

**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, 2008 TO: June 30, 2009**  
**Annual summary for FY2009**

**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.

**Results: See Next Page**

**Addiction and Prevention Services  
State Quality Committee**

**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
<b>90% of claims paid within 30 days of receipt</b>												
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%
<b>99% of claims paid within 60 days of receipt</b>												
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%
<b>100% of claims paid within 90 days of receipt</b>												
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%

**Denied Claims FY2008**

<b>DENIED CLAIMS</b>	<b>PERCENTAGE DENIED</b>
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%

**Addiction and Prevention Services  
State Quality Committee**

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

**Claims Timeliness FY2009**

Black font = Met standard  
Red font = Standard not met

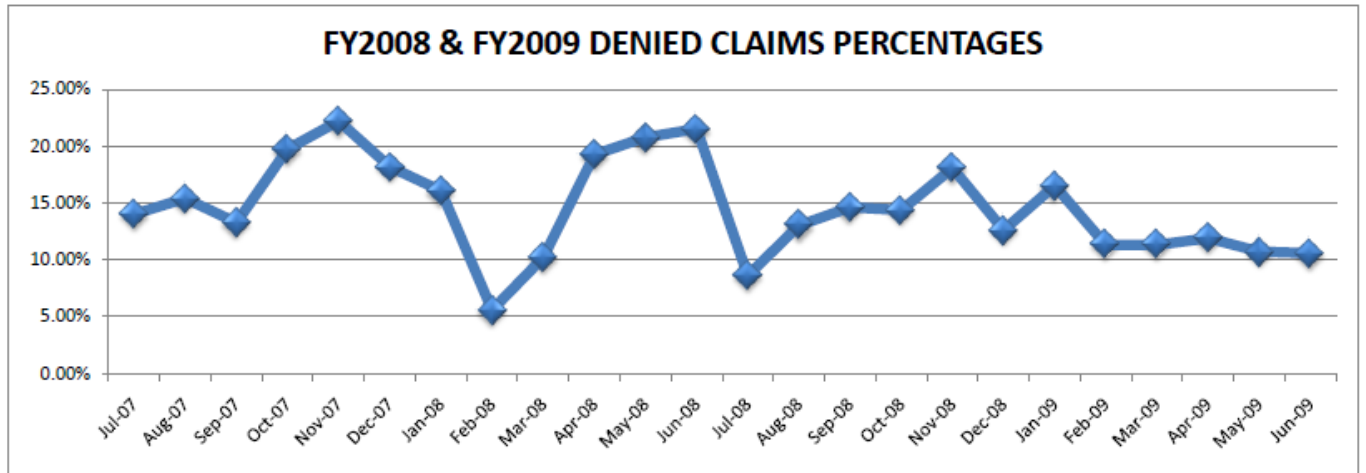
Standard	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09
<b>90% of claims paid within 30 days of receipt</b>												
Medicaid only	99.97%	99.73%	99.63%	99.57%	99.54%	99.51%	99.47%	99.92%	98.71%	99.33%	99.92%	99.21%
AAPS funded only	99.97%	99.43%	99.07%	99.86%	99.80%	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%
<b>99% of claims paid within 60 days of receipt</b>												
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%
<b>100% of claims paid within 90 days of receipt</b>												
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%

**Denied Claims FY2009**

<b>DENIED CLAIMS</b>	<b>PERCENTAGE DENIED</b>
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**

**FY2008 & FY2009 Denied Claims Percentages**



**Conclusions:**

**FY2009 Claims Timeliness chart (rounded):**

- Only one (1) month the standard was unmet for claims paid. For 100% of claims paid within 90 days of receipt in March 2009, Medicaid only was just below standard when rounded. (March 2009 = 99.34%).
- It was noted in a previous State Quality Committee meeting and is still applicable that Medicaid data being out of compliance is related to Group II (spend-down) claims. Many group II Medicaid members are spend-down members meaning they have fiscal responsibility up to a point for medical expenses before Medicaid will start paying. VOKS has been unable at times to adjudicate the portion of these claims denied by EDS as they do not always receive this information from EDS timely. Providers who are in a credit balance because of recoupment/reprocessing may also show up as having claims paid outside of the 90 day requirement. This is due to the definition of a paid claim.

**FY2009 Claims Timeliness chart (unrounded):**

- 90% of claims paid within 30 days of receipt met standard every month of FY2009.
- 99% of claims paid within 60 days of receipt met standard every month of FY2009.
- 100% of claims paid within 90 days of receipt:
  - Medicaid met standard seven (7) months of FY2009
  - AAPS funded met standard eleven (11) months of FY2009
  - Medicaid & AAPS funded combined met standard seven (7) months of FY2009. The other five (5) months were just below standard at approximately 99%.

**FY2008 & FY2009 Claims Timeliness:**

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

**FY2008 & FY2009 Denied Claims Percentages chart:**

**Addiction and Prevention Services  
State Quality Committee**

- Percentages appear to be leveling out and decreasing over time as illustrated above.

**FY2009 Denial Reasons:**

- Top denial reasons varied through FY2009. However, after review, three stood out consistently from month-to-month as a top denial reason. A table is shown below to illustrate:

		<b>Medicaid Timely Filing</b>	<b>Medicaid Duplicate Claim</b>	<b>Medicaid Auth Required, not found</b>	<b>AAPS Funded Timely Filing</b>	<b>AAPS Funded Duplicate Claim</b>	<b>AAPS Funded Auth Required, not found</b>
Jul-08		20%	17%	14%	28%	22%	9%
Aug-08		24%	10%	18%	11%	14%	23%
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%	16%	3%	10%
Jan-09		21%	4%	17%	19%	14%	15%
Feb-09		13%	4%	14%	10%	6%	12%
Mar-09		9%	11%	13%	7%	7%	10%
Apr-09		12%	7%	13%	15%	17%	10%
May-09		4%	24%	10%	14%	18%	11%
Jun-09		14%	8%	9%	17%	5%	6%

**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 shared at the Regional QI meeting and posted on the ValueOptions website for public access.

**Date Presented to SQC:** 11/5/2009

**BY:** Kim Brown

**Recommendations from the Committee for action:** Committee concurs with QI recommendations made.

**Person Responsible to follow-up and date due:** Kim Brown Due: 2/4/2010