	3/6/2024									
				Number of Days						
Provider Type	Number of Impacted Providers Catego	ory Issue	Date Issue Found	Outstanding	Estimated Fix Date Statu	s Resolution	Interest/Penalties Owed	Date Resolved	Tech Ops Incident/Problem Number	ROW#
DME	All Ci	aims DME Manually priced items have been denied in error.	10/13/2021	1	3/7/2022 Close	AMHC has updated worlflow to ensure all payable services accompanied by invoices will be paid. Review of previously denied items in process. Reprocessing of d all incorrectly denied claims has been completed as of date resolved.	Yes	3/16/2022	IRT 572	3
						Configuration was updated 3/24 to ensure that the "visit key" is not omitted during claims processing; claims will be reprocessed for appropriate payment, which is currently being reviewed and in process. 4/18: We have confirmed, however, some providers were billing incorrectly and their claims will remain				
		EVV: Denials due to internal data transfers with stripping off the "visit key" required to process the claim				denied 4/75: Providers report EVV issues which are being investigated for root cause of system issue or provider hilling issue				
Other	All G	alms appropriately.	2/11/2022	2	3/24/2022 Close	07/11/2027 This issue has been resolved with additional provider outreach/reducation and claims resubmission, as needed. Emergency changes requises submitted on 4/8/2022 to ennow inappropriate editing. Calling project submitted or propriess claims based on inappropriate editing. Calling project submitted or providers or project submitted or 4/11. Estimated fix date is based on editing on 4/8 for specific providers. Project 1080/218 was submitted for claims reprocessing for all providers on 4/11. Estimated fix date is based on	Yes	4/18/2022	IRT 882	-7
						modification of edit and will be adjusted as timeline is better defined by vendor. Request sent to Vendor Mgmt. team to confirm if the project has been				
						completed. Project was completed on 04/18/2022.				
Dental	All Ci	alms Dental ASC Case Rates: Incorrect editing was occurring  DME local W Codes: keying errors for paper claims have caused inaccurate mapping of services and denial of	3/29/2022	2	4/18/2022 Close	d  Rules for keying paper claims have been redefined with testing completed and went into production on 4/25/2022; claims rekeying are currently in process.	Yes	4/18/2022	COM0015706	15
DME	ALL CI	aims.	11/21/2021	1	4/25/2022 Close	d Claims have been reprocessed as of 6/13/2022.	Yes	6/13/2022	IRT 768	4
		Vaccine Administration: AMHC has been incorrectly posting denials for vaccine administration for Health Choice				Work request was submitted to process claims appropriately with claims project submitted on 5/4/2022; all claims reprocessing projects have been completed				
Various	All Ci	aims members	3/10/2022	2	4/29/2022 Close	d on 05/12/2022. A fix date is under investigation, resolution involves configuring to provide explanation codes on claims EOBs with new remittance advices being issued to providers. We are currently manually providing explanation codes that will describe the denial reason. Denial imapping in place and review completed as of	Yes	6/17/2022	COM0014548	14
PCS	All Ci	Clinical editing denial EOBs: Correct clinical editing has taken place on claims, however explanation codes to aims justify the denial have not been transferred to the remittance advice.	12/28/2021		5/2/2022 Close	providers. We are currently manually providing explanation codes that will describe the denial reason. Denial mapping in place and review completed as of d 05/02/2022	No	5/2/2022	IRT 847	6
Mariour	All C	aims Taxonomy denials: suspended taxonomies were denied rather than pended.	3/21/2022	2	5/15/2022 Close	Pend queue created 12/12, however ongoing research to determine if pend queue is functioning correctly and potential impacts; incorrectly denied claims were d revalidated through the taxonomy process. Suspend process is working as expected. This issue is closed.	Ver	5/15/2022		
Various	1298 G	aims Vaccine Code increased from \$45 to \$65.	4/21/2022	2		d All impacted claims will be reprocessed to bring the vaccine payment up to the \$65 increased rate and will pay \$65 going forward.	Yes	5/23/2022	III 22	27
						AMHC is investigating any claims that were denied for lack of notification and any modifications to elements of the claim. If required, system processes will be				
						modified and system updates will be made to support the Department's requirement for Contract Year 1, along with claims reprocessing as needed. AMHC will verify requirements for Contract Year 2-forward. 5/17: 95% of all newborn claims have been reviewed, with 3% remaining. Claims reprocessing for medically				
		Newborn stays: PHPs were notified of the Department's request of a retrospective review of claims in support of				necessary denied newborn claims and medically necessary down-coded newborn claims is currently in process, to be completed by 5/27. Review of the				
Hospital	All Ci-	provider transition to managed care - specifically denials related to: 1) lack of notification to the PHPs or 2) aims up/down coding or other modifications to the data element of the claim.	4/12/2022	2	5/27/2022 Close	remaining 3% of claims, with any necessary adjustments medically necessary denied newhorn claims and medically necessary down coded newhorn claims	No.	6/20/2022	04082022 0236P 665377	13
		EPSDT: Services are not subject to TPL requirements (Medicaid is not payer of last resort) - These are pay and				with reprocessing to start on or before \$727/2022. All claims have been reprocessed and paid as of \$6/20. We found a gap in diagnosis codes as of \$4/11. We are researching temporary fixed yeofracounds white a permanent fix is in place. System updates usually take amonth from this \$4/11 date. Manual chains project is process in tandem with system updates and has been completed.				
Pediatric	All Ci	chase services.	3/31/2022	2	5/31/2022 Close	d 5/31/2022: Interim solution is now a long-term production job and will be full time solution	Yes	5/31/2022	INC0545691	12
						Configuration updates to co-pay logic will be made in claims payment system. Claims reprocessing project submitted on 3/30 and providers should see updated				
Various	All Ci	aims Member copays applied in error for STI and Family Planning. Hospital Outpatient Fee Schedule Update SIA: Fee schedule was updated and claims reprocessing projects	9/20/2021	1	6/11/2022 Close	remits in next days to two weeks. System configuration updated on 4/25 to adjudicate appropriately with claims reprocessing currently in process. Additional diagnosis codes identified and configuration updated. Claims reprocessing in process with SLA of 6/11/2022. All claims have been reprocess, as of 06/22/2022.	Yes	6/22/2022	IRT114 PRB0042323	2
Outpatient Hospital	All Ci	Hospital Outpatient Fee Schedule Update SLA: Fee schedule was updated and claims reprocessing projects aims underway	4/20/2022	2	6/13/2022 Close	Updates in place on 5/23/2022. Majority of claims reprocessing completed, with remainder of claims reprocessing scheduled to be completed on 6/13 (end of d day). Claims reprocessing completed on 6/14/2022.		6/14/2022		22
						Claim was denied because the incorrect member data was reported. Please see page 85 of the provider Claims and Billing Manual for details on how to void, correct and resubmit claims for payment consideration. If the new claim denies for outside of the timely filing limit please contact your Account Executive or				
Various	1 Prov	vider Claims denying for incorrect member data must be voided and then resubmitted.	6/22/2022	2	6/22/2022 Close	correct and resubmit claims for payment consideration. If the new claim denies for outside of the timely filing limit please contact your Account Executive or d Provider Services for assistance.	No	6/22/2022		24
						As of 5/31, currently reviewing provider setup to ensure all claims map to an appropriate FQHC agreement. Appropriate updates will be made, and claims				
FOHC/RHC	1 0	Per COM0017639: FQHC provider reporting various denials related to FQHC billing, including no rate on file/no aims fee schedule.	5/26/2022	2	6/26/2022 Close	reprocessing to follow by estimated fix date. d All corrections have been made, claims reprocessing complete as of 06/23/2022. This issue is closed.	Yes	6/23/2022	COM0017639	20
Nursing Home		aims Fee Schedule SLA: SNF PHP Weekly Outbreak Tracking Report v23 20220325.xksx	5/1/2022		6/27/2022 Close	d Update to rates were made 5/27. Claims reprocessing to follow for under/overpayments with estimated SIA of 6/27. Claims reprocessing completed.	Ves	6/27/2022		47
Nursing Home	All G	ams reestinate sociation Print Weekly Outbreak Halking Report 925 20220525.xxx	5/1/2022		6/27/2022 Close	a Opaste to rates were made 5/27. Claims reprocessing to intownor underjoverpayments with estimated 50x or 6/27. Claims reprocessing completed.	Tes	6/27/2022		- 17
		Child Medical Evaluation (CME) and Law Enforcement Chims. Providers reporting various challenges related to				27.1 is estimated date all imedical records and documentation can be ademtited electronically 27.1 is estimated date all imedical records and documentation can be ademtited electronically 27.1 is estimated to estimate a construction of the date o				
Pediatric	All Ci	record submission, denials, and claims editing. Additionally, guidance provided by NCDHHS has now indicated aims services are not subject to copay.	3/10/2022	2	7/1/2022 Close	education on correct coding d 6/14/2022: Claims processing project completed.	Yes	7/1/2022	Multiple COM0012273	9
		Invoices, consent forms, and other attachments; currently, documentation required by ACNC (as with other PHP)								
		and prior to the transition for fee for service), including invoices for DME/supplies and consent forms for sterilizations can't be accommodated electronically and must be dropped to paper and mailed to [AmeriHealth				ACNC will accept electronic transmissions of invoices and consent forms accompanying claim submissions with an estimated solution date of 7/1/2022.  Providers may still have the option of submitting via pager now and after this fix.				
Various	All Ci	sterilizations can't be accommodated electronically and must be dropped to paper and maried to [Amerinealth aims Caritas North Carolina / Attn: Claims Processing Department / P.O. Box 7380 / London, KY 40742-7380].	7/1/2021	1	7/1/2022 Close	d The electronic intake of the 275 is functional and available to providers.	No	7/1/2022		16
						System fix has occurred as of 6/7 and claims are currently adjudicating correctly, retro reprocessing of claims needs to occur with Interest & Penalties applied. Claims reprocessing of physician underpayments to take place on 6/16, 6/18, 6/19, 6/21 to pay on with majority to pay out by 6/24 check run via IS/automated				
Various	12,924 Ci	Fee Schedule SLA: Physician Fee Schedule - incorrect loading of physician assistant fee schedule for physicians an aims both provider types paid at incorrect rates	d 5/2/2022	2	7/4/2022 Close	process. The remainder of manual claims review to follow each batch. d All claims have been reprocessed. This issue is closed as of 07/01/2022.	Yes	7/1/2022	CFG62283	21
Various	All Ci		4/29/2022	2	7/4/2022 Close		Yes	6/11/2022	COM0017019 CORS 1124332	18
						Rate update implementation date is 4/21/22. All dains have been reprocessed as of 06/11/22. The new process for ingeging the PEF went in piace on 3/25. This reduced the ingestion of changes on the PEF file from multiple days due to process/fechnical immitations to 24 hours. We also have a certamization to termination provides based on what is found on the PEF file. One downstream outstanding process is in				
		PEF Redesign and provider data load: AMHC is continuing to monitor intaking the new PEF and automated				regards to the PHP Network File. Currently we are sending some providers on the PHP Network File that are terminated, and we are escalating this internally to resolve this issue. This is being investigated with our internal teams.				
Various	All Prov	vider process.  "No Maid" Claims Issues: A "no MAID" or no Medicaid ID warning message was issued for providers previously no	7/7/2021	1	7/7/2022 Close	d Downstream processes and issues are resolved, as of 06/01/2022 and with euidance from NCDHHS.	Yes	6/1/2022	N/A - generic issue	_11
		enrolled with NC Tracks. AMHC discovered that upon enrollment, this warning message is not always removed				The warning message has been removed from all provider records. Claims impacts and reprocessing to follow. Review of and correction of provider data is				
Various	653 Prov	and may impact claims payment. Additionally, provider records who are enrolled were incorrectly set-up or modified through an automated process and claims then deny for "no MAID."	6/10/2022	2	7/10/2022 Close	occurring with claims reprocessing to follow. d Claims reprocessing has been completed in this project.	Yes	7/10/2022		23
						It claims represented has been competed in this project.  ACMINISTRATION AND THE SIZE of THE CONTROLL AND THE SIZE OF THE SIZE				
		Medical Support Enforcement: claims for members with child support enforcement orders shouldn't deny for an				All claims projects have been completed. Manual process of intaking state emailed member file for members who should not have CUB applied. This issue is closed as of 07/25/2022.			COM0015054	
Various	All Ci	alms EOB but can be processed when an EOB is present	3/31/2022	2	7/25/2022 Close	d	Yes	7/25/2022	INC0545691	- 11
Various	Psych and Rehab providers choosing to use new taxonomies Cli	aims Additional logic around taxonomy provided by the state.	7/1/2022	2	8/5/2022 Close	System updates being performed for around additional taxonomy logic required to meet state guidance on taxonomy for psych and rehab , work request d deployed 07/05/2022. Additional taxonomies added to system taxonomy logic. Issue is closed.	No.	8/5/2022		26
		aim Sate encounter recoverie: Taxonomy	6/21/2022		8/21/2022 Close	Hercontest, APAC has determined come rejections were inconnectly determined and productive serve inconnect and inconnect inconnect and inconnect inconnect inconnect and inconnect inconnection inconn		12/15/2022	1005983	75
vanous	91 Ci						NO.		A00.000A	- 25
LHD	13 Ci	aims Procedure code 80305 was overlooked in the LHD FS update published on 08/19/2022.	9/19/2022	41	9/28/2022 Close	Procedure code was missed in manual kevine process. The code has been added to the system and all claims have been reprocessed, as of 10/17/2022.	Yes	9/28/2022	LUMU019815	134

				All impacted claims will be reprocessed to pay CPT T1002 claims appropriately., without PA requirement. Review and reprocessing will be completed by 10/15/2022.			
				11/04/2022 Claims reprocessing has been completed. However, we are reopening this issue due to recent complaint on non-payment for CPT-T100 and POS 71			
	T1002: Current system updates are in process. Claims to be reprocessed under new system edits. Outreach being made to providers to advise. Project submitted for T1002, with all claims for STI diagnosis codes to be			only. 11/19/2022 T1002 processing under review.			
Various	52 Claims reprocessed.	6/16/2022	10/15/2022	Closed 12/16/2022 Claims project has been completed.	Yes	10/15/2022 COM0018961 and COM0018511	29
				System configuration will set the BH codes (ex. H0038) to stop denying for the unmanaged units. Configuration update scheduled to be completed by			
				10/24/2022.  10/21/2022 Configuration on track to be completed 10/24/2022. Full claims review will be complete to reprocess impacted claims. Claims reprocessing ETA is			
				11/15//2022. 11/17/2022 Claims reprocessing project completion in process.			
Behavioral Health	128 Claims Behavioral Health claims are denvine for units requiring PA in error, members can receive 24 unmanaged visits.	9/29/2022	10/24/2022	11/1/2022 Claims reprocessing project—completion in process.  Closed   12/02/2022 Claims reprocessing project completed	Yes	11/23/2022 COM0023078	33
				Copay logic being updated to include immunizations, as AMHC was not taking co-payments from immunization claims. ETA for update is 10/03/2022. 10/21/2022 Seeking guidance from the state as we are not finding co-pay requirements for adult immunization, as requested by 1 provider.			
LHD	1 Claims Copav logic did not include immunizations. AMHC was not taking the copav as they should have been.	8/5/2022	11/8/2022	Closed 11/08/2022 NCDHHS confirmed that immunizations do not require a copayment.	No	11/8/2022 COM0020735	1404
Other	Referral was put in for medically tailored meal for one member, then changed to Health Meals, CM said to use the 1HSO Claims same authorization ID. Claims were denied in error	7/20/2022	11/9/2022	10/27/22: HSO should be able to see the result of the reprocessing immediately, however, the actual payment/remit will not be sent until 11/9/2022 check run	Vor	11/9/2022 COM0020060	20
Other	A 100 Califa and addiction to Califa were deleted in entit	7/10/1011	11/1/1011	Closed to allow for quality auditing and review. 11/30/22 - Claims were reprocessed and paid as appropriate on 11/09/2022.  Bypass has been put in place to stop the edit. The claims project has been submitted for impacted claims. ETA for completion is 11/26/2022.		11/3/2021 (50#6025000	,,
				12/02/2022 Validation of completion in process. 12/16/2022 Project is in process. Validation forthcoming.			
	Allowable units for CPT 99509 are controlled via the prior auth process, issue identified where unit limits were			12/23/2022 Project completion validation in process. 01/13/2023 Project audit in process.			
PCS	18 Claims applied inappropriately.	10/26/2022	11/26/2022	Closed 01/27/2023 Project completed.	Yes	1/27/2023	35
				12/02/2022 Validation of completion in process.  12/16/2016 Claim re-sweep is required for confirmation.			
Optical	184 Claims Issue identified where allowable units reduced to 1 when billing for 2 lenses/spectacles.	10/26/2022	11/30/2022	Closed 12/23/2022 Project completion date SLA 01/17/2023	Yes	1/17/2023	37
	Issue identified where EVV Visit Key is not being picked up in AH claims processing system on corrected/adjusted			11/04/2022 Claims sweep performed prior to each check run to identify and adjudicate claims for proper payment. SLA for system fix is 12/01/2022. 12/02/2022 System fix in production of 12/01. Claims sweep in process.			
PCS	177 Claims claims submissions.	10/18/2022	12/1/2022	Closed 12/16/2022 Claims project in place for reprocessing all affected claims. ETA is 01/16/2023 (date corr.).	Yes	2/10/2023 INC0631663/PRB0043531	36
				11/15/2022: As stated in Clinical Coverage Policy 28-1, Skilled Nursing Facility (SNF) providers should bill the most appropriate codes that accurately describe the service provided. Room and board is not restricted to Revenue Codes 100 and 183. Health Plans can refer to the covered code list for covered room and			
Nursing Home	45 Claims System updates needed for updated DHSS auidance received on 11/15/2022	10/20/2022	12/15/2022	Closed board revenue codes. As a reminder, SNF room and board is reimbursed per diem at the Medicaid provider specific established fee schedule rate, regardless of	Yes	2/27/2023 COM0024003	40
				Communication being sent to all providers with directions on what actions are requested of them. Since our vendor is not able to do a full impact analysis, resubmission may be required for any unpaid PAPER claims that were submitted during the 08/14/2022-09/20/2022 time period			
				10/21/2022 Providers are resubmitting denial notices that were sent and all claims are being reprocessed.			
Various	Paper claims received from 08/14/2022 - 09/20/2022 may have been rejected in error for some members due to a 10 Claims sporadic disconnect failure with the servers that imported and stored the data.	9/29/2022	12/16/2022	11/17/2022 This issue remains open, as provider submit denials for revew.  Closed 12/16/2022 Communication was provided to providers, Any denials being submitted have been processed.	Yes	12/16/2022	32
Behavioral Health	Diagnosis code became effective during inpatient stay and did not cover the span of the inpatient stay. Claim was 1 Claims denied.	11/11/2022	12/27/2022	01/18/2023 AMHC Medical Policy team reviewed and have updated our processes to pay for claims with diagnosis codes that become effective prior to the Closed discharge date. Claim sweep for this issue was completed. No other claims identified.		12/27/2022 COM0025198	41
Family Planning	1 Claims   Genied. 62 Claims   Code 50280 was not included on the fee schedule in error	12/15/2022	1/6/2023	Closed discharge date. Claim sweep for this issue was completed. No other claims identified.  Closed Fee schedule correction was made and 99 claims were reprocessed for payment to include penalties and interest as appropriate.	Ye:	1/6/2023 COM0024235	42
				Cloud Fee schedule correction was made and 99 claims were reprocessed for payment to include penalties and interest at appropriate.  All impacted claims will be reprocessed to pay the T1015 claims appropriately. Reprocessing will be completed by 10/15/2022.  11/04/202 Reopening and reviewing this issue based on FQHC conversations on 11/03/2022.			
				11/17/2022 FQHC provider agreements under review and claims being reviewed for proper adjudication.			
				11/21/2022 Review of agreements completed. Claims review in process. ETA for completion of reviews 12/09/2022. 12/16/2022 Additional time needed for claims review and confirmation of completion. ETA 01/06/2023.			
FQHC/RHC	1412 Claims T1015 FQHC claims need to be reprocessed.	5/10/2022	1/30/2023	01/13/2023 Claims reprocessing to capture any claims that were denied for timely filing. ETA for completion is 01/30.2023.  Closed 02/10/2023 Project and review completed as of 01/30/2023.		1/30/2023 COM0017302	
ЕДНС/КИС	1412 Claims   1015 FQHC claims need to be reprocessed.	5/10/2022	1/50/2023	Issue under review for resolution.	Yes	1/30/2023 COM001/302	28
				12/16/2022 Service request in process to pull all diagnosis codes, as submitted to HHA on claims. ETA for completion is 12/29/2022. 12/23/2022 ETA for projection completion updated to 01/10/2023.			
	Issue identified where all submitted diagnosis codes are not being picked up in AMHC claims processing system			01/27/2023 ETA for project completion moved to 02/15/2023.		COM0023628/WR74137	
PCS	1137 Claims on claims submissions.	10/18/2022	2/15/2023	Closed 02/24/2023: Issue has been resolved. Al diagnosis codes are being received by AMHC	Yes	2/24/2023 INC0642323/PRB0043651	38
				02/17/2023: Upon review of the TPL/COB process where a payment had been made by AMHC but the member was found to have other coverage, we found that our system was coded to send recovery notification letters. In error, to			
				that our system was coded to send recovery notification letters, in error; to the provider; however, no follow-up collection efforts or recoveries were made. We have updated the coding so that the letters will no longer be generated.			
Primary Care	4 Claims COB Recoupment letter sent to provider—payment was made and other primary coverage was later identified.	2/10/2023	2/17/2023	Closed We also have processes in place to file the claims with the correct primary carriers and seek payment from them, as detailed in our contract.  DMF fee schedule undates will be loaded in claims system and claims responsessed appropriately. FTA for load and reprocessing is 11/f01/2022.	No.	2/17/2023 COM0026934	43
				10/21/2022 On track to meet SLA of 11/01/2022.			
				11/17/2022 SLA moved to 11/21/2022. 12/02/2022 Fee schedule updates and claims reprocessing validation in progress.			
DME	766 Claims DME Fee Schedule updates not loaded in claims system.	9/12/2022	3/24/2023	Closed 12/16/2022 Additional time required to confirm all claims have been reprocessed. ETA is 12/23/2022.  *Fix date is for long term solution.	Yes	3/24/2023	41
				AMHC has a work request in place with our internal information systems teams to extend a grace period that will overlan with quarterly undates. Temporary			
	CLIA: AMMC ingests the CMS CLIA certification file, which is published quarterly. Due to overlap with provider CLIA renewals and ingestion of CMS file, any renewals prior to the next quarterly update aren't being reflected in			workarounds to review CLIA denials with updated certifications and reprocessing of claims have been implemented to reduce/prevent claim denials. Short term solution of manually reviewing CLIA denials and reprocessing claims as necessary is in place. Claims impact of 6,000 claims upon initial identification of			
Various	285 Claims our system and may cause claims to deny.	5/16/2022	5/26/2023	Closed issue, reprocessing efforts of initial inventory completed on 07/03/2022. Going forward, manual processing will be completed on weekly basis.	No	7/6/2022 SR 563576	19
				Keying instructions have been reviewed with paper vendor. All claims will be rekeyed and reprocessed for payment as appropriate, currently in process as of			
				3/21. Claims project submitted for P1 provider submitted for rekeying on 4/14/2022 and processed on 4/19 to go out on 4/20 check run. Continued investigation of potential denials and reprocessing is occurring. All known paper taxonomy keying errors have been re-keyed and claims reprocessed. All review			
Various	All Claims Taxonomy denials: keying errors of paper claims have caused inappropriate denial of claims.	12/2/2021	4/18/2122	investigation of potential denials and reprocessing is occurring. All known paper taxonomy keying errors have been re-keyed and claims reprocessed. All review Closed and audits are completed, with no additional findings or errors. This issue is closed, effective 07/06/2022.	Yes	7/1/2022 IRT 11	5
				07/17/2023 Hospice claims summitted with the appropriate CBSA and Condition Code of 61 or 68 were denied inappropriately for p16. Systemic update is in		COM0034260	
				U/11/AU3 Hospice claims summer to appropriate LesA and Condition Code of 51 or 68 were denied inappropriately for p16. Systemic update is in process. Interfim daling spring it is process.  07/26/2023: SLA for update is 08/15/2023.		COM0034260 COM0036726	
Other	43 Claims Hosoice claims denied in error	7/17/2023	8/11/2023	07/26/2023: SLA for update is 08/15/2023.  Closed 08/11/2023: Sytem update has been completed. All claims have been reprocessed. Issue is closed.	Ver	COM0036749 8/11/2023 COM0036845	44
	CONTROL WAS TOWN TO WAT WAT		LI LE ANALI	AND THE PROPERTY OF THE PROPER	161	4/5/1000	
				07/10/2023 Newly identified issue where allowable units reduced to 1 unit when billing for 2 for spectacles fitting and dispensing. System editing incorrectly.			
				07/24/2023: System fix is in testing for release to production.			
Ontical	93 Claims Allowable units reduced to ONE unit when billing for 2 for spectacles fitting and dispensing, in error.	7/10/2023	8/11/2023	07/26/2023 SLA is on track for 08/11/2023.  Closed 08/11/2023: System fix is in place and effective. Impacted claims were reprocessed.		COM0039537 8/11/2023	45
Optical	SA Samus Perowasse units reduced to one unit when uniting for 2 for specialists itting and dispensing, in error.	7/10/2023	6/11/2023	US/11/2023: System tix is in place and emercine. Impacted claims were reprocessed.  08/10/2023: Procedure code 99499 denials are under review for accuracy of the denials, to include presence of required checklist.	Yes	9/11/2023	43
				08/24/2023 : Review summary includes claims that were denied in error due to manual error, those claims are being reprocessed. Other denials are under investigation for timeliness of the denials, when consent forms are missing.			
				09/07/2023: Review of denials under investigation. ETA for completion is 09/15/2023.			
				10/06/2023: Denial review has been completed. ACNC will make outreach and perform provider education regarding use of the 275 electronic attachment fle. Issue will be closed once outreach project is completed. Estimating 6 weeks for outreach and education to be completed.			
Pediatric	All Claims Potential issues with CMEP. Claims that are billed with 99499 may not be processing properly.	6/6/2023	11/10/2023	Closed 11/16/2023: Issue closed.	Yes	11/16/2023 COM0036724	46
				09/05: The Optum process for pending claims for medical record review was turned on 8/21/2023, we are denying for missing information, details are below. In each of these instances, we have done readiness reviews with the state to describe our processes.			
				missing PML claims will deny ZZ1 - Supporting documentation missing/invalid			
	The DHHS has identified a population of claims that are being denied for lack of information. As per the prompt pay standards below, these claims should be pended to allow for the receipt of additional information needed for			missing Sterilization Forms' deny with ZZA-"Submit Consent Form" missing/incomplete CME checklist, claims will deny 102 "illegible Records Sub"			
	processing. However, AmeriHealth is automatically denying these claims if all information is not present at the time of processing.			09/22/2023: Update to be provided after internal meeting is held. 10/05/2023: Internal review continues within AMHC.			
				11//03/2023: AMHC will pend the above scenarios for receipt of additional information. System will be updated for those scenarios to route to a work queue.			
	V.H.1.d Prompt Payment Standards, the PHP shall, within eighteen (18) calendar days of receiving a Medical Claim, notify the provider whether the claim is Clean, or Pend the claim and request from the provider all			11/16/2023 ETA for extended pending for PML, SNF/PML and CME is 12/08/2023. 12/08/2023 Pending process has been updated to allow claims to pend. Issue closed.			
Various	All Claims additional information needed to timely process the daim.	8/15/2023		Closed	No	12/8/2023 COM0042542	47
				06/30/2023: Review revealed there was a rate file loading error for 07/01/2023 CDM Updates. 07/05/2023: File load in process with ETA of 07/27/2023.			
				08/08/2023: Confirmed that updates completed in sytem. Impacted claims identified and scheduled to reprocess.			
				08/16/2023: Claims fell out of first project, second batch sent for reprocessing. 08/24/2023:Review project confirmed all impacted claims have been resprocessed appropriately.			
Various	All Claims Rate File Loading Error for 07/01/2023 CDM Updates	6/30/2023		Closed 09/15/2023: PICAT listing reprocessed claims submitted to DHHS. Issue closed.	Yes	8/24/2023 COM00398742	48

			recorrect claims processing. To adhere to federally required rebate guidelines, NC Medicaid requires the submission of a HCMS code with an NDC on all drug claim lines with Revenue codes 0350-0359 and 0611-037			301/1/2023. It Standard Plans are majored to reprocess claims proviously and increment for the date of survivous prior to \$1/1/2022. New floridary required enhance productions and the properties of the production of the survivous production of the recognition can with these requirements within 45 days for \$10/1/2022. Department memory necessary and the production and to sooily white facilities provided on the recognition of the	
Various	125	Claim	submitted on outpatient hospital institutional claims (which are billed on a UB-04 / 837-I).	10/11/2023	141	Open 02/09/2024 Project has progressed. Review for completion is in process. ETA is 02/28/2024  Yes 10/11/2023 FCE Meeting	49
DME	Al	Claim	Modifier NU denials for DME and ORP services	10/31/2023		10/31/2023. System update in process to allow modifier NU as payable for codes on the DME and OBF fee schedules. 114/2023. System update is have been completed as of 11/14/2023 impacted claims will be reprocessed. ETA 12/06/2023. Oboxel 12/11/2023 Codes in his whose here processed is used in closed. Yes 12/11/2023 Tech Ops No. INCOY82346/COM0036518	50
						11/06/2023: When providers require an authorization for limit exceptions, the requests should come to our distribution list for UM review: DL-ACFC:ACNC PH	
1		1	EviCore/prior authorization vendor was not processing authorizations for limit exceptions for DME codes that did			UM Leadership ACNC PH UML Leadership@amerihealthcaritas.com. This email address has been shared with NCDHS and goes directly to the AmeriHealth	
DATE			ont require authorization.	10/18/2023		Closed UM management can be ensure them becomes present the control of the contro	
DME	Al	Claim	s not require authorization.	10/18/2023		Cosed own management team to dissure unitary processing.  Yes 11/6/2023 COM0045875	51
DME	12	. Claim	s.  AMHC undergaid DME code E0002 from 10/01/2022 - 09/01/2023	11/9/2023		11/09/2023 ARME: undergoal DME Code 60027 from 10/01/2021 - 09/01/2021 . Payment was set to 564 at 3 but should have been 576.61, effective 10/1/2022- Specime has been updated or refers 576.61 and impacted claims 97 - daming with the representative with 17.4 of 12/2/2023.  Common of contractive or contrac	52
						11/30/2023: DME codes for sleep items had auth requirements active for items billed under \$750.00 inappropriately. System configuration was updated on	
						10/19/2023. Claims project in process to adjust impacted claims. SLA is 12/22/2023.	
DME	42	Claim	s DME codes for sleep items had auth requirements active for items billed under \$750.00 inappropriately.	10/1/2023		Closed 12/22/2023: Claims have been reprocessed. Issue closed.  Yes 12/22/2023 COM0048545	53
Various	596	t Claim	, Recoupments being done in error for VFC vaccines provided to Health Choice beneficiaries	12/11/2023		13/21/2013 AVE: (recovery project was initiated in any florember and damin for health Choice members were included in error. In Viz.viz. (and on a play to Health Choice members, There are 17/27 related to the project by the error. The projects be been carecised for the 1,277 claims and AMNE* in the process of connecting the invested claims.  On the contract of the contract of the contracting the invested claims. In the contracting the invested claims are contracted to the contracting the invested claims.  On the contracting the contracting the invested claims.  On the contracting the contracting the invested claims.  In the contracting the contracting the invested claims.  In the contracting t	54
Various	856	Claim	, August 2023 claims were denied inaccurately for CARC 87 and CARC 299	11/14/2023	107	OI/1/2028.C Colom-were mapped to handwelp provider records in our system customing inappropriate densitie. This inactive records any the result of provider data that was used only for the FF automation. Executed review in its providers of tasks on updates are being employed to 1 one of providers data that the providers of tasks of the providers of provider of the first or their views and approved to does issue. ETA for completion is IOZ/2020.4. Yes	55
Various	ТВС	Claim	, JAMHC denied codes codes 92536 and 92523 performed via telehealth service location in error.	12/14/2023	77	13/14/2033 AMMC denied coder 03/35 and 93/31 garformed via behinkablt service facation in error. The services location for these services were made into permanent policy for tenderable uncer COVD facilitation.  Open 05/95/2034 The greater has been explained to entired appropriately locations and column will be resolution for the conductation. ETA 03/29/2034.  Yes COM/00/34/98	56
Various	288	t Claim	s   AMHC denied code 99070 in error.	10/17/2023		12 77/2023-44MrC denied code 99970 in error.	57
Various	Al	Claim	c Cholesteral screening providers billing errors	5/26/2023		OVEX.2023. Et de sus supposede unider review status 01/02/2023. Et de sus supposede et view an de trainement veu devied appropriately based on CAS NCO publishes. If the diagnosis is not on or fine temposte diagnosis codes according to the NCO 100.23 https://www.cms.gov/medicine-coverage- If the diagnosis is not on or fine temposte diagnosis codes according to the NCO 100.23 https://www.cms.gov/medicine-coverage- If the diagnosis is not on or fine temposte diagnosis codes according to the NCO 100.23 https://www.cms.gov/medicine-coverage- If the diagnosis is not on or fine supposted diagnosis codes according to the NCO 100.23 https://www.cms.gov/medicine-coverage- If the diagnosis is not on or fine supposted diagnosis codes according to the NCO 100.23 https://www.cms.gov/medicine-coverage- If the diagnosis is not on or fine supposted diagnosis codes according to the NCO 100.23 https://www.cms.gov/medicine-coverage- If the diagnosis is not on or fine supposted diagnosis codes according to the NCO 100.23 https://www.cms.gov/medicine-coverage- If the diagnosis is not on or fine supposted diagnosis codes according to the NCO 100.23 https://www.cms.gov/medicine-coverage- If the diagnosis is not on or fine supposted diagnosis codes according to the NCO 100.23 https://www.cms.gov/medicine-coverage- If the diagnosis is not on or fine supposted diagnosis codes according to the NCO 100.23 https://www.cms.gov/medicine-coverage- If the diagnosis is not on or fine supposted diagnosis codes according to the NCO 100.23 https://www.cms.gov/medicine-coverage- If the diagnosis is not on or fine supposted diagnosis codes according to the NCO 100.23 https://www.cms.gov/medicine-coverage- If the diagnosis is not on or fine supposted diagnosis codes according to the NCO 100.23 https://www.cms.gov/medicine-coverage- If the diagnosis is not on or fine supposted diagnosis codes according to the NCO 100.23 https://www.cms.gov/medicine-coverage- If the diagnosis codes according to the NCO 100.23 https://www.cms.gov/medicine-coverage- If th	58
DME	AI	Claim	s Unit limit issue for bilateral HCPCS codes	11/29/2023	92	11/29/2013 Unit time with hyperium out adjusticating both units, where there is 11 and 11. Times being reviewed. 12/14/2013 Unit time with hyperium cytication processes, and advance component design, interactive Value 7/25/2014. 12/14/2013 Unit of Value Component of Value Compon	59