

Modernization Known Issues Updated on 2/15/2019| Page 1

The Modernization Known Issues List provides up-to-date information on current issues related to the MMIS that are impacting a significant number of providers. This document is intended to provide a concise list of current problems identified/reported in recent months. Please note that this is an informational list only. The resolution priority of an issue is not determined by whether or not it appears on this list.

NOTE: Items updated or new items added this week will appear in bold text.

Modernization Known Issues

Item #	Category	Description	Resolution/Work Around	Date Reported	Date Resolved	Recycle Date (If Applicable)
1	Claims, Professional Claims	Claim will pend if the claim date spans across different Prior Authorization (PA) Line Items	<ul style="list-style-type: none"> Provider: <u>No additional action needed</u>. Once resolved, claims will be released for processing. The claim will show edit: "3009-PARTIAL PA FOUND – EOB 0399" on the Web Portal. 	1/29/2019	TBD	TBD
2	Prior Authorization	The Date of Decision for recipient eligibility is currently not available in the EVS system.	<ul style="list-style-type: none"> Provider: <u>Prior authorizations should continue to be submitted for review and decision</u>. Until further notice, the timely filing requirements for prior authorization(s) related only to retro-eligibility will not be applied. Clinical requirements will still be enforced. 	1/31/2019	TBD	N/A
3	Claims, Dental Claims	Dental claims will deny when the rendering provider on the claim is not equal to the rendering provider on the history claim.	<ul style="list-style-type: none"> Provider: <u>No additional action needed</u>. Once resolved, claims will be released for processing. The claim will show edit: "5065-Possible Duplicate" on the Web Portal until this issue has been resolved. 	2/2/2019	TBD	TBD
4	Claims, Inpatient and Outpatient Claims	Inpatient and outpatient claims will suspend when the date variables entered are incorrect.	<ul style="list-style-type: none"> Provider: <u>No additional action needed</u>. Once resolved, claims will be released for processing. The claim will show edit: "5006 - POSSIBLE DUPLICATE OF A PREVIOUSLY PAID CLAIM/DETAIL" on the Web Portal. 	2/2/2019	2/6/2019	N/A
5	Claims, XOVO (Crossover-Other) Claims	Crossover only claims are being denied at this time.	<ul style="list-style-type: none"> Provider: <u>No additional action needed</u>. Once resolved, claims will be released for processing. The claim will show edit: "4801-Service Not Covered" on the Web Portal. 	2/2/2019	2/8/2019	2/8/2019

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6	Long-Term Care (LTC) Claims	LTC claims are being denied.	<ul style="list-style-type: none"> Provider: <u>No additional action needed.</u> The claim will show the following edits on the Web Portal: <ul style="list-style-type: none"> 270 - HEADER TOTAL BILLED AMOUNT MISSING 508 - HDR BILLED AMT NOT EQUAL TO DTL BILLED AMT SUM. 	2/2/2019	2/2/2019	2/5/2019
7	IVR Eligibility Check Error	An error is occurring in the IVR when checking the eligibility for an NPI that has no taxonomy code associated to it.	<ul style="list-style-type: none"> Provider: <u>Use the Web Portal to validate eligibility.</u> 	2/1/2019	2/12/2019	N/A
8	Claim Submission & Provider Enrollment	Effective dates for some Providers' National Provider Identifier's (NPI) were incorrectly converted, which can cause an error to appear on the Web Portal when submitting claims.	<ul style="list-style-type: none"> Provider: <u>No additional action needed.</u> Once resolved, claims will be released for processing. The claim will show the following edits on the Web Portal: <ul style="list-style-type: none"> 1012 - ATTENDING PROV NOT ENROLLED 1974 - OPR PROV NOT ENROLLED 	2/2/2019	2/3/2019	2/12/2019
9	Claims Submission, Other Insurance Information	An error is occurring when a user copies a claim that contains other insurance information, as the procedure code value is missing at the service detail line.	<ul style="list-style-type: none"> Provider: <ul style="list-style-type: none"> Option 1: <u>Enter a new claim using the copy "recipient information" functionality, until a resolution is in place.</u> Option 2: <u>Enter a new claim without using the copy functionality, until a resolution is in place.</u> The following error will appear until resolved: <ul style="list-style-type: none"> SubmitClaim error – Error: System.NullReferenceException: Object reference not set to an instance of an object 	2/5/2019	TBD	TBD

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10	Web Portal, Search Fee Schedule, Prior Authorization Criteria	The Search Fee Schedule and Prior Authorization Criteria was providing inaccurate information for certain codes, as follows: <ul style="list-style-type: none"> • Magnetic Resonance Imaging (MRI) • Magnetic Resonance Spectroscopy (MRS) • Magnetic Resonance Angiography (MRA) • Positron Emission Tomography (PET) 	<ul style="list-style-type: none"> • Provider: <u>Users can now use the Portal to confirm authorization requirements.</u> • Claims paid without a PA are subject to reprocessing. • Provider may request a retro-active authorization. 	2/1/2019	TBD	TBD
11	Claims, H0004 & H2014	Claims reported with H0004-(<i>Alcohol and/or drug services</i>) and H2014-(<i>Skilled Training and Development, 15 minutes</i>) were paying an incorrect rate.	<ul style="list-style-type: none"> • Provider: <u>No additional action needed.</u> • Claims will be adjusted to pay the correct rate. 	2/5/2019	2/7/2019	2/14/2019
12	Claim & Prior Authorization Submissions	An error may appear on the Web Portal when a user tries to create a Prior Authorization or Claim for a recipient with an apostrophe (') in their name.	<ul style="list-style-type: none"> • Provider: <ul style="list-style-type: none"> ○ <u>For Prior Authorizations: Users can contact the call center regarding this issue.</u> ○ <u>For Claims: Please hold off on submitting these claims.</u> 	2/5/2019	TBD	N/A
13	Provider Enrollment, API	Users that have an Atypical Provider Identifier (API) cannot access the Online Provider Enrollment (OPE) application for revalidation and change/update enrollment applications.	<ul style="list-style-type: none"> • Provider: <u>Please hold off on submitting a revalidation and/or change/update. If this is an urgent request, please contact the call center.</u> 	2/6/2019	TBD	N/A
14	Web Portal, Secure Correspondence	Delegate users cannot reply to secure correspondence messages submitted on the Web Portal.	<ul style="list-style-type: none"> • Provider: <u>The delegate user can have the Admin/Provider user log-in and reply to the message or you can contact the call center.</u> 	2/6/2019	2/13/2019	N/A

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15	Remittance Advice	Providers with multiple provider types associated to their National Provider Identifier (NPI) are unable to view all of their Remittance Advice (RA) documents on the Web Portal.	<ul style="list-style-type: none"> Provider: <u>Can contact the call center to obtain a copy of their RA.</u> 	2/7/2019	2/8/2019	N/A
16	Provider Enrollment, Revalidation and Change/Update Applications	Providers who try to complete their Revalidation and Change/Update Applications using the Online Provider Enrollment (OPE) tool may see an error on the "Request Information" panel that they cannot proceed to complete their application.	<ul style="list-style-type: none"> Provider: <u>Can complete and submit a "new" enrollment application, instead of submitting a Revalidation and/or Change/Update Application. If this is an urgent request, please contact the call center.</u> 	2/7/2019	TBD	TBD
17	Claims and Prior Authorization	Claims with multiple lines are not being validated through all of the lines when a Prior Authorization is approved for intervals.	<ul style="list-style-type: none"> Provider: <u>No additional action needed.</u> Claims denied inappropriately between dates: 1/29/2019 - 2/7/2019 with edit "3000-Units exceeds authorized units on prior authorizations" will be reprocessed. 	2/7/2019	2/8/2019	2/8/2019
18	Claims, Applied Behavior Analysis	Applied Behavior Analysis (ABA) Procedure Code: <i>97153-(Adaptive Behavior TX by Tech)</i> is missing from Audit 5036-(<i>Possible Duplicate Practitioner to Practitioner</i>), which is causing claims to deny.	<ul style="list-style-type: none"> Provider: <u>No additional action needed.</u> Once resolved, claims will be automatically re-processed. 	2/8/2019	TBD	TBD

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19	Claims, Dental	The following dental codes were incorrectly end-dated and caused inappropriate claim denials for: <ul style="list-style-type: none"> D4341-(<i>Periodontal Scaling and Root Planning</i>) D1206-(<i>Topical Fluoride Varnish</i>) 	<ul style="list-style-type: none"> Provider: <u>No additional action needed.</u> Once resolved, claims will be automatically re-processed. 	2/9/2019	TBD	TBD
20	Claims	Claims may be denying inappropriately with the below error codes when billing across days: <ul style="list-style-type: none"> 5611-(<i>24 Units Alwd/Day</i>) 5537-(<i>One Unit Allowed Per Day</i>) 5538-(<i>Thirty-Two Units Allowed Per Day</i>) 5539-(<i>Eight Units Allowed Per Day</i>) 5603-(<i>Eight Units Allowed per Day</i>) 5608-(<i>16 Units Allowed Per Day – PA override</i>) 5622-(<i>One Unit Allowed Day Per Day</i>) 5649-(<i>One Unit Allowed Per Day</i>) 5686-(<i>4 Units Allowed Per Day- PA Override</i>) 	<ul style="list-style-type: none"> Provider: <u>No additional action needed.</u> Once resolved, claims will be automatically re-processed. 	2/9/2019	TBD	TBD
21	Claims	Code 92133-(<i>Cmptr Ophth img optic nerve</i>) was incorrectly end-dated and caused inappropriate claim denials.	<ul style="list-style-type: none"> Provider: <u>No additional action needed.</u> Once resolved, claims will be automatically re-processed. 	2/10/2019	TBD	TBD
22	Claims	Code Q3014-(<i>Telehealth Facility Fee</i>) was incorrectly end-dated and caused inappropriate claim denials.	<ul style="list-style-type: none"> Provider: <u>No additional action needed.</u> Once resolved, claims will be automatically re-processed. 	2/10/2019	2/12/2019	2/14/2019

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23	Pregnant Women, Medicare Eligibility	All Eligibility Verification Responses are returning Qualified Medicare Beneficiary (QMB) and Special Low Income Medicare Beneficiaries (SLMB) as benefit plans for all pregnant women.	<ul style="list-style-type: none"> Provider: <u>Medicare enrollment information is available on the “Other Insurance Details” of the EVS response, IVR and EDI 271.</u> The “Other Coverage Details” page will display if the recipient actually has Medicare Coverage. If no coverage is displayed, then they do not have Medicare Coverage. 	2/8/2019	TBD	N/A
24	Claims, Physician and Outpatient Claims	Physician and Outpatient claims are suspending for edit 7200- (<i>Miscellaneous Claims Xten Error</i>) when the clinical claims editor (ClaimsXten) is unable to process the claim.	<ul style="list-style-type: none"> Provider: <u>No additional action needed.</u> Once resolved, claims will be released for processing. 	2/9/2019	TBD	TBD
25	Claims, Professional	Professional crossover claims for mass resubmissions are causing inappropriate claim denials for edit: 452- (<i>Calculated Detail Medicare Allowed Amount is Zero</i>), as the Medicare information is not getting copied from the original claim to the resubmitted claim.	<ul style="list-style-type: none"> Provider: <u>No additional action needed.</u> Once resolved, claims will be reprocessed. 	2/9/2019	TBD	TBD
26	Claims, Appeals	Providers appealing converted legacy system claims by using secure correspondence are receiving an error when trying to use the legacy system’s denial code reason(s).	<ul style="list-style-type: none"> Provider: <u>Select a denial code that has a similar denial reason that was used in the legacy system and put the actual code in the message of the secure correspondence to process your claims appeal.</u> 	2/11/2019	2/13/2019	N/A
27	Prior Authorizations, NOD Letters	Some blank Provider Notification of Determination (NOD) letters were sent that did not include details related to the service and the decision status.	<ul style="list-style-type: none"> Provider: <u>Use the Web Portal to review the PA determination. If there are additional questions, please contact the PA call center.</u> 	2/13/2019	TBD	N/A