Quality Indicators and Improvement Plan MCO Billing

Claim payments from the MCO's will be completed within 120 days of when the claim was submitted, 90% of the time.	Quality Indicators Monthly service billing will be completed in following month of when services were provided, 100% of the time.
The remittance advice from the MCO will be filed after the payments are recorded on the monthly billing forms. The date of when the payment was recorded will be noted on the front page of each remittance. Claims that were denied or paid incorrectly will be rebilled as soon as the problem is corrected. If there are discrepancies in the funding or in the payment amount, claims will be rebilled and/or the MCO Provider Services Representative will reprocess the claim in their system.	Action Steps Attendance and documentation will be audited prior to billing. Billing will be completed within the first 10 days of the following month.
The Billing Manager will maintain documentation showing the date of the adjusted claim submission or the phone call notes with the Provider Services Rep.	Record Keeping The Billing Manager will maintain billing files of the documents used for that month's billing.
Jul 1-Dec 31 2022	Dates Checked Jul 1-Dec 31 2022
Claim payments have gone very smoothly during this reporting period. Amerigroup takes the longest to pay, and only on certain large claims. We suspect larger claims go through a manual approval process.	Progress During this time period, we have had rate changes. We had to hold off on submitting claims so the MCO's could get the rates updated in their system.
Nishna will continue to be prepared for the MCO changes next year. We are also upgrading software in 2023, which will simplify some of our manual billing tasks.	Plans for Improvement The State of Iowa will add a new MCO in 2023. This will cause a lot of changes and we anticipate some headaches with billing.