

UPDATES OF REPORTED CLAIMS PAYMENT SYSTEMIC ERRORS

Updated: April 15, 2020

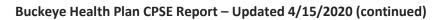
Listed below are current Claims Payment Systemic Errors (CPSE). Issues are shown by date reported with the most recently reported issue listed first. This log is updated frequently every 30 days. Buckeye Health Plan encourages you to review this log often and **prior to contacting Buckeye Health Plan Provider Contact Center.** A list of resolved issues is also available at the end of this list. If you still have questions, please call at **866-296-8731** to speak to a Buckeye Health Plan Provider Claims Assistance Representative.

| Description of the Issue | Date Reported | Provider Type Impacted | Status Updates | Resolved Date | Updates/ Resolution | Estimated Date of Fix | Estimated Date of Adjustment Project |
|---|------------------|---------------------------|---------------------|---------------|------------------------|--------------------------|---|
| Behavioral claims are not distinguishing supervisor levels billed on claims resulting in claim overpayment | 5/10/2019 | Behavioral Health | New | 9/26/2019 | Fix is complete | N/A | This has been reported as a new issue, but the fix was completed in 2019. It was determined the system is paying as designed and we will not be recouping from the providers. |
| Some claims with code H0011 are denying erroneously for a limit exceeded | 3/9/2020 | Behavioral Health | Ongoing remediation | N/A | Fix in progress | 4/30/2020 | Claims adjustment project will be submitted and completed within 60 days of fix implementation. |
| FQHC transportation code T2003 denying for TPL in error for members with other insurance. | 3/5/2020 | Medical | Ongoing remediation | N/A | Fix in progress | 4/30/2020 | Claims adjustment project will be submitted and completed within 60 days of fix implementation. |
| Procedure Code K0108 is incorrectly denying due to an HCI edit. | 2/21/2020 | Medical | Ongoing remediation | N/A | Fix in progress | 4/30/2020 | Claims adjustment project will be submitted and completed within 60 days of fix implementation. |
| When observation code G0378/762 hours billed are over 24 and the claim involves 2 or 3 dates of service, claim denies services incorrectly. | 2/19/2020 | Medical | Ongoing remediation | N/A | Fix is complete | 4/30/2020 | Claims adjustment project will be submitted and completed within 60 days of fix implementation. |



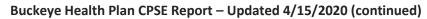


| Description of the Issue | Date Reported | Provider Type Impacted | Status Updates | Resolved Date | Updates/ Resolution | Estimated Date of Fix | Estimated Date of Adjustment Project |
|---|------------------|---------------------------|---------------------|---------------|------------------------|--------------------------|---|
| Procedure code 93656 is incorrectly denied for missing modifier. | 2/18/2020 | Medical | Ongoing remediation | N/A | Fix in progress | 4/30/2020 | Claims adjustment project will be submitted and completed within 60 days of fix implementation. |
| Some 2020 newly effective procedure codes on the EAPG Covered Codes list are not yet installed and this is causing improper denials. | 2/18/2020 | Medical | Ongoing remediation | N/A | Fix in progress | 4/2/2020 | Claims adjustment project will be submitted and completed within 60 days of fix implementation. |
| Out of state hospitals were not paying correct 2020 rates for EAPG. | 2/11/2020 | Medical | Ongoing remediation | NA | Fix is complete | 3/30/2020 | Claims adjustment project will be submitted and completed within 60 days of fix implementation. |
| Procedure code Q4081 incorrectly denying for EAPG claims. | 2/3/2020 | Medical | Ongoing remediation | N/A | Fix in progress | 4/30/2020 | Claims adjustment project will be submitted and completed within 60 days of fix implementation. |
| Claims billed for a 4th home health visit of the day are systematically denying for duplicate and are pricing at the unit rate only, instead of the base plus unit rate | 1/28/2020 | Medical | Ongoing remediation | N/A | Fix is complete | 3/30/2020 | Claims adjustment project will be submitted and completed within 60 days of fix implementation. |
| Home health services are not correctly paying the base rate for each visit, resulting in an underpayment. | 1/24/2020 | Medical | Ongoing remediation | N/A | Fix in progress | 4/30/2020 | Claims adjustment project will be submitted and completed within 60 days of fix implementation. |
| Codes A4223, A4230, A4232, and A4305 are not paying correctly after bypassing Medicare. | 1/23/2020 | Medical | Ongoing remediation | N/A | Fix in progress | 4/30/2020 | Claims adjustment project will be submitted and completed within 60 days of fix implementation. |
| Dialysis claims with bill type 721 are paying incorrectly. | 1/22/2020 | Medical | Ongoing remediation | N/A | Fix in progress | 5/31/2020 | Claims adjustment project will be submitted and completed within 60 days of fix implementation. |





| Description of the Issue | Date Reported | Provider Type Impacted | Status Updates | Resolved Date | Updates/ Resolution | Estimated Date of Fix | Estimated Date of Adjustment Project |
|---|------------------|---------------------------|---------------------|---------------|--|--------------------------|---|
| Invalid NDC denials for code J1050. | 1/22/2020 | Medical | Ongoing remediation | N/A | Fix in progress | 3/30/2020 | Claims adjustment project will be submitted and completed within 60 days of fix implementation. |
| E&M claims incorrectly paying during global surgery payment periods. | 1/21/2020 | Medical | Ongoing remediation | N/A | Fix in progress | 4/30/2020 | Claims adjustment project will be submitted and completed within 60 days of fix implementation. |
| Definitive urine drug screening codes are incorrectly requiring an authorization before the annual limit. | 1/15/2020 | Medical | Ongoing remediation | N/A | Fix is complete | 4/1/2020 | Claims adjustment project will be submitted and completed within 60 days of fix implementation. |
| Procedure codes 96150 and 96154 are incorrectly denying for EAPG claims. | 1/8/2020 | Medical | Ongoing remediation | N/A | Fix is complete | 3/31/2020 | Claims adjustment project will be submitted and completed within 60 days of fix implementation. |
| Primary Diagnosis code I48.11 incorrectly denied as non-covered. | 1/24/2020 | Medical | Resolved | 1/31/2020 | Adjustment project complete | N/A | 4/10/2020 |
| MyCare home health claims are denying incorrectly with reason: "DENY: BILL PRIMARY INSURER 1ST RESUBMIT WITH EOB" (EXL6) under Medicaid when billed on a 1500 form. | 1/13/2020 | Behavioral Health | Resolved | N/A | Fix is complete; adjustment project in progress. | 3/30/2020 | 5/31/2020 |
| Invalid NDC denials due to NDC source discrepancy. | 1/8/2020 | Medical | Resolved | 12/4/2019 | Fix is complete; adjustment project in progress. | N/A | 5/31/2020 |
| Vent claims for REV 410 & 419 which are supposed to pay as primary under Medicaid and denying EXce, L6, LR. | 12/26/2019 | Medical | Resolved | N/A | Fix is complete; adjustment project in progress. | 2/29/2020 | 4/30/2020 |
| Codes T1001, T1002, and T1019 paid at incorrect rate percentage. | 12/24/2019 | Medical | Resolved | 2/10/2020 | Adjustment project in process | N/A | 5/10/2020 |





| Description of the Issue | Date Reported | Provider Type Impacted | Status Updates | Resolved Date | Updates/ Resolution | Estimated Date of Fix | Estimated Date of Adjustment Project |
|--|------------------|---------------------------|-------------------|---------------|--|--------------------------|--------------------------------------|
| Code 90662 incorrectly denied as non-covered. | 12/20/2019 | Medical | Resolved | 1/26/2020 | Fix is complete; adjustment project in progress. | 1/21/2020 | 5/16/2020 |
| Inpatient allowable Long Acting Reversible Contraception (LARC) payments were incorrectly recovered. | 12/17/2019 | Medical | Resolved | N/A | Fix is complete; adjustment project in progress. | N/A | 5/9/2020 |
| Sterilization claims are incorrectly denying due to expired consent forms. | 12/10/2019 | Medical | Resolved | 1/31/2020 | Adjustment project complete | N/A | 3/31/2020 |
| Claims for the E&M range of code 99381-99429 for immunizations has to be added to the HCI edit so that these services will no longer deny in error. | 12/5/2019 | Medical | Resolved | N/A | Adjustment project is complete | 1/31/2020 | 2/29/2020 |
| Procedure code 96372 is inconsistently underpaying when billed under the opioid treatment program. | 12/3/2019 | Behavioral Health | Resolved | N/A | Fix is complete; adjustment project in progress. | N/A | 4/30/2020 |
| Dialysis claims for J0606 and J0604 are failing to pay coinsurance and deductible. | 11/22/2019 | Medical | Resolved | N/A | Fix is complete; adjustment project in progress. | 1/31/2020 | 5/31/2020 |
| ISNFs are incorrectly receiving room and board payments when hospice providers already received payment under procedure code T2046. | 11/5/2019 | Medical | Resolved | N/A | Adjustment project in process | 2/10/2020 | 5/31/2020 |
| Skilled Nursing Rates: Claims for dates of service 07/18/19 underpaid and did not pay the updated rate per ODM effective for split claims billed after 07/18/19. Per ODM, claims for July 2019 were to be split into multiple lines and not to overlap date of service 07/18/19. Claims required adjustment for correct pricing. Updated 07/18/19 rates have already been loaded, but impacted claims still need to be submitted on project. | 10/30/2019 | Medical | Resolved | 12/30/2019 | Fix is complete; adjustment project in progress. | N/A | 4/30/2020 |





| Description of the Issue | Date Reported | Provider Type Impacted | Status Updates | Resolved Date | Updates/ Resolution | Estimated Date of Fix | Estimated Date of Adjustment Project |
|--|------------------|---------------------------|-------------------|---------------|--|---|---|
| SNF claims for dates of service 10/17/19 and after were underpaid and did not pay the updated rate per ODM effective for split claims billed after 10/17/19. | 10/30/2019 | Medical | Resolved | N/A | Fix is complete; adjustment project in progress. | No configuration fix necessary. This was a manual processing procedural error. | 4/30/2020 |
| Procedure codes T1002, T1003, and S5125 are paying incorrectly when the same service is billed by multiple providers in the same day. | 10/28/2019 | Medical | Resolved | N/A | Adjustment project is complete | 11/11/2019 | 2/7/2020 |
| Professional claims are denying incorrectly for missing or invalid NDCs. | 10/15/2019 | Medical | Resolved | N/A | Fix is complete; adjustment project in progress. | 11/22/2019 | 5/31/2020 |
| Behavioral health claims were set to EX92 pay but the claim paid zero dollars. | 10/9/2019 | Behavioral Health | Resolved | N/A | Fix is complete; adjustment project in progress. | 11/30/2019 | 5/31/2020 |
| Claims for revenue code 637 are incorrectly denying for invalid NDC. | 7/3/2019 | Medical | Resolved | 10/11/2019 | Adjustment project complete | N/A | 3/31/2020 |
| HCI maximum unit allowance for hydration services (96360 and 96361) are causing incorrect payments for EAPG claims. | 6/18/2019 | Medical | Resolved | N/A | Fix is complete; adjustment project in progress. | 10/10/2019 | 5/31/2020 |
| The EAPG processor is incorrectly denying some MyCare claims where Medicare billing procedures conflict with EAPG hierarchy. | 5/6/2019 | Medical | Resolved | 7/31/2019 | Adjustment project in progress | N/A | 5/31/2020 |
| The EAPG processor is incorrectly denying some MyCare claims where Medicare billing procedures conflict with EAPG hierarchy. | 5/6/2019 | Medical | Resolved | 2/10/2020 | Adjustment project in process | 2/10/2020 | 5/31/2020 |



Buckeye Health Plan CPSE Report – Updated 4/15/2020 (continued)

| Description of the Issue | Date Reported | Provider Type Impacted | Status Updates | Resolved Date | Updates/ Resolution | Estimated Date of Fix | Estimated Date of Adjustment Project |
|--|------------------|---------------------------|-------------------|---------------|--|--------------------------|---|
| Skilled therapy services are not pricing correctly for multiple procedures. | 3/22/2019 | Medical | Resolved | 11/26/2019 | It has been determined impacted claims will not be recouped. | N/A | N/A |
| Patient liability (PL) is being applied erroneously to claims being processed. A file load error is resulting in situations where there is low or no PL to be applied in some cases during claims processing. This results in a need for claims adjustments to correct and apply appropriate PL amounts. | 12/4/2018 | Medical | Resolved | 3/12/2019 | Recoupment project in progress | N/A | 4/30/2020 |