

8/6/2024

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 #
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
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. 07/11/2022 This issue has been resolved with additional provider outreach/education and claims resubmission, as needed. Emergency change request submitted on 4/30/2022 to remove inappropriate editing. Claims project submitted to reprocess claims based on inappropriate editing on 4/8 for specific providers. Project 1289238 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	IRT 892	7
Dental		All	Claims	Dental ASC Case Rates: Incorrect editing was occurring	3/29/2022	4/18/2022	Closed	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	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	Claims have been reprocessed as of 6/3/2022.	Yes	6/3/2022	IRT 768	4
Various		All	Claims	Vaccine Administration: AMHC has been incorrectly posting denials for vaccine administration for Health Choice members	3/10/2022	4/28/2022	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
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.	11/28/2021	5/2/2022	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 05/02/2022.	No	5/2/2022	IRT 842	6
Various		All	Claims	Taxonomy denials: suspended taxonomies were denied rather than pending.	3/21/2022	5/15/2022	Closed	Pend queue created 12/12, however ongoing research to determine if pend queue is functioning correctly and potential impacts; incorrectly denied claims were reevaluated through the taxonomy process. Suspend process is working as expected. This issue is closed.	Yes	5/15/2022	IRT 11	8
Various	1,288		Claims	Vaccine Code increased from \$45 to \$65.	4/21/2022	5/2/2022	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	5/2/2022		27
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 PHP or 2) updates/edits 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 1 forward. 5/17: 90% of newborn claims have been reviewed, with 10% remaining. Claims reprocessing for medically necessary denied newborn claims and medically necessary denied newborn claims is currently in process, to be completed by 5/27. Review of the remaining 10% 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_0316P 665377	13
Pediatric		All	Claims	EPDIT: Services are not subject to TPL requirements (Medicaid is not payer of last resort) - These are pay and share services.	3/31/2022	5/3/2022	Closed	We found a gap in diagnosis codes as of 4/11. We are researching temporary fixes/workarounds while a permanent fix is in 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.	Yes	5/3/2022	INC0545691	12
Various		All	Claims	Member copies applied in error for STI and Family Planning.	9/20/2021	6/11/2022	Closed	Configuration updates to pay logic will be made in claims payment system. Claims reprocessing project submitted on 3/20 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 5/11/2022. All claims have been reprocessed, as of 05/25/2022.	Yes	6/22/2022	IRT114 PRB0042323	2
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	Denials in process on 5/15/2022. 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.		6/14/2022		22
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
FQHC/RHC		1	Claims	Nr 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 5/11, 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.	Yes	6/21/2022	COM0017639	20
Nursing Home		All	Claims	Fee Schedule SLA: SNP PHF Weekly Outbreak Tracking Report v23 20220325.xlsx	5/1/2022	6/27/2022	Closed	All corrections have been made. Claims reprocessing complete as of 06/23/2022. This issue is closed.	Yes	6/27/2022		17
								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		
								7/1 is 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 4/1: SLA to complete reprocessing for inappropriate editing Previous reprocessing projects submitted on 3/24, 3/27, 3/21 and 3/23 and have been paid out. 4/26: We continue to evaluate claims that are potentially denying inappropriately and reprocessing as well as report our progress to NCDHHS daily. 5/2: Work request submitted to include 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: NCHHS guidance provided on editing of claims. Claims reprocessing projects completed on 5/11 that denied for medical records inappropriately. Meeting held on 5/13. Provider to follow up with state on decision on 96100 and 96101, 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 AR 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 and rate review and updates for 99245 are in process. 5/11/2022: Work request in progress C062383 and in last stages prior to claims reprocessing. All CME claims have been reprocessed; State to provide education on correct coding 6/14/2022: Claims processing project completed.				
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.	3/18/2022	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.	No	7/1/2022	Multiple	9
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 AmeriHealth Caritas North Carolina / Attn: Claims Processing Department / P.O. Box 7380 / London, KY 40342-7380.	7/1/2021	7/1/2022	Closed	The electronic intake of the 739 is functional and available to providers.	No	7/1/2022	COM0012273	16
Various	12,924		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 i5/automated process. The remainder of manual claims review to follow each batch.	Yes	7/1/2022	CF62283	21
Various		All	Claims	Fee Schedule SLA: Physician Fee Schedule Implementation and Reprocessing.	4/29/2022	7/14/2022	Closed	All claims have been reprocessed. This issue is closed as of 07/03/2022.	Yes	6/11/2022	COM0017019 COPS 1124332	18
Various		All	Provider	PEF Redesign and provider data load: AMHC is continuing to monitor intaking the new PEF and automated responses.	7/7/2021	7/7/2022	Closed	The new process for ingesting the PEF went in place on 3/25. This reduced the ingestion of changes 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 PEF Network File. Currently we are sending some providers on the PEF Network File that are terminated, and we are escalating this internally to resolve this issue. This is being investigated with our internal teams.	Yes	6/1/2022	N/A - network issue	1
Various	663		Provider	"No MAM" Claims Issues: A "No MAM" or no Medicaid ID warning message was issued for providers previously not enrolled with NC Tracks. 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 MAM".	6/19/2022	7/25/2022	Closed	Downstream processes and issues are resolved as of 06/01/2022 and with guidance from NCDHHS.	Yes	7/28/2022		23
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	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.	Yes	7/28/2022		23
Various		All	Claims	Psych and Rehab providers choosing to use new taxonomies.	7/1/2022	8/9/2022	Closed	Claims reprocessing has been completed in this project.	No	8/9/2022		26
Various		All	Claims	State encounter recoveries: Taxonomy	6/21/2022	8/21/2022	Closed	NCDHHS has provided AMHC a list of all members with Child Support Enforcement orders as of 4/11. We are utilizing a temporary fixes/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 6/1/2022 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 BSA solution.	Yes	12/15/2022	1005992	25
LHD	13		Claims	Procedure code 80095 was overlooked in the LHD FS update published on 08/19/2022.	9/19/2022	9/28/2022	Closed	System updates being performed for around additional taxonomy logic required to meet state guidance on taxonomy for psych and rehab, work request delivered 07/09/2022. Additional taxonomies added to system taxonomy logic - issue is closed.	Yes	9/28/2022	COM0019815	34

Various	325	Claims	Incorrect claims processing: To adhere to federally required rebate guidelines, NC Medicaid requires the submission of a HCPCS code with an NDC on all drug claim lines with Revenue codes 0250-0259 and 0631-0637 submitted on outpatient hospital institutional claims (which are billed on a UB-04 / 837-I).	10/11/2023	141	Open	10/11/2023: Standard Plans are required to reprocess claims previously paid incorrectly for dates of services prior to 5/1/2022. Per federally required rebate guidelines. The Department expects Standard Plans to come into compliance with these requirements within 45 days of the 10/11/2023 Department memo notification and to notify affected providers of the requirement consistent with Section V.4.1.d.i.v. of the Contract. Claims must be reviewed and resubmission of these claims to correct this error will not be subject to timely filing denials. Additionally, Standard Plans are required to communicate to their plan to reprocess any impacted claims with revenue code 025x or 063x which do not include an NDC code and HCPCS code to providers and request providers to resubmit claims with the missing data. Guidance was published to providers related to this issue in the following Department bulletin: Pharmacy Billing Reminder for Revenue Codes 025x and 063x - The Department is working to publish a bulletin to providers to notify them of this claim's repurchasing effort for Medicaid Direct and with the Standard Plans. 11/03/2023 AMHC working to make notification to providers via November newsletter, along with individual provider outreach. 12/01/2023: Notification was sent to providers via newsletter, also newsletter is posted on ACNC provider website. The posting mentions to see the KIT for additional details.	Yes	10/11/2023 FCE Meeting	49
DME	All	Claims	Modifier NU denials for DME and OBP services	10/31/2023		Closed	02/09/2024 Project has progressed. Review for completion is in process. ETA is 02/28/2024 10/31/2023: System update in process to allow modifier NU as payable for codes on the DME and OBP fee schedules. 11/6/2023: System updates have been completed as of 11/06/2023. Impacted claims will be reprocessed. ETA 12/06/2023. 12/11/2023: Claims have been reprocessed. Issue is closed.	Yes	12/11/2023 Tech Ops No. INC0782949/COM0036518	50
DME	All	Claims	Ev/Cons/prior authorization vendor was not processing authorizations for limit exceptions for DME codes that did not require authorization.	10/18/2023		Closed	11/06/2023: When providers require an authorization for limit exceptions, the requests should come to our distribution list for UM review. DL ACPCACNC PH UM Leadership ACNC_PH_UM_Leadership@burnshealth.com. This email address has been shared with NCDHS and goes directly to the AetnaHealth UM management team to ensure timely processing.	Yes	11/6/2023 COM0045875	51
DME	12	Claims	AMHC underpaid DME code E2002 from 10/01/2022 - 09/01/2023	11/9/2023		Closed	11/09/2023: AMHC underpaid DME Code E2002 from 10/01/2022 - 09/01/2023. Payment was set to \$99.62 but should have been \$76.61, effective 10/1/2022. System has been updated to reflect \$76.61 and impacted claims (97 claims) will be reprocessed with ETA of 11/27/2023. 11/17/2023: The system was updated to reflect \$76.61 and all impacted claims have been reprocessed to include penalties and interest as appropriate. Issue closed.	Yes	11/17/2023 Tech Ops No. INC0782947/COM0020857	52
DME	42	Claims	DME codes for sleep items had auth requirements active for items billed under \$750.00 inappropriately.	10/1/2023		Closed	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. 12/22/2023: Claims have been reprocessed. Issue closed.	Yes	12/22/2023 COM0048545	53
Various	108	Claims	Recoupments being done in error for VFC vaccines provided to Health Choice beneficiaries	12/11/2023		Closed	12/21/2023: A VFC recovery project was initiated in early December and claims for Health Choice members were included in error. The Vaccines for Children Program rules do not apply to Health Choice members. There are 1,277 unique claims impacted by the error. The project has been cancelled for the 1,277 claims and AMHC is in the process of correcting the impacted claims. 01/11/2024: The corrected project is being monitored and has been lettered for recovery and will be recovered according to the recovery guidelines. With the correction of removing the HealthChoice members from the recovery project, this project will be closed.	Yes	1/11/2024 COM0039958	54
Various	856	Claims	August 2023 claims were denied inaccurately for CARC B7 and CARC 299	11/14/2023	107	Open	01/11/2024: Claims were mapped to inactive provider records in our system causing inappropriate denials. The inactive records are the result of provider data that was loaded prior to PEF automation. Records review is in process and updates are being completed to stop claims from mapping inappropriately, going forward. 01/18/2024: Review in process. ETA for completion is 02/01/2024 02/09/2024: Completion of project sent for final review and approval to close issue. ETA for completion is 02/23/2024.	Yes	COM0047754	55
Various	TBD	Claims	AMHC denied codes codes 92526 and 92523 performed via telehealth service location in error.	12/14/2023	77	Open	12/14/2023: AMHC denied codes codes 92526 and 92523 performed via telehealth service location in error. The services location for these services were made into permanent policy for telehealth under COVID Resiliencies. 02/09/2024: The system has been updated to reflect appropriate locations and claims will be resubmitted for consideration. ETA is 02/28/2024.	Yes	COM0028498	56
Various	288	Claims	AMHC denied code 99070 in error.	10/17/2023		Closed	10/17/2023: AMHC denied code 99070 in error. 11/17/2023: System edit was removed on 11/17/2023. 12/04/2023: Claims were reprocessed for adjudication on 12/04/2023. 02/09/2024: Issue is closed.	Yes	COM0030350	57
Various	All	Claims	Cholesterol screening - providers billing errors	5/26/2023		Closed	07/23/2023: Edit was suspended under review status. 01/02/2024: Completed review and determined we denied appropriately based on CMS NCD guidelines. If the diagnosis is not one of the supported diagnosis codes according to the NCD 130.23 https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncd=102 the claims for ACNC will deny. As the state is silent on their coverage for Lipid Testing we follow the National Coverage. 11/29/2023: Unit issue with system not adjudicating both units, when there is L and RT. Issue being reviewed.	No	COM0027161/41518	58
DME	All	Claims	Unit limit issue for bilateral HCPCS codes	11/29/2023	85	Open	12/14/2023: Systemic updates in process to address component denials, tentative SLA is 1/25/24. 02/07/2024: Claims reprocessed for claims denied under this issue. 02/22/2024: AMHC identified additional systemic update required to fully correct this issue. Will be deployed to production on 02/25/2024. All impacted claims will be reprocessed.	Yes	COM0035097	59