



Idaho MMIS Update

November 17, 2011

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Deputy Account Manager

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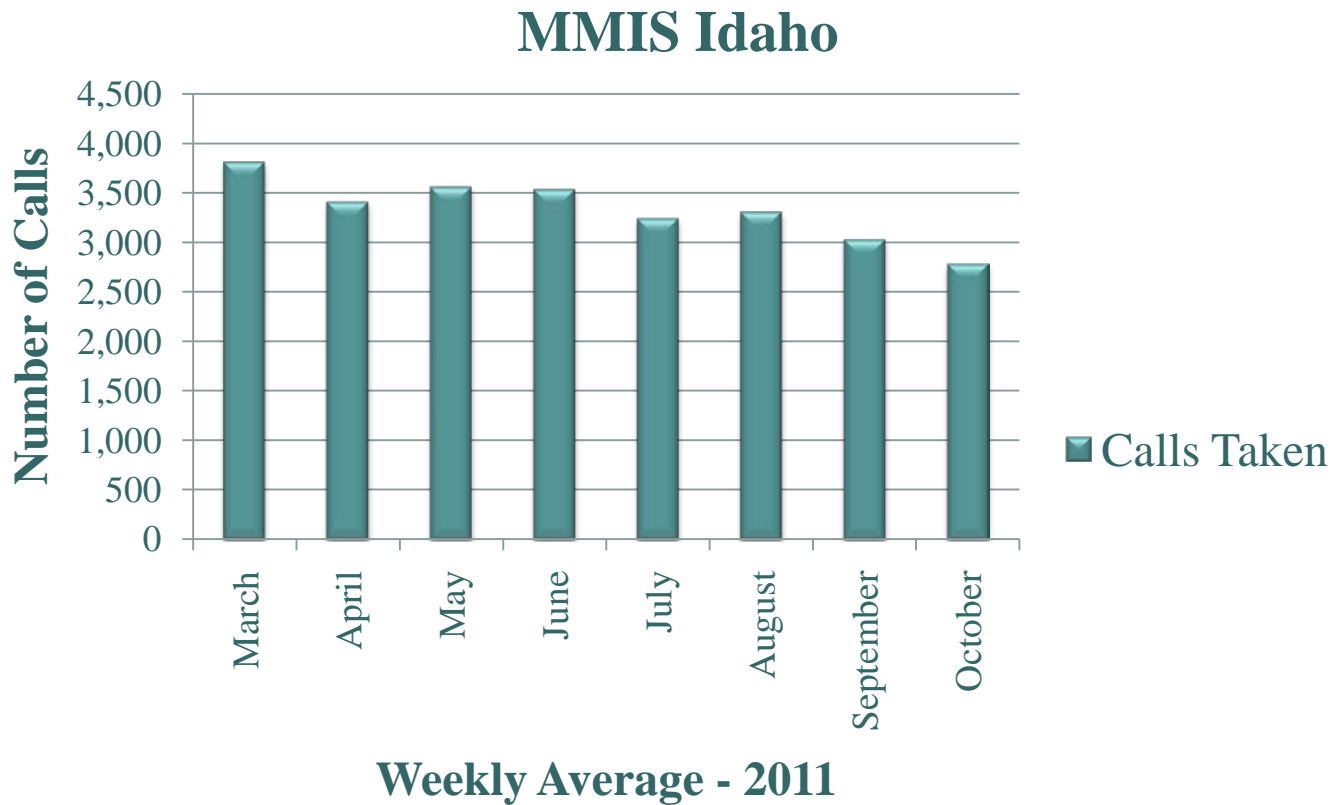
Agenda

- Introductions and Presentation Outline
- Provider Services
- Operations
- System Development
- Questions and Answers

Provider Services

➤ Call Center

➤ Call Volumes are Decreasing

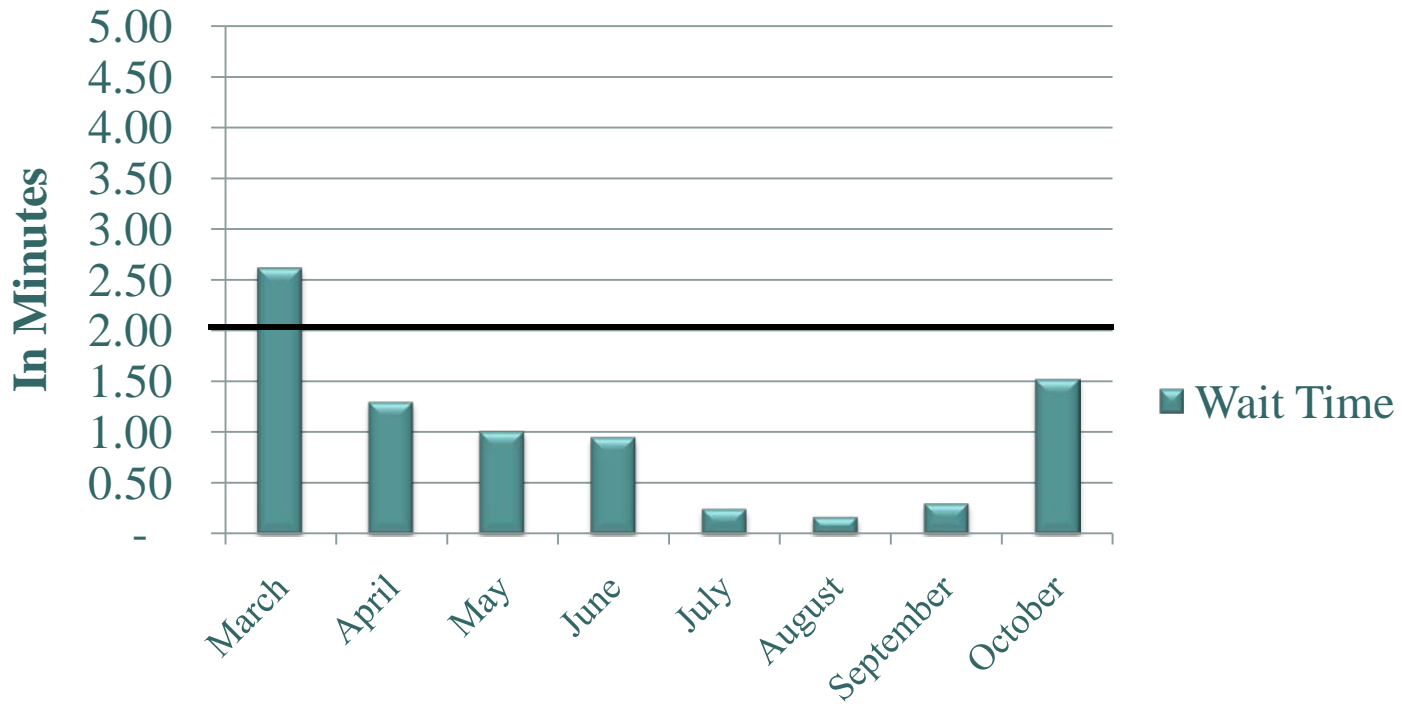


Provider Services

➤ Call Center

➤ Provider and Member Hold Times Improved

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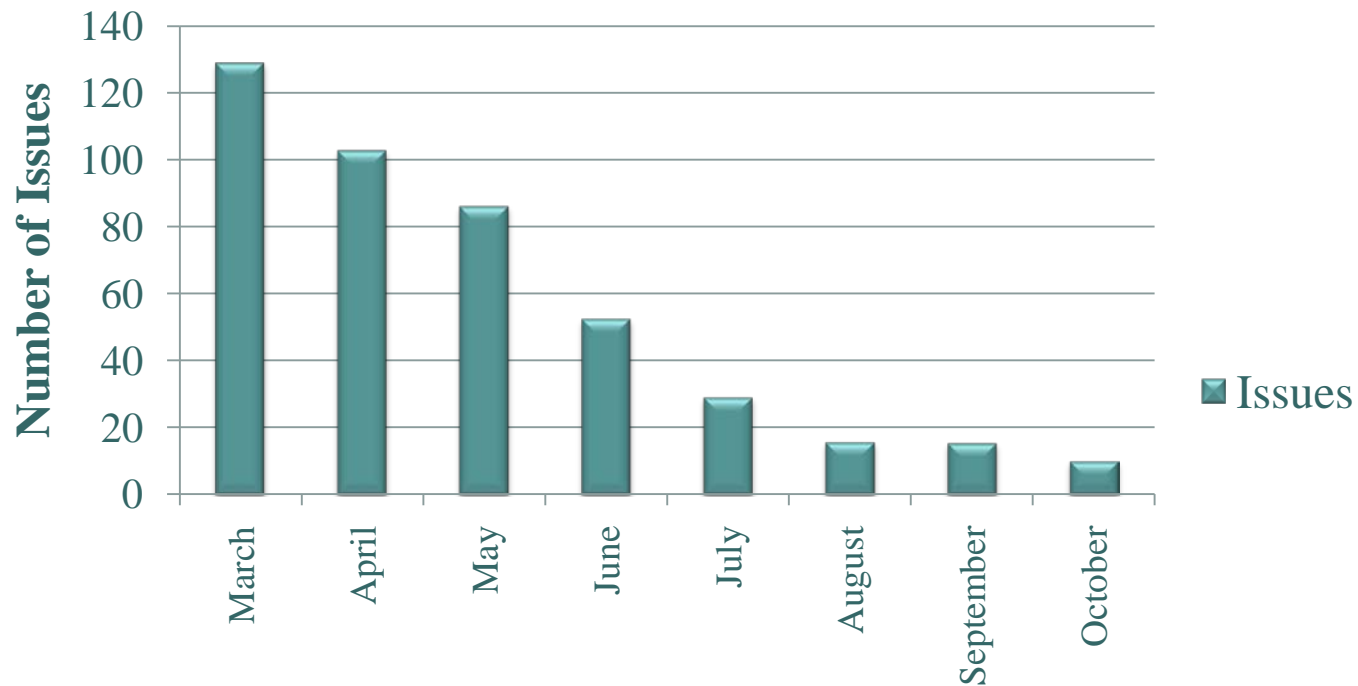
Weekly Average - 2011

Provider Services

Priority Research Team

➤ Escalated or Priority Issues Declining

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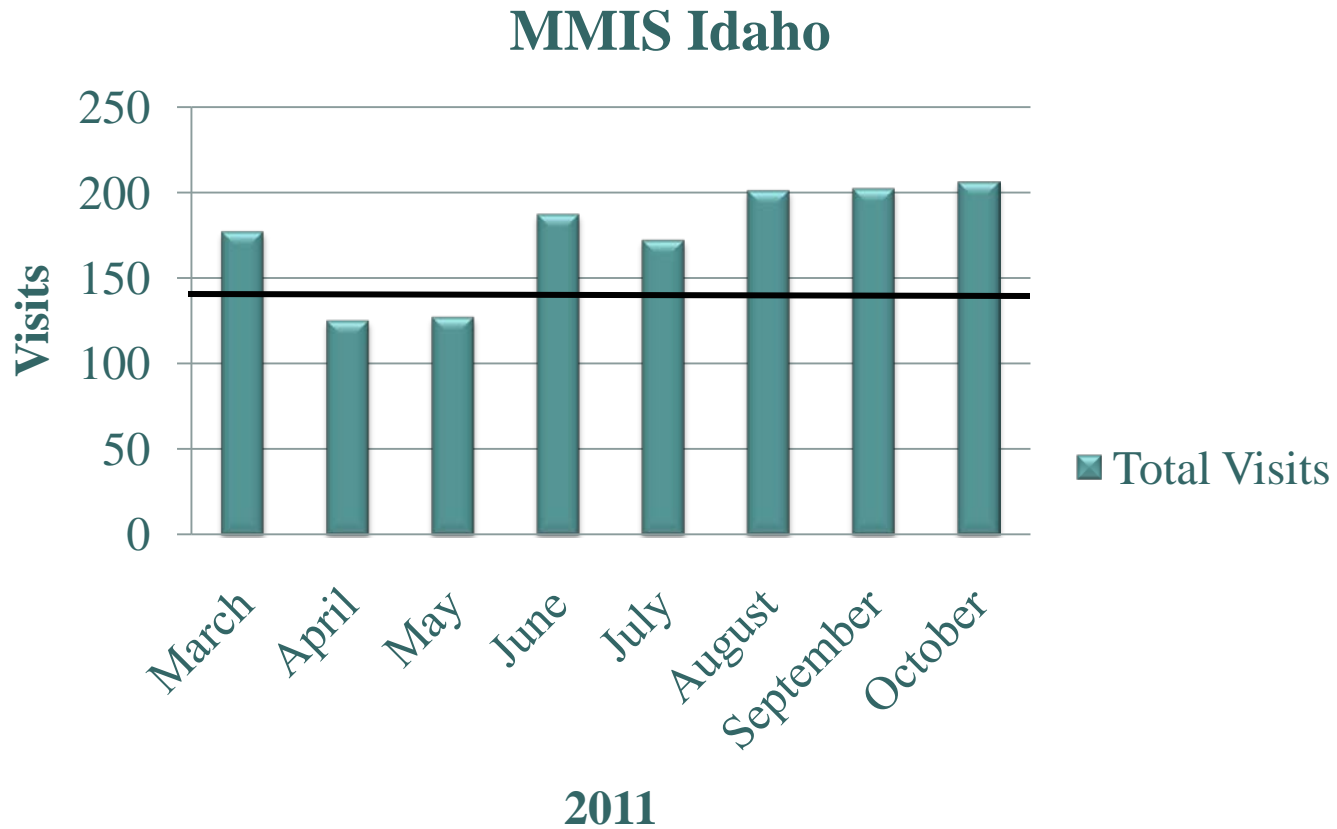


Weekly Average - 2011

Provider Services

Provider Regional Consultant Outreach

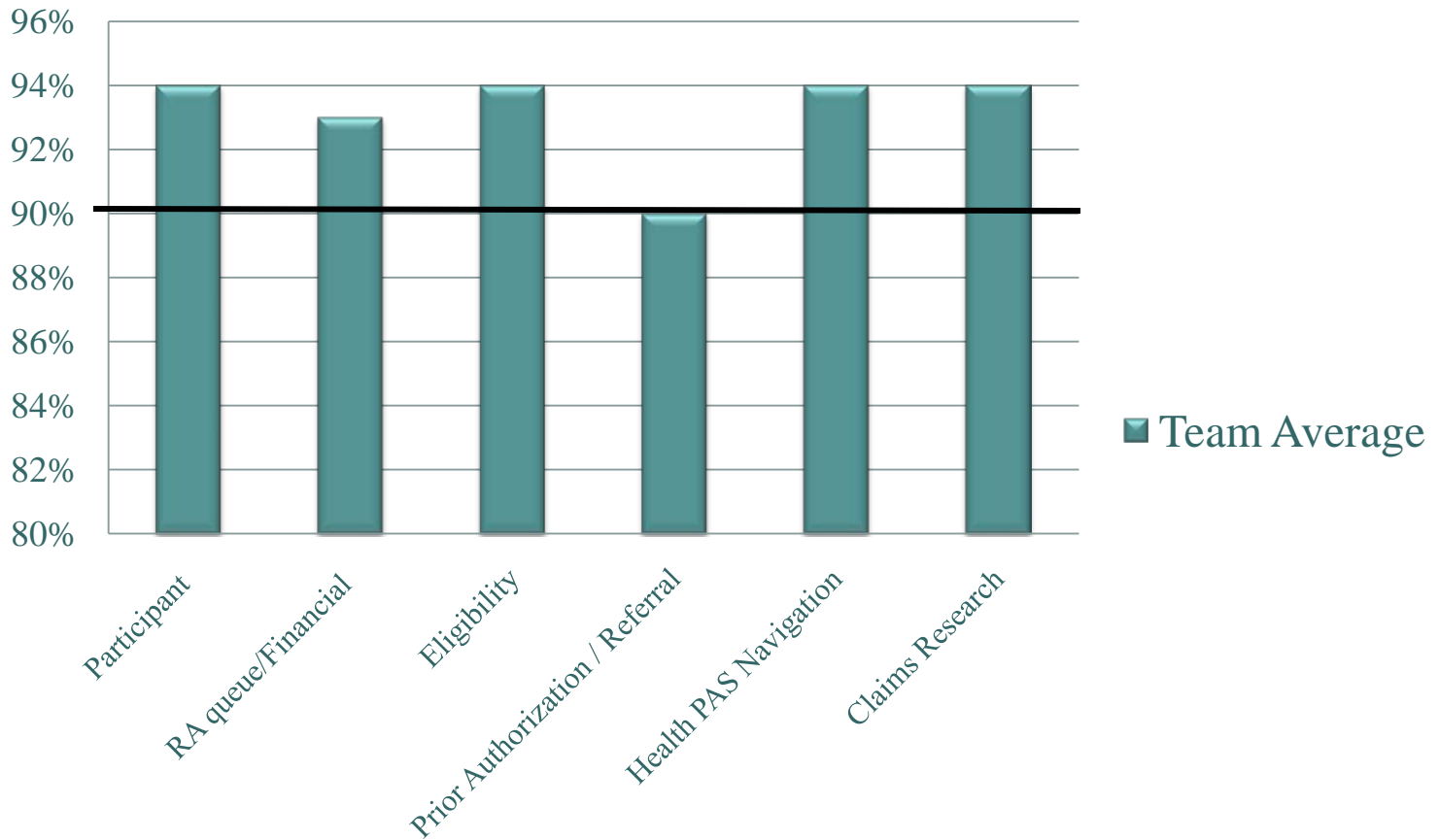
➤ Increased Provider Outreach



Provider Services

Quality Assurance and Training

Call Center Assessments



2011

Operations

- Operations

- Claims: Pay/Pend/Deny Rates
- Payment Turnaround Times from Receipt to Payment
- Quality Assurance Review Types and Results
- Interim Payment Status and Recovery Balance

Operations

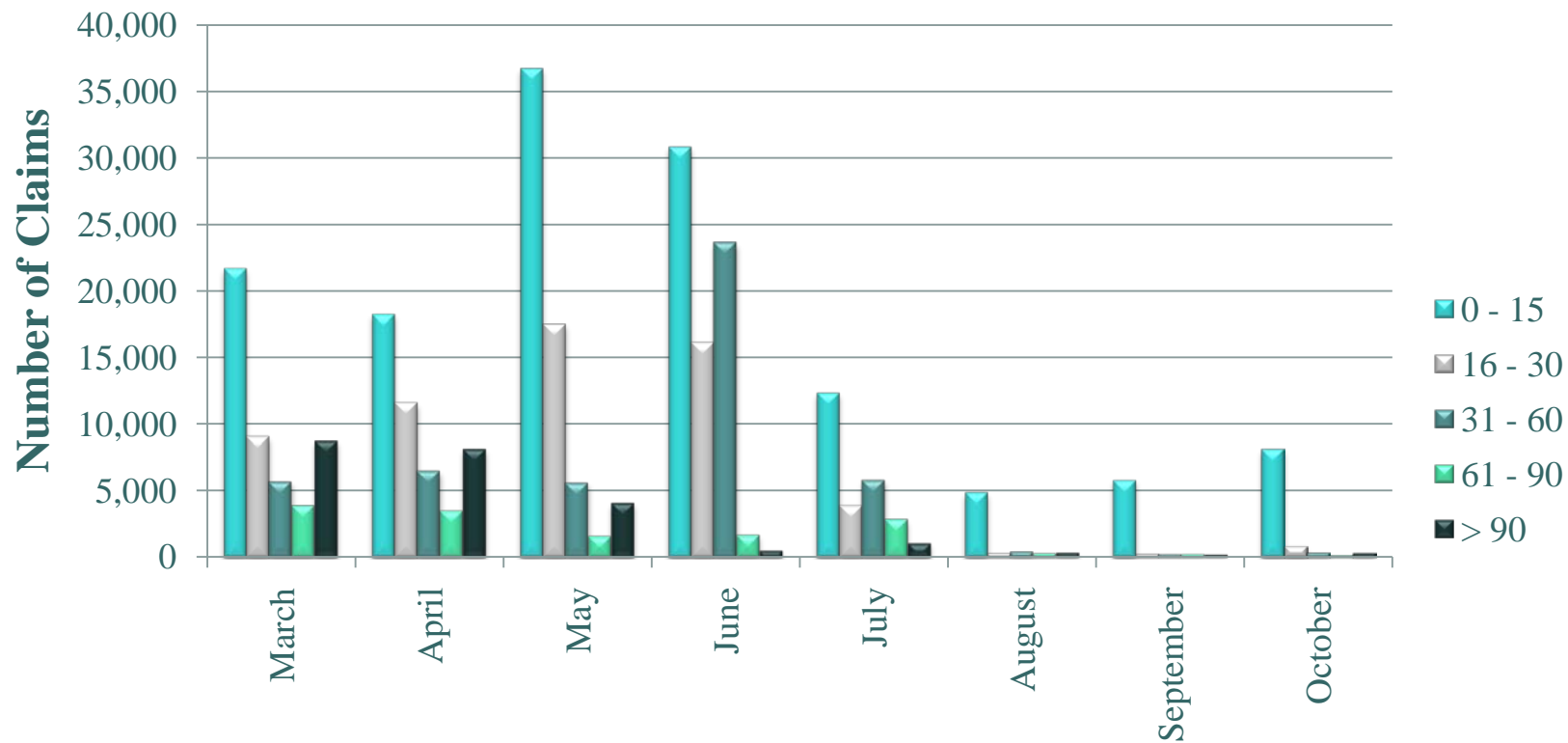
- Increased Payment Rates
- Decreased Pend Rates
- Decreased Denial Rates
- Between 90 and 95% of claims are finalized in less than 7 days from submission

	Jun-10	Dec-10	Jun-11	Oct-11
Paid	51%	42%	73%	86%
Deny	26%	11%	9%	9%
Pend	23%	47%	18%	6%

Operations

- Pend Inventory Reduced
- Age of Pended Claims Reduced

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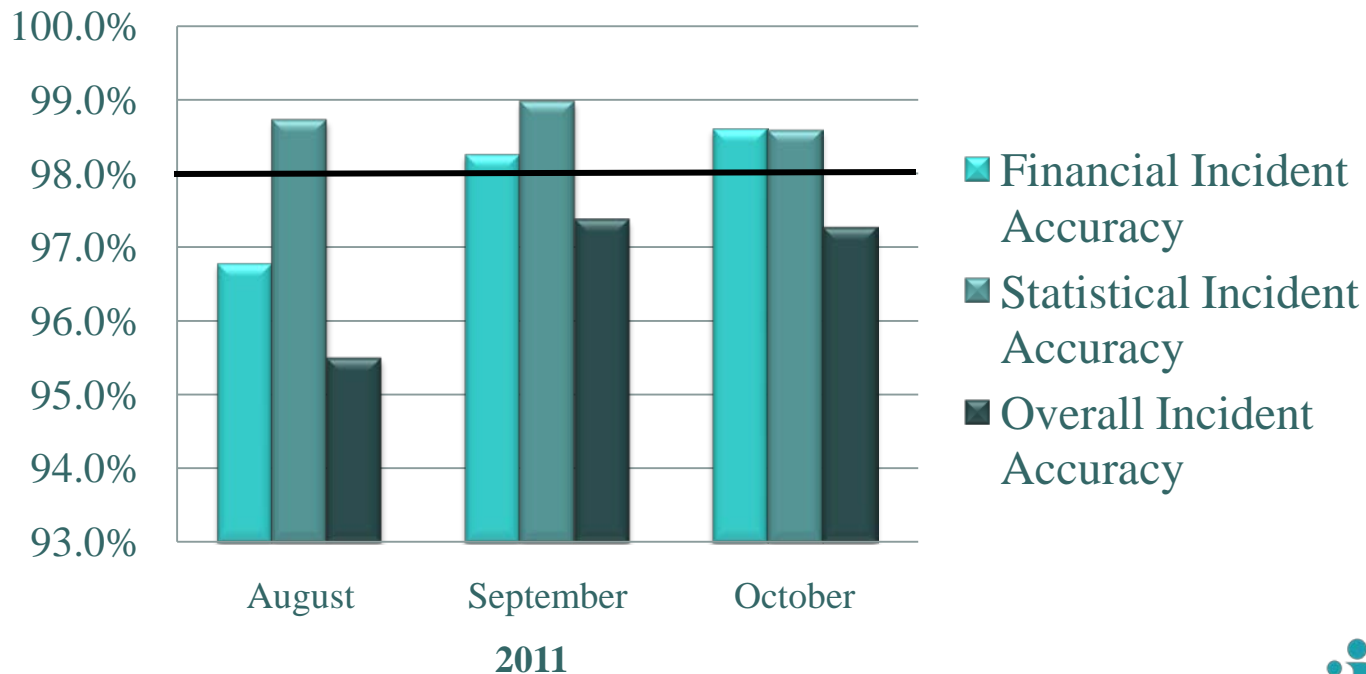


Weekly Averages - 2011

Operations

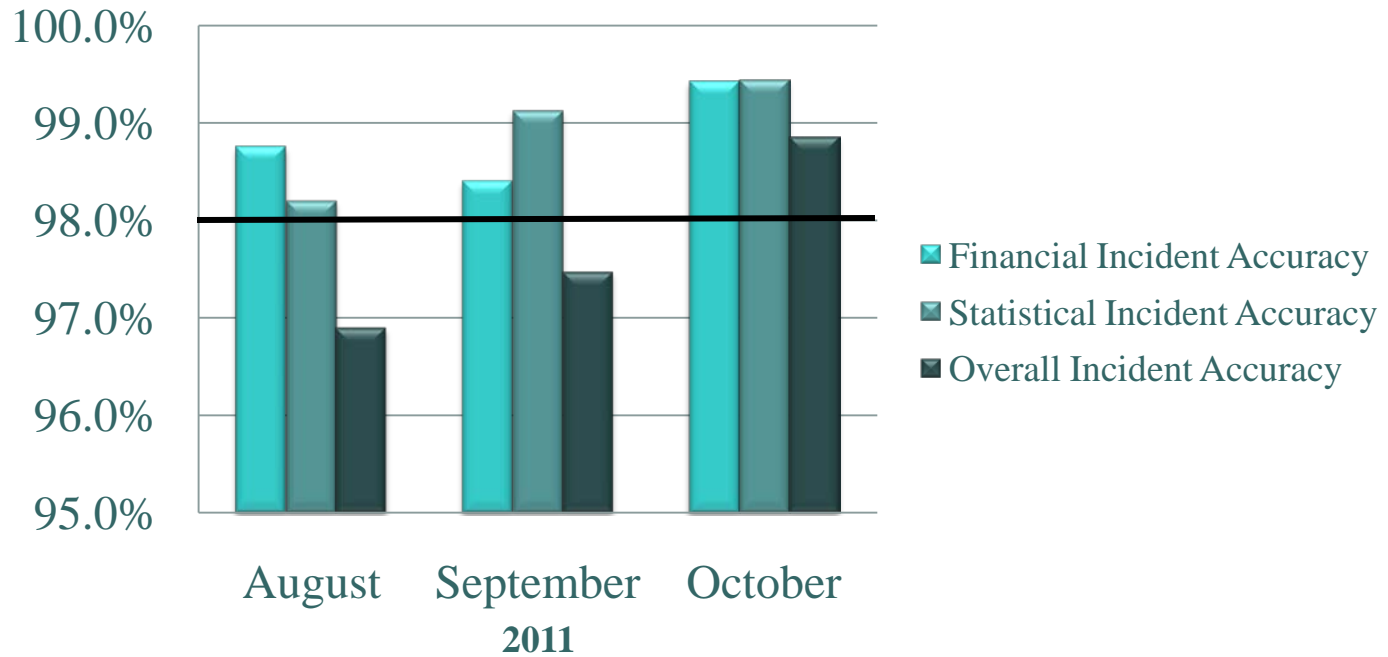
- Quality Assurance Improved
- Process and Method for Claims Auditing Approved by Department
- Claims QA Covers: End to End, Staff, and Focused Changes
- QA used for training and development

Claim Staff Audit



Operations

End to End Claims Audit



Focused audits

	COB I	PT / OT / ST	COB II	HB 260 DD	HB 260 Hospital	HB 260 Dental	HB260 Chiropractic
Overall Accuracy	100%	94%	100%	99%	84%	100%	99%

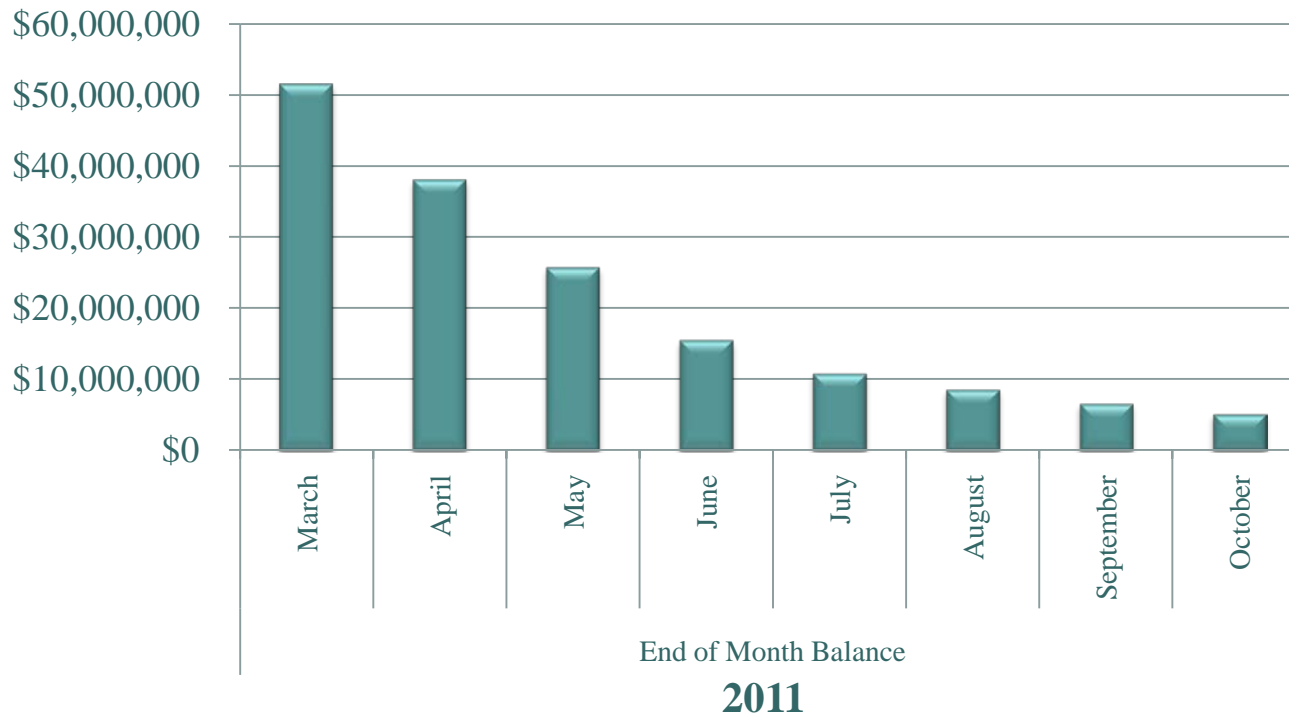
Operations

➤ Projected Interim Payment Recoveries

- Current recoveries run approximately \$1million per month
- Approximately 96% recovered to date

Week Ending	Total Interim Payments	Total Recoupments	Outstanding Balance
11/6/2011	\$117,830,704	\$112,901,274	\$4,929,430

Interim Balance



System Development

- System Development

- HB 260 work nearly complete

- CMS Certification December 5-9

- HIPAA Transaction Compliance (5010) January 2012

- ICD-10 Compliance 2013

Key Challenges

- IHA:
 - Policy questions (differences between Medicare and Medicaid requirements)
 - Coordination of Benefits and reprocessing
 - Historical claims and conversion processing/timely filing
- ICHA:
 - Share of Cost
 - Coordination of Benefits processing with Share of Cost
 - Retroactive rate reprocessing
- IMA:
 - Policy questions
 - Co-Pay
 - HIPAA transaction 5010
- DDA:
 - Service Limitations/Cutbacks
 - Prior Authorizations

Conclusion

Questions?