



## Molina Healthcare of Ohio Claim Payment Systemic Errors (CPSE)

The current Claim Payment Systemic Errors (CPSEs) are listed below. Resolved issues will be removed from this log after one month and may be found in archived reports. Please review the log for updates prior to contacting Provider Services at (855) 322-4079.						
Description of Identified CPSE	Date CPSE Identified	Provider Type(s) Impacted by CPSE (select all that apply)	Projected Timeline for Fixing CPSE	Date of Corrected Payment/Adjustment to Providers	Status Update	Resolution of Issue
Claims are denying requiring an ordering provider for RN and LPN who also have a higher specialty (example Psychologist, CNS, CNP, or PA) which does not require an ordering provider.	5/17/2019	65-Clinical Nurse Specialist Individual 72-Nurse Practitioner Individual	4/23/2020	ETA 06/30/2020	Ongoing remediation	Fix is complete.
When the supervising provider is reported at claim header and the rendering provider is reported at claim line then the rendering is not being replaced by the supervising provider.	5/23/2019	54-Licensed Independent Chemical Dependency Counselor 37-Licensed Independent Social Worker (LISW) 42-Psychologist, Individual Other (provider type is missing)	5/1/2020	ETA 06/30/2020	Ongoing remediation	Fix is complete.
Issue was identified from result of updated ODA file and how Molina deploys that file into our system for claims adjudication.	8/9/2019	45-Waivered Services Organization	4/2/2020	ETA 05/30/2020	Ongoing remediation	Fix is complete.
Molina has identified an overpayment for the MyCare OHIO Medicaid secondary line of business for Outpatient Hospital claims. When there is \$0 member responsibility, on the Medicare primary claim, e.g. bundled services, which is provider write-off on the MMP Medicare claim, the amount is then being picked up by the Medicaid secondary line of business and claims are being incorrectly paid. <b>Impact Outpatient Hospital</b>	12/18/2019	01-Hospital (specify Inpatient or Outpatient)	ETA 06/16/2020	ETA 08/15/2020	Ongoing remediation	Fix in progress.
The pricing from the MMP Medicare claim is incorrectly being copied over to the MMP Medicaid claim rather than pricing at Medicaid rates when the "Manual Contract Price Override" is used to price the MMP Medicare claim. Impact is potentially overpayment since we are using the Medicare pricing to coordinate. <b>Impact Inpatient &amp; Outpatient Hospital</b>	12/23/2019	27-Chiropractor Individual 50-Clinic 73-Certified Registered Nurse Anesthetist (CRNA) Individual 76-Durable Medical Equipment Supplier 12-Federally Qualified Health Center 01-Hospital (specify Inpatient or Outpatient) 86-Nursing Facility 35-Optometrist Individual 39-Physical Therapist, Individual 24-Physician Assistant 36-Podiatrist Individual 43-Audiologist, Individual 21-Professional Medical Group 02-Psychiatric Hospital	ETA 06/16/2020	ETA 08/15/2020	Ongoing remediation	Fix in progress.
The EAPG Grouper version for Ohio Medicaid was updated to V3.14, effective January 02, 2020. However, the V3.9 EAPG Grouper Version was inadvertently terminated for Ohio Medicaid on December 31, 2019, instead of January 01, 2020. Therefore, any Molina EAPG claims with a date of service equal to January 1, 2020 only, that were submitted to the Molina APG PPS between the original 1/16/2020 implementation to production and the date of the implementation of the fix (1/23/2020), would have received that same Grouper 04 error and denied. <b>Impact Outpatient Hospital</b>	1/22/2020	01-Hospital (specify Inpatient or Outpatient)	1/23/2020	ETA 06/14/2020	Ongoing remediation	Fix is complete.
Rev code 410 was added by ODM to be used for Vent weaning Room and Board services for NFs effective 1/1/2019. It has been discovered that Medicare also uses rev code 410 on NF claims for respiratory services. Rev code 410 is included as a room and board service in MHO's covered/non-covered days billing validation and is causing incorrect denials for MMP Medicare claims when 410 is used for respiratory services and not room and board.	2/12/2020	86-Nursing Facility	ETA 07/15/2020	ETA 08/10/2020	Ongoing remediation	Fix in progress.

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Molina has identified an issue with newly covered CPT codes listed on the EAPG list with an effective date of 01/01/2020 denying as non-covered in error. <b>Impact Outpatient Hospital</b>	2/18/2020	01-Hospital (specify Inpatient or Outpatient)	3/16/2020	ETA 08/16/2020	Ongoing remediation	Fix is complete.
The Molina Patient Liability AutoQ Solution was updated in November 2019 to include Medicaid members' claims when there was patient liability on the member file. However, the solution did not consider the type of bill and is denying Vent Revenue Codes on Acute Care Hospital Claims and LTAC claims in error as "Incorrect Billing." <b>Impact Inpatient &amp; Outpatient Hospital.</b>	2/19/2020	01-Hospital (specify Inpatient or Outpatient)	5/2/2020	ETA 08/17/2020	Ongoing remediation	Fix is complete.
Effective January 02, 2020, the Ohio Department of Medicaid (ODM) changed the EAPG Grouper setting selection for observation services billed with Revenue Code 0762 (Treatment/ Observation Room Observation Room). Previously, on multi-day claims, each date of service was considered separately. Effective January 02, 2020, multi-day claims that contain Revenue Code 0762 are treated as a single episode of care. As a result, EAPG is calculating observation hours and days payment incorrectly. This issue only affects observation claims dated on or after January 02, 2020 that meet all the following criteria: 1. Contain procedure code G0378, Hospital observation service, per hour, billed with Revenue Code 0762. 2. And more than 24 hours (but less than 49 hours) across 2 or 3 dates of service. <b>Impact Outpatient Hospital</b>	2/19/2020	01-Hospital (specify Inpatient or Outpatient)	3/16/2020	ETA 08/17/2020	Ongoing remediation	Fix is complete.
Claims for CPT codes T1002 and T1003 billed with a place of service 57 are paying an incorrect rate causing overpayments.	3/10/2020	95-ODADAS Certified/Licensed (SUD) Treatment Program	3/30/2020	05/01/2020-05/04/2020 completed	Resolved	Fix is complete.
Imaging and DME authorizations on file did not load into the system correctly causing incorrect denials on claims. All authorizations have been corrected and claims are being reprocessed. <b>Impact Outpatient Hospital</b>	3/13/2020	82-Ambulance 76-Durable Medical Equipment Supplier 01-Hospital (specify Inpatient or Outpatient) 80-Independent Laboratory 21-Professional Medical Group	3/16/2020	ETA 09/09/2020	Ongoing remediation	Fix is complete.
Hospice claims billed with HCPCs code T2045 and POS 34 are being denied based on NCC edit: Missing/incomplete/invalid/ inappropriate place of service in error.	3/25/2020	44-Hospice	ETA 07/23/2020	ETA 09/21/2020	Ongoing remediation	Fix in progress.
Several CPT codes for Co- Surgeon claims when billed with a modifier 62 have been denied in error for "Modifier(s) is invalid for Medical Policy."	3/31/2020	20-Physician/osteopath, individual	4/16/2020	ETA 09/27/2020	Ongoing remediation	Fix is complete.
Per 3M™, the below updates were incorrectly applied to EAPG. • Major Signs, Symptoms, and Findings (MSSF): When a claim with a medical visit includes certain diagnosis codes that are indicated as MSSF in a position other than the principal diagnosis, the medical visit line is being incorrectly assigned to EAPG 510 (Major Signs, Symptoms and Findings). • Signs, Symptoms, and Other Factors Influencing Health Status: When a claim with a medical visit line includes a diagnosis code that should be grouped to EAPG 871 (Signs, Symptoms, and Other Findings Influencing Health Status) reported in a position other than the principal diagnosis, the medical visit line is being incorrectly grouped to a medical EAPG based on the principal diagnosis. • Multiple Medical Visits and Preventive Medicine EAPGs: When a claim contains multiple medical visit lines and a preventive medicine diagnosis code from EAPG 876 (Adult Preventive Medicine) or 877 (Child Preventive Medicine), Medical Visit Indicator EAPG 491 or another Medical Visit EAPG is being assigned instead of error EAPG 999. <b>Impact Outpatient Hospital</b>	4/16/2020	01-Hospital (specify Inpatient or Outpatient)	4/24/2020	ETA 10/19/2020	New	Fix is complete.
Professional claims are denying when billed with LARC insertion codes that do not include the LARC device J code. Per ODM billing guidelines, if services performed inpatient, the hospital can bill a separate OP claim with the LARC Device code to receive additional payment.	4/20/2020	20-Physician/osteopath, individual 21-Professional Medical Group	ETA 08/18/2020	ETA 10/17/2020	New	Fix in progress.
Rental for some wheelchair codes denied as benefit limit exceeded when 10 rentals were not previously paid.	4/20/2020	76-Durable Medical Equipment Supplier	ETA 08/18/2020	ETA 10/17/2020	New	Fix in progress.

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A lab contract was created to pay services with a fee on the ODM lab fee schedule at 70% of the fee and lab services that do not have a fee on the ODM lab fee schedule to pay the lesser of 25% of the billed charge or \$25.00. It was discovered that the services that do have a fee on the ODM lab fee schedule were capping at \$25.00 causing incorrect payment.	4/21/2020	80-Independent Laboratory	ETA 08/19/2020	ETA 10/18/2020	New	Fix in progress.
Inpatient out of state hospital claims that were paid in March 2020 and April 2020 priced incorrectly causing underpayments. <b>Impact Inpatient Hospital</b>	4/21/2020	01-Hospital (specify Inpatient or Outpatient)	ETA 08/21/2020	ETA 10/20/2020	New	Fix in progress.
Ohio Medicaid Secondary (Opt-Out) claims are incorrectly pricing with the Medicaid Cost Coverage Add-on rates to coordinate with Medicare rather than the MyCare rates. The impact is causing overpayments. <b>Impact Inpatient &amp; Outpatient Hospital</b>	4/22/2020	01-Hospital (specify Inpatient or Outpatient)	4/29/2020	ETA 10/19/2020	New	Fix is complete.
CPT Codes 77385,77386 and 77387 were configured to require PA effective 10/1/2019. However, these codes were not Molina's published PA list. CPT Codes 95700-95726 were configured to require a PA effective 1/1/2020. However, these codes were not Molina's published PA list.. <b>Impact Outpatient Hospital</b>	4/23/2020	01-Hospital (specify Inpatient or Outpatient) 21-Professional Medical Group	4/30/2020	ETA 10/20/2020	New	Fix is complete.
Internal Audit identified MMP Medicare claims that underpaid due to incomplete non physician specialty configuration. Non physician practitioner specialties were not configured to drive the reduced reimbursement at 85% of the Medicare Physician Fee Schedule. This allowed some MD specialties to hit the reduced rate terms incorrectly. Due to COB, there is potential impact to MMP Medicaid.	4/28/2020	21-Professional Medical Group	5/1/2020	ETA 10/25/2020	New	Fix is complete.
Critical Access Hospitals can choose to bill their OP professional fees on a UB with the bill type 85x and Rev Code 96x-98x. These charges are non-covered by Medicaid. As a result, Molina should be paying the cost share from the Medicare claim. <b>Impact Outpatient Hospital</b>	5/14/2020	01-Hospital (specify Inpatient or Outpatient)	ETA 09/11/2020	ETA 11/10/2020	New	Fix in progress.