

KDHE- DHCF

# Claims Contract Review

Aetna Better Health of Kansas

2024

**Contract Area: Claim/Encounter**

	<b>2024 Finding:</b>	<b>2023 Finding:</b>
<b>Scope of Work-Claims Management</b> <b>Timely Claims Processing</b> <b>5.14.1.B.</b> The CONTRACTOR(S) shall meet the following payment requirements: <b>5.14.1.B.1.</b> 100% of all clean claims including adjustments must be processed and paid or processed and denied within thirty (30) calendar days of receipt.	SUBSTANTIALLY MET	NOT APPLICABLE
<b>Attachment J-Encounter Data</b> <b>Timeliness</b> <b>1.4.3.</b> Encounter data shall be submitted within 30 days of claim payment. All encounters must be submitted, both paid and denied claims. The paid claims must include the CONTRACTOR(S)' paid amount.	SUBSTANTIALLY MET	NOT APPLICABLE

**Recommendation/Summary:**

Below is a summary of the issues found during the review. See the attached contract review results for the detailed response for each claim review: *ABH - 2024 Claim-Encounter Contract Review – BOT RESPONSE*

Draft Response was sent to ABH: 04/29/24

ABH rebuttal received: N/A

BOT remediated in collaboration with ABH on the identified issues: N/A

BOT began working with ABH on the outstanding issues: 06/20/24

Issue No.	Review Sequence Number	Review Outcome	Issue/Impact	Impacted Contract Requirement(s)	BOT Reference Information
1	2 6 7	Observation	Clean claim was not processed within 30 days. 1) ABH deemed this a non-clean claim, using a clean claim definition from the Claims Overview Report. However, this definition does not meet the CMS clean claim definition outlined in CFR 447.45 and the KanCare contract requirement 5.14.1.A.2. KDHE will work with the MCOs to uniformly apply the appropriate clean claim definitions.	Scope of Work-Claims Management Timely Claims Processing 5.14.1.B. The CONTRACTOR(S) shall meet the following payment requirements: 5.14.1.B.1. 100% of all clean claims including adjustments must be processed and paid or processed and denied within thirty (30) calendar days of receipt.	None

			NOTE: this issue is scored as an Observation due to the conflicting information within the Claims Operations Report.		
2	3 8 11	Finding	Clean claim was not processed within 30 days. 1) This is a clean claim and was processed outside of 30 days due to staffing issues.	Scope of Work-Claims Management Timely Claims Processing 5.14.1.B. The CONTRACTOR(S) shall meet the following payment requirements: 5.14.1.B.1. 100% of all clean claims including adjustments must be processed and paid or processed and denied within thirty (30) calendar days of receipt.	None
3	19	Finding	Clean claim was not processed within 30 days. 1) Although the claim was pended for provider information, proof of non-clean claim status cannot be established per CMS definition (missing outreach notes to document missing information). Outreach occurred but this action was not documented according to operational procedures.	Scope of Work-Claims Management Timely Claims Processing 5.14.1.B. The CONTRACTOR(S) shall meet the following payment requirements: 5.14.1.B.1. 100% of all clean claims including adjustments must be processed and paid or processed and denied within thirty (30) calendar days of receipt.	None
4	17 18	Finding	Encounter was not submitted within 30 days of MCO payment. 1) The encounter was submitted outside of 30 days from claims payment. Problem Notification Form, SKYGEN Encounter Submission Delay, was received 01/18/24.	Attachment J-Encounter Data Timeliness 1.4.3. Encounter data shall be submitted within 30 days of claim payment. All encounters must be submitted, both paid and denied claims. The paid claims must include the CONTRACTOR(S)' paid amount.	Problem Notification Form: SKYGEN Encounter Submission Delay  Unified Log: N/A
5	20	Observation	Encounter build issue. 1) ABH deemed this as a non-clean claim. Due to a system issue, A2C reprocessed the submission as a denied claim without giving it a new Date of Receipt and ICN. This is a known issue. Problem Notification Form, Access2Care Not Sending Denied Claims to be	Attachment J – Encounter Data and Other Data Requirements  1.4 Enter Data Completeness, Accuracy, Timeliness, and Error Resolution The CONTRACTOR(S) shall provide complete and accurate encounters to the State. The CONTRACTOR(S) shall implement review procedures to validate encounter data submitted by providers.	Problem Notification Form: Access2Care Not Sending Denied Claims to be Encountered  Unified Log: 1485

			Encountered, was received 06/26/23.		
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