



## Molina Healthcare of Ohio Claims Payment Systemic Errors

**September 2021**

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.

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 \$0.00 in error due to a cob mapping issue.	12/21/2020	82-Ambulance 50-Clinic 76-Durable Medical Equipment Supplier 12-Federally Qualified Health Center 44-Hospice 01-Hospital (Outpatient) 80-Independent Laboratory 16 & 60-Home Health Agency 95-ODADAS Certified/Licensed (SUD) Treatment Program 84-Ohio Department of Mental Health (Community Mental Health) Provider 21-Professional Medical Group 05-Rural Health Clinic 45-Waivered Services Organization	ETA 12/31/2021	Workaround started 03/04/2021 Adjustments completed 03/25/2021 -04/23/2021	1781 claims	Ongoing remediation
Confirmed CPSE: A claim file submitted to Molina, via Electronic Data Interchange (EDI), was submitted to Molina once and the file was produced twice, which resulted in claims denying in error.	3/9/2021	82-Ambulance 46-Ambulatory Surgery Center 50-Clinic 76-Durable Medical Equipment Supplier 12-Federally Qualified Health Center 44-Hospice 80-Independent 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 05-Rural Health Clinic	3/9/2021	Batch 1 Adjustments completed 06/09/2021-07/07/2021 Batch 2 Adjustments completed 06/11/2021-07/30/2021 Adjustments outside of 30 days, due to fall-out of claims	Batch 1 - 441 claims Batch 2 - 1204 claims	Completed



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Confirmed CPSE: Corrected claims that are being adjusted are denying in error, due to the solution not recognizing the claim as the corrected claim.	3/15/2021	82-Ambulance 50-Clinic 76-Durable Medical Equipment Supplier 12-Federally Qualified Health Center 44-Hospice 80-Independent Laboratory 16 & 60-Home Health Agency 95-ODADAS Certified/Licensed (SUD) Treatment Program 84-Ohio Department of Mental Health (Community Mental Health) Provider 70-Pharmacy 21-Professional Medical Group 83-Wheelchair Van	8/5/2021	Batch 1 ETA for adjustment 08/30/2021 - 09/24/2021 Final ETA 11/22/2021	Batch 1 - 206 claims Final - TBD	Fix is complete
Confirmed CPSE: Claims were denied in error under an incorrect "Potential Member" record.	4/13/2021	50-Clinic 76-Durable Medical Equipment Supplier 12-Federally Qualified Health Center 01-Hospital (IP & OP) 16 & 60-Home Health Agency 21-Professional Medical Group 05-Rural Health Clinic	ETA 09/28/2021	ETA 12/21/2021	TBD	Ongoing remediation
Confirmed CPSE: Diagnosis codes are being reorganized on hospital EDI claims causing lower DRG payments, due to the procedure code date not mapping correctly.	6/7/2021	01-Hospital (Inpatient)	ETA 11/22/2021	ETA 02/14/2022	TBD	Ongoing remediation
Confirmed CPSE: Several hospital claims have paid at billed charge in error causing overpayments/underpayments.	6/18/2021	01-Hospital (Outpatient)	7/20/2021	Adjustments completed 08/10/2021 - 09/01/2021 Batch 1 Recovery completed 08/05/2021 Batch 2 Recovery completed 08/03/2021	44 claims Batch 1 - 805 claims Batch 2-360 claims	Completed
Confirmed CPSE: Claims denied for no authorization in error, due to an authorization mapping issue.	7/8/2021	76-Durable Medical Equipment Supplier 79-Independent Diagnostic Testing Facility 80-Independent Laboratory 16 & 60-Home Health Agency 21-Professional Medical Group	7/14/2021	Project sent for adjustment 09/07/2021 ETA for adjustment 09/07/2021 -10/2/2021	133 claims	Fix is complete



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Confirmed CPSE: Subsequent hospital care visits and hospital discharge day management service are denying in error with edit 9523 as being part of a global period of delivery codes.	7/14/2021	12-Federally Qualified Health Center 21-Professional Medical Group	8/18/2021	Project sent for adjustment 09/02/2021 ETA for adjustments 09/02/2021 -09/27/2021	228 claims	Fix is complete
Confirmed CPSE: HCPCS code G0155 is both a hospice service intensity add-on (SIA) and a LTSS Waiver service. It is configured for DUALS Medicaid in two separate benefits (hospice and for Waiver) and only in a hospice benefit for regular Medicaid. G0155 was not termed from the LTSS excluded services for Medicaid line of business causing claims to incorrectly pay \$0 and/or deny in error.	8/20/2021	44-Hospice 16 & 60-Home Health Agency	8/30/2021	ETA 11/30/2021	TBD	Fix is complete
Confirmed CPSE: 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239 are being denied in error with edit 9039 as bundled into procedure codes 59400-59622.	9/2/2021	50-Clinic 12-Federally Qualified Health Center 21-Professional Medical Group	ETA 02/17/2022	ETA 05/12/2022	TBD	Ongoing remediation