09/23/2026

Provider Type	Number of Impacted Providers	Category	Issue	Date Issue Found	Number of Days Outstanding	Estimated Fix Date	Status	Resolution	Interest/Penalties Owed	Date Resolved	Tech Ops Incident/Problem Number	ROW #
Hospital	TBD	Claims	CLIA issue: Certain certification types are receiving denials for waivered labs when they are eligible to be paid for waiver labs and are coded correctly with the QW modifier. System fix underway. Providers will need to take no action and will be repaid with interest.	8/7/2026	42	9/20/2026	Open	9/15/2026: Payments and claims recycling underway. ETA 9/30 for claim project completion. 9/10/2026: Query of impacted claims complete. QA validation in progress for submission to reprocess claims. 8/28/2026: Estimated fix in production by 9/20. Claim sweeps are in progress in parallel to push payments for inaccurate denials. A final claim project will be conducted once production fix is in place. 8/20/2026: Impacted claims are being identified. 8/14/2026: Internal meetings underway to determine appropriate system fix. ETA TBD. 8/7/2026: Issue identified.	Yes			80
Nursing Home	TBD	Claims	A system error was identified paying incorrect rates for SNFs from 10/1/2025 - 12/31/2025. A change was made to the schedules following the medicaid rebase that was not updated properly in the system.	7/28/2026	52	8/30/2026	Open	9/10/2026: Configuration in testing. 8/28/2026: Configuration in progress. ETA 20 business days. Project IDs: CFG100013954 & CFG100013962 8/20/2026: Configuration in progress. 8/14/2026: System configuration in progress. 7/30/2026: A system configuration fix is underway. All impacted claims will be swept and paid with interest.	Yes			83
Various	178	Claims	CLIA: AMHC ingests the CMS CLIA certification file quarterly. All files ingested appropriately. The robot job to sweep claims for payment in retrospect failed for the Q1 2026 CMS update. ~~CLIA: AMHC ingests the CMS CLIA certification file quarterly. Due to timing of provider CLIA renewals, publication and ingestion of CMS file, any renewals prior to the next quarterly update are not reflected in our system until published which may cause claim denials. Q1 2026 Files were ingested a As of 6/21/2026, a new issue is causing uptick in CLIA denials. ACNC is actively researching the root cause of the issue and will update this issue with specifics when confirmed.~~	11/12/2025	310	9/24/2026	Open	9/9/2026: IS fix for timing issue delayed due to testing fail. Production date estimated 9/24/2026. Additional August claims file will be reprocessed for payment. No action needed from providers. 9/3/2026: Project completed, fallout in manual review. CLaims released on check runs through 9/2/2026. 8/20/2026: Quality Assurance identified additional claims that were not recycled in the first project. ETA for payment 15 business days. 8/6/2026: Payments remain in progress. Provider should be seeing payments for these claims on check runs since 7/24. Estimated final payments by 8/14. 7/30/2026: Payments are still in progress. 7/23/2026: Claim project and payments are in progress. Providers should begin to see payments on check runs beginning 7/24/2026. All payments finalized by 8/14/2026. 7/16/2026: ETA for claim project in 5 business days. 7/8/2026: AMHC has confirmed that all CMS quarterly updates were ingested into the system and are active in production. Root cause of payment denials was a robot job fail to reprocess claims where CLIA certificates were updated in the system. Report in process to identify all impacted and remaining claims since problem issue date. 6/25/2026: AMHC continues to escalate the issue and determine root cause. We believe a CPT reference file used during adjudication is causing CPT not covered denials. When confirmed, we will update this tracker with root cause and estimated system update and payment date. 6/17/2026: Provider receiving Denial ZMN-CPT not Covered by CLIA Certificate Type. CLIA lookup tool shows they are active. AMHC IS team in review of configuration alignement. 05/04/2026: AMHC will continue to monitor claims for accuracy and payments releated to certification date. 1/28/26: Claims are swept after published files are loaded and reprocessed accordingly	Yes	TBD	COM0111408	77
Various	TBD	Claims	System automation is erroneously reassigning providers to an incorrect provider ID, causing claims to deny in error, under denial codes C0299, N767 and ZN9.	10/8/2025	345	9/30/2026	Ongoing	8/28/2026: Progress continues to fix our automated provider data updates. Claim denial issues are improving and operations is conducting claims sweeps to capture and pay claims erroneously denied. New ETA for final fix 9/30. 8/6/2026: Production testing found issues. Improvements are in production but overall fix is still in progress. Providers receieving enrollment denials should contact their Account Executive with claim examples for payment resolution. 7/16/2026: Post production validation in process. SLA 7/30/2026. 05/14/2026: AMHC in review of impacted providers claims for reprocessing .	Yes	TBD	1005686	79
Hospital	39	Claims	A recovery for an audit of policy 2A1 was conducted in error. Providers must bill for outpatient services when admit and discharge date occur on same day. Audit inappropriately coded to identify same day discharge. Short stays were instead identified and recoverd in error. All impacted claims will be recycled and paid with interest. Earliest recovery occurred on 7/27/2026.	8/13/2026		8/31/2026	Closed	8/28/2026: 7 projects completed and repaid with interest. 8/20/2026: Claims processing in progress. 8/14/2026: Issue identified and claims in analysis for repayment. SLA 10-20 business days for repayment. 8/7/2026: Issue Identified.	Yes			81
Various	All	Claims	Echo Remittance Advice Missing Data: An all line of business all market error is occurring with Remittance Advice. Providers are reporting missing procedure codes, modifiers and withhold amounts impacting ability to balance A/R.	7/28/2026		8/28/2026	Closed	9/10/2026: Echo has confirmed all remittance have been regnerated for all lines of business. This issue is closed. 8/28/2026: Fix is in production. 99% of reimaged remittance have been generated. Production check out and quality assurance of the fix underway. 8/20/2026: Solutioning with Echo is urgently underway. Amerihealth will be requesting re-issue of all impacted remittances stressing the importance of electronic availability.	No			82
Hospital	53	Claims	CPT 81515 QW - Denial Code: M76 Procedure Modifier Invalid	7/3/2026		7/30/2026	Closed	7/23/2026: All claims impacted were reprocessed to pay on various check runs. Payments were all completed by 7/17/2026. This item is closed. 7/16/2026: Claims project finalized. Quality Assurance in progress. Providers should begin to see payments this week and next. 7/8/2026: Procedure code 81515 with modifier QW was not set as payable effective 7/1/2025 in AMHC system to align to NC DHHS update. System update completed, claims rerview for repcoessing is in process. Interest will be paid and no action is needed from the provider.				
DME	TBD	Claims	DME/O&P HCPCS codes not updated to January 2026 NC Medicaid fee schedule. Some Durable Medical Equipment (DME) and Orthotics & Prosthetics (O&P) HCPCS codes were not updated in alignment with the January 2026 North Carolina Medicaid fee schedule. As a result, impacted claims may have processed using outdated allowable rates.	5/14/2026		7/27/2026	Closed	7/29/2026: All claims paid. Item is closed. 7/29: Claims reprocessing project completed. Project validation underway. Providers should have payment on hand. 7/16/2026: Claims reprocessing in progress. 7/8/2026: Updates completed to the system. Report in process to identify all impacted claims. Interest will be paid and no action from providers is needed. 06/12/2026: During a routine update process, certain codes were inadvertently excluded during a manual validation step, which prevented them from being loaded into the claims adjudication system. A comprehensive fee schedule comparison is currently underway to validate all DME codes and ensure complete alignment with the published rates. 05/14/2026: A comprehensive comparison of the fee schedule is currently underway to validate all DME codes and ensure full alignment with the published NC Medicaid rates.	No	TBD	COM0115148	47
Various		Claims	Health Check Billing Guidance updated to allow separate reimbursement for 99177.	10/17/2025		12/28/2025	Closed	7/16/2026: This was completed 12/28/2025. 10/29/2025: AMHC working to update edits to allow for 99177 to be separately reimbursed effective DOS 11/1/2024 based on recent DHHS guidance and updated Health Check Billing Guide release. Impacted claims for all providers to be identified and reviewed for reprocessing.				76
Various		Claims	Recovery errors of reprocessed claims with Frequency Code 7	9/29/2025		11/28/2025	Closed	10/23/2025: AMHC is working to correct underpayments caused by an edit based on a CMS IOM Policy requiring condition codes be submitted on corrected submitted with Frequency 7. Corrected claims submitted with Frequency 7 and no condition code were picked up in recent reprocessing projects and denied in error. Production update SLA is 11/28/2025. A production bypass is running to mitigate denials and interim files of impacted claims will be identified for reprocessing. 01/13/26: All claims reprocessed with appropriate interest applied.	Yes	1/13/2026		75

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DME	98	Claims	Outpatient Hospital Billing Guidance for Pathology Lab Revenue Code IF claim type form is UB04 AND billed with a revenue code '300'-'319' AND any of the Pathology HCPCS codes listed in the PHP Managed Care Hospital Outpatient Laboratory Fee Schedule (88104-88125, 88160-88162, 88172-88173, 88177, 88180-88182, 88199, 88300-88319, 88323, 88331-88380, 88399, 88387-88388, G0416-G0419) THEN that claim line should be reimbursed the TC Modifier rate on the fee schedule.	5/12/2025		8/25/2025	Closed	5/04/2026: AMHC configuration edits completed. Claims adjudicated for corrections. 8/19: Production update SLA 8/25/2025. Once confirmed, impacted claims to be submitted for reprocessing review.	No	8/24/2025	COM0086122	78
Various		Claims	AmeriHealth PHP is denying IUD device payment--stating that it was part of global/PPS rate.	5/7/2025		8/15/2025	Closed	10/25/2025: Closed, claims projects completed on 8/29/2025. 8/19: Production update SLA 8/22/2025. Once confirmed, impacted claims to be submitted for reprocessing review.	Yes	10/25/2025	COM0087056	74
DME	2	Claims	Underpayments on Manually Priced Codes A4453 and A4459	3/10/2025		4/15/2025	Closed	4/8/2025: AMHC was alerted to underpayments on manually priced DME codes A4453 and A4459. Review of all claims submitted to AMHC was completed and 89 claim lines were submitted for manual reprocessing review. Review of underpaid claims completed with claims support team to help reduce manual pricing errors going forward.	Yes	4/8/2025	COM0081810	73
Various	80	Claims	Invalid NDC Denial Error J1756	3/7/2025		4/21/2025	Closed	4/8/2025: Claim reprocessing completed. 3/12/2025: Procedure code J1756 with valid NDC combinations is being denied in error for QTN - Invalid NDC. AMHC is working to correct underpayments. Interim file of impacted claims has been identified for reprocessing review.	Yes	4/8/2025		72
Various	317	Claims	Labeler Denial Error	2/21/2025		4/21/2025	Closed	4/8/2025: Claim reprocessing completed. 3/12/2025: Procedure codes from the 90000, A and Q series are impacted by invalid denials for QLB - NDC Not in Labeler file. AMHC is working to correct underpayments. Interim file of impacted claims has been identified for reprocessing review.	Yes	4/8/2025	COM0064021	71
DME	40	Claims	Underpayments on E0601	1/8/2025		1/10/2025	Closed	2/6/2025: Claims impacted by system configuration which caused underpayments. System update completed on 1/10/2025. Impacted claims have been submitted for reprocessing review. ETA for claims reprocessing is 2/21/2025. 3/12/2025: Claims reprocessing has been completed. Final validation has been completed. Issue is closed.	Yes	3/12/2025	COM0077761	69
Ambulance	31	Claims	Issue identified with denials for emergency transportation billed with modifier PH	8/30/2024		10/5/2024	Closed	09/04/2024: Emergency Ambulance Claims - Issue identified with denials for emergency transportation billed with modifier PH (physician office/urgent care to hospital). Systemic updates are in process, SLA is 10/05/2024. Impacted claims have been identified and submitted for reprocessing review. Additional project will be run when systemic updates are completed. 10/10/2024: Systemic updates are completed. Claims have been reprocessed.	Yes	10/5/2024		33
DME	118	Claims	Claim paid by AmeriHealth on the EP Modifier 90480 and not on the L91370 vaccine which was denied which was a state VFC	7/11/2024		12/30/2024	Closed	2/12/2025: Support team review found that the guidance in the 10/2/2023 blog contradicts the Health Check Billing Guidance. Link to blog is below and Health Check Guide is attached. Provider billed without modifier and AMHC denied the line. AMHC system edit was setup based on the blog and is effective for date of service 7/1/2021. Per the 10/2/2023 blog: For Medicaid Billing section: EP modifier should be appended for all NC Medicaid beneficiaries younger than age 21. ETA for claims reprocessing 02/21/2024. 3/12/2025: Claims reprocessing has been completed. Final validation has been completed. Issue is closed.	Yes	3/12/2025	COM0064021	70
DME	20	Claims	Underpayments on A4453 and A4459	7/1/2024		9/16/2024	Closed	8/16/2024: Claims impacted by manual processing errors causing underpayments. Impacted claims have been submitted for reprocessing review and knowledge sharing on processing guidelines has been completed with support teams. 08/21/2024: ETA for claims reprocessing 09/16/2024. 09/20/2024: Claims reprocessing has been completed. Final validation of the project in process. 09/27/2024: Final validation has been completed. Issue is closed.	Yes	9/27/2024		68
Pediatric	110	Claims	EPSDT vision and hearing screening recoveries denied inappropriately	5/3/2024		9/16/2024	Closed	All impacted claims will be reprocessed to pay the T1015 claims appropriately. Reprocessing will be completed by 10/15/2022. 11/04/2022 Reopening and reviewing this issue based on FQHC conversations on 11/03/2022. 11/17/2022 FQHC provider agreements under	Yes	9/27/2024		67
Pediatric	32	Claims	Newborn claims for members 0-90 days old and non participating providers paying incorrectly at 90% of fee schedule	4/30/2024		6/19/2024	Closed	04/30/2024: All non participating providers were not being paid 100% Medicaid fee schedule for newborn claims for ACNC members 0-90 days old, as is directed by NCDHHS. A claim sweep was performed and 344 claims for 32 providers were identified. Root cause is manual error. Fix: ACNC is upgrading the process to include an automated process that is scheduled for completion by June 19, 2024. All incorrectly paid claims will be reprocessed with appropriate penalty and interest applied. 05/16/2024: ETA for completion is 06/19/2024. 06/20/2024: System updates have been completed for automated processing. ETA for claims reprocessing is 07/11/2024. 07/18/2024: Claims have been reprocessed. Issue is closed.	Yes	7/18/2024	INC0859232	63
Various	19	Claims	Unit limits for A7003 and A7015 were not being applied appropriately.	4/18/2024		6/16/2024	Closed	04/18/2024: Unit limits for A7003 and A7015 are incorrect in AMHC claims adjudication system. Limits are being updated and claims will be reprocessed. 05/16/2024: Updates to unit limit completed. 54 impacted claims reprocessed with appropriate penalty and interest applied. ETA 06/16/2024. 06/20/2024: This project was completed and issue is now closed.	Yes	6/20/2024	COM0055198	64
DME	25	Claims	Unit Limit Updates to CCP5A-1 Codes	4/9/2024		9/16/2024	Closed	8/16/2024: Review of unit limits for codes covered in CCP 5A-1 completed. Underpaid claims have been identified and submitted for reprocessing review. 08/21/2024: ETA for claims reprocessing is 09/16/2024. 09/20/2024: Claims processing has been completed. Final validation of the project in process. 09/27/2024: Final validation has been completed. Issue is closed.	Yes	9/27/2024		66
Various	645	Claims	Timely filing edit was deployed in error.	3/26/2024		3/27/2024	Closed	3/27/2024: AMHC identified an error created by manual manipulation of a field in the claims processing system that caused the timely filing denial to deploy inaccurately, not allowing the 365 day timely filing limit. 1300 claims for 645 providers were incorrectly denied. 03/29/2024: Claims impacted by this error were reprocessed on 03/29/2024, to include interest and penalties. This issue is closed.	Yes	3/27/2024	N/A	61
Pediatric	102	Claims	VFC recovery project included Health Choice members in error.	2/26/2024		9/16/2024	Closed	8/16/2024: Claims for health choice member recovered in error. Claims have been identified and submitted for reprocessing review. 08/21/2024: ETA for claims reprocessing 09/16/2024. 09/20/2024: Claims reprocessing has been completed. Final validation of the project in process. 09/27/2024: Final validation has been completed. Issue is closed.	Yes	9/27/2024		65

Provider Type	Number of Impacted Providers	Category	Issue	Date Issue Found	Number of Days Outstanding	Estimated Fix Date	Status	Resolution	Interest/Penalties Owed	Date Resolved	Tech Ops Incident/Problem Number	ROW #
Various	All	Claims	Change Healthcare System/Clearinghouse Interruption	2/21/2024		3/5/2024	Closed	02/28/2024: Change Healthcare, our electronic data interchange (EDI) clearinghouse for claims and payment cycle management, exerienced network interruption related to a security incident. 03/05/2024: We have resumed payments for claims submitted prior to the incident. Since Change Healthcare is still unable to accept claims submissions, providers who submitted claims during the outage may be able to resubmit them through additional solutions. Providers should contact their assigned Account Executive, refer to the newsletters that AmeriHealth is providing to keep providers informed or see our Provider website for additional information. 03/21/2024: Providers continue to receive payments using alternative clearinghouse, Availity. Any providers experiencing issues should contact their assigned Account Executive immediately for prompt resolution. 03/28/2024: Any providers experiencing issues should contact their assigned Account Executive immediately for prompt resolution. This issue will be closed.	Yes	3/28/2024	N/A	60
Various	TBD	Claims	AMHC denied codes codes 92526 and 92523 performed via telehealth service location in error.	12/14/2023		5/25/2024	Closed	12/14/2023: AMHC denied codes codes 92526 and 92523 performed via telehealth service location in error. The service location for these services were made into permanent policy for telehealth under COVID flexilbilites. 02/09/2024: The system has been updated to reflect appropriate locations and claims will be resubmitted for consideration. ETA is 02/28/2024. 03/21/2024: Additional systemic updates are in process, ETA is 4/19/2024. 04/26/2024: ETA has been extended to 05/25/2024. (edited)	Yes	5/25/2024	COM0028498	56
Various	598	Claims	Recoupments being done in error for VFC vaccines provided to Health Choice beneficiaries	12/11/2023			Closed	12/21/2023:A VFC recovery project was iniitiated in early December and claims for Health Choice members were included in error. The Vaccines for Children Program rules do not apply to Health Choice members. There are 1,277 unique claims impacted by the error. The project has been cancelled for the 1,277 claims and AMHC is in the process of correcting the impacted claims. 01/11/2024: The corrected project is being monitored and has been lettered for recovery and will be recovered according to the recovery guidelines. With the correction of removing the HealthChoice members from the recovery project, this project will be closed.	Yes	1/11/2024	COM0039958	54
DME	All	Claims	Unit limit issue for bilateral HCPCS codes	11/29/2023			Closed	11/29/2023: Unit issue with system not adjudicating both units, where there is LT and RT. Issue being reviewed. 12/14/2023: Systemic updates in process to address component denials, tentative SLA is 1/25/24. 02/07/2024: Claims reprocessed for claims denied under this issue. 02/22/2024: AMHC idenfitied additional systemic update required to fully correct this issue. Will be deployed to production on 02/25/2024. All impacted claims will be reprocessed. 03/21/2024: Claims have been reprocessed. This issue is closed.	Yes	3/21/2024	COM0035097	59
Various	856	Claims	August 2023 claims were denied inaccurately for CARC B7 and CARC 299	11/14/2023			Closed	01/11/2024: Claims were mapped to inactive provider records in our system causing inappropriate denials. The inactive records are the result of provider data that was loaded prior to PEF automation. Records review is in process and updates are being completed to stop claims from mapping inappropriately, going forward. 01/18/2024: Review in process. ETA for completion is 02/01/2024 02/09/2024: Completion of project sent for final review and approval to close issue. ETA for completion is 02/23/2024. 03/21/2024: Provider data review completed, impacted claims identified for reprocessing. ETA for completion is 4/21/2024. 04/26/2024: Claim reprocessing is in progress. ETA is 05/02/2024. 05/01/2024: Claims reprocessing has been completed. This issue is closed.	Yes	5/1/2024	COM0047754	55
Various	63	Claims	CARC B7 and CARC 299 denials in error	11/14/2023		3/1/2025	Closed	03/11/2025: Impacted provider records were updated and claims reprocessed. 01/17/2025: Reopened issue (related to issue reported on row 55) due to additional claims reprocessing identified. AmeriHealth is reprocessing CARC B7 and/or CARC 299 denials when the PEF segments indicate that the providers did not have a gap in their credentials. ETA of of 3/1/2025 to have all impacted claims reprocessed.	Yes	3/11/2025	PRB0043458 COM0047754 COM0053220	70
DME	12	Claims	AMHC underpaid DME code E0202 from 10/01/2022 - 09/01/2023	11/9/2023			Closed	11/09/2023: AMHC underpaid DME Code E0202 from 10/01/2022 - 09/01/2023. Payment was set to $69.62 but should have been $76.61, effective 10/1/2022.. System has been updated to reflect $76.61 and impacted claims (97 claims) will be reprocessed with ETA of 11/27/2023. 11/17/2023: The system was updated to reflect $76.61 and all impacted claims have been reprocessed to include penalties and interest as appropriate. Issue closed.	Yes	11/17/2023	Tech Ops No. INC0782947	52
DME	All	Claims	Modifier NU denials for DME and O&P services	10/31/2023			Closed	10/31/2023: System update in process to allow modifier NU as payable for codes on the DME and O&P fee schedules. 11/6/2023: System updates have been completed as of 11/06/2023. Impacted claims will be reprocessed. ETA 12/06/2023. 12/11/2023: Claims have been reprocessed. Issue is closed.	Yes	12/11/2023	Tech Ops No. INC0782949	50
DME	All	Claims	EviCore/prior authorization vendor was not processing authorizations for limit exceptions for DME codes that did not require authorization.	10/18/2023			Closed	11/06/2023: When providers require an authorization for limit exceptions, the requests should come to our distribution list for UM review: DL-ACFC:ACNC PH UM Leadership ACNC_PH_UM_Leadership@amerihealthcaritas.com. This email address has been shared with NCDHHS and goes directly to the AmeriHealth UM management team to ensure timely processing.	Yes	11/6/2023	COM0045875	51
Various	288	Claims	AMHC denied code 99070 in error.	10/17/2023		12/4/2023	Closed	10/17/2023--AMHC denied code 99070 in error. 11/17/2023: System edit was removed on 11/17/2023. 12/04/2023. Claims were reprocessed for adjudication on 12/04/2023. 02/09/2024: Issue is closed.	Yes	2/9/2024	COM0030350	57
Various	4,027	Claims	EPSDT vision and hearing screening reimbursed inappropriately	10/12/2023		3/12/2024	Closed	10/12/2023: EPSDT vision(CPT 99173) and hearing screening (reimbursed inappropriately, per the Health Check Program Guide and direction from NCDHHS, separate reimbursement is not allowed. 02/13/2024: Final review of file in process, includes impacted claims of 50,518 for 4,027 providers and 340 unique TINs. 03/12/2024: Lettering process for recoveries for all providers has been completed. Providers have 60 day period to appeal. 04/16/2024: ETA for completion of process is 05/12/2024. 05/15/2024 Process has been completed. Issue is closed.	No	2/13/2024	COM0039958	62

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Various	125	Claims	Incorrect claims processing: To adhere to federally required rebate guidelines, NC Medicaid requires the submission of a HCPCS code with an NDC on all drug claim lines with Revenue codes 0250-0259 and 0631-0637 submitted on outpatient hospital institutional claims (which are billed on a UB-04 / 837-I).	10/11/2023			Closed	10/11/2023: Standard Plans are required to reprocess claims previously paid incorrectly for dates of services prior to 5/1/2022. Per federally required rebate guidelines. The Department expects Standard Plans to come into compliance with these requirements within 45 days of the 10/11/2023 Department memo notification and to notify affected providers of the recoupment consistent with Section V.H.1.d.iv.f. of the Contract. Claims must be recovered and resubmission of these claims to correct this error will not be subject to timely filing denials. Additionally, Standard Plans are required to communicate to their plan to reprocess any impacted claims with revenue code 025x or 063x which do not include an NDC code and HCPCS code to providers and request providers to resubmit claims with the missing data. Guidance was published to providers related to this issue in the following Department bulletin: *Pharmacy Billing Reminder for Revenue Codes 025x and 063x* . The Department is working to publish a bulletin to providers to notify them of this claims reprocessing effort for Medicaid Direct and with the Standard Plans. 11/03/2023 AMHC working to make notification to providers via November newsletter, along with individual provider outreach. 12/01/2023: Notification was sent to providers via newsletter, also newsletter is posted on ACNC provider website. The posting mentions to see the KIT for additional details. 02/09/2024 Project has progressed. Review for completion is in process. ETA is 02/28/2024. 03.21.2024: Project is complete. Issue is closed.	Yes	3/21/2024	10/11/2023 FCE Meeting	49
DME	42	Claims	DME codes for sleep items had auth requirements active for items billed under $750.00 inappropriately.	10/1/2023			Closed	11/30/2023: DME codes for sleep items had auth requirements active for items billed under $750.00 inappropriately. System configuration was updated on 10/19/2023. Claims project in process to adjust impacted claims. SLA is 12/22/2023. 12/22/2023: Claims have been reprocessed. Issue closed.	Yes	12/22/2023	COM0048545	53
Various	All	Claims	The DHHS has identified a population of claims that are being denied for lack of information. As per the prompt pay standards below, these claims should be pended to allow for the receipt of additional information needed for processing. However, AmeriHealth is automatically denying these claims if all information is not present at the time of processing. V.H.1.d Prompt Payment Standards, the PHP shall, within eighteen (18) calendar days of receiving a Medical Claim, notify the provider whether the claim is Clean, or Pend the claim and request from the provider all additional information needed to timely process the claim.	8/15/2023		12/8/2023	Closed	09/05: The Optum process for pending claims for medical record review was turned on 8/21/2023, we are denying for missing information, details are below. In each of these instances, we have done readiness reviews with the state to describe our processes. missing PML, claims will deny ZZ1 - Supporting documentation missing/invalid missing Sterilization Forms deny with ZZA-"Submit Consent Form" missing/incomplete CME checklist, claims will deny I02 "Illegible Records Sub" 09/22/2023: Update to be provided after internal meeting is held. 10/06/2023: Internal review continues within AMHC. 11/03/2023: AMHC will pend the above scenarios for receipt of additional information. System will be updated for those scenarios to route to a work queue. 11/16/2023 ETA for extended pending for PML, SNF/PML and CME is 12/08/2023. 12/08/2023 Pending process has been updated to allow claims to pend. Issue closed.	No	12/8/2023	COM0042542	47
Other	43	Claims	Hospice claims denied in error	7/17/2023		8/11/2023	Closed	07/17/2023 Hospice claims summitted with the appropriate CBSA and Condition Code of 61 or 68 were denied inappropriately for p16. Systemic update is in process. Interim claims project is is process. 07/26/2023: SLA for update is 08/15/2023. 08/11/2023: Sytem update has been completed. All claims have been reprocessed. Issue is closed.	Yes	8/11/2023	COM0034260 COM0036726 COM0036749 COM0036845	44
Optical	93	Claims	Allowable units reduced to ONE unit when billing for 2 for spectacles fitting and dispensing, in error.	7/10/2023		8/11/2023	Closed	07/10/2023 Newly identified issue where allowable units reduced to 1 unit when billing for 2 for spectacles fitting and dispensing. System editing incorrectly. 07/24/2023: System fix is in testing for release to production. 07/26/2023 SLA is on track for 08/11/2023. 08/11/2023: System fix is in place and effective. Impacted claims were reprocessed.	Yes	8/11/2023	COM0039537	45
Various	All	Claims	Rate File Loading Error for 07/01/2023 CDM Updates	6/30/2023			Closed	06/30/2023: Review revealed there was a rate file loading error for 07/01/2023 CDM Updates. 07/05/2023: File load in process with ETA of 07/27/2023. 08/08/2023: Confirmed that updates completed in sytem. Impacted claims identified and scheduled to reprocess. 08/16/2023: Claims fell out of first project, second batch sent for reprocessing. 08/24/2023:Review project confirmed all impacted claims have been resprocessed appropriately. 09/15/2023: PICAT listing reprocessed claims submitted to DHHS. Issue closed.	Yes	8/24/2023	COM0039874	48
Pediatric	All	Claims	Potential issues with CMEP. Claims that are billed with 99499 may not be processing properly.	6/6/2023		11/10/2023	Closed	08/10/2023: Procedure code 99499 denials are under review for accuracy of the denials, to include presence of required checklist. 08/24/2023 : Review summary includes claims that were denied in error due to manual error, those claims are being reprocessed. Other denials are under investigation for timeliness of the denials, when consent forms are missing. 09/07/2023: Review of denials under investigation. ETA for completion is 09/15/2023. 10/06/2023: Denial review has been completed. ACNC will make outreach and perform provider education regarding use of the 275 electronic attachment fle. Issue will be closed once outreach project is completed. Estimating 6 weeks for outreach and education to be completed. 11/16/2023: Issue closed.	Yes	11/16/2023	COM0036724	46
Various	All	Claims	Cholesterol screening -- providers billing errors	5/26/2023		3/1/2024	Closed	05/26/2023: Review of complaint that AMHC denied cholesterol screening codes. 07/23/2023: Edit was suspended under review status 01/02/2024: Completed review and determined we denied appropriately based on CMS NCD guidelines. If the diagnosis is not one of the supported diagnosis codes according to the NCD 190.23 https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=102 the claims for ACNC will deny. As the state is silent on their coverage for Lipid Testing we follow the National Coverage guidelines published in both the above listed NCD and the Medicare Claims Processing Manual as a guide. LIPID Testing is used for patients with a supporting diagnosis that supports medical necessity. Examples of the diagnosis / medical necessity for Lipid testing would be as shown below according to the medical community recognizes. 02/22/2024: The edit will be reinstated on 03/01/2024. AMHC published billing guidance to providers on 12/19/2023.	No	2/22/2024	COM0027161/41518	58
Primary Care	4	Claims	COB Recoupment letter sent to provider--payment was made and other primary coverage was later identified.	2/10/2023		2/17/2023	Closed	02/17/2023: Upon review of the TPL/COB process where a payment had been made by AMHC but the member was found to have other coverage, we found that our system was coded to send recovery notification letters, in error, to the provider; however, no follow-up collection efforts or recoveries were made. We have updated the coding so that the letters will no longer be generated. We also have processes in place to file the claims with the correct primary carriers and seek payment from them, as detailed in our contract.	No	2/17/2023	COM0026934	43
Family Planning	62	Claims	Code S0280 was not included on the fee schedule in error	12/15/2022		1/6/2023	Closed	Fee schedule correction was made and 99 claims were reprocessed for payment to include penalties and interest as appropriate.	Yes	1/6/2023	COM0024235	42
PCS	1137	Claims	Issue identified where all submitted diagnosis codes are not being picked up in AMHC claims processing system on claims submissions.	10/18/2022		2/15/2023	Closed	Issue under review for resolution. 12/16/2022 Service request in process to pull all diagnosis codes, as submitted to HHA on claims. ETA for completion is 12/29/2022. 12/23/2022 ETA for projection completion updated to 01/10/2023. 01/27/2023 ETA for project completion moved to 02/15/2023. 02/24/2023: Issue has been resolved. Al diagnosis codes are being received by AMHC	Yes	2/24/2023	COM0023628/WR74137 INC0642323/PRB004365 1	38

Provider Type	Number of Impacted Providers	Category	Issue	Date Issue Found	Number of Days Outstanding	Estimated Fix Date	Status	Resolution	Interest/Penalties Owed	Date Resolved	Tech Ops Incident/Problem Number	ROW #
DME	766	Claims	DME Fee Schedule updates not loaded in claims system.	9/12/2022		3/24/2023	Closed	DME fee schedule updates will be loaded in claims system and claims reprocessed appropriately. ETA for load and reprocessing is 11/01/2022 10/21/2022 On track to meet SLA of 11/01/2022. 11/17/2022 SLA moved to 11/21/2022. 12/02/2022 Fee schedule updates and claims reprocessing validation in progress. 12/16/2022 Additional time required to confirm all claims have been reprocessed. ETA is 12/23/2022. 12/23/2022 Additional time requried to complete the reprocessing project. ETA extended to 01/20/2023. 01/13/2023 Audit of updates is in process. Status to remain open until audit has been completed. 01/27/2023 Project remains in process to confirm all diabetic testing supplies have been processed appropriately. 02/10/2023 Project remains open for diabetic tesing supplies to be reprocessed, which were not included in initial project due to oversight. ETA is 03/03/2023. 03/10/2023: Claims audit for payment accuracy is in process. ETA is 04/10/2023. 03/24/2023: Audit has been completed. Issue is closed.	Yes	3/24/2023		41
Various	285	Claims	CLIA: AMHC ingests the CMS CLIA certification file, which is published quarterly. Due to overlap with provider CLIA renewals and ingestion of CMS file, any renewals prior to the next quarterly update aren't being reflected in our system and may cause claims to deny.	5/16/2022		5/26/2023	Closed	*Fix date is for long term solution. AMHC has a work request in place with our internal information systems teams to extend a grace period that will overlap with quarterly updates. Temporary workarounds to review CLIA denials with updated certifications and reprocessing of claims have been implemented to reduce/prevent claim denials. Short term solution of manually reviewing CLIA denials and reprocessing claims as necessary is in place. Claims impact of 6,000 claims upon initial identification of issue, reprocessing efforts of initial inventory completed on 07/03/2022. Going forward, manual processing will be completed on weekly basis. 02/24/2023: Reopened issue to allow for auditing of the manual process and review of long term solution. 03/10/2023: Long term solution under discussion. ETA is TBD. 03/24/2023: System has been updated to accommodate 180 days for certification grace period. Claims meeting this grace period will be reprocessed. ETA is 04/24/2023 for reprocessing to be completed. 04/26/2023: Second claims review is in process, additional claims are under review for possible reprocessing. ETA for this review and any additional claims processing is 05/26/2023. 05/26/2023 Final review was completed and issue is closed.	No	7/6/2022	SR 563576	19
FQHC/RHC	1412	Claims	T1015 FQHC claims need to be reprocessed.	5/10/2022		1/30/2023	Closed	All impacted claims will be reprocessed to pay the T1015 claims appropriately. Reprocessing will be completed by 10/15/2022. 11/04/2022 Reopening and reviewing this issue based on FQHC conversations on 11/03/2022. 11/17/2022 FQHC provider agreements under review and claims being reviewed for proper adjudication. 11/21/2022 Review of agreements completed. Claims review in process. ETA for completion of reviews 12/09/2022. 12/16/2022 Additional time needed for claims review and confirmation of completion. ETA 01/06/2023. 01/13/2023 Claims reprocessing to capture any claims that were denied for timely filing. ETA for completion is 01/30.2023. 02/10/2023 Project and review completed as of 01/30/2023.	Yes	1/30/2023	COM0017302	28