



Molina Healthcare of Ohio Claim Payment Systemic Errors

July 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.

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	95-ODADAS Certified/Licensed (SUD) Treatment Program 84-Ohio Department of Mental Health (Community Mental Health) Provider	4/23/2020	Workaround started 07/23/2019 Final Report -ETA 07/30/2020	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	95-ODADAS Certified/Licensed (SUD) Treatment Program 84-Ohio Department of Mental Health (Community Mental Health) Provider	5/01/2020 and 5/21/2020	Project sent to adjustments on 07/13/2020 ETA 07/13 2020 - 08/07/2020	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. Impact Outpatient Hospital	12/18/2019	01-Hospital (specify Inpatient or Outpatient)	6/16/2020	ETA 08/15/2020	Ongoing remediation	Fix is complete.
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. Impact Inpatient and Outpatient Hospital.	12/23/2019	76-Durable Medical Equipment Supplier 21-Professional Medical Group 50-Clinic 81-Portable X-Ray Supplier 01-Hospital (specify Inpatient or Outpatient) 79-Independent Diagnostic Testing Facility 36-Podiatrist Individual 20-Physician/osteopath, individual 86-Nursing Facility 12-Federally Qualified Health Center 84-Ohio Department of Mental Health (Community Mental Health) Provider 27-Chiropractor Individual 35-Optometrist Individual 02-Psychiatric Hospital 31-Professional Dental Group	6/16/2020	ETA 08/15/2020	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 08/10/2020	ETA 10/09/2020	Ongoing remediation	Fix in progress.
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. Impact Outpatient Hospital.	2/18/2020	01-Hospital (specify Inpatient or Outpatient)	3/16/2020	Project sent to adjustments on 05/21/2020. Completed 05/28/2020-06/22/2020.	Completed	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." Impact Inpatient & Outpatient Hospital	2/19/2020	01-Hospital (specify Inpatient or Outpatient)	5/2/2020	Project sent to adjustments 07/06/2020. ETA 07/06/2020 - 07/31/2020	Ongoing remediation	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. Impact Outpatient Hospital	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	Project sent to adjustments 07/06/2020. ETA 07/06/2020 - 07/31/2020	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	5/27/2020	Project sent to adjustments on 06/18/2020. Completed 06/18/2020 - 07/13/2020.	Completed	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. Impact Outpatient Hospital	4/16/2020	01-Hospital (specify Inpatient or Outpatient)	4/24/2020	ETA 10/13/2020	Ongoing remediation	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	6/30/2020	Workaround started 05/12/2020 Final Report ETA 10/17/2020	Ongoing remediation	Fix is complete.
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	5/28/2020	ETA 10/17/2020	Ongoing remediation	Fix is complete.
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	6/4/2020	Project sent to adjustments 06/10/2020. Completed 06/16/2020 - 06/18/2020.	Completed	Fix is complete.
Inpatient out of state hospital claims that were paid in March 2020 and April 2020 priced incorrectly causing underpayments. Impact Inpatient Hospital	4/21/2020	01-Hospital (specify Inpatient or Outpatient)	7/1/2020	Project sent to adjustments 07/02/2020 Project assigned 07/07/2020 ETA 07/07/2020 - 08/01/2020	Ongoing remediation	Fix is complete.
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. Impact Inpatient and Outpatient Hospital	4/22/2020	01-Hospital (specify Inpatient or Outpatient)	4/29/2020	ETA 10/19/2020	Ongoing remediation	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. Impact Outpatient Hospital	4/23/2020	01-Hospital (specify Inpatient or Outpatient) 21-Professional Medical Group	4/30/2020	Project sent to adjustment 05/29/2020. Completed 06/01/2020- 06/29/2020	Completed	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	Project sent to adjustment 06/01/2020. Project assigned 06/16/2020 ETA 06/16/2020 - 07/17/2020 Adjustments outside of 30 days, due to fall -out of claims.	Ongoing remediation	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. Impact Outpatient Hospital	5/14/2020	01-Hospital (specify Inpatient or Outpatient)	6/16/2020	ETA 08/15/2020	Ongoing remediation	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	ETA 11/14/2020	Ongoing remediation	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 09/17/2020	Workaround started 05/21/2020. ETA 11/16/2020	Ongoing remediation	Fix in progress.
Dental claims for out of network providers denied in error as a non-covered benefit.	5/22/2020	31-Professional Dental Group 30-Dentist, Individual 50-Clinic	5/22/2020	6/12/2020	New	Fix is complete.
A custom End Stage Renal Dialysis (ESRD) contract with specific Rev/CPT/Condition Code combinations was configured incorrectly causing claim overpayments.	6/8/2020	59-End-Stage Renal Disease (Dialysis) Clinic	7/6/2020	ETA 12/05/2020	Ongoing remediation	Fix is complete.
The incorrect rates for the smoking cessation codes 99406 and 99407 have underpaid for PA, CNP and CNS provider specialties since 8/1/2019 and after for Community Mental Health and SUD providers.	6/16/2020	95-ODADAS Certified/Licensed (SUD) Treatment Program 84-Ohio Department of Mental Health (Community Mental Health) Provider	7/7/2020	ETA 12/13/2020	New	Fix is complete.
Applied Behavioral Analysis (ABA) skilled therapy services are being reduced by the multiple procedure reduction in error causing claim underpayments.	6/17/2020	50-Clinic 21-Professional Medical Group	ETA 10/15/2020	Workaround started 07/10/2020. ETA 12/14/2020	New	Fix in progress.
EAPG Types 2 (Significant Procedure and 25 (Diagnostic Significant Procedure) are being discounted causing under payments. Impact Outpatient Hospital	6/19/2020	01-Hospital (specify Inpatient or Outpatient)	ETA 10/17/2020	ETA 12/16/2020	New	Fix in progress.
Multiple Significant Procedure Discounting (MSPD) is applied when a claim contains multiple services within a single APG Type on the same date of service. MSPD is not being applied to dental service lines assigned to APG Type 23 (Dental Procedure) for claim lines causing overpayments. Impact Outpatient Hospital	6/24/2020	01-Hospital (specify Inpatient or Outpatient)	ETA 10/22/2020	ETA 12/21/2020	New	Fix in progress.
Optum has identified a file formatting issue with the 2019 Ohio Outpatient Fee Schedule Data File. Due to this issue, behavioral health services are receiving line-level Pricer Return Code 01 (No Available APC/Fee Schedule Rate Record) in error. Impact Outpatient Hospital	6/24/2020	01-Hospital (specify Inpatient or Outpatient)	ETA 10/22/2020	ETA 12/21/2020	New	Fix in progress.
LTAC claims with an admission date prior to 01/02/2020 and a discharge date after 1/2/2020 are paying incorrect rates. Impact Inpatient Hospital	7/1/2020	01-Hospital (specify Inpatient or Outpatient)	ETA 10/29/2020	ETA 12/28/2020	New	Fix in progress.
Several codes are hitting a code edit for incorrect or invalid place of service causing incorrect denials. Other (provider type is missing) Impact Urgent Care Center	7/2/2020	21-Professional Medical Group	ETA 10/30/2020	ETA 12/29/2020	New	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)	ETA 11/05/2020	ETA 01/04/2021	New	Fix in progress.
Claims requiring a minimum number of observation hours in order to receive the flat payment for observation services are paying incorrectly. Claims for 'single visit per claim revenue codes' are paying incorrectly. Impact Outpatient Hospital	7/8/2020	01-Hospital (specify Inpatient or Outpatient)	ETA 11/05/2020	ETA 01/04/2021	New	Fix in progress.