

<b>MCO Name:</b>	Wellpoint (formerly Amerigroup)
<b>Last Date Updated:</b>	SFY 7-1-2023 through 6-30-2024

Status	Provider Specialty	Claims Project Title	Date Issues Identified	Identified by whom?	New or Repeat Issue?	Issue Description	Resolution Description	Number of Providers Affected	Number of Claims Affected	Estimated Dollar Impact	Expected Close Date	Closed Date
Closed	PSO denials	PSO denials	6/6/2024	MCO	New	Wellpoint recently discovered that claims from nursing facilities were being denied as non-covered benefits, despite the members having the required level of care. The necessary configuration has been completed and these claims have been retrieved for reprocessing and payment. This occurred briefly for claims processed between 6/4/2024 and 6/7/2024. Claims processed after these dates are no longer experiencing the defect.	Reprocessing of all claims that denied in error.	125	905	\$ 7,015,453	7/6/2024	6/14/2024
Closed	Casting supplies, over application of global surgery period editing	Casting supplies, over application of global surgery period editing	4/30/2024	MCO	New	Claims with Q4001-Q4049 that were processed between 3/17/2024 and 4/12/2024, may have been affected by this issue, denying claims with explanation codes e32, g40, g41, indicating non reimbursement of the supplies on same day as surgery. This defect was a result of an overapplication of the global surgery editing. These codes are to be reimbursed separately. First claim sweep was pulled in early May and paid claims by 5/31/2024, an additional claim sweep is currently being done as of 6/10/2024 to catch any fallout.	Reprocessing of all claims that denied in error.	31	456	\$ 5,741	6/28/2024	5/31/2024
Closed	CLIA Logic Updates, Invalid B85 denials	CLIA Logic Updates, Invalid B85 denials	3/21/2024	MCO	New	Updated CLIA logic to bypass the termination date for providers who are listed as active "00" Termination code, but have a termination date. This will allow a bypass to the data anomalies we are seeing on the CMS Provider of Service file - Laboratories. This issue has been resolved, but had been denying claims with explanation code B85 - CLIA is not valid for claim dates of service.	Reprocessing of all claims that denied in error.	143	477	\$ 2,300	6/5/2024	5/21/2024
Closed	Hospital admission rejections	Hospital admission rejections	5/6/2024	MCO	New	Wellpoint has identified facility claims for MCR, MCD and MMP when not billed with an admission source code were denying. Claims should remain as rejections not denials.	Reprocessing of all claims that denied in error.	TBD	TBD	TBD	6/7/2024	5/10/2024
Closed	COB overpayment recovery attempts on HCBS and Hospice Pass Through (Revenue Code 0658)	COB overpayment recovery attempts on HCBS and Hospice Pass Through (Revenue Code 0658)	5/6/2024	MCO	New	Wellpoint has identified incorrect recoveries for COB. This includes HCBS waiver codes and Hospice Pass through payments that should always pay as primary. On 5/6/24, Wellpoint discovered the erroneous letters being sent to our provider network and ceased recovery efforts on the same day. In the coming weeks, providers will be receiving 'retraction' letters, voiding out the recoupment. Please note, due to timing issues there may be some recovery letters received, that could not be stopped prior to this identification. If you have additional questions or concerns please call the dispute information indicated on the letters.	Overpayments	TBD	TBD	TBD	5/7/2024	5/7/2024

Closed	Custodial Care - Rejected claims	Custodial Care - Rejected claims	4/30/2024	MCO	New	Wellpoint recently identified an issue where a new processing rule designed for Medicare SNF claims was incorrectly applied through our DSNP product, leading to some DSNP claims being rejected. The invalid rejections only impact members who receive custodial care and are dually enrolled in both products. We are actively resolving the issue so that these claims will be sent over to the member's Medicaid record as standard process. All valid and clean claims will be recycled and accepted into our system, with payments made through the member's Medicaid account. Short term fix is in place as of May 20th; which is manually accepting claims until configuration is in place. *Note - the processing of claims is in constant operation and the disbursement of payments is being conducted efficiently.	All valid and clean claims will be recycled and accepted into our system, with payments made through the member's Medicaid account.	99	475	\$ 1,347,902	7/21/2024	7/5/2024
Closed	Nursing Facility overpayments	Nursing Facility overpayments	4/11/2024	MCO	New	Nursing Facility providers were noticing speech therapy payments were out of alignment with Iowa Medicaid rules. Wellpoint has made the fix as of 4/29/2024.	Overpayments	TBD	TBD	TBD	4/29/2024	4/29/2024
Closed	Home Health overpayment	Home Health overpayment	3/29/2024	MCO	New	Home Health providers were experiencing overpayments when a specialty update occurred. Wellpoint has made the fix as of 4/11/2024.	Overpayments	155	TBD	TBD	4/11/2024	4/11/2024
Closed	Client participation claims	Client participation claims	4/10/2024	MCO	New	LTSS providers are noticing CP is being overpaid on claims as of March 2024. Wellpoint is implanting a systematic fix to be completed by 4/16/2024 to stop any additional overpayments.	Overpayments	TBD	TBD	TBD	4/16/2024	4/14/2024
Closed	Over applied diagnostic restriction, procedure 19318	Over applied diagnostic restriction, procedure 19318	3/13/2024	MCO	New	During an investigation into claim denials, Wellpoint found that select ICD-10 diagnosis, N62 is being denied in relation to procedure code 19318 (Breast reduction). Wellpoint is implanting a systematic fix to move this diagnosis to a covered benefit, which will involve reprocessing any clean submission, impacted claims.	Reprocessing of claims that denied in error.	151	1,669	\$ 2,598,526	4/25/2024	4/12/2024
Closed	State Master File Issues, invalid enrollment rejections	State Master File Issues, invalid enrollment rejections	3/12/2024	MCO	New	Wellpoint uses the Iowa Medicaid provider file to determine whether to accept or reject claims based on a provider's Medicaid enrollment status. Recent changes to a supplementary file have unintentionally affected our claim approval system edits, causing some valid claims to be mistakenly rejected. Wellpoint is now identifying the problem and is in process to accept and reimburse any correctly submitted claim from enrolled providers.	Reprocessing of claims that denied in error.	91	2,267	TBD	4/17/2024	4/2/2024
Closed	Invalid DSNP rejections	Invalid DSNP rejections	2/13/2024	MCO	New	Mapping caused supplemental record from provider data team, which impacted our code to bring records over to reference tables.	Reprocessing of claims that denied in error.	6	53	TBD	4/18/2024	4/18/2024
Closed	Code 96372	Code 96372	1/9/2024	MCO	New	CPT 96372 was mapped as no coverage for all dx for ages 3-999.	Reprocessing of claims that denied in error.	287	649	\$ 23,000	4/22/2024	4/19/2024
Closed	Invalid Benefit Denials; Chiropractic X-rays	Invalid Benefit Denials; Chiropractic X-rays	10/16/2023	MCO	New	Codes: (72020,72040,72050,72052,72070,72080,72081,72082,72083,72084,72100,72170,72190) There was an edit applied that erroneously applied benefit coverage denials on chiropractic x-rays. The issue is resolved but it has been identified that claims were not identified for reprocessing at the time of resolution. All clean claims will be reprocessed.	All clean claims are being reprocessed.	213	391	\$ 19,979	3/1/2024	2/5/2024

Closed	All Amerivantage providers	Amerivantage crossover claims	11/16/2023	MCO	New	Wellpoint has identified some gaps in claims not crossing over that are going to be addressed with a rewrite to existing logic in order for claims to crossover.	Manually crossover claims until fix is resolved.	22	27	\$ 81,168	3/16/2024	2/16/2024
Closed	Invalid Non- Covered Benefit Denials for ID waiver service, H2015 HI	Invalid Non-Covered Benefit Denials for ID waiver service, H2015 HI	10/13/2023	MCO	New	AGP had been allowing the payment of H2015 HI on non-allowed HCBS waivers including the Brain Injury waiver. During the update to make this a non-covered BI waiver service, inadvertently the benefits were also turned off for the HCBS ID waiver, where the service is an allowed benefit. This in some instances prompted invalid non-covered benefit denials.	Reprocessing of claims that denied in error.	80	1,352	\$ 223,557	12/13/2023	11/8/2023
Closed	Home Health	Procedure code G0451	10/27/2023	MCO	Repeat	Procedure code G0451 and POS 2 when billed with modifier 95, are denying for i31. Health Plan had edit turned off during COVID and was inadvertently turned on prior to 12/31/2023.	Reprocessing of claims that denied in error.	3	7	TBD	12/24/2023	12/19/2023
Closed	Chiropractor	Chiropractic codes 98940-98943	10/27/2023	MCO	New	Chiropractic manipulative treatment services were reimbursed beyond the limits set forth by the State of Iowa. Configuration update needed, however this is a current topic in Claims and Benefits as the MCOs are not currently aligned on configuration as is written in the HHS chiropractor provider manual.	These are overpayments, however, we will likely not be pursuing the overpayment recoveries for these due to the defect. As well, this has been a topic in Claims and Benefits forum due to the fact that chiropractors are indicating to all MCOs that they cannot bill as defined in the HHS provider manual. Needs further discussion as a group as to if the HHS provider manual benefit description will continue has noted despite chiropractors	149	563	18656.96 (Overpayments)	4/7/2024	3/24/2024
Closed	RHC and FQHC	Invalid f90 denials on RHC and FQHC	10/26/2023	MCO	New	The CXT edit (f90) was over applied creating invalid denials.	Reprocessing of claims that denied in error.	39	312	\$ 89,600	1/15/2024	12/17/2023
Closed	IHH providers	IHH providers, non-IHH claim denials	9/18/2023	MCO	New	Invalid denials for Non-Health Home (IHH) claims for IHH providers. Majority are behavioral health claims that are routing to health home records instead of the correct Medicaid record and prompting invalid denials such as G18, GDV or for provider being out-of-network. It was determined that there needs to be an update to the selection logic.	Configuration completed, awaiting claims reprocessing	45	10,138	\$ 1,107,380	11/20/2023	11/20/2023
Closed	All (Medicare COB)	Coordination of Benefits, Overpayments	8/11/2023	MCO	New	It has been discovered there is a flaw in the logic to the component of our claims system that processes and handles coordination of benefits. The issue is present when the allowed of the other carrier is higher than the Medicaid (AGP) allowable and is creating downstream impacts- including overpayments. Specifically, the issue is not processing to the lesser of logic for Medicare COB claims. Providers may choose to self-identify overpayments or will be caught in routine COB overpayment recovery projects with 60 day notices.	Systemic addressing of the routing when the other carriers allowable is HIGHER than Medicaid, to apply lesser of logic in accordance with IA Medicaid COB Medicare guidelines.	692	13,922	\$6,564,337.44 (Overpayments)	10/29/2023	10/29/2023
Closed	CPT 11980: Implantation, Hormone Pellet, Subcutaneous Invalid Benefit Denials (Ex Code PSO)	CPT 11980: Implantation, Hormone Pellet, Subcutaneous Invalid Benefit Denials (Ex Code	8/16/2023	MCO	New	Discovery that claims edits were invalid, prompting non-covered benefit denials in scenarios where code 11980 is a covered benefit.	Configuration completed, claims reprocessing	8	26	\$1,400	9/29/2023	9/29/2023
Closed	IHH/CCHH	IHH/CCHH	8/31/2023	MCO	New	There was a change to claims selection editing that automated processing of claims for providers that are also IHH and CCHH providers, NOT submitted with 99490 (IHH) or S0280 (CCHH) and modifiers to route to the most appropriate record for all other services (such as Habilitation or RHC/FQHC claim types). Unintentionally, claims routing is defaulting to select an inappropriate record, prompting invalid denials such as G18, GDV, or for provider being out-of-network.	Configuration IT solution in progress. Reprocessing of claims occurring until fix is in place.	35	8,513	\$1,399,393	11/3/2023	11/2/2023

Closed	Carelon BH providers	Carelon BH providers	5/23/2023	MCO	New	Amerigroup identified a source record mismatch on address details causing denied provider payments for some of our Carelon BH providers. Please send request to BH_NetworkIntegration@carelon.com if experiencing issue to get status of rework.	Reprocessing of claims that denied in error.	292	27,789	\$854,163	10/30/2023	10/25/2023
Closed	Atypical Providers Claims Rejections	Atypical Providers Claims Rejections	8/10/2023	MCO	New	The Payer Assigned Provider ID (PAPI) used to store the State Medicaid ID or other non-NPI identifier is not coming across on the claim data if an atypical provider is selected on the data entry screen dropdown. The Availity team has identified the root cause as a configuration issue within the Provider Data Management tools setup for Elevance Health. Atypical Providers are having their claims rejected with the claim status code 562 (Entity's National Provider Identifier (NPI)/Provider) due to rules that reject claims for blank or invalid NPI. The systemic issue is resolved as 8/10/2023, with claims impact to be addressed by TBD.	Reprocessing of claims that denied in error.	39	506	\$315,846	9/29/2023	9/14/2023
Closed	Invalid Home Delivered Meals Denials (S5170, S5125, and S5130)- HD, Elderly, and AIDS/HIV Waiver	Invalid Home Delivered Meals Denials (S5170, S5125, and S5130)- HD, Elderly, and AIDS/HIV Waiver	7/12/2023	MCO	New	Home Delivered Meals are an allowed HCBS waiver service. It appears there was some form of configuration updates that began occurring around 6.20.2023 that have now began denying S5170 and allowed modifiers in error, with PSO-not covered benefit denials. This is a covered benefit on AIDS/HIV, Elderly, Health and Disability waivers (a total of 3 out of the 7 waivers). In some instances, the claims are denying for other reasons (i.e. auth) but all impact are mapping to type of service "NCOV - NonCovered Services".	Reprocessing of claims that denied in error.	266	240	\$ 197,713.62	9/12/2023	8/21/2023

