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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, November 19, 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, DXC and Vickie Trout, OMPP | | | * Reminder: Agenda items are due the Wednesday prior to each scheduled Monday technical meeting * Please contact your 1:1 business contacts instead of our system engineers. We will ensure the right individuals are engaged. * Members call DFR for issues, such as, address changes. DFR places the change in the system, changes can also include redetermination or authorization because of these changes there may be an increase in volume noting changes. If we get a change, it will send a change 834 to the Plan (any demographic change sends a change 834 out). MCEs requested to identify if there is an increase in volume to Ms. Trout. | | |
| 2 | | **Fee for Services to Managed Care Transfer Out Reports** | | | | | | Vickie Trout, OMPP and Harsha Jasti, Optum | | | * The Accum report will have all members transferred to another MCE the prior month; October report will have all transfers completed in September * The summary tab transfer will indicate the MCE or program (to and from MCE) and newly enrolled category and directly to MCE. Summary report anthem to anthem is 0, etc. There is a need to still look within system for HIP to HCC or HHW to HCC. It is not accounted for in this report (between programs) only between MCEs. * It does not include brand new members, except FFS to MCE. Brand new member in HHW not in there. FFS members that are FFS for 14 days then the member goes to an MCE you will see that in a FFS to MCE. Planning 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 detail for the members: Member ID, first and last names, MCE ID from and MCE ID to, and associated benefit period (span with from MCE), assignment effective and end dates, transfer out dates within that month, and claims dollars. * You are only going to see who came to your MCE, keep in mind encounter claims will need to be in system. For example, if a member transferred from MHS to Anthem for month and claims for the next 2 months, how far back to look? Decided to go back for 1 year for date of service. Member from Anthem to MHS on September 1st, member would show up on report for October 15th, all transfers and then look back 12 months from Sept 2018 for the claims of EDW received. * The question is: What does care coordinator need to know on services for members? Not a comprehensive report for everything, but what does care coordination need to know on member. This is to give information on members. * Another tab newly enrolled to Medicaid and managed care, same data elements, but brand new to Medicaid and brand new to managed care. Claim activity will be 0 unless with some program within the past 12 months. File name tab generated 15th of every month, to SFTP sites on 15th of every month report name and location will be sent in the e-mail. * How much time will MCE have to retrieve files? The retention on the site is 15 days. Historical file back to the state fiscal year. Timeline is UAT, scheduled for PROD end of the 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 * Will there be a separate set of folder or sub-set? Steve said he could do either, let’s do a sub-folder inside the folder. | | |
| 3 | | **Adjudicate HIP Encounters** | | | | | | Rebecca Young, DXC; Christine Martin, DXC; Kathy Giberson, DXC | | | * DXC gave a brief overview of CR 57422 – HIP, Dental and MCE Fully Denied Encounter Processing. * DXC will begin adjudicating HIP encounter claims. * DXC will begin adjudicating Dental encounter claims. * Mapping was created to report HIP and Dental encounter claims on the 835. * DXC is adding Managed Care Program Type to indicate * Benefit plan rules were updated with HIPMA. * DXC created new ICN region codes for HIP encounter claims. * DXC will begin adjudicating MCE fully denied encounter claims. * Added an MCE Denied Claim Indicator at the Header on HIP, HHW and HCC encounter claims. * Created a header edit 2028 to post on claims that were indicated as MCE fully denied at the header. * Modified medical education payment logic for encounter claims. * The requirement (H7) was removed for transition of graveyard claims to CoreMMIS. DXC will no longer be transitioning the non-adjudicated (graveyard) claims to CoreMMIS as part of this change request. The MCE would need to resubmit claims as new day claims in CoreMMIS and reference the original non-adjudicated (graveyard) ICN in the original ICN field on the claim frequency 1 claim submitted to CoreMMIS. If the MCE wishes to adjust or void an encounter claim in CoreMMIS and submits a claim frequency code of ‘7’ or ‘8’, the original ICN being referenced must be the original CoreMMIS processed ICN. * On MCO Q & A the Encounter Workflow will be published. | | |
| 4 | | **HPE Moving to FFS** | | | | | | Ginger Brophy, DXC | | | * Effective 1/1/19, any new HPE applications will be FFS, and be assigned as such. These members will go to the MCEs as any newly eligible member, the process for that did not change. * MCEs will keep the HPE members that are currently with them, and they will flow through the normal process. * \*\*This is only for new HPE members starting 1/1/19\*\* | | |
| 5 | | **Top Ten Denials** | | | | | | Stephanie Cari | | | * CR59047: 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.   + Status: Implementation has been reprioritized to December month-end, and so will be applied for January 2019 Top Ten reporting * Top 10 EOBs HHW, have been delivered to MCE for their specific reports on 11/5/18; EOB 1010 is #1 for HHW HCFAs, and EOB 4095 is #1 for UBs; Both of these EOBs were previously featured, as well as the EOBs in the #2 positions (4013 and 5001) * Top 10 EOBs HCC - 4013 is #1 for HCC HCFAs, and 4107 is #1 for UBs; These EOBs and the EOBs ranking #2 (4218 and 4013) have previously been featured * EOB Denial Trending – Most Recent 6 Months – HCFA - 4013 and 1010 (20% and 22% of the top 10, respectively) are most troublesome for HCFAs; both of which have previously been featured in this meeting; Last month’s spike in 0512 (late filing) activity has, this month, returned to previous levels; No new EOBs have surfaced, nor noteworthy activity in previously reviewed EOBs, other than already mentioned for 0512 * EOB Denial Trending – Most Recent 6 Months – UB - The upward activity in 0512, that we also saw spike and decrease this month in HCFAs, has similarly decreased for the past 2 months in UBs; Trending illustrates nothing new or otherwise noteworthy * Trending and patterns presented for the past 6 months of Featured EOBs presented at Tech Meetings | | |
| 6 | | **MCE Agenda Items** | | | | | | Beth Linginfelter, DXC; Jerry Heady, DXC; Rebecca Siewert, DXC; Rebecca Young, DXC; MHS; Optum | | | * + Is it possible to receive advanced notification when an 834 or 820 file is much larger than normal?     - MCEs should expect larger files during when ICES runs Adverse Action, Redetermination and Recur Run process as noted on the ICES Event Calendar   + HIP PMP assignments failing for “021” Future segment exists. This is a repeat of the error from last year and is triggered by the 11/30 FE file that end dated current PMP assignments as of 20181231     - Defect: 14892, which is being worked by systems. as of last week it's pending testing * CR# for the Ethnicity Codes for the HHW and HCC 834s.   + - There has been interest in this and it is being discussed. We will keep you posted as to how those discussions turn out.  |  | | --- | | * Encounters:   + HCC voids keep denying with EOB 0432. Voids keep denying with DXC for EOB 0432 INVALID MCO IDENTIFICATION NUMBER-PLEASE VERIFY AND RESUBMIT. Typically we would see this edit occur if the MCE IDs (REF\*LU segment) in the 837 did not match, but we looked through some of these, and the MCE IDS are matching and there are virtually no differences between the two files. | | * + Denied Detail Lines being set to Paid. When a Charged amount and Paid amount are $0 DXC will not accept an ARC and the detail line is adjudicated as paid. | | * + EOB 4013 seem to error off because of a difference in the way MHS and DXC adjudicate claims. “THIS PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE” |  * + 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 | | | | | | | |
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