

MAC Binder Section 12 – Operational Status & UM Reports

Table of Contents with Document Summary

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

1 – KY_MMIS_Operational_Status_Report_Feb2015:

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

2 – UM_Status_Report_Feb2015:

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

3 – UM_Executive_Summary_Feb2015:

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

4 – KY_MMIS_Operational_Status_Report_Mar2015:

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

5 – UM_Status_Report_Mar2015:

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

6 – UM_Executive_Summary_Mar2015:

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



Operational Status Report

Kentucky MMIS Project

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

Status Month End February 2015

Cabinet for Health and Family Services Department for Medicaid Services

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1 Executive Summary

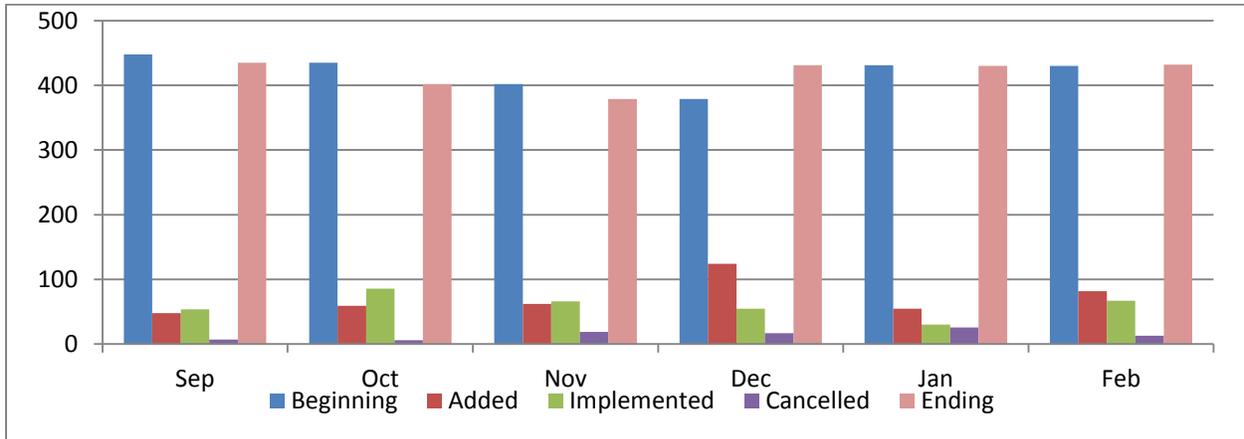
	January	Page Number
Claims Processed	884,895	Page 18
Total Dollars Paid	\$200,678,617.23	Page 18
Claims Paid	656,478	Page 18
Claims Denied	228,417	Page 18
% Denied Claims	25.8%	Page 18
Average Claims Held in Cash Management	288,872	N/A
Average Dollars Held in Cash Management	\$49,217,542.60	N/A
Capitation Financial Transactions	2,991,834	N/A
Capitation Financial Payments	\$600,540,924.27	Page 19
Suspended Claims	6,582	Page 25
Total Suspended Claims > 90 Days	325	Page 25
Provider Services Calls Received	9,249	Page 32
Provider Services Current Service Level %	96%	Page 32

Encounter Load Statistics

Managed Care Organizations (MCOs)						
	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015
Coventry	1,033,568	973,889	1,136,940	880,425	2,267,398	820,057
Humana	263,156	265,849	469,024	299,801	487,360	388,151
Kentucky Spirit	3,502	2,817	457	225	508	389
Passport (R03)	1,841	612	4,026	605	2,785	159
Passport R31	1,072,201	811,239	1,130,343	869,089	1,015,441	938,796
WellCare	1,860,303	1,308,988	1,756,066	1,580,384	1,388,022	1,786,312
Anthem	114,664	437,792	240,847	170,982	682,412	190,766
Other						
Transportation Encounters	213,487	179,559	426,804	298,183	643,749	875,106
Magellan Pharmacy Claims	217,315	289,139	284,683	284,519	278,828	288,724
Totals	4,780,037	4,269,884	5,449,190	4,384,213	6,766,503	5,288,460

1.1 Change Order and Defect Statistics

Change Orders / Defects Inventory	Sep	Oct	Nov	Dec	Jan	Feb
Beginning	448	435	402	379	431	430
Added	48	59	62	124	55	82
Implemented	54	86	66	55	30	67
Cancelled	7	6	19	17	26	13
Ending	435	402	379	431	430	432



1.2 Change Order and Defect Statistics (continued)

February 2015	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	113	40	1	1	155	
Federally Mandated	7	1	1	0	9	1 open and 1 on hold are included in the Priority list.
Non-Priority	178	7	83	0	268	
Totals	298	48	85	1	432	

*The priority list consists of 157 Change Orders & Defects.

February 2015	Change Orders			Defects		
	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	32	45	4	1	1	0
Federally Mandated	0	2	0	0	0	0
Non-Priority	36	9	6	13	10	3
Totals	68	56	10	14	11	3

2 Unplanned System Outages

A Breakdown Of The Downtime			
Date		Time	Reason For Downtime
2/11/2015	7:00 am - 8:30 am	90 minutes	This morning we experienced a Provider Call Center outage from 7:00am to 8:32am. This affected Provider and EDI phone calls. No data services were affected. The service restored at 8:32am. The outage was due to an interruption in Verizon service in Plano where our call center routes through. We successfully performed testing when service was restored and calls are flowing normally.

Billable Hours

2.1 Billable Hours Usage Summary (Contract Year 2015)

Month	Billable	Undecided	CCB Approved	Need CCB Review
Dec 2014	2,800.25	5.00	2,800.25	5.00
Jan 2015				
Feb 2015				
Mar 2015				
Apr 2015				
May 2015				
Jun 2015				
Jul 2015				
Aug 2015				
Sep 2015				
Oct 2015				
Nov 2015				

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

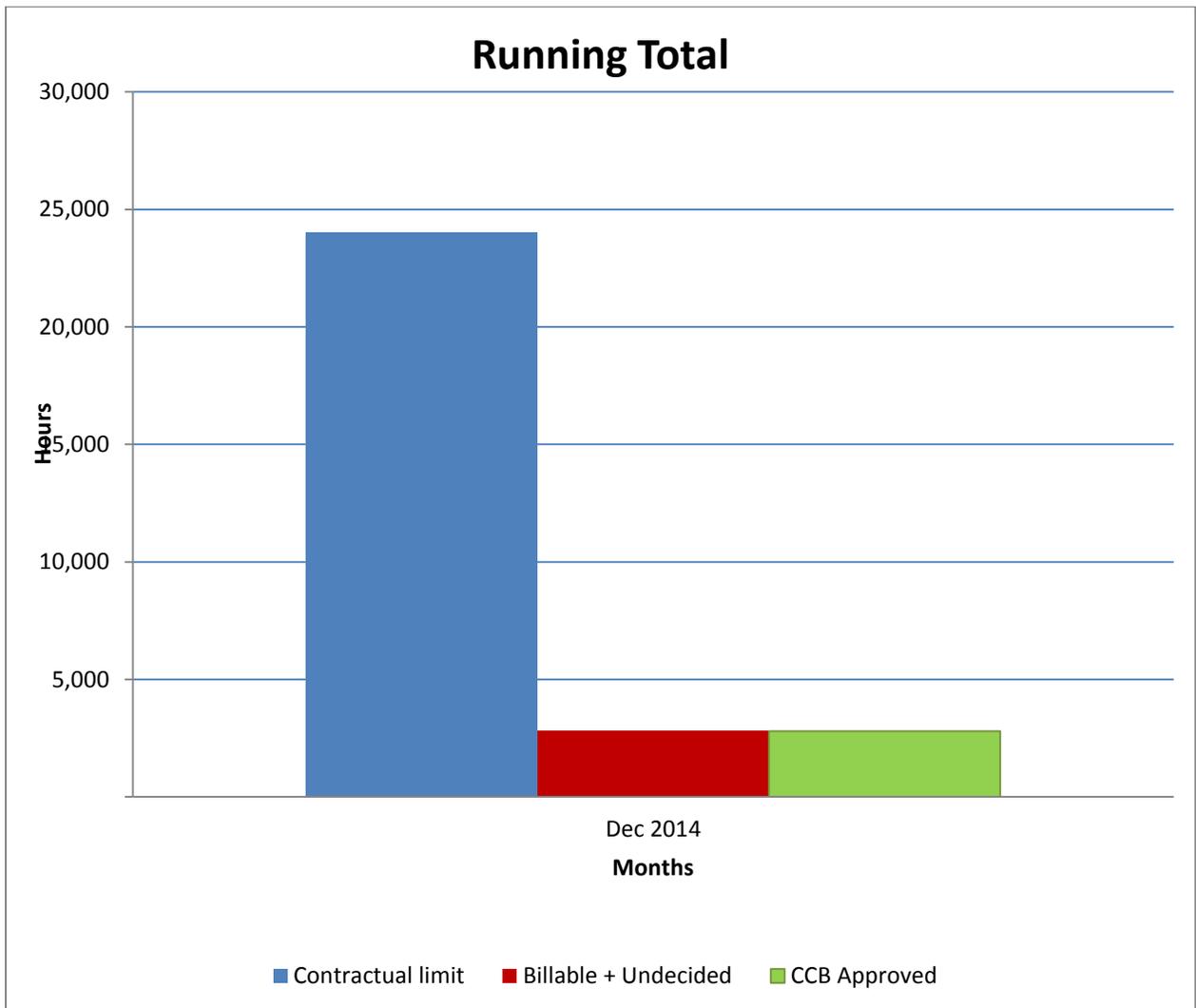
**Tracking for new contract year will begin after current contract year is closed out in Feb 2016.

***Hours expended on Provider/Partner Portal project during the last contract year will be moved under the 2016 contract year.

2.2 Running Total (Contract Year 2015)

Month	Contractual limit	Billable + Undecided	CCB Approved	Billable	Undecided	Need CCB Review
Dec 2014	24,000.00	2,805.25	2,800.25	2,800.25	5.00	5.00
Jan 2015	24,000.00					
Feb 2015	24,000.00					
Mar 2015	24,000.00					
Apr 2015	24,000.00					
May 2015	24,000.00					
Jun 2015	24,000.00					
Jul 2015	24,000.00					
Aug 2015	24,000.00					
Sep 2015	24,000.00					
Oct 2015	24,000.00					
Nov 2015	24,000.00					

* Each month's time entry is finalized on the 22nd day of the following month. Tracking for new contract year will begin after current contract year is closed out in Feb 2016.



3 Monthly Ad hoc Requests

3.1 Inventory Summary

	Beginning of Month	Received This Month	Closed This Month	DMS Hold	Ending Inventory
Type A	0	1	1	0	0
Type B	0	1	1	0	0
Type C	3	8	7	0	1
Type D	0	4	4	0	0
Type E	0	0	0	0	0
Unspecified	0	10	10	0	0
Total	3	24	23	0	1

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
24075	C	Dennis, David	Completed	20150127	20150201	crossover open records request
24093	C	Keeling, Michelle	Completed	20150129	20150202	Pietrantonio
24099	C	Keeling, Michelle	Completed	20150130	20150202	WDKY322

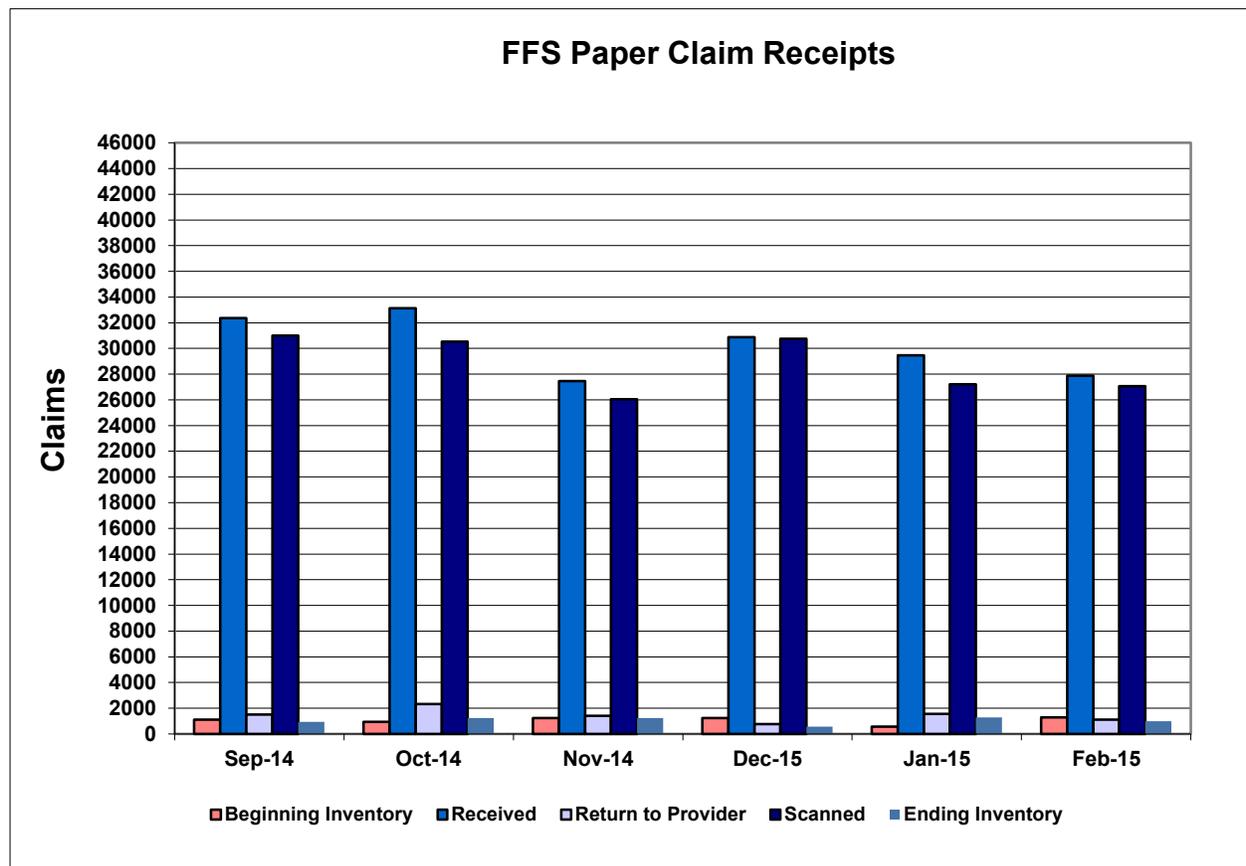
24102	C	Bailey, Cliff	Completed	20150201	20150203	Paid dates for report already ran
24107	D	Moccia, Don	Completed	20150203	20150219	CMS QRT ADHOC - FFS
24109	D	Moccia, Don	Completed	20150203	20150220	CMS QRT ADHOC - MCO
24097	B	Bailey, Cliff	Completed	20150204	20150204	CPT code volume
24129	C	Moccia, Don	Completed	20150204	20150212	MCO Risk Adjusted Rates Effective 01-Apr-2015
24133	C	Bentley, Tracy	Completed	20150204	20150205	Kaliedescope 010114-123114
24134	C	Bentley, Tracy	Completed	20150204	20150205	Seven Counties 010114-123114
24151	C	Callan, Ellenore	Completed	20150205	20150206	Law Enforcement
24084	D	Smith, Toby	Completed	20150209	20150218	Medicaid member Oxycontin use since 1995
24187		Bentley, Tracy	Completed	20150211	20150217	Horn 01/01/2014-12/31/2014
24188		Bentley, Tracy	Completed	20150211	20150217	ABI Case Mgmt 03012014- 02282014

24189		Bentley, Tracy	Completed	20150211	20150217	Frazier 01012014-12312014
24192		Bentley, Tracy	Completed	20150211	20150217	Inspired Living 01012014-12312014
24193		Bentley, Tracy	Completed	20150211	20150217	LICM 01012014-12312014
24197		Callan, Ellenore	Completed	20150211	20150213	Health Integrity Hospice data request
24199		Rhodes, Evette	Completed	20150213	20150218	PERM PILOT ROUND 2 CLAIMS PAYMENT REQUEST
24219		Moccia, Don	Completed	20150216	20150219	CMS Group VIII One Time Pull
24223	D	Moccia, Don	Completed	20150217	20150226	CMS QRT ADHOC - WAIVERS (Group VIII)
23693		Jenkins, Ericka	Completed	20150223	20150223	TEFT Sample
24062		Jenkins, Ericka	Completed	20150223	20150223	TEFT Sample
24263	C	Hosfield, George	Completed	20150224	20150226	PCC's recieving PPS
24265	C	Jenkins, Ericka	Completed	20150224	20150226	Home Health and Adult Day Providers

24278	A	Callan, Ellenore	Completed	20150226	20150226	Health Integrity Hospice data/claims request
24291	C	Callan, Ellenore	In Progress	20150227		Health Integrity Pharmacy Data Request

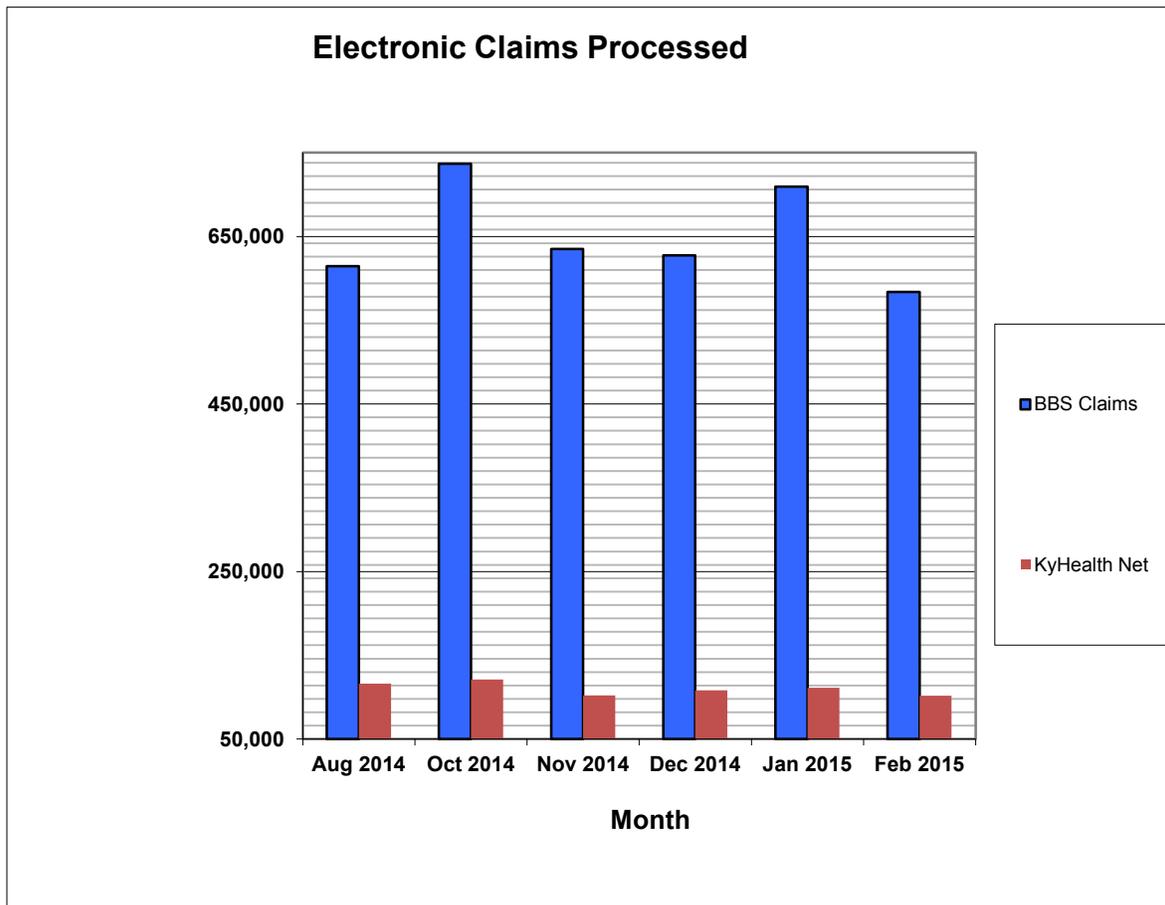
4 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
September 2014	1,107	32,353	1,507	31,010	943	0 days
October 2014	943	33,135	2,312	30,542	1,224	0 days
November 2014	1,224	27,454	1,397	26,053	1,228	0 days
December 2014	1,228	30,873	759	30,766	576	0 days
January 2015	576	29,476	1,560	27,209	1,283	0 days
February 2015	1,283	27,873	1,107	27,070	979	0 days



5 Electronic Claims Processed

	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015
Bulletin Board System Claims Processed	638,809	736,835	635,194	627,273	709,299	583,914
Kentucky HealthNet Claims Processed	115,038	121,223	102,344	108,172	111,422	101,715



6 Monthly FFS Claim Totals by Media

Begin Date	End Date
2/1/2015	2/28/2015

TOTAL	Denied Claims	Paid Claims		Suspense Claims
	Billed Amount	Billed Amount	Paid Amount	Billed Amount
Electronic	\$240,898,499.13	\$536,398,728.78	\$188,010,466.99	\$12,965,260.54
Paper	\$33,676,611.93	\$32,490,096.40	\$11,795,718.59	\$5,714,104.28
TOTAL:	\$274,575,111.06	\$568,888,825.18	\$199,806,185.58	\$18,679,364.82

7 Monthly Claims Operations

7.1 FFS Monthly Financial Cycle Summary

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

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

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

Category	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014
Paid Claims	446,264	456,714	605,447	459,040	531,560	461,048
Denied Claims	235,852	241,770	291,852	212,996	283,172	230,046
Total Adjudicated Claims	682,116	698,484	897,299	672,036	814,732	691,094
Adjustments/Claim Credits	12,363	10,059	13,292	10,104	11,770	12,573
Total Claims	694,479	708,543	910,591	682,140	826,502	703,667
Suspended/Resuspended Claims	11,788	15,296	12,811	11,094	8,907	12,023
% of Denied Claims	34.6%	34.6%	32.5%	31.7%	34.8%	33.3%
Avg \$ per Claim	\$405.57	\$430.47	\$361.62	\$406.61	\$396.79	\$420.73
Claim Payment Amount	180,991,079.99	\$196,601,602.10	\$218,939,387.67	\$186,650,101.31	\$210,919,296.23	\$193,977,077.58
(+) Payouts	7360754.51	\$1,183,572.44	\$7,360,754.51	\$48,295,830.15	\$5,634,150.15	\$1,556,172.01
(-) Recoupments	-3,956,438.25	-\$2,114,267.87	-\$4,091,631.89	-\$3,143,502.06	-\$5,181,714.36	-\$3,562,145.03
Check Issue	184,395,396.25	\$195,670,906.67	\$222,208,510.29	\$231,802,429.40	\$211,371,732.02	\$191,971,104.56
Capitation Payment	296,300,082.33	\$293,880,283.67	\$298,568,215.45	\$340,218,916.61	\$404,400,954.77	\$449,829,328.82
Total Paid	480,695,478.58	\$489,551,190.34	\$520,776,725.74	\$572,021,346.01	\$615,772,686.79	\$641,800,433.38

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
2/1/2015	2/28/2015

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
ANTHEM	65,134	\$36,083,146.68	16,018	\$5,546,357.12	81,152	\$41,629,503.80
COVENTRY	298,191	\$125,633,820.39	42,684	\$10,375,638.21	340,875	\$136,009,458.60
HUMANA	107,432	\$57,627,670.55	22,469	\$7,774,996.27	129,901	\$65,402,666.82
KENTUCKY SPIRIT						
NEMT	1,172,985	\$8,644,884.36	508,587	\$282,673.14	1,681,572	\$8,927,557.50
PASSPORT (Region 3)	243,189	\$126,853,504.03	36,264	\$4,770,260.80	279,453	\$131,623,764.83
WELLCARE	427,631	\$204,519,687.22	50,257	\$12,428,285.50	477,888	\$216,947,972.72
Sum:	2,314,562	\$559,362,713.23	677,272	\$41,178,211.04	2,991,834	\$600,540,924.27

7.2 Monthly MCO & NEMT Capitations (continued)

NEMT	Cap Transactions	Amount Paid
AUDUBON AREA COMMUNITY SERVICES INC/GRITS	275,566	\$1,844,476.34
L.K.L.P. C.A.C., INC REGION 1	225,749	-\$1,510,958.33
PENNYRILE ALLIED COMSERVICES, INC	55,678	\$330,815.58
AUDUBON AREA COMM SRVC	56,501	\$392,994.90
L.K.L.P. C.A.C., INC REGION 4	65,395	\$462,463.20
LKLP CAC INC REGION 5	3	-\$25.32
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	96,796	\$974,783.60
BLUE GRASS COMMUNITY ACTION AGENCY INC	234,892	\$2,005,225.70
LKLP CAC INC REGION 9	79,812	\$527,713.20
FEDERATED TRANSPORTATION SVS OF THE BLUE	92,926	\$642,082.00
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	63,732	\$447,825.53
RURAL TRANSIT ENTERPRISES	66,394	\$414,502.40
LKLP COMMUNITY ACTION	8	-\$50.10
SANDY VALLEY TRANSPORTATION	133,038	\$989,774.80
LKLP COMMUNITY ACTION	88,844	\$569,125.44
SAND VALLEY TRANSPORTATION	62,976	\$416,927.60
LKLP CAC INC REGION 15	63,675	\$321,489.92
LICKING VALLEY COMMUNITY ACTION PROGRAM INC	19,587	\$98,391.04
TOTAL	1,681,572	\$8,927,557.50

7.3 FFS Adjudicated Original Claims (By Claim)

Begin Date	End Date
2/1/2015	2/28/2015

Paper Claims	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015
Paid	8,251	10,914	8,009	7,628	8,576	7,421
Denied	11,654	13,172	11,289	10,900	13,844	10,239
Total	19,905	24,086	19,298	18,528	22,420	17,660
% of Total Adjudicated Claims	2.57%	2.26%	2.25%	2.32%	2.36%	2.00%
% of Paper Denied Claims	58.55%	54.69%	58.50%	58.83%	61.75%	57.98%

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

Electronic Claims	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015
Paid	526,459	748,803	601,507	582,580	665,258	649,057
Denied	227,810	294,969	238,093	197,401	264,189	218,178
Total	754,269	1,043,772	839,600	779,981	929,447	867,235
% of Total Adjudicated Claims	97.43%	97.74%	97.75%	97.68%	97.64%	98.00%
% of Electronic Denied Claims	30.20%	28.26%	28.36%	25.31%	28.42%	25.16%

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

7.4 Monthly FFS Top Ten Procedure Codes

Begin Date	End Date
02/01/2015	02/28/2015

Procedure	Description	Member Count	Claim Count	Amount Paid
T2016	HABIL RES WAIVER PER DIEM	3,701	42,263	\$25,531,886.46
S5108	HEMOCARE TRAIN PT 15 MIN	8,828	39,161	\$16,902,105.89
T1015	CLINIC SERVICE	71,423	102,723	\$8,143,586.77
T2021	DAY HABIL WAIVER PER 15 MIN	4,910	42,258	\$7,745,159.93
99199	SPECIAL SERVICE/PROC/REPORT	8,281	13,369	\$7,688,587.24
T2022	CASE MANAGEMENT, PER MONTH	14,067	20,687	\$5,472,058.04
S5100	ADULT DAYCARE SERVICES 15MIN	3,140	22,877	\$3,207,375.99
H0004	ALCOHOL AND/OR DRUG SERVICES	3,292	9,609	\$3,013,539.18
T2023	TARGETED CASE MGMT PER MONTH	7,396	8,391	\$2,458,045.70
97535	SELF CARE MNGMENT TRAINING	1,927	8,910	\$2,402,431.28

7.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
317	MILD INTELLECT DISABILTY	4,770	42,459	\$18,433,749.48
3180	MOD INTELLECT DISABILITY	3,155	25,784	\$9,911,176.46
3182	PROFND INTELLCT DISABLTY	589	3,091	\$7,563,639.39
3128	OTHER CONDUCT DISTURBANCE	4,041	4,233	\$7,259,002.38
3181	SEV INTELLECT DISABILITY	849	9,621	\$7,205,946.35
3310	ALZHEIMER'S DISEASE	1,670	2,876	\$5,950,863.36
318	OTHER MENTAL RETARDATION	2,660	14,612	\$5,521,662.65
496	CHR AIRWAY OBSTRUCT NEC	5,606	10,797	\$4,038,631.43
29900	AUTISTIC DISORD-CURRENT	2,494	14,478	\$4,017,549.26
319	INTELLECT DISABILITY NOS	1,483	10,004	\$3,934,710.96

7.6 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
2/1/2015	2/28/2015

Procedure	Description	Member Count	Claim Count	Amount Paid
99213	OFFICE/OUTPATIENT VISIT EST	209,048	291,253	\$12,398,879.26
99284	EMERGENCY DEPT VISIT	41,479	50,375	\$6,454,894.05
99214	OFFICE/OUTPATIENT VISIT EST	80,743	96,479	\$6,149,439.82
A0120	NONER TRANSPORT MINI-BUS	13,887	332,295	\$6,088,460.50
99283	EMERGENCY DEPT VISIT	56,813	71,559	\$5,938,365.73
A0100	NONEMERGENCY TRANSPORT TAXI	8,746	277,663	\$5,132,585.35
A0130	NONER TRANSPORT WHEELCH VAN	5,375	153,619	\$4,924,787.12
99285	EMERGENCY DEPT VISIT	19,946	24,094	\$3,921,693.92
90837	PSYTX PT&/FAMILY 60 MINUTES	15,227	24,445	\$2,953,569.04
T2022	CASE MANAGEMENT, PER MONTH	7,410	9,183	\$2,779,873.37

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
V3000	SINGLE LB IN-HOSP W/O CS	2,549	3,688	\$3,678,842.60
0389	SEPTICEMIA NOS	587	1,109	\$3,512,447.33
31401	ATTN DEFICIT W HYPERACT	15,184	33,096	\$3,289,496.84
V3001	SINGLE LB IN-HOSP W CS	1,144	1,648	\$2,923,599.43
V202	ROUTIN CHILD HEALTH EXAM	26,805	29,216	\$2,596,967.25
78650	CHEST PAIN NOS	13,183	20,257	\$2,448,542.26
V5811	ANTINEOPLASTIC CHEMO ENC	546	915	\$2,206,191.60
51881	ACUTE RESPIRATRY FAILURE	1,242	3,557	\$2,186,692.77
29690	EPISODIC MOOD DISORD NOS	5,509	11,352	\$2,156,275.97
486	PNEUMONIA, ORGANISM NOS	3,943	6,827	\$2,100,061.09

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

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

Error	Description	Number of Denials	% of Top Ten
4021	No Coverage for Billed Procedure	18,299	17.9%
1010	Rendering Provider Not A Mem Of Billing Grp	17,591	17.2%
2017	Services Covered Under Member's MCO Plan	11,284	11.0%
4804	No Contract for Billed Rev Code	9,745	9.5%
1036	Rendering Prov Type/Claim Type Invalid	8,487	8.3%
5001	Exact Duplicate	8,104	7.9%
3317	This Service was not Approved by Medicare	7,533	7.4%
2003	Member Ineligible on Detail Date of Service	7,315	7.2%
1955	Cannot Determine Medicaid Nbr Billing Prov	7,051	6.9%
1032	Billing Provider Not Eligible to Bill this Clm Type	6,839	6.7%
Totals		102,248	58.9%

Total Denied Details – 173,739

Note: Total # of top ten denials (102,248) divided by total denied details (173,739) = % of top ten denials (58.9%)

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

Error	Description	Number of Failures	% of Top Ten
4405	Unable to Assign Provider Contract	3,186	39.5%
2001	Member ID Number not on File Recycle	1,458	18.1%
3305	Member Requires Valid PT Liability for DOS	766	9.5%
3363	Member in Nursing Facility on DOS	468	5.8%
401	Net Charge is Missing	462	5.7%
5001	Exact Duplicate	450	5.6%
2505	Member Covered by Private Insurance	446	5.5%
1046	Facility Provider is not Eligible	314	3.9%
555	Claim Past 12 Month Filing Deadline	265	3.3%
1047	Billing Provider is not Eligible	261	3.2%
Totals		8,076	71.9%

Total Suspended Details – 11,229

Note: Total # of top ten failures (8,076) divided by total suspended details (11,229) = % of top ten suspense (71.9%)

7.9 FFS Suspended Original Claims by Age (By Claim)

Category	September 2014		October 2014		November 2014		December 2014		January 2015		February 2015	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	4,621	9,123	5,351	92.34	9,252	95.43	5,592	93.31	7,144	94.46	6,145	93.36
31-60 days	44	87	41	71	71	.73	83	1.38	78	1.03	72	1.09
61-90 days	38	75	32	55	31	.32	43	.72	37	.49	40	.61
91+ days	362	715	371	640	341	3.52	275	4.59	304	4.02	325	4.94
Total	5,065		5,795		9,695		5,993		7,563		6,582	

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

Category	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	Oldest Julian Date
Resolutions	107	91	107	126	152	161	14-078
Med.Review	0	0	18	2	1	2	14-353
TPL	0	0	3	0	0	0	0
Adjustments	0	0	0	0	0	0	0
Recycle	0	0	0	0	0	0	0
DMS	343	353	315	273	266	274	12-184
Total	450	444	443	401	419	437	

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.	1,644	5,456	5,588	0	1,512	8 days
CS40-Child Support	0	435	435	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	261	1,710	1,442	0	529	10 days
Accident/Trauma Leads	0	0	0	0	0	0 days
DMS Attorney	0	0	0	0	0	0 days
RUSH Attorney	0	0	0	0	0	0 days
HP Attorney	49	199	162	0	86	0 days
TPL Checks	26	95	114	0	7	0 days
TPL Mail	975	3,440	3,898	0	517	10 days
KHIPP	0	385	385	0	0	0 days
Total	2,955	11,720	12,024	0	2,651	

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	152	150	0	3	0	12	1 day
Payouts	0	848	848	0	0	0	0	0 days
Accounts Receivable Updates	0	62	62	0	0	0	0	0 days
Accounts Receivable Transfers	0	0	0	0	0	0	0	0 days
Total	13	1,062	1,060	0	3	0	12	

9.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	9	0	0	9	1 day
HP Financial	298	488	544	242	5 days
DMS Financial	55	169	154	70	5 days
Total	362	657	698	321	

9.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	25	228	169	32	52	3 days
Institutional	31	96	89	18	20	3 days
Voids	25	228	185	18	50	3 days
Total	81	552	443	68	122	

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)	621	103	109	0	16	599	599	0
SE Processed Adjustment (region 58)	0	00	0	0	0	0	0	0
Total	621	103	109	0	16	599	599	0

10 Provider Relations

10.1 Provider Field Representatives

10.1.1 Provider Visits

There were no provider visits in February 2015.

10.2 Conference Calls (Calls Greater Than 30 Minutes)

February 4, 2015

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Internal Medicine and Pediatric Associates and Courtney Kelly from Passport on February 4, 2015. The provider requested a conference call to review credentialing requirements for Passport and KY Medicaid. Those who attended the conference call were: Kathy Watts, Shonta Gibbs, Courtney Kelly.

February 6, 2015

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Connie Haxby on February 6, 2015. The provider requested a conference call to review KYHealthnet and to learn how to bill electronically. Those who attended the conference call were: Connie Haxby.

February 6, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Wilson Counseling, LLC on February 6, 2015. The provider requested a conference call to review billing for Licensed Clinical Social Worker and how to adjust a claim on KYHealth Net. Those who attended the conference call were: Josh Carter.

February 9, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Superior Independent Case Management on February 9, 2015. The provider requested a conference call to review the reason for claim denials. Those who attended the conference call were: Ginger.

February 11, 2015

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Diocesan Catholic Children's Home on February 11, 2015. The provider requested a conference call to review KYHealthnet and to learn how to bill electronically. Those who attended the conference call were: Barb Bruegge.

February 19, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Seven Counties Services Inc. on February 19, 2015. The provider requested a conference call to review LOC's and how to download from KY Healthnet. Those who attended the conference call were: Deborah Jones.

February 23, 2015

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Hand Therapy on February 23, 2015. The provider requested a conference call to review KYHealthnet and to learn how to bill crossovers electronically. Those who attended the conference call were: Heather Pearson.

February 23, 2015

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Enclave Health on February 23, 2015. The provider requested a conference call to review KYHealthnet and to learn how to bill crossovers electronically. Those who attended the conference call were: Gloria Voyles.

February 24, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Maurice M. Trivette on February 24, 2015. The provider requested a conference call to review crossover claims: How to bill when Medicare is primary and how Medicaid pays based on program code. Those who attended the conference call were: Susie Trivette.

February 26, 2015

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Park Terrace Health Campus on February 23, 2015. The provider requested a conference call to review KYHealth Net and to learn how to bill crossovers electronically. Those who attended the conference call were: Linda Mardis.

February 26, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Chadward L. Thacker on February 26, 2015. The provider requested a conference call to review reason for claim denials and how to submit paper claims when Medicare is primary. Those who attended the conference call were: Linda.

10.3 Association Meetings

There were no Association meetings in February 2015.

10.4 Provider Contacts

Provider Calls	216
Provider E-mails	426
Total	642

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

10.5 Provider Workshops

February 27, 2015

Kelly Gregory, HP Provider Field Representative, conducted a Hospital Presumptive Eligibility (PE) Webinar on February 27, 2015. The webinar presentation introduced the objectives and benefits of PE. The webinar also included how the PE screenings and confirmation process works, and demonstrated the on-line provider entry form. There were 9 attendees on the conference audio line and 2 attendees logged into the virtual room. Also present were HP Provider Field Representative, Vicky Hicks.

10.6 Provider Services

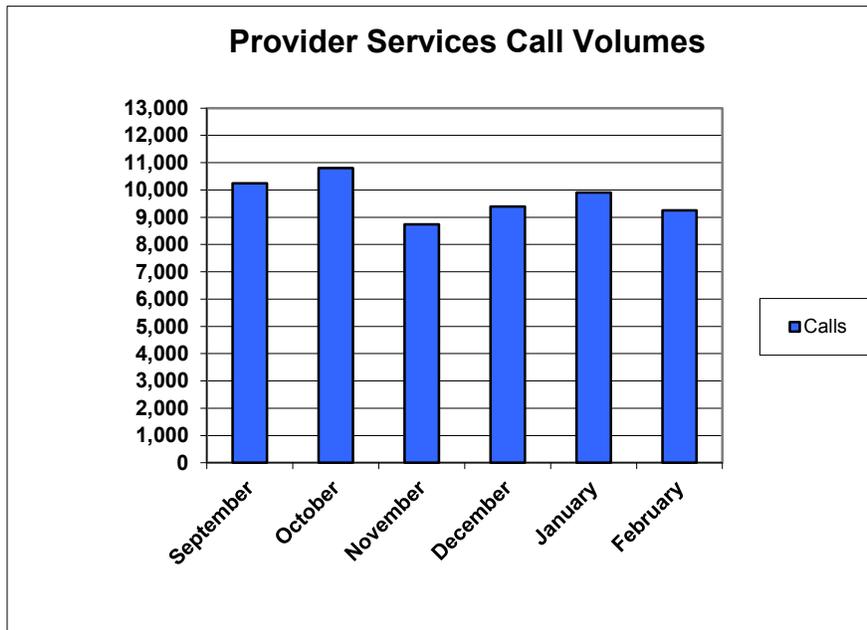
10.6.1 Provider Services

Category	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015
% Service Level	94%	96%	95%	95%	94%	96%
Abandoned Calls	588	418	418	512	639	358
Avg Speed Ans	1:36	1:10	1:34	1:36	1:54	1:11
Incoming Calls	10,239	10,807	8,736	9,390	9,906	9,249
Paper Correspondence	422	397	507	595	557	621
E-Mail Correspondence	222	336	179	263	307	231
Fax	17	9	2	10	23	27
Total*	10,900	11,549	9,424	10,258	10,793	10,128

Category	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015
HP Callbacks	138	88	84	127	174	114

*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 February 2015:

- **Mechanics of Claims Processing** (February 2) 2 attended
 - CJ Jones, Benefits Policy Branch Manager
 - Amy Simpson, Benefits Policy Branch
- **Member Subsystem** (February 3) 6 attended
 - Debbie Salleng, Division of Program Quality & Outcomes-ManCareOver
 - Cynthia Lee, Division of Program Quality & Outcomes-ManCareOver
 - Becky Walsh, Division of Program Quality & Outcomes- ManCareOver
 - Elizabeth Justice, Division of Program Quality & Outcomes- ManCareOver
 - CJ Jones, Benefits Policy Branch Manager
 - Amy Simpson, Benefits Policy Branch
- **Provider Subsystem** (February 5) 7 attended
 - Debbie Salleng, Division of Program Quality & Outcomes-ManCareOver
 - Cynthia Lee, Division of Program Quality & Outcomes-ManCareOver
 - Becky Walsh, Division of Program Quality & Outcomes- ManCareOver
 - Elizabeth Justice, Division of Program Quality & Outcomes-ManCareOver -
 - CJ Jones, Benefits Policy Branch Manager
 - Amy Simpson, Benefits Policy Branch
 - James McCubbins, KYOAG

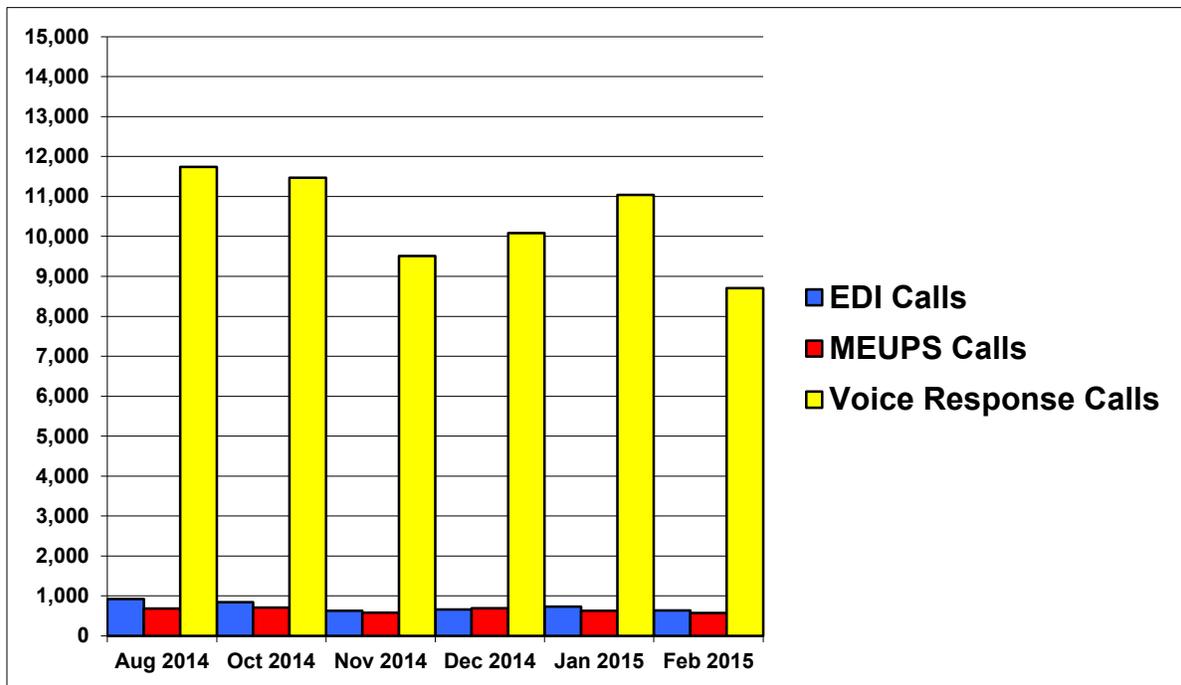
- **Prior Authorization Subsystem** (February 9) 3 attended
 - Shelley Edwards, Division of Policy & Operations - Eligibility Policy Branch
 - CJ Jones, Benefits Policy Branch Manager
 - Amy Simpson, Benefits Policy Branch
- **Reference Subsystem** (February 10) 8 attended
 - James McCubbins, KYOAG
 - Ellenore Callan, Program Integrity
 - Debbie Salleng, Division of Program Quality & Outcomes-ManCareOver
 - Cynthia Lee, Division of Program Quality & Outcomes-ManCareOver
 - Becky Walsh, Division of Program Quality & Outcomes- ManCareOver
 - Elizabeth Justice, Division of Program Quality & Outcomes- ManCareOver
 - CJ Jones, Benefits Policy Branch Manager
 - Amy Simpson, Benefits Policy Branch
- **Claim Edits, Audits and Rules** (February 12) 0 attended
 - 3 SCHEDULED FOR THIS CLASS - NO CLASS HELD
- **Claims Subsystem** (February 20) 5 attended
 - Debbie Salleng, Division of Program Quality & Outcomes- ManCareOver
 - Cynthia Lee, Division of Program Quality & Outcomes- ManCareOver
 - Becky Walsh, Division of Program Quality & Outcomes- ManCareOver
 - Elizabeth Justice, Division of Program Quality & Outcomes- ManCareOver
 - Amy Simpson, Benefits Policy Branch
- **Financial Subsystem** (February 19) 0 attended
 - ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD
- **OnBase Application** (February 23) 4 attended
 - Elizabeth Justus, Division of Program Quality & Outcomes- ManCareOver
 - Becky Walsh, Division of Program Quality & Outcomes- ManCareOver
 - Debbie Salleng, Division of Program Quality & Outcomes- ManCareOver
 - CJ Jones, Benefits Policy Branch
- **Special In Depth Training** (February 24) 0 attended
 - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD
- **Encounters** (February 25) 9 attended
 - Marydale Coleman, Division of Program Quality & Outcomes- ManCareOver
 - Gayle Nickels, Division of Program Integrity – Audit and Compliance Branch
 - Ellenore Callan, Division of Program Integrity – Audit and Compliance Branch
 - Nicole Bradshaw, Division of Program Integrity – Audit and Compliance Branch
 - Jan Thornton, Division of Program Quality & Outcomes-ManCareOver
 - Cynthia Lee, Division of Program Quality & Outcomes-ManCareOver
 - Becky Walsh, Division of Program Quality & Outcomes-ManCareOver
 - Elizabeth Justice, Division of Program Quality & Outcomes-ManCareOver
 - Debbie Salleng, Division of Program Quality & Outcomes-ManCareOver
- **Encounter Reports** (February 25) 9 attended
 - Marydale Coleman, Division of Program Quality & Outcomes- ManCareOver
 - Gayle Nickels, Division of Program Integrity – Audit and Compliance Branch
 - Ellenore Callan, Division of Program Integrity – Audit and Compliance Branch
 - Nicole Bradshaw, Division of Program Integrity – Audit and Compliance Branch
 - Jan Thornton, Division of Program Quality & Outcomes-ManCareOver
 - Cynthia Lee, Division of Program Quality & Outcomes-ManCareOver
 - Becky Walsh, Division of Program Quality & Outcomes-ManCareOver
 - Elizabeth Justice, Division of Program Quality & Outcomes-ManCareOver
 - Debbie Salleng, Division of Program Quality & Outcomes-ManCareOver

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

11 EDI Customer/Provider Interaction

11.1 Electronic Data Interchange Calls Received

Category	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015
EDI Calls	800	842	630	662	731	639
MEUPS Calls	652	705	580	690	625	572
Voice Response Calls	10,991	11,466	9,510	10,080	11,035	8,702



Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
September	800	8	:14	3:05	99%
October	842	19	:10	2:57	98%
November	630	9	:12	3:01	99%
December	662	20	:17	2:49	97%
January	731	13	:13	2:36	98%
February	639	13	:14	2:56	98%

Expanded Call Data (continued)

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
September	652	12	:15	2:16	98%
October	705	9	:07	2:09	99%
November	580	15	:17	2:15	97%
December	690	18	:17	2:06	97%
January	625	13	:18	2:12	98%
February	572	14	:11	2:20	98%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
September	10,991	557	:01	1:32	95%
October	11,466	607	:01	1:32	95%
November	9,510	460	:01	1:32	95%
December	10,080	378	:01	1:31	96%
January	11,035	199	:01	1:38	98%
February	8,702	207	:01	1:36	98%

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

EDI Top 5 calls:

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

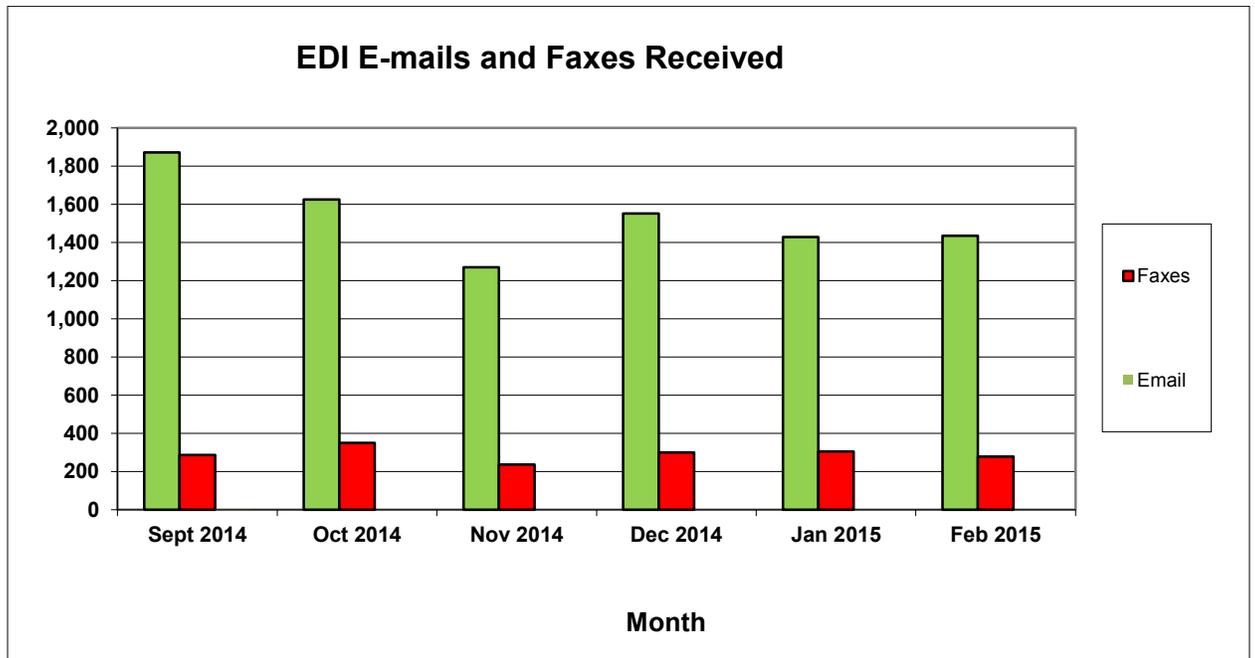
MEUPS Top 5 calls:

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

Category	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015
Password Resets Received Via phone	439	485	445	511	469	400

11.2 EDI E-mails and Faxes Received

Category	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015
E-mails Received	1,872	1,625	1,270	1,551	1,429	1,435
E-mails Answered	1,867	1,621	1,267	1,546	1,426	1,431
Faxes Received	287	350	237	300	304	278
Faxes Answered	284	346	231	298	302	276



EDI Top 5 E-mail Requests:

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

Category	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015
Password Resets Received Via e-mail	383	380	314	281	363	324

EDI Top 5 Fax Requests:

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

Category	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015
PINs Received via fax	127	152	273	361	158	189
Admins Received via fax	127	304	191	386	150	209

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



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

Utilization Management Operational Status Report

Status Month: February 2015

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

Acute Inpatient Services

Call Metrics	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Administrative						
Abandoned Calls	9	0	14	8	4	7
Average Speed of Answer	00:09	00:08	00:11	00:16	00:10	00:09
Average Talk Time	03:19	03:23	03:31	03:53	03:55	03:45
First Call Resolution	99.2%	99.7%	99.5%	99.7%	99.7%	99.1%
Total Admin Calls	1862	1962	1616	1895	2023	1663
Clinical						
Abandoned Calls	0	0	0	0	1	1
Average Speed of Answer	00:09	00:07	00:08	00:12	00:22	00:19
Average Talk Time	06:02	05:46	06:10	06:21	06:46	06:48
First Call Resolution	98.1%	100%	98.3%	100.0%	100.0%	99.1%
Total Clinical Calls	243	282	272	288	284	221
Total Calls	2105	2244	1888	1888	2307	1884

Requests Processed	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Approvals	255	244	254	283	290	241
Administrative Approval	1,603	1,482	1,269	1,645	1,703	1,369
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	20	22	13	31	32	17
Pended	32	33	36	27	34	24
Total	1,910	1,781	1,572	1,986	2,059	1,651

Administrative Denials	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Technical (Out of Time Frame)	20	21	13	27	31	17
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	20	21	13	27	31	17

MD Review	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Medical Necessity	21	19	21	33	38	27
Not Medically Necessary	0	1	0	4	1	0
Referred to MD Rate	1.10%	1.12%	1.34%	1.86%	1.89%	1.64%
Not Medically Necessary Denial Rate	0%	5%	0%	11%	3%	0%
Total MD Review	21	20	21	37	39	27

Reconsiderations	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Overtured	0	1	0	1	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	1	0	1	0	0

*Reconsiderations are not included in Request Processed Total

	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-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	32	33	36	27	34	24
Total	32	33	36	27	34	24

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

Current Month Top 10 Diagnosis Codes			
1.	518.81	FAILURE, ACUTE RESPIRATO	107
2.	486	PNEUMONIA, ORGANISM NOS	104
3.	038.9	SEPTICEMIA NOS	47
4.	491.21	BRONCHITIS, OBSTR CHR N W	40
5.	V30.00	SINGLE LB, IN HOSPITAL,	38
6.	599.0	INFECTION, URINARY TRACT	35
7.	428.0	FAILURE, CONGESTIVE HEAR	31
8.	650	DELIVERY, NORMAL	29
9.	434.91	OCLSN, CER ARTERY NOS W/	24
10.	496	OBSTRUCTION, CHRONIC AIR	24

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

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

Durable Medical Equipment

Call Metrics	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Administrative						
Abandoned Calls	1	1	0	4	1	0
Average Speed of Answer	00:08	00:08	00:09	00:13	00:11	00:11
Average Talk Time	04:18	04:22	04:32	04:44	04:22	03:51
First Call Resolution	99.6%	99.5%	99.4%	100.0%	100.0%	99.5%
Total Admin Calls	556	502	396	497	475	481
Clinical						
Abandoned Calls	0	0	0	0	1	0
Average Speed of Answer	00:08	00:08	00:08	00:10	00:19	00:11
Average Talk Time	04:48	04:24	05:02	05:00	04:33	04:25
First Call Resolution	96.8%	97.7%	97.4%	96.8%	96.8%	96.0%
Total Clinical Calls	285	278	210	258	258	215
Total Calls	841	780	606	755	733	696

Requests Processed						
Approvals	958	1,149	868	935	902	878
Agreed Reduction	2	9	0	1	3	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	4	0	0	0
Denials	111	102	36	20	13	21
Pended	543	546	501	612	602	560
Total	1,614	1,806	1,409	1,568	1,520	1,459

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	99	91	22	4	0	1
Total Denied	99	91	22	4	0	1

MD Review						
Medical Necessity	165	161	122	129	164	152
Not Medically Necessary	12	11	14	16	13	20
Referred to MD Rate	10.97%	9.52%	9.65%	9.25%	11.64%	11.79%
Not Medically Necessary Denial Rate	7%	6%	10%	11%	7%	12%
Total MD Review	177	172	136	145	177	172

Reconsiderations						
Overturned	3	0	0	3	2	2
Upheld	3	0	0	2	0	0
Total Reconsiderations	6	0	0	5	2	2

*Reconsiderations are not included in Request Processed Total

	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Pended						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	539	493	487	580	563	541
MD Review	1	44	6	28	17	10
RN Review	3	9	8	4	22	9
HP Review	0	0	0	0	0	0
Total	543	546	501	612	602	560

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	541
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	343.9	PALSY, INFANTILE CEREBRA	349
2.	496	OBSTRUCTION, CHRONIC AIR	87
3.	741.00	SPINA BIFIDA W/HYDROCEPH	54
4.	741.90	SPINA BIFIDA, W/O HYDROC	51
5.	799.02	HYPOXEMIA	31
6.	343.0	PALSY, INFANTILE CEREBRA	28
7.	343.2	PALSY, INFANTILE CER, OU	28
8.	345.90	EPILEPSY NOS W/O INTRACT	21
9.	327.23	DSORD, ORGNC OBST SLEEP	20
10.	759.89	ANOMALY, CONGENITAL NEC	18

Current Month Top 5 Reasons for MD Denial		
1.	Requested DME not fully supported by the documentation provided.	12
2.	Item is commercially available. Customization is not covered. 907 KAR 1:479(4) and 907 KAR 3:130	1
3.	Documentation does not support medical necessity.	1
4.	Does not require frequent change in body position.	1

Current Month Top 5 Reasons for Lack of Information Denial		
1.	Clinical information to support the need for the equipment is missing	1
2.		
3.		
4.		
5.		

DRG

	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Target File						
Target File	250	250	102	123	250	250
On-Site Requested	36	33	0	0	30	42
In-House	214	217	102	123	220	208

Outcomes						
Total Approved	248	247	100	115	245	241

Outcomes						
Total Denied	2	3	2	8	5	9

Denial Reasons						
Not Medically Necessary	1	1	1	2	3	3
Technical	0	0	0	0	0	3
Reassignments	1	2	1	6	2	3
Total Denial Reasons	7	2	2	8	5	9

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

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

EPSDT Special Services

Call Metrics	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Administrative						
Abandoned Calls	0	1	0	5	1	1
Average Speed of Answer	00:11	00:10	00:21	00:18	00:12	00:20
Average Talk Time	04:38	04:53	04:11	03:36	04:24	04:59
First Call Resolution	99.4%	99.4%	99.0%	99.6%	99.6%	99.2%
Total Admin Calls	259	273	185	190	181	224
Clinical						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:09	00:09	00:09	00:09	00:14	00:16
Average Talk Time	03:34	03:36	03:37	02:59	04:42	03:47
First Call Resolution	98.7%	98.4%	100.0%	96.8%	96.8%	98.8%
Total Clinical Calls	169	174	115	116	97	122
Total Calls	428	447	300	306	278	346

Requests Processed	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Approvals	1,179	1,223	856	1,088	856	821
Agreed Reduction	0	1	0	6	1	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	6	0
State Mandate	15	0	11	7	23	0
Denials	16	108	12	8	6	7
Pended	181	124	131	119	85	117
Total	1,391	1,456	1,010	1,228	977	945

Administrative Denials	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
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	2	99	0	3	3	0
Total Denied	2	99	0	3	3	0

MD Review	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Medical Necessity	28	19	10	19	14	11
Not Medically Necessary	14	9	12	5	3	7
Referred to MD Rate	3.02%	1.92%	2.18%	1.95%	1.74%	1.90%
Not Medically Necessary Denial Rate	33%	32%	55%	21%	18%	39%
Total MD Review	42	28	22	24	17	18

Reconsiderations	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Overtured	2	2	1	15	0	0
Upheld	10	0	0	0	1	0
Total Reconsiderations	12	2	1	15	1	0

*Reconsiderations are not included in Request Processed Total

Pended	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	168	114	125	106	72	113
MD Review	6	4	4	4	2	3
RN Review	7	6	2	9	11	1
Total	213	224	208	257	85	117

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	113
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	299.00	DISORDER, AUTISTIC, CURR	195
2.	343.9	PALSY, INFANTILE CEREBRA	88
3.	758.0	DOWN'S SYNDROME	75
4.	315.9	DEVELOPMENT DELAY NOS	39
5.	783.40	LACK NRML PHYSLGCL DEV C	29
6.	742.2	DFRM, REDUCTION, BRAIN,	26
7.	781.3	SYMPTOM, LACK OF COORDIN	24
8.	299.80	DSORD, PRVSV DVLPMTNL NE	13
9.	299.0	DISORDER, AUTISTIC	13
10.	783.41	SYMP FAILURE TO THRIVE,	13

Current Month Top 5 Reasons for MD Denial		
1.	The service is primarily for the convenience of the recipient, family, physician or another provider of services. 907 KAR 11:034(9) and 907 KAR 3:130	5
2.	The service is not medically necessary. 907 KAR 11:034(9) and 907 KAR 3:130	2
3.		
4.		
5.		

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

Home Health

Call Metrics	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Administrative						
Abandoned Calls	4	3	9	16	5	1
Average Speed of Answer	00:10	00:09	00:12	00:18	00:12	00:12
Average Talk Time	04:38	04:32	04:23	05:05	04:45	04:23
First Call Resolution	99.9%	99.9%	99.8%	99.7%	99.7%	99.5%
Total Admin Calls	1148	1194	952	1210	1298	977
Clinical						
Abandoned Calls	0	3	0	7	27	7
Average Speed of Answer	00:10	00:11	00:09	00:24	01:09	00:29
Average Talk Time	08:12	07:51	07:59	08:29	09:11	09:58
First Call Resolution	100.0%	99.1%	98.9%	99.9%	99.9%	100.0%
Total Clinical Calls	931	1017	786	1053	1100	816
Total Calls	2,079	2,211	1,738	2,263	2,398	1,793

Requests Processed	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Approvals	4,871	4,891	4,007	4,755	4,941	3,849
Agreed Reduction	126	186	128	201	222	126
Client Approved/Negotiation	0	0	0	0	1	0
Split Decision	1	0	0	1	1	1
State Mandate	0	0	0	1	0	0
Denials	69	57	58	48	89	50
Pended	80	87	75	171	152	123
Total	5,147	5,221	4,268	5,177	5,406	4,149

Administrative Denials	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Lack of Information	2	N/A	N/A	N/A	N/A	N/A
Medicare Primary	21	2	3	2	7	11
Technical (Out of Time Frame)	46	48	52	37	77	35
Total Denied	67	50	55	39	84	46

MD Review	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Medical Necessity	13	12	21	19	21	22
Not Medically Necessary	0	7	3	9	5	4
Referred to MD Rate	0.25%	0.36%	0.56%	0.54%	0.48%	0.63%
Not Medically Necessary Denial Rate	0%	37%	13%	32%	19%	15%
Total MD Review	13	19	24	28	26	26

Reconsiderations	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Overtaken	1	0	0	0	5	0
Upheld	0	0	1	0	0	0
Total Reconsiderations	1	0	1	0	5	0

*Reconsiderations are not included in Request Processed Total

Pended	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Unreviewed	73	78	60	117	72	86
MD Review	0	0	0	0	0	1
RN Review	7	9	15	54	80	36
Total	80	87	75	171	152	123

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.	343.9	PALSY, INFANTILE CEREBRA	318
2.	319	UNSPEC INTELLECTUAL DISA	229
3.	250.00	DM, UNCOMPLICATED, TYPE	160
4.	299.00	DISORDER, AUTISTIC, CURR	148
5.	401.9	HYPERTENSION, ESSENTIAL	123
6.	428.0	FAILURE, CONGESTIVE HEAR	98
7.	758.0	DOWN'S SYNDROME	84
8.	496	OBSTRUCTION, CHRONIC AIR	77
9.	318.1	SEVERE INTELLECTUAL DISA	74
10.	491.21	BRONCHITIS, OBSTR CHR N W	70

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	3
2.	Medical Social Service must be provided in conjunction with another service. 907 KAR 1:030 (4)	1
3.		
4.		
5.		

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

Hospice

Call Metrics	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-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	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Approvals	282	186	129	117	47	88
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	17	37	4	2	2	3
Total	299	223	133	119	49	91

Administrative Denials	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-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	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-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	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-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	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	17	37	4	2	2	1
MD Review	0	0	0	0	0	0
RN Review	0	0	0	0	0	2
Total	17	37	4	2	2	3

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

Current Month Top 10 Diagnosis Codes	
1.	331.0 ALZHEIMER'S DISEASE 19
2.	238.75 NEOP, UB, MYELODYSPLASTI 13
3.	428.0 FAILURE, CONGESTIVE HEAR 13
4.	162.9 NEOPLASM, MALIGN, BRONCH 12
5.	294.20 DEMENTIA, UNSPEC W/O BEH 12
6.	290.0 DEMENTIA, SENILE, UNCOMP 5
7.	518.84 RESPIRATORY FAILURE, ACUT 4
8.	180.9 NEOPLASM, MALIGNT, CERVI 2
9.	153.9 NEOPLASM, MLIIG, LARGE IN 2
10.	183.9 NEOPLASM, MLIIGT, UTERINE 2

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

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

Nursing Facility

Call Metrics	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Administrative						
Abandoned Calls	0	0	2	0	2	0
Average Speed of Answer	00:09	00:10	00:12	00:12	00:10	00:11
Average Talk Time	04:41	04:24	04:59	04:52	04:27	04:58
First Call Resolution	85.6%	99.7%	93.5%	99.4%	99.4%	99.4%
Total Admin Calls	298	317	215	264	292	242
Clinical						
Abandoned Calls	0	0	0	0	0	1
Average Speed of Answer	00:05	00:05	00:05	00:05	00:06	00:08
Average Talk Time	03:12	03:20	03:37	04:18	04:08	04:24
First Call Resolution	98.6%	98.5%	98.9%	99.3%	99.3%	99.3%
Total Clinical Calls	155	205	132	181	174	122
Total Calls	453	522	347	445	466	364

Requests Processed	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Approvals	6,312	5,392	6,240	4,878	6,892	6,150
Initial LOC Approval	2,337	2,511	2,121	2,316	2,736	2,418
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	9	3	1	2	2	5
Denials	27	22	22	4	10	7
Pended	268	191	146	196	280	309
Total	8,953	8,119	8,530	7,396	9,920	8,889

Administrative Denials	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Lack of Information	17	16	19	1	0	2
Non-Certified Bed	0	0	0	0	0	0
Total Denied	17	16	19	1	0	2

*Reconsiderations are not included in Request Processed Total

MD Review	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Medical Necessity	10	5	6	10	9	13
Not Medically Necessary	10	6	3	3	10	5
Referred to MD Rate	7.46%	5.76%	6.16%	6.63%	6.79%	5.83%
Not Medically Necessary Denial Rate	50%	55%	33%	23%	53%	28%
Total MD Review	20	11	9	13	19	18

Reconsiderations	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Overturned	2	1	1	1	3	2
Upheld	0	0	0	0	0	1
Total Reconsiderations	2	1	1	1	3	3

*Reconsiderations are not included in Request Processed Total

	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Pended						
Lack of Information	211	173	144	174	247	267
MD Review	0	0	0	0	0	0
RN Review	57	18	2	20	33	42
Total	268	191	146	194	280	309

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	267
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes		
1.	401.9 HYPERTENSION, ESSENTIAL	696
2.	290.0 DEMENTIA, SENILE, UNCOMP	657
3.	496 OBSTRUCTION, CHRONIC AIR	521
4.	436 DISEASE, ACUTE CEREBRAS,	411
5.	331.0 ALZHEIMER'S DISEASE	378
6.	428.0 FAILURE, CONGESTIVE HEAR	297
7.	250.00 DM, UNCOMPLICATED, TYPE	294
8.	599.0 INFECTION, URINARY TRACT	269
9.	486 PNEUMONIA, ORGANISM NOS	264
10.	728.87 WEAKNESS, MUSCLE	199

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	3
2.	Not medically necessary	2
3.		
4.		
5.		

Current Month Top 5 Reasons for Lack of Information Denial		
1.	726A missing or incomplete	1
2.	Lack of Information	1
3.		
4.		
5.		

Nursing Facility Ancillary

Call Metrics	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Administrative						
Abandoned Calls	17	16	9	27	22	25
Average Speed of Answer	00:18	00:18	00:20	00:28	00:20	00:20
Average Talk Time	03:15	03:33	03:17	03:14	03:15	03:39
First Call Resolution	99.7%	99.7%	93.5%	99.4%	99.4%	99.3%
Total Admin Calls	1146	1051	840	978	1085	916

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	1,146	1,051	840	978	1,085	916

Requests Processed	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Approvals	2,322	2,534	2,037	2,726	2,476	2,354
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	261	322	270	229	238	259
Pended	224	252	237	195	318	280
Total	2,807	3,108	2,544	3,150	3,032	2,893

RN Denials/Overturns	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
FRN Criteria	249	309	263	225	235	251
FRN Reconsideration Overturned	6	14	7	6	6	7
FRN Reconsideration Upheld	10	11	6	3	2	4
Total Denied	265	334	276	234	243	262

MD Review	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Medical Necessity	5	11	0	5	3	5
Not Medically Necessary	2	2	0	1	1	3
Referred to MD Rate	0.25%	0.42%	0%	0%	0%	0%
Not Medically Necessary Denial Rate	29%	15%	0%	17%	25%	38%
Total MD Review	7	13	0	6	4	8

Reconsiderations	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Overturned	1	2	1	0	0	1
Upheld	0	4	0	0	3	1
Total Reconsiderations	1	6	1	0	3	2

*Reconsiderations are not included in Request Processed Total

Pended	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
MD Review	1	1	0	0	2	0
RN Review	216	251	237	195	316	280
Total	217	252	237	195	318	280

Current Month Top 5 LOI Pended Reasons	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
1.	N/A					
2.						
3.						
4.						
5.						

Current Month Top 10 Diagnosis Codes	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
1.	496	OBSTRUCTION, CHRONIC AIR				572
2.	728.87	WEAKNESS, MUSCLE				328
3.	786.05	SYMPTOM, SHORTNESS OF BR				255
4.	428.0	FAILURE, CONGESTIVE HEAR				164
5.	719.7	DIFFICULTY IN WALKING				141
6.	799.02	HYPOXEMIA				80
7.	486	PNEUMONIA, ORGANISM NOS				77
8.	787.22	DYSPHAGIA, OROPHARYNGEAL				73
9.	786.09	SYMP ABNORMALITY, RESPIR				66
10.	401.9	HYPERTENSION, ESSENTIAL				47

Current Month Top 5 Reasons for MD Denial	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
1.	Not medically necessary					2
2.	Documentation is inadequate to determine the ongoing need for the services. 907 KAR 1:023 and 907 KAR 3:130					1
3.						
4.						
5.						

Current Month Top 5 Reasons for Lack of Information Denial	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
1.	N/A					
2.						
3.						
4.						
5.						

Orthodontia

Call Metrics	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Administrative						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:07	00:11	00:08	00:08	00:12	00:08
Average Talk Time	03:52	01:11	01:32	02:58	01:04	02:32
First Call Resolution	100.0%	100.0%	100.0%	100%	100%	100%
Total Admin Calls	8	18	8	9	10	14

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	8	18	8	9	10	14

Requests Processed						
Approvals	15	27	13	8	12	12
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	0	0	0	0	0	0
Pended	2	0	0	0	0	0
Total	17	27	13	8	12	12

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

MD Review						
Medical Necessity	0	1	0	0	0	0
Not Medically Necessary	0	0	0	0	0	0
Referred to MD Rate	0.00%	3.70%	0.00%	0.00%	0.00%	0.00%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
Total MD Review	0	1	0	0	0	0

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

*Reconsiderations are not included in Request Processed Total

	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Pended						
Lack of Information	0	0	0	0	0	0
MD Review	2	0	0	0	0	0
RN Review	0	0	0	0	0	0
Total	2	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.	V58.5 ORTHODONTICS AFTERCARE	12
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	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Administrative						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:09	00:08	00:14	00:14	00:10	00:10
Average Talk Time	04:00	04:12	04:49	04:09	04:04	03:51
First Call Resolution	100.0%	99.4%	99.6%	100%	100%	100%
Total Admin Calls	158	126	109	107	125	119
Clinical						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:08	00:08	00:10	00:08	00:16	00:18
Average Talk Time	03:07	03:57	04:18	04:09	03:35	05:24
First Call Resolution	95.9%	100.0%	98.1%	100%	100%	100%
Total Clinical Calls	41	49	41	27	33	50
Total Calls	199	175	150	134	158	169

Requests Processed						
Approvals	270	287	211	233	168	171
Agreed Reduction	8	1	1	0	3	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	0	2	23	5	3	11
Pended	8	49	8	8	15	19
Total	286	339	243	246	189	201

Administrative Denials						
Lack of Information	0	2	23	5	3	8
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	2	23	5	3	8

MD Review						
Medical Necessity	16	29	24	34	19	33
Not Medically Necessary	0	0	0	0	0	3
Referred to MD Rate	5.59%	8.55%	9.88%	13.82%	10.05%	17.91%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	8%
Total MD Review	16	29	24	34	19	36

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

*Reconsiderations are not included in Request Processed Total

	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Pended						
Lack of Information	7	48	8	3	14	19
MD Review	1	0	0	0	0	0
RN Review	0	1	0	5	1	0
Total	8	49	8	8	15	19

Independent Therapy						
Total	66	100	92	39	61	80

Current Month Top 5 LOI Pended Reasons	
1.	Lack of Information 19
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes		
1.	343.1	PALSY, INFANTILE CER, HE 12
2.	781.3	SYMPTOM, LACK OF COORDIN 10
3.	721.0	SPONDYLOSIS, CERVICAL 10
4.	315.4	DSORD, DEVELOPMENTAL COO 8
5.	299.00	DISORDER, AUTISTIC, CURR 8
6.	343.2	PALSY, INFANTILE CER, OU 8
7.	724.2	LUMBAGO 7
8.	781.2	SYMPTOM, ABNORMALITY, GA 6
9.	836.0	TEAR MEDIAL MENISCUS KNE 6
10.	715.16	OSTEOARTHRISIS LCLZD PRM 6

Current Month Top 5 Reasons for MD Denial	
1.	Service was not clinically appropriate using the criteria and guidelines established in 907 KAR 3:130. 907 KAR 10:014(2) 3
2.	
3.	
4.	
5.	

Current Month Top 5 Reasons for Lack of Information Denial	
1.	LOI response not received or incomplete 8
2.	
3.	
4.	
5.	

Physician Services

Call Metrics	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Administrative						
Abandoned Calls	0	0	0	1	1	2
Average Speed of Answer	00:10	00:09	00:14	00:16	00:14	00:13
Average Talk Time	03:21	03:49	03:34	03:22	03:37	04:08
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Admin Calls	242	261	250	200	255	201
Clinical						
Abandoned Calls	0	0	0	1	1	2
Average Speed of Answer	00:09	00:09	00:09	00:09	00:09	00:09
Average Talk Time	03:55	03:55	03:55	03:55	03:55	03:55
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Clinical Calls	32	34	31	37	43	31
Total Calls	274	295	281	237	298	232

Requests Processed	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Approvals	40	42	43	47	42	24
Administrative Approval	20	11	14	19	14	12
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	0	2	0	0	0	0
Pended	9	3	13	8	5	11
Total	69	58	70	74	61	47

Administrative Denials	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-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)	0	0	0	0	0	0
Total Denied	0	0	0	0	0	0

MD Review	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Medical Necessity	13	13	24	24	23	12
Not Medically Necessary	0	2	0	0	0	0
Referred to MD Rate	18.84%	25.86%	34.29%	32.43%	37.70%	25.53%
Not Medically Necessary Denial Rate	0%	13%	0%	0%	0%	0%
Total MD Review	13	15	24	24	23	12

Reconsiderations	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Overtaken	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	0	0	0

*Reconsiderations are not included in Request Processed Total

Pended	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Lack of Information Incomplete Data (Consent Forms)	N/A	N/A	N/A	N/A	N/A	N/A
MD Review	5	2	9	6	1	9
RN Review	0	0	0	0	1	0
	4	1	4	2	3	2
Total	9	3	13	8	5	11

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

Current Month Top 10 Diagnosis Codes	Code	Description	Count
1.	V25.2	STERILIZATION	12
2.	327.23	DSORD, ORGNC OBST SLEEP	6
3.	278.01	OBESITY, MORBID	6
4.	174.9	NEOPLASM, MLIG, FEMALE B	3
5.	V53.51	FIT/ADJUST GASTRIC LAP B	2
6.	454.1	VRCS VEIN, LWR EXTREMITI	2
7.	625.8	SYMP ASSOC W/FEM GENITAL	1
8.	278.1	ADIPOSITIY, LOCALIZED	1
9.	780.1	SYMPTOM, HALLUCINATIONS	1
10.	209.60	BNG CARCIN TUMOR, UNKN S	1

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

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

Psychiatric Programs

Call Metrics	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Administrative						
Abandoned Calls	0	1	2	4	1	0
Average Speed of Answer	00:11	00:10	00:13	00:16	00:11	00:12
Average Talk Time	03:13	03:16	02:52	03:06	02:48	02:59
First Call Resolution	100.0%	94.1%	100.0%	100%	100%	100%
Total Admin Calls	291	301	209	306	276	261
Clinical						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:05	00:05	00:05	00:05	00:08	00:12
Average Talk Time	09:10	08:33	09:07	08:44	08:05	08:09
First Call Resolution	100.0%	100.0%	100.0%	100%	100%	100%
Total Clinical Calls	225	272	170	261	236	211
Total Calls	516	573	379	567	512	472

Requests Processed	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Approvals	243	274	187	283	247	229
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	2	1	0	0
Denials	12	9	4	6	5	7
Pended	8	10	4	8	10	8
Total	263	293	197	298	262	244

Administrative Denials	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-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)	5	1	3	3	0	3
Total Denied	5	1	3	3	0	3

MD Review	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Medical Necessity	2	0	0	0	3	3
Not Medically Necessary	7	0	0	0	5	4
Referred to MD Rate	3.42%	0.00%	0.00%	0.00%	3.05%	2.87%
Not Medically Necessary Denial Rate	78%	0%	0%	0%	63%	57%
Total MD Review	9	0	0	0	8	7

Reconsiderations	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Overtaken	3	1	0	0	0	2
Upheld	4	3	1	1	0	1
Total Reconsiderations	7	4	1	1	0	3

*Reconsiderations are not included in Request Processed Total

Pended	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Lack of Information	0	0	0	0	0	0
RN Review	10	4	8	10	10	8
MD Review	0	0	0	0	0	0
Total	13	4	8	10	10	8

By Place of Service	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Distinct Part Units - Psychiatric	99	107	60	87	69	67
EPSDT	12	25	21	23	17	21
Freestanding Psychiatric Facility	43	38	26	40	34	29
Inpatient Hospital	14	2	3	12	15	21
Non-Freestanding Psychiatric Facility	98	116	81	121	114	96
Onsite EPSDT Psych	0	0	0	0	0	0
Psychiatric Residential Treatment Center	4	9	7	16	13	13
Total	319	297	198	299	262	247

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

Current Month Top 10 Diagnosis Codes	Count
1. 296.90 DISORDER, EPISODIC MOOD	41
2. 295.70 DISORDER, SCHIZOAFFECTIV	30
3. 311 DISORDER, DEPRESSIVE NEC	17
4. 295.90 SCHIZOPHRENIA NOS, UNSPE	13
5. 295.32 SCHIZO, PARANOID, CHRONI	11
6. 295.30 SCHIZOPHRENIA, PARANOID,	8
7. 299.00 DISORDER, AUTISTIC, CURR	7
8. 296.7 BPLR I, UNSPEC, MOST REC	7
9. 298.9 NONORGANIC PSYCHOSIS NOS	6
10. 296.80 DISORDER, BIPOLAR NOS	6

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

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

Radiology

Call Metrics	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Administrative						
Abandoned Calls	3	0	0	6	0	0
Average Speed of Answer	00:11	00:10	00:16	00:18	00:13	00:13
Average Talk Time	03:46	03:47	03:57	04:27	03:56	03:51
First Call Resolution	100.0%	100.0%	99.6%	100%	100%	100%
Total Admin Calls	467	480	372	427	465	409
Clinical						
Abandoned Calls	0	0	0	0	0	1
Average Speed of Answer	00:08	00:08	00:08	00:08	00:18	00:12
Average Talk Time	05:30	05:51	05:36	05:34	05:56	05:45
First Call Resolution	95.9%	100.0%	98.2%	100%	100%	100%
Total Clinical Calls	291	257	205	259	289	244
Total Calls	758	737	577	686	754	653

Requests Processed	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Approvals	312	334	261	304	349	308
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	4	0	6	2	0
Pended	8	14	9	2	5	5
Total	328	352	270	312	356	313

Administrative Denials	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Lack of Information	7	4	0	1	1	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	7	4	0	1	1	0

MD Review	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Medical Necessity	93	118	83	80	106	74
Not Medically Necessary	1	0	0	5	1	0
Referred to MD Rate	28.66%	33.52%	30.74%	27.24%	30.06%	23.64%
Not Medically Necessary Denial Rate	1%	0%	0%	6%	1%	0%
Total MD Review	94	118	83	85	107	74

Reconsiderations	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Overturned	0	0	0	1	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	1	0	0

*Reconsiderations are not included in Request Processed Total

	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Pended						
Lack of Information	0	0	1	1	1	2
MD Review	3	3	7	0	2	1
RN Review	5	11	1	1	2	2
Total	8	14	9	2	5	5

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

Current Month Top 10 Diagnosis Codes			
1.	786.50	SYMPTOM, PAIN, CHEST NOS	24
2.	722.4	DEGENERATION, CERVICAL D	19
3.	724.2	LUMBAGO	18
4.	723.1	CERVICALGIA	16
5.	719.41	PAIN IN JOINT, SHOULDER	14
6.	340	SCLEROSIS, MULTIPLE	13
7.	724.4	NEURITIS, LUMBOSACRAL NO	12
8.	784.0	SYMPTOM, HEADACHE	12
9.	719.46	PAIN IN JOINT, LOWER LEG	7
10.	722.52	DEGENERATION, LUMBAR/LMB	7

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

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



KY Department for Medicaid Services Administrative Hearings Report

Report Run Date: Mar 10, 2015
 New/In Progress/Closed/All In Progress

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

Case Type	Primary Category	Appeal Type	Status	Appeal Start Date	Decision Required Date	Attending Physician
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Aug 12, 2014	Oct 2, 2014	PELLEGRINI, ADRIAN
Home Health	Home Health	Administrative Hearings	In Progress	Jun 18, 2014	Jul 30, 2014	PELLEGRINI, ADRIAN
Waiver	Michelle P - Services	Administrative Hearings	In Progress	Aug 25, 2014	Sep 30, 2014	PELLEGRINI, ADRIAN
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Jan 8, 2015	Feb 10, 2015	PELLEGRINI, ADRIAN
Waiver	Michelle P. CDO - Services	Administrative Hearings	In Progress	Jan 27, 2015	Mar 6, 2015	PELLEGRINI, ADRIAN
Waiver	HCBC - LOC	Administrative Hearings	In Progress	May 27, 2014	Jul 10, 2014	PELLEGRINI, ADRIAN
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Feb 27, 2015	Mar 31, 2015	PELLEGRINI, ADRIAN
Acute Inpatient	Psychiatric	Administrative Hearings	In Progress	Dec 8, 2014	Feb 6, 2015	PELLEGRINI, ADRIAN
Acute Inpatient	Psychiatric	Administrative Hearings	In Progress	Dec 8, 2014	Feb 6, 2015	PELLEGRINI, ADRIAN
Waiver	HCBC - LOC	Administrative Hearings	In Progress	Oct 17, 2014	Oct 27, 2014	PELLEGRINI, ADRIAN
Waiver	Michelle P. CDO - Services	Administrative Hearings	In Progress	Feb 25, 2015	Feb 26, 2015	PELLEGRINI, ADRIAN



Utilization Management Executive Summary

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

Status Month End February 2015

Cabinet for Health and Family Services Department for Medicaid Services

Role:		Name:	
Author		Pam Smith	
Reviewer		HP Leaders	
HP Management		Matt Dawson	
Client		Commissioner Lisa Lee Deputy Commissioner Neville Wise Acting Information Systems Director John Hoffmann	
DELIVERABLE TITLE:		Date Submitted: 02/16/2015	
File Name: : Utilization Management Executive Summary			AUTHORING TOOL: Microsoft Word 2007

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Monthly UM Reviews Processed

Review Area	Historical Monthly Avg	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Acute Inpatient*	1,024	1,878	1,748	1,536	1,959	2,025	1,627
Inpatient Psych	228	255	283	193	290	252	236
DRG Retro Review	681	250	250	102	123	250	250
EPSDT	599	1,378	1,446	1,004	1,215	964	941
Impact Plus	788	232	11	0	0	0	0
DME	3,198	1,610	1,753	1,395	1,536	1,481	1,440
Home Health	2,555	5,140	5,212	4,253	5,123	5,326	4,112
Outpatient Services (Therapy)	307	285	338	243	241	188	201
Radiology	212	320	338	262	611	352	310
Physician Services*	37	65	57	57	72	57	45
Dental/Orthodontia	83	15	27	13	8	12	12
Hospice	4,379	299	223	133	119	49	89
Nursing Facility Level of Care	5,682	8,896	8,101	8,528	7,374	9,887	8,847
Nursing Facility Ancillary Onsite	12,404	3,101	2,856	2,307	2,955	2,714	2,613
Total	22,050	23,724	22,643	20,026	21,626	23,557	20,723

*Includes Clinical and Administrative Reviews

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

Quarterly Audit Reviews

Audit Area	Historical Avg/Quarter	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014
Billing Audits - HH, EPSDT, Waiver	41	61	10	60	70	32	14
NF RUG-MDS	76	32	118	43	109	36	116
Adult Day Level II	9	8	8	10	10	10	9

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

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

Monthly Reviews Processed Feb 2015

Review Area	Beginning Inventory	Received	Approval	Denial	RTP-LOI	Ending Inventory	*Age Oldest Review
Acute Inpatient	34	1,617	1,610	17	0	24	2 days
Inpatient Psych	10	234	229	7	0	8	0
DRG	0	250	241	9	0	0	0
EPSDT	13	932	821	7	113	4	3 days
Impact Plus	0	0	0	0	0	0	0
DME	39	1,420	878	21	541	19	3 days
Home Health	80	4,069	3,976	50	86	37	3 days
Outpatient Services (Therapy)	1	200	171	11	19	0	2 days
Radiology	4	309	308	0	2	3	0
Physician Services	4	43	36	0	9	2	0
Dental/Orthodontia	0	12	12	0	0	0	0
Hospice	0	91	88	0	1	2	1 day
Nursing Facility Level of Care	33	8,856	8,573	7	267	42	3 days
Nursing Facility Ancillary Onsite	318	2,575	2,354	259	0	280	5 days
Total	536	20,608	19,297	388	1,038	421	

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

Monthly Referral/Denial Stats Feb 2015

Review Area	Review Volume	# Referred	# Denied	% Referred	% Denied	% Referred/Denied
Acute Inpatient-Clinical Review	1,627	27	0	1.7%	0%	0%
Inpatient Psych	236	7	4	3%	1.7%	57%
DRG Retro Review	250	0	0	0%	0%	0%
EPSDT	828	18	7	2%	.8%	39%
Impact Plus	0	0	0	0%	0%	0%
DME	899	172	20	19%	2%	12%
Home Health	4,026	26	4	.65%	.10%	15%
Outpatient Services (Therapy)	182	36	3	20%	2%	8%
Radiology	308	74	0	24%	0%	0%
Physician Services – Clinical Review	36	12	0	33%	0%	0%
Dental/Orthodontia*	12	0	0	0%	0%	0%
Hospice	88	0	0	0%	0%	0%
Nursing Facility Level of Care	8,580	18	5	.21%	.06%	28%
Nursing Facility Ancillary Onsite**	2,613	8	3	.31%	.11%	38%
Total	19,685	398	46	2%	1%	12%

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

Total Monthly Referral/Denial Stats

	Historical Monthly Avg	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Total Reviews	21,035	22,704	21,698	19,197	20,337	22,586	19,685
# Referred	403	415	425	343	396	439	398
# Denied	41	45	38	32	43	39	46
% Referred	2%	2%	2%	2%	2%	2%	2%
% Denied	1%	1%	1%	1%	1%	1%	1%
% Referred/Denied	10%	11%	9%	9%	11%	9%	12%

Referral/Denial % Calculations

% Referred = #Referred/Total Reviews

% Denied = #Denied/Total Reviews

% Referred/Denied = #Denied/#Referred

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

Contractual Turnaround Times

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



Operational Status Report *Kentucky MMIS Project*

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

Status Month End March 2015

Cabinet for Health and Family Services Department for Medicaid Services

<u>Role:</u>	<u>Name:</u>
Author	Janet Penn
Reviewer	Gregg Currans
HP Enterprise Services Management	Matt Dawson, Account Executive
Client	Commissioner Lisa Lee Deputy Commissioner Neville Wise Medicaid Systems Director Jennifer Harp
DELIVERABLE TITLE: Operational Status Report	DATE SUBMITTED: March 15, 2015
FILE NAME: 2015_03_KY_MMIS_Operational_Status_Report.docx	AUTHORING TOOL: Microsoft Word 2007

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1 Executive Summary

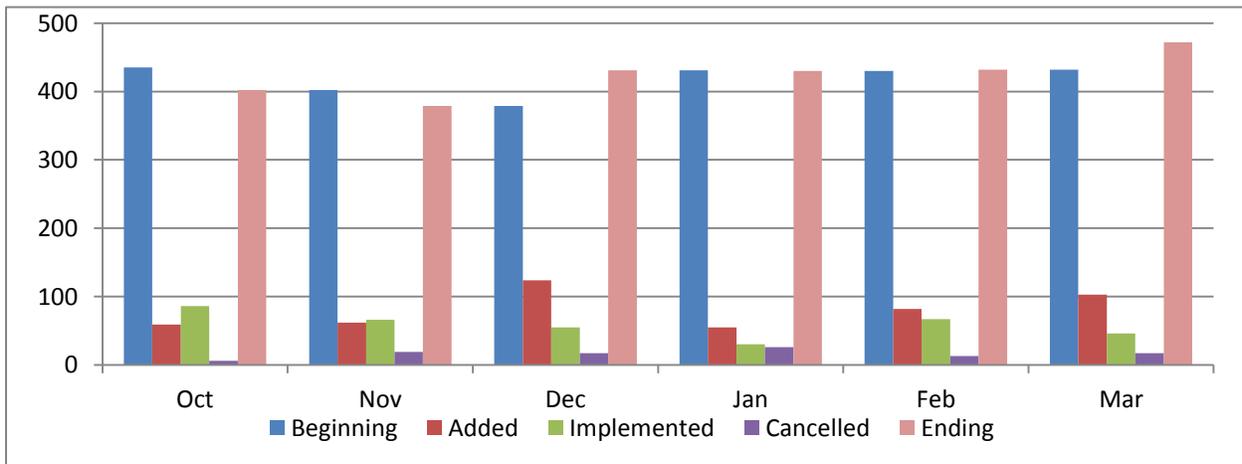
	March	Page Number
Claims Processed	823,785	Page 17
Total Dollars Paid	\$194,170,637.57	Page 17
Claims Paid	599,843	Page 17
Claims Denied	223,942	Page 17
% Denied Claims	27.2%	Page 17
Average Claims Held in Cash Management	280,258	N/A
Average Dollars Held in Cash Management	\$45,488,609.02	N/A
Capitation Financial Transactions	2,559,637	N/A
Capitation Financial Payments	\$609,102,993.64	Page 18
Suspended Claims	7,164	Page 24
Total Suspended Claims > 90 Days	339	Page 24
Provider Services Calls Received	11,214	Page 31
Provider Services Current Service Level %	96%	Page 31

Encounter Load Statistics

Managed Care Organizations (MCOs)						
	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015
Coventry	973,889	1,136,940	880,425	2,267,398	820,057	1,277,313
Humana	265,849	469,024	299,801	487,360	388,151	383,750
Kentucky Spirit	2,817	457	225	508	389	265
Passport (R03)	612	4,026	605	2,785	159	264
Passport R31	811,239	1,130,343	869,089	1,015,441	938,796	919,034
WellCare	1,308,988	1,756,066	1,580,384	1,388,022	1,786,312	2,084,081
Anthem	437,792	240,847	170,982	682,412	190,766	284,556
Other						
Transportation Encounters	179,559	426,804	298,183	643,749	875,106	551,480
Magellan Pharmacy Claims	289,139	284,683	284,519	278,828	288,724	248,847
Totals	4,269,884	5,449,190	4,384,213	6,766,503	5,288,460	5,749,590

1.1 Change Order and Defect Statistics

Change Orders / Defects Inventory	Oct	Nov	Dec	Jan	Feb	Mar
Beginning	435	402	379	431	430	432
Added	59	62	124	55	82	103
Implemented	86	66	55	30	67	46
Cancelled	6	19	17	26	13	17
Ending	402	379	431	430	432	472



1.2 Change Order and Defect Statistics (continued)

March 2015	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	120	40	4	1	165	
Federally Mandated	8	1	0	0	9	2 open and 1 on hold are included in the Priority list.
Non-Priority	215	8	75	0	298	
Totals	343	49	79	1	472	

*The priority list consists of 168 Change Orders & Defects.

March 2015	Change Orders			Defects		
	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	32	21	2	2	2	0
Federally Mandated	0	0	0	0	1	0
Non-Priority	58	8	13	11	14	2
Totals	90	29	15	13	17	2

2 Unplanned System Outages

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

Billable Hours

2.1 Billable Hours Usage Summary (Contract Year 2015)

Month	Billable	Undecided	CCB Approved	Need CCB Review
Dec 2014	2,799.25	2.25	2,799.25	2.25
Jan 2015	2,913.00	21.75	2,913.00	21.75
Feb 2015	3,781.25	28.75	3,780.25	29.75
Mar 2015				
Apr 2015				
May 2015				
Jun 2015				
Jul 2015				
Aug 2015				
Sep 2015				
Oct 2015				
Nov 2015				

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

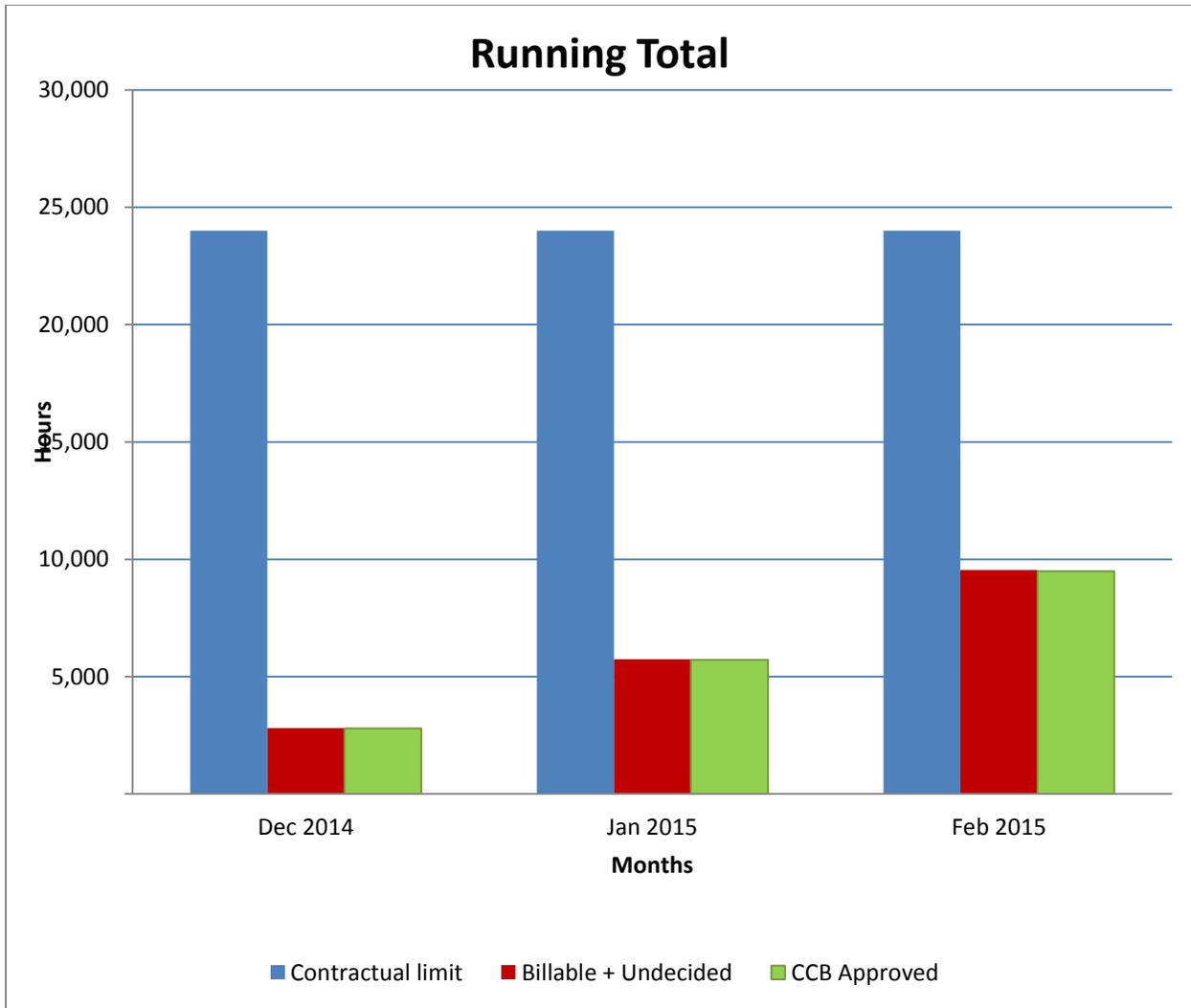
**Hours expended on Provider/Partner Portal project during the last contract year will be moved under the 2016 contract year.

2.2 Running Total (Contract Year 2015)

Month	Contractual limit	Billable + Undecided	CCB Approved	Billable	Undecided	Need CCB Review
Dec 2014	24,000.00	2,801.50	2,799.25	2,799.25	2.25	2.25
Jan 2015	24,000.00	5,736.25	5,712.25	5,712.25	24.00	24.00
Feb 2015	24,000.00	9,546.25	9,492.50	9,493.50	52.75	53.75
Mar 2015	24,000.00					
Apr 2015	24,000.00					
May 2015	24,000.00					
Jun 2015	24,000.00					
Jul 2015	24,000.00					
Aug 2015	24,000.00					
Sep 2015	24,000.00					
Oct 2015	24,000.00					
Nov 2015	24,000.00					

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

**Hours expended on Provider/Partner Portal project during the last contract year will be moved under the 2016 contract year.



3 Monthly Ad hoc Requests

3.1 Inventory Summary

	Beginning of Month	Received This Month	Closed This Month	DMS Hold	Ending Inventory
Type A	0	1	1	0	0
Type B	0	3	2	0	1
Type C	1	9	10	0	0
Type D	0	3	2	0	1
Type E	0	0	0	0	0
Unspecified	0	3	2	0	1
Total	1	19	17	0	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

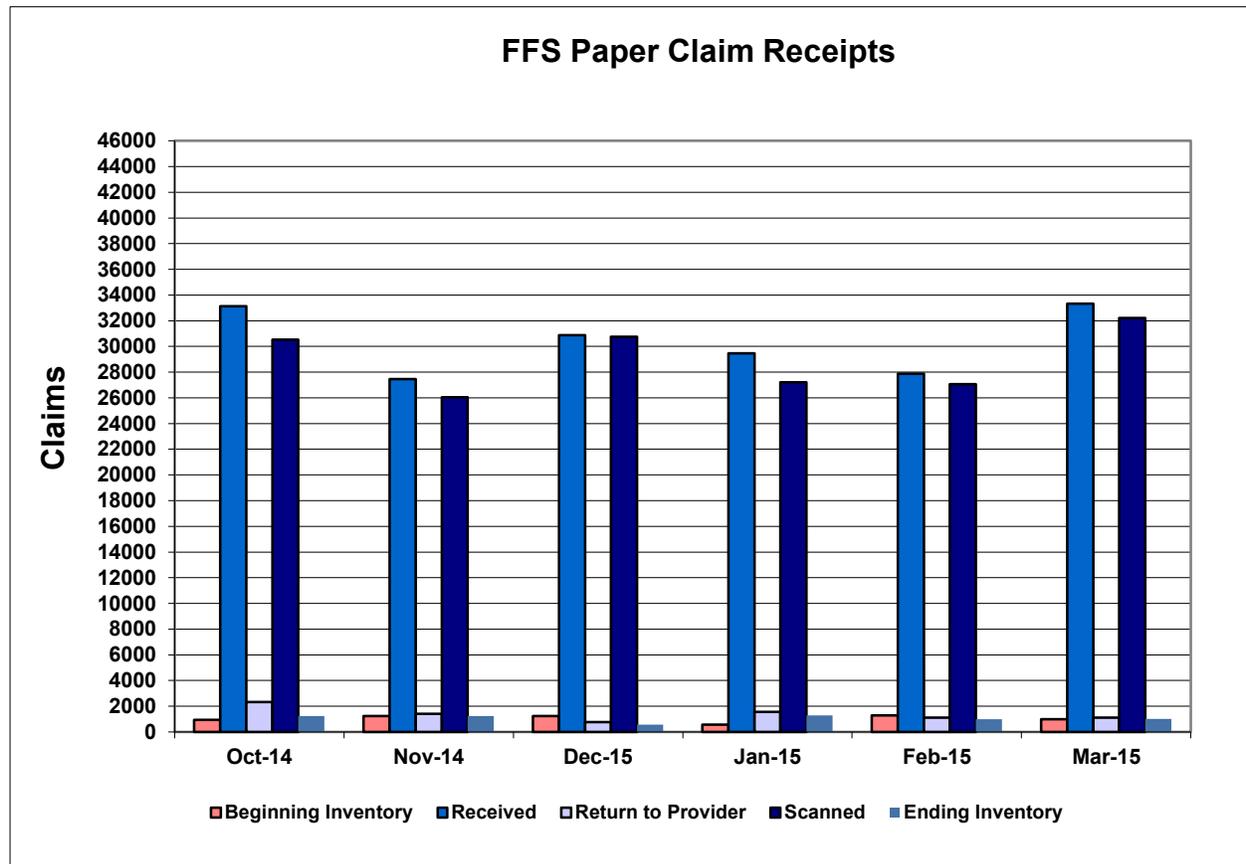
CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
24291	C	Callan, Ellenore	Completed	20150227	20150310	Health Integrity Pharmacy Data Request
24312	C	Bradshaw, Nicole	Completed	20150303	20150304	mobile dental providers
24272		Hosfield, George	Completed	20150309	20150309	Convert 6520 Data to Spreadsheet format

24349	B	Bailey, Cliff	Completed	20150310	20150311	Paid Claim Dates
24354	D	Moccia, Don	Completed	20150310	20150320	Actuary_NEMT_RateSetting_SFY 2016
24382	C	Hosfield, George	Completed	20150313	20150319	list of AR recoupments on hold
24395	D	Bentley, Tracy	Completed	20150316	20150317	ABIB Providers Supported Employment H0039
24408	B	Jenkins, Ericka	Completed	20150318	20150320	Friends and Family
24417		Douglass, Charles	Completed	20150318	20150319	2015 End-dated CPT codes
24377		Nickels, Jannette	In Progress	20150319		Member delayed status update
24454	C	Bentley, Tracy	Completed	20150319	20150320	ABICM
24455	C	Dennis, David	Completed	20150319	20150323	Open records request 15-115
24461	C	Anglin, Carrie	Completed	20150320	20150324	TAC TEST Files
24462	C	Bentley, Tracy	Completed	20150320	20150320	HMR Acquisitions

24484	C	Minedi, Laxmi	Completed	20150324	20150326	Missing County
24496	A	Smith, Toby	Completed	20150326	20150326	Medicaid FFS Pinnacle Claims
24500	C	Bentley, Tracy	Completed	20150326	20150327	Achieving More
24507	B	Guice, Lee	In Progress	20150330	20150401	No Benefits
24510	C	Bentley, Tracy	Completed	20150330	20150331	HMR Associates #011414-12-31-14
24418	D	Bentley, Tracy	In Progress	20150331	20150402	Personal Services - all providers

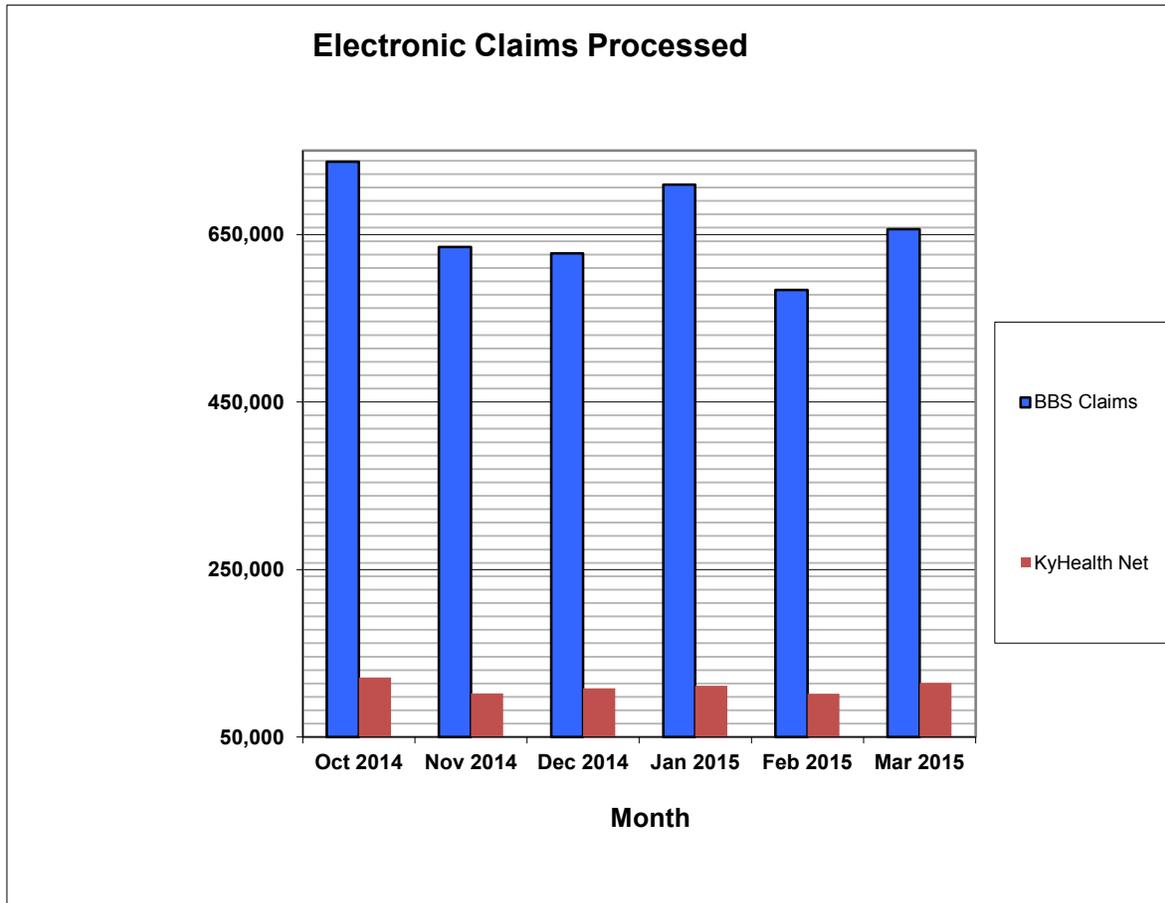
4 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
October 2014	943	33,135	2,312	30,542	1,224	0 days
November 2014	1,224	27,454	1,397	26,053	1,228	0 days
December 2014	1,228	30,873	759	30,766	576	0 days
January 2015	576	29,476	1,560	27,209	1,283	0 days
February 2015	1,283	27,873	1,107	27,070	979	0 days
March 2015	979	33,336	1,108	32,208	999	0 days



5 Electronic Claims Processed

	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015
Bulletin Board System Claims Processed	736,835	635,194	627,273	709,299	583,914	656,125
Kentucky HealthNet Claims Processed	121,223	102,344	108,172	111,422	101,715	114,785



6 Monthly FFS Claim Totals by Media

Begin Date	End Date
3/1/2015	3/31/2015

TOTAL	Denied Claims	Paid Claims		Suspense Claims
	Billed Amount	Billed Amount	Paid Amount	Billed Amount
Electronic	\$267,495,235.55	\$547,025,096.64	\$111,202,414.31	\$4,419,776.64
Paper	\$52,056,376.12	\$28,680,378.33	\$82,968,223.26	\$3,724,910.12
TOTAL:	\$319,551,611.67	\$575,705,474.97	\$194,170,637.57	\$8,144,686.76

7 Monthly Claims Operations

7.1 FFS Monthly Financial Cycle Summary

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

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

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

Category	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014
Paid Claims	456,714	605,447	459,040	531,560	461,048	468,663
Denied Claims	241,770	291,852	212,996	283,172	230,046	246,006
Total Adjudicated Claims	698,484	897,299	672,036	814,732	691,094	714,669
Adjustments/Claim Credits	10,059	13,292	10,104	11,770	12,573	12,022
Total Claims	708,543	910,591	682,140	826,502	703,667	726,691
Suspended/Resuspended Claims	15,296	12,811	11,094	8,907	12,023	9,859
% of Denied Claims	34.6%	32.5%	31.7%	34.8%	33.3%	34.4%
Avg \$ per Claim	\$430.47	\$361.62	\$406.61	\$396.79	\$420.73	\$388.96
Claim Payment Amount	\$196,601,602.10	\$218,939,387.67	\$186,650,101.31	\$210,919,296.23	\$193,977,077.58	\$182,291,626.77
(+) Payouts	\$1,183,572.44	\$7,360,754.51	\$48,295,830.15	\$5,634,150.15	\$1,556,172.01	\$1,792,372.36
(-) Recoupments	-\$2,114,267.87	-\$4,091,631.89	-\$3,143,502.06	-\$5,181,714.36	-\$3,562,145.03	-\$4,784,462.67
Check Issue	\$195,670,906.67	\$222,208,510.29	\$231,802,429.40	\$211,371,732.02	\$191,971,104.56	\$179,299,536.46
Capitation Payment	\$293,880,283.67	\$298,568,215.45	\$340,218,916.61	\$404,400,954.77	\$449,829,328.82	\$7,272,586.55
Total Paid	\$489,551,190.34	\$520,776,725.74	\$572,021,346.01	\$615,772,686.79	\$641,800,433.38	\$186,572,123.01

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
3/1/2015	3/31/2015

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
ANTHEM	67,808	\$37,770,491.22	13,095	\$4,256,907.03	80,903	\$42,027,398.25
COVENTRY	301,439	\$124,142,372.21	36,304	\$7,936,561.93	337,743	\$132,078,934.14
HUMANA	111,349	\$60,334,590.47	19,218	\$6,159,482.09	130,567	\$66,494,072.56
KENTUCKY SPIRIT						
NEMT	1,190,451	\$8,595,967.31	53,746	\$254,419.35	1,244,197	\$8,850,386.66
PASSPORT (Region 3)	249,374	\$130,059,843.13	33,336	\$9,482,644.04	282,710	\$139,542,487.17
WELLCARE	434,282	\$208,528,659.65	48,497	\$11,581,055.21	482,779	\$220,109,714.86
Sum:	2,354,703	\$569,431,923.99	204,934	\$39,671,069.65	2,559,637	\$609,102,993.64

7.2 Monthly MCO & NEMT Capitations (continued)

NEMT	Cap Transactions	Amount Paid
AUDUBON AREA COMMUNITY SERVICES INC/GRITS	50,310	\$382,558.13
PENNYRILE ALLIED COMSERVICES, INC	56,530	\$347,775.90
AUDUBON AREA COMM SRVC	57,144	\$367,104.51
L.K.L.P. C.A.C., INC REGION 4	66,326	\$430,969.80
LKLP CAC INC REGION 5	97,905	\$967,347.10
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	237,201	\$1,900,520.15
BLUE GRASS COMMUNITY ACTION AGENCY INC	80,575	\$448,629.17
LKLP CAC INC REGION 9	94,313	\$571,074.10
FEDERATED TRANSPORTATION SVS OF THE BLUE	64,196	\$438,710.60
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	67,185	\$403,277.70
RURAL TRANSIT ENTERPRISES	134,693	\$1,099,838.50
LKLP COMMUNITY ACTION	89,546	\$621,388.24
SANDY VALLEY TRANSPORTATION	63,739	\$436,857.90
LKLP CAC INC REGION 15	64,699	\$323,669.96
LICKING VALLEY COMMUNITY ACTION PROGRAM INC	19,835	\$110,664.90
TOTAL	1,244,197	\$8,850,386.66

7.3 FFS Adjudicated Original Claims (By Claim)

Begin Date	End Date
3/1/2015	3/31/2015

Paper Claims	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015
Paid	10,914	8,009	7,628	8,576	7,421	7,994
Denied	13,172	11,289	10,900	13,844	10,239	12,524
Total	24,086	19,298	18,528	22,420	17,660	20,518
% of Total Adjudicated Claims	2.26%	2.25%	2.32%	2.36%	2.00%	2.49%
% of Paper Denied Claims	54.69%	58.50%	58.83%	61.75%	57.98%	61.04%

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

Electronic Claims	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015
Paid	748,803	601,507	582,580	665,258	649,057	591,849
Denied	294,969	238,093	197,401	264,189	218,178	211,418
Total	1,043,772	839,600	779,981	929,447	867,235	803,267
% of Total Adjudicated Claims	97.74%	97.75%	97.68%	97.64%	98.00%	97.51%
% of Electronic Denied Claims	28.26%	28.36%	25.31%	28.42%	25.16%	26.32%

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

7.4 Monthly FFS Top Ten Procedure Codes

Begin Date	End Date
03/01/2015	03/31/2015

Procedure	Description	Member Count	Claim Count	Amount Paid
T2016	HABIL RES WAIVER PER DIEM	3,761	46,172	\$25,656,281.69
S5108	HOMECARE TRAIN PT 15 MIN	9,129	49,482	\$18,082,423.08
T1015	CLINIC SERVICE	86,213	161,188	\$15,172,335.41
99199	SPECIAL SERVICE/PROC/REPORT	8,432	13,101	\$7,326,823.97
T2021	DAY HABIL WAIVER PER 15 MIN	4,808	33,711	\$5,912,118.38
T2022	CASE MANAGEMENT, PER MONTH	14,382	18,843	\$5,164,624.13
H0004	ALCOHOL AND/OR DRUG SERVICES	3,351	10,022	\$2,957,430.47
T2023	TARGETED CASE MGMT PER MONTH	8,149	9,484	\$2,777,874.15
S5100	ADULT DAYCARE SERVICES 15MIN	3,013	17,656	\$2,294,802.30
97535	SELF CARE MNGMENT TRAINING	1,876	6,363	\$1,851,858.70

7.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
317	MILD INTELLECT DISABILTY	5,056	41,445	\$15,858,364.02
3180	MOD INTELLECT DISABILITY	3,148	27,814	\$11,066,606.66
3181	SEV INTELLECT DISABILITY	836	6,479	\$7,377,147.46
3182	PROFND INTELLCT DISABLTY	585	3,263	\$7,266,335.19
3439	CEREBRAL PALSY NOS	1,509	8,349	\$6,969,099.93
3128	OTHER CONDUCT DISTURBANCE	3,904	4,018	\$6,890,307.48
29900	AUTISTIC DISORD-CURRENT	2,419	16,652	\$5,588,332.80
318	OTHER MENTAL RETARDATION	2,740	14,374	\$5,583,426.45
3310	ALZHEIMER'S DISEASE	1,661	2,617	\$5,441,758.71
319	INTELLECT DISABILITY NOS	1,442	13,787	\$4,357,290.57

7.6 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
3/1/2015	3/31/2015

Procedure	Description	Member Count	Claim Count	Amount Paid
99213	OFFICE/OUTPATIENT VISIT EST	239,865	368,581	\$14,709,259.58
99284	EMERGENCY DEPT VISIT	60,448	74,924	\$10,651,260.16
99283	EMERGENCY DEPT VISIT	85,677	109,482	\$9,442,697.64
99285	EMERGENCY DEPT VISIT	31,129	38,320	\$6,904,883.91
99214	OFFICE/OUTPATIENT VISIT EST	88,572	111,182	\$6,724,382.40
90837	PSYTX PT&/FAMILY 60 MINUTES	19,592	39,921	\$4,716,662.77
T2022	CASE MANAGEMENT, PER MONTH	7,729	14,107	\$4,395,914.24
A0120	NONER TRANSPORT MINI-BUS	11,718	214,414	\$3,912,067.46
G0378	HOSPITAL OBSERVATION PER HR	7,335	7,888	\$3,513,570.74
74177	CT ABD & PELV W/CONTRAST	9,535	11,387	\$3,394,500.98

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
78650	CHEST PAIN NOS	23,346	34,902	\$5,421,466.29
29690	EPISODIC MOOD DISORD NOS	7,285	17,599	\$5,225,118.38
V3000	SINGLE LB IN-HOSP W/O CS	4,029	5,371	\$5,195,999.83
0389	SEPTICEMIA NOS	1,005	1,719	\$5,047,334.61
V3001	SINGLE LB IN-HOSP W CS	1,894	2,588	\$4,789,965.45
31401	ATTN DEFICIT W HYPERACT	17,120	47,183	\$4,626,285.60
V5811	ANTINEOPLASTIC CHEMO ENC	954	1,901	\$4,624,306.90
41401	CRNRY ATHRSCL NATVE VSSL	2,653	3,463	\$3,585,233.65
78900	ABDMNAL PAIN UNSPCF SITE	20,763	26,655	\$3,450,421.86
V202	ROUTIN CHILD HEALTH EXAM	36,431	41,066	\$3,430,164.08

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	17,303	17.2%
4021	No Coverage for Billed Procedure	16,005	15.9%
2017	Services Covered Under Member's MCO Plan	14,716	14.6%
4804	No Contract for Billed Rev Code	9,484	9.4%
3317	This Service was not Approved by Medicare	7,923	7.9%
1955	Cannot Determine Medicaid Nbr Billing Prov	7,766	7.7%
2003	Member Ineligible on Detail Date of Service	7,601	7.6%
5001	Exact Duplicate	7,187	7.1%
1036	Rendering Prov Type/Claim Type Invalid	6,798	6.8%
268	Billed Amount Missing	5,883	5.8%
Totals		100,666	57.7%

Total Denied Details – 173,739

Note: Total # of top ten denials (100,666) divided by total denied details (173,739) = % of top ten denials (57.7%)

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	3,250	31.6%
2001	Member ID Number not on File Recycle	2,869	27.9%
3305	Member Requires Valid PT Liability for DOS	2,000	19.5%
2505	Member Covered by Private Insurance	433	4.2%
5001	Exact Duplicate	393	3.8%
1046	Facility Provider is not Eligible	317	3.1%
555	Claim Past 12 Month Filing Deadline	311	3.0%
1047	Billing Provider is not Eligible	264	2.6%
3001	PA Not Found on Database	231	2.2%
4014	No Pricing Segment on File	208	2.0%
Totals		10,276	73.2%

Total Suspended Details – 14,045

Note: Total # of top ten failures (10,276) divided by total suspended details (14,045) = % of top ten suspense (73.2%)

7.9 FFS Suspended Original Claims by Age (By Claim)

Category	October 2014		November 2014		December 2014		January 2015		February 2015		March 2015	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	5,351	92.34	9,252	95.43	5,592	93.31	7,144	94.46	6,145	9,336	6,699	93.51
31-60 days	41	71	71	.73	83	1.38	78	1.03	72	1.09	78	1.09
61-90 days	32	55	31	.32	43	.72	37	.49	40	.61	48	.67
91+ days	371	640	341	3.52	275	4.59	304	4.02	325	4.94	339	4.73
Total	5,795		9,695		5,993		7,563		6,582		7,164	

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

Category	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	Oldest Julian Date
Resolutions	91	107	126	152	161	160	14-149
Med.Review	0	18	2	1	2	0	0
TPL	0	3	0	0	0	0	0
Adjustments	0	0	0	0	0	0	0
Recycle	0	0	0	0	0	0	0
DMS	353	315	273	266	274	305	12-184
Total	444	443	401	419	437	465	

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.	1,512	5,700	5,958	0	1,254	6 days
CS40-Child Support	0	366	366	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	529	1,587	1,740	0	376	9 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	86	159	181	0	64	0 days
TPL Checks	7	127	126	0	8	1 days
TPL Mail	517	3,865	3,692	0	690	8 days
KHIPP	0	384	384	0	0	0 days
Total	2,651	12,188	12,447	0	2,392	

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	12	96	103	0	4	0	1	1 day
Payouts	0	22	22	0	0	0	0	0 days
Accounts Receivable Updates	0	58	58	0	0	0	0	0 days
Accounts Receivable Transfers	0	1	1	0	0	0	0	0 days
Total	12	177	184	0	4	0	1	

9.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	9	22	22	9	1 day
HP Financial	242	395	447	190	5 days
DMS Financial	70	128	163	35	1 day
Total	321	545	632	234	

9.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	52	478	400	38	92	2 days
Institutional	20	120	101	23	16	2 days
Voids	50	397	365	54	28	2 days
Total	122	995	866	115	136	

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	78	77	1	17	582	582	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	78	77	1	17	582	582	0

10 Provider Relations

10.1 Provider Field Representatives

10.1.1 Provider Visits

There were no provider visits in March 2015.

10.2 Conference Calls (Calls Greater Than 30 Minutes)

March 9, 2015

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Capital Medical Group on March 9, 2015. The provider requested a conference call to review NPI and taxonomy information on the KY Medicaid files. Those who attended the conference call were: Melissa Young, Mel, and Claudia.

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Family Works Therapy LLC on March 9, 2015. The provider requested a conference call to review a denial on claims and questions regarding the billing instructions. Those who attended the conference call were: Lori Eaton.

March 10, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Friends and Companies, LLC on March 10, 2015. The provider requested a conference call to review options for updating a prior authorization (PA) due to claims already paid against the PA. Those who attended the conference call were: Madelynn Lynch.

March 11, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Community Options, Inc. on March 11, 2015. The provider requested a conference call to review 3 member's waiver files, plan of care and prior authorizations to ensure updates were made for claims to pay. Those who attended the conference call were: Marissa Hourigan.

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Hopkinsville Dialysis on March 11, 2015. The provider requested a conference call to review mass adjustment claims to ensure the additional payout was correct. Those who attended the conference call were: Diana Paulino.

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

March 12, 2015

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Integrity Orthopedic on March 12, 2015. The provider requested a conference call to review NPI and taxonomy information on the KY Medicaid files. Those who attended the conference call were: Karen.

March 23, 2015

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Martin County Schools on March 23, 2015. The provider requested a conference call to review KyHealth Net Eligibility Verification, Claims submission panels, and remittance statements. Those who attended the conference call were: Leah Webb

Kelly Gregory, HP Provider Field Representative, conducted a conference call with South Fork Medical Clinic PLLC on March 23, 2015. The provider requested a conference call to review the wrap payment process and turnaround time. Those who attended the conference call were: Freida Gilreath

March 26, 2015

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Mountain Comp Care Center on March 26, 2015. The provider requested a conference call to review member eligibility screens on KYHealth Net. Those who attended the conference call were: Kendra Allen

10.3 Association Meetings

There were no Association meetings in March 2015.

10.4 Provider Contacts

Provider Calls	205
Provider E-mails	585
Total	790

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

10.5 Provider Workshops

March 24, 2015

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted Provider Workshop Webinars on March 24, 2015 at 9:30 and 3:00. Pam Smith and Nikki Martin with HP Medical Management also presented at both workshops on Prior Authorizations.

The 9:30 A.M Workshop was for provider groups: Hospital; Mental Hospital; PRTF; PRTF2; Psychiatric DPU; Rehabilitation DPU. There were 5 providers in attendance.

The 1:30 P.M. Workshop was for provider groups: ICF/IID/DD Clinic and ICF/IID/DD. There were 3 providers in attendance.

March 25, 2015

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted Provider Workshop Webinars on March 25, 2015 at 9:30 and 3:00.

The 9:30 A.M Workshop was for provider groups: Acquired Brain Injury, Adult Day Care, and Support for Community Living. There were 40 providers in attendance.

The 1:30 P.M. Workshop was for provider groups: Renal Dialysis; Hospice; CORF. There were 3 providers in attendance.

March 31, 2015

Kelly Gregory and Vicky Hicks, HP Provider Field Representatives, conducted Provider Workshop Webinars on March 31, 2015 at 9:30 and 3:00.

The 9:30 A.M Workshop was for provider groups: Specialized Children Service Clinics, Preventive & Remedial Public Health, School Based Health Services, and Commission for Handicapped Children, First Steps, Title V, Targeted Case Management, HANDS, and Family Planning Service. There were 27 providers in attendance.

The 1:30 P.M. Workshop was for provider groups: Licensed Clinical Social Worker, Licensed Psychologist, Private Duty Nursing, Speech Pathologist, Licensed Professional Clinical Counselor, Licensed Marriage & Family Therapist, Licensed Psychological Practitioner, Licensed Professional Art Therapist, Licensed Behavioral Analyst, Behavioral Health Multi-Specialty Group, Residential Crisis Stabilization Unit, and Behavioral Health Services Organization. There were 23 providers in attendance.

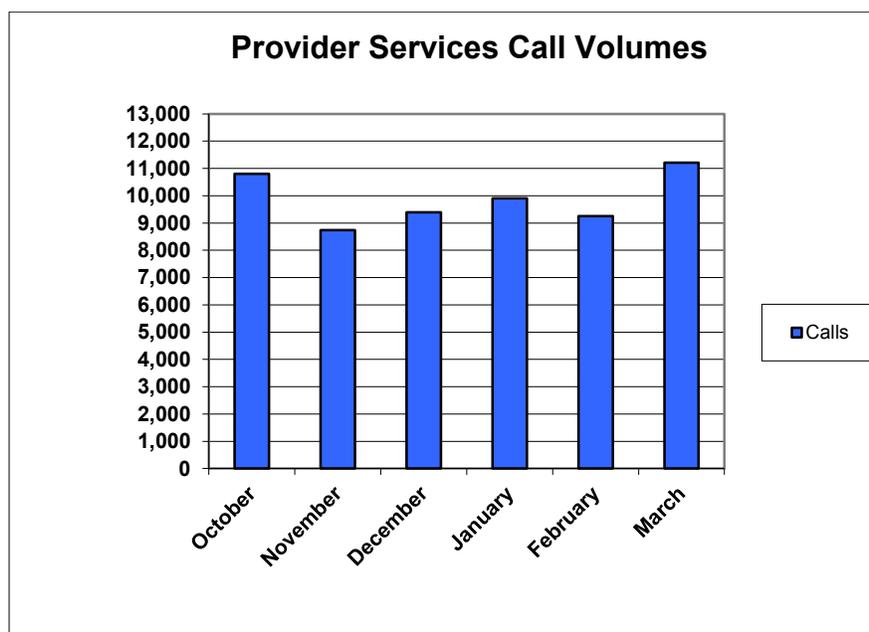
10.6 Provider Services

10.6.1 Provider Services

Category	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015
% Service Level	96%	95%	95%	94%	96%	96%
Abandoned Calls	418	418	512	639	358	477
Avg Speed Ans	1:10	1:34	1:36	1:54	1:11	1:19
Incoming Calls	10,807	8,736	9,390	9,906	9,249	11,214
Paper Correspondence	397	507	595	557	621	500
E-Mail Correspondence	336	179	263	307	231	210
Fax	9	2	10	23	27	27
Total*	11,549	9,424	10,258	10,793	10,128	11,951
HP Callbacks	88	84	127	174	114	109

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

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



10.6.1 Provider Services (continued)

10.6.2 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

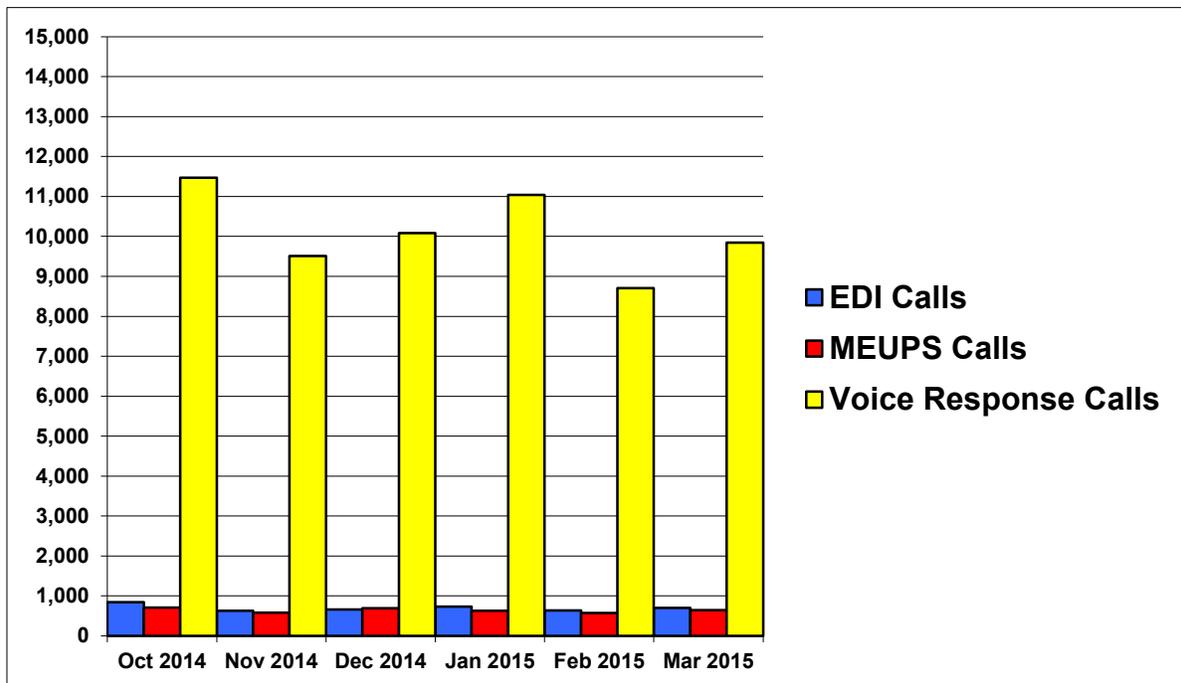
The following instructor-led training classes were offered by HP in March 2015:

- **Mechanics of Claims Processing** (March 2) 1 attended
 - Erin Bravo, Office of the Kentucky Attorney General
 - **Member Subsystem** (March 3) 4 attended
 - Marydale Coleman, Division of Program Quality & Outcomes-ManCareOversight
 - David McAnally, Division of Program Quality & Outcomes-ManCareOversight
 - Lisa Thompson, Division of Program Quality & Outcomes-ManCareOversight
 - Corey Kennedy, Division of Program Quality & Outcomes-ManCareOversight
 - **Provider Subsystem** (March 9) 3 attended
 - David McAnally, Division of Program Quality & Outcomes-ManCareOversight
 - Lisa Thompson, Division of Program Quality & Outcomes-ManCareOversight
 - Corey Kennedy, Division of Program Quality & Outcomes-ManCareOversight
 - **Prior Authorization Subsystem** (March 9) 1 attended
 - Kevin Wade, OIG
 - **Reference Subsystem** (March 10) 3 attended
 - David McAnally, Division of Program Quality & Outcomes-ManCareOversight
 - Lisa Thompson, Division of Program Quality & Outcomes-ManCareOversight
 - Corey Kennedy, Division of Program Quality & Outcomes-ManCareOversight
 - **Claim Edits, Audits and Rules** (March 12) 3 attended
 - CJ Jones, Benefits Policy Branch Manager
 - Amy Simpson, Benefits Policy Branch
 - Kevin Wade, OIG
 - **Claims Subsystem** (March 17) 4 attended
 - David McAnally, Division of Program Quality & Outcomes-ManCareOversight
 - Lisa Thompson, Division of Program Quality & Outcomes-ManCareOversight
 - Corey Kennedy, Division of Program Quality & Outcomes-ManCareOversight
 - CJ Jones, Benefits Policy Branch Manager
 - **Financial Subsystem** (March 19) 1 attended
 - James McCubbins, KYOAG
 - **OnBase Application** (March 23) 4 attended
 - David McAnally, Division of Program Quality & Outcomes-ManCareOversight
 - Lisa Thompson, Division of Program Quality & Outcomes-ManCareOversight
 - Corey Kennedy, Division of Program Quality & Outcomes-ManCareOversight
 - Shelley Edwards, Division of Policy & Operations - Eligibility Policy Branch
 - **Special In Depth Training** (March 24) 0 attended
 - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD
 - **Encounters** (March 25) 4 attended
 - Kevin Wade, OIG
 - David McAnally, Division of Program Quality & Outcomes-ManCareOversight
 - Lisa Thompson, Division of Program Quality & Outcomes-ManCareOversight
 - Corey Kennedy, Division of Program Quality & Outcomes-ManCareOversight
 - **Encounter Reports** (March 25) 4 attended
 - Kevin Wade, OIG
 - David McAnally, Division of Program Quality & Outcomes-ManCareOversight
 - Lisa Thompson, Division of Program Quality & Outcomes-ManCareOversight
 - Corey Kennedy, Division of Program Quality & Outcomes-ManCareOversight
- Staff members' supervisors are sent a confirmation via email of attendance.

11 EDI Customer/Provider Interaction

11.1 Electronic Data Interchange Calls Received

Category	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015
EDI Calls	842	630	662	731	639	697
MEUPS Calls	705	580	690	625	572	642
Voice Response Calls	11,466	9,510	10,080	11,035	8,702	9,842



Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
October	842	19	:10	2:57	98%
November	630	9	:12	3:01	99%
December	662	20	:17	2:49	97%
January	731	13	:13	2:36	98%
February	639	13	:14	2:56	98%
March	697	13	:14	2:47	98%

Expanded Call Data (continued)

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
October	705	9	:07	2:09	99%
November	580	15	:17	2:15	97%
December	690	18	:17	2:06	97%
January	625	13	:18	2:12	98%
February	572	14	:11	2:20	98%
March	642	15	:14	2:12	98%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
October	11,466	607	:01	1:32	95%
November	9,510	460	:01	1:32	95%
December	10,080	378	:01	1:31	96%
January	11,035	199	:01	1:38	98%
February	8,702	207	:01	1:36	98%
March	9,842	165	:01	1:38	98%

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

EDI Top 5 calls:

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

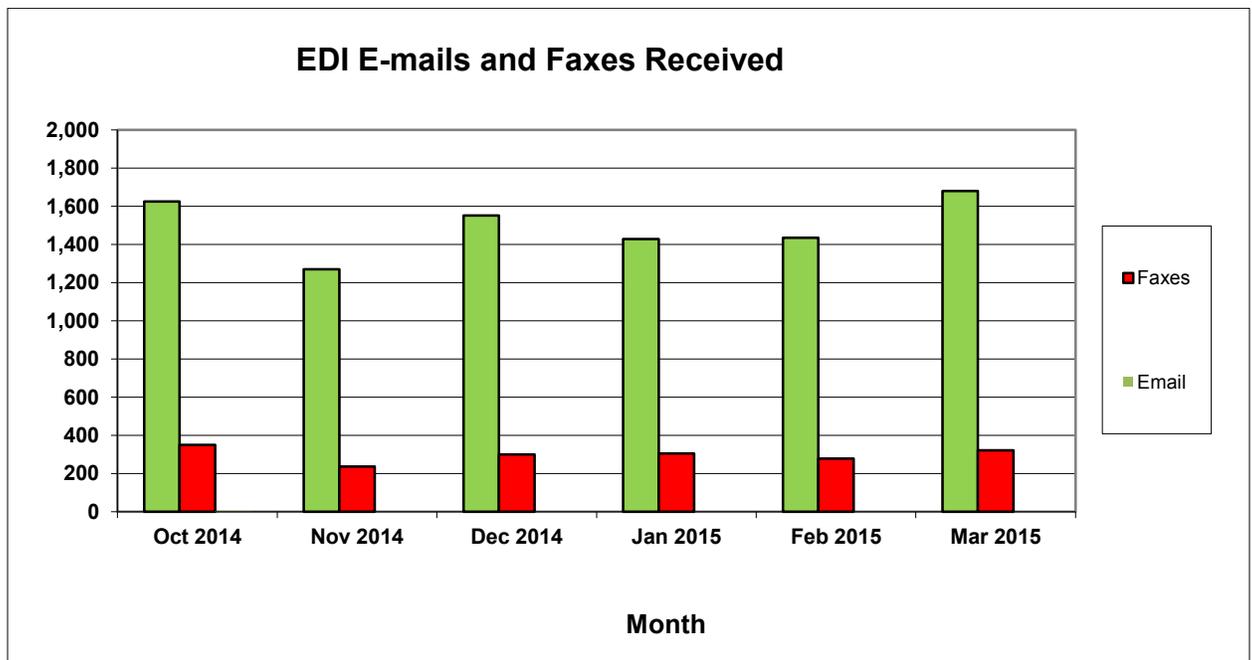
MEUPS Top 5 calls:

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

Category	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015
Password Resets Received Via phone	485	445	511	469	400	405

11.2 EDI E-mails and Faxes Received

Category	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015
E-mails Received	1,625	1,270	1,551	1,429	1,435	1,681
E-mails Answered	1,621	1,267	1,546	1,426	1,431	1,680
Faxes Received	350	237	300	304	278	321
Faxes Answered	346	231	298	302	276	317



EDI Top 5 E-mail Requests:

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

Category	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015
Password Resets Received Via e-mail	380	314	281	363	324	344

EDI Top 5 Fax Requests:

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

Category	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015
PINs Received via fax	152	273	361	158	189	302
Admins Received via fax	304	191	386	150	209	246

*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: March 2015

**Report Date: April 13, 2015
Author: Carewise Health Staff**

Acute Inpatient Services

Call Metrics	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Administrative						
Abandoned Calls	0	14	8	4	7	19
Average Speed of Answer	00:08	00:11	00:16	00:10	00:09	00:11
Average Talk Time	03:23	03:31	03:53	03:55	03:45	03:53
First Call Resolution	99.7%	99.5%	99.7%	99.7%	99.1%	99.2%
Total Admin Calls	1962	1616	1895	2023	1663	1885
Clinical						
Abandoned Calls	0	0	0	1	1	3
Average Speed of Answer	00:07	00:08	00:12	00:22	00:19	00:25
Average Talk Time	05:46	06:10	06:21	06:46	06:48	07:26
First Call Resolution	100%	98.3%	100.0%	100.0%	99.1%	98.2%
Total Clinical Calls	282	272	288	284	221	281
Total Calls	2244	1888	1888	2307	1884	2166

Requests Processed	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Approvals	244	254	283	290	241	317
Administrative Approval	1,482	1,269	1,645	1,703	1,369	1,533
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	22	13	31	32	17	22
Pended	33	36	27	34	24	31
Total	1,781	1,572	1,986	2,059	1,651	1,903

Administrative Denials	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Technical (Out of Time Frame)	21	13	27	31	17	22
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	21	13	27	31	17	22

MD Review	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Medical Necessity	19	21	33	38	27	34
Not Medically Necessary	1	0	4	1	0	0
Referred to MD Rate	1.12%	1.34%	1.86%	1.89%	1.64%	1.79%
Not Medically Necessary Denial Rate	5%	0%	11%	3%	0%	0%
Total MD Review	20	21	37	39	27	34

Reconsiderations	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Overtaken	1	0	1	0	0	0
Upheld	0	0	0	0	0	1
Total Reconsiderations	1	0	1	0	0	1

*Reconsiderations are not included in Request Processed Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-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	33	36	27	34	24	31
Total	33	36	27	34	24	31

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

Current Month Top 10 Diagnosis Codes			
1.	486	PNEUMONIA, ORGANISM NOS	123
2.	518.81	FAILURE, ACUTE RESPIRATO	119
3.	428.0	FAILURE, CONGESTIVE HEAR	54
4.	491.21	BRONCHITIS, OBSTR CHR N W	50
5.	599.0	INFECTION, URINARY TRACT	49
6.	038.9	SEPTICEMIA NOS	47
7.	434.91	OCLSN, CER ARTERY NOS W/	34
8.	682.9	CELLULITIS/ABSCESS NOS	33
9.	650	DELIVERY, NORMAL	26
10.	786.50	SYMPTOM, PAIN, CHEST NOS	26

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

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

Durable Medical Equipment

Call Metrics	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Administrative						
Abandoned Calls	1	0	4	1	0	1
Average Speed of Answer	00:08	00:09	00:13	00:11	00:11	00:13
Average Talk Time	04:22	04:32	04:44	04:22	03:51	04:27
First Call Resolution	99.5%	99.4%	100.0%	100.0%	99.5%	99.5%
Total Admin Calls	502	396	497	475	481	489
Clinical						
Abandoned Calls	0	0	0	1	0	0
Average Speed of Answer	00:08	00:08	00:10	00:19	00:11	00:12
Average Talk Time	04:24	05:02	05:00	04:33	04:25	04:10
First Call Resolution	97.7%	97.4%	96.8%	96.8%	96.0%	96.1%
Total Clinical Calls	278	210	258	258	215	246
Total Calls	780	606	755	733	696	735

Requests Processed	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Approvals	1,149	868	935	902	878	994
Agreed Reduction	9	0	1	3	0	2
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	4	0	0	0	0
Denials	102	36	20	13	21	8
Pended	546	501	612	602	560	518
Total	1,806	1,409	1,568	1,520	1,459	1,522

Administrative Denials	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
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	91	22	4	0	1	0
Total Denied	91	22	4	0	1	0

MD Review	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Medical Necessity	161	122	129	164	152	160
Not Medically Necessary	11	14	16	13	20	8
Referred to MD Rate	9.52%	9.65%	9.25%	11.64%	11.79%	11.04%
Not Medically Necessary Denial Rate	6%	10%	11%	7%	12%	5%
Total MD Review	172	136	145	177	172	168

Reconsiderations	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Overtaken	0	0	3	2	2	16
Upheld	0	0	2	0	0	0
Total Reconsiderations	0	0	5	2	2	16

*Reconsiderations are not included in Request Processed Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Pended						
Escalated	N/A	N/A	N/A	N/A	N/A	0
Lack of Information	493	487	580	563	541	502
MD Review	44	6	28	17	10	10
RN Review	9	8	4	22	9	6
HP Review	0	0	0	0	0	0
Total	546	501	612	602	560	518

Current Month Top 5 LOI Pended Reasons	
1.	Lack of Information 502
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes	
1.	343.9 PALSYP, INFANTILE CEREBRA 334
2.	496 OBSTRUCTION, CHRONIC AIR 136
3.	741.90 SPINA BIFIDA, W/O HYDROC 38
4.	327.23 DSORD, ORGNC OBST SLEEP 29
5.	343.0 PALSYP, INFANTILE CEREBRA 27
6.	343.2 PALSYP, INFANTILE CER, OU 24
7.	787.20 DYSPHAGIA, UNSPECIFIED 22
8.	799.02 HYPOXEMIA 22
9.	741.00 SPINA BIFIDA W/HYDROCEPH 18
10.	299.00 DISORDER, AUTISTIC, CURR 17

Current Month Top 5 Reasons for MD Denial	
1.	Medical necessity is not established: review criteria are not met. 2
2.	Does not meet review criteria. 2
3.	Medical necessity cannot be determined, base upon a review of the current clinical information provided. 1
4.	Request does not meet review criteria for K2 ambulator. 1
5.	Does not meet review criteria for conventional wheelchair seat cushion. 1

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

DRG

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target File						
Target File	250	102	123	250	250	250
On-Site Requested	33	0	0	30	42	48
In-House	217	102	123	220	208	202

Outcomes						
Total Approved	247	100	115	245	241	236

Outcomes						
Total Denied	3	2	8	5	9	14

Denial Reasons						
Not Medically Necessary	1	1	2	3	3	4
Technical	0	0	0	0	3	8
Reassignments	2	1	6	2	3	2
Total Denial Reasons	2	2	8	5	9	14

Reconsiderations						
Approved	1	0	0	0	0	0
Denied	2	0	0	0	0	1
Total Reviewed	3	0	0	0	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	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Administrative						
Abandoned Calls	1	0	5	1	1	0
Average Speed of Answer	00:10	00:21	00:18	00:12	00:20	00:15
Average Talk Time	04:53	04:11	03:36	04:24	04:59	04:27
First Call Resolution	99.4%	99.0%	99.6%	99.6%	99.2%	98.5%
Total Admin Calls	273	185	190	181	224	186
Clinical						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:09	00:09	00:09	00:14	00:16	00:08
Average Talk Time	03:36	03:37	02:59	04:42	03:47	03:27
First Call Resolution	98.4%	100.0%	96.8%	96.8%	98.8%	96.4%
Total Clinical Calls	174	115	116	97	122	121
Total Calls	447	300	306	278	346	307

Requests Processed	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Approvals	1,223	856	1,088	856	821	1,144
Agreed Reduction	1	0	6	1	0	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	6	0	0
State Mandate	0	11	7	23	0	1
Denials	108	12	8	6	7	29
Pended	124	131	119	85	117	88
Total	1,456	1,010	1,228	977	945	1,262

Administrative Denials	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
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	99	0	3	3	0	25
Total Denied	99	0	3	3	0	25

MD Review	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Medical Necessity	19	10	19	14	11	14
Not Medically Necessary	9	12	5	3	7	4
Referred to MD Rate	1.92%	2.18%	1.95%	1.74%	1.90%	1.43%
Not Medically Necessary Denial Rate	32%	55%	21%	18%	39%	22%
Total MD Review	28	22	24	17	18	18

Reconsiderations	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Overtaken	2	1	15	0	0	5
Upheld	0	0	0	1	0	0
Total Reconsiderations	2	1	15	1	0	5

*Reconsiderations are not included in Request Processed Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Pended						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	114	125	106	72	113	82
MD Review	4	4	4	2	3	0
RN Review	6	2	9	11	1	6
Total	213	224	208	257	117	88

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	82
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	299.00	DISORDER, AUTISTIC, CURR	300
2.	343.9	PALSY, INFANTILE CEREBRA	146
3.	758.0	DOWN'S SYNDROME	100
4.	783.40	LACK NRML PHYSLGCL DEV C	51
5.	315.9	DEVELOPMENT DELAY NOS	46
6.	315.39	DSORD, DVLPMNTL SPEECH/L	23
7.	781.3	SYMPTOM, LACK OF COORDIN	22
8.	759.89	ANOMALY, CONGENITAL NEC	21
9.	315.32	DSORD, MIXED RECEPTIVE-E	18
10.	299.80	DSORD, PRVSV DVLPMNTL NE	17

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	3
2.	Not Medically Necessary	1
3.		
4.		
5.		

Current Month Top 5 Reasons for Lack of Information Denial		
1.	LOI response not received or incomplete	25
2.		
3.		
4.		
5.		

Home Health

Call Metrics	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Administrative						
Abandoned Calls	3	9	16	5	1	7
Average Speed of Answer	00:09	00:12	00:18	00:12	00:12	00:13
Average Talk Time	04:32	04:23	05:05	04:45	04:23	05:01
First Call Resolution	99.9%	99.8%	99.7%	99.7%	99.5%	99.7%
Total Admin Calls	1194	952	1210	1298	977	1170
Clinical						
Abandoned Calls	3	0	7	27	7	9
Average Speed of Answer	00:11	00:09	00:24	01:09	00:29	00:15
Average Talk Time	07:51	07:59	08:29	09:11	09:58	09:47
First Call Resolution	99.1%	98.9%	99.9%	99.9%	100.0%	99.7%
Total Clinical Calls	1017	786	1053	1100	816	1011
Total Calls	2,211	1,738	2,263	2,398	1,793	2,181

Requests Processed	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Approvals	4,891	4,007	4,755	4,941	3,849	4,682
Agreed Reduction	186	128	201	222	126	166
Client Approved/Negotiation	0	0	0	1	0	0
Split Decision	0	0	1	1	1	2
State Mandate	0	0	1	0	0	17
Denials	57	58	48	89	50	94
Pended	87	75	171	152	123	121
Total	5,221	4,268	5,177	5,406	4,149	5,082

Administrative Denials	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	2	3	2	7	11	9
Technical (Out of Time Frame)	48	52	37	77	35	78
Total Denied	50	55	39	84	46	87

MD Review	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Medical Necessity	12	21	19	21	22	30
Not Medically Necessary	7	3	9	5	4	7
Referred to MD Rate	0.36%	0.56%	0.54%	0.48%	0.63%	0.73%
Not Medically Necessary Denial Rate	37%	13%	32%	19%	15%	19%
Total MD Review	19	24	28	26	26	37

Reconsiderations	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Overtaken	0	0	0	5	0	1
Upheld	0	1	0	0	0	0
Total Reconsiderations	0	1	0	5	0	1

*Reconsiderations are not included in Request Processed Total

Pended	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Unreviewed	78	60	117	72	86	52
MD Review	0	0	0	0	1	1
RN Review	9	15	54	80	36	68
Total	87	75	171	152	123	121

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

Current Month Top 10 Diagnosis Codes			
1.	343.9	PALSY, INFANTILE CEREBRA	421
2.	250.00	DM, UNCOMPLICATED, TYPE	238
3.	319	UNSPEC INTELLECTUAL DISA	234
4.	299.00	DISORDER, AUTISTIC, CURR	186
5.	401.9	HYPERTENSION, ESSENTIAL	159
6.	496	OBSTRUCTION, CHRONIC AIR	96
7.	318.1	SEVERE INTELLECTUAL DISA	92
8.	428.0	FAILURE, CONGESTIVE HEAR	85
9.	340	SCLEROSIS, MULTIPLE	85
10.	317	MILD INTELLECTUAL DISABI	75

Current Month Top 5 Reasons for MD Denial		
1.	Services can be safely and effectively provided on an outpatient basis. 907 KAR 1:030(4) and 907 KAR 3:130	4
2.	The recipient is not homebound.	1
3.	Prn services are to be ordered on an as needed basis.	1
4.	Caregiver is capable of providing the requested service.	1
5.	An every other week medication refill schedule has not been tried.	1

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

Hospice

Call Metrics	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-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	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Approvals	186	129	117	47	88	147
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	4	2	2	3	12
Total	223	133	119	49	91	159

Administrative Denials	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-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	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-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	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Overtured	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	0	0	0

*Reconsiderations are not included in Request Processed Total

Pended	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	37	4	2	2	1	12
MD Review	0	0	0	0	0	0
RN Review	0	0	0	0	2	0
Total	37	4	2	2	3	12

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

Current Month Top 10 Diagnosis Codes			
1.	331.0	ALZHEIMER'S DISEASE	34
2.	343.9	PALSY, INFANTILE CEREBRA	19
3.	434.91	OCLSN, CER ARTERY NOS W/	17
4.	428.0	FAILURE, CONGESTIVE HEAR	13
5.	571.5	CIRRHOISIS, LIVER NOS	12
6.	162.9	NEOPLASM, MALIGT, BRONCH	10
7.	572.8	SEQUELAE, OTHER, CHRN LI	7
8.	162.8	NEOPLASM, MALIGT, BRONCH	7
9.	154.1	NEOPLASM, MALIGNANT, REC	6
10.	294.20	DEMENTIA, UNSPEC W/O BEH	5

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

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

Nursing Facility

Call Metrics	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Administrative						
Abandoned Calls	0	2	0	2	0	1
Average Speed of Answer	00:10	00:12	00:12	00:10	00:11	00:12
Average Talk Time	04:24	04:59	04:52	04:27	04:58	05:13
First Call Resolution	99.7%	93.5%	99.4%	99.4%	99.4%	99.3%
Total Admin Calls	317	215	264	292	242	278
Clinical						
Abandoned Calls	0	0	0	0	1	0
Average Speed of Answer	00:05	00:05	00:05	00:06	00:08	00:06
Average Talk Time	03:20	03:37	04:18	04:08	04:24	04:38
First Call Resolution	98.5%	98.9%	99.3%	99.3%	99.3%	77.3%
Total Clinical Calls	205	132	181	174	122	146
Total Calls	522	347	445	466	364	424

Requests Processed	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Approvals	5,392	6,240	4,878	6,892	6,150	6,338
Initial LOC Approval	2,511	2,121	2,316	2,736	2,418	2,614
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	3	1	2	2	5	6
Denials	22	22	4	10	7	5
Pended	191	146	196	280	309	333
Total	8,119	8,530	7,396	9,920	8,889	9,296

Administrative Denials	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Lack of Information	16	19	1	0	2	0
Non-Certified Bed	0	0	0	0	0	0
Total Denied	16	19	1	0	2	0

*Reconsiderations are not included in Request Processed Total

MD Review	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Medical Necessity	5	6	10	9	13	16
Not Medically Necessary	6	3	3	10	5	5
Referred to MD Rate	5.76%	6.16%	6.63%	6.79%	5.83%	6.31%
Not Medically Necessary Denial Rate	55%	33%	23%	53%	28%	24%
Total MD Review	11	9	13	19	18	21

Reconsiderations	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Overtaken	1	1	1	3	2	5
Upheld	0	0	0	0	1	1
Total Reconsiderations	1	1	1	3	3	6

*Reconsiderations are not included in Request Processed Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Pended						
Lack of Information	173	144	174	247	267	211
MD Review	0	0	0	0	0	0
RN Review	18	2	20	33	42	122
Total	191	146	194	280	309	333

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	211
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	290.0	DEMENTIA, SENILE, UNCOMP	649
2.	401.9	HYPERTENSION, ESSENTIAL	625
3.	496	OBSTRUCTION, CHRONIC AIR	462
4.	331.0	ALZHEIMER'S DISEASE	403
5.	436	DISEASE, ACUTE CEREBRAS	368
6.	250.00	DM, UNCOMPLICATED, TYPE	317
7.	486	PNEUMONIA, ORGANISM NOS	287
8.	428.0	FAILURE, CONGESTIVE HEAR	274
9.	728.87	WEAKNESS, MUSCLE	256
10.	599.0	INFECTION, URINARY TRACT	249

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	5
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	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Administrative						
Abandoned Calls	16	9	27	22	25	27
Average Speed of Answer	00:18	00:20	00:28	00:20	00:20	00:22
Average Talk Time	03:33	03:17	03:14	03:15	03:39	04:00
First Call Resolution	99.7%	93.5%	99.4%	99.4%	99.3%	99.3%
Total Admin Calls	1051	840	978	1085	916	1056
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	1,051	840	978	1,085	916	1,056

Requests Processed	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Approvals	2,534	2,037	2,726	2,476	2,354	3,088
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	322	270	229	238	259	265
Pended	252	237	195	318	280	181
Total	3,108	2,544	3,150	3,032	2,893	3,534

RN Denials/Overturns	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
FRN Criteria	309	263	225	235	251	244
FRN Reconsideration Overturned	14	7	6	6	7	10
FRN Reconsideration Upheld	11	6	3	2	4	13
Total Denied	334	276	234	243	262	267

MD Review	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Medical Necessity	11	0	5	3	5	9
Not Medically Necessary	2	0	1	1	3	8
Referred to MD Rate	0.42%	0%	0%	0%	0%	0%
Not Medically Necessary Denial Rate	15%	0%	17%	25%	38%	47%
Total MD Review	13	0	6	4	8	17

Reconsiderations	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Overturned	2	1	0	0	1	1
Upheld	4	0	0	3	1	1
Total Reconsiderations	6	1	0	3	2	2

*Reconsiderations are not included in Request Processed Total

Pended	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
MD Review	1	0	0	2	0	0
RN Review	251	237	195	318	280	181
Total	252	237	195	318	280	181

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.	496	OBSTRUCTION, CHRONIC AIR	736
2.	728.87	WEAKNESS, MUSCLE	371
3.	786.05	SYMPTOM, SHORTNESS OF BR	319
4.	719.7	DIFFICULTY IN WALKING	195
5.	428.0	FAILURE, CONGESTIVE HEAR	171
6.	786.09	SYMP ABNORMALITY, RESPIR	98
7.	486	PNEUMONIA, ORGANISM NOS	97
8.	799.02	HYPOXEMIA	84
9.	787.22	DYSPHAGIA, OROPHARYNGEAL	74
10.	781.3	SYMPTOM, LACK OF COORDIN	65

Current Month Top 5 Reasons for MD Denial	Reason	Count
1.	Documentation is inadequate to determine the ongoing need for the services. 907 KAR 1:023 and 907 KAR 3:130	6
2.	Oxygen therapy is not medically necessary or appropriate for the recipient's diagnosis or condition. 907 KAR 1:023 and 907 KAR 3:130	1
3.	Not Medically Necessary	1
4.		
5.		

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

Orthodontia

Call Metrics	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Administrative						
Abandoned Calls	0	0	0	0	0	1
Average Speed of Answer	00:11	00:08	00:08	00:12	00:08	00:16
Average Talk Time	01:11	01:32	02:58	01:04	02:32	03:12
First Call Resolution	100.0%	100.0%	100%	100%	100%	100%
Total Admin Calls	18	8	9	10	14	18

Clinical	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
Total Clinical Calls	N/A	N/A	N/A	N/A	N/A	N/A
Total Calls	18	8	9	10	14	18

Requests Processed	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Approvals	27	13	8	12	12	26
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	0	0	0	0	0	2
Pended	0	0	0	0	0	0
Total	27	13	8	12	12	28

Administrative Denials	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-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	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Medical Necessity	1	0	0	0	0	0
Not Medically Necessary	0	0	0	0	0	2
Referred to MD Rate	3.70%	0.00%	0.00%	0.00%	0.00%	7.14%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
Total MD Review	1	0	0	0	0	2

Reconsiderations	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Overtuned	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	0	0	0

*Reconsiderations are not included in Request Processed Total

Pended	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Lack of Information	0	0	0	0	0	0
MD Review	2	0	0	0	0	0
RN Review	0	0	0	0	0	0
Total	2	0	0	0	0	0

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.	V58.5	ORTHODONTICS AFTERCARE	28
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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

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

Outpatient Therapies

Call Metrics	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Administrative						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:08	00:14	00:14	00:10	00:10	00:18
Average Talk Time	04:12	04:49	04:09	04:04	03:51	04:15
First Call Resolution	99.4%	99.6%	100%	100%	100%	100%
Total Admin Calls	126	109	107	125	119	126
Clinical						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:08	00:10	00:08	00:16	00:18	00:07
Average Talk Time	03:57	04:18	04:09	03:35	05:24	05:25
First Call Resolution	100.0%	98.1%	100%	100%	100%	100%
Total Clinical Calls	49	41	27	33	50	39
Total Calls	175	150	134	158	169	165

Requests Processed						
Approvals	287	211	233	168	171	238
Agreed Reduction	1	1	0	3	0	6
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	3
State Mandate	0	0	0	0	0	0
Denials	2	23	5	3	11	8
Pended	49	8	8	15	19	17
Total	339	243	246	189	201	272

Administrative Denials						
Lack of Information	2	23	5	3	8	8
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	2	23	5	3	8	8

MD Review						
Medical Necessity	29	24	34	19	33	44
Not Medically Necessary	0	0	0	0	3	0
Referred to MD Rate	8.55%	9.88%	13.82%	10.05%	17.91%	16.18%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	8%	0%
Total MD Review	29	24	34	19	36	44

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

*Reconsiderations are not included in Request Processed Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Pended						
Lack of Information	48	8	3	14	19	14
MD Review	0	0	0	0	0	3
RN Review	1	0	5	1	0	0
Total	49	8	8	15	19	17

Independent Therapy						
Total	100	92	39	61	80	143

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	14
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	724.2	LUMBAGO	24
2.	315.9	DEVELOPMENT DELAY NOS	17
3.	343.2	PALSY, INFANTILE CER, QU	15
4.	299.00	DISORDER, AUTISTIC, CURR	15
5.	299.01	DISORDER, AUTISTIC, RESI	12
6.	723.1	CERVICALGIA	9
7.	315.4	DSORD, DEVELOPMENTAL COO	9
8.	343.9	PALSY, INFANTILE CEREBRA	7
9.	728.87	WEAKNESS, MUSCLE	7
10.	343.1	PALSY, INFANTILE CER, HE	7

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

Current Month Top 5 Reasons for Lack of Information Denial		
1.	LOI response not received or incomplete	8
2.		
3.		
4.		
5.		

Physician Services

Call Metrics	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Administrative						
Abandoned Calls	0	0	1	1	2	0
Average Speed of Answer	00:09	00:14	00:16	00:14	00:13	00:14
Average Talk Time	03:49	03:34	03:22	03:37	04:08	03:37
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Admin Calls	261	250	200	255	201	260
Clinical						
Abandoned Calls	0	0	1	1	2	0
Average Speed of Answer	00:09	00:09	00:09	00:09	00:09	00:09
Average Talk Time	03:55	03:55	03:55	03:55	03:55	03:55
First Call Resolution	100%	100%	100%	100%	100%	100%
Total Clinical Calls	34	31	37	43	31	26
Total Calls	295	281	237	298	232	286

Requests Processed	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Approvals	42	43	47	42	24	26
Administrative Approval	11	14	19	14	12	18
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	2	0	0	0	0	0
Pended	3	13	8	5	11	1
Total	58	70	74	61	47	45

Administrative Denials	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-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)	0	0	0	0	0	0
Total Denied	0	0	0	0	0	0

MD Review	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Medical Necessity	13	24	24	23	12	15
Not Medically Necessary	2	0	0	0	0	0
Referred to MD Rate	25.86%	34.29%	32.43%	37.70%	25.53%	33.33%
Not Medically Necessary Denial Rate	13%	0%	0%	0%	0%	0%
Total MD Review	15	24	24	23	12	15

Reconsiderations	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Overtaken	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	0	0	0	0

*Reconsiderations are not included in Request Processed Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Pended						
Lack of Information Incomplete Data (Consent Forms)	N/A	N/A	N/A	N/A	N/A	N/A
MD Review	2	9	6	1	9	1
RN Review	0	0	0	1	0	0
	1	4	2	3	2	0
Total	3	13	8	5	11	1

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

Current Month Top 10 Diagnosis Codes			
1.	V25.2	STERILIZATION	11
2.	327.23	DSORD, ORGNC OBST SLEEP	4
3.	V53.51	FIT/ADJUST GASTRIC LAP B	4
4.	626.2	EXCESSIVE MENSTRUATION	3
5.	V10.3	HX, PRSNL, BREAST MALIGN	2
6.	737.30	SCOLIOSIS, IDIOPATHIC	2
7.	459.81	INSUFFICIENCY, VENOUS NO	2
8.	521.03	CARIES, DENTAL, EXTEND I	2
9.	278.01	OBESITY, MORBID	2
10.	786.50	SYMPTOM, PAIN, CHEST 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.	

Psychiatric Programs

Call Metrics	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Administrative						
Abandoned Calls	1	2	4	1	0	2
Average Speed of Answer	00:10	00:13	00:16	00:11	00:12	00:12
Average Talk Time	03:16	02:52	03:06	02:48	02:59	03:07
First Call Resolution	94.1%	100.0%	100%	100%	100%	100%
Total Admin Calls	301	209	306	276	261	256
Clinical						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:05	00:05	00:05	00:08	00:12	00:29
Average Talk Time	08:33	09:07	08:44	08:05	08:09	08:30
First Call Resolution	100.0%	100.0%	100%	100%	100%	100%
Total Clinical Calls	272	170	261	236	211	204
Total Calls	573	379	567	512	472	460

Requests Processed	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Approvals	274	187	283	247	229	219
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	2	1	0	0	0
Denials	9	4	6	5	7	10
Pended	10	4	8	10	8	4
Total	293	197	298	262	244	233

Administrative Denials	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-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)	1	3	3	0	3	6
Total Denied	1	3	3	0	3	6

MD Review	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Medical Necessity	0	0	0	3	3	1
Not Medically Necessary	0	0	0	5	4	4
Referred to MD Rate	0.00%	0.00%	0.00%	3.05%	2.87%	2.15%
Not Medically Necessary Denial Rate	0%	0%	0%	63%	57%	80%
Total MD Review	0	0	0	8	7	5

Reconsiderations	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Overtaken	1	0	0	0	2	0
Upheld	3	1	1	0	1	1
Total Reconsiderations	4	1	1	0	3	1

*Reconsiderations are not included in Request Processed Total

Pended	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Lack of Information	0	0	0	0	0	0
RN Review	4	8	10	10	8	4
MD Review	0	0	0	0	0	0
Total	13	8	10	10	8	4

By Place of Service	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Distinct Part Units - Psychiatric	107	60	87	69	67	58
EPSDT	25	21	23	17	21	19
Freestanding Psychiatric Facility	38	26	40	34	29	42
Inpatient Hospital	2	3	12	15	21	11
Non-Freestanding Psychiatric Facility	116	81	121	114	96	93
Onsite EPSDT Psych	0	0	0	0	0	2
Psychiatric Residential Treatment Center	9	7	16	13	13	9
Total	297	198	299	262	247	234

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

Current Month Top 10 Diagnosis Codes	Count
1. 296.90 DISORDER, EPISODIC MOOD	46
2. 295.90 SCHIZOPHRENIA NOS, UNSPE	20
3. 295.70 DISORDER, SCHIZOAFFECTIV	20
4. 295.32 SCHIZO, PARANOID, CHRONI	14
5. 296.80 DISORDER, BIPOLAR NOS	8
6. 312.30 DISORDER OF IMPULSE CONT	8
7. 296.7 BPLR I, UNSPEC, MOST REC	8
8. 299.00 DISORDER, AUTISTIC, CURR	7
9. 311 DISORDER, DEPRESSIVE NEC	7
10. 298.9 NONORGANIC PSYCHOSIS NOS	7

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

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

Radiology

Call Metrics	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Administrative						
Abandoned Calls	0	0	6	0	0	0
Average Speed of Answer	00:10	00:16	00:18	00:13	00:13	00:18
Average Talk Time	03:47	03:57	04:27	03:56	03:51	03:59
First Call Resolution	100.0%	99.6%	100%	100%	100%	100%
Total Admin Calls	480	372	427	465	409	494
Clinical						
Abandoned Calls	0	0	0	0	1	0
Average Speed of Answer	00:08	00:08	00:08	00:18	00:12	00:12
Average Talk Time	05:51	05:36	05:34	05:56	05:45	05:30
First Call Resolution	100.0%	98.2%	100%	100%	100%	100%
Total Clinical Calls	257	205	259	289	244	334
Total Calls	737	577	686	754	653	828

Requests Processed	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Approvals	334	261	304	349	308	382
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	4	0	6	2	0	2
Pended	14	9	2	5	5	5
Total	352	270	312	356	313	389

Administrative Denials	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Lack of Information	4	0	1	1	0	2
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	4	0	1	1	0	2

MD Review	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Medical Necessity	118	83	80	106	74	95
Not Medically Necessary	0	0	5	1	0	0
Referred to MD Rate	33.52%	30.74%	27.24%	30.06%	23.64%	24.42%
Not Medically Necessary Denial Rate	0%	0%	6%	1%	0%	0%
Total MD Review	118	83	85	107	74	95

Reconsiderations	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Overturned	0	0	1	0	0	0
Upheld	0	0	0	0	0	0
Total Reconsiderations	0	0	1	0	0	0

*Reconsiderations are not included in Request Processed Total

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Pended						
Lack of Information	0	1	1	1	2	1
MD Review	3	7	0	2	1	0
RN Review	11	1	1	2	2	4
Total	14	9	2	5	5	5

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

Current Month Top 10 Diagnosis Codes		
1.	786.50 SYMPTOM, PAIN, CHEST NOS	45
2.	724.2 LUMBAGO	33
3.	723.1 CERVICALGIA	24
4.	784.0 SYMPTOM, HEADACHE	13
5.	719.41 PAIN IN JOINT, SHOULDER	13
6.	719.45 PAIN IN JOINT, PELVIS/TH	11
7.	724.5 BACKACHE NOS	9
8.	786.05 SYMPTOM, SHORTNESS OF BR	8
9.	724.4 NEURITIS, LUMBOSACRAL NO	8
10.	741.00 SPINA BIFIDA W/HYDROCEPH	7

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

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



KY Department for Medicaid Services Administrative Hearings Report

Report Run Date: Apr 9, 2015
 New/In Progress/Closed/All In Progress

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

Case Type	Primary Category	Appeal Type	Status	Appeal Start Date	Decision Required Date	Attending Physician
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Aug 12, 2014	Oct 2, 2014	PELLEGRINI, ADRIAN
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Feb 27, 2015	May 12, 2015	PELLEGRINI, ADRIAN
Home Health	Home Health	Administrative Hearings	In Progress	Jun 18, 2014	Jul 30, 2014	PELLEGRINI, ADRIAN
Waiver	Michelle P - Services	Administrative Hearings	In Progress	Aug 25, 2014	Sep 30, 2014	PELLEGRINI, ADRIAN
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Jan 8, 2015	Feb 10, 2015	PELLEGRINI, ADRIAN
Waiver	HCBC - LOC	Administrative Hearings	In Progress	May 27, 2014	Jul 10, 2014	PELLEGRINI, ADRIAN
Waiver	HCBCDO - LOC	Administrative Hearings	In Progress	Mar 10, 2015	Apr 8, 2015	PELLEGRINI, ADRIAN
Waiver	Michelle P. CDO - Services	Administrative Hearings	In Progress	Jan 27, 2015	May 20, 2015	PELLEGRINI, ADRIAN
Acute Inpatient	Psychiatric	Administrative Hearings	In Progress	Dec 8, 2014	Feb 6, 2015	PELLEGRINI, ADRIAN
Acute Inpatient	Psychiatric	Administrative Hearings	In Progress	Dec 8, 2014	Feb 6, 2015	PELLEGRINI, ADRIAN
Waiver	HCBC - LOC	Administrative Hearings	In Progress	Oct 17, 2014	Oct 27, 2014	PELLEGRINI, ADRIAN
Waiver	Michelle P. CDO - Services	Administrative Hearings	In Progress	Feb 25, 2015	Feb 26, 2015	PELLEGRINI, ADRIAN



Utilization Management Executive Summary

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

Status Month End March 2015

Cabinet for Health and Family Services Department for Medicaid Services

Role:		Name:	
Author		Pam Smith	
Reviewer		HP Leaders	
HP Management		Matt Dawson	
Client		Commissioner Lisa Lee Deputy Commissioner Neville Wise Acting Information Systems Director John Hoffmann	
DELIVERABLE TITLE:		Date Submitted: 04/20/2015	
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Monthly UM Reviews Processed

Review Area	Historical Monthly Avg	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Acute Inpatient*	1,795	1,748	1,536	1,959	2,025	1,627	1,872
Inpatient Psych	247	283	193	290	252	236	229
DRG Retro Review	204	250	102	123	250	250	250
EPSDT	1,138	1,446	1,004	1,215	964	941	1,256
Impact Plus	2	11	0	0	0	0	0
DME	1,519	1,753	1,395	1,536	1,481	1,440	1,506
Home Health	4,840	5,212	4,253	5,123	5,326	4,112	5,013
Outpatient Services (Therapy)	247	338	243	241	188	201	269
Radiology	376	338	262	611	352	310	385
Physician Services*	56	57	57	72	57	45	45
Dental/Orthodontia	17	27	13	8	12	12	28
Hospice	129	223	133	119	49	89	159
Nursing Facility Level of Care	8,652	8,101	8,528	7,374	9,887	8,847	9,174
Nursing Facility Ancillary Onsite	2,800	2,856	2,307	2,955	2,714	2,613	3,353
Total	22,019	22,643	20,026	21,626	23,557	20,723	23,539

*Includes Clinical and Administrative Reviews

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

Quarterly Audit Reviews

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

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

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

Monthly Reviews Processed Mar 2015

Review Area	Beginning Inventory	Received	Approval	Denial	RTP-LOI	Ending Inventory	*Age Oldest Review
Acute Inpatient	24	1,879	1,850	22	0	31	2 days
Inpatient Psych	8	215	219	10	0	4	0
DRG	0	250	236	14	0	0	0
EPSDT	4	1,258	1,145	29	82	6	3 days
Impact Plus	0	0	0	0	0	0	0
DME	19	1,503	996	8	502	16	2 days
Home Health	37	5,045	4,867	94	52	69	3 days
Outpatient Services (Therapy)	0	272	247	8	14	3	3 days
Radiology	3	386	382	2	1	4	1 day
Physician Services	2	43	44	0	1	0	1 day
Dental/Orthodontia	0	28	26	2	0	0	0
Hospice	2	157	147	0	12	0	2 days
Nursing Facility Level of Care	42	9,254	8,958	5	211	122	4 days
Nursing Facility Ancillary Onsite	280	3,254	3,088	265	0	181	5 days
Total	421	23,544	22,205	459	875	436	0

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

Monthly Referral/Denial Stats Mar 2015

Review Area	Review Volume	# Referred	# Denied	% Referred	% Denied	% Referred/Denied
Acute Inpatient-Clinical Review	1,872	17	8	.90%	.425	47%
Inpatient Psych	229	5	4	2%	1.7%	80%
DRG Retro Review	250	0	0	0%	0%	0%
EPSDT	1,174	18	4	1.5%	.34%	22%
Impact Plus	0	0	0	0	0	0
DME	1,004	168	8	17%	.80%	5%
Home Health	4,961	37	7	.75%	.14%	19%
Outpatient Services (Therapy)	255	44	0	17%	0%	0%
Radiology	384	95	0	25%	0%	0%
Physician Services – Clinical Review	44	15	0	34%	0%	0%
Dental/Orthodontia*	28	2	2	7.1%	7.1%	100%
Hospice	147	0	0	0%	0%	0%
Nursing Facility Level of Care	8,963	21	5	.23%	.05%	24%
Nursing Facility Ancillary Onsite**	3,353	17	8	.51%	.24%	47%
Total	22,664	439	46	2%	1%	10%

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

Total Monthly Referral/Denial Stats

	Historical Monthly Avg	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Total Reviews	21,028	21,698	19,197	20,337	22,586	19,685	22,664
# Referred	407	425	343	396	439	398	439
# Denied	41	38	32	43	39	46	46
% Referred	2%	2%	2%	2%	2%	2%	2%
% Denied	1%	1%	1%	1%	1%	1%	1%
% Referred/Denied	10%	9%	9%	11%	9%	12%	10%

Referral/Denial % Calculations

% Referred = #Referred/Total Reviews

% Denied = #Denied/Total Reviews

% Referred/Denied = #Denied/#Referred

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

Contractual Turnaround Times

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

