

PLEASE NOTE: To assist with identification of new entries, issues and updates for this week can be found in **blue font**.

| Date Added | Item Ref # | Impacted Area | Question/Issue | Response/Resolution | Status | Reprocessing Plans (if necessary) | Date Revised or Resolved |
|------------|------------|-----------------------------|--|--|-----------|--|--------------------------|
| 1/2/15 | 276 | Behavioral Health Providers | Psychiatric Residential Treatment Facility (PRTF) rate update effective 1/1/15 | We received the updated rates from the state on 12/11/14. The estimated completion date for loading the new rates is 1/23/15. Providers may either hold claims until the new rates are loaded to ensure processing at the 1/1/15 rates, or proceed with filing claims now. Claims received prior to the new rate loading will pay at the previous rate and will require adjustment. UPDATE: The updated rates are loaded as of 1/12/15. A claim project revealed no impacted claims. | Completed | A claim project revealed no impacted claims. | 1/12/15 |
| 1/8/15 | 277 | Nursing Facility Providers | Institutional claims billed with a patient status of 30 are denying as "invalid patient status" | The system will be corrected by Monday, 1/12/15. A claims project will be submitted to identify and adjust claims denied in error. The targeted completion date for the claim adjustment project will be posted when available. UPDATE: The system configuration completed on 1/12/15. A claim project has been submitted and the targeted completion date will be posted when available. UPDATE: The targeted date of completion for the claim adjustment project is 2/20/15. UPDATE: The claim adjustment project completed early on 1/26/15. | Completed | The claim adjustment project completed early on 1/26/15. | 1/26/15 |
| 1/15/15 | 278 | General Providers | Timely Filing Requirements | UnitedHealthcare elected to temporarily bypass timely filing edits in an effort to assist providers with completion of their claims impacted by various claim issues. Effective 3/1/15, we will begin enforcing the timely filing requirements as defined in provider contracts for claims processed by UnitedHealthcare. | Completed | N/A | 12/18/15 |
| 1/22/15 | 279 | Medical Practice Providers | FQHC's who provide behavioral health services are not being paid at the new rate effective for dates of service 10/1/14 and after. | The system configuration to correct this issue was completed on 1/26/15. We are submitting a claim adjustment project and will post the estimated date of completion when available. UPDATE: The targeted date for completion for the claim adjustment project is 3/13/15. UPDATE: The claim adjustment project completed early on 2/27/15. | Completed | The claim adjustment project completed early on 2/27/15. | 2/27/15 |

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| 1/30/15 | 280 | General Providers | <p>Providers billing procedure codes in the following list are experiencing front end rejections due to these codes not being loaded as active in our front end editing system.</p> <p>76641 76642 80300 80301 80302 80321 80345 80346 80349 80356 80361 80365 80373 87624 88341 J9267</p> | <p>All codes in the list were corrected on 1/20/15 with the exception of code J9267. J9267 is scheduled to be corrected on 2/9/15.</p> <p>The state resent United the rejected claims for all codes except J9267 on 1/26/15. The state will re-submit the claims for J9267 after our system is corrected on 2/9/15.</p> <p>UPDATE: Our system was confirmed corrected on 2/9/15. The state will resubmit claims rejected for this reason to United by 2/20/15.</p> <p>UPDATE: HP sent the claim files to UHC on 2/20/15 and the claims are being processed.</p> | Completed | N/A | 2/20/15 |
| 1/21/15 | 281 | Medical Practice Providers | New anesthesia conversion factor effective 1/1/15. | The new rate was loaded in our system on 2/2/15. We identified 450 claims paid at the incorrect rate. The total overpayment on those claims combined is less than \$100.00. Due to the low amount of the overpayment, no claims project will be completed. | Completed | | 2/4/15 |
| 3/16/15 | 282 | General Providers | Coverage of Molecular Pathology Services | <p>The molecular pathology codes listed below were covered from January 1, 2013 through December 15, 2013. Inadvertently, the codes to detect conditions affecting children were non-covered. Coverage of the following molecular pathology codes will be reinstated.</p> <p>81224, 81228, 81229, 81243, 81244, 81254, 81260, 81290 81324, 81350</p> <p>UPDATE: The system was corrected on 3/2/15 and we are now submitting claim projects. The targeted completion date for the claim adjustment project will be posted when available.</p> <p>UPDATE: The targeted completion date for the claim adjustment project was moved to 5/29/15</p> <p>UPDATE: The claim adjustment project is completed early on 5/21/15.</p> | Completed | The claim adjustment project is completed early on 5/21/15. | 5/21/15 |

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| 3/13/15 | 283 | Medical Practice Providers | Effective with processing dates on and after March 2, 2015, retroactive to dates of service on and after January 1, 2013, unlisted procedure code V5299 (Hearing Service, Miscellaneous) may be billed for any hearing service for which there is not a more specific code available. | No claim project can be completed. Provider will need to submit corrected claims with an invoice if they wish to receive additional payment. | Completed | N/A | 3/13/15 |
| 3/16/15 | 284 | General Providers | HCPCS Changes – Annual 2015 | <p>This is the annual policy documented to track and implement the additions, revisions and deletions related to HCPCS.</p> <p>Effective with the implementation date for each MCO, retroactive to dates of service on and after 1/1/2015.</p> <p>The system configuration date is targeted for 4/1/15. The targeted completion date for claim adjustment projects will be posted after the system configuration is completed.</p> <p>UPDATE: The targeted completion date for the claim adjustment project is 5/8/15.</p> <p>UPDATE: The claim adjustment project completed on 5/8/15.</p> | Completed | The claim adjustment project completed on 5/8/15. | 5/8/15 |
| 3/23/15 | 285 | General Providers | Payment is not allowed for injections and/or supplies on the same day as an emergency room visit by the same provider. | <p>Effective with the implementation date for each MCO, retroactive to 1/1/2013 DOS.</p> <p>Our system has been configured to be consistent with this state requirement as of 3/9/15. We are in the process of submitting an overpayment recovery process. The targeted completion date for the overpayment recovery project will be posted when available.</p> <p>UPDATE: The targeted completion date for the overpayment recovery process 9/1/15.</p> <p>UPDATE: The overpayments were resolved on 8/21/15. This issue is closed.</p> | Completed | The overpayments were resolved on 8/21/15. | 8/21/15 |
| 4/20/15 | 286 | General Providers | UHC is rejecting COBA claims for duplicate values in the CAS segments of the electronic 837 x12 transaction files. | <p>Claims rejecting in error for this reason will be returned with a reject reason of H20904. UHC's system was corrected on 4/16/2015. The state will resend the rejected claims to UHC. Providers will not need to take any action.</p> <p>UPDATE: The state sent United all rejected claims on 4/21/15. United confirmed receipt and the claims are flowing through our standard claim process.</p> | Completed | The state will resend the rejected claims to UHC. Providers will not need to take any action. | 4/24/15 |

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| 4/24/15 | 287 | General Providers | Some providers are experiencing denials for certain procedure codes due to exceeding UHC's maximum limit per day, the CMS MUE edits should apply prior to our MLD policy. The system is applying the edits in the incorrect order resulting in incorrect denials. | <p>System configuration to correct this issue is targeted for 5/17/15. Once the system configuration is completed, we will submit a project to adjust the claims denied in error. The targeted adjustment date will be posted after the system configuration is completed.</p> <p>UPDATE: The system configuration completed on 5/17/15. We are in the process of completing a claim adjustment project. The targeted completion date will be posted when available.</p> <p>UPDATE: The targeted completion for the claim adjustment project is 8/21/15.</p> <p>UPDATE: The claim adjustment project completed early on 7/31/15. This issue is closed.</p> | Completed | The claim adjustment project completed early on 7/31/15. This issue is closed. | 7/31/15 |
| 4/24/15 | 288 | General Providers | UHC recently received updated pricing for Part B drugs (HCPCS) that will be effective retroactive to 4/1/15. | The system configuration completed on 4/27/15. No claims were identified that were impacted by this issue. | Completed | No claims were identified that were impacted by this issue. | 5/28/15 |
| 4/24/15 | 289 | Hospital Providers | The DRG rates and weights with an effective date of 10/1/2014 were re-calculated due to an error in the data that was used in the original calculation of the 2015 update. In order to maintain budget neutrality, the rates and weights need to be revised. This affects FFS and MCOs. | <p>The system configuration for the new rates is scheduled for 5/16/15. Once we have validated the rates are loaded correctly, we will submit a claim project to ensure claims are paid at the appropriate rate. The targeted completion date for the claim adjustment project will be posted when the system configuration is complete.</p> <p>UPDATE: The system configuration completed as targeted on 5/16/15. We are in the process of submitting a claim adjustment project and the targeted completion date will be posted when available.</p> <p>UPDATE: The targeted completion date for underpayments is 12/31/15. The targeted completion dates for overpayments will be posted when available.</p> <p>UPDATE: The underpayment adjustments were completed on 10/6/15. The targeted completion date for completion of the overpayment project is 2/1/16.</p> <p>UPDATE: The overpayment project completed ahead of schedule on 1/11/16.</p> | Completed | The underpayment adjustments were completed on 10/6/15. The overpayment project completed ahead of schedule on 1/11/16. | 1/14/16 |

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| 5/8/15 | 290 | HCBS Providers | HCBS claims are denying in error for no ordering or referring provider. HCBS claims should not be denying for no ordering or referring provider. | The system configuration was corrected on 4/24/15 so new day claims will no longer deny with this issue. A claims project has been submitted to adjust claims denied in error. The targeted completion date for the claim adjustment project is 7/1/15. UPDATE: The claim adjustment project completed early on 6/2/15. | Completed | The claim adjustment project completed early on 6/2/15. | 6/2/15 |
| 5/8/15 | 291 | Indian Health Clinics | The yearly Indian Health Services Reimbursement – update effective 1/1/15. | These rates were updated in our system 4/29/15. A claim project has been submitted. The targeted completion date for the claim project is 7/1/15. UPDATE: The claim adjustment project completed early on 6/2/15. | Completed | The claim adjustment project completed early on 6/2/15. | 6/2/15 |
| 5/29/15 | 292 | Hospital Providers | Outpatient procedure codes G0378 and G0463 are denying in error due to the revenue code that is being billed on the associated line item. | Per state of Kansas policy, the revenue code should have no bearing on payment of an outpatient service. System configuration to correct this issue is targeted for completion on 6/5/15. When the system configuration is completed, a targeted completion date for the claim adjustment project will be provided. UPDATE: The system configuration completed on schedule on 6/5/15. A targeted completion date for the claim adjustment project will be posted when available. UPDATE: The estimated completion date for the claim adjustment project is 8/31/15. UPDDATE: The claim adjustment project completed early on 8/10/15. This issue is closed. | Completed | The claim adjustment project completed early on 8/10/15. | 8/10/15 |
| 5/29/15 | 293 | Hospital Providers | Between processing dates of 3/25/15 and 4/13/15 some outpatient procedure codes priced in error to pay at the vaccine administration code rate of \$20.26. | The system was corrected on 4/13/15. The claims processed during this time period are being reviewed. A claim adjustment project is being submitted for impacted claims, and a targeted completion date will be posted when available. UPDATE: The targeted completion date for the claim adjustment project is 8/28/15. UPDATE: The claim adjustment project completed early on 6/30/15. This issue is closed. | Completed | The claim adjustment project completed early on 6/30/15. | 6/30/15 |

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| 6/5/15 | 294 | General Provider | Some providers may be seeing claims denying for invalid procedure code/modifier combination in error. This is due to an error in a update we made to the file that edits claims for these valid combinations per state of KS policy. This would have occurred on claims processed between 5/16/15 and 6/1/2015. | The system was corrected 6/1/15. The impacted claims have been identified and a claim project has been submitted. The targeted completion date for the claim adjustment project is 8/28/15. UPDATE: The claim adjustment project completed early on 7/22/15. | Completed | The claim adjustment project completed early on 7/22/15. | 7/22/15 |
| 6/12/15 | 295 | General Provider | Deactivation of NCCI PTP Edits for Codes 77057 and 77063 retroactive to 4/1/2015 | These codes will be updated with the accurate information when we receive the July NCCI file. The system configuration is targeted for complete 7/15/15. The targeted completion date for the claim adjustment project will be posted when the system configuration is completed. UPDATE: The system configuration updates were completed on 7/15/15 as expected. The targeted completion date for the claim adjustment project is 7/24/15. UPDATE: The claim adjustment project completed early on 7/22/15. This issue is resolved. | Completed | The claim adjustment project completed early on 7/22/15. This issue is resolved. | 7/22/15 |
| 6/19/15 | 296 | General Provider | All Medicare Part B cost avoidance procedure codes will be reviewed against the DMERC fee schedule for rate discrepancies and updated accordingly. The MCR-AA rate allowed amount should equal the DMERC's allowed amount for each procedure. Effective with the implementation date for each MCO, retroactive to dates of service on and after 4/1/2015. | The updated rates were loaded into our system on 6/15/15. A claims project has been initiated to identify impacted claims, and a targeted completion date for the claim adjustment project will be posted when available. UPDATE: No impacted claims were identified and this issue was closed. | Completed | No impacted claims were identified and this issue was closed. | 6/24/15 |
| 6/26/15 | 297 | General Provider | Coverage for procedure code 90661 will be reinstated and not limited to the flu season. Effective with the implementation date for each MCO, retroactive to 8/1/14 dates of service. | Our system was updated on 6/8/15. A claim project is being submitted to identify and adjust impacted claims. A targeted completion date for the claim adjustment project will be posted when available. UPDATE: The estimated completion date for the claim adjustment project is 9/1/15. UPDATE: The claim adjustment project completed early on 8/4/15. This issue is closed. | Completed | The claim adjustment project completed early on 8/4/15. This issue is closed. | 8/4/15 |

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| 6/26/15 | 298 | Behavioral Health Providers | Yearly update for Psychiatric Residential Treatment Facilities (PRTF). | <p>We received the updated rates from the state on 6/24/15 and are in the process of loading the rates into our system. The targeted completion date for loading the rates is 8/10/15. A claim project will be submitted after the configuration is completed and the targeted completion date will be posted when available.</p> <p>UPDATE: The updated rates were loaded early on 7/6/15. There we no claims identified for adjustment so this issue was closed.</p> | Completed | There we no claims identified for adjustment so this issue was closed. | 7/6/15 |
| 6/26/15 | 299 | Nursing Facility | July 2015 Nursing Facility Rate Updates | <p>We received the updated rates from the state on 6/23/15 and are in the process of loading the rates into our system. The targeted completion date for loading the rates is 8/24/15. A claim project will be submitted after the configuration is completed and the targeted completion date will be posted when available.</p> <p>UPDATE: The updated nursing facility rates were loaded early on 7/6/15. We do not anticipate any impacted claims.</p> | Completed | We do not anticipate any impacted claims. | 7/6/15 |
| 7/31/15 | 300 | General Provider | Some claim lines submitted for radiology codes (70000 series codes) are denying in error for PA. | <p>PA is not required for any radiology code, with the exception of PET scans. This impacted claims were billed with dates of service between 5/1/15 and 6/27/2015. The system configuration was completed on 6/27/15. The targeted completion date for the claim adjustment project is 9/30/15.</p> <p>UPDATE: The claim adjustment project completed early on 8/20/15. This issue is closed.</p> | Completed | The claim adjustment project completed early on 8/20/15. | 8/20/15 |

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| 8/14/15 | 301 | Hospitals and Nursing Facility Providers | Providers billing I/P institutional claims as well as Nursing Facility claims may have experienced denials when a claim was billed without a value code 80 or if the units tied to the 80 value code did not match the number of units billed for accommodation revenue codes. | <p>Due to a change in policy value code 80 is no longer required effective with a processing date of 7/1/15 and after. Claims processed on or after 7/1/15 denied in error will be reprocessed.</p> <p>We are in the process of removing the edit that will deny claims if there is no 80 value code. The ETA for the system configuration is 9/3/2015.</p> <p>UPDATE: The system configuration completed early on 8/27/15. We will initiate an adjustment project for claims processed 3/1/2015 to current. The targeted completion date for the claim adjustment project is 10/15/15.</p> <p>UPDATE: The claim adjustment project completed early on 9/18/15. This item is closed.</p> | Completed | The claim adjustment project completed early on 9/18/15. This item is closed. | 9/18/15 |
| 8/14/15 | 302 | General Providers | Procedure code 90651 (HPV Vaccine) is denying in error as being a non-covered code. | <p>Coverage for this code was established 1/1/15 and was not configured in our system correctly. The targeted completion date for the system configuration is 8/23/15. A claim adjustment project will be submitted after the system configuration is completed and the targeted completion date will be posted when available.</p> <p>UPDATE: The system configuration was completed on 8/23/15. The targeted completion date for the claim adjustment project is 9/30/15.</p> <p>UPDATE: The claim adjustment project completed early on 9/2/15. This issue is closed.</p> | Completed | The claim adjustment project completed early on 9/2/15. | 9/2/15 |
| 9/10/15 | 303 | Hospital Providers | Providers have been experiencing denials for invalid occurrence code in error. | <p>This error impacted claims processed between 8/19/15 and 8/21/15. The system configuration to correct this issue was completed on 8/21/15. Impacted claims have been submitted for adjustment. The targeted completion date for the claim adjustment project is 10/15/15.</p> <p>UPDATE: The claim adjustment project completed early on 9/17/15. This item is closed.</p> | Completed | The claim adjustment project completed early on 9/17/15. This item is closed. | 9/17/15 |

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| 10/26/15 | 304 | Ambulance Providers | Some claims billed with ambulance procedure codes were denying in error for missing modifier. Modifiers are not required when billing ambulance services. This potentially impacted ambulance claims billed without a modifier between 1/1/2014 and 10/7/15. | Our system was corrected 10/7/15. An adjustment project has been submitted and the targeted completion date for the claim adjustment project is 11/20/15. UPDATE: The claim adjustment project completed early on 10/27/15. This item is closed. | Completed | The claim adjustment project completed early on 10/27/15. | 10/27/15 |
| 11/9/15 | 305 | Medical Practice Providers | Medical direction or supervision of anesthesia services by an anesthesiologist (indicated by a QK modifier) cannot be billed in addition to CRNA (indicated by a QX modifier). Our system was allowing payment on both services. This was an error in our system that resulting in claims overpayments. | The system will be configured to be consistent with state policy. The targeted completion date for the system configuration is 12/22/15. After the system configuration is corrected, overpaid claims will be identified and a claim adjustment project will be submitted. The targeted completion date for the overpayment project will be posted when available. UPDATE: The system configuration completed early on 11/30/15. An overpayment recovery project is being submitted. The targeted completion date will be posted when available. UPDATE: The estimated completion date for the overpayment recovery project is 4/1/16. UPDATE: This project completed ahead of schedule on 2/12/16. | Completed | Project completed on 2/12/16. | 2/12/16 |
| 12/4/15 | 306 | Hospital Providers | O/P hospital claim lines are being denied as non-covered. This impacted claims with dates of service 10/1/15 and after processed between 11/16/15 and 12/14/2015. | The system configuration is scheduled to be corrected on 12/14/15. A claim project was submitted to adjust impacted claims. The estimated date of completion of the claim adjustment project is 1/15/16. UPDATE: The estimated completion date for the claim adjustment project is 1/22/16. UPDATE: This claims project completed as scheduled on 1/22/16. | Completed | Project completed on 1/22/16. | 1/22/16 |
| 1/15/16 | 307 | General Providers | KS providers who are set-up to receive paper checks may not have received checks since 12/19/15. | Paper checks were suppressed in error by our print services team. This issue was corrected on 1/15/2016. Checks were printed and mailed to impacted providerse on 1/16/16. | Completed | Resolved 1/16/15 | 1/22/16 |

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| 2/25/16 | 308 | DME Providers | When DME claims are crossed over from Medicare the referring/ordering provider information is being sent at the line level. Our systems look for and process the referring/ordering provider information at the claim level. This has resulted in DME Medicare cross-over claims to deny for not having the required referring/ordering provider information on the claim. | <p>The system configuration is scheduled to be corrected on 5/1/16. A claim project will be submitted to adjust impacted claims on the system is corrected. The estimated date of completion of the claim adjustment project will be provided once available.</p> <p>UPDATE: The system configuration completed on 3/15/2016. New day claims should process correctly after this date. A claims adjustment project will be submitted to adjust impacted claims. An estimated completion date for this project will be provided once available.</p> <p>UPDATE: The claims adjustment project was completed on 4/22/16.</p> | Completed | Project completed 4/22/16 | 4/22/16 |
| 5/6/16 | 309 | General Providers | Providers may have experienced eligibility related claim denials on claims submitted between 4/22/16 and 5/6/16. | United HealthCare has an issue with loading the May 834 eligibility file. The file was fully loaded as of 5/6/16. Providers can now resubmit claims they feel denied in error due to this issue. | Completed | Completed | 7/14/16 |
| 7/11/16 | 310 | General Providers | Claims billed with ER E&M codes 99281-99285 may have been paid at the non-emergent ER rate even when billing with a diagnosis code noted as always or sometimes emergent per KDHE. Claims for these codes should be paid at the emergent rate for the specific code if the primary or secondary diagnosis code is considered emergent. Dates of services impacted are 10/1/2015 to current. | <p>The system configuration to correct this issue has been submitted and an estimated date of completion will be provided when known. A claims adjustment project will be submitted once the system is corrected.</p> <p>UPDATE: The system configuration to correct this issue was completed on 7/15/16. A claims project has been submitted to reprocess impacted claims. An estimated completion date for this project will be provide once available.</p> <p>UPDATE: The claims project completed ahead of schedule on 8/29/16.</p> | Completed | Completed | 9/15/16 |
| 7/28/16 | 311 | Anesthesia Providers | Some Anesthesia claim are pricing incorrectly. Impacted claims are paying at a default percentage vs. applying the correct time based payment methodology | <p>The system configuration ticket to correct this issue has been submitted and an estimated date of completion will be provided when known. A claims adjustment project will be submitted once the system is corrected.</p> <p>UPDATE: The estimated date of completion for the claims project is 9/15/16.</p> <p>UPDATE: This claims project completed on 9/15/16.</p> | Completed | Completed | 8/19/16 |

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| 9/15/16 | 312 | Nursing Facility Providers | Some Nursing Facility claims are processing without having the appropriate Patient Liability amount withheld, resulting in impacted claims being overpaid | <p>The system configuration ticket to have this corrected has been submitted and the estimated completion date is 9/24/2016. A claims adjustment project will be submitted once the system is corrected.</p> <p>UPDATE: This system configuration was corrected on 9/20/2016. A claims project has been submitted to adjust impacted claims and an estimated date of completion will be provided when known.</p> | In Process | In Process | 9/23/16 |