

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
PEDIATRICS	TBD	CLAIMS	Service lines denying for procedure code 90619 when billed with an associated vaccine administration code for members 18 & under	1/31/2022	129	8/19/2022	OPEN	Pending Benefit Update - manual process in place to catch this issue before being denied incorrectly	N		N/A
ALL	TBD	CLAIMS	Service lines denying procedure code billed in an inappropriate setting for Laboratory procedures performed within office location	2/3/2022	126	TBD	OPEN	Payment Integrity Edit Update - manual process in place to catch this issue before being denied incorrectly	Y		N/A
ALL	TBD	PRIOR APPROVAL	Service lines denying for authorization for procedure codes 99501 and 99502 for DOS prior to 12/13/2021 in error	2/16/2022	113	8/19/2022	OPEN	Pending Prior Authorization Update - manual process in place to catch invalid denials until fix is in	Y		N/A
PEDIATRICS	TBD	COB	Service lines denying for COB for Preventative Pediatric Services and EPSDT services billed with a EP or TJ modifier (Pay and Chase)	3/3/2022	98	7/31/2022	CLOSED	Configuration update completed 7/19.	Y	7/19/2022	N/A
ALL	TBD	CLAIMS	Procedure codes 96151, 96150, and 92551 denying in error	3/30/2022	71	8/1/2022	CLOSED	Configuration update completed 7/15.	Y	7/15/2022	N/A
ALL	TBD	COB	Members will be provided weekly for State Medical Support Enforcement. All claims for these members will need to pay and chase for COB claims	4/11/2022	59	STATE WORKING WITH PHP'S FOR AUTOMATED RESOLUTION	OPEN	Members within the State Medical Support Enforcement list will be monitored for any invalid COB denials to pay and chase until automation review is completed by state - manual process in place to catch this issue before being denied incorrectly	Y		N/A
ALL	TBD	CLAIMS	Hearing aids denying as reported through State Tickets: 13697 14015 14029 14041 Still researching root cause	3/11/2022	90	8/1/2022	OPEN	Benefit configurations are completed. Claims team working through project submission	Y		N/A
HOSPITALS	TBD	CLAIMS	Newborn notification Denials for well-baby DRG's	4/18/2022	52	STATE WORKING WITH PHP'S TO DETERMINE OUTCOME	OPEN	Pending guidance from state			N/A
ALL	TBD	CLAIMS	Due to a system limitation CCH has recouped penalty and/or interest on some claims related to projects and adjustments paid in 2022 when it should not have.	1/1/2022	159	8/31/2022	OPEN	A correction will be implemented to stop inaccurate recoupments. Timeline and manner for administering refunds is being assessed to limit adverse impact to providers.	Y		INC0548624
ALL	TBD	CLAIMS	CPT 80307 UDT should not be taking a copay. The state is taking the population out of the equation and only weighing in on the type of service. The service is Urine Drug Testing and they are saying that this is a benefit that is covered in full.	5/3/2022	37		CLOSED	Pending Benefit Update - manual process in place to catch invalid denials until fix is in		6/10/2022	

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ALL	TBD	PRIOR APPROVAL	2.44259 – NDC 50924097110 /A4353 NDC 65702071110 – these codes are denying A1 - DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED. Per NC Medicaid policy when billed with preferred NDC's these codes do not require an authorization. a. Currently reviewing to determine where the authorization denial is coming from. UM has verified authorization is not required, Preadj is currently reviewing if NDC is loaded. b. Please instruct claims shop to override authorization denials for these codes when billed with the corresponding NDC code until further notice.	4/24/2022	46	TBD	OPEN	Pending Prior Authorization Update - manual process in place to catch invalid denials until fix is in	Y		N/A
FQHC	1	CLAIMS	Encounter code T1015 denials in error	5/18/2022	22	8/18/2022	OPEN	Still researching root cause and remediation plan	TBD		N/A
ALL	TBD	CLAIMS	NCCI Edits applying to Rev Codes for Outpatient Institutional claims NCCI Edits can only apply to the attached Rev Codes	5/11/2022	29	7/15/2022	CLOSED	Configuration update completed 7/18.	Y	7/18/2022	N/A
PHARMACIES	TBD	CLAIMS	Pharmacies were being charged claim transaction fees.	4/29/2022	20	8/18/2022	OPEN	Fees were stopped as of 4/29/2022. Still researching root cause and remediation plan	N		N/A
ALL	TBD	CLAIMS	Breast and Cervical Cancer Members taking copay incorrectly	1/6/2022		N/A	CLOSED	Benefit Update was implemented to have the scenario not take Copay for members	Y	1/13/2022	N/A
PEDIATRICS	TBD	CLAIMS	EPSTD procedure codes 99381-99385, 99391-99395, 96110, 96161, 96127, 96160, 99406-99409, 92551, 92552, 83655 billed with an EP Modifier for Medicaid Members Age 0-20 were denying for invalid diagnosis in error.	12/17/2021		N/A	CLOSED	Benefit Update was implemented to exclude EPSTD diagnosis codes from this denial	Y	1/24/2022	N/A
PEDIATRICS	TBD	CLAIMS	EPSTD services were denying for invalid modifier when billed with mod EP due to an issue with Diagnosis Codes Z00.00, Z00.01, Z01.110, Z01.10, Z00.121, Z00.129, Z00.110, Z00.111, Z02.89, Z01.00, Z01.01, Z01.118, Z23, Z28.3, Z13.88, Z77.011, Z11.1, Z00.00, Z00.01, Z01.110, Z01.10 not being included in this for Medicaid members	12/17/2021		N/A	CLOSED	Benefit Update was implemented to include EPSTD diagnosis codes so when billed they will no longer hit this benefit	Y	1/24/2022	N/A
PEDIATRICS	TBD	CLAIMS	EPSTD services were denying for invalid modifier when billed with mod EP or FP due to an issue with Diagnosis Codes Z00.00, Z00.01, Z01.110, Z01.10, Z00.121, Z00.129, Z00.110, Z00.111, Z02.89, Z01.00, Z01.01, Z01.118, Z23, Z28.3, Z13.88, Z77.011, Z11.1, Z00.00, Z00.01, Z01.110, Z01.10 not being included in this for Medicaid members	12/17/2021		N/A	CLOSED	Benefit Update was implemented to include EPSTD diagnosis codes so when billed they will no longer hit this benefit	Y	1/24/2022	N/A
ALL	174	CLAIMS	Procedure code 87880 denying procedure not allowed for CLIA certification type in error when billed with QW modifier.	1/27/2022		N/A	CLOSED	CLIA IT Update was implemented to have the scenario not deny EXc2	Y	1/22/2022	N/A

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N/A	N/A	CLAIMS	Procedure code 99401 when billed with Z23 taking copay incorrectly	1/31/2022		N/A	CLOSED	Benefit Update was implemented to have the scenario not take Copay for members	Y	2/10/2022	N/A
ALL	TBD	PRIOR APPROVAL	Service denying for Authorizations for services within the Covid Flexibility Waiver.	2/3/2022		N/A	CLOSED	Benefit Update implemented	Y	2/24/2022	N/A
ALL	TBD	CLAIMS	Service lines denying missing taxonomy for paper claims containing Rendering and Servicing Provider Taxonomy in error	2/8/2022		N/A	CLOSED	IT Update Implemented	Y	3/27/2022	N/A
CME	TBD	CLAIMS	Claims billed related to CME services should pay if billed with required form	9/13/2021	269	N/A	CLOSED	Benefit and Pricing Implemented	Y	3/24/2022	N/A
ALL	TBD	CLAIMS	Service lines denying add on code billed without primary procedure for procure codes G0279 when billed with procedure codes 77065-77067 in error	2/10/2022		N/A	CLOSED	Benefit Update was implemented to have the scenario to not deny QE	Y	3/24/2022	N/A
ALL	TBD	CLAIMS	Service lines denying EXQE for procure codes 77063 when billed with procedure codes 77065-77067	2/10/2022		N/A	CLOSED	Benefit Update was implemented to have the scenario to not deny QE	Y	3/1/2022	N/A
ALL	TBD	CLAIMS	Service lines denying CPT & Location are not compatible for procedure code Q3014 denying for all providers that are not FQHC's or RHC's	2/11/2022		N/A	CLOSED	Benefit Update was implemented to have the scenario to not deny for invalid location	Y	2/16/2022	N/A
PEDIATRICS	TBD	CLAIMS	Service lines denying benefit limit reached for well child exams based on rolling year instead of calendar in error.	2/24/2022		N/A	CLOSED	Benefit and Pricing Updated Implemented to pay well child exams appropriately	Y	3/18/2022	N/A
ALL	TBD	CLAIMS	Service lines denying CPT & Location are not compatible for procedure codes D0145 & D1206 when billed in locations 03, 11,12,13, 14,15,19, 21, 22, 24, 31, 32, 54, 49,71,50,72	2/24/2022		N/A	CLOSED	Benefit and Pricing Updated Implemented to pay appropriately	Y	3/9/2022	N/A
ALL	TBD	CLAIMS	Procedure Codes J1050,J7296,J7297,J7298,J7300,J7301,J7307,S4993 denying for off-label diagnosis	3/24/2022		N/A	CLOSED	Benefit and Pricing Updated Implemented to pay appropriately	Y	4/7/2022	N/A
ALL	TBD	CLAIMS	Due to a system limitation that is being corrected, there are projects and adjustments paid in 2022 where CCH has not paid interest when interest is due.	1/1/2022			CLOSED	Correction to claims interest calculation was implemented. interest payments will be retroactively paid where appropriate.	Y	5/4/2022	N/A
ALL	TBD	CLAIMS	COVID vaccine code increase from \$45 to \$65	3/1/2022		4/5/2022	CLOSED	Update pricing for vaccine code.	N	4/5/2022	N/A
ALL	TBD	Finance	Nurse Practitioner_Fee_Schedule_20220421.xlsx not updated within the 45 day guidelines. Fee schedule is updated in prod. Working through project submission.	6/7/2022	51	8/7/2022	OPEN	working on a project submission to pay necessary P&I	Y		N/A
ALL	TBD	Finance	NC_Hospitals_Fee_Schedule_v08_20220420.xlsx not updated within the 45 day guidelines. Fee schedule is updated in prod. Working through project submission.	6/7/2022	53	8/7/2022	OPEN	working on a project submission to pay necessary P&I	Y		N/A
ALL	TBD	CLAIMS	CCH has identified an issue with the pre-adjudication timely filing edit; As a result, all reclass claims that are set to deny for timely filing is an error.	6/6/2022		9/6/2022	OPEN	Manual solution in place to catch error during check run and projects underway to address incorrectly denied claims.	N		N/A
ALL	TBD	CLAIMS	CCH has identified a taxonomy issue related to the update of the PEF; On 3/27/2022 we changed our logic to review state PEF file and we mapped incorrectly to new file causing incorrect denials 3l, 3m and 3n on some claims.	6/27/2022		9/16/2022	OPEN	Manual solution in place to catch error during check run and projects underway to address incorrectly denied claims.	N		INC0585207

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ALL	TBD	CLAIMS	CCH has identified an issue in our authorization review process which is causing some incorrect authorization denials on PT/OT related services.	6/13/2022		9/13/2022	OPEN	Manual solution in place and full remediation under review.	N		N/A
ALL	TBD	CLAIMS	CCH has identified that our current configuration allows for review of consent forms attached to claims. Confirmation is required on the following: i.The PHP shall provide hospitals the ability to check the status of the hysterectomy statement and sterilization consent forms online. i.The PHP shall provide web page capabilities for providers to inquire on the status of member consent statements for hysterectomy and sterilization. ii.The PHP shall provide the capability to capture the NPI of the facility where a sterilization procedure was performed and to display that information in the consent form record for the recipient. iii.The PHP shall provide the capability for the requesting rendering provider and service facility provider, including providers associated with the facility, to inquire on the status of the consent by searching with the NPI and member Medicaid ID. iii.The PHP shall accept delivery of any requested clinical documentation through a mutually agreed to solution via electronic means available to the Provider and shall not require that	7/12/2022		9/12/2022	OPEN	We are reviewing our systems against the sterilization consent form requirements outlined in the Summer Amendment to ensure we are compliant.	N		N/A
ALL	TBD	CLAIMS	CCH has identified that copays have been applied to claims for pregnant members. Per NC guidelines pregnant members are exempt from copays when claims are billed with Pregnancy Diagnosis Codes	7/6/2022	0	8/15/2022	OPEN	Configuration in progress to correct this issue. In the interim, we are manually removing the copayments during our check-run review.	N		N/A
ALL	TBD	CLAIMS	CCH has identified that some denials on rev code 250 were applied in error for services outside of dialysis and rev code 270 for services outside of home health	7/18/2022	0	9/15/2022	OPEN	Rev code 270. COM0013690 - 95.4% of claims have been manually processed across 10 projects defined within PROJ-279682972. (Global project in progress)	N		N/A
HOSPITALS	TBD	CLAIMS	Updates required per Psych/Rehab Hospital Reimbursement Guidelines; Optum configuration required for grouper discrepancies.	6/16/2022	0	8/18/2022	OPEN	Optum Grouper configuration in progress	Y		N/A
PHARMACIES	TBD	CLAIMS	Codes on the 'FDA Indication Bypass' list were excluded from the PADP codes set configuration in DST (CS_NC_PADP_PEND_9G) causing some claims to deny TJ in error.	7/6/2022	0	8/26/2022	OPEN	Configuration in progress for permanent fix. A manual process in place to prevent erroneous denial during the check run process in the interim.	Y		N/A
County Public Providers	TBD	CLAIMS	Ambulance services are paying in error where they should deny as non-covered services for some claims due to a fee schedule update error.	7/15/2022	0	9/15/2022	CLOSED	Configuration in progress for permanent fix. A project will be submitted once configuration is complete to correct all claims denied erroneously.	N	8/4/2022	N/A
ALL	TBD	CLAIMS	CCH has identified that some cast supply codes on the Physician Fee Schedule were excluded during configuration in DST causing them to deny TJ in error.	7/31/2022	0	9/1/2022	CLOSED	Configuration in progress for permanent fix. A manual process in place to prevent erroneous denial during the check run process in the interim.	N	8/4/2022	N/A