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| cid:image001.png@01D2AEB5.7C13C630  **Monthly MCE Technical Meeting** | | | |
| Meeting Details | | | |
| Meeting Name: | Monthly MCE Technical Meeting | | |
| Leader/Facilitator: | | Rebecca Siewert | |
| Location, Date and Time: | Monday, September 17, 2018  2 to 3 PM; IGCS Conference Room 18 | | |
| Scribe: | Holly Walpole | | |

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| **Attendees** | | | | | |
| **MCEs** |  | **State** |  | **DXC** |  |
| **Anthem** |  | Vickie Trout |  | Tom Boucher |  |
| Ferdinand Cajigal |  | Sue Beecher |  | Karen Grays |  |
| Trang Cooley |  | Nonis Spinner |  | Kathleen Karnes |  |
| Tuan Nguyen |  |  |  | Stephanie Cari |  |
| **MDwise** |  |  |  | Jerry Heady |  |
| Jason Fricke |  |  |  | Indea McCombs |  |
| Laura Hertel |  |  |  | Holly Walpole |  |
|  |  |  |  | Max Abamov |  |
| **MHS** |  |  |  | Angela Magee |  |
| Shannon Sluhan |  |  |  | Rebecca Young |  |
| Jeff Dill |  |  |  | Rebecca Siewert |  |
|  |  |  |  | Beth Linginfelter |  |
| **CareSource** |  |  |  | Ginger Brophy |  |
| Rachel Angrignon |  |  |  | Erin Fields |  |
| Trish Kappes |  |  |  | Sharon Ricketts |  |
|  |  |  |  | Rubi Multani |  |
|  |  |  |  | Karen Collins |  |
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| **Agenda Items** | | | | | | | | | | | | |
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| Item | | Topic | | | | | | Facilitator | | Notes (conclusions, discussions, decisions, and next steps) | | |
| 1 | | Open Meeting | | | | | | Rebecca Siewert/Vickie Trout/Sue Beecher | | * Reminder: Agenda items are due the Monday prior to each technical meeting | | |
| 2 | | TMA Members | | | | | | Nonis Spinner | | * Nonis discussed the new report the plans will receive from DXC before Adverse Action day in October. Will identify claims data in AIM for new members. Anthem questioned about data from MCE to MCE, they will get SSA to MCE. The member letter if basic there will be no action, if plus they need to start paying at 6 months. | | |
| 3 | | **Top Ten Denials** | | | | | | Stephanie Cari | | * Delivered MCE-specific reports to the MCEs on 9/5 * 4013 and 1010 are #1 and #2 for HHW HCFAs, same as last month; both have been previously featured * For August, 5001 is #1 for HHW UBs * 4013 is still #1 for HCC HCFAs * For August, 5001 is #2 for HCC HCFAs * 0512, past filing limit, moved to the #1 spot for HCC UBs in August * HCFA: 4013 and 1010 (35% and 15% of the top 10, respectively) are most troublesome for HCFAs; both of which have previously been featured in this meeting * HCFA: 5001 also accounts for 15%, down a bit from the June spike of 23%, but still high overall * UB: 0512 shot up beginning in July and accounts for 20% of the top ten in August * UB: 5001 remains rather high from June’s initial spike, at 17%, and is our feature EOB this month * Increased over the past few months: 5001 THIS IS A DUPLICATE OF ANOTHER CLAIM * Error status code associated with EOB 5001 is ‘5001’, with no other cross-references * Criteria differs slightly, per claim type, and the Resolution guide describes each in detail. * For example: on dental claims, the system first looks to be sure that the submitted procedure is not excluded from the duplicate auditing. * For long term care claims, the audit only looks at *different* claims, excluding other details on the *same* claim. * Workflow charts for error status code 5001 were distributed to the MCEs in June * The Related History panel in Core provides a cross-reference to the claim considered as a duplicate of the claim triggering the error * Outpatient duplicate criteria:   + Member number   + Billing provider number   + First date of service on the detail   + Revenue code   + Procedure code   + NDC code (where applicable)   + All 4 modifiers match or are spaces * The related history panel in CORE indicated the claim being considered as a duplicate to the current claim that triggered 5001. | | |
| 4 | | **Defect 14680/CR57917-Add MCE claim ID to the 999 and 277U transactions** | | | | | | Rebecca Young | | * CR57917: Managed Flushed Claims: Current process will allow claims with "bad" data; to flow to Finance. Finance will flush these claims. The Claims remain in AIM00 region and continually print on the Flushed Claims report. We need to manage the flushed claims to be moved to history and not report on the Flushed Claim reporting. Claims and Finance Team have been researching. Will need to determine how long to report flushed claims before moving to history. * Creates a flag for denied 277U claims resulting from billing provider and MCE edits to ensure the claim bypasses the financial cycle * Creates a new process to execute on the Friday prior to the financial cycle for the purpose of historying off denied 277U claims marked with the financial bypass flag. * Displays on the claim information panel showing the 277U reported status. * DXC will notify Optum Enterprise Data Warehouse (EDW) of the new 277U denied claim bypass flag and its purpose. * Will set denied 277U claim financial date from the default 1900 to the data the claim is historied off * Will run a batch file to flag and process current 277U claims * Display the bypass flag claim information panel showing the 277U reported status. * A bypass flag will be set to “Y” for denied 277U claims and will appear on the Claim Information panel | | |
| 4 | | **Roundtable** | | | | | | Anthem  CareSource  MDwise  MHS | | * Anthem asked about re-submit a denied claim as a re-submit or a new claim. If an original claim, it will not be paid, it will show as a denial. * MHS had a question on the detail line on a claim and there is not a provider change. Can’t apply ARC codes. Milliman must see it as a paid claim (0532) * MHS questioned the 4013, it is not covered by dates of service * MHS brought up the missing ethnicity code in relation to NCQA data, CR is being created to reactivate. | | |
| **Action Items** | | | | | | | | | | | | |
| Item | | | Assigned To: | | Due Date | | | | Description | | Status | |
|  | | | R Siewert |  | | | * Send out the\_\_\_ and attachments. | | | | |  | | |
|  | | | K. Karnes |  | | | * Duplicate issues, working on voids | | | |  | |
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| **Materials and Handouts** | | | | | | | | | | | | | |
| Item | Owner | | | | | Description/Location | | | | | | | |
| 1 | Stephanie Cari | | | | | Top Ten Denial Packet | | | | | | | |
| 2 | PMO | | | | | CR Release Report | | | | | | | |
| 3 | Rebecca Young | | | | | Claims Processing Flow Chart | | | | | | | |