

MAC Binder Section 10 –Operational Status & UM Reports

Table of Contents with Document Summary – July 2016

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

1- KY MMIS Operational Status Report_May2016:

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, encounters loads and change orders. In addition, it provides a status update as to the inventory for FFS financial adjustments and the provider relations team activates.

2- KY MMIS Operational Status Report_June2016:

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, encounters loads and change orders. In addition, it provides a status update as to the inventory for FFS financial adjustments and the provider relations team activates.

3- UM Status Report Apr_2016:

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



Operational Status Report

Kentucky MMIS Project

*Cabinet for Health and Family Services
Department for Medicaid Services
May 2016*

Cabinet for Health and Family Services Department for Medicaid Services

<u>Role:</u>	<u>Name:</u>
Author	Janet Penn
Reviewer	Donna Sims
HP Enterprise Services Management	Richard DeGise, Account Executive
Client	Commissioner Stephen P. Miller Medicaid Systems Director Stacy Fish
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1 Executive Summary

	May	Page Number
Claims Processed	992,538	Page 17
Total Dollars Paid	\$207,192,377.54	Page 17
Claims Paid	730,509	Page 17
Claims Denied	245,215	Page 17
% Denied Claims	25.13%	Page 17
Average Claims Held in Cash Management	299,198	N/A
Average Dollars Held in Cash Management	\$45,616,949.55	N/A
Capitation Financial Transactions	2,733,260	Page 18
Capitation Financial Payments	\$598,727,619.22	Page 18
Suspended Claims	16,594	Page 24
Total Suspended Claims > 90 Days	394	Page 24
Provider Services Calls Received	9,418	Page 30
Provider Services Current Service Level %	95%	Page 30

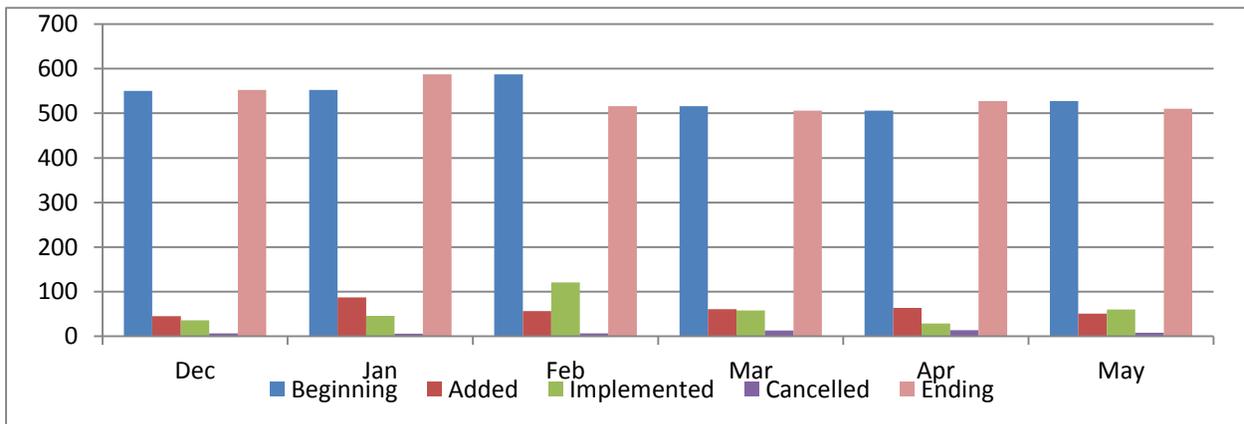
Encounter Load Statistics

Managed Care Organizations (MCOs)						
	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016
Coventry	1,082,156	1,176,821	464,643	788,376	1,242,233	938,931
Humana	483,034	578,523	509,397	541,715	696,067	535,764
Kentucky Spirit	101	2	0	0	0	0
Passport (R03)	15	71	25	30	13	9
Passport R31	1,021,518	1,294,084	1,326,124	1,124,059	1445,416	1,172,869
WellCare	1,699,151	1,665,082	1,183,177	2,235,253	2,445,720	1,819,595
Anthem	340,930	449,752	419,086	389,414	361,191	423,582
Other						
Transportation Encounters	292,043	297,200	266,416	525,675	13*	271,175
Magellan Pharmacy Claims	269,955	252,620	264,000	377,162	242,853	244,348
Totals	5,188,903	5,714,155	4,432,868	5,981,684	6,433,506	5,406,273

*Delay in received transportation encounters. Increases expected in May.

1.1 Change Order and Defect Statistics

Change Orders / Defects Inventory	Dec	Jan	Feb	Mar	Apr	May
Beginning	550	552	587	516	506	527
Added	45	87	57	61	64	51
Implemented	36	46	121	58	29	60
Cancelled	7	6	7	13	14	8
Ending	552	587	516	506	527	510



1.2 Change Order and Defect Statistics (continued)

May 2016	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	78	134	5	0	217	
Federally Mandated	4	2	0	0	6	2 open and 2 on hold are included in the Priority list.
Non-Priority	209	23	55	0	287	
Totals	291	159	60	0	510	

*The priority list consists of 221 Change Orders & Defects.

May 2016	Change Orders			Defects		
	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	15	28	1	1	3	0
Federally Mandated	10	0	1	0	0	0
Non-Priority	13	7	4	12	22	2
Totals	38	35	6	13	25	2

2 Unplanned System Outages

A Breakdown Of The Downtime		
Date	Time	Reason For Downtime
May 2016		There were no unplanned outages in May 2016.

2.1 Billable Hours Usage Summary (Contract Year 2015)

Month	BILLABLE	UNDECIDED	CCB Approved	Need CCB Review
Dec 2015	2,243.25	29.50	2,243.25	29.50
Jan 2016	1,115.50	-	1,115.50	-
Feb 2016	1,572.50	2.50	1,572.50	2.50
Mar 2016	1,528.00	-	1,528.00	-
Apr 2016	1,311.75	-	1,311.75	-
May 2016	1,516.50	32.50	1,516.50	32.50
Jun 2016				
Jul 2016				
Aug 2016				
Sep 2016				
Oct 2016				
Nov 2016				

* Time entry is finalized on the 14th day of the following month.

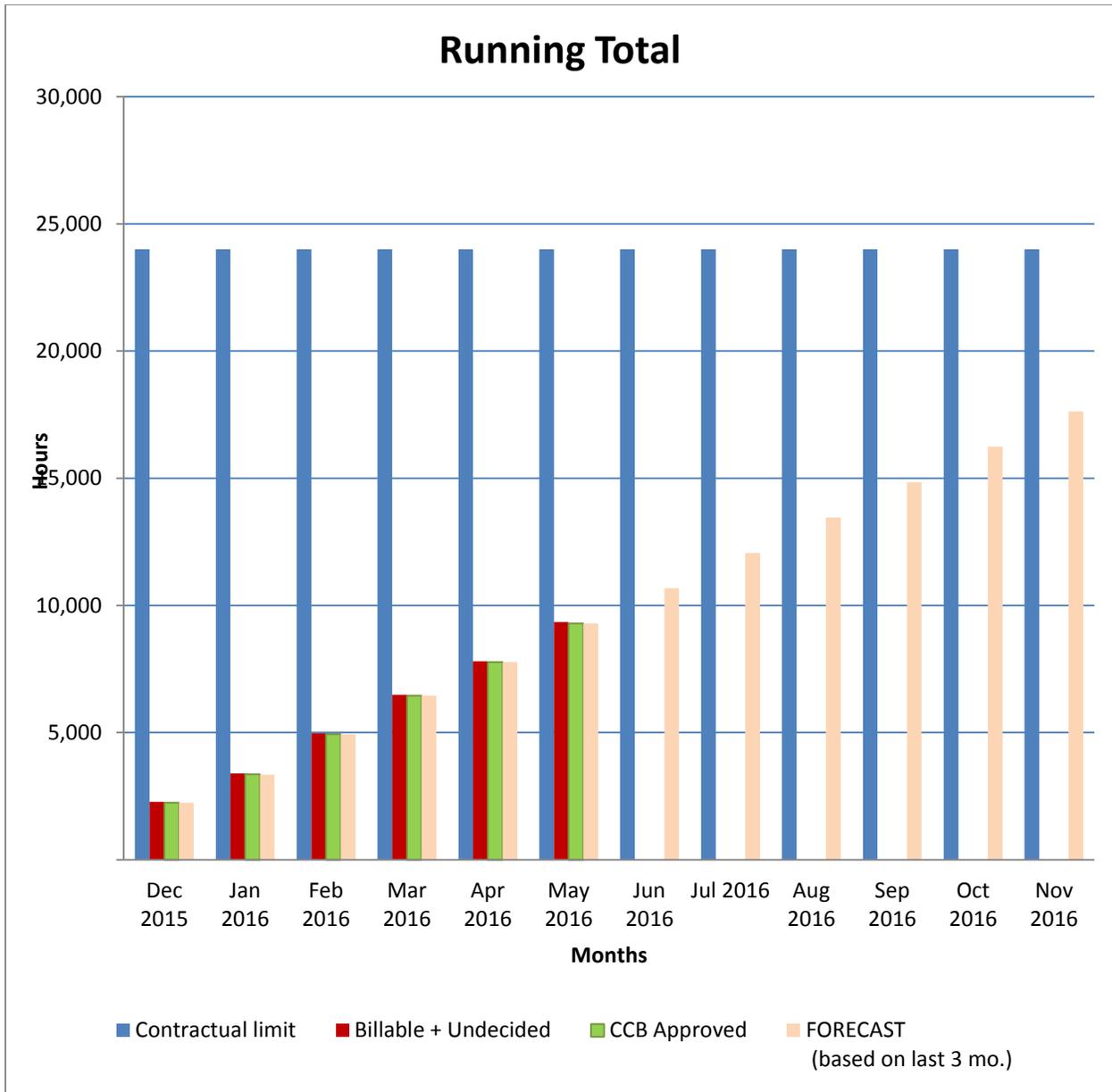
**These totals EXCLUDE hours logged against HBE - Realtime project, Provider Portal, ORP, and T-MSIS 2.0.

2.2 Running Total (Contract Year 2015)

Month	Contractual limit	Billable + Undecided	CCB Approved	Forecast (based on last 3 months)	Need CCB Review
Dec 2015	24,000.00	2,272.75	2,243.25	2,243.25	29.50
Jan 2016	24,000.00	3,388.25	3,358.75	3,350.25	29.50
Feb 2016	24,000.00	4,963.25	4,931.25	4,931.25	32.00
Mar 2016	24,000.00	6,491.25	6,459.25	6,459.25	32.00
Apr 2016	24,000.00	7,803.00	7,771.00	7,771.00	32.00
May 2016	24,000.00	9,352.00	9,287.50	9,287.50	64.50
Jun 2016	24,000.00			10,677.50	
Jul 2016	24,000.00			12,067.50	
Aug 2016	24,000.00			13,457.50	
Sep 2016	24,000.00			14,847.50	
Oct 2016	24,000.00			16,237.50	
Nov 2016	24,000.00			17,627.50	

* Time entry is finalized on the 14th day of the following month.

**These totals EXCLUDE hours logged against HBE - Realtime project, Provider Portal, ORP, and T-MSIS 2.0.



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	1	1	0	0
Type B	0	1	1	0	0
Type C	0	15	15	0	0
Type D	0	3	1	0	2
Type E	0	0	0	0	0
Unspecified	0	0	0	1	0
Total	0	20	18	1	2

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

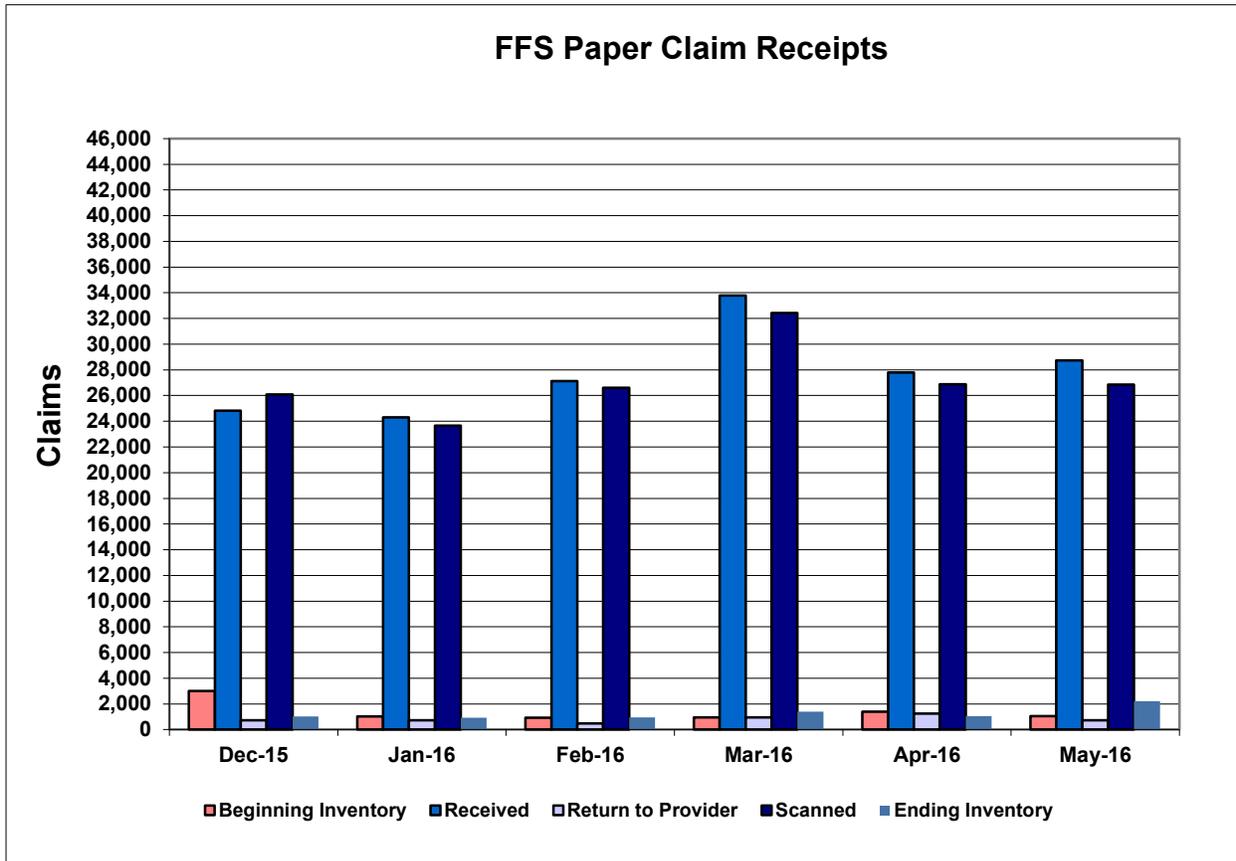
CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
24561		Anglin, Carrie	On Hold	20150409		FFS Reports without MCO data
26600	D	Moccia, Don	Completed	20160504	20160512	MCO Risk Adjusted Rates Effective 01-Jul-2016
26604	B	Bentley, Tracy	Completed	20160504	20160504	Paid Claims for MAID: 0014462171 6/30/15 - 12/31/15
26612	C	Patel, Parul	Completed	20160506	20160506	Optometrist list
26619	C	Bentley, Tracy	Completed	20160509	20160510	Claims for Occupational Therapy (97530) Only
26621	C	Bentley, Tracy	Completed	20160509	20160510	Learning Services 07/14/2015-04/30/20
26622	C	Bentley, Tracy	Completed	20160509	20160510	Clinical Behavioral Analysis (CBA)
26623	C	Bentley, Tracy	Completed	20160509	20160510	River Valley 07/14/2015-04/30/2016
26627	C	Bradshaw, Nicole	Completed	20160510	20160511	Inappropriate modifier use in Ophth CPT codes
26642	C	Bradshaw, Nicole	Completed	20160513	20160518	multiple E/M, same day
26644	C	Bradshaw, Nicole	Completed	20160513	20160518	claims with modifier 50 and units greater than 1
26651	C	Patel, Parul	Completed	20160516	20160518	Active Providers - Re-run 26334 (Excluding labs)
26660	C	Hoffmann, John	Completed	20160518	20160518	Enrollment List for Knox County
26665	C	Wells, Phyllis	Completed	20160519	20160520	Northern Center for Pain Relief Physican

3.2 Inventory Detail (continued)

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
26667	C	Wells, Phyllis	Completed	20160520	20160520	Northern Kentucky Center for Pain Relief Chiropract
26670	C	Wells, Phyllis	Completed	20160520	20160520	Donald Nall
26687	C	Keeling, Michelle	Completed	20160525	20160525	MCO Paid Claims
26691	C	Bentley, Tracy	Completed	20160526	20160526	NR 01/01/2015 - 05/01/2015
26693	D	Bentley, Tracy	In Progress	20160526	20160606	Claims for behavior & counseling (H0004 & H2017)
26694	D	Bentley, Tracy	In Progress	20160526	20160606	Claims for behavior & counseling (H0004 & H2017) O
26697	A	Mays, Jada	Completed	20160527	20160527	Wood

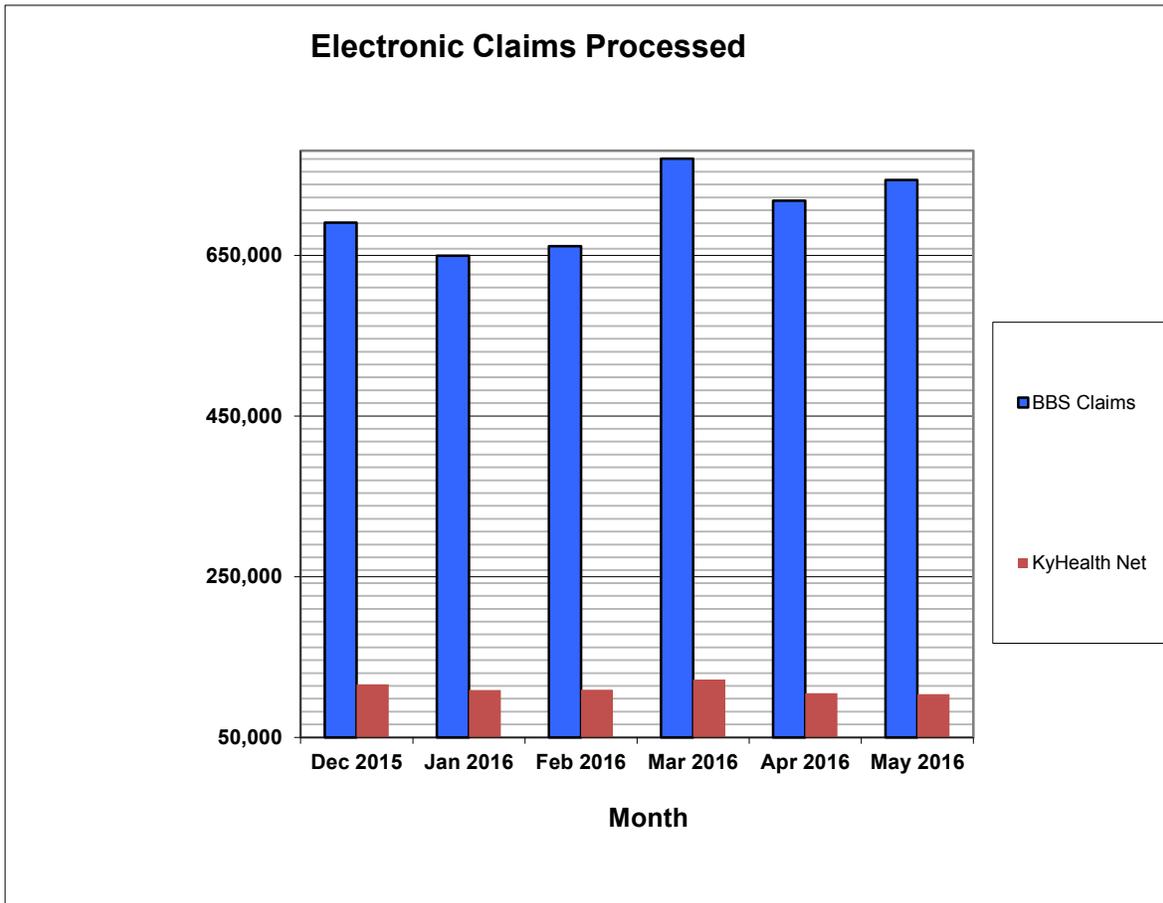
4 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
December 2015	3,005	24,828	727	26,092	1,014	0 days
January 2016	1,014	24,307	736	23,666	919	0 days
February 2016	919	27,125	489	26,596	959	0 days
March 2016	959	33,798	946	32,420	1,391	0 days
April 2016	1,391	27,789	1,244	26,889	1,047	0 days
May 2016	1,047	28,743	726	26,844	2,220	0 days



5 Electronic Claims Processed

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016
Bulletin Board System Claims Processed	690,697	649,386	661,155	770,083	718,039	743,629
Kentucky HealthNet Claims Processed	115,886	108,829	109,345	121,767	104,911	103,534



6 Monthly FFS Claim Totals by Media

Begin Date	End Date
05/01/2016	05/31/2016

TOTAL	Denied Claims	Paid Claims		Suspense Claims
	Billed Amount	Billed Amount	Paid Amount	Billed Amount
Electronic	\$371,675,467.52	\$1,264,699,876.62	\$190,816,468.43	\$10,824,730.00
Paper	\$30,090,118.95	\$18,826,526.76	\$1,780,147.22	\$7,755,838.11
TOTAL:	\$401,765,586.47	\$1,283,526,403.38	\$192,596,615.65	\$18,580,568.11

7 Monthly Claims Operations

7.1 FFS Monthly Financial Cycle Summary

Category	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016
Paid Claims	674,988	772,649	600,134	684,806	848,209	730,509
Denied Claims	238,385	298,380	250,068	263,179	317,447	245,215
Total Adjudicated Claims	913,373	1,071,029	850,202	947,985	1,165,656	975,724
Adjustments	15,219	19,807	14,040	20,889	23,168	16,814
Total Claims	913,373	1,090,836	864,242	968,874	1,188,824	992,538
Suspended/Re-suspended Claims	10,014	12,292	12,886	12,179	11,450	16,594
% of Denied Claims	26.1%	27.9%	29.4%	27.76%	27.23%	25.13%
Avg \$ per Claim	\$284.54	\$290.92	\$343.49	\$326.13	\$267.83	\$283.63
Claim Payment Amount	\$192,063,095.23	\$224,782,531.02	\$206,142,336.07	\$223,338,783.59	\$227,175,764.20	\$207,192,377.54
(+) Payouts	\$719,131.62	\$35,451,995.21	\$546,424.19	\$364,482.35	\$209,955.22	\$683,384.24
(-) Recoupments	\$2,652,385.75	-\$3,608,065.38	-\$25,222,109.35	-\$9,256,804.70	-\$7,339,226.74	-\$5,975,822.44
Check Issue	\$190,129,841.10	\$256,626,460.85	\$181,466,650.91	\$214,446,461.24	\$220,046,492.68	\$201,899,939.34
Capitation Payment	\$592,018,460.44	\$609,448,354.69	\$571,920,569.01	\$531,263,481.64	\$620,190,218.34	\$598,727,619.22
Total Paid	\$782,148,301.54	\$866,074,815.54	\$753,387,219.92	\$745,709,942.88	\$840,236,711.02	\$800,627,558.56

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

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

Category	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015
Paid Claims	590,208	673,834	656,478	599,843	624,966	789,455
Denied Claims	208,301	278,033	228,417	223,942	236,772	296,749
Total Adjudicated Claims	798,509	951,867	884,895	823,785	861,738	1,086,204
Adjustments/Claim Credits	13,319	16,393	17,785	41,680	30,390	27,948
Total Claims	811,828	968,260	902,680	865,465	992,128	1,114,152
Suspended/Resuspended Claims	5,993	7,563	6,582	7,164	6,918	5,640
% of Denied Claims	26.1%	29.2%	25.8%	27.2%	27.5%	27.3%
Avg \$ per Claim	\$330.11	\$329.63	\$305.69	\$323.70	\$318.16	\$287.27
Claim Payment Amount	\$194,835,718.11	\$222,116,290.86	\$200,678,617.23	\$194,170,637.57	\$198,837,220.02	\$226,788,905.99
(+) Payouts	\$758,053.27	\$2,216,747.24	\$1,984,434.80	\$5,740,397.70	\$23,436,110.49	\$15,775,802.87
(-) Recoupments	-\$2,453,779.01	-\$3,830,684.95	-\$2,856,866.45	-\$3,209,892.21	-\$3,605,675.97	-\$4,640,725.09
Check Issue	\$193,139,992.37	\$220,502,353.15	\$199,806,185.58	\$196,701,143.06	\$218,667,654.54	\$237,923,983.77
Capitation Payment	\$576,694,958.60	\$593,455,163.32	\$600,540,924.27	\$609,102,993.64	\$595,031,112.93	\$536,339,601.66
Total Paid	\$769,834,950.97	\$813,957,516.47	\$800,347,109.85	\$805,804,136.70	\$813,698,767.47	\$774,263,585.43

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
05/01/2016	05/31/2016

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
AETNA	270,670	\$103,384,946.62	58,706	\$4,029,374.43	329,376	\$107,414,321.05
ANTHEM	101,794	\$45,542,481.95	21,730	\$4,031,393.41	123,524	\$49,573,875.36
HUMANA	125,894	\$62,606,228.67	27,740	\$4,832,025.34	153,634	\$67,438,254.01
KENTUCKY SPIRIT						
NEMT	1,212,328	\$8,754,141.12	55,610	\$138,391.95	1,267,938	\$8,892,533.07
PASSPORT	285,174	\$141,927,141.81	50,352	\$8,003,883.99	335,526	\$149,931,025.80
WELLCARE	435,285	\$205,535,881.40	86,284	\$9,941,728.53	521,569	\$215,477,609.93
Sum:	2,431,145	\$567,750,821.57	302,115	\$30,976,797.65	2,733,260	\$598,727,619.22

7.2 Monthly MCO & NEMT Capitations (continued)

NEMT	Cap Transactions	Amount Paid
AUDUBON AREA COMMUNITY SERVICES INC/GRITS	51,333	\$389,143.98
PENNYRILE ALLIED COMSERVICES, INC	58,606	\$355,875.26
AUDUBON AREA COMMUNITY SERVICES INC	60,187	\$382,104.45
L.K.L.P. C.A.C., INC REGION 4	67,758	\$431,402.40
LKLP CAC INC REGION 5	99,924	\$974,925.96
FEDERATED TRANSPORTATION SERVICES	241,800	\$1,917,326.55
BLUE GRASS COMMUNITY ACTION AGENCY INC	83,031	\$449,326.64
LKLP CAP INC REGION 9	96,166	\$574,644.40
LKLP COMMUNITY ACTION	1	-\$7.00
FEDERATED TRANSPORTATION SERVICES	65,744	\$438,872.00
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	68,057	\$399,681.10
LKLP CAC INC REGION 11	2	-\$12.80
LKLP COMMUNITY ACTION	6	-\$37.50
RURAL TRANSIT ENTERPRISES	134,790	\$1,090,391.08
LKLP COMMUNITY ACTION	90,102	\$615,603.04
SANDY VALLEY TRANSPORTATION	65,417	\$443,972.95
LKLP CAC INC REGION 15	65,542	\$322,553.40
LICKING VALLEY COMMUNITY ACTION PROGRAM INC	19,472	\$106,767.16
TOTAL	1,267,938	\$8,892,533.07

7.3 FFS Adjudicated Original Claims (By Claim)

Begin Date	End Date
05/01/2016	05/31/2016

Paper Claims	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016
Paid	5,900	6,640	5,968	8,505	8,918	7,141
Denied	9,310	11,731	12,743	14,223	15,215	9,907
Total	15,210	18,371	18,711	22,728	24,133	17,048
% of Total Adjudicated Claims	1.67%	1.72%	2.20%	2.48%	2.07%	1.75%
% of Paper Denied Claims	61.21%	63.86%	68.10%	62.58%	63.05%	58.11%

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	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016
Paid	669,088	766,009	594,166	656,167	839,291	723,368
Denied	229,075	286,649	237,325	237,128	302,232	235,308
Total	898,163	1,052,658	831,491	893,295	1,141,523	958,676
% of Total Adjudicated Claims	98.33%	98.28%	97.80%	97.52%	97.93%	98.25%
% of Electronic Denied Claims	25.50%	27.23%	28.54%	26.55%	26.48%	24.55%

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
05/01/2016	05/31/2016

Procedure	Description	Member Count	Claim Count	Amount Paid
S5108	HEMOCARE TRAIN PT 15 MIN	9,306	68,604	\$19,406,033.54
T2016	HABIL RES WAIVER PER DIEM	3,831	34,936	\$19,085,454.07
T1015	CLINIC SERVICE	119,222	210,622	\$17,634,922.81
99199	SPECIAL SERVICE/PROC/REPORT	4,375	4,644	\$7,578,303.00
T2021	DAY HABIL WAIVER PER 15 MIN	4,793	32,565	\$5,301,699.50
T2022	CASE MANAGEMENT, PER MONTH	14,203	16,222	\$4,347,040.51
H0004	ALCOHOL AND/OR DRUG SERVICES	3,703	10,106	\$3,619,794.46
S5100	ADULT DAYCARE SERVICES 15MIN	2,825	20,779	\$2,884,859.88
T1019	PERSONAL CARE SER PER 15 MIN	588	4,716	\$2,487,832.41
97535	SELF CARE MNGMENT TRAINING	2,060	8,034	\$2,177,035.01

7.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
F70	MILD INTELLECTUAL DISABILITIES	5,503	40,810	\$15,957,092.12
F71	MODERATE INTELLECTUAL DISABILITIES	4,409	33,338	\$12,457,294.01
F840	AUTISTIC DISORDER	3,924	27,626	\$8,050,928.29
F911	CONDUCT DISOR, CHILDHOOD-ONSET	4,213	4,331	\$7,414,339.56
G309	ALZHEIMER'S DISEASE, UNSPECIFIED	1,543	3,069	\$6,180,861.09
F73	PROFOUND INTELLECTUAL DISABILITIES	615	3,158	\$6,066,742.80
F0390	UNSPC DEMENTIA W/O BEHAV DIST	1,866	3,622	\$5,486,059.40
F72	SEVERE INTELLECTUAL DISABILITIES	975	6,172	\$4,445,844.08
J449	COPD UNSPECIED	5,668	11,762	\$4,301,391.54
F79	UNSPECIFIED INTELLECTUAL DISABILITIES	1,852	14,227	\$4,015,569.00

7.6 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
05/01/2016	05/31/2016

Procedure	Description	Member Count	Claim Count	Amount Paid
99213	OFF/OUTPATIENT VISIT	220,467	299,155	\$11,411,465.35
99284	EMERGENCY DEPT VISIT	47,156	58,306	\$8,957,388.29
99283	EMERGENCY DEPT VISIT	62,831	81,649	\$8,071,508.64
90837	PSYTX PT&/FAMILY 60 MINUTES	29,852	57,411	\$5,977,232.32
99214	OFFICE/OUTPATIENT VISIT EST	88,519	104,223	\$5,598,962.94
99285	EMERGENCY DEPT VISIT	24,224	29,543	\$5,374,946.26
T2023	TARGETED CASE MGMT PER MNTH	10,320	13,533	\$4,799,133.26
H2019	THER BEHAV SVC, PER 15 MIN	799	4,438	\$3,332,807.70
74177	CT ABD & PELV W/CONTRAST	6,665	8,194	\$2,672,670.93
A0120	NON ER TRANSPORT MINI-BUS	8,580	97,450	\$2,160,745.55

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
R69	ILLNESS, UNSPECIFIED	20,071	271,174	\$6,770,785.76
A419	SEPSIS, UNSPECIFIED ORGANISM	928	1,845	\$4,527,332.56
F1120	OPIOID DEPENDENCE, UNCOMPLICATED	11,301	35,937	\$4,444,469.30
Z3800	SNGL LIVEBORN INFANT, DEL VAGINALLY	1,685	2,438	\$4,029,164.05
R079	CHEST PAIN, UNSPECIFIED	12,128	18,919	\$3,085,835.78
Z3801	SNGL LIVEBORN INFANT, DEL CESAREAN	833	1,312	\$3,030,133.54
Z5111	ENCOUNTER ANTINEOPLASTIC CHEMO	690	1,235	\$2,590,510.18
F902	ATTEN-DEFICIT HYPER DISORDER	10,034	21,571	\$2,348,063.22
F329	MAJ DEPRESSIVE DISORDER SNGL EPISODE	8,611	14,372	\$2,306,538.50
M545	LOW BACK PAIN	18,247	25,700	\$2,183,601.80

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
4021	No Coverage for Billed Procedure	18,159	16.8%
1010	Rendering Prov not a Member of Billing Grp	16,496	15.3%
2017	Services Covered Under Member's MCO Plan	14,792	13.7%
3317	This Service was not Approved by Medicare	10,126	9.4%
5001	Exact Duplicate	9,722	9.0%
2003	Member Ineligible on Detail Date of Service	8,487	7.9%
4804	No Contract for Billed Rev Code	8,373	7.7%
1955	Cannot Determine Medicaid NBR for Billing Prov	7,637	7.1%
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	7,201	6.7%
268	Billed Amount Missing	7,098	6.6%
Totals		108,091	62.7%

Total Denied Details – 172,391

Note: Total # of top ten denials (108,091) divided by total denied details (172,391) = % of top ten denials (62.7%)

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

Error	Description	Number of Failures	% of Top Ten
2001	Member ID Number not on File Recycle	5,043	23.1%
4405	Unable to Assign Provider Contract	4,339	19.9%
3001	PA Not Found on Database	4,138	18.9%
3305	Member Requires Valid Pt Liability for DOS	3,427	15.7%
2503	Member covered by Medicare B	970	4.4%
4014	No Pricing Segment on File	848	3.9%
3003	Procedure Code Requires PA	820	3.8%
4314	Claim Type Restriction for Covered Diagnosis	801	3.7%
4371	Claim Type Restriction for Covered Procedure	777	3.6%
3395	Hospice Eligibility	677	3.1%
Totals		21,840	79.5%

Total Suspended Details – 27,479

Note: Total # of top ten failures (21,840) divided by total suspended details (27,479) = % of top ten suspense (79.5%)

7.9 FFS Suspended Original Claims by Age (By Claim)

Category	December 2015		January 2016		February 2016		March 2016		April 2016		May 2016	
	Details	Pct.										
0-30 days	9,610	95.96	11,868	96.55	12,395	96.19	11,683	95.93	10,851	94.77	15,770	95.03
31-60 days	32	.32	45	.36	88	.68	83	.68	106	.93	382	2.30
61-90 days	32	.32	18	.15	32	.25	34	.28	76	.66	48	.30
91+ days	340	3.40	361	2.94	371	2.88	379	3.11	417	3.64	394	2.37
Total	10,014		12,292		12,886		12,179		11,450		16,594	

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

Category	December 2015	January 2015	February 2015	March 2015	April 2015	May 2015	Oldest Julian Date
Resolutions	1	1	1	7	14	196	16-048
Med.Review	1	0	21	4	13	27	16-042
TPL	0	0	0	0	0	81	16-116
Adjustments	0	0	0	0	0	0	0
Recycle	0	1	0	0	0	35	16-078
DMS	402	422	469	485	572	485	12-128
Total	404	424	491	496	599	824	

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.	503	2,655	2,451	0	707	8 days
CS40-Child Support	0	0	0	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	371	1,451	1,409	0	413	15 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	10	257	221	0	46	
TPL Checks	49	78	95	0	32	7 days
TPL Mail	785	2,538	2,848	0	475	10 days
KHIPP	0	421	421	0	0	0 days
Total	1,718	7,400	7,445	0	1,673	

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	0	79	79	0		0	0	0 days
Payouts	0	38	38	0		0	0	0 days
Accounts Receivable Updates	0	1,690	1,690	0		0	0	0 days
Accounts Receivable Transfers	0	0	0	0		0	0	0 days
Total	0	1,807	1,807	0		0	0	0 days

9.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	0	0	0	0	0 days
HP Financial	155	576	521	210	5 days
DMS Financial	72	349	336	85	1 day
Total	227	925	857	295	

9.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	0	99	93	6	0	0 days
Institutional	0	54	50	4	0	0 days
Voids	0	188	183	5	0	0 days
Total	0	341	326	15	0	

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)	531	56	21	0	15	551	551	0
SE Processed Adjustment (region 58)	0	0	0	0	0	0	0	0
Suppl Pymt Mass Adjustment (region 88)	0	25	19	0	6	0	0	0
Total	531	81	40	0	21	551	551	0

10 Provider Relations

10.1 Provider Field Representatives

10.1.1 Provider Visits

There were no provider visits in May 2016.

10.2 Conference Calls (Calls Greater Than 30 Minutes)

May 5, 2016

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Dr. Sandeep Kapoor on May 5, 2016. The provider requested a conference call to discuss Member Eligibility Verification and Prior Authorization when the member is in a MCO and also in the Nursing Facility or Swing Bed Facility. Those who attended the conference call were: Karen Karnes

10.3 Association Meetings

There were no association meetings in the month of May.

10.4 Provider Contacts

Provider Calls	142
Provider E-mails	815
Total	958

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

10.5 Provider Workshops

May 18, 2016

Kelly Gregory and Vicky Hicks, HPE Provider Field Representatives, conducted Provider Workshop Webinars on May 18, 2016 at 9:00 and 3:00. During the provider workshops the following subjects were reviewed: References, Helpful Websites, Billing Instructions, KYHealth Net, Remittance Advice, Helpful Hints, Billing Updates and Questions and Answers.

There were 202 providers in attendance for the 9:00 A.M. webinar
There were 47 providers in attendance for the 3:00 P.M. webinar

May 19, 2016

Kelly Gregory and Vicky Hicks, HPE Provider Field Representatives, conducted Provider Workshop Webinars on May 19, 2016 at 9:00 and 3:00. During the provider workshops the following subjects were reviewed: References, Helpful Websites, Billing Instructions, KYHealth Net, Remittance Advice, Helpful Hints, Billing Updates and Questions and Answers.

There were 96 providers in attendance for the 9:00 A.M webinar.
There were 92 providers in attendance for the 3:00 P.M. webinar.

May 20, 2016

Kelly Gregory and Vicky Hicks, HPE Provider Field Representatives, conducted Provider Workshop Webinars on May 20, 2016 at 9:00 and 3:00. During the provider workshops the following subjects were reviewed: References, Helpful Websites, Billing Instructions, KYHealth Net, Remittance Advice, Helpful Hints, Billing Updates and Questions and Answers.

There were 59 providers in attendance for the 9:00 A.M webinar.
There were 46 providers in attendance for the 3:00 P.M. webinar.

May 23, 2016

Kelly Gregory and Vicky Hicks, HPE Provider Field Representatives, conducted Provider Workshop Webinars on May 23, 2016 at 9:00. During the provider workshops the following subjects were reviewed: References, Helpful Websites, Billing Instructions, KYHealth Net, Remittance Advice, Helpful Hints, Billing Updates and Questions and Answers.

There were 163 providers in attendance for the webinar.

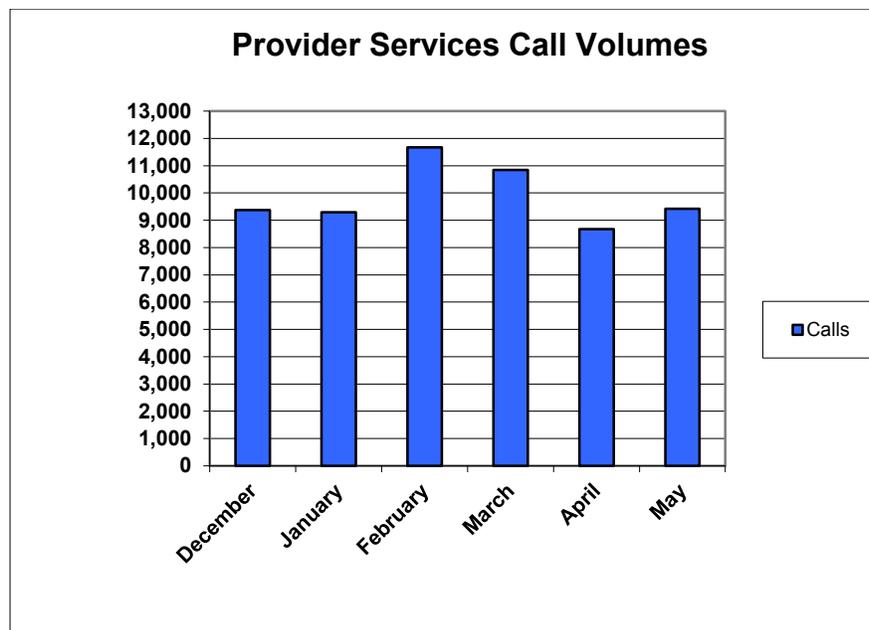
10.6 Provider Services

10.6.1 Provider Services

Category	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016
% Service Level	94%	90%	93%	95%	96%	95%
Abandoned Calls	519	913	835	548	323	486
Avg Speed Ans	1.41	2.12	3.79	1.28	1.49	1.58
Incoming Calls	9,376	9,292	11,677	10,845	8,671	9,418
Paper Correspondence	289	296	517	390	379	395
E-Mail Correspondence	226	227	248	321	225	204
Fax	22	32	6	18	4	5
Total*	9,913	9,847	12,448	11,574	9,279	10,022
HP Callbacks	97	86	208	104	125	184

*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 & 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. Calls from members wanting to know if they are eligible for Medicaid and which MCO are they enrolled 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. Questions about the EHR checks.

10.7 Commonwealth Training

10.7.1 Current Activities

The following instructor-led training classes were offered by HPE in May 2016:

- **Member Subsystem** (May 3) 1 attended
 - Chi Chau, Office of Administrative and Technology Services
- **Provider Subsystem** (May 3) 1 attended
 - Chi Chau, Office of Administrative and Technology Services
- **Prior Authorization Subsystem** (May 5) 1 attended
 - Chi Chau, Office of Administrative and Technology Services
- **Reference Subsystem** (May 5) 1 attended
 - Chi Chau, Office of Administrative and Technology Services
- **Claims Subsystem** (May 10) 2 attended
 - Chi Chau, Office of Administrative and Technology Services
 - Sudhakara Kodumbari, Office of Administrative and Technology Services
- **Financial Subsystem** (May 12) 1 attended
 - Chi Chau, Office of Administrative and Technology Services
- **OnBase Application** (May 12) 0 attended
 - No One Attended Class
- **Encounters** (May 17) 2 attended
 - Chi Chau, Office of Administrative and Technology Services
 - Sudhakara Kodumbari, Office of Administrative and Technology Services

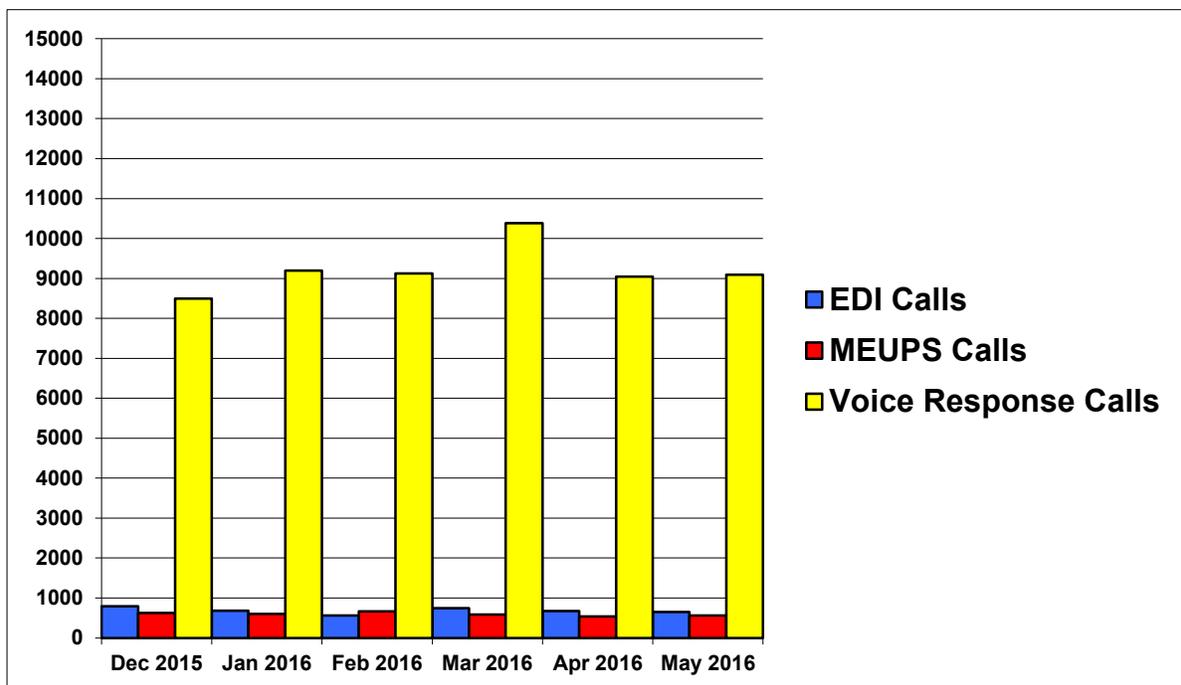
Staff members' supervisors are sent a confirmation via email of attendance.

*Effective January 1, 2016 -- Mechanics of Claims Processing and Claim Edits and Audits have been incorporated with Claims Subsystem class. Rules have been incorporated with the Reference Subsystem class.

11 EDI Customer/Provider Interaction

11.1 Electronic Data Interchange Calls Received

Category	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016
EDI Calls	793	679	560	743	677	650
MEUPS Calls	629	605	663	586	535	561
Voice Response Calls	8,498	9,195	9,126	10,385	9,045	9,096



Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
December	793	7	:11	3:00	99%
January	679	20	:07	2:52	97%
February	560	3	:05	2:47	99%
March	743	9	:11	2:43	99%
April	677	7	:12	2:46	99%
May	650	5	:06	2:52	99%

Expanded Call Data (continued)

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
December	629	10	:11	2:01	98%
January	605	14	:06	2:06	98%
February	663	3	:03	2:20	99%
March	586	0	:01	2:10	100%
April	535	0	:02	2:09	100%
May	561	1	:01	2:11	99%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
December	8,498	350	:01	1:39	96%
January	9,195	250	:01	1:38	97%
February	9,126	449	:01	1:52	95%
March	10,385	546	:01	1:57	95%
April	9,045	517	:01	2:06	95%
May	9,096	562	:01	2:01	94%

*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

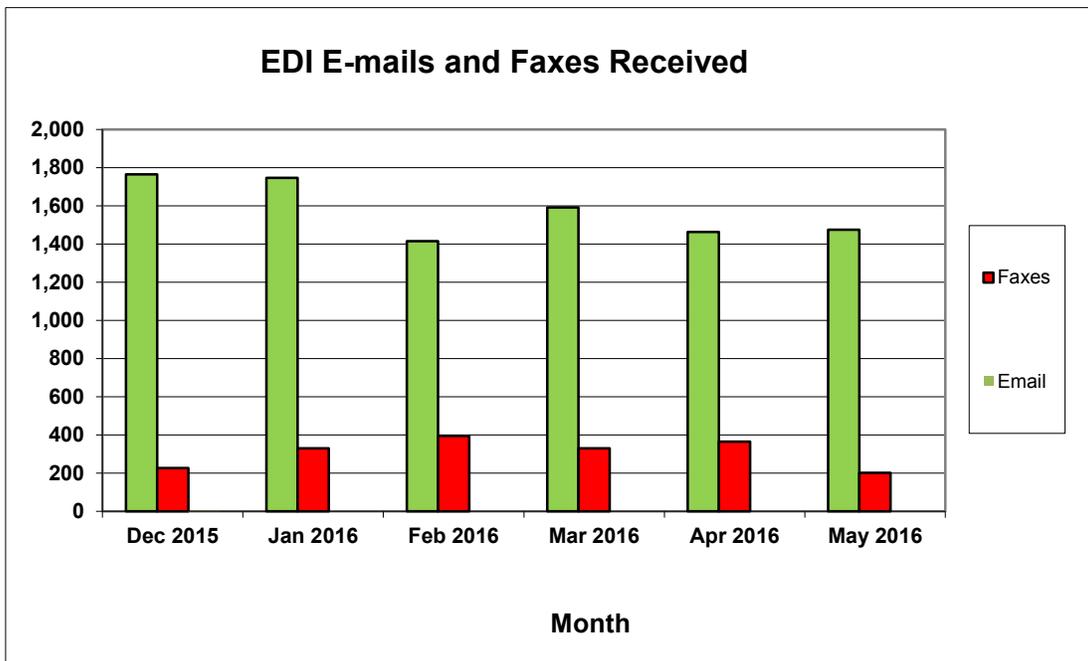
MEUPS Top 5 calls:

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	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016
Password Resets Received via phone	382	331	302	370	361	366

11.2 EDI E-mails and Faxes Received

Category	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016
E-mails Received	1,765	1,746	1,415	1,592	1,463	1,475
E-mails Answered	1,760	1,743	1,411	1,590	1,460	1,473
Faxes Received	226	330	395	329	365	201
Faxes Answered	222	325	386	326	358	201



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	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016
Password Resets Received via email	298	373	267	315	305	295

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	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016
PINs Received via fax	260	117	126	121	179	95
Admins Received via fax	117	114	121	132	176	146

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



Operational Status Report

Kentucky MMIS Project

*Cabinet for Health and Family Services
Department for Medicaid Services
June 2016*

Cabinet for Health and Family Services Department for Medicaid Services

<u>Role:</u>	<u>Name:</u>
Author	Janet Penn
Reviewer	Donna Sims
HP Enterprise Services Management	Richard DeGise, Account Executive
Client	Commissioner Stephen P. Miller Medicaid Systems Director Stacy Fish
DELIVERABLE TITLE: Operational Status Report	DATE SUBMITTED: July 15, 2016
FILE NAME: 2016_06_KY_MMIS_Operational_Status_Report.docx	AUTHORING TOOL: Microsoft Word 2007

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1 Executive Summary

	June	Page Number
Claims Processed	914,504	Page 17
Total Dollars Paid	\$188,295,835.02	Page 17
Claims Paid	672,745	Page 17
Claims Denied	225,191	Page 17
% Denied Claims	25.08%	Page 17
Average Claims Held in Cash Management	227,663	N/A
Average Dollars Held in Cash Management	\$37,361,309.48	N/A
Capitation Financial Transactions	2,733,260	Page 18
Capitation Financial Payments	\$562,841,805.68	Page 18
Suspended Claims	11,401	Page 24
Total Suspended Claims > 90 Days	412	Page 24
Provider Services Calls Received	9,912	Page 31
Provider Services Current Service Level %	95%	Page 31

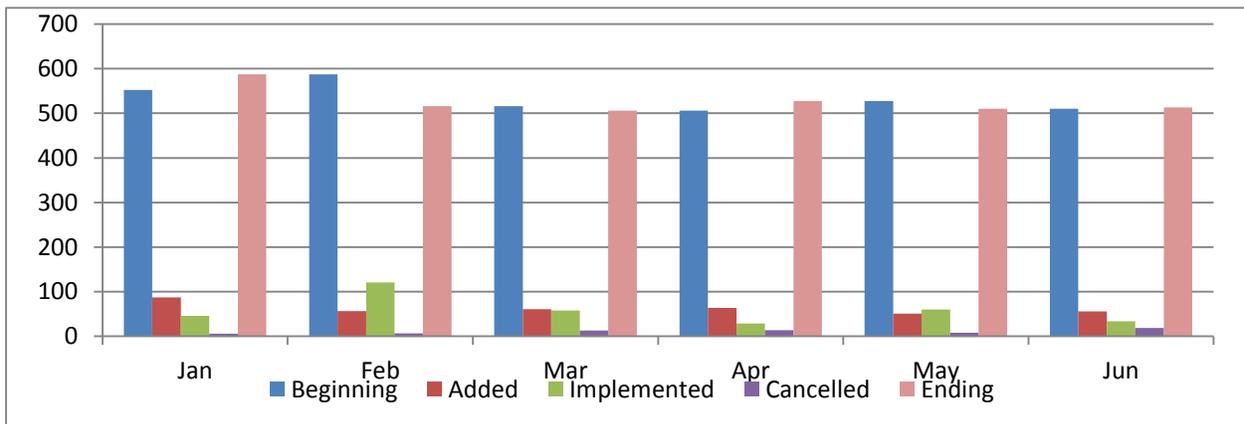
Encounter Load Statistics

Managed Care Organizations (MCOs)						
	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016
Coventry	1,176,821	464,643	788,376	1,242,233	938,931	854,582
Humana	578,523	509,397	541,715	696,067	535,764	523,743
Kentucky Spirit	2	0	0	0	0	0
Passport (R03)	71	25	30	13	9	220
Passport R31	1,294,084	1,326,124	1,124,059	1,445,416	1,172,869	1,149,018
WellCare	1,665,082	1,183,177	2,235,253	2,445,720	1,819,595	2,309,758
Anthem	449,752	419,086	389,414	361,191	423,582	407,263
Other						
Transportation Encounters	297,200	266,416	525,675	13*	271,175	316,505
Magellan Pharmacy Claims	252,620	264,000	377,162	242,853	244,348	227,748
Totals	5,714,155	4,432,868	5,981,684	6,433,506	5,406,273	5,788,837

*Delay in received transportation encounters. Increases expected in May.

1.1 Change Order and Defect Statistics

Change Orders / Defects Inventory	Jan	Feb	Mar	Apr	May	Jun
Beginning	552	587	516	506	527	510
Added	87	57	61	64	51	56
Implemented	46	121	58	29	60	34
Cancelled	6	7	13	14	8	19
Ending	587	516	506	527	510	513



1.2 Change Order and Defect Statistics (continued)

June 2016	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	120	77	4	0	201	
Federally Mandated	20	0	0	0	20	19 are included in the Priority list.
Non-Priority	221	22	49	0	292	
Totals	361	99	53	0	513	

*The priority list consists of 220 Change Orders & Defects.

June 2016	Change Orders			Defects		
	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	21	17	10	3	2	2
Federally Mandated	0	1	1	0	0	0
Non-Priority	26	8	5	6	6	1
Totals	47	26	16	9	8	3

2 Unplanned System Outages

A Breakdown Of The Downtime			
Date	Time		Reason For Downtime
June 21, 2016	10:35 am	11:00 am	Users were unable to access MEUPS single sign-on system, impacting web access to all production User Interface (UI) systems. Time was out of synch on the ADFS servers with the Primary Domain Controller (PDC). Time was synched with the PDC by the SA to resolve the issue.

2.1 Billable Hours Usage Summary (Contract Year 2016)

Month	BILLABLE	UNDECIDED	CCB Approved	Need CCB Review
Dec 2015	2,272.75	-	2,272.75	-
Jan 2016	1,115.50	-	1,115.50	-
Feb 2016	1,575.00	-	1,575.00	-
Mar 2016	1,528.00	-	1,528.00	-
Apr 2016	1,311.75	-	1,311.75	-
May 2016	1,530.25	28.25	1,530.25	28.25
Jun 2016	1,856.75	37.00	1,856.25	37.50
Jul 2016				
Aug 2016				
Sep 2016				
Oct 2016				
Nov 2016				

* Time entry is finalized on the 14th day of the following month.

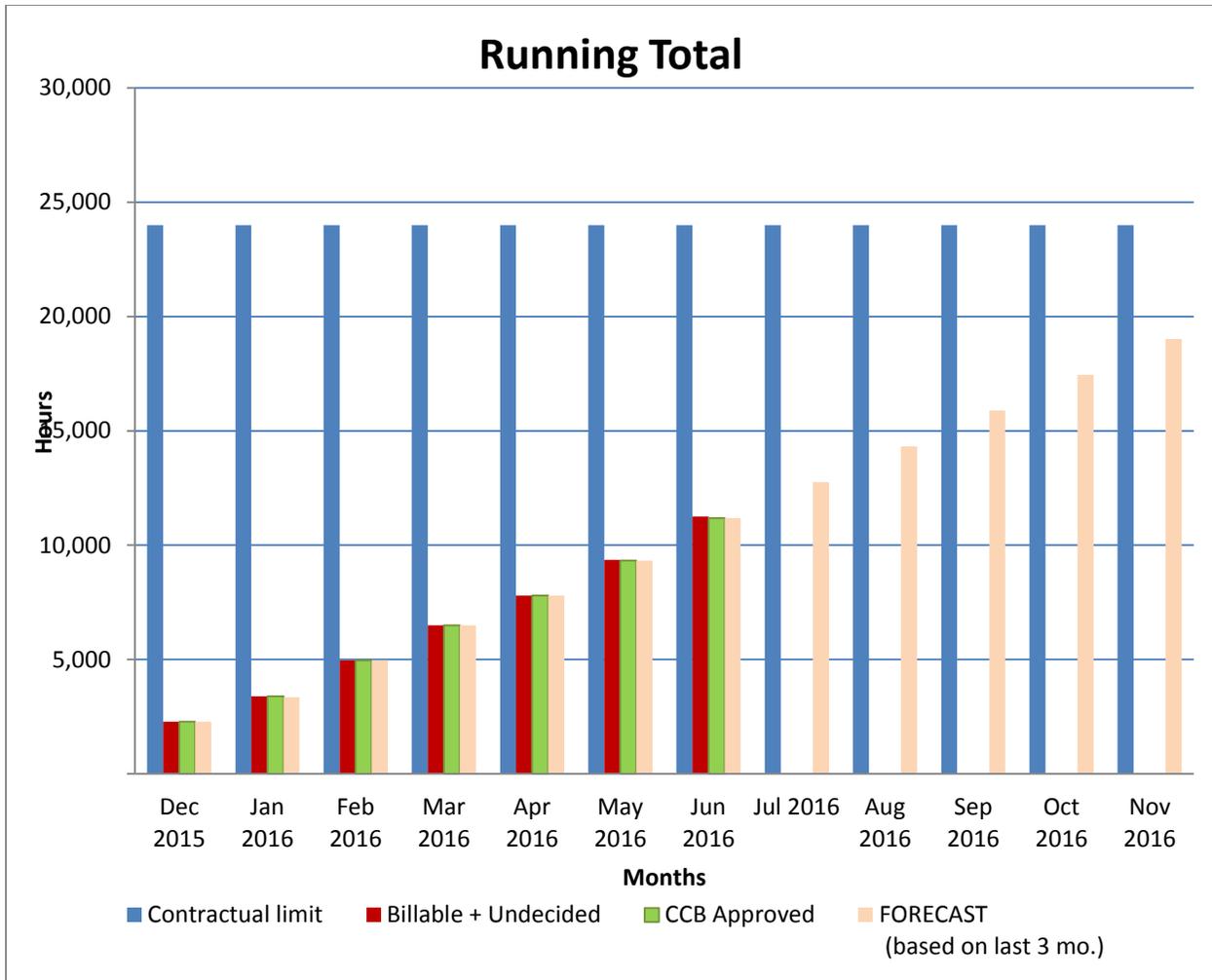
**These totals EXCLUDE hours logged against HBE - Realtime project, Provider Portal, ORP, and T-MSIS 2.0.

2.2 Running Total (Contract Year 2016)

Month	Contractual limit	Billable + Undecided	CCB Approved	Forecast (based on last 3 months)	Need CCB Review
Dec 2015	24,000.00	2,272.75	2,272.75	2,272.75	0.00
Jan 2016	24,000.00	3,388.25	3,388.25	3,350.25	0.00
Feb 2016	24,000.00	4,963.25	4,963.25	4,963.25	0.00
Mar 2016	24,000.00	6,491.25	6,491.25	6,491.25	0.00
Apr 2016	24,000.00	7,803.00	7,803.00	7,803.00	0.00
May 2016	24,000.00	9,361.50	9,333.25	9,333.25	28.25
Jun 2016	24,000.00	11,255.25	11,189.50	11,189.50	65.75
Jul 2016	24,000.00			12,755.58	
Aug 2016	24,000.00			14,321.67	
Sep 2016	24,000.00			15,887.75	
Oct 2016	24,000.00			17,453.83	
Nov 2016	24,000.00			19,019.92	

* Time entry is finalized on the 14th day of the following month.

**These totals EXCLUDE hours logged against HBE - Realtime project, Provider Portal, ORP, and T-MSIS 2.0.



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	1	1	0	0
Type B	0	1	1	0	0
Type C	0	14	14	0	0
Type D	2	5	3	0	4
Type E	0	0	0	0	0
Unspecified	0	1	1	1	0
Total	2	22	20	1	4

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

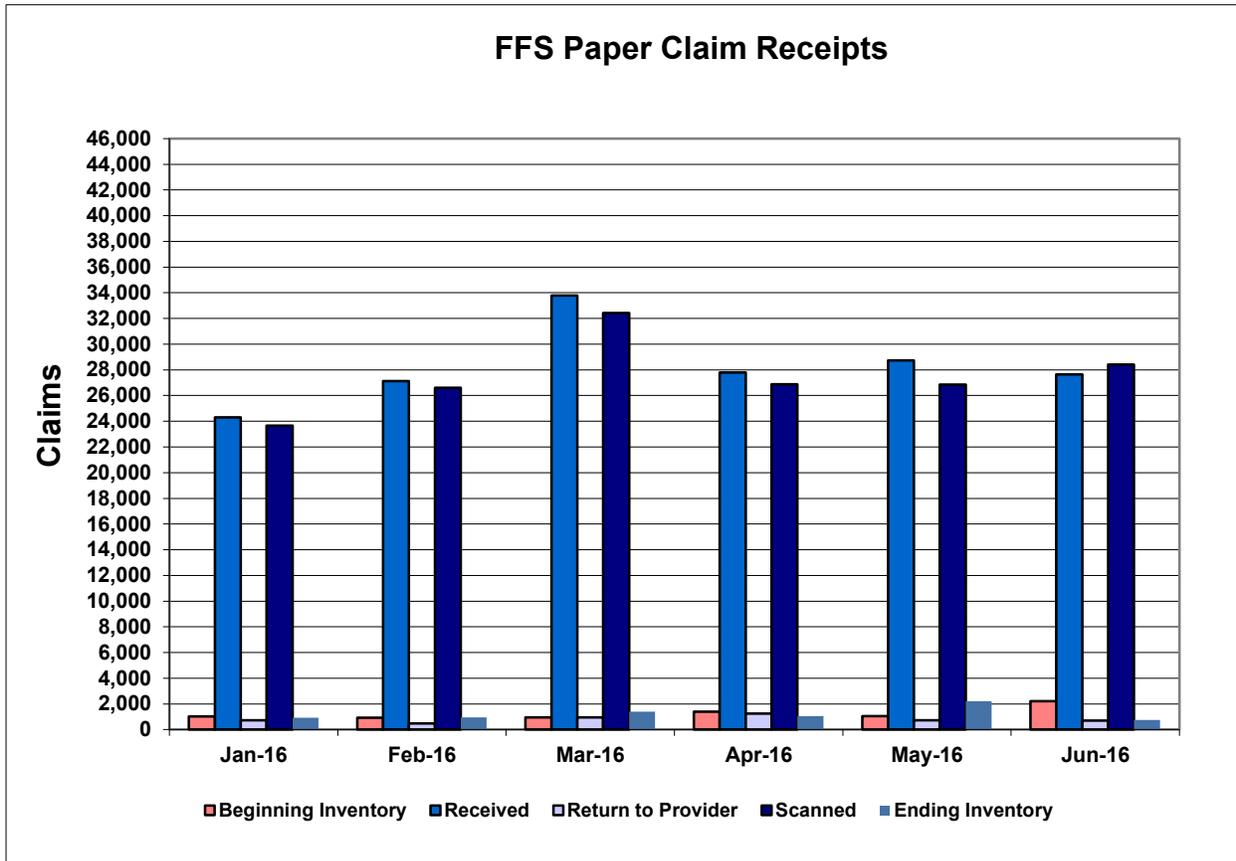
CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
24561		Anglin, Carrie	On Hold	20150409		FFS Reports without MCO data
26693	D	Bentley, Tracy	Completed	20160526	20160606	Claims for behavior & counseling (H0004 & H2017)
26694	D	Bentley, Tracy	Completed	20160526	20160606	Claims for behavior & counseling (H0004 & H2017) O
26712	C	Bentley, Tracy	Completed	20160601	20160602	NR 01/01/2016 - 05/01/2016
26714	C	Keeling, Michelle	Completed	20160602	20160609	St Elizabeth
26732	C	Dennis, David	Completed	20160608	20160614	M & S reporting information
26733	C	Keeling, Michelle	Completed	20160608	20160614	K Carias
26735	A	Schank, Andrea	Completed	20160609	20160609	Thompson
26738	C	Bentley, Tracy	Completed	20160609	20160614	Communicare 06/01/2015 - 04/30/2016
26739	C	Bentley, Tracy	Completed	20160609	20160614	Clinical Behavioral Analysis (CBA)
26740	C	Bentley, Tracy	Completed	20160609	20160614	Bluegrass Case Management 06/01/2015
26745	C	Bentley, Tracy	Completed	20160610	20160614	Applied Behavioral
26746	C	Bentley, Tracy	Completed	20160610	20160614	Adult Day Training Only (97537) for 3 clients
26756	C	Bentley, Tracy	Completed	20160614	20160615	Communicare 06/01/2015 - 04/30/2016

3.2 Inventory Detail (continued)

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
26757	C	Keeling, Michelle	Completed	20160614	20160615	26733 Rerun
26763	B	Patel, Parul	Completed	20160615	20160616	Re-run 26440
26765	C	Patel, Parul	Completed	20160615	20160616	Task 26674 Adhoc
26776	C	Mays, Jada	Completed	20160621	20160623	RHC
26780	D	Patel, Parul	Completed	20160621	20160623	Find Taxonomy dates for each provider per NPI
26781	D	Moccia, Don	In Progress	20160623	20160702	SFY 2017 Jan-Jun MCO Rate Setting
26794	C	Patel, Parul	Completed	20160624	20160627	Re-run 26780 for these 2 additional NPI sets
26797		Minedi, Laxmi	Cancelled	20160624		MS-264 eligibility criteria
26805	D	Bechtel, Steve	In Progress	20160630		Data for SFY16 AR Year-end
26806	D	Bechtel, Steve	In Progress	20160630		Data needed for SFY16 TPL Yearend
26807	D	Bechtel, Steve	In Progress	20160630	20160701	Myers & Stauffer Info

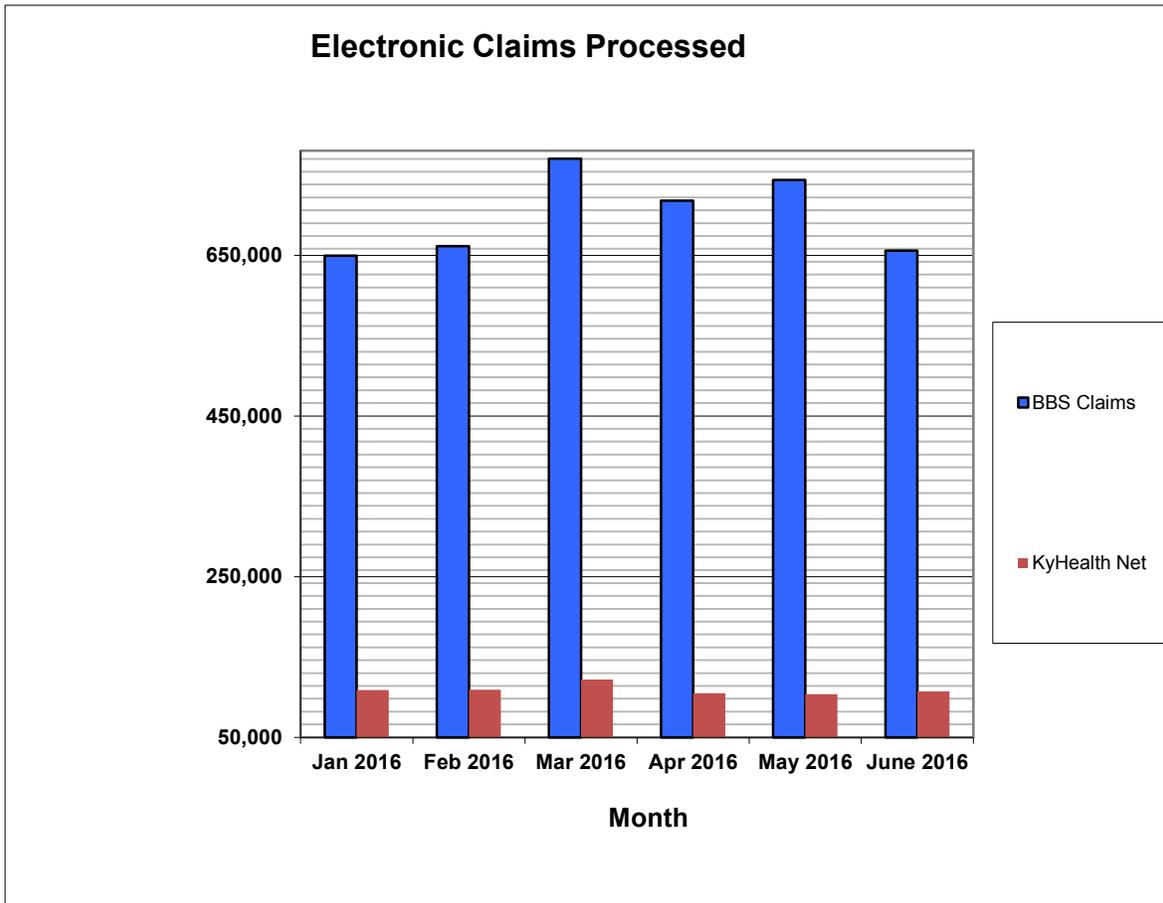
4 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
January 2016	1,014	24,307	736	23,666	919	0 days
February 2016	919	27,125	489	26,596	959	0 days
March 2016	959	33,798	946	32,420	1,391	0 days
April 2016	1,391	27,789	1,244	26,889	1,047	0 days
May 2016	1,047	28,743	726	26,844	2,220	0 days
June 2016	2,220	27,643	696	28,426	741	0 days



5 Electronic Claims Processed

	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	June 2016
Bulletin Board System Claims Processed	649,386	661,155	770,083	718,039	743,629	655,701
Kentucky HealthNet Claims Processed	108,829	109,345	121,767	104,911	103,534	107,095



6 Monthly FFS Claim Totals by Media

Begin Date	End Date
06/01/2016	06/30/2016

TOTAL	Denied Claims	Paid Claims		Suspense Claims
	Billed Amount	Billed Amount	Paid Amount	Billed Amount
Electronic	\$384,177,713.42	\$1,582,548,359.19	\$163,487,074.82	\$13,227,735.54
Paper	\$37,124,407.06	\$18,629,220.88	\$24,808,760.20	\$7,264,475.56
TOTAL:	\$421,302,120.48	\$1,601,177,580.07	\$188,295,835.02	\$20,492,211.10

7 Monthly Claims Operations

7.1 FFS Monthly Financial Cycle Summary

Category	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016
Paid Claims	772,649	600,134	684,806	848,209	730,509	672,745
Denied Claims	298,380	250,068	263,179	317,447	245,215	225,191
Total Adjudicated Claims	1,071,029	850,202	947,985	1,165,656	975,724	897,936
Adjustments	19,807	14,040	20,889	23,168	16,814	16,568
Total Claims	1,090,836	864,242	968,874	1,188,824	992,538	914,504
Suspended/Re-suspended Claims	12,292	12,886	12,179	11,450	16,594	11,401
% of Denied Claims	27.9%	29.4%	27.76%	27.23%	25.13%	25.08%
Avg \$ per Claim	\$290.92	\$343.49	\$326.13	\$267.83	\$283.63	\$279.89
Claim Payment Amount	\$224,782,531.02	\$206,142,336.07	\$223,338,783.59	\$227,175,764.20	\$207,192,377.54	\$188,295,835.02
(+) Payouts	\$35,451,995.21	\$546,424.19	\$364,482.35	\$209,955.22	\$683,384.24	\$5,079,983.93
(-) Recoupments	-\$3,608,065.38	-\$25,222,109.35	-\$9,256,804.70	-\$7,339,226.74	-\$5,975,822.44	-\$3,080,594.50
Check Issue	\$256,626,460.85	\$181,466,650.91	\$214,446,461.24	\$220,046,492.68	\$201,899,939.34	\$190,295,224.45
Capitation Payment	\$609,448,354.69	\$571,920,569.01	\$531,263,481.64	\$620,190,218.34	\$598,727,619.22	\$562,841,805.68
Total Paid	\$866,074,815.54	\$753,387,219.92	\$745,709,942.88	\$840,236,711.02	\$800,627,558.56	\$753,137,030.13

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

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

Category	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015
Paid Claims	673,834	656,478	599,843	624,966	789,455	618,633
Denied Claims	278,033	228,417	223,942	236,772	296,749	299,303
Total Adjudicated Claims	951,867	884,895	823,785	861,738	1,086,204	917,936
Adjustments/Claim Credits	16,393	17,785	41,680	30,390	27,948	23,685
Total Claims	968,260	902,680	865,465	992,128	1,114,152	941,621
Suspended/Resuspended Claims	7,563	6,582	7,164	6,918	5,640	3,642
% of Denied Claims	29.2%	25.8%	27.2%	27.5%	27.3%	32.6%
Avg \$ per Claim	\$329.63	\$305.69	\$323.70	\$318.16	\$287.27	\$199.94
Claim Payment Amount	\$222,116,290.86	\$200,678,617.23	\$194,170,637.57	\$198,837,220.02	\$226,788,905.99	\$123,690,963.84
(+) Payouts	\$2,216,747.24	\$1,984,434.80	\$5,740,397.70	\$23,436,110.49	\$15,775,802.87	\$101,725.98
(-) Recoupments	-\$3,830,684.95	-\$2,856,866.45	-\$3,209,892.21	-\$3,605,675.97	-\$4,640,725.09	-\$2,110,336.65
Check Issue	\$220,502,353.15	\$199,806,185.58	\$196,701,143.06	\$218,667,654.54	\$237,923,983.77	\$121,682,353.17
Capitation Payment	\$593,455,163.32	\$600,540,924.27	\$609,102,993.64	\$595,031,112.93	\$536,339,601.66	\$581,476,592.43
Total Paid	\$813,957,516.47	\$800,347,109.85	\$805,804,136.70	\$813,698,767.47	\$774,263,585.43	\$703,158,945.60

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
06/01/2016	06/30/2016

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
AETNA	266,619	\$98,271,015.53	63,402	\$2,958,220.62	330,021	\$101,229,236.15
ANTHEM	102,525	\$42,294,184.84	20,442	\$3,006,649.61	122,967	\$45,300,834.45
HUMANA	125,718	\$58,790,779.18	24,765	\$3,264,058.19	150,483	\$62,054,837.37
KENTUCKY SPIRIT						
NEMT	1,221,122	\$8,817,744.52	51,843	\$131,290.68	1,272,965	\$8,949,035.20
PASSPORT	282,793	\$133,953,692.80	46,567	\$6,286,042.81	329,360	\$140,239,735.61
WELLCARE	430,701	\$197,660,460.70	85,548	\$7,407,666.20	516,249	\$205,068,126.90
Sum:	2,429,478	\$539,787,877.57	292,567	\$23,053,928.11	2,722,045	\$562,841,805.68

7.2 Monthly MCO & NEMT Capitations (continued)

NEMT	Cap Transactions	Amount Paid
AUDUBON AREA COMMUNITY SERVICES INC/GRITS	51,333	\$394,569.72
PENNYRILE ALLIED COMSERVICES, INC	58,606	\$358,073.04
GREEN RIVER INTRA TRANSIT SYSTEM	60,187	\$385,932.33
L.K.L.P. C.A.C., INC REGION 4	67,758	\$433,686.00
LKLP CAC INC REGION 5	99,924	\$980,697.48
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	241,800	\$1,933,745.40
BLUE GRASS COMMUNITY ACTION AGENCY INC	83,031	\$453,662.45
LKLP CAP INC REGION 9	96,166	\$576,218.20
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	65,744	\$403,157.10
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	68,057	\$440,153.00
RURAL TRANSIT ENTERPRISES	134,790	\$1,093,940.00
LKLP COMMUNITY ACTION	90,102	\$616,952.80
SANDY VALLEY TRANSPORTATION	65,417	\$444,841.70
LKLP CAC INC REGION 15	65,542	\$325,438.23
LICKING VALLEY COMMUNITY ACTION PROGRAM INC	19,472	\$107,967.75
TOTAL	1,267,938	\$8,949,035.20

7.3 FFS Adjudicated Original Claims (By Claim)

Begin Date	End Date
06/01/2016	06/30/2016

Paper Claims	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016
Paid	6,640	5,968	8,505	8,918	7,141	7,208
Denied	11,731	12,743	14,223	15,215	9,907	11,799
Total	18,371	18,711	22,728	24,133	17,048	19,007
% of Total Adjudicated Claims	1.72%	2.20%	2.48%	2.07%	1.75%	2.12%
% of Paper Denied Claims	63.86%	68.10%	62.58%	63.05%	58.11%	62.08%

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	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016
Paid	766,009	594,166	656,167	839,291	723,368	665,537
Denied	286,649	237,325	237,128	302,232	235,308	213,392
Total	1,052,658	831,491	893,295	1,141,523	958,676	878,929
% of Total Adjudicated Claims	98.28%	97.80%	97.52%	97.93%	98.25%	97.88%
% of Electronic Denied Claims	27.23%	28.54%	26.55%	26.48%	24.55%	24.28%

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
06/01/2016	06/30/2016

Procedure	Description	Member Count	Claim Count	Amount Paid
S5108	HEMOCARE TRAIN PT 15 MIN	9,461	55,255	\$19,261,129.99
T2016	HABIL RES WAIVER PER DIEM	3,803	31,422	\$16,839,787.66
T1015	CLINIC SERVICE	95,824	140,962	\$11,559,906.25
99199	SPECIAL SERVICE/PROC/REPORT	4,396	4,490	\$7,575,508.39
T2022	CASE MANAGEMENT, PER MONTH	14,642	16,824	\$4,775,890.16
T2021	DAY HABIL WAIVER PER 15 MIN	4,747	29,704	\$4,749,697.62
H0004	ALCOHOL AND/OR DRUG SERVICES	3,556	9,436	\$3,448,364.52
S5100	ADULT DAYCARE SERVICES 15MIN	2,851	20,243	\$2,821,559.44
T2023	TARGETED CASE MGMT PER MONTH	6,859	8,421	\$2,472,839.55
T1019	PERSONAL CARE SER PER 15 MIN	579	4,170	\$2,101,785.01

7.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
F70	MILD INTELLECTUAL DISABILITIES	5,580	37,517	\$14,764,236.52
F71	MODERATE INTELLECTUAL DISABILITIES	4,378	29,864	\$10,516,477.98
F840	AUTISTIC DISORDER	3,951	24,611	\$7,896,639.11
F911	CONDUCT DISOR, CHILDHOOD-ONSET TYPE	4,297	4,325	\$7,407,145.62
G309	ALZHEIMER'S DISEASE, UNSPECIFIED	1,471	2,673	\$5,668,368.90
F0390	UNSPC DEMENTIA W/O BEHAVIORAL DIST	1,831	3,358	\$4,688,471.78
F79	UNSPECIFIED INTELLECTUAL DISABILITIES	1,862	12,373	\$3,618,782.09
J449	COPD UNSPECIED	5,722	11,674	\$3,601,777.06
F72	SEVERE INTELLECTUAL DISABILITIES	925	6,001	\$3,239,034.35
G809	CEREBRAL PALSY, UNSPECIFIED	1,680	8,050	\$3,068,444.19

7.6 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
06/01/2016	06/30/2016

Procedure	Description	Member Count	Claim Count	Amount Paid
99213	OFF/OUTPATIENT VISIT	227,243	327,175	\$12,751,905.48
99284	EMERGENCY DEPT VISIT	50,356	62,276	\$8,949,910.96
99283	EMERGENCY DEPT VISIT	59,849	76,493	\$6,999,510.64
99214	OFFICE/OUTPATIENT VISIT EST	97,178	119,910	\$6,522,379.57
90837	PSYTX PT&/FAMILY 60 MINUTES	31,592	61,943	\$6,433,389.95
99285	EMERGENCY DEPT VISIT	28,154	34,197	\$6,275,484.29
T2023	TARGETED CASE MGMT PER MNTH	10,618	16,193	\$5,648,918.53
H2019	THER BEHAV SVC, PER 15 MIN	893	7,937	\$3,642,735.20
G0378	HOSP OBSERVATION PER HR	6,767	7,277	\$3,088,205.66
74177	CT ABD & PELV W/CONTRAST	7,713	9,329	\$2,905,656.70

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
R69	ILLNESS, UNSPECIFIED	20,794	315,577	\$7,965,631.64
A419	SEPSIS, UNSPECIFIED ORGANISM	957	1,665	\$6,199,708.14
F1120	OPIOID DEPENDENCE, UNCOMPLICATED	11,639	34,089	\$4,571,635.21
Z3800	SNGL LIVEBORN INFANT, DEL VAGINALLY	2,198	3,159	\$4,160,125.02
Z3801	SNGL LIVEBORN INFANT, DEL CESAREAN	1,090	1,654	\$3,528,454.64
R079	CHEST PAIN, UNSPECIFIED	12,078	18,519	\$3,328,319.01
Z5111	ENCOUNTER ANTINEOPLASTIC CHEMO	734	1,290	\$2,910,027.80
R0789	OTHER CHEST PAIN	6,040	8,228	\$2,272,134.30
V5811	ANTINEOPLASTIC CHEMO ENC	372	606	\$2,249,694.44
M545	LOW BACK PAIN	18,473	26,544	\$2,193,907.22

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 Prov not a Member of Billing Grp	17,845	17.1%
4021	No Coverage for Billed Procedure	16,900	16.2%
2017	Services Covered Under Member's MCO Plan	12,708	12.2%
3317	This Service was not Approved by Medicare	10,577	10.1%
4804	No Contract for Billed Rev Code	9,156	8.8%
5001	Exact Duplicate	8,813	8.4%
1955	Cannot Determine Medicaid NBR for Billing Prov	7,555	7.2%
2003	Member Ineligible on Detail Date of Service	7,379	7.1%
268	Billed Amount Missing	6,877	6.6%
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	6,571	6.3%
Totals		104,384	61.8%

Total Denied Details – 168,822

Note: Total # of top ten denials (104,384) divided by total denied details (168,822) = % of top ten denials (61.8%)

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	4,328	27.3%
3001	PA Not Found on Database	3,669	23.1%
2001	Member ID Number not on File Recycle	2,607	16.4%
3305	Member Requires Valid Pt Liability for DOS	1,768	11.1%
4014	No Pricing Segment on File	877	5.5%
3395	Hospice Eligibility	725	4.6%
3310	No Rate on File for Provider	660	4.2%
3003	Procedure Code Requires PA	545	3.4%
5001	Exact Duplicate	371	2.3%
1046	Facility Provider is not Eligible	314	1.9
Totals		15,864	83.6%

Total Suspended Details – 18,971

Note: Total # of top ten failures (15,864) divided by total suspended details (18,971) = % of top ten suspense (83.6%)

7.9 FFS Suspended Original Claims by Age (By Claim)

Category	January 2016		February 2016		March 2016		April 2016		May 2016		June 2016	
	Details	Pct.										
0-30 days	11,868	96.55	12,395	96.19	11,683	95.93	10,851	94.77	15,770	95.03	10,771	94.48
31-60 days	45	.36	88	.68	83	.68	106	.93	382	2.30	180	1.58
61-90 days	18	.15	32	.25	34	.28	76	.66	48	.30	38	.33
91+ days	361	2.94	371	2.88	379	3.11	417	3.64	394	2.37	412	3.61
Total	12,292		12,886		12,179		11,450		16,594		11,401	

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

Category	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	Oldest Julian Date
Resolutions	1	1	7	14	196	0	0
Med.Review	0	21	4	13	27	41	16-074
TPL	0	0	0	0	81	0	0
Adjustments	0	0	0	0	0	0	0
Recycle	1	0	0	0	35	2	16-144
DMS	422	469	485	572	485	587	12-128
Total	424	491	496	599	824	630	

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.	707	2,747	2,824	0	630	7 days
CS40-Child Support	0	0	0	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	413	1,472	1,514	0	371	12 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	46	118	154	0	10	2 days
TPL Checks	32	81	84	0	29	5 days
TPL Mail	475	2,943	3,043	0	375	12 days
KHIPP	0	427	427	0	0	0 days
Total	1,673	7,788	8,046	0	1,415	

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	0	45	45	0	0	0	0	0 days
Payouts	0	17	17	0	0	0	0	0 days
Accounts Receivable Updates	0	43	43	0	0	0	0	0 days
Accounts Receivable Transfers	0	1	1	0	0	0	0	0 days
Total	0	106	106	0	0	0	0	0 days

9.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	0	5	5	0	0 days
HP Financial	210	471	570	111	5 days
DMS Financial	85	150	183	52	1 day
Total	295	626	758	163	

9.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	0	188	166	20	2	1 day
Institutional	0	61	57	0	4	1 day
Voids	0	354	332	5	17	1 day
Total	0	603	555	25	23	

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)	551	8	11	3	0	545	545	0
SE Processed Adjustment (region 58)	0	0	0	0	0	0	0	0
Suppl Pymt Mass Adjustment (region 88)	0	5	2	0	0	3	3	0
Total	551	13	13	3	0	548	548	0

10 Provider Relations

10.1 Provider Field Representatives

10.1.1 Provider Visits

June 8, 2016

Vicky Hicks, HPE Provider Field Representative, conducted a virtual room provider visit with Interim Healthcare on June 8, 2016. The provider requested a virtual room visit to discuss claim status on over 2.2 million dollars of accounts receivables. Those who attended the virtual room visit were: Ty Rader and Linda Tucker

June 16, 2016

Kelly Gregory, HP Provider Field Representative, conducted a virtual room provider visit with Intercare, Inc on June 16, 2016. The provider requested a virtual room visit to learn how to navigate KYHealth Net and review provider billing instructions. During the visit we reviewed the following panels on KYHealth Net: Member, claims, prior authorization and RA. We also reviewed KYMMIS and CHFS.KY.GOV/DMS websites. Those who attended the virtual room visit were: Tom Talarico and Griffin Talarico

June 17, 2016

Kelly Gregory, HPE Provider Field Representative, conducted an on-site provider visit with Holland-Farm, Inc. on June 17, 2016. The visit was held at the Hewlett Packard Enterprise facility training room. The provider requested an on-site visit to review billing instructions and navigation of KYHealth Net. During the visit we reviewed each of the KYHealth Net Panels and the billing instruction manual in their entirety. Those who attended from the provider's office were: Abigail Overstreet

10.2 Conference Calls (Calls Greater Than 30 Minutes)

June 8, 2016

Vicky Hicks, HPE Provider Field Representative, conducted a follow-up conference call with Interim Healthcare on June 8, 2016. The provider requested a conference call to discuss how many claims were able to be processed in a six hour timespan. Discussion included what the TPL documentation must include for processing. Those who attended the conference call were: Ty Rader and Linda Tucker.

June 29, 2016

Kelly Gregory, HPE Provider Field Representative, conducted a conference call with Access Family Health Center on June 29, 2016. The provider requested a conference call to discuss and review supplemental claims and wrap payments. Those who attended the conference call were: Linda.

10.3 Association Meetings

There were no association meetings in the month of June.

10.4 Provider Contacts

Provider Calls	147
Provider E-mails	711
Total	858

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

10.5 Provider Workshops

May 18, 2016

Kelly Gregory and Vicky Hicks, HPE Provider Field Representatives, conducted Provider Workshop Webinars on May 18, 2016 at 9:00 and 3:00. During the provider workshops the following subjects were reviewed: References, Helpful Websites, Billing Instructions, KYHealth Net, Remittance Advice, Helpful Hints, Billing Updates and Questions and Answers.

There were 202 providers in attendance for the 9:00 A.M. webinar
There were 47 providers in attendance for the 3:00 P.M. webinar

May 19, 2016

Kelly Gregory and Vicky Hicks, HPE Provider Field Representatives, conducted Provider Workshop Webinars on May 19, 2016 at 9:00 and 3:00. During the provider workshops the following subjects were reviewed: References, Helpful Websites, Billing Instructions, KYHealth Net, Remittance Advice, Helpful Hints, Billing Updates and Questions and Answers.

There were 96 providers in attendance for the 9:00 A.M webinar.
There were 92 providers in attendance for the 3:00 P.M. webinar.

May 20, 2016

Kelly Gregory and Vicky Hicks, HPE Provider Field Representatives, conducted Provider Workshop Webinars on May 20, 2016 at 9:00 and 3:00. During the provider workshops the following subjects were reviewed: References, Helpful Websites, Billing Instructions, KYHealth Net, Remittance Advice, Helpful Hints, Billing Updates and Questions and Answers.

There were 59 providers in attendance for the 9:00 A.M webinar.
There were 46 providers in attendance for the 3:00 P.M. webinar.

May 23, 2016

Kelly Gregory and Vicky Hicks, HPE Provider Field Representatives, conducted Provider Workshop Webinars on May 23, 2016 at 9:00. During the provider workshops the following subjects were reviewed: References, Helpful Websites, Billing Instructions, KYHealth Net, Remittance Advice, Helpful Hints, Billing Updates and Questions and Answers.

There were 163 providers in attendance for the webinar.

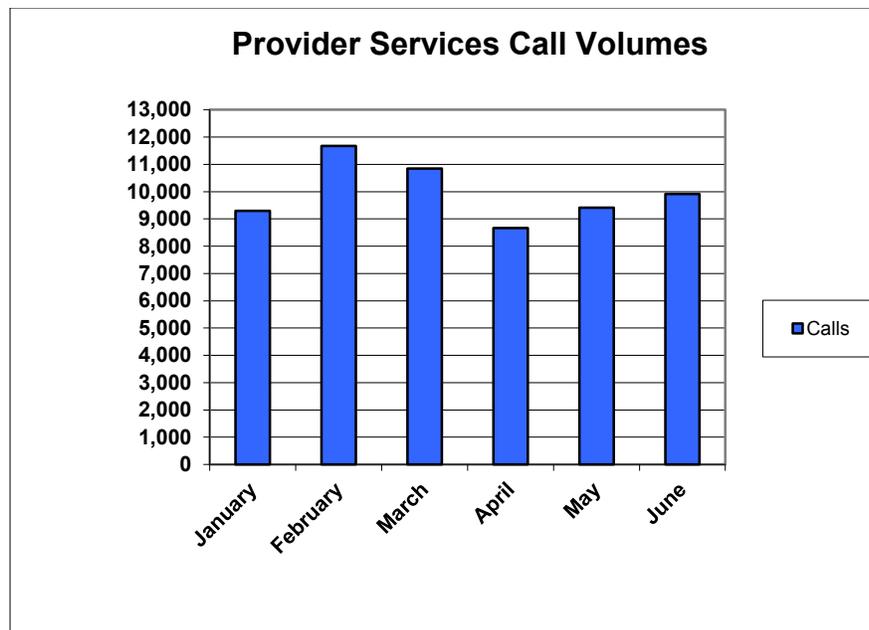
10.6 Provider Services

10.6.1 Provider Services

Category	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016
% Service Level	90%	93%	95%	96%	95%	95%
Abandoned Calls	913	835	548	323	486	497
Avg Speed Ans	2.12	3.79	1.28	1.49	1.58	1.90
Incoming Calls	9,292	11,677	10,845	8,671	9,418	9,912
Paper Correspondence	296	517	390	379	395	380
E-Mail Correspondence	227	248	321	225	204	210
Fax	32	6	18	4	5	0
Total*	9,847	12,448	11,574	9,279	10,022	10,502
HP Callbacks	86	208	104	125	184	136

*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 & 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. Calls from members wanting to know if they are eligible for Medicaid and which MCO are they enrolled 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. Questions about the EHR checks.

10.7 Commonwealth Training

10.7.1 Current Activities

The following instructor-led training classes were offered by HPE in June 2016:

- **Member Subsystem** (June 2, 2016) 0 attended
 - There were no attendees
- **Provider Subsystem** (June 2, 2016) 0 attended
 - There were no attendees
- **Prior Authorization Subsystem** (June 7, 2016) 0 attended
 - There were no attendees
- **Reference Subsystem** (June 7, 2016) 0 attended
 - There were no attendees
- **Claims Subsystem** (June 9, 2016) 0 attended
 - There were no attendees
- **Financial Subsystem** (June 14, 2016) 0 attended
 - There were no attendees
- **OnBase Application** (June 14, 2016) 0 attended
 - There were no attendees
- **Encounters** (June 16, 2017) 0 attended
 - There were no attendees
- **In-Depth – KYHealth Net** (June 8, 2016) 1 attended
 - Elizabeth Justice, Office of Attorney General, OIG

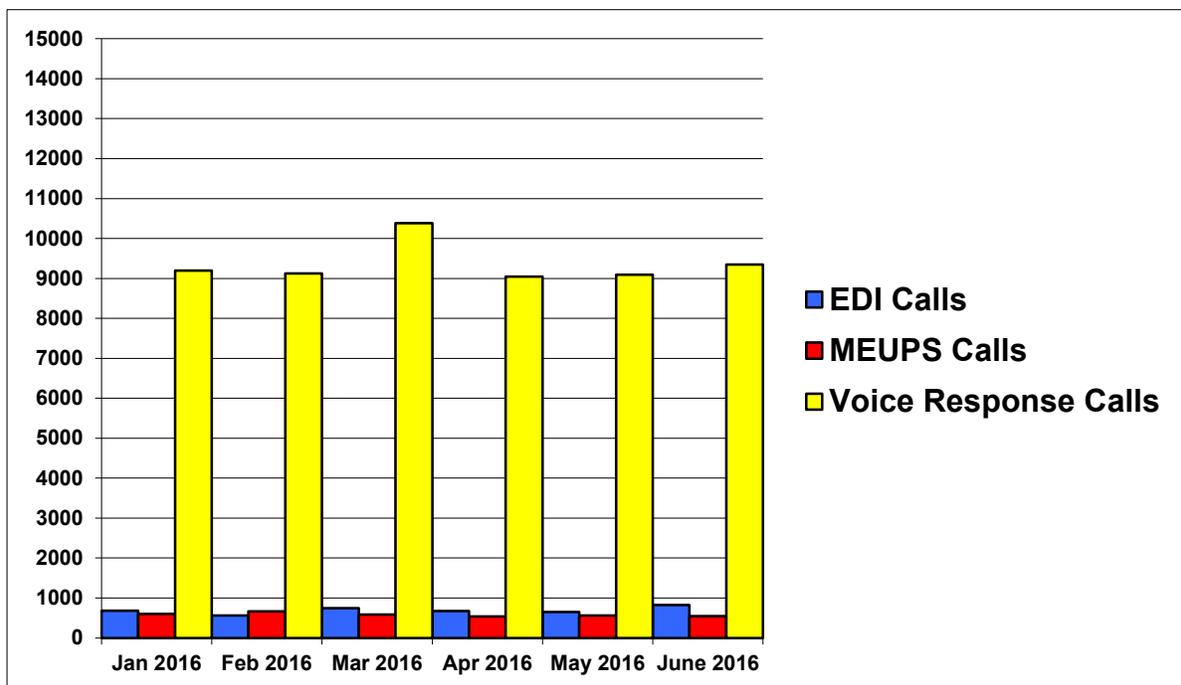
Staff members' supervisors are sent a confirmation via email of attendance.

*Effective January 1, 2016 -- Mechanics of Claims Processing and Claim Edits and Audits have been incorporated with Claims Subsystem class. Rules have been incorporated with the Reference Subsystem class.

11 EDI Customer/Provider Interaction

11.1 Electronic Data Interchange Calls Received

Category	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	June 2016
EDI Calls	679	560	743	677	650	822
MEUPS Calls	605	663	586	535	561	550
Voice Response Calls	9,195	9,126	10,385	9,045	9,096	9,348



Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
January	679	20	:07	2:52	97%
February	560	3	:05	2:47	99%
March	743	9	:11	2:43	99%
April	677	7	:12	2:46	99%
May	650	5	:06	2:52	99%
June	822	11	:14	2:49	99%

Expanded Call Data (continued)

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
January	605	14	:06	2:06	98%
February	663	3	:03	2:20	99%
March	586	0	:01	2:10	100%
April	535	0	:02	2:09	100%
May	561	1	:01	2:11	99%
June	550	1	:02	2:14	99%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
January	9,195	250	:01	1:38	97%
February	9,126	449	:01	1:52	95%
March	10,385	546	:01	1:57	95%
April	9,045	517	:01	2:06	95%
May	9,096	562	:01	2:01	94%
June	9,348	523	:01	1:58	94%

*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

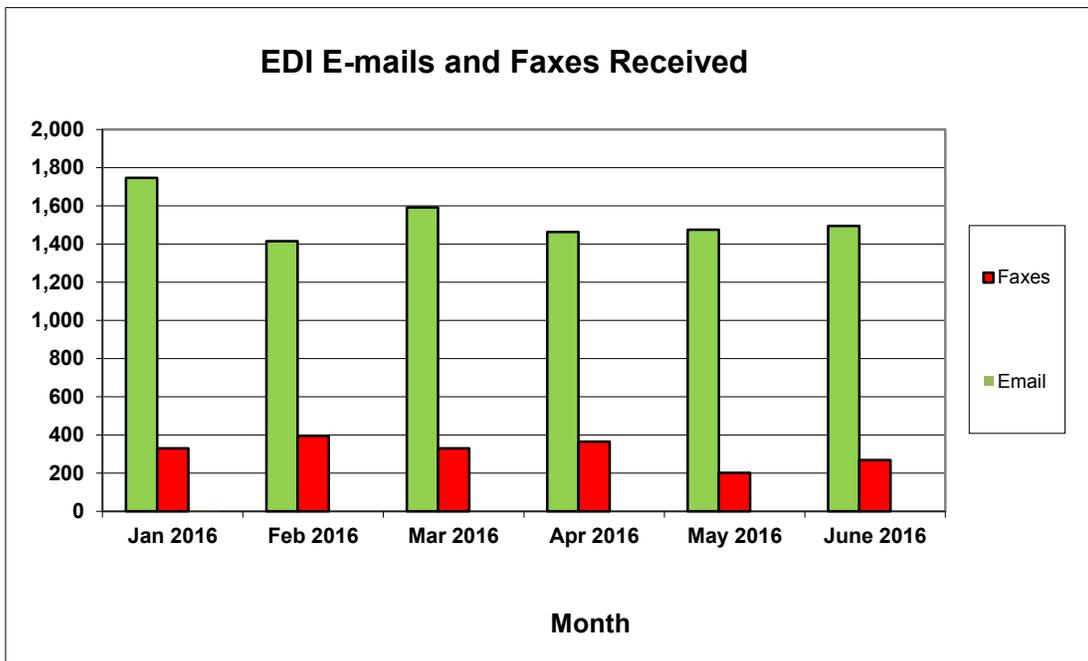
MEUPS Top 5 calls:

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	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	June 2016
Password Resets Received via phone	331	302	370	361	366	325

11.2 EDI E-mails and Faxes Received

Category	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
E-mails Received	1,746	1,415	1,592	1,463	1,475	1,495
E-mails Answered	1,743	1,411	1,590	1,460	1,473	1,495
Faxes Received	330	395	329	365	201	268
Faxes Answered	325	386	326	358	201	268



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	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	June 2016
Password Resets Received via email	373	267	315	305	295	250

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	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
PINs Received via fax	117	126	121	179	95	115
Admins Received via fax	114	121	132	176	146	117

*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: April 2016

**Report Date: May 9, 2016
Author: Carewise Health Staff**

Acute Inpatient Services

Call Metrics	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Administrative						
Abandoned Calls	47	112	154	59	42	39
Average Speed of Answer	00:29	01:30	01:48	00:52	00:35	00:39
Average Talk Time	03:34	03:50	03:36	03:51	03:19	03:27
First Call Resolution	99.0%	99.0%	99.2%	99.4%	99.4%	99.3%
Total Admin Calls	1831	1903	1714	1716	2014	1715
Clinical						
Abandoned Calls	0	1	3	3	1	0
Average Speed of Answer	00:10	00:22	00:35	00:41	00:30	00:34
Average Talk Time	07:28	06:54	06:37	06:43	06:19	06:47
First Call Resolution	94.3%	99.3%	95.0%	94.8%	98.1%	98.6%
Total Clinical Calls	259	246	193	220	255	258
Total Calls	2090	2149	1907	1936	2269	1973

Requests Processed						
Approvals	236	218	187	211	213	263
Administrative Approval	1,408	1,677	1,379	1,570	1,589	1,466
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	2	1	0	1	0
Denials	29	31	31	31	25	27
Pended	26	24	30	34	43	38
Total	1,699	1,952	1,628	1,846	1,871	1,794

Administrative Denials						
Technical (Out of Time Frame)	25	29	30	30	21	24
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	25	29	30	30	21	24

MD Review						
Medical Necessity	28	18	20	23	19	17
Not Medically Necessary	4	2	1	1	4	2
Referred to MD Rate	1.88%	1.02%	1.29%	1.30%	1.23%	1.06%
Not Medically Necessary Denial Rate	13%	10%	5%	4%	17%	11%
Total MD Review	32	20	21	24	23	19

Reconsiderations						
Overtaken	2	0	0	0	1	2
Upheld	1	2	0	0	0	0
Total Reconsiderations	3	2	0	0	1	2

*Reconsiderations are not included in Request Processed Total

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Pended						
Escalated	0	0	0	0	0	0
Lack of Information	0	0	0	0	0	1
MD Review	0	0	0	0	0	0
RN Review	26	24	30	34	43	37
Total	26	24	30	34	43	38

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

Current Month Top 10 Diagnosis Codes			
1.	J18.9	Pneumonia, unspecified o	94
2.	A41.9	Sepsis, unspecified orga	55
3.	J44.1	Chron obstr pulm dz w/ex	48
4.	J96.90	Resp fail, unsp, w/hypoxia	42
5.	N39.0	Urinary tract infectn, si	38
6.	N17.9	Acute kidney failure, un	30
7.	J96.00	Acut resp fail, unsp w/hy	29
8.	R07.9	Chest pain, unspecified	28
9.	I63.9	Cerebral infarction, uns	24
10.	K92.2	Gastrointestinal hemorrh	24

Current Month Top 5 Reasons for MD Denial		
1.	Recipient should have been cared for at a lower level of care. 907 KAR 10:012(2) and 907 KAR 3:130	1
2.	Not medically necessary	1
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	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Administrative						
Abandoned Calls	11	27	39	15	7	15
Average Speed of Answer	00:46	02:11	03:01	01:34	00:39	00:55
Average Talk Time	04:28	04:56	04:54	04:34	04:19	03:43
First Call Resolution	99.7%	100%	99%	99.1%	99.3%	99.0%
Total Admin Calls	437	564	447	469	499	474
Clinical						
Abandoned Calls	0	0	9	11	10	16
Average Speed of Answer	00:13	00:25	01:48	01:37	01:46	01:51
Average Talk Time	04:34	05:01	05:13	04:33	05:19	05:18
First Call Resolution	97.6%	97.6%	97.0%	95.1%	97.1%	98.6%
Total Clinical Calls	232	278	255	245	258	245
Total Calls	669	842	702	714	757	719

Requests Processed						
Approvals	945	1,074	1,341	1,265	1,249	1,398
Agreed Reduction	1	0	0	0	0	0
Client Approved/Negotiation	0	0	0	1	0	0
Split Decision	2	11	0	0	12	0
State Mandate	0	0	1	0	0	0
Denials	32	45	29	15	19	23
Pended	590	734	462	476	487	460
Total	1,570	1,864	1,833	1,757	1,767	1,881

Administrative Denials						
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	0	0	1	0	0	0
Total Denied	0	0	1	0	0	0

MD Review						
Medical Necessity	108	116	186	83	99	114
Not Medically Necessary	32	45	28	15	19	23
Referred to MD Rate	8.92%	8.64%	11.67%	5.58%	6.68%	7.28%
Not Medically Necessary Denial Rate	23%	28%	13%	15%	16%	17%
Total MD Review	140	161	214	98	118	137

Reconsiderations						
Overturned	1	5	2	3	3	2
Upheld	13	1	4	1	6	1
Total Reconsiderations	14	6	6	4	9	3

*Reconsiderations are not included in Request Processed Total

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Pended						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	569	683	457	470	483	457
MD Review	18	41	4	1	3	3
RN Review	3	10	1	5	1	0
HP Review	0	0	0	0	0	0
Total	590	734	462	476	487	460

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	457
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	G80.9	Cerebral palsy, unspecif	342
2.	G80.0	Spastic quadriplegic cer	85
3.	G82.50	Quadriplegia, unspecifie	70
4.	G71.0	Muscular dystrophy	65
5.	G82.20	Paraplegia, unspecified	51
6.	J44.9	Chro obstruc pulm dz uns	45
7.	G47.33	Obstructive sleep apnea(32
8.	G80.1	Spastic diplegic cerebra	31
9.	P27.1	Bronchopul dysplas orig	28
10.	O90.9	Down syndrome, unspecifi	28

Current Month Top 5 Reasons for MD Denial		
1.	Not medically necessary	22
2.	Equipment is used primarily for the convenience of the recipient or caregiver. 907 KAR 1:479(6) and 907 KAR 3:130	1
3.		
4.		
5.		

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

DRG

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Target File						
Target File	250	250	250	250	250	250
On-Site Requested	35	48	30	37	37	46
In-House	215	202	220	213	213	204

Outcomes						
Total Approved	229	233	222	233	235	216

Outcomes						
Total Denied	21	17	28	17	15	34

Denial Reasons						
Not Medically Necessary	3	4	2	4	1	1
Technical	16	11	25	4	9	33
Reassignments	2	2	0	9	5	0
Billing	0	0	1	0	0	0
Total Denial Reasons	21	17	28	17	15	34

Reconsiderations						
Approved	0	1	1	0	0	3
Denied	1	0	0	2	15	1
Total Reviewed	1	1	1	2	15	4

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	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Administrative						
Abandoned Calls	4	15	18	1	2	1
Average Speed of Answer	00:42	01:40	03:37	01:03	00:38	00:22
Average Talk Time	04:45	05:12	05:36	03:53	05:44	04:41
First Call Resolution	100%	97%	99.5%	98.9%	99.6%	98.9%
Total Admin Calls	161	155	173	138	183	135
Clinical						
Abandoned Calls	1	2	1	1	1	0
Average Speed of Answer	00:49	00:49	00:30	00:35	00:35	00:49
Average Talk Time	04:08	04:26	05:04	04:39	05:10	05:08
First Call Resolution	96.6%	97.2%	90.8%	92.3%	97.3%	93.4%
Total Clinical Calls	100	95	120	98	136	85
Total Calls	261	250	293	236	319	220

Requests Processed	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Approvals	750	1,712	1,182	877	1,574	1,172
Agreed Reduction	0	1	0	0	1	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	1	0	0	0	1	0
State Mandate	0	0	0	2	0	2
Denials	5	1	1	1	1	0
Pended	73	130	77	49	131	59
Total	829	1,844	1,260	929	1,708	1,233

Administrative Denials	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
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	0	0	0	0	0	0
Total Denied	0	0	0	0	0	0

MD Review	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Medical Necessity	2	5	3	1	9	3
Not Medically Necessary	5	1	1	1	1	0
Referred to MD Rate	0.84%	0.33%	0.32%	0.22%	0.59%	0.24%
Not Medically Necessary Denial Rate	71%	17%	25%	50%	10%	0%
Total MD Review	7	6	4	2	10	3

Reconsiderations	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Overtaken	3	0	1	0	0	2
Upheld	0	0	0	0	0	0
Total Reconsiderations	3	0	1	0	0	2

*Reconsiderations are not included in Request Processed Total

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Pended						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	73	121	71	46	93	55
MD Review	0	2	0	1	0	0
RN Review	0	7	6	2	38	4
Total	213	224	208	257	131	59

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	55
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	F84.0	Autistic disorder	366
2.	Q90.9	Down syndrome, unspecifi	98
3.	G80.9	Cerebral palsy, unspecif	91
4.	R62.50	Uns lack nrml physiologcl	47
5.	F80.2	Mixed recep-expressiv la	38
6.	F81.9	Develop disord of schola	29
7.	G80.1	Spastic diplegic cerebra	23
8.	Q90.0	Trisomy 21 nonmosaicism	19
9.	R62.0	Delayed milestone in chi	17
10.	G80.8	Other cerebral palsy	16

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.	

Home Health

Call Metrics	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Administrative						
Abandoned Calls	29	59	160	55	37	33
Average Speed of Answer	00:48	02:07	03:29	01:43	00:57	00:55
Average Talk Time	05:08	05:22	05:47	04:35	04:40	04:45
First Call Resolution	98.8%	99.4%	99.6%	99.5%	99.5%	99.8%
Total Admin Calls	945	1130	935	993	1079	950
Clinical						
Abandoned Calls	6	4	10	5	3	4
Average Speed of Answer	00:27	00:46	00:45	00:31	00:39	00:39
Average Talk Time	08:00	08:14	08:41	07:38	07:47	07:26
First Call Resolution	99.2%	99.1%	98.7%	98.2%	98.5%	99.3%
Total Clinical Calls	812	923	784	870	929	789
Total Calls	1,757	2,053	1,719	1,863	2,008	1,739

Requests Processed	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Approvals	3,594	4,595	4,363	4,087	4,348	4,306
Agreed Reduction	103	95	98	88	117	66
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	4	5	7	6	2	1
State Mandate	0	0	0	0	17	0
Denials	70	51	22	37	29	12
Pended	166	188	108	103	362	102
Total	3,937	4,934	4,598	4,321	4,875	4,487

Administrative Denials	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	4	3	0	0	2	1
Technical (Out of Time Frame)	55	41	19	34	19	10
Total Denied	59	44	19	34	21	11

MD Review	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Medical Necessity	38	36	33	22	42	13
Not Medically Necessary	11	7	3	3	8	1
Referred to MD Rate	1.24%	0.87%	0.78%	0.58%	1.03%	0.31%
Not Medically Necessary Denial Rate	22%	16%	8%	12%	16%	7%
Total MD Review	49	43	36	25	50	14

Reconsiderations	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Overtaken	0	1	3	0	2	1
Upheld	1	1	0	0	0	0
Total Reconsiderations	1	2	3	0	2	1

*Reconsiderations are not included in Request Processed Total

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Pended						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Unreviewed	111	98	77	89	58	46
MD Review	14	12	0	1	2	1
RN Review	41	78	31	13	301	55
Total	166	188	108	103	361	102

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

Current Month Top 10 Diagnosis Codes			
1.	G80.9	Cerebral palsy, unspecif	408
2.	R32	Unspecified urinary inco	215
3.	F84.0	Autistic disorder	208
4.	F79	Unspec intellectual disa	208
5.	E11.9	Type 2 DM w/o complicati	149
6.	J44.9	Chro obstruc pulm dz uns	120
7.	F72	Severe intellectual disa	96
8.	I10	Essential (primary) hype	91
9.	Q90.9	Down syndrome, unspecifi	81
10.	I50.9	Heart failure, unspecifi	76

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	1
2.		
3.		
4.		
5.		

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

Hospice

Call Metrics	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
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	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Approvals	34	42	250	47	344	177
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	0	12	97	15	70	16
Total	34	54	347	62	414	193

Administrative Denials	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
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	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
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	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
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	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	0	12	94	15	59	15
MD Review	0	0	0	0	0	0
RN Review	0	0	3	0	11	1
Total	0	12	97	15	70	16

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	15
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	G30.9	Alzheimer's disease, uns	67
2.	C73	Malignant neoplasm of th	15
3.	G20	Parkinson's disease	13
4.	J96.20	Acut&chrnc resp fail,uns	12
5.	428.0	FAILURE, CONGESTIVE HEAR	10
6.	C51.9	Malignant neoplasm vulva	8
7.	C15.9	Malignant neoplsm esopha	7
8.	I50.32	Chrc diastolc(cngstv)he	7
9.	496	OBSTRUCTION, CHRONIC AIR	7
10.	J44.9	Chro obstruc pulm dz uns	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.	N/A	
2.		
3.		
4.		
5.		

Nursing Facility

Call Metrics	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Administrative						
Abandoned Calls	11	23	46	13	4	4
Average Speed of Answer	00:49	01:51	03:25	01:41	00:51	00:58
Average Talk Time	05:07	05:03	05:13	04:51	04:33	04:36
First Call Resolution	94.5%	97.0%	95.9%	99.4%	94.0%	93.6%
Total Admin Calls	278	372	318	335	328	261
Clinical						
Abandoned Calls	2	8	2	3	8	1
Average Speed of Answer	00:21	00:29	00:16	00:37	00:54	00:33
Average Talk Time	04:13	04:34	04:54	04:50	05:28	05:26
First Call Resolution	74.9%	75.4%	75.2%	81.2%	88.2%	85.4%
Total Clinical Calls	184	170	214	209	198	169
Total Calls	462	542	532	544	526	430

Requests Processed	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Approvals	4,816	4,859	6,875	6,345	6,204	2,989
Initial LOC Approval	1,973	2,169	2,448	2,389	2,360	2,164
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	1	0	1	2	10
Denials	12	7	4	5	8	6
Pended	274	326	300	209	227	255
Total	7,075	7,362	9,627	8,949	8,801	5,424

Administrative Denials	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Lack of Information	7	1	0	0	0	0
Non-Certified Bed	0	0	0	0	0	1
Total Denied	7	1	0	0	0	1

*Reconsiderations are not included in Request Processed Total

MD Review	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Medical Necessity	6	8	6	5	12	9
Not Medically Necessary	5	6	4	5	8	5
Referred to MD Rate	4.01%	4.29%	3.33%	4.78%	8.81%	5.49%
Not Medically Necessary Denial Rate	45%	43%	40%	50%	40%	36%
Total MD Review	11	14	10	10	20	14

Reconsiderations	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Overturned	2	1	3	2	2	1
Upheld	0	0	0	0	0	0
Total Reconsiderations	2	1	3	2	2	1

*Reconsiderations are not included in Request Processed Total

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Pended						
Lack of Information	250	291	277	184	205	240
MD Review	0	0	0	0	0	0
RN Review	24	35	23	25	22	15
Total	274	326	300	209	227	255

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	240
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes		
1.	I10 Essential (primary) hype	549
2.	F03.90 Unsp dementia w/o behavi	400
3.	J44.9 Chro obstruc pulm dz uns	318
4.	E11.9 Type 2 DM w/o complicati	179
5.	G30.9 Alzheimer's disease, uns	173
6.	I50.9 Heart failure, unspecifi	151
7.	M62.81 Muscle weakness (general	89
8.	J18.9 Pneumonia, unspecified o	74
9.	F02.81 Dementia othr dzs CE w b	67
10.	N39.0 Urinary tract infectn.si	66

Current Month Top 5 Reasons for MD Denial		
1.	Not medically necessary	3
2.	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	2
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	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Administrative						
Abandoned Calls	38	110	235	72	39	53
Average Speed of Answer	00:40	01:32	01:49	01:16	00:43	00:52
Average Talk Time	04:08	04:03	03:52	04:03	03:44	03:37
First Call Resolution	94.5%	97.0%	95.9%	99.4%	99.4%	93.6%
Total Admin Calls	871	1001	1036	1085	1192	1022

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	871	1,001	1,036	1,085	1,192	1,022

Requests Processed						
Approvals	2,636	2,381	2,537	2,651	2,820	2,560
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	211	155	203	231	200	189
Pended	149	276	268	274	216	280
Total	2,996	2,812	3,008	3,156	3,236	3,029

RN Denials/Overturns						
FRN Criteria	196	144	188	205	178	173
FRN Reconsideration Overturned	9	11	9	8	4	7
FRN Reconsideration Upheld	10	7	14	12	13	5
Total Denied	215	162	211	225	195	185

MD Review						
Medical Necessity	1	1	1	6	1	5
Not Medically Necessary	5	4	1	14	9	10
Referred to MD Rate	0.20%	0.18%	0.07%	0.63%	0.31%	0.50%
Not Medically Necessary Denial Rate	83%	80%	50%	70%	90%	67%
Total MD Review	6	5	2	20	10	15

Reconsiderations						
Overturned	1	1	11	2	3	0
Upheld	1	1	1	0	0	2
Total Reconsiderations	2	2	12	2	3	2

*Reconsiderations are not included in Request Processed Total

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Pended						
MD Review	0	0	2	3	1	0
RN Review	149	276	266	271	215	280
Total	149	276	268	274	216	280

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

Current Month Top 10 Diagnosis Codes			
1.	J44.9	Chro obstruct pulm dz uns	697
2.	R06.02	Shortness of breath	224
3.	M62.81	Muscle weakness (general)	197
4.	I50.9	Heart failure, unspecifi	134
5.	R26.2	Difficulty in walking, N	77
6.	J18.9	Pneumonia, unspecified o	70
7.	J44.1	Chron obstruct pulm dz w/ex	64
8.	R09.02	Hypoxemia	60
9.	496	OBSTRUCTION, CHRONIC AIR	47
10.	R13.12	Dysphagia, oropharyngeal	35

Current Month Top 5 Reasons for MD Denial		
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	7
2.	Not medically necessary	2
3.	The recipient is non-compliant with therapy. 907 KAR 1:023 and 907 KAR 3:130	1
4.		
5.		

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

Orthodontia

Call Metrics	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Administrative						
Abandoned Calls	0	2	7	2	2	0
Average Speed of Answer	01:20	01:29	04:07	00:37	00:17	00:52
Average Talk Time	03:54	03:32	03:27	04:39	03:25	02:41
First Call Resolution	100%	100%	N/A	100%	100%	100%
Total Admin Calls	27	21	7	19	29	19
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	27	21	7	19	29	19

Requests Processed	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Approvals	11	20	15	22	9	24
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	0	0	3	0
Total	11	20	15	22	12	24

Administrative Denials	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
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	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Medical Necessity	0	0	0	0	0	0
Not Medically Necessary	0	0	0	0	0	0
Referred to MD Rate	0%	0%	0%	0%	0%	0%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
Total MD Review	0	0	0	0	0	0

Reconsiderations	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
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

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Pended						
Lack of Information	0	0	0	0	0	0
MD Review	0	0	0	0	3	0
RN Review	0	0	0	0	0	0
Total	0	0	0	0	3	0

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

Current Month Top 10 Diagnosis Codes			
1.	Z46.4	Encntr fitting&adjust or	16
2.	V58.5	ORTHODONTICS AFTERCARE	8
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	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Administrative						
Abandoned Calls	0	7	9	6	2	3
Average Speed of Answer	01:09	02:18	01:59	01:11	00:37	00:59
Average Talk Time	04:43	04:22	03:38	03:43	04:05	03:41
First Call Resolution	99.3%	99.3%	99.8%	99.4%	99.5%	99.6%
Total Admin Calls	118	107	143	125	177	191
Clinical						
Abandoned Calls	0	1	0	1	3	2
Average Speed of Answer	00:05	00:34	00:24	00:10	00:14	00:31
Average Talk Time	04:32	04:50	04:20	05:05	03:18	03:43
First Call Resolution	90.1%	93.6%	88.1%	97.3%	95.1%	95.1%
Total Clinical Calls	65	59	76	75	143	87
Total Calls	183	166	219	200	320	278

Requests Processed						
Approvals	871	1,078	869	735	1,009	1,170
Agreed Reduction	13	9	0	8	0	0
Client Approved/Negotiation	0	1	0	0	0	0
Split Decision	0	0	0	1	0	5
State Mandate	0	0	0	0	0	0
Denials	4	0	0	0	1	0
Pended	25	110	43	39	42	40
Total	913	1,198	912	783	1,052	1,215

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)	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	0	0	0	0	0	0

MD Review						
Medical Necessity	63	93	63	73	105	105
Not Medically Necessary	4	0	0	0	1	0
Referred to MD Rate	7.34%	7.76%	6.91%	9.32%	10.08%	8.64%
Not Medically Necessary Denial Rate	6%	0%	0%	0%	1%	0%
Total MD Review	67	93	63	73	106	105

Reconsiderations						
Overturned	2	0	0	0	0	0
Upheld	4	0	0	0	0	0
Total Reconsiderations	6	0	0	0	0	0

*Reconsiderations are not included in Request Processed Total

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Pended						
Lack of Information	23	105	41	32	42	40
MD Review	2	0	1	3	0	0
RN Review	0	5	1	4	0	0
Total	25	110	43	39	42	40

Independent Therapy						
Total	164	257	386	232	334	373

Current Month Top 5 LOI Pended Reasons	
1.	Lack of Information 40
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes		
1.	F84.0	Autistic disorder 173
2.	G80.9	Cerebral palsy, unspcif 144
3.	M54.5	Low back pain 76
4.	M62.81	Muscle weakness (general 68
5.	Q90.9	Down syndrome, unspcifi 51
6.	M62.9	Disorder of muscle, unsp 25
7.	F82	Specific develop disord 25
8.	F80.2	Mixed recep-expressiv la 25
9.	M54.2	Cervicalgia 25
10.	R26.2	Difficulty in walking, N 23

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.	

Physician Services

Call Metrics	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Administrative						
Abandoned Calls	6	17	15	8	6	9
Average Speed of Answer	00:41	02:06	02:34	01:08	00:42	00:51
Average Talk Time	03:49	03:35	03:35	03:35	03:09	03:18
First Call Resolution	100%	100%	97%	98.9%	100.0%	100.0%
Total Admin Calls	276	210	254	283	358	269
Clinical						
Abandoned Calls	6	17	15	8	6	9
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%	88%	100%
Total Clinical Calls	60	31	46	62	85	45
Total Calls	336	241	300	345	443	314

Requests Processed	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Approvals	57	27	30	52	58	47
Administrative Approval	4	7	7	11	5	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	0	0	0	1	2	0
Pended	12	6	7	6	15	8
Total	73	40	44	70	80	69

Administrative Denials	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
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	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Medical Necessity	22	18	14	17	24	21
Not Medically Necessary	0	0	0	1	2	0
Referred to MD Rate	30.14%	45.00%	31.82%	25.71%	32.50%	30.43%
Not Medically Necessary Denial Rate	0%	0%	0%	6%	8%	0%
Total MD Review	22	18	14	18	26	21

Reconsiderations	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Overtured	0	1	0	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	1	0	0	0	0

*Reconsiderations are not included in Request Processed Total

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Pended						
Lack of Information Incomplete Data (Consent Forms)	N/A	N/A	N/A	N/A	N/A	N/A
MD Review	6	2	1	1	3	3
RN Review	1	1	1	0	0	0
	5	3	5	5	12	5
Total	12	6	7	6	15	8

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

Current Month Top 10 Diagnosis Codes			
1.	G47.33	Obstructive sleep apnea(9
2.	E66.01	Morbid (sevr)obesity d/t	6
3.	Z30.2	Encounter for sterilizat	5
4.	G47.10	Hypersomnia, unspecified	4
5.	I87.2	Venous insufficiency(chr	3
6.	N93.9	Abnorml uterine&vaginal	3
7.	I10	Essential (primary) hype	3
8.	I87.323	Chrnv vnous HTN w/inflm,	3
9.	N94.6	Dysmenorrhea, unspecifie	2
10.	R13.19	Other dysphagia	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	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Administrative						
Abandoned Calls	3	16	35	12	8	8
Average Speed of Answer	00:36	01:54	03:14	01:25	00:52	00:56
Average Talk Time	03:02	03:20	02:48	03:05	02:45	02:55
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Admin Calls	248	268	239	248	270	283
Clinical						
Abandoned Calls	0	4	6	7	1	3
Average Speed of Answer	00:23	00:23	00:30	00:56	01:13	00:54
Average Talk Time	10:48	08:35	09:05	08:29	08:04	08:01
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Clinical Calls	208	230	203	204	229	239
Total Calls	456	498	442	452	499	522

Requests Processed	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Approvals	206	178	185	172	212	238
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	12	11	9	10	3	0
Pended	2	10	9	12	4	10
Total	220	199	203	194	219	248

Administrative Denials	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
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)	2	4	2	4	0	0
Total Denied	2	4	2	4	0	0

MD Review	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Medical Necessity	6	5	4	1	0	0
Not Medically Necessary	10	7	7	6	3	0
Referred to MD Rate	7.27%	6.03%	5.42%	3.61%	1.37%	0.00%
Not Medically Necessary Denial Rate	63%	58%	64%	86%	100%	#DIV/0!
Total MD Review	16	12	11	7	3	0

Reconsiderations	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Overtaken	0	2	4	3	2	1
Upheld	0	2	2	2	2	0
Total Reconsiderations	0	4	6	5	4	1

*Reconsiderations are not included in Request Processed Total

Pended	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Lack of Information	0	1	0	0	0	0
RN Review	2	9	1	12	4	10
MD Review	0	0	8	0	0	0
Total	2	10	9	12	4	10

By Place of Service	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Distinct Part Units - Psychiatric	69	43	40	50	46	43
EPSDT	9	12	12	8	16	13
Freestanding Psychiatric Facility	35	24	43	37	19	28
Inpatient Hospital	4	4	5	12	12	8
Non-Freestanding Psychiatric Facility	99	115	107	88	128	147
Onsite EPSDT Psych	0	0	0	0	0	0
Psychiatric Residential Treatment Center	4	4	2	4	2	10
Total	220	202	209	199	223	249

Current Month Top 5 LOI Pended Reasons	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
1.	Lack of Information					N/A
2.						
3.						
4.						
5.						

Current Month Top 10 Diagnosis Codes	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
1.	F32.9	MDD, single episode, uns	29			
2.	F20.9	Schizophrenia, unspecifi	17			
3.	F31.9	Bipolar disorder, unspec	17			
4.	F39	Unspecified mood disorde	15			
5.	F33.2	MDD, recurrent, severe w	13			
6.	F84.0	Autistic disorder	11			
7.	F29	Unsp psych not d/t sub/k	11			
8.	F34.8	Other persistent mood di	11			
9.	F31.60	BD, current episode mixe	10			
10.	F91.9	Conduct disorder, unspec	9			

Current Month Top 5 Reasons for MD Denial	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
1.	N/A					
2.						
3.						
4.						
5.						

Current Month Top 5 Reasons for Lack of Information Denial	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
1.	N/A					
2.						
3.						
4.						
5.						

Radiology

Call Metrics	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Administrative						
Abandoned Calls	1	17	15	13	12	8
Average Speed of Answer	00:48	02:07	02:12	01:03	00:32	00:49
Average Talk Time	03:35	03:51	03:27	03:24	03:30	03:22
First Call Resolution	100%	100%	100%	100%	99.5%	99.6%
Total Admin Calls	464	510	474	552	652	580
Clinical						
Abandoned Calls	1	1	0	1	0	0
Average Speed of Answer	00:06	00:20	00:47	00:34	00:15	00:10
Average Talk Time	06:18	05:52	05:41	06:03	06:19	05:55
First Call Resolution	100%	100%	100%	100%	95%	95%
Total Clinical Calls	312	316	290	354	430	351
Total Calls	776	826	764	906	1,082	931

Requests Processed	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Approvals	351	332	352	389	468	380
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	11	6	3	5	0	0
Pended	3	7	2	12	11	6
Total	365	345	357	406	479	386

Administrative Denials	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
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)	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	0	0	0	0	0	0

MD Review	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Medical Necessity	74	82	69	69	89	89
Not Medically Necessary	11	6	3	5	0	0
Referred to MD Rate	23.29%	25.51%	20.17%	18.23%	18.58%	23.06%
Not Medically Necessary Denial Rate	13%	7%	4%	7%	0%	0%
Total MD Review	85	88	72	74	89	89

Reconsiderations	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Overturned	1	0	1	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	1	0	1	0	0	0

*Reconsiderations are not included in Request Processed Total

	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Pended						
Lack of Information	1	1	0	4	1	0
MD Review	1	1	0	0	4	0
RN Review	1	5	2	8	6	6
Total	3	7	2	12	11	6

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

Current Month Top 10 Diagnosis Codes			
1.	M54.5	Low back pain	34
2.	R07.9	Chest pain, unspecified	19
3.	M54.16	Radiculopathy, lumbar re	16
4.	M54.2	Cervicalgia	16
5.	I25.10	Athr hrt dz ntv cornry a	10
6.	G35	Multiple sclerosis	10
7.	M54.12	Radiculopathy, cervical	9
8.	I63.9	Cerebral infarction, uns	8
9.	R51	Headache	8
10.	R56.9	Unspecified convulsions	7

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.	
4.	
5.	



KY Department for Medicaid Services Administrative Hearings Report

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

Report Run Date: May 8, 2016
 New/In Progress/Closed/All In Progress

Case Type	Primary Category	Appeal Type	Status	Appeal Start Date	Decision Required Date	Attending Physician
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Dec 15, 2015	Jan 8, 2016	PELLEGRINI, ADRIAN
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Jan 5, 2016	Feb 12, 2016	PELLEGRINI, ADRIAN
Waiver	ABI LTC Waiver LOC	Administrative Hearings	In Progress	Jun 4, 2015	Jun 16, 2015	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	May 21, 2015	Jul 31, 2015	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Apr 9, 2015	Jun 26, 2015	PELLEGRINI, ADRIAN
Acute Inpatient	Psychiatric	Administrative Hearings	In Progress	Dec 8, 2014	Feb 6, 2015	PELLEGRINI, ADRIAN
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Apr 22, 2016	May 13, 2016	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Mar 4, 2016	Mar 29, 2016	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Jul 8, 2015	Aug 18, 2015	PELLEGRINI, ADRIAN
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Mar 15, 2016	Apr 13, 2016	PELLEGRINI, ADRIAN
Home Health	Home Health	Administrative Hearings	In Progress	Jun 18, 2014	Jul 30, 2014	PELLEGRINI, ADRIAN
Waiver	HCB - LOC	Administrative Hearings	In Progress	Mar 15, 2016	Apr 13, 2016	PELLEGRINI, ADRIAN
Waiver	HCB - LOC	Administrative Hearings	In Progress	Jan 26, 2016	Feb 11, 2016	PELLEGRINI, ADRIAN
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Oct 28, 2015	Jan 28, 2016	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Mar 10, 2016	Apr 8, 2016	PELLEGRINI, ADRIAN
Waiver	ABI - LOC	Administrative Hearings	In Progress	May 3, 2016	Jul 7, 2016	PELLEGRINI, ADRIAN
Waiver	HCB - LOC	Administrative Hearings	In Progress	May 4, 2016	May 5, 2016	PELLEGRINI, ADRIAN
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Apr 13, 2016	Jun 30, 2016	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Mar 8, 2016	Apr 5, 2016	PELLEGRINI, ADRIAN
Acute Inpatient	Psychiatric	Administrative Hearings	In Progress	Dec 8, 2014	Feb 6, 2015	PELLEGRINI, ADRIAN
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	May 5, 2016	May 10, 2016	PELLEGRINI, ADRIAN