

Molina Healthcare of Ohio Claim Payment Systemic Errors

October 2020

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.

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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
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	8/6/2020	Project completed 09/08/2020 -10/05/2020	Complete	Fix is complete.
Services on the DME fee schedule without a fee should price based on the manufacturers invoice when provided but were sometimes priced at the default rate of 30% of billed charge.	5/18/2020	76-Durable Medical Equipment Supplier	7/12/2020	Project completed 09/14/2020 - 10/07/2020	Complete	Fix is complete.
Some claims are paying in error when the rendering provider is a LPN and there is no ordering provider present when a certain scenario occurs.	5/20/2020	95-ODADAS Certified/Licensed (SUD) Treatment Program 84-Ohio Department of Mental Health (Community Mental Health) Provider	ETA 11/19/2020	Workaround started 05/21/2020. ETA 12/30/2020	Ongoing remediation	Fix in progress.
Several inpatient claims are not properly translating back to Webstrat and paying claims incorrectly at \$0.00. Impact Inpatient Hospital	7/8/2020	01-Hospital (specify Inpatient or Outpatient)	7/28/2020	Project completed 09/24/2020-10/08/2020	Complete	Fix is complete.
Several outpatient hospital claims have paid at billed charges in error causing overpayments. Impact Outpatient Hospital	7/20/2020	01-Hospital (specify Inpatient or Outpatient)	ETA 11/19/2020	Batch 1 - Cost Recovery completed 09/22/2020 Batch 2- ETA for Cost Recovery 01/16/2021	Ongoing remediation	Fix in progress.
Claims are incorrectly denying for a prior authorization due to examiner error. Impact Outpatient Hospital	7/22/2020	50-Clinic 76-Durable Medical Equipment Supplier 01-Hospital (specify Inpatient or Outpatient) 80-Indepdendent Laboratory 16 & 60-Home Health Agency 84-Ohio Department of Mental Health (Community Mental Health) Provider 81-Portable X-Ray Supplier 21-Professional Medical Group 02-Psychiatric Hospital 45-Waivered Services Organization	8/17/2020	Project completed 09/21/2020- 10/08/2020	Complete	Fix is complete.
The 7.1.20 Hospital Rate file was received from ODM on 6/25/2020. Optum advised updated 08/20/2020. This is beyond 30 calendars days of receipt. Impact Inpatient & Outpatient Hospital	7/24/2020	01-Hospital (specify Inpatient or Outpatient)	08/20/2020	Batch 1 (IP) - Project assigned 09/28/2020 ETA for adjustments 09/28/2020 - 10/23/2020 Cost Recovery completed 10/12/2020 and 10/14/2020 Batch 2 (OP) - ETA 01/20/2021	Ongoing remediation	Fix is complete .

Personal Care (T1019) and Assisted Living (T2031) for dates of service 1/1/20 and after underpaid for providers contracted with ODA.	7/28/2020	45-Waivered Services Organization	9/2/2020	Project assigned 09/23/2020 ETA for adjustments 09/23/2020 - 10/18/2020	Ongoing remediation	Fix is complete.
COVID 19 testing codes did not pay one hundred percent (100%) of the rate established in ODM Clinical Diagnostic and Pathology Fee Schedule when the provider had a contracted rate with Molina less than one hundred percent (100%).	8/12/2020	80-Indepdendent Laboratory 21-Professional Medical Group	9/23/2020	Project assigned 10/12/2020 ETA for adjustments 10/12/2020 - 11/06/2020	Ongoing remediation	Fix is complete.
Claims are incorrectly denying for BH services for CPT codes 90832, 90833, 90834, 90836, 90837 and 90838 for invalid place of service.	8/24/2020	12-Federally Qualified Health Center 50-Clinic 21-Professional Medical Group 05-Rural Health Clinic	Partial fix 09/9/2020 Overall fix 09/20/2020	Batch 1- Project assigned 09/29/2020 ETA for adjustments 09/29/2020 - 10/24/2020 Batch 2 - ETA for adjustments 02/20/2021 Batch 3 - ETA for adjustments 02/20/2021	Ongoing remediation	Fix is complete.
Several codes were configured correctly to require a prior authorization but were not posted on the quarter 2 Molina Website MyCare Ohio Medicare prior authorization codification list.	9/3/2020	76-Durable Medical Equipment Supplier 21-Professional Medical Group	9/10/2020	Project assigned 09/29/2020 ETA for adjustments 09/29/2020 - 10/24/2020	Ongoing remediation	Fix is complete.
There are several oral NDC numbers that were not configured which caused claims to incorrectly deny. Impact Inpatient & Outpatient Hospital	8/17/2020	01-Hospital (specify Inpatient or Outpatient) 21-Professional Medical Group	Partial fix 09/01/2020 Overall fix ETA 12/15/2020	ETA 02/13/2021	Ongoing remediation	Fix in progress.
On 8/27/20, ODM sent the MCPs notice that the LARC billing requirement documented in OAC/Hospital Billing guidelines was incorrect in that Hospitals could bill a separate Outpatient (OP) hospital from the Inpatient (IP) claim to bill the LARC devise/implant, except the date of service could not reflect the discharge date of the inpatient admission. Molina manages this billing requirement with a claims edit. Therefore, an inquiry was updated to Molina Code Editing team of the change to allow LARC OP hospital billing on the IP discharge date. The response to this inquiry was that on 8/5/20, an update was made to the LARC edit which included the discharge date allowance as the edit was not able to delineate between IP discharge date vs other IP dates. A claims impact report was requested to be pulled for all claims prior to 8/5/20 on 9/17/20. Based on the review of this claims impact report, it was determined that claims denials also included claims billed with other IP dates vs the discharge date. Molina inquired about this and was told that the 8/5/20 updated included a global update to the initial edit loaded 1/9/20. Impact Outpatient Hospital	9/17/2020	01-Hospital (specify Inpatient or Outpatient)	8/5/2020	Project completed 09/21/2020-09/23/2020	New	Fix is complete.
Claims are denying in error for timely filing. Impact Inpatient Hospital	9/18/2020	76-Durable Medical Equipment Supplier 59-End-Stage Renal Disease (Dialysis) Clinic 44-Hospice 01-Hospital (specify Inpatient or Outpatient) 16 & 60-Home Health Agency 86-Nursing Facility 47-Professional Clinical Counselor 02-Psychiatric Hospital	10/12/2020	ETA 03/17/2021	New	Fix is complete.
Claims for only one MyCare Opt In member was only processing on the MMP Medicare line of business due to a loading eligibility issue which caused incorrect payments/denials. Impact Inpatient & Outpatient Hospital	9/24/2020	82-Ambulance 76-Durable Medical Equipment Supplier 12-Federally Qualified Health Center 01-Hospital (specify Inpatient or Outpatient) 21-Professional Medical Group	9/24/2020	ETA 03/23/2021	New	Fix is complete.

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New Potential CPSE: As part of a project to convert select NDCs to new Generic Product Identifier (GPI), some GPIs were not manually added, as intended, for a subset of plans.	10/6/2020	70-Pharmacy	TBD	TBD	New	Fix in progress.
New Potential CPSE: The 3M software grouper updates which included EAPG Version 3.14, effective 8/10/2020, were released on 9/24/2020. Optum advised these updates will be completed beyond ODM's 25 calendar day requirement. There are four new EAPG lab procedure codes: 0225U, 0226U, 86408, 86409. Impact- Outpatient Hospital	10/7/2020	01-Hospital (specify Inpatient or Outpatient)	ETA 11/06/2020	ETA 04/05/2021	New	Fix in progress.
New Potential CPSE: The 10.1.20 Provider-Administered Pharmaceutical fee schedule was received by ODM on 9/17/20. Optum advised these updates will be completed beyond ODM's 25 calendar day requirement. Impact: Outpatient Hospital	10/7/2020	01-Hospital (specify Inpatient or Outpatient)	TBD	TBD	New	Fix in progress.

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