

**Addiction and Prevention Services
State Quality Committee**

This report shows the detail of how many claims were processed by ValueOptions each month, the timeframe for processing and the percentage of claims processed that denied.

AGGREGATE ANALYSIS REPORT

Final

Reporting Period

FROM: July 1, 2009

TO: June 30, 2010

***Includes FY2010 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

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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%	96.56%
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%

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

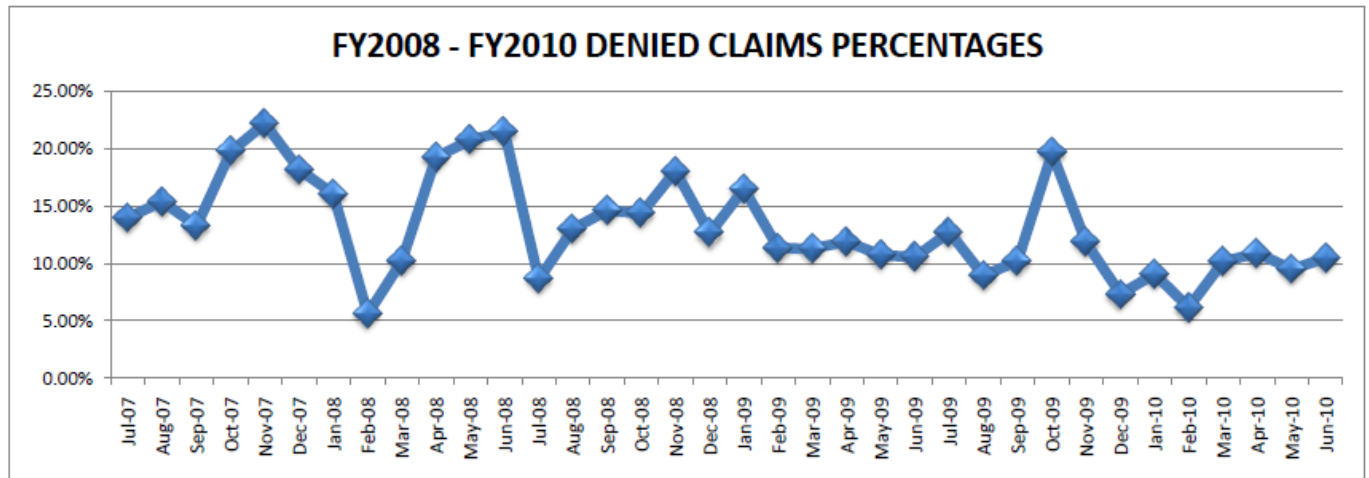
Claims Timeliness FY2010

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

FY2008 - FY2010 Denied Claims Percentages



Conclusions:

FY2010 Claims Timeliness chart (rounded):

- For only two (2) months of FY2010, the standard was unmet for claims paid. For 100% of claims paid within 90 days of receipt in August 2009 and March 2010, Medicaid only was just below standard when rounded. (99%).
- ValueOptions and HP are currently working together to resolve issues related to mismatched provider Medicaid identification numbers impacting Group 2 claims payments.

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FY2008 - FY2010 Claims Timeliness:

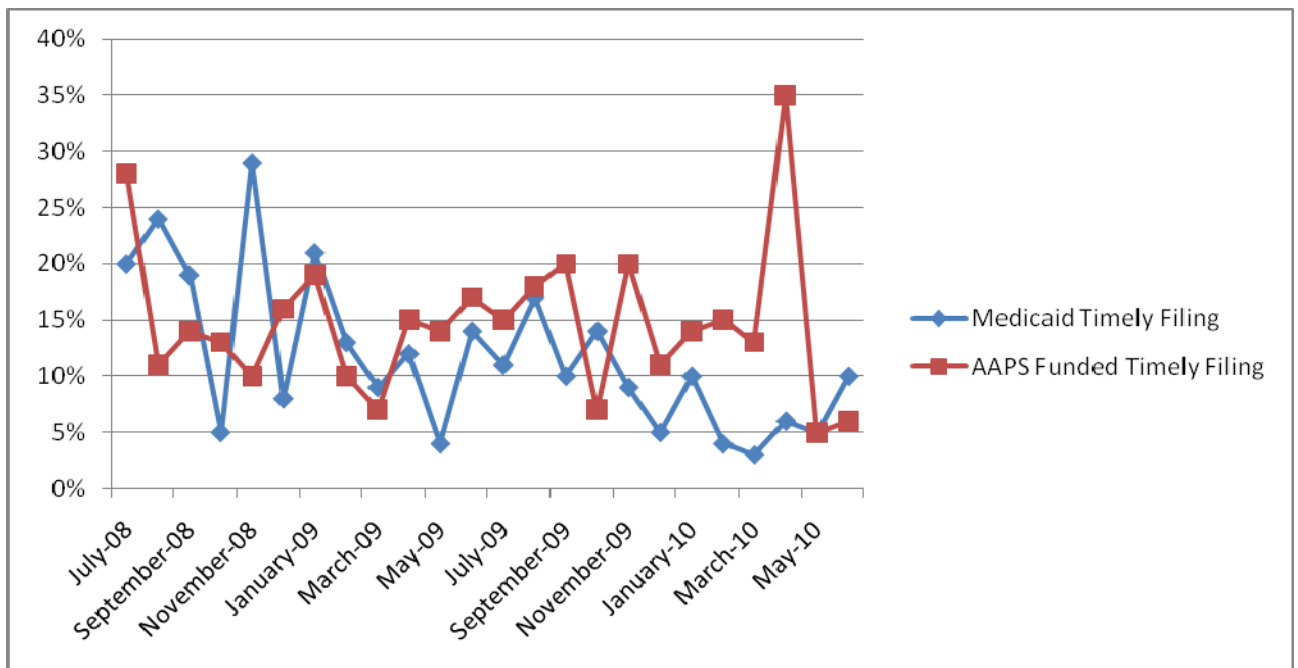
- When comparing Fiscal Year 2008, FY2009 and FY2010 Claims Timeliness, improvement is shown in all categories (claims paid within 30, 60, and 90 days of receipt).

FY2008 - FY2010 Denied Claims Percentages chart:

- Percentages continue to appear to be leveling out and decreasing over time as illustrated above. However, there was a spike in Q2 FY2010.

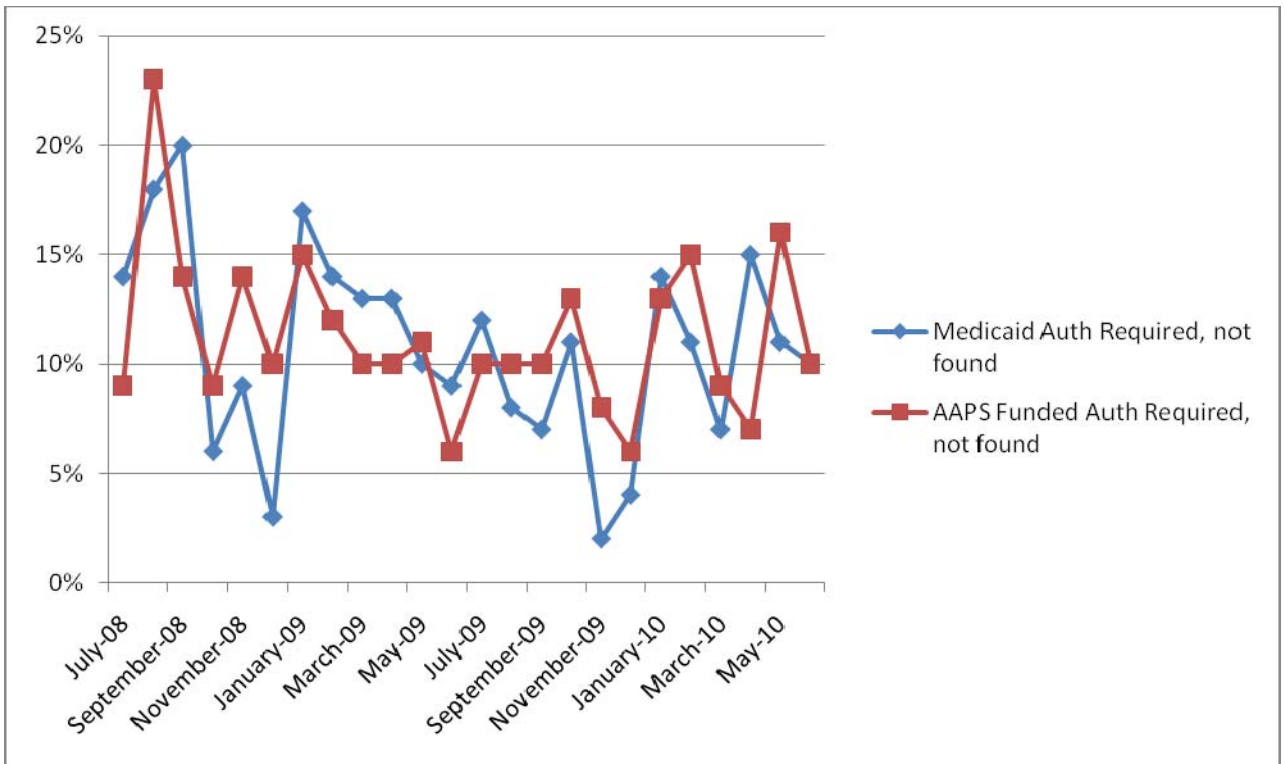
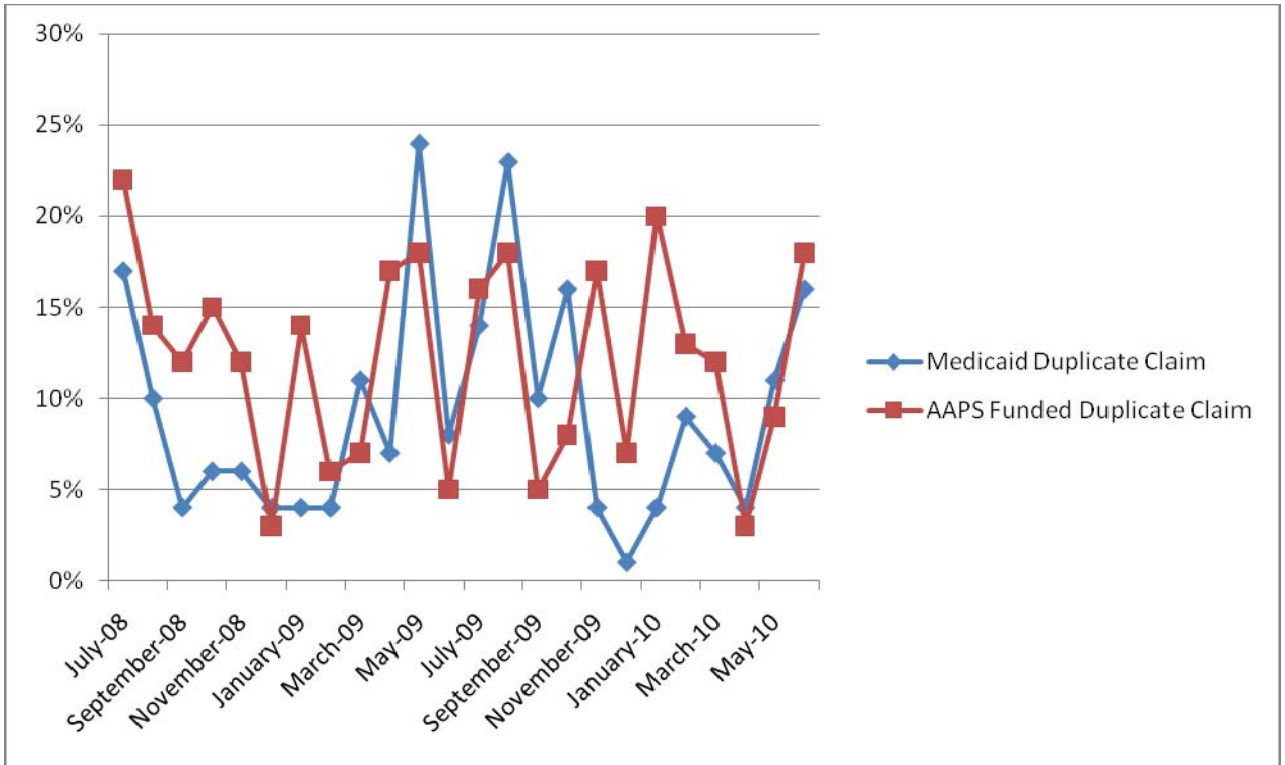
FY2010 Denial Reasons:

- Top denial reasons varied through FY2010. Timely Filing, Duplicate Claim, and Auth Required, not found continue as top denial reasons. After data review, due to some interesting trends emerging including with the Other Health Insurance category, trending graphs were created and shown below. A table with detailed data is shown at the end of this aggregate. Please note that Other Health Insurance is also trended, but data was not always provided each month as this category may not have met criteria as a top denial reason.

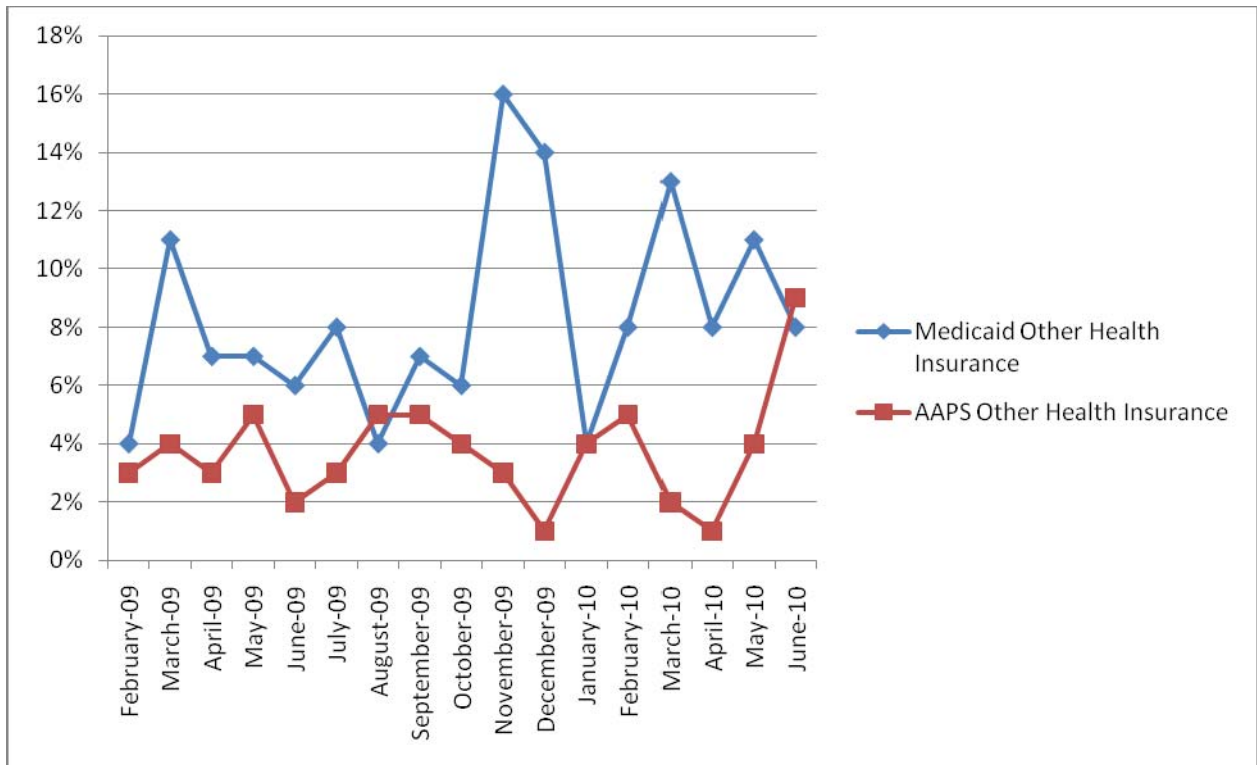


- After review of the Timely Filing graph above, VO noted that the spike in timely filing denials for AAPS is because April is usually the cut-off date for when VO sets the capitation payments for the next year, and July is when VO asks providers to get all of their claims in that are supposed to count for the previous fiscal year.

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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: 11/4/2010

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: 2/10/2011

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ATTACHMENT A: DATA

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%

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%

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June 2010	10.47%
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	Medicaid Timely Filing	Medicaid Duplicate Claim	Medicaid Auth Required, not found	Medicaid Other Health Insurance	AAPS Funded Timely Filing	AAPS Funded Duplicate Claim	AAPS Funded Auth Required, not found	AAPS Other Health Insurance
Jul-08	20%	17%	14%		28%	22%	9%	
Aug-08	24%	10%	18%	8%	11%	14%	23%	1%
Sep-08	19%	4%	20%		14%	12%	14%	
Oct-08	5%	6%	6%		13%	15%	9%	
Nov-08	29%	6%	9%		10%	12%	14%	
Dec-08	8%	4%	3%	5%	16%	3%	10%	2%
Jan-09	21%	4%	17%		19%	14%	15%	
Feb-09	13%	4%	14%	4%	10%	6%	12%	3%
Mar-09	9%	11%	13%	11%	7%	7%	10%	4%
Apr-09	12%	7%	13%	7%	15%	17%	10%	3%
May-09	4%	24%	10%	7%	14%	18%	11%	5%
Jun-09	14%	8%	9%	6%	17%	5%	6%	2%
Jul-09	11%	14%	12%	8%	15%	16%	10%	3%
Aug-09	17%	23%	8%	4%	18%	18%	10%	5%
Sep-09	10%	10%	7%	7%	20%	5%	10%	5%
Oct-09	14%	16%	11%	6%	7%	8%	13%	4%
Nov-09	9%	4%	2%	16%	20%	17%	8%	3%
Dec-09	5%	1%	4%	14%	11%	7%	6%	1%

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Jan-10	10%	4%	14%	4%	14%	20%	13%	4%
	Medicaid Timely Filing	Medicaid Duplicate Claim	Medicaid Auth Required, not found	Medicaid Other Health Insurance	AAPS Funded Timely Filing	AAPS Funded Duplicate Claim	AAPS Funded Auth Required, not found	AAPS Other Health Insurance
Feb-10	4%	9%	11%	8%	15%	13%	15%	5%
Mar-10	3%	7%	7%	13%	13%	12%	9%	2%
Apr-10	6%	4%	15%	8%	35%	3%	7%	1%
May-10	5%	11%	11%	11%	5%	9%	16%	4%
Jun-10	10%	16%	10%	8%	6%	18%	10%	9%