

# MAC Binder Section 12 – Operational Status & UM Reports

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

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### **1 – KY MMIS Operational Status Report April 2015:**

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

### **2 – KY MMIS Operational Status Report May 2015:**

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### **3 – UM Status Report May 2015:**

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

### **4 – UM Executive Summary May 2015:**

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



## Operational Status Report *Kentucky MMIS Project*

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

Status Month End April 2015

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

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## 1 Executive Summary

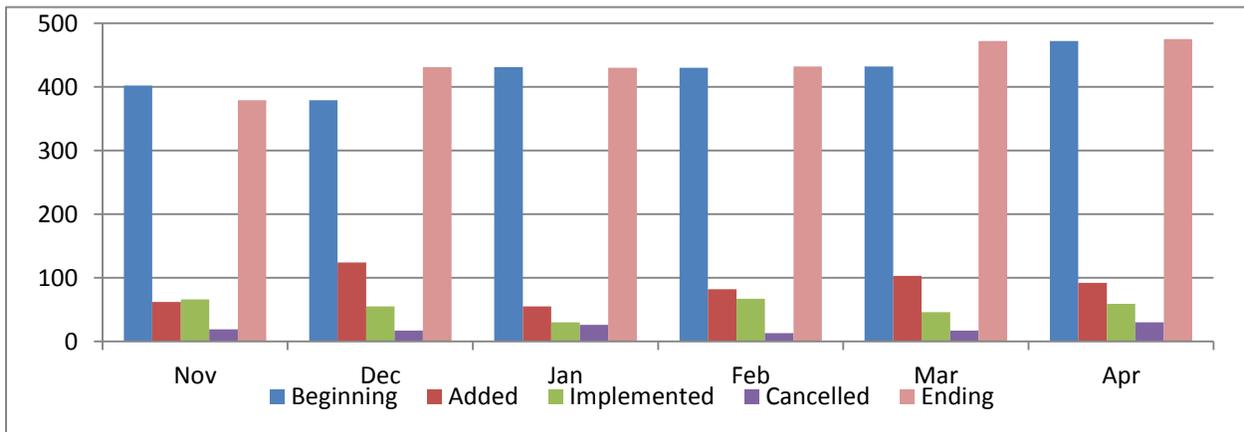
	April	Page Number
Claims Processed	861,738	Page 16
Total Dollars Paid	\$198,837,220.02	Page 16
Claims Paid	624,966	Page 16
Claims Denied	236,772	Page 16
% Denied Claims	27.5%	Page 16
Average Claims Held in Cash Management	291,596	N/A
Average Dollars Held in Cash Management	\$46,982,684.46	N/A
Capitation Financial Transactions	2,578,861	N/A
Capitation Financial Payments	\$595,031,112.93	Page 17
Suspended Claims	6,918	Page 23
Total Suspended Claims > 90 Days	313	Page 23
Provider Services Calls Received	11,808	Page 31
Provider Services Current Service Level %	94%	Page 31

### Encounter Load Statistics

Managed Care Organizations (MCOs)						
	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015
Coventry	1,136,940	880,425	2,267,398	820,057	1,277,313	995,480
Humana	469,024	299,801	487,360	388,151	383,750	435,455
Kentucky Spirit	457	225	508	389	265	76
Passport (R03)	4,026	605	2,785	159	264	3,069
Passport R31	1,130,343	869,089	1,015,441	938,796	919,034	968,177
WellCare	1,756,066	1,580,384	1,388,022	1,786,312	2,084,081	1,724,674
Anthem	240,847	170,982	682,412	190,766	284,556	307,088
Other						
Transportation Encounters	426,804	298,183	643,749	875,106	551,480	581,280
Magellan Pharmacy Claims	284,683	284,519	278,828	288,724	248,847	283,886
<b>Totals</b>	<b>5,449,190</b>	<b>4,384,213</b>	<b>6,766,503</b>	<b>5,288,460</b>	<b>5,749,590</b>	<b>5,299,185</b>

### 1.1 Change Order and Defect Statistics

<b>Change Orders / Defects Inventory</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>
Beginning	402	379	431	430	432	472
Added	62	124	55	82	103	92
Implemented	66	55	30	67	46	59
Cancelled	19	17	26	13	17	30
<b>Ending</b>	<b>379</b>	<b>431</b>	<b>430</b>	<b>432</b>	<b>472</b>	<b>475</b>



**1.2 Change Order and Defect Statistics (continued)**

April 2015	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	152	43	1	1	197	
Federally Mandated	10	1	0	0	11	3 open and 1 on hold are included in the Priority list.
Non-Priority	185	8	74	0	267	
<b>Totals</b>	<b>347</b>	<b>52</b>	<b>75</b>	<b>1</b>	<b>475</b>	

\*The priority list consists of 201 Change Orders & Defects.

April 2015	Change Orders			Defects		
	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	41	27	18	1	3	3
Federally Mandated	4	1	1	0	0	0
Non-Priority	36	19	5	10	9	3
<b>Totals</b>	<b>81</b>	<b>47</b>	<b>24</b>	<b>11</b>	<b>12</b>	<b>6</b>

## 2 Unplanned System Outages

A Breakdown Of The Downtime		
Date	Time	Reason For Downtime
		There were no unplanned outages in April 2015.

## Billable Hours

**2.1 Billable Hours Usage Summary (Contract Year 2015)**

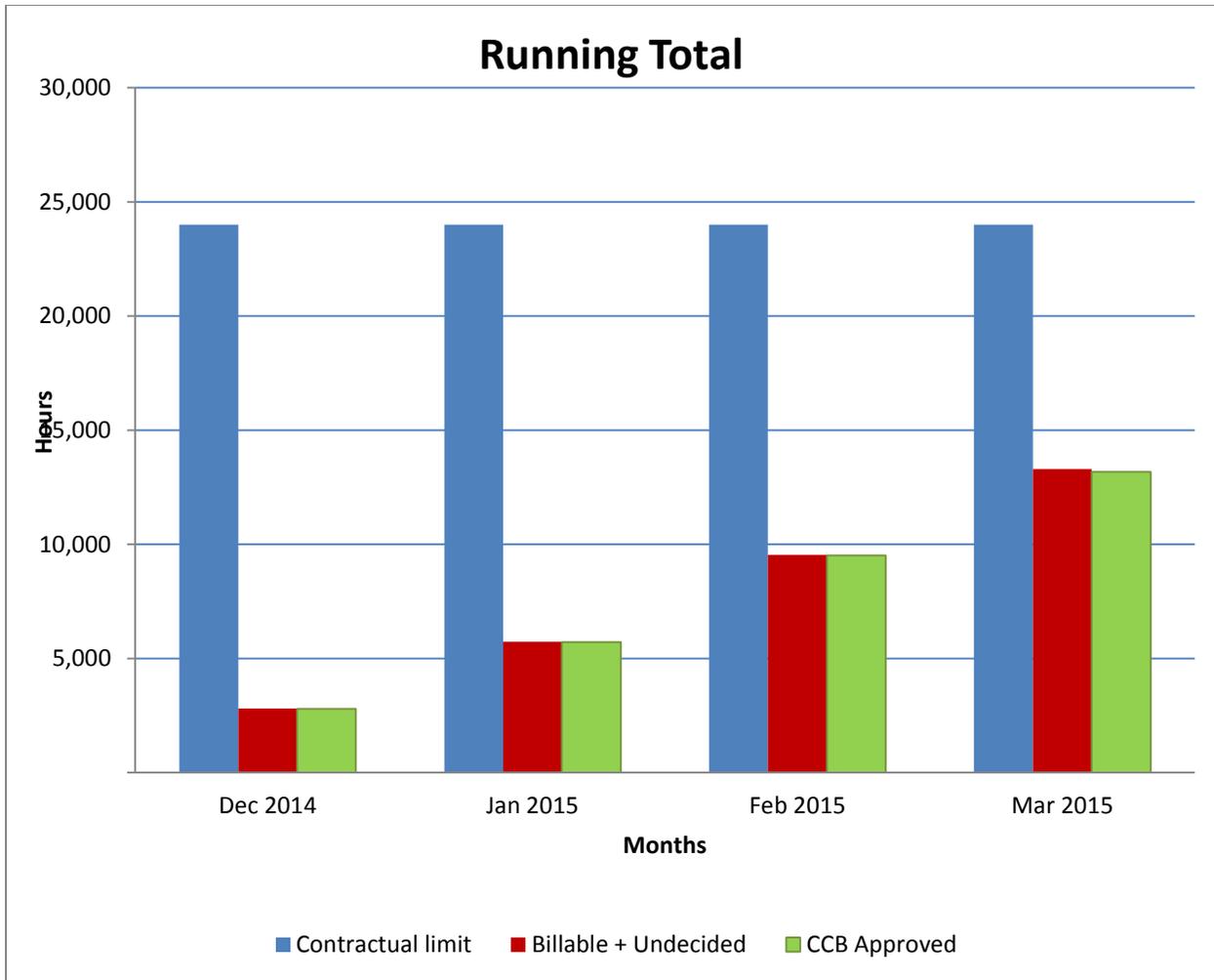
Month	Billable	Undecided	CCB Approved	Need CCB Review
Dec 2014	2,799.25	2.25	2,799.25	2.25
Jan 2015	2,913.50	21.25	2,913.50	21.25
Feb 2015	3,802.00	8.00	3,801.00	9.00
Mar 2015	3,663.50	92.75	3,661.25	95.00
Apr 2015				
May 2015				
Jun 2015				
Jul 2015				
Aug 2015				
Sep 2015				
Oct 2015				
Nov 2015				

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

**2.2 Running Total (Contract Year 2015)**

Month	Contractual limit	Billable + Undecided	CCB Approved	Billable	Undecided	Need CCB Review
Dec 2014	24,000.00	2,801.50	2,799.25	2,799.25	2.25	2.25
Jan 2015	24,000.00	5,736.25	5,712.75	5,712.75	23.50	23.50
Feb 2015	24,000.00	9,546.25	9,513.75	9,514.75	31.50	32.50
Mar 2015	24,000.00	13,302.50	13,175.00	13,178.25	124.25	127.50
Apr 2015	24,000.00					
May 2015	24,000.00					
Jun 2015	24,000.00					
Jul 2015	24,000.00					
Aug 2015	24,000.00					
Sep 2015	24,000.00					
Oct 2015	24,000.00					
Nov 2015	24,000.00					

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



### 3 Monthly Ad hoc Requests

#### 3.1 Inventory Summary

	Beginning of Month	Received This Month	Closed This Month	DMS Hold	Ending Inventory
Type A	0	0	0	0	0
Type B	1	0	1	0	0
Type C	0	7	7	0	0
Type D	1	3	4	0	0
Type E	0	0	0	0	0
Unspecified	1	1	1	1	0
<b>Total</b>	<b>3</b>	<b>11</b>	<b>13</b>	<b>1</b>	<b>0</b>

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.

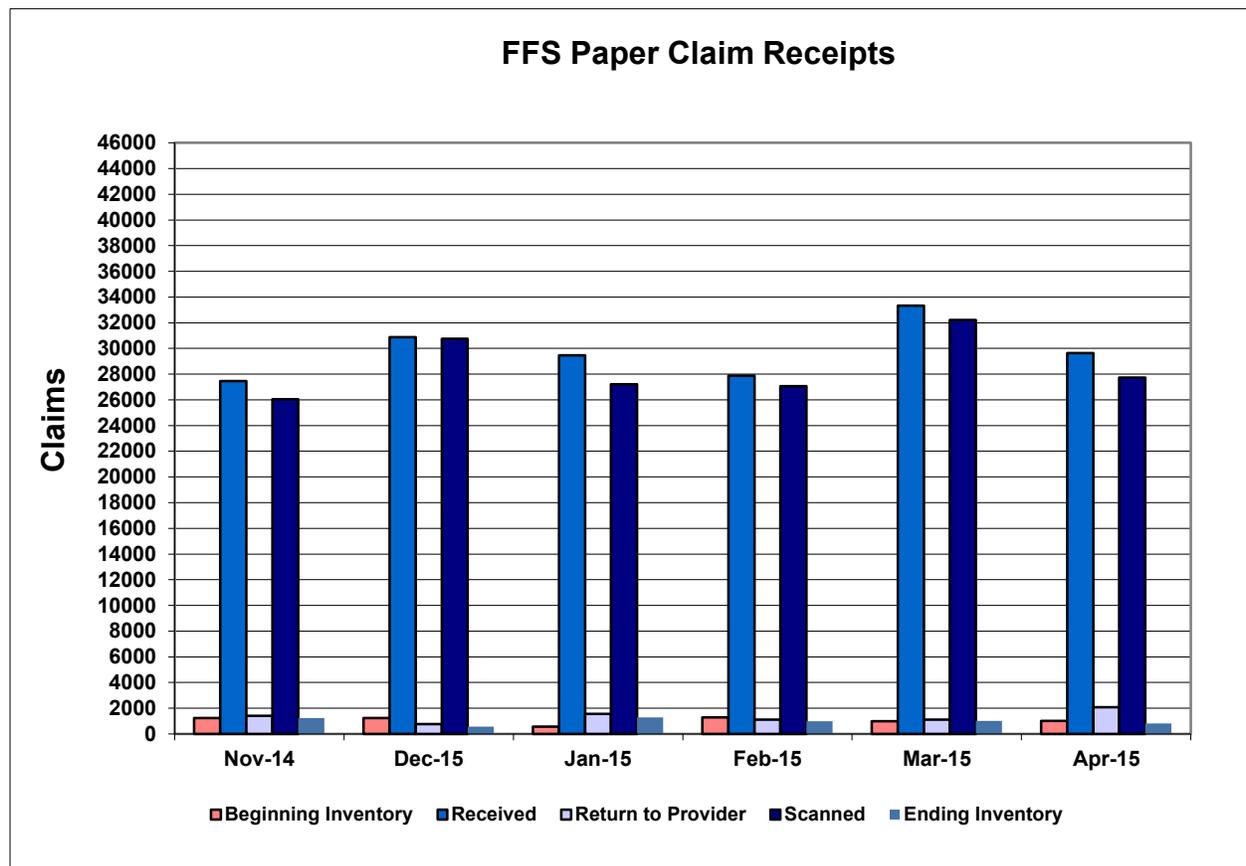
#### 3.2 Inventory Detail

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
24377		Nickels, Jannette	Completed	20150319	20150414	Member delayed status update
24507	B	Guice, Lee	Completed	20150330	20150401	No Benefits
24418	D	Bentley, Tracy	Completed	20150331	20150402	Personal Services - all providers

24528	C	Keeling, Michelle	Completed	20150401	20150402	Re-Run 24099
24561		Anglin, Carrie	On Hold	20150409		FFS Reports without MCO data
24619	C	Keeling, Michelle	Completed	20150414	20150415	C Babcock
24626	D	Bentley, Tracy	Completed	20150416	20150416	NewCare
24627	D	Bentley, Tracy	Completed	20150416	20150416	NR Paducah
24628	D	Bentley, Tracy	Completed	20150416	20150416	WATCH
24652	C	Guice, Lee	Completed	20150421	20150423	Denied Well Child Visits
24686	C	Compton, Randy	Completed	20150427	20150428	Qualified Entity Presumptive Eligibility Providers
24690	C	Compton, Randy	Completed	20150427	20150429	All Hospital PE Members for 2014
24697	C	Senters, Lucy	In Progress	20150428	20150504	Calendar Year 2014 Vaccine Monthly Member Count
24729	C	Smith, Toby	In Progress	20150430	20150501	Medicaid FFS Pinnacle Claims

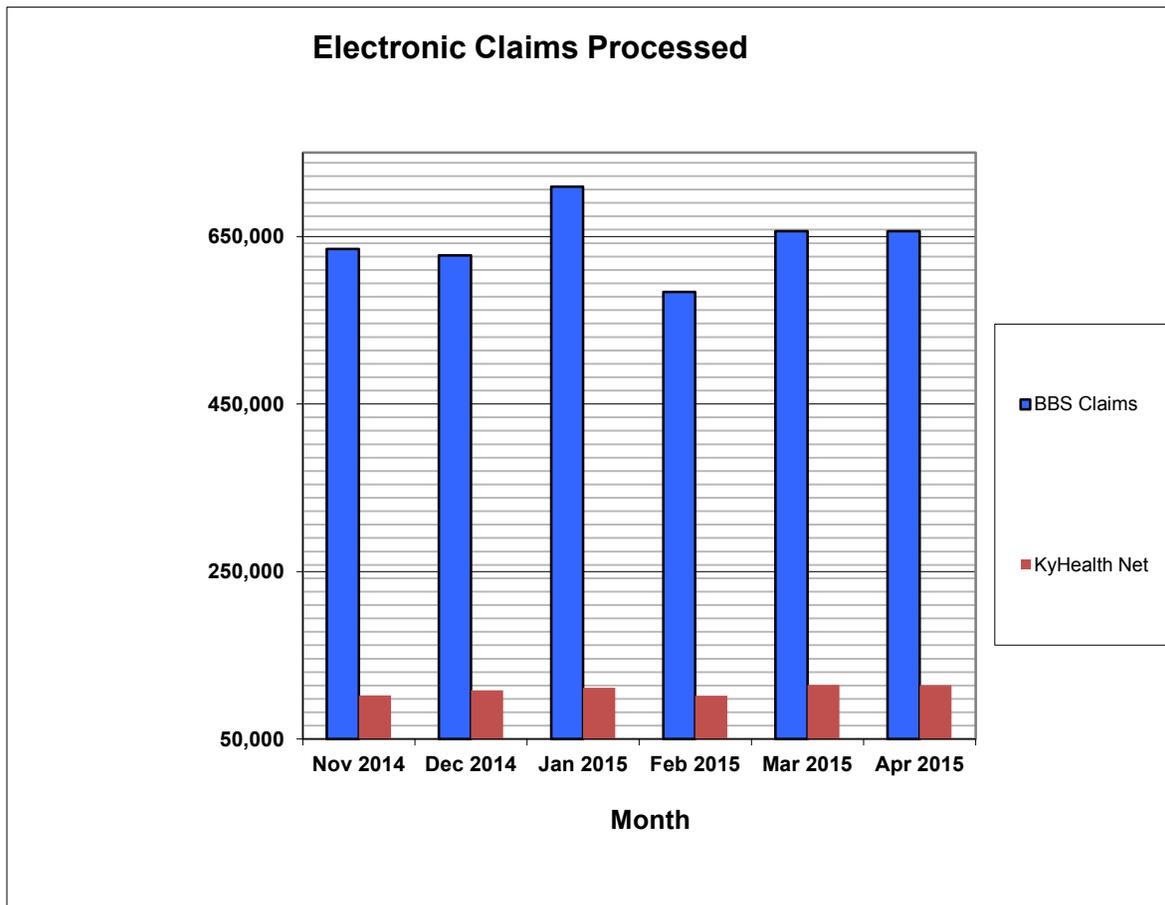
### 4 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
November 2014	1,224	27,454	1,397	26,053	1,228	0 days
December 2014	1,228	30,873	759	30,766	576	0 days
January 2015	576	29,476	1,560	27,209	1,283	0 days
February 2015	1,283	27,873	1,107	27,070	979	0 days
March 2015	979	33,336	1,108	32,208	999	0 days
April 2015	999	29,643	2,080	27,741	821	0 days



## 5 Electronic Claims Processed

	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015
<b>Bulletin Board System Claims Processed</b>	635,194	627,273	709,299	583,914	656,125	656,329
<b>Kentucky HealthNet Claims Processed</b>	102,344	108,172	111,422	101,715	114,785	114,169



## 6 Monthly FFS Claim Totals by Media

Begin Date	End Date
4/1/2015	4/30/2015

TOTAL	Denied Claims	Paid Claims		Suspense Claims
	Billed Amount	Billed Amount	Paid Amount	Billed Amount
Electronic	\$239,181,899.68	\$557,859,633.88	\$186,026,451.12	\$4,760,559.72
Paper	\$46,566,694.52	\$29,224,076.67	\$2,992,088.36	\$5,510,799.93
<b>TOTAL:</b>	<b>\$285,748,594.20</b>	<b>\$587,083,710.55</b>	<b>\$189,018,539.48</b>	<b>\$10,271,359.65</b>

## 7 Monthly Claims Operations

### 7.1 FFS Monthly Financial Cycle Summary

Category	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015
Paid Claims	609,516	590,208	673,834	656,478	599,843	624,966
Denied Claims	249,382	208,301	278,033	228,417	223,942	236,772
<b>Total Adjudicated Claims</b>	<b>858,898</b>	<b>798,509</b>	<b>951,867</b>	<b>884,895</b>	<b>823,785</b>	<b>861,738</b>
Adjustments	13,036	13,319	16,393	17,785	41,680	30,390
<b>Total Claims</b>	<b>871,934</b>	<b>811,828</b>	<b>968,260</b>	<b>902,680</b>	<b>865,465</b>	<b>992,128</b>
Suspended/Re-suspended Claims	9,695	5,993	7,563	6,582	7,164	6,918
<b>% of Denied Claims</b>	<b>29.0%</b>	<b>26.1%</b>	<b>29.2%</b>	<b>25.8%</b>	<b>27.2%</b>	<b>27.5%</b>
<b>Avg \$ per Claim</b>	<b>\$330.92</b>	<b>\$330.11</b>	<b>\$329.63</b>	<b>\$305.69</b>	<b>\$323.70</b>	<b>\$318.16</b>
Claim Payment Amount	\$201,698,555.45	\$194,835,718.11	\$222,116,290.86	\$200,678,617.23	\$194,170,637.57	\$198,837,220.02
(+) Payouts	\$449,744.98	\$758,053.27	\$2,216,747.24	\$1,984,434.80	\$5,740,397.70	\$23,436,110.49
(-) Recoupments	-\$3,568,083.19	-\$2,453,779.01	-\$3,830,684.95	-\$2,856,866.45	-\$3,209,892.21	-\$3,605,675.97
<b>Check Issue</b>	<b>\$198,580,217.24</b>	<b>\$193,139,992.37</b>	<b>\$220,502,353.15</b>	<b>\$199,806,185.58</b>	<b>\$196,701,143.06</b>	<b>\$218,667,654.54</b>
Capitation Payment	\$546,124,186.21	\$576,694,958.60	\$593,455,163.32	\$600,540,924.27	\$609,102,993.64	\$595,031,112.93
<b>Total Paid</b>	<b>\$744,704,403.46</b>	<b>\$769,834,950.97</b>	<b>\$813,957,516.47</b>	<b>\$800,347,109.85</b>	<b>\$805,804,136.70</b>	<b>\$813,698,767.47</b>

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

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

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

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
4/1/2015	4/30/2015

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
ANTHEM	69,751	\$38,599,520.96	13,917	\$2,047,125.16	83,668	\$40,646,646.12
COVENTRY	301,797	\$124,171,117.76	36,742	\$6,579,476.24	338,539	\$130,750,594.00
HUMANA	114,271	\$61,640,643.37	20,066	\$5,776,712.45	134,337	\$67,417,355.82
KENTUCKY SPIRIT						
NEMT	1,203,011	\$8,686,097.26	46,959	\$161,012.32	1,249,970	\$8,847,109.58
PASSPORT (Region 3)	252,914	\$131,531,119.34	31,584	\$8,327,868.61	284,498	\$139,858,987.95
WELLCARE	436,482	\$198,519,530.79	47,993	\$8,990,888.67	484,475	\$207,510,419.46
<b>Sum:</b>	<b>2,378,226</b>	<b>\$563,148,029.48</b>	<b>200,635</b>	<b>\$31,883,083.45</b>	<b>2,578,861</b>	<b>\$595,031,112.93</b>

**7.2 Monthly MCO & NEMT Capitations (continued)**

<b>NEMT</b>	<b>Cap Transactions</b>	<b>Amount Paid</b>
AUDUBON AREA COMMUNITY SERVICES INC/GRITS	50,589	\$383,145.85
PENNYRILE ALLIED COMSERVICES, INC	57,028	\$349,457.84
AUDUBON AREA COMM SRVC	57,618	\$367,573.98
L.K.L.P. C.A.C., INC REGION 4	66,401	\$428,952.00
LKLP CAC INC REGION 5	98,351	\$967,941.18
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	238,339	\$1,898,454.35
BLUE GRASS COMMUNITY ACTION AGENCY INC	81,158	\$447,358.33
LKLP CAC INC REGION 9	94,874	\$569,771.30
FEDERATED TRANSPORTATION SVS OF THE BLUE	64,431	\$436,692.20
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	67,301	\$403,119.20
RURAL TRANSIT ENTERPRISES	134,803	\$1,098,412.70
LKLP COMMUNITY ACTION	89,984	\$622,943.16
SANDY VALLEY TRANSPORTATION	64,193	\$439,097.45
LKLP CAC INC REGION 15	65,017	\$323,723.29
LICKING VALLEY COMMUNITY ACTION PROGRAM INC	19,883	\$110,466.75
<b>TOTAL</b>	<b>1,249,970</b>	<b>\$8,847,109.58</b>

### 7.3 FFS Adjudicated Original Claims (By Claim)

Begin Date	End Date
4/1/2015	4/30/2015

Paper Claims	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015
Paid	8,009	7,628	8,576	7,421	7,994	8,486
Denied	11,289	10,900	13,844	10,239	12,524	11,433
<b>Total</b>	<b>19,298</b>	<b>18,528</b>	<b>22,420</b>	<b>17,660</b>	<b>20,518</b>	<b>19,919</b>
% of Total Adjudicated Claims	2.25%	2.32%	2.36%	2.00%	2.49%	2.31%
% of Paper Denied Claims	58.50%	58.83%	61.75%	57.98%	61.04%	57.40%

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

Electronic Claims	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015
Paid	601,507	582,580	665,258	649,057	591,849	616,480
Denied	238,093	197,401	264,189	218,178	211,418	225,339
<b>Total</b>	<b>839,600</b>	<b>779,981</b>	<b>929,447</b>	<b>867,235</b>	<b>803,267</b>	<b>841,819</b>
% of Total Adjudicated Claims	97.75%	97.68%	97.64%	98.00%	97.51%	97.69%
% of Electronic Denied Claims	28.36%	25.31%	28.42%	25.16%	26.32%	26.77%

**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
04/01/2015	04/30/2015

Procedure	Description	Member Count	Claim Count	Amount Paid
T2016	HABIL RES WAIVER PER DIEM	3,749	36,048	\$19,408,567.75
S5108	HOMECARE TRAIN PT 15 MIN	8,958	39,550	\$16,668,974.13
T1015	CLINIC SERVICE	83,283	126,625	\$10,854,010.63
99199	SPECIAL SERVICE/PROC/REPORT	8,558	15,923	\$7,511,891.57
T2021	DAY HABIL WAIVER PER 15 MIN	4,875	33,000	\$5,009,533.75
T2022	CASE MANAGEMENT, PER MONTH	14,803	17,314	\$4,603,523.92
S5100	ADULT DAYCARE SERVICES 15MIN	3,004	27,364	\$3,269,879.23
H0004	ALCOHOL AND/OR DRUG SERVICES	3,327	9,318	\$3,003,942.90
T2023	TARGETED CASE MGMT PER MONTH	8,697	10,013	\$2,939,356.45
97535	SELF CARE MNGMENT TRAINING	1,899	7,367	\$2,241,065.33

#### 7.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
317	MILD INTELLECT DISABILTY	5,035	33,166	\$13,485,700.25
3180	MOD INTELLECT DISABILITY	3,183	21,982	\$7,649,010.34
3128	OTHER CONDUCT DISTURBANCE	4,011	4,153	\$7,121,813.58
3182	PROFND INTELLCT DISABLTY	576	2,037	\$6,822,485.21
3310	ALZHEIMER'S DISEASE	1,614	2,370	\$5,293,342.72
318	OTHER MENTAL RETARDATION	2,755	12,256	\$4,809,056.15
3181	SEV INTELLECT DISABILITY	837	4,639	\$4,732,985.78
29900	AUTISTIC DISORD-CURRENT	2,568	15,732	\$4,621,492.54
319	INTELLECT DISABILITY NOS	1,435	9,819	\$3,901,047.32
496	CHR AIRWAY OBSTRUCT NEC	5,498	10,123	\$3,573,972.60

## 7.6 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
4/1/2015	4/30/2015

Procedure	Description	Member Count	Claim Count	Amount Paid
99213	OFFICE/OUTPATIENT VISIT EST	211,886	300,232	\$12,658,548.70
99284	EMERGENCY DEPT VISIT	50,836	61,375	\$7,475,440.14
99283	EMERGENCY DEPT VISIT	63,259	77,752	\$6,361,843.60
99214	OFFICE/OUTPATIENT VISIT EST	79,714	96,339	\$5,836,497.00
99285	EMERGENCY DEPT VISIT	25,051	30,270	\$4,679,337.79
90837	PSYTX PT&/FAMILY 60 MINUTES	14,778	24,602	\$2,828,660.36
99212	OFFICE/OUTPATIENT VISIT EST	45,999	66,134	\$2,290,902.16
H2029	SEX OFFEND TX SVC, PER DIEM	85	875	\$2,260,758.37
90832	PSYTX PT&/FAMILY 30 MINUTES	16,569	27,169	\$2,150,664.28
A0120	NONER TRANSPORT MINI-BUS	9,180	109,533	\$1,997,430.58

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
29690	EPISODIC MOOD DISORD NOS	6,319	14,017	\$7,447,189.51
31401	ATTN DEFICIT W HYPERACT	15,824	36,390	\$3,868,221.48
V3000	SINGLE LB IN-HOSP W/O CS	2,449	3,433	\$3,574,545.91
V202	ROUTIN CHILD HEALTH EXAM	33,463	38,013	\$3,479,970.98
0389	SEPTICEMIA NOS	707	1,202	\$3,370,139.99
311	DEPRESSIVE DISORDER NEC	8,413	14,246	\$3,318,992.64
3029	PSYCHOSEXUAL DIS NOS	118	1,402	\$2,884,802.74
78650	CHEST PAIN NOS	15,676	23,310	\$2,848,575.96
V3001	SINGLE LB IN-HOSP W CS	1,179	1,646	\$2,767,057.78
V5811	ANTINEOPLASTIC CHEMO ENC	538	844	\$2,430,760.64

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
3304	Employer ID Missing or Invalid	15,008	13.6%
4021	No Coverage for Billed Procedure	14,432	13.0%
2017	Services Covered Under Member's MCO Plan	14,431	13.0%
1010	Rendering Provider Not A Mem Of Billing Grp	13,111	11.8%
1036	Rendering Prov Type/Claim Type Invalid	11,102	10.0%
5001	Exact Duplicate	9,329	8.4%
2003	Member Ineligible on Detail Date of Service	8,771	7.9%
4804	No Contract for Billed Rev Code	8,728	7.9%
3317	This Service was not Approved by Medicare	8,612	7.8%
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	7,223	6.5%
<b>Totals</b>		<b>110,747</b>	<b>56.8%</b>

Total Denied Details – 195,060

Note: Total # of top ten denials (110,747) divided by total denied details (195,060) = % of top ten denials (56.8%)

## 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	3,925	39.1%
4405	Unable to Assign Provider Contract	3,421	32.6%
3305	Member Requires Valid PT Liability for DOS	755	7.5%
5001	Exact Duplicate	399	3.9%
1046	Facility Provider is not Eligible	317	3.2%
3001	PA Not Found on Database	271	2.7%
1047	Billing Provider is not Eligible	264	2.6%
555	Claim Past 12 Month Filing Deadline	253	2.5%
2505	Member Covered by Private Insurance	226	2.2%
4014	No Pricing Segment on File	219	2.2%
<b>Totals</b>		<b>10,050</b>	<b>80.3%</b>

Total Suspended Details – 12,515

Note: Total # of top ten failures (10,050) divided by total suspended details (12,515) = % of top ten suspense (80.3%)

**7.9 FFS Suspended Original Claims by Age (By Claim)**

Category	November 2014		December 2014		January 2015		February 2015		March 2015		April 2015	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	9,252	95.43	5,592	93.31	7,144	94.46	6,145	9,336	6,699	93.51	6,494	93.87
31-60 days	71	.73	83	1.38	78	1.03	72	1.09	78	1.09	73	1.06
61-90 days	31	.32	43	.72	37	.49	40	.61	48	.67	38	.55
91+ days	341	3.52	275	4.59	304	4.02	325	4.94	339	4.73	313	4.52
<b>Total</b>	<b>9,695</b>		<b>5,993</b>		<b>7,563</b>		<b>6,582</b>		<b>7,164</b>		<b>6,918</b>	

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

Category	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	Oldest Julian Date
Resolutions	107	126	152	161	160	113	14-258
Med.Review	18	2	1	2	0	0	0
TPL	3	0	0	0	0	0	0
Adjustments	0	0	0	0	0	0	0
Recycle	0	0	0	0	0	0	0
DMS	315	273	266	274	305	311	12-184
<b>Total</b>	<b>443</b>	<b>401</b>	<b>419</b>	<b>437</b>	<b>465</b>	<b>424</b>	

## 8 Monthly Third-Party Liability

### 8.1 FFS Third-Party Liability Monthly Activity

Third Party Liability	Begin Inv	Received	Worked	To DMS	Ending Inventory	Oldest Date
PA40-Kames/Eligibles with Other Ins.	1,254	6,289	6,401	0	1,142	7 days
CS40-Child Support	0	439	439	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	376	1,764	1,790	0	350	7 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	64	185	204	0	45	0 days
TPL Checks	8	109	115	0	2	1 days
TPL Mail	690	2,620	2,382	0	928	7 days
KHIPP	0	374	374	0	0	0 days
<b>Total</b>	<b>2,392</b>	<b>11,780</b>	<b>11,705</b>	<b>0</b>	<b>2,467</b>	

## 9 Monthly Finance/Adjustments

### 9.1 Monthly FFS Financial – Accounts Receivable

Category	Beginning Inventory	Received	Keyed	Return to Provider	To DMS	On Hold	Ending Inventory	Age Oldest AR
Accounts Receivable Set-up	1	77	78	0	0	0	0	0 days
Payouts	0	29	29	0	0	0	0	0 days
Accounts Receivable Updates	0	73	73	0	0	0	0	0 days
Accounts Receivable Transfers	0	0	0	0	0	0	0	0 days
<b>Total</b>	<b>1</b>	<b>179</b>	<b>180</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

### 9.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	9	14	14	9	3 days
HP Financial	190	512	459	243	5 days
DMS Financial	35	100	114	21	5 days
<b>Total</b>	<b>234</b>	<b>626</b>	<b>587</b>	<b>273</b>	

### 9.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	92	268	279	81	0	0 days
Institutional	16	111	106	21	0	0 days
Voids	28	361	363	26	0	0 days
<b>Total</b>	<b>136</b>	<b>740</b>	<b>748</b>	<b>128</b>	<b>0</b>	

**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)	582	100	106	34	12	530	530	0
SE Processed Adjustment (region 58)	0	0	0	0	0	0	0	0
Suppl Pymt Mass Adjustment (region 88)	0	0	0	0	0	0	0	0
<b>Total</b>	<b>582</b>	<b>100</b>	<b>106</b>	<b>34</b>	<b>12</b>	<b>530</b>	<b>530</b>	<b>0</b>

## 10 Provider Relations

### 10.1 Provider Field Representatives

#### 10.1.1 Provider Visits

There were no provider visits in April 2015.

### 10.2 Conference Calls (Calls Greater Than 30 Minutes)

#### April 21, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Home Care Health Services Inc. on April 21, 2015. The provider requested a conference call to review claims paid against a prior authorization. Those who attended the conference call were: Laverne.

#### April 22, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Danville Boyle County Senior Citizens Inc. on April 22, 2015. The provider requested a conference call to review denied and suspended claims, timely filing, member waiver and patient liability. Those who attended the conference call were: Debbie Powell.

#### April 28, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Parkview Nursing and Rehabilitation Center on April 28, 2015. The provider requested a conference call to review claim denials, member waiver details, and patient liability. Those who attended the conference call were: Shelley Hines.

### 10.3 Association Meetings

There were no Association meetings in April 2015.

## 10.4 Provider Contacts

Provider Calls	209
Provider E-mails	471
<b>Total</b>	<b>680</b>

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

## 10.5 Provider Workshops

### April 2, 2015

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted Provider Workshop Webinars on April 2, 2015 at 9:30 and 3:00. The Prior Authorization presentation was presented during the 3:00 workshop by Kelly Gregory on behalf of HP Medical Management.

The 9:30 A.M Workshop was for provider group: Community Mental Health. There were 8 providers in attendance.

The 3:00 P.M. Workshop was for provider groups: Physician, ARNP, Podiatry, Physician Assistant, Nurse Midwife, and Nurse Anesthetist. There were 49 providers in attendance.

### April 8, 2015

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted Provider Workshop Webinars on April 8, 2015 at 9:30 and 3:00. The Prior Authorization presentation was presented at both workshops by Kelly Gregory on behalf of HP Medical Management.

The 9:30 A.M Workshop was for provider groups: Home Health, Model Waiver II, and HCBW. There were 15 providers in attendance.

The 3:00 P.M. Workshop was for provider groups: Dental, Primary Care, Rural Health, and EPSDT (dental group includes physician with oral surgery specialty). There were 28 providers in attendance.

## 10.6 Provider Workshops (continued)

### April 9, 2015

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted Provider Workshop Webinars on April 9, 2015 at 9:30 and 3:00. The Prior Authorization presentation was presented during the 3:00 workshop by Kelly Gregory on behalf of HP Medical Management.

The 9:30 A.M Workshop was for provider groups: Ambulatory Surgery, Independent Lab, and Transportation. There were 5 providers in attendance.

The 3:00 P.M. Workshop was for provider groups: Hearing Services, Vision Services, Chiropractic, Radiological Services, DME, Physical Therapy, and Occupational Therapy. There were 30 providers in attendance.

### April 14, 2015

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted Provider Workshop Webinars on April 14, 2015 at 9:30 and 3:00. The Prior Authorization presentation was presented during the 9:30 workshop by Kelly Gregory on behalf of HP Medical Management.

The 9:30 A.M Workshop was for provider groups: Hearing Services, Vision Services, Chiropractic, Radiological Services, DME, Physical Therapy, and Occupational Therapy. There were 50 providers in attendance.

The 3:00 P.M. Workshop was for provider groups: Ambulatory Surgery, Independent Lab, and Transportation. There were 4 providers in attendance.

### April 16, 2015

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted Provider Workshop Webinars on April 16, 2015 at 9:30 and 3:00. The Prior Authorization presentation was presented at both workshops by Kelly Gregory on behalf of HP Medical Management.

The 9:30 A.M Workshop was for provider groups: Dental, Primary Care, Rural Health, and EPSDT (dental group includes physician with oral surgery specialty). There were 36 providers in attendance.

The 3:00 P.M. Workshop was for provider groups: Home Health, Model Waiver II, and Home and Community Based Waiver. There were 20 providers in attendance.

## 10.7 Provider Workshops (continued)

### April 21, 2015

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted Provider Workshop Webinars on April 21, 2015 at 9:30 and 3:00. The Prior Authorization presentation was presented during the 9:30 workshop by Kelly Gregory on behalf of HP Medical Management.

The 9:30 A.M Workshop was for provider groups: Physician, ARNP, Podiatry, Physician Assistant, Nurse Midwife, and Nurse Anesthetist. There were 61 providers in attendance.

The 3:00 P.M. Workshop was for provider group: Community Mental Health. There were 5 providers in attendance.

### April 23, 2015

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted Provider Workshop Webinars on April 23, 2015 at 9:30 and 3:00.

The 9:30 A.M Workshop was for provider groups: Licensed Clinical Social Worker, Psychologist, Private Duty Nursing, Speech Language Pathologist, Occupational Therapist, Physical Therapist, Licensed Professional Clinical Counselor, Licensed Marriage & Family Therapist, Licensed Psychological Practitioner, Licensed Professional Art Therapist, Licensed Behavioral Analyst, Behavioral Health Multi-Specialty Group, Residential Crisis Stabilization Unit, and Behavior Health Services Organization. There were 27 providers in attendance.

The 3:00 P.M. Workshop was for provider groups: Specialized Children Service Clinics, Preventive Health, School Based Services, and Commissions for Children, First Steps, Title V, Targeted Case Management, and HANDS. There were 17 providers in attendance.

### April 28, 2015

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted Provider Workshop Webinars on April 28, 2015 at 9:30 and 3:00.

The 9:30 A.M Workshop was for provider groups: Renal Dialysis, Hospice, and CORF. There were 5 providers in attendance.

The 3:00 P.M. Workshop was for provider groups: Acquired Brain Injury, Adult Day Care, and Supports for Community Living. There were 34 providers in attendance.

### April 29, 2015

Stayce Towles, HP Provider Relations Manager, conducted a webinar with the Kentucky Association of Health Care Facilities billing workgroup on April 29, 2015. There were approximately 30 providers in attendance. The webinar was to discuss ICD-10 transition. Contact: Wayne Johnson.

## 10.8 Provider Workshops (continued)

### April 29, 2015

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted Provider Workshop Webinars on April 29, 2015 at 9:30 and 3:00.

The 9:30 A.M Workshop was for provider groups: ICF/IID/DD Clinic and ICF/IID/DD. There was 1 provider in attendance.

The 3:00 P.M. Workshop was for provider groups: Hospital, Mental Hospital, PRTF, PRTF2, Psychiatric DPU, and Rehabilitation DPU. There were 3 providers in attendance.

### April 30, 2015

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted a Provider Workshop Webinar on April 30, 2015 at 9:30 A.M.

The workshop was for provider group: Nursing Facility. There were 27 providers in attendance.

## 10.9 Provider Services

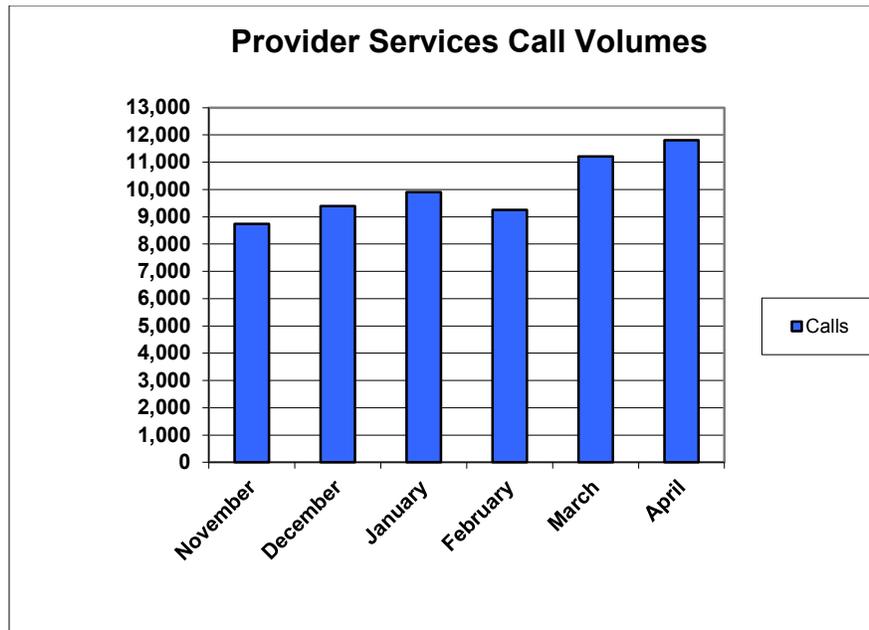
### 10.9.1 Provider Services

Category	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015
% Service Level	95%	95%	94%	96%	96%	94%
Abandoned Calls	418	512	639	358	477	704
Avg Speed Ans	1:34	1:36	1:54	1:11	1:19	1:52
Incoming Calls	8,736	9,390	9,906	9,249	11,214	11,808
Paper Correspondence	507	595	557	621	500	449
E-Mail Correspondence	179	263	307	231	210	213
Fax	2	10	23	27	27	23
<b>Total*</b>	<b>9,424</b>	<b>10,258</b>	<b>10,793</b>	<b>10,128</b>	<b>11,951</b>	<b>12,493</b>
HP Callbacks	84	127	174	114	109	123

\*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.

### 10.6.1 Provider Services (continued)



### 10.9.2 Top 5 Provider Calls

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

### 10.9.3 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.

## 10.10 Commonwealth Training

### 10.10.1 Current Activities

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

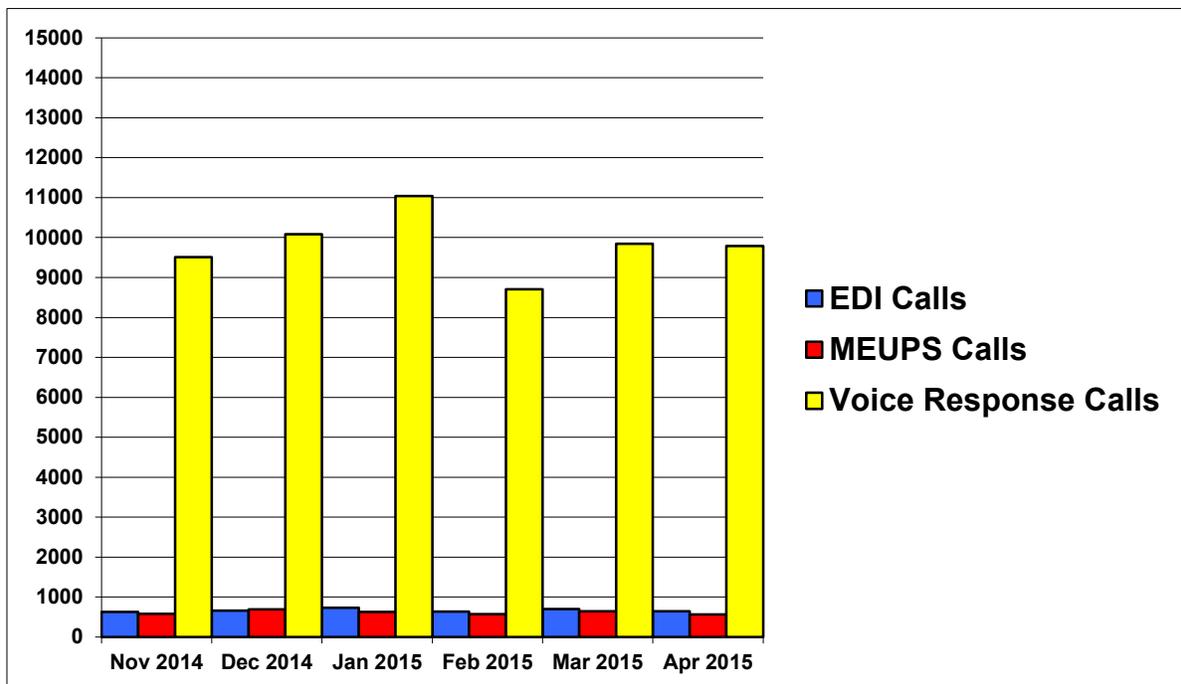
- **Mechanics of Claims Processing** (April 1) 4 attended
  - Paul Kinkade, KYOAG
  - Joe Williams, KYOAG
  - Andrea Schank, Division of Program Integrity
  - Phyllis Wells, Division of Program Integrity
- **Member Subsystem** (April 2) 0 attended
  - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD
- **Provider Subsystem** (April 6) 2 attended
  - Bethany Coffey, Home and Community Based Services
  - Judy Baker, Division of Program Quality & Outcomes
- **Prior Authorization Subsystem** (April 7) 1 attended
  - Bethany Coffey, Home and Community Based Services
- **Reference Subsystem** (April 9) 0 attended
  - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD
- **Claim Subsystem** (April 14) 0 attended
  - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD
- **Claims Edits, Audits and Rules** (April 16) 1 attended
  - Bethany Coffey, Home and Community Based Services
- **Financial Subsystem** (April 20) 2 attended
  - Bethany Coffey, Home and Community Based Services
  - Donna Simpson, Home and Community Based Services
- **OnBase Application** (April 21) 0 attended
  - 1 SCHEDULED FOR THIS CLASS - NO CLASS HELD
- **Special In Depth Training** (April 22) 1 attended
  - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD
- **Encounters** (April 23) 0 attended
  - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD
- **Encounter Reports** (April 23) 0 attended
  - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD

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

## 11 EDI Customer/Provider Interaction

### 11.1 Electronic Data Interchange Calls Received

Category	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015
EDI Calls	630	662	731	639	697	645
MEUPS Calls	580	690	625	572	642	563
Voice Response Calls	9,510	10,080	11,035	8,702	9,842	9,788



### Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
November	630	9	:12	3:01	99%
December	662	20	:17	2:49	97%
January	731	13	:13	2:36	98%
February	639	13	:14	2:56	98%
March	697	13	:14	2:47	98%
April	645	11	:15	2:57	98%

**Expanded Call Data (continued)**

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
November	580	15	:17	2:15	97%
December	690	18	:17	2:06	97%
January	625	13	:18	2:12	98%
February	572	14	:11	2:20	98%
March	642	15	:14	2:12	98%
April	563	10	:20	2:09	98%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
November	9,510	460	:01	1:32	95%
December	10,080	378	:01	1:31	96%
January	11,035	199	:01	1:38	98%
February	8,702	207	:01	1:36	98%
March	9,842	165	:01	1:38	98%
April	9,788	104	:01	1:39	99%

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

**EDI Top 5 calls:**

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

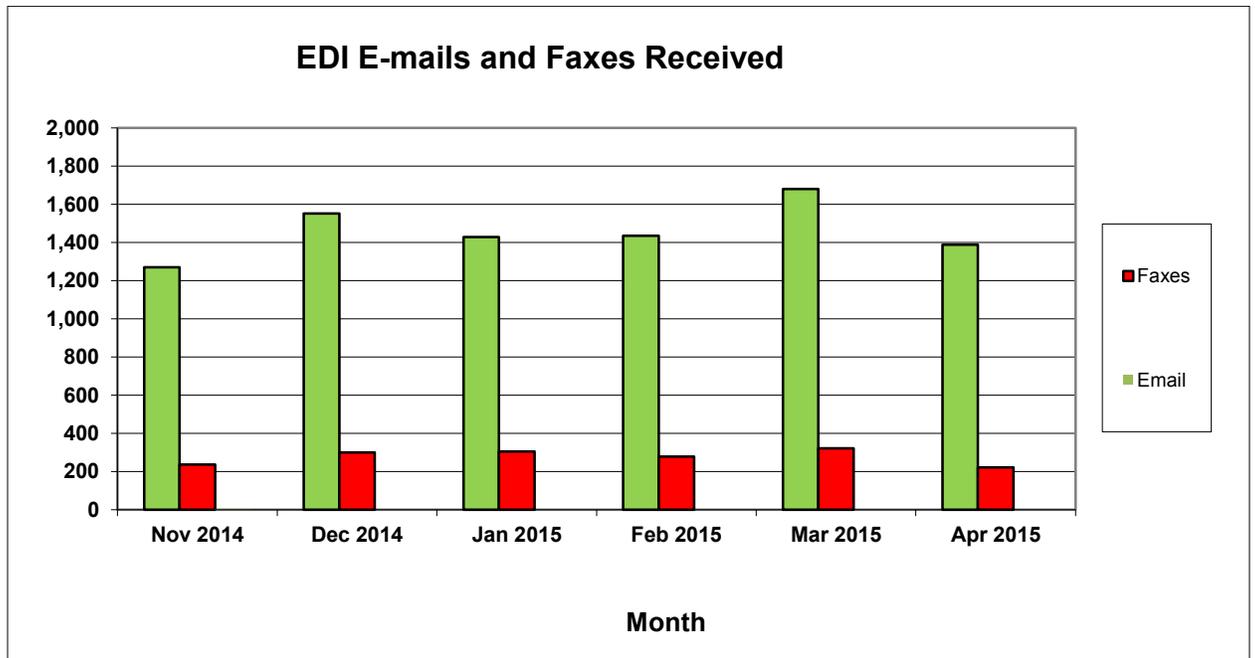
**MEUPS Top 5 calls:**

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

Category	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015
Password Resets Received Via phone	445	511	469	400	405	389

### 11.2 EDI E-mails and Faxes Received

Category	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015
E-mails Received	1,270	1,551	1,429	1,435	1,681	1,388
E-mails Answered	1,267	1,546	1,426	1,431	1,680	1,385
Faxes Received	237	300	304	278	321	222
Faxes Answered	231	298	302	276	317	218



**EDI Top 5 E-mail Requests:**

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

Category	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015
Password Resets Received Via e-mail	314	281	363	324	344	271

**EDI Top 5 Fax Requests:**

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

Category	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015
PINs Received via fax	273	361	158	189	302	140
Admins Received via fax	191	386	150	209	246	226

\*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*

Status Month End May 2015

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

<u>Role:</u>	<u>Name:</u>
Author	Janet Penn
Reviewer	Gregg Currans
HP Enterprise Services Management	Richard DeGise, Account Executive
Client	Commissioner Lisa Lee Deputy Commissioner Neville Wise Medicaid Systems Director Jennifer Harp
DELIVERABLE TITLE: Operational Status Report	DATE SUBMITTED: June 15, 2015
FILE NAME: 2015_05_KY_MMIS_Operational_Status_Report.docx	AUTHORING TOOL: Microsoft Word 2007

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## 1 Executive Summary

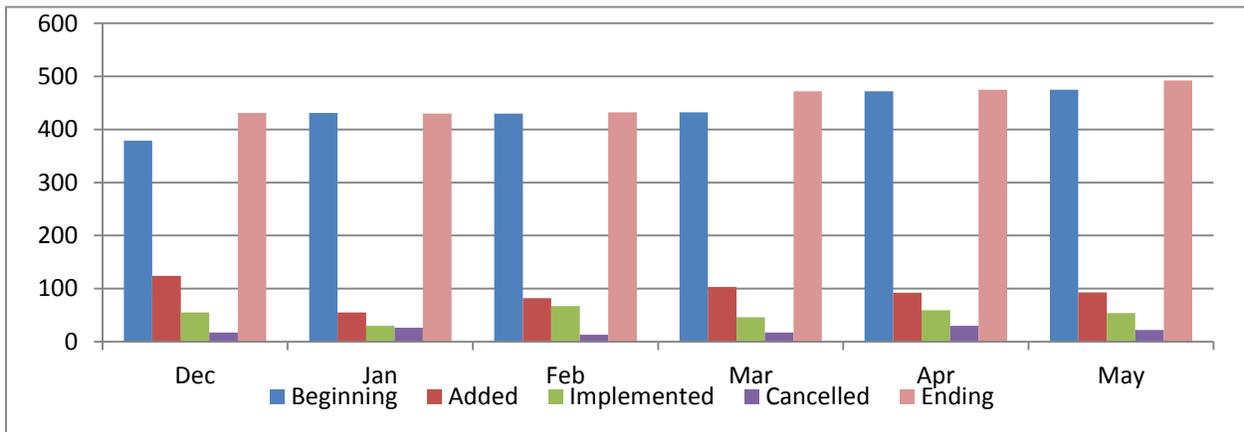
	May	Page Number
Claims Processed	1,086,204	Page 16
Total Dollars Paid	\$226,788,905.99	Page 16
Claims Paid	789,455	Page 16
Claims Denied	296,749	Page 16
% Denied Claims	27.3%	Page 16
Average Claims Held in Cash Management	294,683	N/A
Average Dollars Held in Cash Management	\$46,514,697.68	N/A
Capitation Financial Transactions	2,581,082	N/A
Capitation Financial Payments	\$536,339,601.66	Page 17
Suspended Claims	5,640	Page 23
Total Suspended Claims > 90 Days	320	Page 23
Provider Services Calls Received	10,698	Page 30
Provider Services Current Service Level %	96%	Page 30

### Encounter Load Statistics

<b>Managed Care Organizations (MCOs)</b>						
	<b>December 2014</b>	<b>January 2015</b>	<b>February 2015</b>	<b>March 2015</b>	<b>April 2015</b>	<b>May 2015</b>
Coventry	880,425	2,267,398	820,057	1,277,313	995,480	1,143,959
Humana	299,801	487,360	388,151	383,750	435,455	558,906
Kentucky Spirit	225	508	389	265	76	126
Passport (R03)	605	2,785	159	264	3,069	184
Passport R31	869,089	1,015,441	938,796	919,034	968,177	1,238,273
WellCare	1,580,384	1,388,022	1,786,312	2,084,081	1,724,674	2,704,271
Anthem	170,982	682,412	190,766	284,556	307,088	383,690
<b>Other</b>						
Transportation Encounters	298,183	643,749	875,106	551,480	581,280	210,197
Magellan Pharmacy Claims	284,519	278,828	288,724	248,847	283,886	278,322
<b>Totals</b>	<b>4,384,213</b>	<b>6,766,503</b>	<b>5,288,460</b>	<b>5,749,590</b>	<b>5,299,185</b>	<b>6,517,928</b>

### 1.1 Change Order and Defect Statistics

<b>Change Orders / Defects Inventory</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>
Beginning	379	431	430	432	472	475
Added	124	55	82	103	92	93
Implemented	55	30	67	46	59	54
Cancelled	17	26	13	17	30	22
<b>Ending</b>	<b>431</b>	<b>430</b>	<b>432</b>	<b>472</b>	<b>475</b>	<b>492</b>



## 1.2 Change Order and Defect Statistics (continued)

May 2015	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	199	34	6	1	<b>240</b>	
Federally Mandated	10	0	0	0	<b>10</b>	4 open and 1 on hold are included in the Priority list.
Non-Priority	169	7	66	0	<b>242</b>	
<b>Totals</b>	<b>378</b>	<b>41</b>	<b>72</b>	<b>1</b>	<b>492</b>	

\*The priority list consists of 244 Change Orders & Defects.

May 2015	Change Orders			Defects		
	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	60	32	12	1	1	0
Federally Mandated	2	0	4	0	0	0
Non-Priority	24	10	5	6	11	1
<b>Totals</b>	<b>86</b>	<b>42</b>	<b>21</b>	<b>7</b>	<b>12</b>	<b>1</b>

## 2 Unplanned System Outages

A Breakdown Of The Downtime			
Date	Time	Time	Reason For Downtime
5/26/2015	9:30 am - 5:15 pm	405 minutes	<p>KY MMIS Interchange is not accessible. HP Technical staff are assessing the situation.</p> <p>Root Cause: a malfunctioning network switch was delaying traffic through the switches. This resulted in applications timing out or "erroring" due to unresponsiveness.</p> <p>All devices were moved to a new switch.</p>
5/26/2015	1:30 am - 5:20 pm	225 minutes	<p>Unable to login to KY Provider Portal/KY HealthNet applications. Many logged in users are unaffected. HP Technical staff are assessing the situation.</p> <p>Root Cause: a malfunctioning network switch was delaying traffic through the switches. This resulted in applications timing out or "erroring" due to unresponsiveness.</p> <p>All devices were moved to a new switch.</p>

## Billable Hours

**2.1 Billable Hours Usage Summary (Contract Year 2015)**

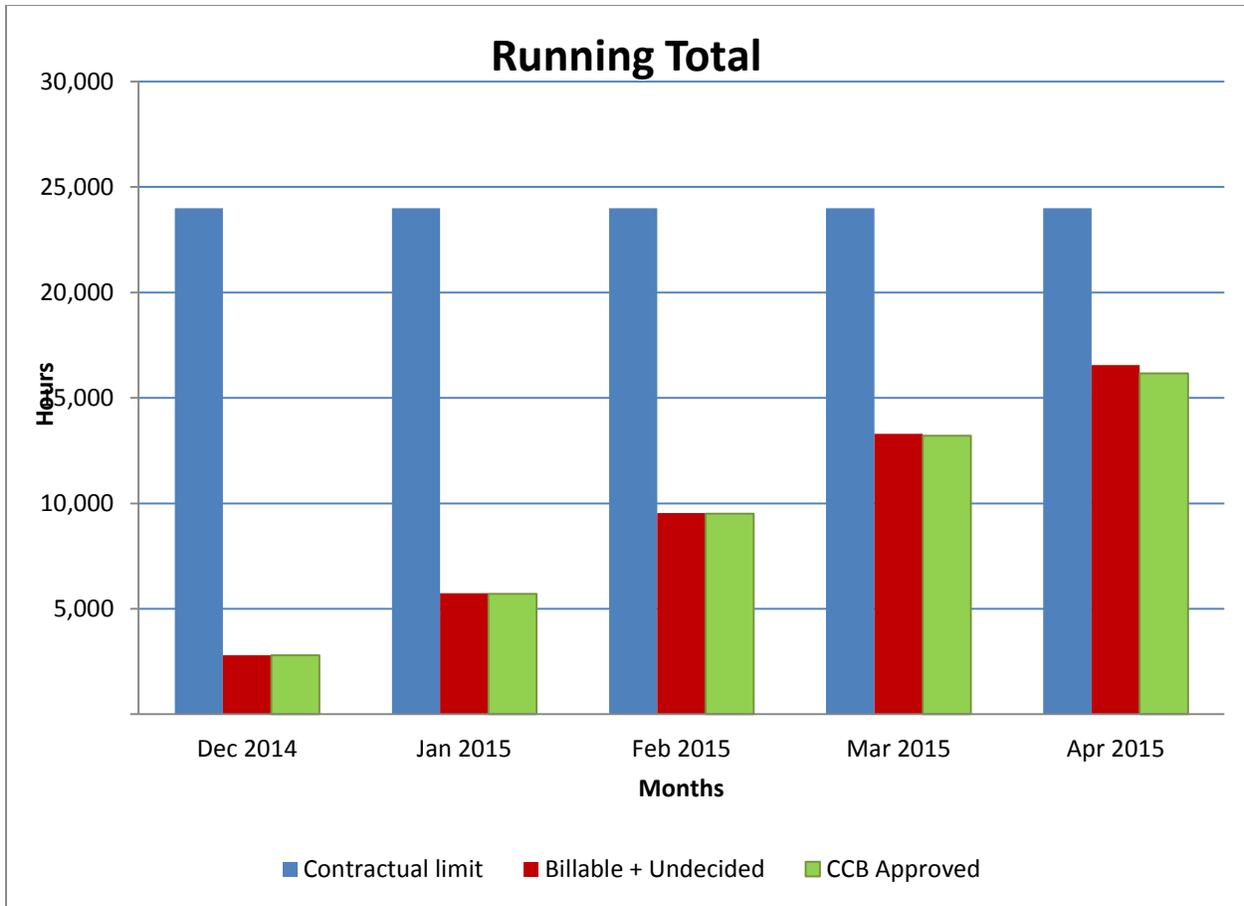
Month	Billable	Undecided	CCB Approved	Need CCB Review
Dec 2014	2,799.25	2.25	2,799.25	<b>2.25</b>
Jan 2015	2,913.50	21.25	2,913.50	<b>21.25</b>
Feb 2015	3,802.00	8.00	3,801.00	<b>9.00</b>
Mar 2015	3,690.50	65.75	3,690.50	<b>65.75</b>
Apr 2015	2,960.50	286.50	2,953.00	<b>294.00</b>
May 2015				
Jun 2015				
Jul 2015				
Aug 2015				
Sep 2015				
Oct 2015				
Nov 2015				

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

**2.2 Running Total (Contract Year 2015)**

Month	Contractual limit	Billable + Undecided	CCB Approved	Billable	Undecided	Need CCB Review
Dec 2014	24,000.00	2,801.50	2,799.25	2,799.25	2.25	<b>2.25</b>
Jan 2015	24,000.00	5,736.25	5,712.75	5,712.75	23.50	<b>23.50</b>
Feb 2015	24,000.00	9,546.25	9,513.75	9,514.75	31.50	<b>32.50</b>
Mar 2015	24,000.00	13,302.50	13,204.25	13,205.25	97.25	<b>98.25</b>
Apr 2015	24,000.00	16,549.50	16,157.25	16,165.75	383.75	<b>392.25</b>
May 2015	24,000.00					
Jun 2015	24,000.00					
Jul 2015	24,000.00					
Aug 2015	24,000.00					
Sep 2015	24,000.00					
Oct 2015	24,000.00					
Nov 2015	24,000.00					

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



### 3 Monthly Ad hoc Requests

#### 3.1 Inventory Summary

	Beginning of Month	Received This Month	Closed This Month	DMS Hold	Ending Inventory
Type A	0	0	0	0	0
Type B	0	0	0	0	0
Type C	2	15	17	0	0
Type D	0	0	0	0	0
Type E	0	0	0	0	0
Unspecified	0	1	1	1	0
<b>Total</b>	<b>2</b>	<b>16</b>	<b>18</b>	<b>1</b>	<b>0</b>

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

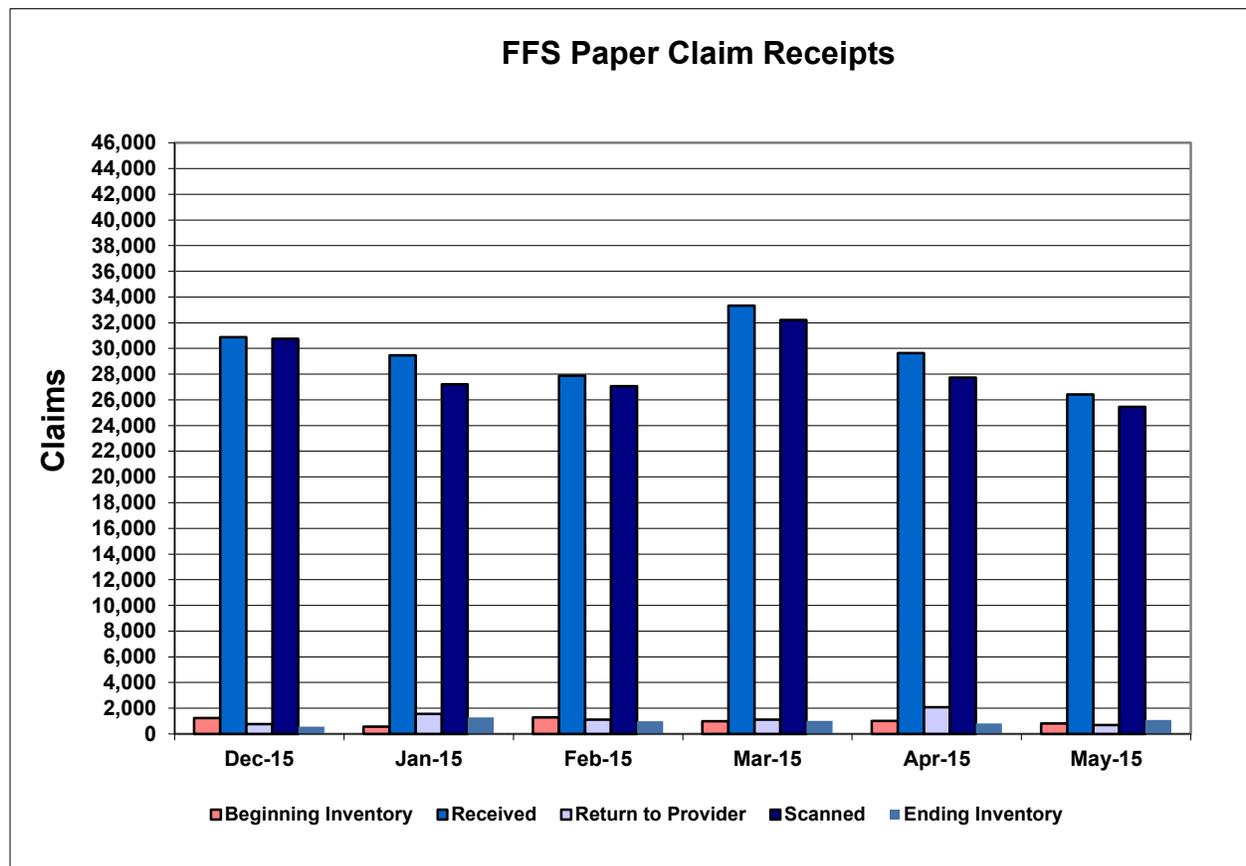
CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
24561		Anglin, Carrie	On Hold	20150409		FFS Reports without MCO data
24697	C	Senters, Lucy	Completed	20150428	20150504	Calendar Year 2014 Vaccine Monthly Member Count
24729	C	Smith, Toby	Completed	20150430	20150501	Medicaid FFS Pinnacle Claims 7100320220

24732	C	Moccia, Don	Completed	20150504	20150507	MCO Risk Adjusted Rates Effective 7/1/2015
24749	C	Keeling, Michelle	Completed	20150505	20150507	Bailey
24768	C	Keeling, Michelle	Completed	20150507	20150508	Medi Home Care
24769	C	Keeling, Michelle	Completed	20150507	20150508	J N Sauer
24770	C	Keeling, Michelle	Completed	20150507	20150508	JA Chaney
24775		Rhodes, Evette	Cancelled	20150511		Member first name/last name/member id/SSN mismatch
24804	C	Smith, Toby	Completed	20150512	20150513	DMS monthly paid amount Premiertox & Nexus 2.0
24857	C	Keeling, Michelle	Completed	20150519	20150521	Kings Daughter
24861	C	Keeling, Michelle	Completed	20150519	20150520	ReRun 23755
24872	C	Keeling, Michelle	Completed	20150521	20150522	Waiver Owners
24879	C	Bentley, Tracy	Completed	20150526	20150527	Blessed Assurance 17000621 - 09/01/2014 - 03/31/20

24891	C	Bechtel, Steve	Completed	20150528	20150529	Expenditures paid since 7/1/14
24896	C	Bentley, Tracy	Completed	20150529	20150529	River Valley 17010307
24897	C	Bentley, Tracy	Completed	20150529	20150529	Applied Behavior Advancements 7100173960
24899	C	Bentley, Tracy	Completed	20150529	20150529	Bluegrass Case Mgmt 710028180
24900	C	Bentley, Tracy	Completed	20150529	20150529	Communicare 1701047120

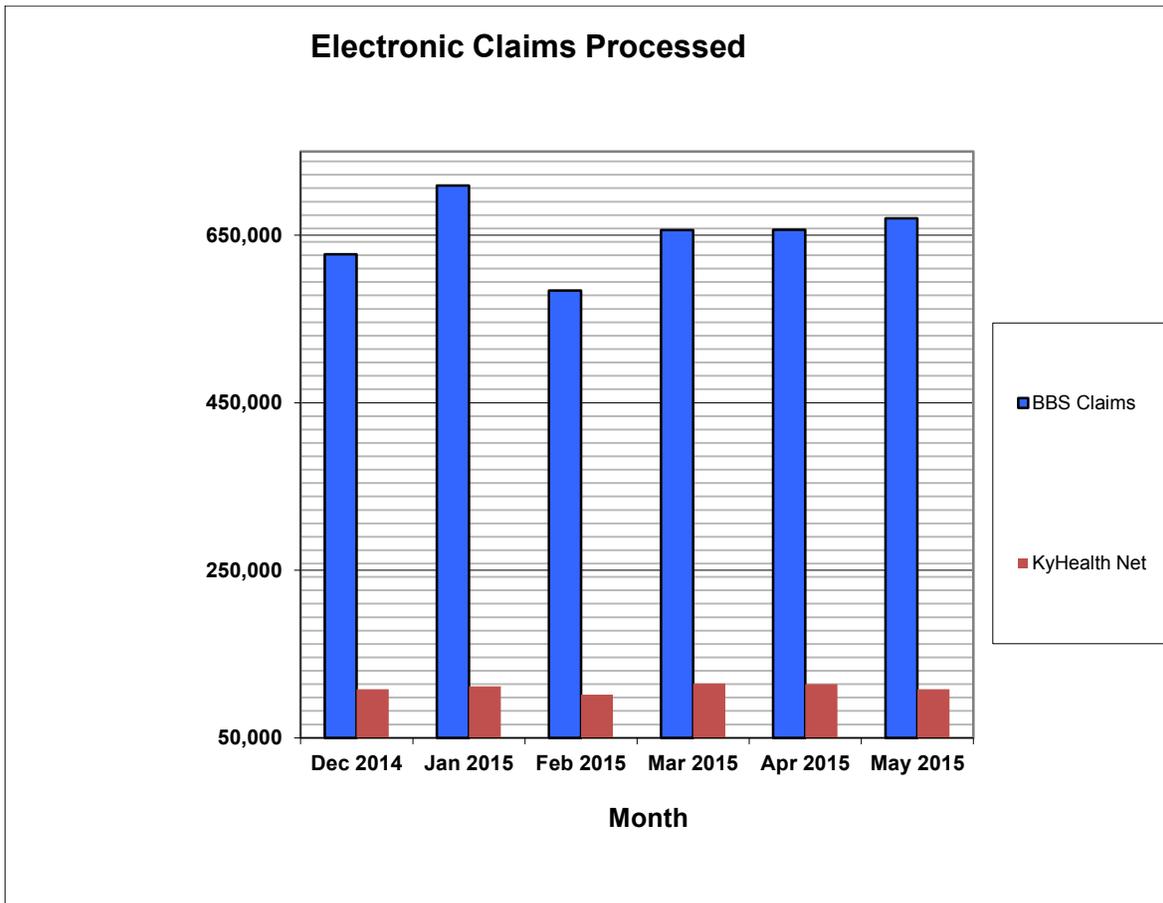
### 4 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
December 2014	1,228	30,873	759	30,766	576	0 days
January 2015	576	29,476	1,560	27,209	1,283	0 days
February 2015	1,283	27,873	1,107	27,070	979	0 days
March 2015	979	33,336	1,108	32,208	999	0 days
April 2015	999	29,643	2,080	27,741	821	0 days
May 2015	821	26,416	694	25,459	1,084	0 days



## 5 Electronic Claims Processed

	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015
<b>Bulletin Board System Claims Processed</b>	627,273	709,299	583,914	656,125	656,329	669,921
<b>Kentucky HealthNet Claims Processed</b>	108,172	111,422	101,715	114,785	114,169	107,916



## 6 Monthly FFS Claim Totals by Media

Begin Date	End Date
5/1/2015	5/31/2015

TOTAL	Denied Claims	Paid Claims		Suspense Claims
	Billed Amount	Billed Amount	Paid Amount	Billed Amount
Electronic	\$298,660,265.33	\$615,471,631.22	\$195,151,853.60	\$9,965,537.86
Paper	\$52,633,364.22	\$41,295,661.71	\$31,637,052.39	\$4,491,445.07
<b>TOTAL:</b>	<b>\$351,293,629.55</b>	<b>\$656,767,292.93</b>	<b>\$226,788,905.99</b>	<b>\$11,456,982.93</b>

## 7 Monthly Claims Operations

### 7.1 FFS Monthly Financial Cycle Summary

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
<b>Total Adjudicated Claims</b>	<b>798,509</b>	<b>951,867</b>	<b>884,895</b>	<b>823,785</b>	<b>861,738</b>	<b>1,086,204</b>
Adjustments	13,319	16,393	17,785	41,680	30,390	27,948
<b>Total Claims</b>	<b>811,828</b>	<b>968,260</b>	<b>902,680</b>	<b>865,465</b>	<b>992,128</b>	<b>1,114,152</b>
Suspended/Re-suspended Claims	5,993	7,563	6,582	7,164	6,918	5,640
<b>% of Denied Claims</b>	<b>26.1%</b>	<b>29.2%</b>	<b>25.8%</b>	<b>27.2%</b>	<b>27.5%</b>	<b>27.3%</b>
<b>Avg \$ per Claim</b>	<b>\$330.11</b>	<b>\$329.63</b>	<b>\$305.69</b>	<b>\$323.70</b>	<b>\$318.16</b>	<b>\$287.27</b>
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
<b>Check Issue</b>	<b>\$193,139,992.37</b>	<b>\$220,502,353.15</b>	<b>\$199,806,185.58</b>	<b>\$196,701,143.06</b>	<b>\$218,667,654.54</b>	<b>\$237,923,983.77</b>
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
<b>Total Paid</b>	<b>\$769,834,950.97</b>	<b>\$813,957,516.47</b>	<b>\$800,347,109.85</b>	<b>\$805,804,136.70</b>	<b>\$813,698,767.47</b>	<b>\$774,263,585.43</b>

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

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

Category	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014
Paid Claims	459,040	531,560	461,048	468,663	478,263	613,804
Denied Claims	212,996	283,172	230,046	246,006	239,368	299,193
<b>Total Adjudicated Claims</b>	<b>672,036</b>	<b>814,732</b>	<b>691,094</b>	<b>714,669</b>	<b>717,631</b>	<b>912,997</b>
Adjustments/Claim Credits	10,104	11,770	12,573	12,022	12,154	13,953
<b>Total Claims</b>	<b>682,140</b>	<b>826,502</b>	<b>703,667</b>	<b>726,691</b>	<b>729,785</b>	<b>926,950</b>
Suspended/Resuspended Claims	11,094	8,907	12,023	9,859	12,268	13,623
<b>% of Denied Claims</b>	<b>31.7%</b>	<b>34.8%</b>	<b>33.3%</b>	<b>34.4%</b>	<b>33.4%</b>	<b>32.8%</b>
<b>Avg \$ per Claim</b>	<b>\$406.61</b>	<b>\$396.79</b>	<b>\$420.73</b>	<b>\$388.96</b>	<b>\$378.95</b>	<b>\$350.61</b>
Claim Payment Amount	\$186,650,101.31	\$210,919,296.23	\$193,977,077.58	\$182,291,626.77	\$181,239,101.09	\$215,204,430.82
(+) Payouts	\$48,295,830.15	\$5,634,150.15	\$1,556,172.01	\$1,792,372.36	\$704,261.22	\$48,578,167.25
(-) Recoupments	-\$3,143,502.06	-\$5,181,714.36	-\$3,562,145.03	-\$4,784,462.67	-\$3,142,111.84	-\$3,117,382.62
<b>Check Issue</b>	<b>\$231,802,429.40</b>	<b>\$211,371,732.02</b>	<b>\$191,971,104.56</b>	<b>\$179,299,536.46</b>	<b>\$178,801,250.47</b>	<b>\$260,665,215.45</b>
Capitation Payment	\$340,218,916.61	\$404,400,954.77	\$449,829,328.82	\$7,272,586.55	\$992,193,826.21	\$505,391,986.27
<b>Total Paid</b>	<b>\$572,021,346.01</b>	<b>\$615,772,686.79</b>	<b>\$641,800,433.38</b>	<b>\$186,572,123.01</b>	<b>\$1,170,995,076.68</b>	<b>\$766,057,201.72</b>

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
5/1/2015	5/31/2015

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
ANTHEM	66,689	\$36,522,393.04	20,537	\$1,351,353.93	87,226	\$37,873,746.97
COVENTRY	278,719	\$114,723,510.43	61,556	-\$2,749,942.21	340,275	\$111,973,568.22
HUMANA	108,147	\$58,027,126.74	32,863	\$1,548,206.87	141,010	\$59,575,333.61
KENTUCKY SPIRIT						
NEMT	1,178,132	\$8,506,776.08	46,524	\$165,449.99	1,224,656	\$8,672,226.07
PASSPORT (Region 3)	239,001	\$124,376,699.45	56,472	\$1,342,439.56	295,473	\$125,719,139.01
WELLCARE	406,323	\$195,651,531.46	85,381	-\$3,125,943.68	491,704	\$192,525,587.78
<b>Sum:</b>	<b>2,277,011</b>	<b>\$537,808,037.20</b>	<b>304,071</b>	<b>-\$1,527,952.69</b>	<b>2,581,082</b>	<b>\$536,339,601.66</b>

**7.2 Monthly MCO & NEMT Capitations (continued)**

<b>NEMT</b>	<b>Cap Transactions</b>	<b>Amount Paid</b>
AUDUBON AREA COMMUNITY SERVICES INC/GRITS	49,638	\$377,022.94
PENNYRILE ALLIED COMSERVICES, INC	55,712	\$342,038.60
AUDUBON AREA COMM SRVC	57,516	\$367,756.13
LKLP CAC INC REGION 5	3	-\$23.70
L.K.L.P. C.A.C., INC REGION 4	65,430	\$422,775.60
LKLP CAC INC REGION 5	96,569	\$949,986.66
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	233,062	\$1,855,861.85
BLUE GRASS COMMUNITY ACTION AGENCY INC	79,757	\$439,571.74
LKLP CAC INC REGION 9	92,628	\$555,405.60
FEDERATED TRANSPORTATION SVS OF THE BLUE	63,001	\$427,511.73
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	65,914	\$394,778.95
RURAL TRANSIT ENTERPRISES	131,811	\$1,075,789.20
LKLP COMMUNITY ACTION	88,039	\$609,697.54
SANDY VALLEY TRANSPORTATION	63,008	\$431,239.05
LKLP CAC INC REGION 15	63,119	\$314,408.30
LKLP COMMUNITY ACTION	4	-\$22.24
LICKING VALLEY COMMUNITY ACTION PROGRAM INC	19,445	\$108,428.12
<b>TOTAL</b>	<b>1,224,656</b>	<b>\$8,672,226.07</b>

### 7.3 FFS Adjudicated Original Claims (By Claim)

Begin Date	End Date
5/1/2015	5/31/2015

Paper Claims	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015
Paid	7,628	8,576	7,421	7,994	8,486	9,829
Denied	10,900	13,844	10,239	12,524	11,433	13,816
<b>Total</b>	<b>18,528</b>	<b>22,420</b>	<b>17,660</b>	<b>20,518</b>	<b>19,919</b>	<b>23,645</b>
% of Total Adjudicated Claims	2.32%	2.36%	2.00%	2.49%	2.31%	2.18%
% of Paper Denied Claims	58.83%	61.75%	57.98%	61.04%	57.40%	58.43%

**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 2014	January 2015	February 2015	March 2015	April 2015	May 2015
Paid	582,580	665,258	649,057	591,849	616,480	779,626
Denied	197,401	264,189	218,178	211,418	225,339	280,933
<b>Total</b>	<b>779,981</b>	<b>929,447</b>	<b>867,235</b>	<b>803,267</b>	<b>841,819</b>	<b>1,060,559</b>
% of Total Adjudicated Claims	97.68%	97.64%	98.00%	97.51%	97.69%	97.82%
% of Electronic Denied Claims	25.31%	28.42%	25.16%	26.32%	26.77%	26.49%

**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
05/01/2015	05/31/2015

Procedure	Description	Member Count	Claim Count	Amount Paid
T2016	HABIL RES WAIVER PER DIEM	3,801	45,031	\$25,317,650.26
S5108	HOMECARE TRAIN PT 15 MIN	9,091	53,310	\$21,427,259.90
T1015	CLINIC SERVICE	106,588	175,189	\$11,399,099.92
T2021	DAY HABIL WAIVER PER 15 MIN	4,957	50,070	\$7,734,808.17
99199	SPECIAL SERVICE/PROC/REPORT	8,616	15,478	\$7,666,924.43
S5100	ADULT DAYCARE SERVICES 15MIN	3,169	35,990	\$5,623,031.74
T2022	CASE MANAGEMENT, PER MONTH	15,114	19,793	\$5,286,187.73
H0004	ALCOHOL AND/OR DRUG SERVICES	3,612	12,571	\$4,008,682.07
97535	SELF CARE MNGMENT TRAINING	2,034	10,116	\$2,682,530.13
T2023	TARGETED CASE MGMT PER MONTH	7,413	8,669	\$2,553,457.60

#### 7.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
317	MILD INTELLECT DISABILTY	5,056	45,661	\$17,904,782.18
V5789	REHABILITATION PROC NEC	1,242	2,319	\$10,046,410.38
3180	MOD INTELLECT DISABILITY	3,169	33,052	\$9,613,631.01
3128	OTHER CONDUCT DISTURBANCE	4,101	4,253	\$7,293,299.58
3310	ALZHEIMER'S DISEASE	1,812	3,566	\$6,906,442.05
3182	PROFND INTELLCT DISABLTY	544	5,489	\$6,057,436.73
29900	AUTISTIC DISORD-CURRENT	2,575	23,497	\$6,027,471.26
318	OTHER MENTAL RETARDATION	2,848	15,822	\$5,841,479.06
496	CHR AIRWAY OBSTRUCT NEC	6,072	13,122	\$5,249,387.41
319	INTELLECT DISABILITY NOS	1,487	15,409	\$5,010,641.08

## 7.6 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
5/1/2015	5/31/2015

Procedure	Description	Member Count	Claim Count	Amount Paid
99213	OFFICE/OUTPATIENT VISIT EST	269,443	416,434	\$17,521,507.41
99214	OFFICE/OUTPATIENT VISIT EST	113,535	168,565	\$9,623,597.02
99284	EMERGENCY DEPT VISIT	58,900	72,820	\$9,421,028.10
99283	EMERGENCY DEPT VISIT	72,468	90,455	\$7,247,437.91
90837	PSYTX PT&FAMILY 60 MINUTES	25,724	53,795	\$6,327,037.69
99285	EMERGENCY DEPT VISIT	30,520	37,587	\$6,121,085.48
T2022	CASE MANAGEMENT, PER MONTH	9,983	17,531	\$4,930,252.55
A0120	NONER TRANSPORT MINI-BUS	11,067	179,038	\$3,269,831.39
G0431	DRUG SCREEN MULTIPLE CLASS	22,330	34,345	\$3,176,840.22
A0100	NONEMERGENCY TRANSPORT TAXI	7,957	166,586	\$3,151,634.26

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

## 7.7 Monthly MCO Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
31401	ATTN DEFICIT W HYPERACT	20,862	61,879	\$6,123,820.42
V3000	SINGLE LB IN-HOSP W/O CS	4,029	5,403	\$5,845,695.25
0389	SEPTICEMIA NOS	1,127	1,883	\$5,649,341.11
V3001	SINGLE LB IN-HOSP W CS	2,120	2,902	\$5,422,825.27
29690	EPISODIC MOOD DISORD NOS	8,451	20,265	\$4,882,112.53
78650	CHEST PAIN NOS	22,257	33,884	\$4,188,704.36
V202	ROUTIN CHILD HEALTH EXAM	42,375	46,943	\$4,139,751.57
V5811	ANTINEOPLASTIC CHEMO ENC	813	1,530	\$4,006,323.06
65421	PREV C-DELIVERY-DELIVRD	1,294	1,755	\$3,678,807.74
311	DEPRESSIVE DISORDER NEC	11,891	23,074	\$3,331,638.76

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	18,103	15.8%
1010	Rendering Provider Not A Mem Of Billing Grp	17,581	15.3%
3304	Employer ID Missing or Invalid	13,664	11.9%
3317	This Service was not Approved by Medicare	11,410	9.9%
2017	Services Covered Under Member's MCO Plan	10,448	9.1%
5001	Exact Duplicate	9,933	8.7%
4804	No Contract for Billed Rev Code	9,193	7.9%
268	Billed Amount Missing	8,279	8.0%
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	8,266	7.2%
1036	Rendering Prov Type/Claim Type Invalid	7,856	6.8%
<b>Totals</b>		<b>114,733</b>	<b>61.6%</b>

Total Denied Details – 186,311

Note: Total # of top ten denials (114,733) divided by total denied details (186,311) = % of top ten denials (61.6%)

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

Error	Description	Number of Failures	% of Top Ten
4405	Unable to Assign Provider Contract	3,459	38.3%
2001	Member ID Number not on File Recycle	1,940	21.5%
3305	Member Requires Valid PT Liability for DOS	1,515	16.8%
3001	PA Not Found on Database	430	4.8%
5001	Exact Duplicate	425	4.7%
1046	Facility Provider is not Eligible	317	3.5%
4014	No Pricing Segment on File	266	2.9%
1047	Billing Provider is not Eligible	264	2.9%
2505	Member Covered by Private Insurance	231	2.6%
2503	Member Covered by Medicare B	175	1.9%
<b>Totals</b>		<b>9,022</b>	<b>78.3%</b>

Total Suspended Details – 11,519

Note: Total # of top ten failures (9,022) divided by total suspended details (11,519) = % of top ten suspense (78.3%)

**7.9 FFS Suspended Original Claims by Age (By Claim)**

Category	December 2014		January 2015		February 2015		March 2015		April 2015		May 2015	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	5,592	93.31	7,144	94.46	6,145	9,336	6,699	93.51	6,494	93.87	5,211	92.39
31-60 days	83	1.38	78	1.03	72	1.09	78	1.09	73	1.06	50	.89
61-90 days	43	.72	37	.49	40	.61	48	.67	38	.55	59	1.05
91+ days	275	4.59	304	4.02	325	4.94	339	4.73	313	4.52	320	5.67
<b>Total</b>	<b>5,993</b>		<b>7,563</b>		<b>6,582</b>		<b>7,164</b>		<b>6,918</b>		<b>5,640</b>	

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

Category	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	Oldest Julian Date
Resolutions	126	152	161	160	113	88	14-302
Med.Review	2	1	2	0	0	8	0
TPL	0	0	0	0	0	0	0
Adjustments	0	0	0	0	0	0	0
Recycle	0	0	0	0	0	0	0
DMS	273	266	274	305	311	333	12-184
<b>Total</b>	<b>401</b>	<b>419</b>	<b>437</b>	<b>465</b>	<b>424</b>	<b>429</b>	

## 8 Monthly Third-Party Liability

### 8.1 FFS Third-Party Liability Monthly Activity

Third Party Liability	Begin Inv	Received	Worked	To DMS	Ending Inventory	Oldest Date
PA40-Kames/Eligibles with Other Ins.	1,142	6,424	6,314	0	1,252	5 days
CS40-Child Support	0	499	499	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	350	2,007	2,124	0	233	8 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	45	210	162	0	93	0 days
TPL Checks	2	139	131	0	10	1 days
TPL Mail	928	4,004	4,023	0	909	9 days
KHIPP	0	483	483	0	0	0 days
<b>Total</b>	<b>2,467</b>	<b>13,766</b>	<b>13,736</b>	<b>0</b>	<b>2,497</b>	

## 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	122	121	0	1	0	0	0 days
Payouts	0	83	83	0	0	0	0	0 days
Accounts Receivable Updates	0	184	184	0	0	0	0	0 days
Accounts Receivable Transfers	0	0	0	0	0	0	0	0 days
<b>Total</b>	<b>0</b>	<b>389</b>	<b>388</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	

### 9.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	9	4	4	9	1 day
HP Financial	243	583	616	210	4 days
DMS Financial	21	205	157	69	1 day
<b>Total</b>	<b>273</b>	<b>792</b>	<b>777</b>	<b>288</b>	

### 9.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	0	207	156	26	25	1 day
Institutional	0	134	94	21	19	1 day
Voids	0	407	314	31	62	1 day
<b>Total</b>	<b>0</b>	<b>748</b>	<b>564</b>	<b>78</b>	<b>106</b>	

**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)	530	152	108	16	53	505	505	0
SE Processed Adjustment (region 58)	0	0	0	0	0	0	0	0
Suppl Pymt Mass Adjustment (region 88)	0	0	0	0	0	0	0	0
<b>Total</b>	<b>530</b>	<b>152</b>	<b>108</b>	<b>16</b>	<b>53</b>	<b>505</b>	<b>505</b>	<b>0</b>

## 10 Provider Relations

### 10.1 Provider Field Representatives

#### 10.1.1 Provider Visits

May 7, 2015

Kelly Gregory, HP Provider Field Representative, conducted a virtual webinar visit with Reed H. Jarvis, Optometrist on May 7, 2015. The provider requested a virtual room visit to review navigating KYHealth Net. During the visit we reviewed the Member, Claims and RA panels. We also reviewed KYMMIS and CHFS.KY.GOV websites. Those who attended the virtual room visit were: Jennifer Revell and Christa Cole.

### 10.2 Conference Calls (Calls Greater Than 30 Minutes)

May 4, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Southeast Kentucky Audiology Services on May 4, 2015. The provider requested a conference call to review claim denials for Medicaid secondary claims and how Medicaid pays based on benefit program codes when Medicare is primary. Those who attended the conference call were: Dr. Angela Morris.

May 7, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Superior Independent Case Management on May 7, 2015. The provider requested a conference call to review claims paid against a Prior Authorization. Those who attended the conference call were: Ginger Schmidt.

May 15, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Southeast Kentucky Audiology Services on May 15, 2015. The provider requested a conference call to review how Medicaid pays based on benefit program codes when Medicare is primary. Those who attended the conference call were: Angie, Assistant to Dr. Morris.

### **10.3 Conference Calls**

#### **(Calls Greater Than 30 Minutes)**

##### May 15, 2015

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Lynn Occupational Therapy on May 15, 2015. The provider requested a conference call to demonstrate how to utilize the Member Eligibility Verification panel, Claims Inquiry panel, Claims Submission Professional functions of the KYHealth Net web portal. Those who attended the conference call were: Deidra and Dale.

##### May 15, 2015

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Wendell Foster's Campus For Developmental Disabilities on May 15, 2015. The provider requested a conference call to discuss upcoming changes from EPSDT to state plan coverages. Those who attended the conference call were: Annette Owens, Kelly, Kay, Cathy and Vicki.

##### May 19, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Oak Tree Hospital at Baptist Regional Medical on May 19, 2015. The provider requested a conference call to review denied claims. Those who attended the conference call were: Gae

##### May 27, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Tri-Generations - Louisville on May 27, 2015. The provider requested a conference call to review Patient Liability deductions and claims. Those who attended the conference call were: Suzanne

### **10.4 Association Meetings**

There were no Association meetings in May 2015.

## 10.5 Provider Contacts

Provider Calls	189
Provider E-mails	378
<b>Total</b>	<b>567</b>

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

## 10.6 Provider Workshops

### May 6, 2015

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted a Provider Workshop Webinar on May 6, 2015 at 3:00.

The Workshop was for provider groups: Nursing Facility. There were 14 providers in attendance.

### May 20, 2015

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted a Provider make-up Workshop Webinar on May 20, 2015 at 3:00.

The make-up Workshop was for all provider groups who bill on CMS 1500. There were 2 providers in attendance.

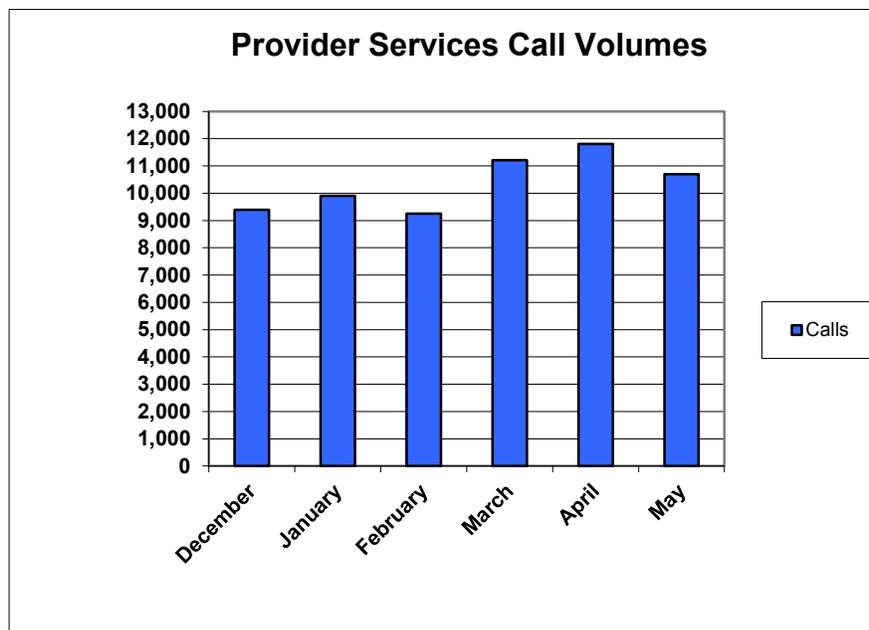
## 10.7 Provider Services

### 10.7.1 Provider Services

Category	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015
% Service Level	95%	94%	96%	96%	94%	96%
Abandoned Calls	512	639	358	477	704	475
Avg Speed Ans	1:36	1:54	1:11	1:19	1:52	1:56
Incoming Calls	9,390	9,906	9,249	11,214	11,808	10,698
Paper Correspondence	595	557	621	500	449	327
E-Mail Correspondence	263	307	231	210	213	207
Fax	10	23	27	27	23	13
<b>Total*</b>	<b>10,258</b>	<b>10,793</b>	<b>10,128</b>	<b>11,951</b>	<b>12,493</b>	<b>11,245</b>
HP Callbacks	127	174	114	109	123	160

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

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



**10.7.2** Top 5 Provider Calls

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

**10.7.3** Notable Topics

1. Reason for claim denial or suspended. How to get the MCO to void the claim in order for Medicaid to process the claim?
2. Which MCO the member has & 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.

## 10.8 Commonwealth Training

### 10.8.1 Current Activities

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

- **Mechanics of Claims Processing** (May 4) 1 attended
  - Eddie Newsome, Benefits Policy Branch
- **Member Subsystem** (May 5) 2 attended
  - Eddie Newsome, Benefits Policy Branch
  - Judy Baker, Division of Program Quality & Outcomes
- **Provider Subsystem** (May 7) 2 attended
  - Eddie Newsome, Benefits Policy Branch
  - Joe Williams, KYOAG
- **Prior Authorization Subsystem** (May 11) 1 attended
  - Eddie Newsome, Benefits Policy Branch

## 10.9 Commonwealth Training (continued)

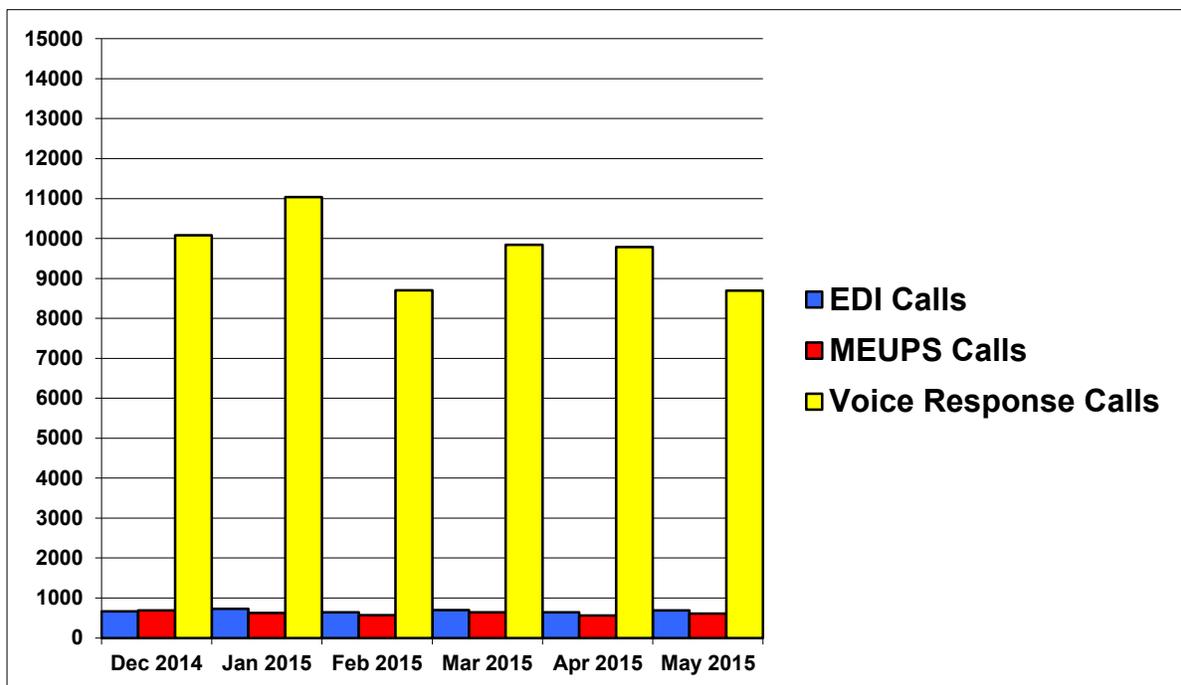
- **Reference Subsystem** (May 12) 1 attended
  - Eddie Newsome, Benefits Policy Branch
- **Claim Subsystem** (May 14) 2 attended
  - Judy Baker, Division of Program Quality & Outcomes
  - Eddie Newsome, Benefits Policy Branch
- **Claims Edits, Audits and Rules** (May 18) 0 attended
  - NO ONE SCHEDULED FOR THIS CLASS – NO CLASS HELD
- **Financial Subsystem** (May 19) 0 attended
  - NO ONE SCHEDULED FOR THIS CLASS – NO CLASS HELD
- **OnBase Application** (May 21) 2 attended
  - Bethany Coffey, Division of Home and Community Based Services
  - Eddie Newsome, Benefits Policy Branch
- **Special In Depth Training** (May 26) 0 attended
  - NO ONE SCHEDULED FOR THIS CLASS -- NO CLASS HELD
- **Encounters** (May 28) 0 attended
  - NO ONE SCHEDULED FOR THIS CLASS -- NO CLASS HELD
- **Encounter Reports** (May 28) 0 attended
  - NO ONE SCHEDULED FOR THIS CLASS -- NO CLASS HELD

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

## 11 EDI Customer/Provider Interaction

### 11.1 Electronic Data Interchange Calls Received

Category	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015
EDI Calls	662	731	639	697	645	693
MEUPS Calls	690	625	572	642	563	613
Voice Response Calls	10,080	11,035	8,702	9,842	9,788	8,698



### Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
December	662	20	:17	2:49	97%
January	731	13	:13	2:36	98%
February	639	13	:14	2:56	98%
March	697	13	:14	2:47	98%
April	645	11	:15	2:57	98%
May	693	11	:16	3:00	98%

**Expanded Call Data (continued)**

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
December	690	18	:17	2:06	97%
January	625	13	:18	2:12	98%
February	572	14	:11	2:20	98%
March	642	15	:14	2:12	98%
April	563	10	:20	2:09	98%
May	613	17	:16	2:05	97%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
December	10,080	378	:01	1:31	96%
January	11,035	199	:01	1:38	98%
February	8,702	207	:01	1:36	98%
March	9,842	165	:01	1:38	98%
April	9,788	104	:01	1:39	99%
May	8,698	118	:01	1:40	98%

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

**EDI Top 5 calls:**

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

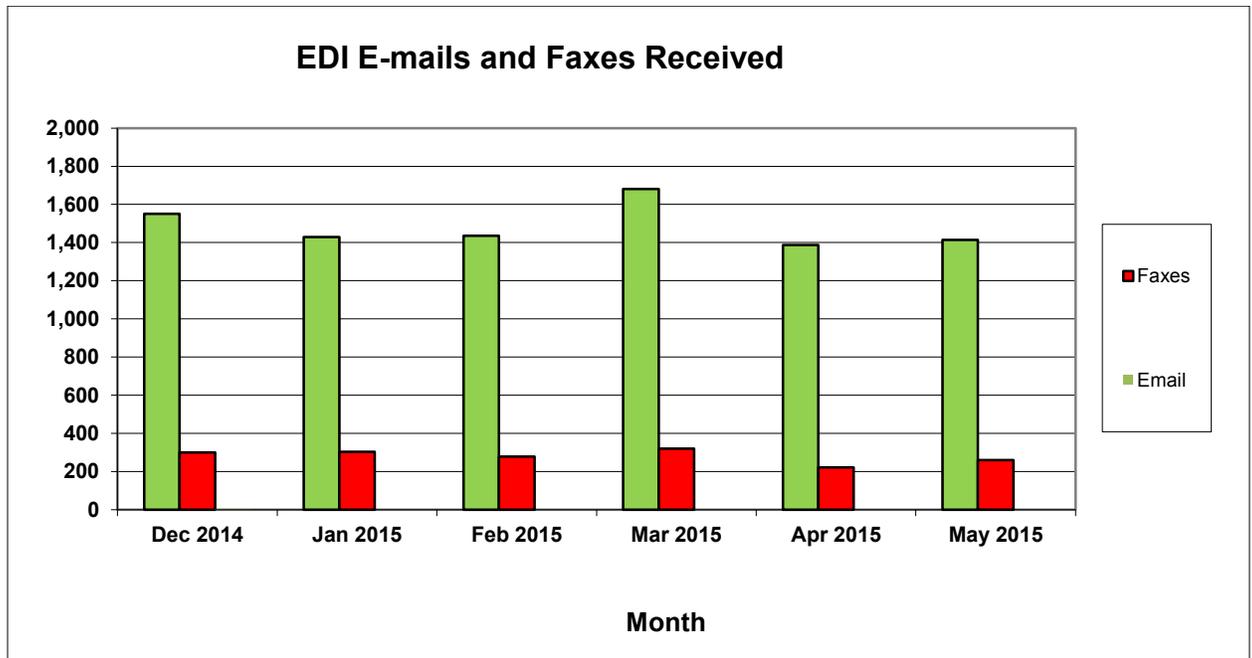
**MEUPS Top 5 calls:**

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

Category	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015
Password Resets Received Via phone	511	469	400	405	389	352

### 11.2 EDI E-mails and Faxes Received

Category	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015
E-mails Received	1,551	1,429	1,435	1,681	1,388	1,414
E-mails Answered	1,546	1,426	1,431	1,680	1,385	1,412
Faxes Received	300	304	278	321	222	260
Faxes Answered	298	302	276	317	218	254



**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 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015
Password Resets Received Via e-mail	281	363	324	344	271	267

**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 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015
PINs Received via fax	361	158	189	302	140	146
Admins Received via fax	386	150	209	246	226	145

\*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: May 2015**

**Report Date: June 11, 2015  
Author: Carewise Health Staff**

## Acute Inpatient Services

Call Metrics	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Administrative</b>						
Abandoned Calls	8	4	7	19	13	9
Average Speed of Answer	00:16	00:10	00:09	00:11	00:10	00:09
Average Talk Time	03:53	03:55	03:45	03:53	03:50	03:37
First Call Resolution	99.7%	99.7%	99.1%	99.2%	99.2%	99.5%
<b>Total Admin Calls</b>	<b>1895</b>	<b>2023</b>	<b>1663</b>	<b>1885</b>	<b>1940</b>	<b>1734</b>
<b>Clinical</b>						
Abandoned Calls	0	1	1	3	0	1
Average Speed of Answer	00:12	00:22	00:19	00:25	00:18	00:34
Average Talk Time	06:21	06:46	06:48	07:26	06:53	07:02
First Call Resolution	100.0%	100.0%	99.1%	98.2%	98.2%	96.6%
<b>Total Clinical Calls</b>	<b>288</b>	<b>284</b>	<b>221</b>	<b>281</b>	<b>230</b>	<b>259</b>
<b>Total Calls</b>	<b>1888</b>	<b>2307</b>	<b>1884</b>	<b>2166</b>	<b>2170</b>	<b>1993</b>

Requests Processed	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Approvals	283	290	241	317	249	252
Administrative Approval	1,645	1,703	1,369	1,533	1,498	1,281
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	31	32	17	22	14	18
Pended	27	34	24	31	29	27
<b>Total</b>	<b>1,986</b>	<b>2,059</b>	<b>1,651</b>	<b>1,903</b>	<b>1,790</b>	<b>1,578</b>

Administrative Denials	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Technical (Out of Time Frame)	27	31	17	22	14	18
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
<b>Total Denied</b>	<b>27</b>	<b>31</b>	<b>17</b>	<b>22</b>	<b>14</b>	<b>18</b>

MD Review	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Medical Necessity	33	38	27	34	26	29
Not Medically Necessary	4	1	0	0	0	0
Referred to MD Rate	1.86%	1.89%	1.64%	1.79%	1.45%	1.84%
Not Medically Necessary Denial Rate	11%	3%	0%	0%	0%	0%
<b>Total MD Review</b>	<b>37</b>	<b>39</b>	<b>27</b>	<b>34</b>	<b>26</b>	<b>29</b>

Reconsiderations	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Overtured	1	0	0	0	0	0
Upheld	0	0	0	1	0	0
<b>Total Reconsiderations</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>

\*Reconsiderations are not included in Request Processed Total

	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Pended</b>						
Escalated	0	0	0	0	0	0
Lack of Information	0	0	0	0	0	0
MD Review	0	0	0	0	0	0
RN Review	27	34	24	31	29	27
<b>Total</b>	<b>27</b>	<b>34</b>	<b>24</b>	<b>31</b>	<b>29</b>	<b>27</b>

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

Current Month Top 10 Diagnosis Codes			
1.	518.81	FAILURE, ACUTE RESPIRATO	87
2.	486	PNEUMONIA, ORGANISM NOS	74
3.	491.21	BRONCHITIS, OBSTR CHR W	50
4.	428.0	FAILURE, CONGESTIVE HEAR	46
5.	038.9	SEPTICEMIA NOS	42
6.	599.0	INFECTION, URINARY TRACT	38
7.	584.9	ACUTE KIDNEY FAILURE, UN	33
8.	786.50	SYMPTOM, PAIN, CHEST NOS	30
9.	650	DELIVERY, NORMAL	30
10.	496	OBSTRUCTION, CHRONIC AIR	27

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.	

## Durable Medical Equipment

Call Metrics	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Administrative</b>						
Abandoned Calls	4	1	0	1	4	3
Average Speed of Answer	00:13	00:11	00:11	00:13	00:12	00:12
Average Talk Time	04:44	04:22	03:51	04:27	04:15	04:01
First Call Resolution	100.0%	100.0%	99.5%	99.5%	99.5%	99.6%
<b>Total Admin Calls</b>	<b>497</b>	<b>475</b>	<b>481</b>	<b>489</b>	<b>602</b>	<b>584</b>
<b>Clinical</b>						
Abandoned Calls	0	1	0	0	0	0
Average Speed of Answer	00:10	00:19	00:11	00:12	00:10	00:08
Average Talk Time	05:00	04:33	04:25	04:10	04:23	04:13
First Call Resolution	96.8%	96.8%	96.0%	96.1%	96.1%	98.9%
<b>Total Clinical Calls</b>	<b>258</b>	<b>258</b>	<b>215</b>	<b>246</b>	<b>250</b>	<b>261</b>
<b>Total Calls</b>	<b>755</b>	<b>733</b>	<b>696</b>	<b>735</b>	<b>852</b>	<b>845</b>

Requests Processed						
Approvals	935	902	878	994	750	769
Agreed Reduction	1	3	0	2	1	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	1
State Mandate	0	0	0	0	0	2
Denials	20	13	21	8	118	80
Pended	612	602	560	518	519	562
<b>Total</b>	<b>1,568</b>	<b>1,520</b>	<b>1,459</b>	<b>1,522</b>	<b>1,388</b>	<b>1,414</b>

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	4	0	1	0	112	75
<b>Total Denied</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>112</b>	<b>75</b>

MD Review						
Medical Necessity	129	164	152	160	99	110
Not Medically Necessary	16	13	20	8	6	5
Referred to MD Rate	9.25%	11.64%	11.79%	11.04%	7.56%	8.13%
Not Medically Necessary Denial Rate	11%	7%	12%	5%	6%	4%
<b>Total MD Review</b>	<b>145</b>	<b>177</b>	<b>172</b>	<b>168</b>	<b>105</b>	<b>115</b>

Reconsiderations						
Overtaken	3	2	2	16	3	3
Upheld	2	0	0	0	2	0
<b>Total Reconsiderations</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>16</b>	<b>5</b>	<b>3</b>

\*Reconsiderations are not included in Request Processed Total

	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Pended</b>						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	580	563	541	502	499	544
MD Review	28	17	10	10	15	4
RN Review	4	22	9	6	5	14
HP Review	0	0	0	0	0	0
<b>Total</b>	<b>612</b>	<b>602</b>	<b>560</b>	<b>518</b>	<b>519</b>	<b>562</b>

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	544
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	343.9	PALSY, INFANTILE CEREBRA	274
2.	496	OBSTRUCTION, CHRONIC AIR	92
3.	343.2	PALSY, INFANTILE CER, QU	43
4.	327.23	DSORD, ORGNC OBST SLEEP	35
5.	344.00	QUADRIPLEGIA NOS	29
6.	343.0	PALSY, INFANTILE CEREBRA	28
7.	799.02	HYPOXEMIA	25
8.	758.0	DOWN'S SYNDROME	23
9.	344.1	PARAPLEGIA	23
10.	299.00	DISORDER, AUTISTIC, CURR	21

Current Month Top 5 Reasons for MD Denial		
1.	Equipment is used primarily for the convenience of the recipient or caregiver. 907 KAR 1:479(6) and 907 KAR 3:130	5
2.		
3.		
4.		
5.		

Current Month Top 5 Reasons for Lack of Information Denial		
1.	LOI response not received or incomplete	34
2.	Clinical information to support the need for the equipment is missing	14
3.	Lack of Information	14
4.	CMN is not received or incomplete	12
5.	Height and/or weight is missing	1

## DRG

	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Target File</b>						
Target File	123	250	250	250	250	250
On-Site Requested	0	30	42	48	28	28
In-House	123	220	208	202	222	222

<b>Outcomes</b>						
<b>Total Approved</b>	<b>115</b>	<b>245</b>	<b>241</b>	<b>236</b>	<b>240</b>	<b>218</b>

<b>Outcomes</b>						
<b>Total Denied</b>	<b>8</b>	<b>5</b>	<b>9</b>	<b>14</b>	<b>10</b>	<b>32</b>

<b>Denial Reasons</b>						
Not Medically Necessary	2	3	3	4	2	8
Technical	0	0	3	8	7	22
Reassignments	6	2	3	2	2	3
<b>Total Denial Reasons</b>	<b>8</b>	<b>5</b>	<b>9</b>	<b>14</b>	<b>11</b>	<b>33</b>

<b>Reconsiderations</b>						
Approved	0	0	0	0	1	1
Denied	0	0	0	1	2	0
<b>Total Reviewed</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>1</b>

<b>Quality of Concern</b>						
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
<b>Total Denied</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## EPSDT Special Services

Call Metrics	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Administrative</b>						
Abandoned Calls	5	1	1	0	1	2
Average Speed of Answer	00:18	00:12	00:20	00:15	00:12	00:11
Average Talk Time	03:36	04:24	04:59	04:27	04:18	04:23
First Call Resolution	99.6%	99.6%	99.2%	98.5%	98.5%	99.6%
<b>Total Admin Calls</b>	<b>190</b>	<b>181</b>	<b>224</b>	<b>186</b>	<b>299</b>	<b>229</b>
<b>Clinical</b>						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:09	00:14	00:16	00:08	00:11	00:07
Average Talk Time	02:59	04:42	03:47	03:27	03:23	03:37
First Call Resolution	96.8%	96.8%	98.8%	96.4%	96.4%	96.5%
<b>Total Clinical Calls</b>	<b>116</b>	<b>97</b>	<b>122</b>	<b>121</b>	<b>137</b>	<b>139</b>
<b>Total Calls</b>	<b>306</b>	<b>278</b>	<b>346</b>	<b>307</b>	<b>436</b>	<b>368</b>

Requests Processed						
Approvals	1,088	856	821	1,144	906	749
Agreed Reduction	6	1	0	0	0	1
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	6	0	0	3	0
State Mandate	7	23	0	1	5	7
Denials	8	6	7	29	30	18
Pended	119	85	117	88	84	60
<b>Total</b>	<b>1,228</b>	<b>977</b>	<b>945</b>	<b>1,262</b>	<b>1,028</b>	<b>835</b>

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	3	3	0	25	27	17
<b>Total Denied</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>25</b>	<b>27</b>	<b>17</b>

MD Review						
Medical Necessity	19	14	11	14	9	3
Not Medically Necessary	5	3	7	4	3	1
Referred to MD Rate	1.95%	1.74%	1.90%	1.43%	1.17%	0.48%
Not Medically Necessary Denial Rate	21%	18%	39%	22%	25%	25%
<b>Total MD Review</b>	<b>24</b>	<b>17</b>	<b>18</b>	<b>18</b>	<b>12</b>	<b>4</b>

Reconsiderations						
Overtured	15	0	0	5	1	0
Upheld	0	1	0	0	0	0
<b>Total Reconsiderations</b>	<b>15</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>0</b>

\*Reconsiderations are not included in Request Processed Total

	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Pended</b>						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	106	72	113	82	79	50
MD Review	4	2	3	0	3	7
RN Review	9	11	1	6	2	3
<b>Total</b>	<b>213</b>	<b>224</b>	<b>208</b>	<b>257</b>	<b>84</b>	<b>60</b>

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	50
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	299.00	DISORDER, AUTISTIC, CURR	195
2.	343.9	PALSY, INFANTILE CEREBRA	78
3.	758.0	DOWN'S SYNDROME	59
4.	783.40	LACK NRML PHYSLGCL DEV C	31
5.	315.9	DEVELOPMENT DELAY NOS	26
6.	315.39	DSORD, DVLPMNTL SPEECH/L	17
7.	742.2	DFRM, REDUCTION, BRAIN,	14
8.	781.3	SYMPTOM, LACK OF COORDIN	14
9.	299.0	DISORDER, AUTISTIC	13
10.	315.32	DSORD, MIXED RECEPTIVE-E	12

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

Current Month Top 5 Reasons for Lack of Information Denial		
1.	LOI response not received or incomplete	16
2.	CMN not received or incomplete	1
3.		
4.		
5.		

## Home Health

Call Metrics	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Administrative</b>						
Abandoned Calls	16	5	1	7	11	12
Average Speed of Answer	00:18	00:12	00:12	00:13	00:18	00:19
Average Talk Time	05:05	04:45	04:23	05:01	04:48	05:00
First Call Resolution	99.7%	99.7%	99.5%	99.7%	99.7%	99.6%
<b>Total Admin Calls</b>	<b>1210</b>	<b>1298</b>	<b>977</b>	<b>1170</b>	<b>1169</b>	<b>977</b>
<b>Clinical</b>						
Abandoned Calls	7	27	7	9	6	4
Average Speed of Answer	00:24	01:09	00:29	00:15	00:22	00:25
Average Talk Time	08:29	09:11	09:58	09:47	08:06	08:29
First Call Resolution	99.9%	99.9%	100.0%	99.7%	99.7%	98.9%
<b>Total Clinical Calls</b>	<b>1053</b>	<b>1100</b>	<b>816</b>	<b>1011</b>	<b>978</b>	<b>842</b>
<b>Total Calls</b>	<b>2,263</b>	<b>2,398</b>	<b>1,793</b>	<b>2,181</b>	<b>2,147</b>	<b>1,819</b>

Requests Processed	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Approvals	4,755	4,941	3,849	4,682	4,439	4,657
Agreed Reduction	201	222	126	166	169	111
Client Approved/Negotiation	0	1	0	0	0	1
Split Decision	1	1	1	2	1	1
State Mandate	1	0	0	17	0	0
Denials	48	89	50	94	68	33
Pended	171	152	123	121	145	171
<b>Total</b>	<b>5,177</b>	<b>5,406</b>	<b>4,149</b>	<b>5,082</b>	<b>4,822</b>	<b>4,974</b>

Administrative Denials	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	2	7	11	9	10	2
Technical (Out of Time Frame)	37	77	35	78	50	26
<b>Total Denied</b>	<b>39</b>	<b>84</b>	<b>46</b>	<b>87</b>	<b>60</b>	<b>28</b>

MD Review	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Medical Necessity	19	21	22	30	12	24
Not Medically Necessary	9	5	4	7	8	5
Referred to MD Rate	0.54%	0.48%	0.63%	0.73%	0.41%	0.58%
Not Medically Necessary Denial Rate	32%	19%	15%	19%	40%	17%
<b>Total MD Review</b>	<b>28</b>	<b>26</b>	<b>26</b>	<b>37</b>	<b>20</b>	<b>29</b>

Reconsiderations	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Overtaken	0	5	0	1	0	1
Upheld	0	0	0	0	0	0
<b>Total Reconsiderations</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>

\*Reconsiderations are not included in Request Processed Total

Pended	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Unreviewed	117	72	86	52	53	107
MD Review	0	0	1	1	1	0
RN Review	54	80	36	68	91	64
<b>Total</b>	<b>171</b>	<b>152</b>	<b>123</b>	<b>121</b>	<b>145</b>	<b>171</b>

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

Current Month Top 10 Diagnosis Codes			
1.	343.9	PALSY, INFANTILE CEREBRA	380
2.	319	UNSPEC INTELLECTUAL DISA	241
3.	250.00	DM, UNCOMPLICATED, TYPE	218
4.	299.00	DISORDER, AUTISTIC, CURR	183
5.	401.9	HYPERTENSION, ESSENTIAL	166
6.	318.1	SEVERE INTELLECTUAL DISA	111
7.	428.0	FAILURE, CONGESTIVE HEAR	106
8.	758.0	DOWN'S SYNDROME	100
9.	496	OBSTRUCTION, CHRONIC AIR	88
10.	707.05	ULCER, PRESSURE, BUTTOCK	87

Current Month Top 5 Reasons for MD Denial		
1.	There is no reasonable expectation for improvement as the therapy appears to be for maintenance. 907 KAR 1:030(4) and 907 KAR 3:130	3
2.	Not Medically Necessary	2
3.		
4.		
5.		

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

## Hospice

Call Metrics	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Administrative</b>						
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
<b>Total Admin Calls</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Clinical</b>						
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
<b>Total Clinical Calls</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Calls</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

Requests Processed	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Approvals	117	47	88	147	112	15
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	2	2	3	12	0	1
<b>Total</b>	<b>119</b>	<b>49</b>	<b>91</b>	<b>159</b>	<b>112</b>	<b>16</b>

Administrative Denials	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Denied</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

MD Review	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Medical Necessity	0	0	0	0	0	0
Not Medically Necessary	0	0	0	0	0	0
Referred to MD Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
<b>Total MD Review</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Reconsiderations	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Overturned	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
<b>Total Reconsiderations</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Reconsiderations are not included in Request Processed Total

Pended	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	2	2	1	12	0	1
MD Review	0	0	0	0	0	0
RN Review	0	0	2	0	0	0
<b>Total</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>12</b>	<b>0</b>	<b>1</b>

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

Current Month Top 10 Diagnosis Codes	
1.	571.5 CIRRHOSIS, LIVER NOS
2.	331.0 ALZHEIMER'S DISEASE
3.	162.9 NEOPLASM, MALIGT, BRONCH
4.	560.9 OBSTRUCTION, INTESTINAL
5.	191.9 NEOPLASM, MALIGNANT, BRA
6.	157.9 NEOPLASM, MALIGNANT, PAN
7.	153.9 NEOPLASM, MLI, LARGE IN
8.	
9.	
10.	

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

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

## Nursing Facility

Call Metrics	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Administrative</b>						
Abandoned Calls	0	2	0	1	2	2
Average Speed of Answer	00:12	00:10	00:11	00:12	00:12	00:13
Average Talk Time	04:52	04:27	04:58	05:13	04:46	04:41
First Call Resolution	99.4%	99.4%	99.4%	99.3%	99.3%	98.5%
<b>Total Admin Calls</b>	<b>264</b>	<b>292</b>	<b>242</b>	<b>278</b>	<b>272</b>	<b>281</b>
<b>Clinical</b>						
Abandoned Calls	0	0	1	0	0	0
Average Speed of Answer	00:05	00:06	00:08	00:06	00:07	00:04
Average Talk Time	04:18	04:08	04:24	04:38	03:50	03:42
First Call Resolution	99.3%	99.3%	99.3%	77.3%	77.3%	78.2%
<b>Total Clinical Calls</b>	<b>181</b>	<b>174</b>	<b>122</b>	<b>146</b>	<b>196</b>	<b>186</b>
<b>Total Calls</b>	<b>445</b>	<b>466</b>	<b>364</b>	<b>424</b>	<b>468</b>	<b>467</b>

Requests Processed						
Approvals	4,878	6,892	6,150	6,338	4,115	5,449
Initial LOC Approval	2,316	2,736	2,418	2,614	2,419	2,700
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	2	2	5	6	3	5
Denials	4	10	7	5	9	2
Pended	196	280	309	333	318	330
<b>Total</b>	<b>7,396</b>	<b>9,920</b>	<b>8,889</b>	<b>9,296</b>	<b>6,864</b>	<b>8,486</b>

Administrative Denials						
Lack of Information	1	0	2	0	1	0
Non-Certified Bed	0	0	0	0	0	0
<b>Total Denied</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>

\*Reconsiderations are not included in Request Processed Total

MD Review						
Medical Necessity	10	9	13	16	9	17
Not Medically Necessary	3	10	5	5	8	2
Referred to MD Rate	6.63%	6.79%	5.83%	6.31%	5.35%	5.76%
Not Medically Necessary Denial Rate	23%	53%	28%	24%	47%	11%
<b>Total MD Review</b>	<b>13</b>	<b>19</b>	<b>18</b>	<b>21</b>	<b>17</b>	<b>19</b>

Reconsiderations						
Overturned	1	3	2	5	1	0
Upheld	0	0	1	1	0	0
<b>Total Reconsiderations</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>6</b>	<b>1</b>	<b>0</b>

\*Reconsiderations are not included in Request Processed Total

	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Pended</b>						
Lack of Information	174	247	267	211	270	294
MD Review	0	0	0	0	0	0
RN Review	20	33	42	122	48	36
<b>Total</b>	<b>194</b>	<b>280</b>	<b>309</b>	<b>333</b>	<b>318</b>	<b>330</b>

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	294
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	290.0	DEMENTIA, SENILE, UNCOMP	622
2.	401.9	HYPERTENSION, ESSENTIAL	528
3.	496	OBSTRUCTION, CHRONIC AIR	470
4.	331.0	ALZHEIMER'S DISEASE	391
5.	250.00	DM, UNCOMPLICATED, TYPE	323
6.	436	DISEASE, ACUTE CEREBRAS	276
7.	428.0	FAILURE, CONGESTIVE HEAR	258
8.	728.87	WEAKNESS, MUSCLE	205
9.	486	PNEUMONIA, ORGANISM NOS	205
10.	599.0	INFECTION, URINARY TRACT	200

Current Month Top 5 Reasons for MD Denial		
1.	Recipient does not have a stable medical condition requiring intermittent high-intensity nursing care, continuous personal care or supervision in an institutional setting. 907 KAR 1:022(4) and 907 KAR 3:130	2
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	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Administrative</b>						
Abandoned Calls	27	22	25	27	14	17
Average Speed of Answer	00:28	00:20	00:20	00:22	00:24	00:26
Average Talk Time	03:14	03:15	03:39	04:00	04:25	03:57
First Call Resolution	99.4%	99.4%	99.3%	99.3%	99.3%	98.5%
<b>Total Admin Calls</b>	<b>978</b>	<b>1085</b>	<b>916</b>	<b>1056</b>	<b>1098</b>	<b>941</b>

<b>Clinical</b>						
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
<b>Total Clinical Calls</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Calls</b>	<b>978</b>	<b>1,085</b>	<b>916</b>	<b>1,056</b>	<b>1,098</b>	<b>941</b>

Requests Processed						
Approvals	2,726	2,476	2,354	3,088	2,808	2,673
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	229	238	259	265	264	223
Pended	195	318	280	181	268	250
<b>Total</b>	<b>3,150</b>	<b>3,032</b>	<b>2,893</b>	<b>3,534</b>	<b>3,340</b>	<b>3,146</b>

RN Denials/Overturns						
FRN Criteria	225	235	251	244	254	213
FRN Reconsideration Overturned	6	6	7	10	4	7
FRN Reconsideration Upheld	3	2	4	13	4	4
<b>Total Denied</b>	<b>234</b>	<b>243</b>	<b>262</b>	<b>267</b>	<b>262</b>	<b>224</b>

MD Review						
Medical Necessity	5	3	5	9	7	6
Not Medically Necessary	1	1	3	8	6	5
Referred to MD Rate	0.19%	0.13%	0.28%	0.48%	0.39%	0.35%
Not Medically Necessary Denial Rate	17%	25%	38%	47%	46%	45%
<b>Total MD Review</b>	<b>6</b>	<b>4</b>	<b>8</b>	<b>17</b>	<b>13</b>	<b>11</b>

Reconsiderations						
Overturned	0	0	1	1	0	0
Upheld	0	3	1	1	1	7
<b>Total Reconsiderations</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>7</b>

\*Reconsiderations are not included in Request Processed Total

	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Pended</b>						
MD Review	0	2	0	0	1	0
RN Review	195	316	280	181	267	250
<b>Total</b>	<b>195</b>	<b>318</b>	<b>280</b>	<b>181</b>	<b>268</b>	<b>250</b>

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

Current Month Top 10 Diagnosis Codes			
1.	496	OBSTRUCTION, CHRONIC AIR	686
2.	728.87	WEAKNESS, MUSCLE	317
3.	786.05	SYMPTOM, SHORTNESS OF BR	269
4.	428.0	FAILURE, CONGESTIVE HEAR	198
5.	719.7	DIFFICULTY IN WALKING	142
6.	486	PNEUMONIA, ORGANISM NOS	109
7.	799.02	HYPOXEMIA	74
8.	786.09	SYMP ABNORMALITY, RESPIR	52
9.	401.9	HYPERTENSION, ESSENTIAL	52
10.	518.81	FAILURE, ACUTE RESPIRATO	42

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

## Orthodontia

Call Metrics	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Administrative</b>						
Abandoned Calls	0	0	0	1	0	0
Average Speed of Answer	00:08	00:12	00:08	00:16	00:13	00:05
Average Talk Time	02:58	01:04	02:32	03:12	04:11	03:57
First Call Resolution	100%	100%	100%	100%	100%	100%
<b>Total Admin Calls</b>	<b>9</b>	<b>10</b>	<b>14</b>	<b>18</b>	<b>129</b>	<b>41</b>

Clinical	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Clinical Calls</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Calls</b>	<b>9</b>	<b>10</b>	<b>14</b>	<b>18</b>	<b>129</b>	<b>41</b>

Requests Processed	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Approvals	8	12	12	26	15	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	2	1	0
Pended	0	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>12</b>	<b>12</b>	<b>28</b>	<b>16</b>	<b>14</b>

Administrative Denials	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Denied</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

MD Review	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Medical Necessity	0	0	0	0	0	0
Not Medically Necessary	0	0	0	2	1	0
Referred to MD Rate	0.00%	0.00%	0.00%	7.14%	6.25%	0.00%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
<b>Total MD Review</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>

Reconsiderations	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Overtured	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
<b>Total Reconsiderations</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Reconsiderations are not included in Request Processed Total

Pended	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Lack of Information	0	0	0	0	0	0
MD Review	0	0	0	0	0	0
RN Review	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

Current Month Top 10 Diagnosis Codes	
1.	V58.5 ORTHODONTICS AFTERCARE 14
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

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

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

## Outpatient Therapies

Call Metrics	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Administrative</b>						
Abandoned Calls	0	0	0	0	0	1
Average Speed of Answer	00:14	00:10	00:10	00:18	00:08	00:15
Average Talk Time	04:09	04:04	03:51	04:15	04:27	04:02
First Call Resolution	100%	100%	100%	100%	100%	98.9%
<b>Total Admin Calls</b>	<b>107</b>	<b>125</b>	<b>119</b>	<b>126</b>	<b>165</b>	<b>141</b>
<b>Clinical</b>						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:08	00:16	00:18	00:07	00:25	00:15
Average Talk Time	04:09	03:35	05:24	05:25	05:08	04:17
First Call Resolution	100%	100%	100%	100%	100%	94.7%
<b>Total Clinical Calls</b>	<b>27</b>	<b>33</b>	<b>50</b>	<b>39</b>	<b>57</b>	<b>50</b>
<b>Total Calls</b>	<b>134</b>	<b>158</b>	<b>169</b>	<b>165</b>	<b>222</b>	<b>191</b>

Requests Processed						
Approvals	233	168	171	238	311	450
Agreed Reduction	0	3	0	6	0	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	3	0	0
State Mandate	0	0	0	0	0	0
Denials	5	3	11	8	3	15
Pended	8	15	19	17	34	56
<b>Total</b>	<b>246</b>	<b>189</b>	<b>201</b>	<b>272</b>	<b>348</b>	<b>521</b>

Administrative Denials						
Lack of Information	5	3	8	8	3	15
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
<b>Total Denied</b>	<b>5</b>	<b>3</b>	<b>8</b>	<b>8</b>	<b>3</b>	<b>15</b>

MD Review						
Medical Necessity	34	19	33	44	32	55
Not Medically Necessary	0	0	3	0	0	0
Referred to MD Rate	13.82%	10.05%	17.91%	16.18%	9.20%	10.56%
Not Medically Necessary Denial Rate	0%	0%	8%	0%	0%	0%
<b>Total MD Review</b>	<b>34</b>	<b>19</b>	<b>36</b>	<b>44</b>	<b>32</b>	<b>55</b>

Reconsiderations						
Overturned	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
<b>Total Reconsiderations</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Reconsiderations are not included in Request Processed Total

	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Pended</b>						
Lack of Information	3	14	19	14	25	53
MD Review	0	0	0	3	0	0
RN Review	5	1	0	0	9	3
<b>Total</b>	<b>8</b>	<b>15</b>	<b>19</b>	<b>17</b>	<b>34</b>	<b>56</b>

Independent Therapy						
<b>Total</b>	<b>39</b>	<b>61</b>	<b>80</b>	<b>143</b>	<b>131</b>	<b>216</b>

Current Month Top 5 LOI Pended Reasons	
1.	Lack of Information 53
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes			
1.	781.2	SYMPTOM, ABNORMALITY, GA	30
2.	343.9	PALSY, INFANTILE CEREBRA	30
3.	299.01	DISORDER, AUTISTIC, RESI	24
4.	781.3	SYMPTOM, LACK OF COORDIN	21
5.	728.87	WEAKNESS, MUSCLE	20
6.	343.1	PALSY, INFANTILE CER, HE	19
7.	724.5	BACKACHE NOS	19
8.	719.46	PAIN IN JOINT, LOWER LEG	19
9.	719.41	PAIN IN JOINT, SHOULDER	18
10.	724.2	LUMBAGO	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.	LOI response not received or incomplete 15
2.	
3.	
4.	
5.	

## Physician Services

Call Metrics	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Administrative</b>						
Abandoned Calls	1	1	2	0	2	1
Average Speed of Answer	00:16	00:14	00:13	00:14	00:15	00:11
Average Talk Time	03:22	03:37	04:08	03:37	03:43	02:58
First Call Resolution	100%	100%	100%	100%	100%	100%
<b>Total Admin Calls</b>	<b>200</b>	<b>255</b>	<b>201</b>	<b>260</b>	<b>264</b>	<b>234</b>
<b>Clinical</b>						
Abandoned Calls	1	1	2	0	2	1
Average Speed of Answer	00:09	00:09	00:09	00:09	00:09	00:09
Average Talk Time	03:55	03:55	03:55	03:55	03:55	03:55
First Call Resolution	100%	100%	100%	100%	100%	86%
<b>Total Clinical Calls</b>	<b>37</b>	<b>43</b>	<b>31</b>	<b>26</b>	<b>42</b>	<b>30</b>
<b>Total Calls</b>	<b>237</b>	<b>298</b>	<b>232</b>	<b>286</b>	<b>306</b>	<b>264</b>

Requests Processed						
Approvals	47	42	24	26	46	33
Administrative Approval	19	14	12	18	14	10
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	8	5	11	1	9	8
<b>Total</b>	<b>74</b>	<b>61</b>	<b>47</b>	<b>45</b>	<b>69</b>	<b>51</b>

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

MD Review						
Medical Necessity	24	23	12	15	19	18
Not Medically Necessary	0	0	0	0	0	0
Referred to MD Rate	32.43%	37.70%	25.53%	33.33%	27.54%	35.29%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
<b>Total MD Review</b>	<b>24</b>	<b>23</b>	<b>12</b>	<b>15</b>	<b>19</b>	<b>18</b>

Reconsiderations						
Overtaken	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
<b>Total Reconsiderations</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Reconsiderations are not included in Request Processed Total

	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Pended</b>						
Lack of Information Incomplete Data (Consent Forms)	N/A	N/A	N/A	N/A	N/A	N/A
MD Review	6	1	9	1	3	6
RN Review	0	1	0	0	0	0
	2	3	2	0	6	2
<b>Total</b>	<b>8</b>	<b>5</b>	<b>11</b>	<b>1</b>	<b>9</b>	<b>8</b>

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

Current Month Top 10 Diagnosis Codes			
1.	V25.2	STERILIZATION	10
2.	327.23	DSORD, ORGNC OBST SLEEP	4
3.	626.2	EXCESSIVE MENSTRUATION	4
4.	278.01	OBESITY, MORBID	4
5.	786.50	SYMPTOM, PAIN, CHEST NOS	3
6.	427.31	FIBRILLATION, ATRIAL	2
7.	782.3	SYMPTOM, EDEMA	2
8.	536.3	GASTROPARESIS	2
9.	873.0	WOUND, OPEN, SCALP W/O C	2
10.	459.32	HTN, CHRN VENOUS W/INFLA	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	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Administrative</b>						
Abandoned Calls	4	1	0	2	1	5
Average Speed of Answer	00:16	00:11	00:12	00:12	00:11	00:15
Average Talk Time	03:06	02:48	02:59	03:07	03:05	02:41
First Call Resolution	100%	100%	100%	100%	100%	100%
<b>Total Admin Calls</b>	<b>306</b>	<b>276</b>	<b>261</b>	<b>256</b>	<b>309</b>	<b>257</b>
<b>Clinical</b>						
Abandoned Calls	0	0	0	0	2	1
Average Speed of Answer	00:05	00:08	00:12	00:29	00:26	00:31
Average Talk Time	08:44	08:05	08:09	08:30	08:22	09:12
First Call Resolution	100%	100%	100%	100%	100%	100%
<b>Total Clinical Calls</b>	<b>261</b>	<b>236</b>	<b>211</b>	<b>204</b>	<b>264</b>	<b>214</b>
<b>Total Calls</b>	<b>567</b>	<b>512</b>	<b>472</b>	<b>460</b>	<b>573</b>	<b>471</b>

Requests Processed	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Approvals	283	247	229	219	252	249
Agreed Reduction	0	0	0	0	0	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	1	0	0	0	0	1
Denials	6	5	7	10	10	8
Pended	8	10	8	4	10	6
<b>Total</b>	<b>298</b>	<b>262</b>	<b>244</b>	<b>233</b>	<b>272</b>	<b>264</b>

Administrative Denials	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	3	0	3	6	6	6
<b>Total Denied</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>6</b>	<b>6</b>	<b>6</b>

MD Review	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Medical Necessity	0	3	3	1	0	5
Not Medically Necessary	0	5	4	4	4	2
Referred to MD Rate	0.00%	3.05%	2.87%	2.15%	1.47%	2.65%
Not Medically Necessary Denial Rate	0%	63%	57%	80%	100%	29%
<b>Total MD Review</b>	<b>0</b>	<b>8</b>	<b>7</b>	<b>5</b>	<b>4</b>	<b>7</b>

Reconsiderations	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Overtaken	0	0	2	0	1	0
Upheld	1	0	1	1	0	1
<b>Total Reconsiderations</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>

\*Reconsiderations are not included in Request Processed Total

Pended	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Lack of Information	0	0	0	0	0	0
RN Review	10	10	8	4	10	6
MD Review	0	0	0	0	0	0
<b>Total</b>	<b>10</b>	<b>10</b>	<b>8</b>	<b>4</b>	<b>10</b>	<b>6</b>

By Place of Service	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Distinct Part Units - Psychiatric	87	69	67	58	46	80
EPSDT	23	17	21	19	19	18
Freestanding Psychiatric Facility	40	34	29	42	61	34
Inpatient Hospital	12	15	21	11	10	15
Non-Freestanding Psychiatric Facility	121	114	96	93	127	108
Onsite EPSDT Psych	0	0	0	2	0	1
Psychiatric Residential Treatment Center	16	13	13	9	10	9
<b>Total</b>	<b>299</b>	<b>262</b>	<b>247</b>	<b>234</b>	<b>273</b>	<b>265</b>

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

Current Month Top 10 Diagnosis Codes	Code	Description	Count
1.	296.90	DISORDER, EPISODIC MOOD	31
2.	311	DISORDER, DEPRESSIVE NEC	28
3.	295.90	SCHIZOPHRENIA NOS, UNSPE	23
4.	299.00	DISORDER, AUTISTIC, CURR	16
5.	298.9	NONORGANIC PSYCHOSIS NOS	13
6.	295.70	DISORDER, SCHIZOAFFECTIV	12
7.	295.30	SCHIZOPHRENIA, PARANOID,	11
8.	296.80	DISORDER, BIPOLAR NOS	11
9.	312.34	DISORDER, INTERMITTENT E	9
10.	312.9	DISTURBANCE, CONDUCT NOS	7

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

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

## Radiology

Call Metrics	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Administrative</b>						
Abandoned Calls	6	0	0	0	3	0
Average Speed of Answer	00:18	00:13	00:13	00:18	00:14	00:13
Average Talk Time	04:27	03:56	03:51	03:59	04:10	04:01
First Call Resolution	100%	100%	100%	100%	100%	99%
<b>Total Admin Calls</b>	<b>427</b>	<b>465</b>	<b>409</b>	<b>494</b>	<b>524</b>	<b>543</b>
<b>Clinical</b>						
Abandoned Calls	0	0	1	0	0	0
Average Speed of Answer	00:08	00:18	00:12	00:12	00:14	00:16
Average Talk Time	05:34	05:56	05:45	05:30	06:01	05:39
First Call Resolution	100%	100%	100%	100%	100%	95%
<b>Total Clinical Calls</b>	<b>259</b>	<b>289</b>	<b>244</b>	<b>334</b>	<b>311</b>	<b>359</b>
<b>Total Calls</b>	<b>686</b>	<b>754</b>	<b>653</b>	<b>828</b>	<b>835</b>	<b>902</b>

Requests Processed						
Approvals	304	349	308	382	375	429
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	6	2	0	2	5	6
Pended	2	5	5	5	13	11
<b>Total</b>	<b>312</b>	<b>356</b>	<b>313</b>	<b>389</b>	<b>393</b>	<b>446</b>

Administrative Denials						
Lack of Information	1	1	0	2	4	4
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
<b>Total Denied</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>4</b>

MD Review						
Medical Necessity	80	106	74	95	87	121
Not Medically Necessary	5	1	0	0	1	2
Referred to MD Rate	27.24%	30.06%	23.64%	24.42%	22.39%	27.58%
Not Medically Necessary Denial Rate	6%	1%	0%	0%	1%	2%
<b>Total MD Review</b>	<b>85</b>	<b>107</b>	<b>74</b>	<b>95</b>	<b>88</b>	<b>123</b>

Reconsiderations						
Overturned	1	0	0	0	0	0
Upheld	0	0	0	0	0	0
<b>Total Reconsiderations</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Reconsiderations are not included in Request Processed Total

	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
<b>Pended</b>						
Lack of Information	1	1	2	1	6	3
MD Review	0	2	1	0	3	3
RN Review	1	2	2	4	4	5
<b>Total</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>13</b>	<b>11</b>

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

Current Month Top 10 Diagnosis Codes			
1.	724.2	LUMBAGO	44
2.	723.1	CERVICALGIA	40
3.	786.50	SYMPTOM, PAIN, CHEST NOS	31
4.	340	SCLEROSIS, MULTIPLE	16
5.	724.4	NEURITIS, LUMBOSACRAL NO	13
6.	784.0	SYMPTOM, HEADACHE	13
7.	719.46	PAIN IN JOINT, LOWER LEG	12
8.	719.41	PAIN IN JOINT, SHOULDER	7
9.	780.2	SYMPTOM, SYNCOPE AND COL	6
10.	722.52	DEGENERATION, LUMBAR/LMB	6

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

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



## KY Department for Medicaid Services Administrative Hearings Report

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

Report Run Date: Jun 4, 2015  
 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	Apr 9, 2015	Jun 26, 2015	PELLEGRINI, ADRIAN
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Aug 12, 2014	Oct 2, 2014	PELLEGRINI, ADRIAN
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Feb 27, 2015	May 12, 2015	PELLEGRINI, ADRIAN
Home Health	Home Health	Administrative Hearings	In Progress	Jun 18, 2014	Jul 30, 2014	PELLEGRINI, ADRIAN
Waiver	Michelle P - Services	Administrative Hearings	In Progress	Aug 25, 2014	Sep 30, 2014	PELLEGRINI, ADRIAN
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Jan 8, 2015	Feb 10, 2015	PELLEGRINI, ADRIAN
Waiver	HCBC - LOC	Administrative Hearings	In Progress	May 27, 2014	Jul 10, 2014	PELLEGRINI, ADRIAN
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Mar 10, 2015	Apr 8, 2015	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	May 21, 2015	Jul 31, 2015	PELLEGRINI, ADRIAN
Acute Inpatient	Psychiatric	Administrative Hearings	In Progress	Dec 8, 2014	Feb 6, 2015	PELLEGRINI, ADRIAN
Acute Inpatient	Psychiatric	Administrative Hearings	In Progress	Dec 8, 2014	Feb 6, 2015	PELLEGRINI, ADRIAN
Waiver	HCBC - LOC	Administrative Hearings	In Progress	Oct 17, 2014	Oct 27, 2014	PELLEGRINI, ADRIAN
Waiver	Michelle P. CDO - Services	Administrative Hearings	In Progress	Feb 25, 2015	Feb 26, 2015	PELLEGRINI, ADRIAN



# Utilization Management Executive Summary

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

Status Month End May 2015

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

<b>Role:</b>		<b>Name:</b>	
Author		Pam Smith	
Reviewer		HP Leaders	
HP Management		Richard Degise	
Client		Commissioner Lisa Lee Deputy Commissioner Neville Wise Acting Information Systems Director John Hoffmann	
DELIVERABLE TITLE: UM Executive Summary		Date Submitted: 06/17/2015	
File Name: : Utilization Management Executive Summary			AUTHORING TOOL: Microsoft Word 2007

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## Monthly UM Reviews Processed

Review Area	Historical Monthly Avg	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Acute Inpatient*	1,799	1,959	2,025	1,627	1,872	1,761	1,551
Inpatient Psych	255	290	252	236	229	262	258
DRG Retro Review	229	123	250	250	250	250	250
EPSDT	1,037	1,215	964	941	1,256	1,023	825
Impact Plus	0	0	0	0	0	0	0
DME	1,455	1,536	1,481	1,440	1,506	1,368	1,396
Home Health	4,869	5,123	5,326	4,112	5,013	4,730	4,910
Outpatient Services (Therapy)	293	241	188	201	269	339	518
Radiology	414	611	352	310	385	386	438
Physician Services*	54	72	57	45	45	63	43
Dental/Orthodontia	15	8	12	12	28	16	14
Hospice	91	119	49	89	159	112	16
Nursing Facility Level of Care	8,425	7,374	9,887	8,847	9,174	6,816	8,450
Nursing Facility Ancillary Onsite	2,934	2,955	2,714	2,613	3,353	3,072	2,896
Total	21,868	21,626	23,557	20,723	23,539	20,198	21,565

\*Includes Clinical and Administrative Reviews

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

## Quarterly Audit Reviews

Audit Area	Historical Avg/Quarter	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015
Billing Audits - HH, EPSDT, Waiver	34	10	60	70	32	14	20
NF RUG-MDS	77	118	43	109	36	116	40
Adult Day Level II	9	8	10	10	10	9	9

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

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

## Monthly Reviews Processed May 2015

Review Area	Beginning Inventory	Received	Approval	Denial	RTP-LOI	Ending Inventory	*Age Oldest Review
Acute Inpatient	29	1,549	1,533	18	0	27	2 days
Inpatient Psych	10	254	250	8	0	6	0
DRG	0	250	218	32	0	0	0
EPSDT	5	830	757	18	50	10	2 days
Impact Plus	0	0	0	0	0	0	0
DME	20	1,394	772	80	544	18	2 days
Home Health	92	4,882	4,770	33	107	64	2 days
Outpatient Services (Therapy)	9	512	450	15	53	3	2 days
Radiology	7	439	429	6	3	8	2 days
Physician Services	6	45	43	0	0	8	0
Dental/Orthodontia	0	14	14	0	0	0	0
Hospice	0	16	15	0	1	0	0
Nursing Facility Level of Care	48	8,438	8,154	2	294	36	2 days
Nursing Facility Ancillary Onsite	268	2,878	2,673	223	0	250	5 days
Total	494	21,501	20,078	435	1,052	430	

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

## Monthly Referral/Denial Stats May 2015

Review Area	Review Volume	# Referred	# Denied	% Referred	% Denied	% Referred/Denied
Acute Inpatient-Clinical Review	1,551	29	0	1.9%	0%	0%
Inpatient Psych	258	7	2	2.7%	.78%	29%
DRG Retro Review	250	0	0	0%	0%	0%
EPSDT	775	4	1	.52%	.13%	25%
Impact Plus	0	0	0	0%	0%	0%
DME	852	115	5	13%	.59%	4.3%
Home Health	4,803	29	5	.60%	.10%	17%
Outpatient Services (Therapy)	465	55	0	12%	0%	0%
Radiology	435	123	2	28%	.46%	1.6%
Physician Services – Clinical Review	43	18	0	42%	0%	0%
Dental/Orthodontia*	14	0	0	0%	0%	0%
Hospice	15	0	0	0%	0%	0%
Nursing Facility Level of Care	8,156	19	2	.23%	.02%	11%
Nursing Facility Ancillary Onsite**	2,896	11	5	.38%	.17%	45%
Total	20,513	410	22	2%	1%	5%

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

## Total Monthly Referral/Denial Stats

	Historical Monthly Avg	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Total Reviews	20,841	20,337	22,586	19,685	22,664	19,263	20,513
# Referred	403	396	439	398	439	337	410
# Denied	39	43	39	46	46	37	22
% Referred	2%	2%	2%	2%	2%	2%	2%
% Denied	1%	1%	1%	1%	1%	1%	1%
% Referred/Denied	10%	11%	9%	12%	10%	11%	5%

### Referral/Denial % Calculations

% Referred = #Referred/Total Reviews

% Denied = #Denied/Total Reviews

% Referred/Denied = #Denied/#Referred

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

## Contractual Turnaround Times

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