

Iowa Total Care
System Configuration Issues/Projects
Updated: 11.24.2020

In an effort to provide ongoing communication, Iowa Total Care will provide weekly updates to confirmed system configuration issues that may impact claims processing and payment.

Below outlines information related to known system configuration issues ITC has identified and is currently working to correct. This process includes analysis, root cause identification, system correction and claim reprocessing. Issues will remain on the log up to 30 days after completion**.

This grid is not intended to be an admission of guilt, ITC strives towards issue resolution through analysis, root cause identification, system reconfiguration, and claim reprocessing, as applicable. These items may or may not impact individual providers who should consult their individual Provider Relations Representative with any questions or concerns. Use our website for current Provider Relations Representative contact information at:

https://www.iowatotalcare.com/content/dam/centene/iowa-total-care/PDF/PrvidrRelationsTerritoryMap_508%20compliant.pdf

* The date the system correction is in place and functioning as required. Once an issue is identified, claims will be manually priced or held until the system correction is complete.

** All previously received claims will be reprocessed following the system completion date. Providers should be paid for reprocessed claims by the beginning of the next week, once reprocessing begins, ITC will update when payment is expected to be complete.

Known System Issue	Brief Description	Date Issue First Identified	Status	Provider Types Impacted	Number of Providers Impacted	Expected System Completion Date *	Expected Reprocessing of Claims Date **
UB04 Form Issue PT/OT/ST	The claim processing system is applying the payment reduction to all PT/OT/ST claims when a provider bills on two separate claims for same member on same day. Rather than paying 1 unit of service with the highest value at 100%, all units are paying at 90%.	9/4/2020	IN PROGRESS	Rehab Facilities	All	Configuration Ticket submitted. Ticket in production 10/21/2020. Configuration complete.	Project submitted 10/28/2020.
CPT/HCPCS codes in HCI Edit.	Recent denials identified 150 codes denying for incorrect CPT/HCPCS code in an HCI edit that are on the IME fee schedule. These were not part of the state exceptions. REQ7833470-RITM0746864. Received update from vendor and configuration is underway.	8/17/2020 (Research) 9/14/2020 (Confirmed configuration required)	IN PROCESS	All	All	9/21/2020 - CLOSED	Project submitted 9/29/20 Project paying out.
Medicare Primary vs. Commercial Insurance Primary (Lesser of Logic)	Based on IME guidance found in Informational Letter No. 1803-MC-FFS, Iowa Medicaid pays the lesser of 1) the cost sharing that, absent Medicaid eligibility, would have been owed by the Medicare beneficiary or 2) the difference between the sum of what Medicare and all other third party insurers paid and the Medicaid fee for the same services or items. The logic is not applied to Iowa Medicaid fee-for-service commercial claims. REQ7834112 - RITM0747038. Logic is confirmed. This is happening on claims that were manually touched.	8/17/2020 (Research) 9/14/2020 (Confirmed configuration required)	IN PROCESS	All	All	Workaround: 9/21/2020 - CLOSED Configuration CLOSED Company wide update future opportunity.	Researching possible configuration needs. Project submitted 10/30/2020. Recoupment validation underway.
Client Participation	Issues identified when the member eligibility span is different than CP allocation span, which causes CP to not be assigned. Creating a change request for submission. Implementation is TBD once requirements are submitted.	7/6/2020	IN PROCESS	LTC	All where member has a span variation	9/3/2020, UAT question on specialty codes. Configuration complete. Provider set-up (specialty codes) ticket submitted. Configuration completed 10/08/2020.	Automated report creation in process to identify Client Participation adjustments Project in development (for ongoing reports). Automated reconciliation report process began 10/02/2020. Institutional project submitted 10/27/2020. Waiver Claims project submitted 10/29/2020.

CLIA II	Adding Type logic for CLIA for independent labs (that the type of lab billed is certified) and configuring for Iowa.		9/18/2020	IN PROCESS	All	All	JIRA submitted and will be included in 4th quarter sprint.	First sweep began paying out 10/08/2020. Second sweep will be done after JIRA is closed.
Independent labs	IME Requirement Certificate required	Current Configuration Certificate required	ITC Configuration Needs No Change required					
Non-independent labs	Certificate NOT required	Certificate required	Automation implemented on 9/21/20 to NOT require certificate System configuration research underway					
NDC	Using IL 1897-MC-FFS, ITC was set-up to match the procedure code to the NDC. IME clarified ITC should also be using IL 1949 and the additional instructions on the IME website. ITC will update to match the manufacturer labeler to the list or rebatable manufacturers.		10/6/2020	IN PROCESS	All	All	Configuration change submitted and will be included in 4th quarter	Project to be submitted by 12/7/2020
Member Enrollment Rejects: Claims issue of Adopted Members with multiple IDs	All claims transactions are using the current member id versus member id at the date of service.		10/6/2020	IN PROCESS	All	All	Configuration scheduled to complete 12/03/2020.	Project will be submitted by 12/08/2020.
FQHC, RHC Medicare Crossover	Through the Medicare Crossover issue research ITC identified when a FQHC/RHC Medicare claim is received it either denies as billing on incorrect form (Medicare=UB, Medicaid=1500) or pends for pricing. ITC updated the system to allow for FQHC, RHC UB submission for Medicare claims.		5/29/2020	CLOSED	FQHC, RHC	Medicare crossover claims	7/17/2020 - CLOSED	8/7/2020, additional claims validated and project re-submitted 8/20/2020 Began paying out 09/08/2020-11/23/2020 COMPLETE
Provider Master File	Provider validation to incorporate Inactive Provider file to evaluate historical enrollment status. This issue results in inaccurate denials for Rendering, Ordering, Attending and Referring provider types.		4/21/2020	CLOSED	All	All	Automation: 4/27/2020 - CLOSED Configuration: Phase 1 - 6/12/2020 CLOSED Phase 2 - 7/10/2020 CLOSED	7/31/2020, begin to pay 8/23/2020. Began paying out 08/17/2020 - 11/17/2020 COMPLETE
CPT H0018 dropping TF modifier in adjudication	Claims with a TF modifier on the original claim, is dropping the modifier as it enters adjudication.		10/13/2020	CLOSED	All	All	Not required - Inpatient claims do not use modifiers.	Provider Education completed 11/17/2020
CLIA	Recent change to file upload, CLIA loaded to two places, adjudication referenced one. (Updated recoups)		7/21/2020	CLOSED	All	All	7/23/2020 CLOSED	8/14/2020, Began paying out 8/11/2020. Project Complete.
Nursing Facility - incorrect line denials as duplicate services	ITC identified some nursing facility claims where the first claim line is paying and subsequent lines are denying as duplicates. This is specific to when services lines are split, i.e. 15 days on one claim, 15 days on another claim.		5/1/2020	CLOSED	Nursing Facilities	All	09/04/20 Update to informational code approval underway. Configuration submitted. Configuration complete. Moved to production 9/8/2020.	Complete through rebasing update, reprocessed claims

Client Participation	ITC identified a manual processing error related the allowed amount vs. proper CP taken from claims.	6/18/2020	CLOSED	LTSS CDAC Waiver CCO	All	No system configuration Manual processing correction CLOSED	No project required
HCI (NCCI) Edit Research	ITC is completing a review of HCI (NCCI) edits to IME regulations. Received the IME NCCI edits on 3/5/2020, ITC will restart their research based on the new information. Including identified individual issues: - Ambulance ground mileage denying incorrectly - Same day services under same TIN	2/8/2020	CLOSED	All	All	Automation: 4/13/2020 - CLOSED System configuration: Ambulance: 4/23/2020 - CLOSED MUE: 5/1/2020 - CLOSED, effective 5/1/20 NCCI: 5/18/20 CLOSED	Phase 1: 5/31/2020, begin to pay 6/1/2020 - 6/19/2020 Phase 2: 6/5/2020, begin to pay 6/15/2020 - 7/10/2020 Complete by 7/31/2020 - CLOSED
Third Party Liability data	HMS data review underway, updated records with new TPL data is expected to begin 4/15/20.	3/20/2020	CLOSED	All	All	5/18/2020	5/29/2020 - CLOSED, begin to pay 6/1/2020 6/5/2020 - CLOSED, begin to pay 6/8/2020 - 6/26/2020 6/26/2020, begin to pay 7/10/2020 - 7/31/2020 - CLOSED
Medicare Crossover	ITC is researching examples from providers where the HIPPS code submitted is crossing to an incorrect field in the EDI process and the claim is rejecting.	5/29/2020	CLOSED	All	Medicare crossover claims	7/27/2020 - CLOSED	N/A - claims rejected up front, will require resubmission
LUPA - T1000	ITC identified after the LUPA Zip Code issue was corrected, an error in the configuration resulted payment at T1000 rate instead of the LUPA rate.	5/29/2020	CLOSED	Home Health	All	5/29/2020 - CLOSED	6/26/2020, begin to pay 6/29/2020 - 7/10/2020 7/24/2020 - CLOSED
M Factor - New Codes	ITC is configuring fee schedule updates for new codes posted to IME website	5/8/2020	CLOSED	DME	Based on code changes (not being billed yet)	Automation: 5/11/2020 CLOSED Configuration: Phase 1: 5/26/2020 - CLOSED Phase 2: 6/19/2020 CLOSED	Phase 1 (hearing aids - all services): 6/12/2020, begin to pay 6/15/2020 - 7/10/2020 CLOSED Phase 2 (diabetic supplies): Not required prospective change J Codes/DME - no project required
CLIA	After reviewing the CLIA logic from implementation, ITC identified that the logic was not specific to independent labs.	3/10/2020	CLOSED	All	All	Recoupment projects pulled back - COMPLETE System configuration - 5/1/2020 CLOSED	Payment: 5/29/2020 CLOSED
Location 53	IL 1815 outlines CMHC Location 53 as facility location, however also offers examples for non-facility payments, system crosswalk cannot accommodate these exceptions, resulting in an underpayment.	4/17/2020	CLOSED	CMHC	All	Payclass update: 4/24/2020 CLOSED	5/29/2020 CLOSED

4B - Billing services in wrong location	Background system causing incorrect denials in claim system as payclass configuration changes were not removed as instructed. Testing did not identify an issue as the process tests only in the claim system and not end-to-end adjudication. ITC has taken ownership and expanded configuration testing to include scenarios, up/down stream system impact, etc.	4/15/2020	CLOSED	All	All	Payclass guide update to remove incorrect configuration submitted: 4/16/2020, ETC 5/1/2020 Automation: 4/21/2020 - CLOSED	5/22/2020 - CLOSED
Services billed on incorrect form (1500 vs UB04)	32 SNF facilities billing outpatient claims on a CMS 1500 form that are denying incorrectly. ITC found the facilities are billing correctly, however the payclass guide review revisions are causing a denial for outpatient services.	4/17/2020	CLOSED	SNF - Outpatient	32	Holding new claims beginning 4/20/2020 Change request: 4/24/2020 - CLOSED	Majority included in IHH/Hab file issue above, 4/24/2020 CLOSED Monitoring continues
Authorization Notification	For authorizations that allow a certain number of visits prior to prior auth, claims are denying for the initial visits. (Example: Chiropractic services with 2 visits allowed prior to the PA)	1/13/2020	CLOSED	Various	Various	Removal of Hearing Aid PA requirement (excluding cochlear implants and repairs) - Production complete 3/20/2020 - Alert posted Chiropractic notification removed, PA required for 29+ visits - Production complete 3/20/2020 - Alert posted Hospice Outpatient - no PA required for 1st 90-days - ETC 4/30/2020 CLOSED Hospice Inpatient - no PA for 1st 7-days of stay (per occurrence) - ETC 4/30/2020 - CLOSED	Not required, prospective changes
LUPA - Zip Code	Claim system is applying 4-digit zip code extension causing claims to pay at incorrect rate.	4/6/2020	CLOSED	Home Health	All	Automation: 4/13/2020 - CLOSED System configuration: 4/24/2020 - CLOSED	5/1/2020 - CLOSED
IHH/Hab file issue	ITC identified file errors between the Habilitation Enrollment File and Claim system resulting in incorrect payment rate (overpayment). ITC identified a connection between the Hab Enrollment file and Client Participation data (file separated in 3 locations vs 1 causing crosswalk errors).	2/18/2020	CLOSED	Habilitation Providers	All	Automation: 2/18/2020 System configuration: 4/17/2020 - CLOSED	4/24/2020 CLOSED, payment to begin week of 4/27/2020

FQHC, RHC, CMHC 24J	ITC found additional guidance around 24J to bill either group NPI or individual practitioner. Previously the system was set-up to pay based off of the Rendering NPI causing claims to pay from the Physician Fee Schedule instead of the FQHC/RHC fee schedule.	3/11/2020	CLOSED	FQHC, RHC, CMHC	All	Production testing: 3/20/2020 Deploy: 3/24/2020 CLOSED	4/24/2020 CLOSED, payment to begin week of 4/27/2020
Benefit maximum (DME)	Through the denial on 3/9/2020, ITC reviewed the business requirements for the system correction completed in December, it was identified that benefit with DME codes was not updated. Testing did not identify an issue as the process tests only one code at a time and this benefit is denying two codes in the same month.	3/9/2020	CLOSED	DME	All	Production testing: 3/20/2020 Deploy: 3/24/2020 CLOSED	4/17/2020 - CLOSED
H0040 Invalid Denials	ITC identified denials related to H0040 where the secondary benefit is causing invalid denials to certain provider types.	2/27/2020	CLOSED	BH	All ACT providers	Production testing: 3/20/2020 Deploy: 3/24/2020 CLOSED	4/17/2020 - CLOSED
Duplicate payment	An error in the timely filing extension causing a duplicate pend code to be overridden resulting in duplicate claim payment.	3/20/2020	CLOSED	All	All	N/A	4/7/2020 - CLOSED