

MAC Binder Section 10 –Operational Status & UM Reports

Table of Contents with Document Summary – March 2016

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

1- KY MMIS Operational Status Report Feb2016

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

2- KY MMIS Operational Status Report Mar2016

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

3- KY MMIS Operational Status Report Apr2016

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4- UM Status Report Feb2016

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

5- UM Status Report Mar2016

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



Operational Status Report

Kentucky MMIS Project

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

Cabinet for Health and Family Services Department for Medicaid Services

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DELIVERABLE TITLE: Operational Status Report	DATE SUBMITTED: March 15, 2016
FILE NAME: 2016_02_KY_MMIS_Operational_Status_Report.docx	AUTHORING TOOL: Microsoft Word 2007

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1 Executive Summary

	February	Page Number
Claims Processed	864,242	Page 17
Total Dollars Paid	\$206,142,336.07	Page 17
Claims Paid	600,134	Page 17
Claims Denied	250,068	Page 17
% Denied Claims	29.4%	Page 17
Average Claims Held in Cash Management	289,059	N/A
Average Dollars Held in Cash Management	\$48,705,760.43	N/A
Capitation Financial Transactions	6,356,749	Page 18
Capitation Financial Payments	\$571,920,569.01	Page 18
Suspended Claims	12,886	Page 24
Total Suspended Claims > 90 Days	371	Page 24
Provider Services Calls Received	11,677	Page 30
Provider Services Current Service Level %	93%	Page 30

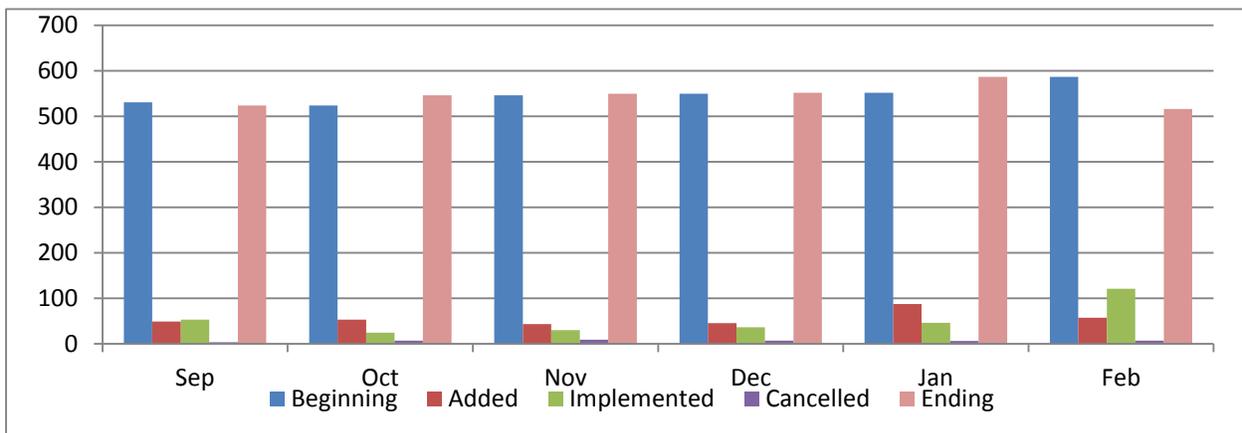
Encounter Load Statistics

Managed Care Organizations (MCOs)						
	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016
Coventry	823,412	1,021,125	749,084	1,082,156	1,176,821	464,643
Humana	473,544	607,453	485,549	483,034	578,523	509,397
Kentucky Spirit	37	7	0	101	2	0
Passport (R03)	50	1,172	66	15	71	25
Passport R31	1,052,136	1,347,944	1,230,543	1,021,518	1,294,084	1,326,124
WellCare	829,371	1,905,803	1,765,765	1,699,151	1,665,082	1,183,177
Anthem	328,140	415,955	331,574	340,930	449,752	419,086
Other						
Transportation Encounters	600,043	105*	291,873	292,043	297,200	266,416
Magellan Pharmacy Claims	394,508	277,561	269,393	269,955	252,620	264,000
Totals	4,501,241	5,577,125	5,123,847	5,188,903	5,714,155	4,432,868

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

1.1 Change Order and Defect Statistics

Change Orders / Defects Inventory	Sept	Oct	Nov	Dec	Jan	Feb
Beginning	531	524	546	550	552	587
Added	49	53	43	45	87	57
Implemented	53	24	30	36	46	121
Cancelled	3	7	9	7	6	7
Ending	524	546	550	552	587	516



1.2 Change Order and Defect Statistics (continued)

February 2016	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	85	130	9	0	224	
Federally Mandated	1	0	0	0	1	
Non-Priority	207	25	59	0	291	
Totals	293	155	68	0	516	

*The priority list consists of 224 Change Orders & Defects.

February 2016	Change Orders			Defects		
	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	32	95	3	3	3	2
Federally Mandated	0	1	0	1	0	0
Non-Priority	11	10	0	10	12	2
Totals	43	106	3	14	15	4

2 Unplanned System Outages

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

2.1 Billable Hours Usage Summary (Contract Year 2015)

Month	BILLABLE	UNDECIDED	CCB Approved	Need CCB Review
Dec 2015	2,201.25	72.50	2,197.00	76.75
Jan 2016	1,078.50	35.50	1,078.50	35.50
Feb 2016	1,418.25	188.75	1,418.25	188.75
Mar 2016				
Apr 2016				
May 2016				
Jun 2016				
Jul 2016				
Aug 2016				
Sep 2016				
Oct 2016				
Nov 2016				

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

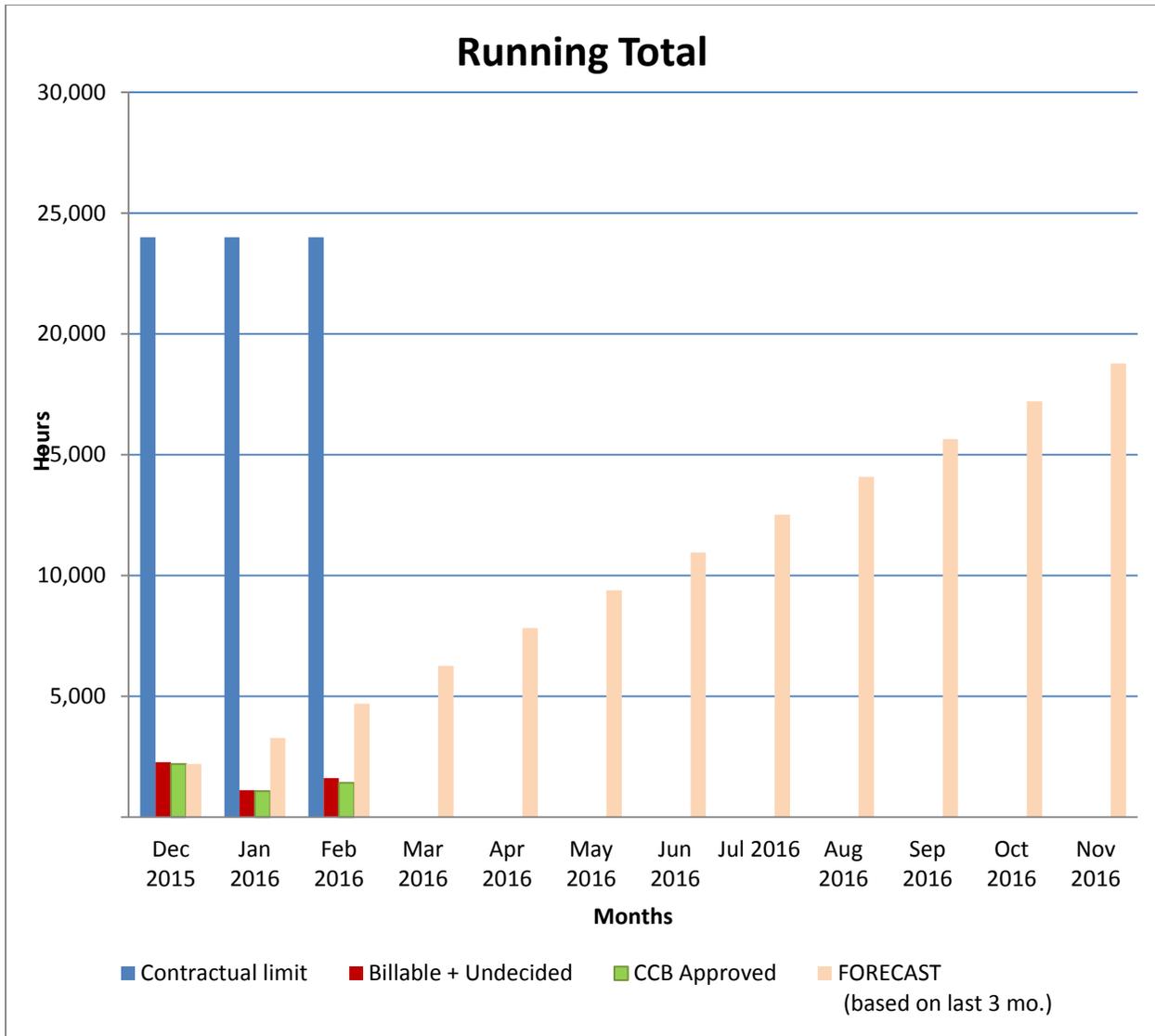
**These totals EXCLUDE hours logged against HBE - Realtime project, Provider Portal, ORP, and T-MSIS 2.0.

2.2 Running Total (Contract Year 2015)

Month	Contractual limit	Billable + Undecided	CCB Approved	Forecast (based on last 3 months)	Need CCB Review
Dec 2015	24,000.00	2,273.75	2,197.00	2,197.00	76.75
Jan 2016	24,000.00	1,114.00	1,078.50	3,275.50	35.50
Feb 2016	24,000.00	1,607.00	1,418.25	4,693.75	188.75
Mar 2016				6,258.33	
Apr 2016				7,822.92	
May 2016				9,387.50	
Jun 2016				10,952.08	
Jul 2016				12,516.67	
Aug 2016				14,081.25	
Sep 2016				15,645.83	
Oct 2016				17,210.42	
Nov 2016				18,775.00	

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

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



3 Monthly Ad hoc Requests

3.1 Inventory Summary

	Beginning of Month	Received This Month	Closed This Month	DMS Hold	Ending Inventory
Type A	0	2	2	0	0
Type B	0	2	2	0	0
Type C	0	12	12	0	0
Type D	1	5	6	0	0
Type E	0	0	0	0	0
Unspecified	2	1	3	1	0
Total	3	22	25	1	0

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

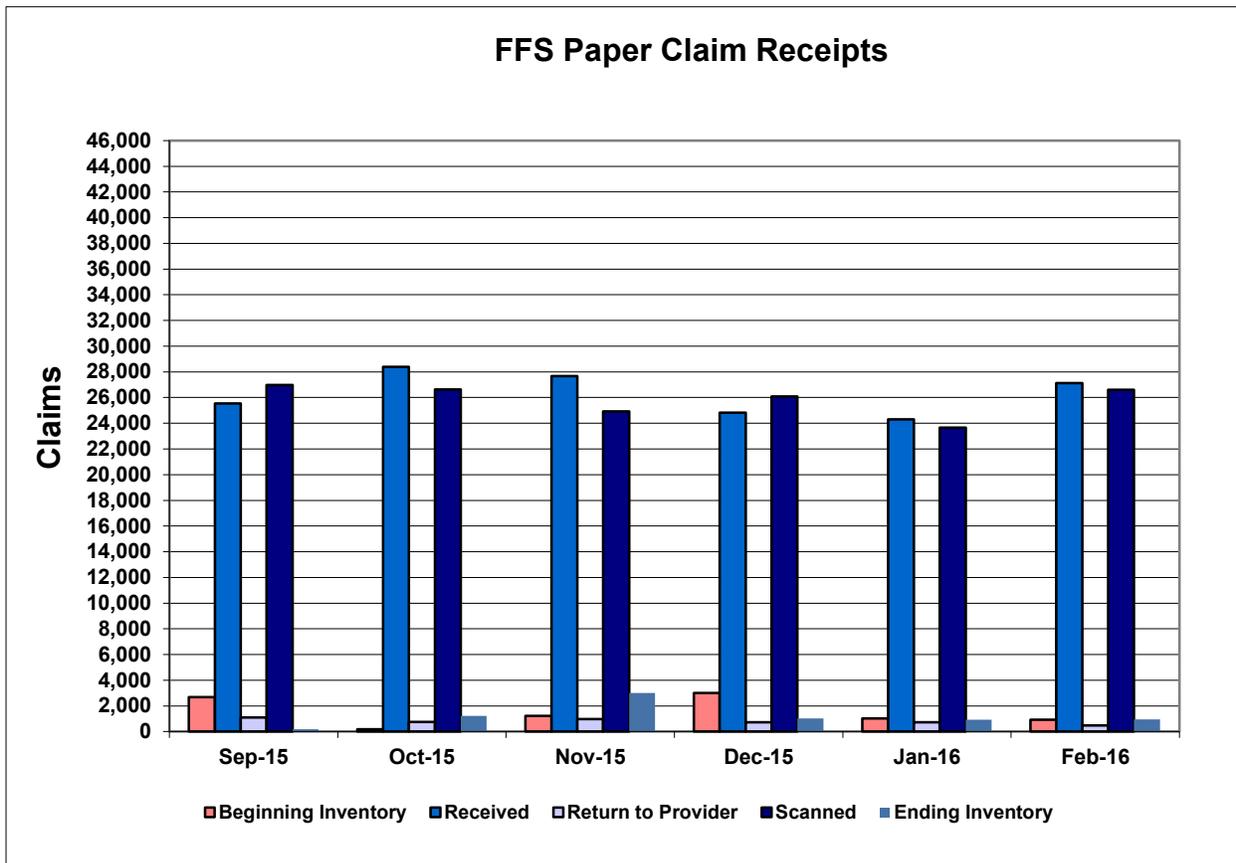
CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
24561		Anglin, Carrie	On Hold	20150409		FFS Reports without MCO data
26036		Patel, Parul	Completed	20160119	20160208	HCB Model II ABI Acute ABI LTC SCL and MPW
26046	D	Bentley, Tracy	Completed	20160125	20160205	ABI Provider Claims for ABI Acute Clients Only
26066		Sayles, Karen	Completed	20160127	20160204	outstanding A/Rs = to or greater than 2500.00
26084	D	Bentley, Tracy	Completed	20160201	20160204	All ABI LTC Providers who accessed T1004
26087	B	Wells, Phyllis	Completed	20160202	20160203	Apage
26098	D	Moccia, Don	Completed	20160203	20160212	MCO Risk Adjusted Rates Effective 01-Apr-2016
26109	C	Moccia, Don	Completed	20160205	20160208	Incarceration-Address Indicator Segments
26112	B	Mays, Jada	Completed	20160209	20160209	DAVE
26131	A	Robey, Cliff	Completed	20160212	20160219	BCCTP for SFY2016
26132	A	Mays, Jada	Completed	20160212	20160215	Dave 2
26137	C	McCarter, Barbara	Completed	20160216	20160216	Crossover Claims ORR 16-60
26142	C	Keeling, Michelle	Completed	20160216	20160217	MCO Payment Search
26145	C	Bradshaw, Nicole	Completed	20160218	20160222	Booker FFS

3.2 Inventory Detail (continued)

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
26147	C	Bradshaw, Nicole	Completed	20160218	20160219	Dr Booker MCO data
26148	C	Bradshaw, Nicole	Completed	20160218	20160222	Associates FFS data
26149	C	Bradshaw, Nicole	Completed	20160218	20160222	Colbert Trowel FFS data
26150	C	Bradshaw, Nicole	Completed	20160218	20160222	Associates in Behavior MCO data
26151	C	Bradshaw, Nicole	Completed	20160218	20160222	Dr Colbert Trowell MCO data
26157	D	Bentley, Tracy	Completed	20160219	20160222	ABI Clients DMS Expenditures
26166	C	Bentley, Tracy	Completed	20160222	20160223	ABI Case Managment 03/01/15-01/31/16
26167	D	Bentley, Tracy	Completed	20160222	20160223	LICM 01/01/15-12/31/15
26168	D	Bentley, Tracy	Completed	20160222	20160223	Inspired Living 01/01/15-12/31/15
26169	C	Bentley, Tracy	Completed	20160222	20160223	Frazier 01/01/15-12/31/15
26144		McCarter, Barbara	Completed	20160223	20160224	Crossover Claims ORR 16-62
26178	C	Keeling, Michelle	Completed	20160225	20160225	MCO check

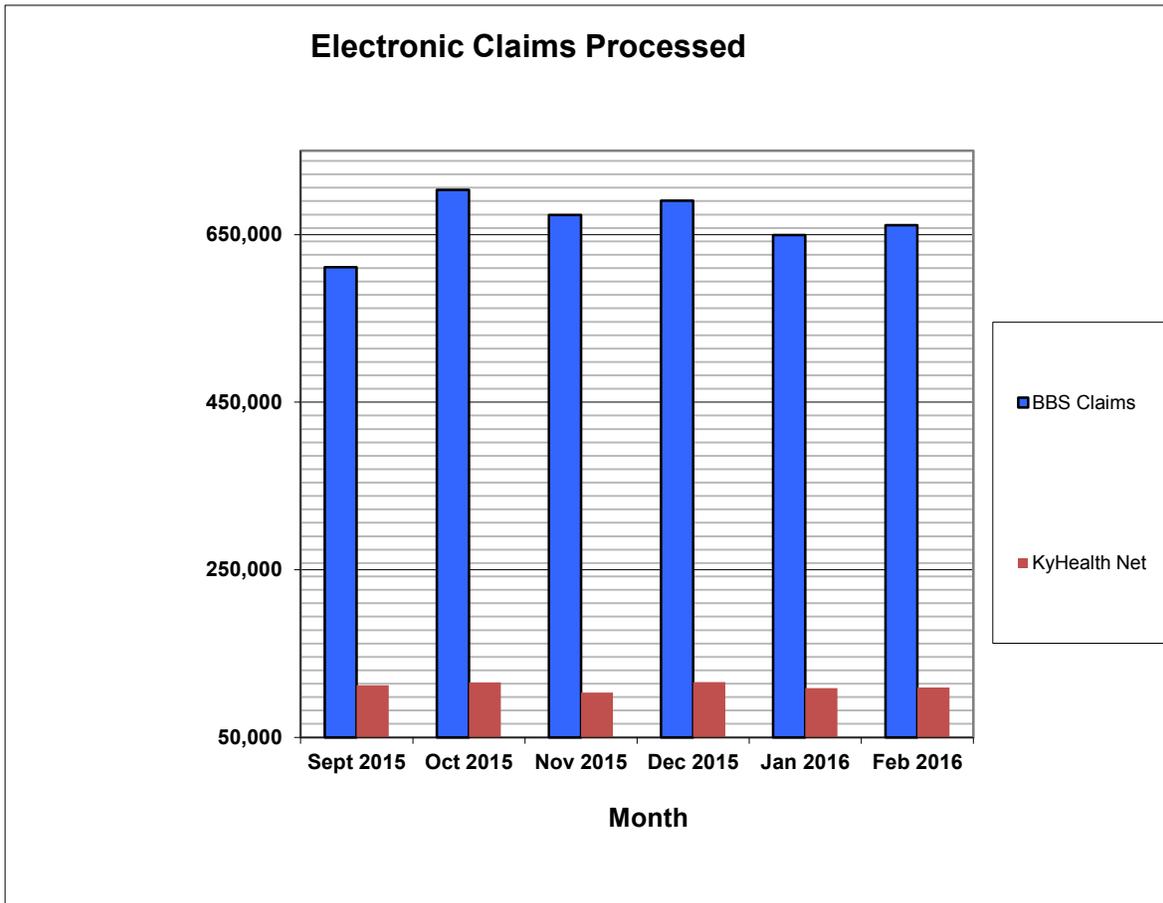
4 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
September 2015	2,695	25,552	1,093	26,968	186	0 days
October 2015	186	28,395	748	26,622	1,211	0 days
November 2015	1,211	27,682	970	24,918	3,005	0 days
December 2015	3,005	24,828	727	26,092	1,014	0 days
January 2016	1,014	24,307	736	23,666	919	0 days
February 2016	919	27,125	489	26,596	959	0 days



5 Electronic Claims Processed

	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Bulletin Board System Claims Processed	611,192	703,614	673,535	690,697	649,386	661,155
Kentucky HealthNet Claims Processed	112,105	115,373	103,551	115,886	108,829	109,345



6 Monthly FFS Claim Totals by Media

Begin Date	End Date
02/01/2016	02/29/2016

TOTAL	Denied Claims	Paid Claims		Suspense Claims
		Billed Amount	Billed Amount	
Electronic	\$317,024,475.56	\$1,377,609,466.33	\$228,952,364.00	\$8,000,501.99
Paper	\$39,282,510.84	\$18,656,936.43	-\$22,810,027.93	\$4,587,223.50
TOTAL:	\$356,306,986.40	\$1,396,266,402.76	\$206,142,336.07	\$12,587,725.50

7 Monthly Claims Operations

7.1 FFS Monthly Financial Cycle Summary

Category	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016
Paid Claims	512,938	698,868	618,043	674,988	772,649	600,134
Denied Claims	222,843	325,825	244,665	238,385	298,380	250,068
Total Adjudicated Claims	735,781	1,024,693	862,708	913,373	1,071,029	850,202
Adjustments	15,123	20,309	15,194	15,219	19,807	14,040
Total Claims	750,904	1,045,002	877,902	913,373	1,090,836	864,242
Suspended/Re-suspended Claims	2,366	6,630	7,881	10,014	12,292	12,886
% of Denied Claims	30.3%	31.8%	28.4%	26.1%	27.9%	29.4%
Avg \$ per Claim	\$344.32	\$311.40	\$309.32	\$284.54	\$290.92	\$343.49
Claim Payment Amount	\$176,613,542.46	\$217,630,740.72	\$191,174,036.26	\$192,063,095.23	\$224,782,531.02	\$206,142,336.07
(+) Payouts	\$312,480.72	\$17,632,842.35	\$7,906,941.01	\$719,131.62	\$35,451,995.21	\$546,424.19
(-) Recoupments	-\$83,716,530.54	-\$5,767,229.29	\$2,704,308.67	\$2,652,385.75	-\$3,608,065.38	-\$25,222,109.35
Check Issue	\$93,209,492.64	\$229,496,353.78	\$196,376,668.60	\$190,129,841.10	\$256,626,460.85	\$181,466,650.91
Capitation Payment	\$590,843,367.06	\$603,699,695.98	\$587,649,615.80	\$592,018,460.44	\$609,448,354.69	\$571,920,569.01
Total Paid	\$684,052,859.70	\$833,196,049.76	\$784,026,284.40	\$782,148,301.54	\$866,074,815.54	\$753,387,219.92

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

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

Category	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015
Paid Claims	534,710	759,717	609,516	590,208	673,834	656,478
Denied Claims	239,464	308,141	249,382	208,301	278,033	228,417
Total Adjudicated Claims	774,174	1,067,858	858,898	798,509	951,867	884,895
Adjustments/Claim Credits	14,099	16,867	13,036	13,319	16,393	17,785
Total Claims	788,273	1,084,725	871,934	811,828	968,260	902,680
Suspended/Resuspended Claims	5,065	5,795	9,695	5,993	7,563	6,582
% of Denied Claims	30.9%	28.9%	29.0%	26.1%	29.2%	25.8%
Avg \$ per Claim	\$364.19	\$300.36	\$330.92	\$330.11	\$329.63	\$305.69
Claim Payment Amount	\$194,735,154.30	\$228,189,682.95	\$201,698,555.45	\$194,835,718.11	\$222,116,290.86	\$200,678,617.23
(+) Payouts	\$895,918.39	\$18,470,812.50	\$449,744.98	\$758,053.27	\$2,216,747.24	\$1,984,434.80
(-) Recoupments	-\$5,243,582.40	-\$5,995,837.43	-\$3,568,083.19	-\$2,453,779.01	-\$3,830,684.95	-\$2,856,866.45
Check Issue	\$190,387,490.29	\$240,664,658.02	\$198,580,217.24	\$193,139,992.37	\$220,502,353.15	\$199,806,185.58
Capitation Payment	\$548,904,752.11	\$557,259,963.95	\$546,124,186.21	\$576,694,958.60	\$593,455,163.32	\$600,540,924.27
Total Paid	\$739,292,242.40	\$797,924,621.97	\$744,704,403.46	\$769,834,950.97	\$813,957,516.47	\$800,347,109.85

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
02/01/2016	02/29/2016

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
ANTHEM	270,377	\$105,096,127.43	1,139,663	-\$2,353,249.44	1,410,040	\$102,742,877.99
COVENTRY	95,153	\$43,963,107.97	397,601	\$3,362,057.04	492,754	\$47,325,165.01
HUMANA	119,882	\$58,966,209.62	505,929	\$1,818,819.85	625,811	\$60,785,029.47
KENTUCKY SPIRIT						
NEMT	1,217,699	\$8,792,092.67	54,042	\$256,822.66	1,271,741	\$9,048,915.33
PASSPORT	278,206	\$138,164,540.01	44,479	\$9,126,014.16	322,685	\$147,290,554.17
WELLCARE	431,503	\$205,512,250.99	1,801,461	-\$784,223.95	2,232,964	\$204,728,027.04
Sum:	2,412,820	\$560,494,328.69	3,943,929	\$11,426,240.32	6,356,749	\$571,920,569.01

7.2 Monthly MCO & NEMT Capitations (continued)

NEMT	Cap Transactions	Amount Paid
AUDUBON AREA COMMUNITY SERVICES INC/GRITS	51,893	\$396,806.58
PENNYRILE ALLIED COMSERVICES, INC	58,609	\$362,299.48
AUDUBON AREA COMMUNITY SERVICES INC	60,193	\$386,622.39
L.K.L.P. C.A.C., INC REGION 4	67,906	\$440,206.80
LKLP CAC INC REGION 5	99,836	\$987,450.96
FEDERATED TRANSPORTATION SERVICES	243,753	\$1,951,490.65
BLUE GRASS COMMUNITY ACTION AGENCY INC	83,318	\$461,403.20
LKLP CAP INC REGION 9	96,130	\$579,634.20
FEDERATED TRANSPORTATION SERVICES	66,383	\$452,290.60
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	67,908	\$409,110.05
RURAL TRANSIT ENTERPRISES	135,241	\$1,109,388.55
LKLP COMMUNITY ACTION	90,277	\$626,506.57
SANDY VALLEY TRANSPORTATION	65,188	\$448,010.90
LKLP CAC INC REGION 15	65,360	\$327,035.28
LICKING VALLEY COMMUNITY ACTION PROGRAM INC	19,746	\$110,659.12
TOTAL	1,271,741	\$9,048,915.33

7.3 FFS Adjudicated Original Claims (By Claim)

Begin Date	End Date
02/01/2016	02/29/2016

Paper Claims	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016
Paid	7,475	7,847	6,762	5,900	6,640	5,968
Denied	13,928	14,629	10,145	9,310	11,731	12,743
Total	21,403	22,476	16,907	15,210	18,371	18,711
% of Total Adjudicated Claims	2.35%	2.08%	1.96%	1.67%	1.72%	2.20%
% of Paper Denied Claims	65.07%	65.09%	60.00%	61.21%	63.86%	68.10%

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	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016
Paid	653,687	730,624	611,281	669,088	766,009	594,166
Denied	235,856	325,830	234,520	229,075	286,649	237,325
Total	889,543	1,056,454	845,801	898,163	1,052,658	831,491
% of Total Adjudicated Claims	97.65%	97.92%	98.04%	98.33%	98.28%	97.80%
% of Electronic Denied Claims	26.51%	30.84%	27.73%	25.50%	27.23%	28.54%

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
02/01/2016	02/29/2016

Procedure	Description	Member Count	Claim Count	Amount Paid
T2016	HABIL RES WAIVER PER DIEM	3,794	37,290	\$20,005,944.78
S5108	HOMECARE TRAIN PT 15 MIN	8,974	39,631	\$17,945,905.21
99199	SPECIAL SERVICE/PROC/REPORT	5,274	8,988	\$14,860,166.21
T1015	CLINIC SERVICE	73,544	103,556	\$8,848,977.46
T2021	DAY HABIL WAIVER PER 15 MIN	4,839	28,972	\$4,578,856.09
T2022	CASE MANAGEMENT, PER MONTH	13,679	16,321	\$4,446,757.40
T2023	TARGETED CASE MGMT PER MONTH	10,035	14,916	\$4,377,897.10
H0004	ALCOHOL AND/OR DRUG SERVICES	3,479	9,639	\$3,333,348.14
S5100	ADULT DAYCARE SERVICES 15MIN	2,839	20,209	\$2,703,414.10
T1019	PERSONAL CARE SER PER 15 MIN	581	2,527	\$2,156,329.75

7.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
F70	MILD INTELLECTUAL DISABILITIES	5,494	35,073	\$15,097,284.70
F71	MOD INTELLECTUAL DISABILITIES	4,265	28,118	\$11,679,601.35
G309	ALZHEIMER'S DISEASE, UNSPEC	1,727	2,864	\$8,144,519.80
3128	OTHER CONDUCT DISTURBANCE	4,067	4,447	\$7,625,982.42
F911	CONDUCT DISORDER, CHILDHOOD-ONSET TYPE	4,162	4,221	\$7,234,935.89
F840	AUTISTIC DISORDER	3,729	21,492	\$7,198,347.34
F73	PROFOUND INTELLECTUAL DISABILITIES	647	2,719	\$6,921,997.51
F72	SEVERE INTELLECTUAL DISABILITIES	975	5,164	\$6,069,075.57
F0390	UNSPECIFIED DEMENTIA W/O BEHAVIORAL DISTURBANCE	1,888	3,003	\$6,001,480.31
3439	CEREBRAL PALSY NOS	236	1,236	\$5,298,938.96

7.6 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
02/01/2016	02/29/2016

Procedure	Description	Member Count	Claim Count	Amount Paid
99213	OFFICE/OUTPATIENT VISIT EST	174,049	227,269	\$8,722,509.97
99284	EMERGENCY DEPT VISIT	48,387	60,245	\$8,339,426.13
99283	EMERGENCY DEPT VISIT	58,032	73,495	\$6,835,386.89
99285	EMERGENCY DEPT VISIT	28,598	35,410	\$5,549,823.78
99214	OFFICE/OUTPATIENT VISIT EST	74,644	89,221	\$5,229,346.03
90837	PSYTX PT&FAMILY 60 MINUTES	17,965	37,257	\$4,063,353.61
H2019	THER BEHAV SVC, PER 15 MIN	602	6,817	\$3,393,618.02
59409	OBSTETRICAL CARE	4,191	4,289	\$3,207,667.46
T2023	TARGETED CASE MGMT PER MONTH	6,449	8,810	\$3,099,679.42
A0120	NONER TRANSPORT MINI-BUS	8,604	96,838	\$2,046,301.95

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

7.7 Monthly MCO Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
R69	ILLNESS, UNSPECIFIED	19,819	266,416	\$6,121,952.63
V5869	LONG-TERM USE MEDS NEC	4,206	18,813	\$3,903,625.89
A419	SEPSIS, UNSPECIFIED ORGANISM	747	1,398	\$3,812,079.72
Z3800	SNGL LIVEBORN INFANT, DEL VAG	1,825	2,789	\$3,785,956.44
Z3801	SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN	924	1,449	\$2,942,969.36
F1120	OPIOID DEPENDENCE, UNCOMPLIC	6,769	21,245	\$2,786,155.12
Z5111	ENCOUNTER ANTINEOPLASTIC CHEMO	583	979	\$2,771,303.74
R079	CHEST PAIN, UNSPECIFIED	9,384	14,644	\$2,198,658.83
V5789	REHABILITATION PROC NEC	234	424	\$1,856,052.99
J189	PNEUMONIA, UNSPECIFIED ORGANISM	3,288	5,526	\$1,829,091.31

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
5001	Exact Duplicate	19,395	15.7%
4021	No Coverage for Billed Procedure	18,815	15.3%
1010	Rendering Provider Not A Mem Of Billing Grp	18,207	14.8%
2017	Services Covered Under Member's MCO Plan	15,237	12.4%
6109	Targeted Case Management Services Limitation	9,296	7.5%
3317	This Service was not Approved by Medicare	9,124	7.4%
2003	Member Ineligible on Detail Date of Service	9,109	7.4%
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	8,132	6.6%
4804	No Contract for Billed Revenue Code	7,701	6.3%
1955	Cannot Determine Medicaid Nbr for Billing Prov	7,580	6.2%
Totals		123,196	60.5%

Total Denied Details – 203,506

Note: Total # of top ten denials (123,196) divided by total denied details (203,506) = % of top ten denials (60.5%)

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

Error	Description	Number of Failures	% of Top Ten
4405	Unable to Assign Provider Contract	4,224	24.2%
2001	Member ID Number not on File Recycle	3,104	17.7%
3001	PA Not Found on Database	2,234	12.8%
3305	Member Requires Valid Pt Liability for DOS	1,802	10.3%
2503	Member Covered by Medicare B	1,498	8.6%
4371	Claim Type Restriction for Covered Procedure	1,317	7.5%
4314	Claim Type Restriction for Covered Diagnosis	1,316	7.5%
4014	No Pricing Segment on File	692	3.9%
3395	Hospice Eligibility	664	3.8%
3310	No Rate on File for Provider	639	3.7%
Totals		17,490	69.7%

Total Suspended Details – 25,080

Note: Total # of top ten failures (17,490) divided by total suspended details (25,080) = % of top ten suspense (69.7%)

7.9 FFS Suspended Original Claims by Age (By Claim)

Category	September 2015		October 2015		November 2015		December 2015		January 2016		February 2016	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	1,997	84.40	6,255	94.34	7,491	95.05	9,610	95.96	11,868	96.55	12,395	96.19
31-60 days	55	2.32	49	.74	46	.59	32	.32	45	.36	88	.68
61-90 days	23	.98	15	.23	28	.35	32	.32	18	.15	32	.25
91+ days	291	12.30	311	4.69	316	4.01	340	3.40	361	2.94	371	2.88
Total	2,366		6,630		7,881		10,014		12,292		12,886	

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

Category	September 2015	October 2015	November 2015	December 2015	January 2015	February 2015	Oldest Julian Date
Resolutions	29	12	2	1	1	1	16-021
Med.Review	0	0	0	1	0	21	16-008
TPL	0	0	0	0	0	0	0
Adjustments	0	0	0	0	0	0	0
Recycle	0	0	0	0	1	0	0
DMS	340	363	388	402	422	469	12-128
Total	369	375	390	404	424	491	

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.	1,916	6,402	6,852	0		14 days
CS40-Child Support	0	510	510	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	265	1,582	1,463	0	384	10 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	13	228	208	0	33	0 days
TPL Checks	44	106	98	0	52	6 days
TPL Mail	1,249	3,248	3,822	0	675	2 days
KHIPP	0	408	408	0	0	0 days
Total	3,487	12,484	13,361	0	2,610	

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	59	58	0	1	0	0	0 days
Payouts	0	13	13	0	0	0	0	0 days
Accounts Receivable Updates	0	20,581	20,581	0	0	0	0	0 days
Accounts Receivable Transfers	0	0	0	0	0	0	0	0 days
Total	0	20,653	20,652	0	1	0	0	0 days

9.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	14	3	8	9	1 day
HP Financial	132	357	419	70	3 days
DMS Financial	64	1,273	188	1,149	2 days
Total	210	1,633	615	2,458	

9.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	0	167	116	17	34	1 day
Institutional	0	99	82	3	14	1 day
Voids	0	398	385	13	0	0 days
Total	0	664	583	33	48	

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)	617	77	73	13	16	592	592	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
Total	617	77	73	13	16	592	592	0

10 Provider Relations

10.1 Provider Field Representatives

10.1.1 Provider Visits

February 3, 2016

Vicky Hicks, HPE Provider Field Representative, conducted a provider visit with Chransye on February 3, 2016. The provider requested a visit to drop off corrected claim copies after meeting this morning with Kelly Gregory. Those who attended the visit were: Melissa Gross.

Kelly Gregory, HPE Provider Field Representative, conducted a provider visit with Chransye on February 3, 2016. The provider requested a visit on-site to review claims to ensure they were completed correctly. We reviewed the billing instructions which showed corrections were needed. The provider advised she would correct the claims and drop off later in the day. Those who attended the visit were: Melissa Gross.

10.2 Conference Calls (Calls Greater Than 30 Minutes)

February 3, 2016

Kelly Gregory, HPE Provider Field Representative, conducted a conference call with Wellness Place LLC on February 3, 2016. The provider requested a conference call to review billing instructions and fee schedule. Those who attended the conference call were: Dr. Jones.

February 4, 2016

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with University of Louisville College of Dentistry on February 4, 2016. The provider requested a conference call to discuss how a 1099 is determined and how to change a 1099 from an individual provider to the group. Those who attended the call were: Patrick and Lou Ann

February 10, 2016

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Aging with Grace dba Grace Place Adult Day Center on February 10, 2016. The provider requested a conference call to refresh her knowledge of navigation of the Claim Submission function of KYHealthnet. Those who attended the call were: DG Gridley

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Medical Park Pharmacy on February 10, 2016. The provider requested a conference call to learn how to navigate Member Eligibility Verification and Claim Submission panels on KYHealth Net. Those who attended the call were: Michele Dillon

10.3 Conference Calls (Calls Greater Than 30 Minutes)

February 19, 2016

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Independence at Heart on February 19, 2016. The provider requested a conference call to learn how to navigate Member Eligibility Verification and Claim Submission panels on KYHealth Net. Those who attended the call were: Kerrie Johnson

February 25, 2016

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Lagrange Family Care Drs. on February 25, 2016. Provider requested conference call to learn how to submit crossover claims using KYHealthnet. Those who attended the call were: Poorna Kemparajurs

10.4 Association Meetings

There were no association meetings in the month of February.

10.5 Provider Contacts

Provider Calls	208
Provider E-mails	613
Total	821

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

10.6 Provider Workshops

There were no provider workshops in the month of February.

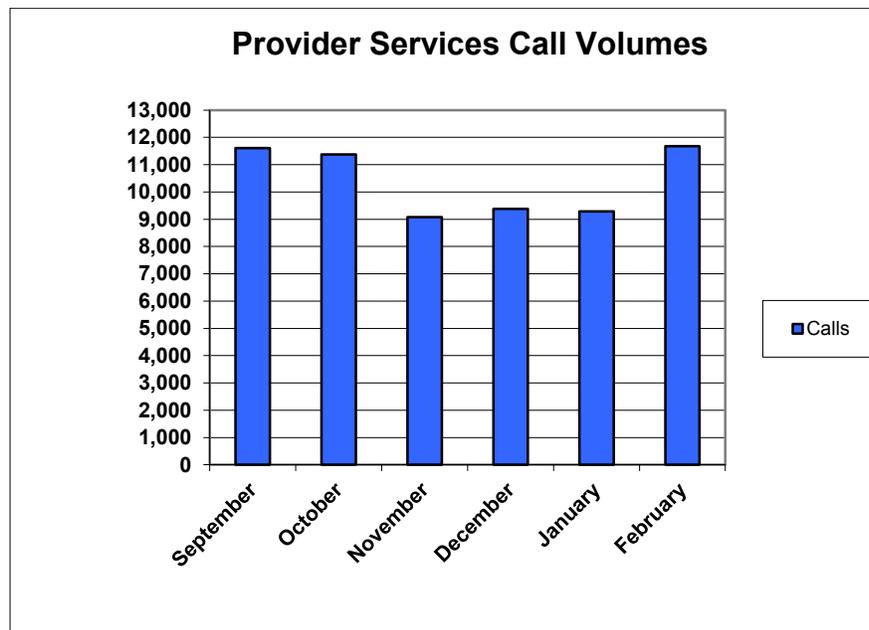
10.7 Provider Services

10.7.1 Provider Services

Category	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016
% Service Level	96%	95%	94%	94%	90%	93%
Abandoned Calls	442	521	561	519	913	835
Avg Speed Ans	1:06	1.29	1.55	1.41	2.12	3.79
Incoming Calls	11,603	11,374	9,083	9,376	9,292	11,677
Paper Correspondence	277	380	359	289	296	517
E-Mail Correspondence	271	283	244	226	227	248
Fax	18	30	27	22	32	6
Total*	12,169	12,067	9,713	9,913	9,847	12,448
HP Callbacks	84	105	131	97	86	208

*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 February 2016:

- **Member Subsystem** (February 3) 2 attended
 - Bradley Reid, Division of Program Integrity-Audit and Compliance Branch
 - Trevor Thompson, Department of Insurance
- **Provider Subsystem** (February 4) 2 attended
 - Bradley Reid, Division of Program Integrity-Audit and Compliance Branch
 - Trevor Thompson, Department of Insurance
- **Prior Authorization Subsystem** (February 8) 1 attended
 - Bradley Reid, Division of Program Integrity-Audit and Compliance Branch
- **Reference Subsystem** (February 10) 2 attended
 - Bradley Reid, Division of Program Integrity-Audit and Compliance Branch
 - Trevor Thompson, Department of Insurance
- **Claims Subsystem** (February 11) 2 attended
 - Bradley Reid, Division of Program Integrity-Audit and Compliance Branch
 - Trevor Thompson, Department of Insurance
- **Financial Subsystem** (February 19) 1 attended
 - Bradley Reid, Division of Program Integrity-Audit and Compliance Branch
- **OnBase Application** (February 23) 1 attended
 - Bradley Reid, Division of Program Integrity-Audit and Compliance Branch
- **Encounters** (February 25) 1 attended
 - Bradley Reid, Division of Program Integrity-Audit and Compliance Branch
- **Encounter Reports** (February 25) 1 attended
 - Bradley Reid, Division of Program Integrity-Audit and Compliance Branch
- **Special In Depth Training** (February 26) 0 attended
 - No One Attended Class

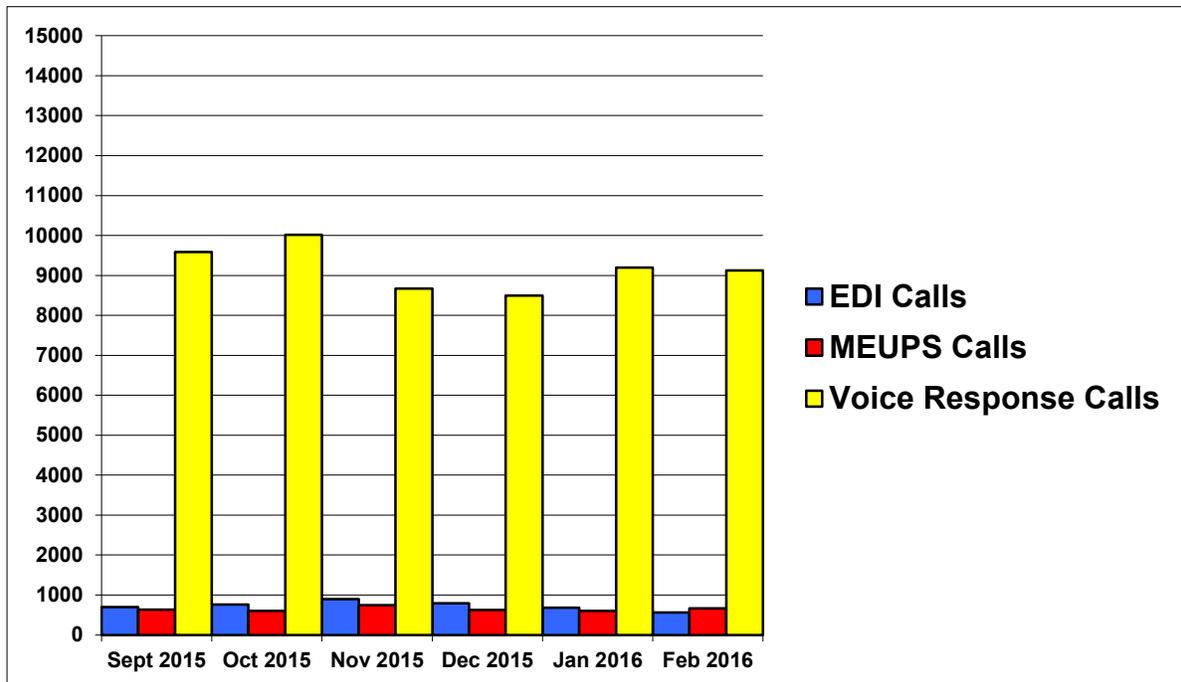
Staff members' supervisors are sent a confirmation via email of attendance

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

11 EDI Customer/Provider Interaction

11.1 Electronic Data Interchange Calls Received

Category	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
EDI Calls	697	759	900	793	679	560
MEUPS Calls	633	602	746	629	605	663
Voice Response Calls	9,587	10,014	8,669	8,498	9,195	9,126



Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
September	697	6	:06	2:51	99%
October	759	6	:09	2:57	99%
November	900	17	:14	2:58	98%
December	793	7	:11	3:00	99%
January	679	20	:07	2:52	97%
February	560	3	:05	2:47	99%

Expanded Call Data (continued)

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
September	633	5	:04	2:01	99%
October	602	5	:06	2:16	99%
November	746	13	:16	1:56	98%
December	629	10	:11	2:01	98%
January	605	14	:06	2:06	98%
February	663	3	:03	2:20	99%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
September	9,587	324	:01	1:34	97%
October	10,014	361	:01	1:34	97%
November	9,510	460	:01	1:32	95%
December	8,498	350	:01	1:39	96%
January	9,195	250	:01	1:38	97%
February	9,126	449	:01	1:52	95%

*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

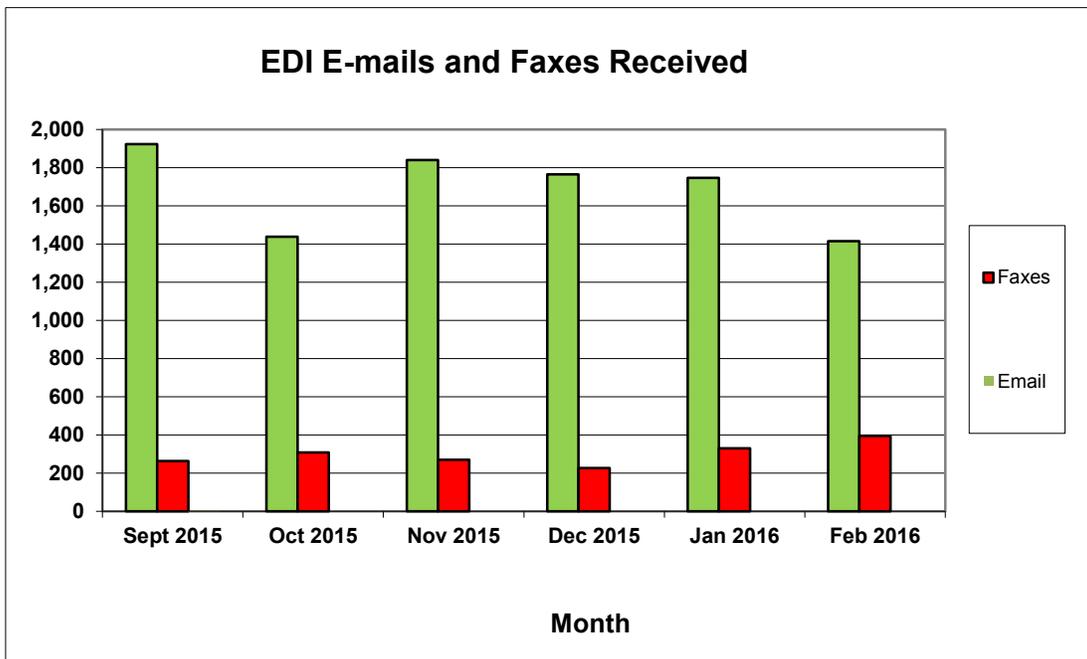
MEUPS Top 5 calls:

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	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Password Resets Received via phone	448	418	381	382	331	302

11.2 EDI E-mails and Faxes Received

Category	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
E-mails Received	1,923	1,438	1,841	1,765	1,746	1,415
E-mails Answered	1,918	1,436	1,840	1,760	1,743	1,411
Faxes Received	263	308	270	226	330	395
Faxes Answered	260	307	268	222	325	386



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	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Password Resets Received via email	350	416	356	298	373	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	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
PINs Received via fax	122	97	88	260	117	126
Admins Received via fax	93	103	73	117	114	121

*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
March 2016*

Cabinet for Health and Family Services Department for Medicaid Services

<u>Role:</u>	<u>Name:</u>
Author	Janet Penn
Reviewer	Donna Sims
HP Enterprise Services Management	Richard DeGise, Account Executive
Client	Commissioner Stephen P. Miller Medicaid Systems Director Stacy Fish
DELIVERABLE TITLE: Operational Status Report	DATE SUBMITTED: April 15, 2016
FILE NAME: 2016_03_KY_MMIS_Operational_Status_Report.docx	AUTHORING TOOL: Microsoft Word 2007

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1 Executive Summary

	March	Page Number
Claims Processed	968,874	Page 17
Total Dollars Paid	\$223,338,783.59	Page 17
Claims Paid	684,806	Page 17
Claims Denied	263,179	Page 17
% Denied Claims	27.76%	Page 17
Average Claims Held in Cash Management	239,277	N/A
Average Dollars Held in Cash Management	\$37,548,816.56	N/A
Capitation Financial Transactions	1,749,638	Page 18
Capitation Financial Payments	\$531,263,481.64	Page 18
Suspended Claims	12,179	Page 24
Total Suspended Claims > 90 Days	379	Page 24
Provider Services Calls Received	10,845	Page 29
Provider Services Current Service Level %	95%	Page 29

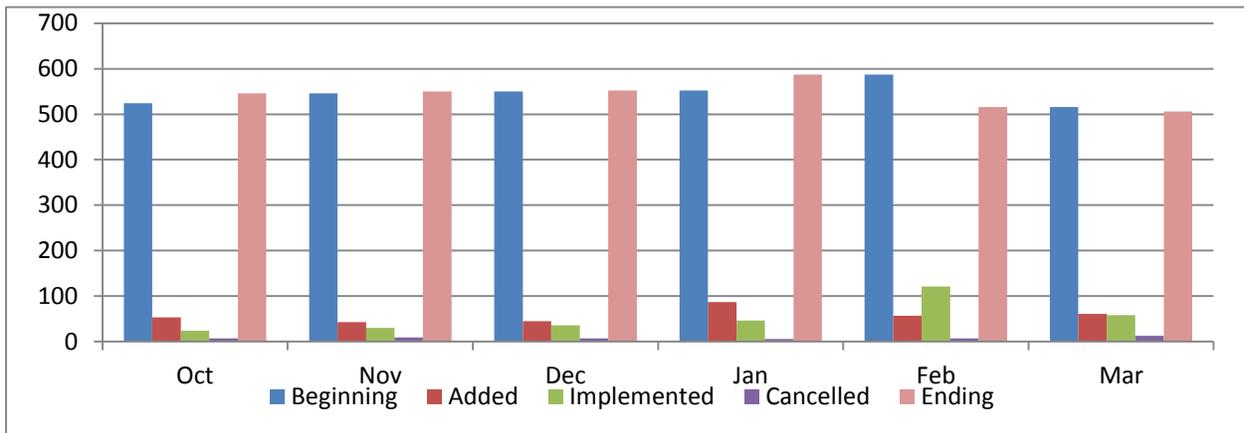
Encounter Load Statistics

Managed Care Organizations (MCOs)						
	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016
Coventry	1,021,125	749,084	1,082,156	1,176,821	464,643	788,376
Humana	607,453	485,549	483,034	578,523	509,397	541,715
Kentucky Spirit	7	0	101	2	0	0
Passport (R03)	1,172	66	15	71	25	30
Passport R31	1,347,944	1,230,543	1,021,518	1,294,084	1,326,124	1,124,059
WellCare	1,905,803	1,765,765	1,699,151	1,665,082	1,183,177	2,235,253
Anthem	415,955	331,574	340,930	449,752	419,086	389,414
Other						
Transportation Encounters	105*	291,873	292,043	297,200	266,416	525,675
Magellan Pharmacy Claims	277,561	269,393	269,955	252,620	264,000	377,162
Totals	5,577,125	5,123,847	5,188,903	5,714,155	4,432,868	5,981,684

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

1.1 Change Order and Defect Statistics

Change Orders / Defects Inventory	Oct	Nov	Dec	Jan	Feb	Mar
Beginning	524	546	550	552	587	516
Added	53	43	45	87	57	61
Implemented	24	30	36	46	121	58
Cancelled	7	9	7	6	7	13
Ending	546	550	552	587	516	506



1.2 Change Order and Defect Statistics (continued)

March 2016	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	74	134	6	0	214	
Federally Mandated	3	0	0	0	3	
Non-Priority	209	25	55	0	289	
Totals	286	159	61	0	506	

*The priority list consists of 214 Change Orders & Defects.

March 2016	Change Orders			Defects		
	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	19	25	3	2	3	1
Federally Mandated	4	0	0	0	1	0
Non-Priority	15	9	3	21	20	6
Totals	38	34	6	23	24	7

2 Unplanned System Outages

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

2.1 Billable Hours Usage Summary (Contract Year 2015)

Month	BILLABLE	UNDECIDED	CCB Approved	Need CCB Review
Dec 2015	2,243.00	30.75	2,238.75	35.00
Jan 2016	1,111.50	2.50	1,111.50	2.50
Feb 2016	1,572.00	0.50	1,572.00	0.50
Mar 2016	1,324.50	199.50	1,304.25	219.75
Apr 2016				
May 2016				
Jun 2016				
Jul 2016				
Aug 2016				
Sep 2016				
Oct 2016				
Nov 2016				

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

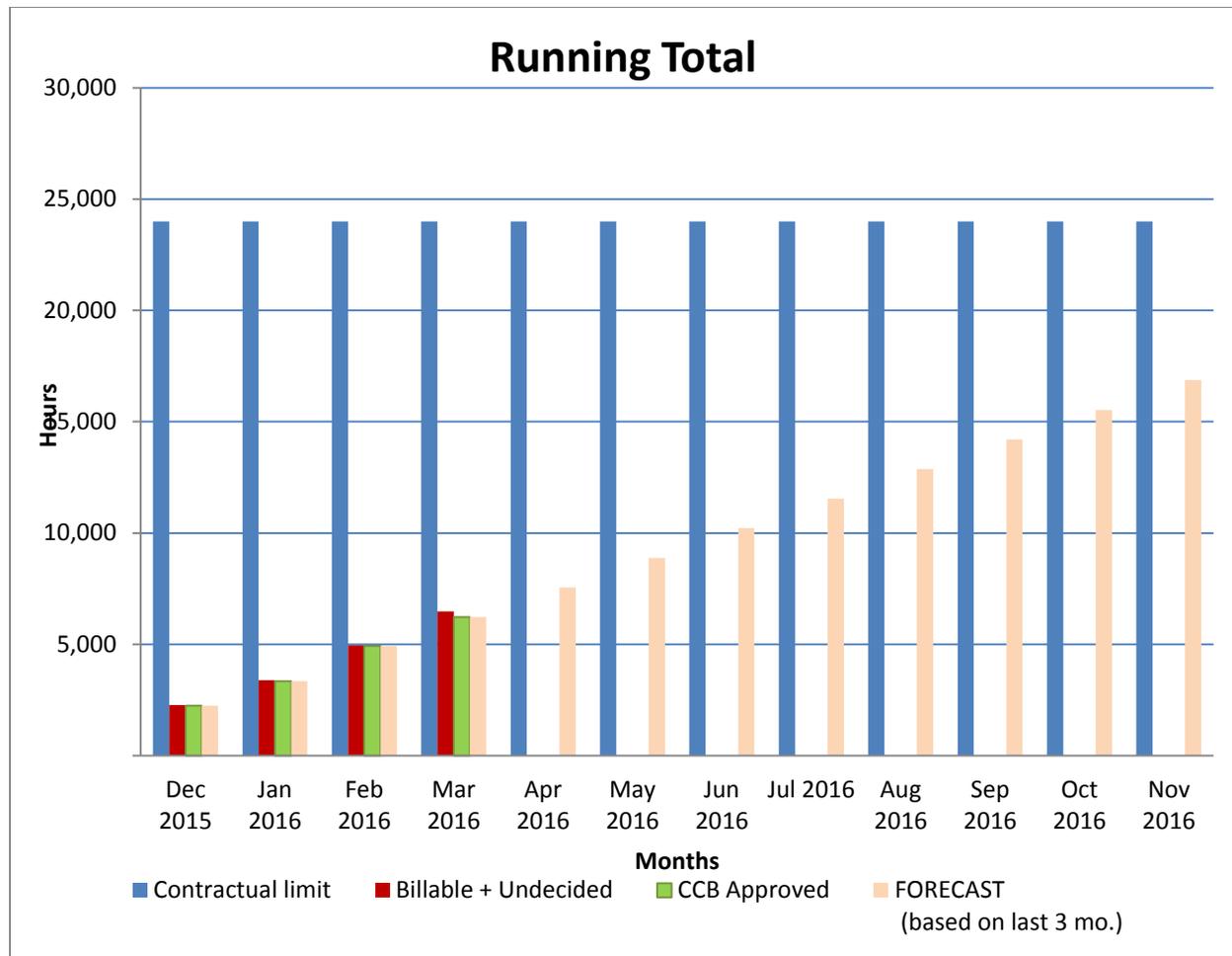
**These totals EXCLUDE hours logged against HBE - Realtime project, Provider Portal, ORP, and T-MSIS 2.0.

2.2 Running Total (Contract Year 2015)

Month	Contractual limit	Billable + Undecided	CCB Approved	Forecast (based on last 3 months)	Need CCB Review
Dec 2015	24,000.00	2,273.75	2,238.75	2,238.75	35.00
Jan 2016	24,000.00	3,387.75	3,350.25	3,350.25	37.50
Feb 2016	24,000.00	4,960.25	4,922.25	4,922.25	38.00
Mar 2016	24,000.00	6,484.25	6,226.50	6,226.50	257.75
Apr 2016	24,000.00			7,555.75	
May 2016	24,000.00			8,885.00	
Jun 2016	24,000.00			10,214.25	
Jul 2016	24,000.00			11,543.50	
Aug 2016	24,000.00			12,872.75	
Sep 2016	24,000.00			14,202.00	
Oct 2016	24,000.00			15,531.25	
Nov 2016	24,000.00			16,860.50	

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

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



3 Monthly Ad hoc Requests

3.1 Inventory Summary

	Beginning of Month	Received This Month	Closed This Month	DMS Hold	Ending Inventory
Type A	0	2	2	0	0
Type B	0	2	2	0	0
Type C	0	15	15	0	0
Type D	0	0	0	0	0
Type E	0	0	0	0	0
Unspecified	0	5	5	1	0
Total	0	24	24	1	0

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

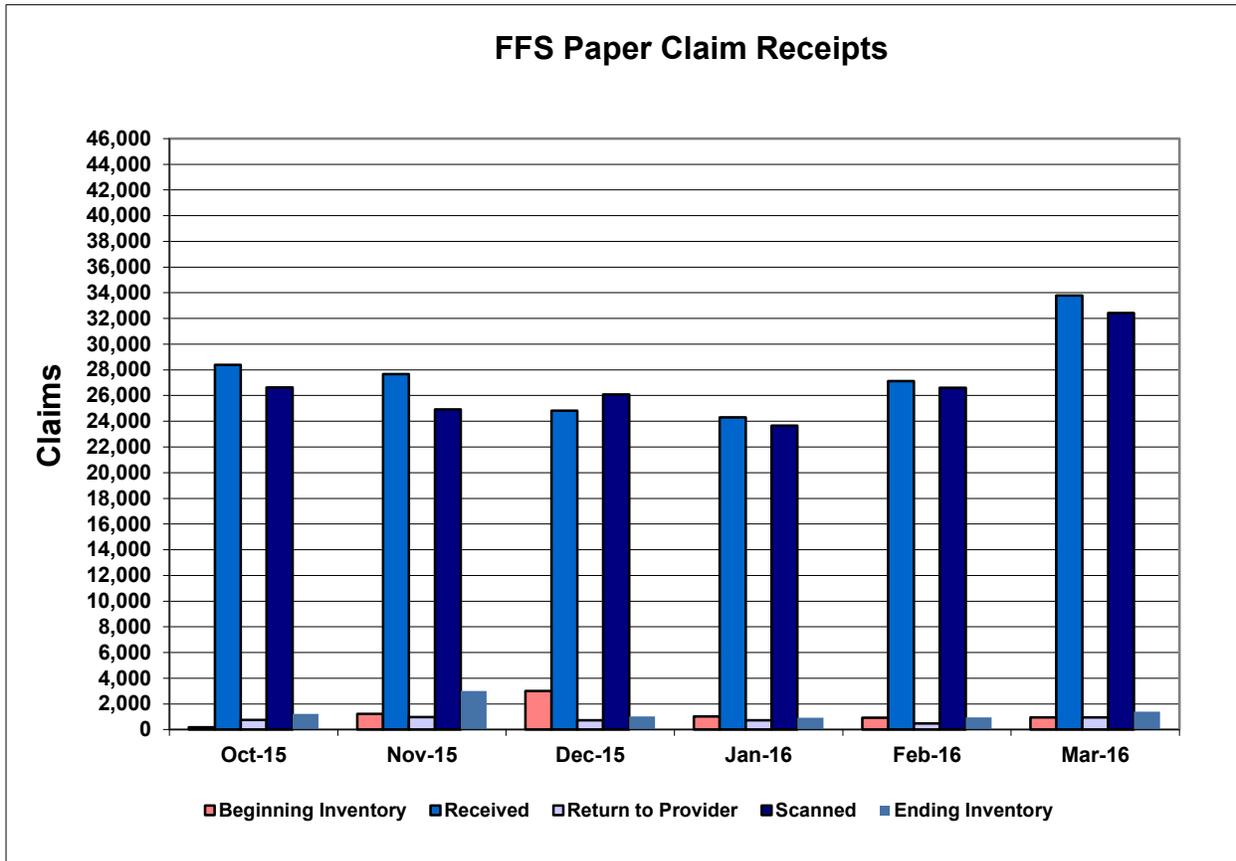
CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
24561		Anglin, Carrie	On Hold	20150409		FFS Reports without MCO data
26198	C	Keeling, Michelle	Completed	20160301	20160301	Med Vis Inst
26201	C	Ishmael, Carl	Completed	20160301	20160301	Provider report
26202	C	Keeling, Michelle	Completed	20160301	20160303	Kidney Care/Maud
26217	B	Mays, Jada	Completed	20160303	20160303	Peavler
26229		Minedi, Laxmi	Completed	20160303	20160314	FFS Payments for the members in list
26237	C	Keeling, Michelle	Completed	20160304	20160304	Rerun 26198
26245	C	Bradshaw, Nicole	Completed	20160307	20160307	Booker FFS second request
26255	C	Ishmael, Carl	Completed	20160308	20160311	Ishmael request- claims outside a prescriber NPI
26257		Keeling, Michelle	Completed	20160309	20160309	K Dave
26269	C	Bentley, Tracy	Completed	20160310	20160310	All ABI Providers Procedure Codes H0004 & H2017
26278	A	Mays, Jada	Completed	20160314	20160314	Night Hawk
26307	C	Bentley, Tracy	Completed	20160315	20160317	Steps Ahead 07/01/2015-01/31/2016
26308	C	Bentley, Tracy	Completed	20160315	20160317	HMR Associates 01/01/2015 - 12/31/2015

3.2 Inventory Detail (continued)

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
26313	C	Mays, Jada	Completed	20160315	20160317	night hawk 2
26324		Minedi, Laxmi	Completed	20160317	20160318	Missing County - Rerun Adhoc 25808
26331	A	Mays, Jada	Completed	20160318	20160318	Ace
26334		Ishmael, Carl	Completed	20160318	20160325	Active providers- DME,LABS,Homehealth
26337	C	Bentley, Tracy	Completed	20160321	20160321	Re-Dd 26308 -HMR Associates 01/01/2015
26343	B	Minedi, Laxmi	Completed	20160322	20160323	APA Audit of Edits and Audits
26344		Patel, Parul	Completed	20160322	20160325	ADD owners to adhoc 25478,26334, and attachment
26346	C	Bentley, Tracy	Completed	20160323	20160324	Achieving More 03/01/15 - 02/29/16
26381	C	Bentley, Tracy	Completed	20160329	20160329	Achieving More 03/01/2015 - 2/29/2016
26390	C	Keeling, Michelle	Completed	20160330	20160330	James Walker
26391	C	Keeling, Michelle	Completed	20160330	20160330	Determine MCO

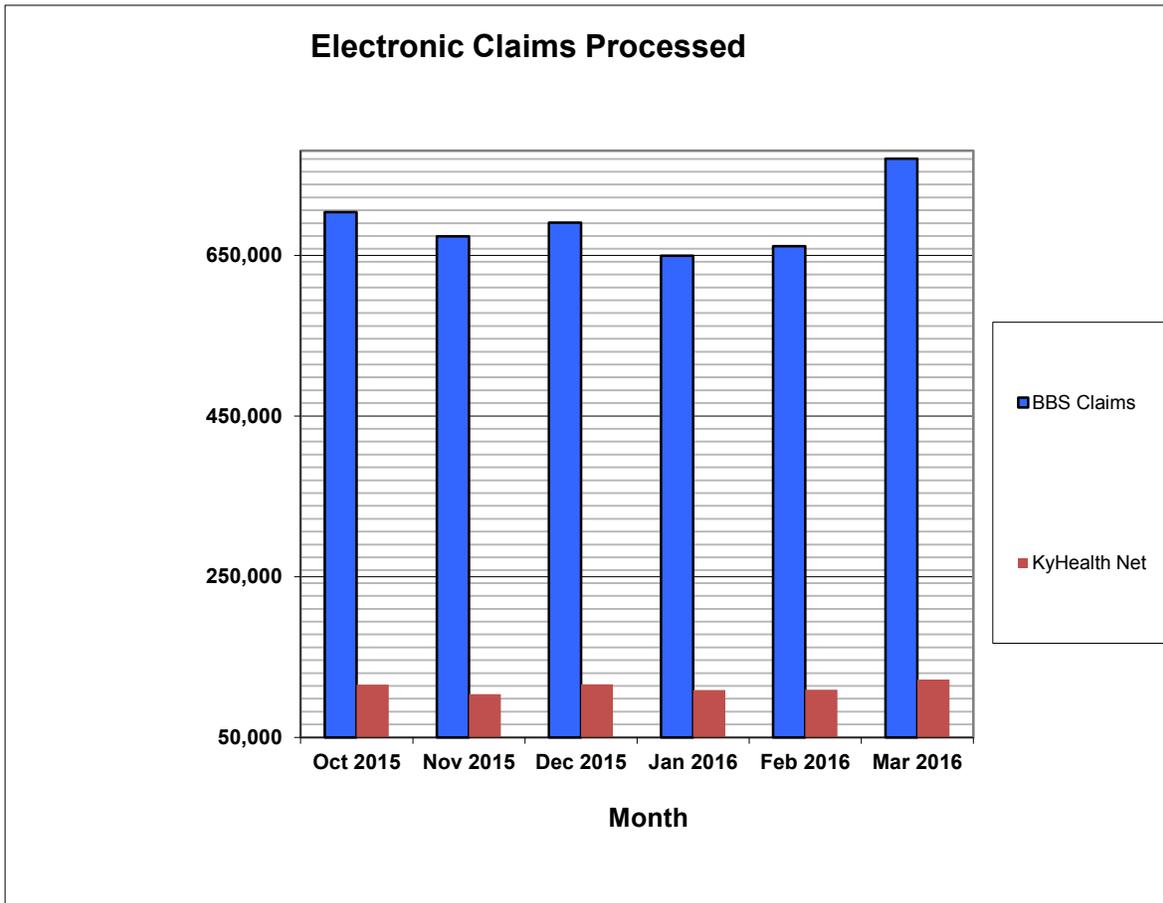
4 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
October 2015	186	28,395	748	26,622	1,211	0 days
November 2015	1,211	27,682	970	24,918	3,005	0 days
December 2015	3,005	24,828	727	26,092	1,014	0 days
January 2016	1,014	24,307	736	23,666	919	0 days
February 2016	919	27,125	489	26,596	959	0 days
March 2016	959	33,798	946	32,420	1,391	0 days



5 Electronic Claims Processed

	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
Bulletin Board System Claims Processed	703,614	673,535	690,697	649,386	661,155	770,083
Kentucky HealthNet Claims Processed	115,373	103,551	115,886	108,829	109,345	121,767



6 Monthly FFS Claim Totals by Media

Begin Date	End Date
03/01/2016	03/31/2016

TOTAL	Denied Claims	Paid Claims		Suspense Claims
	Billed Amount	Billed Amount	Paid Amount	Billed Amount
Electronic	\$341,171,668.24	\$1,298,024,857.95	\$199,462,167.08	\$9,521,081.79
Paper	\$42,284,137.13	\$23,773,256.43	\$23,876,616.51	\$22,019,930.76
TOTAL:	\$383,455,805.37	\$1,321,798,114.38	\$223,338,783.59	\$31,541,930.55

7 Monthly Claims Operations

7.1 FFS Monthly Financial Cycle Summary

Category	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016
Paid Claims	698,868	618,043	674,988	772,649	600,134	684,806
Denied Claims	325,825	244,665	238,385	298,380	250,068	263,179
Total Adjudicated Claims	1,024,693	862,708	913,373	1,071,029	850,202	947,985
Adjustments	20,309	15,194	15,219	19,807	14,040	20,889
Total Claims	1,045,002	877,902	913,373	1,090,836	864,242	968,874
Suspended/Re-suspended Claims	6,630	7,881	10,014	12,292	12,886	12,179
% of Denied Claims	31.8%	28.4%	26.1%	27.9%	29.4%	27.76%
Avg \$ per Claim	\$311.40	\$309.32	\$284.54	\$290.92	\$343.49	\$326.13
Claim Payment Amount	\$217,630,740.72	\$191,174,036.26	\$192,063,095.23	\$224,782,531.02	\$206,142,336.07	\$223,338,783.59
(+) Payouts	\$17,632,842.35	\$7,906,941.01	\$719,131.62	\$35,451,995.21	\$546,424.19	\$364,482.35
(-) Recoupments	-\$5,767,229.29	\$2,704,308.67	\$2,652,385.75	-\$3,608,065.38	-\$25,222,109.35	-\$9,256,804.70
Check Issue	\$229,496,353.78	\$196,376,668.60	\$190,129,841.10	\$256,626,460.85	\$181,466,650.91	\$214,446,461.24
Capitation Payment	\$603,699,695.98	\$587,649,615.80	\$592,018,460.44	\$609,448,354.69	\$571,920,569.01	\$531,263,481.64
Total Paid	\$833,196,049.76	\$784,026,284.40	\$782,148,301.54	\$866,074,815.54	\$753,387,219.92	\$745,709,942.88

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

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

Category	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015
Paid Claims	759,717	609,516	590,208	673,834	656,478	599,843
Denied Claims	308,141	249,382	208,301	278,033	228,417	223,942
Total Adjudicated Claims	1,067,858	858,898	798,509	951,867	884,895	823,785
Adjustments/Claim Credits	16,867	13,036	13,319	16,393	17,785	41,680
Total Claims	1,084,725	871,934	811,828	968,260	902,680	865,465
Suspended/Resuspended Claims	5,795	9,695	5,993	7,563	6,582	7,164
% of Denied Claims	28.9%	29.0%	26.1%	29.2%	25.8%	27.2%
Avg \$ per Claim	\$300.36	\$330.92	\$330.11	\$329.63	\$305.69	\$323.70
Claim Payment Amount	\$228,189,682.95	\$201,698,555.45	\$194,835,718.11	\$222,116,290.86	\$200,678,617.23	\$194,170,637.57
(+) Payouts	\$18,470,812.50	\$449,744.98	\$758,053.27	\$2,216,747.24	\$1,984,434.80	\$5,740,397.70
(-) Recoupments	-\$5,995,837.43	-\$3,568,083.19	-\$2,453,779.01	-\$3,830,684.95	-\$2,856,866.45	-\$3,209,892.21
Check Issue	\$240,664,658.02	\$198,580,217.24	\$193,139,992.37	\$220,502,353.15	\$199,806,185.58	\$196,701,143.06
Capitation Payment	\$557,259,963.95	\$546,124,186.21	\$576,694,958.60	\$593,455,163.32	\$600,540,924.27	\$609,102,993.64
Total Paid	\$797,924,621.97	\$744,704,403.46	\$769,834,950.97	\$813,957,516.47	\$800,347,109.85	\$805,804,136.70

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
03/01/2016	03/31/2016

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
ANTHEM	264,853	\$101,332,053.46	181,938	-\$1,867,557.10	446,791	\$99,464,496.36
COVENTRY	93,781	\$42,084,353.83	26,883	\$492,784.92	120,664	\$42,577,138.75
HUMANA	118,318	\$59,196,704.81	40,455	-\$353,404.60	158,773	\$58,843,300.21
KENTUCKY SPIRIT						
NEMT						
PASSPORT	273,379	\$136,511,270.89	78,875	-\$3,414,249.66	352,254	\$133,097,021.23
WELLCARE	423,947	\$200,569,956.36	221,216	-\$3,288,431.27	645,163	\$197,281,525.09
Sum:	1,174,278	\$539,694,339.35	575,360	-\$8,430,857.71	1,749,638	\$531,263,481.64

***NOTE: The NEMT cycle ran on 3/29/16, therefore, the payment date was 4/1/16. There will be 2 NEMT CAP cycles reported on next month's status.**

7.2 Monthly MCO & NEMT Capitations (continued)

NEMT	Cap Transactions	Amount Paid
AUDUBON AREA COMMUNITY SERVICES INC/GRITS		
PENNYRILE ALLIED COMSERVICES, INC		
AUDUBON AREA COMMUNITY SERVICES INC		
L.K.L.P. C.A.C., INC REGION 4		
LKLP CAC INC REGION 5		
FEDERATED TRANSPORTATION SERVICES		
BLUE GRASS COMMUNITY ACTION AGENCY INC		
LKLP CAP INC REGION 9		
FEDERATED TRANSPORTATION SERVICES		
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS		
RURAL TRANSIT ENTERPRISES		
LKLP COMMUNITY ACTION		
SANDY VALLEY TRANSPORTATION		
LKLP CAC INC REGION 15		
LICKING VALLEY COMMUNITY ACTION PROGRAM INC		
TOTAL	0	\$0.00

***NOTE: The NEMT cycle ran on 3/29/16, therefore, the payment date was 4/1/16. There will be 2 NEMT CAP cycles reported on next month's status.**

7.3 FFS Adjudicated Original Claims (By Claim)

Begin Date	End Date
03/01/2016	03/31/2016

Paper Claims	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016
Paid	7,847	6,762	5,900	6,640	5,968	8,505
Denied	14,629	10,145	9,310	11,731	12,743	14,223
Total	22,476	16,907	15,210	18,371	18,711	22,728
% of Total Adjudicated Claims	2.08%	1.96%	1.67%	1.72%	2.20%	2.48%
% of Paper Denied Claims	65.09%	60.00%	61.21%	63.86%	68.10%	62.58%

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	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016
Paid	730,624	611,281	669,088	766,009	594,166	656,167
Denied	325,830	234,520	229,075	286,649	237,325	237,128
Total	1,056,454	845,801	898,163	1,052,658	831,491	893,295
% of Total Adjudicated Claims	97.92%	98.04%	98.33%	98.28%	97.80%	97.52%
% of Electronic Denied Claims	30.84%	27.73%	25.50%	27.23%	28.54%	26.55%

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

7.4 Monthly FFS Top Ten Procedure Codes

Begin Date	End Date
03/01/2016	03/31/2016

Procedure	Description	Member Count	Claim Count	Amount Paid
99199	SPECIAL SERVICE/PROC/REPORT	5,426	16,609	\$28,230,807.09
S5108	HOMECARE TRAIN PT 15 MIN	9,196	43,698	\$20,294,747.56
T2016	HABIL RES WAIVER PER DIEM	3,872	33,299	\$17,588,824.10
T1015	CLINIC SERVICE	90,992	130,952	\$11,089,674.99
T2023	TARGETED CASE MGMT PER MONTH	12,825	25,862	\$7,579,602.65
T2021	DAY HABIL WAIVER PER 15 MIN	4,852	31,418	\$4,775,552.26
T2022	CASE MANAGEMENT, PER MONTH	14,271	16,035	\$4,383,443.44
H0004	ALCOHOL AND/OR DRUG SERVICES	3,691	10,212	\$3,716,185.12
S5100	ADULT DAYCARE SERVICES 15MIN	2,938	20,704	\$2,880,643.60
T1019	PERSONAL CARE SER PER 15 MIN	592	3,361	\$2,390,696.41

7.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
F70	MILD INTELLECTUAL DISABILITIES	5,695	39,111	\$15,587,489.62
3128	OTHER CONDUCT DISTURBANCE	4,368	8,240	\$14,130,446.40
F911	CONDUCT DISORDER, CHILDHOOD-ONSET TYPE	4,843	8,220	\$14,097,209.55
F71	MODERATE INTELLECTUAL DISABILITIES	4,418	30,460	\$11,700,736.28
F840	AUTISTIC DISORDER	3,865	25,148	\$8,335,884.24
G309	ALZHEIMER'S DISEASE, UNSPECIFIED	1,672	2,836	\$6,104,249.94
F73	PROFOUND INTELLECTUALDISABILITIES	634	3,012	\$5,893,494.40
F72	SEVERE INTELLECTUAL DISABILITIES	987	5,900	\$5,244,412.50
F0390	UNSPECIFIED DEMENTIA W/O BEHAVIORAL DISTURBANCE	1,816	2,998	\$5,054,132.64
Z681	BODY MASS INDEX (BMI) 19 OR LESS, ADULT	9,157	13,973	\$4,086,403.85

7.6 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
03/01/2016	03/31/2016

Procedure	Description	Member Count	Claim Count	Amount Paid
99213	OFFICE/OUTPATIENT VISIT EST	201,598	268,912	\$10,351,598.37
99284	EMERGENCY DEPT VISIT	42,958	52,370	\$6,558,820.41
99214	OFFICE/OUTPATIENT VISIT EST	85,325	102,254	\$5,883,620.39
99283	EMERGENCY DEPT VISIT	52,203	64,967	\$5,343,988.49
99285	EMERGENCY DEPT VISIT	23,151	27,964	\$4,018,838.15
90837	PSYTX PT&/FAMILY 60 MINUTES	20,649	35,100	\$3,573,883.19
T2023	TARGETED CASE MGMT PER MONTH	6,298	8,628	\$2,971,342.94
H2019	THER BEHAV SVC, PER 15 MIN	726	4,812	\$2,852,868.81
A0120	NONER TRANSPORT MINI-BUS	8,529	103,408	\$2,194,175.13
A0100	NONEMERGENCY TRANSPORT TAXI	6,492	96,882	\$2,083,300.36

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

7.7 Monthly MCO Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
R69	ILLNESS, UNSPECIFIED	19,720	286,695	\$6,597,108.69
F1120	OPIOID DEPENDENCE, UNCOMPLICATED	9,268	28,145	\$3,884,193.21
Z3800	SINGLE LIVEBORN INFANT, DEL VAGINALLY	2,079	3,137	\$3,456,276.02
A419	SEPSIS, UNSPECIFIED ORGANISM	710	1,373	\$3,097,854.56
Z3801	SNGL LIVEBORN INFANT, DEL CESAREAN	1,004	1,697	\$2,742,191.33
Z5111	ENCOUNTER FOR ANTINEOPLASTIC CHEMO	632	1,074	\$2,394,529.21
R079	CHEST PAIN, UNSPECIFIED	10,417	16,174	\$2,233,432.16
M545	LOW BACK PAIN	16,313	22,759	\$1,816,145.35
G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	7,147	11,563	\$1,774,470.86
Z00129	ENCNTR ROUTINE CHILD HEALTH EXAM W/O ABNORMAL FINDINGS	18,177	19,576	\$1,755,844.17

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

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

Error	Description	Number of Denials	% of Top Ten
1010	Rendering Prov not a Member of Billing Grp	19,350	20.9%
2017	Services Covered Under Member's MCO Plan	12,367	13.4%
4021	No Coverage for Billed Procedure	10,432	11.3%
3317	This Service was not Approved by Medicare	9,452	10.2%
1955	Cannot Determine Medicaid NBR for Billing Prov	8,456	9.1%
2003	Member Ineligible on Detail Date of Service	8,238	8.9%
5001	Exact Duplicate	8,064	8.7%
268	Billed Amount Missing	6,823	7.4%
4804	No Contract for Billed Revenue Code	4,923	5.3%
1032	Billing Provider not Eligible to Bill this Claim Type	4,485	4.8%
Totals		92,590	60.9%

Total Denied Details – 151,839

Note: Total # of top ten denials (151,839) divided by total denied details (92,590) = % of top ten denials (60.9%)

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

Error	Description	Number of Failures	% of Top Ten
4405	Unable to Assign Provider Contract	4,224	29.4%
3001	PA Not Found on Database	2,578	18.0%
3305	Member Requires Valid Pt Liability for DOS	2,244	15.6%
2001	Member ID Number not on File Recycle	2,084	14.5%
4014	No Pricing Segment on File	731	5.1%
3395	Hospice Eligibility	649	4.5%
3310	No Rate on File for Provider	641	4.5%
2505	Member Covered by Private Insurance	428	3.0%
3003	Procedure Code Requires PA	395	2.8%
5001	Exact Duplicate	380	2.6%
Totals		14,354	79.9%

Total Suspended Details – 17,958

Note: Total # of top ten failures (14,354) divided by total suspended details (17,958) = % of top ten suspense (79.9%)

7.9 FFS Suspended Original Claims by Age (By Claim)

Category	October 2015		November 2015		December 2015		January 2016		February 2016		March 2016	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	6,255	94.34	7,491	95.05	9,610	95.96	11,868	96.55	12,395	96.19	11,683	95.93
31-60 days	49	.74	46	.59	32	.32	45	.36	88	.68	83	.68
61-90 days	15	.23	28	.35	32	.32	18	.15	32	.25	34	.28
91+ days	311	4.69	316	4.01	340	3.40	361	2.94	371	2.88	379	3.11
Total	6,630		7,881		10,014		12,292		12,886		12,179	

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

Category	October 2015	November 2015	December 2015	January 2015	February 2015	March 2015	Oldest Julian Date
Resolutions	12	2	1	1	1	7	16-048
Med.Review	0	0	1	0	21	4	16-042
TPL	0	0	0	0	0	0	0
Adjustments	0	0	0	0	0	0	0
Recycle	0	0	0	1	0	0	0
DMS	363	388	402	422	469	485	12-128
Total	375	390	404	424	491	496	

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.	1,466	902	1,889	0	479	10 days
CS40-Child Support	0	557	557	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	384	1,711	1,572	0	523	13 days
Accident/Trauma Leads	0	0	0	0	0	0 days
DMS Attorney	0	0	0	0	0	0 days
RUSH Attorney	0	0	0	0	0	0 days
HP Attorney	33	245	239	0	39	0 days
TPL Checks	52	120	101	0	71	7 days
TPL Mail	675	3,315	3,278	0	712	8 days
KHIPP	0	418	418	0	0	0 days
Total	2,610	7,268	8,054	0	1,824	

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	164	164	0	0	0	0	0 days
Payouts	0	14	13	0	1	0	0	0 days
Accounts Receivable Updates	0	2,133	2,131	0	2	0	0	0 days
Accounts Receivable Transfers	0	0	0	0	0	0	0	0 days
Total	0	2,311	2,308	0	3	0	0	0 days

9.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	9	3	3	9	1 day
HP Financial	163	434	432	165	4 days
DMS Financial	33	130	131	32	1 day
Total	205	567	566	206	

9.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	34	1,039	1,047	26	0	0 days
Institutional	14	58	62	10	0	0 days
Voids	0	256	239	17	0	0 days
Total	48	1,353	1,348	53	0	

9.4 Monthly FFS Financial - Mass Adjustments

Category	Beginning Inventory	Received (plus)	Released (minus)	Deleted (minus)	Zero Claims Pulled (minus)	Ending Inventory	On Hold	DMS Review
Mass Adjustment (region 52)	592	33	28	4	3	590	590	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
Total	592	33	28	4	3	590	590	0

10 Provider Relations

10.1 Provider Field Representatives

10.1.1 Provider Visits

March 15, 2016

Kelly Gregory, HPE Provider Field Representative, conducted a virtual webinar visit with Golden Years Adult Day Care on March 15, 2016. The provider requested a virtual room visit to review navigating KYHealth Net. During the visit we reviewed the following panels: Member, Claims, PA, and RA. We also reviewed the provider billing instructions, kymmim.com, and chfs.ky.gov/dms websites. Those who attended the virtual room visit were: Chrystal, Jerry, and Lisa.

10.2 Conference Calls (Calls Greater Than 30 Minutes)

March 7, 2016

Kelly Gregory, HPE Provider Field Representative, conducted a conference call with University Surgical Associates on March 7, 2016. The provider requested a conference call to review denied claims and confirm taxonomy numbers. Those who attended the conference call were: Heather Bossie.

March 8, 2016

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Kindred Hospital on March 8, 2016. The provider requested a conference call to review denied claims. Those who attended the conference call were: Allison, Jennifer, and Jason.

March 9, 2016

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with NECCO on March 9, 2016. The provider requested a conference call to learn how to adjust claims. Those who attended the conference call were: Julie French

March 25, 2016

Kelly Gregory, HPE Provider Field Representative, conducted a conference call with Children's Hospital of Pennsylvania on March 25, 2016. The provider requested a conference call to review denied claims. Those who attended the conference call were: Steven.

10.3 Association Meetings

There were no association meetings in the month of March.

10.4 Provider Contacts

Provider Calls	209
Provider E-mails	816
Total	1025

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

10.5 Provider Workshops

There were no provider workshops in the month of March.

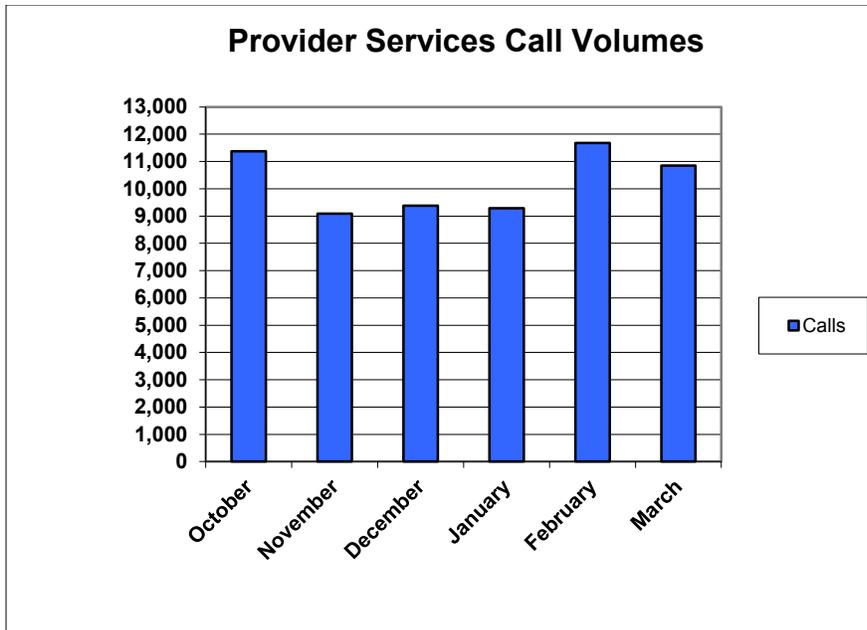
10.6 Provider Services

10.6.1 Provider Services

Category	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016
% Service Level	95%	94%	94%	90%	93%	95%
Abandoned Calls	521	561	519	913	835	548
Avg Speed Ans	1.29	1.55	1.41	2.12	3.79	1.28
Incoming Calls	11,374	9,083	9,376	9,292	11,677	10,845
Paper Correspondence	380	359	289	296	517	390
E-Mail Correspondence	283	244	226	227	248	321
Fax	30	27	22	32	6	18
Total*	12,067	9,713	9,913	9,847	12,448	11,574
HP Callbacks	105	131	97	86	208	104

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

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



10.6.2 Top 5 Provider Calls

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

10.6.3 Notable Topics

1. Reason for claim denial or suspended. How to get the MCO to void the claim in order for Medicaid to process the claim?
2. Which MCO the member has & MAP 552 questions? Calls from providers wanting to know how to get the member's file corrected to show whether the member is traditional Medicaid or managed care. Calls from members wanting to know if they are eligible for Medicaid and which MCO are they enrolled and how to change the MCO.
3. Timely filing – CMS 1500 Crossover EOMB Form (is this form completed if Medicare pays or if Medicare denies).
4. What is the PA number and how do I correct the overlapping dates?
5. Questions about the Attestation or enhanced checks and questions about payouts and recoupments. Questions about the EHR checks.

10.7 Commonwealth Training

10.7.1 Current Activities

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

- **Member Subsystem** (March 2) 0 attended
 - No One Attended Class
- **Provider Subsystem** (March 3) 4 attended
 - Cara Glass, Division of Program Quality and Outcomes
 - Marissa Poole, Division of Program Integrity
 - Tina Tucker, Division of Program Integrity
 - Kimberly Shannon, Division of Program Integrity
- **Prior Authorization Subsystem** (March 7) 1 attended
 - Cara Glass, Division of Program Quality and Outcomes
- **Reference Subsystem** (March 8) 1 attended
 - Cara Glass, Division of Program Quality and Outcomes
- **Claims Subsystem** (March 10) 2 attended
 - Trevor Thompson, Department of Insurance
 - Nora Risinger, HPE
- **Financial Subsystem** (March 16) 2 attended
 - Marissa Poole, Division of Program Integrity
 - Tina Tucker, Division of Program Integrity
- **OnBase Application** (March 17) 5 attended
 - Cara Glass, Division of Program Quality and Outcomes
 - Marissa Poole, Division of Program Integrity
 - Tina Tucker, Division of Program Integrity
 - Kimberly Shannon, Division of Program Integrity
 - Trevor Thompson, Department of Insurance
- **Encounters** (March 21) 2 attended
 - Cara Glass, Division of Program Quality and Outcomes
 - Trevor Thompson, Department of Insurance
- **Encounter Reports** (March 21) 0 attended
 - Cara Glass, Division of Program Quality and Outcomes
 - Trevor Thompson, Department of Insurance
- **Special In Depth Training** (March 23) 0 attended
 - No One Attended Class

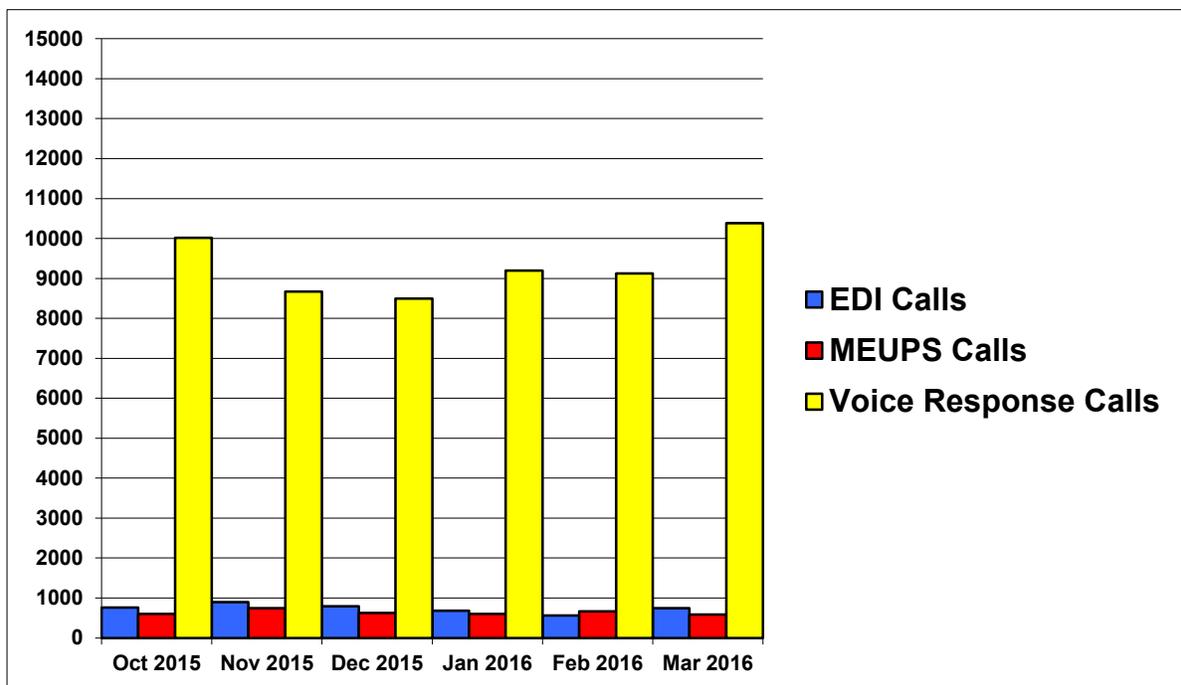
Staff members' supervisors are sent a confirmation via email of attendance.

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

11 EDI Customer/Provider Interaction

11.1 Electronic Data Interchange Calls Received

Category	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
EDI Calls	759	900	793	679	560	743
MEUPS Calls	602	746	629	605	663	586
Voice Response Calls	10,014	8,669	8,498	9,195	9,126	10,385



Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
October	759	6	:09	2:57	99%
November	900	17	:14	2:58	98%
December	793	7	:11	3:00	99%
January	679	20	:07	2:52	97%
February	560	3	:05	2:47	99%
March	743	9	:11	2:43	99%

Expanded Call Data (continued)

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
October	602	5	:06	2:16	99%
November	746	13	:16	1:56	98%
December	629	10	:11	2:01	98%
January	605	14	:06	2:06	98%
February	663	3	:03	2:20	99%
March	586	0	:01	2:10	100%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
October	10,014	361	:01	1:34	97%
November	9,510	460	:01	1:32	95%
December	8,498	350	:01	1:39	96%
January	9,195	250	:01	1:38	97%
February	9,126	449	:01	1:52	95%
March	10,385	546	:01	1:57	95%

*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

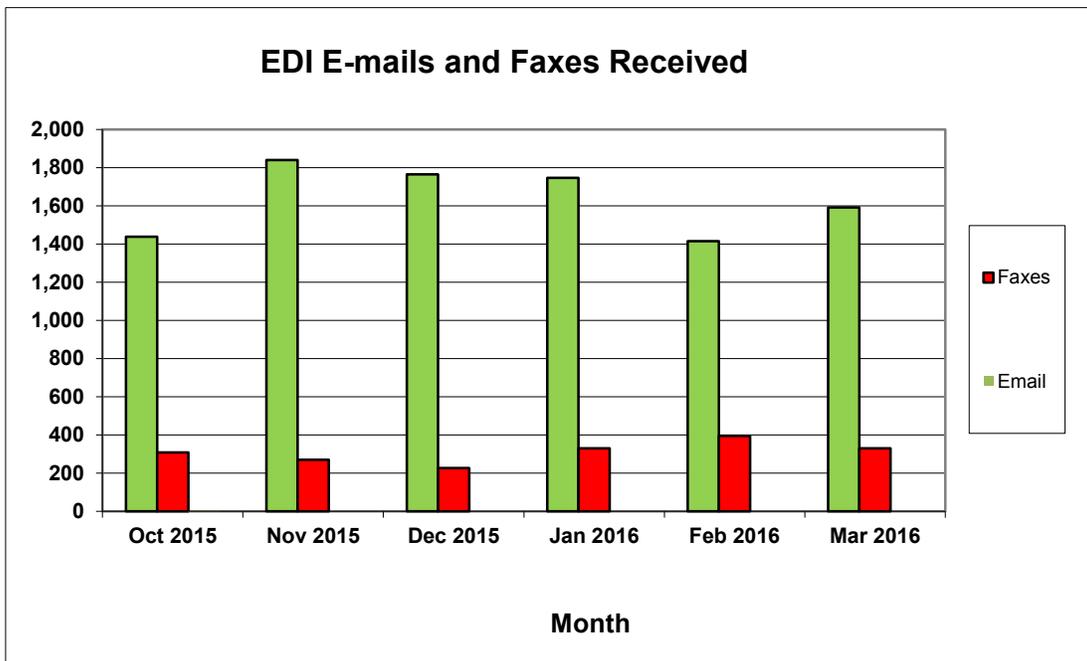
MEUPS Top 5 calls:

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	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
Password Resets Received via phone	418	381	382	331	302	370

11.2 EDI E-mails and Faxes Received

Category	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
E-mails Received	1,438	1,841	1,765	1,746	1,415	1,592
E-mails Answered	1,436	1,840	1,760	1,743	1,411	1,590
Faxes Received	308	270	226	330	395	329
Faxes Answered	307	268	222	325	386	326



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	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
Password Resets Received via email	416	356	298	373	267	315

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	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
PINs Received via fax	97	88	260	117	126	121
Admins Received via fax	103	73	117	114	121	132

*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
April 2016*

Cabinet for Health and Family Services Department for Medicaid Services

<u>Role:</u>	<u>Name:</u>
Author	Janet Penn
Reviewer	Donna Sims
HP Enterprise Services Management	Richard DeGise, Account Executive
Client	Commissioner Stephen P. Miller Medicaid Systems Director Stacy Fish
DELIVERABLE TITLE: Operational Status Report	DATE SUBMITTED: May 13, 2016
FILE NAME: 2016_04_KY_MMIS_Operational_Status_Report.docx	AUTHORING TOOL: Microsoft Word 2007

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1 Executive Summary

	April	Page Number
Claims Processed	1,188,824	Page 17
Total Dollars Paid	\$227,175,764.20	Page 17
Claims Paid	848,209	Page 17
Claims Denied	317,447	Page 17
% Denied Claims	27.23%	Page 17
Average Claims Held in Cash Management	300,822	N/A
Average Dollars Held in Cash Management	\$45,226,900.45	N/A
Capitation Financial Transactions	4,025,882	Page 18
Capitation Financial Payments	\$620,190,218.34	Page 18
Suspended Claims	11,450	Page 24
Total Suspended Claims > 90 Days	417	Page 24
Provider Services Calls Received	8,671	Page 29
Provider Services Current Service Level %	96%	Page 29

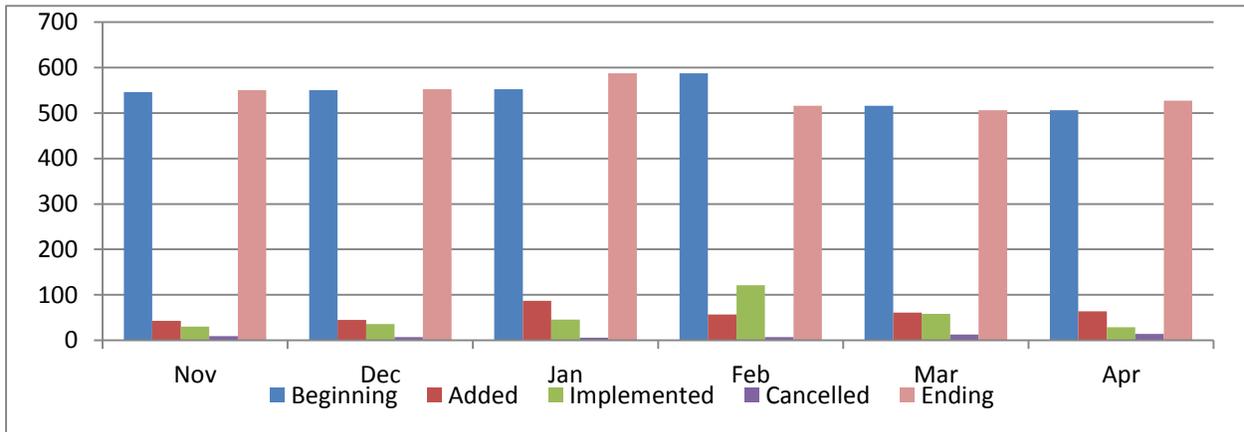
Encounter Load Statistics

Managed Care Organizations (MCOs)						
	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016
Coventry	749,084	1,082,156	1,176,821	464,643	788,376	1,242,233
Humana	485,549	483,034	578,523	509,397	541,715	696,067
Kentucky Spirit	0	101	2	0	0	0
Passport (R03)	66	15	71	25	30	13
Passport R31	1,230,543	1,021,518	1,294,084	1,326,124	1,124,059	1445,416
WellCare	1,765,765	1,699,151	1,665,082	1,183,177	2,235,253	2,445,720
Anthem	331,574	340,930	449,752	419,086	389,414	361,191
Other						
Transportation Encounters	291,873	292,043	297,200	266,416	525,675	13*
Magellan Pharmacy Claims	269,393	269,955	252,620	264,000	377,162	242,853
Totals	5,123,847	5,188,903	5,714,155	4,432,868	5,981,684	6,433,506

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

1.1 Change Order and Defect Statistics

Change Orders / Defects Inventory	Nov	Dec	Jan	Feb	Mar	Apr
Beginning	546	550	552	587	516	506
Added	43	45	87	57	61	64
Implemented	30	36	46	121	58	29
Cancelled	9	7	6	7	13	14
Ending	550	552	587	516	506	527



1.2 Change Order and Defect Statistics (continued)

April 2016	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	77	134	5	0	216	
Federally Mandated	4	0	0	0	4	2 open are included in the Priority list.
Non-Priority	217	23	67	0	307	
Totals	298	157	72	0	527	

*The priority list consists of 218 Change Orders & Defects.

April 2016	Change Orders			Defects		
	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	23	12	4	3	1	0
Federally Mandated	3	0	0	0	0	0
Non-Priority	13	1	7	22	15	3
Totals	39	13	11	25	16	3

2 Unplanned System Outages

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

2.1 Billable Hours Usage Summary (Contract Year 2015)

Month	BILLABLE	UNDECIDED	CCB Approved	Need CCB Review
Dec 2015	2,243.25	29.50	2,243.25	29.50
Jan 2016	1,112.50	-	1,112.50	-
Feb 2016	1,572.50	-	1,572.50	-
Mar 2016	1,511.25	16.75	1,511.25	16.75
Apr 2016	1,245.25	66.50	1,227.50	84.25
May 2016				
Jun 2016				
Jul 2016				
Aug 2016				
Sep 2016				
Oct 2016				
Nov 2016				

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

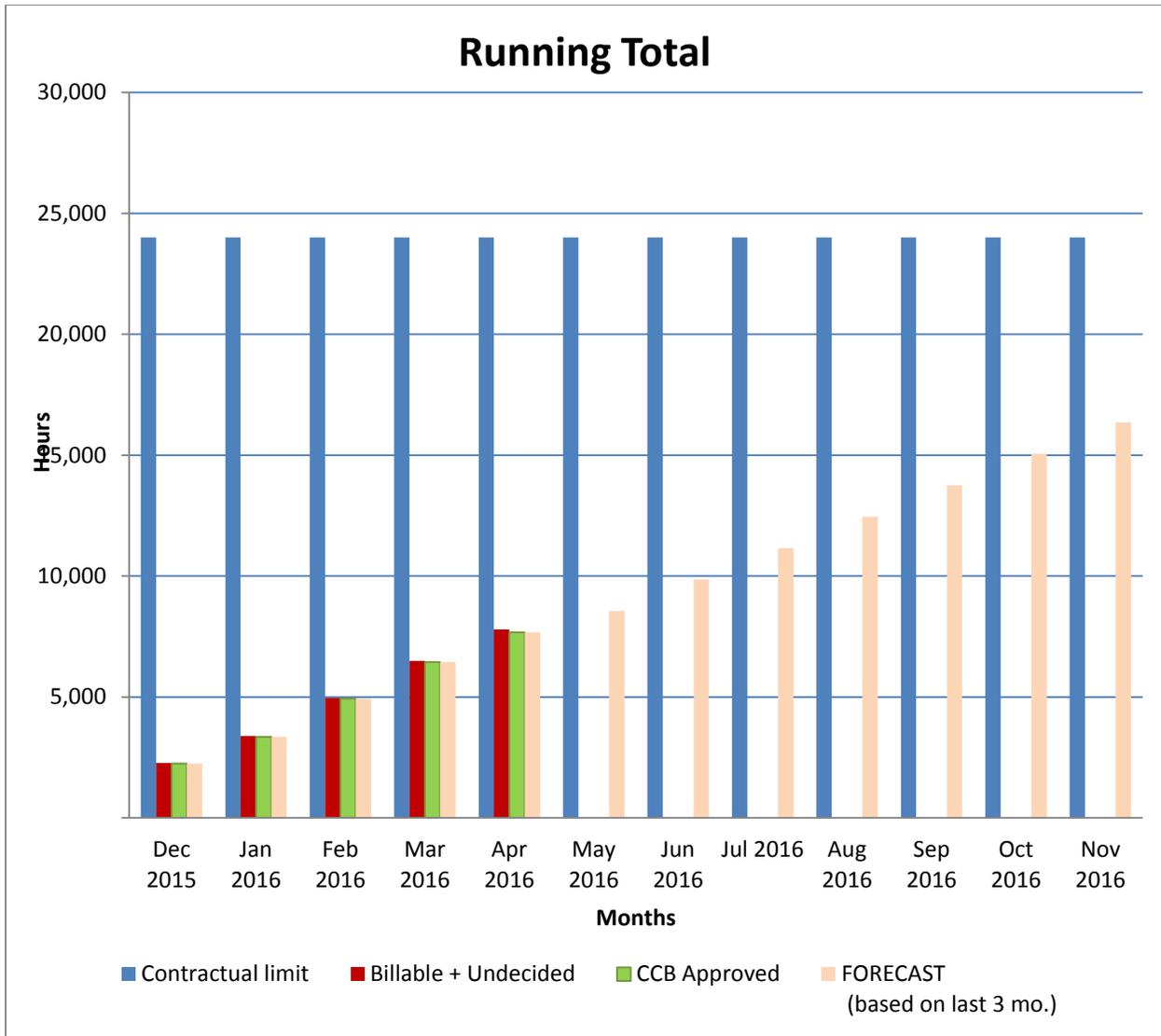
**These totals EXCLUDE hours logged against HBE - Realtime project, Provider Portal, ORP, and T-MSIS 2.0.

2.2 Running Total (Contract Year 2015)

Month	Contractual limit	Billable + Undecided	CCB Approved	Forecast (based on last 3 months)	Need CCB Review
Dec 2015	24,000.00	2,273.75	2,238.75	2,238.75	35.00
Jan 2016	24,000.00	3,387.75	3,350.25	3,350.25	37.50
Feb 2016	24,000.00	4,960.25	4,922.25	4,922.25	38.00
Mar 2016	24,000.00	6,484.25	6,226.50	6,226.50	257.75
Apr 2016	24,000.00			7,555.75	
May 2016	24,000.00			8,885.00	
Jun 2016	24,000.00			10,214.25	
Jul 2016	24,000.00			11,543.50	
Aug 2016	24,000.00			12,872.75	
Sep 2016	24,000.00			14,202.00	
Oct 2016	24,000.00			15,531.25	
Nov 2016	24,000.00			16,860.50	

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

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



3 Monthly Ad hoc Requests

3.1 Inventory Summary

	Beginning of Month	Received This Month	Closed This Month	DMS Hold	Ending Inventory
Type A	0	2	2	0	0
Type B	0	2	2	0	0
Type C	0	13	11	0	2
Type D	0	1	1	0	0
Type E	0	0	0	0	0
Unspecified	0	3	3	1	0
Total	0	21	19	1	2

Type A – completed correctly within twenty-four (24) hours of receipt

Type B – completed correctly and delivered within forty-eight (48) hours of request

Type C – completed correctly and delivered within seven (7) business days of request

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

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

3.2 Inventory Detail

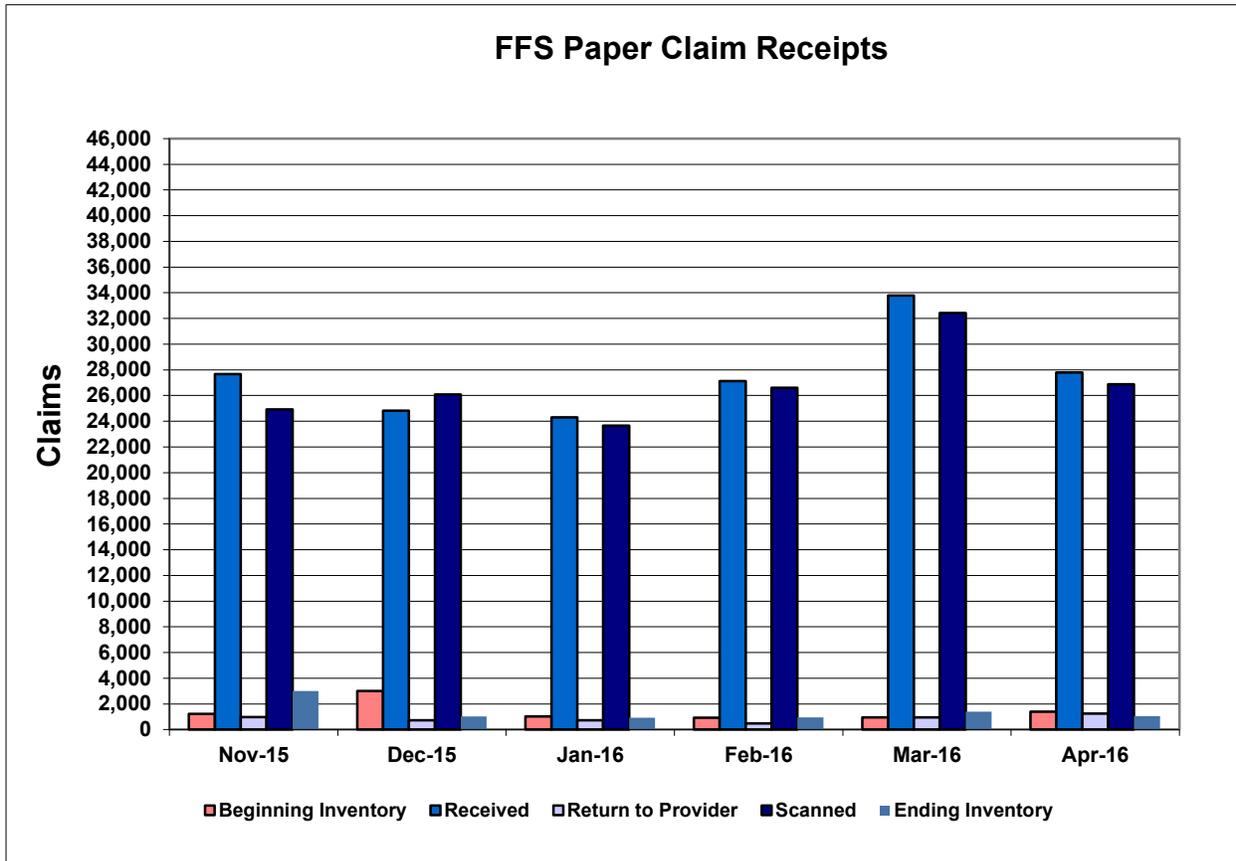
CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
24561		Anglin, Carrie	On Hold	20150409		FFS Reports without MCO data
26419	B	Minedi, Laxmi	Cancelled	20160401		Waiver Program of the members
26427	A	Mays, Jada	Completed	20160405	20160405	Night Hawk 3
26440		Minedi, Laxmi	Completed	20160407	20160408	Claim details for the listed procedure codes
26474	A	Wells, Phyllis	Completed	20160411	20160411	E. Akande
26477	C	Bradshaw, Nicole	Completed	20160411	20160413	90837 units
26486		Hoffmann, John	Completed	20160411	20160412	Incarceration daily report
26490	D	Senters, Lucy	Completed	20160412	20160420	PES CY 2015 MONTHLY ENROLLMENT DATA
26494	C	Keeling, Michelle	Completed	20160412	20160415	D Colbert-Trowell
26497	C	Keeling, Michelle	Completed	20160413	20160415	MCO Payment for Referral
26498		Patel, Parul	Completed	20160413	20160418	Expanded 26355- Claims outside a prescr NPI2012-15
26503	C	Wells, Phyllis	Completed	20160413	20160415	Booker Date of service is from 2002
26504	C	Wells, Phyllis	Completed	20160413	20160415	Associates in Behavioral Health
26523	B	Wells, Phyllis	Completed	20160418	20160419	HORN2

3.2 Inventory Detail (continued)

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
26532	C	Bentley, Tracy	Completed	20160419	20160420	ABICM 10/01/15 - 04/01/16
26538	C	Keeling, Michelle	Completed	20160419	20160426	SC Outstanding Accounts
26543	C	Bentley, Tracy	Completed	20160420	20160420	HMR CM 10/01/15 - 04/01/16
26561	C	Minedi, Laxmi	Completed	20160422	20160427	KEJC ORR
26569	C	Bentley, Tracy	Completed	20160425	20160427	Watch 04/01/2015 - 03/31/2016
26570	C	Bentley, Tracy	Completed	20160425	20160427	NR 01/01/2016-05/01/2016
26586	C	Keeling, Michelle	Completed	20160429	20160502	Retro Terminations
26587	C	Keeling, Michelle	Completed	20160429	20160502	RERUN 26237

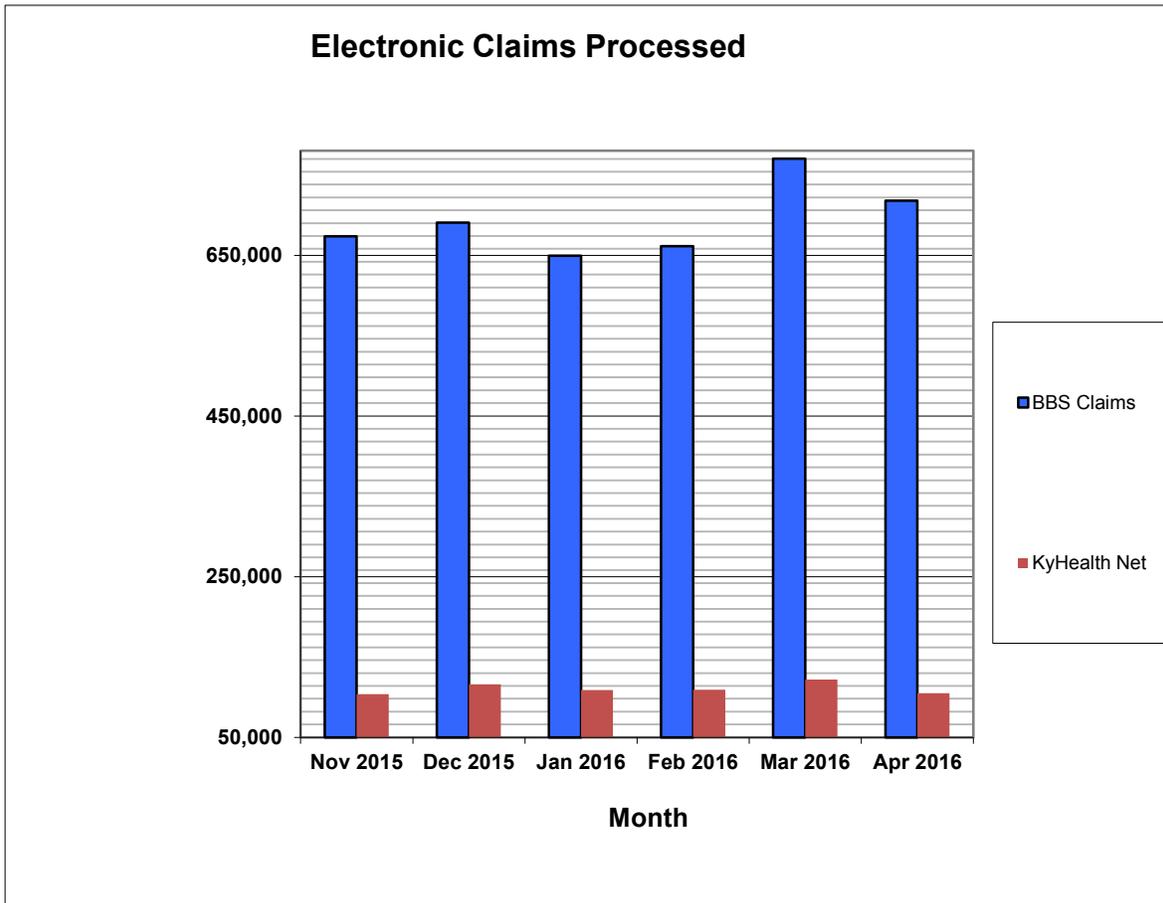
4 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
November 2015	1,211	27,682	970	24,918	3,005	0 days
December 2015	3,005	24,828	727	26,092	1,014	0 days
January 2016	1,014	24,307	736	23,666	919	0 days
February 2016	919	27,125	489	26,596	959	0 days
March 2016	959	33,798	946	32,420	1,391	0 days
April 2016	1,391	27,789	1,244	26,889	1,047	0 days



5 Electronic Claims Processed

	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Bulletin Board System Claims Processed	673,535	690,697	649,386	661,155	770,083	718,039
Kentucky HealthNet Claims Processed	103,551	115,886	108,829	109,345	121,767	104,911



6 Monthly FFS Claim Totals by Media

Begin Date	End Date
04/01/2016	04/30/2016

TOTAL	Denied Claims	Paid Claims		Suspense Claims
	Billed Amount	Billed Amount	Paid Amount	Billed Amount
Electronic	\$436,886,396.35	\$1,260,397,144.39	\$199,561,159.82	\$10,812,453.52
Paper	\$44,775,762.02	\$27,659,431.41	\$27,614,604.38	\$4,906,995.16
TOTAL:	\$481,662,158.37	\$1,288,056,575.80	\$227,175,764.20	\$15,719,448.68

7 Monthly Claims Operations

7.1 FFS Monthly Financial Cycle Summary

Category	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016
Paid Claims	618,043	674,988	772,649	600,134	684,806	848,209
Denied Claims	244,665	238,385	298,380	250,068	263,179	317,447
Total Adjudicated Claims	862,708	913,373	1,071,029	850,202	947,985	1,165,656
Adjustments	15,194	15,219	19,807	14,040	20,889	23,168
Total Claims	877,902	913,373	1,090,836	864,242	968,874	1,188,824
Suspended/Re-suspended Claims	7,881	10,014	12,292	12,886	12,179	11,450
% of Denied Claims	28.4%	26.1%	27.9%	29.4%	27.76%	27.23%
Avg \$ per Claim	\$309.32	\$284.54	\$290.92	\$343.49	\$326.13	\$267.83
Claim Payment Amount	\$191,174,036.26	\$192,063,095.23	\$224,782,531.02	\$206,142,336.07	\$223,338,783.59	\$227,175,764.20
(+) Payouts	\$7,906,941.01	\$719,131.62	\$35,451,995.21	\$546,424.19	\$364,482.35	\$209,955.22
(-) Recoupments	\$2,704,308.67	\$2,652,385.75	-\$3,608,065.38	-\$25,222,109.35	-\$9,256,804.70	-\$7,339,226.74
Check Issue	\$196,376,668.60	\$190,129,841.10	\$256,626,460.85	\$181,466,650.91	\$214,446,461.24	\$220,046,492.68
Capitation Payment	\$587,649,615.80	\$592,018,460.44	\$609,448,354.69	\$571,920,569.01	\$531,263,481.64	\$620,190,218.34
Total Paid	\$784,026,284.40	\$782,148,301.54	\$866,074,815.54	\$753,387,219.92	\$745,709,942.88	\$840,236,711.02

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

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

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
Total Adjudicated Claims	858,898	798,509	951,867	884,895	823,785	861,738
Adjustments/Claim Credits	13,036	13,319	16,393	17,785	41,680	30,390
Total Claims	871,934	811,828	968,260	902,680	865,465	992,128
Suspended/Resuspended Claims	9,695	5,993	7,563	6,582	7,164	6,918
% of Denied Claims	29.0%	26.1%	29.2%	25.8%	27.2%	27.5%
Avg \$ per Claim	\$330.92	\$330.11	\$329.63	\$305.69	\$323.70	\$318.16
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
Check Issue	\$198,580,217.24	\$193,139,992.37	\$220,502,353.15	\$199,806,185.58	\$196,701,143.06	\$218,667,654.54
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
Total Paid	\$744,704,403.46	\$769,834,950.97	\$813,957,516.47	\$800,347,109.85	\$805,804,136.70	\$813,698,767.47

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
04/01/2016	04/30/2016

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
AETNA	277,596	\$106,341,184.01	63,828	\$5,110,808.51	341,424	\$111,451,992.52
ANTHEM	102,812	\$46,175,388.38	23,228	\$4,162,675.35	126,040	\$50,338,063.73
HUMANA	127,605	\$63,774,882.85	29,802	\$4,739,734.75	157,407	\$68,514,617.60
KENTUCKY SPIRIT						
NEMT	2,423,430	\$17,500,252.23	94,231	\$207,065.02	2,517,661	\$17,707,317.25
PASSPORT	290,253	\$144,942,488.14	55,482	\$7,459,670.28	345,735	\$152,402,158.42
WELLCARE	444,481	\$210,084,784.95	91,973	\$9,691,283.87	536,454	\$219,776,068.82
Sum:	3,666,177	\$588,818,980.56	359,705	\$31,371,237.78	4,025,882	\$620,190,218.34

7.2 Monthly MCO & NEMT Capitations (continued)

NEMT	Cap Transactions	Amount Paid
AUDUBON AREA COMMUNITY SERVICES INC/GRITS	102,481	\$777,552.66
PENNYRILE ALLIED COMSERVICES, INC	115,987	\$706,572.28
AUDUBON AREA COMMUNITY SERVICES INC	119,208	\$758,088.95
L.K.L.P. C.A.C., INC REGION 4	134,697	\$860,281.80
LKLP CAC INC REGION 5	198,228	\$1,939,631.52
FEDERATED TRANSPORTATION SERVICES	480,180	\$3,816,117.85
BLUE GRASS COMMUNITY ACTION AGENCY INC	165,249	\$898,241.10
LKLP CAP INC REGION 9	187,991	\$1,123,723.70
LKLP COMMUNITY ACTION	4	-\$24.00
FEDERATED TRANSPORTATION SERVICES	129,747	\$868,049.00
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	135,300	\$798,425.15
LKLP COMMUNITY ACTION	48	-\$290.92
RURAL TRANSIT ENTERPRISES	269,046	\$2,180,789.70
LKLP COMMUNITY ACTION	180,163	\$1,235,911.45
SANDY VALLEY TRANSPORTATION	130,333	\$886,048.55
LKLP CAC INC REGION 15	129,982	\$642,723.85
LICKING VALLEY COMMUNITY ACTION PROGRAM INC	39,017	\$215,474.61
TOTAL	2,517,661	\$17,707,317.25

7.3 FFS Adjudicated Original Claims (By Claim)

Begin Date	End Date
04/01/2016	04/30/2016

Paper Claims	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016
Paid	6,762	5,900	6,640	5,968	8,505	8,918
Denied	10,145	9,310	11,731	12,743	14,223	15,215
Total	16,907	15,210	18,371	18,711	22,728	24,133
% of Total Adjudicated Claims	1.96%	1.67%	1.72%	2.20%	2.48%	2.07%
% of Paper Denied Claims	60.00%	61.21%	63.86%	68.10%	62.58%	63.05%

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 2015	December 2015	January 2016	February 2016	March 2016	April 2016
Paid	611,281	669,088	766,009	594,166	656,167	839,291
Denied	234,520	229,075	286,649	237,325	237,128	302,232
Total	845,801	898,163	1,052,658	831,491	893,295	1,141,523
% of Total Adjudicated Claims	98.04%	98.33%	98.28%	97.80%	97.52%	97.93%
% of Electronic Denied Claims	27.73%	25.50%	27.23%	28.54%	26.55%	26.48%

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
04/01/2016	04/30/2016

Procedure	Description	Member Count	Claim Count	Amount Paid
T2016	HABIL RES WAIVER PER DIEM	3,790	40,355	\$23,974,358.27
S5108	HEMOCARE TRAIN PT 15 MIN	9,612	63,133	\$22,480,507.42
T1015	CLINIC SERVICE	131,306	217,677	\$17,930,900.29
99199	SPECIAL SERVICE/PROC/REPORT	4,555	5,398	\$8,168,264.97
T2021	DAY HABIL WAIVER PER 15 MIN	4,850	40,569	\$6,514,780.19
T2022	CASE MANAGEMENT, PER MONTH	15,110	19,030	\$5,254,204.08
H0004	ALCOHOL AND/OR DRUG SERVICES	3,739	11,366	\$4,088,898.12
S5100	ADULT DAYCARE SERVICES 15MIN	2,928	25,629	\$3,471,070.27
97535	SELF CARE MNGMENT TRAINING	2,097	9,346	\$2,637,495.98
T1019	PERSONAL CARE SER PER 15 MIN	591	4,872	\$2,538,118.98

7.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
F70	MILD INTELLECTUAL DISABILITIES	5,734	45,730	\$18,487,523.67
F71	MODERATE INTELLECTUAL DISABILITIES	4,409	35,676	\$13,842,067.19
F840	AUTISTIC DISORDER	3,945	28,898	\$8,989,001.45
F911	CONDUCT DISOR, CHILDHOOD-ONSET TYPE	4,217	4,466	\$7,636,426.85
F73	PROFOUND INTELLECTUAL DISABILITIES	645	3,252	\$7,381,700.43
F72	SEVERE INTELLECTUAL DISABILITIES	1,035	7,095	\$6,653,790.22
G309	ALZHEIMER'S DISEASE, UNSPECIFIED	1,661	3,118	\$6,145,020.35
F0390	UNSPC DEMENTIA W/O BEHAVIORAL DIST	1,964	3,617	\$5,616,024.86
F79	UNSPECIFIED INTELLECTUAL DISABILITIES	1,919	15,417	\$4,357,906.81
J449	COPD UNSPECIED	6,016	13,215	\$4,210,845.93

7.6 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
04/01/2016	04/30/2016

Procedure	Description	Member Count	Claim Count	Amount Paid
99213	OFF/OUTPATIENT VISIT	292,516	448,490	\$17,246,710.10
99284	EMERGENCY DEPT VISIT	68,180	87,767	\$12,488,151.42
99283	EMERGENCY DEPT VISIT	85,360	114,222	\$10,339,137.38
99214	OFFICE/OUTPATIENT VISIT EST	124,428	160,022	\$8,792,261.23
99285	EMERGENCY DEPT VISIT	34,079	43,390	\$7,601,354.83
T2023	TARGETED CASE MGMT PER MNTH	11,228	18,720	\$6,831,907.08
90837	PSYTX PT&/FAMILY 60 MINUTES	31,608	64,001	\$6,768,263.18
H2019	THER BEHAV SVC, PER 15 MIN	852	5,920	\$4,238,302.09
59409	OBSTETRICAL CARE	4,089	4,188	\$3,888,171.58
74177	CT ABD & PELV W/CONTRAST	9,619	12,271	\$3,869,759.86

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
A419	SEPSIS, UNSPECIFIED ORGANISM	1,218	2,314	\$6,372,346.17
R69	ILLNESS, UNSPECIFIED	19,261	237,529	\$5,554,989.21
F1120	OPIOID DEPENDENCE, UNCOMPLICATED	13,257	45,990	\$5,484,578.67
Z5111	ENCOUNTER ANTINEOPLASTIC CHEMO	883	1,850	\$4,976,374.52
Z3800	SNGL LIVEBORN INFANT, DEL VAGINALLY	2,174	3,167	\$4,364,331.10
R079	CHEST PAIN, UNSPECIFIED	15,205	24,760	\$4,188,828.76
Z3801	SNGL LIVEBORN INFANT, DEL CESAREAN	1,051	1,606	\$3,743,938.85
J189	PNEUMONIA, UNSPEC ORGANISM	5,063	8,671	\$3,389,478.91
F902	ATTEN-DEFICIT HYPER DISORDER	11,461	28,112	\$3,167,859.76
R0789	OTHER CHEST PAIN	8,037	11,608	\$3,016,882.97

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	22,996	17.1%
5001	Exact Duplicate	21,158	15.8%
1010	Rendering Prov not a Member of Billing Grp	19,978	14.9%
2017	Services Covered Under Member's MCO Plan	13,236	9.9%
6109	Targeted Case Management Services Limitation	12,660	9.4%
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	10,358	7.7%
3317	This Service was not Approved by Medicare	10,194	7.6%
2003	Member Ineligible on Detail Date of Service	9,005	6.7%
1955	Cannot Determine Medicaid NBR for Billing Prov	7,394	5.5%
268	Billed Amount Missing	7,301	5.4%
Totals		134,280	62.2%

Total Denied Details – 216,027

Note: Total # of top ten denials (134,280) divided by total denied details (216,027) = % of top ten denials (62.2%)

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

Error	Description	Number of Failures	% of Top Ten
4405	Unable to Assign Provider Contract	4,338	25.2%
3305	Member Requires Valid Pt Liability for DOS	3,686	21.4%
2001	Member ID Number not on File Recycle	3,650	21.2%
3001	PA Not Found on Database	2,152	15.5%
4014	No Pricing Segment on File	765	4.4%
3395	Hospice Eligibility	683	3.9%
3310	No Rate on File for Provider	651	3.8%
3003	Procedure Code Requires PA	570	3.3%
5001	Exact Duplicate	389	2.3%
3597	MFP Assignment Plan and Program Code Conflict	366	2.1%
Totals		17,250	83.5%

Total Suspended Details – 20,655

Note: Total # of top ten failures (17,250) divided by total suspended details (20,655) = % of top ten suspense (83.5%)

7.9 FFS Suspended Original Claims by Age (By Claim)

Category	November 2015		December 2015		January 2016		February 2016		March 2016		April 2016	
	Details	Pct.										
0-30 days	7,491	95.05	9,610	95.96	11,868	96.55	12,395	96.19	11,683	95.93	10,851	94.77
31-60 days	46	.59	32	.32	45	.36	88	.68	83	.68	106	.93
61-90 days	28	.35	32	.32	18	.15	32	.25	34	.28	76	.66
91+ days	316	4.01	340	3.40	361	2.94	371	2.88	379	3.11	417	3.64
Total	7,881		10,014		12,292		12,886		12,179		11,450	

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

Category	November 2015	December 2015	January 2015	February 2015	March 2015	April 2015	Oldest Julian Date
Resolutions	2	1	1	1	7	14	16-048
Med.Review	0	1	0	21	4	13	16-042
TPL	0	0	0	0	0	0	0
Adjustments	0	0	0	0	0	0	0
Recycle	0	0	1	0	0	0	0
DMS	388	402	422	469	485	572	12-128
Total	390	404	424	491	496	599	

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.	479	845	821	0	503	10 days
CS40-Child Support	0	517	517	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	523	1,939	2,091	0	371	14 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	39	353	382	0	10	0 days
TPL Checks	71	149	171	0	49	6 days
TPL Mail	712	4,336	4,263	0	785	9 days
KHIPP	0	493	493	0	0	0 days
Total	1,824	8,632	8,738	0	1,718	

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	110	109	0	1	0	0	0 days
Payouts	0	49	49	0	0	0	0	0 days
Accounts Receivable Updates	0	68,505	68,505	0	0	0	0	0 days
Accounts Receivable Transfers	0	0	0	0	0	0	0	0 days
Total	0	68,664	68,663	0	1	0	0	0 days

9.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	9	4	13	0	0 days
HP Financial	165	805	815	155	5 days
DMS Financial	32	448	408	72	1 day
Total	206	1,257	1,236	227	

9.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	0	135	125	10	0	0 days
Institutional	0	106	91	15	0	0 days
Voids	0	363	344	19	0	0 days
Total	0	604	560	44	0	

9.4 Monthly FFS Financial - Mass Adjustments

Category	Beginning Inventory	Received (plus)	Released (minus)	Deleted (minus)	Zero Claims Pulled (minus)	Ending Inventory	On Hold	DMS Review
Mass Adjustment (region 52)	590	176	119	54	62	531	531	0
SE Processed Adjustment (region 58)	0	0	0	0	0	0	0	0
Suppl Pymt Mass Adjustment (region 88)	0	5	2	2	1	0	0	0
Total	590	181	121	56	63	531	531	0

10 Provider Relations

10.1 Provider Field Representatives

10.1.1 Provider Visits

There were no provider visits in April 2016.

10.2 Conference Calls (Calls Greater Than 30 Minutes)

April 5, 2016

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Key Assets on April 5, 2016. The provider requested a conference call to learn navigation of Member Eligibility Verification and Prior Authorization files and how to submit claims via KYHealth Net. Those who attended the conference call were: Dana Conn, Karen Smith.

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Partners in Pediatric Therapy on April 5, 2016. The provider requested a conference call to learn navigation of Member Eligibility Verification and Prior Authorization files and how to submit claims via KYHealth Net. Those who attended the conference call were: Lance Blanford

April 13, 2016

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Dr. David Rouguex's office on April 13, 2016. The provider requested a conference call to review denied claims and to learn how to submit claims via KYHealth Net. Those who attended the conference call were: Vickie.

April 25, 2016

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Good Samaritan Society on April 25, 2016. The provider requested a conference call to review how to view Prior Authorizations via KYHealth Net. Those who attended the conference call were: Julie Vanderpol.

10.3 Association Meetings

There were no association meetings in the month of April.

10.4 Provider Contacts

Provider Calls	104
Provider E-mails	534
Total	638

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

10.5 Provider Workshops

There were no provider workshops in the month of April.

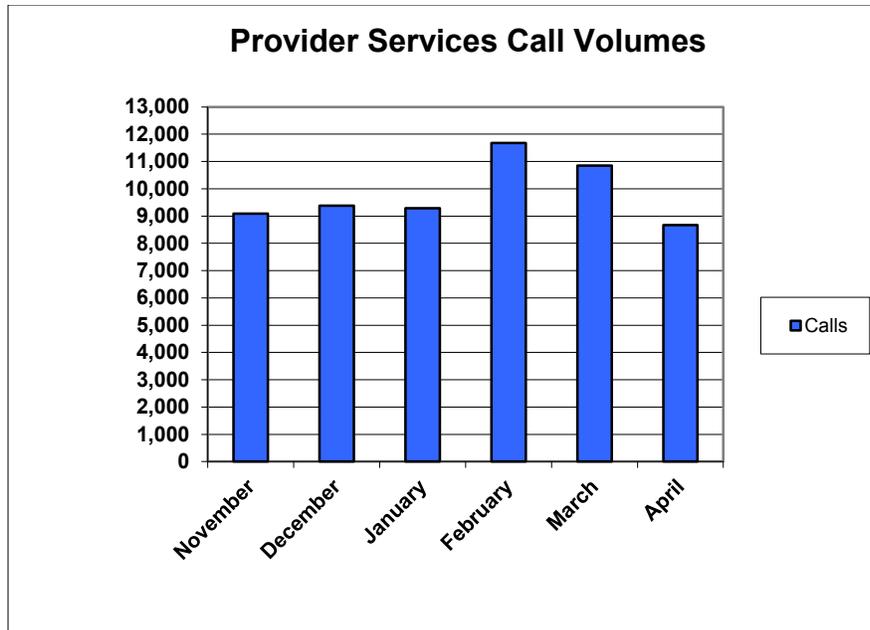
10.6 Provider Services

10.6.1 Provider Services

Category	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016
% Service Level	94%	94%	90%	93%	95%	96%
Abandoned Calls	561	519	913	835	548	323
Avg Speed Ans	1.55	1.41	2.12	3.79	1.28	1.49
Incoming Calls	9,083	9,376	9,292	11,677	10,845	8,671
Paper Correspondence	359	289	296	517	390	379
E-Mail Correspondence	244	226	227	248	321	225
Fax	27	22	32	6	18	4
Total*	9,713	9,913	9,847	12,448	11,574	9,279
HP Callbacks	131	97	86	208	104	125

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

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



10.6.2 Top 5 Provider Calls

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

10.6.3 Notable Topics

1. Reason for claim denial or suspended. How to get the MCO to void the claim in order for Medicaid to process the claim?
2. Which MCO the member has & MAP 552 questions? Calls from providers wanting to know how to get the member's file corrected to show whether the member is traditional Medicaid or managed care. Calls from members wanting to know if they are eligible for Medicaid and which MCO are they enrolled and how to change the MCO.
3. Timely filing – CMS 1500 Crossover EOMB Form (is this form completed if Medicare pays or if Medicare denies).
4. What is the PA number and how do I correct the overlapping dates?
5. Questions about the Attestation or enhanced checks and questions about payouts and recoupments. Questions about the EHR checks.

10.7 Commonwealth Training

10.7.1 Current Activities

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

- **Member Subsystem** (April 5) 1 attended
 - Lisa Mills, Division of Community Alternatives
- **Provider Subsystem** (April 5) 0 attended
 - No One Attended Class
- **Prior Authorization Subsystem** (April 7) 0 attended
 - No One Attended Class
- **Reference Subsystem** (April 7) 0 attended
 - No One Attended Class
- **Claims Subsystem** (April 12) 0 attended
 - No One Attended Class
- **Financial Subsystem** (April 14) 0 attended
 - No One Attended Class
- **OnBase Application** (April 14) 0 attended
 - No One Attended Class
- **Encounters** (April 19) 0 attended
 - No One Attended Class

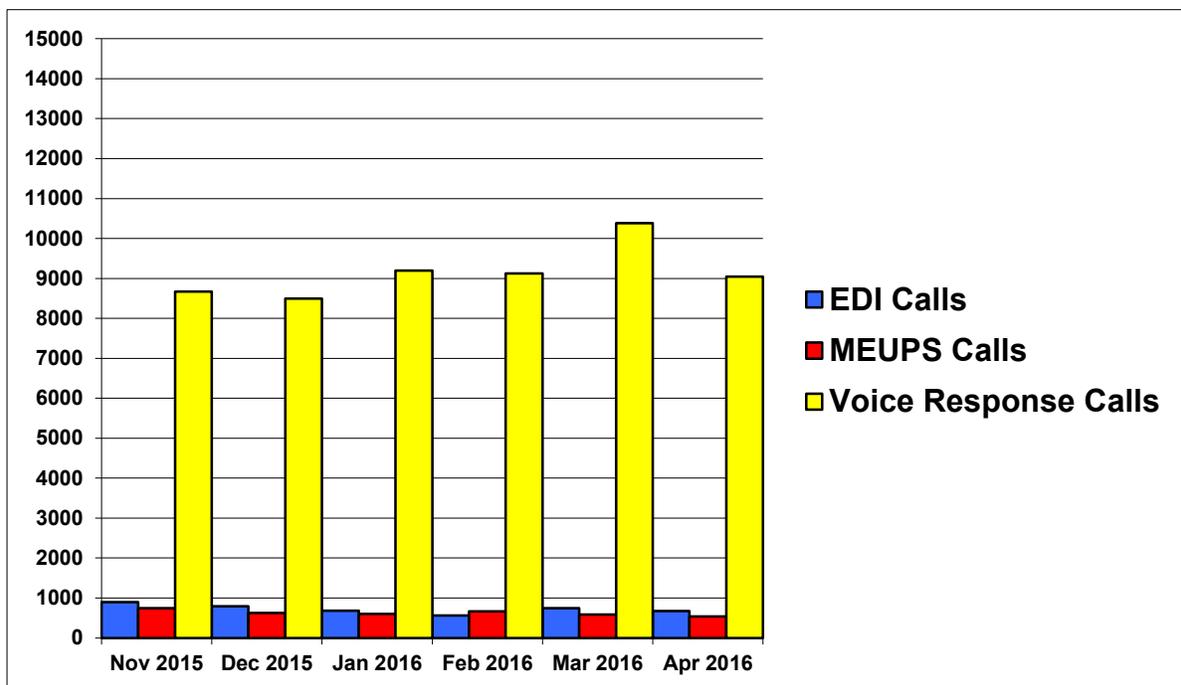
Staff members' supervisors are sent a confirmation via email of attendance.

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

11 EDI Customer/Provider Interaction

11.1 Electronic Data Interchange Calls Received

Category	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
EDI Calls	900	793	679	560	743	677
MEUPS Calls	746	629	605	663	586	535
Voice Response Calls	8,669	8,498	9,195	9,126	10,385	9,045



Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
November	900	17	:14	2:58	98%
December	793	7	:11	3:00	99%
January	679	20	:07	2:52	97%
February	560	3	:05	2:47	99%
March	743	9	:11	2:43	99%
April	677	7	:12	2:46	99%

Expanded Call Data (continued)

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
November	746	13	:16	1:56	98%
December	629	10	:11	2:01	98%
January	605	14	:06	2:06	98%
February	663	3	:03	2:20	99%
March	586	0	:01	2:10	100%
April	535	0	:02	2:09	100%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
November	9,510	460	:01	1:32	95%
December	8,498	350	:01	1:39	96%
January	9,195	250	:01	1:38	97%
February	9,126	449	:01	1:52	95%
March	10,385	546	:01	1:57	95%
April	9,045	517	:01	2:06	95%

*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

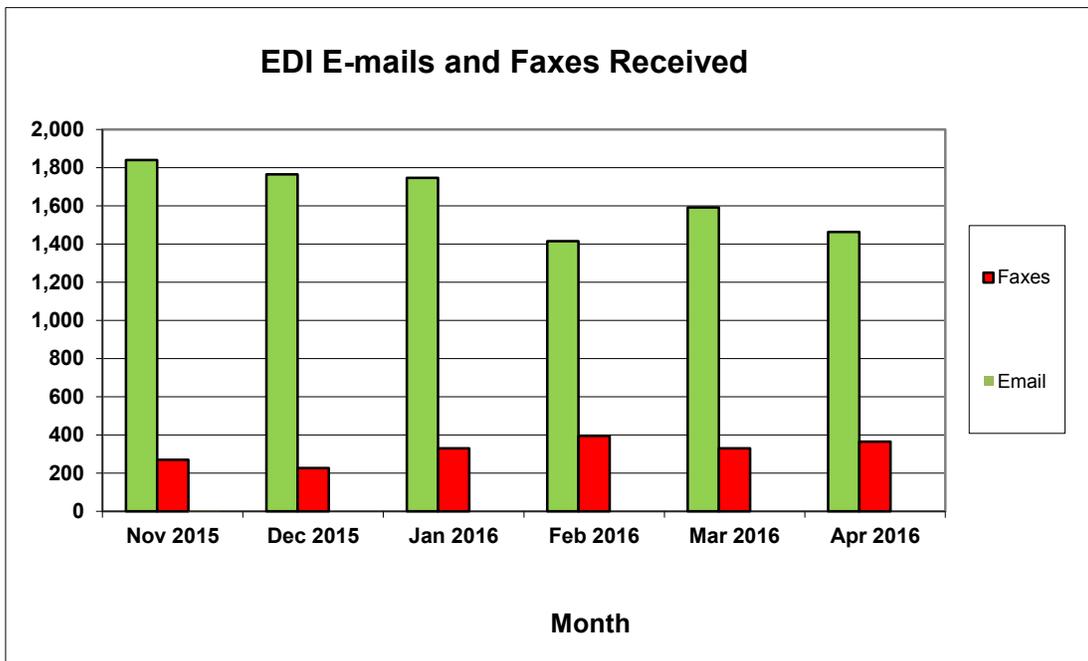
MEUPS Top 5 calls:

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 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Password Resets Received via phone	381	382	331	302	370	361

11.2 EDI E-mails and Faxes Received

Category	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
E-mails Received	1,841	1,765	1,746	1,415	1,592	1,463
E-mails Answered	1,840	1,760	1,743	1,411	1,590	1,460
Faxes Received	270	226	330	395	329	365
Faxes Answered	268	222	325	386	326	358



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 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Password Resets Received via email	356	298	373	267	315	305

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 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
PINs Received via fax	88	260	117	126	121	179
Admins Received via fax	73	117	114	121	132	176

*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: February 2016

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

Acute Inpatient Services

Call Metrics	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Administrative						
Abandoned Calls	16	16	47	112	154	59
Average Speed of Answer	00:15	00:19	00:29	01:30	01:48	00:52
Average Talk Time	03:27	03:42	03:34	03:50	03:36	03:51
First Call Resolution	99.6%	99.6%	99.0%	99.0%	99.2%	99.4%
Total Admin Calls	1959	2011	1831	1903	1714	1716
Clinical						
Abandoned Calls	2	3	0	1	3	3
Average Speed of Answer	00:28	00:19	00:10	00:22	00:35	00:41
Average Talk Time	06:47	06:49	07:28	06:54	06:37	06:43
First Call Resolution	97.0%	92.3%	94.3%	99.3%	95.0%	94.8%
Total Clinical Calls	280	278	259	246	193	220
Total Calls	2239	2289	2090	2149	1907	1936

Requests Processed						
Approvals	244	256	236	218	187	211
Administrative Approval	1,421	1,580	1,408	1,677	1,379	1,570
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	2	1	0
Denials	37	29	29	31	31	31
Pended	26	27	26	24	30	34
Total	1,728	1,892	1,699	1,952	1,628	1,846

Administrative Denials						
Technical (Out of Time Frame)	30	27	25	29	30	30
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	30	27	25	29	30	30

MD Review						
Medical Necessity	26	26	28	18	20	23
Not Medically Necessary	7	2	4	2	1	1
Referred to MD Rate	1.91%	1.48%	1.88%	1.02%	1.29%	1.30%
Not Medically Necessary Denial Rate	21%	7%	13%	10%	5%	4%
Total MD Review	33	28	32	20	21	24

Reconsiderations						
Overtured	2	2	2	0	0	0
Upheld	0	0	1	2	0	0
Total Reconsiderations	2	2	3	2	0	0

*Reconsiderations are not included in Request Processed Total

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Pended						
Escalated	0	0	0	0	0	0
Lack of Information	0	0	0	0	0	0
MD Review	0	0	0	0	0	0
RN Review	26	27	26	24	30	34
Total	26	27	26	24	30	34

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

Current Month Top 10 Diagnosis Codes			
1.	J18.9	Pneumonia, unspecified o	102
2.	A41.9	Sepsis, unspecified orga	74
3.	J44.1	Chron obstr pulm dz w/ex	61
4.	N39.0	Urinary tract infection,	47
5.	I50.9	Heart failure, unspecifi	41
6.	J96.00	Acut resp fail,unsp w/hy	34
7.	K92.2	Gastrointestinal hemorrh	31
8.	J96.90	Resp fail,unsp,w/hypoxia	28
9.	I63.9	Cerebral infarction, uns	27
10.	O80	Encountr,full-term uncom	25

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.	N/A	
2.		
3.		
4.		
5.		

Durable Medical Equipment

Call Metrics	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Administrative						
Abandoned Calls	6	6	11	27	39	15
Average Speed of Answer	00:20	00:24	00:46	02:11	03:01	01:34
Average Talk Time	04:01	04:37	04:28	04:56	04:54	04:34
First Call Resolution	99.1%	99.4%	99.7%	100%	99%	99.1%
Total Admin Calls	543	553	437	564	447	469
Clinical						
Abandoned Calls	1	1	0	0	9	11
Average Speed of Answer	00:10	00:13	00:13	00:25	01:48	01:37
Average Talk Time	04:32	04:19	04:34	05:01	05:13	04:33
First Call Resolution	97.4%	96.0%	97.6%	97.6%	97.0%	95.1%
Total Clinical Calls	307	283	232	278	255	245
Total Calls	850	836	669	842	702	714

Requests Processed	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Approvals	1,206	1,074	945	1,074	1,341	1,265
Agreed Reduction	0	0	1	0	0	0
Client Approved/Negotiation	0	0	0	0	0	1
Split Decision	2	15	2	11	0	0
State Mandate	0	0	0	0	1	0
Denials	21	26	32	45	29	15
Pended	634	608	590	734	462	476
Total	1,863	1,723	1,570	1,864	1,833	1,757

Administrative Denials	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	0	0	0	0	1	0
Total Denied	0	0	0	0	1	0

MD Review	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Medical Necessity	214	80	108	116	186	83
Not Medically Necessary	21	26	32	45	28	15
Referred to MD Rate	12.61%	6.15%	8.92%	8.64%	11.67%	5.58%
Not Medically Necessary Denial Rate	9%	25%	23%	28%	13%	15%
Total MD Review	235	106	140	161	214	98

Reconsiderations	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Overturned	18	7	1	5	2	3
Upheld	0	0	13	1	4	1
Total Reconsiderations	18	7	14	6	6	4

*Reconsiderations are not included in Request Processed Total

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Pended						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	585	581	569	683	457	470
MD Review	10	9	18	41	4	1
RN Review	39	18	3	10	1	5
HP Review	0	0	0	0	0	0
Total	634	608	590	734	462	476

Current Month Top 5 LOI Pended Reasons	
1.	Lack of Information 470
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	
1.	G80.9 Cerebral palsy, unspecif 341
2.	G80.0 Spastic quadriplegic cer 76
3.	J44.9 Chro obstruc pulm dz uns 60
4.	N31.9 Neuromuscular dysfunctn, 46
5.	G82.50 Quadriplegia, unspecifie 34
6.	G80.1 Spastic diplegic cerebra 34
7.	G82.20 Paraplegia, unspecified 32
8.	O05.9 Spina bifida, unspecifie 30
9.	343.9 PALSY, INFANTILE CEREBRA 29
10.	G47.33 Obstructive sleep apnea(23

Current Month Top 5 Reasons for MD Denial	
1.	Item is not medically necessary. 3
2.	Repair of the item is appropriate. 907 KAR 1:479(5) and 907 KAR 3:130 Recipient has requested an item that is not for use in the home and DME cannot review for the item. 2
3.	Item is not primarily for use in the home. 2
4.	The recipient was not using the requested nutritional supplementation on the dates of service requested. 1
5.	

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

DRG

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Target File						
Target File	250	250	250	250	250	250
On-Site Requested	37	39	35	48	30	37
In-House	213	211	215	202	220	213

Outcomes						
Total Approved	226	228	229	233	222	233

Outcomes						
Total Denied	24	22	21	17	28	17

Denial Reasons						
Not Medically Necessary	3	2	3	4	2	4
Technical	20	18	16	11	25	4
Reassignments	0	1	2	2	0	9
Billing	1	1	0	0	1	0
Total Denial Reasons	24	22	21	17	28	17

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

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

EPSDT Special Services

Call Metrics	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Administrative						
Abandoned Calls	1	3	4	15	18	1
Average Speed of Answer	00:24	00:27	00:42	01:40	03:37	01:03
Average Talk Time	05:00	05:24	04:45	05:12	05:36	03:53
First Call Resolution	99.3%	98.4%	100%	97%	99.5%	98.9%
Total Admin Calls	199	295	161	155	173	138
Clinical						
Abandoned Calls	3	1	1	2	1	1
Average Speed of Answer	00:26	00:30	00:49	00:49	00:30	00:35
Average Talk Time	03:57	03:47	04:08	04:26	05:04	04:39
First Call Resolution	97.0%	95.7%	96.6%	97.2%	90.8%	92.3%
Total Clinical Calls	143	167	100	95	120	98
Total Calls	342	462	261	250	293	236

Requests Processed	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Approvals	1,707	1,527	750	1,712	1,182	877
Agreed Reduction	0	0	0	1	0	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	1	1	0	0	0
State Mandate	0	2	0	0	0	2
Denials	6	4	5	1	1	1
Pended	226	152	73	130	77	49
Total	1,939	1,686	829	1,844	1,260	929

Administrative Denials	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	3	0	0	0	0	0
Total Denied	3	0	0	0	0	0

MD Review	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Medical Necessity	8	9	2	5	3	1
Not Medically Necessary	3	4	5	1	1	1
Referred to MD Rate	0.57%	0.77%	0.84%	0.33%	0.32%	0.22%
Not Medically Necessary Denial Rate	27%	31%	71%	17%	25%	50%
Total MD Review	11	13	7	6	4	2

Reconsiderations	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Overtured	0	0	3	0	1	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	3	0	1	0

*Reconsiderations are not included in Request Processed Total

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Pended						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	209	112	73	121	71	46
MD Review	4	3	0	2	0	1
RN Review	13	37	0	7	6	2
Total	213	224	208	257	77	49

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	46
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	F84.0	Autistic disorder	247
2.	Q90.9	Down syndrome, unspecifi	96
3.	G80.9	Cerebral palsy, unspecif	65
4.	R62.50	Uns lack nrmal physiologcl	24
5.	F81.9	Develop disord of schola	23
6.	G80.1	Spastic diplegic cerebra	18
7.	R27.8	Other lack of coordinati	17
8.	F80.2	Mixed recep-expressiv la	16
9.	R62.0	Delayed milestone in chi	16
10.	Q90.0	Trisomy 21 nonmosaicism	15

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.	N/A	
2.		
3.		
4.		
5.		

Home Health

Call Metrics	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Administrative						
Abandoned Calls	23	33	29	59	160	55
Average Speed of Answer	00:21	00:30	00:48	02:07	03:29	01:43
Average Talk Time	04:16	04:50	05:08	05:22	05:47	04:35
First Call Resolution	99.8%	99.8%	98.8%	99.4%	99.6%	99.5%
Total Admin Calls	1079	1070	945	1130	935	993
Clinical						
Abandoned Calls	5	2	6	4	10	5
Average Speed of Answer	00:31	00:15	00:27	00:46	00:45	00:31
Average Talk Time	08:24	08:43	08:00	08:14	08:41	07:38
First Call Resolution	97.7%	99.4%	99.2%	99.1%	98.7%	98.2%
Total Clinical Calls	951	912	812	923	784	870
Total Calls	2,030	1,982	1,757	2,053	1,719	1,863

Requests Processed	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Approvals	4,356	4,193	3,594	4,595	4,363	4,087
Agreed Reduction	140	125	103	95	98	88
Client Approved/Negotiation	0	2	0	0	0	0
Split Decision	0	0	4	5	7	6
State Mandate	14	3	0	0	0	0
Denials	42	67	70	51	22	37
Pended	247	171	166	188	108	103
Total	4,799	4,561	3,937	4,934	4,598	4,321

Administrative Denials	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	2	3	4	3	0	0
Technical (Out of Time Frame)	37	50	55	41	19	34
Total Denied	39	53	59	44	19	34

MD Review	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Medical Necessity	19	15	38	36	33	22
Not Medically Necessary	4	14	11	7	3	3
Referred to MD Rate	0.48%	0.64%	1.24%	0.87%	0.78%	0.58%
Not Medically Necessary Denial Rate	17%	48%	22%	16%	8%	12%
Total MD Review	23	29	49	43	36	25

Reconsiderations	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Overtaken	0	0	0	1	3	0
Upheld	0	0	1	1	0	0
Total Reconsiderations	0	0	1	2	3	0

*Reconsiderations are not included in Request Processed Total

Pended	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Unreviewed	89	101	111	98	77	89
MD Review	8	10	14	12	0	1
RN Review	150	60	41	78	31	13
Total	247	171	166	188	108	103

Current Month Top 5 LOI Pended Reasons	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
1.	N/A					
2.						
3.						
4.						
5.						

Current Month Top 10 Diagnosis Codes	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
1.	G80.9	Cerebral palsy, unspecif				337
2.	F79	Unspec intellectual disa				223
3.	R32	Unspecified urinary inco				153
4.	F84.0	Autistic disorder				153
5.	E11.9	Type 2 DM w/o complicati				148
6.	J44.9	Chro obstruc pulm dz uns				104
7.	I10	Essential (primary) hype				101
8.	F72	SEVERE INTELLECTUAL DISA				92
9.	I50.9	Heart failure, unspecifi				78
10.	Q90.9	Down syndrome, unspecifi				76

Current Month Top 5 Reasons for MD Denial	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
1.	Recipient's request for 5 HHA visits per week exceeds HH guidelines.					1
2.	Recipient has reached potential.					1
3.	Recipient did not identify any specific skilled nursing care needs.					1
4.						
5.						

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

Hospice

Call Metrics	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Administrative						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
Total Admin Calls	N/A	N/A	N/A	N/A	N/A	N/A
Clinical						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
Total Clinical Calls	N/A	N/A	N/A	N/A	N/A	N/A
Total Calls	N/A	N/A	N/A	N/A	N/A	N/A

Requests Processed	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Approvals	86	44	34	42	250	47
Agreed Reduction	N/A	N/A	N/A	N/A	N/A	N/A
Client Approved/Negotiation	N/A	N/A	N/A	N/A	N/A	N/A
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	0	0	0	0	0	0
Pended	9	6	0	12	97	15
Total	95	50	34	54	347	62

Administrative Denials	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	N/A	N/A	N/A	N/A	N/A	N/A

MD Review	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Medical Necessity	0	0	0	0	0	0
Not Medically Necessary	0	0	0	0	0	0
Referred to MD Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
Total MD Review	0	0	0	0	0	0

Reconsiderations	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Overtured	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	0	0	0

*Reconsiderations are not included in Request Processed Total

Pended	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	9	4	0	12	94	15
MD Review	0	0	0	0	0	0
RN Review	0	2	0	0	3	0
Total	9	6	0	12	97	15

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

Current Month Top 10 Diagnosis Codes			
1.	G30.9	Alzheimer's disease, uns	29
2.	428.0	FAILURE, CONGESTIVE HEAR	8
3.	R65.20	Severe sepsis without se	5
4.	I67.2	Cerebral atherosclerosis	3
5.	I25.119	ASHD of natv cor art w/u	3
6.	J96.10	Chrn resp fail,unsp w/hy	2
7.	J18.8	Other pneu, uns organism	2
8.	C20	Malignant neoplasm of re	2
9.	G20	Parkinson's disease	2
10.	K56.60	Unspecified intestinal o	1

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	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Administrative						
Abandoned Calls	5	6	11	23	46	13
Average Speed of Answer	00:20	00:26	00:49	01:51	03:25	01:41
Average Talk Time	04:46	05:00	05:07	05:03	05:13	04:51
First Call Resolution	98.4%	98.0%	94.5%	97.0%	95.9%	99.4%
Total Admin Calls	333	313	278	372	318	335
Clinical						
Abandoned Calls	0	2	2	8	2	3
Average Speed of Answer	00:01	00:00	00:21	00:29	00:16	00:37
Average Talk Time	03:42	03:52	04:13	04:34	04:54	04:50
First Call Resolution	55.4%	60.0%	74.9%	75.4%	75.2%	81.2%
Total Clinical Calls	193	192	184	170	214	209
Total Calls	526	505	462	542	532	544

Requests Processed	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Approvals	4,827	4,706	4,816	4,859	6,875	6,345
Initial LOC Approval	2,311	2,221	1,973	2,169	2,448	2,389
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	1	0	0	1	0	1
Denials	8	9	12	7	4	5
Pended	342	308	274	326	300	209
Total	7,489	7,244	7,075	7,362	9,627	8,949

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

*Reconsiderations are not included in Request Processed Total

MD Review	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Medical Necessity	6	10	6	8	6	5
Not Medically Necessary	8	8	5	6	4	5
Referred to MD Rate	4.09%	5.84%	4.01%	4.29%	3.33%	4.78%
Not Medically Necessary Denial Rate	57%	44%	45%	43%	40%	50%
Total MD Review	14	18	11	14	10	10

Reconsiderations	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Overturned	2	4	2	1	3	2
Upheld	2	0	0	0	0	0
Total Reconsiderations	4	4	2	1	3	2

*Reconsiderations are not included in Request Processed Total

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Pended						
Lack of Information	273	295	250	291	277	184
MD Review	0	0	0	0	0	0
RN Review	69	13	24	35	23	25
Total	342	308	274	326	300	209

Current Month Top 5 LOI Pended Reasons	
1.	Lack of Information 184
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	
1.	F03.90 Unsp dementia w/o behavi 703
2.	I10 Essential (primary) hype 703
3.	J44.9 Chro obstruc pulm dz uns 509
4.	G30.9 Alzheimer's disease, uns 436
5.	I50.9 Heart failure, unspecifi 255
6.	E11.9 Type 2 DM w/o complicati 243
7.	F02.80 Dem oth dzs CE w/o behav 209
8.	F02.81 Demen oth dzs CE w/behav 178
9.	M62.81 Muscle weakness (general 142
10.	I48.91 Unspec atrial fibrillati 128

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.	Not medically necessary 2
3.	Recipient does not have care needs required by regulation for admission to nursing facility. 1
4.	
5.	

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

Nursing Facility Ancillary

Call Metrics	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Administrative						
Abandoned Calls	25	31	38	110	235	72
Average Speed of Answer	00:28	00:33	00:40	01:32	01:49	01:16
Average Talk Time	03:52	04:14	04:08	04:03	03:52	04:03
First Call Resolution	98.4%	98.0%	94.5%	97.0%	95.9%	99.4%
Total Admin Calls	1095	1068	871	1001	1036	1085

Clinical						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
Total Clinical Calls	N/A	N/A	N/A	N/A	N/A	N/A
Total Calls	1,095	1,068	871	1,001	1,036	1,085

Requests Processed						
Approvals	2,865	2,482	2,636	2,381	2,537	2,651
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	234	171	211	155	203	231
Pended	136	246	149	276	268	274
Total	3,235	2,899	2,996	2,812	3,008	3,156

RN Denials/Overturns						
FRN Criteria	206	161	196	144	188	205
FRN Reconsideration Overturned	9	4	9	11	9	8
FRN Reconsideration Upheld	22	7	10	7	14	12
Total Denied	237	172	215	162	211	225

MD Review						
Medical Necessity	8	3	1	1	1	6
Not Medically Necessary	6	3	5	4	1	14
Referred to MD Rate	0.43%	0.21%	0.20%	0.18%	0.07%	0.63%
Not Medically Necessary Denial Rate	43%	50%	83%	80%	50%	70%
Total MD Review	14	6	6	5	2	20

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

*Reconsiderations are not included in Request Processed Total

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Pended						
MD Review	0	0	0	0	2	3
RN Review	136	246	149	276	266	271
Total	136	246	149	276	268	274

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

Current Month Top 10 Diagnosis Codes			
1.	J44.9	Chro obstruc pulm dz uns	769
2.	R06.02	Shortness of breath	279
3.	M62.81	Muscle weakness (general)	238
4.	I50.9	Heart failure, unspecifi	149
5.	R26.2	Difficulty in walking, N	90
6.	J18.9	Pneumonia, unspecified o	70
7.	496	OBSTRUCTION, CHRONIC AIR	65
8.	R09.02	Hypoxemia	59
9.	J44.1	Chron obstr pulm dz w/ex	55
10.	I10	Essential (primary) hype	53

Current Month Top 5 Reasons for MD Denial		
1.	Documentation is inadequate to determine the ongoing need for the services. 907 KAR 1:023 and 907 KAR 3:130	5
2.	Not medically necessary	4
3.	Oxygen therapy is not medically necessary or appropriate for the recipient's diagnosis or condition. 907 KAR 1:023 and 907 KAR 3:130	3
4.	Oxygen therapy is not medically necessary for this recipient.	2
5.		

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

Orthodontia

Call Metrics	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Administrative						
Abandoned Calls	1	5	0	2	7	2
Average Speed of Answer	00:13	00:06	01:20	01:29	04:07	00:37
Average Talk Time	04:23	02:49	03:54	03:32	03:27	04:39
First Call Resolution	100%	100%	100%	100%	N/A	100%
Total Admin Calls	31	22	27	21	7	19

Clinical						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
Total Clinical Calls	N/A	N/A	N/A	N/A	N/A	N/A
Total Calls	31	22	27	21	7	19

Requests Processed						
Approvals	12	20	11	20	15	22
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	1	0	0	0	0	0
Pended	0	0	0	0	0	0
Total	13	20	11	20	15	22

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

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

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

*Reconsiderations are not included in Request Processed Total

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Pended						
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
Total	0	0	0	0	0	0

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

Current Month Top 10 Diagnosis Codes			
1.	Z46.4	Encntr fitting&adjust or	17
2.	V58.5	ORTHODONTICS AFTERCARE	5
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	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Administrative						
Abandoned Calls	0	2	0	7	9	6
Average Speed of Answer	00:18	00:27	01:09	02:18	01:59	01:11
Average Talk Time	04:06	04:02	04:43	04:22	03:38	03:43
First Call Resolution	100%	99.6%	99.3%	99.3%	99.8%	99.4%
Total Admin Calls	173	141	118	107	143	125
Clinical						
Abandoned Calls	1	2	0	1	0	1
Average Speed of Answer	00:35	00:31	00:05	00:34	00:24	00:10
Average Talk Time	06:44	05:17	04:32	04:50	04:20	05:05
First Call Resolution	93.5%	92.5%	90.1%	93.6%	88.1%	97.3%
Total Clinical Calls	104	86	65	59	76	75
Total Calls	277	227	183	166	219	200

Requests Processed	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Approvals	1,080	1,035	871	1,078	869	735
Agreed Reduction	1	1	13	9	0	8
Client Approved/Negotiation	0	0	0	1	0	0
Split Decision	0	0	0	0	0	1
State Mandate	0	0	0	0	0	0
Denials	5	4	4	0	0	0
Pended	80	60	25	110	43	39
Total	1,166	1,100	913	1,198	912	783

Administrative Denials	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Lack of Information	0	0	0	0	0	0
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	0	0	0	0	0	0

MD Review	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Medical Necessity	105	83	63	93	63	73
Not Medically Necessary	5	4	4	0	0	0
Referred to MD Rate	9.43%	7.91%	7.34%	7.76%	6.91%	9.32%
Not Medically Necessary Denial Rate	5%	5%	6%	0%	0%	0%
Total MD Review	110	87	67	93	63	73

Reconsiderations	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Overturned	0	0	2	0	0	0
Upheld	0	4	4	0	0	0
Total Reconsiderations	0	4	6	0	0	0

*Reconsiderations are not included in Request Processed Total

Pended	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Lack of Information	70	58	23	105	41	32
MD Review	0	0	2	0	1	3
RN Review	10	2	0	5	1	4
Total	80	60	25	110	43	39

Independent Therapy	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Total	301	308	164	257	386	232

Current Month Top 5 LOI Pended Reasons	Count
1. Lack of Information	32
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	Count
1. F84.0 Autistic disorder	123
2. G80.9 Cerebral palsy, unspecif	89
3. M62.81 Muscle weakness (general	41
4. Q90.9 Down syndrome, unspecif	37
5. M54.5 Low back pain	33
6. F82 Specific develop disord	17
7. R62.0 Delayed milestone in chi	16
8. G80.0 Spastic quadriplegic cer	16
9. G80.8 Other cerebral palsy	16
10. M54.2 Cervicalgia	12

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

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

Physician Services

Call Metrics	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Administrative						
Abandoned Calls	4	3	6	17	15	8
Average Speed of Answer	00:22	00:17	00:41	02:06	02:34	01:08
Average Talk Time	03:20	03:32	03:49	03:35	03:35	03:35
First Call Resolution	98.5%	98.6%	100%	100%	97%	98.9%
Total Admin Calls	271	270	276	210	254	283
Clinical						
Abandoned Calls	4	3	6	17	15	8
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	93.0%	78.9%	100%	100%	100%	100%
Total Clinical Calls	45	44	60	31	46	62
Total Calls	316	314	336	241	300	345

Requests Processed	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Approvals	44	34	57	27	30	52
Administrative Approval	8	7	4	7	7	11
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	2	0	0	0	1
Pended	8	8	12	6	7	6
Total	60	51	73	40	44	70

Administrative Denials	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Lack of Information	0	0	0	0	0	0
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	0	0	0	0	0	0
Total Denied	0	0	0	0	0	0

MD Review	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Medical Necessity	19	16	22	18	14	17
Not Medically Necessary	0	2	0	0	0	1
Referred to MD Rate	31.67%	35.29%	30.14%	45.00%	31.82%	25.71%
Not Medically Necessary Denial Rate	0%	11%	0%	0%	0%	6%
Total MD Review	19	18	22	18	14	18

Reconsiderations	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Overturned	0	0	0	1	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	1	0	0

*Reconsiderations are not included in Request Processed Total

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Pended						
Lack of Information Incomplete Data (Consent Forms)	N/A	N/A	N/A	N/A	N/A	N/A
MD Review	3	4	6	2	1	1
RN Review	0	0	1	1	1	0
	5	4	5	3	5	5
Total	8	8	12	6	7	6

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

Current Month Top 10 Diagnosis Codes	
1.	G47.33 Obstructive sleep apnea(10
2.	I87.323 Chrnc vnous HTN w/inflm, 6
3.	E66.01 Morbid (sevr)obesity d/t 6
4.	G47.10 Hypersomnia, unspecified 4
5.	C50.919 Mal neo unspc site unsp 3
6.	M43.00 Spondylolysis, site unsp 3
7.	V25.2 STERILIZATION 3
8.	174.9 NEOPLASM, MALIGNANT, FEMALE B 3
9.	278.01 OBESITY, MORBID 2
10.	R10.2 Pelvic and perineal pain 2

Current Month Top 5 Reasons for MD Denial	
1.	Procedure requested is cosmetic in nature and is not covered by Medicaid. 907 KAR 3:005(4) and 907 KAR 3:130 1
2.	
3.	
4.	
5.	

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

Psychiatric Programs

Call Metrics	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Administrative						
Abandoned Calls	1	0	3	16	35	12
Average Speed of Answer	00:19	00:27	00:36	01:54	03:14	01:25
Average Talk Time	02:41	02:58	03:02	03:20	02:48	03:05
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Admin Calls	251	260	248	268	239	248
Clinical						
Abandoned Calls	7	3	0	4	6	7
Average Speed of Answer	01:43	00:35	00:23	00:23	00:30	00:56
Average Talk Time	10:58	09:24	10:48	08:35	09:05	08:29
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Clinical Calls	192	200	208	230	203	204
Total Calls	443	460	456	498	442	452

Requests Processed	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Approvals	178	184	206	178	185	172
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	6	12	11	9	10
Pended	10	6	2	10	9	12
Total	194	196	220	199	203	194

Administrative Denials	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	2	4	2	4	2	4
Total Denied	2	4	2	4	2	4

MD Review	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Medical Necessity	2	4	6	5	4	1
Not Medically Necessary	4	2	10	7	7	6
Referred to MD Rate	3.09%	3.06%	7.27%	6.03%	5.42%	3.61%
Not Medically Necessary Denial Rate	67%	33%	63%	58%	64%	86%
Total MD Review	6	6	16	12	11	7

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

*Reconsiderations are not included in Request Processed Total

Pended	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Lack of Information	0	0	0	1	0	0
RN Review	10	5	2	9	1	12
MD Review	0	1	0	0	8	0
Total	10	6	2	10	9	12

By Place of Service	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Distinct Part Units - Psychiatric	43	50	69	43	40	50
EPSDT	8	17	9	12	12	8
Freestanding Psychiatric Facility	34	21	35	24	43	37
Inpatient Hospital	10	4	4	4	5	12
Non-Freestanding Psychiatric Facility	96	104	99	115	107	88
Onsite EPSDT Psych	0	0	0	0	0	0
Psychiatric Residential Treatment Center	4	4	4	4	2	4
Total	195	200	220	202	209	199

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

Current Month Top 10 Diagnosis Codes	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
1.	F20.9	Schizophrenia, unspecifi				31
2.	F32.9	MDD, single episode, uns				20
3.	F84.0	Autistic disorder				20
4.	F39	Unspecified mood disorde				17
5.	F29	Unsp psych notd/t subs/k				13
6.	F41.1	Generalized anxiety diso				7
7.	F31.89	Other bipolar disorder				7
8.	F63.81	Intermittent explosive d				6
9.	F02.81	Demen oth dzs CE w/behav				5
10.	F90.9	ADHD disorders, unspec t				4

Current Month Top 5 Reasons for MD Denial	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
1.	Not medically necessary					6
2.						
3.						
4.						
5.						

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

Radiology

Call Metrics	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Administrative						
Abandoned Calls	2	4	1	17	15	13
Average Speed of Answer	00:19	00:24	00:48	02:07	02:12	01:03
Average Talk Time	03:45	03:47	03:35	03:51	03:27	03:24
First Call Resolution	100%	99%	100%	100%	100%	100%
Total Admin Calls	499	510	464	510	474	552
Clinical						
Abandoned Calls	2	0	1	1	0	1
Average Speed of Answer	00:34	00:32	00:06	00:20	00:47	00:34
Average Talk Time	05:35	05:59	06:18	05:52	05:41	06:03
First Call Resolution	94%	95%	100%	100%	100%	100%
Total Clinical Calls	337	338	312	316	290	354
Total Calls	836	848	776	826	764	906

Requests Processed	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Approvals	346	383	351	332	352	389
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	28	18	11	6	3	5
Pended	11	6	3	7	2	12
Total	385	407	365	345	357	406

Administrative Denials	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Lack of Information	0	0	0	0	0	0
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	0	0	0	0	0	0

MD Review	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Medical Necessity	70	2	74	82	69	69
Not Medically Necessary	28	18	11	6	3	5
Referred to MD Rate	25.45%	4.91%	23.29%	25.51%	20.17%	18.23%
Not Medically Necessary Denial Rate	29%	90%	13%	7%	4%	7%
Total MD Review	98	20	85	88	72	74

Reconsiderations	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Overtaken	3	2	1	0	1	0
Upheld	2	2	0	0	0	0
Total Reconsiderations	5	4	1	0	1	0

*Reconsiderations are not included in Request Processed Total

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

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

Current Month Top 10 Diagnosis Codes	Count
1. M54.5 Low back pain	44
2. R07.9 Chest pain, unspecified	36
3. M54.2 Cervicalgia	25
4. M54.16 Radiculopathy, lumbar re	21
5. I25.10 ASHD of ntv coronary artery	11
6. R07.89 Other chest pain	11
7. G35 Multiple sclerosis	8
8. M25.512 Pain in left shoulder	7
9. R51 Headache	7
10. M51.36 Oth IVD degeneration, lu	7

Current Month Top 5 Reasons for MD Denial	Count
1. Other approved imaging meets care needs. 907 KAR 3:005(5) and 907 KAR 3:130	2
2. The imaging is not medically necessary.	1
3. Imaging requested is not medically necessary based on the clinical documentation submitted.	1
4. Lower level testing required first.	1
5.	

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



KY Department for Medicaid Services Administrative Hearings Report

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

Report Run Date: Mar 5, 2016
 New/In Progress/Closed/All In Progress

Case Type	Primary Category	Appeal Type	Status	Appeal Start Date	Decision Required Date	Attending Physician
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Dec 15, 2015	Jan 8, 2016	PELLEGRINI, ADRIAN
Waiver	ABI LTC Waiver LOC	Administrative Hearings	In Progress	Jun 4, 2015	Jun 16, 2015	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Apr 9, 2015	Jun 26, 2015	PELLEGRINI, ADRIAN
Waiver	HCB - LOC	Administrative Hearings	In Progress	Jan 22, 2016	Mar 10, 2016	PELLEGRINI, ADRIAN
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Jan 5, 2016	Feb 12, 2016	PELLEGRINI, ADRIAN
Home Health	Home Health	Administrative Hearings	In Progress	Jun 18, 2014	Jul 30, 2014	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Mar 4, 2016	Mar 29, 2016	PELLEGRINI, ADRIAN
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Jan 8, 2015	Feb 10, 2015	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Jul 8, 2015	Aug 18, 2015	PELLEGRINI, ADRIAN
Waiver	HCB - LOC	Administrative Hearings	In Progress	Jan 26, 2016	Feb 11, 2016	PELLEGRINI, ADRIAN
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Oct 28, 2015	Jan 28, 2016	PELLEGRINI, ADRIAN
Waiver	HCB - LOC	Administrative Hearings	In Progress	Dec 28, 2015	Feb 17, 2016	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	May 21, 2015	Jul 31, 2015	PELLEGRINI, ADRIAN
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Dec 18, 2015	Feb 26, 2016	PELLEGRINI, ADRIAN
Acute Inpatient	Psychiatric	Administrative Hearings	In Progress	Dec 8, 2014	Feb 6, 2015	PELLEGRINI, ADRIAN



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

Utilization Management Operational Status Report

Status Month: March 2016

**Report Date: April 11, 2016
Author: Carewise Health Staff**

Acute Inpatient Services

Call Metrics	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Administrative						
Abandoned Calls	16	47	112	154	59	42
Average Speed of Answer	00:19	00:29	01:30	01:48	00:52	00:35
Average Talk Time	03:42	03:34	03:50	03:36	03:51	03:19
First Call Resolution	99.6%	99.0%	99.0%	99.2%	99.4%	99.4%
Total Admin Calls	2011	1831	1903	1714	1716	2014
Clinical						
Abandoned Calls	3	0	1	3	3	1
Average Speed of Answer	00:19	00:10	00:22	00:35	00:41	00:30
Average Talk Time	06:49	07:28	06:54	06:37	06:43	06:19
First Call Resolution	92.3%	94.3%	99.3%	95.0%	94.8%	98.1%
Total Clinical Calls	278	259	246	193	220	255
Total Calls	2289	2090	2149	1907	1936	2269

Requests Processed	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Approvals	256	236	218	187	211	213
Administrative Approval	1,580	1,408	1,677	1,379	1,570	1,589
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	2	1	0	1
Denials	29	29	31	31	31	25
Pended	27	26	24	30	34	43
Total	1,892	1,699	1,952	1,628	1,846	1,871

Administrative Denials	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Technical (Out of Time Frame)	27	25	29	30	30	21
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	27	25	29	30	30	21

MD Review	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Medical Necessity	26	28	18	20	23	19
Not Medically Necessary	2	4	2	1	1	4
Referred to MD Rate	1.48%	1.88%	1.02%	1.29%	1.30%	1.23%
Not Medically Necessary Denial Rate	7%	13%	10%	5%	4%	17%
Total MD Review	28	32	20	21	24	23

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

*Reconsiderations are not included in Request Processed Total

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Pended						
Escalated	0	0	0	0	0	0
Lack of Information	0	0	0	0	0	0
MD Review	0	0	0	0	0	0
RN Review	27	26	24	30	34	43
Total	27	26	24	30	34	43

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

Current Month Top 10 Diagnosis Codes			
1.	J18.9	Pneumonia, unspecified o	93
2.	A41.9	Sepsis, unspecified orga	68
3.	J44.1	Chron obstr pulm dz w/ex	50
4.	I50.9	Heart failure, unspecifi	38
5.	K92.2	Gastrointestinal hemorrh	35
6.	N39.0	Urinary tract infection,	33
7.	J96.90	Resp fail, unsp, w/hypoxia	33
8.	N17.9	Acute kidney failure, un	31
9.	R07.9	Chest pain, unspecified	23
10.	J96.00	Acut resp fail, unsp w/hy	23

Current Month Top 5 Reasons for MD Denial		
1.	Not medically necessary	3
2.	Recipient should have been cared for at a lower level of care. 907 KAR 10:012(2) and 907 KAR 3:130	1
3.		
4.		
5.		

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

Durable Medical Equipment

Call Metrics	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Administrative						
Abandoned Calls	6	11	27	39	15	7
Average Speed of Answer	00:24	00:46	02:11	03:01	01:34	00:39
Average Talk Time	04:37	04:28	04:56	04:54	04:34	04:19
First Call Resolution	99.4%	99.7%	100%	99%	99.1%	99.3%
Total Admin Calls	553	437	564	447	469	499
Clinical						
Abandoned Calls	1	0	0	9	11	10
Average Speed of Answer	00:13	00:13	00:25	01:48	01:37	01:46
Average Talk Time	04:19	04:34	05:01	05:13	04:33	05:19
First Call Resolution	96.0%	97.6%	97.6%	97.0%	95.1%	97.1%
Total Clinical Calls	283	232	278	255	245	258
Total Calls	836	669	842	702	714	757

Requests Processed	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Approvals	1,074	945	1,074	1,341	1,265	1,249
Agreed Reduction	0	1	0	0	0	0
Client Approved/Negotiation	0	0	0	0	1	0
Split Decision	15	2	11	0	0	12
State Mandate	0	0	0	1	0	0
Denials	26	32	45	29	15	19
Pended	608	590	734	462	476	487
Total	1,723	1,570	1,864	1,833	1,757	1,767

Administrative Denials	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	0	0	0	1	0	0
Total Denied	0	0	0	1	0	0

MD Review	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Medical Necessity	80	108	116	186	83	99
Not Medically Necessary	26	32	45	28	15	19
Referred to MD Rate	6.15%	8.92%	8.64%	11.67%	5.58%	6.68%
Not Medically Necessary Denial Rate	25%	23%	28%	13%	15%	16%
Total MD Review	106	140	161	214	98	118

Reconsiderations	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Overturned	7	1	5	2	3	3
Upheld	0	13	1	4	1	6
Total Reconsiderations	7	14	6	6	4	9

*Reconsiderations are not included in Request Processed Total

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Pended						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	581	569	683	457	470	483
MD Review	9	18	41	4	1	3
RN Review	18	3	10	1	5	1
HP Review	0	0	0	0	0	0
Total	608	590	734	462	476	487

Current Month Top 5 LOI Pended Reasons	
1.	Lack of Information 483
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	
1.	G80.9 Cerebral palsy, unspecif 342
2.	G80.0 Spastic quadriplegic cer 107
3.	G82.50 Quadriplegia, unspecifie 66
4.	J44.9 Chro obstruct pulm dz uns 46
5.	G71.0 Muscular dystrophy 37
6.	R62.51 Failure to thrive (child 35
7.	G47.33 Obstructive sleep apnea(29
8.	G82.20 Paraplegia, unspecified 27
9.	F84.0 Autistic disorder 25
10.	Q93.9 Deletion from autosomes, 24

Current Month Top 5 Reasons for MD Denial	
1.	Not medically necessary 12
2.	Equipment is used primarily for the convenience of the recipient or caregiver. 907 KAR 1:479(6) and 907 KAR 3:130 4
3.	Item is commercially available. Customization is not covered. 907 KAR 1:479(4) and 907 KAR 3:130 1
4.	Item is not primarily and customarily used for a medical purpose. 907 KAR 1:479(6) and 907 KAR 3:130 1
5.	The service is not medically necessary. 907 KAR 11:034(9) and 907 KAR 3:130 1

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

DRG

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target File						
Target File	250	250	250	250	250	250
On-Site Requested	39	35	48	30	37	37
In-House	211	215	202	220	213	213

Outcomes						
Total Approved	228	229	233	222	233	235

Outcomes						
Total Denied	22	21	17	28	17	15

Denial Reasons						
Not Medically Necessary	2	3	4	2	4	1
Technical	18	16	11	25	4	9
Reassignments	1	2	2	0	9	5
Billing	1	0	0	1	0	0
Total Denial Reasons	22	21	17	28	17	15

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

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

EPSDT Special Services

Call Metrics	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Administrative						
Abandoned Calls	3	4	15	18	1	2
Average Speed of Answer	00:27	00:42	01:40	03:37	01:03	00:38
Average Talk Time	05:24	04:45	05:12	05:36	03:53	05:44
First Call Resolution	98.4%	100%	97%	99.5%	98.9%	99.6%
Total Admin Calls	295	161	155	173	138	183
Clinical						
Abandoned Calls	1	1	2	1	1	1
Average Speed of Answer	00:30	00:49	00:49	00:30	00:35	00:35
Average Talk Time	03:47	04:08	04:26	05:04	04:39	05:10
First Call Resolution	95.7%	96.6%	97.2%	90.8%	92.3%	97.3%
Total Clinical Calls	167	100	95	120	98	136
Total Calls	462	261	250	293	236	319

Requests Processed	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Approvals	1,527	750	1,712	1,182	877	1,574
Agreed Reduction	0	0	1	0	0	1
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	1	1	0	0	0	1
State Mandate	2	0	0	0	2	0
Denials	4	5	1	1	1	1
Pended	152	73	130	77	49	131
Total	1,686	829	1,844	1,260	929	1,708

Administrative Denials	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	0	0	0	0	0	0
Total Denied	0	0	0	0	0	0

MD Review	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Medical Necessity	9	2	5	3	1	9
Not Medically Necessary	4	5	1	1	1	1
Referred to MD Rate	0.77%	0.84%	0.33%	0.32%	0.22%	0.59%
Not Medically Necessary Denial Rate	31%	71%	17%	25%	50%	10%
Total MD Review	13	7	6	4	2	10

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

*Reconsiderations are not included in Request Processed Total

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Pended						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	112	73	121	71	46	93
MD Review	3	0	2	0	1	0
RN Review	37	0	7	6	2	38
Total	213	224	208	257	49	131

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	93
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	F84.0	Autistic disorder	549
2.	Q90.9	Down syndrome, unspecifi	180
3.	G80.9	Cerebral palsy, unspecif	150
4.	F80.2	Mixed recep-expressiv la	60
5.	R62.50	Uns lack nrml physiologcl	53
6.	F81.9	Develop disord of schola	34
7.	R27.8	Other lack of coordinati	22
8.	R27.9	Unspecified lack of coor	18
9.	G80.1	Spastic diplegic cerebra	16
10.	R62.0	Delayed milestone in chi	16

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.	N/A	
2.		
3.		
4.		
5.		

Home Health

Call Metrics	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Administrative						
Abandoned Calls	33	29	59	160	55	37
Average Speed of Answer	00:30	00:48	02:07	03:29	01:43	00:57
Average Talk Time	04:50	05:08	05:22	05:47	04:35	04:40
First Call Resolution	99.8%	98.8%	99.4%	99.6%	99.5%	99.5%
Total Admin Calls	1070	945	1130	935	993	1079
Clinical						
Abandoned Calls	2	6	4	10	5	3
Average Speed of Answer	00:15	00:27	00:46	00:45	00:31	00:39
Average Talk Time	08:43	08:00	08:14	08:41	07:38	07:47
First Call Resolution	99.4%	99.2%	99.1%	98.7%	98.2%	98.5%
Total Clinical Calls	912	812	923	784	870	929
Total Calls	1,982	1,757	2,053	1,719	1,863	2,008

Requests Processed	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Approvals	4,193	3,594	4,595	4,363	4,087	4,348
Agreed Reduction	125	103	95	98	88	117
Client Approved/Negotiation	2	0	0	0	0	0
Split Decision	0	4	5	7	6	2
State Mandate	3	0	0	0	0	17
Denials	67	70	51	22	37	29
Pended	171	166	188	108	103	362
Total	4,561	3,937	4,934	4,598	4,321	4,875

Administrative Denials	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	3	4	3	0	0	2
Technical (Out of Time Frame)	50	55	41	19	34	19
Total Denied	53	59	44	19	34	21

MD Review	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Medical Necessity	15	38	36	33	22	42
Not Medically Necessary	14	11	7	3	3	8
Referred to MD Rate	0.64%	1.24%	0.87%	0.78%	0.58%	1.03%
Not Medically Necessary Denial Rate	48%	22%	16%	8%	12%	16%
Total MD Review	29	49	43	36	25	50

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

*Reconsiderations are not included in Request Processed Total

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Pended						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Unreviewed	101	111	98	77	89	58
MD Review	10	14	12	0	1	2
RN Review	60	41	78	31	13	301
Total	171	166	188	108	103	361

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

Current Month Top 10 Diagnosis Codes			
1.	G80.9	Cerebral palsy, unspecif	373
2.	F79	Unspec intellectual disa	216
3.	F84.0	Autistic disorder	194
4.	E11.9	Type 2 DM w/o complicati	167
5.	R32	Unspecified urinary inco	167
6.	J44.9	Chro obstruc pulm dz uns	151
7.	F72	Severe intellectual disa	102
8.	I10	Essential (primary) hype	100
9.	I50.9	Heart failure, unspecifi	94
10.	Q90.9	Down syndrome, unspecifi	92

Current Month Top 5 Reasons for MD Denial		
1.	Not medically necessary	7
2.	Services can be safely and effectively provided on an outpatient basis. 907 KAR 1:030(4) and 907 KAR 3:130	1
3.		
4.		
5.		

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

Hospice

Call Metrics	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Administrative						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
Total Admin Calls	N/A	N/A	N/A	N/A	N/A	N/A
Clinical						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
Total Clinical Calls	N/A	N/A	N/A	N/A	N/A	N/A
Total Calls	N/A	N/A	N/A	N/A	N/A	N/A

Requests Processed	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Approvals	44	34	42	250	47	344
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	6	0	12	97	15	70
Total	50	34	54	347	62	414

Administrative Denials	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	N/A	N/A	N/A	N/A	N/A	N/A

MD Review	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Medical Necessity	0	0	0	0	0	0
Not Medically Necessary	0	0	0	0	0	0
Referred to MD Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
Total MD Review	0	0	0	0	0	0

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

*Reconsiderations are not included in Request Processed Total

Pended	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	4	0	12	94	15	59
MD Review	0	0	0	0	0	0
RN Review	2	0	0	3	0	11
Total	6	0	12	97	15	70

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	59
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	G30.9	Alzheimer's disease, uns	43
2.	C51.9	Malignant neoplasm vulva	42
3.	331.0	ALZHEIMER'S DISEASE	34
4.	496	OBSTRUCTION, CHRONIC AIR	27
5.	486	PNEUMONIA, ORGANISM NOS	22
6.	N18.6	End stage renal disease	19
7.	C15.9	Malignant neoplasm esopha	16
8.	E56.9	Vitamin deficiency, unsp	15
9.	I50.9	Heart failure, unspecifi	14
10.	C34.90	Mal neo unsp part unsp b	14

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	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Administrative						
Abandoned Calls	6	11	23	46	13	4
Average Speed of Answer	00:26	00:49	01:51	03:25	01:41	00:51
Average Talk Time	05:00	05:07	05:03	05:13	04:51	04:33
First Call Resolution	98.0%	94.5%	97.0%	95.9%	99.4%	94.0%
Total Admin Calls	313	278	372	318	335	328
Clinical						
Abandoned Calls	2	2	8	2	3	8
Average Speed of Answer	00:00	00:21	00:29	00:16	00:37	00:54
Average Talk Time	03:52	04:13	04:34	04:54	04:50	05:28
First Call Resolution	60.0%	74.9%	75.4%	75.2%	81.2%	88.2%
Total Clinical Calls	192	184	170	214	209	198
Total Calls	505	462	542	532	544	526

Requests Processed	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Approvals	4,706	4,816	4,859	6,875	6,345	6,204
Initial LOC Approval	2,221	1,973	2,169	2,448	2,389	2,360
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	1	0	1	2
Denials	9	12	7	4	5	8
Pended	308	274	326	300	209	227
Total	7,244	7,075	7,362	9,627	8,949	8,801

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

***Reconsiderations are not included in Request Processed Total**

MD Review	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Medical Necessity	10	6	8	6	5	12
Not Medically Necessary	8	5	6	4	5	8
Referred to MD Rate	5.84%	4.01%	4.29%	3.33%	4.78%	8.81%
Not Medically Necessary Denial Rate	44%	45%	43%	40%	50%	40%
Total MD Review	18	11	14	10	10	20

Reconsiderations	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Overturned	4	2	1	3	2	2
Upheld	0	0	0	0	0	0
Total Reconsiderations	4	2	1	3	2	2

***Reconsiderations are not included in Request Processed Total**

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Pended						
Lack of Information	295	250	291	277	184	205
MD Review	0	0	0	0	0	0
RN Review	13	24	35	23	25	22
Total	308	274	326	300	209	227

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	205
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes		
1.	F03.90 Unsp dementia w/o behavi	693
2.	I10 Essential (primary) hype	686
3.	G30.9 Alzheimer's disease, uns	448
4.	J44.9 Chro obstruc pulm dz uns	443
5.	E11.9 Type 2 DM w/o complicati	320
6.	I50.9 Heart failure, unspecifi	218
7.	F02.81 Demen oth dzs CE w/behav	145
8.	F02.80 Dem oth dzs CE w/o behav	144
9.	G20 Parkinson's disease	131
10.	M62.81 Muscle weakness (general)	115

Current Month Top 5 Reasons for MD Denial		
1.	Not Medically Necessary	4
2.	Recipient no longer meets clinical acuity. 907 KAR 1:022(6) and 907 KAR 3:130	2
3.	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
4.		
5.		

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

Nursing Facility Ancillary

Call Metrics	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Administrative						
Abandoned Calls	31	38	110	235	72	39
Average Speed of Answer	00:33	00:40	01:32	01:49	01:16	00:43
Average Talk Time	04:14	04:08	04:03	03:52	04:03	03:44
First Call Resolution	98.0%	94.5%	97.0%	95.9%	99.4%	99.4%
Total Admin Calls	1068	871	1001	1036	1085	1192

Clinical						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
Total Clinical Calls	N/A	N/A	N/A	N/A	N/A	N/A
Total Calls	1,068	871	1,001	1,036	1,085	1,192

Requests Processed						
Approvals	2,482	2,636	2,381	2,537	2,651	2,820
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	171	211	155	203	231	200
Pended	246	149	276	268	274	216
Total	2,899	2,996	2,812	3,008	3,156	3,236

RN Denials/Overturns						
FRN Criteria	161	196	144	188	205	178
FRN Reconsideration Overturned	4	9	11	9	8	4
FRN Reconsideration Upheld	7	10	7	14	12	13
Total Denied	172	215	162	211	225	195

MD Review						
Medical Necessity	3	1	1	1	6	1
Not Medically Necessary	3	5	4	1	14	9
Referred to MD Rate	0.21%	0.20%	0.18%	0.07%	0.63%	0.31%
Not Medically Necessary Denial Rate	50%	83%	80%	50%	70%	90%
Total MD Review	6	6	5	2	20	10

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

*Reconsiderations are not included in Request Processed Total

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Pended						
MD Review	0	0	0	2	3	1
RN Review	246	149	276	266	271	215
Total	246	149	276	268	274	216

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

Current Month Top 10 Diagnosis Codes			
1.	J44.9	Chro obstruc pulm dz uns	777
2.	M62.81	Muscle weakness (general)	262
3.	R06.02	Shortness of breath	256
4.	I50.9	Heart failure, unspecifi	147
5.	J18.9	Pneumonia, unspecified o	93
6.	R26.2	Difficulty in walking, N	84
7.	R09.02	Hypoxemia	63
8.	496	OBSTRUCTION, CHRONIC AIR	53
9.	I10	Essential (primary) hype	51
10.	J44.1	Chron obstr pulm dz w/ex	47

Current Month Top 5 Reasons for MD Denial		
1.	Documentation is inadequate to determine the ongoing need for the services. 907 KAR 1:023 and 907 KAR 3:130	4
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	3
3.	Not Medically Necessary	2
4.		
5.		

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

Orthodontia

Call Metrics	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Administrative						
Abandoned Calls	5	0	2	7	2	2
Average Speed of Answer	00:06	01:20	01:29	04:07	00:37	00:17
Average Talk Time	02:49	03:54	03:32	03:27	04:39	03:25
First Call Resolution	100%	100%	100%	N/A	100%	100%
Total Admin Calls	22	27	21	7	19	29

Clinical						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
Total Clinical Calls	N/A	N/A	N/A	N/A	N/A	N/A
Total Calls	22	27	21	7	19	29

Requests Processed						
Approvals	20	11	20	15	22	9
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	0	0	0	0	0	0
Pended	0	0	0	0	0	3
Total	20	11	20	15	22	12

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

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

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

*Reconsiderations are not included in Request Processed Total

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

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

Current Month Top 10 Diagnosis Codes			
1.	Z46.4	Encntr fitting&adjust or	7
2.	V58.5	ORTHODONTICS AFTERCARE	5
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	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Administrative						
Abandoned Calls	2	0	7	9	6	2
Average Speed of Answer	00:27	01:09	02:18	01:59	01:11	00:37
Average Talk Time	04:02	04:43	04:22	03:38	03:43	04:05
First Call Resolution	99.6%	99.3%	99.3%	99.8%	99.4%	99.5%
Total Admin Calls	141	118	107	143	125	177
Clinical						
Abandoned Calls	2	0	1	0	1	3
Average Speed of Answer	00:31	00:05	00:34	00:24	00:10	00:14
Average Talk Time	05:17	04:32	04:50	04:20	05:05	03:18
First Call Resolution	92.5%	90.1%	93.6%	88.1%	97.3%	95.1%
Total Clinical Calls	86	65	59	76	75	143
Total Calls	227	183	166	219	200	320

Requests Processed						
Approvals	1,035	871	1,078	869	735	1,009
Agreed Reduction	1	13	9	0	8	0
Client Approved/Negotiation	0	0	1	0	0	0
Split Decision	0	0	0	0	1	0
State Mandate	0	0	0	0	0	0
Denials	4	4	0	0	0	1
Pended	60	25	110	43	39	42
Total	1,100	913	1,198	912	783	1,052

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

MD Review						
Medical Necessity	83	63	93	63	73	105
Not Medically Necessary	4	4	0	0	0	1
Referred to MD Rate	7.91%	7.34%	7.76%	6.91%	9.32%	10.08%
Not Medically Necessary Denial Rate	5%	6%	0%	0%	0%	1%
Total MD Review	87	67	93	63	73	106

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

*Reconsiderations are not included in Request Processed Total

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Pended						
Lack of Information	58	23	105	41	32	42
MD Review	0	2	0	1	3	0
RN Review	2	0	5	1	4	0
Total	60	25	110	43	39	42

Independent Therapy						
Total	308	164	257	386	232	334

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	42
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	F84.0	Autistic disorder	123
2.	G80.9	Cerebral palsy, unspecif	101
3.	M62.81	Muscle weakness (general	52
4.	M54.5	Low back pain	42
5.	Q90.9	Down syndrome, unspecifi	27
6.	G80.8	Other cerebral palsy	24
7.	R62.0	Delayed milestone in chi	17
8.	M25.562	Pain in left knee	17
9.	R26.2	Difficulty in walking, N	16
10.	F82	Specific develop disord	15

Current Month Top 5 Reasons for MD Denial		
1.	Recipient has reached maximum improvement. 907 KAR 1:014(4) and 907 KAR 3:130.	1
2.		
3.		
4.		
5.		

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

Physician Services

Call Metrics	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Administrative						
Abandoned Calls	3	6	17	15	8	6
Average Speed of Answer	00:17	00:41	02:06	02:34	01:08	00:42
Average Talk Time	03:32	03:49	03:35	03:35	03:35	03:09
First Call Resolution	98.6%	100%	100%	97%	98.9%	100.0%
Total Admin Calls	270	276	210	254	283	358
Clinical						
Abandoned Calls	3	6	17	15	8	6
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	78.9%	100%	100%	100%	100%	88%
Total Clinical Calls	44	60	31	46	62	85
Total Calls	314	336	241	300	345	443

Requests Processed	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Approvals	34	57	27	30	52	58
Administrative Approval	7	4	7	7	11	5
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	2	0	0	0	1	2
Pended	8	12	6	7	6	15
Total	51	73	40	44	70	80

Administrative Denials	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Lack of Information	0	0	0	0	0	0
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	0	0	0	0	0	0
Total Denied	0	0	0	0	0	0

MD Review	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Medical Necessity	16	22	18	14	17	24
Not Medically Necessary	2	0	0	0	1	2
Referred to MD Rate	35.29%	30.14%	45.00%	31.82%	25.71%	32.50%
Not Medically Necessary Denial Rate	11%	0%	0%	0%	6%	8%
Total MD Review	18	22	18	14	18	26

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

*Reconsiderations are not included in Request Processed Total

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Pended						
Lack of Information Incomplete Data (Consent Forms)	N/A	N/A	N/A	N/A	N/A	N/A
MD Review	4	6	2	1	1	3
RN Review	0	1	1	1	0	0
	4	5	3	5	5	12
Total	8	12	6	7	6	15

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

Current Month Top 10 Diagnosis Codes			
1.	F70	Mild intellectual disabi	2155
2.	F84.0	Autistic disorder	1839
3.	J44.9	Chro obstruc pulm dz uns	1754
4.	F71	Moderate intellectual di	1529
5.	G80.9	Cerebral palsy, unspecif	1418
6.	I10	Essential (primary) hype	1096
7.	F03.90	Unsp dementia w/o behavi	818
8.	E11.9	Type 2 DM w/o complicati	785
9.	F72	Severe intellectual disa	619
10.	G30.9	Alzheimer's disease, uns	618

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.	N/A
2.	
3.	
4.	
5.	

Psychiatric Programs

Call Metrics	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Administrative						
Abandoned Calls	0	3	16	35	12	8
Average Speed of Answer	00:27	00:36	01:54	03:14	01:25	00:52
Average Talk Time	02:58	03:02	03:20	02:48	03:05	02:45
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Admin Calls	260	248	268	239	248	270
Clinical						
Abandoned Calls	3	0	4	6	7	1
Average Speed of Answer	00:35	00:23	00:23	00:30	00:56	01:13
Average Talk Time	09:24	10:48	08:35	09:05	08:29	08:04
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Clinical Calls	200	208	230	203	204	229
Total Calls	460	456	498	442	452	499

Requests Processed	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Approvals	184	206	178	185	172	212
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	12	11	9	10	3
Pended	6	2	10	9	12	4
Total	196	220	199	203	194	219

Administrative Denials	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	4	2	4	2	4	0
Total Denied	4	2	4	2	4	0

MD Review	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Medical Necessity	4	6	5	4	1	0
Not Medically Necessary	2	10	7	7	6	3
Referred to MD Rate	3.06%	7.27%	6.03%	5.42%	3.61%	1.37%
Not Medically Necessary Denial Rate	33%	63%	58%	64%	86%	100%
Total MD Review	6	16	12	11	7	3

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

*Reconsiderations are not included in Request Processed Total

Pended	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Lack of Information	0	0	1	0	0	0
RN Review	5	2	9	1	12	4
MD Review	1	0	0	8	0	0
Total	6	2	10	9	12	4

By Place of Service	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Distinct Part Units - Psychiatric	50	69	43	40	50	46
EPSDT	17	9	12	12	8	16
Freestanding Psychiatric Facility	21	35	24	43	37	19
Inpatient Hospital	4	4	4	5	12	12
Non-Freestanding Psychiatric Facility	104	99	115	107	88	128
Onsite EPSDT Psych	0	0	0	0	0	0
Psychiatric Residential Treatment Center	4	4	4	2	4	2
Total	200	220	202	209	199	223

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.	F32.9	MDD, single episode, uns	30
2.	F39	Unspecified mood disorde	15
3.	F84.0	Autistic disorder	15
4.	F33.2	MDD, recurrent, severe w	12
5.	F20.9	Schizophrenia, unspecifi	10
6.	F31.60	BD, current episode mixe	9
7.	F63.81	Intermittent explosive d	8
8.	F31.89	Other bipolar disorder	7
9.	F25.0	Schizoaffective disord,	6
10.	F31.9	Bipolar disorder, unspec	6

Current Month Top 5 Reasons for MD Denial	Reason	Count
1.	Not Medically Necessary	3
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	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Administrative						
Abandoned Calls	4	1	17	15	13	12
Average Speed of Answer	00:24	00:48	02:07	02:12	01:03	00:32
Average Talk Time	03:47	03:35	03:51	03:27	03:24	03:30
First Call Resolution	99%	100%	100%	100%	100%	99.5%
Total Admin Calls	510	464	510	474	552	652
Clinical						
Abandoned Calls	0	1	1	0	1	0
Average Speed of Answer	00:32	00:06	00:20	00:47	00:34	00:15
Average Talk Time	05:59	06:18	05:52	05:41	06:03	06:19
First Call Resolution	95%	100%	100%	100%	100%	95%
Total Clinical Calls	338	312	316	290	354	430
Total Calls	848	776	826	764	906	1,082

Requests Processed	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Approvals	383	351	332	352	389	468
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	18	11	6	3	5	0
Pended	6	3	7	2	12	11
Total	407	365	345	357	406	479

Administrative Denials	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Lack of Information	0	0	0	0	0	0
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Total Denied	0	0	0	0	0	0

MD Review	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Medical Necessity	2	74	82	69	69	89
Not Medically Necessary	18	11	6	3	5	0
Referred to MD Rate	4.91%	23.29%	25.51%	20.17%	18.23%	18.58%
Not Medically Necessary Denial Rate	90%	13%	7%	4%	7%	0%
Total MD Review	20	85	88	72	74	89

Reconsiderations	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Overturned	2	1	0	1	0	0
Upheld	2	0	0	0	0	0
Total Reconsiderations	4	1	0	1	0	0

*Reconsiderations are not included in Request Processed Total

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

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

Current Month Top 10 Diagnosis Codes	
1.	R07.9 Chest pain, unspecified 40
2.	M54.5 Low back pain 38
3.	M54.2 Cervicalgia 22
4.	G35 Multiple sclerosis 17
5.	R07.89 Other chest pain 14
6.	M54.16 Radiculopathy, lumbar re 13
7.	M25.511 Pain in right shoulder 10
8.	R51 Headache 9
9.	M54.12 Radiculopathy, cervical 9
10.	R56.9 Unspecified convulsions 9

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

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



KY Department for Medicaid Services Administrative Hearings Report

Report Run Date: Apr 1, 2016
New/In Progress/Closed/All In Progress

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

Case Type	Primary Category	Appeal Type	Status	Appeal Start Date	Decision Required Date	Attending Physician
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Mar 15, 2016	Apr 13, 2016	PELLEGRINI, ADRIAN
Waiver	HCBCDO - LOC	Administrative Hearings	Closed	Mar 4, 2016	Mar 9, 2016	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Mar 4, 2016	Mar 29, 2016	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Mar 10, 2016	Apr 8, 2016	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Mar 8, 2016	Apr 5, 2016	PELLEGRINI, ADRIAN
Waiver	HCBC - LOC	Administrative Hearings	In Progress	Mar 15, 2016	Apr 13, 2016	PELLEGRINI, ADRIAN