

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 December 2015

This report is contractual deliverable produced by the Department’s Fiscal Agent on a monthly basis which summarizes operational duties performed by the Fiscal Agent. It provides statistics related to claims, 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 January 2016

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3- UM Status Report December 2015

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

4- UM Status Report January 2016

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



Operational Status Report

Kentucky MMIS Project

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

Status Month End December 2015

Cabinet for Health and Family Services Department for Medicaid Services

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1 Executive Summary

	December	Page Number
Claims Processed	913,373	Page 16
Total Dollars Paid	\$192,063,095.23	Page 16
Claims Paid	674,988	Page 16
Claims Denied	238,385	Page 16
% Denied Claims	26.1%	Page 16
Average Claims Held in Cash Management	288,364	N/A
Average Dollars Held in Cash Management	\$44,827,835.33	N/A
Capitation Financial Transactions	2,563,667	Page 17
Capitation Financial Payments	\$592,018,460.44	Page 17
Suspended Claims	10,014	Page 23
Total Suspended Claims > 90 Days	340	Page 23
Provider Services Calls Received	9,376	Page 30
Provider Services Current Service Level %	94%	Page 30

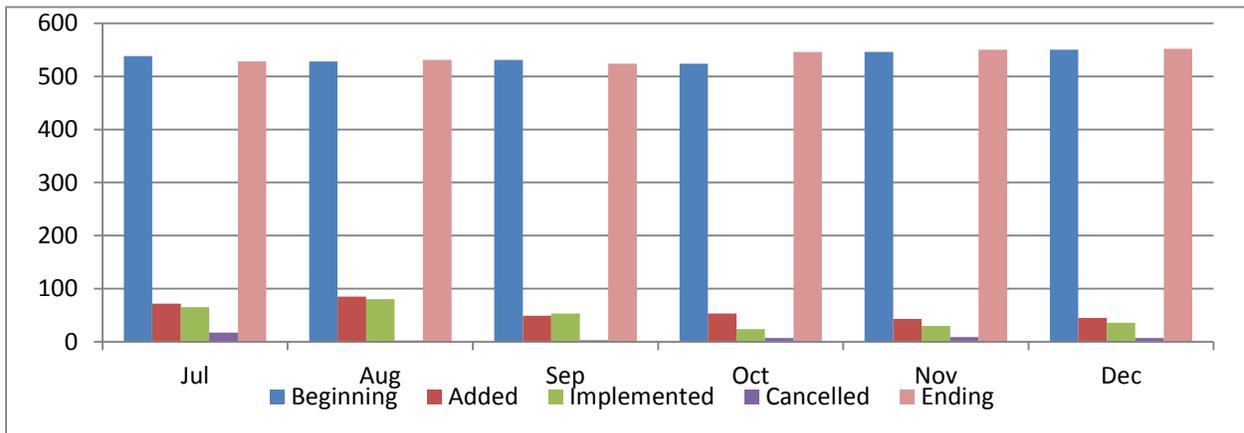
Encounter Load Statistics

Managed Care Organizations (MCOs)						
	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015
Coventry	2,060,582	1,036,890	823,412	1,021,125	749,084	1,082,156
Humana	449,787	588,542	473,544	607,453	485,549	483,034
Kentucky Spirit	366	49	37	7	0	101
Passport (R03)	6,415	326	50	1,172	66	15
Passport R31	971,318	1,305,287	1,052,136	1,347,944	1,230,543	1,021,518
WellCare	2,026,319	1,892,529	829,371	1,905,803	1,765,765	1,699,151
Anthem	390,367	328,028	328,140	415,955	331,574	340,930
Other						
Transportation Encounters	275,411	22*	600,043	105*	291,873	292,043
Magellan Pharmacy Claims	262,454	258,524	394,508	277,561	269,393	269,955
Totals	6,443,019	5,410,197	4,501,241	5,577,125	5,123,847	5,188,903

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

1.1 Change Order and Defect Statistics

Change Orders / Defects Inventory	Jul	Aug	Sept	Oct	Nov	Dec
Beginning	538	528	531	524	546	550
Added	72	85	49	53	43	45
Implemented	65	80	53	24	30	36
Cancelled	17	2	3	7	9	7
Ending	528	531	524	546	550	552



1.2 Change Order and Defect Statistics (continued)

December 2015	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	72	190	5	0	267	
Federally Mandated	1	1	0	0	2	1 on hold is included in the Priority list.
Non-Priority	187	37	59	0	283	
Totals	260	228	64	0	552	

*The priority list consists of 268 Change Orders & Defects.

December 2015	Change Orders			Defects		
	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	20	13	5	0	0	0
Federally Mandated	0	1	0	0	0	0
Non-Priority	22	12	1	3	10	1
Totals	42	26	6	3	10	1

2 Unplanned System Outages

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

2.1 Billable Hours Usage Summary (Contract Year 2015)

Month	BILLABLE	UNDECIDED	CCB Approved	Need CCB Review
Dec 2014	3,050.75	-	3,050.75	-
Jan 2015	3,510.50	18.00	3,510.50	18.00
Feb 2015	4,015.00	2.00	4,014.00	3.00
Mar 2015	4,126.25	-	4,126.25	-
Apr 2015	3,634.50	-	3,629.00	5.50
May 2015	3,390.25	4.00	3,390.00	4.25
Jun 2015	3,013.25	1.00	3,013.25	1.00
Jul 2015	3,235.00	0.25	3,235.00	0.25
Aug 2015	3,232.75	19.00	3,232.75	19.00
Sep 2015	3,272.25	20.00	3,271.50	20.75
Oct 2015	2,269.75	3.50	2,266.75	6.50
Nov 2015	2,052.50	27.25	2,021.75	58.00

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

** These totals now INCLUDE hours logged against HBE – Phase II R5 December, HBE – Phase III Post R5, and HBE – SDH hours.

***These totals EXCLUDE HBE – Phase III Realtime hours which are currently under discussion regarding their breakdown.

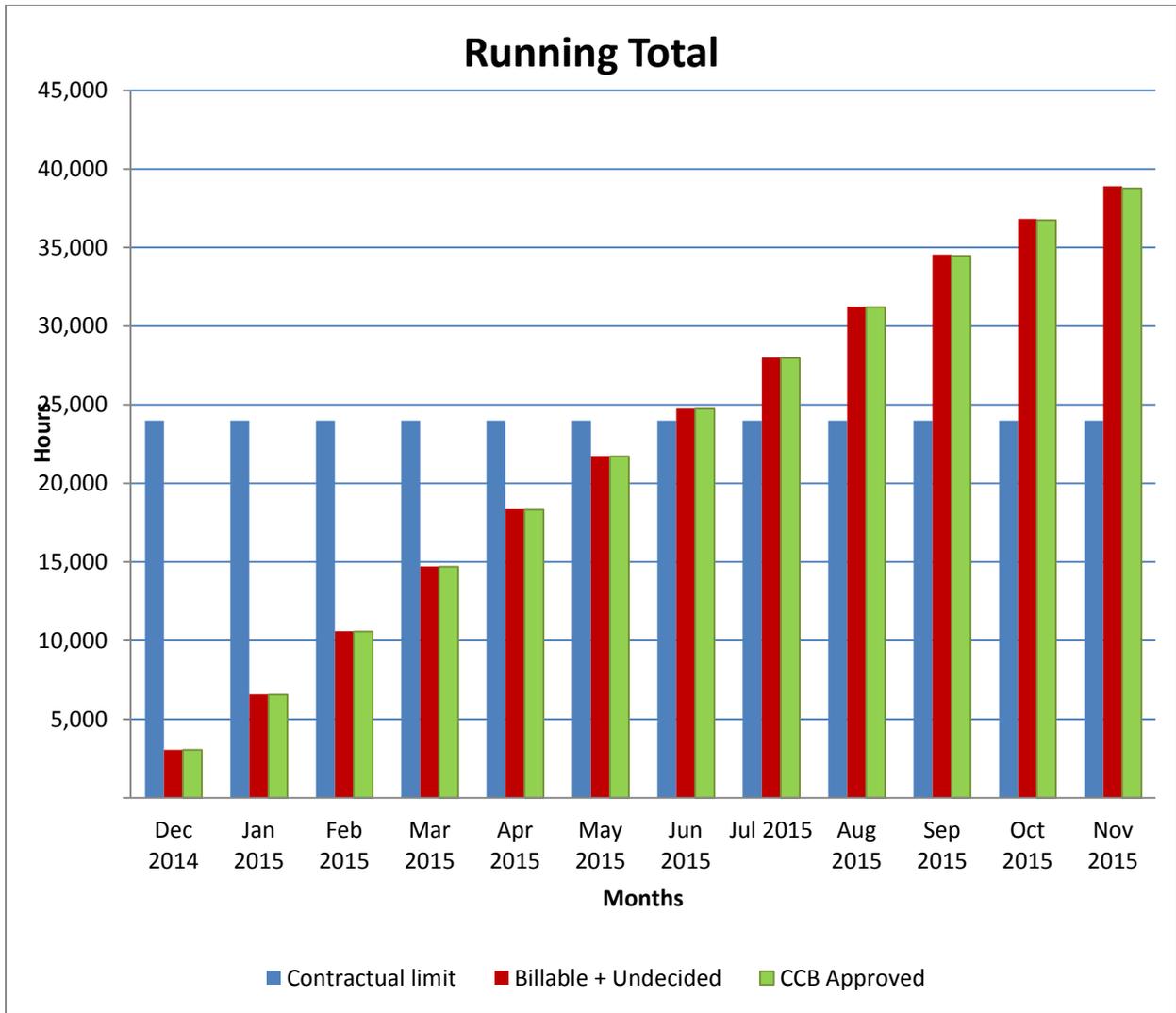
2.2 Running Total (Contract Year 2015)

Month	Contractual limit	Billable + Undecided	CCB Approved	Billable	Undecided	Need CCB Review
Dec 2014	24,000.00	3,050.75	3,050.75	3,050.75	0.00	0.00
Jan 2015	24,000.00	6,579.25	6,561.25	6,561.25	18.00	18.00
Feb 2015	24,000.00	10,596.25	10,575.25	10,576.25	20.00	21.00
Mar 2015	24,000.00	14,722.50	14,701.50	14,702.50	20.00	21.00
Apr 2015	24,000.00	18,357.00	18,330.50	18,337.00	20.00	26.50
May 2015	24,000.00	21,751.25	21,720.50	21,727.25	24.00	30.75
Jun 2015	24,000.00	24,765.50	24,733.75	24,740.50	25.00	31.75
Jul 2015	24,000.00	28,000.75	27,968.75	27,975.50	25.25	32.00
Aug 2015	24,000.00	31,252.50	31,201.50	31,208.25	44.25	51.00
Sep 2015	24,000.00	34,544.75	34,473.00	34,480.50	64.25	71.75
Oct 2015	24,000.00	36,818.00	36,739.75	36,750.25	67.75	78.25
Nov 2015	24,000.00	38,897.75	38,761.50	38,802.75	95.00	136.25

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

** These totals now INCLUDE hours logged against HBE – Phase II R5 December, HBE – Phase III Post R5, and HBE – SDH hours.

***These totals EXCLUDE HBE – Phase III Realtime hours which are currently under discussion regarding their breakdown.



3 Monthly Ad hoc Requests

3.1 Inventory Summary

	Beginning of Month	Received This Month	Closed This Month	DMS Hold	Ending Inventory
Type A	0	0	0	0	0
Type B	0	0	0	0	0
Type C	1	3	4	0	0
Type D	0	0	0	0	0
Type E	0	0	0	0	0
Unspecified	0	1	1	1	0
Total	1	4	5	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)

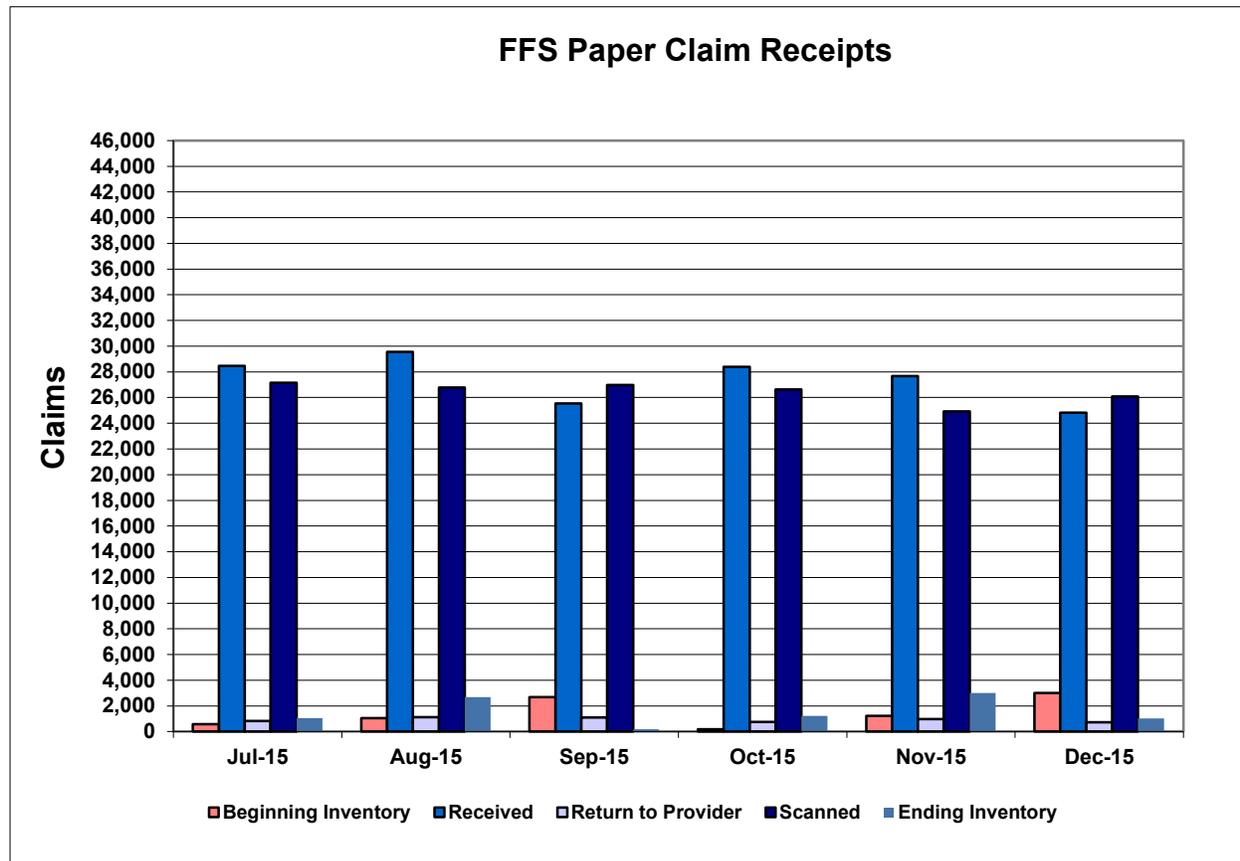
Type E – Emergency reports completed correctly within two (2) hours of submitted request.

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
25782	C	Guice, Lee	Completed	20151125	20151201	PE Members Granted Regular Medicaid Eligibility
25808	C	Minedi, Laxmi	Completed	20151203	20151204	Missing County Code - Rerun
25823		Minedi, Laxmi	Completed	20151207	20151209	APA 2015 Yearly Adhoc
25848	C	Moccia, Don	Completed	20151211	20151218	NEMT Rate Setting SFY2017
25856	C	Bradshaw, Nicole	Completed	20151216	20151217	vorkpor_paul b hall claim review

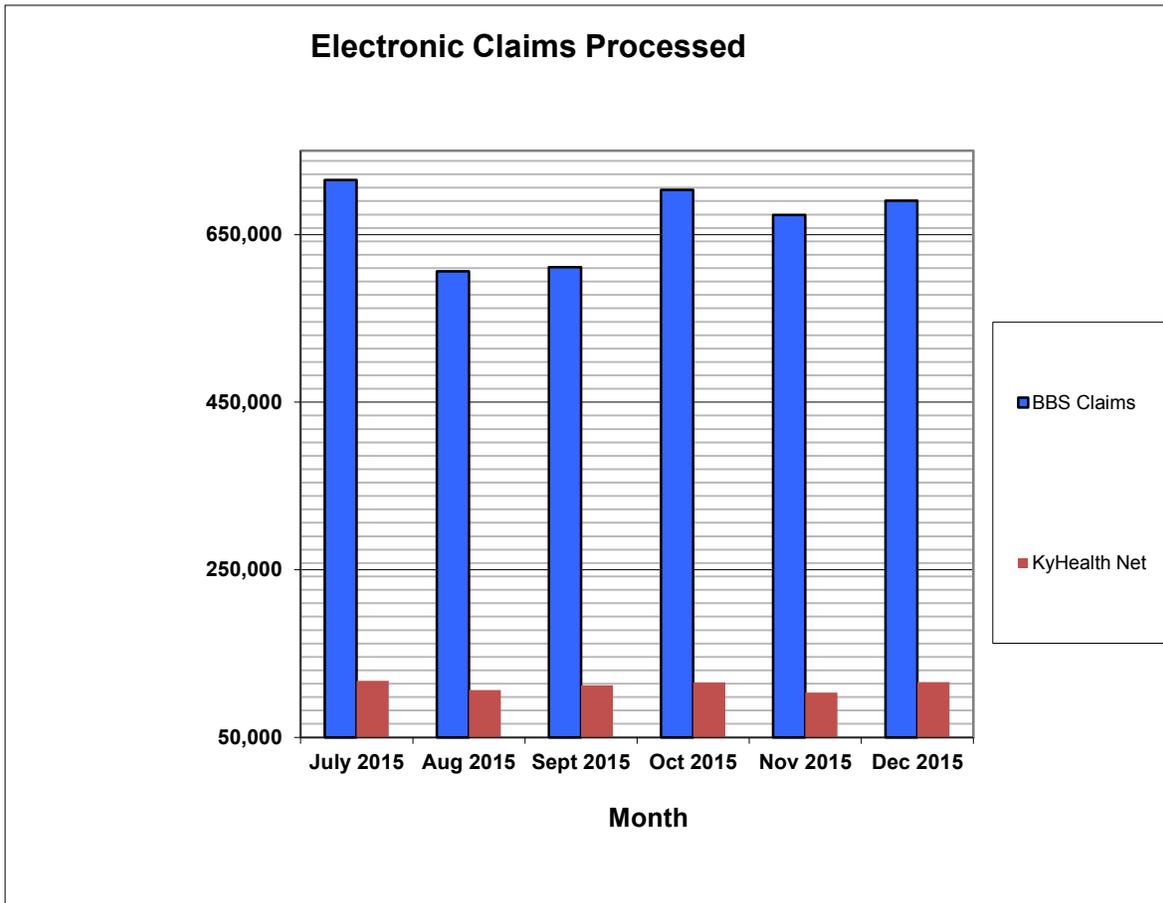
4 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
July 2015	571	28,465	837	27,141	1,058	0 days
August 2015	1,058	29,557	1,134	26,786	2,695	0 days
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



5 Electronic Claims Processed

	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015
Bulletin Board System Claims Processed	715,057	606,255	611,192	703,614	673,535	690,697
Kentucky HealthNet Claims Processed	117,282	106,245	112,105	115,373	103,551	115,886



6 Monthly FFS Claim Totals by Media

Begin Date	End Date
12/1/2015	12/31/2015

TOTAL	Denied Claims	Paid Claims		Suspense Claims
		Billed Amount	Billed Amount	
Electronic	\$310,406,490.18	\$1,339,956,053.28	\$170,711,932.07	\$8,620,922.47
Paper	\$30,520,649.90	\$24,239,541.19	\$21,351,163.16	\$9,875,643.12
TOTAL:	\$340,927,140.08	\$1,364,195,594.47	\$192,063,095.23	\$18,496,565.59

7 Monthly Claims Operations

7.1 FFS Monthly Financial Cycle Summary

Category	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015
Paid Claims	827,104	640,795	512,938	698,868	618,043	674,988
Denied Claims	290,123	252,366	222,843	325,825	244,665	238,385
Total Adjudicated Claims	1,117,227	893,161	735,781	1,024,693	862,708	913,373
Adjustments	23,496	16,905	15,123	20,309	15,194	15,219
Total Claims	1,140,723	910,066	750,904	1,045,002	877,902	913,373
Suspended/Re-suspended Claims	6,625	7,071	2,366	6,630	7,881	10,014
% of Denied Claims	26.0%	28.3%	30.3%	31.8%	28.4%	26.1%
Avg \$ per Claim	\$375.98	\$325.46	\$344.32	\$311.40	\$309.32	\$284.54
Claim Payment Amount	\$310,971,690.66	\$208,554,580.94	\$176,613,542.46	\$217,630,740.72	\$191,174,036.26	\$192,063,095.23
(+) Payouts	\$3,123,573.43	\$1,063,387.11	\$312,480.72	\$17,632,842.35	\$7,906,941.01	\$719,131.62
(-) Recoupments	-\$5,879,817.10	-\$12,855,448.33	-\$83,716,530.54	-\$5,767,229.29	\$2,704,308.67	\$2,652,385.75
Check Issue	\$308,215,446.99	\$196,762,519.72	\$93,209,492.64	\$229,496,353.78	\$196,376,668.60	\$190,129,841.10
Capitation Payment	\$590,931,213.01	\$593,023,719.57	\$590,843,367.06	\$603,699,695.98	\$587,649,615.80	\$592,018,460.44
Total Paid	\$899,146,660.00	\$789,786,239.29	\$684,052,859.70	\$833,196,049.76	\$784,026,284.40	\$782,148,301.54

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

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

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

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

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

7.2 Monthly MCO & NEMT Capitations

Begin Date	End Date
12/1/2015	12/31/2015

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
ANTHEM	87,378	\$41,474,870.49	17,725	\$5,483,290.23	105,103	\$46,958,160.72
COVENTRY	272,231	\$108,298,928.93	28,555	\$4,188,759.64	300,786	\$112,487,688.57
HUMANA	116,508	\$58,739,874.60	17,269	\$4,481,117.43	133,777	\$63,220,992.03
KENTUCKY SPIRIT						
NEMT	1,211,518	\$8,748,789.16	38,563	\$151,816.55	1,250,081	\$8,900,605.71
PASSPORT	271,363	\$134,937,785.97	31,898	\$8,571,915.99	303,261	\$143,509,701.96
WELLCARE	427,358	\$207,865,928.29	42,822	\$9,075,383.16	470,180	\$216,941,311.45
Sum:	2,386,356	\$560,066,177.44	177,311	\$31,952,283.00	2,563,667	\$592,018,460.44

7.2 Monthly MCO & NEMT Capitations (continued)

NEMT	Cap Transactions	Amount Paid
AUDUBON AREA COMMUNITY SERVICES INC/GRITS	51,174	\$391,628.52
PENNYRILE ALLIED COMSERVICES, INC	57,560	\$356,440.24
GREEN RIVER INTRA TRANSIT SYSTEM	58,853	\$377,951.07
L.K.L.P. C.A.C., INC REGION 4	66,840	\$433,422.00
LKLP CAC INC REGION 5	98,605	\$975,396.90
FEDERATED TRANSPORTATION SERVICES	239,181	\$1,914,733.50
BLUE GRASS COMMUNITY ACTION AGENCY INC	81,596	\$452,618.88
LKLP CAP INC REGION 9	94,468	\$568,971.40
FEDERATED TRANSPORTATION SERVICES	64,562	\$441,601.80
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	66,941	\$403,753.15
RURAL TRANSIT ENTERPRISES	133,445	\$1,094,164.10
LKLP COMMUNITY ACTION	89,156	\$618,907.69
SANDY VALLEY TRANSPORTATION	64,224	\$441,380.60
LKLP CAC INC REGION 15	64,059	\$320,905.65
LICKING VALLEY COMMUNITY ACTION PROGRAM INC	19,417	\$108,730.21
TOTAL	1,250,081	\$8,900,605.71

7.3 FFS Adjudicated Original Claims (By Claim)

Begin Date	End Date
12/1/2015	12/31/2015

Paper Claims	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015
Paid	9,510	8,615	7,475	7,847	6,762	5,900
Denied	14,810	12,633	13,928	14,629	10,145	9,310
Total	24,320	21,248	21,403	22,476	16,907	15,210
% of Total Adjudicated Claims	2.18%	2.38%	2.35%	2.08%	1.96%	1.67%
% of Paper Denied Claims	60.90%	59.46%	65.07%	65.09%	60.00%	61.21%

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

Electronic Claims	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015
Paid	817,594	632,180	653,687	730,624	611,281	669,088
Denied	275,313	239,733	235,856	325,830	234,520	229,075
Total	1,092,907	871,913	889,543	1,056,454	845,801	898,163
% of Total Adjudicated Claims	97.82%	97.62%	97.65%	97.92%	98.04%	98.33%
% of Electronic Denied Claims	25.19%	27.50%	26.51%	30.84%	27.73%	25.50%

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

7.4 Monthly FFS Top Ten Procedure Codes

Begin Date	End Date
12/01/2015	12/31/2015

Procedure	Description	Member Count	Claim Count	Amount Paid
T2016	HABIL RES WAIVER PER DIEM	3,826	37,995	\$19,764,531.77
S5108	HOMECARE TRAIN PT 15 MIN	8,669	48,372	\$17,143,412.45
T1015	CLINIC SERVICE	105,491	177,439	\$14,097,831.90
T2021	DAY HABIL WAIVER PER 15 MIN	4,839	35,434	\$5,256,273.12
99213	OFFICE/OUTPATIENT VISIT EST	18,114	67,071	\$4,938,925.45
T2022	CASE MANAGEMENT, PER MONTH	14,031	16,446	\$4,671,626.30
H0004	ALCOHOL AND/OR DRUG SERVICES	3,406	9,880	\$3,224,204.79
S5100	ADULT DAYCARE SERVICES 15MIN	2,936	21,629	\$2,945,217.84
T1019	PERSONAL CARE SER PER 15 MIN	561	3,359	\$2,131,613.54
97535	SELF CARE MNGMENT TRAINING	1,994	7,881	\$2,124,101.13

7.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
F70	MILD INTELLECTUAL DISABILITIES	4,962	35,896	\$13,602,061.00
F71	MOD INTELLECTUAL DISABILITITES	4,180	29,903	\$11,241,329.67
F840	AUTISTIC DISORDER	3,388	22,794	\$6,601,355.41
G309	ALZHEIMER'S DISEASE, UNSPECIFIED	1,646	2,402	\$6,533,506.12
F73	PROFND INTELLECT DISABILITIES	677	2,829	\$6,444,078.62
F0390	UNSPECIFIED DEMENTIA W/O BEHAVIORAL DISTURBANCE	1,787	2,579	\$5,454,801.58
F72	SEV INTELLECTUAL DISABILITIES	1,047	5,694	\$5,185,146.83
J449	COPD, UNSPECIFIED	5,053	9,139	\$4,041,567.56
F79	INTELLECTUAL DISABILITIES, UNSPECIFIED	1,755	12,200	\$3,551,458.29
G809	CEREBRAL PALSY, UNSPECIFIED	1,470	6,670	\$2,900,071.62

7.6 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
12/1/2015	12/31/2015

Procedure	Description	Member Count	Claim Count	Amount Paid
99213	OFFICE/OUTPATIENT VISIT EST	204,495	280,431	\$10,973,442.16
99284	EMERGENCY DEPT VISIT	50,210	61,183	\$9,533,063.56
99283	EMERGENCY DEPT VISIT	61,146	77,022	\$7,547,571.48
99285	EMERGENCY DEPT VISIT	25,528	30,583	\$6,185,503.08
99214	OFFICE/OUTPATIENT VISIT EST	74,704	88,476	\$5,206,191.96
90837	PSYTX PT&/FAMILY 60 MINUTES	20,447	34,956	\$3,694,241.55
74177	CT ABD & PELV W/CONTRAST	6,400	7,626	\$3,210,062.66
74176	CT ABD & PELVIS W/O CONTRAST	6,612	7,930	\$2,939,061.45
T2023	TARGETED CASE MGMT PER MONTH	6,325	7,749	\$2,746,632.55
70450	CT HEAD/BRAIN W/O DYE	9,576	11,494	\$2,274,585.07

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
V5811	ANTINEOPLASTIC CHEMO ENC	346	1,148	\$3,646,309.70
A419	SEPSIS, UNSPECIFIED ORGANISM	618	1,180	\$3,435,464.53
F1120	OPIOID DEPEND, UNCOMPLICATED	8,725	20,836	\$3,368,537.91
Z3800	SINGLE LIVEBORN INFANT, DEL VAG	1,268	1,958	\$2,772,762.02
30400	OPIOID DEPENDENCE-UNSPEC	2,305	5,682	\$2,549,824.12
R079	CHEST PAIN, UNSPECIFIED	8,520	13,498	\$2,138,685.37
Z3801	SINGLE LIVEBORN INFANT, DEL CESAREAN	651	1,049	\$1,832,237.15
Z00129	ENCNTR ROUTINE CHILD HLTH EXAM W/O ABNORMAL FINDINGS	18,708	19,929	\$1,790,322.24
M545	LOW BACK PAIN	14,942	20,393	\$1,765,761.97
Z5111	ENCNTR ANTINEOPLASTIC CHEMO	535	873	\$1,703,302.39

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

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

Error	Description	Number of Denials	% of Top Ten
1010	Rendering Provider Not A Mem Of Billing Grp	12,838	15.7%
4021	No Coverage for Billed Procedure	11,526	14.1%
2017	Services Covered Under Member's MCO Plan	10,064	12.3%
3317	This Service was not Approved by Medicare	9,470	11.6%
4804	No Contract for Billed Revenue Code	8,912	10.9%
268	Billed Amount Missing	4,988	6.1%
5001	Exact Duplicate	6,172	7.5%
2003	Member Ineligible on Detail Date of Service	5,793	7.1%
1955	Cannot Determine Medicaid Nbr for Billing Prov	5,271	6.4%
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	5,046	6.2%
Totals		81,874	64.7%

Total Denied Details – 126,502

Note: Total # of top ten denials (81,874) divided by total denied details (126,502) = % of top ten denials (64.7%)

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	4,208	34.8%
2001	Member ID Number not on File Recycle	2,709	22.4%
3305	Member Requires Valid Pt Liability for DOS	1,334	11.0%
401	Net Charge is Missing	823	6.8%
3310	No Rate on File for Provider	660	5.5%
3395	Hospice Eligibility	612	5.1%
5001	Exact Duplicate	555	4.6%
4014	No Pricing Segment on File	421	3.5%
2503	Member Covered by Medicare B	387	3.2%
3001	PA Not Found on Database	382	3.2%
Totals		12,091	68.5%

Total Suspended Details – 17,652

Note: Total # of top ten failures (12,091) divided by total suspended details (17,652) = % of top ten suspense (68.5%)

7.9 FFS Suspended Original Claims by Age (By Claim)

Category	July 2015		August 2015		September 2015		October 2015		November 2015		December 2015	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	6,254	95.91	6,686	94.55	1,997	84.40	6,255	94.34	7,491	95.05	9,610	95.96
31-60 days	63	.95	82	1.16	55	2.32	49	.74	46	.59	32	.32
61-90 days	14	.21	45	.64	23	.98	15	.23	28	.35	32	.32
91+ days	294	2.93	258	3.65	291	12.30	311	4.69	316	4.01	340	3.40
Total	6,625		7,071		2,366		6,630		7,881		10,014	

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

Category	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	Oldest Julian Date
Resolutions	11	43	29	12	2	1	15-327
Med.Review	3	6	0	0	0	1	15-320
TPL	0	0	0	0	0	0	0
Adjustments	0	0	0	0	0	0	0
Recycle	0	0	0	0	0	0	0
DMS	357	336	340	363	388	402	12-128
Total	371	385	369	375	390	404	

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.	1,635	6,662	7,083	0	1,214	10 days
CS40-Child Support	0	516	516	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	31	640	537	0	134	8 days
Accident/Trauma Leads	0	0	0	0	0	0 days
DMS Attorney	0	0	0	0	0	0 days
RUSH Attorney	0	0	0	0	0	0 days
HP Attorney	25	171	179	0	17	0 days
TPL Checks	30	112	111	0	31	5 days
TPL Mail	670	4,637	4,316	0	991	12 days
KHIPP	0	493	493	0	0	0 days
Total	2,391	13,231	13,235	0	2,387	

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	13	109	121	0	1	0	0	0 days
Payouts	0	1,053	1,053	0	0	0	0	0 days
Accounts Receivable Updates	0	3,870	3,870	0	0	0	0	0 days
Accounts Receivable Transfers	0	0	0	0	0	0	0	0 days
Total	13	5,032	5,044	0	1	0	0	0 days

9.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	9	9	9	9	1 day
HP Financial	175	497	498	174	1 day
DMS Financial	63	110	130	43	1 day
Total	247	616	637	226	

9.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	0	78	71	7	0	0 days
Institutional	0	147	135	12	0	0 days
Voids	0	211	203	8	0	0 days
Total	0	436	409	27	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)	599	138	72	18	27	620	620	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	599	138	72	18	27	620	620	0

10 Provider Relations

10.1 Provider Field Representatives

10.1.1 Provider Visits

December 15, 2015

Kelly Gregory, HPE Provider Field Representative, conducted an on-site provider visit with Holland-Farm, Inc. on December 15, 2015. The visit was held at the Hewlett Packard Enterprise facility training room. The provider requested an on-site visit to review billing and navigation of KYHealth Net. During the visit we reviewed each of the KYHealth Net Panels and the billing instructions manual in their entirety. We also viewed kymmis.com and chfs.ky.gov/dms. Those who attended from the provider's office were: Helen Overstreet, Abigail Overstreet, and Scott Bolt.

10.2 Conference Calls (Calls Greater Than 30 Minutes)

December 4, 2015

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Open Arms of KY on December 4, 2015. The provider requested a conference call to learn navigation and billing using KYHealth Net. Those who attended the conference call were: Billy Cundiff.

Kelly Gregory, HPE Provider Field Representative, conducted a conference call with Muhlenberg County Opportunity Center on December 4, 2015. The provider requested a conference call to learn how to void claims on KYHealth Net and review denied claims. Those who attended the conference call were: Kay Hibbs.

December 9, 2015

Kelly Gregory, HPE Provider Field Representative, conducted a conference call with Tennessee Cancer Specialists PLLC on December 9, 2015. The provider requested a conference call to review denied claims and how to submit NDC details correctly. Those who attended the conference call were: Joye.

December 10, 2015

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Brandenburg Family Medicine on December 10, 2015. The provider requested a conference call to learn navigation and billing using KYHealth Net and how to read the remittance statement. Those who attended the conference call were: Jennifer Heckman.

10.1 Conference Calls (continued)

(Calls Greater Than 30 Minutes)

December 16, 2015

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Gastroenterology Health Partners on December 16, 2015. The provider requested a conference call to understand credentialing issues. Those who attended the conference call were: Trudy and Laura.

December 18, 2015

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Good Life Advocates on December 18, 2015. The provider requested a conference call for assistance in setting up KYHealth net access. Those who attended the conference call were: Robin Flowers.

December 21, 2015

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Good Life Advocates on December 21, 2015. The provider requested a conference call to learn navigation and billing using KYHealth Net and how to read the remittance statement. Those who attended the conference call were: Robin Flowers

December 29, 2015

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Grace Place on December 29, 2015. The provider requested a conference call to learn navigation and billing using KYHealth Net. Those who attended the conference call were: DG Gridley

Kelly Gregory, HPE Provider Field Representative, conducted a conference call with Mercy Medical Associates on December 29, 2015. The provider requested a conference call to review denied crossover claims. Those who attended the conference call were: Sandy Bittner

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Department for Medicaid Services on December 29, 2015. The DMS staff member requested a conference call to review denied claims and member eligibility details. Those who attended the conference call were: Robert Little.

10.2 Association Meetings

There were no association meetings in the month of December.

10.3 Provider Contacts

Provider Calls	190
Provider E-mails	639
Total	829

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

10.4 Provider Workshops

December 1, 2015

Kelly Gregory and Vicky Hicks, HPE Provider Field Representatives, conducted Provider Workshop Webinars on December 1, 2015 at 9:30 and 3:00. During the provider workshops the following subjects were reviewed: Helpful Links, ICD-10, KYHealth Net Functions, Member Eligibility Changes, Billing Updates, References, and Questions and Answers.

The 9:30 A.M Workshop was for provider groups: Acquired Brain Injury, Adult Day Health Care, and Supports for Community Living, Community Mental Health, and Intermediate Care Facilities for Individuals with Intellectual Disabilities or Developmental Disabilities Clinic. There were 30 providers in attendance.

The 3:00 P.M. Workshop was for provider groups: Dental Services, Primary Care Center, Rural Health Clinic, and Early and Periodic Screening Diagnosis and Treatment. There were 9 providers in attendance.

December 2, 2015

Kelly Gregory and Vicky Hicks, HPE Provider Field Representatives, conducted Provider Workshop Webinars on December 2, 2015 at 9:30 and 3:00. During the provider workshops the following subjects were reviewed: Helpful Links, ICD-10, KYHealth Net Functions, Member Eligibility Changes, Billing Updates, References, and Questions and Answers.

The 9:30 A.M Workshop was for provider groups: Ambulatory Surgical Center, Independent Lab, Transportation, Hearing Services, Vision Services, Chiropractic Services, Radiological Services, and Durable Medical Equipment. There were 16 providers in attendance.

The 3:00 P.M. Workshop was for provider groups: Acquired Brain Injury, Adult Day Health Care, and Supports for Community Living, Community Mental Health, and Intermediate Care Facilities for Individuals with Intellectual Disabilities or Developmental Disabilities Clinic. There were 30 providers in attendance.

10.1 Provider Workshops (continued)

December 11, 2015

Kelly Gregory, HPE Provider Field Representatives, conducted a prenatal presumptive eligibility webinar on December 11, 2015 at 9:30 A.M. The provider, One Health Obstetrics & Gynecology, requested to become PE certified. There were 6 providers in attendance.

Kelly Gregory, HPE Provider Field Representatives, conducted a hospital presumptive eligibility webinar on December 11, 2015 at 2:00 P.M. The provider, Fleming County Hospital, requested to become PE certified. There were 2 providers in attendance.

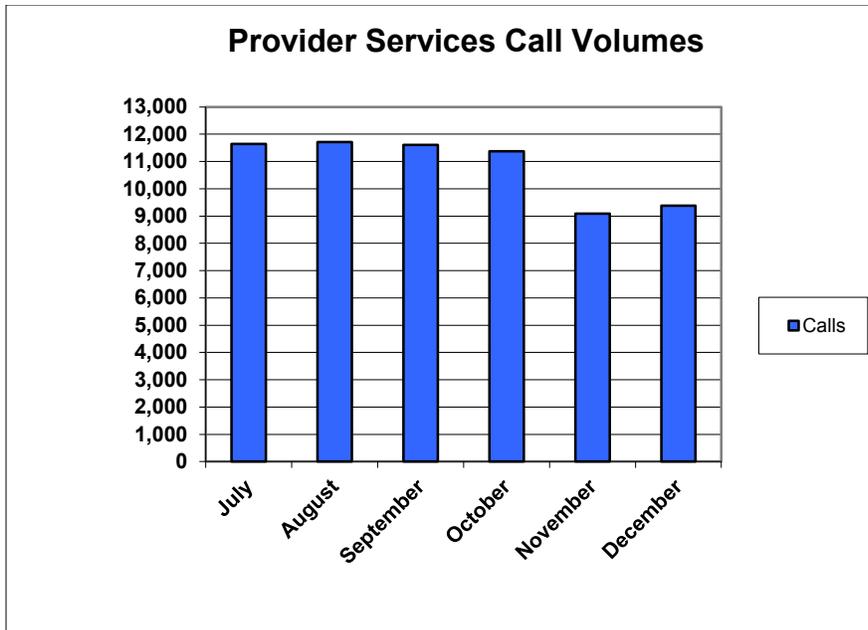
10.2 Provider Services

10.2.1 Provider Services

Category	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015
% Service Level	96%	97%	96%	95%	94%	94%
Abandoned Calls	414	351	442	521	561	519
Avg Speed Ans	1:04	:55	1:06	1.29	1.55	1.41
Incoming Calls	11,646	11,707	11,603	11,374	9,083	9,376
Paper Correspondence	304	395	277	380	359	289
E-Mail Correspondence	285	319	271	283	244	226
Fax	10	7	18	30	27	22
Total*	12,245	12,428	12,169	12,067	9,713	9,913
HP Callbacks	117	113	84	105	131	97

*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.



10.2.2 Top 5 Provider Calls

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

10.2.3 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.

10.3 Commonwealth Training

10.3.1 Current Activities

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

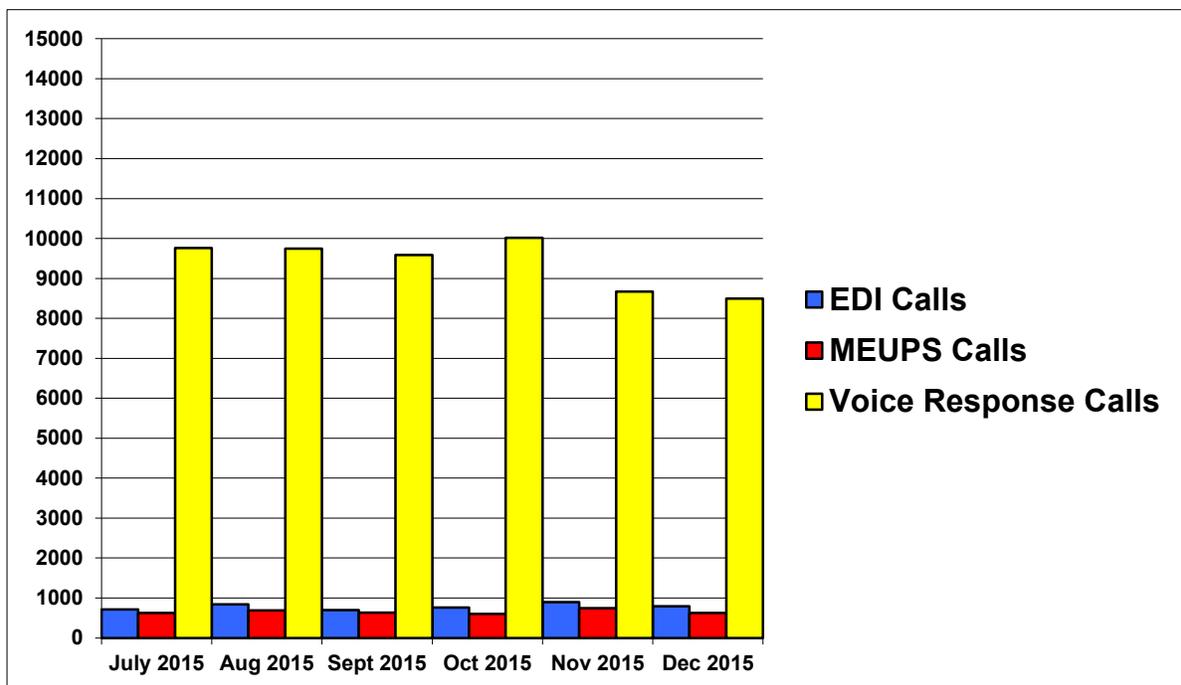
- **Mechanics of Claims Processing** (December 1) 3 attended
 - Kevin Skeeters, Division of Community Alternatives
 - David Locker, Division of Policy & Operations
 - Bradley Reid, Division of Program Integrity
- **Member Subsystem** (December 2) 0 attended
 - No One Attended Class
- **Provider Subsystem** (December 3) 0 attended
 - No One Attended Class
- **Prior Authorization Subsystem** (December 8) 0 attended
 - No One Attended Class
- **Reference Subsystem** (December 9) 0 attended
 - No One Attended Class
- **Claims Subsystem** (December 10) 1 attended
 - Robert Little, Division of Policy & Operations-Benefit Policy Branch
- **Claim Edits, Audits and Rules** (December 14) 0 attended
 - No One Attended Class
- **OnBase Subsystem** (December 15) 0 attended
 - No One Attended Class
- **Financial Application** (December 16) 0 attended
 - No One Attended Class
- **Encounters** (December 17) 0 attended
 - No One Attended Class
- **Encounter Reports** (December 17) 0 attended
 - No One Attended Class
- **Special In Depth Training** (December 18) 0 attended
 - No One Attended Class

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

11 EDI Customer/Provider Interaction

11.1 Electronic Data Interchange Calls Received

Category	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015
EDI Calls	716	837	697	759	900	793
MEUPS Calls	627	692	633	602	746	629
Voice Response Calls	9,761	9,747	9,587	10,014	8,669	8,498



Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
July	716	7	:06	3:09	99%
August	837	9	:05	2:25	98%
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%

Expanded Call Data (continued)

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
July	627	12	:12	2:03	98%
August	692	4	:07	1:54	99%
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%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
July	9,761	192	:01	1:38	98%
August	9,747	145	:01	1:37	98%
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%

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

EDI Top 5 calls:

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

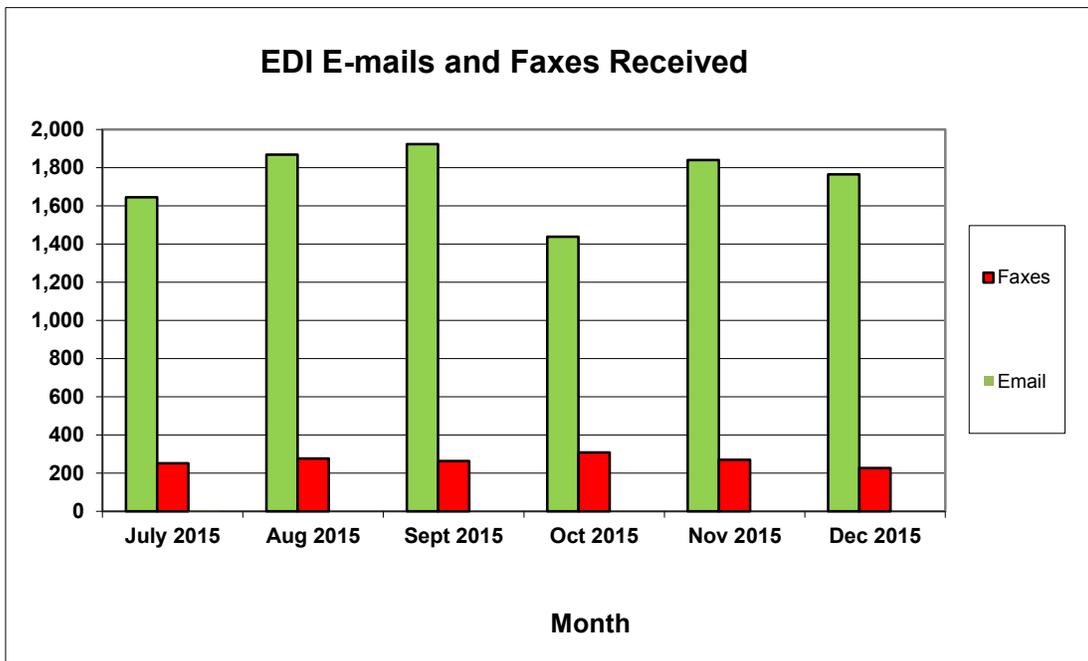
MEUPS Top 5 calls:

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

Category	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015
Password Resets Received via phone	451	451	448	418	381	382

11.2 EDI E-mails and Faxes Received

Category	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015
E-mails Received	1,645	1,868	1,923	1,438	1,841	1,765
E-mails Answered	1,643	1,867	1,918	1,436	1,840	1,760
Faxes Received	251	277	263	308	270	226
Faxes Answered	248	274	260	307	268	222



EDI Top 5 E-mail Requests:

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

Category	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015
Password Resets Received via email	336	346	350	416	356	298

EDI Top 5 Fax Requests:

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

Category	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015
PINs Received via fax	127	111	122	97	88	260
Admins Received via fax	116	144	93	103	73	117

*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
January 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	Acting Commissioner Veronica L. Judy-Cecil Medicaid Systems Director Stacy Fish
DELIVERABLE TITLE: Operational Status Report	DATE SUBMITTED: February 15, 2016
FILE NAME: 2016_01_KY_MMIS_Operational_Status_Report.docx	AUTHORING TOOL: Microsoft Word 2007

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1 Executive Summary

	January	Page Number
Claims Processed	1,090,836	Page 17
Total Dollars Paid	\$224,782,531.02	Page 17
Claims Paid	772,649	Page 17
Claims Denied	298,380	Page 17
% Denied Claims	27.9%	Page 17
Average Claims Held in Cash Management	273,064	N/A
Average Dollars Held in Cash Management	\$42,901,748.01	N/A
Capitation Financial Transactions	2,620,088	Page 18
Capitation Financial Payments	\$609,448,354.69	Page 18
Suspended Claims	12,292	Page 24
Total Suspended Claims > 90 Days	361	Page 24
Provider Services Calls Received	9,292	Page 29
Provider Services Current Service Level %	90%	Page 29

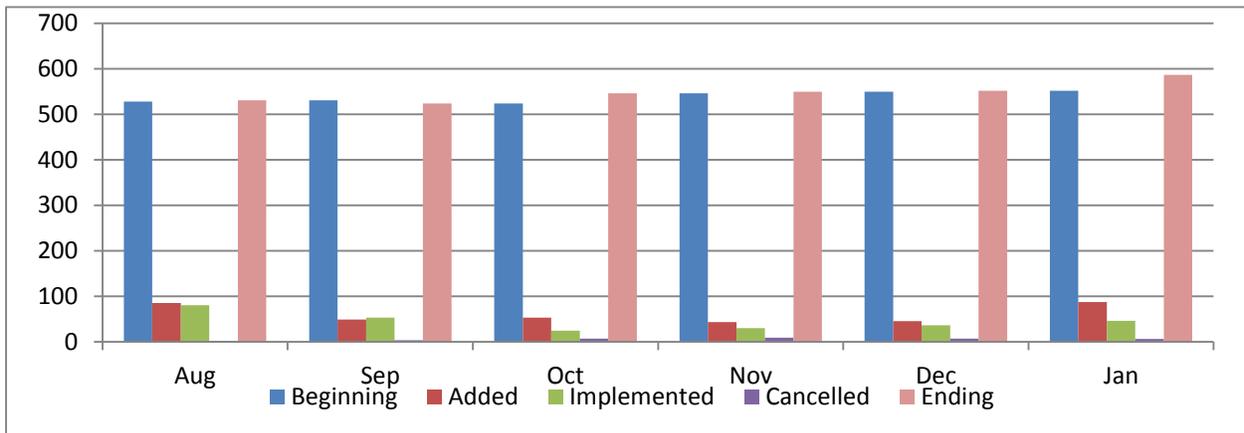
Encounter Load Statistics

Managed Care Organizations (MCOs)						
	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016
Coventry	1,036,890	823,412	1,021,125	749,084	1,082,156	1,176,821
Humana	588,542	473,544	607,453	485,549	483,034	578,523
Kentucky Spirit	49	37	7	0	101	2
Passport (R03)	326	50	1,172	66	15	71
Passport R31	1,305,287	1,052,136	1,347,944	1,230,543	1,021,518	1,294,084
WellCare	1,892,529	829,371	1,905,803	1,765,765	1,699,151	1,665,082
Anthem	328,028	328,140	415,955	331,574	340,930	449,752
Other						
Transportation Encounters	22*	600,043	105*	291,873	292,043	297,200
Magellan Pharmacy Claims	258,524	394,508	277,561	269,393	269,955	252,620
Totals	5,410,197	4,501,241	5,577,125	5,123,847	5,188,903	5,714,155

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

1.1 Change Order and Defect Statistics

Change Orders / Defects Inventory	Aug	Sept	Oct	Nov	Dec	Jan
Beginning	528	531	524	546	550	552
Added	85	49	53	43	45	87
Implemented	80	53	24	30	36	46
Cancelled	2	3	7	9	7	6
Ending	531	524	546	550	552	587



1.2 Change Order and Defect Statistics (continued)

January 2016	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	142	128	5	0	275	
Federally Mandated	2	0	0	0	2	1 open is included in the Priority list.
Non-Priority	217	25	69	0	311	
Totals	361	153	74	0	588	

*The priority list consists of 276 Change Orders & Defects.

January 2016	Change Orders			Defects		
	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	16	29	5	3	0	0
Federally Mandated	0	0	0	0	0	0
Non-Priority	53	7	1	15	10	0
Totals	69	36	6	18	10	0

2 Unplanned System Outages

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

2.1 Billable Hours Usage Summary (Contract Year 2015)

Month	BILLABLE	UNDECIDED	CCB Approved	Need CCB Review
Dec 2015	2,213.00	77.50	2,208.75	81.75
Jan 2016				
Feb 2016				
Mar 2016				
Apr 2016				
May 2016				
Jun 2016				
Jul 2016				
Aug 2016				
Sep 2016				
Oct 2016				
Nov 2016				

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

** These totals INCLUDE hours logged against HBE – Phase II R5 December, HBE – Phase III Post R5, and HBE – SDH hours.

***These totals EXCLUDE HBE – Phase III Realtime hours which are currently under discussion regarding their breakdown.

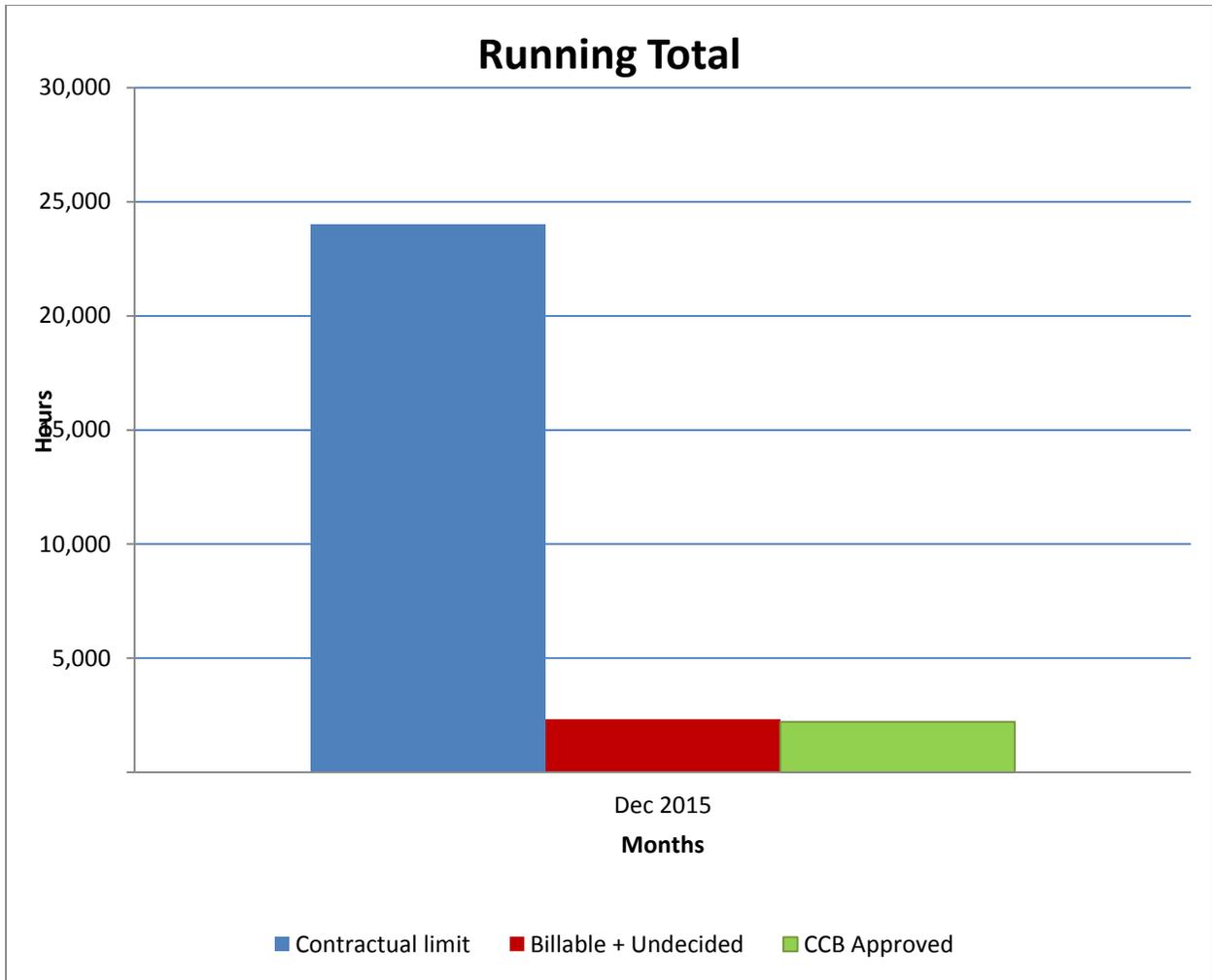
2.2 Running Total (Contract Year 2015)

Month	Contractual limit	Billable + Undecided	CCB Approved	Billable	Undecided	Need CCB Review
Dec 2015	24,000.00	2,290.50	2,208.75	2,213.00	77.50	81.75
Jan 2016						
Feb 2016						
Mar 2016						
Apr 2016						
May 2016						
Jun 2016						
Jul 2016						
Aug 2016						
Sep 2016						
Oct 2016						
Nov 2016						

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

** These totals INCLUDE hours logged against HBE – Phase II R5 December, HBE – Phase III Post R5, and HBE – SDH hours.

***These totals EXCLUDE HBE – Phase III Realtime hours which are currently under discussion regarding their breakdown.



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	4	4	0	0
Type B	0	4	4	0	0
Type C	0	13	13	0	0
Type D	0	2	1	0	1
Type E	0	0	0	0	0
Unspecified	0	3	1	1	2
Total	0	26	23	1	3

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

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

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

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

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

3.2 Inventory Detail

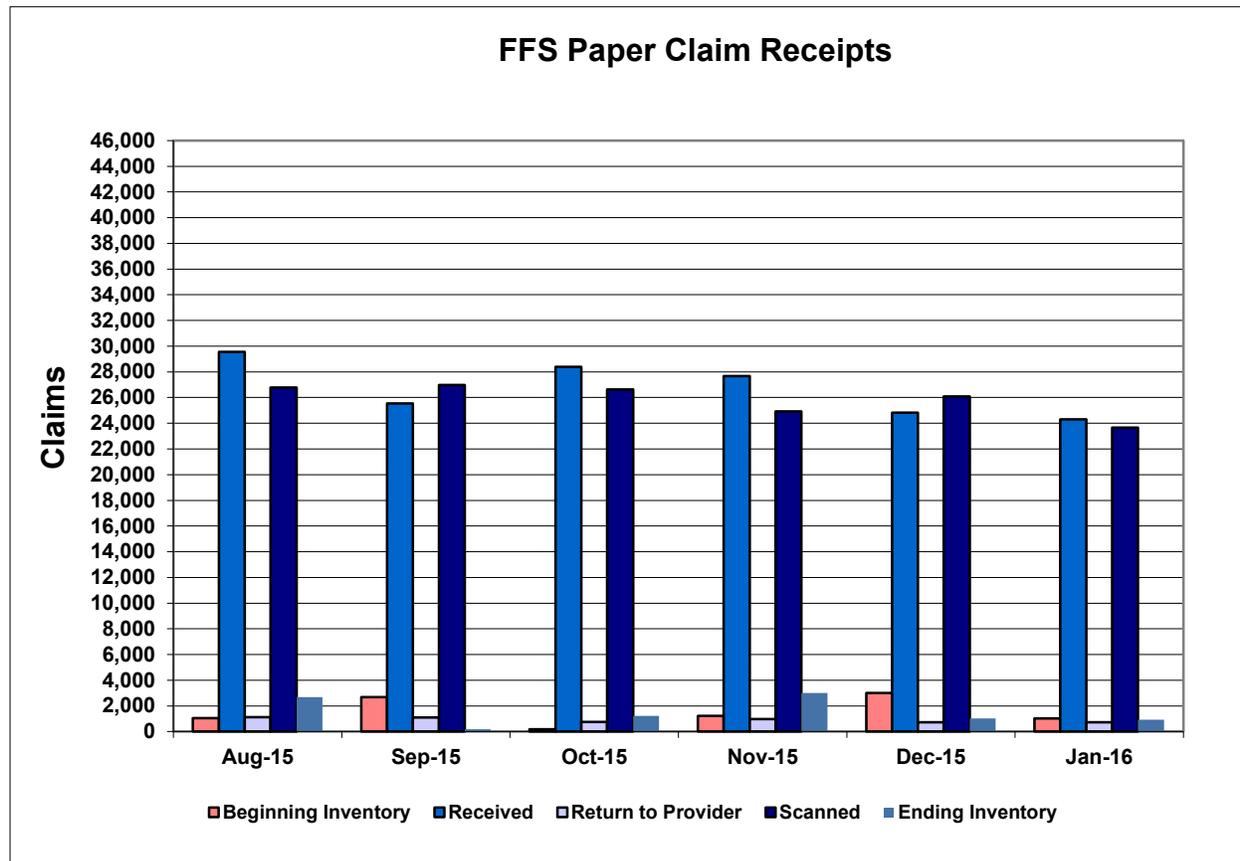
CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
24561		Anglin, Carrie	On Hold	20150409		FFS Reports without MCO data
25918		Sayles, Karen	Completed	20160104	20160104	LIST OF PROV BY TYPE IN STATE AND OUT OF STATE
25919	C	Bentley, Tracy	Completed	20160104	20160104	ARCH Care 10/01/2014-09/30/2015
25920	C	Bentley, Tracy	Completed	20160104	20160105	Kaleidoscope 01/01/15-11/30/15
25921	C	Bentley, Tracy	Completed	20160104	20160105	Path Forward 01/01/15-11/30/15
25928	C	Bradshaw, Nicole	Completed	20160105	20160105	Hazard office
25930	C	Bradshaw, Nicole	Completed	20160105	20160105	Hyden office
25932	D	Guice, Lee	Completed	20160105	20160108	Children Disenrolled - Bad Address
25942	A	Keeling, Michelle	Completed	20160107	20160108	MCO Paid Claims
25945	A	Wells, Phyllis	Completed	20160107	20160108	Agape
25958	B	Wells, Phyllis	Completed	20160111	20160112	ABI
25959	B	Wells, Phyllis	Completed	20160111	20160112	HORN
25960	B	Wells, Phyllis	Cancelled	20160111		DME
26014	C	Bentley, Tracy	Completed	20160113	20160113	NR Ashland Location 01/01/15 - 12/31/1

3.2 Inventory Detail (continued)

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
26030	C	Bentley, Tracy	Completed	20160114	20160115	NR Bardstown Location 01/01/15 - 12/3
26031	C	Keeling, Michelle	Completed	20160114	20160115	S Hudson
26032	A	Bentley, Tracy	Completed	20160115	20160115	Claims MAID#0030030761 01/01/2013 - 12/31/2015
26033	A	Bentley, Tracy	Completed	20160115	20160115	Special Adhoc - 01/01/12 - 12/31/15
26034	C	Bentley, Tracy	Completed	20160115	20160115	NR Lexington 01/01/2015 - 12/31/2015
26035	C	Barrett, Hope	Completed	20160119	20160121	Prov Type 30 expenditures
26036		Patel, Parul	Identified	20160119		HCB Model II ABI Acute ABI LTC SCL and MPW
26045	C	Keeling, Michelle	Completed	20160121	20160121	Retro Terms
26046	D	Bentley, Tracy	In progress	20160125	20160205	ABI Provider Claims for ABI Acute Clients Only
26048	C	Bentley, Tracy	Completed	20160125	20160126	Horn Richardson 01/01/2015-12/31/2015
26051	B	Wells, Phyllis	Completed	20160125	20160129	Montgomery Medical
26058	C	Bentley, Tracy	Completed	20160126	20160126	Cardinal Hill 12.01.14 – 11.30.15
26066		Sayles, Karen	In Progress	20160127	20160204	outstanding A/Rs = to or greater than 2500.00

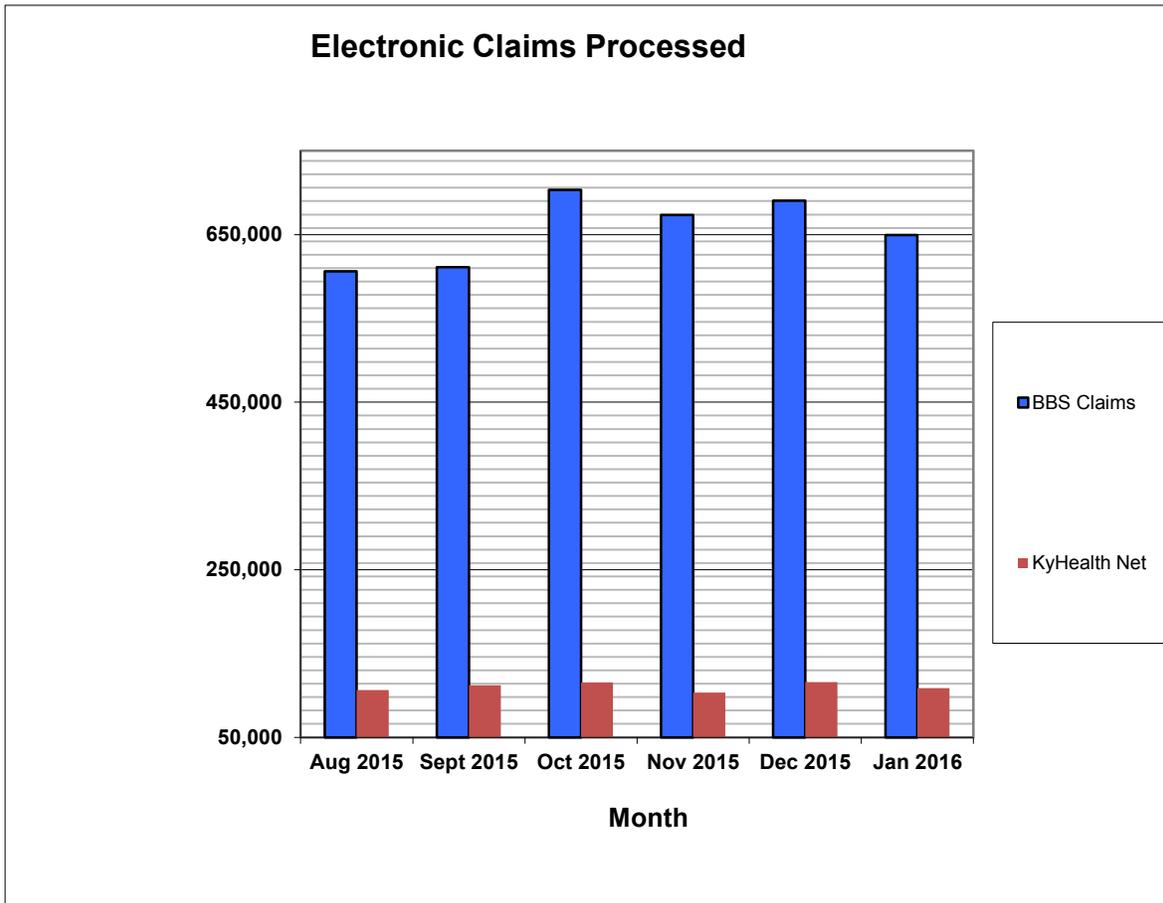
4 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
August 2015	1,058	29,557	1,134	26,786	2,695	0 days
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



5 Electronic Claims Processed

	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016
Bulletin Board System Claims Processed	606,255	611,192	703,614	673,535	690,697	649,386
Kentucky HealthNet Claims Processed	106,245	112,105	115,373	103,551	115,886	108,829



6 Monthly FFS Claim Totals by Media

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

TOTAL	Denied Claims	Paid Claims		Suspense Claims
	Billed Amount	Billed Amount	Paid Amount	Billed Amount
Electronic	\$397,833,523.25	\$1,894,788,702.56	\$195,959,856.47	\$12,195,609.26
Paper	\$32,229,799.16	\$25,307,607.66	\$28,822,674.55	\$10,074,397.57
TOTAL:	\$430,063,322.41	\$1,920,096,310.22	\$224,782,531.02	\$22,270,006.83

7 Monthly Claims Operations

7.1 FFS Monthly Financial Cycle Summary

Category	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016
Paid Claims	640,795	512,938	698,868	618,043	674,988	772,649
Denied Claims	252,366	222,843	325,825	244,665	238,385	298,380
Total Adjudicated Claims	893,161	735,781	1,024,693	862,708	913,373	1,071,029
Adjustments	16,905	15,123	20,309	15,194	15,219	19,807
Total Claims	910,066	750,904	1,045,002	877,902	913,373	1,090,836
Suspended/Re-suspended Claims	7,071	2,366	6,630	7,881	10,014	12,292
% of Denied Claims	28.3%	30.3%	31.8%	28.4%	26.1%	27.9%
Avg \$ per Claim	\$325.46	\$344.32	\$311.40	\$309.32	\$284.54	\$290.92
Claim Payment Amount	\$208,554,580.94	\$176,613,542.46	\$217,630,740.72	\$191,174,036.26	\$192,063,095.23	\$224,782,531.02
(+) Payouts	\$1,063,387.11	\$312,480.72	\$17,632,842.35	\$7,906,941.01	\$719,131.62	\$35,451,995.21
(-) Recoupments	-\$12,855,448.33	-\$83,716,530.54	-\$5,767,229.29	\$2,704,308.67	\$2,652,385.75	-\$3,608,065.38
Check Issue	\$196,762,519.72	\$93,209,492.64	\$229,496,353.78	\$196,376,668.60	\$190,129,841.10	\$256,626,460.85
Capitation Payment	\$593,023,719.57	\$590,843,367.06	\$603,699,695.98	\$587,649,615.80	\$592,018,460.44	\$609,448,354.69
Total Paid	\$789,786,239.29	\$684,052,859.70	\$833,196,049.76	\$784,026,284.40	\$782,148,301.54	\$866,074,815.54

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

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

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

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

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

7.2 Monthly MCO & NEMT Capitations

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

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
ANTHEM	92,062	\$43,654,327.21	22,817	\$7,248,760.79	114,879	\$50,903,088.00
COVENTRY	271,608	\$108,098,627.34	34,673	\$4,687,569.78	306,281	\$112,786,197.12
HUMANA	118,745	\$59,904,282.92	21,771	\$6,168,474.73	140,516	\$66,072,757.65
KENTUCKY SPIRIT						
NEMT	1,211,446	\$8,747,291.27	44,515	\$193,364.57	1,255,961	\$8,940,655.84
PASSPORT	275,991	\$137,180,009.96	41,984	\$11,883,576.79	317,975	\$149,063,586.75
WELLCARE	430,237	\$209,359,584.61	53,699	\$12,322,484.72	483,936	\$221,682,069.33
Sum:	2,400,089	\$566,944,123.31	219,999	\$42,504,231.38	2,620,088	\$609,448,354.69

7.2 Monthly MCO & NEMT Capitations (continued)

NEMT	Cap Transactions	Amount Paid
AUDUBON AREA COMMUNITY SERVICES INC/GRITS	51,421	\$393,323.58
PENNYRILE ALLIED COMSERVICES, INC	57,772	\$357,570.86
AUDUBON AREA COMMUNITY SERVICES INC	59,410	\$381,681.30
L.K.L.P. C.A.C., INC REGION 4	67,009	\$434,445.00
LKLP CAC INC REGION 5	98,855	\$977,200.50
FEDERATED TRANSPORTATION SERVICES	240,756	\$1,927,232.45
LOGISTIC CARE SOLUTIONS LLC	6	-\$49.45
BLUE GRASS COMMUNITY ACTION AGENCY INC	82,171	\$456,023.53
LKLP CAP INC REGION 9	94,862	\$571,850.60
FEDERATED TRANSPORTATION SERVICES	65,004	\$444,066.00
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	67,042	\$404,288.70
LKLP COMMUNITY ACTION	2	-\$12.00
RURAL TRANSIT ENTERPRISES	133,775	\$1,096,623.90
LKLP COMMUNITY ACTION	89,258	\$620,158.48
SANDY VALLEY TRANSPORTATION	64,634	\$443,938.20
LKLP CAC INC REGION 15	64,539	\$323,288.10
LICKING VALLEY COMMUNITY ACTION PROGRAM INC	19,445	\$109,026.09
TOTAL	1,255,961	\$8,940,655.84

7.3 FFS Adjudicated Original Claims (By Claim)

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

Paper Claims	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016
Paid	8,615	7,475	7,847	6,762	5,900	6,640
Denied	12,633	13,928	14,629	10,145	9,310	11,731
Total	21,248	21,403	22,476	16,907	15,210	18,371
% of Total Adjudicated Claims	2.38%	2.35%	2.08%	1.96%	1.67%	1.72%
% of Paper Denied Claims	59.46%	65.07%	65.09%	60.00%	61.21%	63.86%

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

Electronic Claims	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016
Paid	632,180	653,687	730,624	611,281	669,088	766,009
Denied	239,733	235,856	325,830	234,520	229,075	286,649
Total	871,913	889,543	1,056,454	845,801	898,163	1,052,658
% of Total Adjudicated Claims	97.62	97.65%	97.92%	98.04%	98.33%	98.28%
% of Electronic Denied Claims	27.50%	26.51%	30.84%	27.73%	25.50%	27.23%

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
01/01/2016	01/31/2016

Procedure	Description	Member Count	Claim Count	Amount Paid
T2016	HABIL RES WAIVER PER DIEM	3,887	44,378	\$28,477,424.59
S5108	HOMECARE TRAIN PT 15 MIN	9,560	56,278	\$23,802,345.61
T1015	CLINIC SERVICE	98,337	149,446	\$12,666,530.09
99199	SPECIAL SERVICE/PROC/REPORT	4,377	4,837	\$7,674,004.70
T2021	DAY HABIL WAIVER PER 15 MIN	4,938	40,813	\$6,937,812.83
T2022	CASE MANAGEMENT, PER MONTH	15,182	20,257	\$5,693,016.51
H0004	ALCOHOL AND/OR DRUG SERVICES	3,602	12,372	\$4,066,410.12
S5100	ADULT DAYCARE SERVICES 15MIN	2,991	26,822	\$3,846,231.02
T1019	PERSONAL CARE SER PER 15 MIN	583	3,551	\$2,916,891.97
97110	THERAPEUTIC EXERCISES	6,727	31,627	\$2,678,673.50

7.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
F70	MILD INTELLECTUAL DISABILITIES	5,597	43,043	\$19,142,669.81
F71	MOD INTELLECTUAL DISABILITITES	4,407	33,154	\$13,716,272.08
F840	AUTISTIC DISORDER	3,778	26,401	\$9,109,690.88
F73	PROFND INTELLECT DISABILITIES	645	3,543	\$7,225,864.99
F911	CONDUCT DISORDER, CHILDHOOD-ONSET TYPE	4,052	4,103	\$7,024,753.52
G309	ALZHEIMER'S DISEASE, UNSPECIFIED	1,673	2,868	\$6,764,299.95
F72	SEV INTELLECTUAL DISABILITIES	1,019	7,082	\$6,408,147.33
F0390	UNSPECIFIED DEMENTIA W/O BEHAVIORAL DISTURBANCE	1,997	3,463	\$5,654,832.73
F79	INTELLECTUAL DISABILITIES, UNSPECIFIED	1,868	13,645	\$4,208,933.15
J449	COPD, UNSPECIFIED	5,742	12,105	\$4,139,052.19

7.6 Monthly MCO Top Ten Procedure Codes

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

Procedure	Description	Member Count	Claim Count	Amount Paid
99213	OFFICE/OUTPATIENT VISIT EST	199,086	265,114	\$10,222,025.00
99284	EMERGENCY DEPT VISIT	47,483	58,967	\$8,584,874.36
99283	EMERGENCY DEPT VISIT	59,429	76,394	\$7,067,611.62
99214	OFFICE/OUTPATIENT VISIT EST	76,699	92,082	\$5,212,837.72
T2023	TARGETED CASE MGMT PER MONTH	8,912	14,459	\$5,044,552.76
99285	EMERGENCY DEPT VISIT	23,750	28,802	\$4,950,209.67
90837	PSYTX PT&/FAMILY 60 MINUTES	18,900	30,826	\$3,169,724.77
74177	CT ABD & PELV W/CONTRAST	5,765	7,232	\$2,432,084.17
T1026	PED COMPR CARE PKG, PER HOUR	429	9,021	\$2,419,881.18
A0120	NONER TRANSPORT MINI-BUS	8,916	107,004	\$2,260,800.32

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

7.7 Monthly MCO Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
R69	ILLNESS, UNSPECIFIED	20,287	297,267	\$6,843,032.46
A419	SEPSIS, UNSPECIFIED ORGANISM	781	1,361	\$4,842,524.72
Z3800	SINGLE LIVEBORN INFANT, DEL VAGINALLY	1,903	2,879	\$4,821,587.52
Z3801	SINGLE LIVEBORN INFANT, DEL CESAREAN	1,005	1,587	\$4,099,715.99
F1120	OPIOID DEPENDENCE, UNCOMPLICATED	7,987	17,845	\$3,678,569.11
Z5111	ENCOUNTER ANTINEOPLASTIC CHEMO	641	1,147	\$2,999,150.53
J189	PNEUMONIA, UNSPECIFIED ORGANISM	3,847	6,505	\$2,320,315.48
R079	CHEST PAIN, UNSPECIFIED	9,267	14,577	\$2,318,817.24
O3421	MATERNAL CARE FOR SCAR FROM PREVIOUS CESAREAN DELIVERY	1,068	1,773	\$2,000,674.17
J069	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	23,117	27,123	\$1,819,138.65

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

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

Error	Description	Number of Denials	% of Top Ten
1010	Rendering Provider Not A Mem Of Billing Grp	23,418	19.4%
4021	No Coverage for Billed Procedure	16,197	13.4%
5001	Exact Duplicate	14,297	11.9%
3317	This Service was not Approved by Medicare	13,059	10.8%
2017	Services Covered Under Member's MCO Plan	12,295	10.2%
1955	Cannot Determine Medicaid Nbr for Billing Prov	9,573	7.9%
268	Billed Amount Missing	9,531	7.9%
2003	Member Ineligible on Detail Date of Service	8,105	6.7%
4804	No Contract for Billed Revenue Code	7,616	6.3%
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	5,829	4.8%
Totals		120,550	63.3%

Total Denied Details – 190,473

Note: Total # of top ten denials (120,550) divided by total denied details (190,473) = % of top ten denials (63.3%)

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

Error	Description	Number of Failures	% of Top Ten
4405	Unable to Assign Provider Contract	4,208	28.6%
2001	Member ID Number not on File Recycle	2,631	17.9%
3001	PA Not Found on Database	2,220	15.1%
3305	Member Requires Valid Pt Liability for DOS	1,790	12.2%
401	Net Charge is Missing	810	5.5%
3003	Procedure Code Requires PA	729	4.9%
3395	Hospice Eligibility	666	4.5%
3310	No Rate on File for Provider	647	4.4%
5001	Exact Duplicate	594	4.0%
4014	No Pricing Segment on File	433	2.9%
Totals		14,728	73.3%

Total Suspended Details – 20,102

Note: Total # of top ten failures (14,728) divided by total suspended details (20,102) = % of top ten suspense (73.3%)

7.9 FFS Suspended Original Claims by Age (By Claim)

Category	August 2015		September 2015		October 2015		November 2015		December 2015		January 2016	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	6,686	94.55	1,997	84.40	6,255	94.34	7,491	95.05	9,610	95.96	11,868	96.55
31-60 days	82	1.16	55	2.32	49	.74	46	.59	32	.32	45	.36
61-90 days	45	.64	23	.98	15	.23	28	.35	32	.32	18	.15
91+ days	258	3.65	291	12.30	311	4.69	316	4.01	340	3.40	361	2.94
Total	7,071		2,366		6,630		7,881		10,014		12,292	

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

Category	August 2015	September 2015	October 2015	November 2015	December 2015	January 2015	Oldest Julian Date
Resolutions	43	29	12	2	1	1	16-005
Med.Review	6	0	0	0	1	0	0
TPL	0	0	0	0	0	0	0
Adjustments	0	0	0	0	0	0	0
Recycle	0	0	0	0	0	1	16-006
DMS	336	340	363	388	402	422	12-128
Total	385	369	375	390	404	424	

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.	1,214	7,136	6,434	0	1,916	12 days
CS40-Child Support	0	476	476	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	134	553	422	0	265	12 days
Accident/Trauma Leads	0	0	0	0	0	0 days
DMS Attorney	0	0	0	0	0	0 days
RUSH Attorney	0	0	0	0	0	0 days
HP Attorney	17	220	224	0	13	0 days
TPL Checks	31	92	79	0	44	4 days
TPL Mail	991	2,633	2,375	0	1,249	13 days
KHIPP	0	342	342	0	0	0 days
Total	2,387	11,452	10,352	0	3,487	

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	98	95	0	3	0	0	0 days
Payouts	0	43	43	0	0	0	0	0 days
Accounts Receivable Updates	0	534	534	0	0	0	0	0 days
Accounts Receivable Transfers	0	0	0	0	0	0	0	0 days
Total	0	675	672	0	3	0	0	0 days

9.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	9	10	5	14	3 days
HP Financial	174	405	447	132	3 days
DMS Financial	43	153	132	64	2 days
Total	226	568	584	210	

9.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	0	186	173	13	0	0 days
Institutional	0	103	94	9	0	0 days
Voids	0	285	255	30	0	0 days
Total	0	574	522	52	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)	620	47	50	0	0	617	617	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	620	47	50	0	0	617	617	0

10 Provider Relations

10.1 Provider Field Representatives

10.1.1 Provider Visits

There were no provider visits in the month of January.

10.2 Conference Calls (Calls Greater Than 30 Minutes)

January 7, 2016

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Cerebral Palsy Kids Center on January 7, 2016. The provider requested a conference call to learn navigation and setting up users in KYHealth Net. Those who attended the conference call were: Pam Herthel.

January 12, 2016

Vicky Hicks, HPE Provider Field Representative, conducted a conference call with Marshall Pediatric Therapy on January 12, 2016. The provider requested a conference call to review billing questions and remittances. Those who attended the conference call were: Pam Marshall.

January 13, 2016

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Department for Medicaid Services on January 13, 2016. The DMS staff member requested a conference call to review claims, member eligibility details, and audit history. Those who attended the conference call were: Robert Little.

January 15, 2016

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Marshall Pediatric Therapy, LLC on January 15, 2016. The provider requested a conference call to review billing instructions for paper claim submission. Those who attended the conference call were: Pam Marshall.

10.3 Association Meetings

There were no association meetings in the month of January.

10.4 Provider Contacts

Provider Calls	182
Provider E-mails	511
Total	693

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 January.

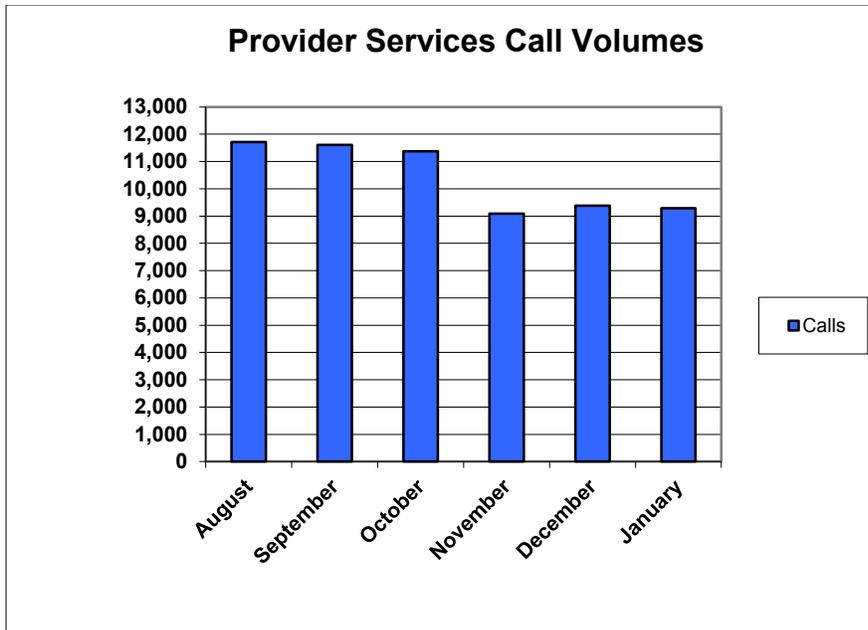
10.6 Provider Services

10.6.1 Provider Services

Category	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016
% Service Level	97%	96%	95%	94%	94%	90%
Abandoned Calls	351	442	521	561	519	913
Avg Speed Ans	:55	1:06	1.29	1.55	1.41	2.12
Incoming Calls	11,707	11,603	11,374	9,083	9,376	9,292
Paper Correspondence	395	277	380	359	289	296
E-Mail Correspondence	319	271	283	244	226	227
Fax	7	18	30	27	22	32
Total*	12,428	12,169	12,067	9,713	9,913	9,847
HP Callbacks	113	84	105	131	97	86

*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 HP in January 2016:

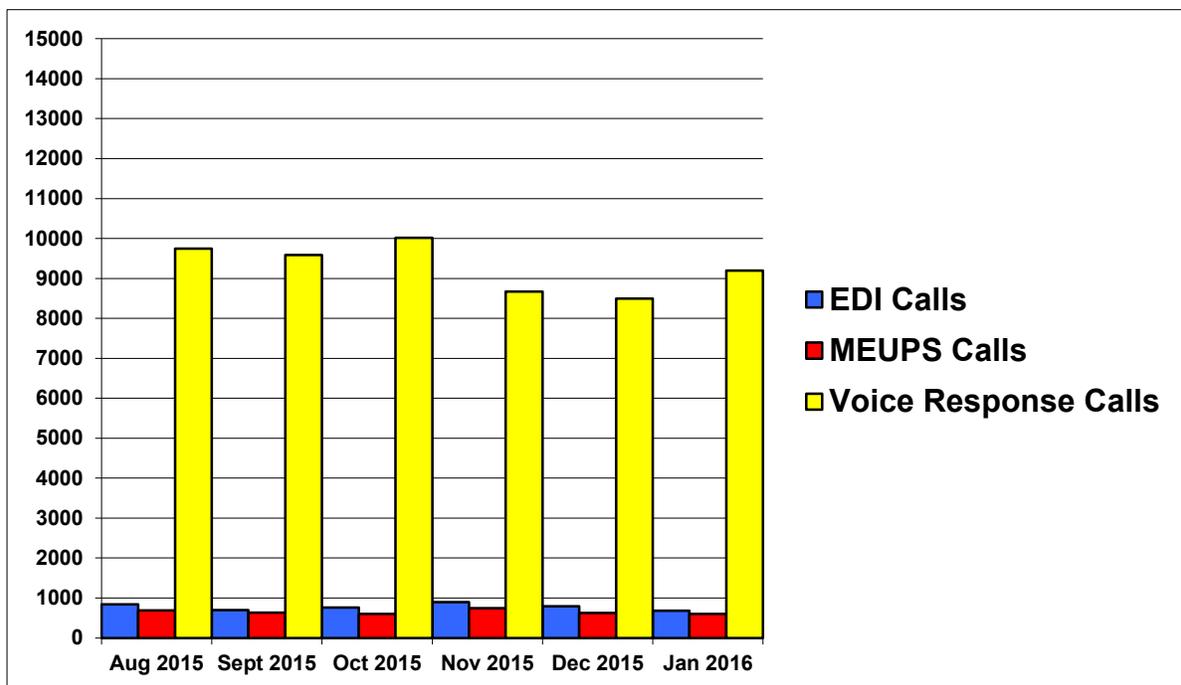
- **Mechanics of Claims Processing** (January 6) 0 attended
 - No One Attended Class
- **Member Subsystem** (January 7) 3 attended
 - Jasmin Fouts, Office of Inspector General
 - Rachel Petit, Office of Inspector General
 - Amanda Caudle, Office of Inspector General
- **Provider Subsystem** (January 11) 3 attended
 - Jasmin Fouts, Office of Inspector General
 - Rachel Petit, Office of Inspector General
 - Amanda Caudle, Office of Inspector General
- **Prior Authorization Subsystem** (January 12) 0 attended
 - No One Attended Class
- **Reference Subsystem** (January 13) 3 attended
 - Jasmin Fouts, Office of Inspector General
 - Rachel Petit, Office of Inspector General
 - Amanda Caudle, Office of Inspector General
- **Claims Subsystem** (January 14) 4 attended
 - Jasmin Fouts, Office of Inspector General
 - Rachel Petit, Office of Inspector General
 - Amanda Caudle, Office of Inspector General
 - Eric Tout, Office of Inspector General
- **Claim Edits, Audits and Rules** (January 20) 0 attended
 - No One Attended Class
- **Financial Subsystem** (January 21) 0 attended
 - No One Attended Class
- **OnBase Application** (January 25) 1 attended
 - Robbie Eastham, Division of Community Alternative-Home and Community
- **Encounters** (January 26) 0 attended
 - No One Attended Class
- **Encounter Reports** (January 26) 0 attended
 - No One Attended Class
- **Special In Depth Training** (January 28) 0 attended
 - No One Attended Class

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

11 EDI Customer/Provider Interaction

11.1 Electronic Data Interchange Calls Received

Category	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016
EDI Calls	837	697	759	900	793	679
MEUPS Calls	692	633	602	746	629	605
Voice Response Calls	9,747	9,587	10,014	8,669	8,498	9,195



Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
August	837	9	:05	2:25	98%
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%

Expanded Call Data (continued)

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
August	692	4	:07	1:54	99%
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%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
August	9,747	145	:01	1:37	98%
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%

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

EDI Top 5 calls:

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

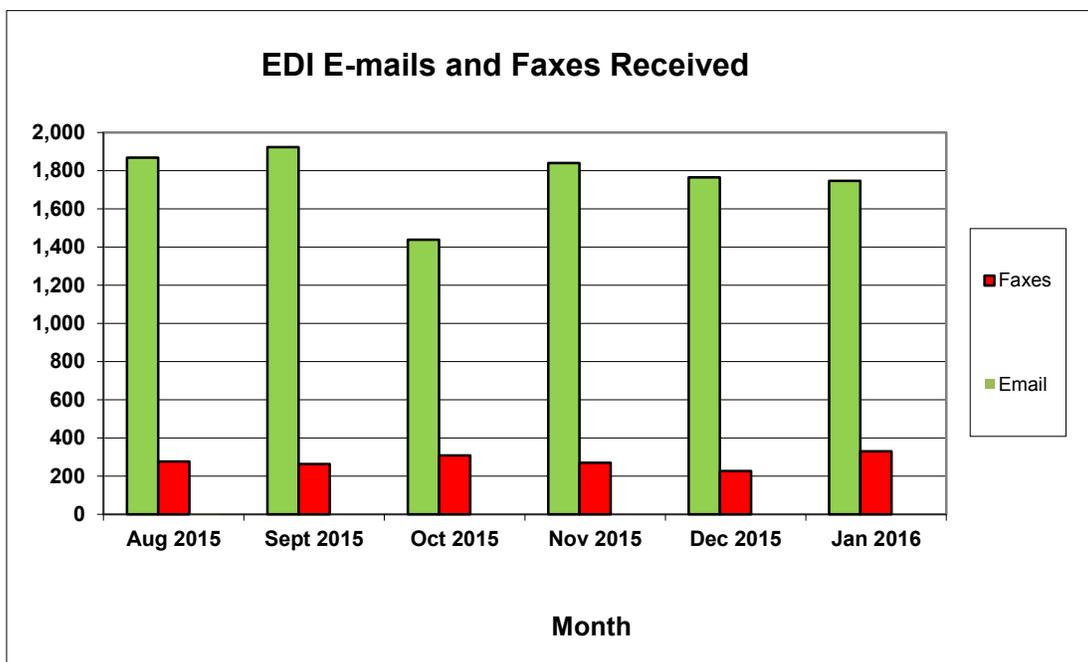
MEUPS Top 5 calls:

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

Category	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016
Password Resets Received via phone	451	448	418	381	382	331

11.2 EDI E-mails and Faxes Received

Category	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016
E-mails Received	1,868	1,923	1,438	1,841	1,765	1,746
E-mails Answered	1,867	1,918	1,436	1,840	1,760	1,743
Faxes Received	277	263	308	270	226	330
Faxes Answered	274	260	307	268	222	325



EDI Top 5 E-mail Requests:

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

Category	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016
Password Resets Received via email	346	350	416	356	298	373

EDI Top 5 Fax Requests:

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

Category	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016
PINs Received via fax	111	122	97	88	260	117
Admins Received via fax	144	93	103	73	117	114

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



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

Utilization Management Operational Status Report

Status Month: December 2015

**Report Date: January 8, 2016
Author: Carewise Health Staff**

Acute Inpatient Services

Call Metrics	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Administrative						
Abandoned Calls	45	25	16	16	47	112
Average Speed of Answer	00:27	00:26	00:15	00:19	00:29	01:30
Average Talk Time	03:28	03:23	03:27	03:42	03:34	03:50
First Call Resolution	99.4%	99.4%	99.6%	99.6%	99.6%	99.0%
Total Admin Calls	1836	1879	1959	2011	1831	1903
Clinical						
Abandoned Calls	0	2	2	3	0	1
Average Speed of Answer	00:23	00:27	00:28	00:19	00:10	00:22
Average Talk Time	06:55	06:37	06:47	06:49	07:28	06:54
First Call Resolution	98.5%	98.5%	97.0%	92.3%	94.3%	99.3%
Total Clinical Calls	220	202	280	278	259	246
Total Calls	2056	2081	2239	2289	2090	2149

Requests Processed	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Approvals	211	179	244	256	236	218
Administrative Approval	1,445	1,375	1,421	1,580	1,408	1,677
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	2
Denials	24	28	37	29	29	31
Pended	24	24	26	27	26	24
Total	1,704	1,606	1,728	1,892	1,699	1,952

Administrative Denials	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Technical (Out of Time Frame)	22	27	30	27	25	29
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	22	27	30	27	25	29

MD Review	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Medical Necessity	40	24	26	26	28	18
Not Medically Necessary	2	1	7	2	4	2
Referred to MD Rate	2.46%	1.56%	1.91%	1.48%	1.88%	1.02%
Not Medically Necessary Denial Rate	5%	4%	21%	7%	13%	10%
Total MD Review	42	25	33	28	32	20

Reconsiderations	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Overtaken	0	0	2	2	2	0
Upheld	0	0	0	0	1	2
Total Reconsiderations	0	0	2	2	3	2

*Reconsiderations are not included in Request Processed Total

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Pended						
Escalated	0	0	0	0	0	0
Lack of Information	0	0	0	0	0	0
MD Review	0	0	0	0	0	0
RN Review	24	24	26	27	26	24
Total	24	24	26	27	26	24

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	124
2.	A41.9	Sepsis, unspecified orga	88
3.	J44.1	Chron obstr pulm dz w/ex	51
4.	J96.00	Acut resp fail,unsp w/hy	50
5.	N39.0	Urinary tract infection,	47
6.	N17.9	Acute kidney failure, un	42
7.	K92.2	Gastrointestinal hemorrh	41
8.	I50.9	Heart failure, unspecifi	40
9.	R07.9	Chest pain, unspecified	33
10.	J96.90	Resp fail,unsp,w/hypoxia	29

Current Month Top 5 Reasons for MD Denial		
1.	Recipient should have been cared for at a lower level of care. 907 KAR 10:012(2) and 907 KAR 3:130	2
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	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Administrative						
Abandoned Calls	3	13	6	6	11	27
Average Speed of Answer	00:28	00:34	00:20	00:24	00:46	02:11
Average Talk Time	04:12	04:21	04:01	04:37	04:28	04:56
First Call Resolution	98.6%	98.6%	99.1%	99.4%	99.7%	100%
Total Admin Calls	608	531	543	553	437	564
Clinical						
Abandoned Calls	0	3	1	1	0	0
Average Speed of Answer	00:07	00:17	00:10	00:13	00:13	00:25
Average Talk Time	04:26	04:47	04:32	04:19	04:34	05:01
First Call Resolution	97.8%	97.8%	97.4%	96.0%	97.6%	97.6%
Total Clinical Calls	324	277	307	283	232	278
Total Calls	932	808	850	836	669	842

Requests Processed						
Approvals	1,182	1,076	1,206	1,074	945	1,074
Agreed Reduction	1	1	0	0	1	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	1	0	2	15	2	11
State Mandate	0	0	0	0	0	0
Denials	43	32	21	26	32	45
Pended	678	565	634	608	590	734
Total	1,905	1,674	1,863	1,723	1,570	1,864

Administrative Denials						
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	1	0	0	0	0	0
Total Denied	1	0	0	0	0	0

MD Review						
Medical Necessity	178	199	214	80	108	116
Not Medically Necessary	42	32	21	26	32	45
Referred to MD Rate	11.55%	13.80%	12.61%	6.15%	8.92%	8.64%
Not Medically Necessary Denial Rate	19%	14%	9%	25%	23%	28%
Total MD Review	220	231	235	106	140	161

Reconsiderations						
Overturned	5	19	18	7	1	5
Upheld	0	0	0	0	13	1
Total Reconsiderations	5	19	18	7	14	6

*Reconsiderations are not included in Request Processed Total

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Pended						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	647	561	585	581	569	683
MD Review	13	3	10	9	18	41
RN Review	18	1	39	18	3	10
HP Review	0	0	0	0	0	0
Total	678	565	634	608	590	734

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	683
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes		
1.	G80.9 Cerebral palsy, unspecif	280
2.	343.9 PALSY, INFANTILE CEREBRA	74
3.	G80.0 Spastic quadriplegic cer	69
4.	G80.8 Other cerebral palsy	49
5.	N31.9 Neuromuscular dysfunctn,	46
6.	F84.0 Autistic disorder	38
7.	J44.9 Chro obstruc pulm dz uns	34
8.	G71.0 Muscular dystrophy	33
9.	R13.10 Dysphagia, unspecified	28
10.	G80.1 Spastic diplegic cerebra	25

Current Month Top 5 Reasons for MD Denial		
1.	Equipment is used primarily for the convenience of the recipient or caregiver. 907 KAR 1:479(6) and 907 KAR 3:130	7
2.	Item is not primarily and customarily used for a medical purpose. 907 KAR 1:479(6) and 907 KAR 3:130	5
3.	Recipient has not completed a full trial of the requested equipment.	3
4.	Does not meet medical necessity or regulation.	1
5.	Recipient requested enteral feedings are not the sole-source of nutrition.	1

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

DRG

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Target File						
Target File	250	250	250	250	250	250
On-Site Requested	35	36	37	39	35	48
In-House	215	214	213	211	215	202

Outcomes						
Total Approved	226	240	226	228	229	233

Outcomes						
Total Denied	24	10	24	22	21	17

Denial Reasons						
Not Medically Necessary	3	0	3	2	3	4
Technical	15	8	20	18	16	11
Reassignments	5	2	0	1	2	2
Billing	1	0	1	1	0	0
Total Denial Reasons	24	10	24	22	21	17

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

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

EPSDT Special Services

Call Metrics	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Administrative						
Abandoned Calls	6	1	1	3	4	15
Average Speed of Answer	00:29	00:32	00:24	00:27	00:42	01:40
Average Talk Time	05:36	04:40	05:00	05:24	04:45	05:12
First Call Resolution	99.5%	99.5%	99.3%	98.4%	100%	97%
Total Admin Calls	316	226	199	295	161	155
Clinical						
Abandoned Calls	0	3	3	1	1	2
Average Speed of Answer	00:11	00:44	00:26	00:30	00:49	00:49
Average Talk Time	04:19	03:37	03:57	03:47	04:08	04:26
First Call Resolution	91.9%	91.9%	97.0%	95.7%	96.6%	97.2%
Total Clinical Calls	190	164	143	167	100	95
Total Calls	506	390	342	462	261	250

Requests Processed						
Approvals	1,851	795	1,707	1,527	750	1,712
Agreed Reduction	4	0	0	0	0	1
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	1	1	0
State Mandate	4	0	0	2	0	0
Denials	3	1	6	4	5	1
Pended	167	109	226	152	73	130
Total	2,029	905	1,939	1,686	829	1,844

Administrative Denials						
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	1	0	3	0	0	0
Total Denied	1	0	3	0	0	0

MD Review						
Medical Necessity	8	10	8	9	2	5
Not Medically Necessary	2	1	3	4	5	1
Referred to MD Rate	0.49%	1.22%	0.57%	0.77%	0.84%	0.33%
Not Medically Necessary Denial Rate	20%	9%	27%	31%	71%	17%
Total MD Review	10	11	11	13	7	6

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

*Reconsiderations are not included in Request Processed Total

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Pended						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	166	73	209	112	73	121
MD Review	0	3	4	3	0	2
RN Review	1	33	13	37	0	7
Total	213	224	208	257	73	130

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	121
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	F84.0	Autistic disorder	549
2.	Q90.9	Down syndrome, unspecifi	170
3.	G80.9	Cerebral palsy, unspecif	159
4.	R62.50	Uns lack nrml physiologcl	71
5.	299.00	DISORDER, AUTISTIC, CURR	37
6.	F80.2	Mixed recep-expressiv la	32
7.	R27.8	Other lack of coordinati	23
8.	343.9	PALSY, INFANTILE CEREBRA	20
9.	R62.0	Delayed milestone in chi	15
10.	G40.901	Epilepsy,uns, not intract,	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.		

Home Health

Call Metrics	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Administrative						
Abandoned Calls	30	22	23	33	29	59
Average Speed of Answer	00:30	00:38	00:21	00:30	00:48	02:07
Average Talk Time	04:47	04:49	04:16	04:50	05:08	05:22
First Call Resolution	99.7%	99.7%	99.8%	99.8%	98.8%	99.4%
Total Admin Calls	1150	980	1079	1070	945	1130
Clinical						
Abandoned Calls	7	5	5	2	6	4
Average Speed of Answer	00:34	00:27	00:31	00:15	00:27	00:46
Average Talk Time	08:03	08:46	08:24	08:43	08:00	08:14
First Call Resolution	98.6%	98.6%	97.7%	99.4%	99.2%	99.1%
Total Clinical Calls	943	856	951	912	812	923
Total Calls	2,093	1,836	2,030	1,982	1,757	2,053

Requests Processed	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Approvals	5,067	4,089	4,356	4,193	3,594	4,595
Agreed Reduction	148	123	140	125	103	95
Client Approved/Negotiation	1	1	0	2	0	0
Split Decision	0	0	0	0	4	5
State Mandate	0	0	14	3	0	0
Denials	85	60	42	67	70	51
Pended	155	98	247	171	166	188
Total	5,456	4,371	4,799	4,561	3,937	4,934

Administrative Denials	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	5	9	2	3	4	3
Technical (Out of Time Frame)	79	48	37	50	55	41
Total Denied	84	57	39	53	59	44

MD Review	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Medical Necessity	25	19	19	15	38	36
Not Medically Necessary	1	3	4	14	11	7
Referred to MD Rate	0.48%	0.50%	0.48%	0.64%	1.24%	0.87%
Not Medically Necessary Denial Rate	4%	14%	17%	48%	22%	16%
Total MD Review	26	22	23	29	49	43

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

*Reconsiderations are not included in Request Processed Total

Pended	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Unreviewed	122	88	89	101	111	98
MD Review	4	0	8	10	14	12
RN Review	29	10	150	60	41	78
Total	155	98	247	171	166	188

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

Current Month Top 10 Diagnosis Codes	Code	Description	Count
1.	G80.9	Cerebral palsy, unspecif	429
2.	F79	Unspec intellectual disa	219
3.	E11.9	Type 2 DM w/o complicati	201
4.	F84.0	Autistic disorder	184
5.	J44.9	Chro obstruc pulm dz uns	173
6.	R32	Unspecified urinary inco	135
7.	I10	Essential (primary) hype	112
8.	O90.9	Down syndrome, unspecifi	91
9.	F72	Severe intellectual disa	87
10.	F71	MODERATE INTELLECTUAL DI	86

Current Month Top 5 Reasons for MD Denial	Reason	Count
1.	Services can be safely and effectively provided on an outpatient basis. 907 KAR 1:030(4) and 907 KAR 3:130	5
2.	Recipient has achieved short term goals and a lower level of care is appropriate for achieving remainder of long-term goals.	1
3.	There is no reasonable expectation for improvement as the therapy appears to be for maintenance. 907 KAR 1:030(4) and 907 KAR 3:130	1
4.		
5.		

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

Hospice

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

Requests Processed	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Approvals	120	290	86	44	34	42
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	65	37	9	6	0	12
Total	159	327	95	50	34	54

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

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

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

*Reconsiderations are not included in Request Processed Total

Pended	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	65	31	9	4	0	12
MD Review	0	0	0	0	0	0
RN Review	0	6	0	2	0	0
Total	65	37	9	6	0	12

Current Month Top 5 LOI Pended Reasons	
1.	Lack of Information 12
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	
1.	491.21 BRONCHITIS, OBSTR CHR N W 12
2.	290.0 DEMENTIA, SENILE, UNCOMP 12
3.	C78.00 Sec malign neoplasm of un 11
4.	I51.9 Heart disease, unspecifi 5
5.	G30.9 Alzheimer's disease, uns 4
6.	429.9 DISEASE, HEART NOS 2
7.	C15.9 Malignant neoplasm esopha 2
8.	496 OBSTRUCTION, CHRONIC AIR 2
9.	428.30 FAILURE, DIASTOLIC HEART 1
10.	586 RENAL FAILURE NOS 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	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Administrative						
Abandoned Calls	11	6	5	6	11	23
Average Speed of Answer	00:32	00:33	00:20	00:26	00:49	01:51
Average Talk Time	04:01	04:59	04:46	05:00	05:07	05:03
First Call Resolution	95.2%	95.2%	98.4%	98.0%	94.5%	97.0%
Total Admin Calls	334	314	333	313	278	372
Clinical						
Abandoned Calls	0	0	0	2	2	8
Average Speed of Answer	00:02	00:02	00:01	00:00	00:21	00:29
Average Talk Time	03:40	04:46	03:42	03:52	04:13	04:34
First Call Resolution	64.2%	64.2%	55.4%	60.0%	74.9%	75.4%
Total Clinical Calls	225	194	193	192	184	170
Total Calls	559	508	526	505	462	542

Requests Processed						
Approvals	6,764	5,683	4,827	4,706	4,816	4,859
Initial LOC Approval	2,657	2,348	2,311	2,221	1,973	2,169
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	2	2	1	0	0	1
Denials	6	9	8	9	12	7
Pended	374	339	342	308	274	326
Total	9,803	8,381	7,489	7,244	7,075	7,362

Administrative Denials						
Lack of Information	0	0	0	0	7	1
Non-Certified Bed	0	0	0	1	0	0
Total Denied	0	0	0	1	7	1

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

MD Review						
Medical Necessity	16	6	6	10	6	8
Not Medically Necessary	6	9	8	8	5	6
Referred to MD Rate	5.88%	4.42%	4.09%	5.84%	4.01%	4.29%
Not Medically Necessary Denial Rate	27%	60%	57%	44%	45%	43%
Total MD Review	22	15	14	18	11	14

Reconsiderations						
Overturned	3	0	2	4	2	1
Upheld	0	0	2	0	0	0
Total Reconsiderations	3	0	4	4	2	1

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

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Pended						
Lack of Information	313	317	273	295	250	291
MD Review	0	0	0	0	0	0
RN Review	61	22	69	13	24	35
Total	374	339	342	308	274	326

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	291
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes		
1.	I10 Essential (primary) hype	710
2.	F03.90 Unsp dementia w/o behavi	579
3.	J44.9 Chro obstruc pulm dz uns	428
4.	G30.9 Alzheimer's disease, uns	195
5.	E11.9 Type 2 DM w/o complicati	191
6.	I50.9 Heart failure, unspecifi	155
7.	290.0 DEMENTIA, SENILE, UNCOMP	140
8.	M62.81 Muscle weakness (general	129
9.	401.9 HYPERTENSION, ESSENTIAL	126
10.	F02.81 Demen oth dzs CE w/behav	101

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	6
2.		
3.		
4.		
5.		

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

Nursing Facility Ancillary

Call Metrics	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Administrative						
Abandoned Calls	43	32	25	31	38	110
Average Speed of Answer	00:36	00:37	00:28	00:33	00:40	01:32
Average Talk Time	04:01	04:03	03:52	04:14	04:08	04:03
First Call Resolution	95.2%	95.2%	98.4%	98.0%	94.5%	97.0%
Total Admin Calls	1098	1020	1095	1068	871	1001

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	1,098	1,020	1,095	1,068	871	1,001

Requests Processed						
Approvals	2,702	2,636	2,865	2,482	2,636	2,381
Agreed Reduction	0	0	0	0	0	0
Client Approved/Negotiation	1	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	270	323	234	171	211	155
Pended	234	232	136	246	149	276
Total	3,207	3,191	3,235	2,899	2,996	2,812

RN Denials/Overturns						
FRN Criteria	263	311	206	161	196	144
FRN Reconsideration Overturned	20	8	9	4	9	11
FRN Reconsideration Upheld	4	8	22	7	10	7
Total Denied	287	327	237	172	215	162

MD Review						
Medical Necessity	4	2	8	3	1	1
Not Medically Necessary	2	4	6	3	5	4
Referred to MD Rate	0.19%	0.19%	0.43%	0.21%	0.20%	0.18%
Not Medically Necessary Denial Rate	33%	67%	43%	50%	83%	80%
Total MD Review	6	6	14	6	6	5

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

*Reconsiderations are not included in Request Processed Total

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Pended						
MD Review	0	1	0	0	0	0
RN Review	234	231	136	246	149	276
Total	234	232	136	246	149	276

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

Current Month Top 10 Diagnosis Codes			
1.	J44.9	Chro obstruct pulm dz uns	576
2.	R06.02	Shortness of breath	188
3.	M62.81	Muscle weakness (general	178
4.	496	OBSTRUCTION, CHRONIC AIR	138
5.	I50.9	Heart failure, unspecifi	109
6.	R26.2	Difficulty in walking, N	77
7.	J18.9	Pneumonia, unspecified o	55
8.	428.0	FAILURE, CONGESTIVE HEAR	51
9.	I10	Essential (primary) hype	50
10.	786.05	SYMPTOM, SHORTNESS OF BR	45

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	1
2.	The recipient is non-compliant with therapy. 907 KAR 1:023 and 907 KAR 3:130	1
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	1
4.	Not medically necessary	1
5.		

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

Orthodontia

Call Metrics	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Administrative						
Abandoned Calls	1	1	1	5	0	2
Average Speed of Answer	00:10	00:25	00:13	00:06	01:20	01:29
Average Talk Time	03:39	03:48	04:23	02:49	03:54	03:32
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Admin Calls	40	41	31	22	27	21
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	40	41	31	22	27	21

Requests Processed	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Approvals	26	11	12	20	11	20
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	1	0	0	0
Pended	0	0	0	0	0	0
Total	28	11	13	20	11	20

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

MD Review	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Medical Necessity	0	0	0	0	0	0
Not Medically Necessary	0	2	0	0	0	0
Referred to MD Rate	0.00%	18.18%	0%	0%	0%	0%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
Total MD Review	0	2	0	0	0	0

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

*Reconsiderations are not included in Request Processed Total

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Pended						
Lack of Information	0	0	0	0	0	0
MD Review	1	0	0	0	0	0
RN Review	0	0	0	0	0	0
Total	1	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	18
2.	V58.5	ORTHODONTICS AFTERCARE	2
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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

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

Outpatient Therapies

Call Metrics	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Administrative						
Abandoned Calls	2	2	0	2	0	7
Average Speed of Answer	00:28	00:36	00:18	00:27	01:09	02:18
Average Talk Time	04:12	04:01	04:06	04:02	04:43	04:22
First Call Resolution	99.4%	99.4%	100%	99.6%	99.3%	99.3%
Total Admin Calls	210	160	173	141	118	107
Clinical						
Abandoned Calls	0	0	1	2	0	1
Average Speed of Answer	00:18	00:19	00:35	00:31	00:05	00:34
Average Talk Time	04:45	05:29	06:44	05:17	04:32	04:50
First Call Resolution	93.7%	93.7%	93.5%	92.5%	90.1%	93.6%
Total Clinical Calls	191	112	104	86	65	59
Total Calls	401	272	277	227	183	166

Requests Processed	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Approvals	1,573	964	1,080	1,035	871	1,078
Agreed Reduction	9	6	1	1	13	9
Client Approved/Negotiation	1	0	0	0	0	1
Split Decision	0	0	0	0	0	0
State Mandate	1	0	0	0	0	0
Denials	13	1	5	4	4	0
Pended	123	73	80	60	25	110
Total	1,720	1,044	1,166	1,100	913	1,198

Administrative Denials	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Lack of Information	13	1	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	13	1	0	0	0	0

MD Review	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Medical Necessity	78	64	105	83	63	93
Not Medically Necessary	0	0	5	4	4	0
Referred to MD Rate	4.53%	6.13%	9.43%	7.91%	7.34%	7.76%
Not Medically Necessary Denial Rate	0%	0%	5%	5%	6%	0%
Total MD Review	78	64	110	87	67	93

Reconsiderations	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Overtaken	0	3	0	0	2	0
Upheld	3	0	0	4	4	0
Total Reconsiderations	3	3	0	4	6	0

*Reconsiderations are not included in Request Processed Total

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Pended						
Lack of Information	111	62	70	58	23	105
MD Review	0	0	0	0	2	0
RN Review	12	11	10	2	0	5
Total	123	73	80	60	25	110

Independent Therapy	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Total	1015	278	301	308	164	257

Current Month Top 5 LOI Pended Reasons	
1.	Lack of Information 105
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes		
1.	F84.0	Autistic disorder 206
2.	G80.9	Cerebral palsy, unspecif 125
3.	Q90.9	Down syndrome, unspecifi 57
4.	R27.8	Other lack of coordinati 27
5.	M62.81	Muscle weakness (general 26
6.	F80.2	Mixed recep-expressiv la 25
7.	M62.9	Disorder of muscle, unsp 23
8.	758.0	DOWN'S SYNDROME 21
9.	F88	Oth disorders of psych d 21
10.	G93.1	Anoxic brain damage, NEC 21

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

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

Physician Services

Call Metrics	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Administrative						
Abandoned Calls	3	5	4	3	6	17
Average Speed of Answer	00:36	00:28	00:22	00:17	00:41	02:06
Average Talk Time	02:56	03:24	03:20	03:32	03:49	03:35
First Call Resolution	100%	100%	98.5%	98.6%	100.0%	100%
Total Admin Calls	289	256	271	270	276	210
Clinical						
Abandoned Calls	3	5	4	3	6	17
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	90.0%	90.0%	93.0%	78.9%	100.0%	100%
Total Clinical Calls	43	49	45	44	60	31
Total Calls	332	305	316	314	336	241

Requests Processed						
Approvals	41	47	44	34	57	27
Administrative Approval	12	3	8	7	4	7
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	0	0	0	2	0	0
Pended	7	7	8	8	12	6
Total	60	57	60	51	73	40

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

MD Review						
Medical Necessity	23	18	19	16	22	18
Not Medically Necessary	0	0	0	2	0	0
Referred to MD Rate	38.33%	31.58%	31.67%	35.29%	30.14%	45.00%
Not Medically Necessary Denial Rate	0%	0%	0%	11%	0%	0%
Total MD Review	23	18	19	18	22	18

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

*Reconsiderations are not included in Request Processed Total

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

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

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

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

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

Psychiatric Programs

Call Metrics	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Administrative						
Abandoned Calls	4	3	1	0	3	16
Average Speed of Answer	00:31	00:24	00:19	00:27	00:36	01:54
Average Talk Time	02:35	02:49	02:41	02:58	03:02	03:20
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Admin Calls	250	220	251	260	248	268
Clinical						
Abandoned Calls	2	6	7	3	0	4
Average Speed of Answer	00:32	01:22	01:43	00:35	00:23	00:23
Average Talk Time	08:29	09:03	10:58	09:24	10:48	08:35
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Clinical Calls	191	180	192	200	208	230
Total Calls	441	400	443	460	456	498

Requests Processed	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Approvals	200	164	178	184	206	178
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	10	8	6	6	12	11
Pended	10	3	10	6	2	10
Total	220	175	194	196	220	199

Administrative Denials	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	6	3	2	4	2	4
Total Denied	6	3	2	4	2	4

MD Review	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Medical Necessity	0	2	2	4	6	5
Not Medically Necessary	4	5	4	2	10	7
Referred to MD Rate	1.82%	4.00%	3.09%	3.06%	7.27%	6.03%
Not Medically Necessary Denial Rate	100%	71%	67%	33%	63%	58%
Total MD Review	4	7	6	6	16	12

Reconsiderations	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Overtaken	1	2	1	0	0	2
Upheld	4	1	0	4	0	2
Total Reconsiderations	5	3	1	4	0	4

*Reconsiderations are not included in Request Processed Total

Pended	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Lack of Information	0	0	0	0	0	1
RN Review	9	3	10	5	2	9
MD Review	1	0	0	1	0	0
Total	10	3	10	6	2	10

By Place of Service	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Distinct Part Units - Psychiatric	68	42	43	50	69	43
EPSDT	5	5	8	17	9	12
Freestanding Psychiatric Facility	32	19	34	21	35	24
Inpatient Hospital	9	8	10	4	4	4
Non-Freestanding Psychiatric Facility	105	95	96	104	99	115
Onsite EPSDT Psych	2	2	0	0	0	0
Psychiatric Residential Treatment Center	4	7	4	4	4	4
Total	225	178	195	200	220	202

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.	F20.9	Schizophrenia, unspecifi	35
2.	F84.0	Autistic disorder	17
3.	F32.9	MDD, single episode, uns	13
4.	F31.9	Bipolar disorder, unspec	12
5.	F31.89	Other bipolar disorder	11
6.	F98.9	Unsp behav&emtl dis onse	9
7.	F39	Unspecified mood disorde	8
8.	F31.60	BD, current episode mixe	8
9.	F25.9	Schizoaffective disorder	7
10.	F32.8	Other depressive episode	6

Current Month Top 5 Reasons for MD Denial	Reason	Count
1.	Not medically necessary	7
2.		
3.		
4.		
5.		

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

Radiology

Call Metrics	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Administrative						
Abandoned Calls	10	6	2	4	1	17
Average Speed of Answer	00:31	00:34	00:19	00:24	00:48	02:07
Average Talk Time	03:35	03:56	03:45	03:47	03:35	03:51
First Call Resolution	99%	99%	100%	99%	100%	100%
Total Admin Calls	501	493	499	510	464	510
Clinical						
Abandoned Calls	0	2	2	0	1	1
Average Speed of Answer	00:18	00:24	00:34	00:32	00:06	00:20
Average Talk Time	05:54	06:11	05:35	05:59	06:18	05:52
First Call Resolution	95%	95%	94%	95%	100%	100%
Total Clinical Calls	331	307	337	338	312	316
Total Calls	832	800	836	848	776	826

Requests Processed	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Approvals	413	348	346	383	351	332
Agreed Reduction	0	0	0	0	0	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	1	14	28	18	11	6
Pended	6	6	11	6	3	7
Total	420	368	385	407	365	345

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

MD Review	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Medical Necessity	104	87	70	2	74	82
Not Medically Necessary	1	14	28	18	11	6
Referred to MD Rate	25.00%	27.45%	25.45%	4.91%	23.29%	25.51%
Not Medically Necessary Denial Rate	1%	14%	29%	90%	13%	7%
Total MD Review	105	101	98	20	85	88

Reconsiderations	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Overtaken	0	4	3	2	1	0
Upheld	0	0	2	2	0	0
Total Reconsiderations	0	4	5	4	1	0

*Reconsiderations are not included in Request Processed Total

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Pended						
Lack of Information	1	1	3	2	1	1
MD Review	4	4	3	2	1	1
RN Review	1	1	5	2	1	5
Total	6	6	11	6	3	7

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 37
2.	M54.2 Cervicalgia 23
3.	M54.5 Low back pain 22
4.	R51 Headache 16
5.	I25.10 ASHD of ntv coronary artery 12
6.	G35 Multiple sclerosis 12
7.	M25.561 Pain in right knee 8
8.	M54.9 Dorsalgia, unspecified 8
9.	M25.512 Pain in left shoulder 8
10.	M54.16 Radiculopathy, lumbar re 7

Current Month Top 5 Reasons for MD Denial	
1.	Lower level imaging required first. 907 KAR 3:005(5) and 907 KAR 3:130 5
2.	Not medically necessary 1
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: Jan 4, 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	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 CDO - LOC	Administrative Hearings	In Progress	Jun 30, 2015	Jul 14, 2015	PELLEGRINI, ADRIAN
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Dec 18, 2015	Jan 19, 2016	PELLEGRINI, ADRIAN
Home Health	Home Health	Administrative Hearings	In Progress	Jun 18, 2014	Jul 30, 2014	PELLEGRINI, ADRIAN
Waiver	HCB - LOC	Administrative Hearings	In Progress	Dec 28, 2015	Jan 12, 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	Oct 6, 2015	Nov 10, 2015	PELLEGRINI, ADRIAN
Waiver	SCL - LOC	Administrative Hearings	In Progress	Dec 16, 2015	Mar 3, 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	Oct 28, 2015	Jan 22, 2016	PELLEGRINI, ADRIAN
Waiver	ABI LTC Waiver LOC	Administrative Hearings	In Progress	Dec 2, 2015	Jan 14, 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: January 2016

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

Acute Inpatient Services

Call Metrics	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Administrative						
Abandoned Calls	25	16	16	47	112	154
Average Speed of Answer	00:26	00:15	00:19	00:29	01:30	01:48
Average Talk Time	03:23	03:27	03:42	03:34	03:50	03:36
First Call Resolution	99.6%	99.6%	99.6%	99.0%	99.0%	99.2%
Total Admin Calls	1879	1959	2011	1831	1903	1714
Clinical						
Abandoned Calls	2	2	3	0	1	3
Average Speed of Answer	00:27	00:28	00:19	00:10	00:22	00:35
Average Talk Time	06:37	06:47	06:49	07:28	06:54	06:37
First Call Resolution	98.5%	97.0%	92.3%	94.3%	99.3%	95.0%
Total Clinical Calls	202	280	278	259	246	193
Total Calls	2081	2239	2289	2090	2149	1907

Requests Processed	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Approvals	179	244	256	236	218	187
Administrative Approval	1,375	1,421	1,580	1,408	1,677	1,379
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	2	1
Denials	28	37	29	29	31	31
Pended	24	26	27	26	24	30
Total	1,606	1,728	1,892	1,699	1,952	1,628

Administrative Denials	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Technical (Out of Time Frame)	27	30	27	25	29	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	27	30	27	25	29	30

MD Review	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Medical Necessity	24	26	26	28	18	20
Not Medically Necessary	1	7	2	4	2	1
Referred to MD Rate	1.56%	1.91%	1.48%	1.88%	1.02%	1.29%
Not Medically Necessary Denial Rate	4%	21%	7%	13%	10%	5%
Total MD Review	25	33	28	32	20	21

Reconsiderations	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Overtured	0	2	2	2	0	0
Upheld	0	0	0	1	2	0
Total Reconsiderations	0	2	2	3	2	0

*Reconsiderations are not included in Request Processed Total

	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-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	24	26	27	26	24	30
Total	24	26	27	26	24	30

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	108
2.	A41.9	Sepsis, unspecified orga	59
3.	J44.1	Chron obstr pulm dz w/ex	49
4.	N39.0	Urinary tract infection,	39
5.	J96.00	Acut resp fail,unsp w/hy	36
6.	N17.9	Acute kidney failure, un	35
7.	F20.9	Schizophrenia, unspecifi	31
8.	I50.9	Heart failure, unspecifi	25
9.	J96.90	Resp fail,unsp,w/hypoxia	24
10.	K92.2	Gastrointestinal hemorrh	24

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	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Administrative						
Abandoned Calls	13	6	6	11	27	39
Average Speed of Answer	00:34	00:20	00:24	00:46	02:11	03:01
Average Talk Time	04:21	04:01	04:37	04:28	04:56	04:54
First Call Resolution	98.6%	99.1%	99.4%	99.7%	100%	99%
Total Admin Calls	531	543	553	437	564	447
Clinical						
Abandoned Calls	3	1	1	0	0	9
Average Speed of Answer	00:17	00:10	00:13	00:13	00:25	01:48
Average Talk Time	04:47	04:32	04:19	04:34	05:01	05:13
First Call Resolution	97.8%	97.4%	96.0%	97.6%	97.6%	97.0%
Total Clinical Calls	277	307	283	232	278	255
Total Calls	808	850	836	669	842	702

Requests Processed						
Approvals	1,076	1,206	1,074	945	1,074	1,341
Agreed Reduction	1	0	0	1	0	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	2	15	2	11	0
State Mandate	0	0	0	0	0	1
Denials	32	21	26	32	45	29
Pended	565	634	608	590	734	462
Total	1,674	1,863	1,723	1,570	1,864	1,833

Administrative Denials						
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	0	0	0	0	0	1
Total Denied	0	0	0	0	0	1

MD Review						
Medical Necessity	199	214	80	108	116	186
Not Medically Necessary	32	21	26	32	45	28
Referred to MD Rate	13.80%	12.61%	6.15%	8.92%	8.64%	11.67%
Not Medically Necessary Denial Rate	14%	9%	25%	23%	28%	13%
Total MD Review	231	235	106	140	161	214

Reconsiderations						
Overturned	19	18	7	1	5	2
Upheld	0	0	0	13	1	4
Total Reconsiderations	19	18	7	14	6	6

*Reconsiderations are not included in Request Processed Total

	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Pended						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	561	585	581	569	683	457
MD Review	3	10	9	18	41	4
RN Review	1	39	18	3	10	1
HP Review	0	0	0	0	0	0
Total	565	634	608	590	734	462

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

Current Month Top 10 Diagnosis Codes		
1.	G80.9 Cerebral palsy, unspecif	321
2.	N31.9 Neuromuscular dysfunctn,	96
3.	G80.0 Spastic quadriplegic cer	75
4.	J44.9 Chro obstruc pulm dz uns	51
5.	343.9 PALSY, INFANTILE CEREBRA	44
6.	F84.0 Autistic disorder	29
7.	Q90.9 Down syndrome, unspecifi	29
8.	G82.20 Paraplegia, unspecified	29
9.	G80.8 Other cerebral palsy	28
10.	G47.33 Obstructive sleep apnea(24

Current Month Top 5 Reasons for MD Denial		
1.	Equipment is used primarily for the convenience of the recipient or caregiver. 907 KAR 1:479(6) and 907 KAR 3:130	6
2.	Item is not medically necessary.	3
3.	Item is not primarily and customarily used for a medical purpose. 907 KAR 1:479(6) and 907 KAR 3:130	4
4.	Not medically necessary.	3
5.	Recipient does not have normal sensation in area of contact with the cushion and cannot shift weight independently.	1

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

DRG

	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Target File						
Target File	250	250	250	250	250	250
On-Site Requested	36	37	39	35	48	30
In-House	214	213	211	215	202	220

Outcomes						
Total Approved	240	226	228	229	233	222

Outcomes						
Total Denied	10	24	22	21	17	28

Denial Reasons						
Not Medically Necessary	0	3	2	3	4	2
Technical	8	20	18	16	11	25
Reassignments	2	0	1	2	2	0
Billing	0	1	1	0	0	1
Total Denial Reasons	10	24	22	21	17	28

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

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

EPSDT Special Services

Call Metrics	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Administrative						
Abandoned Calls	1	1	3	4	15	18
Average Speed of Answer	00:32	00:24	00:27	00:42	01:40	03:37
Average Talk Time	04:40	05:00	05:24	04:45	05:12	05:36
First Call Resolution	99.5%	99.3%	98.4%	100%	97%	99.5%
Total Admin Calls	226	199	295	161	155	173
Clinical						
Abandoned Calls	3	3	1	1	2	1
Average Speed of Answer	00:44	00:26	00:30	00:49	00:49	00:30
Average Talk Time	03:37	03:57	03:47	04:08	04:26	05:04
First Call Resolution	91.9%	97.0%	95.7%	96.6%	97.2%	90.8%
Total Clinical Calls	164	143	167	100	95	120
Total Calls	390	342	462	261	250	293

Requests Processed	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Approvals	795	1,707	1,527	750	1,712	1,182
Agreed Reduction	0	0	0	0	1	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	1	1	0	0
State Mandate	0	0	2	0	0	0
Denials	1	6	4	5	1	1
Pended	109	226	152	73	130	77
Total	905	1,939	1,686	829	1,844	1,260

Administrative Denials	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-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	3	0	0	0	0
Total Denied	0	3	0	0	0	0

MD Review	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Medical Necessity	10	8	9	2	5	3
Not Medically Necessary	1	3	4	5	1	1
Referred to MD Rate	1.22%	0.57%	0.77%	0.84%	0.33%	0.32%
Not Medically Necessary Denial Rate	9%	27%	31%	71%	17%	25%
Total MD Review	11	11	13	7	6	4

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

*Reconsiderations are not included in Request Processed Total

	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Pended						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	73	209	112	73	121	71
MD Review	3	4	3	0	2	0
RN Review	33	13	37	0	7	6
Total	213	224	208	257	130	77

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	71
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	F84.0	Autistic disorder	334
2.	G80.9	Cerebral palsy, unspecif	91
3.	Q90.9	Down syndrome, unspecifi	91
4.	R62.50	Uns lack nrml physiologcl	34
5.	F80.2	Mixed recep-expressiv la	31
6.	F81.9	Develop disord of schola	23
7.	299.00	DISORDER, AUTISTIC, CURR	21
8.	R27.8	Other lack of coordinati	20
9.	G80.1	Spastic diplegic cerebra	20
10.	Q90.0	Trisomy 21 nonmosaicism	18

Current Month Top 5 Reasons for MD Denial		
1.	Recipient is currently receiving aqua therapy via PT.	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	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Administrative						
Abandoned Calls	22	23	33	29	59	160
Average Speed of Answer	00:38	00:21	00:30	00:48	02:07	03:29
Average Talk Time	04:49	04:16	04:50	05:08	05:22	05:47
First Call Resolution	99.7%	99.8%	99.8%	98.8%	99.4%	99.6%
Total Admin Calls	980	1079	1070	945	1130	935
Clinical						
Abandoned Calls	5	5	2	6	4	10
Average Speed of Answer	00:27	00:31	00:15	00:27	00:46	00:45
Average Talk Time	08:46	08:24	08:43	08:00	08:14	08:41
First Call Resolution	98.6%	97.7%	99.4%	99.2%	99.1%	98.7%
Total Clinical Calls	856	951	912	812	923	784
Total Calls	1,836	2,030	1,982	1,757	2,053	1,719

Requests Processed	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Approvals	4,089	4,356	4,193	3,594	4,595	4,363
Agreed Reduction	123	140	125	103	95	98
Client Approved/Negotiation	1	0	2	0	0	0
Split Decision	0	0	0	4	5	7
State Mandate	0	14	3	0	0	0
Denials	60	42	67	70	51	22
Pended	98	247	171	166	188	108
Total	4,371	4,799	4,561	3,937	4,934	4,598

Administrative Denials	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	9	2	3	4	3	0
Technical (Out of Time Frame)	48	37	50	55	41	19
Total Denied	57	39	53	59	44	19

MD Review	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Medical Necessity	19	19	15	38	36	33
Not Medically Necessary	3	4	14	11	7	3
Referred to MD Rate	0.50%	0.48%	0.64%	1.24%	0.87%	0.78%
Not Medically Necessary Denial Rate	14%	17%	48%	22%	16%	8%
Total MD Review	22	23	29	49	43	36

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

*Reconsiderations are not included in Request Processed Total

Pended	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Unreviewed	88	89	101	111	98	77
MD Review	0	8	10	14	12	0
RN Review	10	150	60	41	78	31
Total	98	247	171	166	188	108

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 401
2. F79 Unspec intellectual disa 222
3. FB4.0 Autistic disorder 216
4. E11.9 Type 2 DM w/o complicati 171
5. J44.9 Chro obstruc pulm dz uns 128
6. R32 Unspecified urinary inco 122
7. I10 Essential (primary) hype 104
8. F72 Severe intellectual disa 88
9. Q90.9 Down syndrome, unspecifi 71
10. D51.0 Vitamin B12 defcncy anem 56

Current Month Top 5 Reasons for MD Denial
1. Not medically necessary 2
2. Diagnosis doesn't justify additional aide vists 1
3.
4.
5.

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

Hospice

Call Metrics	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-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	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Approvals	290	86	44	34	42	250
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	37	9	6	0	12	97
Total	159	95	50	34	54	347

Administrative Denials	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-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	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-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	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-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	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	31	9	4	0	12	94
MD Review	0	0	0	0	0	0
RN Review	6	0	2	0	0	3
Total	37	9	6	0	12	97

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	94
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	G30.9	Alzheimer's disease, uns	63
2.	491.20	BRONCHITIS, OBSTR CHR N W	46
3.	331.0	ALZHEIMER'S DISEASE	34
4.	428.0	FAILURE, CONGESTIVE HEAR	21
5.	290.0	DEMENTIA, SENILE, UNCOMP	19
6.	I50.32	Chrn c diastolic(cngstv)he	17
7.	C78.00	Sec malig neoplasm of un	12
8.	E56.9	Vitamin deficiency, unsp	11
9.	414.9	DISEASE, ISCHEMIC HEART,	10
10.	429.9	DISEASE, HEART NOS	10

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

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

Nursing Facility

Call Metrics	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Administrative						
Abandoned Calls	6	5	6	11	23	46
Average Speed of Answer	00:33	00:20	00:26	00:49	01:51	03:25
Average Talk Time	04:59	04:46	05:00	05:07	05:03	05:13
First Call Resolution	95.2%	98.4%	98.0%	94.5%	97.0%	95.9%
Total Admin Calls	314	333	313	278	372	318
Clinical						
Abandoned Calls	0	0	2	2	8	2
Average Speed of Answer	00:02	00:01	00:00	00:21	00:29	00:16
Average Talk Time	04:46	03:42	03:52	04:13	04:34	04:54
First Call Resolution	64.2%	55.4%	60.0%	74.9%	75.4%	75.2%
Total Clinical Calls	194	193	192	184	170	214
Total Calls	508	526	505	462	542	532

Requests Processed	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Approvals	5,683	4,827	4,706	4,816	4,859	6,875
Initial LOC Approval	2,348	2,311	2,221	1,973	2,169	2,448
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	2	1	0	0	1	0
Denials	9	8	9	12	7	4
Pended	339	342	308	274	326	300
Total	8,381	7,489	7,244	7,075	7,362	9,627

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

*Reconsiderations are not included in Request Processed Total

MD Review	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Medical Necessity	6	6	10	6	8	6
Not Medically Necessary	9	8	8	5	6	4
Referred to MD Rate	4.42%	4.09%	5.84%	4.01%	4.29%	3.33%
Not Medically Necessary Denial Rate	60%	57%	44%	45%	43%	40%
Total MD Review	15	14	18	11	14	10

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

*Reconsiderations are not included in Request Processed Total

	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Pended						
Lack of Information	317	273	295	250	291	277
MD Review	0	0	0	0	0	0
RN Review	22	69	13	24	35	23
Total	339	342	308	274	326	300

Current Month Top 5 LOI Pended Reasons	
1.	Lack of Information 277
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	
1.	I10 Essential (primary) hype 1037
2.	F03.90 Unsp dementia w/o behavi 834
3.	J44.9 Chro obstruc pulm dz uns 608
4.	G30.9 Alzheimer's disease, uns 364
5.	E11.9 Type 2 DM w/o complicati 339
6.	I50.9 Heart failure, unspecifi 253
7.	F02.80 Dem oth dzs CE w/o behav 204
8.	M62.81 Muscle weakness (general 144
9.	I48.91 Unspec atrial fibrillati 136
10.	G20 Parkinson's disease 124

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 4
2.	
3.	
4.	
5.	

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

Nursing Facility Ancillary

Call Metrics	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Administrative						
Abandoned Calls	32	25	31	38	110	235
Average Speed of Answer	00:37	00:28	00:33	00:40	01:32	01:49
Average Talk Time	04:03	03:52	04:14	04:08	04:03	03:52
First Call Resolution	95.2%	98.4%	98.0%	94.5%	97.0%	95.9%
Total Admin Calls	1020	1095	1068	871	1001	1036

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	1,020	1,095	1,068	871	1,001	1,036

Requests Processed						
Approvals	2,636	2,865	2,482	2,636	2,381	2,537
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	323	234	171	211	155	203
Pended	232	136	246	149	276	268
Total	3,191	3,235	2,899	2,996	2,812	3,008

RN Denials/Overturns						
FRN Criteria	311	206	161	196	144	188
FRN Reconsideration Overturned	8	9	4	9	11	9
FRN Reconsideration Upheld	8	22	7	10	7	14
Total Denied	327	237	172	215	162	211

MD Review						
Medical Necessity	2	8	3	1	1	1
Not Medically Necessary	4	6	3	5	4	1
Referred to MD Rate	0.19%	0.43%	0.21%	0.20%	0.18%	0.07%
Not Medically Necessary Denial Rate	67%	43%	50%	83%	80%	50%
Total MD Review	6	14	6	6	5	2

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

*Reconsiderations are not included in Request Processed Total

Pended	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
MD Review	1	0	0	0	0	2
RN Review	231	136	246	149	276	266
Total	232	136	246	149	276	268

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	652
2.	M62.81	Muscle weakness (general)	217
3.	R06.02	Shortness of breath	183
4.	I50.9	Heart failure, unspecifi	113
5.	496	OBSTRUCTION, CHRONIC AIR	112
6.	R26.2	Difficulty in walking, N	78
7.	J18.9	Pneumonia, unspecified o	64
8.	J44.1	Chron obstr pulm dz w/ex	64
9.	428.0	FAILURE, CONGESTIVE HEAR	54
10.	R09.02	Hypoxemia	43

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

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

Orthodontia

Call Metrics	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Administrative						
Abandoned Calls	1	1	5	0	2	7
Average Speed of Answer	00:25	00:13	00:06	01:20	01:29	04:07
Average Talk Time	03:48	04:23	02:49	03:54	03:32	03:27
First Call Resolution	100%	100%	100%	100%	100%	N/A
Total Admin Calls	41	31	22	27	21	7

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	41	31	22	27	21	7

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

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

MD Review						
Medical Necessity	0	0	0	0	0	0
Not Medically Necessary	2	0	0	0	0	0
Referred to MD Rate	18.18%	0%	0%	0%	0%	0%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
Total MD Review	2	0	0	0	0	0

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

*Reconsiderations are not included in Request Processed Total

	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-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	11
2.	V58.5	ORTHODONTICS AFTERCARE	4
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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

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

Outpatient Therapies

Call Metrics	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Administrative						
Abandoned Calls	2	0	2	0	7	9
Average Speed of Answer	00:36	00:18	00:27	01:09	02:18	01:59
Average Talk Time	04:01	04:06	04:02	04:43	04:22	03:38
First Call Resolution	99.4%	100%	99.6%	99.3%	99.3%	99.8%
Total Admin Calls	160	173	141	118	107	143
Clinical						
Abandoned Calls	0	1	2	0	1	0
Average Speed of Answer	00:19	00:35	00:31	00:05	00:34	00:24
Average Talk Time	05:29	06:44	05:17	04:32	04:50	04:20
First Call Resolution	93.7%	93.5%	92.5%	90.1%	93.6%	88.1%
Total Clinical Calls	112	104	86	65	59	76
Total Calls	272	277	227	183	166	219

Requests Processed						
Approvals	964	1,080	1,035	871	1,078	869
Agreed Reduction	6	1	1	13	9	0
Client Approved/Negotiation	0	0	0	0	1	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	1	5	4	4	0	0
Pended	73	80	60	25	110	43
Total	1,044	1,166	1,100	913	1,198	912

Administrative Denials						
Lack of Information	1	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	1	0	0	0	0	0

MD Review						
Medical Necessity	64	105	83	63	93	63
Not Medically Necessary	0	5	4	4	0	0
Referred to MD Rate	6.13%	9.43%	7.91%	7.34%	7.76%	6.91%
Not Medically Necessary Denial Rate	0%	5%	5%	6%	0%	0%
Total MD Review	64	110	87	67	93	63

Reconsiderations						
Overturned	3	0	0	2	0	0
Upheld	0	0	4	4	0	0
Total Reconsiderations	3	0	4	6	0	0

*Reconsiderations are not included in Request Processed Total

	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Pended						
Lack of Information	62	70	58	23	105	41
MD Review	0	0	0	2	0	1
RN Review	11	10	2	0	5	1
Total	73	80	60	25	110	43

Independent Therapy						
Total	278	301	308	164	257	386

Current Month Top 5 LOI Pended Reasons						
1.	Lack of Information					41
2.						
3.						
4.						
5.						

Current Month Top 10 Diagnosis Codes						
1.	F84.0	Autistic disorder	141			
2.	G80.9	Cerebral palsy, unspecif	100			
3.	Q90.9	Down syndrome, unspecifi	48			
4.	M54.5	Low back pain	39			
5.	R62.0	Delayed milestone in chi	27			
6.	F82	Specific develop disord	24			
7.	M62.81	Muscle weakness (general	22			
8.	F80.2	Mixed recep-expressiv la	19			
9.	G80.2	Spastic hemiplegic cereb	17			
10.	G80.1	Spastic diplegic cerebra	15			

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

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

Physician Services

Call Metrics	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Administrative						
Abandoned Calls	5	4	3	6	17	15
Average Speed of Answer	00:28	00:22	00:17	00:41	02:06	02:34
Average Talk Time	03:24	03:20	03:32	03:49	03:35	03:35
First Call Resolution	100%	98.5%	98.6%	100%	100%	97%
Total Admin Calls	256	271	270	276	210	254
Clinical						
Abandoned Calls	5	4	3	6	17	15
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	90.0%	93.0%	78.9%	100%	100%	100%
Total Clinical Calls	49	45	44	60	31	46
Total Calls	305	316	314	336	241	300

Requests Processed						
Approvals	47	44	34	57	27	30
Administrative Approval	3	8	7	4	7	7
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	0	0	2	0	0	0
Pended	7	8	8	12	6	7
Total	57	60	51	73	40	44

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

MD Review						
Medical Necessity	18	19	16	22	18	14
Not Medically Necessary	0	0	2	0	0	0
Referred to MD Rate	31.58%	31.67%	35.29%	30.14%	45.00%	31.82%
Not Medically Necessary Denial Rate	0%	0%	11%	0%	0%	0%
Total MD Review	18	19	18	22	18	14

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

*Reconsiderations are not included in Request Processed Total

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

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

Current Month Top 10 Diagnosis Codes			
1.	Z30.2	Encounter for sterilizat	5
2.	E66.01	Morbid (sevr)obesity d/t	5
3.	I87.2	Venous insufficiency(chr	2
4.	C50.911	Mal neo unspec site rt f	2
5.	K02.9	Dental caries, unspecifi	2
6.	R60.0	Localized edema	2
7.	E11.9	Type 2 DM w/o complicati	2
8.	I83.90	Asymptomatic vracs vein,un	2
9.	Z46.51	Encntr fit&adjust gastri	2
10.	T82.857S	Stenosis,cardc prosth de	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.	

Psychiatric Programs

Call Metrics	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Administrative						
Abandoned Calls	3	1	0	3	16	35
Average Speed of Answer	00:24	00:19	00:27	00:36	01:54	03:14
Average Talk Time	02:49	02:41	02:58	03:02	03:20	02:48
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Admin Calls	220	251	260	248	268	239
Clinical						
Abandoned Calls	6	7	3	0	4	6
Average Speed of Answer	01:22	01:43	00:35	00:23	00:23	00:30
Average Talk Time	09:03	10:58	09:24	10:48	08:35	09:05
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Clinical Calls	180	192	200	208	230	203
Total Calls	400	443	460	456	498	442

Requests Processed	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Approvals	164	178	184	206	178	185
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	8	6	6	12	11	9
Pended	3	10	6	2	10	9
Total	175	194	196	220	199	203

Administrative Denials	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-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)	3	2	4	2	4	2
Total Denied	3	2	4	2	4	2

MD Review	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Medical Necessity	2	2	4	6	5	4
Not Medically Necessary	5	4	2	10	7	7
Referred to MD Rate	4.00%	3.09%	3.06%	7.27%	6.03%	5.42%
Not Medically Necessary Denial Rate	71%	67%	33%	63%	58%	64%
Total MD Review	7	6	6	16	12	11

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

*Reconsiderations are not included in Request Processed Total

Pended	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Lack of Information	0	0	0	0	1	0
RN Review	3	10	5	2	9	1
MD Review	0	0	1	0	0	8
Total	3	10	6	2	10	9

By Place of Service	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Distinct Part Units - Psychiatric	42	43	50	69	43	40
EPSDT	5	8	17	9	12	12
Freestanding Psychiatric Facility	19	34	21	35	24	43
Inpatient Hospital	8	10	4	4	4	5
Non-Freestanding Psychiatric Facility	95	96	104	99	115	107
Onsite EPSDT Psych	2	0	0	0	0	0
Psychiatric Residential Treatment Center	7	4	4	4	4	2
Total	178	195	200	220	202	209

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.	F20.9	Schizophrenia, unspecifi	31
2.	F39	Unspecified mood disorde	20
3.	F32.9	MDD, single episode, uns	16
4.	F84.0	Autistic disorder	12
5.	F63.81	Intermittent explosive d	9
6.	F03.91	Unsp dementia w behavior	7
7.	F31.89	Other bipolar disorder	7
8.	F31.60	BD, current episode mixe	7
9.	F31.9	Bipolar disorder, unspec	6
10.	F29	Unsp psych notd/t subs/k	6

Current Month Top 5 Reasons for MD Denial	Reason	Count
1.	Not medically necessary	7
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	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Administrative						
Abandoned Calls	6	2	4	1	17	15
Average Speed of Answer	00:34	00:19	00:24	00:48	02:07	02:12
Average Talk Time	03:56	03:45	03:47	03:35	03:51	03:27
First Call Resolution	99%	100%	99%	100%	100%	100%
Total Admin Calls	493	499	510	464	510	474
Clinical						
Abandoned Calls	2	2	0	1	1	0
Average Speed of Answer	00:24	00:34	00:32	00:06	00:20	00:47
Average Talk Time	06:11	05:35	05:59	06:18	05:52	05:41
First Call Resolution	95%	94%	95%	100%	100%	100%
Total Clinical Calls	307	337	338	312	316	290
Total Calls	800	836	848	776	826	764

Requests Processed	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Approvals	348	346	383	351	332	352
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	14	28	18	11	6	3
Pended	6	11	6	3	7	2
Total	368	385	407	365	345	357

Administrative Denials	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-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	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Medical Necessity	87	70	2	74	82	69
Not Medically Necessary	14	28	18	11	6	3
Referred to MD Rate	27.45%	25.45%	4.91%	23.29%	25.51%	20.17%
Not Medically Necessary Denial Rate	14%	29%	90%	13%	7%	4%
Total MD Review	101	98	20	85	88	72

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

*Reconsiderations are not included in Request Processed Total

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

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

Current Month Top 10 Diagnosis Codes	Count
1. M54.5 Low back pain	32
2. M54.2 Cervicalgia	22
3. R07.9 Chest pain, unspecified	20
4. M54.16 Radiculopathy, lumbar re	13
5. G35 Multiple sclerosis	13
6. I25.10 ASHD of ntv coronary artery	9
7. R51 Headache	9
8. M25.511 Pain in right shoulder	8
9. M25.562 Pain in left knee	6
10. F84.0 Autistic disorder	6

Current Month Top 5 Reasons for MD Denial	Count
1. Lower level imaging required first. 907 KAR 3:005(5) and 907 KAR 3:130	2
2. Not medically necessary.	1
3.	
4.	
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: Feb 10, 2016
 New/In Progress/Closed/All In Progress

Case Type	Primary Category	Appeal Type	Status	Appeal Start Date	Decision Required Date	Attending Physician
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	Dec 15, 2015	Jan 8, 2016	PELLEGRINI, ADRIAN
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Jan 5, 2016	Feb 12, 2016	PELLEGRINI, ADRIAN
Waiver	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
Home Health	Home Health	Administrative Hearings	In Progress	Jun 18, 2014	Jul 30, 2014	PELLEGRINI, ADRIAN
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Jan 8, 2015	Feb 10, 2015	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	Jan 26, 2016	Feb 11, 2016	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	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	SCL - LOC	Administrative Hearings	In Progress	Dec 16, 2015	Mar 3, 2016	PELLEGRINI, ADRIAN
Waiver	HCB CDO - LOC	Administrative Hearings	In Progress	Dec 18, 2015	Feb 26, 2016	PELLEGRINI, ADRIAN
Waiver	HCB - LOC	Administrative Hearings	In Progress	Jan 13, 2016	Feb 25, 2016	PELLEGRINI, ADRIAN