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| cid:image001.png@01D2AEB5.7C13C630Monthly MCE Technical Meeting |
| Meeting Details |
| Meeting Name: | Monthly MCE Technical Meeting |
| Leader/Facilitator: | Rebecca Siewert, DXC |
| Location, Date and Time: | Monday, June 17, 20192 PM; Government Center Conference Room 12 |
| Scribe: | Holly Walpole |

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| Attendees |
| MCEs |  | State |  | DXC |  |
| Anthem |  | Jeff Neuman |  | Karen Grays  |  |
| Tracy Silvers |  | Kathy Leonard |  | Tisha Arberry |  |
| Jean Caster |  |  |  | Kathleen Karnes |  |
| Gretchen Atkins  |  | CareSource |  | Stephanie Cari |  |
| Tuan Nguyen |  | Warren Culpepper |  | Jerry Heady |  |
| Trang Cooley |  | Holly Ross |  | Lisa Hogarth |  |
|  |  | Trish Kappes |  | Xenia Hastings |  |
| MDwise |  | Matthew Maloney |  | Rebecca Siewert |  |
| Michelle Okeson |  |   |  | Beth Linginfelter |  |
| Jason Thacker |  | Optum |  | Maks Abamov |  |
|  |  | Harsha Jasti |  | Rebecca Young |  |
| MHS |  | Harini Naga |  | Ginger Brophy  |  |
| Manju Nair |  |  |  | Tom Boucher |  |
| Shannon Sluhan |  |  |  |  |  |
| Jeff Dill |  |  |  |  |  |
| Taylor Fulner |  |  |  |  |  |
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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 | * Contact the MCE 1:1 leads for issues
* Agenda items for this meeting are due the Monday prior to each technical meeting
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| 2 | Top Ten Denials | Rebecca Siewert | * Stephanie Cari sent out May reports on June 3rd.
* Modifications to report by error status code (ESC) rather than explanation of benefit code (EOB) are currently in queue for testing.
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| 3 | **Encounter Adjustments Week Ending 6/14** | **Rebecca Young** | * There is a need to make claim adjustments to encounters due to defect in CORE whereby encounter claims are decrementing PA for FFS claims.
	+ Rebecca Young will provide a list to each MCE of their affected claims
	+ Adjustments need to happen first to reprocess denied FFS claims, 22k encounters and broken apart by MCEs and will be provided to MCEs by R. Young.
	+ MCEs will see this on their 835s, and will be identified with Region Code 73, which indicates DXC completed a mass adjustment
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| 4 | **Revenue Code Group 1035** | **Rebecca Young** | * Updates and list of revenue codes that bypass procedure code in files are being completed.
* DXC is updating the revenue group 1035, which identifies which revenue codes bypass procedure code requirements. The edit for this is set to post and pay for encounter claims. MCEs may see post and pay edits. There is no impact to the plans.
* We wanted to communicate this to the MCES for awareness.
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| 5 | **Project Status**  | **Ginger Brophy** | * Attached to the agenda are the project updates.
* There were no questions and no updates about the projects listed.
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| 6 | **MRO Reporting** | **Harsha Jasti and Harini Naga** | * EDW sends extracts to all MCES on the 15th of every month, extracts not entire claims history.
* There are business rules to handle entire claims history for MCE within that month. These business rules include a rolling (continuous) 5 year claims history, that will include MRO services, regardless of MCE or FFS for the window – go into next month for this change.
* UAT plan will be executed by MCEs
* The plan is for UAT to occur July 2nd to July 10th –Optum discussed with the Health Plans if more time is needed and if they think there will be a delay. If a delay would occur, an adjustment to the timeline would need to be completed by Optum and approved by the State.
* Layout is not changing; only the amount of data will change, no claims history validation only validate what was received, such as, “Did the MCE see an increase in the population? Can the plan confirm the amount of claims received?
* July 10th is fine for MHS; Anthem, CareSource, and MDwise must confirm with their teams.
* Warren Culpepper is CareSource point of contact, Trang Cooley from Anthem is their point of contact, Jason Thacker and Kevin Garrett are points of contact for MDwise, and Manju Nair is the point of contact from MHS.
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| 7 | **Roundtable** **RID Linking** | **Anthem** | If there is a Linked RID work group proposal/established, please include all Health Plans due to downstream impact. |
|  | **MCE assignment changes** | **MDwise** | * CORE was not set up to handle historical data only current and future, which is what was communicated that DXC would receive. In AIM all reseeds were “historical.” When it was discovered that Core couldn’t process these well, an option for current/future reseeds was added in ICES—but the default reseed has always been “historical.” The change we are making now is that the default will be current/future.
* DXC has been working with the State eligibility team to stop the historical reseeds which is causing the MCE assignment changes along with other issues. Most have stopped with increased training. All manual historical reseeds should have stopped as of May 22.

Some of the ICES automated processes trigger historical reseeds and their team will work on those and communicate to DXC when they will occur. All systematic historical reseeds should have stopped as of June 11. * Moving forward the recon process will correct this issue. DFR and ICES can make changes at any point, 6 months old already changing eligibility very difficult and it impacts all issues. An example is when there is a 2017 enrollment, the MCE system wants to bill for an entire year. Historical reseed program when first go live, the thought was to send all eligibility over, past 3 months, not just blank historical reseed.
* ICES and DXC only specific items in the past. Many reasons why it is happening. From an IEDDS perspective, can a new system be causing this? For just RIDs, can you do historical reseeds with incorrect logic, send everything instead of just one time period, conditional reseeds, ensure those are not historical reseeds. IEDDS process not defaulting to historical reseeds, capitation recouped, correct it back through data recon, not doing a recoup and payment. New rate in 2017 a lot of recoup – not an 834 not recent eligibility recoup. Any workgroup or decision point after reviewing needs to be communicated back to the Health Plans
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|  | **0432 Rejects** | **MHS**  | * 0423 rejects question came up in encounter call and Kathy Leonard asked for additional information on volume and how far back it went. This is 103 on issue list. DXC offered to make adjustments, similar to the 2016 claim adjustments for that provider issue. Timely filing limit is a concern. Suppressing timely filing is an option. Per Kathy we want to be careful with pricing, so we need a feel for volume and dollar amount. Milliman is not seeing the latest reiteration. Kathy Leonard asked MHS to provide the number of claims and the dollar amount and Jeff Dill and Shannon took that action item. $ 8.7 million rejected right now per MHS. This will be re-visited in encounter meeting.
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|  | **Capitation** | **MHS** | * Below are three distinct issues with capitation payments that MHS would like addressed. Some of the three items below are being worked on
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|  |  |  | 1. MHS is receiving members on their 834s that fall into two buckets and not receiving payment.
	1. Members in HHW and HCC without valid aid categories for all benefit plans according to the program, members are on the 834 as eligible and they provide these members services but do not receive capitation
	2. Members who are HIP State Basic or HIP State Plus members who have no indicator are not receiving payment, but MHS is providing services. Because the indicator is missing MHS is not receiving capitation
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|  |  |  | 1. MHS second bucket of capitation issue : Nonis Spinner is looking at MA member, losing MA and capitation codes, not extending to postpartum, before MA – we are good, so prior to MA is the issue. The unresolved issue is not the MA, that is resolved, MHS believes that they are still owed them money though from the previous time period when there was no aid category of MA and it was just the PS and PR capitation codes.

If these are all MAGP, postpartum should have been based on aid category and not been an issue. If other categories, then postpartum was not being given due to design flaw in Core (translating “end date” of physical pregnancy sent from ICES to end date of pregnancy coverage in error).  |
|  |  |  | 1. There are issues with 19 year olds who cannot get moved to HIP (some 19 years olds not being moved for a couple of months, 19 and HHW no cap payment for them). The rules in the Eligibility System/s are: For a new applicant who turns 19 in the month for which eligibility is being determined, HIP can be retroactive to the first of the month in which the person turns 19. For an ongoing member who is transitioning from HHW to HIP, the soonest HIP eligibility can start is the month where the member is 19 on the first day of the month.
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| Action Items |
| Item | Assigned To: | Due Date | Description | Status |
| 1 | R. Young |  | Will send lists of affected claims to the plans related to Revenue Code Group 1035. | New |
| 2 | CareSource and Anthem  |  | Need to confirm with their teams before committing to a date for testing. | New |