Provider Type	Number of Impacted Providers	Category	Issue	Date Issue Found	Number of Days Outstanding	Estimated Fix Date	Status	Resolution	Interest/Penalties Owed	Date Resolved	Tech Ops Incident/ Problem Number
All	TBD	CLAIMS/PADP	CCH is in process of updating our system configuration to be in compliance with a recent update to PADP fee schedule. On 12/15, the PADP fee schedule updated the monthly limit of J1448 to 9,000 units vs. the previously 1,200.	12/15/2023	46	3/29/2024	OPEN	A system fix has been initiated with an anticipated production go live date of 2/28/24. Once system configuration is complete, a project will be created to recycle all impacted claims from 05/01/23 forward.	N		N/A
ALL	TBD	CLAIMS	CCH has identified an issue with some claims denying EXyu - INCORRECT CPT/HCPCS/REV/MOD OR UNLISTED CODE BASED ON CPT/CMS GUIDELINES for unlisted proc codes in which prior authorizations are obtained.	10/23/2023	108	3/8/2024	OPEN	A manual solution is in place to catch claims set to pay incorrectly during the check run review process. Once configuration is complete, a project will be created to correct any claims that may have denied incorrectly.	Y		N/A
DME, Orthotics and Prosthetics	TBD	CLAIMS	CCH has identified discrepancies related to Durable Medical Equipment and Orthotics/Prosthetics (DMEPOS) policies 5A-1, 5A-2, 5A-3 and 5B. The errant denial edits reference frequency maximum or quantiy limits exceeded in error. Updating system configuration for procedure codes not listed on fee schedule. If service is authorized, CCH will pay 25% of billed charges.	9/18/2023	143	2/14/2024	OPEN	System fix for configuration is currently being investigated, once configuration is complete a project will be created where CCH will determine number of impacted providers and correct claims that may have denied incorrectly. The estimated fix date includes configuration and claims remediation.System Configuration/Updates range from 30 - 90 days depending on the complexity of the update and the number of systems impacted. Update 12/11: Configuration estimation fix date has moved out from 12.04.2023 to 12.16.2023; projects will be submitted thereafter, please allow at least 30 days for completion.	Y		N/A
ALL	TBD	CLAIMS	CCH has identified some claims denying EXN5 (DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE) erroneously when billed with HCPCS/NDC combination and some claims denying Exyu (INCORRECT CPT/HCPCS/REV/MOD OR UNLISTED CODE BASED ON CPT/CMS GUIDELINES) erroneously when covered outpatient drugs are billed.	9/4/2023	157	2/26/2024	OPEN	A manual solution is in place to catch claims set to deny incorrectly during the check run review process. Once configuration is complete, a project will be created to determine number of impacted providers and toncorrect claims that may have denied incorrectly. The estimated fix date includes configuration and claims remediation.	Y		N/A

ALL	TBD	CLAIMS	CCH has identified some claims denying erroneously on PADP procedure codes where the services have no diagnosis code restrictions **EXxE**: PROCEDURE CODE IS DISALLOWED WITH THIS DIAGNOSIS CODE(S) PER PLAN POLICY and EXyE: PROCEDURE CODE IS DISALLOWED WITH THIS DIAGNOSIS CODE(S) PER PLAN POLICY.	8/30/2023	162	2/14/2024	OPEN	A manual solution is in place to catch claims set to deny incorrectly during the check run review process. Once configuration is complete, a claims review will be conducted to determine if a project will be needed. The estimated fix date includes configuration and claims remediation.	Y		N/A
Skilled Nursing Facility	0	SNF	Claims without Patient Monthly Liability (PML) information do not deny in our system but have been resulting in overpayments to providers when the PML amount equals $0.	10/1/2023	109	1/18/2024	CLOSED	A system fix has been initiated with an anticipated production go live date of 1/18/24. An interim manual process has been put into effect to pend claims when PML equals $0, which will allow for up to 90 days for CCH to receive the PML information form DSS via the 834 before the claim is denied. . Update: the system fix went into production on 01/18/2024. There were no claims that required adjustments due to this issue. Since the system fix is now in production, this issue is now closed.	N	1/18/2024	N/A
ALL	227	CLAIMS	CCH has identified a system configuration update needed related to inaccurate NDC denials for COVID-19 Testing. HCPCS/CPT codes are recognized for COVID-19 Testing are currently denying inappropriately for NDC, which is not required: U0001, U0002, U0003, U0004, U0005, C9803, G2023, G2024, 0225U, 0226U, 0240U, 0241U, 86328, 86413, 86769,87428, 87635, 87636, 87637 and 87811. Denial codes ▯ N5- DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE and ▯6N - DENY: NDC NUMBER MISSING OR INVALID	9/27/2023	98	1/3/2024	CLOSED	A manual solution is in place to catch claims set to deny incorrectly during the check run review process. System fix for configuration is currently being investigated, once configuration is complete a project will be created where CCH will determine number of impacted providers and correct claims that may have denied incorrectly. The estimated fix date includes configuration and claims remediation. System Configuration/Updates range from 30 - 90 days depending on the complexity of the update and the number of systems impacted. Update: Configuration completed on 10/20. Awaiting project completion.	Y	1/3/2024	N/A

ALL	79	PHARMACY, ENCOUNTERS AND CLAIMS	To adhere to federally required rebate guidelines, NC Medicaid requires the submission of a HCPCS code with an NDC on all drug claim lines with Revenue codes 0250-0259 and 0631-0637 submitted on outpatient hospital institutional claims (which are billed on a UB-04 / 837-I). Standard Plans are required to reprocess claims previously paid incorrectly for dates of services prior to 5/1/2022. Providers must use Centers for Medicare and Medicaid (CMS) guidance and industry standards to associate the correct NDC to its correct HCPCS code. As stated in the Managed Care Billing Guide section 3.19.1 Revenue Codes and NDC Codes, all institutional and professional claims must include a valid 11-digit NDC code for each claim detail line that includes a drug procedure code. All pharmacy related revenue codes (including 025x and 063x) are required to also have a HCPCS code reported. Providers will need to resubmit claims with the missing data.	9/27/2023	127	2/1/2024	CLOSED	Pharmacy encounters with Rev Codes 025x and 063x without both a HCPCS and NDC will not be accepted into the EPS. As a result of this decision, EPS issues 465, 467, and 472 will be closed as no changes will be made to allow these encounters into the EPS for dates of services prior to 5/1/2022. A project will be submitted to reprocess claims (recoup) previously paid incorrectly for dates of services prior to 5/1/2022. Update: This issue does not require configuration updates. To adhere to federally required rebate guidelines, NC Medicaid requires the submission of a HCPCS code with an NDC on all drug claim lines with Revenue codes 0250-0259 and 0631-0637 submitted on outpatient hospital institutional claims (which are billed on a UB-04 / 837-I). Standard Plans are required to reprocess claims previously paid incorrectly for dates of services prior to 5/1/2022. A recovery project has been created to adhere to this requirement and the recovery letters have been sent to providers. This issue is now closed.	N	2/1/2024	N/A
ALL	0	CLAIMS	CCH identified a discrepancy related to orthotic and prosthetic codes only paying for 1 side LT/RT . This would apply to all codes related to policy 5B-Orthotics and Prosthetics	9/15/2023	47	11/1/2023	CLOSED	A manual solution is in place to catch claims set to deny incorrectly during the check run review process. All previous claims set to deny erroneously have been corrected. No project is required. Once configuration is complete we will remove from our check run review. Allow 4 to 6 weeks for PI customization configuration. UPDATE: Configuration is complete 11/01/2023	N	11/1/2023	
ALL	0	CLAIMS	CCH identified an issue when a quantity is not listed in the state policy, only frequency is noted and currently our system is set to default to 1. This would apply to codes listed without a quantity in policies 5A1-Physical Rehabilitation Equipment and Supplies,5A-2 Respiratory Equipment and Supplies , and 5A-3 Nursing Equipment and Supplies.	9/15/2023	88	12/12/2023	CLOSED	Added to tracker in error. This is a duplication to Line 71. Once configuration is complete we will review network to determine if a claims project is required.	N	12/12/2023	
ALL	0	CLAIMS	CCH has identified claims that are being denied for lack of information. Per the state's prompt pay guidance, these claims should be pended for up to 90 days to allow for the receipt of additional information needed for processing.	8/31/2023	63	11/2/2023	CLOSED	CCH is currently updating configuration in our system to pend claims for up to 90 days upon notifying providers additional information is needed to finalize the claim. The configuration changes are expected to be completed by 10/30. No projects required. Update: After review, it has been determined that no configuration is required. CCH will implement an automation process that will properly pend claims and update work processes to ensure said claims remain pended for 90 days. New ETA 11/02/2023	N	11/2/2023	N/A

ALL	142	CLAIMS	CCH has identified Immunizations/Vaccines for 19 and 20 year olds were not processing correctly per the Health Check Guide. Per the provider billing manual, CCH shall reimburse the provider for both the vaccine and administration fee for NC Health Choice Members. Vaccines were paying $0 with EXVI: GLOBAL FEE PAID.	8/28/2023	70	11/6/2023	CLOSED	Configuration is complete. A project has been submitted to remediate all claims previously paid in error.	Y	11/6/2023	N/A
Healthy Opportunities Pilot	0	CLAIMS	CCH has identified some HOP claims are getting denied for invalid modifier and diagnosis codes through payment integrity edits incorrectly. HOP services require specific modifiers and diagnosis codes to be billed.	8/24/2023	28	9/21/2023	CLOSED	A manual solution is in place to catch claims set to deny incorrectly during the check run review process. All previous claims set to deny erroneously have been corrected. **No project is required**. Once configuration is complete we will remove from our check run review. Allow 4 to 6 weeks for PI customization configuration.	N	9/21/2023	N/A
ALL	51	CLAIMS	CCH has identified some claims denying EXDW (DENY: INAPPROPRIATE DIAGNOSIS BILLED, CORRECT AND RESUBMIT) erroneously when billed with diagnosis codes M81.8 and M81.0 and Procedure codes: 77078, 77080, 77081, 76977 due to incorrect benefits logic.	8/24/2023	67	10/30/3023	CLOSED	A manual solution is in place to catch claims set to deny incorrectly during the check run review process. Once configuration is complete, a project will be created to correct any claims that may have denied incorrectly. The estimated fix date includes configuration and claims remediation.	Y	10/30/2023	N/A
OFFICE	171	CLAIMS	CCH has identified an issue with some claims incorrectly denying POLT edits due to a miscommunication with Vendor. Denial affect Place of service = 11, lab codes (8XXXX) with reason codes: EXwN - PROCEDURE CODE(S) BILLED IN AN INAPPROPRIATE SETTING PER PLAN POLICY; EXyN - DENY: PROCEDURE CODE(S) BILLED IN AN INAPPROPRIATE SETTING and EXxN - DENY: PROCEDURE CODE(S) BILLED IN AN INAPPROPRIATE SETTING.	8/17/2023	116	12/11/2023	CLOSED	A manual solution is in place to catch claims set to deny incorrectly during the check run review process. A configuration request has been submitted to remove the POLT edits for lab services billed by Office providers (place of service 11). Once configuration is in production, subsequent projects will be created for complete remediation.The estimated fix date includes configuration and claims remediation. Update: configuration estimated dates for production - HCI: 10/25/2023- Est production date (yN is included in this space) CXT: 9/28/2023- In Production. Awaiting project completion.	Y	12/11/2023	N/A
Physician, Physician Assistants, NPs	484	CLAIMS	CCH has identified some ACA rates for providers were being reimbursed inaccurately. This issue is associated with Professional claims billing an E&M code for physicians, nurse practitioners and physician assistants.	8/1/2023	91	10/31/2023	CLOSED	Configuration was complete on 07/19. System has been updated and 18,159 impacted claims have been identified for reprocessing. Update: project completed on 10/31/2023	Y	10/31/2023	N/A

HOSP	21	CLAIMS	CCH has identified some outpatient claims denying EXyu: INCORRECT CPT/HCPCS/REV/MOD OR UNLISTED CODE BASED ON CPT/CMS GUIDELINES for proc code J8499 in error.	6/7/2023	202	12/26/2023	CLOSED	A manual solution is in place to catch claims set to pay incorrectly during the check run review process. Once configuration is complete, a project will be created to correct any claims that may have denied incorrectly. Update: Configuration is complete and went into production on 07/20/2023 . Claims that required remediation were adjusted in a claims project which was completed on 12/26/2023. Since configuration is complete and claims that processed incorrectly have been reprocessed via project, this issue is now closed.	Y	12/26/2023	N/A
DME	23	CLAIMS	CCH has identified some claims denying EXZC *(DENY:PROVIDER NOT CONTRACTED FOR THE SERVICE PROVIDED)* in error.	5/17/2023	175	11/8/2023	CLOSED	A manual solution is in place to catch claims set to pay incorrectly during the check run review process. Once configuration is complete, a project will be created to correct any claims that may have denied incorrectly. UPDATE: Configuration is complete. We are now conducting a complete claims review to validate updates and parcing out claims that may require reprocessing. This review process should be complete by 07/21 and any subsequent projects will be submitted at that time. Please allow up to 30 days for completion of project.	Y	11/8/2023	N/A
CLINIC	0	CLAIMS	CCH has identified some claims with billed services outside their contracted rate table causing some claims to deny EXTJ (fee not found) in error.	5/4/2023	20	5/24/2023	CLOSED	A manual solution is in place to catch claims set to pay incorrectly during the check run review process. Once configuration is complete, a project will be created to correct any claims that may have denied incorrectly. UPDATE: Configuration completed on 05/24/2023, all claims that required adjustments have been completed outside of a project. No project required.	Y	5/24/2023	N/A
ALL	134	CLAIMS	CCH has discovered that some claims billed for maternal depression screenings are applying copays in error when the diagnosis is pregnancy related.	4/24/2023	121	8/23/2023	CLOSED	A manual solution is in place to catch claims set to pay incorrectly during the check run review process. Once configuration is complete, a project will be created to correct any claims that may have denied incorrectly. UPDATE: Configuration is complete, project in progress with estimated completion date of 07/21/2023. Update: There is some rework required for completion of the project please allow up to 7 business days for completion. New ETA 08/24/2023	Y	8/23/2023	N/A
ALL	30	CLAIMS	CCH has identified some erroneous denials against claims with Rev Codes listed within the billing guide on outpatient facility claims also billed with a HCPCS code	4/12/2023	51	6/2/2023	CLOSED	A manual solution is in place to catch claims set to pay incorrectly during the check run review process. Once configuration is complete, a project will be created to correct any claims that may have denied incorrectly. Configuration for the system fix was moved to production on 5/11/23. Claims reprocessing was completed on 06/02/2023	Y	6/2/2023	N/A

FQHC, RHC, ASC, LHD	105	CLAIMS	CCH has identified that some T1015 services billed by FQHC, RHC and ASC providers are not pricing correctly. Certain providers can bill as both a FQHC/RHC/ASC/LHD and as a group with the same NPI and Tax ID but requires the correct corresponding taxonomy. The taxonomy is intended to drive the claim to the right payment methodology. Our system was not set up to process claims based on taxonomy to care for this requirement, resulting in inconsistent processing... some incorrect denials and some incorrect payments.	4/6/2023	160	9/13/2023	CLOSED	We are working to incorporate a solution to ensure accurate pricing via the Billing NPI Taxonomy in box 33a. At this time we are targeting to have the fix into our production environment around the 1st of June 2023. Once the fix is in, claims will be reviewed and reprocessed accordingly. UPDATE 06/01: Permanent fix targeted for week of 06/05/2023. Update: confirmed project completions are targeted to be completed 07/06/2023 Update 07/06/2023- Across three claims reprocessing projects, a total of 9119 claims, 8100+ have successfully been reprocessed. Approximately 10% were identified as needing additional manual processing. New ETA for that subset of claims is 7/21. Impact reports will be supplied upon conclusion of the manual processing. Update: there are 28 claims that require additional manual processing. Please allow additional time for completion. New ETA 09/08/2023	Y	9/13/2023	N/A
ALL	0	CLAIMS	CCH has identified some claims billed with proc codes L2840 and L2850 are denying as unbundling when billed on the same claim for the ortho/prosthetic device. L2840 and L2850 are orthotic socks and separately reimbursable.	3/25/2023	38	5/2/2023	CLOSED	A manual solution is in place to catch claims set to pay incorrectly during the check run review process. Once configuration is complete, a project will be created to correct any claims that may have denied incorrectly. UPDATE 05/24/2023: After performing a claims review for PI denials on L2850 and L2840 proc code, its been determined that there are not any denied claims that require adjusting. Claims have been reprocessed or updated via check run; a project is not required and configuration was completed on 05/02/2023.	N	5/2/2023	N/A
ALL	139	CLAIMS	CCH has identified an issue with some claims incorrectly denying POLT due to a miscommunication with Vendor	2/17/2023	356	10/25/2023	CLOSED	A manual solution is in place to catch claims set to pay incorrectly during the check run review process. Once configuration is complete, a project will be created to correct any claims that may have denied incorrectly; UPDATE: Configuration completed on 03.15.2023 project in progress ETA for completion 06/01/2023; UPDATE 06/01: Additional update to configuration identified for providers with a specialty of 69. That configuration was completed on 4/27. Updated ETA for claims reprocessing is 7/23. 2,314 claims have been identified across 139 providers requiring reprocessing. Update: the majority of the claims are complete for this project. There are 34 claims that require rekey and adjustments please allow additional time for completion. HCI: 10/25/2023- Est production date (yN is included in this space) CXT: 9/28/2023- In Production as of 9/28/2023 New ETA 10/25/2023 Closing this line item as it's a duplicate to issue listed on line 62.	Y	10/25/2023	N/A

ALL	0	CLAIMS	CCH has identified an issue with COB denials and some benefit denials applying to EPSDT members erroneously	2/7/2023	209	9/4/2023	CLOSED	A manual solution is in place to catch claims set to pay incorrectly during the check run review process. Effective 8/28/2023, EPSDT solutions are in place and functioning as expected which enable CCH to pay and chase claims for EPSDT services. While the claims payment process is fully functional as of 8/28/2023, additional benefit configuration work scheduled to move into production on 9/4 that will make this operation more efficient. This process is working as expected.	N	9/4/2023	N/A
FQHC	5	CLAIMS	CCH has identified an issue with some Chiropractic services denying in error.	2/7/2023	64	4/12/2023	CLOSED	configuration completed on 02.17.2023. A project is in progress to correct previous claims that denied in error. UPDATE 04.10.2023: Project is now in closure and should be closed this week. Verified project completed on 04/12/2023	Y	4/12/2023	N/A
AMBULANCE	4	CLAIMS	CCH has identified some ambulance claims are underpaid and should pay 100% of the fee schedule	11/29/2022	99	3/8/2023	CLOSED	A manual solution is in place to catch claims set to pay incorrectly during the check run review process. Once configuration is complete, a project will be created to correct any claims that may have paid incorrectly; UPDATE: Configuration completed on 12/20/2022 ; however, we will continue to monitor on checkrun until project is complete. Update: project completed on 03/08/2023	Y	3/8/2023	N/A
ALL	12	CLAIMS	CCH has identified some claims receiving denials stating "eA: DENY: ATTENDING PROVIDER NOT REGISTERED WITH ARKANSAS TOTAL CARE" in error.	11/21/2022	162	5/2/2023	CLOSED	A manual solution is in place to catch errant denials during checkrun review. Once configuration is complete a detailed claims analysis will be performed to determine if a project is required. There's no turn around time for manual solution. We will continue to monitor until configuration is complete. The estimated date of completion for configuration and project is pushed back to 02/24/2023. UPDATE 02.21.2023 - NEW ETA for configuration 02.28.2023 afterwards a review to determine if a project is required. UPDATE: Configuration is complete, pushing ETA back to allow time for project submission and completion. UPDATE 03.8.2023: configuration complete. ETA for project completion 06/08/2023; UPDATE - Project completed on 05.02.2023	Y	5/2/2023	N/A
ALL	22	CLAIMS	CCH has identified that some cast supply codes on the Physician Fee Schedule were excluded during configuration in DST causing them to deny TJ in error.	7/31/2022	108	11/16/2022	CLOSED	Configuration in progress for permanent fix. A manual process in place to prevent erroneous denial during the check run process in the interim. Update:Configuration was completed on 08/04; changing status to open on the tracker until projects are complete ETA 11/01/2022. new ETA for project completion 12/15/2022 UPDATE: Verified all projects are now complete 11/16/2022	N	11/16/2022	N/A
ALL	11	CLAIMS	COM0020180 regarding CPT 83986 denying for PROCEDURE CODE IS DISALLOWED WITH THIS DIAGNOSIS CODE(S) PER PLAN POLICY	7/22/2022	92	10/22/2022	CLOSED	configuration is complete. Project closure submitted 09/16 UPDATE 10/21: project completed on 10/11/2022	N	10/22/2022	N/A

ALL	67	CLAIMS	CCH has identified that some denials on rev code 250 were applied in error for services outside of dialysis and rev code 270 for services outside of home health	7/18/2022	134	11/29/2022	CLOSED	Rev code 270. COM0013690 - 95.4% of claims have been manually processed across 10 projects defined within PROJ-279682972. (Global project in progress) UPDATE: Project completed 11/29/2022	Y	11/29/2022	N/A
County Public Providers	21	CLAIMS	Ambulance services are paying in error where they should deny as non-covered services for some claims due to a fee schedule update error.	7/15/2022	20	8/4/2022	CLOSED	Configuration is complete. Associated project is complete.	N	8/4/2022	N/A
ALL	0	CLAIMS	CCH has identified that our current configuration allows for review of consent forms attached to claims. Confirmation is required on the following: i.The PHP shall provide hospitals the ability to check the status of the hysterectomy statement and sterilization consent forms online. i.The PHP shall provide web page capabilities for providers to inquire on the status of member consent statements for hysterectomy and sterilization. ii.The PHP shall provide the capability to capture the NPI of the facility where a sterilization procedure was performed and to display that information in the consent form record for the recipient. iii.The PHP shall provide the capability for the requesting rendering provider and service facility provider, including providers associated with the facility, to inquire on the status of the consent by searching with the NPI and member Medicaid ID. iii.The PHP shall accept delivery of any requested clinical documentation through a mutually agreed to solution via electronic means available to the Provider and shall not require that the documentation be transmitted via facsimile or mail. Clinical documentation includes, but is not limited to, Certificates of Medical Necessity (CMNs), invoices, discharge summaries and operative reports, sterilization consent forms and child medical exam checklists.	7/12/2022	416	9/1/2023	CLOSED	We are reviewing our systems against the sterilization consent form requirements outlined in the Summer Amendment to ensure we are compliant. UPDATE 10/05: full process operable by Q3 2023 No claims are being paid in error - this is a process enhancement.	N	9/1/2023	N/A
ALL	74	CLAIMS	CCH has identified that copays have been applied to claims for pregnant members. Per NC guidelines pregnant members are exempt from copays when claims are billed with Pregnancy Diagnosis Codes	7/6/2022	254	3/17/2023	CLOSED	Configuration in progress to correct this issue. In the interim, we are manually removing the copayments during our check-run review. UPDATE: Configuration completed on 09/16; leave open until project is complete ETA 11/15/2022; update 11/02: project completed on 11/01; UPDATE 02.13.2023: An update was made to the previously completed configuration. This update was submitted on 01.04.2023 and completed on 01.18.2023 tracking number CCFG00077731 Update/Add Diagnosis Codes Related to Pregnancy Antenatal Screenings and NCDHHS Recognized Behavioral Health Codes. Re-opening on tracker until subsequent project is complete ETA 04/15/2023 UPDATE: Final project resolved-completed on 03/17/2023	Y	3/17/2023	N/A

PHARMACIES	601	CLAIMS	Codes on the 'FDA Indication Bypass' list were excluded from the PADP codes set configuration in DST (CS_NC_PADP_PEND_9G) causing some claims to deny TJ in error.	7/6/2022	212	2/3/2023	CLOSED	Configuration in progress for permanent fix. A manual process in place to prevent erroneous denial during the check run process in the interim. Update: Configuration completed on 07/27; project in progress to adjust claims previously denied in error. Update: 2 projects submitted on 08/06/2022 ETA 10/06/2022. UPDATE 10/19/2022: One Project completed 08/30 and second project still in progress ETA 11/15; new ETA for project completion 02/15/2023; UPDATE: project completed on 02/03/2023	Y	2/3/2023	N/A
ALL	229	CLAIMS	CCH has identified a taxonomy issue related to the update of the PEF; On 3/27/2022 we changed our logic to review state PEF file and we mapped incorrectly to new file causing incorrect denials 3l, 3m, 3n, hh, Fv, eS, eT and EF on some claims.	6/27/2022	591	7/28/2023	CLOSED	Manual solution in place to catch error during check run and projects underway to address incorrectly denied claims. UPDATE: We are still in UAT testing, validating the logic is working as expected, therefore we will not be deploying these changes 09/16 as previously committed. New ETA 9/30. UPDATE 09/27: We will need to delay an additional week to accommodate further testing for overlapping spans to ensure we are getting the expected results. New Date: 10/06/2022 9AM-4PMCST. UPDATE: Configuration completed successfully on 10/14/2022 waiting for all associated projects to complete ETA 11/15/2022; UPDATE 11/02: previously submitted projects are complete. UPDATE Additional project required to remediate subset of impacted claims from 11/18/2022 and expect this to be complete by 2/28. UPDATE 02/22/2023: New ETA for subsequent project completion 04/08/2023; UPDATE 03/22/2023 We are still on track for project completion on 04/08/2023; UPDATE 04/12/2023 - Additional project submissions are required new ETA for completion is 05/12/2023; UPDATE:System fixes were put into production on 3/23/23 and claims reprocessing is estimated to be complete by 06/11. UPDATE: All claims in the initial targeted time period of 4/1/2022 thru 4/26/2023 have been reprocessed to address the taxonomy denial and allowing the claim to continue through normal claim processing protocols. Reprocessing of claims from 7/1/2021 to 3/31/2022 will commence and be completed by 7/31/23. UPDATE: received confirmation that all claims have been reprocessed and are complete on 07/28/2023	Y	7/28/2023	INC0585207
HOSPTIALS	20	CLAIMS	Updates required per Psych/Rehab Hospital Reimbursement Guidelines; Optum configuration required for grouper discrepancies.	6/16/2022	246	5/4/2022	CLOSED	Optum Grouper update in progress; UPDATE: Config complete 08/18; projects are in progress with ETA of 11/08/22; UPDATE 11/09: new ETA for project completion 5/15/2022; UPDATE: Project resolved-completed on 02/17/2023	Y	2/17/2023	N/A
ALL	0	CLAIMS	CCH has identified an issue in our authorization review process which is causing some incorrect authorization denials on PT/OT related services.	6/13/2022	281	3/21/2023	CLOSED	Manual solution in place (The Authorization team has a PACR process) in which they identify claims set to deny for auth related reasons tied to this issue in error prior to them hitting check run and provide work around instructions to the claims processing team. A full remediation process is under review New ETA 12/28. Requires enterprise wide coordination. UPDATE: we have implemented a process which will automatically identify claims on a regular basis and have them adjudicated accordingly effective March 21, 2023	N	3/21/2023	N/A

ALL	79	Finance	Nurse Practitioner_Fee_Schedule_20220421.xlsx not updated within the 45 day guidelines. Fee schedule is updated in prod. Working through project submission.	6/7/2022	51	7/28/2022	CLOSED	working on a project submission to pay necessary P&I; Update: The project was completed on 7/28/2022 and was closed off the state tracker.	Y	7/28/2022	N/A
ALL	4	Finance	NC_Hospitals_ Fee_ Schedule_ v08_20220420.xlsx not updated within the 45 day guidelines. Fee schedule is updated in prod. Working through project submission.	6/7/2022	114	9/29/2022	CLOSED	working on a project submission to pay necessary P&I; UPDATE: The projects were completed on 09/29	Y	9/29/2022	N/A
ALL	0	CLAIMS	CCH has identified an issue with the pre-adjudication timely filing edit; As a result, all reclass claims that are set to deny for timely filing is an error.	6/6/2022	304	4/6/2023	CLOSED	Manual solution in place to catch error during check run. Once configuration is complete we will review to determine if any projects required to address incorrectly denied claims. UPDATE: still reviewing options for configuration which will take up to 60days for completion. UPDATE 10/04: Configuration in progress ETA 12/01 for completion UPDATE: The cause in the delay is we have determined the configuration previously submitted did not completely fix the issue.New ETA 4/16/2023; UPDATE: Configuration completed on 04/06/2023 Status updated to Closed.	N	4/6/2023	N/A
ALL	11	CLAIMS	CCH identified some BH claims denial erroneously for 90834, 90837, T1023	6/2/2022	272	3/1/2023	CLOSED	Configuration is complete. A global project is in progress to correct previous claims denied in error. Estimated date of completion 03/15/2023; UPDATE: Project resolved completed on 03.01.2023	Y	3/1/2023	N/A
FQHC	68	CLAIMS	Encounter code T1015 denials in error	5/18/2022	289	3/3/2023	CLOSED	T1015 Issue driven by provider setup errors. Corrections ETA 11/18/2022. All claims impacted will be remediated vIa subsequent projects once corrections are completed. UPDATE: Project is still pending, new ETA 03/15/2023 UPDATE: Project resolved completed on 03/03/2023.	Y	3/3/2023	N/A
ALL	8	CLAIMS	NCCI Edits applying to Rev Codes for Outpatient Instiutional claims NCCI Edits can only apply to the attached Rev Codes	5/11/2022	202	11/29/2022	CLOSED	Configuration update completed 7/18. Note: re-opening status per projects are in progress changing ETA allow time for proj completion; UPDATE 10/05: Projects are pending closure new ETA 10/31 claims that require reprocessing are included on the projects. UPDATE 11/02: 7 projects submitted, 6 complete and 1 project pending manager review ETA for completion 12/01 changing Estimated fix date to reflect 12/01; UPDATE 11/29/2022 all projects are complete.	Y	11/29/2022	N/A
ALL	0	CLAIMS	CPT 80307 UDT should not be taking a copay. The state is taking the population out of the equation and only weighing in on the type of service. The service is Urine Drug Testing and they are saying that this is a benefit that is covered in full.	5/3/2022	31	6/3/2022	CLOSED	Pending Benefit Update - manual process in place to catch invalid denials until fix is in; UPDATE: configuration complete 06/03/2022	N	6/3/2022	N/A

PHARMACIES	0	CLAIMS	Pharmacies were being charged claim transaction fees.	4/29/2022	0	4/29/2022	CLOSED	Fees were stopped as of 4/29/2022. State confirmed in writing on 6/2/2022 that retroactive refunding of transaction fees would not be required. Therefore no project was necessary.	N	4/29/2022	N/A
ALL	3	PRIOR APPROVAL	2.A4259 – NDC 50924097110 /A4353 NDC 65702071110 – these codes are denying A1 - DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED. Per NC Medicaid policy when billed with preferred NDC's these codes do not require an authorization. a.Currently reviewing to determine where the authorization denial is coming from. UM has verified authorization is not required, Preadj is currently reviewing if NDC is loaded. b.Please instruct claims shop to override authorization denials for these codes when billed with the corresponding NDC code until further notice.	4/24/2022	269	1/18/2023	CLOSED	Pending Prior Authorization Update - manual process in place to catch invalid denials until fix is in; UPDATE: A4353 – This was actually a code that was caught in the Preadj prescrub that begin denying in error for NDC requirement. This code was added to the NC NDC bypass list as of 5/16/22. A4259 – This code is still being monitored and remediation is being reviewed. UPDATE 10/04: The ARQ grid is in the process of reconfiguration ETA 11/01/2022 UPDATE: 11/09: The ARQ grid is in the process of reconfiguration new ETA 2/15/2023	Y	1/18/2023	N/A
HOSPITALS	2757	CLAIMS	Newborn notification Denials for well-baby DRG's	4/18/2022	218	11/22/2022	CLOSED	Pending guidance from state UPDATE: CCH has received the State's Response: •ꢀCCH can and will reprocess any incorrectly denied claims including those that were denied due to lack of appropriate notification when appropriate. •ꢀCCH has created a project to process all downcoded claims related to newborn claims for year 1. We expect this project to be resolved (claims adjusted) within the next 30 days. The project is 99% complete and has 40 claims left currently being reprocessed. We are going to leave open until project is 100% complete. UPDATE 12/15 - Project is completed.	Y	11/22/2022	N/A
ALL	11	CLAIMS	COM0016368 Per PI - For unbundling denials between A4627 (spacer bag/reservoir) and 94664 (demonstration/evaluation of metered dose inhaler).	4/12/2022	433	6/19/2023	CLOSED	configuration is in progress ETA 10/31/2022. Post PI edit implementation we will have to do analysis to determine if a project will be required to remediate. UPDATE 11/07- PI Team is still reviewing examples configuration has not been initiated will need to push ETA back to 12/01/2022 awaiting project completion; UPDATE: Configuration is complete ETA for project completion 04/15/2023; UPDATE: We have identified additional claims that require a project submission. New ETA for completion is 06/19/2023; Update: after performing a claims sweep, all errant denials were corrected during checkrun review; we have found no claims denying inccorectly after configuration updates.	Y	6/19/2023	N/A

ALL	0	COB	Members will be provided weekly for State Medical Support Enforcement. All claims for these members will need to pay and chase for COB claims	4/11/2022	620	12/22/2023	CLOSED	Members within the State Medical Support Enforcement list will be monitored for any invalid COB denials to pay and chase until automation review is completed by state - manual process in place to catch this issue before being denied incorrectly. State is working on automation process for these information; UPDATE: New ETA 12/02. UPDATE 12/22: CSE indicator is coming across on the 834 file effective 12/22/2022. We are contiuning to monitor this manually through January 2023 to verify results.	Y	12/22/2023	N/A
ALL	55	CLAIMS	Procedure codes 96151, 96150, and 92551 denying in error	3/30/2022	265	12/20/2022	CLOSED	Configuration update completed 7/15. UPDATE: Proj submitted 10/03 ETA of completion is 12/03/2022 UPDATE: New ETA of completion is 12/23/2022; UPDATE: project was completed on 12/20/2022	Y	12/20/2022	N/A
ALL	0	CLAIMS	Procedure Codes J1050,J7296,J7297,J7298,J7300,J7301,J7307,S4993 denying for off-label diagnosis	3/24/2022	14	4/7/2022	CLOSED	Benefit and Pricing Updated Implemented to pay appropriately. No project required per claims were monitored and corrected during checkrun reviews.	N	4/7/2022	N/A
ALL	0	CLAIMS	Hearing aids denying as reported through State Tickets: 13697 14015 14029 14041 Still researching root cause	3/11/2022	186	8/1/2022	CLOSED	Benefit configurations are completed. Claims team working through project submission UPDATE: No project required per claims were monitored and corrected during check-run reviews.	N	9/13/2022	N/A
PEDIATRICS	0	COB	Service lines denying for COB for Preventative Pediatric Services and EPSDT services billed with a EP or TJ modifier (Pay and Chase)	3/3/2022	138	7/19/2022	CLOSED	Configuration update completed 7/19. No project required per claims were monitored and corrected during check-run reviews.	N	7/19/2022	N/A
ALL	0	CLAIMS	COVID vaccine code increase from $45 to $65	3/1/2022	35	4/5/2022	CLOSED	Update pricing for vaccine code. No project required per claims were monitored and corrected during checkrun reviews.	N	4/5/2022	N/A
PEDIATRICS	0	CLAIMS	Service lines denying benefit limit reached for well child exams based on rolling year instead of calendar in error.	2/24/2022	22	3/18/2022	CLOSED	Benefit and Pricing Updated Implemented to pay well child exams appropriately. No project required per claims were monitored and corrected during checkrun reviews.	N	3/18/2022	N/A
ALL	175	CLAIMS	Service lines denying CPT & Location are not compatible for procedure codes D0145 & D1206 when billed in locations 03, 11,12,13, 14,15,19, 21, 22, 24, 31, 32, 54, 49,71,50,72	2/24/2022	370	3/1/2023	CLOSED	Benefit and Pricing Updated Implemented to pay appropriately	Y	3/1/2023	N/A

ALL	0	PRIOR APPROVAL	Service lines denying for authorization for procedure codes 99501 and 99502 for DOS prior to 12/13/2021 in error	2/16/2022	173	8/8/2022	CLOSED	Pending Prior Authorization Update - manual process in place to catch invalid denials until fix is in; UPDATE - The Authorization team confirmed on 08/08/2022 that remediation is performed during their internal PACR review process; no configuration required and projects required. All erroneously denied claims have been corrected. The Authorization team confirmed that there is no configuration required and their internal authorization review process will address this concern.	Y	8/8/2022	N/A
ALL	0	CLAIMS	Service lines denying CPT & Location are not compatible for procedure code Q3014 denying for all providers that are not FQHC's or RHC's	2/11/2022	5	2/16/2022	CLOSED	Benefit Update was implemented to have the scenario to not deny for invalid location. No project required per claims were monitored and corrected during checkrun reviews.	N	2/16/2022	N/A
ALL	0	CLAIMS	Service lines denying add on code billed without primary procedure for procure codes G0279 when billed with procedure codes 77065-77067 in error	2/10/2022	42	3/24/2022	CLOSED	Benefit Update was implemented to have the scenario to not deny QE. No project required per claims were monitored and corrected during checkrun reviews.	N	3/24/2022	N/A
ALL	0	CLAIMS	Service lines denying EXQE for procure codes 77063 when billed with procedure codes 77065-77067	2/10/2022	19	3/1/2022	CLOSED	Benefit Update was implemented to have the scenario to not deny QE. No project required per claims were monitored and corrected during checkrun reviews.	N	3/1/2022	N/A
ALL	0	CLAIMS	Service lines denying missing taxonomy for paper claims containing Rendering and Servicing Provider Taxonomy in error	2/8/2022	47	3/27/2022	CLOSED	IT Update Implemented. No project required per claims were monitored and corrected during check run reviews.	N	3/27/2022	N/A
ALL	0	CLAIMS	Service lines denying procedure code billed in an inappropriate setting for Laboratory procedures performed within office location	2/3/2022	12	2/15/2022	CLOSED	Payment Integrity Edit Update - manual process in place to catch this issue before being denied incorrectly; Update, after further review from Payment Intergrity they found the denials were valid and closed issue on 02/15/2022	N	2/15/2022	N/A
ALL	73	PRIOR APPROVAL	Service denying for Authorizations for services within the Covid Flexibility Waiver.	2/3/2022	21	2/24/2022	CLOSED	Benefit Update implemented	Y	2/24/2022	N/A
PEDIATRICS	0	CLAIMS	Service lines denying for procedure code 90619 when billed with an associated vaccine administration code for members 18 & under	1/31/2022	226	8/19/2022	CLOSED	Pending Benefit Update - manual process in place to catch this issue before being denied incorrectly. UPDATE: configuration complete and no projects are required; manual process caught all fallouts.	N	9/14/2022	N/A
N/A	0	CLAIMS	Procedure code 99401 when billed with Z23 taking copay incorrectly	1/31/2022	10	2/10/2022	CLOSED	Benefit Update was implemented to have the scenario not take Copay for members. No project required per claims were monitored and corrected during check-run reviews.	N	2/10/2022	N/A
ALL	174	CLAIMS	Procedure code 87880 denying procedure not allowed for CLIA certification type in error when billed with QW modifier.	1/27/2022	0	1/27/2022	CLOSED	CLIA IT Update was implemented to have the scenario not deny EXc2	Y	1/27/2022	N/A

ALL	0	CLAIMS	Breast and Cervical Cancer Members taking copay incorrectly	1/6/2022	7	1/13/2022	CLOSED	Benefit Update was implemented to have the scenario not take Copay for members. No project required per claims were monitored and corrected during check-run reviews.	N	1/13/2022	N/A
ALL	0	CLAIMS	Due to a system limitation CCH has recouped penalty and/or interest on some claims related to projects and adjustments paid in 2022 when it should not have.	1/1/2022	209	7/29/2022	CLOSED	A correction will be implemented to stop inaccurate recoupments. Timeline and manner for administering refunds is being assessed to limit adverse impact to providers. UPDATE 10/04: Configuration in progress on target for end of December release date.	N	7/29/2022	INC0548624
ALL	6	CLAIMS	Due to a system limitation that is being corrected, there are projects and adjustments paid in 2022 where CCH has not paid interest when interest is due.	1/1/2022	123	5/4/2022	CLOSED	Correction to claims interest calculation was implemented. interest payments will be retroactively paid where appropriate.	Y	5/4/2022	N/A
PEDIATRICS	1129	CLAIMS	EPSTD procedure codes 99381-99385, 99391-99395, 96110, 96161, 96127, 96160, 99406-99409, 92551, 92552, 83655 billed with an EP Modifier for Medicaid Members Age 0-20 were denying for invalid diagnosis in error.	12/17/2021	38	1/24/2022	CLOSED	Benefit Update was implemented to exclude EPSDT diagnosis codes from this denial	Y	1/24/2022	N/A
PEDIATRICS	345	CLAIMS	EPSDT services were denying for invalid modifier when billed with mod EP due to an issue with Diagnosis Codes Z00.00, Z00.01, Z01.110, Z01.10, Z00.121, Z00.129, Z00.110, Z00.111, Z02.89, Z01.00, Z01.01, Z01.118, Z23, Z28.3, Z13.88, Z77.011, Z11.1,Z00.00,Z00.01,Z01.110,Z01.10 not being included in this for Medicaid members	12/17/2021	38	1/24/2022	CLOSED	Benefit Update was implemented to include EPSTD diagnosis codes so when billed they will no longer hit this benefit	Y	1/24/2022	N/A
PEDIATRICS	1129	CLAIMS	EPSDT services were denying for invalid modifier when billed with mod EP or FP due to an issue with Diagnosis Codes Z00.00, Z00.01, Z01.110, Z01.10, Z00.121, Z00.129, Z00.110, Z00.111, Z02.89, Z01.00, Z01.01, Z01.118, Z23, Z28.3, Z13.88, Z77.011, Z11.1,Z00.00,Z00.01,Z01.110,Z01.10 not being included in this for Medicaid members	12/17/2021	38	1/24/2022	CLOSED	Benefit Update was implemented to include EPSTD diagnosis codes so when billed they will no longer hit this benefit	Y	1/24/2022	N/A
CME	0	CLAIMS	Claims billed related to CME services should pay if billed with required form	9/13/2021	192	3/24/2022	CLOSED	Benefit and Pricing Implemented. No project required per claims were monitored and corrected during checkrun reviews.	N	3/24/2022	N/A

| ALL | 0 | CLAIMS | Due to system limitations, CCH is unable to apply penalties to claims via automation. | 8/15/2021 | 621 | 4/28/2023 | CLOSED | CCH has the manual capability to pay penalties. Automation was initially anticipated for Dec 2, 2022, however, the solution did not work as anticipated. Additional testing is necessary, new ETA 01/31/2023; UPDATE 03/14/2023: This effort is in current sprints. Barring UAT findings we are to go live on 4/7New ETA 04/07/2023; UPDATE 04/10/2023: there were some issues discovered during UAT testing. IT is working to correct these issues and has provided a new target date of 04/21/2023. UPDATE 04/26/2023: The Payables portion of corrections will be released 4/28. | N | 4/28/2023 | N/A |