

Instructions for Submission of the Supporting Data relating to the Prompt Payment Report

Insurers that offer health benefit plans in Kentucky, as well as Medicaid Managed Care Organizations (MCO) contracting with the Commonwealth to provide covered services to Medicaid members, are required to file a prompt payment report on a quarterly basis. In addition to the required Prompt Payment report, the Commissioner has requested supporting data. This new requirement should be submitted to the Kentucky Department of Insurance on the same quarterly basis as the existing prompt payment report.

The chart below describes the requirements of each field. Each field is divided into four categories; hospital claims, physician claims, all other claims (excluding RX), and a total category. The total category is a sum of all the relating fields in each row. Please note that the timeframes have changed to reflect the statutorily required timeframes used to calculate interest as found in KRS 304.17A-730.

Total claims received in the reporting quarter	Any and all claims received in the reporting quarter by the insurer or any entity that administers or processes claims on behalf of the insurer. These claims include claims defined as clean claims, as well as those not defined as clean claims.
Total clean claims received	Clean claims (as defined in KRS 304.17A-700) that were received in the reporting quarter by the insurer or any entity that administers or processes claims on behalf of the insurer.
Total clean claims adjudicated within claims payment timeframe	Report clean claims received during the reporting quarter, that were adjudicated (paid, denied or contested) pursuant to KRS 304.17A-702.
Total clean claims adjudicated 1 to 30 days after claims payment timeframe	Reporting on clean claims received during the reporting quarter that were adjudicated (paid, denied or contested) 1 to 30 days after the claims payment timeframe as stated in KRS 304.17A-702.
Total clean claims adjudicated 31 to 60 days after claims payment timeframe	Reporting on clean claims received during the reporting quarter that were adjudicated (paid, denied or contested) 31 to 60 days after the claims payment timeframe as stated in KRS 304.17A-702.
Total clean claims adjudicated 61 to 90 days after claims payment timeframe	Reporting on clean claims received during the reporting quarter that were adjudicated (paid, denied or contested) 61 to 90 days after the claims payment timeframe as stated in KRS 304.17A-702.
Total clean claims adjudicated more than 90 days after claims payment timeframe.	Reporting on clean claims received during the reporting quarter that were adjudicated (paid, denied or contested) more than 90 days after the claims payment timeframe as stated in KRS 304.17A-702.
Total clean claims that have not yet been adjudicated	Clean claims received in the reporting quarter that has not yet been adjudicated (paid, denied or contested) at the time of reporting.
Interest paid	Pursuant to KRS 304.17A-730, claims paid between 1 and 30 days from the date that payment was due, interest at a rate of 12% per annum shall accrue from the date payment was due. For claims paid between 31 and 60 days from the date that payment was due, interest at a rate of 18% per annum shall accrue from the date payment was due. For claims paid more than 60 days from the date that payment was due, interest at a rate of 21% per annum shall accrue from the date payment was due. The reported dollar amounts should correspond to the dollar amounts reported on sheet2.

Total clean claims received during reporting quarter that were paid	Clean claims that were paid (not denied or contested) in accordance with any contract between the insurer and provider.
Total clean claims paid within claims payment timeframe	Clean claims that were paid (not denied or contested) in accordance with any contract between the insurer and the provider within the timeframes set in KRS 304.17A-702.
Total clean claims paid 1 to 30 days after claims payment timeframe	Clean claims that were paid (not denied or contested) in accordance with any contract between the insurer and the provider 1 to 30 days after the timeframes set in KRS 304.17A-702.
Total clean claims paid 31 to 60 days after claims payment timeframe	Clean claims that were paid (not denied or contested) in accordance with any contract between the insurer and the provider 31 to 60 days after the timeframes set in KRS 304.17A-702.
Total clean claims paid 61 to 90 days after claims payment timeframe	Clean claims that were paid (not denied or contested) in accordance with any contract between the insurer and the provider 61 to 90 days after the timeframes set in KRS 304.17A-702.
Total clean claims paid more than 90 days after claims payment timeframe	Clean claims that were paid (not denied or contested) in accordance with any contract between the insurer and the provider more than 90 days after the timeframes set in KRS 304.17A-702.
Total clean claims denied within claims payment timeframe	Clean claims that are neither paid nor contested and no part of the claim is to be paid. Claim is denied and notice is sent within the timeframes set in KRS 304.17A-702.
Total clean claims denied 1 to 30 days after claims payment timeframe	Clean claims that are neither paid nor contested and no part of the claim is to be paid. Claim is denied and notice is sent 1 to 30 days after the timeframes set in KRS 304.17A-702.
Total clean claims denied 31 to 60 days after claims payment timeframe	Clean claims that are neither paid nor contested and no part of the claim is to be paid. Claim is denied and notice is sent 31 to 60 days after the timeframes set in KRS 304.17A-702.
Total clean claims denied 61 to 90 days after claims payment timeframe	Clean claims that are neither paid nor contested and no part of the claim is to be paid. Claim is denied and notice is sent 61 to 90 days after the timeframes set in KRS 304.17A-702.
Total clean claims denied more than 90 days after claims payment timeframe	Clean claims that are neither paid nor contested and no part of the claim is to be paid. Claim is denied and notice is sent more than 90 days after the timeframes set in KRS 304.17A-702.
Total clean claims contested within claims payment timeframe	Clean claims that are contested pursuant to KRS 304.17A-706 and are still within the timeframes set in KRS 304.17A-702 at the time of reporting.
Total clean claims contested 1 to 30 days after claims payment timeframe	Clean claims that were contested 1 to 30 days after the timeframes set in KRS 304.17A-702 and are still pending at the time of reporting
Total clean claims contested 31 to 60 days after claims payment timeframe	Clean claims that were contested 31 to 60 days after the timeframes set in KRS 304.17A-702 and are still pending at the time of reporting
Total clean claims contested 61 to 90 days after claims payment timeframe	Clean claims that were contested 61 to 90 days after the timeframes set in KRS 304.17A-702 and are still pending at the time of reporting
Total clean claims contested more than 90 days after claims payment timeframe.	Clean claims that were contested more than 90 days after the timeframes set in KRS 304.17A-702 and are still pending at the time of reporting.

Terms, including adjudicate, clean claim, claims payment time frame, contested claim, and provider, are defined in 304.17A-700-730, KRS 304.17A-005, & KRS 304.17C-010.

1. Total \$ amount is the allowed amount for the claim, in accordance with any contract between the insurer and the provider.
2. Total # of claims is the number of claims relating to each category.
3. Contested claims are defined in KRS 304.17A-706. When reporting contested claims the department is looking for only those clean claims that are still pending, for allowable reasons, at the time of reporting. Please ensure that claims that were at one time contested are not counted twice after final action is taken.

Each insurer that offers a health benefit plan and each MCO that contracts with the Commonwealth to provide services to Medicaid members is required to submit the above data for hospitals, physicians, and all other providers (excluding pharmacy) for each quarter of a calendar year. Data must be reported electronically and labeled with the company name, name of report, and reporting timeframe. The data must be submitted in a Microsoft Excel spreadsheet. An electronic template can be located on the Kentucky Department of Insurance’s web page at http://insurance.ky.gov/doc_search.aspx. To locate the downloadable file please type “Supporting Prompt Pay” in the search text box.

The report must be completed in its entirety and all numeric fields must be completed. If there is no data to report for a specific numeric field, zeros shall be used. All dollar amounts must be expressed by using a decimal (.) and carried out two places.

This supporting data shall be submitted as sheet three of the Excel spreadsheet required for the prompt pay report. In the development of this report, you should include the field description and valid value in the respective row and column as listed in the chart. The information you report in Column A on the spreadsheet should be identical to information indicated in Column A below.

Row	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I
1	Description	Hospital		Physician		All Other excluding RX		Total	
2		Total # of Claims	Total \$ of Claims	Total # of Claims	Total \$ of Claims	Total # of Claims	Total \$ of Claims	Total # of Claims	Total \$ of Claims
3	Total claims received in the reporting quarter	#	\$	#	\$	#	\$	#	\$
4	Total Clean Claims received	#	\$	#	\$	#	\$	#	\$
5	Total clean claims Adjudicated within claims payment timeframe	#	\$	#	\$	#	\$	#	\$
6	Total clean claims Adjudicated 1 to 30 days after claims payment timeframe	#	\$	#	\$	#	\$	#	\$

7	Total clean claims Adjudicated 31 to 60 days after claims payment timeframe	#	\$	#	\$	#	\$	#	\$
8	Total clean claims Adjudicated 61 to 90 days after claims payment timeframe.	#	\$	#	\$	#	\$	#	\$
9	Total clean claims Adjudicated more than 90 days after claims payment timeframe.	#	\$	#	\$	#	\$	#	\$
10	Total Clean Claims that have not yet been Adjudicated	#	\$	#	\$	#	\$	#	\$
11	Amount of Interest paid	#	\$	#	\$	#	\$	#	\$
12	Total Clean Claims received during reporting quarter that were Paid	#	\$	#	\$	#	\$	#	\$
13	Total clean claims Paid within claims payment timeframe	#	\$	#	\$	#	\$	#	\$
14	Total clean claims Paid 1 to 30 days after claims payment timeframe	#	\$	#	\$	#	\$	#	\$
15	Total clean claims Paid 31 to 60 days after claims payment timeframe	#	\$	#	\$	#	\$	#	\$
16	Total clean claims Paid 61 to 90 days after claims payment timeframe.	#	\$	#	\$	#	\$	#	\$
17	Total clean claims Paid more than 90 days after claims payment timeframe.	#	\$	#	\$	#	\$	#	\$
18	Total clean claims Denied within claims payment timeframe	#	\$	#	\$	#	\$	#	\$
19	Total clean claims Denied 1 to 30 days after claims payment timeframe	#	\$	#	\$	#	\$	#	\$
20	Total clean claims Denied 31 to 60 days after claims payment timeframe	#	\$	#	\$	#	\$	#	\$
21	Total clean claims Denied 61 to 90 days after claims payment timeframe.	#	\$	#	\$	#	\$	#	\$
22	Total clean claims Denied more than 90 days after claims payment timeframe.	#	\$	#	\$	#	\$	#	\$
23	Total clean claims Contested within claims payment timeframe	#	\$	#	\$	#	\$	#	\$

24	Total clean claims Contested 1 to 30 days after claims payment timeframe	#	\$	#	\$	#	\$	#	\$
25	Total clean claims Contested 31 to 60 days after claims payment timeframe	#	\$	#	\$	#	\$	#	\$
26	Total clean claims Contested 61 to 90 days after claims payment timeframe.	#	\$	#	\$	#	\$	#	\$
27	Total clean claims Contested more than 90 days after claims payment timeframe.	#	\$	#	\$	#	\$	#	\$