



Operational Status Report

Kentucky MMIS Project

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

Status Month End July 2014

Cabinet for Health and Family Services Department for Medicaid Services

<u>Role:</u>	<u>Name:</u>
Author	Janet Penn
Reviewer	Gregg Currans
HP Enterprise Services Management	Matt Dawson, Account Executive
Client	Commissioner Lawrence Kissner Deputy Commissioner Lisa Lee Deputy Commissioner Neville Wise Medicaid Systems Director Jennifer Harp
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Table of Contents

1	Executive Summary	4
1.1	Encounter Load Statistics	5
1.2	Change Order and Defect Statistics	6
1.1	Change Order and Defect Statistics (continued)	7
2	Unplanned System Outages	8
3	Billable Hours	9
3.1	Billable Hours Usage Summary (Contract Year 2014)	9
3.2	Running Total (Contract Year 2014)	10
4	Monthly Ad hoc Requests	11
4.1	Inventory Summary	11
4.2	Inventory Detail	11
5	FFS Paper Claim Receipt Statistics	16
6	Electronic Claims Processed	17
7	Monthly FFS Claim Totals by Media	18
8	Monthly Claims Operations	19
8.1	FFS Monthly Financial Cycle Summary	19
8.2	Monthly MCO & NEMT Capitations	20
8.2	Monthly MCO & NEMT Capitations (continued)	21
8.3	FFS Adjudicated Original Claims (By Claim)	22
8.4	Monthly FFS Top Ten Procedure Codes	23
8.5	Monthly FFS Top Ten Diagnosis Codes	23
8.6	Monthly MCO Top Ten Procedure Codes	24
8.7	Monthly MCO Top Ten Diagnosis Codes	24
8.8	Monthly FFS Top Ten Denial Reasons (By Detail Line)	25
8.9	Monthly FFS Top Ten Suspense Reasons (By Detail Line)	25
8.10	FFS Suspended Original Claims by Age (By Claim)	26
8.11	FFS Claims Suspense Over 30 Days by Responsible Unit (By Claim)	26
9	Monthly Third-Party Liability	27
9.1	FFS Third-Party Liability Monthly Activity	27
10	Monthly Finance/Adjustments	28
10.1	Monthly FFS Financial – Accounts Receivable	28
10.2	Monthly FFS Financial - Checks	28
10.3	Monthly FFS Financial – Adjustments	28
10.4	Monthly FFS Financial - Mass Adjustments	29
11	Provider Relations	30
11.1	Provider Field Representatives	30
11.1.1	Provider Visits	30
11.2	Conference Calls (Calls Greater Than 30 Minutes)	30
11.3	Association Meetings	31
11.4	Provider Contacts	31
11.5	Provider Workshops	31
11.6	Provider Services	34
11.6.1	Provider Services	34
11.6.2	Top 5 Provider Calls	35
11.6.3	Notable Topics	35
11.6.4	Current Activities	35

12 EDI Customer/Provider Interaction	37
12.1 Electronic Data Interchange Calls Received	37
12.2 EDI E-mails and Faxes Received	39

1 Executive Summary

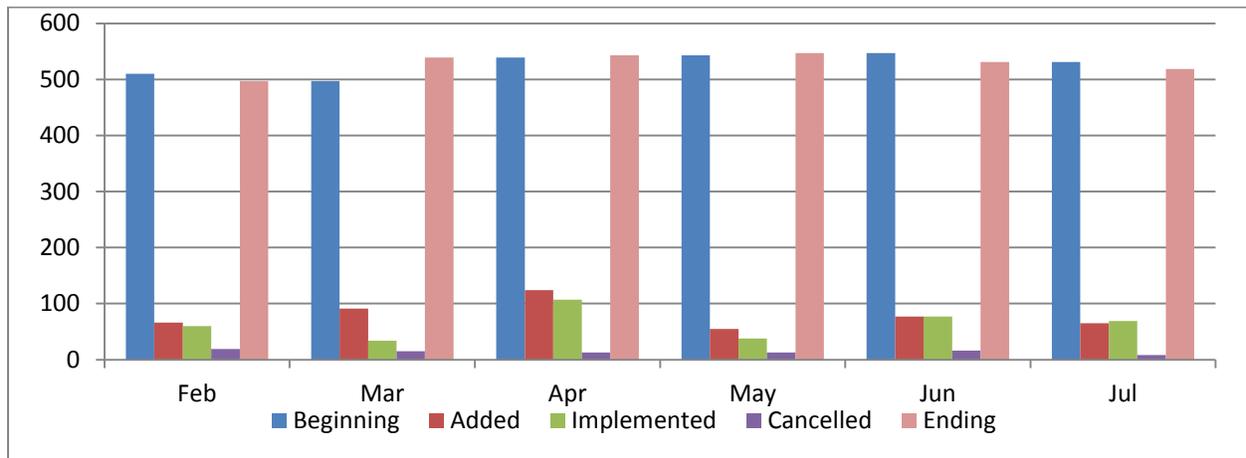
	July 2014	Page Number
Claims Processed	736,737	Page 19
Total Dollars Paid	\$104,313,568.58	Page 19
Claims Paid	497,422	Page 19
Claims Denied	239,315	Page 19
% Denied Claims	32.48%	Page 19
Average Claims Held in Cash Management	253,370	N/A
Average Dollars Held in Cash Management	\$43,905,224.30	N/A
Capitation Financial Transactions	2,205,904	N/A
Capitation Financial Payments	\$1,019,260,670.96	Page 20
Suspended Claims	8,717	Page 19
Total Suspended Claims > 90 Days	303	Page 26
Provider Services Calls Received	11,195	Page 34
Provider Services Current Service Level %	95%	Page 34

1.1 Encounter Load Statistics

Managed Care Organizations (MCOs)						
	February 2014	March 2014	April 2014	May 2014	June 2014	July 2014
Coventry	797,818	1,217,582	969,490	1,123,433	866,971	867,227
Humana	82,022	158,660	151,761	261,745	187,024	223,588
Kentucky Spirit	6,676	57,678	36,985	3,427	2,393	989
Passport (R03)	1,999	5,449	773	961	824	1,254
Passport R31	539,834	761,678	671,585	914,822	653,151	680,635
WellCare	1,325,299	1,617,488	1,143,518	1,721,505	1,410,418	1,246,391
Anthem	0	0	0	0	69,320	102,637
Other						
Transportation Encounters	406,862	0	0	0	435,896	621,689
Magellan Pharmacy Claims	276,021	294,265	423,934	266,335	266,271	269,045
Totals	3,436,531	4,112,800	3,398,046	4,292,228	3,892,268	4,013,455

1.2 Change Order and Defect Statistics

Change Orders / Defects Inventory	Feb	Mar	Apr	May	June	July
Beginning	510	497	539	543	547	531
Added	66	91	124	55	77	65
Implemented	60	34	107	38	77	69
Cancelled	19	15	13	13	16	8
Ending	497	539	543	547	531	519



1.1 Change Order and Defect Statistics (continued)

July 2014	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	73	61	5	1	140	
Federally Mandated	84	1	0	0	85	5 open and 1 on hold are included in the Priority list.
Non-Priority	159	12	118	0	289	
Totals	323	75	120	1	519	Total includes 80 ICD-10 and T-MSIS CO's.

*The priority list consists of 146 Change Orders & Defects.

July 2014	Change Orders			Defects		
	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	25	27	1	9	9	2
Federally Mandated	1	0	1	0	0	0
Non-Priority	15	11	1	15	22	3
Totals	41	38	3	24	31	5

2 Unplanned System Outages

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

3 Billable Hours

3.1 Billable Hours Usage Summary (Contract Year 2014)

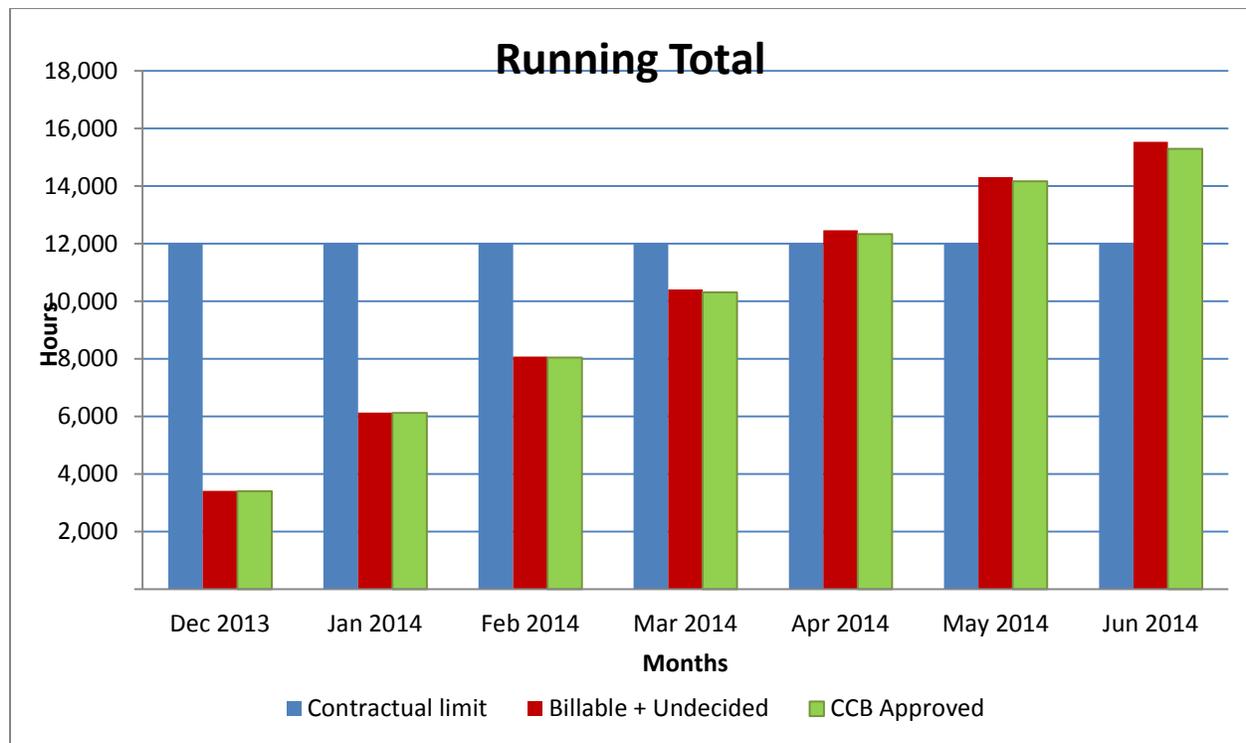
Month	Billable	Undecided	CCB Approved	Need CCB Review
Dec 2013	3,406.25	1.50	3,406.25	1.50
Jan 2014	2,714.75	10.50	2,713.50	11.75
Feb 2014	1,921.50	17.25	1,919.25	19.50
Mar 2014	2,323.50	14.50	2,275.25	62.75
Apr 2014	2,042.25	10.25	2,015.50	37.00
May 2014	1,833.00	20.50	1,833.75	20.50
Jun 2014	1,141.75	77.75	1,136.00	83.50
Jul 2014				
Aug 2014				
Sep 2014				
Oct 2014				
Nov 2014				

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

3.2 Running Total (Contract Year 2014)

Month	Contractual limit	Billable + Undecided	CCB Approved	Billable	Undecided	Need CCB Review
Dec 2013	12,000.00	3,407.75	3,406.25	3,406.25	1.50	1.50
Jan 2014	12,000.00	6,133.00	6,119.75	6,121.00	12.00	13.25
Feb 2014	12,000.00	8,071.75	8,039.00	8,042.50	29.25	32.75
Mar 2014	12,000.00	10,409.75	10,314.25	10,366.00	43.75	95.50
Apr 2014	12,000.00	12,462.25	12,329.75	12,408.25	54.00	132.50
May 2014	12,000.00	14,316.50	14,163.50	14,242.00	74.50	153.00
Jun 2014	12,000.00	15,536.00	15,299.50	15,383.75	152.25	236.50
Jul 2014						
Aug 2014						
Sep 2014						
Oct 2014						
Nov 2014						

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



4 Monthly Ad hoc Requests

4.1 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	3	3	0	0
Type C	0	2	2	0	0
Type D	20	1	21	0	0
Type E	0	0	0	0	0
Unspecified	2	38	36	0	4
Total	22	48	66	0	4

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

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

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

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

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

4.2 Inventory Detail

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
22497	B	Epperson, Barbara	Completed	20140701	20140702	ORR 14-241 MCD Waiver Utilization
22515		Bechtel, Steve	Completed	20140703	20140708	CMS64 I-Forms Data COS23
22524	C	Patel, Siddharth	Completed	20140708	20140728	DSS WAIVER Information
22531		Jenkins, Ericka	Completed	20140709	20140721	SCL Expenditure Report

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
22533	A	Guice, Lee	Completed	20140709	20140710	Enrollment Report
22538		Moccia, Don	Completed	20140709	20140709	Aon-Actuary Sample files and Code Tables-Desc
22548	A	Keeling, Michelle	Completed	20140710	20140711	Hospital Peer
22549	A	Keeling, Michelle	Completed	20140710	20140711	Lab Peer
22550		Keeling, Michelle	Completed	20140711	20140715	RERUN of 21905
22551		Bechtel, Steve	Completed	20140711	20140715	Data for SFY14 AR Yearend
22552		Bechtel, Steve	Completed	20140711	20140715	Data needed for SFY14 TPL Yearend
22553		Bechtel, Steve	Completed	20140711	20140715	Non-claim Expenditures since 7/1/12
22555		Keeling, Michelle	Completed	20140711	20140714	Woodruff 61824
22563		Wang, Julia	Completed	20140714	20140715	River Valley 06012013-05312014
22568		Keeling, Michelle	Completed	20140714	20140716	App Reg Med Ctr
22569		Keeling, Michelle	Cancelled	20140714		22555 RERUN
22573		Bechtel, Steve	Completed	20140715	20140716	QE 6/30/14 Data for CMS review
22574		Bechtel, Steve	Completed	20140715	20140717	MCO Group VIII Cap Data Inquiry from CMS

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
22580		Pratt, Diane	Completed	20140716	20140717	HMR Associates 07/01/2010 - 01/31/2011
22581		Wang, Julia	Completed	20140716	20140717	Neuro Restorative 03012010-08302010
22583		Leliaert, Teresa	Completed	20140716	20140718	MFP Template
22584		Leliaert, Teresa	Completed	20140716	20140721	MFP Template
22585		Leliaert, Teresa	Completed	20140716	20140723	MFP Template
22586		Leliaert, Teresa	Completed	20140716	20140724	MFP Template
22587		Leliaert, Teresa	Completed	20140716	20140724	MFP Template
22588		Leliaert, Teresa	Completed	20140716	20140725	MFP Template
22589		Leliaert, Teresa	Completed	20140716	20140724	MFP Template
22591		Leliaert, Teresa	Completed	20140716	20140724	MFP Template
22592		Leliaert, Teresa	Completed	20140716	20140724	MFP Template
22593		Leliaert, Teresa	Completed	20140716	20140723	MFP Template
22594		Leliaert, Teresa	Completed	20140716	20140722	MFP Template
22595		Leliaert, Teresa	Completed	20140716	20140718	MFP Template

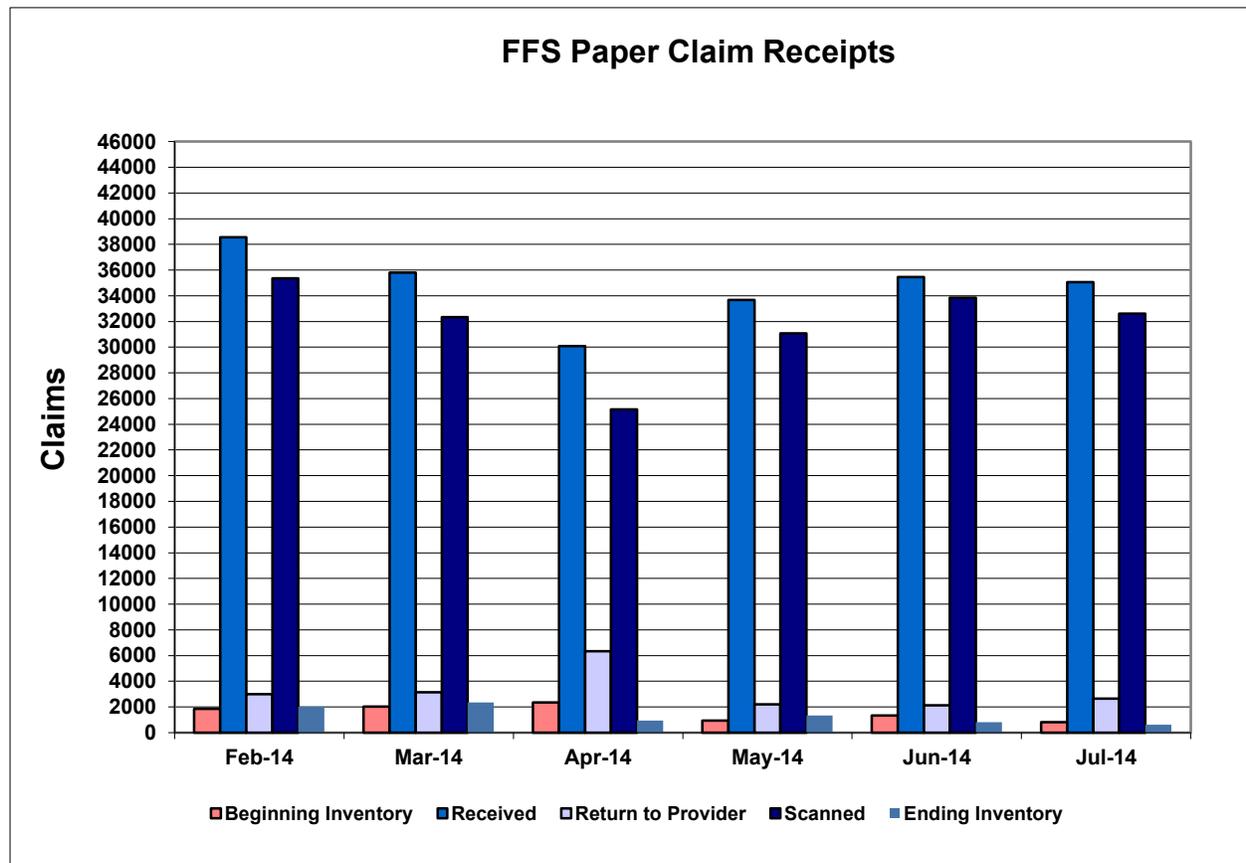
CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
22596		Leliaert, Teresa	Completed	20140716	20140718	MFP Template
22590		Leliaert, Teresa	Completed	20140717	20140724	MFP Template
22617		Keeling, Michelle	Completed	20140717	20140724	Ameritox
22618		Godshall, Kurt	Completed	20140718	20140723	Addendum to 22457
22623	D	Patel, Siddharth	Completed	20140718	20140725	APA 2014 Yearly Adhoc Request
22633	B	Godshall, Kurt	Completed	20140721	20140723	ORR 14-291 Dual Elig
22640	A	Guice, Lee	Completed	20140722	20140723	Number of PE by Hosital and number of Hospitals
22664		Maciag, Karen	Completed	20140728	20140730	Bluegrass Case Mgmt.
22665		Godshall, Kurt	Completed	20140728	20140729	ORR 14-276
22666		Maciag, Karen	In Progress	20140728		Senior Helpers billing review
22667		Maciag, Karen	Completed	20140728	20140731	Applied Behavior Advancements billing
22675	B	Godshall, Kurt	Completed	20140729	20140730	ORR 14-291 Dual Eligibility by County addendum
22678		Godshall, Kurt	In Progress	20140729		MS 64 Eligibility Report
22681		Godshall, Kurt	In Progress	20140730	20140801	ORR 14-281

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
22683	C	Patel, Siddharth	Completed	20140730	20140730	Rendering Prov Info for Billing PT20
22690		Maciag, Karen	In Progress	20140731	20140801	billing review Communicare

5 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
February 2014	1,848	38,550	2,994	35,371	2,033	0 days
March 2014	2,033	35,795	3,140	32,351	2,337	0 days
April 2014	2,337	30,083	6,333	25,152	935	0 days
May 2014	935	33,686	2,202	31,078	1,341	0 days
June 2014	1,341	35,457	2,133	33,860	805	0 days
July 2014	805	35,063	2,640	32,609	619	0 days

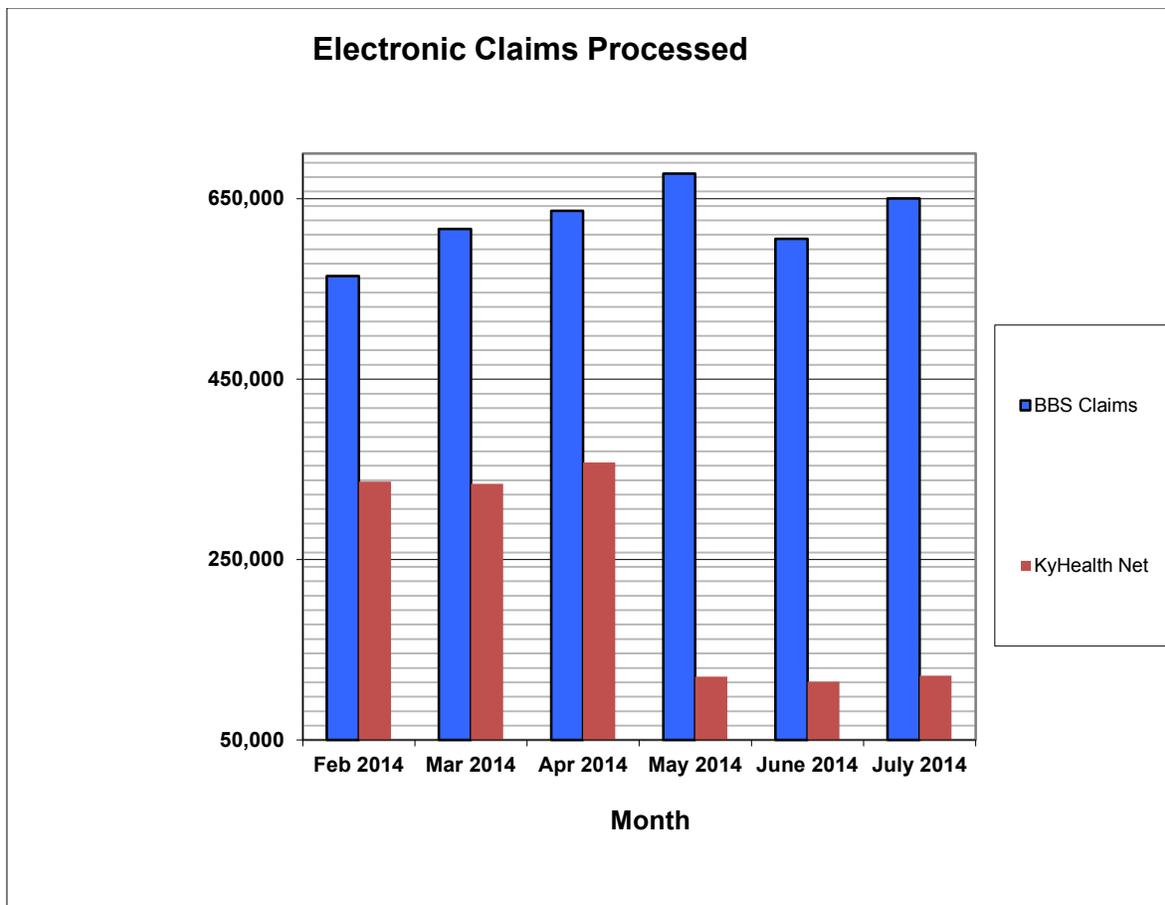
Note: The increase in RTPs for the month of April is due to the implementation of the revised CMS 1500 claim form. Claims billed on the old forms were returned to providers beginning on 4/1.



6 Electronic Claims Processed

	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Jul 2014
Bulletin Board System Claims Processed	564,399	616,624	636,501	677,822	605,684	650,446
Kentucky HealthNet Claims Processed	336,665	333,849	357,700	120,232	114,564	121,359

***Note – Numbers reported for May forward will be for claims processed – not claims submitted. Prior to May, totals were based upon BBS claims submitted and KYHealth Net “hit” totals.**



7 Monthly FFS Claim Totals by Media

Begin Date	End Date
7/1/2014	7/31/2014

TOTAL	Denied Claims	Paid Claims		Suspense Claims
	Billed Amount	Billed Amount	Paid Amount	Billed Amount
Electronic	\$258,215,824.16	\$621,006,979.00	\$235,796,964.44	\$4,479,875.90
Paper	\$32,951,674.57	\$34,356,113.88	\$19,219,127.34	\$2,231,080.58
TOTAL:	\$291,167,498.73	\$655,363,092.88	\$255,016,091.78	\$6,710,956.48

8 Monthly Claims Operations

8.1 FFS Monthly Financial Cycle Summary

Category	February 2014	March 2014	April 2014	May 2014	June 2014	July 2014
Paid Claims	461,048	468,663	478,263	613,804	473,159	497,422
Denied Claims	230,046	246,006	239,368	299,193	248,363	239,315
Total Adjudicated Claims	691,094	714,669	717,631	912,997	721,522	736,737
Adjustments	12,573	12,022	12,154	13,953	10,092	16,223
Total Claims	703,667	726,691	729,785	926,950	731,614	752,960
Suspended/Re-suspended Claims	12,023	9,859	12,268	13,623	12,376	8,717
% of Denied Claims	33.3%	34.4%	33.4%	32.8%	34.4%	32.48%
Avg \$ per Claim	\$420.73	\$388.96	\$378.95	\$350.61	\$220.46	\$512.68
Claim Payment Amount	\$193,977,077.58	\$182,291,626.77	\$181,239,101.09	\$215,204,430.82	\$104,313,568.58	\$255,016,091.78
(+) Payouts	\$1,556,172.01	\$1,792,372.36	\$704,261.22	\$48,578,167.25	\$351,861.31	\$5,968,536.67
(-) Recoupments	-\$3,562,145.03	-\$4,784,462.67	-\$3,142,111.84	-\$3,117,382.62	-\$2,142,915.44	-\$3,254,747.61
Check Issue	\$191,971,104.56	\$179,299,536.46	\$178,801,250.47	\$260,665,215.45	\$102,522,514.45	\$257,729,880.84
Capitation Payment	\$449,829,328.82	\$7,272,586.55	\$992,193,826.21	\$505,391,986.27	\$15,458,556.48	\$1,019,260,670.96
Total Paid	\$641,800,433.38	\$186,572,123.01	\$1,170,995,076.68	\$766,057,201.72	\$117,981,070.93	\$1,276,990,551.80

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

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

Category	February 2013	March 2013	April 2013	May 2013	June 2013	July 2013
Paid Claims	401,052	531,419	394,165	588,790	470,818	411,145
Denied Claims	222,210	291,537	228,983	296,966	236,091	222,098
Total Adjudicated Claims	623,262	822,956	623,148	885,756	706,909	633,243
Adjustments/Claim Credits	13,533	17,148	10,610	14,402	11,932	8,948
Total Claims	636,795	840,104	633,758	900,158	718,841	642,191
Suspended/Resuspended Claims	9,978	9,206	9,807	13,813	11,378	9,246
% of Denied Claims	35.7%	35.4%	36.7%	33.5%	33.4%	35.1%
Avg \$ per Claim	\$416.15	\$351.29	\$428.76	\$214.60	\$351.44	\$447.39
Claim Payment Amount	\$166,896,626.03	\$186,684,187.94	\$169,000,500.02	\$190,083,120.73	\$165,463,145.62	\$183,942,129.35
(+) Payouts	\$4,470,908.48	\$7,003,745.40	\$15,646,058.03	\$1,311,556.73	\$4,398,666.91	\$5,356,806.56
(-) Recoupments	-\$3,767,303.55	-\$4,536,525.79	-\$2,048,614.56	-\$3,243,554.41	-\$3,013,722.72	-\$2,818,257.18
Check Issue	\$167,600,230.96	\$189,151,407.55	\$182,597,943.49	\$188,151,123.05	\$166,848,089.81	\$186,480,678.73
Capitation Payment	\$289,741,510.16	\$304,878,750.95	\$292,106,189.61	\$285,317,333.01	\$285,271,035.14	\$291,922,348.91
Total Paid	\$457,341,741.12	\$494,030,158.50	\$474,704,133.10	\$473,468,456.06	\$452,119,124.95	\$478,403,027.64

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

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

8.2 Monthly MCO & NEMT Capitations

Begin Date	End Date
7/1/2014	7/31/2014

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
ANTHEM	77,782	\$46,959,355.32	12,461	\$5,291,030.92	90,243	\$52,250,386.24
COVENTRY	577,752	\$248,374,480.31	97,287	\$25,881,693.14	675,039	\$274,256,173.45
HUMANA	142,209	\$79,400,320.32	22,788	\$8,412,589.36	164,997	\$87,812,909.68
NEMT	0	0	0	0	0	0
PASSPORT HEALTH	372,852	\$200,352,160.58	52,492	\$16,214,398.98	425,344	\$216,566,559.56
WELLCARE	743,354	\$357,759,742.32	106,927	\$30,614,899.71	850,281	\$388,374,642.03
Sum:	1,913,949	\$932,846,058.85	291,955	\$86,414,642.11	2,205,904	\$1,019,260,670.96

The MCO capitation cycle that typically runs the end of June, was run by DMS request on the first week of July which makes the capitation totals for the MCO's appear twice the normal volume.

The NEMT capitation cycle that typically runs the end of July was pushed into August, so no capitations for NEMT occurred in the month of July.

8.2 Monthly MCO & NEMT Capitations (continued)

Region	Broker	Cap Transactions	Amount Paid
01	L.K.L.P. C.A.C., INC	0	0
02	PENNYRILE ALLIED COMSERVICES, INC	0	0
03	AUDUBON AREA COMM SRVC	0	0
04	L.K.L.P. C.A.C., INC	0	0
05	LKLP CAC INC R	0	0
06	FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	0	0
08	BLUE GRASS COMMUNITY ACTION AGENCY INC	0	0
09	LKLP CAC INC	0	0
10	FEDERATED TRANSPORTATION SVS OF THE BLUE	0	0
11	FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	0	0
12	RURAL TRANSIT ENTERPRISES	0	0
13	LKLP COMMUNITY ACTION	0	0
14	SANDY VALLEY TRANSPORTATION	0	0
15	LKLP CAC INC	0	0
16	LICKING VALLEY COMMUNITY ACTION PROGRAM INC	0	0
	Sum:	0	0

The NEMT capitation cycle that typically runs the end of July was pushed into August, so no capitations for NEMT occurred in the month of July.

8.3 FFS Adjudicated Original Claims (By Claim)

Begin Date	End Date
7/1/2014	7/31/2014

Paper Claims	February 2014	March 2014	April 2014	May 2014	June 2014	July 2014
Paid	10,541	9,346	9,434	10,326	9,798	8,471
Denied	12,846	13,577	12,310	13,530	14,917	10,648
Total	23,387	22,923	21,744	23,856	24,715	19,119
% of Total Adjudicated Claims	3.38%	3.21%	3.01%	2.61%	3.42%	2.60%
% of Paper Denied Claims	54.93%	59.23%	55.28%	56.72%	60.36%	55.69%

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	February 2014	March 2014	April 2014	May 2014	June 2014	July 2014
Paid	450,507	459,317	468,829	603,478	463,361	488,951
Denied	217,200	232,429	227,058	285,663	233,446	228,667
Total	667,707	691,746	695,887	889,141	696,807	717,618
% of Total Adjudicated Claims	81.95%	96.79%	96.99%	97.39%	96.57%	97.40%
% of Electronic Denied Claims	32.53%	33.60%	32.70%	32.13%	33.50%	31.86%

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.

8.4 Monthly FFS Top Ten Procedure Codes

Begin Date	End Date
7/1/2014	7/31/2014

Procedure	Description	Member Count	Claim Count	Amount Paid
S5108	HOMECARE TRAIN PT 15 MIN	8,027	35,372	\$14,166,954.43
T2016	HABIL RES WAIVER PER DIEM	2,901	23,112	\$12,869,714.57
99199	SPECIAL SERVICE/PROC/REPORT	7,972	12,498	\$7,964,933.74
99213	OFFICE/OUTPATIENT VISIT EST	21,771	59,285	\$5,797,636.36
T2021	DAY HABIL WAIVER PER 15 MIN	4,620	30,553	\$5,268,421.96
T2022	CASE MANAGEMENT, PER MONTH	12,333	14,181	\$3,957,649.17
T2023	TARGETED CASE MGMT PER MONTH	9,174	10,522	\$3,078,921.60
S5100	ADULT DAYCARE SERVICES 15MIN	2,784	21,177	\$2,912,546.21
H0004	ALCOHOL AND/OR DRUG SERVICES	2,969	8,306	\$2,866,304.59
97535	SELF CARE MNGMENT TRAINING	1,928	6,759	\$2,434,374.47

8.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
317	MILD INTELLECT DISABILTY	4,777	29,502	\$12,224,790.46
3182	PROFND INTELLCT DISABLTY	566	2,275	\$11,455,627.69
3310	ALZHEIMER'S DISEASE	1,629	3,844	\$9,878,444.79
3180	MOD INTELLECT DISABILITY	2,947	19,590	\$7,863,576.55
3128	OTHER CONDUCT DISTURBANCE	4,187	4,347	\$7,454,496.42
3181	SEV INTELLECT DISABILITY	782	4,064	\$6,910,716.50
496	CHR AIRWAY OBSTRUCT NEC	5,395	11,078	\$6,001,287.76
4019	HYPERTENSION NOS	5,007	10,181	\$5,530,885.62
496	CHR AIRWAY OBSTRUCT NEC	5,395	11,078	\$6,001,287.76
4019	HYPERTENSION NOS	5,007	10,181	\$5,530,885.62

8.6 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
7/1/2014	7/31/2014

Procedure	Description	Member Count	Claim Count	Amount Paid
99213	OFFICE/OUTPATIENT VISIT EST	137,985	186,440	\$7,302,663.62
99284	EMERGENCY DEPT VISIT	30,922	37,046	\$5,576,277.75
99283	EMERGENCY DEPT VISIT	44,688	55,128	\$4,982,525.29
99214	OFFICE/OUTPATIENT VISIT EST	50,493	59,671	\$3,509,678.33
99285	EMERGENCY DEPT VISIT	15,175	18,067	\$3,361,589.69
A0120	NONER TRANSPORT MINI-BUS	10,097	241,143	\$3,256,230.62
A0130	NONER TRANSPORT WHEELCH VAN	4,497	111,319	\$3,103,497.88
A0100	NONEMERGENCY TRANSPORT TAXI	6,564	179,609	\$2,694,689.83
74176	CT ABD & PELVIS W/O CONTRAST	4,837	5,919	\$1,504,388.91
74177	CT ABD & PELV W/CONTRAST	4,634	5,596	\$1,493,750.03

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

8.7 Monthly MCO Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
0389	SEPTICEMIA NOS	407	647	\$2,797,985.42
78650	CHEST PAIN NOS	11,750	17,769	\$2,727,013.84
V202	ROUTIN CHILD HEALTH EXAM	26,559	28,623	\$2,629,447.99
V5811	ANTINEOPLASTIC CHEMO ENC	570	1,115	\$2,339,954.10
V3000	SINGLE LB IN-HOSP W/O CS	1,807	2,543	\$2,329,707.15
65421	PREV C-DELIVERY-DELIVRD	1,017	1,455	\$2,020,470.01
V3001	SINGLE LB IN-HOSP W CS	925	1,309	\$1,936,890.10
41401	CRNRY ATHRSCL NATVE VSSL	1,459	1,886	\$1,656,403.58
78900	ABDMNAL PAIN UNSPCF SITE	9,741	12,623	\$1,641,799.77
V5789	REHABILITATION PROC NEC	515	766	\$1,635,196.80

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

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

Error	Description	Number of Denials	% of Top Ten
2017	Services Covered Under Member's MCO Plan	16,452	16.0%
4021	No Coverage for Billed Procedure	16,209	15.8%
1010	Rendering Provider Not A Mem Of Billing Grp	16,064	15.6%
5001	Exact Duplicate	10,375	10.1%
1955	Cannot Determine Medicaid Nbr Billing Prov	8,728	8.5%
3317	This Service Was Not Approved by Medicare	8,725	8.5%
4804	No Contract for Billed Rev Code	8,605	8.4%
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	6,341	6.2%
2003	Member Ineligible on Detail Date of Service	5,782	5.6%
3001	PA Not Found on Database	5,343	5.2%
Totals		102,696	57.6%

Total Denied Details – 178,300

Note: Total # of top ten denials (102,696) divided by total denied details (178,300) = % of top ten denials (57.6%).

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

Error	Description	Number of Failures	% of Top Ten
2001	Member ID Number not on File Recycle	3,820	34.5%
4405	Unable to Assign Provider Contract	2,134	19.3%
4980	Bnft PIn Restriction for Covered Procedure	1,764	15.9%
4014	No Pricing Segment on File	905	8.2%
3305	Member Requires Valid PT Liability for DOS	837	7.6%
3001	PA Not Found on Database	388	3.5%
5001	Exact Duplicate	344	3.1%
1046	Facility Provider is not Eligible	314	2.8%
2505	Member Covered by Private Insurance	308	2.7%
1047	Billing Provider is Not Eligible	261	2.4%
Totals		11,075	82.9%

Total Suspended Details – 13,362

Note: Total # of top ten failures (11,075) divided by total suspended details (13,362) = % of top ten suspense (82.9%).

8.10 FFS Suspended Original Claims by Age (By Claim)

Category	February 2014		March 2014		April 2014		May 2014		June 2014		July 2014	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	11,364	94.52	9,261	93.93	11,533	94.01	12,834	94.21	11,384	91.98	6,142	70.46
31-60 days	76	.63	52	.53	228	1.86	179	1.31	641	5.18	1,747	20.04
61-90 days	58	.48	46	.47	22	.18	147	1.08	104	.84	525	6.02
91+ days	525	4.37	500	5.07	482	3.95	463	3.40	247	2.00	303	3.48
Total	12,023		9,859		12,268		13,623		12,376		8,717	

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

Category	February 2014	March 2014	April 2014	May 2014	June 2014	July 2014	Oldest Julian Date
Resolutions	29	32	67	70	119	1,636	14-078
Med.Review	0	0	0	0	0	0	0
TPL	0	0	0	0	66	1	14-182
Adjustments	4	0	0	0	0	0	0
Recycle	0	0	0	0	1	0	0
DMS	626	566	668	719	806	938	12-117
Total	659	598	735	789	992	2,575	

9 Monthly Third-Party Liability

9.1 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.	1,046	5,091	4,961	0	1,176	8 days
CS40-Child Support	0	583	583	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	460	1,657	1,776	0	341	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	6	212	214	0	4	0 days
TPL Checks	0	128	128	0	0	0 days
TPL Mail	1,712	4,110	4,199	0	1,623	7 days
KHIPP	0	354	354	0	0	0 days
Total	3,224	12,135	12,215	0	3,144	

10 Monthly Finance/Adjustments

10.1 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	88	83	0	1	0	4	0 days
Payouts	0	921	921	0	0	0	0	0 days
Accounts Receivable Updates	0	67	66	0	0	0	1	0 days
Accounts Receivable Transfers	0	1	1	0	0	0	0	0 days
Total	0	1,077	1,071	0	1	0	5	

10.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	9	17	16	10	1 day
HP Financial	153	493	501	145	4 days
DMS Financial	39	109	105	43	1 day
Total	201	619	622	198	

10.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	14	102	111	5	0	0 day
Institutional	30	134	161	3	0	0 day
Voids	19	203	211	11	0	0 day
Total	63	439	483	19	0	

10.4 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)	123	80	37	0	5	161	161	0
SE Processed Adjustment (region 58)	0	0	0	0	0	0	0	0
Total	123	80	37	0	5	161	161	0

11 Provider Relations

11.1 Provider Field Representatives

11.1.1 Provider Visits

July 8, 2014

Kelly Gregory, HP Provider Field Representative, conducted a virtual room provider visit with Tack for Life on July 8, 2014. The provider requested a virtual room visit to learn how to navigate KYHealth Net. During the visit the following were discussed: member eligibility, claims inquiry, claim submission, and remittance advice. Those who attended the virtual room training were Tina Webb.

11.2 Conference Calls (Calls Greater Than 30 Minutes)

July 3, 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with a new SCL provider, Tack for Life, on July 3, 2014. The provider requested a conference call to review and discuss claim denials and how to adjust a claim on KYHealth Net. She also requested future virtual room training on KYHealth Net. Those who attended the conference call were: Tina Webb.

July 8, 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Teresa Sheffield, APRN, LLC Rural Health Clinic on July 8, 2014. The provider requested a conference call to review and discuss claims, remits and what the difference is when billing under the group NPI compared to the individual NPI. The provider also requested how wrap payments work and which of their NPI's receive wrap payments. Those who attended the conference call were: Sharon Bohannon.

July 10, 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Teresa Sheffield, APRN, LLC Rural Health Clinic on July 10, 2014. The provider requested a conference call to discuss how their claims are paid when submitted under Rural Health compared to when submitted under Certified Nurse Practitioner. Those who attended the conference call were: Sharon Bohannon.

July 10, 2014

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Unified Psychiatry, PSC on July 10, 2014. The provider requested a conference call to discuss claim denials. Those who attended the conference call were: Jodie.

July 28, 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with KY River District Health Department on July 28, 2014. The provider requested a conference call to discuss how to adjust and void claims on KYHealth Net, submitting HANDS claims on paper, and new CMS 1500 02/12 claim form. Those who attended the conference call were: Jackie Williams.

11.3 Association Meetings

There are no association meetings to report for July 2014.

11.4 Provider Contacts

Provider Calls	154
Provider E-mails	387
Total	541

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

11.5 Provider WorkshopsJuly 9, 2014

Stayce Towles, HP Provider Relations Manager, presented at the SCL Provider Orientation meeting on July 9, 2014, in Frankfort, KY at the Transportation Cabinet. There were 35 providers in attendance. The presentation included an overview of claims processing and KYHealth Net.

July 21, 2014

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted Provider Workshop Webinars on July 21, 2014 at 9:30 A.M. and 1:30 P.M. Tracy Treat with Carewise also presented at both workshops on Prior Authorizations.

The 9:30 A.M Workshop was conducted by Kelly Gregory for provider groups: Hospital, Mental Hospital, PRTF, Nursing Facility, Renal Dialysis, Hospice and CORF. There were 43 providers in attendance.

The 1:30 P.M. Workshop was conducted by Vicky Hicks for provider groups: LCSW, PT, OT, Licensed Psychologist, PDN, Speech Language Pathologist, Licensed Professional Clinical

Counselor, Licensed Marriage and Family Therapist and Licensed Psychological Practitioner. There were 7 providers in attendance.

The workshop presentations consisted of CMS 1500 (02/12) revisions, Frequently Used Forms, KYHealth Net, Prior Authorizations, and ICD-10. The following DMS staff members were in attendance at the A.M. workshop: Tammy Ricks, Sheldon Robinson and Tom Young. The DMS staff in attendance at the P.M. workshop: Tammy Ricks

July 23, 2014

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted Provider Workshop Webinars on July 23, 2014 at 9:30 and 1:30. Tracy Treat with Carewise also presented at both workshops on Prior Authorizations.

The 9:30 A.M Workshop was conducted by Vicky Hicks for provider groups: ABI, ADC and SCL. There were 36 providers in attendance.

The 1:30 P.M. Workshop was conducted by Kelly Gregory for provider groups: Physician, ARNP, Podiatry and Physician Assistant. There were 66 providers in attendance.

The workshop presentations consisted of CMS 1500 (02/12) revisions, Frequently Used Forms, KYHealth Net, Prior Authorizations, and ICD-10.

July 25, 2014

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted Provider Workshop Webinars on July 25, 2014 at 9:30 A.M. and 1:30 P.M. Tracy Treat with Carewise also presented at the 1:30 P.M. workshop on Prior Authorizations.

The 9:30 A.M Workshop was conducted by Kelly Gregory for provider groups: Specialized Children's Services, Preventive Health, School Based Services, Commissions for Children, First Steps, Title V, Targeted Case Management and HANDS. There were 22 providers in attendance.

The 1:30 P.M. Workshop was conducted by Vicky Hicks for provider groups: Dental, Primary Care, Rural Health, EPSDT (dental group includes physician with oral surgery specialty). There were 25 providers in attendance.

The workshop presentations consisted of CMS 1500 (02/12) revisions, Frequently Used Forms, KYHealth Net, Prior Authorizations, and ICD-10.

July 29, 2014

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted Provider Workshop Webinars on July 29, 2014 at 9:30 A.M. and 1:30 P.M. Tracy Treat with Carewise also presented at the 1:30 P.M. workshop on Prior Authorizations.

The 9:30 A.M Workshop was conducted by Vicky Hicks for provider groups: Impact Plus, Community Mental Health, Family Planning, Ambulatory Surgery, Independent Lab, and Transportation. There were 11 providers in attendance.

The 1:30 P.M. Workshop was conducted by Kelly Gregory for provider groups: Hearing Services, Vision Services, Chiropractic, Radiological Services, and DME. There were 15 providers in attendance. Also in attendance was DMS staff: Sheldon Robinson and Tom Young.

The workshop presentations consisted of CMS 1500 (02/12) revisions, Frequently Used Forms, KYHealth Net, Prior Authorizations, and ICD-10.

July 31, 2014

Vicky Hicks, HP Provider Field Representative, conducted a Provider Workshop Webinar on July 31, 2014 at 9:30 A.M. Tracy Treat with Carewise also presented at the workshop on Prior Authorizations.

The workshop was for provider groups: Home Health, Model II Waiver and Home and Community Based Waiver. There were 5 providers in attendance.

The workshop presentations consisted of CMS 1500 (02/12) revisions, Frequently Used Forms, KYHealth Net, Prior Authorizations, and ICD-10.

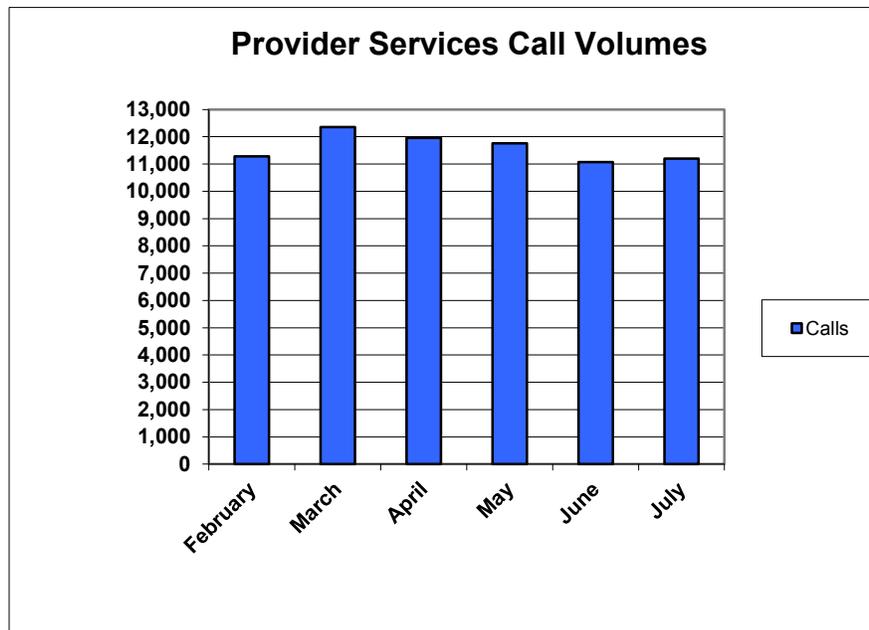
11.6 Provider Services

11.6.1 Provider Services

Category	February 2014	March 2014	April 2014	May 2014	June 2014	July 2014
% Service Level	96%	96%	97%	96%	95%	95%
Abandoned Calls	460	440	388	496	517	586
Avg Speed Ans	1:49	1:01	1:00	1:19	1:28	1:31
Incoming Calls	11,286	12,359	11,962	11,762	11,066	11,195
Paper Correspondence	504	890	713	545	476	411
E-Mail Correspondence	278	306	252	314	203	221
Fax	37	40	38	32	29	31
Total*	12,105	13,595	12,965	12,653	11,774	11,858
HP Callbacks	82	142	95	78	131	127

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

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



11.6.2 Top 5 Provider Calls

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

11.6.3 Notable Topics

1. Reason for claim denial or suspended. How to get the MCO to void the claim in order for Medicaid to process the claim?
2. Which MCO the member has and MAP 552 questions? Also calls from members wanting to know if they are eligible for Medicaid, which MCO are they enrolled with and how to change the MCO.
3. Timely filing – CMS 1500 Crossover EOMB Form (is this form completed if Medicare pays or if Medicare denies).
4. What is the PA number and how do I correct the overlapping dates?

Commonwealth Training

11.6.4 Current Activities

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

- Mechanics of Claims Processing (July 7) 1 attended
 - Judy Baker, Division of Program Quality & Outcomes-
- Member Subsystem (July 9) 1 attended
 - Deborah Simpson, Division of Program Quality & Outcomes
- Provider Subsystem (July 11) 0 attended
 - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD
- Prior Authorization Subsystem (July 11) 2 attended
 - Deborah Simpson, Division of Program Quality & Outcomes
 - Judy Baker, Division of Program Quality & Outcomes
- Reference Subsystem (July 14) 0 attended
 - NO ONE ATTENDED THIS CLASS - NO CLASS HELD
- Claim Edits, Audits and Rules (July 14) 0 attended
 - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD
- Claims Subsystem (July 16) 0 attended
 - NO ONE ATTENDED THIS CLASS - NO CLASS HELD
- Financial Subsystem (July 17) 0 attended
 - NO ONE ATTENDED THIS CLASS - NO CLASS HELD
- OnBase Application (July 17) 0 attended
 - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD

The following instructor-led training classes were offered by HP in July 2014 (continued):

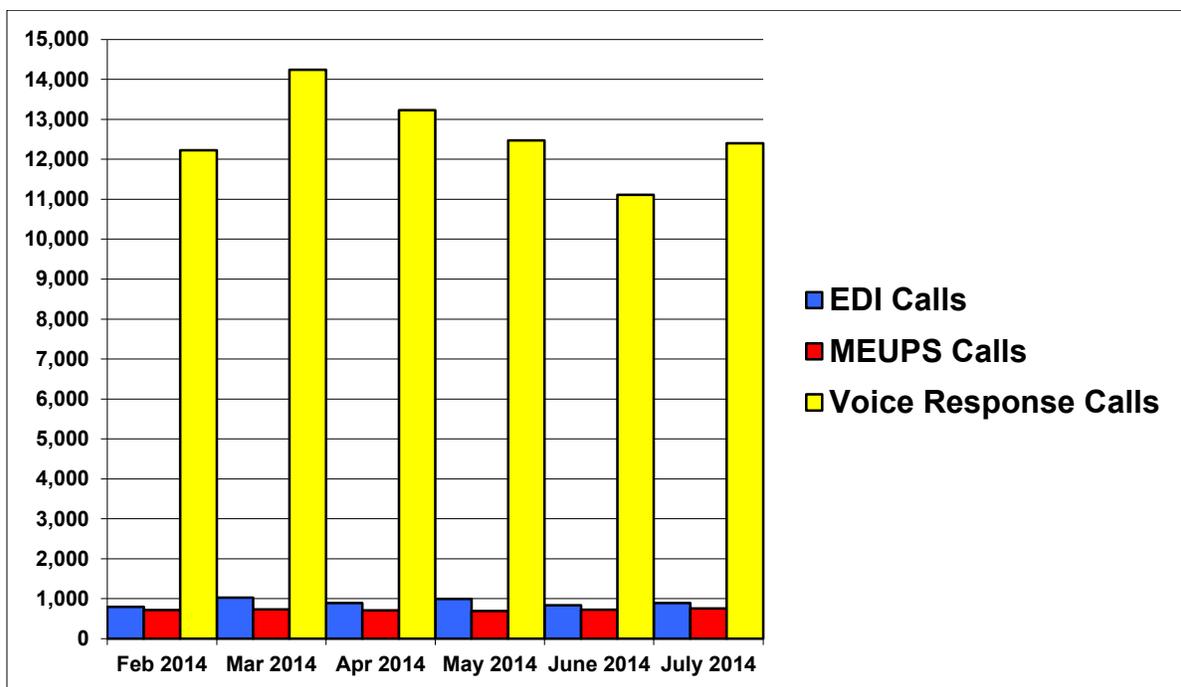
- DMS In Depth Claims Processing Class (July 31) 2 attended
 - Deborah Simpson, Division of Program Quality & Outcomes
 - Judy Baker, Division of Program Quality & Outcomes

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

12 EDI Customer/Provider Interaction

12.1 Electronic Data Interchange Calls Received

Category	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014
EDI Calls	799	1,024	894	997	834	894
MEUPS Calls	714	732	707	692	722	752
Voice Response Calls	12,224	14,237	13,227	12,471	11,112	12,401



Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
February	799	16	:10	2:57	98%
March	1,024	18	:18	2:54	98%
April	894	20	:19	3:08	98%
May	997	34	:28	3:05	97%
June	834	13	:19	3:05	98%
July	894	19	:17	3:06	98%

Expanded Call Data (continued)

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
February	714	16	:16	2:14	98%
March	732	16	:16	2:07	98%
April	707	23	:24	2:21	97%
May	692	31	:32	2:15	96%
June	722	26	:26	2:11	96%
July	752	25	:18	2:15	97%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
February	12,224	607	:01	1:30	95%
March	14,237	457	:01	1:28	97%
April	13,227	359	:01	1:29	97%
May	12,471	423	:01	1:27	97%
June	11,112	347	:01	1:32	97%
July	12,401	167	:01	1:31	99%

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

EDI Top 5 calls:

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

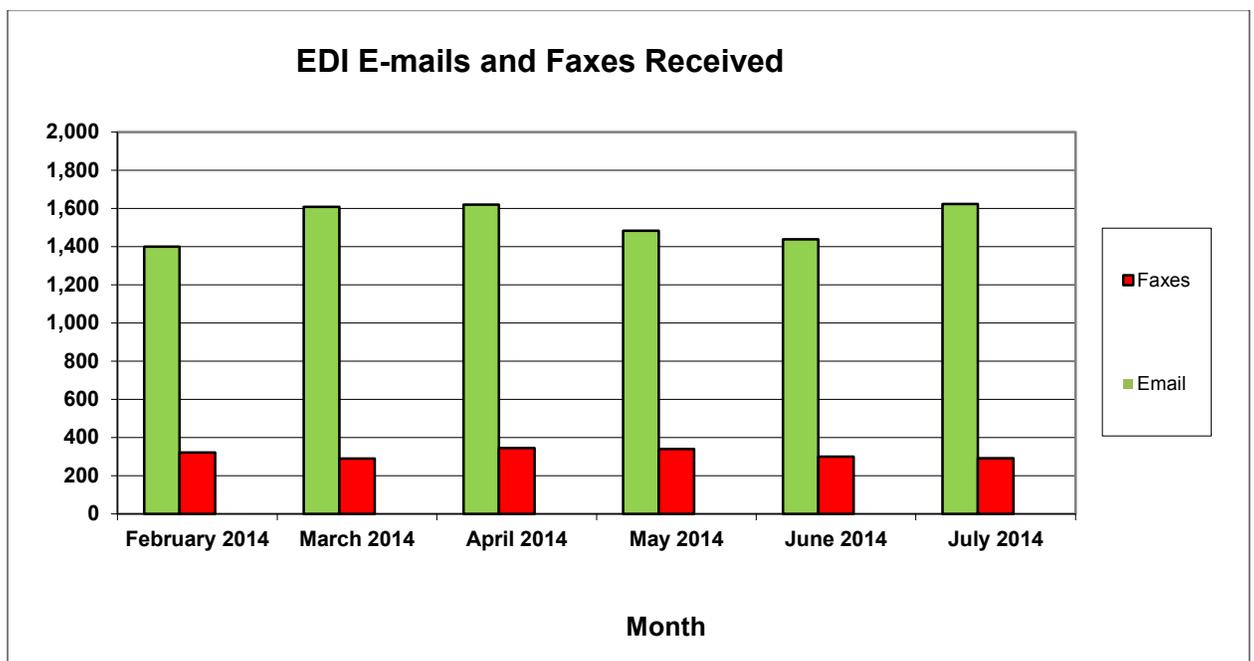
MEUPS Top 5 calls:

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

Category	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014
Password Resets Received Via phone	468	499	422	446	484	580

12.2 EDI E-mails and Faxes Received

Category	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014
E-mails Received	1400	1,608	1,620	1,483	1,438	1,623
E-mails Answered	1400	1,608	1,617	1,483	1,436	1,623
Faxes Received	321	290	345	339	300	292
Faxes Answered	321	290	340	338	289	288



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	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014
Password Resets Received Via e-mail	371	338	392	290	389	387

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	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014
PINs Received via fax	182	360	315	1007***	231	101
Admins Received via fax	160	165	207	317	234	183

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

** Many providers set up accounts in Kentucky HealthNet in Jan 2014 in response to the EADO letter.

***There was one fax received from University of Cincinnati Health that included 984 PIN requests, also in response to the EADO letter.