

Iowa Total Care
System Configuration Issues/Projects
Updated: 2.26.2021

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 **
Client Participation	CP is not applying systematically to Hospice and ICF-ID claims Hospice - not applying systematically due to the NPI of the nursing facility being billed in Box 80 (free text field) ICF-ID - not applying systematically because their specialty does not match the configuration logic for CP	2/8/2021	IN PROCESS	Hospice and ICF-ID providers	Hospice and ICF-ID	End of Second Quarter 2021	Check Run automation in place: 2/16/2021 Project will be needed when configuration is completed
ACE Line Denials	Providers are receiving a generic denial description for Outpatient hospital services. ITC is configuring the EOP and remittances for additional clarification related to these denials.	12/1/2020	IN PROGRESS	Outpatient Hospital Services	All	3/5/2021	Project TBD
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. 1/15/2021: ITC has researched provider feedback on the institutional recoupment project and although the correct CP amount was applied, an incorrect rate file was used to calculate the recoupment amounts. Providers DO NOT need to file a dispute related to this recoupment project. ITC will cancel the project, a subsequent project will be developed with the correct rate file.	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 recovery in process. Waiver Claims projects recovery in process.
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	Automation in place 9/21/20	Pay project submitted 02/07/2021.
	Configuration complete 1/28/2021					Recovery Project to be submitted by 02/23/2021.	

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	Part 1 (New Claims): Configuration completed 12/03/2020. Part 2 (Previously processed claims): Efforts are underway separate all the past combined accounts, working with IME.	Part 1: No project required- new claims Part 2: Project will be submitted once past combined accounts complete
CP incorrectly applied when Medicare has paid the Allowed Amount	IME notified ITC that encounters appeared to be reporting CP when should not be, as Medicare paid the full allowed amount. **There is no dollar or provider impact, rather a encounter reporting issue.	12/23/2020	IN PROCESS	N/A	N/A	Process improvement complete 1/25/2021 **There is no dollar or provider impact, rather a encounter reporting issue.	Project will be needed for the Encounter reporting. **There is no dollar or provider impact, rather a encounter reporting issue.
H2019 procedure codes for yq and yj edits causing denials	H2019 procedure codes were validated in October, however a corporate systematic change reverted the edits for yq and yj edits causing incorrect denials.	12/31/2020	IN PROCESS	All	All	Configuration complete 2/1/2021	Project completed 2/11/2021.
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%. 1/15/2021: ITC received provider feedback and is researching potential configuration enhancement.	9/4/2020	CLOSED	Rehab Facilities	All	Configuration Ticket submitted. Ticket in production 10/21/2020. Configuration complete.	Project Closed 2/12/2021
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)	CLOSED	All	All	9/21/2020 - CLOSED	Project closed 12/28/2020
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	CLOSED	All	All	Configuration complete 11/30/2020	Project closed 1/4/2021
Web Portal Issue for Health Homes, using client/member portal	Notice of Determination (NOD) RFI 21-TC-0232. Health Homes not being able to see the NOD in the client/member portal. The information is currently available through the provider portal as well as accessible from ITC staff (Member services, care management, utilization management, etc..) ITC has submitted a ticket to determine root cause and remediation. Health Home is now sending all NODs via Fax in the meantime.	11/23/2020	CLOSED	All	All	Workaround in place 11/23/2020 Configuration completed 12/18/2020.	N/A
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)	CLOSED	All	All	Workaround: 9/21/2020 - CLOSED Configuration CLOSED Company wide update future opportunity.	Researching possible configuration needs. Project submitted 10/30/2020. Recoupment letters sent (~11/30/2020)

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.