

Molina Healthcare of Ohio Claims Payment Systemic Errors

July 2022

The current Claims Payment Systemic Errors (CPSEs) are listed below. Resolved issues previously reported will be removed from this log, and may be found in archived reports. Please review the log for updates prior to contacting Provider Services at (855) 322-4079.

reports. The date review the log for appeared prior to contacting it owner services at (055) 522 4075.										
Description of CPSE	Date CPSE was First Identified	Billing Provider Type(s) Impacted by CPSE (select all that apply)	Timeline for Fixing CPSE	Date(s) and/or date span(s) of Corrected Claims Adjustments	Number of Claims Impacted	Status				
Confirmed CPSE: Claims are paying primary in error.	12/15/2021	82-Ambulance 50-Clinic 76-Durable Medical Equipment Supplier 12-Federally Qualified Health Center 01-Hospital (Outpatient) 80-Indepedendent Laboratory 16 & 60-Home Health Agency 86-Nursing Facility 21-Professional Medical Group 05-Rural Health Clinic 83-Wheelchair Van	5/31/2022	ETA 8/24/2022	TBD	Fix is complete				
Confirmed CPSE: Claims are denying in error as a duplicate when different modifiers are billed on the claim.	1/6/2022	21-Professional Medical Group	ETA 8/1/2022	Work around started 6/7/2022 ETA 9/15/2022	TBD	Ongoing remediation				
Confirmed CPSE: Due to an internal audit, outpatient hospital lab, radiology, and pharmaceuticals paid greater than the claim line billed charge amount in error.	2/8/2022	01-Hospital (Outpatient)	5/31/2022	ETA 10/18/2022	TBD	Fix is complete				
Confirmed CPSE: Payment is being reduced to 85% of the Medicaid maximum fee schedule for covered immunization, vaccine administrations, injection of medications, or provider-administered pharmaceuticals when the provider is billing modifier UD on a 1500 claim form and should not be according to OAC 5160-4-03.	1/31/2022	12-Federally Qualified Health Center 21-Professional Medical Group 05-Rural Health Clinic	6/3/2022	Adjustment Batch 1 ETA 7/7/2022-8/1/2022 Adjustment Batch 2 ETA 7/7/2022-8/1/2022	950	Fix is complete				
Confirmed CPSE: Oxygen claims for HCPCS code E1390 are being underpaid and/or overpaid depending on the place of service billed per the 7/1/2021 Oxygen fee schedule on ODM's website.	2/17/2022	76-Durable Medical Equipment Supplier	4/5/2022	Adjustment Batch 1 Completed 5/11/2022 Adjustment Batch 2 Completed 5/12/2022 Recoveries Completed 4/26/2022	2368	Completed				
Confirmed CPSE: Medicaid claim not generating when Marketplace is primary for members with Dual enrollment.	3/16/2022	76-Durable Medical Equipment Supplier 01-Hospital (Outpatient) 21-Professional Medical Group 12-Federally Qualified Health Center 80-Indepedendent Laboratory 84-Ohio Department of Mental Health (Community Mental Health) Provider 82-Ambulance 27-Chiropractor Individual 95-ODADAS Certified/Licensed (SUD) Treatment Program 20-Physician/osteopath, individual 70-Pharmacy	7/1/2022	ETA 9/12/2022	TBD	Fix is complete				

Potential CPSE: Claims with dates of service prior to 1/1/2020 unable to price in Webstrat, hitting Group Error: 04 Error acquiring Grouper version/payer exceptions. After further review, this is not a CPSE	4/12/2022	01-Hospital (IP & OP)	ETA 8/10/2022	After further review, this is not a CPSE	TBD	Completed
Confirmed CPSE: 4.1.22 ASP (PAP) Fee Schedule- EAPG claims priced in Webstrat will not meet the 25 TAT.	4/13/2022	01-Hospital (Outpatient)	5/2/2022	ETA 10/10/2022	TBD	Fix is complete
Potential CPSE: Claims denied in error for IHBT members due to AutoQ158 not updated correctly. After final review, this is not a CPSE	4/19/2022	95-ODADAS Certified/Licensed (SUD) Treatment Program 84-Ohio Department of Mental Health (Community Mental Health) Provider	4/27/2022	After final review, this is not a CPSE	0 claims	Completed
Confirmed CPSE: In the SKYGEN Enterprise system there are 2 locations (benefit configuration and network management record) where timely filing can be updated. The benefit configuration was updated on 4/13/2020 to 365 days. The network management record was not updated and was still set for 180 days. The timely filing listed in the network management record overrides the benefit configuration. A number of claims denied incorrectly for untimely filing.	4/20/2022	31-Professional Dental Group 30-Dentist, Individual	4/28/2022	Adjustments Completed 5/13/2022	2400	Completed
Confirmed CPSE: CES and CIM rebuilt a non-active edit (9243) with a valid guideline. Edit was put into production and configured incorrectly.	4/26/2022	95-ODADAS Certified/Licensed (SUD) Treatment Program 84-Ohio Department of Mental Health (Community Mental Health) Provider	5/4/2022	Batch 1 Completed 6/16/2022 Batch 2 Completed 5/25/2022	257	Completed
Confirmed CPSE: Overpaying VFC providers the administration and the vaccines billed and not limiting the payment to less of billed charges.	4/29/2022	12-Federally Qualified Health Center 21-Professional Medical Group 01-Hospital (IP & OP)	ETA 12/31/2022	Workaround started 6/8/2022 ETA 10/26/2022	TBD	Ongoing remediation
Potential CPSE: As a result of the extension of the temporary VFC Payment Policy, administration CPT codes 90471 and 90742 are covered for ages 0-18, up to 6/30/2022. Configuration was not updated causing incorrect denials for dates of service 1/1/2022 and after. After final review, this is not a CPSE	5/2/2022	21-Professional Medical Group	5/19/2022	After final review, this is not a CPSE	7	Completed
Potential CPSE: Have not received a response from Optum regarding 3M release date for the 4/1/2022 EAPG Covered Code List updates. Not knowing the 3M release date may put us out of compliance for the 25 day TAT. After final review, this not a CPSE	5/2/2022	01-Hospital (Outpatient)	5/2/2022	After final review, this is not a CPSE	0	Completed
New Potential CPSE: Patient Liability AutoQ Solution is not working correctly, causing double PL to be applied to claims or applying to the incorrect claim when on a Waiver Service Plan.	5/20/2022	45-Waivered Services Organization 86-Nursing Facility	ETA 9/19/2022	ETA 11/16/2022	TBD	Ongoing remediation
New Potential CPSE: Claims are denying in error with a remit message "The services billed are considered Not Covered or Non-Covered (NC) in the applicable state fee schedule." causing underpayments.	7/1/2022	16 & 60-Home Health Agency	7/7/2022	ETA 12/28/2022	TBD	Ongoing remediation