

**Addiction and Prevention Services
State Quality Committee**

AGGREGATE ANALYSIS REPORT

Final

Reporting Period

FROM: July 1, 2010

TO: June 30, 2011

***FY2011 Annual Summary**

Unit/Team/Department:

PIHP Quality Improvement

Topic/Project:

Claims payment timeliness and accuracy report

Claim Accuracy Audit & Open Claims Inventory and Turn Around Time

(VO # 23 and #24, Grid Row #16)

Claim Denial Reasons (VO #49, Grid Row #17)

Monitoring Standard:

42 CFR 438.240 Quality Assessment and Performance Improvement Program

42 CFR 438.242 Health information System

42 CFR 438.114 and 438.210 Coverage Rules and payment policies

42 CFR 438.404 Data on claims denials

Goal:

The PIHP will track and report monthly to SRS/AAPS an audit of claims data entry and claims inventory analysis.

Objectives:

To assure the documentation is capturing the audits of claims data to ensure accuracy and compliance with claims payment standards

To evaluate for trends that may require system intervention or education

To allow data to be presented consistently for Committee evaluation and response

Data Collection Activities:

Data was collected from ValueOptions CareConnect System claims. The Claims Accuracy Audit consists of random audits of claims data entry. The Open Claims Inventory and Turn Around Time (TAT) consist of claims inventory analysis that reports claim aging for all open claims. The report includes total counts of claims by each day bucket. The TAT report includes percentage of unclean claims percentage by day buckets. TAT includes detail on total paid, amount billed, denied detail, etc. These reports were listed in RFP as being reported quarterly, but the state has requested that the report is received monthly. This report is not due until 45 days after month end.

*More data available in Attachment A at the end of this report.

Results: See Next Page

**Addiction and Prevention Services
State Quality Committee**

FY2011 Summary (7/1/10-6/30/11)

Claims Timeliness FY2011

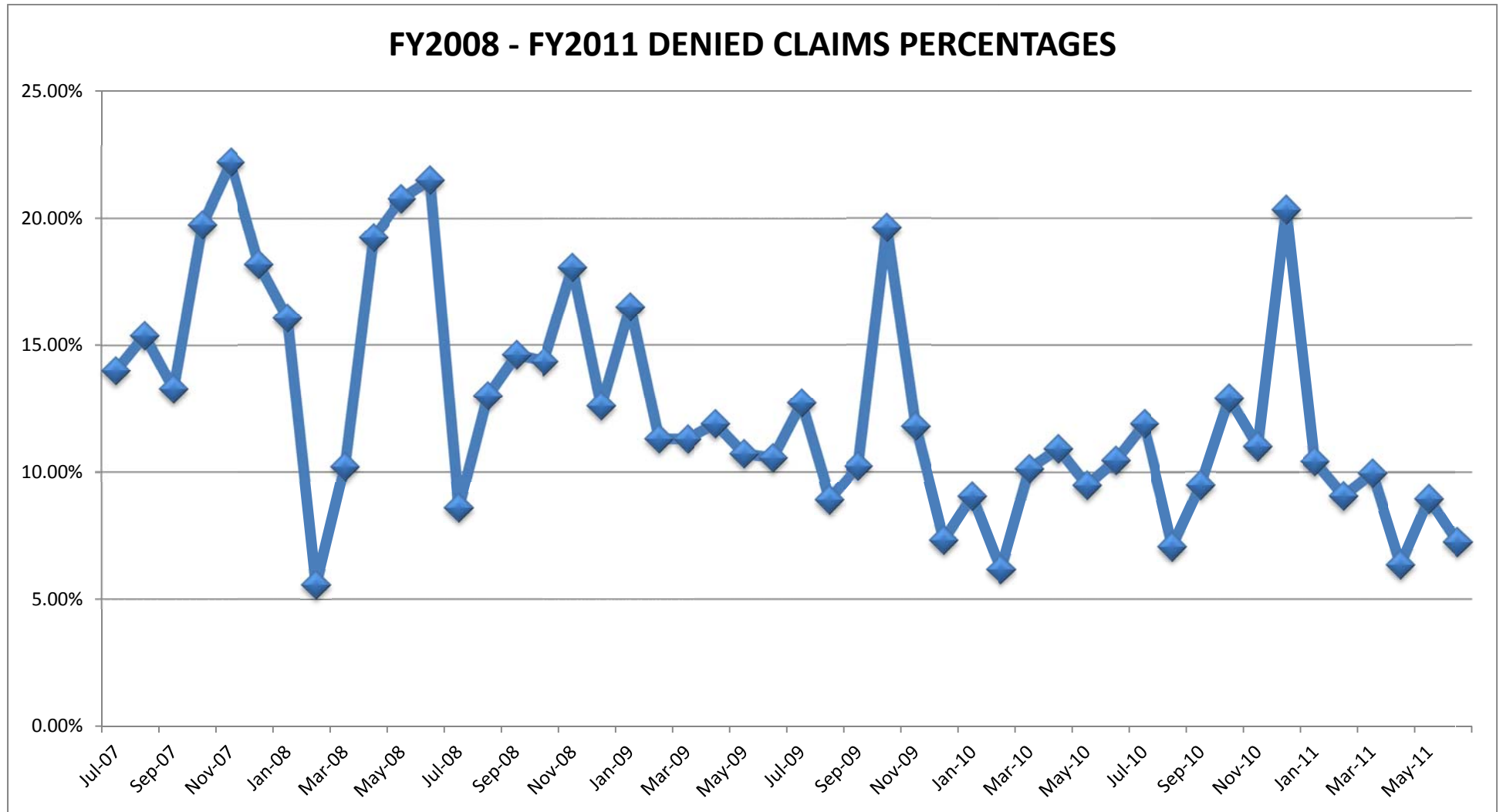
Black font = Met standard

Red font = Standard not met

Standard	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
90% of claims paid within 30 days of receipt												
Medicaid only	99%	99%	98%	99%	100%	100%	97%	99%	98%	99%	100%	100%
AAPS funded only	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%
Medicaid/AAPS funded combined	100%	100%	99%	100%	100%	99%	99%	99%	99%	100%	100%	100%
99% of claims paid within 60 days of receipt												
Medicaid only	100%	100%	99%	100%	100%	100%	98%	100%	99%	100%	100%	100%
AAPS funded only	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%
Medicaid/AAPS funded combined	100%	100%	100%	100%	100%	99%	99%	100%	99%	100%	100%	100%
100% of claims paid within 90 days of receipt												
Medicaid only	100%	100%	99%	100%	100%	100%	98%	100%	99%	100%	100%	100%
AAPS funded only	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicaid/AAPS funded combined	100%	100%	100%	100%	100%	100%	99%	100%	99%	100%	100%	100%
*percentages rounded												

Addiction and Prevention Services
State Quality Committee

FY2008 - FY2011 Denied Claims Percentages



**Addiction and Prevention Services
State Quality Committee**

Conclusions:

FY2011 Claims Timeliness chart (rounded):

- For only three (3) months of FY2011 were standards unmet for claims paid.
 - For Medicaid - 99% of claims paid within 60 days of receipt standard and the percentage was 98% in January 2011.
 - For Medicaid – 100% of claims paid within 90 days of receipt standard and the percentage was 99% in September 2010, 98% in January 2011, and 99% in March 2011.
 - For AAPS funded, all standards were met all fiscal year.
- ValueOptions and HP are still in the process of working together to resolve issues related to mismatched provider Medicaid identification numbers impacting Group 2 claims payments.

FY2008 - FY2011 Claims Timeliness:

- When comparing Fiscal Year 2008 - FY2011 Claims Timeliness, ValueOptions continues to have a high percentage of compliance in all categories (claims paid within 30, 60, and 90 days of receipt).

Denied Claims Percentages chart:

- For FY2011, the highest denied claims percentage was 20.33% in December 2010 and the lowest was 6.36% in April 2011. The average denied claims percentage for FY2011 was 10.40%
- For FY2008 – FY2011, percentages continue to appear to be leveling out and decreasing over time as illustrated above.

FY2011 Denial Reasons:

- Top denial reasons varied again through FY2011. ValueOptions Claims Denial Reasons report is by funding stream and now automated beginning with the March 2011 report. The following denial reasons are shown:
 - GF-Duplicate Claim
 - IS-Benefit Not Covered – Investigate
 - JQ – Submit Primary EOB
 - SNC – Service Code is not covered
 - GI – Claim filed outside time limit
 - W9 – Please resubmit claim with W9
 - GD – No Auth on File
 - GK – Services before/after member eff dt
 - DPC – Dup of Claim currently in proc
 - Ey – Service code not valid with PS

**Addiction and Prevention Services
State Quality Committee**

The denied claims reasons are pasted below for December 2010 (highest denied claims percentage in FY2011) and April 2011 (lowest denied claims percentage for FY2011) for comparison purposes:

December 2010 Denial Reasons (highest %):

Reason for Denials	AAPS	Medicaid	Total
Authorization Required, Not Found	15%	13%	14%
Timely Filing	5%	13%	10%
Duplicate Claim	7%	7%	7%
Other Health Insurance	6%	7%	6%
Level of Care Billed Not Authorized	4%	3%	3%
Dates of Service Outside Dates of Authorization	6%	2%	3%

April 2011 Denial Reasons (lowest %):

Denial Reason	Funding Stream			
	AAPS	DUI	MEDICAID	Total
GF - DUPLICATE CLAIM	45.62%	40.43%	8.86%	20.30%
JQ - SUBMIT PRIMARY EOB	21.79%	0.00%	8.21%	12.37%
GD - NO AUTH ON FILE	2.66%	4.26%	12.32%	9.31%
IS - BENEFIT NOT COVERED-INVESTIGAT	1.60%	4.26%	10.34%	7.63%
G5 - DTS OF SVC OUTSIDE DTS AUTH	9.96%	17.02%	5.63%	7.00%
SNC - SERVICE CODE IS NOT COVERED	0.00%	0.00%	9.31%	6.41%
X1 - DIAGNOSIS IS NOT COVERED	0.43%	0.00%	7.66%	5.40%
HG - REFER SERVICE TO MEDICAL PAYOR	0.00%	0.00%	7.63%	5.25%
GI - CLM FILED OUTSIDE TIME LIMIT	0.46%	0.00%	5.29%	3.78%
G8 - LEVEL OF CARE BILLED NOT AUTH	1.93%	0.00%	3.83%	3.23%

When reviewing both tables above, the decrease in denied claims percentages between the two months illustrated above might be explained with the Authorization Required, Not Found and the Timely Filing reasons.

- In December 2010, Authorization Required, Not Found is the highest denial reason for AAPS (15%) and much lower in April 2011 (2.66%).
- Timely Filing denial reason for Medicaid is at 13% in December 2010 and reduced to 5.29% in April 2011. However, duplicate claim is much higher in April 2011 for AAPS (45.62%) than in December 2010 (7%), perhaps due to the end of the fiscal year nearing.

**Addiction and Prevention Services
State Quality Committee**

FY2011 Independent Assessment:

There were two recommendations from the 2011 Independent Assessment conducted by TriWest related to the ValueOptions report. Both recommendations were completed by ValueOptions through a new annual report and Group 2 claims listed in a separate tab for monthly and annual reporting.

Preliminary Recommendations to Committee:

- It is recommended to the Committee that data trending continue.
- It is also recommended by the Committee that this aggregate analysis be posted on the ValueOptions website for public access.

Date Presented to SQC: 11/17/2011

BY: Cissy McKinzie

Recommendations from the Committee for action: Committee approves of the Preliminary Recommendations as shown above.

Person Responsible to follow-up and date due: Kim Brown Due: 2/10/2012

**Addiction and Prevention Services
State Quality Committee**

ATTACHMENT A: DATA

Fiscal Year 2008 Summary (7/1/07-6/30/08)

Claims Timeliness FY2008

Black font = Met standard
Red font = Standard not met

Standard	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	April-08	May-08	Jun-08
90% of claims paid within 30 days of receipt												
Medicaid only	100%	98.88%	95.61%	85.51%	87.89%	90.68%	93.52%	98.83%	92.65%	99.51%	99.87%	99.51%
AAPS funded only	0%	97.95%	81.34%	91.70%	92.99%	95.62%	96.85%	99.62%	99.68%	99.69%	99.73%	95.28%
Medicaid/AAPS funded combined	100%	98.27%	84.58%	89.96%	91.44%	94.00%	95.80%	99.49%	97.78%	99.63%	99.78%	95.56%
99% of claims paid within 60 days of receipt												
Medicaid only	100%	100%	100%	99.03%	98.25%	99.57%	98.08%	99.97%	94.74%	100%	100%	99.97%
AAPS funded only	0%	100%	100%	99.83%	99.16%	99.75%	99.16%	99.99%	99.87%	100%	100%	100%
Medicaid/AAPS funded combined	100%	100%	100%	99.61%	98.88%	99.69%	98.82%	99.99%	98.48%	100%	100%	99.99%
100% of claims paid within 90 days of receipt												
Medicaid only	100%	100%	100%	99.95%	99.92%	99.89%	99.08%	100%	96.04%	100%	100%	99.97%
AAPS funded only	0%	100%	100%	100%	99.98%	99.99%	99.92%	100%	100%	100%	100%	100%
Medicaid/AAPS funded combined	100%	100%	100%	99.99%	99.96%	99.96%	99.65%	100%	98.93%	100%	100%	99.99%

FY2009 Summary (7/1/08-6/30/09)

Claims Timeliness FY2009

Black font = Met standard
Red font = Standard not met

Standard	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09
90% of claims paid within 30 days of receipt												
Medicaid only	99.97%	99.73%	99.63%	99.57%	99.54%	99.51%	99.47%	99.92%	98.71%	99.33%	99.92%	99.21%
AAPS funded only	99.97%	99.43%	99.07%	99.86%	99.80%	99.82%	99.97%	99.99%	99.97%	99.89%	99.99%	99.90%
Medicaid/AAPS funded combined	99.97%	99.52%	99.25%	99.78%	99.73%	99.72%	99.83%	99.97%	99.56%	99.71%	99.97%	99.68%
99% of claims paid within 60 days of receipt												
Medicaid only	100%	99.95%	100%	100%	99.93%	99.84%	100%	100%	99.32%	99.89%	99.92%	99.91%
AAPS funded only	100%	100%	99.99%	100%	100%	100%	100%	100%	100%	100%	100%	99.97%
Medicaid/AAPS funded combined	100%	99.98%	99.99%	100%	99.98%	99.95%	100%	100%	99.78%	99.96%	99.98%	99.95%
100% of claims paid within 90 days of receipt												
Medicaid only	100%	99.98%	100%	100%	100%	99.84%	100%	100%	99.34%	100%	99.95%	99.98%
AAPS funded only	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.97%
Medicaid/AAPS funded combined	100%	99.99%	100%	100%	100%	99.95%	100%	100%	99.78%	100%	99.98%	99.97%

Addiction and Prevention Services State Quality Committee

FY2010 Summary (7/1/09-6/30/10)

Claims Timeliness FY2010

Black font = Met standard
Red font = Standard not met

Standard	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10
90% of claims paid within 30 days of receipt												
Medicaid only	99%	99%	100%	100%	99%	99%	99%	100%	98%	98%	100%	98%
AAPS funded only	100%	100%	100%	100%	99%	99%	100%	100%	99%	99%	99%	100%
Medicaid/AAPS funded combined	100%	100%	100%	100%	100%	99%	100%	100%	99%	99%	99%	99%
99% of claims paid within 60 days of receipt												
Medicaid only	100%	99%	100%	100%	100%	100%	100%	100%	99%	100%	100%	99%
AAPS funded only	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicaid/AAPS funded combined	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
100% of claims paid within 90 days of receipt												
Medicaid only	100%	99%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%
AAPS funded only	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicaid/AAPS funded combined	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

*percentages rounded

Denied Claims FY2008

DENIED CLAIMS	PERCENTAGE DENIED
July 2007	14.00 %
August 2007	15.39 %
September 2007	13.27 %
October 2007	19.74 %
November 2007	22.19 %
December 2007	18.18%
January 2008	16.06%
February 2008	5.57%
March 2008	10.21%
April 2008	19.24%
May 2008	20.77%
June 2008	21.50%

Denied Claims FY2009

DENIED CLAIMS	PERCENTAGE DENIED
July 2008	8.61 %
August 2008	13.01 %
September 2008	14.62%
October 2008	14.36 %
November 2008	18.06 %
December 2008	12.61%
January 2009	16.50%
February 2009	11.31%
March 2009	11.30%
April 2009	11.90%
May 2009	10.72%
June 2009	10.56%

**Addiction and Prevention Services
State Quality Committee**

Denied Claims FY2010

DENIED CLAIMS	PERCENTAGE DENIED
July 2009	12.73 %
August 2009	8.92%
September 2009	10.23%
October 2009	19.63 %
November 2009	11.80 %
December 2009	7.33%
January 2010	9.06%
February 2010	6.18%
March 2010	10.14%
April 2010	10.92%
May 2010	9.50%
June 2010	10.47%

Denied Claims FY2011

DENIED CLAIMS	PERCENTAGE DENIED
July 2010	11.90%
August 2010	7.08%
September 2010	9.50%
October 2010	12.92%
November 2010	11.02 %
December 2010	20.33%
January 2011	10.42%
February 2011	9.07%
March 2011	9.96%
April 2011	6.36%
May 2011	8.96%
June 2011	7.25%