

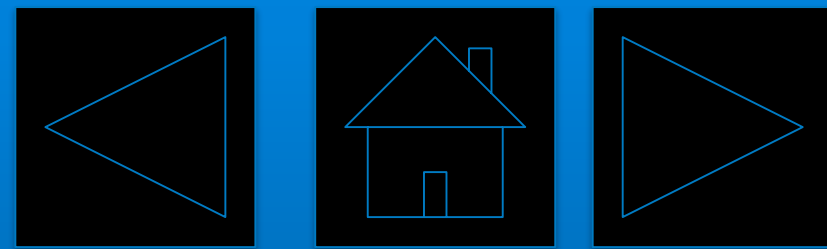
SAS[®] GLOBALFORUM 2015

The Journey Is Yours

Benefits from the Conversion of Medicaid Encounter Data Reporting System to SAS Enterprise Guide

Eric Sather





Abstract

- Kaiser Permanente Northwest is contractually obligated to submit Medicaid Encounter data for medical and pharmacy claims to Oregon and Washington state agencies
- SAS programs are used to extract claims data from Kaiser's Claims Data Warehouse, process the data, and produce output files in HIPAA ASC X12 and NCPDP format
- In April 2014, the system was converted from SAS 8.2 running on a VAX Server to SAS Enterprise Guide 5.1 running on UNIX.

Drivers for Upgrade

- Need for scalability (ACA)
- Performance issues with existing system
- Incomplete process reporting and notification to business owners
- Highly manual, labor-intensive process of running individual programs

Results

- Consolidation of duplicative code
 - ✓ Number of programs reduced from 190 to 15
 - ✓ 90% reduction in lines of code
- Replacement of undocumented, possibly erroneous business decisions with documented business rules
- Addition of data sources and re-ordering of processing, to exclude hard-coding
- Capture of errors early in the code
- Implementation of an automated error reporting system
- Estimated cost reduction from \$1.30 per reported encounter to \$0.13 per encounter

Conversion of Medicaid Encounter Data Reporting System to SAS Enterprise Guide

Eric Sather

Kaiser Permanente

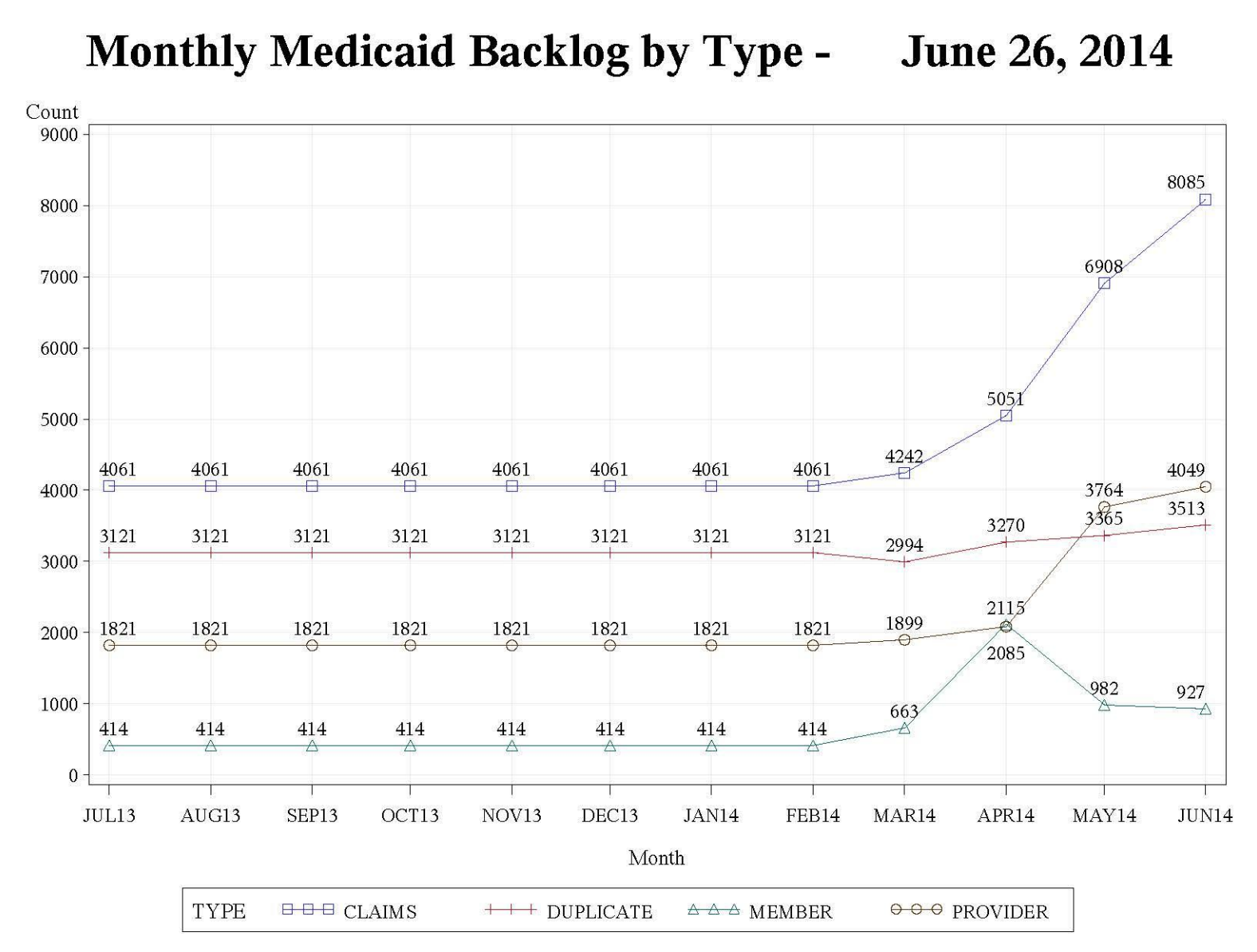


Process

Automated Reports

- Control program used to set options for weekly outputs
- Extract program selects data from Claims Data Warehouse
- Reporting program
- Submission program creates Professional, Institutional, and Pharmacy files
 - New encounters
 - Adjustments to previously submitted encounters
- Manual step to verify files and ftp to appropriate sites.
- Process response files from Oregon and Washington Medicaid programs
- Update Master file with results

- Automated reports include graphs, charts, and additional detailed excel reports of processing results
- Emailed to Business Partners Weekly



Weekly Medical Backlog by Type - June 26, 2014

TYPE	ERR_DESC	No of Claims	Total Claim Amount
CLAIM	CLAIM AMT - 30 CLAIMS NOT ACCEPTED BY MOLINA	11	\$6,750.00
DATE	DATE OF DEATH - MISSING	19	\$165,376.00
DUPLICATE	DUPLICATE - KP IDENTIFIED DUP	3428	\$1,570,038.00
DX	DX - INVALID SEX FOR DX - MALE	5	\$1,277.00
	DX - NOT ACCEPTED AS PRIMARY	234	\$61,135.00
	DX - NOT ACCEPTED AS SECONDARY	3	\$22,500.00
ICN	ICN - MISSING	242	\$84,912.00
	ICN - MISSING	1891	\$5,819,233.00
INVALID	INVALID ADMT SRC FOR NEWBORN	11	\$11,522.00
MEMBER	MEMBER - DOB MISSING	4	\$952.00
	MEMBER - HRN MISSING	1	\$12,450.00
	MEMBER - NOT ENROLLED	519	\$398,530.00
NCRC	NCRC - DENIED CLAIM REQUIRES NCRC	381	\$195,074.00
NDC	NDC CD - PROC CD REQUIRES NDC CD	1770	\$694,683.00
	NDC CD - REV CD REQUIRES NDC CD	4170	\$649,896.00
POS	POS - PLACE OF SERVICE MISSING/INVALID	2	\$38.00
PROVIDER	PROVIDER - ADDR NOT FOUND	327	\$92,893.00
	PROVIDER - NOT ENROLLED	5622	\$2,441,758.00
	PROVIDER - NPI NOT FOUND	14	\$1,788.00
	PROVIDER - TAXO NOT FOUND	707	\$335,316.00
	PROVIDER - TYPE MISMATCH	54	\$135,171.00
REV	REV CD - REQUIRES PROC CD	519	\$278,417.00
	REV CD - REVENUE CODE INVALID	327	\$600,359.00
		20025	\$15,048,347.00

Medical - Potential Claims to be submitted this week

The FREQ Procedure

PLANID	FILE_TYPE	TYPE	Frequency	Percent	Cumulative Frequency	Cumulative Percent
	I	ORIGINAL	15	0.18	15	0.18
	P	ORIGINAL	51	0.60	66	0.77
218752	I	ORIGINAL	73	0.86	139	1.63
218752	P	ORIGINAL	727	8.63	866	10.16
218779	I	ORIGINAL	835	9.79	1701	19.95
218779	P	ORIGINAL	4073	47.77	5774	67.71
276111	I	ORIGINAL	54	0.75	5838	68.46
276111	P	ORIGINAL	730	8.63	6574	77.10
KAI93079803	I	ORIGINAL	137	1.61	6711	78.70
KAI93079803	P	ORIGINAL	1816	21.30	8527	100.00

Medical - Monthly Submission Status

CD	MONTH	ORIG_COUNT	PEND_COUNT	VOID_COUNT
1	JUN14	28521	121	0
2	MAY14	44637	608	30
3	APR14	21850	1965	73
4	FEB14	65	4	3



April 26-29
Dallas, TX

