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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, December 17, 20182 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 |  |  |  | Cindy Dearth |  |
|  |  |  |  | Sharon Ricketts |  |
|  |  |  |  | Rubi Multani |  |
| **MHS** |  |  |  | Joyce Lee |  |
|  |  |  |  |  |  |
| 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 and Sue Beecher, 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.
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| 2 | **Capitation Rates/Adjustments/Power Account 2019** | Tom Boucher, DXC | * Cap rates and adjustments, for HHW and HIP and entered into CORE and will create back to Jan 2017, Dec 2017 are used as interim rates for 2018 until 2018 is received. Report on file exchange and MCEs have access to that information and are sent an e-mail. Jan 2019 POWER account payments will be made as well. Take back the old and pay the new is cap adjustments process. For HHW and HCC, cap recon pull in all programs, may see a few HCC transactions, their look back period has increased.
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| 3 | **Walkthrough of layouts** | EDW | * Data elements – error code data elements in file discussed including description, error action code, error action code description, ISA number (837 file) EOB code and the new codes description what is the difference? There is more information in the new code and more details. New list format was sent in the meeting invite. January 29, 2019 in PROD, a sample ESSR will be sent out the first full week of January, January 8th.
* Pharmacy File contains claim number, claim transaction number, pharmacy sequence ID, claim status, date source. No changes in lay out but the error specific information will be included.
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| 4 | **CR43916 – 5% Cost Share** | Cindy Dearth, DXC | * Implement changes on 12.26, on 27th nightly cycles to produce on family size on 834s for posting on 28th, effective dates will be discussed tomorrow the in a meeting with N Spinner, each member will produce family size on 834 to allow MCEs to calculate cost share amount with the January 2019 quarter.  HIP file with the 2019 benefit periods generate the morning of January 2nd.  Daily runs first then they get the Audit.
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| 5 | **CR59230 – CDEE Pregnancy Processing Modification** | Joyce Lee | * 59230 Modifications that will be made HHW 834s will be adding preg data on HHW 834s reported out, data HIP and HCC will all look the same for preg data in 2750 recurring loop, implement 1.31.19 scheduled. Changes in MOD prior to implementation – may or may impact testing for e2e in January will occur once companion guide is updated and a schedule will be put out for testing of 834s. J Lee is waiting until requirements and BD is approved and goes out to MCEs
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| 6 | **CR58112 – 834 Modifications** | Joyce Lee | * Mod and several new 834 files generated, adding data on 834s on all programs, and repeated in 2750 loop- ethnicity, income (current and future), cap code effective dates, this is new data and creating 2 new 834 files for all 3 programs audit/term and audit/term/change files implemented in March 2019, MCEs need to code their systems appropriately. Requirements and BD approval not to occur until end of Dec or January. It is an audit/term to be created all termed members in the last 35-45 days/audit-term-change changes in particular data in the past 13 months, a look up and re-categorize members since they were with your entity and those change records will be sent as well
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| 7 | **CR58114 – HPE to FFS** | Ginger Brophy | * 30th of December in PROD effective date of 1/1/2019 member applied HPE through web portal will not be assigned to an MCE from that point on FFS until full application gets reviewed and Eligibility comes through, normal ELIG process. Current HPE members, you will keep until normal process through ELIG programs are determined. No change there, no differences. If they get them 1/1/19 HPE, how do they want the MCEs to handle it? We will monitor those members if there is no point in HPE in MC then AI to go in and end date that MC program and DXC will send out a notification that has occurred.
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| 8 | **Missing MCE Assignments** | Beth Linginfelter | * Implemented a fix to defect that CORE created MCE assignment gaps in retro-active eligibility segments, part of a manual work around, if they notice something, please let us know. 14892 defect implemented is a correction to CORE can submit HIP PMP assignments this year, can accept in current segments, even if future segments are on the horizon. If any end dating at end of year, you do need to enter those, start and end dates, if you did so at EOT then you do not need to re-set if you did a re-set with CY then you need to re-set them
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| 9 | **Holiday Processing** | Jerry Heady | * 834s as usual, no state files when state is out, you may have smaller files because of that, no changes in files.  State will not run files, State Holiday calendar when do not run, 24th, 25th and 1st low volume days.
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| 10 | **Encounters** | Rebecca Young | * Encounter Questions MHS Questions, missing responses on voided claims, where are those not seen? Need to confirm information – missing from ESSR, do we need Optum to look at these? Anthem also has the same issue, MCE Summary report large amount of claims when voided, looks like tied to voids, may impact FRT. Harsha will take a look at those, please provide examples to Harsha
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| 11 | **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
		- Status: Testing is in progress for a December month-end implementation
	+ Delivered MCE-specific reports to the MCEs on 12/4
	+ EOB 1010 is #1 for HHW HCFAs, and EOB 4095 is #1 for UBs - the same placements as last month
	+ Moving up this month to the #2 spot for HHW HCFAs is rendering provider-related EOB 1120
	+ 4013 is #1 for HCC HCFAs, and 4095 is #1 for UBs
	+ These EOBs and the EOBs ranking #2 (1010 and 5001) have previously been featured
	+ Moving to #3 spot this month for HCC HCFAs is EOB 1120
	+ Run chart illustrates 6-month trending for the top 10 HCFA claim type EOB denials
	+ 4013 and 1010 (22% and 29% of the top 10, respectively) remain in the #1 and #2 spot for HCFAs
	+ In November, rendering provider-related EOBs 1120 and 0231 increased, contributing 15% and 13% to the top 10 HCFA EOBs
	+ 1120, “The rendering provider NPI or Medicaid ID is invalid” is the feature EOB for this month.
	+ Run chart illustrates 6-month trending for the top 10 UB claim type EOB denials
	+ EOB 4095 (at 26%), and EOB 5001 (at 23%) rank highest for UBs
	+ 4095 in particular has exhibited an upward trend over the six month watch period, and was featured in July 2018
	+ Feature EOB – 1120 THE RENDERING PROVIDER NPI OR MEDICAID ID IS SUBMITTED ON THE CLAIM, BUT IS INVALID OR DOES NOT CROSSWALK/NOT REPORTED TO THE IHCP
		- Billing Group NPI was also submitted as the rendering NPI.
		- Taxonomy submitted for the billing NPI is not on file; taxonomy was required because the submitted NPI cross-walked to multiple service locations. This set ESC 1945 (Multiple service locations for billing provider), which then cascaded to 1120.
	+ Discussed the previous EOB trends
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| 12 | **MCE Roundtable** | MHSMDwiseAnthemCareSource | * Regarding EOB 4171, Steph provided MHS claim detail for research. MHS will work with their vision vendor to correct the billing issue and let DXC know if additional assistance is needed.
* - MCE summary 277U and seeing if they are seeing things on their end, please let S Cari know on these
* Historical HIP claims with incorrect MCE ID, encounter K Leonard meeting, state will not have claims re-submitted, no requirement to do this. MHS requesting this in e-mail confirmation for their conversation with State contacts
* 0435 rejects on HCC void/replacement, SE is researching at DXC and will continue with the examples provided
* 0 Charge with 0 paid, met internally at DXC, TBD the best way to go through the system with an ARC, failing the 999
* 4095 rejects non-surgical services, wanted more info on edit- have you looked at the reso page? Examples can be also provided. DXC will send out to Shannon at MHS
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| **Action Items** |
| Item | Assigned To: | Due Date | Description | Status |
| 1 | DXC |  | * 4095 rejects non-surgical services, wanted more info on edit- have you looked at the reso page? Examples can be also provided. DXC will send out to Shannon at MHS
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| 2 | OMPP |  | * Historical HIP claims with incorrect MCE ID, encounter K Leonard meeting, state will not have claims re-submitted, no requirement to do this. MHS requesting this in e-mail confirmation for their conversation with State contacts
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| 3 | Optum |  | * Encounter Questions MHS Questions, missing responses on voided claims, where are those not seen? Need to confirm information – missing from ESSR, do we need Optum to look at these? Anthem also has the same issue, MCE Summary report large amount of claims when voided, looks like tied to voids, may impact FRT, the pattern is tied to voids. Harsha will take a look at those, please provide examples to Harsha
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| **Materials and Handouts** |
| Item | Owner | Description/Location |
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