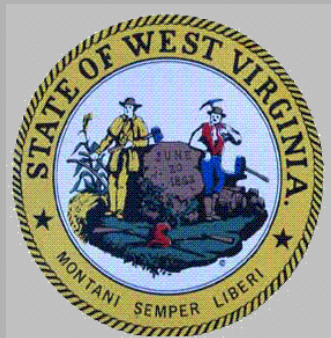


# West Virginia Medicaid Progress Summary

March 2, 2005



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**UNISYS**

Imagine it • Done •

- > Systems Integration.
- > Outsourcing.
- > Infrastructure.
- > Server Technology.
- > Consulting.

## Agenda

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*Welcome and Introductions*

**Martha Yeager Walker**  
*Secretary of DHHR*

.....  
*Purpose of Forum / Background*

**Nancy Atkins**  
*Medicaid Commissioner*

.....  
*Unisys Project Summary*

**Frank Abramcheck**  
*VP Unisys Health Information Management*

.....  
*Progress Summary*

**Tim Sizemore**  
*Unisys Project Manager*

.....  
*Next Steps*

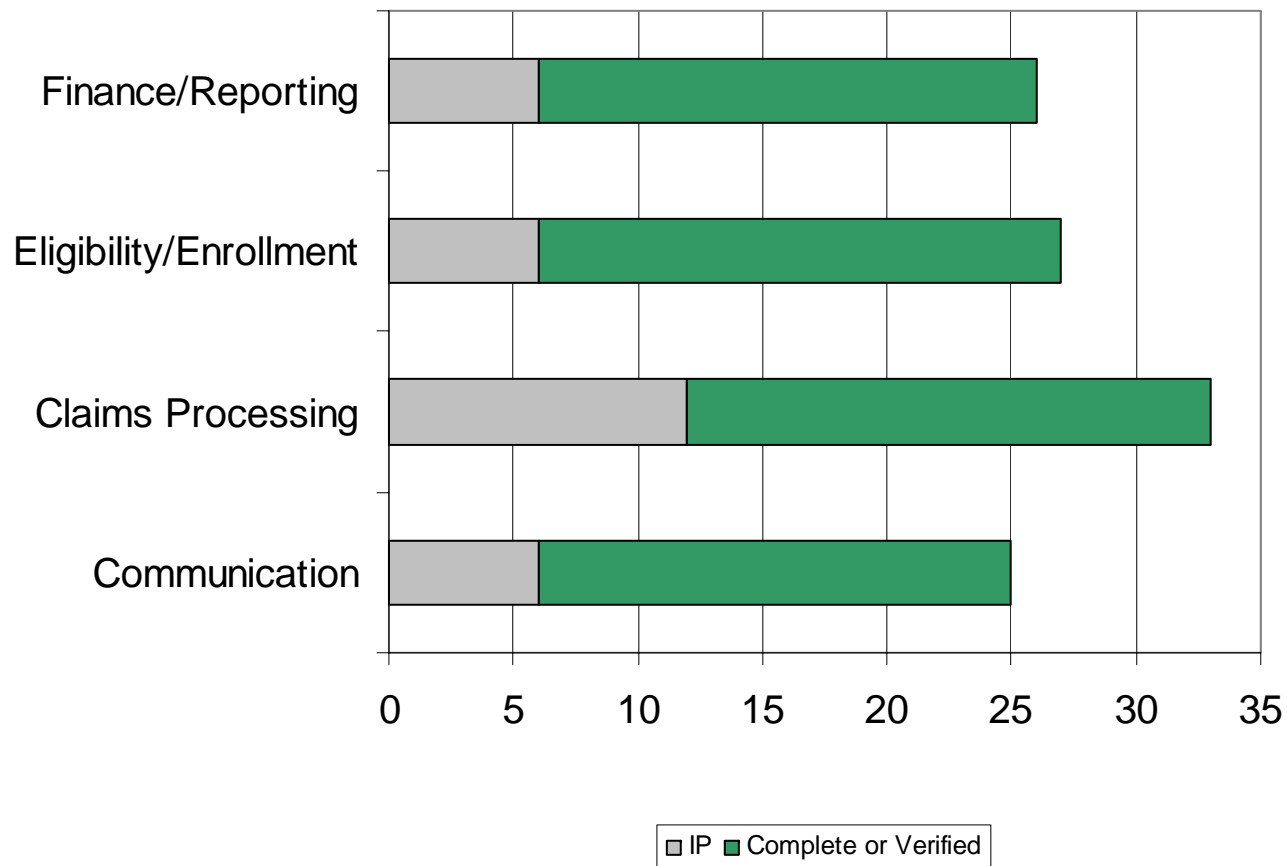
**Nancy Atkins**

.....  
*Closing Comments*

**Martha Yeager Walker**

## Progress Summary – Project Management

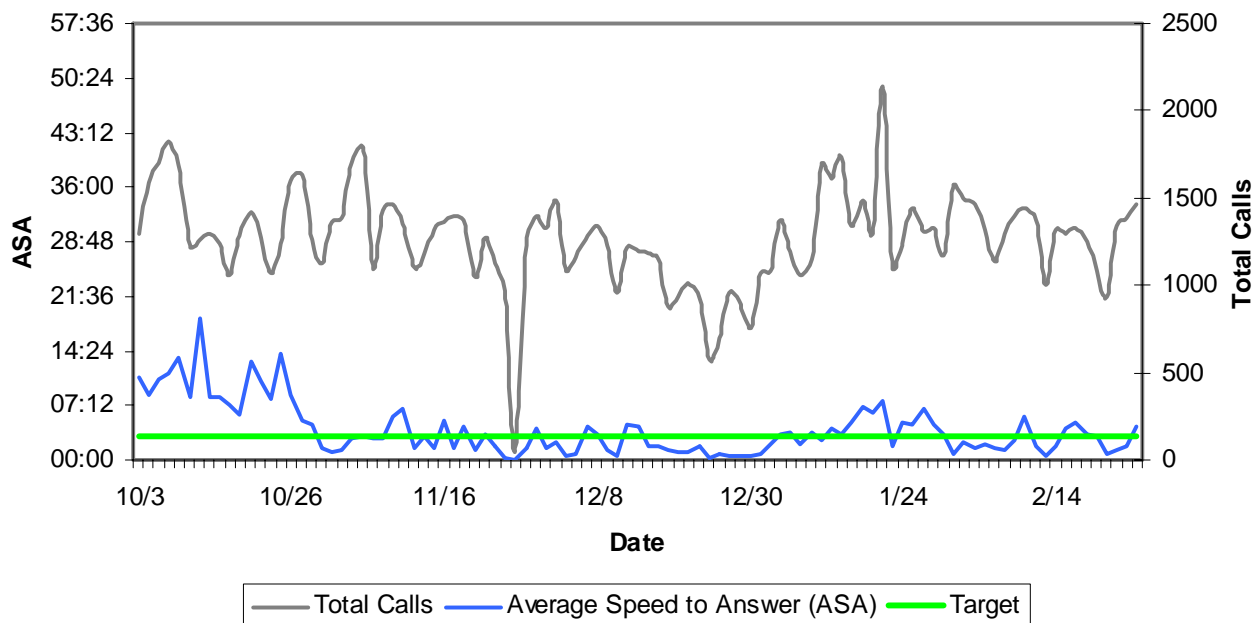
*Significant improvement in all technical and operational areas has been made since October, 85 of 111 critical issues identified on November 1 are closed or in verified status.*



## Progress Summary – Provider Communications

*Average Speed to Answer consistently below 3 minute target – 22% improvement since August 2004.*

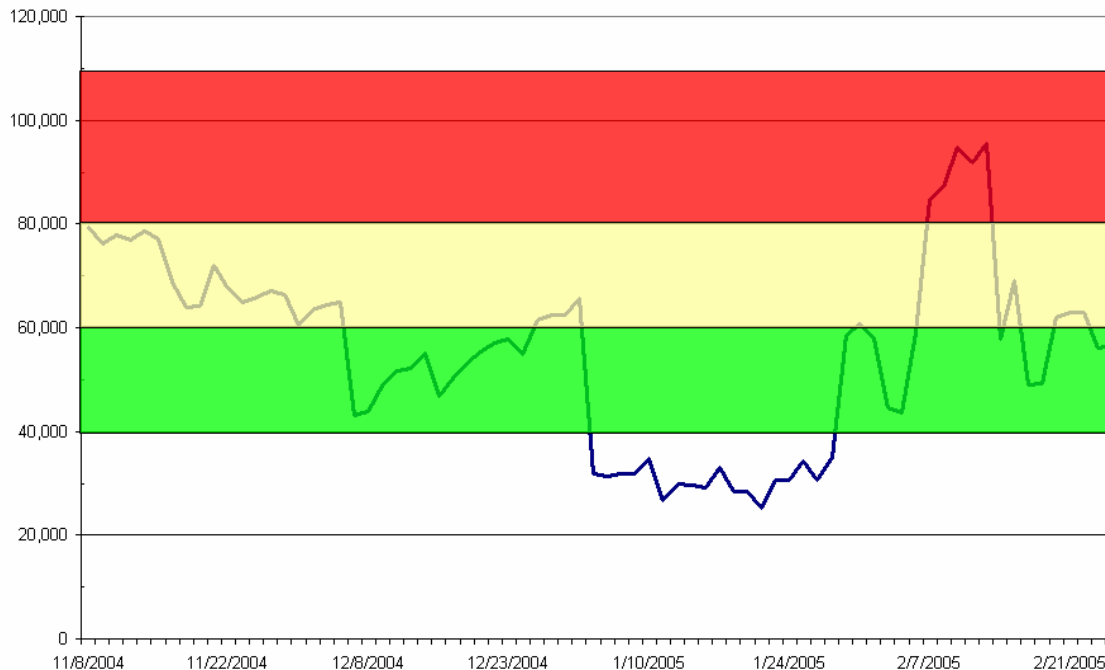
Call Center Call Volume/ Avg Wait Time



- > Currently working **45 providers** with critical issues and Monitoring 10
- > **Weekly association calls** established
- > **Quarterly Newsletter** implemented to improve communication – Mailed first newsletter in December – Next Newsletter due in March
- > **Web Access** gaining popularity
  - Claims in Process Reports - Oct 04
  - Claim Status Inquiries - Nov 04
  - Member Eligibility - Nov 04
  - Adjustments/Reversals - Dec 04
- > Claim **Reprocessing Schedule** on Web Portal February 05
- > Provider **Satisfaction Survey** initiated on Portal – Summary and action plans deploy in April

## Progress Summary – Claims Processing

*Reduced current inventory of suspended claims to approximately 56,000  
 Goal of 40,000 to 60,000. Reduction of 42% since August 2004.*



- > Current day **claims** processing normally
- > Published **Reprocessing** schedule (cause of recent peak)
- > **Secondary Claims** (Crossovers) processing began in early February with RHC/FQHC
- > **Payment process** on target for correction to consistently pay oldest claims first

## Progress Summary – Eligibility/Enrollment and Reporting

*Eligibility problems down from 88,000 to 116 members and 7 day improvement in payment notices.*

### > Eligibility/Enrollment

- Reduced Member Discrepancies from 88,000 to 116
- HMO Enrollment monthly rosters accepted by all 3 HMOs
- PAAS Management Rosters and Fees in production March 10 and beginning historical clean up

### > Reporting

- Improved provider payment notices accuracy and availability by 7 days
- Implemented Electronic 835 provider payment notices as well as reversals replacements on the portal
- Produced 1099's ahead of schedule with minimal issues

## Critical Outstanding Items

*All identified critical system issues are on schedule for completion by April 30.*

### > Finance/Reporting

- Cash Release Process Interim fix complete, Final resolution target *March 4*

### > Eligibility/Enrollment

- Capitation Development complete, ready for production *March 10*
- PAAS Provider file clean up Ongoing clean up *April 30*

### > Claims Processing

- Crossovers (Secondary Claims) Paper crossovers ready to process *February 21*
- Intermediary Crossovers (Secondary Claims) Testing X12 complete, System test and process *April 30*
- Initial Reprocessing schedule Critical reprocessing list on target *April 30*

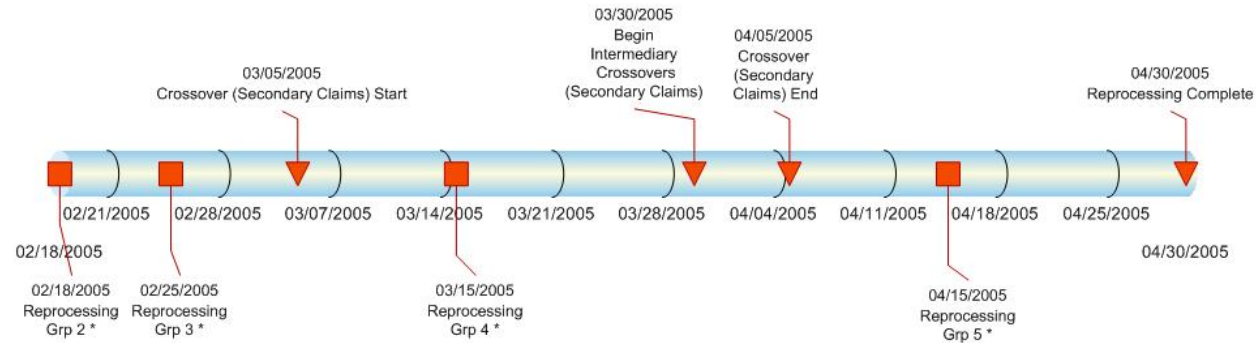
### > Provider Communication

- Provider payment notices Sorted alphabetically per providers request *March 3*
- Provider Satisfaction Survey Review Provider feedback and develop action plans *April 1*

# Key Activity Completion Timeline

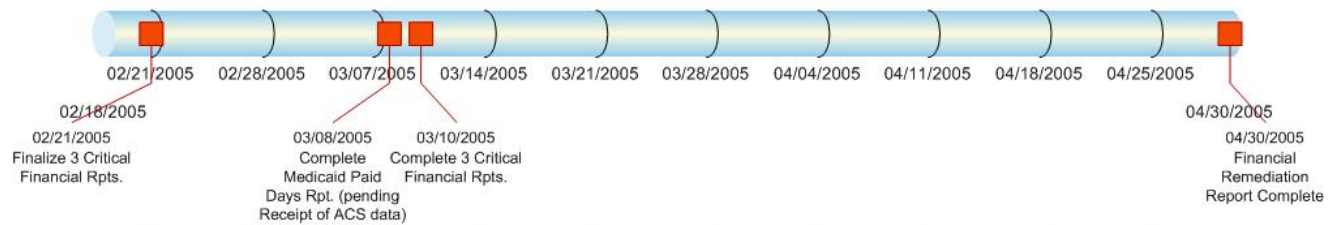
*Although most system changes are complete, operational rollout and historical cleanup is currently scheduled through the end of April.*

## Claims Processing

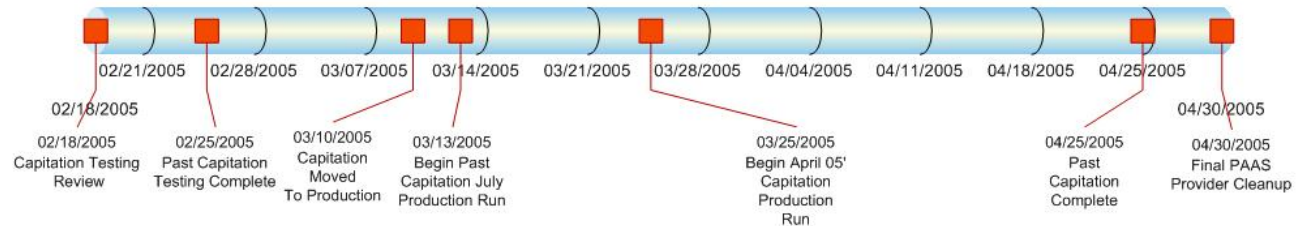


\* Note: Any exceptions to reprocessing will be resolved in next subsequent group

## Financial/Reporting

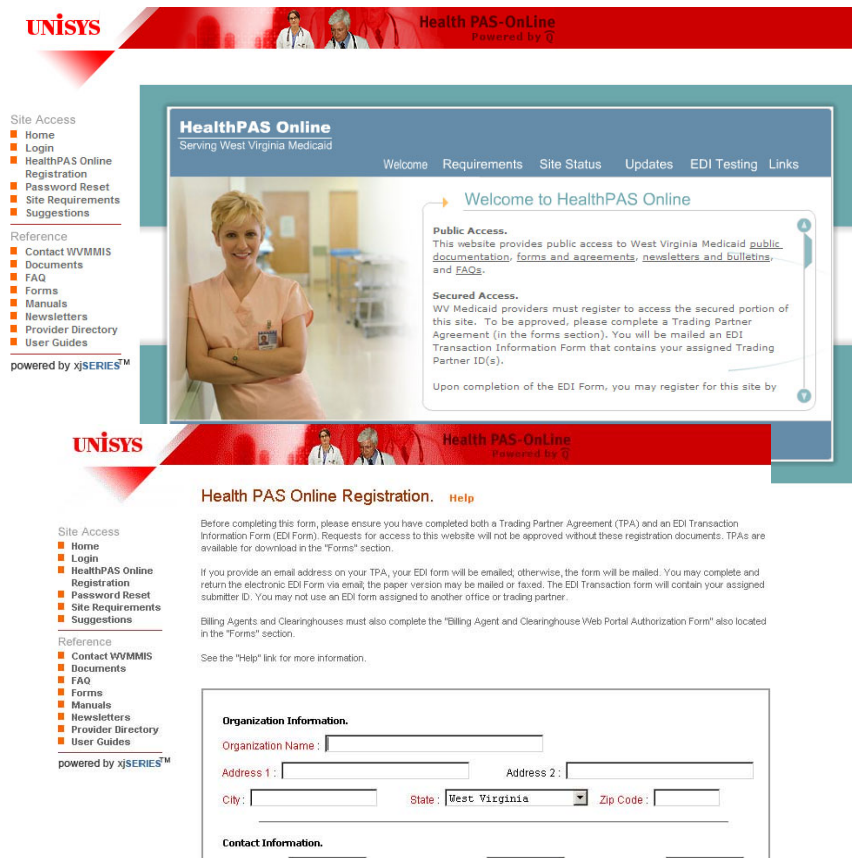


## Eligibility/Enrollment



# HealthPAS Benefits Summary

*Moving forward HealthPAS provides improved and accuracy of claims processing.*



✓ Provides **easy access** online through Web-enabled technology

- Claim Entry through HIPAA-compliant secure portal
- Claim Adjustment
- Claim status inquiry and response
- Claims in process reporting
- Eligibility Verification

✓ **Faster production and delivery** of Remittance Advice

✓ Ability to **rapidly respond** to changes:

- Pricing methodology changes
- Rate adjustments

✓ **Flexible System Architecture** facilitates:

- Implementation of Health Policy Initiatives
- Future - Sophisticated data mining including enhanced patient population analysis