

Status	Health Plan	Date Issue Identified	Number of Days Outstanding	Category	Provider Type	Number of Impacted Providers	Interest/Penalties Owed	Estimated Fix Date	Issue Description	Resolution	Date Resolved
Open	Tailored Plans - Trillium	5/20/2025	50	Claims; Configuration	All	TBD	TBD	7/17/2025	Identified issue with member enrollment file causing claims to deny 'L6 - Please submit to Primary Insurer' incorrectly and eP: Requires Primary EOB; Auth Req'd for EPSDT Consideration.	System configuration logic is being updated. Claims impacted will be identified and will be reprocessed once the system fix is completed. No further action needed from providers at this time.	
Open	Tailored Plans - Partners	5/20/2025	50	Claims; Configuration	All	TBD	TBD	7/17/2025	Identified issue with member enrollment file causing claims to deny 'L6 - Please submit to Primary Insurer' incorrectly and eP: Requires Primary EOB; Auth Req'd for EPSDT Consideration.	System configuration logic is being updated. Claims impacted will be identified and will be reprocessed once the system fix is completed. No further action needed from providers at this time.	
Open	Tailored Plans - Partners	5/1/2025	69	Claims; Configuration	All	TBD	TBD	7/15/2025	Identified process workflows that are causing incorrect denials related to authorizations (EX Codes: A1,Hn) when an authorization has been obtained by the provider and billed appropriately to match the authorization. "A1: No Authorization on File", "Hn: No Authorization on File Matches"	Processes are being updated. Claims impacted will be identified and will be reprocessed once completed. If a claim remains denied once the updates are complete, please review the claim submission for billing errors and submit a corrected claim.	
Open	CCH	4/11/2025	83	Other	Office	22	Yes	7/23/2025	Identified issue with COVID Vaccine Counseling codes, G0310, G0312, and G0315 denying v9: PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED. The codes are denying incorrectly as the codes are now stand alone codes based on DHHS guidance effective 10/01/2024.	A manual process is in place to ensure accurate pricing. System configuration logic is being updated. Claims impacted will be identified and will be reprocessed once the system fix is completed. No further action needed from providers at this time.	
Open	Tailored Plans - Trillium	1/27/2025	163	Claims; Configuration	Behavioral Health; Physical Health	TBD	TBD	8/14/2025	Identified gaps within the hierarchy logic associated with Behavioral Health/Physical Health Claims routing that caused Trillium Claims to inappropriate pay lines when they should have been rejected to submit to Trillium for behavioral Health Processing. Additional updates to hierarchy logic required to correct BH Exclusive Procedure Code and Shared Procedure Code Lists, based on revised guidance from NC DHHS received 05/01/25.	System logic is updated for all issues previously identified, with the exception of a recently reported issue tied to a single taxonomy code. System logic changes for Health Plan Billing Guide v30 changes were released to production on 06/28/25. Impacted claims are being pulled for reprocessing. Providers should continue to submit future Physical Health claims for continued processing.	
Open	Tailored Plans - Partners	1/27/2025	163	Claims; Configuration	Behavioral Health; Physical Health	TBD	TBD	7/22/2025	Identified gaps within the hierarchy logic associated with Behavioral Health/Physical Health Claims routing that caused Partners Claims to inappropriate pay lines when they should have been rejected to submit to Partners for behavioral Health Processing. Additional updates to hierarchy logic required to correct BH Exclusive Procedure Code and Shared Procedure Code Lists, based on revised guidance from NC DHHS received 05/01/25.	System configuration logic for Health Plan Billing Guide v30 updates released to production 6/27/25. Claim impact reports are being pulled to identify any claims requiring reprocessing for V30 logic. All impacted claims from prior BH/PH logic releases have been processed. Providers should continue to submit Physical Health claims to CCH for continued processing.	
Open	CCH	12/19/2024	196	Configuration	FQHC; RHC	19	TBD	8/1/2025	CCH has identified an issue with FQHC/RHC claims which is causing claims billed with procedure code T1015 and a HI modifier to be denied for yI: DUPLICATE CLAIMS BILLING SAME/SIMILAR CODE(S) FOR DATE OF SERVICE, yQ: SAME OR MULTIPLE PROVIDERS BILLING EXACT OR SIMILAR CODE(S), and yq: DUPLICATE CLAIMS OR MULTIPLE PROVIDERS BILLING SAME/SIMILAR CODE(S)	System configuration logic is being updated. Impacted claims have been identified for reprocessing. No further action from providers is needed at this time.	
Open	Tailored Plans - Trillium	12/19/2024	196	Configuration	FQHC; RHC	TBD	TBD	8/1/2025	CCH has identified an issue with FQHC/RHC claims which is causing claims billed with procedure code T1015 and a HI modifier to be denied for yI: DUPLICATE CLAIMS BILLING SAME/SIMILAR CODE(S) FOR DATE OF SERVICE, yQ: SAME OR MULTIPLE PROVIDERS BILLING EXACT OR SIMILAR CODE(S), and yq: DUPLICATE CLAIMS OR MULTIPLE PROVIDERS BILLING SAME/SIMILAR CODE(S).	System configuration logic is being updated. Claims impacted will be identified and will be reprocessed once the system fix is completed. No further action needed from providers at this time.	
Open	Tailored Plans - Partners	12/19/2024	196	Configuration	FQHC; RHC	TBD	TBD	8/1/2025	CCH has identified an issue with FQHC/RHC claims which is causing claims billed with procedure code T1015 and a HI modifier to be denied for yI: DUPLICATE CLAIMS BILLING SAME/SIMILAR CODE(S) FOR DATE OF SERVICE, yQ: SAME OR MULTIPLE PROVIDERS BILLING EXACT OR SIMILAR CODE(S), and yq: DUPLICATE CLAIMS OR MULTIPLE PROVIDERS BILLING SAME/SIMILAR CODE(S), from previous draft)	System configuration logic is being updated. Claims impacted will be identified and will be reprocessed once the system fix is completed. No further action needed from providers at this time.	
Closed	CCH	5/1/2025	21	Configuration	Telehealth	0	No	5/30/2025	New CPT codes were added to the Telehealth, Virtual Communication and Remote Patient Monitoring Clinical Policy with an effective date of 01/01/25. These codes were added to the Physician Fee Schedule updated by the State in January. Claims billed with the new CPT codes were reported as denying incorrectly as "Modifier invalid for procedure or modifier not reported."	In order to remediate providers should submit corrected claims. Removing GT/95 modifier for CPT and HCPCS codes for virtual patient communications (including telephonic evaluation and management services) or remote patient monitoring.	5/22/2025
Closed	Tailored Plans - Trillium	5/1/2025	21	Configuration	Telehealth	0	No	5/30/2025	New CPT codes were added to the Telehealth, Virtual Communication and Remote Patient Monitoring Clinical Policy with an effective date of 01/01/25. These codes were added to the Physician Fee Schedule updated by the State in January. Claims billed with the new CPT codes were reported as denying incorrectly as "Modifier invalid for procedure or modifier not reported."	In order to remediate providers should submit corrected claims. Removing GT/95 modifier for CPT and HCPCS codes for virtual patient communications (including telephonic evaluation and management services) or remote patient monitoring.	5/22/2025
Closed	Tailored Plans - Partners	5/1/2025	21	Configuration	Telehealth	0	No	5/30/2025	New CPT codes were added to the Telehealth, Virtual Communication and Remote Patient Monitoring Clinical Policy with an effective date of 01/01/25. These codes were added to the Physician Fee Schedule updated by the State in January. Claims billed with the new CPT codes were reported as denying incorrectly as "Modifier invalid for procedure or modifier not reported."	In order to remediate providers should submit corrected claims. Removing GT/95 modifier for CPT and HCPCS codes for virtual patient communications (including telephonic evaluation and management services) or remote patient monitoring.	5/22/2025
Closed	Tailored Plans - Trillium	4/16/2025	43	Configuration	PCS - Facilities	TBD	TBD	5/29/2025	Issue identified with manual pricing for Congregate Care PCS claims according to the per diem rate effective 04/01/2025.	A manual process is in place to ensure accurate pricing. All impacted claims will be reprocessed. No further action needed from providers at this time.	5/29/2025
Closed	Tailored Plans - Partners	4/16/2025	43	Configuration	PCS - Facilities	TBD	TBD	5/29/2025	Issue identified with manual pricing for Congregate Care PCS claims according to the per diem rate effective 04/01/2025.	A manual process is in place to ensure accurate pricing. All impacted claims will be reprocessed. No further action needed from providers at this time.	5/29/2025
Closed	CCH	4/16/2025	43	Configuration	PCS - Facilities	TBD	TBD	5/29/2025	Issue identified with manual pricing for Congregate Care PCS claims according to the per diem rate effective 04/01/2025.	A manual process is in place to ensure accurate pricing. All impacted claims will be reprocessed. No further action needed from providers at this time.	5/29/2025

Closed	CCH	4/8/2025	23	Other	All	TBD	No	5/1/2025	There is an issue with the letters generated to providers for unclean pending claims. The letters are not providing the details of what is requested in order for the claims to complete adjudication. After meeting with the application development team yesterday, they advised that this is a known issue and that a ticket has previously submitted (INC02825782). Currently the development team is working on it, and it is expected to be in production by May 1st.	The development team addressed the issue under ticket INC02825782, and the fix was deployed to production as of May 1st. The issue has been successfully resolved.	5/1/2025
Closed	CCH	3/21/2025	34	Claims	Home Health	11	Yes	5/1/2025	Increase with EXBG: DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT denials for all LOB's.	System Configuration updates are complete. All impacted claims have been reprocessed.	4/24/2025
Closed	Tailored Plans - Trillium	3/21/2025	34	Claims	Home Health	11	Yes	5/1/2025	Increase with EXBG: DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT denials for all LOB's.	System Configuration updates are complete. All impacted claims have been reprocessed.	4/24/2025
Closed	Tailored Plans - Partners	3/21/2025	34	Claims	Home Health	5	Yes	5/1/2025	Increase with EXBG: DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT denials for all LOB's.	System Configuration updates are complete. All impacted claims have been reprocessed.	4/24/2025
Closed	CCH	2/5/2025	85	Claims	DME	7	Yes	3/25/2025	Identified gap in the work process used to manually price procedure codes A4253, A4259, A4256 and A4258, which caused overpayments/underpayments.	A manual workflow update has been completed to address the issue. Impacted claims have been identified and are being reprocessed. No further action is needed from providers.	5/1/2025
Closed	Tailored Plans - Trillium	2/5/2025	85	Claims	DME	7	Yes	3/25/2025	Identified gap in the work process used to manually price procedure codes A4253, A4259, A4256 and A4258, which caused overpayments/underpayments.	A manual workflow update has been completed to address the issue. Impacted claims have been identified and are being reprocessed. No further action is needed from providers.	5/1/2025
Closed	Tailored Plans - Partners	2/5/2025	85	Claims	DME	7	Yes	3/25/2025	Identified gap in the work process used to manually price procedure codes A4253, A4259, A4256 and A4258, which caused overpayments/underpayments.	A manual workflow update has been completed to address the issue. Impacted claims have been identified and are being reprocessed. No further action is needed from providers.	5/1/2025