

November 20, 2014 MAC Binder  
Section 12 – Operational Status and UM Reports  
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## Operational Status Report

### *Kentucky MMIS Project*

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

Status Month End September 2014

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

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## 1 Executive Summary

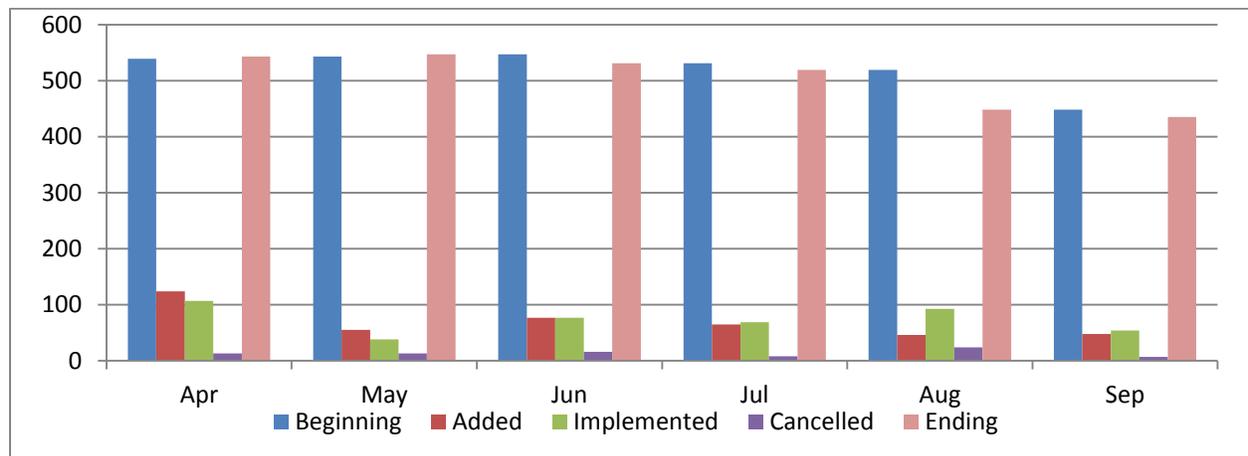
	September 2014	Page Number
Claims Processed	774,174	Page 18
Total Dollars Paid	\$194,735,154.30	Page 18
Claims Paid	534,710	Page 18
Claims Denied	239,464	Page 18
% Denied Claims	30.9%	Page 18
Average Claims Held in Cash Management	266,578	N/A
Average Dollars Held in Cash Management	\$45,684,380.12	N/A
Capitation Financial Transactions	2,398,943	N/A
Capitation Financial Payments	\$548,904,752.11	Page 19
Suspended Claims	5,065	Page 18
Total Suspended Claims > 90 Days	362	Page 25
Provider Services Calls Received	10,239	Page 31
Provider Services Current Service Level %	94%	Page 31

## 1.1 Encounter Load Statistics

<b>Managed Care Organizations (MCOs)</b>						
	<b>April 2014</b>	<b>May 2014</b>	<b>June 2014</b>	<b>July 2014</b>	<b>August 2014</b>	<b>September 2014</b>
Coventry	969,490	1,123,433	866,971	867,227	1,099,922	1,033,568
Humana	151,761	261,745	187,024	223,588	348,051	263,156
Kentucky Spirit	36,985	3,427	2,393	989	5,626	3,502
Passport (R03)	773	961	824	1,254	1,656	1,841
Passport R31	671,585	914,822	653,151	680,635	990,960	1,072,201
WellCare	1,143,518	1,721,505	1,410,418	1,246,391	2,134,101	1,860,303
Anthem	0	0	69,320	102,637	214,784	114,664
<b>Other</b>						
Transportation Encounters	0	0	435,896	621,689	0	213,487
Magellan Pharmacy Claims	423,934	266,335	266,271	269,045	276,667	217,315
<b>Totals</b>	<b>3,398,046</b>	<b>4,292,228</b>	<b>3,892,268</b>	<b>4,013,455</b>	<b>5,071,767</b>	<b>4,780,037</b>

### 1.2 Change Order and Defect Statistics

<b>Change Orders / Defects Inventory</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Beginning	539	543	547	531	519	448
Added	124	55	77	65	46	48
Implemented	107	38	77	69	93	54
Cancelled	13	13	16	8	24	7
<b>Ending</b>	<b>543</b>	<b>547</b>	<b>531</b>	<b>519</b>	<b>448</b>	<b>435</b>



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

September 2014	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	49	59	4	1	113	
Federally Mandated	33	1	1	0	35	4 open and 1 on hold are included in the Priority list.
Non-Priority	162	8	117	0	287	
<b>Totals</b>	<b>244</b>	<b>68</b>	<b>122</b>	<b>1</b>	<b>435</b>	Total includes 30 ICD-10 and T-MSIS CO's.

\*The priority list consists of 118 Change Orders & Defects.

September 2014	Change Orders			Defects		
	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	15	23	1	7	2	1
Federally Mandated	3	19	4	1	0	0
Non-Priority	6	5	1	16	5	0
<b>Totals</b>	<b>24</b>	<b>47</b>	<b>6</b>	<b>24</b>	<b>7</b>	<b>1</b>

## 2 Unplanned System Outages

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

## Billable Hours

**2.1 Billable Hours Usage Summary (Contract Year 2014)**

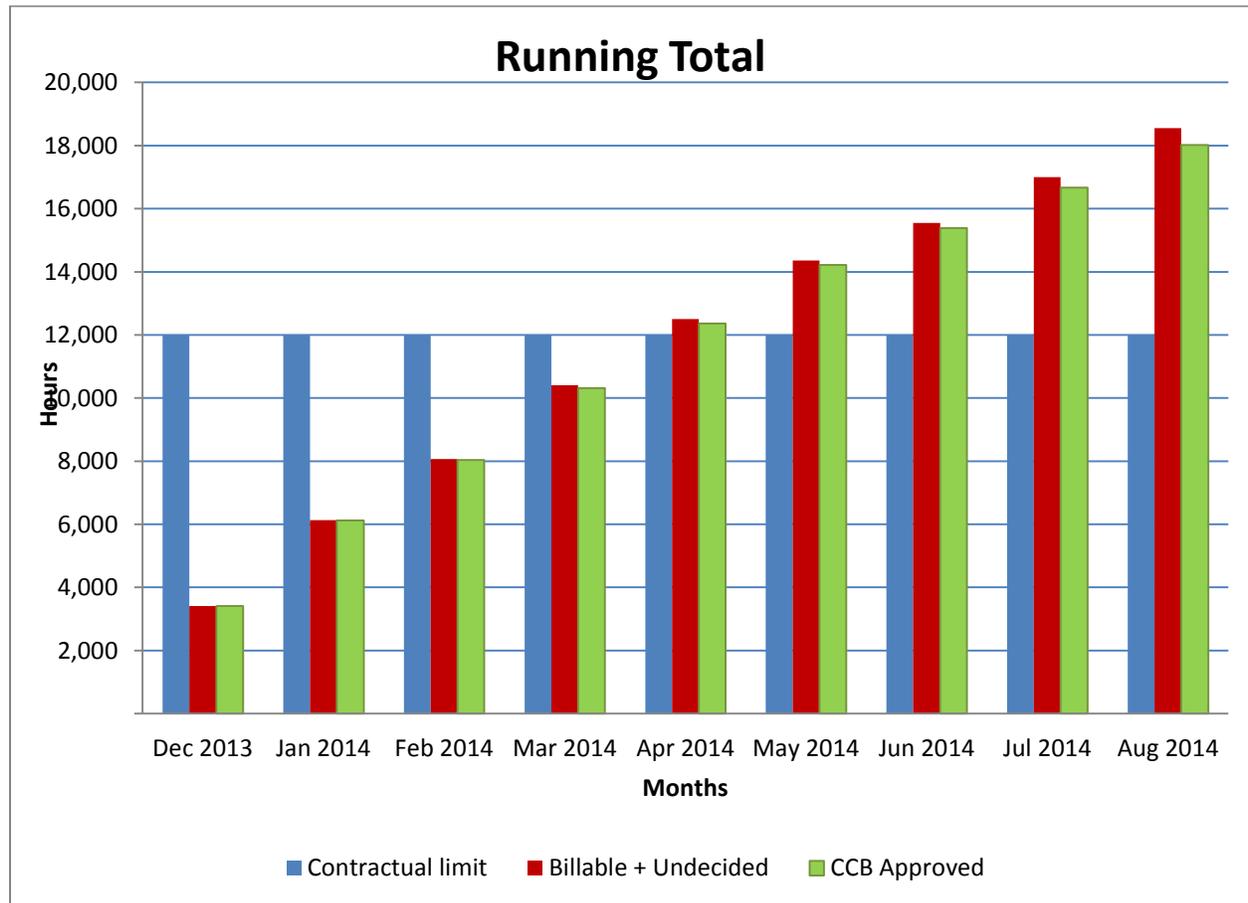
<b>Month</b>	<b>Billable</b>	<b>Undecided</b>	<b>CCB Approved</b>	<b>Need CCB Review</b>
Dec 2013	3,406.25	1.50	3,406.25	<b>1.50</b>
Jan 2014	2,714.75	10.50	2,713.50	<b>11.75</b>
Feb 2014	1,921.50	17.25	1,919.25	<b>19.50</b>
Mar 2014	2,323.50	14.50	2,275.25	<b>62.75</b>
Apr 2014	2,079.25	10.25	2,052.50	<b>37.00</b>
May 2014	1,848.50	14.50	1,848.50	<b>14.50</b>
Jun 2014	1,177.00	3.50	1,174.00	<b>6.50</b>
Jul 2014	1,296.25	162.25	1,273.75	<b>184.75</b>
Aug 2014	1,352.75	199.50	1,352.75	<b>199.50</b>
Sep 2014				
Oct 2014				
Nov 2014				

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

## 2.2 Running Total (Contract Year 2014)

Month	Contractual limit	Billable + Undecided	CCB Approved	Billable	Undecided	Need CCB Review
Dec 2013	12,000.00	3,407.75	3,406.25	3,406.25	1.50	1.50
Jan 2014	12,000.00	6,133.00	6,119.75	6,121.00	12.00	13.25
Feb 2014	12,000.00	8,071.75	8,039.00	8,042.50	29.25	32.75
Mar 2014	12,000.00	10,409.75	10,314.25	10,366.00	43.75	95.50
Apr 2014	12,000.00	12,499.25	12,366.75	12,445.25	54.00	132.50
May 2014	12,000.00	14,362.25	14,215.25	14,293.75	68.50	147.00
Jun 2014	12,000.00	15,542.75	15,389.25	15,470.75	72.00	153.50
Jul 2014	12,000.00	17,001.25	16,663.00	16,767.00	234.25	338.25
Aug 2014	12,000.00	18,553.50	18,015.75	18,119.75	433.75	537.75
Sep 2014						
Oct 2014						
Nov 2014						

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



### 3 Monthly Ad hoc Requests

#### 3.1 Inventory Summary

	Beginning of Month	Received This Month	Closed This Month	DMS Hold	Ending Inventory
Type A	0	0	0	0	0
Type B	0	0	0	0	0
Type C	0	0	0	0	0
Type D	2	0	2	0	0
Type E	0	0	0	0	0
Unspecified	3	30	32	1	1
<b>Total</b>	5	30	34	1	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
22698		Minedi, Laxmi	DMS Hold	20140801		IDD, Autism & Mental Health Providers data
22840		Hoffmann, John	Completed	20140828	20140903	Age Breakdown of Membership Report
22841	D	Leliaert, Teresa	Completed	20140829	20140903	MFP Template
22842		Moccia, Don	Completed	20140829	20140911	MCO Data Book - Rates Effective July 1, 2015

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
22845		Jenkins, Ericka	Completed	20140829	20140909	SCL Expenditure
22846	D	Leliaert, Teresa	Completed	20140829	20140903	MFP Template
22848		Godshall, Kurt	Completed	20140902	20140904	Foundation for a Health Kentucky research project
22867		Minedi, Laxmi	Completed	20140904	20140905	DSS Waiver Information - addendum to 22524
22870		Shields, Teresa	Completed	20140908	20140911	ORR
22876		Godshall, Kurt	Completed	20140908	20140909	ORR 14-336
22878		Minedi, Laxmi	Completed	20140908	20140912	PA data for Waiver Members
22882		Godshall, Kurt	Completed	20140908	20140908	ORR 14-320
22883		Godshall, Kurt	Completed	20140908	20140908	Medically Fragile Children
22884		Godshall, Kurt	Completed	20140908	20140908	Public Health Match
22887		Godshall, Kurt	Completed	20140909	20140910	Waiver members pharmacy
22895		Patel, Siddharth	Completed	20140910	20140916	All Claims that hit threshold edit
22903		Dennis, David	Completed	20140910	20140912	PRTF UPL
22900		Dennis, David	Completed	20140911	20140911	Crossover claims Open Records

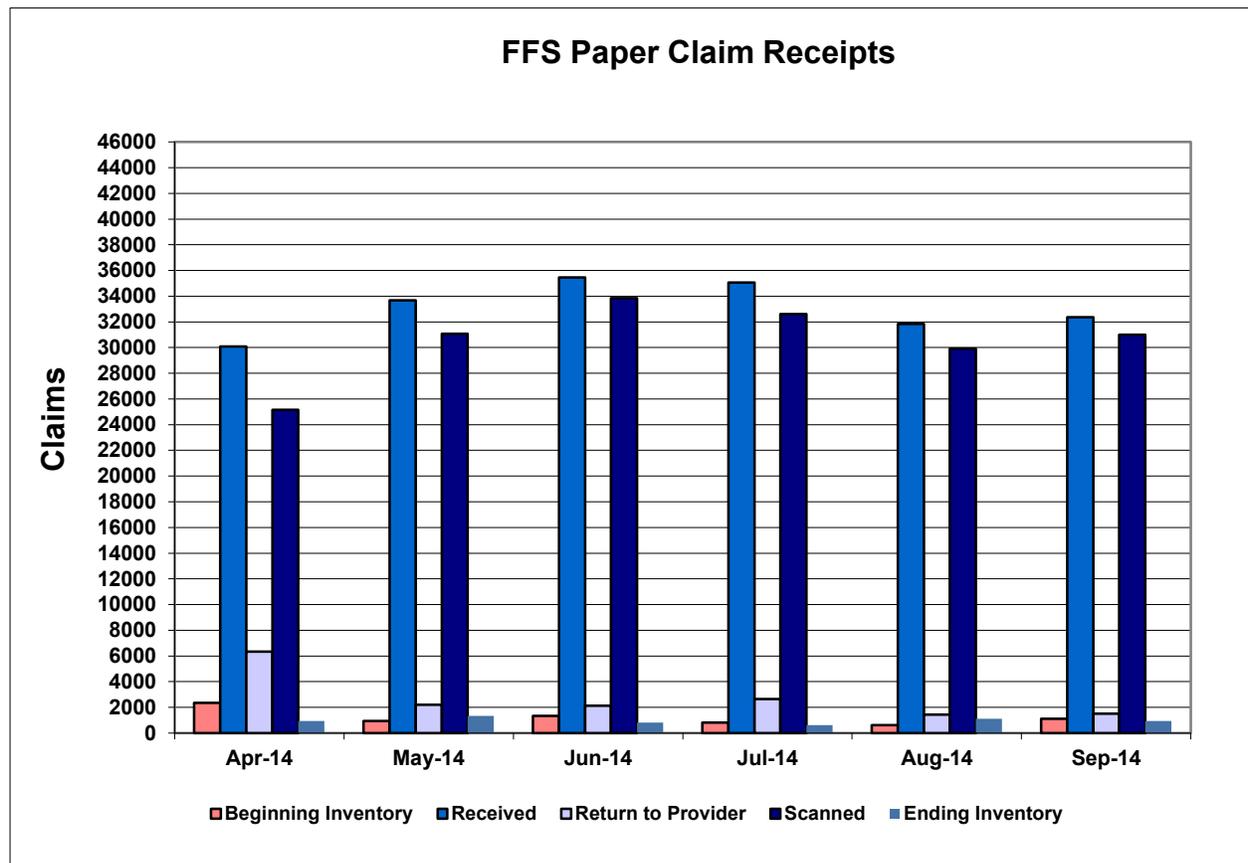
CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
22917		Minedi, Laxmi	Completed	20140912	20140912	Breast and Cervical Cancer Treatment-FY 2014
22929		Bentley, Tracy	Completed	20140915	20140916	Access
22931		Maciag, Karen	Completed	20140916	20140917	Cumberland River Homes annual billing
22932		Maciag, Karen	Completed	20140916	20140917	Newcare #7100030440 08/01/2013-07/31/2014
22940		Bentley, Tracy	Completed	20140917	20140918	Blessed Assurance Annual Review
22941		Bentley, Tracy	Completed	20140917	20140918	NR Paducah 7100071850 02/01/2014 - 07/31/2014
22948		Wells, Phyllis	Completed	20140919	20140919	Patterson
22953		Wang, Julia	Completed	20140919	20140922	Procedure code 97533
22954		Wang, Julia	Completed	20140919	20140924	Procedure 97533 with V299.0- 299.91
22973		Leliaert, Teresa	Completed	20140922	20140922	MFP Template
22974		Leliaert, Teresa	Completed	20140922	20140923	MFP Template
22991		Wells, Phyllis	Completed	20140924	20140925	Patterson
22997		Keeling, Michelle	Completed	20140924	20140925	97110units
23001		Bentley, Tracy	Completed	20140925	20140925	Access 17000894 080113- 073114

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
23005		Bradshaw, Nicole	Completed	20140925	20140926	Maxey
23020		Wilson, Jacob	Completed	20140929	20140930	Jackie Maxey
23022		Godshall, Kurt	In Progress	20140930	20141001	ORR 14-365 CCSM Cost Report SFY2014
22871		Godshall, Kurt	Completed	40281816	20140908	Nursing Facility Card Services

### 4 FFS Paper Claim Receipt Statistics

Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
April 2014	2,337	30,083	6,333	25,152	935	0 days
May 2014	935	33,686	2,202	31,078	1,341	0 days
June 2014	1,341	35,457	2,133	33,860	805	0 days
July 2014	805	35,063	2,640	32,609	619	0 days
August 2014	619	31,849	1,438	29,923	1,107	0 days
September 2014	1,107	32,353	1,507	31,010	943	0 days

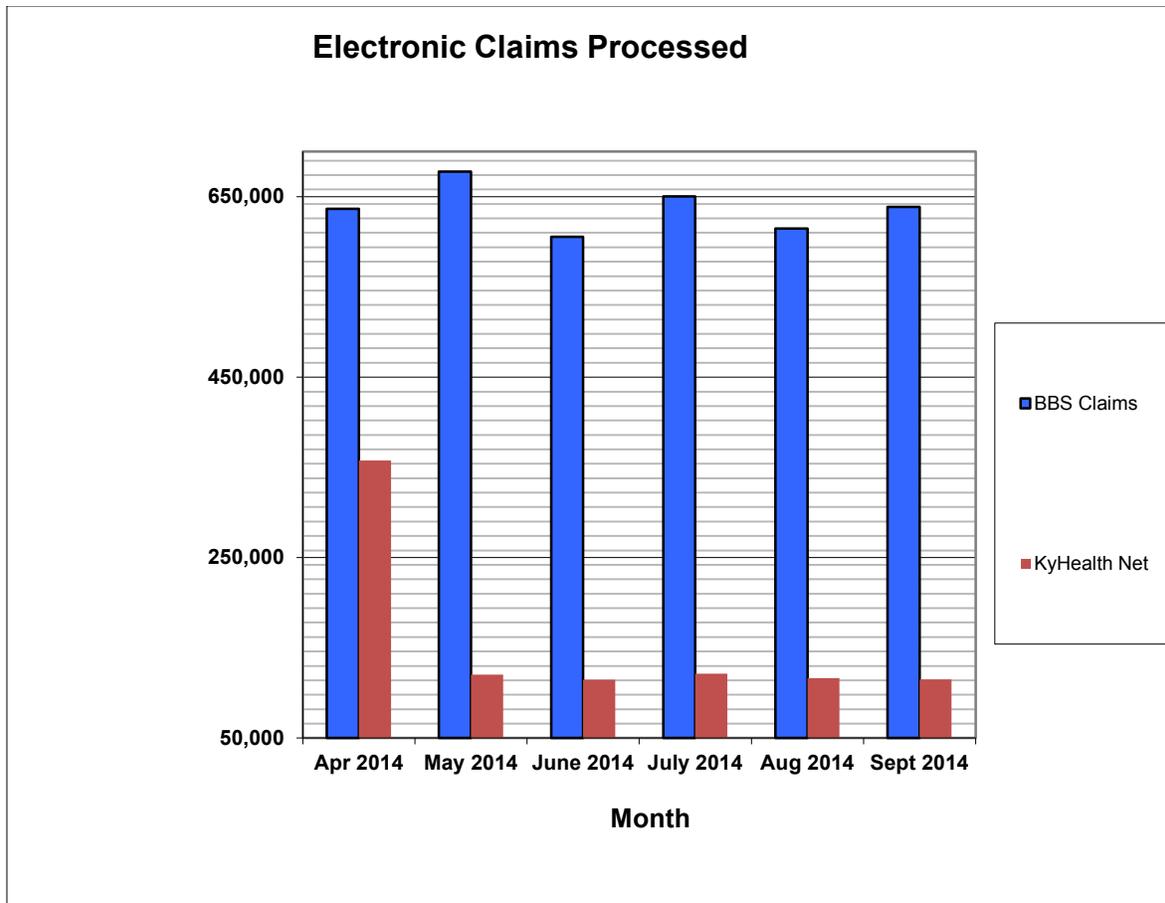
Note: The increase in RTPs for the month of April is due to the implementation of the revised CMS 1500 claim form. Claims billed on the old forms were returned to providers beginning on 4/1.



## 5 Electronic Claims Processed

	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sept 2014
<b>Bulletin Board System Claims Processed</b>	636,501	686,033	605,684	650,446	614,672	638,809
<b>Kentucky HealthNet Claims Processed</b>	357,700	120,232	114,564	121,359	116,312	115,038

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



## 6 Monthly FFS Claim Totals by Media

Begin Date	End Date
9/1/2014	9/30/2014

TOTAL	Denied Claims	Paid Claims		Suspense Claims
	Billed Amount	Billed Amount	Paid Amount	Billed Amount
<b>Electronic</b>	\$260,824,021.74	\$515,726,795.20	\$171,452,402.70	\$854,623.20
<b>Paper</b>	\$38,444,705.83	\$31,778,460.99	\$18,935,087.59	\$2,497,361.17
<b>TOTAL:</b>	<b>\$299,268,727.57</b>	<b>\$547,505,256.19</b>	<b>\$190,387,490.29</b>	<b>\$3,351,984.37</b>

## 7 Monthly Claims Operations

### 7.1 FFS Monthly Financial Cycle Summary

Category	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014
Paid Claims	478,263	613,804	473,159	497,422	618,993	534,710
Denied Claims	239,368	299,193	248,363	239,315	294,271	239,464
<b>Total Adjudicated Claims</b>	<b>717,631</b>	<b>912,997</b>	<b>721,522</b>	<b>736,737</b>	<b>913,264</b>	<b>774,174</b>
Adjustments	12,154	13,953	10,092	16,223	14,636	14,099
<b>Total Claims</b>	<b>729,785</b>	<b>926,950</b>	<b>731,614</b>	<b>752,960</b>	<b>927,900</b>	<b>788,273</b>
Suspended/Re-suspended Claims	12,268	13,623	12,376	8,717	3,197	5,065
<b>% of Denied Claims</b>	<b>33.4%</b>	<b>32.8%</b>	<b>34.4%</b>	<b>32.48%</b>	<b>32.2%</b>	<b>30.9%</b>
<b>Avg \$ per Claim</b>	<b>\$378.95</b>	<b>\$350.61</b>	<b>\$220.46</b>	<b>\$512.68</b>	<b>\$364.97</b>	<b>\$364.19</b>
Claim Payment Amount	\$181,239,101.09	\$215,204,430.82	\$104,313,568.58	\$255,016,091.78	\$225,913,034.94	\$194,735,154.30
(+) Payouts	\$704,261.22	\$48,578,167.25	\$351,861.31	\$5,968,536.67	\$3,486,034.64	\$895,918.39
(-) Recoupments	-\$3,142,111.84	-\$3,117,382.62	-\$2,142,915.44	-\$3,254,747.61	-\$6,269,978.20	-\$5,243,582.40
<b>Check Issue</b>	<b>\$178,801,250.47</b>	<b>\$260,665,215.45</b>	<b>\$102,522,514.45</b>	<b>\$257,729,880.84</b>	<b>\$223,129,091.38</b>	<b>\$190,387,490.29</b>
Capitation Payment	\$992,193,826.21	\$505,391,986.27	\$15,458,556.48	\$1,019,260,670.96	\$574,469,238.10	\$548,904,752.11
<b>Total Paid</b>	<b>\$1,170,995,076.68</b>	<b>\$766,057,201.72</b>	<b>\$117,981,070.93</b>	<b>\$1,276,990,551.80</b>	<b>\$797,598,329.48</b>	<b>\$739,292,242.40</b>

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

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

Category	April 2013	May 2013	June 2013	July 2013	August 2013	September 2013
Paid Claims	394,165	588,790	470,818	411,145	548,289	446,264
Denied Claims	228,983	296,966	236,091	222,098	292,464	235,852
<b>Total Adjudicated Claims</b>	<b>623,148</b>	<b>885,756</b>	<b>706,909</b>	<b>633,243</b>	<b>840,753</b>	<b>682,116</b>
Adjustments/Claim Credits	10,610	14,402	11,932	8,948	13,959	12,363
<b>Total Claims</b>	<b>633,758</b>	<b>900,158</b>	<b>718,841</b>	<b>642,191</b>	<b>854,712</b>	<b>694,479</b>
Suspended/Resuspended Claims	9,807	13,813	11,378	9,246	12,939	11,788
<b>% of Denied Claims</b>	<b>36.7%</b>	<b>33.5%</b>	<b>33.4%</b>	<b>35.1%</b>	<b>34.8%</b>	<b>34.6%</b>
<b>Avg \$ per Claim</b>	<b>\$428.76</b>	<b>\$214.60</b>	<b>\$351.44</b>	<b>\$447.39</b>	<b>\$381.59</b>	<b>\$405.57</b>
Claim Payment Amount	\$169,000,500.02	\$190,083,120.73	\$165,463,145.62	\$183,942,129.35	\$209,224,330.84	180,991,079.99
(+) Payouts	\$15,646,058.03	\$1,311,556.73	\$4,398,666.91	\$5,356,806.56	\$496,177.51	7360754.51
(-) Recoupments	-\$2,048,614.56	-\$3,243,554.41	-\$3,013,722.72	-\$2,818,257.18	-\$3,383,079.30	-3,956,438.25
<b>Check Issue</b>	<b>\$182,597,943.49</b>	<b>\$188,151,123.05</b>	<b>\$166,848,089.81</b>	<b>\$186,480,678.73</b>	<b>\$206,337,429.05</b>	<b>184,395,396.25</b>
Capitation Payment	\$292,106,189.61	\$285,317,333.01	\$285,271,035.14	\$291,922,348.91	\$319,444,967.06	296,300,082.33
<b>Total Paid</b>	<b>\$474,704,133.10</b>	<b>\$473,468,456.06</b>	<b>\$452,119,124.95</b>	<b>\$478,403,027.64</b>	<b>\$525,782,396.11</b>	<b>480,695,478.58</b>

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

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

## 7.2 Monthly MCO & NEMT Capitations

Begin Date	End Date
9/1/2014	9/30/2014

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
ANTHEM	47,453	\$27,429,431.19	8,826	\$3,474,108.64	56,279	\$30,903,539.83
COVENTRY	298,100	\$127,495,272.79	39,802	\$10,128,925.43	337,902	\$137,624,198.22
HUMANA	83,770	\$45,558,008.65	14,650	\$5,647,275.44	98,420	\$51,205,284.09
NEMT	1,067,731	\$7,860,548.53	164,670	\$994,927.96	1,232,401	\$8,855,476.49
PASSPORT HEALTH	204,815	\$108,287,529.75	27,583	\$9,335,640.92	232,398	\$117,623,170.67
WELLCARE	391,891	\$188,095,881.50	48,196	\$14,597,201.31	440,087	\$202,693,082.81
<b>Sum:</b>	<b>2,093,760</b>	<b>\$504,726,672.41</b>	<b>305,183</b>	<b>\$44,178,079.70</b>	<b>2,398,943</b>	<b>\$548,904,752.11</b>

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

<b>NEMT</b>	<b>Cap Transactions</b>	<b>Amount Paid</b>
L.K.L.P. C.A.C., INC REGION 1	42,541	\$300,206.27
PENNYRILE ALLIED COMSERVICES, INC	47,982	\$301,818.30
AUDUBON AREA COMM SRVC	47,973	\$352,541.10
L.K.L.P. C.A.C., INC REGION 4	56,270	\$419,256.00
LKLP CAC INC REGION 5	83,374	\$884,285.50
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	201,108	\$1,802,703.25
BLUE GRASS COMMUNITY ACTION AGENCY INC	67,967	\$472,992.30
LKLP CAC INC REGION 9	77,619	\$568,988.00
FEDERATED TRANSPORTATION SVS OF THE BLUE	53,354	\$399,859.20
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	57,912	\$1,103,353.60
RURAL TRANSIT ENTERPRISES	119,359	\$927,102.25
LKLP COMMUNITY ACTION	81,254	\$538,689.96
SANDY VALLEY TRANSPORTATION	56,981	\$393,598.20
LKLP CAC INC REGION 15	56,422	\$297,656.32
LICKING VALLEY COMMUNITY ACTION PROGRAM INC	17,615	\$92,426.24
<b>TOTAL</b>	<b>1,067,731</b>	<b>\$8,855,476.49</b>

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

Begin Date	End Date
9/1/2014	9/30/2014

Paper Claims	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014
Paid	9,434	10,326	9,798	8,471	11,729	8,251
Denied	12,310	13,530	14,917	10,648	15,930	11,654
Total	21,744	23,856	24,715	19,119	27,659	19,905
% of Total Adjudicated Claims	3.01%	2.61%	3.42%	2.60%	3.02%	2.57%
% of Paper Denied Claims	55.28%	56.72%	60.36%	55.69%	57.59%	58.55%

**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	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014
Paid	468,829	603,478	463,361	488,951	607,264	526,459
Denied	227,058	285,663	233,446	228,667	278,341	227,810
Total	695,887	889,141	696,807	717,618	885,605	754,269
% of Total Adjudicated Claims	96.99%	97.39%	96.57%	97.40%	96.97%	97.43%
% of Electronic Denied Claims	32.70%	32.13%	33.50%	31.86%	31.43%	30.20%

**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
9/1/2014	9/30/2014

Procedure	Description	Member Count	Claim Count	Amount Paid
S5108	HOMECARE TRAIN PT 15 MIN	8,885	42,976	\$16,986,976.75
T2016	HABIL RES WAIVER PER DIEM	3,023	23,520	\$14,161,697.08
99199	SPECIAL SERVICE/PROC/REPORT	4,473	5,102	\$7,424,950.31
T1015	CLINIC SERVICE	46,450	66,290	\$4,980,478.98
T2021	DAY HABIL WAIVER PER 15 MIN	4,512	28,882	\$4,898,730.40
T2022	CASE MANAGEMENT, PER MONTH	13,461	16,583	\$4,472,982.94
S5100	ADULT DAYCARE SERVICES 15MIN	2,831	23,373	\$2,955,222.45
H0004	ALCOHOL AND/OR DRUG SERVICES	3,043	8,466	\$2,908,386.52
97535	SELF CARE MNGMENT TRAINING	1,908	6,807	\$2,139,240.70
T2023	TARGETED CASE MGMT PER MONTH	4,501	5,024	\$1,469,725.80

#### 7.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
317	MILD INTELLECT DISABILTY	4,161	30,319	\$13,105,406.77
3180	MOD INTELLECT DISABILITY	3,016	21,175	\$7,932,877.20
3128	OTHER CONDUCT DISTURBANCE	4,038	4,260	\$7,303,681.60
3182	PROFND INTELLCT DISABLTY	569	2,058	\$6,952,591.97
3310	ALZHEIMER'S DISEASE	1,567	2,605	\$5,780,418.54
3181	SEV INTELLECT DISABILITY	832	4,574	\$5,184,559.72
29900	AUTISTIC DISORD-CURRENT	2,280	14,412	\$4,319,973.34
318	OTHER MENTAL RETARDATION	2,158	10,389	\$4,084,372.49
496	CHR AIRWAY OBSTRUCT NEC	5,365	10,090	\$3,988,353.27
4019	HYPERTENSION NOS	4,658	8,521	\$3,742,430.33

## 7.6 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
9/1/2014	9/30/2014

Procedure	Description	Member Count	Claim Count	Amount Paid
T2022	CASE MANAGEMENT, PER MONTH	10,826	35,511	\$12,237,969.23
99213	OFFICE/OUTPATIENT VISIT EST	185,374	265,500	\$10,592,732.92
99284	EMERGENCY DEPT VISIT	45,489	57,130	\$8,297,121.93
90837	PSYTX PT&FAMILY 60 MINUTES	21,038	61,880	\$7,093,813.14
99283	EMERGENCY DEPT VISIT	61,562	79,252	\$7,064,864.40
T2048	BH LTC RES R&B, PER DIEM	299	943	\$5,791,163.05
99214	OFFICE/OUTPATIENT VISIT EST	71,221	92,853	\$5,575,028.84
99285	EMERGENCY DEPT VISIT	22,706	28,084	\$5,091,182.90
90847	FAMILY PSYTX W/PATIENT	9,356	27,989	\$3,487,340.74
90887	CONSULTATION WITH FAMILY	9,693	27,158	\$2,383,286.57

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

## 7.7 Monthly MCO Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
29690	EPISODIC MOOD DISORD NOS	7,059	36,680	\$9,273,147.55
31401	ATTN DEFICIT W HYPERACT	15,372	69,299	\$8,733,092.96
78650	CHEST PAIN NOS	14,797	23,190	\$3,906,839.25
V202	ROUTIN CHILD HEALTH EXAM	38,463	41,806	\$3,637,566.05
311	DEPRESSIVE DISORDER NEC	8,180	24,127	\$3,560,992.23
V5811	ANTINEOPLASTIC CHEMO ENC	661	1,365	\$3,431,259.05
0389	SEPTICEMIA NOS	546	952	\$3,352,896.85
3129	CONDUCT DISTURBANCE NOS	3,468	19,724	\$3,334,350.30
31381	OPPOSITION DEFIANT DISOR	3,247	15,810	\$3,147,218.01
V3000	SINGLE LB IN-HOSP W/O CS	2,448	3,446	\$3,116,591.89

**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	21,301	18.6%
2017	Services Covered Under Member's MCO Plan	18,744	16.4%
4021	No Coverage for Billed Procedure	18,492	16.2%
5001	Exact Duplicate	10,520	9.2%
1955	Cannot Determine Medicaid Nbr Billing Prov	9,540	8.3%
4804	No Contract for Billed Rev Code	8,819	7.7%
3317	This Service Was Not Approved by Medicare	7,233	6.3%
1032	Billing Provider Not Eligible to Bill this Clm Type	7,045	6.2%
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	6,811	6.0%
1908	NPI Only Submitted on Claim – Not on File	5,951	5.2%
<b>Totals</b>		<b>114,456</b>	<b>60.9%</b>

Total Denied Details – 187,843

Note: Total # of top ten denials (114,456) divided by total denied details (187,843) = % of top ten denials (60.9%).

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

Error	Description	Number of Failures	% of Top Ten
4405	Unable to Assign Provider Contract	2,287	31.4%
2001	Member ID Number not on File Recycle	1,684	23.1%
3305	Member Requires Valid PT Liability for DOS	1,265	17.3%
5001	Exact Duplicate	373	5.1%
2505	Member Covered by Private Insurance	358	4.9%
1046	Facility Provider is not Eligible	314	4.3%
3001	PA Not Found on Database	314	4.3%
4014	No Pricing Segment on File	308	4.2%
1047	Billing Provider is Not Eligible	261	3.6%
2079	Invalid Benefit Plan on Mass Adjustment	131	1.8%
<b>Totals</b>		<b>7,295</b>	<b>81.9%</b>

Total Suspended Details – 8,908

Note: Total # of top ten failures (7,295) divided by total suspended details (8,908) = % of top ten suspense (81.9%).

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

Category	April 2014		May 2014		June 2014		July 2014		August 2014		September 2014	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	9,261	93.93	11,533	94.01	12,834	94.21	6,142	70.46	2,762	86.39	4,621	91.23
31-60 days	52	.53	228	1.86	179	1.31	1,747	20.04	46	1.44	44	.87
61-90 days	46	.47	22	.18	147	1.08	525	6.02	40	1.25	38	.75
91+ days	500	5.07	482	3.95	463	3.40	303	3.48	349	10.92	362	7.15
<b>Total</b>	<b>9,859</b>		<b>12,268</b>		<b>13,623</b>		<b>8,717</b>		<b>3,197</b>		<b>5,065</b>	

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

Category	April 2014	May 2014	June 2014	July 2014	August 2014	Sept 2014	Oldest Julian Date
Resolutions	67	70	119	1,636	87	107	14-078
Med.Review	0	0	0	0	5	0	0
TPL	0	0	66	1	0	0	0
Adjustments	0	0	0	0	0	0	0
Recycle	0	0	1	0	0	0	0
DMS	668	719	806	938	348	343	12-128
<b>Total</b>	<b>735</b>	<b>789</b>	<b>992</b>	<b>2,575</b>	<b>435</b>	<b>444</b>	

## 8 Monthly Third-Party Liability

### 8.1 FFS Third-Party Liability Monthly Activity

Third Party Liability	Begin Inv	Received	Worked	To DMS	Ending Inventory	Oldest Date
PA40-Kames/Eligibles with Other Ins.	1,546	8,217	8,232	0	1,531	10 days
CS40-Child Support	0	757	757	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	432	1,800	1,824	0	408	7 days
Accident/Trauma Leads	0	0	0	0	0	0 days
DMS Attorney	0	0	0	0	0	0 days
RUSH Attorney	0	0	0	0	0	0 days
HP Attorney	4	231	231	0	4	0 days
TPL Checks	3	147	142	0	8	0 days
TPL Mail	1,209	4,311	4,261	0	1,259	10 days
KHIPP	0	349	349	0	0	0 days
Total	3,194	15,812	15,796	0	3,210	

## 9 Monthly Finance/Adjustments

### 9.1 Monthly FFS Financial – Accounts Receivable

Category	Beginning Inventory	Received	Keyed	Return to Provider	To DMS	On Hold	Ending Inventory	Age Oldest AR
Accounts Receivable Set-up	0	155	138	0	17	0	0	0 days
Payouts	0	66	66	0	0	0	0	0 days
Accounts Receivable Updates	0	113	113	0	0	0	0	0 days
Accounts Receivable Transfers	0	0	0	0	0	0	0	0 days
<b>Total</b>	0	334	317	0	17	0	0	

### 9.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	9	0	0	9	1 day
HP Financial	130	401	337	194	5 days
DMS Financial	40	101	90	51	4 days
<b>Total</b>	179	502	427	254	

### 9.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	22	103	81	18	26	0 day
Institutional	9	105	54	5	55	3 days
Voids	86	295	278	40	63	3 days
<b>Total</b>	117	503	413	63	144	

**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)	281	30	91	1	14		205	0
SE Processed Adjustment (region 58)	0	0	0	0	0		0	0
<b>Total</b>	281	30	91	1	14		205	0

## 10 Provider Relations

### 10.1 Provider Field Representatives

#### 10.1.1 Provider Visits

##### September 10, 2014

Vicky Hicks, HP Provider Field Representative, conducted a virtual room provider visit with West KY Orthopedics and Sports Medicine, on September 10, 2014. The provider requested a virtual room visit to learn how to read a remittance statement. We also viewed denied claims, reason for denial and the Medicare crossover coding sheet. Those who attended the virtual room training were: Ashlee Steele

##### September 16, 2014

Kelly Gregory, HP Provider Field Representative, conducted a virtual room provider visit with Phoenix Way, LLC, on September 16, 2014. The provider requested a virtual room visit to learn how to download and read her remit from KYHealth Net. During the visit we went over each section of the remit and the information contained within each section. Those who attended the virtual room training were: Lisa Miller

##### September 22, 2014

Kelly Gregory, HP Provider Field Representative, conducted a virtual room provider visit with Plaza Drug, on September 22, 2014. The provider requested a virtual room visit to learn how to navigate KYHealth Net and read a remit. During the visit the following was covered: member eligibility, claims inquiry, claim submission, claim adjustment and void, prior authorization letters, RA viewer, and how to read each section of their remit. We also review the following websites: [chfs.ky.gov/dms](http://chfs.ky.gov/dms) and [kymmis.com](http://kymmis.com). Those who attended the virtual room training were: Tara Stiles and Dylan Arthur

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

##### September 5, 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Summers Optical on September 5, 2014. The provider requested a conference call to review and discuss claim denials. We were able to resolve the claim denial issue and she will resubmit claims. Those who attended the conference call were: Lana

### 10.3 Conference Calls (continued)

#### September 18 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Perry Co Health Center on September 18, 2014. The provider requested a conference call to learn how to adjust and void a claim on KYHealth Net. During the conference call she was shown how void and adjust a claim. I also navigated her on how to locate KYHealth Net user manual on kymmis.com for future reference. Those who attended the conference call were: Kiatonnia Fugate

#### September 18 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with London Tri-County Hospice on September 18, 2014. The provider requested a conference call to review issues with denied claims. The cause of denial is due to provider NPI does not match the assigned hospice waiver provider. The provider received new provider ID number and has been unable to get member files updated. Working with her and member services to get member files updated. Those who attended the conference call were: Angela Bowman

#### September 23, 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with London Dialysis Clinic on September 23, 2014. The provider requested a conference call to review Kentucky Medicaid Billing Instructions. During the conference call we reviewed fields required when Medicare is primary, when TPL is primary and when member has both. Those who attended the conference call were: Jennifer Murray

### 10.4 Association Meetings

There were no Association meetings in September 2014.

### 10.5 Provider Contacts

Provider Calls	155
Provider E-mails	337
<b>Total</b>	<b>492</b>

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

## 10.6 Provider Workshops

September 12, 2014

Kelly Gregory, HP Provider Field Representatives, conducted a Hospital Presumptive Eligibility (PE) Webinar on September 12, 2014. There was 1 attendee logged into the virtual room and 3 called into the conference line. 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. Also present was HP Provider Field Representative, Vicky Hicks.

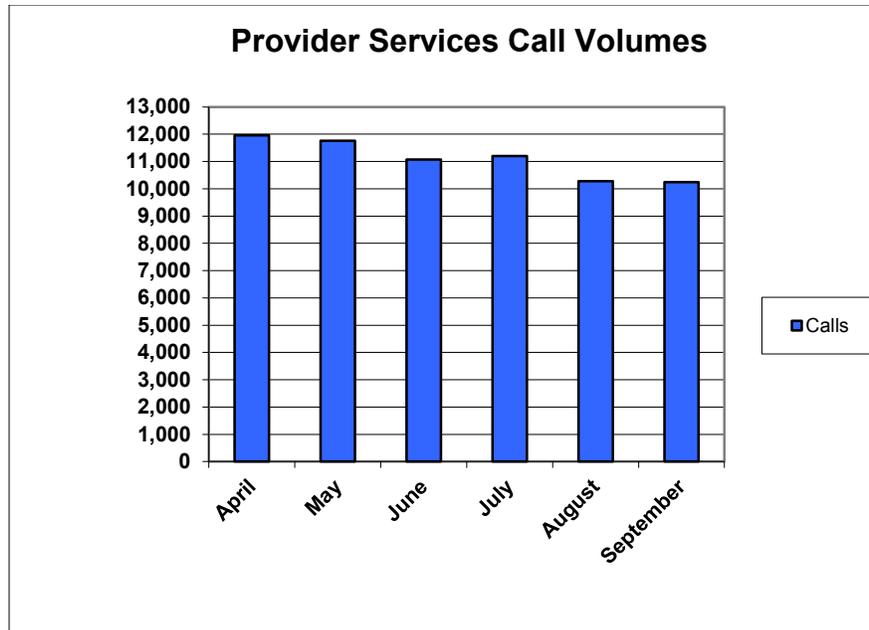
## 10.7 Provider Services

### 10.7.1 Provider Services

Category	April 2014	May 2014	June 2014	July 2014	August 2014	September 2014
% Service Level	97%	96%	95%	95%	95%	94%
Abandoned Calls	388	496	517	586	533	588
Avg Speed Ans	1:00	1:19	1:28	1:31	1:25	1:36
Incoming Calls	11,962	11,762	11,066	11,195	10,279	10,239
Paper Correspondence	713	545	476	411	433	422
E-Mail Correspondence	252	314	203	221	213	222
Fax	38	32	29	31	13	17
<b>Total*</b>	12,965	12,653	11,774	11,858	10,938	10,900
HP Callbacks	95	78	131	127	131	138

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

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



#### 10.7.2 Top 5 Provider Calls

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

#### 10.7.3 Notable Topics

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

## Commonwealth Training

### 10.7.4 Current Activities

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

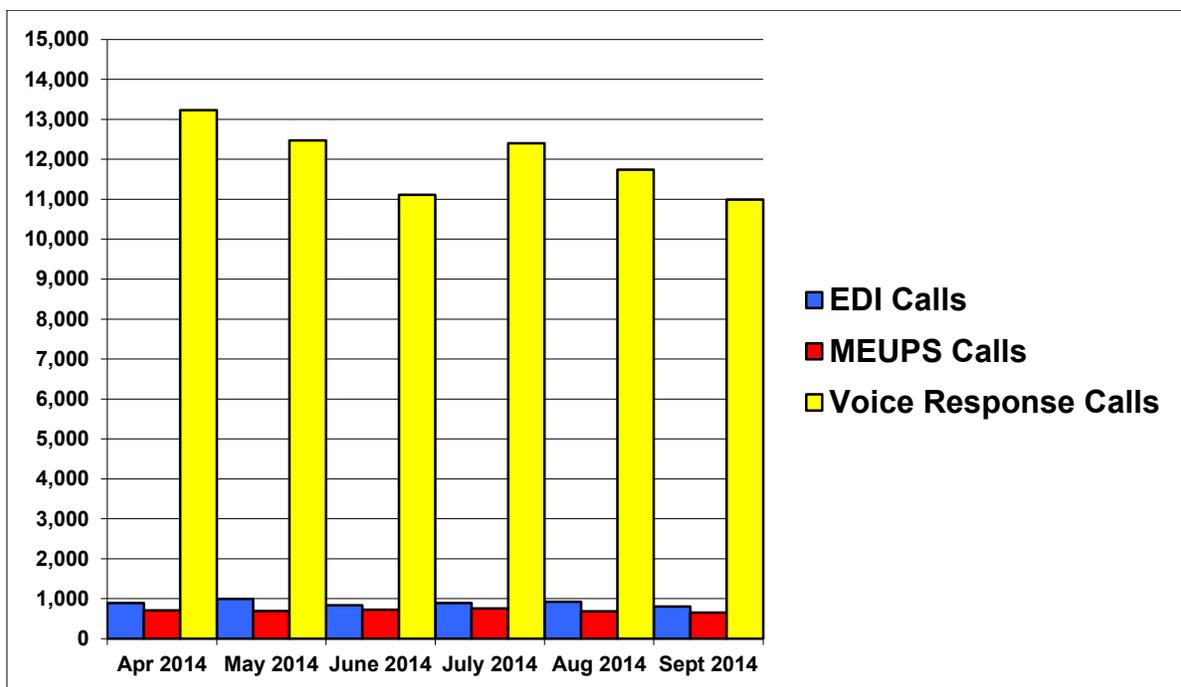
- Mechanics of Claims Processing (September 3) 2 attended
  - Julia Wang, Division of Program Quality & Outcomes
  - MaryDale Coleman, Division of Program Quality & Outcomes
- Member Subsystem (September 9) 2 attended
  - Kevin Wade, Division of Audits & Investigations
  - Jamie Sadler, Division of Audits & Investigations
- Provider Subsystem (September 11) 4 attended
  - Leeta Williams, Division of Policy & Operations – Pharmacy Policy Branch
  - Marydale Coleman, Division of Program Quality & Outcomes
  - Jamie Sadler, Division of Audits & Investigations
  - Paul Cales, Division of Audits & Investigations
- Prior Authorization Subsystem (September 17) 0 attended
  - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD
- Reference Subsystem (September 18) 4 attended
  - MaryDale Coleman, Division of Program Quality & Outcomes
  - Jamie Sadler, Division of Audits & Investigations
  - Paul Cales, Division of Audits & Investigations
  - Sara Robeson, Department for Public Health Epidemiology and Health Planning
- Claim Edits, Audits and Rules (September 23) 1 attended
  - MaryDale Coleman, Division of Program Quality & Outcomes
- Claims Subsystem (September 25) 2 attended
  - Deborah Simpson, Division of Program Quality and Outcomes
  - Jamie Sadler, Department of Insurance
- Financial Subsystem (September 26) 2 attended
  - MaryDale Coleman, Division of Program Quality & Outcomes
  - Candace Crawford, Division of Program Quality & Outcomes
- OnBase Application (September 30) 1 attended
  - Candace Crawford, Division of Program Quality & Outcomes
- DMS In Depth Member Class (September 15) 5 attended
  - Kimberly Bickers, Division of Provider & Member Services
  - Wayne Dominick, Division of Program Quality & Outcomes
  - Sara Robeson, Division of Epidemiology and Health Planning
  - Tracy Jewell, Division of Maternal & Child Health
  - Julia Wang, Division of Program Quality & Outcomes

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

## 11 EDI Customer/Provider Interaction

### 11.1 Electronic Data Interchange Calls Received

Category	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014
EDI Calls	894	997	834	894	923	800
MEUPS Calls	707	692	722	752	687	652
Voice Response Calls	13,227	12,471	11,112	12,401	11,743	10,991



### Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
April	894	20	:19	3:08	98%
May	997	34	:28	3:05	97%
June	834	13	:19	3:05	98%
July	894	19	:17	3:06	98%
August	923	27	:17	2:56	97%
September	800	8	:14	3:05	99%

**Expanded Call Data (continued)**

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
April	707	23	:24	2:21	97%
May	692	31	:32	2:15	96%
June	722	26	:26	2:11	96%
July	752	25	:18	2:15	97%
August	687	11	:14	2:08	98%
September	652	12	:15	2:16	98%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
April	13,227	359	:01	1:29	97%
May	12,471	423	:01	1:27	97%
June	11,112	347	:01	1:32	97%
July	12,401	167	:01	1:31	99%
August	11,743	432	:01	1:32	96%
September	10,991	557	:01	1:32	95%

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

**EDI Top 5 calls:**

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

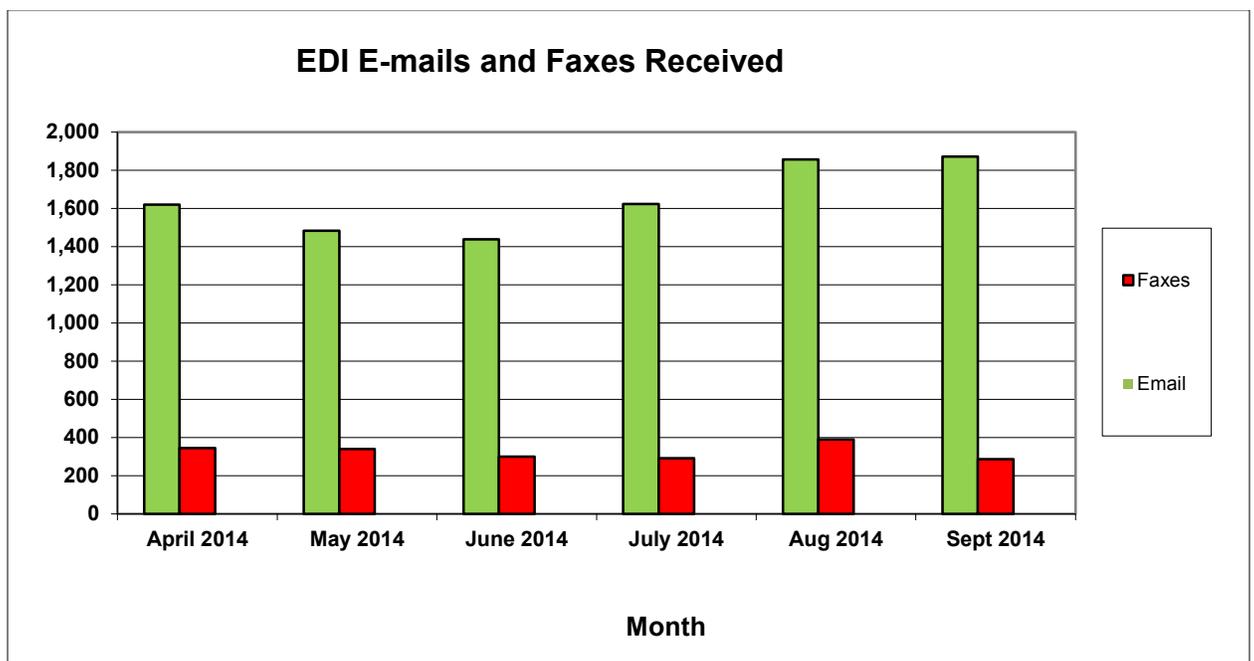
**MEUPS Top 5 calls:**

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

Category	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014
Password Resets Received Via phone	422	446	484	580	463	439

## 11.2 EDI E-mails and Faxes Received

Category	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014
E-mails Received	1,620	1,483	1,438	1,623	1,857	1,872
E-mails Answered	1,617	1,483	1,436	1,623	1,857	1,867
Faxes Received	345	339	300	292	389	287
Faxes Answered	340	338	289	288	385	284



### 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	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014
Password Resets Received Via e-mail	392	290	389	387	409	383

**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	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014
<b>PINs Received via fax</b>	315	1007***	231	101	132	127
<b>Admins Received via fax</b>	207	317	234	183	220	127

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

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



## Operational Status Report

### *Kentucky MMIS Project*

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

Status Month End October 2014

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

<u>Role:</u>	<u>Name:</u>
Author	Janet Penn
Reviewer	Gregg Currans
HP Enterprise Services Management	Matt Dawson, Account Executive
Client	Commissioner Lawrence Kissner Deputy Commissioner Lisa Lee Deputy Commissioner Neville Wise Medicaid Systems Director Jennifer Harp
DELIVERABLE TITLE: Operational Status Report	DATE SUBMITTED: November 13, 2014
FILE NAME: 2014-10_KY_MMIS_Operational_Status_Report.docx	AUTHORING TOOL: Microsoft Word 2007

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## 1 Executive Summary

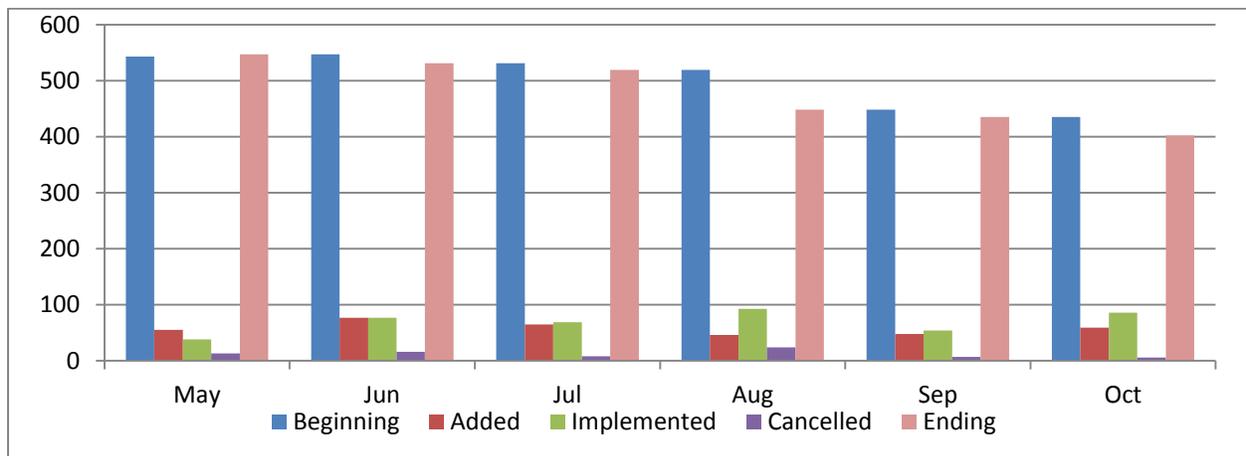
	<b>October</b>	<b>Page Number</b>
Claims Processed	1,067,858	Page 21
Total Dollars Paid	\$228,189,682.95	Page 21
Claims Paid	759,717	Page 21
Claims Denied	308,141	Page 21
% Denied Claims	28.9%	Page 21
Average Claims Held in Cash Management	292,821	N/A
Average Dollars Held in Cash Management	\$45,098,433.67	N/A
Capitation Financial Transactions	2,381,927	N/A
Capitation Financial Payments	\$557,259,963.95	Page 21
Suspended Claims	5,795	Page 21
Total Suspended Claims > 90 Days	371	Page 28
Provider Services Calls Received	10,807	Page 34
Provider Services Current Service Level %	96%	Page 34

## 1.1 Encounter Load Statistics

<b>Managed Care Organizations (MCOs)</b>						
	<b>May 2014</b>	<b>June 2014</b>	<b>July 2014</b>	<b>August 2014</b>	<b>September 2014</b>	<b>October 2014</b>
Coventry	1,123,433	866,971	867,227	1,099,922	1,033,568	973,889
Humana	261,745	187,024	223,588	348,051	263,156	265,849
Kentucky Spirit	3,427	2,393	989	5,626	3,502	2,817
Passport (R03)	961	824	1,254	1,656	1,841	612
Passport R31	914,822	653,151	680,635	990,960	1,072,201	811,239
WellCare	1,721,505	1,410,418	1,246,391	2,134,101	1,860,303	1,308,988
Anthem	0	69,320	102,637	214,784	114,664	437,792
<b>Other</b>						
Transportation Encounters	0	435,896	621,689	0	213,487	179,559
Magellan Pharmacy Claims	266,335	266,271	269,045	276,667	217,315	289,139
<b>Totals</b>	<b>4,292,228</b>	<b>3,892,268</b>	<b>4,013,455</b>	<b>5,071,767</b>	<b>4,780,037</b>	<b>4,269,884</b>

### 1.2 Change Order and Defect Statistics

<b>Change Orders / Defects Inventory</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>
Beginning	543	547	531	519	448	435
Added	55	77	65	46	48	59
Implemented	38	77	69	93	54	86
Cancelled	13	16	8	24	7	6
<b>Ending</b>	<b>547</b>	<b>531</b>	<b>519</b>	<b>448</b>	<b>435</b>	<b>402</b>



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

October 2014	Change Orders		Defects		Total	Comments
	Open	On Hold	Open	On Hold		
DMS Priority	70	58	3	1	132	
Federally Mandated	16	1	0	0	17	4 open and 1 on hold are included in the Priority list.
Non-Priority	148	8	97	0	253	
<b>Totals</b>	234	67	100	1	402	Total includes 8 ICD-10 and T-MSIS CO's

\*The priority list consists of 137 Change Orders & Defects.

October 2014	Change Orders			Defects		
	Added	Implemented	Cancelled	Added	Implemented	Cancelled
DMS Priority	28	29	2	0	9	1
Federally Mandated	3	11	0	0	1	0
Non-Priority	12	13	2	16	23	1
<b>Totals</b>	<b>43</b>	<b>53</b>	<b>4</b>	<b>16</b>	<b>33</b>	<b>2</b>

## 2 Unplanned System Outages

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

## Billable Hours

**2.1 Billable Hours Usage Summary (Contract Year 2014)**

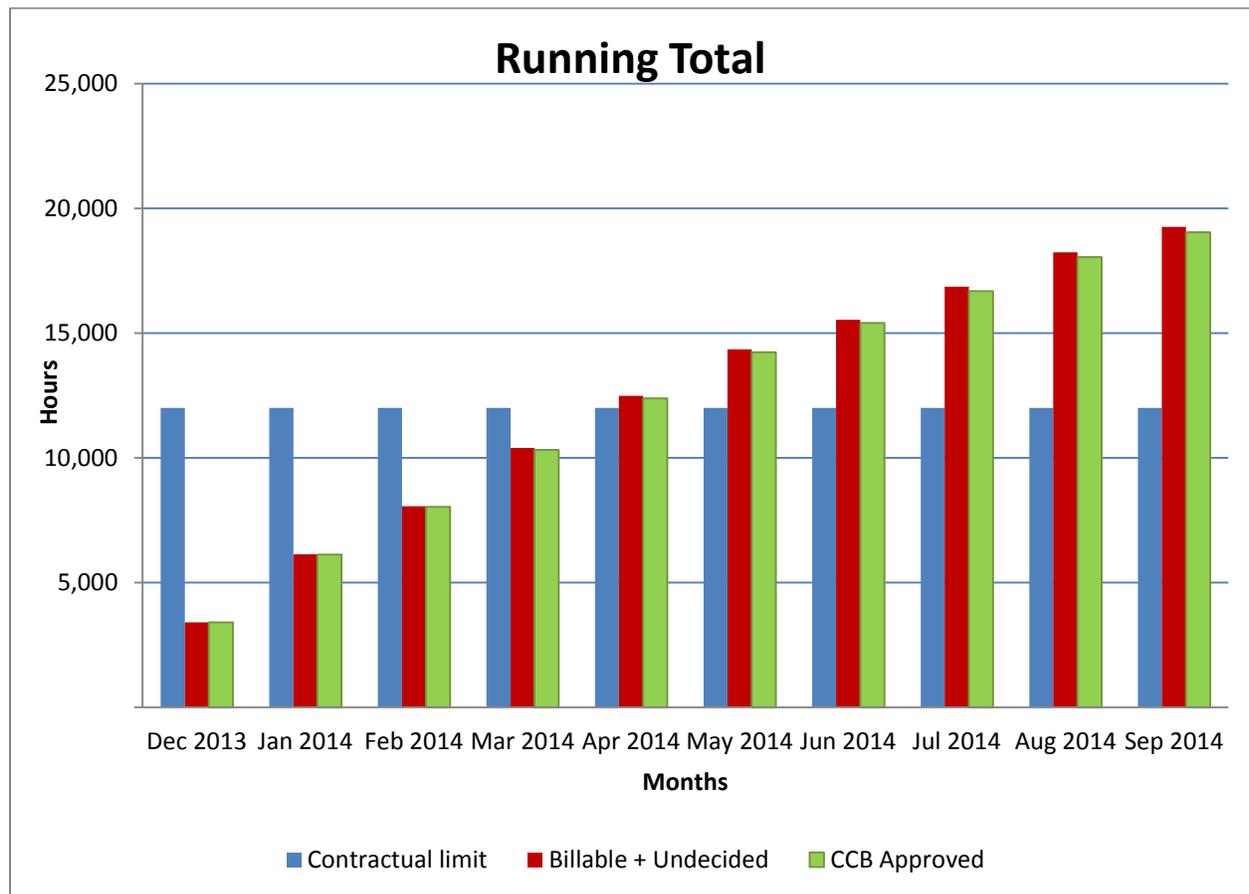
Month	Billable	Undecided	CCB Approved	Need CCB Review
Dec 2013	3,406.25	1.50	3,406.25	1.50
Jan 2014	2,714.75	10.50	2,713.50	11.75
Feb 2014	1,921.50	12.25	1,919.25	14.50
Mar 2014	2,327.50	7.00	2,279.25	55.25
Apr 2014	2,089.50	-	2,062.75	26.75
May 2014	1,848.50	12.00	1,848.50	12.00
Jun 2014	1,177.00	3.00	1,174.00	6.00
Jul 2014	1,300.75	25.50	1,278.25	48.00
Aug 2014	1,362.00	22.75	1,362.00	22.75
Sep 2014	992.25	23.75	991.25	24.75
Oct 2014				
Nov 2014				

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

## 2.2 Running Total (Contract Year 2014)

Month	Contractual limit	Billable + Undecided	CCB Approved	Billable	Undecided	Need CCB Review
Dec 2013	12,000.00	3,407.75	3,406.25	3,406.25	1.50	1.50
Jan 2014	12,000.00	6,133.00	6,119.75	6,121.00	12.00	13.25
Feb 2014	12,000.00	8,066.75	8,039.00	8,042.50	24.25	27.75
Mar 2014	12,000.00	10,401.25	10,318.25	10,370.00	31.25	83.00
Apr 2014	12,000.00	12,490.75	12,381.00	12,459.50	31.25	109.75
May 2014	12,000.00	14,351.25	14,229.50	14,308.00	43.25	121.75
Jun 2014	12,000.00	15,531.25	15,403.50	15,485.00	46.25	127.75
Jul 2014	12,000.00	16,857.50	16,681.75	16,785.75	71.75	175.75
Aug 2014	12,000.00	18,242.25	18,043.75	18,147.75	94.50	198.50
Sep 2014	12,000.00	19,258.25	19,035.00	19,140.00	118.25	223.25
Oct 2014						
Nov 2014						

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



### 3 Monthly Ad hoc Requests

#### 3.1 Inventory Summary

	Beginning of Month	Received This Month	Closed This Month	DMS Hold	Ending Inventory
Type A	0	0	0	0	0
Type B	0	0	0	0	0
Type C	0	0	0	0	0
Type D	0	0	0	0	0
Type E	0	0	0	0	0
Unspecified	1	151	135	1	17
<b>Total</b>	1	151	135	1	17

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
23022		Godshall, Kurt	Completed	20140930	20141001	ORR 14-365 CCSM Cost Report SFY2014
23030		Bentley, Tracy	Completed	20141001	20141002	Access 17000894
23029		Smith, Toby	Completed	20141002	20141003	Claims Reddy 2009-present
23031		Bentley, Tracy	Completed	20141002	20141002	NewCare Billing 08012013-073102014

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
23038		Bechtel, Steve	Completed	20141002	20141003	School Based I-Forms Support COS 23 QE9/14
23040		Godshall, Kurt	Completed	20141002	20141003	U of L Claims from NP2
23048		Godshall, Kurt	Completed	20141003	20141006	ORR 14-359
23049		Dennis, David	Completed	20141006	20141009	rerun a query for the creep last run was 11/14/13
23053		Sayles, Karen	Cancelled	20141006		Medicaid Member eligibility totals
23054		Minedi, Laxmi	Completed	20141007	20141008	Dental Provider Directory
23068		Godshall, Kurt	Completed	20141008	20141010	All Medical Claims for Opioid Recipients
23076		Wells, Phyllis	Completed	20141009	20141010	Lingreen
23077		Wells, Phyllis	Completed	20141009	20141010	R Lingreen
23079		Godshall, Kurt	Completed	20141010	20141013	i need some member code run for Jeff Talbert
23085		Berryman, Sandy	Completed	20141013	20141015	Members Who Changed MCOs
23084		Maciag, Karen	Completed	20141014	20141015	Paid Claims 05/02/14-09/30/14 Achieving More, LLC
23094		Godshall, Kurt	Completed	20141015	20141015	ORR Jerry Boone
23102		Leliaert, Teresa	Completed	20141015	20141016	MFP Template

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
23103		Leliaert, Teresa	Completed	20141015	20141016	MFP Template
23105		Leliaert, Teresa	Completed	20141015	20141016	MFP Template
23110		Bentley, Tracy	Completed	20141016	20141016	Modern Care 090113-083114
23111		Bentley, Tracy	Completed	20141016	20141017	NR Radical 09/01/13-02/28/14
23114		Leliaert, Teresa	Completed	20141017	20141017	MFP Template
23115		Leliaert, Teresa	Completed	20141017	20141017	MFP Template
23116		Leliaert, Teresa	Completed	20141017	20141017	MFP Template
23117		Leliaert, Teresa	Completed	20141017	20141017	MFP Template
23118		Leliaert, Teresa	Completed	20141017	20141017	MFP Template
23119		Leliaert, Teresa	Completed	20141017	20141017	MFP Template
23120		Leliaert, Teresa	Completed	20141017	20141020	MFP Template
23121		Leliaert, Teresa	Completed	20141017	20141020	MFP Template
23122		Leliaert, Teresa	Completed	20141017	20141020	MFP Template
23123		Leliaert, Teresa	Completed	20141017	20141020	MFP Template

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
23214		May, Wilma	Completed	20141024	20141029	MFP Template
23215		May, Wilma	Completed	20141024	20141029	MFP Template
23217		May, Wilma	Completed	20141024	20141029	MFP Template
23218		May, Wilma	Completed	20141024	20141029	MFP Template
23219		May, Wilma	Completed	20141024	20141029	MFP Template
23220		May, Wilma	Completed	20141024	20141029	MFP Template
23221		May, Wilma	Completed	20141024	20141028	MFP Template
23222		May, Wilma	Completed	20141024	20141028	MFP Template
23223		May, Wilma	Completed	20141024	20141028	MFP Template
23224		May, Wilma	Completed	20141024	20141029	MFP Template
23399		Leliaert, Teresa	Completed	20141024	20141024	MFP Template
23401		Leliaert, Teresa	Completed	20141024	20141024	MFP Template
23491		Godshall, Kurt	Completed	20141027	20141029	ORR TPL Carriers
23194		May, Wilma	Completed	20141028	20141029	MFP Template

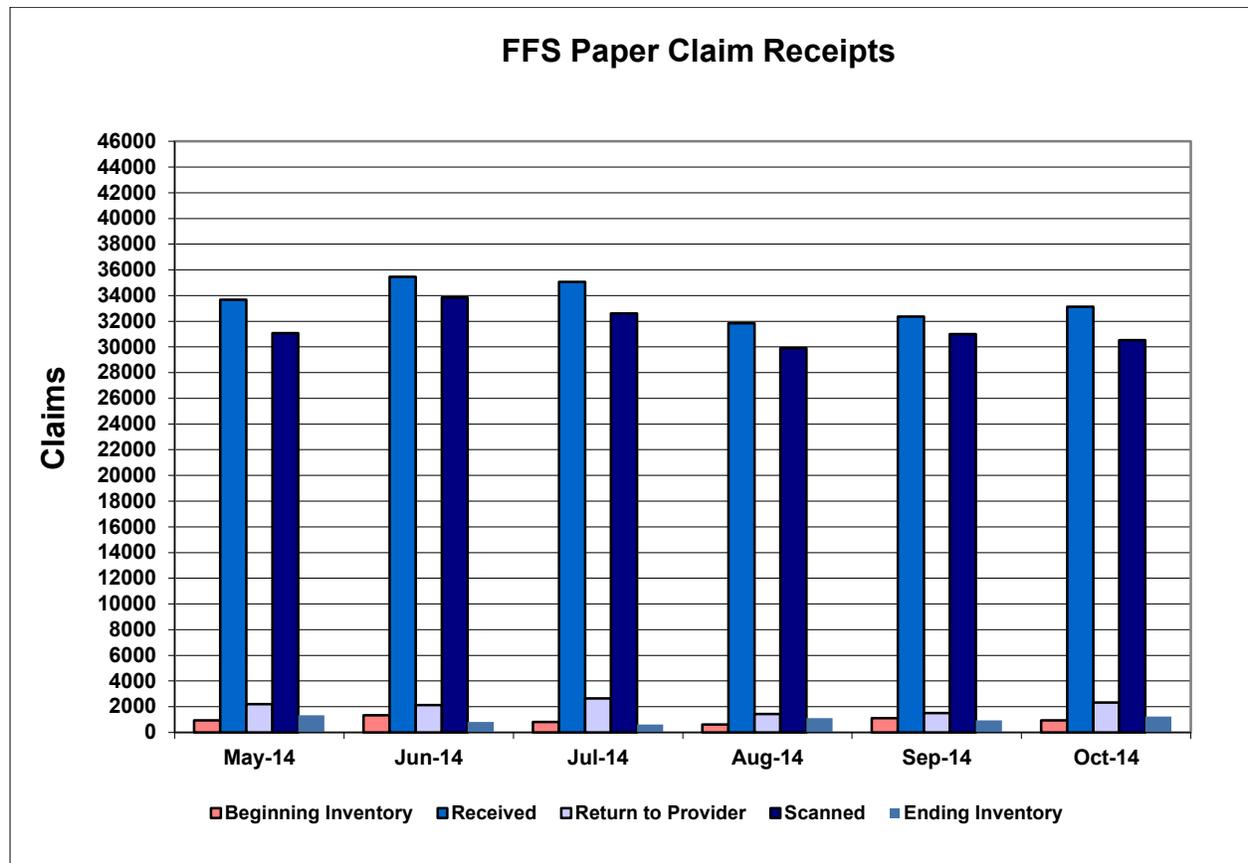
CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
23195		May, Wilma	Completed	20141028	20141029	MFP Template
23196		May, Wilma	Completed	20141028	20141029	MFP Template
23197		May, Wilma	Completed	20141028	20141029	MFP Template
23198		May, Wilma	Completed	20141028	20141030	MFP Template
23199		May, Wilma	Completed	20141028	20141030	MFP Template
23200		May, Wilma	Completed	20141028	20141030	MFP Template
23202		May, Wilma	Completed	20141028	20141030	MFP Template
23203		May, Wilma	Completed	20141028	20141030	MFP Template
23204		May, Wilma	Completed	20141028	20141031	MFP Template
23205		May, Wilma	Completed	20141028	20141031	MFP Template
23334		May, Wilma	Completed	20141030	20141031	MFP Template
23336		May, Wilma	Completed	20141030	20141031	MFP Template
23337		May, Wilma	Completed	20141030	20141031	MFP Template
23338		May, Wilma	Completed	20141030	20141031	MFP Template

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
23339		May, Wilma	Completed	20141030	20141031	MFP Template
23340		May, Wilma	Completed	20141030	20141103	MFP Template
23341		May, Wilma	Completed	20141030	20141031	MFP Template
23342		May, Wilma	In Progress	20141030	20141103	MFP Template
23343		May, Wilma	In Progress	20141030	20141103	MFP Template
23344		May, Wilma	In Progress	20141030	20141103	MFP Template
23345		May, Wilma	In Progress	20141030	20141103	MFP Template
23346		May, Wilma	In Progress	20141030	20141103	MFP Template
23347		May, Wilma	In Progress	20141030	20141103	MFP Template
23348		May, Wilma	In Progress	20141030	20141103	MFP Template
23349		May, Wilma	In Progress	20141030	20141103	MFP Template
23350		May, Wilma	In Progress	20141030	20141103	MFP Template
23351		May, Wilma	In Progress	20141030	20141104	MFP Template
23352		May, Wilma	In Progress	20141030	20141104	MFP Template

CO #	Type	Requested By	Status	Date Requested	Date Completed	Description
23353		May, Wilma	In Progress	20141030	20141104	MFP Template
23354		May, Wilma	In Progress	20141030	20141104	MFP Template
23355		May, Wilma	In Progress	20141030	20141104	MFP Template
23358		May, Wilma	In Progress	20141030	20141104	MFP Template
23359		May, Wilma	In Progress	20141030	20141104	MFP Template
23360		May, Wilma	In Progress	20141030	20141104	MFP Template

### 4 FFS Paper Claim Receipt Statistics

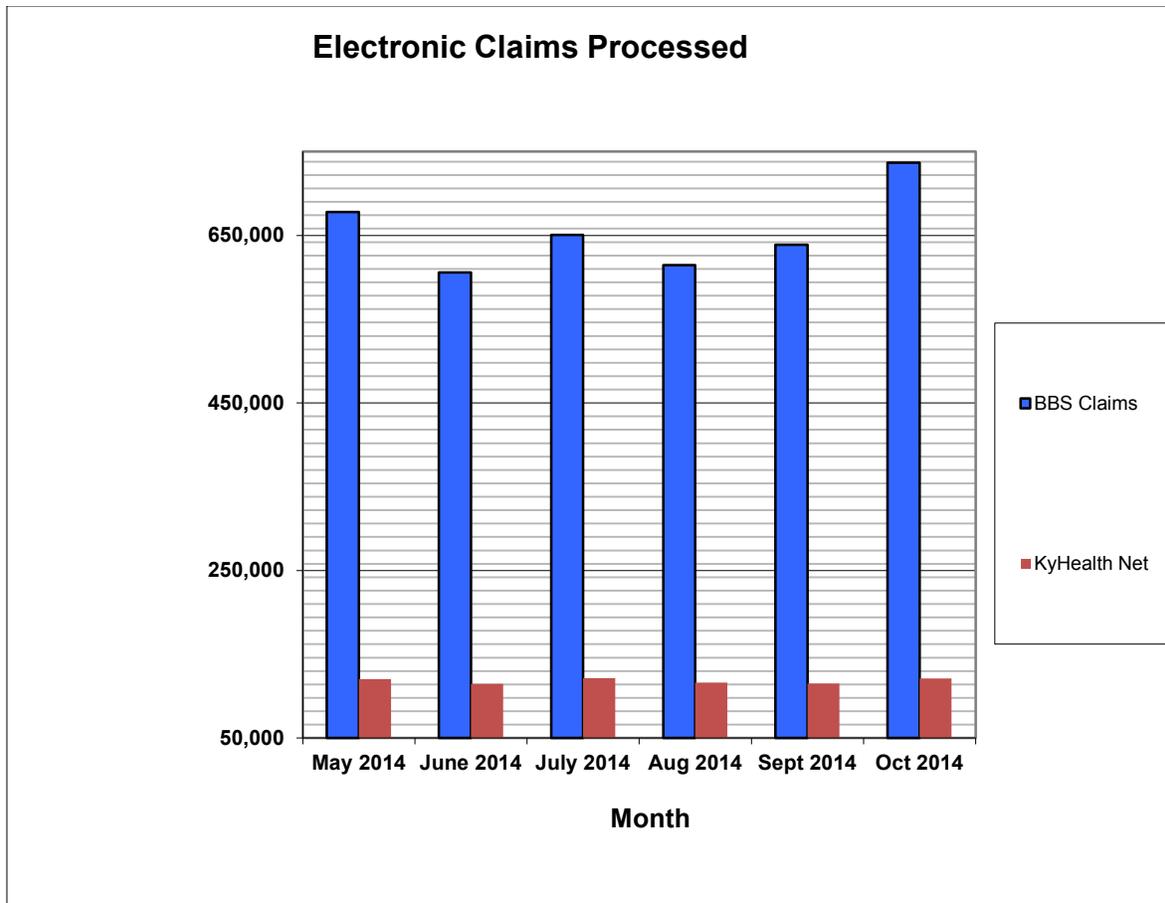
Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
May 2014	935	33,686	2,202	31,078	1,341	0 days
June 2014	1,341	35,457	2,133	33,860	805	0 days
July 2014	805	35,063	2,640	32,609	619	0 days
August 2014	619	31,849	1,438	29,923	1,107	0 days
September 2014	1,107	32,353	1,507	31,010	943	0 days
October 2014	943	33,135	2,312	30,542	1,224	0 days



## 5 Electronic Claims Processed

	May 2014	Jun 2014	Jul 2014	Aug 2014	Sept 2014	Oct 2014
<b>Bulletin Board System Claims Processed</b>	686,033	605,684	650,446	614,672	638,809	736,835
<b>Kentucky HealthNet Claims Processed</b>	120,232	114,564	121,359	116,312	115,038	121,223

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



## 6 Monthly FFS Claim Totals by Media

Begin Date	End Date
10/1/2014	10/31/2014

TOTAL	Denied Claims	Paid Claims		Suspense Claims
	Billed Amount	Billed Amount	Paid Amount	Billed Amount
Electronic	\$311,400,733.63	\$609,895,137.36	\$211,610,605.90	\$6,959,000.24
Paper	\$53,188,166.73	\$45,218,735.59	\$29,054,052.12	\$8,724,941.31
<b>TOTAL:</b>	<b>\$364,588,900.36</b>	<b>\$655,113,872.95</b>	<b>\$240,664,658.02</b>	<b>\$15,683,941.31</b>

## 7 Monthly Claims Operations

### 7.1 FFS Monthly Financial Cycle Summary

Category	May 2014	June 2014	July 2014	August 2014	September 2014	October 2014
Paid Claims	613,804	473,159	497,422	618,993	534,710	759,717
Denied Claims	299,193	248,363	239,315	294,271	239,464	308,141
<b>Total Adjudicated Claims</b>	<b>912,997</b>	<b>721,522</b>	<b>736,737</b>	<b>913,264</b>	<b>774,174</b>	<b>1,067,858</b>
Adjustments	13,953	10,092	16,223	14,636	14,099	16,867
<b>Total Claims</b>	<b>926,950</b>	<b>731,614</b>	<b>752,960</b>	<b>927,900</b>	<b>788,273</b>	<b>1,084,725</b>
Suspended/Re-suspended Claims	13,623	12,376	8,717	3,197	5,065	5,795
<b>% of Denied Claims</b>	<b>32.8%</b>	<b>34.4%</b>	<b>32.48%</b>	<b>32.2%</b>	<b>30.9%</b>	<b>28.9%</b>
<b>Avg \$ per Claim</b>	<b>\$350.61</b>	<b>\$220.46</b>	<b>\$512.68</b>	<b>\$364.97</b>	<b>\$364.19</b>	<b>\$300.36</b>
Claim Payment Amount	\$215,204,430.82	\$104,313,568.58	\$255,016,091.78	\$225,913,034.94	\$194,735,154.30	\$228,189,682.95
(+) Payouts	\$48,578,167.25	\$351,861.31	\$5,968,536.67	\$3,486,034.64	\$895,918.39	\$18,470,812.50
(-) Recoupments	-\$3,117,382.62	-\$2,142,915.44	-\$3,254,747.61	-\$6,269,978.20	-\$5,243,582.40	-\$5,995,837.43
<b>Check Issue</b>	<b>\$260,665,215.45</b>	<b>\$102,522,514.45</b>	<b>\$257,729,880.84</b>	<b>\$223,129,091.38</b>	<b>\$190,387,490.29</b>	<b>\$240,664,658.02</b>
Capitation Payment	\$505,391,986.27	\$15,458,556.48	\$1,019,260,670.96	\$574,469,238.10	\$548,904,752.11	\$557,259,963.95
<b>Total Paid</b>	<b>\$766,057,201.72</b>	<b>\$117,981,070.93</b>	<b>\$1,276,990,551.80</b>	<b>\$797,598,329.48</b>	<b>\$739,292,242.40</b>	<b>\$797,924,621.97</b>

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

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

Category	May 2013	June 2013	July 2013	August 2013	September 2013	October 2013
Paid Claims	588,790	470,818	411,145	548,289	446,264	456,714
Denied Claims	296,966	236,091	222,098	292,464	235,852	241,770
<b>Total Adjudicated Claims</b>	<b>885,756</b>	<b>706,909</b>	<b>633,243</b>	<b>840,753</b>	<b>682,116</b>	<b>698,484</b>
Adjustments/Claim Credits	14,402	11,932	8,948	13,959	12,363	10,059
<b>Total Claims</b>	<b>900,158</b>	<b>718,841</b>	<b>642,191</b>	<b>854,712</b>	<b>694,479</b>	<b>708,543</b>
Suspended/Resuspended Claims	13,813	11,378	9,246	12,939	11,788	15,296
<b>% of Denied Claims</b>	<b>33.5%</b>	<b>33.4%</b>	<b>35.1%</b>	<b>34.8%</b>	<b>34.6%</b>	<b>34.6%</b>
<b>Avg \$ per Claim</b>	<b>\$214.60</b>	<b>\$351.44</b>	<b>\$447.39</b>	<b>\$381.59</b>	<b>\$405.57</b>	<b>\$430.47</b>
Claim Payment Amount	\$190,083,120.73	\$165,463,145.62	\$183,942,129.35	\$209,224,330.84	180,991,079.99	\$196,601,602.10
(+) Payouts	\$1,311,556.73	\$4,398,666.91	\$5,356,806.56	\$496,177.51	7360754.51	\$1,183,572.44
(-) Recoupments	-\$3,243,554.41	-\$3,013,722.72	-\$2,818,257.18	-\$3,383,079.30	-3,956,438.25	-\$2,114,267.87
<b>Check Issue</b>	<b>\$188,151,123.05</b>	<b>\$166,848,089.81</b>	<b>\$186,480,678.73</b>	<b>\$206,337,429.05</b>	<b>184,395,396.25</b>	<b>\$195,670,906.67</b>
Capitation Payment	\$285,317,333.01	\$285,271,035.14	\$291,922,348.91	\$319,444,967.06	296,300,082.33	\$293,880,283.67
<b>Total Paid</b>	<b>\$473,468,456.06</b>	<b>\$452,119,124.95</b>	<b>\$478,403,027.64</b>	<b>\$525,782,396.11</b>	<b>480,695,478.58</b>	<b>\$489,551,190.34</b>

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

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

## 7.2 Monthly MCO & NEMT Capitations

Begin Date	End Date
10/1/2014	10/31/2014

MCO	Regular Capitations		Reconciliation (Recoup & Payout) Capitations		Totals	
	Count	Amount	Count	Amount	Count	Amount
ANTHEM	50,753	\$29,015,410.69	12,215	\$4,746,735.18	62,968	\$33,762,145.87
COVENTRY	301,502	\$129,065,194.34	46,529	\$6,279,592.14	348,031	\$135,344,786.48
HUMANA	88,405	\$47,735,537.39	18,306	\$6,556,492.92	106,711	\$54,292,030.31
NEMT	1,091,218	\$8,035,273.42	70,801	\$405,967.03	1,162,019	\$8,441,240.45
PASSPORT (Region 3)	211,800	\$111,350,862.33	35,620	\$5,712,543.53	247,420	\$117,063,405.86
WELLCARE	398,156	\$190,924,887.31	56,622	\$17,431,967.67	454,778	\$208,356,354.98
<b>Sum:</b>	<b>2,141,834</b>	<b>\$516,127,165.48</b>	<b>240,093</b>	<b>\$54,529,386.20</b>	<b>2,381,927</b>	<b>\$557,259,963.95</b>

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

<b>NEMT</b>	<b>Cap Transactions</b>	<b>Amount Paid</b>
L.K.L.P. C.A.C., INC REGION 1	46,808	\$312,353.58
PENNYRILE ALLIED COMSERVICES, INC	52,700	\$313,932.24
AUDUBON AREA COMM SRVC	52,940	\$368,306.08
L.K.L.P. C.A.C., INC REGION 4	61,442	\$435,365.57
LKLP CAC INC REGION 5	90,841	\$915,641.83
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	220,271	\$1,881,576.27
BLUE GRASS COMMUNITY ACTION AGENCY INC	74,047	\$490,257.90
LKLP CAC INC REGION 9	86,221	\$596,491.00
FEDERATED TRANSPORTATION SVS OF THE BLUE	58,551	\$414,107.65
FEDERATED TRANSPORTATION SERVICES OF THE BLUEGRASS	63,466	\$401,766.40
RURAL TRANSIT ENTERPRISES	127,924	\$952,358.85
LKLP COMMUNITY ACTION	86,485	\$554,620.52
SANDY VALLEY TRANSPORTATION	61,076	\$404,626.40
LKLP CAC INC REGION 15	60,370	\$305,070.08
LICKING VALLEY COMMUNITY ACTION PROGRAM INC	18,823	\$94,766.08
<b>TOTAL</b>	<b>1,161,965</b>	<b>\$8,441,240.45</b>

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

Begin Date	End Date
10/1/2014	10/31/2014

Paper Claims	May 2014	June 2014	July 2014	August 2014	September 2014	October 2014
Paid	10,326	9,798	8,471	11,729	8,251	10,914
Denied	13,530	14,917	10,648	15,930	11,654	13,172
Total	23,856	24,715	19,119	27,659	19,905	24,086
% of Total Adjudicated Claims	2.61%	3.42%	2.60%	3.02%	2.57%	2.26%
% of Paper Denied Claims	56.72%	60.36%	55.69%	57.59%	58.55%	54.69%

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

Electronic Claims	May 2014	June 2014	July 2014	August 2014	September 2014	October 2014
Paid	603,478	463,361	488,951	607,264	526,459	748,803
Denied	285,663	233,446	228,667	278,341	227,810	294,969
Total	889,141	696,807	717,618	885,605	754,269	1,043,772
% of Total Adjudicated Claims	97.39%	96.57%	97.40%	96.97%	97.43%	97.74%
% of Electronic Denied Claims	32.13%	33.50%	31.86%	31.43%	30.20%	28.26%

**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
10/1/2014	10/31/2014

Procedure	Description	Member Count	Claim Count	Amount Paid
T2016	HABIL RES WAIVER PER DIEM	3,340	36,368	\$21,469,611.31
S5108	HOMECARE TRAIN PT 15 MIN	8,840	42,037	\$19,067,682.06
T1015	CLINIC SERVICE	83,097	130,177	\$9,820,527.42
T2021	DAY HABIL WAIVER PER 15 MIN	4,978	44,607	\$7,333,103.60
99199	SPECIAL SERVICE/PROC/REPORT	6,459	11,347	\$7,057,592.28
T2022	CASE MANAGEMENT, PER MONTH	14,736	20,067	\$5,481,677.52
T2023	TARGETED CASE MGMT PER MONTH	11,379	16,504	\$4,826,832.85
H0004	ALCOHOL AND/OR DRUG SERVICES	3,385	11,289	\$3,801,498.86
S5100	ADULT DAYCARE SERVICES 15MIN	3,005	27,580	\$3,634,016.43
99213	OFFICE/OUTPATIENT VISIT EST	21,455	45,998	\$3,177,713.82

#### 7.5 Monthly FFS Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
317	MILD INTELLECT DISABILTY	4,580	38,911	\$15,791,552.79
3180	MOD INTELLECT DISABILITY	3,158	26,159	\$8,998,455.25
V5789	REHABILITATION PROC NEC	1,245	2,074	\$7,766,555.43
3182	PROFND INTELLCT DISABLTY	595	2,542	\$6,990,219.63
3128	OTHER CONDUCT DISTURBANCE	3,836	3,962	\$6,794,275.32
3310	ALZHEIMER'S DISEASE	1,768	3,343	\$6,661,610.49
318	OTHER MENTAL RETARDATION	2,553	13,798	\$5,500,310.75
3181	SEV INTELLECT DISABILITY	881	5,660	\$5,460,984.32
29900	AUTISTIC DISORD-CURRENT	2,429	15,585	\$5,174,707.05
496	CHR AIRWAY OBSTRUCT NEC	6,091	12,651	\$4,502,507.38

## 7.6 Monthly MCO Top Ten Procedure Codes

Begin Date	End Date
10/1/2014	10/31/2014

Procedure	Description	Member Count	Claim Count	Amount Paid
99213	OFFICE/OUTPATIENT VISIT EST	208,073	322,638	\$12,848,735.11
99284	EMERGENCY DEPT VISIT	46,629	61,202	\$8,615,757.27
99283	EMERGENCY DEPT VISIT	61,162	81,604	\$7,442,405.83
99214	OFFICE/OUTPATIENT VISIT EST	77,710	101,802	\$6,180,429.77
99285	EMERGENCY DEPT VISIT	24,635	31,840	\$5,399,968.87
74176	CT ABD & PELVIS W/O CONTRAST	6,755	9,083	\$2,545,762.48
99212	OFFICE/OUTPATIENT VISIT EST	45,962	65,413	\$2,529,979.18
T2022	CASE MANAGEMENT, PER MONTH	5,941	7,875	\$2,515,379.93
74177	CT ABD & PELV W/CONTRAST	6,295	8,208	\$2,447,745.97
99203	OFFICE/OUTPATIENT VISIT NEW	32,393	34,328	\$2,412,178.26

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

## 7.7 Monthly MCO Top Ten Diagnosis Codes

Diagnosis	Description	Member Count	Claim Count	Amount Paid
V3000	SINGLE LB IN-HOSP W/O CS	2,860	4,084	\$4,190,226.45
78650	CHEST PAIN NOS	15,939	26,334	\$4,047,942.21
0389	SEPTICEMIA NOS	614	1,039	\$3,812,918.45
20501	ACT MYL LEUK W RMSION	19	35	\$3,787,191.58
V202	ROUTIN CHILD HEALTH EXAM	37,652	41,267	\$3,615,483.91
V3001	SINGLE LB IN-HOSP W CS	1,406	2,020	\$3,436,452.78
41401	CRNRY ATHRSCL NATVE VSSL	1,949	2,773	\$3,050,457.24
V5811	ANTINEOPLASTIC CHEMO ENC	644	1,202	\$2,924,728.67
31401	ATTN DEFICIT W HYPERACT	14,487	29,692	\$2,842,500.71
29690	EPISODIC MOOD DISORD NOS	5,075	10,652	\$2,822,426.86

**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	18,832	18.3%
4021	No Coverage for Billed Procedure	15,365	14.9%
2017	Services Covered Under Member's MCO Plan	14,568	14.1%
1036	Rendering Prov Type/Claim Type Invalid	10,472	10.2%
1955	Cannot Determine Medicaid Nbr Billing Prov	8,293	8.1%
1032	Billing Provider Not Eligible to Bill this Clm Type	7,707	7.5%
3317	This Service Was Not Approved by Medicare	7,462	7.2%
2003	Member Ineligible on Detail Date of Service	6,841	6.6%
1908	NPI Only Submitted on Claim – Not on File	6,806	6.6%
4804	No Contract for Billed Rev Code	6,726	6.5%
<b>Totals</b>		<b>103,072</b>	<b>62.2%</b>

Total Denied Details – 165,735

Note: Total # of top ten denials (103,072) divided by total denied details (165,735) = % of top ten denials (62.2%).

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

Error	Description	Number of Failures	% of Top Ten
4405	Unable to Assign Provider Contract	3,124	37.7%
2001	Member ID Number not on File Recycle	1,772	21.4%
3305	Member Requires Valid PT Liability for DOS	1,450	17.5%
3001	PA Not Found on Database	392	4.7%
5001	Exact Duplicate	374	4.5%
1046	Facility Provider is not Eligible	314	3.8%
4014	No Pricing Segment on File	312	3.8%
1047	Billing Provider is Not Eligible	261	3.1%
2505	Member Covered by Private Insurance	155	1.9%
3003	Procedure Code Requires PA	140	1.7%
<b>Totals</b>		<b>8,294</b>	<b>79.6%</b>

Total Suspended Details – 10,417

Note: Total # of top ten failures (8,294) divided by total suspended details (10,417) = % of top ten suspense (79.6%).

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

Category	May 2014		June 2014		July 2014		August 2014		September 2014		October 2014	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	11,533	94.01	12,834	94.21	6,142	70.46	2,762	86.39	4,621	91.23	5,351	92.34
31-60 days	228	1.86	179	1.31	1,747	20.04	46	1.44	44	.87	41	.71
61-90 days	22	.18	147	1.08	525	6.02	40	1.25	38	.75	32	.55
91+ days	482	3.95	463	3.40	303	3.48	349	10.92	362	7.15	371	6.40
<b>Total</b>	<b>12,268</b>		<b>13,623</b>		<b>8,717</b>		<b>3,197</b>		<b>5,065</b>		<b>5,795</b>	

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

Category	May 2014	June 2014	Jul 2014	Aug 2014	Sept 2014	Oct 2014	Oldest Julian Date
Resolutions	70	119	1,636	87	107	91	14-078
Med.Review	0	0	0	5	0	0	
TPL	0	66	1	0	0	0	
Adjustments	0	0	0	0	0	0	
Recycle	0	1	0	0	0	0	
DMS	719	806	938	348	343	353	12-128
<b>Total</b>	<b>789</b>	<b>992</b>	<b>2,575</b>	<b>440</b>	<b>450</b>	<b>444</b>	

## 8 Monthly Third-Party Liability

### 8.1 FFS Third-Party Liability Monthly Activity

Third Party Liability	Begin Inv	Received	Worked	To DMS	Ending Inventory	Oldest Date
PA40-Kames/Eligibles with Other Ins.	1,531	7,600	7,559	0	1,572	9 days
CS40-Child Support	0	700	700	0	0	0 days
SSI-Local Offices	0	0	0	0	0	0 days
TPL Edits	408	1,815	1,868	0	355	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	4	279	281	0	2	0 days
TPL Checks	8	163	156	0	15	0 days
TPL Mail	1,259	7,008	7,247	0	1,020	10 days
KHIPP	0	459	459	0	0	0 days
Total	3,210	18,024	18,270	0	2,964	

## 9 Monthly Finance/Adjustments

### 9.1 Monthly FFS Financial – Accounts Receivable

Category	Beginning Inventory	Received	Keyed	Return to Provider	To DMS	On Hold	Ending Inventory	Age Oldest AR
Accounts Receivable Set-up	0	151	122	0	1	0	28	1 day
Payouts	0	226	226	0	0	0	0	0 days
Accounts Receivable Updates	0	106	97	0	0	0	9	1 day
Accounts Receivable Transfers	0	0	0	0	0	0	0	0 days
<b>Total</b>	0	483	445	0	1	0	37	

### 9.2 Monthly FFS Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check
Provider Warrant	9	4	4	9	1 day
HP Financial	194	713	685	222	6 days
DMS Financial	51	132	132	51	2 days
<b>Total</b>	254	849	821	282	

### 9.3 Monthly FFS Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory	Age Oldest Adj
Professional	26	138	120	25	19	2 days
Institutional	55	125	132	27	21	2 days
Voids	63	291	318	36	0	0 days
<b>Total</b>	144	554	570	88	40	

**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)	205	94	163	0	13	123	123	0
SE Processed Adjustment (region 58)	0	0	0	0	0		0	0
<b>Total</b>	205	94	163	0	13	123	123	0

## 10 Provider Relations

### 10.1 Provider Field Representatives

#### 10.1.1 Provider Visits

##### October 1, 2014

Vicky Hicks, HP Provider Field Representative, conducted a virtual room provider visit with Emmaus Respite and Resources, on October 1, 2014. The provider requested a virtual room visit to learn how navigate KYHealth Net. During this visit the following was reviewed: member, claims, RA viewer, prior authorization, and EFT. Those who attended the virtual room training were: Gary Sizemore and Jennifer Sizemore

##### October 30, 2014

Vicky Hicks, HP Provider Field Representative, conducted a provider visit in Frankfort KY with Golden Living Nursing Facility, on October 30, 2014. The provider requested a provider visit to discuss denied claims. Those who attended the provider visit were: Shelly Johnson

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

##### October 2, 2014

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Drs Hilgeford, Morgan and Haney PLLC on October 2, 2014. The provider requested a conference call to review their provider information for 5 providers. During the conference the provider NPI, provider ID and taxonomy were verified and the provider group they are tied to. Those who attended the conference call were: Sheila Manenti

##### October 14, 2014

Vicky Hicks, HP Provider Field Representative, conducted a conference call with St. Mary's Center on October 14, 2014. The provider requested a conference call to learn how navigate KYHealth Net. During this visit the following was reviewed: member, claims, RA viewer, prior authorization, and EFT. Those who attended the training were: Phillip Millay and Kelly Meadway

##### October 21, 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with IV Solutions LLC, DBA Amerita on October 21, 2014. The provider requested a conference call to review denied claims. During the conference we reviewed the reasons the claims denied and details of billing instructions. Those who attended the conference call were: Jeanne Loxley

### 10.3 Conference Calls

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

#### October 27, 2014

Kelly Gregory, HP Provider Field Representative, conducted a conference call with Anthony T. Vitale on October 27, 2014. The provider requested a conference call due to being a new provider with Medicaid. During the conference we reviewed the websites needed for fee schedules and regulations, billing instructions, and how to access KYHealth Net. Those who attended the conference call were: Anthony T. Vitale

#### October 28, 2014

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Christian Health Center- West to review a claim denial. During the conference we reviewed the reasons the claim denied and details of CMS NCCI editing. We reviewed the CMS.gov website for the ruling of the editing. Those who attended the conference call were: Regina Lyons

#### October 30, 2014

Vicky Hicks, HP Provider Field Representative, conducted a conference call with Dr. David Ferguson's office on October 30, 2014. The provider requested a conference call due to being a new provider with Medicaid. During the conference we reviewed the websites needed for fee schedules and regulations, billing instructions, and how to access KyHealth Net, check member benefits, and bill claims using this system. Those who attended the conference call were: Donna Ferguson

### 10.4 Association Meetings

There were no Association meetings in October 2014.

### 10.5 Provider Contacts

Provider Calls	<b>245</b>
Provider E-mails	<b>460</b>
<b>Total</b>	<b>705</b>

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

## 10.6 Provider Workshops

There were no Provider Workshops in October 2014.

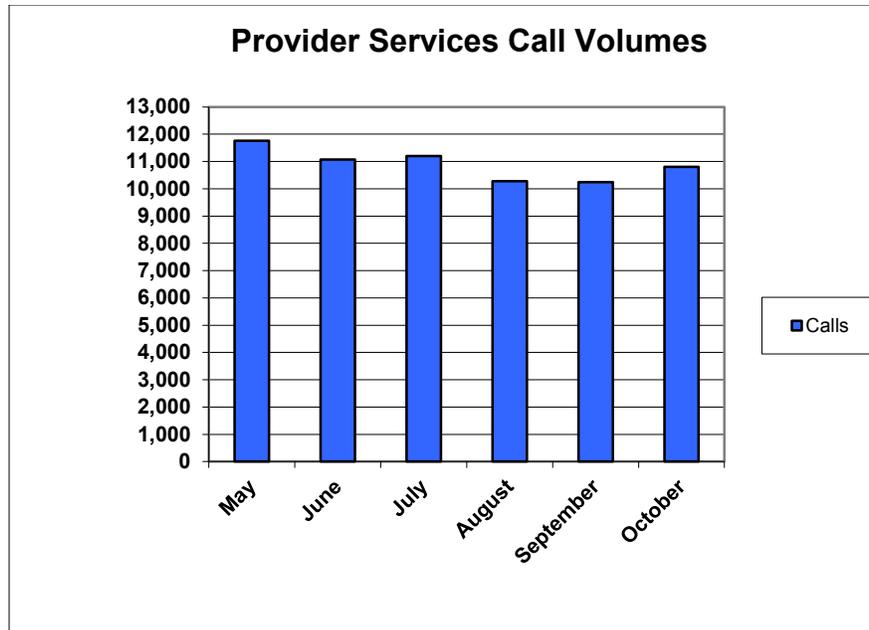
## 10.7 Provider Services

### 10.7.1 Provider Services

Category	May 2014	June 2014	July 2014	August 2014	September 2014	October 2014
% Service Level	96%	95%	95%	95%	94%	96%
Abandoned Calls	496	517	586	533	588	418
Avg Speed Ans	1:19	1:28	1:31	1:25	1:36	1:10
Incoming Calls	11,762	11,066	11,195	10,279	10,239	10,807
Paper Correspondence	545	476	411	433	422	397
E-Mail Correspondence	314	203	221	213	222	336
Fax	32	29	31	13	17	9
<b>Total*</b>	12,653	11,774	11,858	10,938	10,900	11,549
HP Callbacks	78	131	127	131	138	88

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

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



#### 10.7.2 Top 5 Provider Calls

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

#### 10.7.3 Notable Topics

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

## Commonwealth Training

### 10.7.4 Current Activities

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

- Mechanics of Claims Processing (October 2) 5 attended
  - Mary Mann, Dept for Behavioral Health, Dev. & Intellectual Disabilities
  - Haley Hammond, Dept for Behavioral Health, Dev. & Intellectual Disabilities
  - Kevin McAfee, Division of Community Alternatives
  - Candace Crawford, Division of Program Quality & Outcomes
  - Nicholas Day, Division of Community Alternatives
- Member Subsystem (October 6) 10 attended
  - Leeta Williams, Division of Policy & Operations – Pharmacy Policy Branch
  - Brittany Cloyd, Division of Program Integrity - Third Party Liability Branch
  - Brandy Bell, Department of Insurance
  - Walter Burge, Department of Insurance
  - Tiffany Mello, Department of Insurance
  - Lori Shouse, Department of Insurance
  - Denise White, Department of Insurance
  - Candace Crawford, Division of Program Quality & Outcomes - Disease & Case
  - Stacey Owens, OATS
  - Nicholas Day, Division of Community Alternatives
- Provider Subsystem (October 8) 11 attended
  - Kevin McAfee, Division of Community Alternatives
  - Brandy Bell, Department of Insurance
  - Walter Burge, Department of Insurance
  - Tiffany Mello, Department of Insurance
  - Lori Shouse, Department of Insurance
  - Denise White, Department of Insurance
  - Rissie Griffin-Wolff, Kentucky Transitions/MFP
  - Candace Crawford, Division of Program Quality & Outcomes
  - Nicholas Day, Division of Community Alternatives -
  - Wesley Penn, Division of Fiscal Management
  - Leslie Yagel, Division of Program Quality & Outcomes
- Prior Authorization Subsystem (October 9) 4 attended
  - Candace Crawford, , Division of Program Quality & Outcomes
  - Nicholas Day, Division of Community Alternatives
  - Leslie Yagel, , Division of Program Quality & Outcomes
  - Kevin McAfee, Division of Community Alternatives
- Reference Subsystem (October 13) 3 attended
  - Candace Crawford, , Division of Program Quality & Outcomes
  - Nicholas Day, Division of Community Alternatives
  - Leslie Yagel, , Division of Program Quality & Outcomes
- Claim Edits, Audits and Rules (October 13) 3 attended
  - Candace Crawford, , Division of Program Quality & Outcomes
  - Nicholas Day, Division of Community Alternatives
  - Leslie Yagel, , Division of Program Quality & Outcomes

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

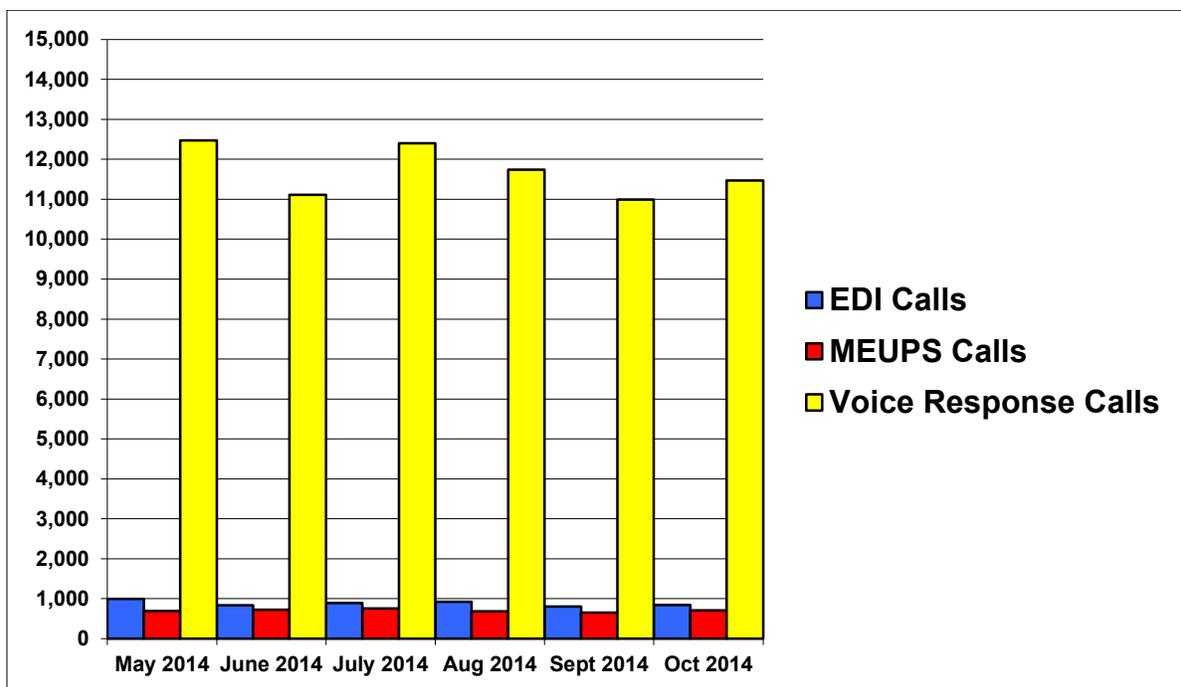
- Claims Subsystem (October 14) 7 attended
  - Candace Crawford, , Division of Program Quality & Outcomes
  - Nicholas Day, Division of Community Alternatives
  - Leslie Yagel , Division of Program Quality & Outcomes
  - Walter Burge, Department of Insurance
  - Tiffany Mello, Department of Insurance
  - Denise White, Department of Insurance
  - Christa Woodside, Department of Insurance
- Financial Subsystem (October 20) 8 attended
  - Kevin McAfee, Division of Community Alternatives –
  - Walter Burge, Department of Insurance
  - Tiffany Mello, Department of Insurance
  - Lori Shouse, Department of Insurance
  - Denise White, Department of Insurance
  - Christa Woodside, Department of Insurance
  - Nicholas Day, Division of Community Alternatives –
  - Leslie Yagel, Division of Program Quality & Outcomes
- OnBase Application (October 21) 7 attended
  - Brittany Cloyd, Division of Program Integrity - Third Party Liability Branch
  - Kevin McAfee, Division of Community Alternatives -
  - Cynthia Lee, Division of Quality & Outcomes
  - Marydale Coleman, Division of Program Quality & Outcomes
  - Deborah Simpson, Division of Program Quality and Outcomes
  - Nicholas Day, Division of Community Alternatives -
  - Leslie Yagel, Division of Program Quality & Outcomes
- DMS In Depth Member Class (October 16) 0 attended
  - NO ONE SCHEDULED FOR THIS CLASS - NO CLASS HELD

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

## 11 EDI Customer/Provider Interaction

### 11.1 Electronic Data Interchange Calls Received

Category	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014
EDI Calls	997	834	894	923	800	842
MEUPS Calls	692	722	752	687	652	705
Voice Response Calls	12,471	11,112	12,401	11,743	10,991	11,466



### Expanded Call Data

Month	EDI Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
May	997	34	:28	3:05	97%
June	834	13	:19	3:05	98%
July	894	19	:17	3:06	98%
August	923	27	:17	2:56	97%
September	800	8	:14	3:05	99%
October	842	19	:10	2:57	98%

**Expanded Call Data (continued)**

Month	MEUPS Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
May	692	31	:32	2:15	96%
June	722	26	:26	2:11	96%
July	752	25	:18	2:15	97%
August	687	11	:14	2:08	98%
September	652	12	:15	2:16	98%
October	705	9	:07	2:09	99%

Month	Voice Response Calls	Abandoned Calls	Avg. Speed of Answer	Avg. Talk Time	
May	12,471	423	:01	1:27	97%
June	11,112	347	:01	1:32	97%
July	12,401	167	:01	1:31	99%
August	11,743	432	:01	1:32	96%
September	10,991	557	:01	1:32	95%
October	11,466	607	:01	1:32	95%

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

**EDI Top 5 calls:**

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

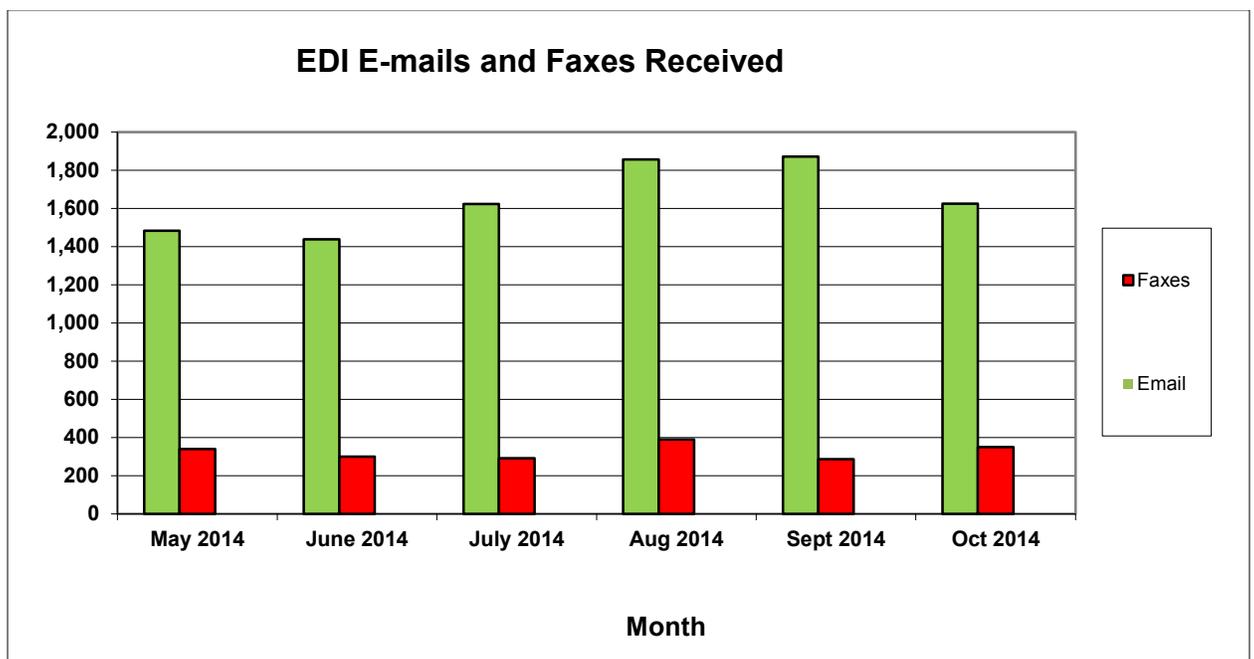
**MEUPS Top 5 calls:**

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

Category	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014
Password Resets Received Via phone	446	484	580	463	439	485

## 11.2 EDI E-mails and Faxes Received

Category	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014
<b>E-mails Received</b>	1,483	1,438	1,623	1,857	1,872	1,625
<b>E-mails Answered</b>	1,483	1,436	1,623	1,857	1,867	1,621
<b>Faxes Received</b>	339	300	292	389	287	350
<b>Faxes Answered</b>	338	289	288	385	284	346



### 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	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014
<b>Password Resets Received Via e-mail</b>	290	389	387	409	383	380

**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	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014
<b>PINs Received via fax</b>	1007***	231	101	132	127	152
<b>Admins Received via fax</b>	317	234	183	220	127	304

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

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



## Utilization Management Executive Summary

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

Status Month End September 2014

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

Cabinet for Health and Family Services Department for Medicaid Services	
<u>Role:</u>	<u>Name:</u>
Author	Pam Smith
Reviewer	HP Leaders
HP Management	Matt Dawson
Client	Commissioner Lawrence Kissner Deputy Commissioner Lisa Lee Deputy Commissioner Neville Wise Acting Information Systems Director John Hoffmann
DELIVERABLE TITLE:	Date Submitted: 09/
File Name: : Utilization Management Executive Summary	AUTHORING TOOL: Microsoft Word 2007

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## Monthly UM Reviews Processed

Review Area	Historical Monthly Avg	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Acute Inpatient*	1,872	2,084	1,899	1,803	1,856	1,710	1,878
Inpatient Psych	276	306	294	283	289	226	255
DRG Retro Review	258	300	250	250	250	250	250
EPSDT	1,346	1,395	1,332	1,221	1,440	1,310	1,378
Impact Plus	275	281	248	313	367	210	232
DME	1,578	1,639	1,581	1,592	1,490	1,553	1,610
Home Health	5,062	5,182	5,197	4,786	5,071	4,995	5,140
Outpatient Services (Therapy)	178	29	83	192	223	256	285
Radiology	312	327	324	276	315	307	320
Physician Services*	60	66	56	70	61	42	65
Dental/Orthodontia	16	21	28	5	16	11	15
Hospice	172	92	169	155	121	195	299
Nursing Facility Level of Care	8,255	7,303	7,709	8,041	8,662	8,916	8,896
Nursing Facility Ancillary Onsite	2,778	2,777	2,500	2,696	3,008	2,583	3,101
Total	22,435	21,802	21,670	21,683	23,169	22,564	23,724

\*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	Q2 2013	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014
Billing Audits - HH, EPSDT, Waiver	52	81	61	10	60	70	32
NF RUG-MDS	74	107	32	118	43	109	36
Adult Day Level II	9	8	8	8	10	10	10

\*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 Sept 2014

Review Area	Beginning Inventory	Received	Approval	Denial	RTP-LOI	Ending Inventory	*Age Oldest Review
Acute Inpatient	31	1,879	1,858	20	0	32	1 day
Inpatient Psych	15	248	243	12	0	8	1 day
DRG	0	250	248	2	0	0	--
EPSDT	28	1,363	1,194	16	168	13	1 day
Impact Plus	15	217	232	0	0	0	--
DME	26	1,588	960	111	539	4	1 day
Home Health	11	5,136	4,998	69	73	7	1 day
Outpatient Services (Therapy)	5	281	278	0	7	1	1 day
Radiology	6	322	312	8	0	8	1 day
Physician Services	2	67	60	0	5	4	1 day
Dental/Orthodontia	0	17	15	0	0	2	1 day
Hospice	0	299	282	0	17	0	--
Nursing Facility Level of Care	46	8,907	8,658	27	211	57	2 days
Nursing Facility Ancillary Onsite	224	3,094	2,780	321	0	217	2 days
Total	409	23,668	22,118	586	1,020	353	

\*\* 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 Sept 2014

Review Area	Review Volume	# Referred	# Denied	% Referred	% Denied	% Referred/Denied
Acute Inpatient-Clinical Review	1,878	21	0	1.1%	0%	0%
Inpatient Psych	255	9	7	3.5%	2.7%	78%
DRG Retro Review	250	0	0	0%	0%	0%
EPSDT	1,210	42	14	3.5%	1.2%	33%
Impact Plus	232	0	0	0%	0%	0%
DME	1,071	177	12	17%	1.1%	7%
Home Health	5,067	13	0	.26%	0%	0%
Outpatient Services (Therapy)	278	16	1	58%	0%	0%
Radiology	320	94	1	29%	.31%	1.1%
Physician Services – Clinical Review	60	13	0	22%	0%	0%
Dental/Orthodontia*	15	1	0	7%	0%	0%
Hospice	282	0	0	0%	0%	0%
Nursing Facility Level of Care	8,685	20	10	.23%	.12%	50%
Nursing Facility Ancillary Onsite**	3,101	9	1	.29%	.03%	11%
Total	22,704	415	45	2%	1%	11%

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

## Total Monthly Referral/Denial Stats

	Historical Monthly Avg	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Total Reviews	21,399	20,863	20,662	20,680	21,985	21,502	22,704
# Referred	394	465	397	279	424	384	415
# Denied	56	61	58	66	72	36	45
% Referred	2%	1%	2%	1%	2%	2%	2%
% Denied	1%	1%	1%	1%	1%	1%	1%
% Referred/Denied	15%	13%	15%	24%	17%	9%	11%

### 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



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

## **Utilization Management Operational Status Report**

**Status Month: September 2014**

**Report Date: October 09, 2014**

**Author: Carewise Health Staff/Pam Smith HP**

## Acute Inpatient Services

Call Metrics	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Administrative</b>						
Abandoned Calls	1	1	2	6	4	9
Average Speed of Answer	00:08	00:07	00:08	00:08	00:08	00:09
Average Talk Time	03:12	03:21	03:33	03:16	03:18	03:19
First Call Resolution	99.2%	99.0%	99.7%	99.7%	99.7%	99.2%
<b>Total Admin Calls</b>	<b>2192</b>	<b>1896</b>	<b>1856</b>	<b>1978</b>	<b>1963</b>	<b>1862</b>
<b>Clinical</b>						
Abandoned Calls	0	0	0	1	2	0
Average Speed of Answer	00:10	00:09	00:08	00:09	00:08	00:09
Average Talk Time	06:35	06:32	06:24	06:50	06:23	06:02
First Call Resolution	99.2%	99.0%	100%	100.0%	100.0%	98.1%
<b>Total Clinical Calls</b>	<b>301</b>	<b>260</b>	<b>212</b>	<b>262</b>	<b>274</b>	<b>243</b>
<b>Total Calls</b>	<b>2493</b>	<b>2156</b>	<b>2068</b>	<b>2240</b>	<b>2237</b>	<b>2105</b>

Requests Processed	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Approvals	293	279	228	301	268	255
Administrative Approval	1,765	1,604	1,556	1,535	1,423	1,603
Client Approved/Negotiation	1	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	25	15	19	20	19	20
Pended	61	45	46	37	31	32
<b>Total</b>	<b>2,145</b>	<b>1,943</b>	<b>1,849</b>	<b>1,893</b>	<b>1,741</b>	<b>1,910</b>

Administrative Denials	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Technical (Out of Time Frame)	21	13	19	19	19	20
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Denied</b>	<b>21</b>	<b>13</b>	<b>19</b>	<b>19</b>	<b>19</b>	<b>20</b>

MD Review	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Medical Necessity	34	26	21	40	24	21
Not Medically Necessary	4	2	0	1	0	0
Referred to MD Rate	1.77%	1.44%	1.14%	2.17%	1.38%	1.10%
Not Medically Necessary Denial Rate	11%	7%	0%	2%	0%	0%
<b>Total MD Review</b>	<b>38</b>	<b>28</b>	<b>21</b>	<b>41</b>	<b>24</b>	<b>21</b>

Reconsiderations	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Overtaken	2	0	0	0	2	0
Upheld	0	0	0	0	0	0
<b>Total Reconsiderations</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>

\*Reconsiderations are not included in Request Processed Total

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Pended</b>						
Escalated	0	0	0	0	0	0
Lack of Information	0	0	0	0	0	0
MD Review	0	0	0	0	0	0
RN Review	61	45	46	37	31	32
<b>Total</b>	<b>61</b>	<b>45</b>	<b>46</b>	<b>37</b>	<b>31</b>	<b>32</b>

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	110
2.	518.81	FAILURE, ACUTE RESPIRATO	92
3.	491.21	BRONCHITIS, OBSTR CHRNR W	52
4.	296.90	DISORDER, EPISODIC MOOD	50
5.	786.50	SYMPTOM, PAIN, CHEST NOS	46
6.	038.9	SEPTICEMIA NOS	41
7.	428.0	FAILURE, CONGESTIVE HEAR	40
8.	599.0	INFECTION, URINARY TRACT	38
9.	780.39	SYMPTOM, CONVULSIONS NOS	31
10.	584.9	ACUTE KIDNEY FAILURE, UN	30

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	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Administrative</b>						
Abandoned Calls	0	1	0	1	0	1
Average Speed of Answer	00:09	00:10	00:09	00:09	00:09	00:08
Average Talk Time	04:23	04:17	04:19	04:36	04:13	04:18
First Call Resolution	99.2%	99.0%	99.5%	99.5%	99.5%	99.6%
<b>Total Admin Calls</b>	<b>484</b>	<b>429</b>	<b>466</b>	<b>537</b>	<b>604</b>	<b>556</b>
<b>Clinical</b>						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:09	00:08	00:09	00:10	00:09	00:08
Average Talk Time	06:16	05:50	06:03	05:39	05:16	04:48
First Call Resolution	99.2%	99.0%	98.2%	97.7%	97.7%	96.8%
<b>Total Clinical Calls</b>	<b>260</b>	<b>228</b>	<b>215</b>	<b>277</b>	<b>274</b>	<b>285</b>
<b>Total Calls</b>	<b>744</b>	<b>657</b>	<b>681</b>	<b>814</b>	<b>878</b>	<b>841</b>

Requests Processed	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Approvals	1,009	915	890	840	922	958
Agreed Reduction	2	3	2	1	0	2
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	2	0	3	0	0
State Mandate	0	0	0	0	0	0
Denials	128	106	183	78	63	111
Pended	508	558	538	592	594	543
<b>Total</b>	<b>1,647</b>	<b>1,584</b>	<b>1,613</b>	<b>1,514</b>	<b>1,579</b>	<b>1,614</b>

Administrative Denials	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
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	124	80	166	69	59	99
<b>Total Denied</b>	<b>124</b>	<b>80</b>	<b>166</b>	<b>69</b>	<b>59</b>	<b>99</b>

MD Review	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Medical Necessity	167	125	90	141	137	165
Not Medically Necessary	4	26	17	9	4	12
Referred to MD Rate	10.38%	9.53%	6.63%	9.91%	8.93%	10.97%
Not Medically Necessary Denial Rate	2%	17%	16%	6%	3%	7%
<b>Total MD Review</b>	<b>171</b>	<b>151</b>	<b>107</b>	<b>150</b>	<b>141</b>	<b>177</b>

Reconsiderations	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Overtaken	4	2	7	14	0	3
Upheld	0	0	0	0	3	3
<b>Total Reconsiderations</b>	<b>4</b>	<b>2</b>	<b>7</b>	<b>14</b>	<b>3</b>	<b>6</b>

\*Reconsiderations are not included in Request Processed Total

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Pended</b>						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	500	555	517	568	568	539
MD Review	1	3	15	1	15	1
RN Review	7	0	6	23	11	3
HP Review	0	0	0	0	0	0
<b>Total</b>	<b>508</b>	<b>558</b>	<b>538</b>	<b>592</b>	<b>594</b>	<b>543</b>

Current Month Top 5 LOI Pended Reasons		
1.	Lack Of Information	539
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	343.9	PALSY, INFANTILE CEREBRA	368
2.	496	OBSTRUCTION, CHRONIC AIR	58
3.	596.54	NEUROGENIC BLADDER NOS	54
4.	343.0	PALSY, INFANTILE CEREBRA	41
5.	343.2	PALSY, INFANTILE CER, OU	40
6.	741.90	SPINA BIFIDA, W/O HYDROC	36
7.	343.8	PALSY, INFANTILE CEREBRA	32
8.	335.10	ATROPHY, SPINAL MUSCULAR	30
9.	327.23	DSORD, ORGNC OBST SLEEP	27
10.	434.91	OCLSN, CER ARTERY NOS W/	19

Current Month Top 5 Reasons for MD Denial		
1.	Not Medically Necessary	9
2.	Item is not primarily and customarily used for a medical purpose. 907 KAR 1:479(6) and 907 KAR 3:130	2
3.	Equipment is used primarily for the convenience of the recipient or caregiver. 907 KAR 1:479(6) and 907 KAR 3:130	1
4.		
5.		

Current Month Top 5 Reasons for Lack of Information Denial		
1.	LOI response not received or incomplete	37
2.	Clinical information to support the need for the equipment is missing	29
3.	CMN is not received or incomplete	21
4.	Lack of Information	12
5.		

## DRG

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Target File</b>						
Target File	300	250	250	250	250	250
On-Site Requested	52	40	30	39	55	36
In-House	248	210	220	211	195	214

<b>Outcomes</b>						
<b>Total Approved</b>	<b>295</b>	<b>246</b>	<b>246</b>	<b>248</b>	<b>243</b>	<b>248</b>

<b>Outcomes</b>						
<b>Total Denied</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>7</b>	<b>2</b>

<b>Denial Reasons</b>						
Not Medically Necessary	1	0	1	1	6	1
Technical	1	1	3	0	0	0
Reassignments	3	3	0	1	1	1
<b>Total Denial Reasons</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>7</b>	<b>2</b>

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

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

## EPSDT Special Services

Call Metrics	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Administrative</b>						
Abandoned Calls	1	2	0	1	1	0
Average Speed of Answer	00:12	00:11	00:11	00:11	00:11	00:11
Average Talk Time	04:44	04:49	04:37	04:38	05:18	04:38
First Call Resolution	99.2%	99.5%	100%	99.4%	99.4%	99.4%
<b>Total Admin Calls</b>	<b>251</b>	<b>229</b>	<b>306</b>	<b>284</b>	<b>316</b>	<b>259</b>
<b>Clinical</b>						
Abandoned Calls	0	0	0	0	1	0
Average Speed of Answer	00:09	00:09	00:10	00:09	00:09	00:09
Average Talk Time	03:36	03:46	04:25	03:55	04:15	03:34
First Call Resolution	99.2%	99.5%	98.6%	98.4%	98.4%	98.7%
<b>Total Clinical Calls</b>	<b>143</b>	<b>134</b>	<b>176</b>	<b>180</b>	<b>194</b>	<b>169</b>
<b>Total Calls</b>	<b>394</b>	<b>363</b>	<b>482</b>	<b>464</b>	<b>510</b>	<b>428</b>

Requests Processed	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Approvals	1,006	1,014	896	1,097	970	1,179
Agreed Reduction	5	1	3	1	3	0
Client Approved/Negotiation	0	1	0	0	0	0
Split Decision	0	3	0	6	6	0
State Mandate	9	0	2	17	4	15
Denials	123	93	111	37	124	16
Pended	257	237	229	317	231	181
<b>Total</b>	<b>1,400</b>	<b>1,349</b>	<b>1,241</b>	<b>1,475</b>	<b>1,338</b>	<b>1,391</b>

Administrative Denials	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
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	104	81	85	18	117	2
<b>Total Denied</b>	<b>104</b>	<b>81</b>	<b>85</b>	<b>18</b>	<b>117</b>	<b>2</b>

MD Review	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Medical Necessity	25	13	33	15	29	28
Not Medically Necessary	19	12	26	19	7	14
Referred to MD Rate	3.14%	1.85%	4.75%	2.31%	2.69%	3.02%
Not Medically Necessary Denial Rate	43%	48%	44%	56%	19%	33%
<b>Total MD Review</b>	<b>44</b>	<b>25</b>	<b>59</b>	<b>34</b>	<b>36</b>	<b>42</b>

Reconsiderations	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Overtured	0	3	0	0	1	2
Upheld	2	1	4	0	8	10
<b>Total Reconsiderations</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>9</b>	<b>12</b>

\*Reconsiderations are not included in Request Processed Total

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Pended</b>						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	252	220	209	282	203	168
MD Review	1	1	4	2	6	6
RN Review	4	16	16	33	22	7
<b>Total</b>	<b>213</b>	<b>224</b>	<b>208</b>	<b>257</b>	<b>231</b>	<b>181</b>

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	168
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	299.00	DISORDER, AUTISTIC, CURR	297
2.	343.9	PALSY, INFANTILE CEREBRA	140
3.	758.0	DOWN'S SYNDROME	116
4.	315.9	DEVELOPMENT DELAY NOS	44
5.	783.40	LACK NRML PHYSLGCL DEV C	41
6.	315.39	DSORD, DVLPMNTL SPEECH/L	27
7.	781.3	SYMPTOM, LACK OF COORDIN	24
8.	343.8	PALSY, INFANTILE CEREBRA	23
9.	343.2	PALSY, INFANTILE CER, QU	20
10.	759.89	ANOMALY, CONGENITAL NEC	19

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	10
2.	Not Medically Necessary	4
3.		
4.		
5.		

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

## Home Health

Call Metrics	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Administrative</b>						
Abandoned Calls	2	2	1	4	4	4
Average Speed of Answer	00:10	00:09	00:10	00:10	00:09	00:10
Average Talk Time	04:25	04:46	04:10	04:12	03:58	04:38
First Call Resolution	99.2%	97.3%	100%	99.9%	99.9%	99.9%
<b>Total Admin Calls</b>	<b>1034</b>	<b>1047</b>	<b>1044</b>	<b>1173</b>	<b>1236</b>	<b>1148</b>
<b>Clinical</b>						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:11	00:08	00:08	00:09	00:09	00:10
Average Talk Time	08:22	08:07	08:16	07:46	07:31	08:12
First Call Resolution	99.2%	97.3%	100%	99.1%	99.1%	100.0%
<b>Total Clinical Calls</b>	<b>886</b>	<b>865</b>	<b>838</b>	<b>934</b>	<b>944</b>	<b>931</b>
<b>Total Calls</b>	<b>1,920</b>	<b>1,912</b>	<b>1,882</b>	<b>2,107</b>	<b>2,180</b>	<b>2,079</b>

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Pended</b>						
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Unreviewed	49	57	66	51	66	73
MD Review	0	0	0	0	0	0
RN Review	24	83	3	37	11	7
<b>Total</b>	<b>73</b>	<b>140</b>	<b>69</b>	<b>88</b>	<b>77</b>	<b>80</b>

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

<b>Requests Processed</b>						
Approvals	4,910	4,963	4,523	4,833	4,728	4,871
Agreed Reduction	143	136	141	149	143	126
Client Approved/Negotiation	0	1	1	0	0	0
Split Decision	1	0	0	0	0	1
State Mandate	0	0	0	0	18	0
Denials	79	40	55	38	40	69
Pended	73	140	69	91	77	80
<b>Total</b>	<b>5,206</b>	<b>5,280</b>	<b>4,789</b>	<b>5,111</b>	<b>5,006</b>	<b>5,147</b>

<b>Current Month Top 10 Diagnosis Codes</b>			
1.	343.9	PALSY, INFANTILE CEREBRA	426
2.	250.00	DM, UNCOMPLICATED, TYPE	265
3.	319	UNSPEC INTELLECTUAL DISA	235
4.	401.9	HYPERTENSION, ESSENTIAL	155
5.	299.00	DISORDER, AUTISTIC, CURR	146
6.	707.05	ULCER, PRESSURE, BUTTOCK	111
7.	496	OBSTRUCTION, CHRONIC AIR	101
8.	318.1	SEVERE INTELLECTUAL DISA	100
9.	491.21	BRONCHITIS, OBSTR CHRNR W	89
10.	780.39	SYMPTOM, CONVULSIONS NOS	88

<b>Administrative Denials</b>						
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	3	10	3	3	5	21
Technical (Out of Time Frame)	68	30	50	33	32	46
<b>Total Denied</b>	<b>71</b>	<b>40</b>	<b>53</b>	<b>36</b>	<b>37</b>	<b>67</b>

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

<b>MD Review</b>						
Medical Necessity	31	16	12	16	21	13
Not Medically Necessary	8	0	2	2	3	0
Referred to MD Rate	0.75%	0.30%	0.29%	0.35%	0.48%	0.25%
Not Medically Necessary Denial Rate	21%	0%	14%	11%	13%	0%
<b>Total MD Review</b>	<b>39</b>	<b>16</b>	<b>14</b>	<b>18</b>	<b>24</b>	<b>13</b>

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

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

\*Reconsiderations are not included in Request Processed Total

## Hospice

Call Metrics	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Administrative</b>						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Admin Calls</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Clinical</b>						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Clinical Calls</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Calls</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

Requests Processed	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Approvals	85	140	78	95	152	282
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	7	29	77	26	43	17
<b>Total</b>	<b>92</b>	<b>169</b>	<b>155</b>	<b>121</b>	<b>195</b>	<b>299</b>

Administrative Denials	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Denied</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

MD Review	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Medical Necessity	0	0	0	0	0	0
Not Medically Necessary	0	0	0	0	0	0
Referred to MD Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
<b>Total MD Review</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Reconsiderations	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Overturned	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
<b>Total Reconsiderations</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Reconsiderations are not included in Request Processed Total

Pended	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Escalated	N/A	N/A	N/A	N/A	N/A	N/A
Lack of Information	7	29	77	26	43	17
MD Review	0	0	0	0	0	0
RN Review	0	0	0	0	0	0
<b>Total</b>	<b>7</b>	<b>29</b>	<b>77</b>	<b>26</b>	<b>43</b>	<b>17</b>

Current Month Top 5 LOI Pended Reasons	
1.	Lack Of Information 17
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes		
1.	331.0	ALZHEIMER'S DISEASE 47
2.	496	OBSTRUCTION, CHRONIC AIR 38
3.	429.9	DISEASE, HEART NOS 35
4.	162.9	NEOPLASM, MALIGN, BRONCH 24
5.	332.0	PARALYSIS AGITANS 12
6.	343.9	PALSY, INFANTILE CEREBRA 12
7.	586	RENAL FAILURE NOS 11
8.	572.8	SEQUELAE, OTHER, CHRNL 11
9.	428.0	FAILURE, CONGESTIVE HEAR 10
10.	515	FIBROSIS POSTINFLAMMATOR 9

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

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

## Impact Plus

Call Metrics	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Administrative</b>						
Abandoned Calls	0	1	0	0	0	0
Average Speed of Answer	00:14	00:09	00:12	00:09	00:16	00:11
Average Talk Time	04:01	03:39	03:21	03:48	04:17	04:12
First Call Resolution	99.2%	100%	100%	100%	100%	100%
<b>Total Admin Calls</b>	<b>70</b>	<b>73</b>	<b>111</b>	<b>72</b>	<b>66</b>	<b>74</b>
<b>Clinical</b>						
Abandoned Calls	0	1	0	0	0	0
Average Speed of Answer	00:05	00:07	00:05	00:05	00:07	00:05
Average Talk Time	07:01	07:12	04:57	06:21	04:23	04:45
First Call Resolution	99.2%	100%	100%	96.3%	96.3%	100.0%
<b>Total Clinical Calls</b>	<b>20</b>	<b>25</b>	<b>37</b>	<b>32</b>	<b>35</b>	<b>34</b>
<b>Total Calls</b>	<b>90</b>	<b>98</b>	<b>148</b>	<b>104</b>	<b>101</b>	<b>108</b>

Requests Processed						
Approvals	279	246	309	364	208	232
Agreed Reduction	0	0	0	0	0	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	1	0	0	0	0	0
Denials	1	2	4	3	2	0
Pended	3	6	3	4	15	0
<b>Total</b>	<b>284</b>	<b>254</b>	<b>316</b>	<b>371</b>	<b>225</b>	<b>232</b>

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
<b>Total Denied</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

MD Review						
Medical Necessity	1	3	8	0	0	0
Not Medically Necessary	1	2	4	3	2	0
Referred to MD Rate	0.70%	1.97%	3.80%	0.81%	0.89%	0.00%
Not Medically Necessary Denial Rate	0%	40%	33%	100%	100%	#DIV/0!
<b>Total MD Review</b>	<b>2</b>	<b>5</b>	<b>12</b>	<b>3</b>	<b>2</b>	<b>0</b>

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

\*Reconsiderations are not included in Request Processed Total

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Pended</b>						
Client Review	0	0	0	0	0	0
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
MD Review	0	0	1	0	0	0
RN Review	3	5	3	4	15	0
<b>Total</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>15</b>	<b>0</b>

Impact Plus Eligibility						
<b>Total</b>	16	18	30	23	6	9

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

Current Month Top 10 Diagnosis Codes			
1.	299.00	DISORDER, AUTISTIC, CURR	49
2.	314.01	DISORDER, ATN DEFICIT W/	45
3.	299.80	DSORD, PRVSV DVLPMNTL NE	23
4.	299.0	DISORDER, AUTISTIC	22
5.	313.81	DISORDER, OPPOSITIONAL D	20
6.	309.81	DISORDER, POSTTRAUMATIC	8
7.	299	DISORDERS, PERVASIVE DEV	7
8.	313.89	DSTURB, OTH/MIXED EMTNL,	6
9.	309.4	DSORD, ADJST W/MIX DISTU	5
10.	312.8	DISTURBANCE, CONDUCT, OT	4

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	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Administrative</b>						
Abandoned Calls	3	0	1	0	2	0
Average Speed of Answer	00:13	00:09	00:10	00:10	00:10	00:09
Average Talk Time	04:52	05:01	04:46	05:14	05:13	04:41
First Call Resolution	98.6%	99.4%	96.3%	99.7%	99.7%	85.6%
<b>Total Admin Calls</b>	<b>253</b>	<b>269</b>	<b>225</b>	<b>276</b>	<b>301</b>	<b>298</b>
<b>Clinical</b>						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:05	00:05	00:05	00:05	00:05	00:05
Average Talk Time	03:45	04:03	03:45	04:16	03:20	03:12
First Call Resolution	98.6%	99.4%	98.6%	98.5%	98.5%	98.6%
<b>Total Clinical Calls</b>	<b>138</b>	<b>133</b>	<b>119</b>	<b>150</b>	<b>159</b>	<b>155</b>
<b>Total Calls</b>	<b>391</b>	<b>402</b>	<b>344</b>	<b>426</b>	<b>460</b>	<b>453</b>

Requests Processed	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Approvals	4,790	5,327	5,592	5,867	6,237	6,312
Initial LOC Approval	2,358	2,226	2,302	2,512	2,463	2,337
Client Approved/Negotiation	0	1	1	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	1	1	1	2	9
Denials	26	10	25	40	47	27
Pended	174	219	206	337	213	268
<b>Total</b>	<b>7,348</b>	<b>7,784</b>	<b>8,127</b>	<b>8,757</b>	<b>8,962</b>	<b>8,953</b>

Administrative Denials	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Lack of Information	15	5	17	23	36	17
Non-Certified Bed	1	0	0	0	0	0
<b>Total Denied</b>	<b>16</b>	<b>5</b>	<b>17</b>	<b>23</b>	<b>36</b>	<b>17</b>

\*Reconsiderations are not included in Request Processed Total

MD Review	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Medical Necessity	8	10	4	10	6	10
Not Medically Necessary	10	5	8	17	11	10
Referred to MD Rate	10.34%	6.85%	5.83%	8.01%	7.98%	7.46%
Not Medically Necessary Denial Rate	56%	33%	67%	63%	65%	50%
<b>Total MD Review</b>	<b>18</b>	<b>15</b>	<b>12</b>	<b>27</b>	<b>17</b>	<b>20</b>

Reconsiderations	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Overturned	1	3	0	3	3	2
Upheld	1	0	0	1	0	0
<b>Total Reconsiderations</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>2</b>

\*Reconsiderations are not included in Request Processed Total

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Pended</b>						
Lack of Information	129	144	120	242	167	211
MD Review	0	0	0	0	0	0
RN Review	45	75	86	94	46	57
<b>Total</b>	<b>174</b>	<b>219</b>	<b>206</b>	<b>336</b>	<b>213</b>	<b>268</b>

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

Current Month Top 10 Diagnosis Codes			
1.	401.9	HYPERTENSION, ESSENTIAL	1065
2.	290.0	DEMENTIA, SENILE, UNCOMP	718
3.	496	OBSTRUCTION, CHRONIC AIR	566
4.	331.0	ALZHEIMER'S DISEASE	492
5.	436	DISEASE, ACUTE CEREBRAS,	370
6.	250.00	DM, UNCOMPLICATED, TYPE	326
7.	428.0	FAILURE, CONGESTIVE HEAR	267
8.	599.0	INFECTION, URINARY TRACT	221
9.	290	DEMENTIAS	194
10.	728.87	WEAKNESS, MUSCLE	181

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	9
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	12
2.	Lack of Information	3
3.	PASRR	2
4.		
5.		

## Nursing Facility Ancillary

Call Metrics	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Administrative</b>						
Abandoned Calls	9	8	6	12	7	17
Average Speed of Answer	00:18	00:18	00:18	00:18	00:18	00:18
Average Talk Time	03:00	02:57	03:06	02:53	03:08	03:15
First Call Resolution	99.2%	99.0%	96.3%	99.7%	99.7%	99.7%
<b>Total Admin Calls</b>	<b>996</b>	<b>1015</b>	<b>1063</b>	<b>1146</b>	<b>1053</b>	<b>1146</b>
<b>Clinical</b>						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Clinical Calls</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Calls</b>	<b>996</b>	<b>1,015</b>	<b>1,063</b>	<b>1,146</b>	<b>1,053</b>	<b>1,146</b>

Requests Processed	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Approvals	2,487	2,228	2,421	2,660	2,322	2,780
Agreed Reduction	0	0	0	0	0	0
Client Approved/Negotiation	2	0	2	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	288	273	273	348	261	321
Pended	150	188	234	181	224	217
<b>Total</b>	<b>2,927</b>	<b>2,689</b>	<b>2,930</b>	<b>3,189</b>	<b>2,807</b>	<b>3,318</b>

RN Denials/Overturns	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
FRN Criteria	266	248	251	324	249	309
FRN Reconsideration Overturned	4	8	6	9	6	4
FRN Reconsideration Upheld	14	20	18	13	10	11
<b>Total Denied</b>	<b>284</b>	<b>276</b>	<b>275</b>	<b>346</b>	<b>265</b>	<b>324</b>

MD Review	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Medical Necessity	4	4	2	11	5	8
Not Medically Necessary	8	4	1	11	2	1
Referred to MD Rate	0.41%	0.30%	0.10%	0.69%	0.25%	0.27%
Not Medically Necessary Denial Rate	67%	50%	33%	50%	29%	11%
<b>Total MD Review</b>	<b>12</b>	<b>8</b>	<b>3</b>	<b>22</b>	<b>7</b>	<b>9</b>

Reconsiderations	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Overturned	0	0	1	0	1	1
Upheld	0	1	0	0	0	0
<b>Total Reconsiderations</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>

\*Reconsiderations are not included in Request Processed Total

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Pended</b>						
MD Review	0	0	1	0	1	1
RN Review	150	188	233	181	223	216
<b>Total</b>	<b>150</b>	<b>188</b>	<b>234</b>	<b>181</b>	<b>224</b>	<b>217</b>

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

Current Month Top 10 Diagnosis Codes			
1.	496	OBSTRUCTION, CHRONIC AIR	688
2.	728.87	WEAKNESS, MUSCLE	333
3.	786.05	SYMPTOM, SHORTNESS OF BR	211
4.	428.0	FAILURE, CONGESTIVE HEAR	180
5.	719.7	DIFFICULTY IN WALKING	177
6.	799.02	HYPOXEMIA	102
7.	486	PNEUMONIA, ORGANISM NOS	101
8.	401.9	HYPERTENSION, ESSENTIAL	72
9.	786.09	SYMP ABNORMALITY, RESPIR	55
10.	781.3	SYMPTOM, LACK OF COORDIN	49

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

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

## Orthodontia

Call Metrics	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Administrative</b>						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:07	00:08	00:07	00:11	00:08	00:07
Average Talk Time	01:44	02:06	02:50	01:37	04:02	03:52
First Call Resolution	99.2%	99.0%	100%	100.0%	100.0%	100.0%
<b>Total Admin Calls</b>	<b>21</b>	<b>21</b>	<b>22</b>	<b>17</b>	<b>20</b>	<b>8</b>

<b>Clinical</b>						
Abandoned Calls	N/A	N/A	N/A	N/A	N/A	N/A
Average Speed of Answer	N/A	N/A	N/A	N/A	N/A	N/A
Average Talk Time	N/A	N/A	N/A	N/A	N/A	N/A
First Call Resolution	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Clinical Calls</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Calls</b>	<b>21</b>	<b>21</b>	<b>22</b>	<b>17</b>	<b>20</b>	<b>8</b>

<b>Requests Processed</b>						
Approvals	21	27	5	16	11	15
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	0	1	0	0	0	0
Pended	5	0	0	0	0	2
<b>Total</b>	<b>26</b>	<b>28</b>	<b>5</b>	<b>16</b>	<b>11</b>	<b>17</b>

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

<b>MD Review</b>						
Medical Necessity	0	0	0	0	0	1
Not Medically Necessary	0	1	0	0	0	0
Referred to MD Rate	0.00%	3.57%	0.00%	0.00%	0.00%	5.88%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
<b>Total MD Review</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

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

\*Reconsiderations are not included in Request Processed Total

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Pended</b>						
Lack of Information	0	0	0	0	0	0
MD Review	5	0	0	0	0	2
RN Review	0	0	0	0	0	0
<b>Total</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>

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

<b>Current Month Top 10 Diagnosis Codes</b>		
1.	V58.5 ORTHODONTICS AFTERCARE	17
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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

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

## Outpatient Therapies

Call Metrics	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Administrative</b>						
Abandoned Calls	0	0	0	0	1	0
Average Speed of Answer	00:06	00:08	00:07	00:09	00:09	00:09
Average Talk Time	03:29	03:17	03:51	04:07	04:12	04:00
First Call Resolution	99.2%	99.0%	100%	99.4%	99.4%	100.0%
<b>Total Admin Calls</b>	<b>108</b>	<b>106</b>	<b>109</b>	<b>143</b>	<b>135</b>	<b>158</b>
<b>Clinical</b>						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:08	00:08	00:08	00:08	00:08	00:08
Average Talk Time	05:26	05:43	04:56	04:48	05:47	03:07
First Call Resolution	99.2%	99.0%	89.5%	100.0%	100.0%	95.9%
<b>Total Clinical Calls</b>	<b>69</b>	<b>56</b>	<b>27</b>	<b>40</b>	<b>61</b>	<b>41</b>
<b>Total Calls</b>	<b>177</b>	<b>162</b>	<b>136</b>	<b>183</b>	<b>196</b>	<b>199</b>

Requests Processed	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Approvals	90	69	173	206	250	270
Agreed Reduction	1	14	8	4	1	8
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	1	0	0
State Mandate	0	0	0	0	0	0
Denials	0	0	6	0	0	0
Pended	9	5	11	14	10	8
<b>Total</b>	<b>100</b>	<b>88</b>	<b>198</b>	<b>225</b>	<b>261</b>	<b>286</b>

Administrative Denials	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Lack of Information	0	0	6	0	0	0
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Denied</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>

MD Review	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Medical Necessity	7	20	17	28	20	16
Not Medically Necessary	0	0	0	0	0	0
Referred to MD Rate	7.00%	22.73%	8.59%	12.44%	7.66%	5.59%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	0%
<b>Total MD Review</b>	<b>7</b>	<b>20</b>	<b>17</b>	<b>28</b>	<b>20</b>	<b>16</b>

Reconsiderations	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Overturned	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
<b>Total Reconsiderations</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Reconsiderations are not included in Request Processed Total

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Pended</b>						
Lack of Information	0	0	5	12	5	7
MD Review	4	0	0	0	0	1
RN Review	5	5	6	2	5	0
<b>Total</b>	<b>9</b>	<b>5</b>	<b>11</b>	<b>14</b>	<b>10</b>	<b>8</b>

Independent Therapy	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Total</b>	<b>71</b>	<b>32</b>	<b>0</b>	<b>37</b>	<b>41</b>	<b>66</b>

Current Month Top 5 LOI Pended Reasons	
1.	Lack of Information 7
2.	
3.	
4.	
5.	

Current Month Top 10 Diagnosis Codes			
1.	728.9	DISORDER, MUSCLE/LIGAMEN	58
2.	784.59	SYMPTOM, OTHER SPEECH DI	26
3.	299.00	DISORDER, AUTISTIC, CURR	21
4.	436	DISEASE, ACUTE CEREBVAS,	14
5.	781.3	SYMPTOM, LACK OF COORDIN	14
6.	719.46	PAIN IN JOINT, LOWER LEG	12
7.	343.9	PALSY, INFANTILE CEREBRA	11
8.	318.0	MODERATE INTELLECTUAL DI	9
9.	783.3	SYMPTOM, FEEDING PROBLEM	7
10.	758.5	ANOMALY, AUTOSOMAL NEC	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.	
3.	
4.	
5.	

## Physician Services

Call Metrics	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Administrative</b>						
Abandoned Calls	0	0	0	0	1	0
Average Speed of Answer	00:09	00:11	00:09	00:10	00:09	00:10
Average Talk Time	02:55	02:59	03:25	03:40	03:24	03:21
First Call Resolution	99.2%	99.0%	100%	100%	100%	100%
<b>Total Admin Calls</b>	<b>310</b>	<b>303</b>	<b>236</b>	<b>266</b>	<b>241</b>	<b>242</b>
<b>Clinical</b>						
Abandoned Calls	0	0	0	0	1	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	99.2%	99.0%	100%	100%	100%	100%
<b>Total Clinical Calls</b>	<b>56</b>	<b>57</b>	<b>21</b>	<b>54</b>	<b>36</b>	<b>32</b>
<b>Total Calls</b>	<b>366</b>	<b>360</b>	<b>257</b>	<b>320</b>	<b>277</b>	<b>274</b>

Requests Processed	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Approvals	49	43	49	50	31	40
Administrative Approval	17	13	13	9	6	20
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	0	0	0	0	1	0
Pended	11	6	11	4	6	9
<b>Total</b>	<b>77</b>	<b>62</b>	<b>73</b>	<b>63</b>	<b>44</b>	<b>69</b>

Administrative Denials	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Lack of Information	0	0	0	0	0	0
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	0	0	0	0	0	0
<b>Total Denied</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

MD Review	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Medical Necessity	9	25	16	22	17	13
Not Medically Necessary	0	0	0	0	1	0
Referred to MD Rate	11.69%	40.32%	21.92%	34.92%	40.91%	18.84%
Not Medically Necessary Denial Rate	7%	0%	0%	0%	6%	0%
<b>Total MD Review</b>	<b>9</b>	<b>25</b>	<b>16</b>	<b>22</b>	<b>18</b>	<b>13</b>

Reconsiderations	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Overtured	0	0	0	0	0	0
Upheld	0	0	0	0	0	0
<b>Total Reconsiderations</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Reconsiderations are not included in Request Processed Total

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Pended</b>						
Lack of Information Incomplete Data (Consent Forms)	N/A	N/A	N/A	N/A	N/A	N/A
MD Review	10	1	8	2	4	5
RN Review	1	0	1	0	0	0
	0	5	2	2	2	4
<b>Total</b>	<b>11</b>	<b>6</b>	<b>11</b>	<b>4</b>	<b>6</b>	<b>9</b>

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

Current Month Top 10 Diagnosis Codes			
1.	278.01	OBESITY, MORBID	9
2.	327.23	DSORD, ORGNC OBST SLEEP	7
3.	V25.2	STERILIZATION	5
4.	V10.3	HX, PRSNL, BREAST MALIGN	5
5.	V53.51	FIT/ADJUST GASTRIC LAP B	4
6.	459.32	HTN, CHRN VENOUS W/INFLA	2
7.	880.02	WOUND, OPEN, AXILLA W/O	2
8.	626.2	EXCESSIVE MENSTRUATION	2
9.	782.3	SYMPTOM, EDEMA	2
10.	496	OBSTRUCTION, CHRONIC AIR	2

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

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

## Psychiatric Programs

Call Metrics	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Administrative</b>						
Abandoned Calls	0	1	1	0	0	0
Average Speed of Answer	00:10	00:08	00:10	00:10	00:10	00:11
Average Talk Time	03:45	03:24	03:34	03:18	03:38	03:13
First Call Resolution	99.2%	99.2%	100%	94.1%	94.1%	100.0%
<b>Total Admin Calls</b>	<b>305</b>	<b>312</b>	<b>311</b>	<b>358</b>	<b>281</b>	<b>291</b>
<b>Clinical</b>						
Abandoned Calls	1	1	0	0	0	0
Average Speed of Answer	00:10	00:13	00:14	00:05	00:06	00:05
Average Talk Time	09:54	10:10	09:25	10:19	10:44	09:10
First Call Resolution	99.2%	99.2%	100%	100.0%	100.0%	100.0%
<b>Total Clinical Calls</b>	<b>250</b>	<b>229</b>	<b>249</b>	<b>299</b>	<b>213</b>	<b>225</b>
<b>Total Calls</b>	<b>555</b>	<b>541</b>	<b>560</b>	<b>657</b>	<b>494</b>	<b>516</b>

Requests Processed	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Approvals	297	285	272	278	215	243
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	1	0	1	0
Denials	9	9	10	11	10	12
Pended	13	16	10	11	15	8
<b>Total</b>	<b>319</b>	<b>310</b>	<b>293</b>	<b>300</b>	<b>241</b>	<b>263</b>

Administrative Denials	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Lack of Information	N/A	N/A	N/A	N/A	N/A	N/A
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	2	2	2	1	4	5
<b>Total Denied</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>5</b>

MD Review	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Medical Necessity	2	1	0	6	2	2
Not Medically Necessary	7	7	8	10	6	7
Referred to MD Rate	2.82%	2.58%	2.73%	5.33%	3.32%	3.42%
Not Medically Necessary Denial Rate	78%	88%	100%	63%	75%	78%
<b>Total MD Review</b>	<b>9</b>	<b>8</b>	<b>8</b>	<b>16</b>	<b>8</b>	<b>9</b>

Reconsiderations	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Overtaken	0	0	1	1	1	3
Upheld	0	0	0	2	2	4
<b>Total Reconsiderations</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>7</b>

\*Reconsiderations are not included in Request Processed Total

Pended	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Lack of Information	0	0	0	0	0	0
RN Review	12	15	10	11	15	8
MD Review	1	1	0	0	0	0
<b>Total</b>	<b>7</b>	<b>8</b>	<b>1</b>	<b>13</b>	<b>15</b>	<b>8</b>

By Place of Service	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Distinct Part Units - Psychiatric	119	110	105	121	80	99
EPSDT	21	19	20	16	13	12
Freestanding Psychiatric Facility	45	47	35	35	35	43
Inpatient Hospital	19	14	16	5	9	14
Non-Freestanding Psychiatric Facility	107	116	106	115	99	98
Onsite EPSDT Psych	0	0	0	0	2	0
Psychiatric Residential Treatment Center	8	8	12	11	6	4
<b>Total</b>	<b>305</b>	<b>325</b>	<b>319</b>	<b>303</b>	<b>244</b>	<b>270</b>

Current Month Top 5 LOI Pended Reasons	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
1. Lack of Information						N/A
2.						
3.						
4.						
5.						

Current Month Top 10 Diagnosis Codes	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
1. 296.90 DISORDER, EPISODIC MOOD						53
2. 311 DISORDER, DEPRESSIVE NEC						20
3. 295.90 SCHIZOPHRENIA NOS, UNSPE						17
4. 298.9 NONORGANIC PSYCHOSIS NOS						12
5. 295.30 SCHIZOPHRENIA, PARANOID,						10
6. 312.34 DISORDER, INTERMITTENT E						10
7. 296.80 DISORDER, BIPOLAR NOS						10
8. 295.70 DISORDER, SCHIZOAFFECTIV						9
9. 295.32 SCHIZO, PARANOID, CHRONI						8
10. 296.34 DPRSV DSORD, MJR RCR SVR						8

Current Month Top 5 Reasons for MD Denial	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
1. Not Medically Necessary						7
2.						
3.						
4.						
5.						

Current Month Top 5 Reasons for Lack of Information Denial	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
1. N/A						
2.						
3.						
4.						
5.						

## Radiology

Call Metrics	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Administrative</b>						
Abandoned Calls	1	1	0	0	2	3
Average Speed of Answer	00:11	00:10	00:12	00:12	00:10	00:11
Average Talk Time	03:29	03:34	03:50	03:55	04:02	03:46
First Call Resolution	99.2%	99.2%	100%	100.0%	100.0%	100.0%
<b>Total Admin Calls</b>	<b>514</b>	<b>455</b>	<b>397</b>	<b>434</b>	<b>443</b>	<b>467</b>
<b>Clinical</b>						
Abandoned Calls	0	0	0	0	0	0
Average Speed of Answer	00:08	00:08	00:08	00:08	00:09	00:08
Average Talk Time	05:48	05:30	05:09	05:06	05:38	05:30
First Call Resolution	99.2%	99.2%	89.5%	100.0%	100.0%	95.9%
<b>Total Clinical Calls</b>	<b>224</b>	<b>230</b>	<b>225</b>	<b>261</b>	<b>262</b>	<b>291</b>
<b>Total Calls</b>	<b>738</b>	<b>685</b>	<b>622</b>	<b>695</b>	<b>705</b>	<b>758</b>

Requests Processed	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Approvals	324	319	274	314	300	312
Agreed Reduction	0	0	0	0	0	0
Client Approved/Negotiation	0	0	0	0	0	0
Split Decision	0	0	0	0	0	0
State Mandate	0	0	0	0	0	0
Denials	1	2	1	0	1	8
Pended	4	5	4	8	12	8
<b>Total</b>	<b>329</b>	<b>326</b>	<b>279</b>	<b>322</b>	<b>313</b>	<b>328</b>

Administrative Denials	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Lack of Information	1	2	1	0	1	7
Medicare Primary	N/A	N/A	N/A	N/A	N/A	N/A
Technical (Out of Time Frame)	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Denied</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>7</b>

MD Review	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Medical Necessity	102	96	64	63	87	93
Not Medically Necessary	0	0	0	0	0	1
Referred to MD Rate	31.00%	29.45%	22.94%	19.57%	27.80%	28.66%
Not Medically Necessary Denial Rate	0%	0%	0%	0%	0%	1%
<b>Total MD Review</b>	<b>102</b>	<b>96</b>	<b>64</b>	<b>63</b>	<b>87</b>	<b>94</b>

Reconsiderations	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Overtaken	0	0	0	0	0	0
Upheld	1	0	0	0	0	0
<b>Total Reconsiderations</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*Reconsiderations are not included in Request Processed Total

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
<b>Pended</b>						
Lack of Information	2	3	1	1	6	0
MD Review	0	0	1	0	2	3
RN Review	2	2	2	7	4	5
<b>Total</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>8</b>	<b>12</b>	<b>8</b>

Current Month Top 5 LOI Pended Reasons		
1.	Lack of Information	0
2.		
3.		
4.		
5.		

Current Month Top 10 Diagnosis Codes			
1.	724.2	LUMBAGO	26
2.	786.50	SYMPTOM, PAIN, CHEST NOS	25
3.	723.1	CERVICALGIA	21
4.	724.4	NEURITIS, LUMBOSACRAL NO	16
5.	719.46	PAIN IN JOINT, LOWER LEG	15
6.	784.0	SYMPTOM, HEADACHE	9
7.	719.41	PAIN IN JOINT, SHOULDER	8
8.	721.3	SPONDYLOSIS, LUMBOSACRAL	7
9.	723.4	NEURITIS, BRACHIAL NOS	7
10.	724.5	BACKACHE NOS	6

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

Current Month Top 5 Reasons for Lack of Information Denial		
1.	LOI response not received or incomplete	7
2.		
4.		
5.		

Case Type	Primary Category	Appeal Type	Status	Appeal Start Date	Decision Required Date	Attending Physician
Waiver	HCB - LOC	Administrative Hearings	In Progress	Aug 18, 2014	Sep 10, 2014	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Mar 10, 2014	Mar 27, 2014	PELLEGRINI, ADRIAN
Waiver	Michelle P - Services	Administrative Hearings	In Progress	Sep 11, 2013	Oct 11, 2013	STERLING MD, KAREN
Waiver	HCB CDO - 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	Dec 30, 2013	Mar 12, 2014	PELLEGRINI, ADRIAN
Waiver	ABI - LOC	Administrative Hearings	In Progress	Jun 11, 2014	Jul 3, 2014	SMITH RN, PAM
Waiver	HCB - LOC	Administrative Hearings	In Progress	May 27, 2014	Jul 10, 2014	PELLEGRINI, ADRIAN
Waiver	HCB - LOC	Administrative Hearings	In Progress	Mar 3, 2014	Apr 3, 2014	MOSLEY MD, STEPHANIE
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Oct 7, 2013	Dec 9, 2013	SMITH D.O., DEBRA
Waiver	Michelle P - Services	Administrative Hearings	In Progress	Aug 25, 2014	Sep 30, 2014	PELLEGRINI, ADRIAN
Waiver	HCB CDO - Services	Administrative Hearings	In Progress	Dec 20, 2013	Feb 7, 2014	STERLING MD, KAREN
Waiver	Michelle P - Services	Administrative Hearings	In Progress	Jun 13, 2014	Aug 12, 2014	PELLEGRINI, ADRIAN
Waiver	Michelle P - LOC	Administrative Hearings	In Progress	Sep 13, 2013	Nov 5, 2013	MOSLEY MD, STEPHANIE
Waiver	HCB - LOC	Administrative Hearings	In Progress	Apr 17, 2014	May 14, 2014	PELLEGRINI, ADRIAN