

Provider Type	Number of Impacted Providers	Category	Issue	Date Issue Found	Number of Days Outstanding	Estimated Fix Date	Status	Resolution	Interest/Penalties Owed	Date Resolved	Tech Ops Incident/Problem Number	ROW #
Various	653	Provider	"No MAID" Claims Issues: A "no MAID" or no Medicaid ID warning message was issued for providers previously not enrolled with NC Tracts. AMHC discovered that upon enrollment, this warning message is not always removed 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		7/10/2022	Closed	The warning message has been removed from all provider records. Claims impacts and reprocessing to follow. Review of and correction of provider data is occurring with claims reprocessing to follow. Claims reprocessing has been completed in this project.	Yes	7/10/2022		23
Various	Psych and Rehab providers choosing to use new taxonomies	Claims	Additional logic around taxonomy provided by the state.	7/1/2022		8/5/2022	Closed	System updates being performed for around additional taxonomy logic required to meet state guidance on taxonomy for psych and rehab. Work request deployed 07/05/2022. Additional taxonomies added to system taxonomy logic. Issue is closed.	No	8/5/2022		26
Behavioral Health	TBD	Claims	Behavioral Health claims are denying for units requiring PA in error, members can receive 24 unmanaged visits.	9/29/2022	61	10/24/2022	Open	System configuration will set the BH codes (ex. H0038) to deny stopping 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.	Yes		COM0023078	33
Pediatric	All	Claims	Child Medical Evaluation (CME) and Law Enforcement Claims: Providers reporting various challenges related to record submission, denials, and claims editing. Additionally, guidance provided by NCDHHS has now indicated services are not subject to copy.	3/10/2022		7/1/2022	Closed	7/1: estimated date all medical records and documentation can be submitted electronically 3/18: updated guidelines to ensure that CME: CME form is required/authorization is not required; Law Enforcement: CME form not required; all services payable with no editing in place 3/18: Targeted training completed for claims processing team 4/4: SLA to complete reprocessing for inappropriate editing Previous reprocessing projects submitted on 3/10, 3/17, 3/21 and 3/23 and have been paid out. 4/26: We continue to evaluate claims that are potentially denying inappropriately and initiate reprocessing as well as report our progress to NCDHHS daily. 5/2: Work request submitted to exclude services from applying copy. 5/6: NCDHHS is defining appropriate editing of claims. 5/9: Claims project in process. Update to be provided to key provider on 5/9. Outstanding question to NCDHHS pending. 5/13: NCDHHS guidance provided on editing of claims. Claims reprocessing projects completed on 5/13 that denied for medical records inappropriately. Meeting held on 5/13. Provider to follow up with state on decision on 96160 and 96161 not being separately payable. Update sent to provider on 5/17, multiple projects completed and payments are in route. Corrected claim submitted on 5/13 was located in AH system and has been processed should be released on 5/20/22 check. One project for 1 claim to be submitted on 5/17/22 state update for 99245 are in process. 5/31/2022: Work request in progress CFC62383 and is in last stages prior to claims reprocessing; All CME claims have been reprocessed; State to provide education on correct coding 6/14/2022: Claims reprocessing project completed.	Yes	7/1/2022	Multiple COM0012273	9
Various	1	Provider	Claims denying for incorrect member data must be voided and then resubmitted	6/22/2022		6/22/2022	Closed	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 Provider Services for assistance.	No	6/22/2022		24
Various	All	Claims	CLIA: AMHC 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 our system and may cause claims to deny.	5/16/2022		9/16/2022	Closed	*Fix date is for long term solution. AMHC has a work request in place with our internal information systems teams to extend a grace period that will overlap with quarterly updates. Temporary 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 needed is in place. Claims impact of 6,000 claims upon initial identification of 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
PCS	All	Claims	Clinical editing denial EOBs: Correct clinical editing has taken place on claims, however explanation codes to justify the denial have not been transferred to the remittance advice.	12/28/2021		5/3/2022	Closed	*A fix date is under investigation; resolution involves configuring to provide explanation codes on claims EOBs with new remittance advice being issued to providers. We are currently manually providing explanation codes that will describe the denial reason. Denial mapping in place and review completed as of 05/03/2022	No	5/2/2022	RT 842	6
LHO	1	Claims	Copy logic did not include immunizations. AMHC was not taking the copy as they should have been.	8/5/2022			Closed	Copy 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. 11/08/2022 NCDHHS confirmed that immunizations do not require a copayment.	No	11/8/2022	COM0020735	1404
Dental	All	Claims	Dental ASC Case Rates: Incorrect editing was occurring	3/29/2022		4/18/2022	Closed	Emergency change request submitted on 4/8/2022 to remove inappropriate editing. Claims project submitted to reprocess claims based on inappropriate editing on 4/8 for specific providers. Project 1083213 was submitted for claims reprocessing for all providers on 4/11. Estimated fix date is based on 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.	Yes	4/18/2022	COM0015706	15
DME	766	Claims	DME Fee Schedule updates not loaded in claims system.	9/12/2022	78		Open	DME fee schedule updates will be loaded in claims system and claims reprocessed appropriately. ETA for load and reprocessing is 11/01/2022 10/21/2022 On track to meet SLA of 11/01/2022. 11/17/2022 SLA moved to 11/21/2022.	Yes			
DME	All	Claims	DME local W Codes: Keying errors for paper claims have caused inaccurate mapping of services and denial of claims.	11/21/2021		4/25/2022	Closed	Rules for keying paper claims have been refined with testing completed and went into production on 4/25/2022; claims relieving are currently in process. Claims have been reprocessed as of 6/13/2022.	Yes	6/13/2022	IRT 768	4
DME	All	Claims	DME Manually priced items have been denied in error.	10/13/2021		3/7/2022	Closed	AMHC has updated workflow to ensure all payable services accompanied by invoices will be paid. Review of previously denied items in process. Reprocessing of all incorrectly denied claims has been completed as of date resolved.	Yes	3/16/2022	IRT 572	3
Pediatric	All	Claims	EPSDT: Services are not subject to TPL requirements (Medicaid is not payer of last resort) - These are pay and chase services.	3/31/2022		5/31/2022	Closed	place. System updates usually take a month from this 4/11 date. Manual claims project is process in tandem with system updates and has been completed. 5/31/2022: Interim solution is now a long-term production job and will be full time solution	Yes	5/31/2022	INC0545691	12
Other	All	Claims	EVV: Denials due to internal data transfers with stripping off the "visit key" required to process the claim appropriately.	2/11/2022		3/24/2022	Closed	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 denied. 4/25: Providers report EVV issues which are being investigated for root cause of system issue or provider billing issue. 07/11/2022 This issue has been resolved with additional provider outreach/education and claims resubmission, as needed.	Yes	4/18/2022	IRT 882	7
Various	Various	Claims	Fee Schedule SLA: Physician Fee Schedule - incorrect loading of physician assistant fee schedule for physicians and both provider types paid at incorrect rates	5/2/2022		7/4/2022	Closed	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 process. The remainder of manual claims review to follow each batch. All claims have been reprocessed. This issue is closed as of 07/01/2022.	Yes	7/1/2022	CFC62283	21
Various	All	Claims	Fee Schedule SLA: Physician Fee Schedule Implementation and Reprocessing	4/29/2022		7/4/2022	Closed	Rate update implementation date is 4/21/22. All claims have been reprocessed as of 06/11/22.	Yes	6/11/2022	COM0017019 COM01124332	18
Nursing Home	All	Claims	SNF PHP Weekly Outbreak Tracking Report v23 20220325.xlsx	5/1/2022		6/27/2022	Closed	Update to rates were made 5/27. Claims reprocessing to follow for under/overpayments with estimated SLA of 6/27. Claims reprocessing completed.	Yes	6/27/2022		17
Outpatient Hospital	All	Claims	Hospital Outpatient Fee Schedule Update SLA: Fee schedule was updated and claims reprocessing projects underway	4/20/2022		6/13/2022	Closed	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 day). Claims reprocessing completed on 6/14/2022.	Yes	6/14/2022		22
Various	All	Claims	Invoices, consent forms, and other attachments: currently, documentation required by ACNC (as with other PHPs 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 [AmericanHealth Caritas North Carolina] / Attn: Claims Processing Department / P.O. Box 7380 / London, KY 40742-7380.	7/1/2021		7/1/2022	Closed	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 paper now and after this fix. The electronic intake of the 275 is functional and available to providers.	No	7/1/2022		16

Various	All	Claims	Medical Support Enforcement: claims for members with child support enforcement orders shouldn't deny for an EOB but can be processed when an EOB is present	3/31/2022	7/25/2022	Closed	NCDHHS has provided AMHC a list of all members with Child Support Enforcement orders as of 4/11. We are utilizing a temporary fix/workarounds to ensure no incorrect denials and system updates, as of 5/11. Manual claims project of previously paid claims is in process in tandem with system updates - project is still in process with a timeline of one month from 4/11 due to volume of membership and past claims required to be adjusted. 06/03/2022: Interim production job completed 6/11/2022 to reprocess all outstanding claims and recent job was run on 6/16. This will be run on a regular cadence while waiting on long-term B34 solution. System updates related to temporary workaround and reprocess previously on track for 5/11 has not deployed. AMHC is utilizing interim solution to track Medical Support Enforcement members, pending a permanent internal solution. Fix date is for temporary workaround as State is designing long-term solution on B34 file. 3 projects in flight for claims denied for other insurance policy as of 5/25/2022. 3 projects: Completed on 4/30/2022, 5/5/2022 and one still in process as of 5/31/2022. All claims projects have been completed. Manual process of intaking state emailed member file for members who should not have COB applied. This issue is closed as of 07/25/2022.	Yes	7/25/2022	COM0015054 NC0545601	11
Various	All	Claims	Member copays applied in error for STI and Family Planning.	9/20/2021	6/11/2022	Closed	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 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
Hospital	All	Claims	Newborn stays: PHPs were notified of the Department's request of a retrospective review of claims in support of provider transition to managed care - specifically denials related to: 1) lack of notification to the PHPs or 2) up/down coding or other modifications to the data element of the claim.	4/12/2022	5/27/2022	Closed	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: 96% of all newborn claims have been reviewed, with 3% remaining. Claims reprocessing for medically necessary denied newborn claims and medically necessary down-coded newborn claims is currently in process, to be completed by 5/27. Review of the remaining 3% of claims, with any necessary adjustments medically necessary denied newborn claims and medically necessary down-coded newborn claims with reprocessing to start on or before 5/27/2022. All claims have been reprocessed and paid as of 6/20.	No	6/20/2022	04082022_0236P 665377	13
Various	2	Claims	Paper claims received from 08/14/2022 - 09/20/2022 may have been rejected in error for some members due to a sporadic disconnect failure with the servers that imported and stored the data.	9/29/2022	6/1	Open	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. 11/27/2022 This issue remains open, as provider submit denials for review.	Yes			32
Various	All	Provider	PEF Redesign and provider data load: AMHC is continuing to monitor intaking the new PEF and automated process.	7/7/2021		Closed	The new process for ingesting the PEF went in place on 3/25. This reduced the ingestion of charges on the PEF file from multiple days due to process/technical limitations to 24 hours. We also have a termination to termination providers based on what is found on the PEF file. One downstream outstanding process is in 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. Downstream processes and issues are resolved, as of 06/01/2022 and with guidance from NCDHHS.	Yes	6/1/2022	N/A - generic issue	1
FQHC/RHC	1	Claims	Per COM0017639: FQHC provider reporting various denials related to FQHC billing, including no rate on file/no fee schedule.	5/26/2022	6/26/2022	Closed	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 reprocessing to follow by estimated fix date. All corrections have been made, claims reprocessing complete as of 06/23/2022. This issue is closed.	Yes	6/23/2022	COM0017639	20
Various	61	Claims	State encounter recoveries: Taxonomy	6/21/2022	161	Open	NCDHHS issued encounter rejections for billing taxonomy issues and ACNC has lettered and recouped some provider payments. Upon review and resubmission of encounters, ACNC has determined some rejections were incorrectly determined and providers were lettered and recovered inappropriately. The recovery project is being cancelled and replaced with an accurate inventory, and new letters to be issued where recoveries need to occur. Recoveries to follow if appropriate after notification and expiration of letter. If previous recoveries took place inappropriately, repayments will be issued. This project is on track to have all recovery letters sent to providers by 10/01/2022. 10/21/2022 Project was delayed due to additional review by Encounters Dept. Scheduled to resume 10/22/2022. 11/04/2022 Project completion date with recoveries SLA is 12/15/2022.	No		1005992	25
Various	52	Claims	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 reprocessed.	6/16/2022	166	OPEN	All impacted claims will be reprocessed to pay CPT T1002 claims appropriately. 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 T1002.	Yes	10/15/2022	COM0018961 and COM0018511	29
FQHC/RHC	1412	Claims	T1015 FQHC claims need to be reprocessed.	5/10/2022	203	Open	All impacted claims will be reprocessed to pay the T1015 claims appropriately. Reprocessing will be completed by 10/15/2022. 11/04/2022 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. 11/23/2022 Review of agreements completed. Claims review in process. ETA for completion of reviews 12/09/2022	Yes		COM0017302	28
Various	All	Claims	Taxonomy denials: keying errors of paper claims have caused inappropriate denial of claims.	12/7/2021		Closed	appropriate, currently in process as of 3/21. Claims project submitted for #1 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 in progress.	Yes	7/1/2022	IRT 11	5
Various	All	Claims	Taxonomy denials: suspended taxonomies were denied rather than pending.	3/21/2022		Closed	impacts; incorrectly denied claims were revalidated through the taxonomy process. Suspend process is working as expected. This issue is closed.	Yes	5/15/2022	IRT 11	8
Various	All	Claims	Vaccine Administration: AMHC has been incorrectly posting denials for vaccine administration for Health Choice members	3/10/2022		Closed	Work request was submitted to process claims appropriately with claims project submitted on 5/4/2022; all claims reprocessing projects have been completed on 05/12/2022.	Yes	6/17/2022	COM0014548	14
Various	1298	Claims	Vaccine Code increased from \$45 to \$65.	4/21/2022		Closed	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		27
LHD	13	Claims	Procedure code 80305 was overlooked in the LHD FS update published on 08/19/2022.	9/19/2022		Closed	Procedure code was missed in manual keying process. The code has been added to the system and all claims have been reprocessed, as of 10/17/2022.	Yes	9/28/2022	COM0019815	34
PCS	18	Claims	Allowable units for CPT 99509 are controlled via the prior auth process, issue identified where unit limits were applied inappropriately.	10/26/2022	34	Open	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.	Yes			35
PCS	TBD	Claims	Issue identified where EVV Visit Key is not being picked up in AH claims processing system on corrected/adjusted claims submissions.	10/18/2022	42	Open	Break fix is in the process of being deployed. Once deployed, project will be submitted. 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.	Yes		NC0631663/PRB0043531	36
Optical	184	Claims	Issue identified where allowable units reduced to 1 when billing for 2 lenses.	10/26/2022	34	Open	Manual claim sweep project performed to process claims appropriately. Update is in process with a tentative SLA of 11/30/22.	Yes			