Status	Public CPSE ID	Provider Description	Percent Complete	Provider Type	Planned Release Date
Open	65	The FI 834 is sending Add/Change/Term/Delete transaction codes which do not correspond to the managed care enrollment updates made to a member.	20%	All MCEs	Release 202505
Open	66	Some retroactive changes in eligibility are reported as terminations to MCOs on the 834.	10%	All MCEs	Release 202505
Open	69	When it is determined that a member has more than one Recipient ID, the IDs need to be linked together in FI. Linking the IDs will allow the 834 to report when a Recipient ID has been made Secondary and is no longer active.	80%	All MCEs	Release 202505
Open	77	277CA responses are not being received for all claims submitted.	50%	98 - All Providers	TBD
Open	80	Pro-Rated Share of Cost (SOC) claims deduction. The "Pro-Rated" SOC on file for a recipient should be deducted from NF, ICF-IID, and Hospital claims for corresponding dates of service (DOS) billed.	20%	01 - Hospital 02 - Psychiatric Hospital 86 - NURSING FACILITY 88 - STATE OPERATED ICF-MR 89 - NON-STATE OPERATED ICF-MR	Release 202503
Open	82	Need access to claims dating back to 2014.	80%	98 - All Providers	Release 202504
Open	85	Vendors across the Ohio Medicaid Enterprise System (OMES) are working together to ensure that member data and provider data from the source(s) of truth are aligned across modules. This reconciliation has been taking place weekly. Out of sync issues has been greatly reduced. This process will continue until out of sync issues are completely resolved.	55% (Ongoing activity, will vary every week)	All Providers	Resolved daily based on tickets submitted.
Open	89	FI is not recognizing supervisors on the claim to pay at the supervisors rate.	10%	BH	Release 202505
Open	91	MITS Claim converted to FI incorrectly	99%	98 - All Providers	Resolution 202502
Open	92	Defect: NF Cross-over Claims: Bypass Contract Edits and Allow to Properly Process for Payment.	99%	86	*Post Production
Open	98	Copayment exemptions configured in MITS but not FI	50%	98 - All Providers	TBD
Open	101	755 rejection provides insufficient information for resolution and resubmission of claims	50%	98 - All Providers	Resolved daily based on tickets submitted.

Status	Public CPSE ID	Provider Description	Percent Complete	Provider Type	Planned Release Date
Open	102	Clinical laboratory procedures all require an appropriate level of certification for these procedures to be paid. This law requires any facility performing examinations of human specimens (e.g., tissue, blood, urine, etc.) for diagnosis, prevention, or treatment purposes to be certified by the Secretary of the Department of Health and Human Services. For many professional medical groups and hospitals, the facility will possess the appropriate CLIA certification not the rendering or attending practitioner. Currently FI only has the ability to interrogate the attending/rendering practitioner which is causing institutional and professional claims denials for these clinical laboratory procedures.	99%	98 - All Providers	*Post Production
Open	106	T1015 code on claims for wraparound payments are being incorrectly assigned as the primary payer in the ERAs (instead of secondary which prevents FQHCs from auto posting)	80%	All Providers	Release 202505
Open	119	Inpatient hospital claims denying with edit 201	95%		TBD
Open	124	Issue is many of these edits are being applied to the same detail. CARC 272 links up with edit 293. Based on review of claims this issue is related to the living arrangement code and Custom wheel chair items (CRT). Once a wheelchair is deemed as custom all parts and accessories should be excluded from the living arrangement edit and details should process and pay.	99%	98 - All Providers	*Post Production
Open	130	Modifier denials. Claims billed with no modifier following the fee schedule. - impacts all claim types and providers not just DME and is related to current logic in FI around coordination of benefits payments.	80%		Release 04/01/2025
Open	136	Edit 210 and Edit 218 is inappropriately posting on inpatient hospital claims when there is no eligibility at the beginning of the stay	98%	1	*Post Production
Open	137	Timely Filing Edits Edit 6187 – FQHC_RHC Wrap Exceeds Timely Filing Limits Edit 6181 REVIEW FOR TIMELY FILING DOCUMENTATION Edit 6019 UR Resubmittal Exceeds 180 Day Timely Filing Limit Edit 6042 UR Resubmittal Exceeds 60 Day Timely Filing Limit Edit 541 Claim Line Submission Window Exceeded Edit 543 Inpatient Claim Submission Window Exceeded (claim Thru date)	90%	98 - All Providers	*Post Production
Open	139	Misplaced, missing CARC/RARC on 835 documents. FI returned a RARC at the header level (MOA) but returned the CARC (CAS) at the detail. These should both be at the same level either header or detail. The N569 should have been returned in the LQ segment at the same level as the CAS segment.	75%	All Providers	Release 2/25/25
Open	140	Ohio specific rules to pay for custom wheelchair institutional claims will be corrected. Currently the PA needed to correctly process the institutional portion of the CRT is paying $0 because the PA process is suspended. Related items are closed and consolidated into this CPSE item for tracking of Durable Medical Equipment work. Items closed include 123, 126, 127, 131, 132, 133, 141, 156, 157, 158, 159.	99%	Durable Medical Equipment Suppliers	*Post Production

Status	Public CPSE ID	Provider Description	Percent Complete	Provider Type	Planned Release Date
Open	142	Recipient Eligibility ticket volume increase due to differences between MITS and FI	90%	98 - All Providers	Release 202502.1 PNM Release 02/25/2025
Open	143	Portal claims denying with edit 101 and no billing provider is displayed on the claims in VUE360.	90%	98 - All Providers	*Post Production
Open	144	Lifting of PA requirements Non-Institutional Policy - dental provider who is experiencing a similar issue of not having their claims paid (the ones requiring PA), even with the current lifting of PA requirements	75%	98 - All Providers	Release 202501
Open	149	Rx TPL coverage is being loaded as Comprehensive Medical coverage in FI.	90%	All Providers	Release 202501
Open	151	To support the FQHC, RHC, OHF wrap around claim processing, the 271 Eligibility Response transaction must contain the 7 digit ODM assigned program ID for the plan in which the member is enrolled so that providers submitting wrap-around claims can identify the members program correctly.	10%	All Providers	Release 202505
Open	155	Claims are being denied for the same service code, but with a different place of service.	99%		*Post Production
Open	165	When multiple skilled therapy procedures are billed, ODM's policy is that the multiple procedure payment reduction (MPPR) calculation pays 100 percent for the primary procedure and 80 percent for each additional procedure. FI is not applying the calculation.	5%	39, 40, 41, 43	TBD
Open	166	Edit "1124 - Claim requires Ordering/Referring" is posting on hospital claims. It should only apply to professional.	90%	"01" - Hospitals	2/26/2025
Closed	99	Edit 311 Posting Incorrectly for initial claims and adjustments	100%	All Providers	*Post Production
Closed	107	Services rendered to straight Medicaid members in PAY status, but paying zero (FQHC site specific). After fixed, impacted claims need reprocessed/adjusted.	100%	FQHC (12) and RHC (5)	
Closed	108	FQHC/RHC claims for wraparound payments are denying incorrectly when a service not covered by Medicare is rendered to MyCare recipient (dental, vision, BH service rendered by non-eligible Medicare practitioner, transportation). After fixed, impacted claims need reprocessed/adjusted.	100%	FQHC (12) and RHC (5)	PMT - FI CONFIG
Closed	109	FQHC/RHC claims denying incorrectly with edit 6269 (ORP). After fixed, impacted claims need reprocessed/adjusted.	100%	FQHC (12) and RHC (5)	
Closed	110	FQHC/RHC transportation claims are denying incorrectly with edit 1124 (ORP). After fixed, impacted claims need reprocessed/adjusted.	100%	FQHC (12) and RHC (5)	
Closed	112	Due to a taxonomy issue in PNM, FQHC/RHC claims denying incorrectly with Edit 153 (edit is carved out and shouldn't be posting). After fixed, impacted claims need reprocessed/adjusted.	100%	FQHC (12) and RHC (5)	
Closed	113	When FQHC bill dental claims, now an ORP edit is incorrectly denying the claim. After fixed ORP issue fixed, impacted claims need reprocessed/adjusted.	100%	FQHC (12) and RHC (5)	

Status	Public CPSE ID	Provider Description	Percent Complete	Provider Type	Planned Release Date
Closed	111 114 115 116 117	FQHC/RHC issues have been consolidated into a single entry targeted for completion by February 12, 2025. This project will address: • CPSE ID 111, 114, 115 - Will end inappropriate claim rejections and payment denials for a range of provider contracting errors impacting FQHC/RHCs • CPSE ID 116 - Medicare and TPL Bypass requirements • CPSE ID 117 - Will correct COB calculations for crossover and wrap claims with complex primary payer combinations Reprocessing of impacted claims will begin sometime in March once the bulleted items have been fixed.	100%	FQHC (12) and RHC (5)	Release 202502
Closed	120	1099 conversion issues	95%		
Closed	121	PACDR Claims from Aetna Assigned wrong Planid is closed	100%		
Closed	122	Edit 606 error on DKP Claims - PA# doesn't match	100%	All MCEs	
Closed	125	Medicare-Medicaid crossover claims not crossing - Medicare Claims showing MA07 adjudication code stating claim was forwarded to Medicaid, are not showing received or processed by Medicaid	100%	98 - All Providers	SAM00654 - 10/22/24
Closed	128	Secondary not paying up to full Medicaid allowable	100%	Durable Medical Equipment Suppliers/Pharmacies	
Closed	129	Modifier denials. Claims billed with no modifier following the fee schedule. Team reconfigured these procedures by adding modifiers to allow the system to pay these codes instead of deny.	100%	Durable Medical Equipment Suppliers	
Closed	134	Current Patient Liability spans are not always reported on the 834 files that are sent to the Managed Care Plans.	100%	All MCEs	
Closed	135	All hospice room and board claims (T2046) are now denying inappropriately with edit 837 (medically unlikely). NCCI edits (including edit 837) should not post to any hospice claims. Edit 837 (Medically Unlikely) shows this description: Medically Unlikely Edit (MUE) Procedure code T2046 is denied based on an NCCI edit because the units of service exceed the medically unlikely limit per claim detail for the same date of service.	100%	Hospice providers	
Closed	138	MCE Claims Extract File (Claims to MCO Export-CLMEX00096) does not contain denied claims, only paid claims	100%	All MCEs	PMT - 202411
Closed	150	These 12 - 276 transactions were sent on August 23, 2024. The 277 response transactions were not returned until August 29, 2024. Do we have any concept of how often this is happening? This does not meet the CAQH CORE Claim Status (276/277) Infrastructure Rule CS.2.0 published April 2022 Section 4.5. The ticket also included a list of 270 Eligibility inquiries that have yet to receive a 271 response?? The 270 Eligibility transactions are from multiple trading partners. The lack of eligibility information could be impacting a members care. The first 270 transaction in the list is from August 17, 2024. That means it has been more than two weeks without a response.	100%	98 - All Providers	

Status	Public CPSE ID	Provider Description	Percent Complete	Provider Type	Planned Release Date
Closed	152	PACDR adjustment question from Liberty Dental. Liberty Dental is Anthem's new Dental vendor.	100%		
Closed	153	Report on any claims needing reprocessing. This is tied to CPSE ID 73 that was resolved.	100%	MITS Provider Types 84 (MH Providers) and 95 (SUD Providers	
Closed	154	Some hospice claims are denying for invalid LOCKIN when the hospice provider specialty submitted on the claim does not match the hospice provider specialty in the system.	100%	44 - Hospice	
Closed	161	Beginning 9/1/2024 the 271 Eligibility Response is missing the Patient Liability / Responsibility information.	100%		*Post Production
Closed	162	FI is inappropriately denying certain services when the member has Emergency Alien coverage.	100%	All Providers	*Post Production
Closed	163	Claims and PAs expect to wait for attachments when PWK segment is included in EDI claim submission but are instead denying.	100%	98 - All Providers	
Closed	164	277CA not generated for Amerihealth DKP submisison . 2 files submitted by Amerihealth on 11/21/2024 does not have 277CA response.	100%		

***Post Production- Open:** The fix is in Production, Assessment & reprocessing of claims is in progress, if required.
***Post Production- Closed:** The fix is in Production and reprocessing of claims is completed if necessary.