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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, October 16, 2018  2 to 3 PM; IGCS Conference Room 18 | | |
| Scribe: | Holly Walpole | | |

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| **Attendees** | | | | | |
| **MCEs** |  | **State** |  | **DXC** |  |
| **Anthem** |  | Sue Beecher |  | Tom Boucher |  |
| Gretchen Atkins |  | Sam Walton |  | Karen Grays |  |
| Jean Caster |  | Vickie Trout |  | Kathleen Karnes |  |
| Ferdinand Cajigal, |  | Nonis Spinner |  | Stephanie Cari |  |
| Trang Cooley |  | **Optum** |  | Jerry Heady |  |
| Ron Stoughton |  | Steve Neuerman |  | Indea McCombs |  |
| Steve Egan |  | Harsha Jasti |  | Holly Walpole |  |
|  |  |  |  | Maks Abamov |  |
|  |  |  |  | Angela Magee |  |
| **MDwise** |  |  |  | Rebecca Young |  |
| Michelle Okeson |  |  |  | Rebecca Siewert |  |
| Raeann Brown |  |  |  | Ginger Brophy |  |
| Tracy Silvers |  |  |  | Erin Fields |  |
|  |  |  |  | Sharon Ricketts |  |
|  |  |  |  | Rubi Multani |  |
| **MHS** |  |  |  |  |  |
|  |  |  |  |  |  |
| Paul Hoskins |  |  |  |  |  |
| Jeff Dill |  |  |  |  |  |
| Taylor Scott |  |  |  |  |  |
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| **CareSource** |  |  |  |  |  |
| Holly Ross |  |  |  |  |  |

| **Agenda Items** | | | | | | | | | | | | | |
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| Item | | Topic | | | | | | Facilitator | | | Notes (conclusions, discussions, decisions, and next steps) | | |
| 1 | | Open Meeting | | | | | | Rebecca Siewert/Vickie Trout | | | * Reminder: Agenda items are due the Monday prior to each technical meeting * Please contact your 1:1 business contacts instead of our system engineers. We will ensure the right individuals are engaged. * Ms. Trout requested that the MCEs review if there is an increase in volume on change 834 s related to address changes. Please report any increase in volume related to these changes to Vickie Trout. | | |
| 2 | | **Reporting** | | | | | | Chris Maxey/FSSA  Steve Neuerman/Optum  Harsha/Optum | | | * The Plan Transfer Accum Report indicates all members transferred to another MCE the prior month; October report will have all transfers completed in September. * The Summary tab of the report indicates the transfer from an MCE or program (to and from MCE) and newly enrolled category and directly to MCE. For example, the Summary tab for Anthem to Anthem is 0, etc. still need to look within system for HIP to HCC or HHW to HCC not account for those in this report (between programs) only between MCEs. It does not include brand new members, except FFS to MCE. * For example, brand new member in HHW are not in there. If a member is in FFS member for say 14 days then the member goes to an MCE you will see that in a FFS to MCE. * The plan to include new members as well, will place that in a separate tab (this will be new member if claims from FFS). * Detail for all the members will include: Member ID, first and last names, plan ID from and plan ID to, and associate benefit period (span with from MCE), assignment effective and end dates, transfer out dates within that month, and claims dollars. Only going to see who came to your MCE. * Please keep in mind encounter claims will need to be in system. A decision was made to go back for 1 year for date of service. For example, a member going from Anthem to MHS on September 1st, then the member would show up on report for October 15th, than a look back will occur for 12 months from Sept 2018 for the claims of EDW received. * The main question that the report attempts to answer is: What does a care coordinator need to know on services for members? It is not a comprehensive report for everything, but what does care coordination need to know on a member. This is to give information on members. * Another tab in the report is the newly enrolled to Medicaid and managed care. It contains the same data elements, but brand new to Medicaid and brand new to managed care. Claim activity will be 0 unless the member was with some program within the past 12 months. * File name tab generated on the 15th of every month, and to SFTP sites on 15th of every month. The report name and location will be sent in the e-mail. The retention on the site is 15 days. Historical file back to the state fiscal year. * Timeline is UAT, scheduled for PROD end of this month to send to MCEs. * Optum needs point of contacts for the report so that they can send notification. Timeline scheduled 1 week for MCE feedback, they will need the contacts (testers at Optum) from Steve N. * Optum will do a sub-folder inside the main folder. | | |
| 3 | | **Top Ten Denials** | | | | | | Stephanie Cari | | | * DXC is currently working on a project that will modify the data retrieval process for the Top Ten reporting. When this change is applied to Production, MCEs will notice the following modifications: When reviewing the Top Ten [EOB] report, it’s currently difficult for the MCE to target the particular reason that DXC’s back-end processing denied a claim because one particular EOB can be cross-referenced to one or several edit/audits or error status codes. To better assist the MCEs in targeting the *specific* reason that a claim denied, we will base the top ten reporting on error status code (edit/audit) rather than EOB; DXC recently implemented a claim system modification where claim detail records now carry an MCE-denied indicator. For Top Ten reporting, we will use this indicator to *exclude* MCE-denied details from the Top Ten reporting process. Only details that the MCE paid and DXC’s back-end processing denied will be reported; Monthly Top Ten totals will include a percentage contribution compared to *all* encounters submitted, rather than a percentage contribution compared to only encounters that posted a denial error. These modifications are currently targeted for implementation at November month-end, and so will be applied for December Top Ten reporting * Delivered MCE-specific reports to the MCEs on 10/1; EOB/Edit 1010 is #1 for HHW HCFAs; 1010 has been previously featured and will be discussed again in today’s meeting; For September, 512 (past filing limit) is #2 for HHW HCFAs and #1 for UBs * 4013 is still high at #2 for HCC HCFAs; 512 (late filing) is #1 this month; For September, 5001 (duplicate) is #1 for HCC UBs; Both 4013 and 5001 have previously been featured * Run chart illustrates 6-month trending for the top 10 HCFA claim type EOB denials; 4013 and 1010 (18% and 19% of the top 10, respectively) are most troublesome for HCFAs; both of which have previously been featured in this meeting; 0512 spiked in September and accounts for 25% for the month * Run chart illustrates 6-month trending for the top 10 UB claim type EOB denials; 0512 shot up beginning in July and accounts for 19% of the top ten in September; 5001, our feature EOB from last month, also remains rather high at 16% * Feature EOB – 1010 RENDERING PROVIDER IS NOT ELIGIBLE MEMBER OF BILLING GROUP: All of the denials with the highest denial rates have previously been featured, or are straightforward with no additional explanation needed (such as ‘late filing’ EOB 0512). If MCEs have a particular denial that they would like to see featured in future Tech meetings, we are happy to do so – just let us know which denial code is causing issues.; EOB/Edit 1010 was featured in the April 2018 Technical Meeting, and we are bringing it up again because it continues to cause problems, as evidenced by the trending and conversations in various other encounter meetings. September’s trending illustrates that 1010 accounted for 17% of all denials; Additional information for EOB/Edit 1010 was shared in the 10/3/2018 Kathy Leonard Encounter Touchpoint mtg. For those not in attendance at the Touchpoint meeting, that information included in the trending chart; To further assist MCEs in resolving EOB/Edit 1010, DXC will be preparing workflow charts, similar to what was previously distributed to MCEs for edit 5001 in June. Workflow charts will be shared as soon as they are complete. * Feature EOB Follow-up Trending – 5001 = THIS IS A DUPLICATE OF ANOTHER CLAIM * Feature EOB Follow-up Trending – 4218 = SERVICE BILLED IS NOT ALLOWED ON THIS CLAIM TYPE * Feature EOB Follow-up Trending – 4095 = NONSURGICAL SRVS NOT REIMBURSED INDIVIDUALLY * Feature EOB Follow-up Trending – 4013 = THIS PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE * Feature EOB Follow-up Trending – 4107 = REVENUE CODE OR TYPE OF CLAIM NOT APPROPRIATE/NOT COVERED FOR TYPE OF SERVICE * Feature EOB Follow-up Trending – 1010 = RENDERING PROVIDER IS NOT ELIGIBLE MEMBER OF BILLING GROUP OR THE GROUP PROV | | |
| 4 | | **CR 57960 HCC Hospice Carve In** | | | | | | Ginger Brophy | | | * + Reviewing the process flow in the Business Design document: An existing HCC member who is approved for hospice, whether services will be rendered in NF vs. in-home or an inpatient facility, will follow different tracks.   + The HCC MCEs should be familiar with the new process regarding getting hospice LOC info to Core. MCE notifies CMCS, CMCS will enter the data from MCEs into CORE.   + If the care is in-home, that is the end of the process and Core will maintain MCE assignment with hospice information.   + If member enters into a NF, then the MCE initiate the pre-admission screening and nursing facility will enter the info in Dept of Aging software (Ascend). With the recent implementation of CR to automate level of care, CORE will get interface file from Ascend and data will get uploaded into CORE system. The critical piece is that the member will stay in HCC with a hospice level of care and NF level of care assignment. For the member to stay in HCC, the MCEs will need to ensure that the hospice information will be entered first, before the NF LOC. If NF LOC is first, then then nightly cycle will disenroll member from the HCC MCE.   + If member is HCC eligible but in wait period at beginning and while they are in FFS, they get NF or Hospice before being assigned, they will not get assigned. The change is only for members already in HCC.   + MCE vendor testing for Hospice/NF encounters is scheduled for early December. | | |
| **Action Items** | | | | | | | | | | | | | |
| Item | | | Assigned To: | | | | Due Date | | | Description | | Status | |
| 1 | | | MCEs |  | | | | | * Ms. Trout requested that the MCEs review if there is an increase in volume on change 834 s related to address changes. Please report any increase in volume related to these changes to Vickie Trout. | | | |  | |
| 2 | | | OMPP |  | | | | | * Charter for MCEs to receive ethnicity data for NCQA Reporting on the 834 | | |  | |
| 3 | | | MCEs and DXC | |  | | | | * DXC will test with MCEs for NF Level of Care Claims scheduled for the first two weeks of December. | | |  | |
| **Materials and Handouts** | | | | | | | | | | | | | | |
| Item | | Owner | | | | | Description/Location | | | | | | | |
| 1 | | Ginger Brophy | | | | | CR 57960: Hoosier Care Connect Hospice Carve In | | | | | | | |
| 2 | | Stephanie Cari | | | | | Top Ten Denial Packet | | | | | | | |
| 3 | | Beth Linginfelter | | | | | Weekly Open CRs Release Report 20181009\_Mods for Mgd Care-Mbr | | | | | | | |