



# UPDATES OF REPORTED CLAIMS PAYMENT SYSTEMIC ERRORS

Updated: November 15<sup>th</sup>, 2022

Listed below are current Claims Payment Systemic Errors (CPSE). The issues are reported in ascending order with the most recently identified issue listed last. This log is updated bi-monthly. Buckeye Health Plan encourages you to review this log often and prior to contacting Buckeye Health Plan Provider Contact Center. If you still have questions, please call 866-296-8731 to speak to a Buckeye Health Plan Provider Claims Assistance Representative.

Unique ID and Description of CPSE	Date CPSE was First Identified	Billing Provider Type(s) Impacted by CPSE (select all that apply)	Timeline for Fixing CPSE	Date(s) and/ or date span(s) of Corrected Claims Adjustments	CPSE Status
Confirmed Issue 297: CIA-4976 Additional units of DME services are denying in error for exceeding quantity limits when an authorization is on file for the additional units.	04/22/22	76-Durable Medical Equipment Supplier	07/15/22 Update: System fix in production on 06/30/22.	07/15/22 Update: Claims were partially adjusted on 07/06/2022.  11/15/22 Update: Remaining claim adjustments were completed between 09/20/22 - 10/12/22. Adjustments spanned over 30 days due to the identification and adjustment of fallout claims. This issue is resolved and will be removed from the December 2022 submission.	Resolved
Confirmed Issue 298: CIA-4992 A small portion of MyCare Medicaid EAPG claims where Medicare billing procedures conflict with EAPG hierarchy are processing incorrectly.	04/28/22	01-Hospital (Outpatient), 46-Ambulatory Surgery Center	07/15/22 Update: Issue was identified as a manual processing error. Work process corrections into production on 06/03/22. We are continuing to look for automation opportunities.	11/15/22 Update: The majority of claim adjustments were completed between 10/21/22 - 11/05/22. We estimate remaining adjustments to be complete between 11/15/22 -12/15/22.	Fix is complete and claim adjustments are in process.

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Confirmed Issue 299: CIA-4967 Physician Assistant claims billing multiple modifiers on the same claim are denying for missing or invalid modifier in error.	04/11/22	24-Physician Assistant	<p>09/15/22 Update: System fix in production on 07/27/22.</p> <p>11/15/22 Update: While reviewing fallout claims from adjustment projects, it was determined that there was an additional system fix was needed. We estimate this to be complete by 11/23/22.</p>	<p>07/15/22 Update: Manual work-around in place as of 05/13/22 while system fix is in process.</p> <p>09/15/22 Update: Claim adjustments were partially completed between 08/19/22 - 08/22/22.</p> <p>11/15/22 Update: Additional adjustments were completed between 10/04/22 - 11/07/22. We estimate remaining adjustments to be complete between 12/01/22 - 12/31/22. Claim adjustments have spanned over 30 days due to the adjudication of fallout claims and additional fix needed.</p>	Additional fix and claim adjustments are in process.
Confirmed Issue 304: CIA-2637/5080 A small portion of home health claims are incorrectly pricing causing over- and under-payments.	06/21/22	55-Waivered Services Individual, 45-Waivered Services Organization, 16 & 60-Home Health Agency, 25-Non-Agency Personal Care Aide, 26-Non-Agency Home Care Attendant	<p>System fix in process and estimated to be complete by 08/01/2022.</p> <p>09/15/22 Update: A multi-stage fix required for complete resolution. An initial fix went into production on 08/19/22. Additional system corrections are estimated to be complete by 10/01/22.</p> <p>11/15/22 Update: Additional system fix completed on 10/07/22.</p>	<p>09/15/22 Update: Manual work-around in place on 08/09/22. Claim adjustments will be completed incrementally as corrective action stages are finalized. Claim adjustments were partially completed between: 08/08/22 - 08/15/22 and 09/01/22 -09/09/22.</p> <p>11/15/22 Update: Additional payment claim adjustments were partially completed between 10/27/22 - 11/04/22. Remaining payment adjustments are estimated to be complete between 11/15/22 - 12/15/22. Recoupment adjustments are estimated to be complete between 12/15/22 - 01/15/23 due to notification period required for all recoveries.</p>	Fix is complete and claim adjustments are in process.
Confirmed Issue 305: CIA-4772/5086 Medication administration denying in error when J code billed with \$0 charge amount.	06/22/22	72-Nurse Practitioner Individual; 20-Physician/osteopath, individual; 24-Physician Assistant	11/15/22 Update: System fix completed on 09/30/22.	<p>09/15/22 Update: Manual work-around in place on 07/15/22.</p> <p>11/15/22 Update: Claims adjustments are currently in process and estimated to be completed between 12/01/22 - 12/31/22.</p>	Fix is complete and claim adjustments are in process.

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<p>Confirmed Issue 316: MyCare Medicaid claims denied for non-covered or invalid modifier in error when primary Medicare claim has paid.</p>	<p>08/08/22</p>	<p>76-Durable Medical Equipment Supplier; 16 &amp; 60-Home Health Agency; 70-Pharmacy</p>	<p>Issue determined to be a manual processing error. Education provided on 08/12/2022.</p>	<p>09/15/22 Update: Claim adjustments were partially completed between 09/08/22 - 09/09/22.  11/15/22 Update: Remaining claim adjustments were complete between 10/03/22 - 10/06/22. This issue is resolved and will be removed from the December 2022 submission.</p>	<p>Resolved</p>
<p>Confirmed Issue 318: CIA-5215 Nursing facility vent claims denying for non-covered diagnosis code in error when Z99.11 diagnosis code is not billed in primary position.  Upon further review, this was determined not to be a CPSE issue.</p>	<p>08/25/22</p>	<p>86-Nursing Facility</p>	<p>System fix in process and estimated to be complete by 10/15/22.  11/15/22: Additional time is needed for system fix. We estimate the system fix to be complete by 12/15/22.</p>	<p>Manual work-around in place as of 08/26/22.  11/15/22 Update: Claim adjustments were completed on 10/12/22. Upon further review of impacted claims, many of the claims were paid on other claim numbers. The resulting impacted provider count was less than 25. Since this does not meet CPSE provider count criteria, this issue will be removed from the December 2022 submission</p>	<p>Resolved</p>
<p>Confirmed Issue 319: CIA-5246 Claims are denying for Provider not registered with State Medicaid in error.</p>	<p>09/07/22</p>	<p>00-All provider types</p>	<p>System fix in process and estimated to be complete by 10/15/22  11/15/22 Update: System fix completed on 09/15/22.</p>	<p>Claim adjustment project will be submitted with 60 days of system fix implementation. We estimate claim adjustments to be complete between 10/15/22 - 11/15/22.  11/15/22 Update: Manual work around in process as of 09/13/22. Claim adjustments were completed between: 09/16/22 - 11/09/22. Adjustments have spanned over 30 days due to identification and correction of fallout claims. This issue is resolved and will be removed from the December 2022 submission.</p>	<p>Resolved</p>
<p>Potential Issue 320: CIA-5378 Behavioral Health Claims are denying for missing primary EOP when member doesn't have other insurance.</p>	<p>11/04/22</p>	<p>84-Ohio Department of Mental Health (Community Mental Health) Provider; 95-ODADAS Certified/Licensed (SUD) Treatment Program</p>	<p>System fix in process and estimated to be complete by 12/15/22.</p>	<p>Claim adjustment project will be submitted with 60 days of system fix implementation. We estimate claim adjustments to be complete between: 01/01/23 - 01/31/23.</p>	<p>Fix in process</p>