 Reasons for Lack of Information Denial	Reason	Count
1.	N/A	
2.		
3.		
4.		
5.		

Orthodontia

Call Metrics	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Administrative						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:11	00:08	00:07	00:11	00:08	00:08
Average Talk Time	01:37	04:02	03:52	01:11	01:32	02:58
First Call Resolution	100.0%	100.0%	100.0%	100.0%	100.0%	100%
Total Admin Calls	17	20	8	18	8	9

Clinical						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
Total Clinical Calls	N/A	N/A	N/A	N/A	N/A	N/A
Total Calls	17	20	8	18	8	9

Requests Processed						
Approvals	16	11	15	27	13	8
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	0	0	0	0	0	0
Pended	0	0	2	0	0	0
Total	16	11	17	27	13	8

Administrative Denials						
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	N/A	N/A	N/A	N/A	N/A	N/A

MD Review						
Medical Necessity	0	0	1	0	0	0
Not Medically Necessary	0	0	0	0	0	0
Referred to MD Rate	0.00%	0.00%	5.88%	0.00%	0.00%	0.00%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
Total MD Review	0	0	1	0	0	0

Reconsiderations						
Overtured	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	0	0	0

*Reconsiderations are not included in Request Processed Total

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Pended						
Lack of Information	0	0	0	0	0	0
MD Review	0	0	2	0	0	0
RN Review	0	0	0	0	0	0
Total	0	0	2	0	0	0

Current Month Top 5 LOI Pended Reasons	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes			
1.	V58.5	ORTHODONTICS AFTERCARE	6
2.	799.02	HYPOXEMIA	2
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Current Month Top 5 Reasons for MD Denial	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 5 Reasons for Lack of Information Denial	
1.	N/A
2.	
3.	
4.	
5.	

Outpatient Therapies

Call Metrics	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Administrative						
Abandoned Calls	0	1	0	0	0	0
Average Speed of Answer	00:09	00:09	00:09	00:08	00:14	00:14
Average Talk Time	04:07	04:12	04:00	04:12	04:49	04:09
First Call Resolution	99.4%	99.4%	100.0%	99.4%	99.6%	100%
Total Admin Calls	143	135	158	126	109	107
Clinical						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:08	00:08	00:08	00:08	00:10	00:08
Average Talk Time	04:48	05:47	03:07	03:57	04:18	04:09
First Call Resolution	100.0%	100.0%	95.9%	100.0%	98.1%	100%
Total Clinical Calls	40	61	41	49	41	27
Total Calls	183	196	199	175	150	134

Requests Processed	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Approvals	206	250	270	287	211	233
Agreed Reduction	4	1	8	1	1	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	1	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	0	0	0	2	23	5
Pended	14	10	8	49	8	8
Total	225	261	286	339	243	246

Administrative Denials	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Lack of Information	0	0	0	2	23	5
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	0	0	0	2	23	5

MD Review	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Medical Necessity	28	20	16	29	24	34
Not Medically Necessary	0	0	0	0	0	0
Referred to MD Rate	12.44%	7.66%	5.59%	8.55%	9.88%	13.82%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
Total MD Review	28	20	16	29	24	34

Reconsiderations	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Overturned	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	0	0	0

*Reconsiderations are not included in Request Processed Total

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Pended						
Lack of Information	12	5	7	48	8	3
MD Review	0	0	1	0	0	0
RN Review	2	5	0	1	0	5
Total	14	10	8	49	8	8

Independent Therapy	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Total	37	41	66	100	92	

Current Month Top 5 LOI Pended Reasons	
1.	Lack of Information 3
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	
1.	728.9 DISORDER, MUSCLE/LIGAMEN 60
2.	784.59 SYMPTOM, OTHER SPEECH DI 27
3.	318.0 MODERATE INTELLECTUAL DI 13
4.	V57.21 ENCOUNTER FOR OCCUPATION 10
5.	781.3 SYMPTOM, LACK OF COORDIN 9
6.	436 DISEASE, ACUTE CEREBRAS, 8
7.	343.9 PALSY, INFANTILE CEREBRA 7
8.	299.00 DISORDER, AUTISTIC, CURR 7
9.	784.42 SYMPTOM, DYSPHONIA 6
10.	758.5 ANOMALY, AUTOSOMAL NEC 6

Current Month Top 5 Reasons for MD Denial	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 5 Reasons for Lack of Information Denial	
1.	LOI response not received or incomplete 5
2.	
3.	
4.	
5.	

Physician Services

Call Metrics	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Administrative						
Abandoned Calls	0	1	0	0	0	1
Average Speed of Answer	00:10	00:09	00:10	00:09	00:14	00:16
Average Talk Time	03:40	03:24	03:21	03:49	03:34	03:22
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Admin Calls	266	241	242	261	250	200
Clinical						
Abandoned Calls	0	1	0	0	0	1
Average Speed of Answer	00:09	00:09	00:09	00:09	00:09	00:09
Average Talk Time	03:55	03:55	03:55	03:55	03:55	03:55
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Clinical Calls	54	36	32	34	31	37
Total Calls	320	277	274	295	281	237

Requests Processed						
Approvals	50	31	40	42	43	47
Administrative Approval	9	6	20	11	14	19
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	0	1	0	2	0	0
Pended	4	6	9	3	13	8
Total	63	44	69	58	70	74

Administrative Denials						
Lack of Information	0	0	0	0	0	0
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	0	0	0	0	0	0
Total Denied	0	0	0	0	0	0

MD Review						
Medical Necessity	22	17	13	13	24	24
Not Medically Necessary	0	1	0	2	0	0
Referred to MD Rate	34.92%	40.91%	18.84%	25.86%	34.29%	32.43%
Not Medically Necessary Denial Rate	0%	6%	0%	13%	0%	0%
Total MD Review	22	18	13	15	24	24

Reconsiderations						
Overtaken	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	0	0	0

*Reconsiderations are not included in Request Processed Total

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Pended						
Lack of Information Incomplete Data (Consent Forms)	N/A	N/A	N/A	N/A	N/A	N/A
MD Review	2	4	5	2	9	6
RN Review	0	0	0	0	0	0
	2	2	4	1	4	2
Total	4	6	9	3	13	8

Current Month Top 5 LOI Pended Reasons	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes			
1.	V25.2	STERILIZATION	13
2.	278.01	OBESITY, MORBID	11
3.	327.23	DSORD, ORGNC OBST SLEEP	6
4.	174.9	NEOPLASM, MLIG, FEMALE B	4
5.	V10.3	HX, PRSNL, BREAST MALIGN	4
6.	626.2	EXCESSIVE MENSTRUATION	3
7.	998.32	DISRUPT, EXTERNAL OPER S	3
8.	374.87	DERMATOCHALASIS	3
9.	174.6	NEOP, MLIG, FEMALE BREAS	2
10.	496	OBSTRUCTION, CHRONIC AIR	2

Current Month Top 5 Reasons for MD Denial	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 5 Reasons for Lack of Information Denial	
1.	N/A
2.	
3.	
4.	
5.	

Psychiatric Programs

Call Metrics	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Administrative						
Abandoned Calls	0	0	0	1	2	4
Average Speed of Answer	00:10	00:10	00:11	00:10	00:13	00:16
Average Talk Time	03:18	03:38	03:13	03:16	02:52	03:06
First Call Resolution	94.1%	94.1%	100.0%	94.1%	100.0%	100%
Total Admin Calls	358	281	291	301	209	306
Clinical						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:05	00:06	00:05	00:05	00:05	00:05
Average Talk Time	10:19	10:44	09:10	08:33	09:07	08:44
First Call Resolution	100.0%	100.0%	100.0%	100.0%	100.0%	100%
Total Clinical Calls	299	213	225	272	170	261
Total Calls	657	494	516	573	379	567

Requests Processed	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Approvals	278	215	243	274	187	283
Agreed Reduction	0	0	0	0	0	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	1	0	0	2	1
Denials	11	10	12	9	4	6
Pended	11	15	8	10	4	8
Total	300	241	263	293	197	298

Administrative Denials	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	1	4	5	1	3	3
Total Denied	1	4	5	1	3	3

MD Review	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Medical Necessity	6	2	2	0	0	0
Not Medically Necessary	10	6	7	0	0	0
Referred to MD Rate	5.33%	3.32%	3.42%	0.00%	0.00%	0.00%
Not Medically Necessary Denial Rate	63%	75%	78%	0%	0%	0%
Total MD Review	16	8	9	0	0	0

Reconsiderations	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Overtaken	1	1	3	1	0	0
Upheld	2	2	4	3	1	1
Total Reconsiderations	3	3	7	4	1	1

*Reconsiderations are not included in Request Processed Total

Pended	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Lack of Information	0	0	0	0	0	0
RN Review	11	15	8	10	4	8
MD Review	0	0	0	0	0	0
Total	1	13	8	10	4	8

By Place of Service	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Distinct Part Units - Psychiatric	121	80	99	107	60	87
EPSDT	16	13	12	25	21	23
Freestanding Psychiatric Facility	35	35	43	38	26	40
Inpatient Hospital	5	9	14	2	3	12
Non-Freestanding Psychiatric Facility	115	99	98	116	81	121
Onsite EPSDT Psych	0	2	0	0	0	0
Psychiatric Residential Treatment Center	11	6	4	9	7	16
Total	319	244	270	297	198	299

Current Month Top 5 LOI Pended Reasons	Reason	Count
1.	Lack of Information	N/A
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes	Code	Description	Count
1.	296.90	DISORDER, EPISODIC MOOD	47
2.	295.70	DISORDER, SCHIZOAFFECTIV	27
3.	295.30	SCHIZOPHRENIA, PARANOID,	25
4.	311	DISORDER, DEPRESSIVE NEC	17
5.	295.90	SCHIZOPHRENIA NOS, UNSPE	17
6.	312.9	DISTURBANCE, CONDUCT NOS	15
7.	296.7	BPLR I, UNSPEC, MOST REC	12
8.	312.30	DISORDER OF IMPULSE CONT	11
9.	312.34	DISORDER, INTERMITTENT E	11
10.	296.80	DISORDER, BIPOLAR NOS	11

Current Month Top 5 Reasons for MD Denial	Reason	Count
1.	N/A	
2.		
3.		
4.		
5.		

Current Month Top 5 Reasons for Lack of Information Denial	Reason	Count
1.	N/A	
2.		
3.		
4.		
5.		

Radiology

Call Metrics	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Administrative						
Abandoned Calls	0	2	3	0	0	6
Average Speed of Answer	00:12	00:10	00:11	00:10	00:16	00:18
Average Talk Time	03:55	04:02	03:46	03:47	03:57	04:27
First Call Resolution	100.0%	100.0%	100.0%	100.0%	99.6%	100%
Total Admin Calls	434	443	467	480	372	427
Clinical						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:08	00:09	00:08	00:08	00:08	00:08
Average Talk Time	05:06	05:38	05:30	05:51	05:36	05:34
First Call Resolution	100.0%	100.0%	95.9%	100.0%	98.2%	100%
Total Clinical Calls	261	262	291	257	205	259
Total Calls	695	705	758	737	577	686

Requests Processed	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Approvals	314	300	312	334	261	304
Agreed Reduction	0	0	0	0	0	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	0	1	8	4	0	6
Pended	8	12	8	14	9	2
Total	322	313	328	352	270	312

Administrative Denials	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Lack of Information	0	1	7	4	0	1
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	0	1	7	4	0	1

MD Review	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Medical Necessity	63	87	93	118	83	80
Not Medically Necessary	0	0	1	0	0	5
Referred to MD Rate	19.57%	27.80%	28.66%	33.52%	30.74%	27.24%
Not Medically Necessary Denial Rate	0%	0%	1%	0%	0%	6%
Total MD Review	63	87	94	118	83	85

Reconsiderations	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Overtaken	0	0	0	0	0	1
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	0	0	1

*Reconsiderations are not included in Request Processed Total

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Pended						
Lack of Information	1	6	0	0	1	1
MD Review	0	2	3	3	7	0
RN Review	7	4	5	11	1	1
Total	8	12	8	14	9	2

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	1
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes		
1.	724.2 LUMBAGO	29
2.	786.50 SYMPTOM, PAIN, CHEST NOS	24
3.	723.1 CERVICALGIA	18
4.	723.4 NEURITIS, BRACHIAL NOS	12
5.	331.4 HYDROCEPHALUS, OBSTRUCTI	10
6.	724.4 NEURITIS, LUMBOSACRAL NO	10
7.	719.41 PAIN IN JOINT, SHOULDER	10
8.	340 SCLEROSIS, MULTIPLE	9
9.	722.4 DEGENERATION, CERVICAL D	7
10.	719.45 PAIN IN JOINT, PELVIS/TH	6

Current Month Top 5 Reasons for MD Denial		
1.	Other approved imaging meets care needs. 907 KAR 3:005(5) and 907 KAR 3:130	3
2.	Lower level imaging required first. 907 KAR 3:005(5) and 907 KAR 3:130	2
3.		
4.		
5.		

Current Month Top 5 Reasons for Lack of Information Denial		
1.	LOI response not received or incomplete	1
2.		
4.		
5.		



KY Department for Medicaid Services Administrative Hearings Report

**Report runs off Status of In Progress for open cases.*

Report Run Date: Jan 8, 2015
 New/In Progress/Closed/All In Progress

Case Type	Primary Category	Appeal Type	Status	Appeal Start Date	Decision Required Date	Attending Physician
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Jan 6, 2015	Mar 13, 2015	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Mar 10, 2014	Mar 27, 2014	PELLEGRINI, ADRIAN
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Dec 19, 2014	Feb 27, 2015	PELLEGRINI, ADRIAN
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Aug 12, 2014	Oct 2, 2014	PELLEGRINI, ADRIAN
Home Health	Home Health	Administrative Hearings	In Progress	Jun 18, 2014	Jul 30, 2014	PELLEGRINI, ADRIAN
Waiver	Michelle P - Services	Administrative Hearings	In Progress	Aug 25, 2014	Sep 30, 2014	PELLEGRINI, ADRIAN
Waiver	ABI - LOC	Administrative Hearings	In Progress	Jun 11, 2014	Jul 3, 2014	SMITH RN, PAM
Waiver	HCB - LOC	Administrative Hearings	In Progress	May 27, 2014	Jul 10, 2014	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Oct 7, 2013	Dec 9, 2013	SMITH D.O., DEBRA
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Dec 23, 2014	Feb 5, 2015	PELLEGRINI, ADRIAN
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Dec 1, 2014	Feb 26, 2015	PELLEGRINI, ADRIAN
Acute Inpatient	Psychiatric	Administrative Hearings	In Progress	Dec 8, 2014	Feb 6, 2015	PELLEGRINI, ADRIAN
Acute Inpatient	Psychiatric	Administrative Hearings	In Progress	Dec 8, 2014	Feb 6, 2015	PELLEGRINI, ADRIAN
Waiver	HCB - LOC	Administrative Hearings	In Progress	Oct 17, 2014	Oct 27, 2014	PELLEGRINI, ADRIAN



Utilization Management Executive Summary

*Kentucky MMIS Project
Cabinet for Health and Family Services
Department for Medicaid Services*

Status Month End December 2014

Cabinet for Health and Family Services Department for Medicaid Services

Role:		Name:	
Author		Pam Smith	
Reviewer		HP Leaders	
HP Management		Matt Dawson	
Client		Commissioner Lawrence Kissner Deputy Commissioner Lisa Lee Deputy Commissioner Neville Wise Acting Information Systems Director John Hoffmann	
DELIVERABLE TITLE:		Date Submitted: 09/	
File Name: : Utilization Management Executive Summary			AUTHORING TOOL: Microsoft Word 2007

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Monthly UM Reviews Processed

Review Area	Historical Monthly Avg	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Acute Inpatient*	1,781	1,856	1,710	1,878	1,748	1,536	1,959
Inpatient Psych	256	289	226	255	283	193	290
DRG Retro Review	204	250	250	250	250	102	123
EPSDT	1,299	1,440	1,310	1,378	1,446	1,004	1,215
Impact Plus	137	367	210	232	11	0	0
DME	1,556	1,490	1,553	1,610	1,753	1,395	1,536
Home Health	4,966	5,071	4,995	5,140	5,212	4,253	5,123
Outpatient Services (Therapy)	264	223	256	285	338	243	241
Radiology	359	315	307	320	338	262	611
Physician Services*	59	61	42	65	57	57	72
Dental/Orthodontia	15	16	11	15	27	13	8
Hospice	182	121	195	299	223	133	119
Nursing Facility Level of Care	8,413	8,662	8,916	8,896	8,101	8,528	7,374
Nursing Facility Ancillary Onsite	2,802	3,008	2,583	3,101	2,856	2,307	2,955
Total	22,292	23,169	22,564	23,724	22,643	20,026	21,626

*Includes Clinical and Administrative Reviews

**Total requests processed = # of reviews processed during the month – reviews still in a pending MD or RN review status on the last day of the month

Quarterly Audit Reviews

Audit Area	Historical Avg/Quarter	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014
Billing Audits - HH, EPSDT, Waiver	41	61	10	60	70	32	14
NF RUG-MDS	76	32	118	43	109	36	116
Adult Day Level II	9	8	8	10	10	10	9

*Billing Audits are identified in Q1 and are done throughout the entire year. The full audit volume must be completed by the end of Q4 the same year. It is typical to see higher numbers of reviews completed in the quarters opposite the higher volume RUG quarters.

Q2 and Q4 are typically the quarters where more facilities are scheduled to be audited

Monthly Reviews Processed Dec 2014

Review Area	Beginning Inventory	Received	Approval	Denial	RTP-LOI	Ending Inventory	*Age Oldest Review
Acute Inpatient	36	1,950	1,928	31	0	27	2 days
Inpatient Psych	4	294	284	6	0	8	1 day
DRG	0	123	115	8	0	0	N/A
EPSDT	6	1,222	1,101	8	106	13	3 days
Impact Plus	0	0	0	0	0	0	N/A
DME	14	1,554	936	20	580	32	3 days
Home Health	15	5,162	4,958	48	117	54	3 days
Outpatient Services (Therapy)	0	246	233	5	3	5	2 days
Radiology	8	304	304	6	1	1	2 days
Physician Services	13	61	66	0	6	2	2 days
Dental/Orthodontia	0	8	8	0	0	0	N/A
Hospice	0	119	117	0	2	0	3 days
Nursing Facility Level of Care	2	7,394	7,196	4	174	20	3 days
Nursing Facility Ancillary Onsite	237	2,913	2,726	229	0	195	3 days
Total	335	21,350	19,972	365	989	357	

** Beginning Inventory = Requests from previous month that were in a pending RN/MD review on the last day of the prior month, Received = Requests processed – Beginning Inventory, Ending Inventory = Remaining requests from current month in a pending RN/MD review status

Monthly Referral/Denial Stats Dec 2014

Review Area	Review Volume	# Referred	# Denied	% Referred	% Denied	% Referred/Denied
Acute Inpatient-Clinical Review	1,959	37	4	1.9%	.20%	11%
Inpatient Psych	290	0	0	0%	0%	0%
DRG Retro Review	123	0	0	0%	0%	0%
EPSDT	1,109	24	5	2.2%	.45%	21%
Impact Plus	0	0	0	0%	0%	0%
DME	956	145	16	15%	1.7%	11%
Home Health	5,006	28	9	.56%	.18%	32%
Outpatient Services (Therapy)	238	34	0	14%	0%	0%
Radiology	310	85	5	27%	1.6%	5.9%
Physician Services – Clinical Review	66	24	0	36%	0%	0%
Dental/Orthodontia*	8	0	0	0%	0%	0%
Hospice	117	0	0	0%	0%	0%
Nursing Facility Level of Care	7,200	13	3	.18%	.04%	23%
Nursing Facility Ancillary Onsite**	2,955	6	1	.20%	.03%	17%
Total	20,337	396	43	2%	1%	11%

*Orthodontia is 100% DMD reviewed. ** Includes MD and RN denials

Total Monthly Referral/Denial Stats

	Historical Monthly Avg	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Total Reviews	21,237	21,985	21,502	22,704	21,698	19,197	20,337
# Referred	398	424	384	415	425	343	396
# Denied	44	72	36	45	38	32	43
% Referred	2%	2%	2%	2%	2%	2%	2%
% Denied	1%	1%	1%	1%	1%	1%	1%
% Referred/Denied	11%	17%	9%	11%	9%	9%	11%

Referral/Denial % Calculations

% Referred = #Referred/Total Reviews

% Denied = #Denied/Total Reviews

% Referred/Denied = #Denied/#Referred

Reviews that are administratively approved in Acute Inpatient and Physicians services are not included in the review volume for the Referral/Denial charts

Contractual Turnaround Times

Review Area	Submission Method	Turnaround time
Acute Inpatient	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
Acute Inpatient Retro Review	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 30 calendar days
DME	Fax, EPA	3 business days
EPSDT	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
Home Health	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
Hospice	Fax, Mail	3 business days
Impact Plus	Fax, EPA	3 business days
Outpatient Therapy and Radiology	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
Physician Services	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
PRTF	Phone, EPA	Phone -time of the call, Fax, EPA 3 business days
Orthodontics	Fax, Mail	10 business days
Dental	Fax, EPA	3 business days
Nursing Facility		
ICF/MRDD LOC Initial	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
NF LOC Initial	Fax, EPA	3 business days
NF Ancillary Initial	Onsite	5 days from date of request
NF Ancillary Continued Stay Review	Onsite	Prior to the expiration of current PA - no turnaround time for the review to be completed
NF LOC Initial Onsite	Onsite	Before the member's initial 30 day PA expires- only current turnaround time is that review is completed and PA extended prior to the current expiration
NF LOC Concurrent Review	Onsite	Review must be done at least every 180 days, prior to current expiration of facility PAs - only current turnaround time is that review is completed and PA extended prior to the current expiration
Audits/Billing Reviews * Quarterly Review		
ADHC Level II Reimbursement Review*	Fax/Mail	7 calendar days
Billing Audits - Waiver/HH/EPSDT	Onsite	within the calendar year
RUGS- MDS *	Onsite	6 wks from receipt of review CD from Meyers & Stauffer
DRG Retro Review	Onsite/Mail	30 days



Operational Status Report

Kentucky MMIS Project

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

Status Month End January 2015

Cabinet for Health and Family Services Department for Medicaid Services

<u>Role:</u>	<u>Name:</u>
Author	Janet Penn
Reviewer	Gregg Currans
HP Enterprise Services Management	Matt Dawson, Account Executive
Client	Commissioner Lisa Lee Deputy Commissioner Neville Wise Medicaid Systems Director Jennifer Harp
DELIVERABLE TITLE: Operational Status Report	DATE SUBMITTED: January 13, 2015
FILE NAME: 2015_01_KY_MMIS_Operational_Status_Report.docx	AUTHORING TOOL: Microsoft Word 2007

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1 Executive Summary

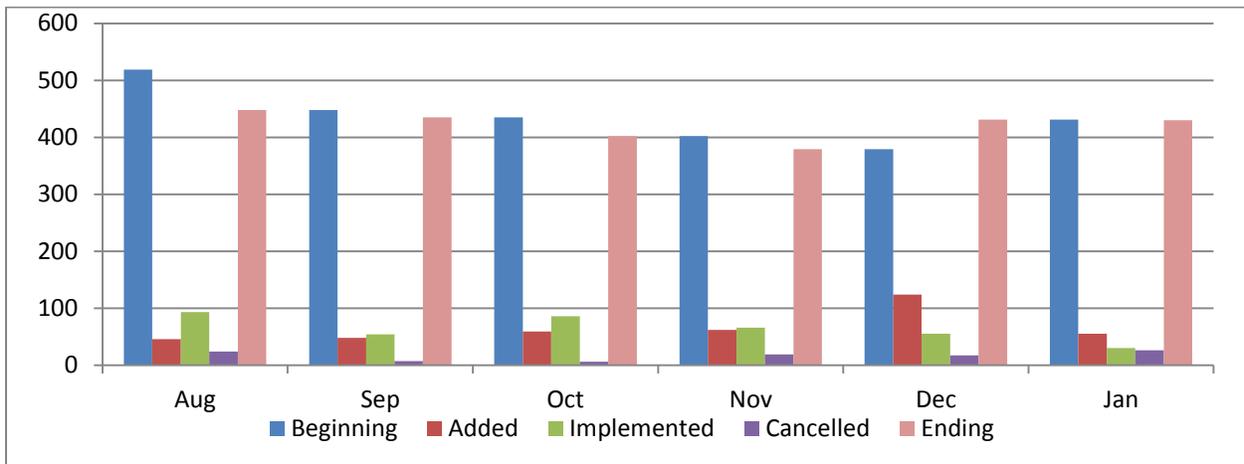
	January	Page Number
Claims Processed	951,867	Page 17
Total Dollars Paid	\$222,116,290.86	Page 17
Claims Paid	673,834	Page 17
Claims Denied	278,033	Page 17
% Denied Claims	29.2%	Page 17
Average Claims Held in Cash Management	290,967	N/A
Average Dollars Held in Cash Management	\$44,254,199.56	N/A
Capitation Financial Transactions	2,602,446	N/A
Capitation Financial Payments	\$593,455,163.32	Page 18
Suspended Claims	7,563	Page 24
Total Suspended Claims > 90 Days	304	Page 24
Provider Services Calls Received	9,906	Page 31
Provider Services Current Service Level %	94%	Page 31

Encounter Load Statistics

Managed Care Organizations (MCOs)						
	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015
Coventry	1,099,922	1,033,568	973,889	1,136,940	880,425	2,267,398
Humana	348,051	263,156	265,849	469,024	299,801	487,360
Kentucky Spirit	5,626	3,502	2,817	457	225	508
Passport (R03)	1,656	1,841	612	4,026	605	2,785
Passport R31	990,960	1,072,201	811,239	1,130,343	869,089	1,015,441
WellCare	2,134,101	1,860,303	1,308,988	1,756,066	1,580,384	1,388,022
Anthem	214,784	114,664	437,792	240,847	170,982	682,412
Other						
Transportation Encounters	0	213,487	179,559	426,804	298,183	643,749
Magellan Pharmacy Claims	276,667	217,315	289,139	284,683	284,519	278,828
Totals	5,071,767	4,780,037	4,269,884	5,449,190	4,384,213	6,766,503

1.1 Change Order and Defect Statistics

Change Orders / Defects Inventory	Aug	Sep	Oct	Nov	Dec	Jan
Beginning	519	448	435	402	379	431
Added	46	48	59	62	124	55
Implemented	93	54	86	66	55	30
Cancelled	24	7	6	19	17	26
Ending	448	435	402	379	431	430



1.2 Change Order and Defect Statistics (continued)

December 2014	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	128	40	2	1	171	
Federally Mandated	9	1	1	0	11	3 open and 1 on hold are included in the Priority list.
Non-Priority	160	8	77	3	248	
Totals	297	49	80	4	430	Total includes 5 ICD-10 and T-MSIS CO's

*The priority list consists of 175 Change Orders & Defects.

December 2014	Change Orders			Defects		
	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	27	20	18	0	1	1
Federally Mandated	1	1	0	0	0	0
Non-Priority	20	2	6	7	6	1
Totals	48	23	24	7	7	2

2 Unplanned System Outages

A Breakdown Of The Downtime		
Date	Time	Reason For Downtime
1/28/2015	4:30 pm to 7:25 PM	The issue was that all calls were failing to terminate to trunks 201-203 on Plano. The reason for this was a routing issue in Verizon's network that was sending all TFNs to a decommissioned circuit. The circuits were removed from routing and calls could complete successfully again. The issue recurred again the following day but manifested with intermittent failures instead of complete failures. After trunk 201 was at full capacity (or at least full capacity for the remaining trunks in descending order), Verizon attempted to rollover to the next circuit, which was a decommissioned circuit, causing the failed calls. To resolve the issue, Verizon removed the decommissioned circuits from routing and the failover is once again.

Billable Hours

2.1 Billable Hours Usage Summary (Contract Year 2014)

Month	Billable	Undecided	CCB Approved	Need CCB Review
Dec 2013	3,406.25	1.50	3,406.25	1.50
Jan 2014	2,725.25		2,724.00	1.25
Feb 2014	1,945.50	29.75	1,943.25	32.00
Mar 2014	2,338.25		2,338.00	0.25
Apr 2014	2,089.50		2,089.00	0.50
May 2014	1,851.75	8.75	1,851.75	8.75
Jun 2014	1,177.50	2.50	1,174.50	5.50
Jul 2014	1,356.25	4.50	1,343.25	17.50
Aug 2014	1,458.50	0.25	1,458.50	0.25
Sep 2014	1,014.00		1,013.00	1.00
Oct 2014	1,676.50	16.00	1,676.50	16.00
Nov 2014	1,678.00	0.25	1,677.50	0.75

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

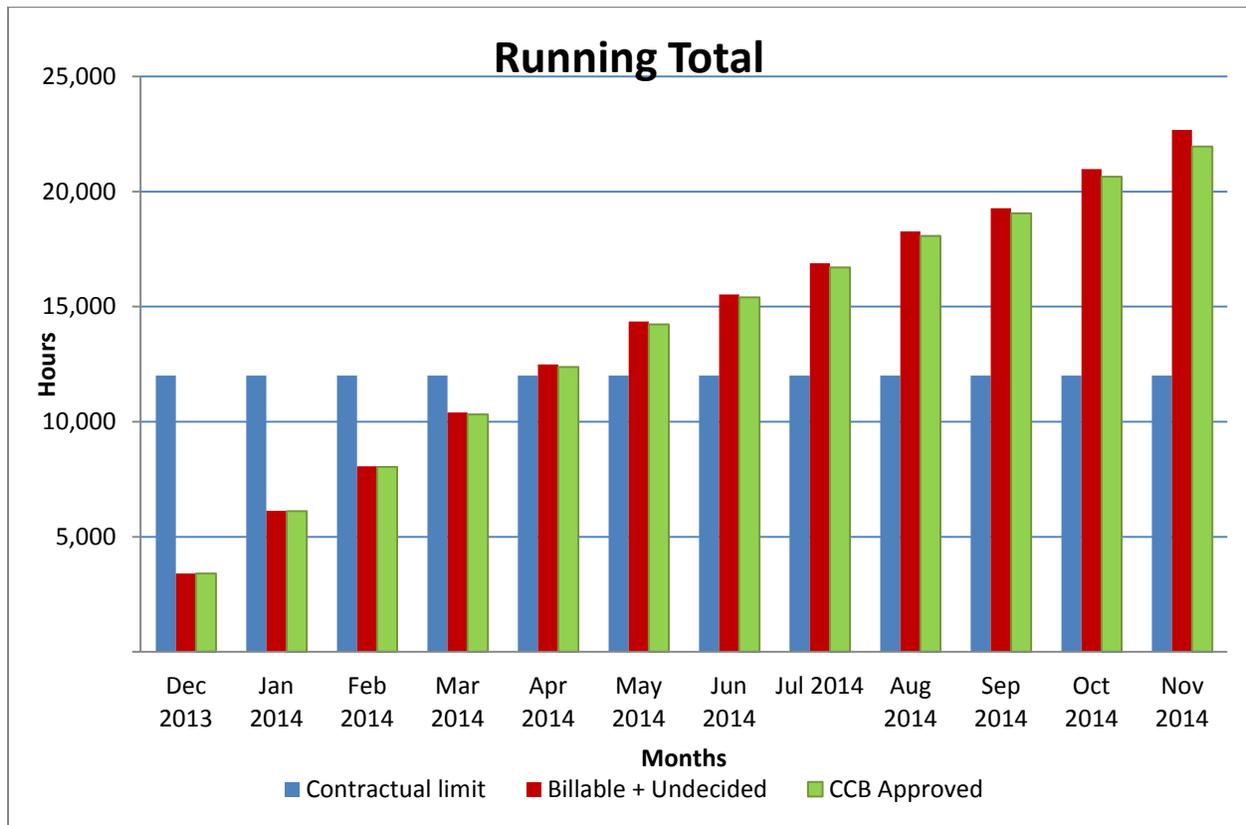
**Tracking for new contract year will begin after current contract year is closed out in Feb 2015.

***Hours expended on Provider/Partner Portal project during the last contract year will be moved under the 2015 contract year.

2.2 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	6,130.25	6,131.50	1.50	2.75
Feb 2014	12,000.00	8,108.25	8,073.50	8,077.00	31.25	34.75
Mar 2014	12,000.00	10,446.50	10,411.50	10,415.25	31.25	35.00
Apr 2014	12,000.00	12,536.00	12,500.50	12,504.75	31.25	35.50
May 2014	12,000.00	14,396.50	14,352.25	14,356.50	40.00	44.25
Jun 2014	12,000.00	15,576.50	15,526.75	15,534.00	42.50	49.75
Jul 2014	12,000.00	16,937.25	16,870.00	16,890.25	47.00	67.25
Aug 2014	12,000.00	18,396.00	18,328.50	18,348.75	47.25	67.50
Sep 2014	12,000.00	19,410.00	19,341.50	19,362.75	47.25	68.50
Oct 2014	12,000.00	21,102.50	21,018.00	21,039.25	63.25	84.50
Nov 2014	12,000.00	22,780.75	22,695.50	22,717.25	63.50	85.25

* Each month's time entry is finalized on the 22nd day of the following month. Tracking for new contract year will begin after current contract year is closed out in Feb 2015.



3 Monthly Ad hoc Requests

3.1 Inventory Summary

	Beginning of Month	Received This Month	Closed This Month	DMS Hold	Ending Inventory
Type A	0	2	2	0	0
Type B	0	2	2	0	0
Type C	0	10	7	0	3
Type D	0	4	4	0	0
Type E	0	0	0	0	0
Unspecified	1	2	3	0	0
Total	1	20	18	0	3

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

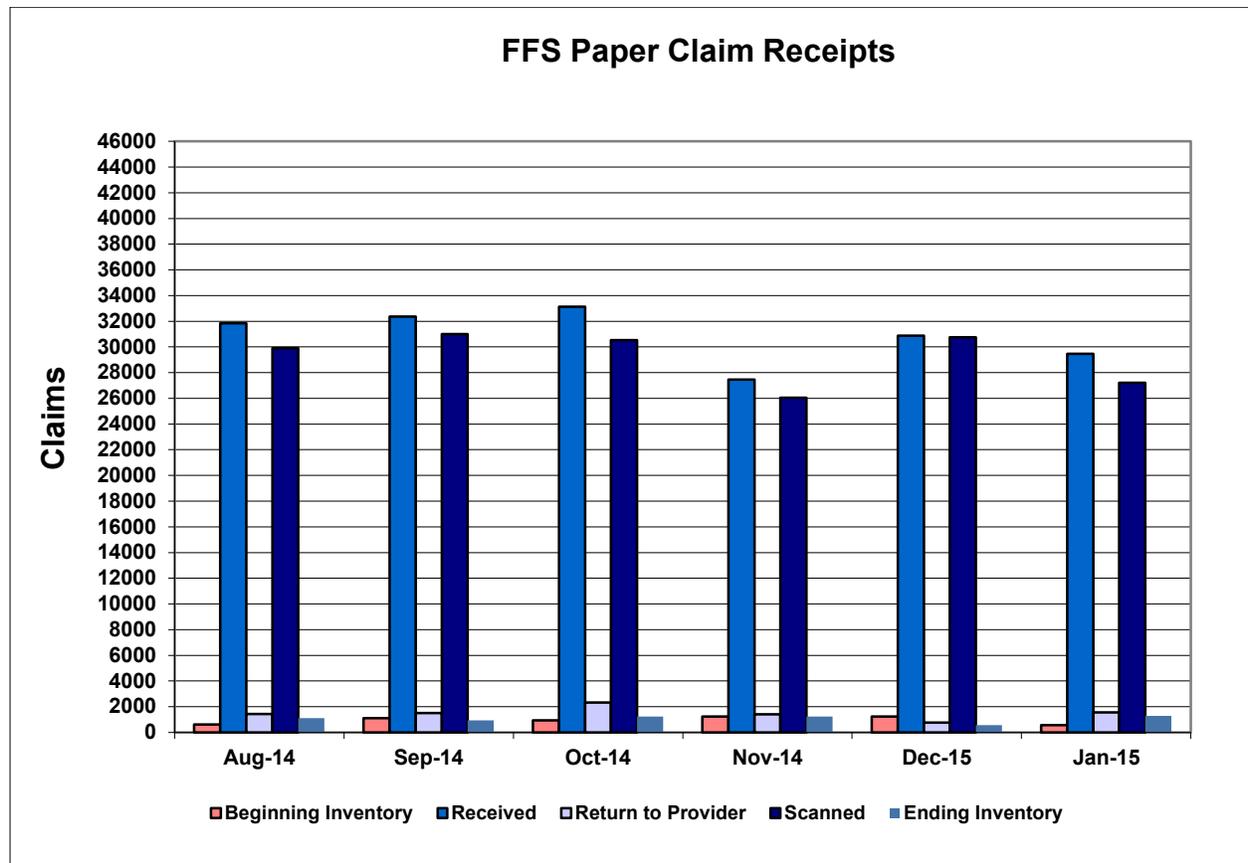
CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
23772		Patel, Siddharth	Completed	20141203	20150120	Claims data with diag codes provided
23966	C	Owens, Stacey	Completed	20150106	20150106	Members under Region -0 from Weekly membership rep
23967	D	Godshall, Kurt	Completed	20150106	20150108	Dental Tac First Report

23971	D	Godshall, Kurt	Completed	20150106	20150122	Dental Tac report 2
23976	D	Godshall, Kurt	Completed	20150107	20150122	Dental Tac Quarterly Report 3rd piece
23977	D	Godshall, Kurt	Completed	20150107	20150123	Dental Tac Quarterly Report 4th piece
23984	C	Bechtel, Steve	Completed	20150107	20150108	CMS64 I-Form data for COS23
24013		McGaughey, Angela	Completed	20150113	20150113	waiver population data
24025	A	Bradshaw, Nicole	Completed	20150115	20150116	Override of NCCI
24040	C	Moccia, Don	Completed	20150116	20150122	Missing County
24045	C	Ramsey, Nellie	Completed	20150120	20150122	Taxonomy Info
24053	C	Guice, Lee	Completed	20150122	20150126	State Inmate Expenditures
24057	C	Guice, Lee	Completed	20150122	20150123	Attested Provider Listing
24038	B	Bentley, Tracy	Completed	20150126	20150126	Path Forward Billing Summary

24039		Bentley, Tracy	Completed	20150126	20150126	Kaleidoscope Billing Audit
24058	B	Guice, Lee	Completed	20150126	20150128	Child Enrollees
24066	A	Tipton, Della	Completed	20150126	20150127	FQHC/RHC Summary for June-December
24075	C	Dennis, David	In Progress	20150127	20150201	crossover open records request
24093	C	Keeling, Michelle	In Progress	20150129	20150202	Pietrantonio
24099	C	Keeling, Michelle	In Progress	20150130	20150202	WDKY322
24105	C	Dennis, David	Completed	20150130	20150130	Encounter information KY Spirit

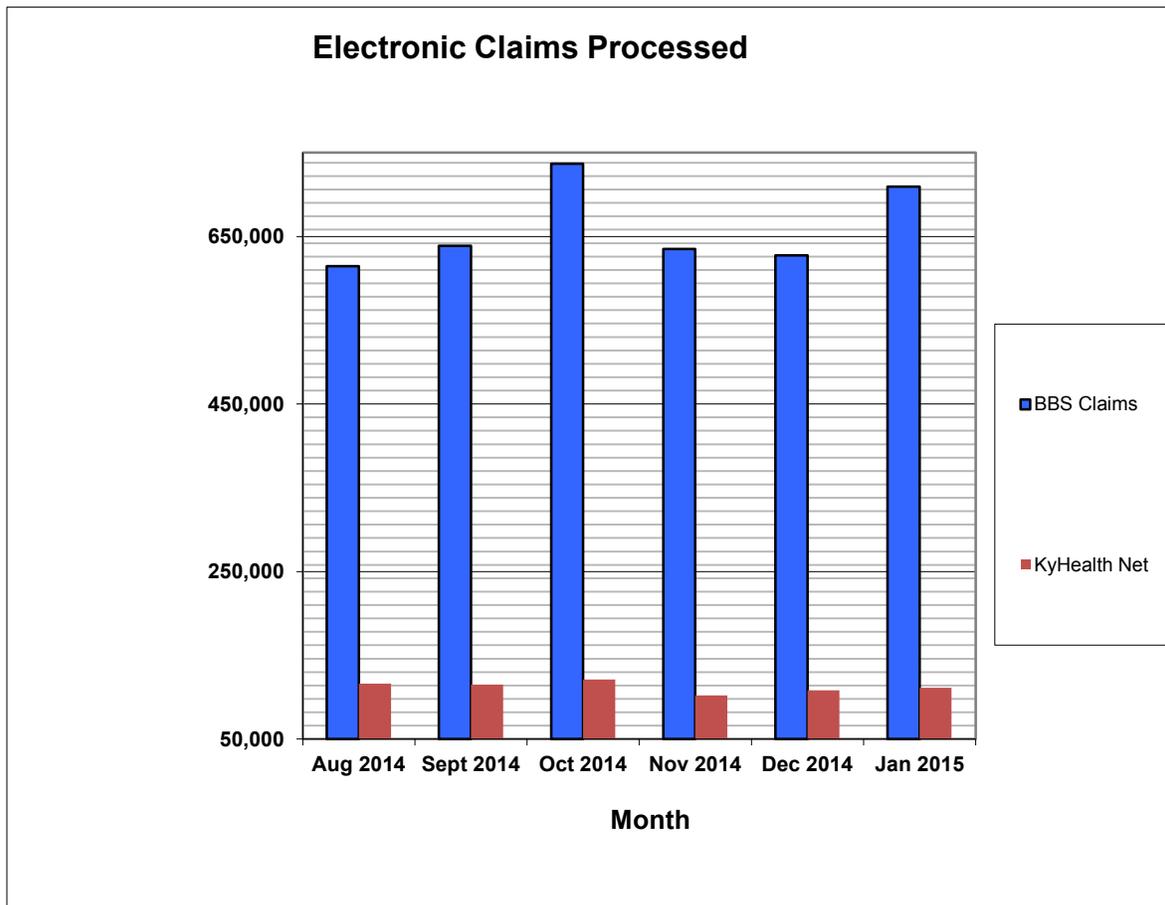
4 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
August 2014	619	31,849	1,438	29,923	1,107	0 days
September 2014	1,107	32,353	1,507	31,010	943	0 days
October 2014	943	33,135	2,312	30,542	1,224	0 days
November 2014	1,224	27,454	1,397	26,053	1,228	0 days
December 2014	1,228	30,873	759	30,766	576	0 days
January 2015	576	29,476	1,560	27,209	1,283	0 days



5 Electronic Claims Processed

	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
Bulletin Board System Claims Processed	614,672	638,809	736,835	635,194	627,273	709,299
Kentucky HealthNet Claims Processed	116,312	115,038	121,223	102,344	108,172	111,422



6 Monthly FFS Claim Totals by Media

Begin Date	End Date
1/1/2015	1/31/2015

TOTAL	Denied Claims	Paid Claims		Suspense Claims
	Billed Amount	Billed Amount	Paid Amount	Billed Amount
Electronic	\$254,458,642.37	\$591,777,946.38	\$207,844,286.98	\$9,054,768.51
Paper	\$46,735,125.08	\$36,822,545.50	\$3,633,683.81	\$1,637,378.46
TOTAL:	\$301,193,767.45	\$628,600,491.88	\$211,477,970.79	\$10,692,146.97

7 Monthly Claims Operations

7.1 FFS Monthly Financial Cycle Summary

Category	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015
Paid Claims	618,993	534,710	759,717	609,516	590,208	673,834
Denied Claims	294,271	239,464	308,141	249,382	208,301	278,033
Total Adjudicated Claims	913,264	774,174	1,067,858	858,898	798,509	951,867
Adjustments	14,636	14,099	16,867	13,036	13,319	16,393
Total Claims	927,900	788,273	1,084,725	871,934	811,828	968,260
Suspended/Re-suspended Claims	3,197	5,065	5,795	9,695	5,993	7,563
% of Denied Claims	32.2%	30.9%	28.9%	29.0%	26.1%	29.2%
Avg \$ per Claim	\$364.97	\$364.19	\$300.36	\$330.92	\$330.11	\$329.63
Claim Payment Amount	\$225,913,034.94	\$194,735,154.30	\$228,189,682.95	\$201,698,555.45	\$194,835,718.11	\$222,116,290.86
(+) Payouts	\$3,486,034.64	\$895,918.39	\$18,470,812.50	\$449,744.98	\$758,053.27	\$2,216,747.24
(-) Recoupments	-\$6,269,978.20	-\$5,243,582.40	-\$5,995,837.43	-\$3,568,083.19	-\$2,453,779.01	-\$3,830,684.95
Check Issue	\$223,129,091.38	\$190,387,490.29	\$240,664,658.02	\$198,580,217.24	\$193,139,992.37	\$220,502,353.15
Capitation Payment	\$574,469,238.10	\$548,904,752.11	\$557,259,963.95	\$546,124,186.21	\$576,694,958.60	\$593,455,163.32
Total Paid	\$797,598,329.48	\$739,292,242.40	\$797,924,621.97	\$744,704,403.46	\$769,834,950.97	\$813,957,516.47

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

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

Category	August 2013	September 2013	October 2013	November 2013	December 2013	January 2014
Paid Claims	548,289	446,264	456,714	605,447	459,040	531,560
Denied Claims	292,464	235,852	241,770	291,852	212,996	283,172
Total Adjudicated Claims	840,753	682,116	698,484	897,299	672,036	814,732
Adjustments/Claim Credits	13,959	12,363	10,059	13,292	10,104	11,770
Total Claims	854,712	694,479	708,543	910,591	682,140	826,502
Suspended/Resuspended Claims	12,939	11,788	15,296	12,811	11,094	8,907
% of Denied Claims	34.8%	34.6%	34.6%	32.5%	31.7%	34.8%
Avg \$ per Claim	\$381.59	\$405.57	\$430.47	\$361.62	\$406.61	\$396.79
Claim Payment Amount	\$209,224,330.84	180,991,079.99	\$196,601,602.10	\$218,939,387.67	\$186,650,101.31	\$210,919,296.23
(+) Payouts	\$496,177.51	7360754.51	\$1,183,572.44	\$7,360,754.51	\$48,295,830.15	\$5,634,150.15
(-) Recoupments	-\$3,383,079.30	-3,956,438.25	-\$2,114,267.87	-\$4,091,631.89	-\$3,143,502.06	-\$5,181,714.36
Check Issue	\$206,337,429.05	184,395,396.25	\$195,670,906.67	\$222,208,510.29	\$231,802,429.40	\$211,371,732.02
Capitation Payment	\$319,444,967.06	296,300,082.33	\$293,880,283.67	\$298,568,215.45	\$340,218,916.61	\$404,400,954.77
Total Paid	\$525,782,396.11	480,695,478.58	\$489,551,190.34	\$520,776,725.74	\$572,021,346.01	\$615,772,686.79

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

Begin Date	End Date
1/1/2015	1/31/2015

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
ANTHEM	61,435	\$34,151,280.62	19,256	\$6,659,163.95	80,691	\$40,810,444.57
COVENTRY	297,380	\$125,314,077.70	54,328	\$5,583,118.46	351,708	\$130,897,196.16
HUMANA	102,536	\$54,989,391.96	26,603	\$5,720,881.99	129,139	\$60,710,273.95
KENTUCKY SPIRIT						
NEMT	1,150,305	\$8,475,797.68	112,991	\$664,355.91	1,263,296	\$9,140,153.59
PASSPORT (Region 3)	238,594	\$124,338,493.04	45,046	\$7,348,604.95	283,640	\$131,687,097.99
WELLCARE	425,196	\$203,194,935.16	67,873	\$17,015,061.90	493,069	\$220,209,997.06
Sum:	2,275,446	\$550,463,976.16	327,000	\$42,991,187.16	2,602,446	\$593,455,163.32

7.2 Monthly MCO & NEMT Capitations (continued)

NEMT	Cap Transactions	Amount Paid
AUDUBON AREA COMMUNITY SERVICES INC/GRITS	93,002	\$631,483.58
L.K.L.P. C.A.C., INC REGION 1	1,543	\$5,194.35
PENNYRILE ALLIED COMSERVICES, INC	55,358	\$328,161.12
AUDUBON AREA COMM SRVC	55,469	\$384,198.14
L.K.L.P. C.A.C., INC REGION 4	64,587	\$456,516.00
LKLP CAC INC REGION 5	96,254	\$968,488.08
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	230,898	\$1,972,096.20
BLUE GRASS COMMUNITY ACTION AGENCY INC	79,330	\$524,097.00
LKLP CAC INC REGION 9	91,450	\$632,282.00
FEDERATED TRANSPORTATION SVS OF THE BLUE	62,576	\$440,208.00
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	66,173	\$414,547.20
RURAL TRANSIT ENTERPRISES	132,338	\$983,447.90
LKLP COMMUNITY ACTION	88,763	\$567,822.96
SANDY VALLEY TRANSPORTATION	62,717	\$414,238.90
LKLP CAC INC REGION 15	63,262	\$319,016.96
LICKING VALLEY COMMUNITY ACTION PROGRAM INC	19,576	\$98,355.20
TOTAL	1,263,296	\$9,140,153.59

7.3 FFS Adjudicated Original Claims (By Claim)

Begin Date	End Date
1/1/2015	1/31/2015

Paper Claims	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015
Paid	8,471	8,251	10,914	8,009	7,628	8,576
Denied	10,648	11,654	13,172	11,289	10,900	13,844
Total	19,119	19,905	24,086	19,298	18,528	22,420
% of Total Adjudicated Claims	2.60%	2.57%	2.26%	2.25%	2.32%	2.36%
% of Paper Denied Claims	55.69%	58.55%	54.69%	58.50%	58.83%	61.75%

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	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015
Paid	607,264	526,459	748,803	601,507	582,580	665,258
Denied	278,341	227,810	294,969	238,093	197,401	264,189
Total	885,605	754,269	1,043,772	839,600	779,981	929,447
% of Total Adjudicated Claims	96.97%	97.43%	97.74%	97.75%	97.68%	97.64%
% of Electronic Denied Claims	31.43%	30.20%	28.26%	28.36%	25.31%	28.42%

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

Begin Date	End Date
1/1/2015	1/31/2015

Procedure	Description	Member Count	Claim Count	Amount Paid
T1015	CLINIC SERVICE	143,781	328,254	\$26,278,156.24
S5108	HOMECARE TRAIN PT 15 MIN	9,017	56,555	\$22,144,064.66
T2016	HABIL RES WAIVER PER DIEM	3,673	38,878	\$22,083,062.13
99199	SPECIAL SERVICE/PROC/REPORT	8,096	12,106	\$7,445,349.15
T2021	DAY HABIL WAIVER PER 15 MIN	4,886	38,463	\$6,060,083.57
T2022	CASE MANAGEMENT, PER MONTH	15,430	19,077	\$5,085,201.53
T2023	TARGETED CASE MGMT PER MONTH	10,447	12,979	\$3,796,650.60
H0004	ALCOHOL AND/OR DRUG SERVICES	3,362	10,879	\$3,474,357.58
S5100	ADULT DAYCARE SERVICES 15MIN	3,031	25,614	\$3,432,643.62
97535	SELF CARE MNGMENT TRAINING	2,005	8,278	\$2,541,594.95

7.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
317	MILD INTELLECT DISABILTY	5,035	40,768	\$16,313,633.45
3180	MOD INTELLECT DISABILITY	3,146	28,051	\$9,503,836.69
V5789	REHABILITATION PROC NEC	1,166	1,851	\$8,857,306.92
3128	OTHER CONDUCT DISTURBANCE	3,931	4,121	\$7,066,938.06
3182	PROFND INTELLCT DISABLTY	601	2,538	\$6,965,004.04
3310	ALZHEIMER'S DISEASE	1,702	3,045	\$6,067,765.53
3181	SEV INTELLECT DISABILITY	858	5,975	\$5,737,506.85
29900	AUTISTIC DISORD-CURRENT	2,540	18,313	\$5,613,797.65
318	OTHER MENTAL RETARDATION	2,804	13,346	\$5,245,993.72
496	CHR AIRWAY OBSTRUCT NEC	5,882	11,733	\$3,908,847.21

7.6 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
1/1/2015	1/31/2015

Procedure	Description	Member Count	Claim Count	Amount Paid
99213	OFFICE/OUTPATIENT VISIT EST	165,600	215,104	\$8,748,248.36
99283	EMERGENCY DEPT VISIT	68,016	86,943	\$8,112,166.27
99284	EMERGENCY DEPT VISIT	44,258	53,988	\$7,802,803.01
99214	OFFICE/OUTPATIENT VISIT EST	60,921	71,393	\$4,300,553.20
99285	EMERGENCY DEPT VISIT	20,066	24,300	\$4,188,674.55
A0120	NONER TRANSPORT MINI-BUS	11,726	222,247	\$3,532,458.21
A0130	NONER TRANSPORT WHEELCH VAN	4,563	100,688	\$3,001,904.46
A0100	NONEMERGENCY TRANSPORT TAXI	7,153	171,725	\$2,880,216.46
90837	PSYTX PT&/FAMILY 60 MINUTES	10,526	17,009	\$2,029,626.14
74177	CT ABD & PELV W/CONTRAST	5,212	6,352	\$1,940,550.51

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

7.7 Monthly MCO Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
0389	SEPTICEMIA NOS	569	932	\$3,494,664.46
V5811	ANTINEOPLASTIC CHEMO ENC	654	1,285	\$3,188,903.15
V3000	SINGLE LB IN-HOSP W/O CS	2,081	2,842	\$2,997,526.80
78650	CHEST PAIN NOS	11,915	17,595	\$2,771,172.85
V3001	SINGLE LB IN-HOSP W CS	1,026	1,391	\$2,732,665.78
31401	ATTN DEFICIT W HYPERACT	12,061	24,479	\$2,425,682.35
486	PNEUMONIA, ORGANISM NOS	3,694	5,672	\$2,183,225.85
4659	ACUTE URI NOS	25,373	29,930	\$2,146,636.66
V202	ROUTIN CHILD HEALTH EXAM	21,397	23,078	\$2,132,197.42
41401	CRNRY ATHRSCL NATVE VSSL	1,369	1,743	\$1,983,981.94

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

7.8 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	21,243	17.6%
4021	No Coverage for Billed Procedure	18,275	15.2%
2017	Services Covered Under Member's MCO Plan	17,327	14.4%
5001	Exact Duplicate	12,744	10.6%
1036	Rendering Prov Type/Claim Type Invalid	10,601	8.8%
2003	Member Ineligible on Detail Date of Service	9,023	7.5%
1955	Cannot Determine Medicaid Nbr Billing Prov	8,081	6.7%
4804	No Contract for Billed Rev Code	8,040	6.6%
1032	Billing Provider Not Eligible to Bill this Clm Type	7,754	6.4%
1908	NPI Only Submitted on Claim – Not on File	7,317	6.1%
Totals		120,405	60.3%

Total Denied Details – 199,533

Note: Total # of top ten denials (120,405) divided by total denied details (199,533) = % of top ten denials (60.3%).

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

Error	Description	Number of Failures	% of Top Ten
4405	Unable to Assign Provider Contract	3,151	30.9%
2001	Member ID Number not on File Recycle	2,066	20.2%
3305	Member Requires Valid PT Liability for DOS	1,745	17.1%
3001	PA Not Found on Database	1,449	14.2%
2503	Member Covered by Medicare B (with attach)	324	3.2%
5001	Exact Duplicate	320	3.1%
1046	Facility Provider is not Eligible	314	3.1%
2505	Member Covered by Private Insurance	314	3.1%
4371	Claim Type Restriction for Covered Procedure	264	2.6%
4314	Claim Type Restriction for Covered Diagnosis	263	2.6%
Totals		10,210	77.2%

Total Suspended Details – 13,230

Note: Total # of top ten failures (10,210) divided by total suspended details (13,230) = % of top ten suspense (77.2%).

7.10 FFS Suspended Original Claims by Age (By Claim)

Category	August 2014		September 2014		October 2014		November 2014		December 2014		January 2015	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	2,762	8,639	4,621	9,123	5,351	92.34	9,252	95.43	5,592	93.31	7,144	94.46
31-60 days	46	144	44	87	41	71	71	.73	83	1.38	78	1.03
61-90 days	40	125	38	75	32	55	31	.32	43	.72	37	.49
91+ days	349	10.92	362	715	371	640	341	3.52	275	4.59	304	4.02
Total	3,197		5,065		5,795		9,695		5,993		7,563	

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

Category	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	Oldest Julian Date
Resolutions	87	107	91	107	126	152	14-078
Med.Review	5	0	0	18	2	1	14-353
TPL	0	0	0	3	0	0	0
Adjustments	0	0	0	0	0	0	0
Recycle	0	0	0	0	0	0	0
DMS	348	343	353	315	273	266	12-184
Total	435	450	444	443	401	419	

8 Monthly Third-Party Liability

8.1 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.	1,654	6,965	6,975	0	1,644	8 days
CS40-Child Support	0	575	575	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	249	1,663	1,651	0	261	10 days
Accident/Trauma Leads	0	0	0	0	0	0 days
DMS Attorney	0	0	0	0	0	0 days
RUSH Attorney	0	1	1	0	0	0 days
HP Attorney	43	231	225	0	49	0 days
TPL Checks	63	176	213	0	26	0 days
TPL Mail	972	3,436	3,433	0	975	10 days
KHIPP	0	475	475	0	0	0 days
Total	2,981	13,522	13,548	0	2,955	

9 Monthly Finance/Adjustments

9.1 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	1	163	135	0	16	0	13	1 day
Payouts	0	44	43	0	1	0	0	0 days
Accounts Receivable Updates	0	173	173	0	0	0	0	0 days
Accounts Receivable Transfers	0	0	0	0	0	0	0	0 days
Total	1	380	351	0	17	0	13	

9.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	9	1	1	9	1 day
HP Financial	141	664	507	298	6 days
DMS Financial	53	173	171	55	3 days
Total	203	838	679	362	

9.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	23	202	187	13	25	1 day
Institutional	44	105	107	11	31	1 day
Voids	76	338	315	74	25	1 day
Total	143	645	609	98	81	

9.4 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)	249	447	43	0	32	621	621	0
SE Processed Adjustment (region 58)	0	00	0	0	0	0	0	0
Total	249	447	43	0	32	621	621	0

10 Provider Relations

10.1 Provider Field Representatives

10.1.1 Provider Visits

There were no provider visits in January 2015.

10.2 Conference Calls (Calls Greater Than 30 Minutes)

January 5, 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Cumberland River Homes on January 5, 2015. The provider requested a conference call to review providers remit and backdated patient liability. Those who attended the conference call were: Sandy Barnes.

January 7, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Tristate Medical Lab on January 7, 2015. The provider requested a conference call to review the reason claims keep denying. The issue has been resolved and provider is now submitting claims that pay. Those who attended the conference call were: Demesh Qual.

January 7, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Bell County Health Department on January 7, 2015. The provider requested a conference call to review claim requirements and how to bill for HANDS. Those who attended the conference call were: Virginia and Janice.

January 14, 2015

Vicky Hicks, HP Provider Field Representative, conducted a conference call with New Life Counseling Services on January 14, 2015. The provider requested a conference call to review claim requirements and how to bill for LPCC's. Those who attended the conference call were: Dominique Wilson.

January 16, 2015

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Northkey Community Care and their software vender Credible on January 16, 2015. The provider requested a conference call to discuss EDI form locators regarding the use of Employee ID numbers. Those who attended the conference call were: Martha Senn, Tara and Hope from Credible, and Amy and David from Northkey Community Care.

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

January 16, 2015

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Home of the Innocents on January 16, 2015. The provider requested a conference call to review claim requirements regarding the use of taxonomy. Those who attended the conference call were: Mike and Ginger.

January 21, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Dr. Gursharan K. Sidhu on January 21, 2015. The provider requested a conference call to review the reason why provider has not received payment for claims submitted. Those who attended the conference call were: Dr. Sidhu.

January 21, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Fairview Community Health Center on January 21, 2015. The provider requested a conference call to confirm voids were sent by the MCO in order to bill Medicaid. Those who attended the conference call were: Karen.

January 27, 2015

Vicky Hicks, HP Provider Field Representative, conducted a conference call with American Best Practices on January 27, 2015. The provider requested a conference call to review claim requirements regarding the use of KyHealthnet. Those who attended the conference call were: Stephen Kponyoh.

January 30, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Kentucky One Health Medical Group Inc. on January 30, 2015. The provider requested a conference call to review billing and pricing for physician assistants. Those who attended the conference call were: Dana Campbell

10.3 Association Meetings

There were no Association meetings in January 2015.

10.4 Provider Contacts

Provider Calls	214
Provider E-mails	423
Total	637

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

10.5 Provider Workshops

There were no provider workshops in January 2015.

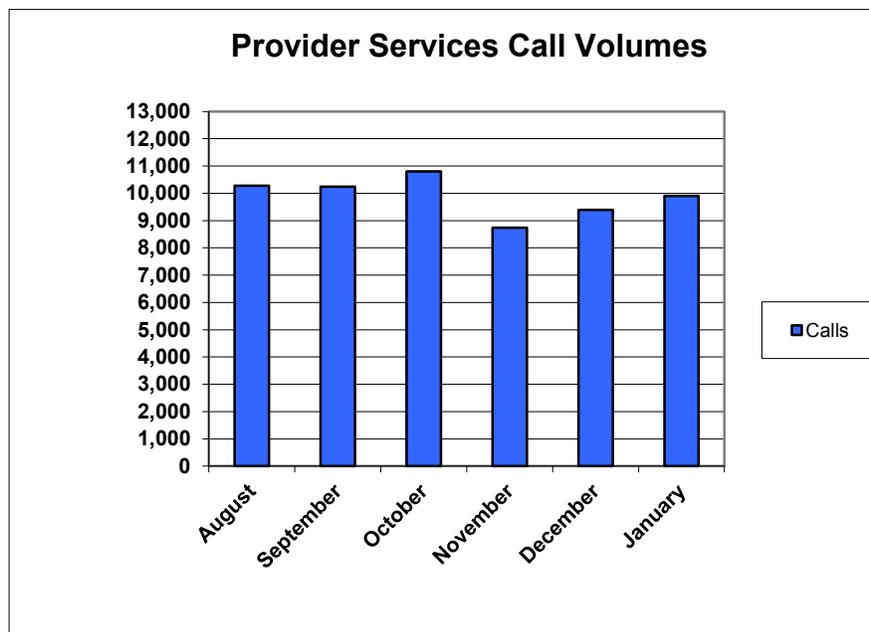
10.6 Provider Services

10.6.1 Provider Services

Category	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014
% Service Level	95%	94%	96%	95%	95%	94%
Abandoned Calls	533	588	418	418	512	639
Avg Speed Ans	1:25	1:36	1:10	1:34	1:36	1:54
Incoming Calls	10,279	10,239	10,807	8,736	9,390	9,906
Paper Correspondence	433	422	397	507	595	557
E-Mail Correspondence	213	222	336	179	263	307
Fax	13	17	9	2	10	23
Total*	10,938	10,900	11,549	9,424	10,258	10,793
HP Callbacks	131	138	88	84	127	174

*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.



10.6.2 Top 5 Provider Calls

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

10.6.3 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? Calls from providers wanting to know how to get the member's file corrected to show whether the member is traditional Medicaid or managed care. 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 and recoupments.

Commonwealth Training**10.6.4** Current Activities

The following instructor-led training classes were offered by HP in January 2015:

- Mechanics of Claims Processing (January 5) 0 attended
 - 3 SCHEDULED FOR THIS CLASS - NO CLASS HELD
- Member Subsystem (January 6) 2 attended
 - Tammie Barker, Third Party Liability Branch
 - Shelley Edwards, Division of Policy & Operations - Eligibility Policy Branch
- Provider Subsystem (January 8) 1 attended
 - Shelley Edwards, Division of Policy & Operations - Eligibility Policy Branch
- Prior Authorization Subsystem (January 12) 0 attended
 - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD

Commonwealth Training (continued)

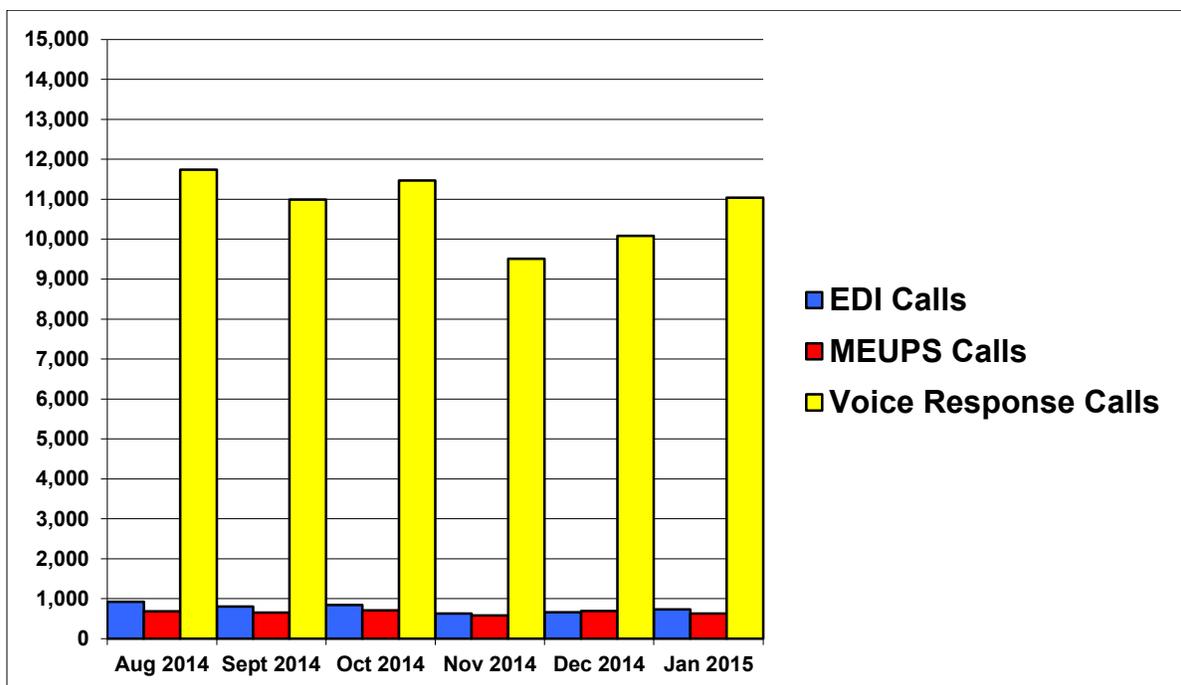
- Reference Subsystem (January 13) 2 attended
 - Joe Brock, OIG
 - Puneet Kumrah, OATS
- Claim Edits, Audits and Rules (January 15) 0 attended
 - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD
- Claims Subsystem (January 20) 1 attended
 - Ellenore Callan, Program Integrity
 - Marydale Coleman, Division of Program Quality & Outcomes
- Financial Subsystem (January 22) 1 attended
 - Shelley Edwards, Division of Policy & Operations - Eligibility Policy Branch
- OnBase Application (January 26) 1 attended
 - Tammie Barker, Third Party Liability Branch
- Special In Depth Training PA & On Base (January 14) 1 attended
 - Marydale Coleman, Division of Program Quality & Outcomes
- Encounters (January 28) 0 attended
 - 1 SCHEDULED FOR THIS CLASS - NO CLASS HELD

Staff members' supervisors are sent a confirmation via email of attendance

11 EDI Customer/Provider Interaction

11.1 Electronic Data Interchange Calls Received

Category	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
EDI Calls	923	800	842	630	662	731
MEUPS Calls	687	652	705	580	690	625
Voice Response Calls	11,743	10,991	11,466	9,510	10,080	11,035



Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
August	923	27	:17	2:56	97%
September	800	8	:14	3:05	99%
October	842	19	:10	2:57	98%
November	630	9	:12	3:01	99%
December	662	20	:17	2:49	97%
January	731	13	:13	2:36	98%

Expanded Call Data (continued)

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
August	687	11	:14	2:08	98%
September	652	12	:15	2:16	98%
October	705	9	:07	2:09	99%
November	580	15	:17	2:15	97%
December	690	18	:17	2:06	97%
January	625	13	:18	2:12	98%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
August	11,743	432	:01	1:32	96%
September	10,991	557	:01	1:32	95%
October	11,466	607	:01	1:32	95%
November	9,510	460	:01	1:32	95%
December	10,080	378	:01	1:31	96%
January	11,035	199	:01	1:38	98%

*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

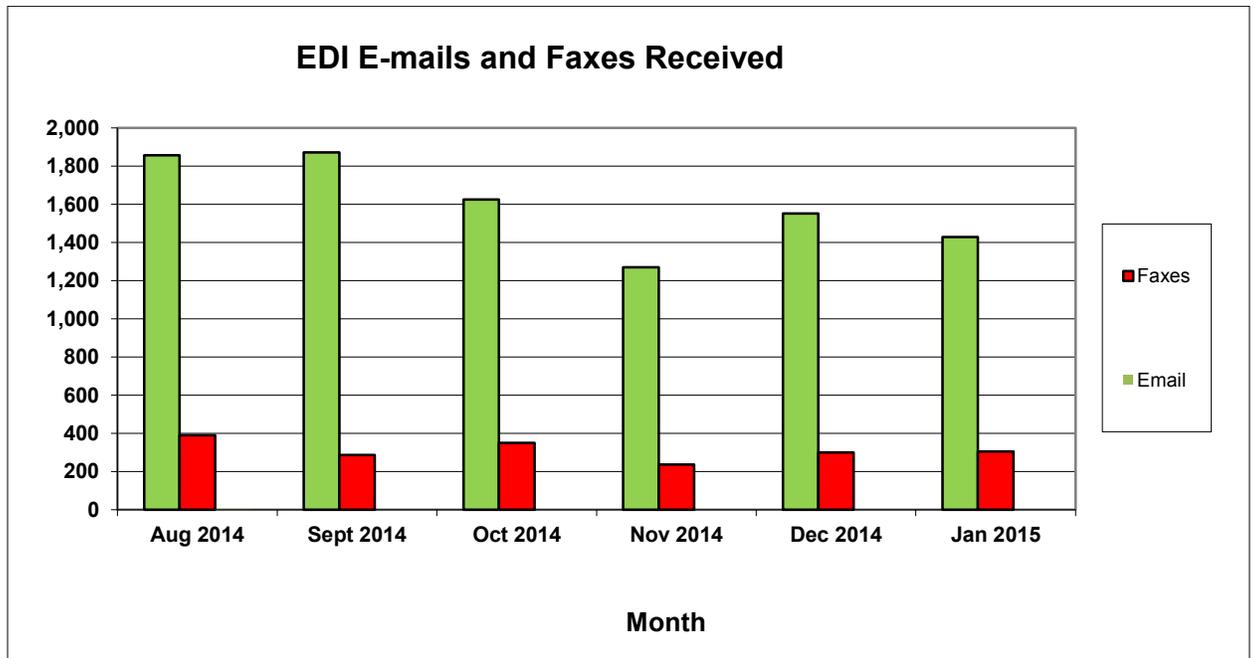
MEUPS Top 5 calls:

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	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
Password Resets Received Via phone	463	439	485	445	511	469

11.2 EDI E-mails and Faxes Received

Category	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
E-mails Received	1,857	1,872	1,625	1,270	1,551	1,429
E-mails Answered	1,857	1,867	1,621	1,267	1,546	1,426
Faxes Received	389	287	350	237	300	304
Faxes Answered	385	284	346	231	298	302



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	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
Password Resets Received Via e-mail	409	383	380	314	281	363

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	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
PINs Received via fax	132	127	152	273	361	158
Admins Received via fax	220	127	304	191	386	150

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



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

Utilization Management Operational Status Report

Status Month: January 2015

**Report Date: February 11, 2015
Author: Carewise Health Staff/HP**

Acute Inpatient Services

Call Metrics	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Administrative						
Abandoned Calls	4	9	0	14	8	4
Average Speed of Answer	00:08	00:09	00:08	00:11	00:16	00:10
Average Talk Time	03:18	03:19	03:23	03:31	03:53	03:55
First Call Resolution	99.7%	99.2%	99.7%	99.5%	99.7%	99.7%
Total Admin Calls	1963	1862	1962	1616	1895	2023
Clinical						
Abandoned Calls	2	0	0	0	0	1
Average Speed of Answer	00:08	00:09	00:07	00:08	00:12	00:22
Average Talk Time	06:23	06:02	05:46	06:10	06:21	06:46
First Call Resolution	100%	98.1%	100%	98.3%	100.0%	100.0%
Total Clinical Calls	274	243	282	272	288	284
Total Calls	2237	2105	2244	1888	1888	2307

Requests Processed	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Approvals	268	255	244	254	283	290
Administrative Approval	1,423	1,603	1,482	1,269	1,645	1,703
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	19	20	22	13	31	32
Pended	31	32	33	36	27	34
Total	1,741	1,910	1,781	1,572	1,986	2,059

Administrative Denials	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Technical (Out of Time Frame)	19	20	21	13	27	31
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	19	20	21	13	27	31

MD Review	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Medical Necessity	24	21	19	21	33	38
Not Medically Necessary	0	0	1	0	4	1
Referred to MD Rate	1.38%	1.10%	1.12%	1.34%	1.86%	1.89%
Not Medically Necessary Denial Rate	0%	0%	5%	0%	11%	3%
Total MD Review	24	21	20	21	37	39

Reconsiderations	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Overtaken	2	0	1	0	1	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	2	0	1	0	1	0

*Reconsiderations are not included in Request Processed Total

	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Pended						
Escalated	0	0	0	0	0	0
Lack of Information	0	0	0	0	0	0
MD Review	0	0	0	0	0	0
RN Review	31	32	33	36	27	34
Total	31	32	33	36	27	34

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	N/A
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	486	PNEUMONIA, ORGANISM NOS	145
2.	518.81	FAILURE, ACUTE RESPIRATO	110
3.	491.21	BRONCHITIS, OBSTR CHR W	48
4.	038.9	SEPTICEMIA NOS	47
5.	599.0	INFECTION, URINARY TRACT	41
6.	296.90	DISORDER, EPISODIC MOOD	38
7.	428.0	FAILURE, CONGESTIVE HEAR	37
8.	584.9	ACUTE KIDNEY FAILURE, UN	36
9.	578.9	HEMORRHAGE, GASTROINTEST	34
10.	786.50	SYMPTOM, PAIN, CHEST NOS	34

Current Month Top 5 Reasons for MD Denial		
1.	Continued stay not clinically necessary; care capable of being provided at a lower level.	1
2.		
3.		
4.		
5.		

Current Month Top 5 Reasons for Lack of Information Denial		
1.	N/A	
2.		
3.		
4.		
5.		

Durable Medical Equipment

Call Metrics	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Administrative						
Abandoned Calls	0	1	1	0	4	1
Average Speed of Answer	00:09	00:08	00:08	00:09	00:13	00:11
Average Talk Time	04:13	04:18	04:22	04:32	04:44	04:22
First Call Resolution	99.5%	99.6%	99.5%	99.4%	100.0%	100.0%
Total Admin Calls	604	556	502	396	497	475
Clinical						
Abandoned Calls	0	0	0	0	0	1
Average Speed of Answer	00:09	00:08	00:08	00:08	00:10	00:19
Average Talk Time	05:16	04:48	04:24	05:02	05:00	04:33
First Call Resolution	97.7%	96.8%	97.7%	97.4%	96.8%	96.8%
Total Clinical Calls	274	285	278	210	258	258
Total Calls	878	841	780	606	755	733

Requests Processed	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Approvals	922	958	1,149	868	935	902
Agreed Reduction	0	2	9	0	1	3
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	4	0	0
Denials	63	111	102	36	20	13
Pended	594	543	546	501	612	602
Total	1,579	1,614	1,806	1,409	1,568	1,520

Administrative Denials	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	59	99	91	22	4	0
Total Denied	59	99	91	22	4	0

MD Review	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Medical Necessity	137	165	161	122	129	164
Not Medically Necessary	4	12	11	14	16	13
Referred to MD Rate	8.93%	10.97%	9.52%	9.65%	9.25%	11.64%
Not Medically Necessary Denial Rate	3%	7%	6%	10%	11%	7%
Total MD Review	141	177	172	136	145	177

Reconsiderations	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Overtaken	0	3	0	0	3	2
Upheld	3	3	0	0	2	0
Total Reconsiderations	3	6	0	0	5	2

*Reconsiderations are not included in Request Processed Total

	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Pended						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	568	539	493	487	580	563
MD Review	15	1	44	6	28	17
RN Review	11	3	9	8	4	22
HP Review	0	0	0	0	0	0
Total	594	543	546	501	612	602

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	563
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	343.9	PALSY, INFANTILE CEREBRA	269
2.	496	OBSTRUCTION, CHRONIC AIR	94
3.	741.90	SPINA BIFIDA, W/O HYDROC	42
4.	327.23	DSORD, ORGNC OBST SLEEP	37
5.	787.20	DYSPHAGIA, UNSPECIFIED	35
6.	596.54	NEUROGENIC BLADDER NOS	34
7.	783.41	SYMP FAILURE TO THRIVE,	32
8.	799.02	HYPOXEMIA	27
9.	343.2	PALSY, INFANTILE CER, OU	26
10.	783.3	SYMPTOM, FEEDING PROBLEM	24

Current Month Top 5 Reasons for MD Denial		
1.	Equipment is used primarily for the convenience of the recipient or caregiver. 907 KAR 1:479(6) and 907 KAR 3:130	4
2.	Medical necessity not supported by documentation.	2
3.	Hypoxemia not documented at rest and during exercise. The requested DME equipment is being requested as backup equipment.	2
4.	Medical necessity not supported by the current clinical information provided.	1
5.		1

Current Month Top 5 Reasons for Lack of Information Denial		
1.	N/A	
2.		
3.		
4.		
5.		

DRG

	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Target File						
Target File	250	250	250	102	123	250
On-Site Requested	55	36	33	0	0	30
In-House	195	214	217	102	123	220

Outcomes						
Total Approved	243	248	247	100	115	245

Outcomes						
Total Denied	7	2	3	2	8	5

Denial Reasons						
Not Medically Necessary	6	1	1	1	2	3
Technical	0	0	0	0	0	0
Reassignments	1	1	2	1	6	2
Total Denial Reasons	2	7	2	2	8	5

Reconsiderations						
Approved	0	0	1	0	0	0
Denied	0	0	2	0	0	0
Total Reviewed	0	0	3	0	0	0

Quality of Concern						
Severity 1 - Quality concern with minimum potential for significant effect (s) on the patient	0	0	0	0	0	0
Severity 2 - Quality problem with the potential for significant adverse effect (s) on the patient	0	0	0	0	0	0
Severity 3 - Quality problem with significant adverse affect (s) on the patient	0	0	0	0	0	0
Total Denied	0	0	0	0	0	0

EPSDT Special Services

Call Metrics	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Administrative						
Abandoned Calls	1	0	1	0	5	1
Average Speed of Answer	00:11	00:11	00:10	00:21	00:18	00:12
Average Talk Time	05:18	04:38	04:53	04:11	03:36	04:24
First Call Resolution	99.4%	99.4%	99.4%	99.0%	99.6%	99.6%
Total Admin Calls	316	259	273	185	190	181
Clinical						
Abandoned Calls	1	0	0	0	0	0
Average Speed of Answer	00:09	00:09	00:09	00:09	00:09	00:14
Average Talk Time	04:15	03:34	03:36	03:37	02:59	04:42
First Call Resolution	98.4%	98.7%	98.4%	100.0%	96.8%	96.8%
Total Clinical Calls	194	169	174	115	116	97
Total Calls	510	428	447	300	306	278

Requests Processed	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Approvals	970	1,179	1,223	856	1,088	856
Agreed Reduction	3	0	1	0	6	1
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	6	0	0	0	0	6
State Mandate	4	15	0	11	7	23
Denials	124	16	108	12	8	6
Pended	231	181	124	131	119	85
Total	1,338	1,391	1,456	1,010	1,228	977

Administrative Denials	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	117	2	99	0	3	3
Total Denied	117	2	99	0	3	3

MD Review	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Medical Necessity	29	28	19	10	19	14
Not Medically Necessary	7	14	9	12	5	3
Referred to MD Rate	2.69%	3.02%	1.92%	2.18%	1.95%	1.74%
Not Medically Necessary Denial Rate	19%	33%	32%	55%	21%	18%
Total MD Review	36	42	28	22	24	17

Reconsiderations	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Overtured	1	2	2	1	15	0
Upheld	8	10	0	0	0	1
Total Reconsiderations	9	12	2	1	15	1

*Reconsiderations are not included in Request Processed Total

Pended	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	203	168	114	125	106	72
MD Review	6	6	4	4	4	2
RN Review	22	7	6	2	9	11
Total	213	224	208	257	119	85

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	72
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	299.00	DISORDER, AUTISTIC, CURR	218
2.	343.9	PALSY, INFANTILE CEREBRA	110
3.	758.0	DOWN'S SYNDROME	79
4.	783.40	LACK NRML PHYSLGCL DEV C	41
5.	315.9	DEVELOPMENT DELAY NOS	35
6.	759.89	ANOMALY, CONGENITAL NEC	25
7.	781.3	SYMPTOM, LACK OF COORDIN	18
8.	315.39	DSORD, DVLPMNTL SPEECH/L	15
9.	348.1	DAMAGE, ANOXIC BRAIN	14
10.	315.32	DSORD, MIXED RECEPTIVE-E	13

Current Month Top 5 Reasons for MD Denial		
1.	The service is primarily for the convenience of the recipient, family, physician or another provider of services. 907 KAR 11:034(9) and 907 KAR 3:130	3
2.		
3.		
4.		
5.		

Current Month Top 5 Reasons for Lack of Information Denial		
1.	Clinical information to support need for the equipment is missing	2
2.	LOI response not received or incomplete	1
3.		
4.		
5.		

Home Health

Call Metrics	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Administrative						
Abandoned Calls	4	4	3	9	16	5
Average Speed of Answer	00:09	00:10	00:09	00:12	00:18	00:12
Average Talk Time	03:58	04:38	04:32	04:23	05:05	04:45
First Call Resolution	99.9%	99.9%	99.9%	99.8%	99.7%	99.7%
Total Admin Calls	1236	1148	1194	952	1210	1298
Clinical						
Abandoned Calls	0	0	3	0	7	27
Average Speed of Answer	00:09	00:10	00:11	00:09	00:24	01:09
Average Talk Time	07:31	08:12	07:51	07:59	08:29	09:11
First Call Resolution	99.1%	100.0%	99.1%	98.9%	99.9%	99.9%
Total Clinical Calls	944	931	1017	786	1053	1100
Total Calls	2,180	2,079	2,211	1,738	2,263	2,398

Requests Processed	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Approvals	4,728	4,871	4,891	4,007	4,755	4,941
Agreed Reduction	143	126	186	128	201	222
Client Approved/Negotiation	0	0	0	0	0	1
Split Decision	0	1	0	0	1	1
State Mandate	18	0	0	0	1	0
Denials	40	69	57	58	48	89
Pended	77	80	87	75	171	152
Total	5,006	5,147	5,221	4,268	5,177	5,406

Administrative Denials	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Lack of Information	N/A	2	N/A	N/A	N/A	N/A
Medicare Primary	5	21	2	3	2	7
Technical (Out of Time Frame)	32	46	48	52	37	77
Total Denied	37	67	50	55	39	84

MD Review	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Medical Necessity	21	13	12	21	19	21
Not Medically Necessary	3	0	7	3	9	5
Referred to MD Rate	0.48%	0.25%	0.36%	0.56%	0.54%	0.48%
Not Medically Necessary Denial Rate	13%	0%	37%	13%	32%	19%
Total MD Review	24	13	19	24	28	26

Reconsiderations	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Overturned	0	1	0	0	0	5
Upheld	0	0	0	1	0	0
Total Reconsiderations	0	1	0	1	0	5

*Reconsiderations are not included in Request Processed Total

Pended	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Unreviewed	66	73	78	60	117	72
MD Review	0	0	0	0	0	0
RN Review	11	7	9	15	54	80
Total	77	80	87	75	171	152

Current Month Top 5 LOI Pended Reasons	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	
1.	343.9 PALSY, INFANTILE CEREBRA 446
2.	250.00 DM, UNCOMPLICATED, TYPE 303
3.	319 UNSPEC INTELLECTUAL DISA 232
4.	299.00 DISORDER, AUTISTIC, CURR 208
5.	401.9 HYPERTENSION, ESSENTIAL 166
6.	318.1 SEVERE INTELLECTUAL DISA 113
7.	707.05 ULCER, PRESSURE, BUTTOCK 94
8.	491.21 BRONCHITIS, OBSTR CHR N W 84
9.	340 SCLEROSIS, MULTIPLE 82
10.	496 OBSTRUCTION, CHRONIC AIR 81

Current Month Top 5 Reasons for MD Denial	
1.	Services can be safely and effectively provided on an outpatient basis. 907 KAR 1:030(4) and 907 KAR 3:130 3
2.	There is no reasonable expectation for improvement as the therapy appears to be for maintenance. 907 KAR 1:030(4) and 907 KAR 3:130 1
3.	Medical necessity not supported by the current clinical information provided. 1
4.	
5.	

Current Month Top 5 Reasons for Lack of Information Denial	
1.	N/A
2.	
3.	
4.	
5.	

Hospice

Call Metrics	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Administrative						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
Total Admin Calls	N/A	N/A	N/A	N/A	N/A	N/A
Clinical						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
Total Clinical Calls	N/A	N/A	N/A	N/A	N/A	N/A
Total Calls	N/A	N/A	N/A	N/A	N/A	N/A

Requests Processed	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Approvals	152	282	186	129	117	47
Agreed Reduction	N/A	N/A	N/A	N/A	N/A	N/A
Client Approved/Negotiation	N/A	N/A	N/A	N/A	N/A	N/A
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	0	0	0	0	0	0
Pended	43	17	37	4	2	2
Total	195	299	223	133	119	49

Administrative Denials	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	N/A	N/A	N/A	N/A	N/A	N/A

MD Review	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Medical Necessity	0	0	0	0	0	0
Not Medically Necessary	0	0	0	0	0	0
Referred to MD Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
Total MD Review	0	0	0	0	0	0

Reconsiderations	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Overturned	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	0	0	0

*Reconsiderations are not included in Request Processed Total

Pended	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	43	17	37	4	2	2
MD Review	0	0	0	0	0	0
RN Review	0	0	0	0	0	0
Total	43	17	37	4	2	2

Current Month Top 5 LOI Pended Reasons	
1.	Lack of Information 2
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	
1.	238.75 NEOP, UB, MYELOYDYSPLASTI 19
2.	294.20 DEMENTIA, UNSPEC W/O BEH 10
3.	428.0 FAILURE, CONGESTIVE HEAR 9
4.	250.00 DM, UNCOMPLICATED, TYPE 4
5.	780.39 SYMPTOM, CONVULSIONS NOS 3
6.	290.0 DEMENTIA, SENILE, UNCOMP 2
7.	295.70 DISORDER, SCHIZOAFFECTIV 1
8.	162.9 NEOPLASM, MALIGT, BRONCH 1
9.	
10.	

Current Month Top 5 Reasons for MD Denial	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 5 Reasons for Lack of Information Denial	
1.	N/A
2.	
3.	
4.	
5.	

Impact Plus

Call Metrics	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Administrative						
Abandoned Calls	0	0	0	0	2	0
Average Speed of Answer	00:16	00:11	00:09	00:12	00:07	00:26
Average Talk Time	04:17	04:12	03:49	04:24	03:29	05:32
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Admin Calls	66	74	31	26	14	19
Clinical						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:07	00:05	00:05	00:00	00:00	00:00
Average Talk Time	04:23	04:45	04:21	00:00	00:00	00:00
First Call Resolution	96.3%	100.0%	96.3%	100.0%	100.0%	100.0%
Total Clinical Calls	35	34	10	0	0	1
Total Calls	101	108	41	26	14	20

Requests Processed						
Approvals	208	232	11	0	0	0
Agreed Reduction	0	0	0	0	0	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	2	0	0	0	0	0
Pended	15	0	0	0	0	0
Total	225	232	11	0	0	0

Administrative Denials						
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	N/A	N/A	N/A	N/A	N/A	N/A

MD Review						
Medical Necessity	0	0	0	0	0	0
Not Medically Necessary	2	0	0	0	0	0
Referred to MD Rate	0.89%	0%	0%	0%	0%	0%
Not Medically Necessary Denial Rate	100%	0%	0%	0%	0%	0%
Total MD Review	2	0	0	0	0	0

Reconsiderations						
Overturned	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	0	0	0

*Reconsiderations are not included in Request Processed Total

	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Pended						
Client Review	0	0	0	0	0	0
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
MD Review	0	0	0	0	0	0
RN Review	15	0	0	0	0	0
Total	15	0	0	0	0	0

Impact Plus Eligibility						
Total	6	9	0	0	0	0

Current Month Top 5 LOI Pended Reasons	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Current Month Top 5 Reasons for MD Denial	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 5 Reasons for Lack of Information Denial	
1.	N/A
2.	
3.	
4.	
5.	

Nursing Facility

Call Metrics	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Administrative						
Abandoned Calls	2	0	0	2	0	2
Average Speed of Answer	00:10	00:09	00:10	00:12	00:12	00:10
Average Talk Time	05:13	04:41	04:24	04:59	04:52	04:27
First Call Resolution	99.7%	85.6%	99.7%	93.5%	99.4%	99.4%
Total Admin Calls	301	298	317	215	264	292
Clinical						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:05	00:05	00:05	00:05	00:05	00:06
Average Talk Time	03:20	03:12	03:20	03:37	04:18	04:08
First Call Resolution	98.5%	98.6%	98.5%	98.9%	99.3%	99.3%
Total Clinical Calls	159	155	205	132	181	174
Total Calls	460	453	522	347	445	466

Requests Processed	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Approvals	6,237	6,312	5,392	6,240	4,878	6,892
Initial LOC Approval	2,463	2,337	2,511	2,121	2,316	2,736
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	2	9	3	1	2	2
Denials	47	27	22	22	4	10
Pended	213	268	191	146	196	280
Total	8,962	8,953	8,119	8,530	7,396	9,920

Administrative Denials	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Lack of Information	36	17	16	19	1	0
Non-Certified Bed	0	0	0	0	0	0
Total Denied	36	17	16	19	1	0

*Reconsiderations are not included in Request Processed Total

MD Review	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Medical Necessity	6	10	5	6	10	9
Not Medically Necessary	11	10	6	3	3	10
Referred to MD Rate	7.98%	7.46%	5.76%	6.16%	6.63%	6.79%
Not Medically Necessary Denial Rate	65%	50%	55%	33%	23%	53%
Total MD Review	17	20	11	9	13	19

Reconsiderations	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Overturned	3	2	1	1	1	3
Upheld	0	0	0	0	0	0
Total Reconsiderations	3	2	1	1	1	3

*Reconsiderations are not included in Request Processed Total

	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Pended						
Lack of Information	167	211	173	144	174	247
MD Review	0	0	0	0	0	0
RN Review	46	57	18	2	20	33
Total	213	268	191	146	194	280

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	247
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	401.9	HYPERTENSION, ESSENTIAL	932
2.	290.0	DEMENTIA, SENILE, UNCOMP	727
3.	496	OBSTRUCTION, CHRONIC AIR	638
4.	331.0	ALZHEIMER'S DISEASE	452
5.	436	DISEASE, ACUTE CEREBRAS,	400
6.	428.0	FAILURE, CONGESTIVE HEAR	358
7.	250.00	DM, UNCOMPLICATED, TYPE	352
8.	486	PNEUMONIA, ORGANISM NOS	289
9.	599.0	INFECTION, URINARY TRACT	243
10.	728.87	WEAKNESS, MUSCLE	221

Current Month Top 5 Reasons for MD Denial		
1.	Recipient does not have a stable medical condition requiring intermittent high-intensity nursing care, continuous personal care or supervision in an institutional setting. 907 KAR 1:022(4) and 907 KAR 3:130	7
2.	Not Medically Necessary	3
3.		
4.		
5.		

Current Month Top 5 Reasons for Lack of Information Denial		
1.	N/A	
2.		
3.		
4.		
5.		

Nursing Facility Ancillary

Call Metrics	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Administrative						
Abandoned Calls	7	17	16	9	27	22
Average Speed of Answer	00:18	00:18	00:18	00:20	00:28	00:20
Average Talk Time	03:08	03:15	03:33	03:17	03:14	03:15
First Call Resolution	99.7%	99.7%	99.7%	93.5%	99.4%	99.4%
Total Admin Calls	1053	1146	1051	840	978	1085
Clinical						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
Total Clinical Calls	N/A	N/A	N/A	N/A	N/A	N/A
Total Calls	1,053	1,146	1,051	840	978	1,085

Requests Processed	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Approvals	2,660	2,322	2,534	2,037	2,726	2,476
Agreed Reduction	0	0	0	0	0	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	348	261	322	270	229	238
Pended	181	224	252	237	195	318
Total	3,189	2,807	3,108	2,544	3,150	3,032

RN Denials/Overturns	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
FRN Criteria	324	249	309	263	225	235
FRN Reconsideration Overturned	9	6	14	7	6	6
FRN Reconsideration Upheld	13	10	11	6	3	2
Total Denied	346	265	334	276	234	243

MD Review	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Medical Necessity	11	5	11	0	5	3
Not Medically Necessary	11	2	2	0	1	1
Referred to MD Rate	0.69%	0.25%	0.42%	0%	0%	0%
Not Medically Necessary Denial Rate	50%	29%	15%	0%	0%	0%
Total MD Review	22	7	13	0	6	4

Reconsiderations	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Overturned	0	1	2	1	0	0
Upheld	0	0	4	0	0	3
Total Reconsiderations	0	1	6	1	0	3

*Reconsiderations are not included in Request Processed Total

Pended	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
MD Review	1	1	1	0	0	2
RN Review	223	216	251	237	195	316
Total	224	217	252	237	195	318

Current Month Top 5 LOI Pended Reasons	Count	Reason
1.	N/A	
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes	Count	Code	Description
1.	496		OBSTRUCTION, CHRONIC AIR
2.	728.87		WEAKNESS, MUSCLE
3.	786.05		SYMPTOM, SHORTNESS OF BR
4.	428.0		FAILURE, CONGESTIVE HEAR
5.	719.7		DIFFICULTY IN WALKING
6.	486		PNEUMONIA, ORGANISM NOS
7.	799.02		HYPOXEMIA
8.	786.09		SYMP ABNORMALITY, RESPIR
9.	401.9		HYPERTENSION, ESSENTIAL
10.	787.22		DYSPHAGIA, OROPHARYNGEAL

Current Month Top 5 Reasons for MD Denial	Count	Reason
1.	1	Not medically necessary
2.		
3.		
4.		
5.		

Current Month Top 5 Reasons for Lack of Information Denial	Count	Reason
1.	N/A	
2.		
3.		
4.		
5.		

Orthodontia

Call Metrics	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Administrative						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:08	00:07	00:11	00:08	00:08	00:12
Average Talk Time	04:02	03:52	01:11	01:32	02:58	01:04
First Call Resolution	100.0%	100.0%	100.0%	100.0%	100%	100%
Total Admin Calls	20	8	18	8	9	10

Clinical	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
Total Clinical Calls	N/A	N/A	N/A	N/A	N/A	N/A
Total Calls	20	8	18	8	9	10

Requests Processed	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Approvals	11	15	27	13	8	12
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	0	0	0	0	0	0
Pended	0	2	0	0	0	0
Total	11	17	27	13	8	12

Administrative Denials	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	N/A	N/A	N/A	N/A	N/A	N/A

MD Review	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Medical Necessity	0	0	1	0	0	0
Not Medically Necessary	0	0	0	0	0	0
Referred to MD Rate	0.00%	0.00%	3.70%	0.00%	0.00%	0.00%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
Total MD Review	0	0	1	0	0	0

Reconsiderations	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Overtured	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	0	0	0

*Reconsiderations are not included in Request Processed Total

Pended	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Lack of Information	0	0	0	0	0	0
MD Review	0	2	0	0	0	0
RN Review	0	0	0	0	0	0
Total	0	2	0	0	0	0

Current Month Top 5 LOI Pended Reasons	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	
1.	V58.5 ORTHODONTICS AFTERCARE 12
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Current Month Top 5 Reasons for MD Denial	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 5 Reasons for Lack of Information Denial	
1.	N/A
2.	
3.	
4.	
5.	

Outpatient Therapies

Call Metrics	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Administrative						
Abandoned Calls	1	0	0	0	0	0
Average Speed of Answer	00:09	00:09	00:08	00:14	00:14	00:10
Average Talk Time	04:12	04:00	04:12	04:49	04:09	04:04
First Call Resolution	99.4%	100.0%	99.4%	99.6%	100%	100%
Total Admin Calls	135	158	126	109	107	125
Clinical						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:08	00:08	00:08	00:10	00:08	00:16
Average Talk Time	05:47	03:07	03:57	04:18	04:09	03:35
First Call Resolution	100.0%	95.9%	100.0%	98.1%	100%	100%
Total Clinical Calls	61	41	49	41	27	33
Total Calls	196	199	175	150	134	158

Requests Processed	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Approvals	250	270	287	211	233	168
Agreed Reduction	1	8	1	1	0	3
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	0	0	2	23	5	3
Pended	10	8	49	8	8	15
Total	261	286	339	243	246	189

Administrative Denials	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Lack of Information	0	0	2	23	5	3
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	0	0	2	23	5	3

MD Review	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Medical Necessity	20	16	29	24	34	19
Not Medically Necessary	0	0	0	0	0	0
Referred to MD Rate	7.66%	5.59%	8.55%	9.88%	13.82%	10.05%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
Total MD Review	20	16	29	24	34	19

Reconsiderations	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Overturned	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	0	0	0

*Reconsiderations are not included in Request Processed Total

	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Pended						
Lack of Information	5	7	48	8	3	14
MD Review	0	1	0	0	0	0
RN Review	5	0	1	0	5	1
Total	10	8	49	8	8	15

Independent Therapy	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Total	41	66	100	92	39	61

Current Month Top 5 LOI Pended Reasons	
1.	Lack of Information 14
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes		
1.	724.2	LUMBAGO 21
2.	299.00	DISORDER, AUTISTIC, CURR 20
3.	781.2	SYMPTOM, ABNORMALITY, GA 13
4.	719.7	DIFFICULTY IN WALKING 12
5.	343.1	PALSY, INFANTILE CER, HE 9
6.	438.10	DEFICIT, SPEECH/LANG LE 8
7.	719.41	PAIN IN JOINT, SHOULDER 6
8.	741.90	SPINA BIFIDA, W/O HYDROC 5
9.	741.93	SPINA BIFIDA, W/O HYDROC 5
10.	V43.65	KNEE JOINT REPLACEMENT S 5

Current Month Top 5 Reasons for MD Denial	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 5 Reasons for Lack of Information Denial	
1.	LOI response not received or incomplete 3
2.	
3.	
4.	
5.	

Physician Services

Call Metrics	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Administrative						
Abandoned Calls	1	0	0	0	1	1
Average Speed of Answer	00:09	00:10	00:09	00:14	00:16	00:14
Average Talk Time	03:24	03:21	03:49	03:34	03:22	03:37
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Admin Calls	241	242	261	250	200	255
Clinical						
Abandoned Calls	1	0	0	0	1	1
Average Speed of Answer	00:09	00:09	00:09	00:09	00:09	00:09
Average Talk Time	03:55	03:55	03:55	03:55	03:55	03:55
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Clinical Calls	36	32	34	31	37	43
Total Calls	277	274	295	281	237	298

Requests Processed	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Approvals	31	40	42	43	47	42
Administrative Approval	6	20	11	14	19	14
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	1	0	2	0	0	0
Pended	6	9	3	13	8	5
Total	44	69	58	70	74	61

Administrative Denials	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Lack of Information	0	0	0	0	0	0
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	0	0	0	0	0	0
Total Denied	0	0	0	0	0	0

MD Review	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Medical Necessity	17	13	13	24	24	23
Not Medically Necessary	1	0	2	0	0	0
Referred to MD Rate	40.91%	18.84%	25.86%	34.29%	32.43%	37.70%
Not Medically Necessary Denial Rate	6%	0%	13%	0%	0%	0%
Total MD Review	18	13	15	24	24	23

Reconsiderations	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Overtaken	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	0	0	0

*Reconsiderations are not included in Request Processed Total

	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Pended						
Lack of Information Incomplete Data (Consent Forms)	N/A	N/A	N/A	N/A	N/A	N/A
MD Review	4	5	2	9	6	1
RN Review	0	0	0	0	0	1
	2	4	1	4	2	3
Total	6	9	3	13	8	5

Current Month Top 5 LOI Pended Reasons	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	
1.	327.23 DSORD, ORGNC OBST SLEEP 11
2.	278.01 OBESITY, MORBID 6
3.	V53.51 FIT/ADJUST GASTRIC LAP B 6
4.	V25.2 STERILIZATION 5
5.	536.3 GASTROPARESIS 4
6.	780.54 SYMPTOM, HYPERSOMNIA NOS 3
7.	524.03 HYPOPLASIA, MAXILLARY 2
8.	218.9 LEIOMYOMA, UTERUS NOS 2
9.	374.87 DERMATOCHALASIS 2
10.	374.50 DISORDER, DEGENERATIVE N 2

Current Month Top 5 Reasons for MD Denial	
1.	N/A
2.	
3.	
4.	
5.	

Current Month Top 5 Reasons for Lack of Information Denial	
1.	N/A
2.	
3.	
4.	
5.	

Psychiatric Programs

Call Metrics	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Administrative						
Abandoned Calls	0	0	1	2	4	1
Average Speed of Answer	00:10	00:11	00:10	00:13	00:16	00:11
Average Talk Time	03:38	03:13	03:16	02:52	03:06	02:48
First Call Resolution	94.1%	100.0%	94.1%	100.0%	100%	100%
Total Admin Calls	281	291	301	209	306	276
Clinical						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:06	00:05	00:05	00:05	00:05	00:08
Average Talk Time	10:44	09:10	08:33	09:07	08:44	08:05
First Call Resolution	100.0%	100.0%	100.0%	100.0%	100%	100%
Total Clinical Calls	213	225	272	170	261	236
Total Calls	494	516	573	379	567	512

Requests Processed	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Approvals	215	243	274	187	283	247
Agreed Reduction	0	0	0	0	0	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	1	0	0	2	1	0
Denials	10	12	9	4	6	5
Pended	15	8	10	4	8	10
Total	241	263	293	197	298	262

Administrative Denials	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	4	5	1	3	3	0
Total Denied	4	5	1	3	3	0

MD Review	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Medical Necessity	2	2	0	0	0	3
Not Medically Necessary	6	7	0	0	0	5
Referred to MD Rate	3.32%	3.42%	0.00%	0.00%	0.00%	3.05%
Not Medically Necessary Denial Rate	75%	78%	0%	0%	0%	0%
Total MD Review	8	9	0	0	0	8

Reconsiderations	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Overtaken	1	3	1	0	0	0
Upheld	2	4	3	1	1	0
Total Reconsiderations	3	7	4	1	1	0

*Reconsiderations are not included in Request Processed Total

Pended	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Lack of Information	0	0	0	0	0	0
RN Review	15	8	10	4	8	10
MD Review	0	0	0	0	0	0
Total	13	8	10	4	8	10

By Place of Service	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Distinct Part Units - Psychiatric	80	99	107	60	87	69
EPSDT	13	12	25	21	23	17
Freestanding Psychiatric Facility	35	43	38	26	40	34
Inpatient Hospital	9	14	2	3	12	15
Non-Freestanding Psychiatric Facility	99	98	116	81	121	114
Onsite EPSDT Psych	2	0	0	0	0	0
Psychiatric Residential Treatment Center	6	4	9	7	16	13
Total	319	270	297	198	299	262

Current Month Top 5 LOI Pended Reasons	Count	Reason
1.		Lack of Information
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes	Count	Code	Description
1.	296.90	DISORDER, EPISODIC MOOD	43
2.	295.70	DISORDER, SCHIZOAFFECTIV	20
3.	295.30	SCHIZOPHRENIA, PARANOID,	15
4.	296.80	DISORDER, BIPOLAR NOS	12
5.	296.7	BPLR I, UNSPEC. MOST REC	12
6.	312.34	DISORDER, INTERMITTENT E	10
7.	295.90	SCHIZOPHRENIA NOS, UNSPE	10
8.	309.81	DISORDER, POSTTRAUMATIC	9
9.	311	DISORDER, DEPRESSIVE NEC	9
10.	299.00	DISORDER, AUTISTIC, CURR	8

Current Month Top 5 Reasons for MD Denial	Count	Reason
1.		Not Medically Necessary
2.		
3.		
4.		
5.		

Current Month Top 5 Reasons for Lack of Information Denial	Count	Reason
1.		N/A
2.		
3.		
4.		
5.		

Radiology

Call Metrics	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Administrative						
Abandoned Calls	2	3	0	0	6	0
Average Speed of Answer	00:10	00:11	00:10	00:16	00:18	00:13
Average Talk Time	04:02	03:46	03:47	03:57	04:27	03:56
First Call Resolution	100.0%	100.0%	100.0%	99.6%	100%	100%
Total Admin Calls	443	467	480	372	427	465
Clinical						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:09	00:08	00:08	00:08	00:08	00:18
Average Talk Time	05:38	05:30	05:51	05:36	05:34	05:56
First Call Resolution	100.0%	99.9%	100.0%	98.2%	100%	100%
Total Clinical Calls	262	291	257	205	259	289
Total Calls	705	758	737	577	686	754

Requests Processed	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Approvals	300	312	334	261	304	349
Agreed Reduction	0	0	0	0	0	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	1	8	4	0	6	2
Pended	12	8	14	9	2	5
Total	313	328	352	270	312	356

Administrative Denials	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Lack of Information	1	7	4	0	1	1
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	1	7	4	0	1	1

MD Review	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Medical Necessity	87	93	118	83	80	106
Not Medically Necessary	0	1	0	0	5	1
Referred to MD Rate	27.80%	28.66%	33.52%	30.74%	27.24%	30.06%
Not Medically Necessary Denial Rate	0%	1%	0%	0%	6%	1%
Total MD Review	87	94	118	83	85	107

Reconsiderations	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Overturned	0	0	0	0	1	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	0	1	0

*Reconsiderations are not included in Request Processed Total

	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Pended						
Lack of Information	6	0	0	1	1	1
MD Review	2	3	3	7	0	2
RN Review	4	5	11	1	1	2
Total	12	8	14	9	2	5

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	1
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes		
1.	724.2 LUMBAGO	26
2.	786.50 SYMPTOM, PAIN, CHEST NOS	24
3.	723.1 CERVICALGIA	19
4.	724.4 NEURITIS, LUMBOSACRAL NO	12
5.	719.46 PAIN IN JOINT, LOWER LEG	11
6.	719.41 PAIN IN JOINT, SHOULDER	10
7.	340 SCLEROSIS, MULTIPLE	8
8.	348.4 COMPRESSION OF BRAIN	7
9.	724.5 BACKACHE NOS	7
10.	737.30 SCOLIOSIS, IDIOPATHIC	7

Current Month Top 5 Reasons for MD Denial		
1.	Recipient has not tried and failed a course of physical therapy or home exercise program. 907 KAR 3:005(5) and 907 KAR 3:130	1
2.		
3.		
4.		
5.		

Current Month Top 5 Reasons for Lack of Information Denial		
1.	LOI response not received or incomplete	1
2.		
4.		
5.		



KY Department for Medicaid Services Administrative Hearings Report

**Report runs off Status of In Progress for open cases.*

Report Run Date: Feb 6, 2015
 New/In Progress/Closed/All In Progress

Case Type	Primary Category	Appeal Type	Status	Appeal Start Date	Decision Required Date	Attending Physician
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Jan 6, 2015	Mar 13, 2015	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Mar 10, 2014	Mar 27, 2014	PELLEGRINI, ADRIAN
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Dec 19, 2014	Feb 27, 2015	PELLEGRINI, ADRIAN
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Feb 4, 2015	Mar 5, 2015	PELLEGRINI, ADRIAN
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Aug 12, 2014	Oct 2, 2014	PELLEGRINI, ADRIAN
Home Health	Home Health	Administrative Hearings	In Progress	Jun 18, 2014	Jul 30, 2014	PELLEGRINI, ADRIAN
Waiver	Michelle P. CDO - Services	Administrative Hearings	In Progress	Jan 27, 2015	Mar 6, 2015	PELLEGRINI, ADRIAN
Waiver	Michelle P - Services	Administrative Hearings	In Progress	Aug 25, 2014	Sep 30, 2014	PELLEGRINI, ADRIAN
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Jan 8, 2015	Feb 10, 2015	PELLEGRINI, ADRIAN
Waiver	ABI - LOC	Administrative Hearings	In Progress	Jun 11, 2014	Jul 3, 2014	SMITH RN, PAM
Waiver	HCBC - LOC	Administrative Hearings	In Progress	May 27, 2014	Jul 10, 2014	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Oct 7, 2013	Dec 9, 2013	SMITH D.O., DEBRA
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Dec 1, 2014	Feb 26, 2015	PELLEGRINI, ADRIAN
Acute Inpatient	Psychiatric	Administrative Hearings	In Progress	Dec 8, 2014	Feb 6, 2015	PELLEGRINI, ADRIAN



Utilization Management Executive Summary

*Kentucky MMIS Project
Cabinet for Health and Family Services
Department for Medicaid Services*

Status Month End January 2015

Cabinet for Health and Family Services Department for Medicaid Services

Role:		Name:	
Author		Pam Smith	
Reviewer		HP Leaders	
HP Management		Matt Dawson	
Client		Commissioner Lisa Lee Deputy Commissioner Neville Wise Acting Information Systems Director John Hoffmann	
DELIVERABLE TITLE:		Date Submitted: 02/16/2015	
File Name: : Utilization Management Executive Summary			AUTHORING TOOL: Microsoft Word 2007

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Monthly UM Reviews Processed

Review Area	Historical Monthly Avg	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Acute Inpatient*	1,781	1,710	1,878	1,748	1,536	1,959	2,025
Inpatient Psych	256	226	255	283	193	290	252
DRG Retro Review	204	250	250	250	102	123	250
EPSDT	1,299	1,310	1,378	1,446	1,004	1,215	964
Impact Plus	137	210	232	11	0	0	0
DME	1,556	1,553	1,610	1,753	1,395	1,536	1,481
Home Health	4,966	4,995	5,140	5,212	4,253	5,123	5,326
Outpatient Services (Therapy)	264	256	285	338	243	241	188
Radiology	359	307	320	338	262	611	352
Physician Services*	59	42	65	57	57	72	57
Dental/Orthodontia	15	11	15	27	13	8	12
Hospice	182	195	299	223	133	119	49
Nursing Facility Level of Care	8,413	8,916	8,896	8,101	8,528	7,374	9,887
Nursing Facility Ancillary Onsite	2,802	2,583	3,101	2,856	2,307	2,955	2,714
Total	22,292	22,564	23,724	22,643	20,026	21,626	23,557

*Includes Clinical and Administrative Reviews

**Total requests processed = # of reviews processed during the month – reviews still in a pended MD or RN review status on the last day of the month

Quarterly Audit Reviews

Audit Area	Historical Avg/Quarter	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014
Billing Audits - HH, EPSDT, Waiver	41	61	10	60	70	32	14
NF RUG-MDS	76	32	118	43	109	36	116
Adult Day Level II	9	8	8	10	10	10	9

*Billing Audits are identified in Q1 and are done throughout the entire year. The full audit volume must be completed by the end of Q4 the same year. It is typical to see higher numbers of reviews completed in the quarters opposite the higher volume RUG quarters.

Q2 and Q4 are typically the quarters where more facilities are scheduled to be audited

Monthly Reviews Processed Jan 2015

Review Area	Beginning Inventory	Received	Approval	Denial	RTP-LOI	Ending Inventory	*Age Oldest Review
Acute Inpatient	27	2,032	1,993	32	0	34	3
Inpatient Psych	8	254	247	5	0	10	0
DRG	0	250	245	5	0	0	0
EPSDT	13	964	886	6	72	13	3
Impact Plus	0	0	0	0	0	0	0
DME	32	1,488	905	13	563	39	3
Home Health	54	5,352	5,165	89	72	80	3
Outpatient Services (Therapy)	5	184	171	3	14	1	3
Radiology	1	355	349	2	1	4	0
Physician Services	2	59	56	0	1	4	3
Dental/Orthodontia	0	12	12	0	0	0	0
Hospice	0	49	47	0	2	0	3
Nursing Facility Level of Care	20	9,900	9,630	10	247	33	3
Nursing Facility Ancillary Onsite	195	2,837	2,476	238	0	318	4
Total	357	23,736	22,182	403	972	536	

** Beginning Inventory = Requests from previous month that were in a pending RN/MD review on the last day of the prior month, Received = Requests processed – Beginning Inventory, Ending Inventory = Remaining requests from current month in a pending RN/MD review status

Monthly Referral/Denial Stats Jan 2015

Review Area	Review Volume	# Referred	# Denied	% Referred	% Denied	% Referred/Denied
Acute Inpatient-Clinical Review	2,025	39	1	2%	.05%	3%
Inpatient Psych	252	8	5	3%	2%	62%
DRG Retro Review	250	0	0	0%	0%	0%
EPSDT	892	17	3	2%	.34%	18%
Impact Plus	1	0	0	0%	0%	0%
DME	918	177	13	19%	1.4%	7%
Home Health	5,254	26	5	.49%	.09%	19%
Outpatient Services (Therapy)	174	19	0	11%	0%	0%
Radiology	351	107	1	30%	.28%	.93%
Physician Services – Clinical Review	56	23	0	41%	0%	0%
Dental/Orthodontia*	12	0	0	0%	0%	0%
Hospice	47	0	0	0%	0%	0%
Nursing Facility Level of Care	9,640	19	10	.19%	.10%	53%
Nursing Facility Ancillary Onsite**	2,714	4	4	.15%	.04%	25%
Total	22,586	439	39	2%	1%	9%

*Orthodontia is 100% DMD reviewed. ** Includes MD and RN denials

Total Monthly Referral/Denial Stats

	Historical Monthly Avg	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
Total Reviews	21,337	21,502	22,704	21,698	19,197	20,337	22,586
# Referred	400	384	415	425	343	396	439
# Denied	39	36	45	38	32	43	39
% Referred	2%	2%	2%	2%	2%	2%	2%
% Denied	1%	1%	1%	1%	1%	1%	1%
% Referred/Denied	10%	9%	11%	9%	9%	11%	9%

Referral/Denial % Calculations

% Referred = #Referred/Total Reviews

% Denied = #Denied/Total Reviews

% Referred/Denied = #Denied/#Referred

Reviews that are administratively approved in Acute Inpatient and Physicians services are not included in the review volume for the Referral/Denial charts

Contractual Turnaround Times

Review Area	Submission Method	Turnaround time
Acute Inpatient	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
Acute Inpatient Retro Review	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 30 calendar days
DME	Fax, EPA	3 business days
EPSDT	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
Home Health	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
Hospice	Fax, Mail	3 business days
Impact Plus	Fax, EPA	3 business days
Outpatient Therapy and Radiology	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
Physician Services	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
PRTF	Phone, EPA	Phone -time of the call, Fax, EPA 3 business days
Orthodontics	Fax, Mail	10 business days
Dental	Fax, EPA	3 business days
Nursing Facility		
ICF/MRDD LOC Initial	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
NF LOC Initial	Fax, EPA	3 business days
NF Ancillary Initial	Onsite	5 days from date of request
NF Ancillary Continued Stay Review	Onsite	Prior to the expiration of current PA - no turnaround time for the review to be completed
NF LOC Initial Onsite	Onsite	Before the member's initial 30 day PA expires- only current turnaround time is that review is completed and PA extended prior to the current expiration
NF LOC Concurrent Review	Onsite	Review must be done at least every 180 days, prior to current expiration of facility PAs - only current turnaround time is that review is completed and PA extended prior to the current expiration
Audits/Billing Reviews * Quarterly Review		
ADHC Level II Reimbursement Review*	Fax/Mail	7 calendar days
Billing Audits - Waiver/HH/EPSDT	Onsite	within the calendar year
RUGS- MDS *	Onsite	6 wks from receipt of review CD from Meyers & Stauffer
DRG Retro Review	Onsite/Mail	30 days