

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
Vision Providers	242 Providers	Claims	A Benefits Configuration issue was identified impacting Medical Vision that are denying claims with instructions to have Providers submit the claims to contracted Vendor Envolve. Envolve in turn is denying claims with instructions to bill WellCare. Vendor Envolve only pays claims for Routine Vision Services, while WellCare only is responsible for Medical Vision Services.	2/16/2024	132	4/5/2024	Closed	The Benefits Configuration Team is implementing a fix with an ETA for completion of 03/04/2024. A claims impact report was reprocessed and adjusted to pay w/ a completion date of 04/03/2024.	No	4/3/2024	RMS00179434
Personal Care Service Providers	256 PCS Providers	Claims	Personal Care Service Providers billing Proc. Code 99509 in increments of 15 minutes (1 Unit) experiencing Underpayments based on claims erroneously capping at 1 Unit. The Fee Schedule Team identified the system configuration error and initiated the review, update, and reprocessing. Impacted Claims included Insert Dates after 01/25/2024 to 02/13/2024.	2/6/2024	142	3/22/2024	Closed	The Fee Schedule & Configuration Teams corrected the Procedure Pricing Table load issue on 02/13/2024. Current PCS claims billing 99509 are no longer capping at 1 unit. The impact report submitted for reprocessing was completed on 03/07 and all impacted claims have been adjusted to pay correctly.	No	3/7/2024	RMS00175319
Institutional	44 Providers	Claims	Institutional claims are denying as non-covered services, but codes are listed on the covered code list.	4/16/2024	72	N/A	Open	VP of Operations sent question to state regarding 0202U specifically, however, configuration is researching additional codes denied that are appearing on fee schedule that denied as non-covered.	Yes		RMS00186110/ RMS00187521
Anesthesia/CRNA Providers	In Review	Claims	Configuration edit was set up to deny add on code 01968 when not billed at a 1:1 ratio with primary code 01967.	6/28/2023	365	6/24/2024	Open	Received state guidance on 5/9/2024 that 1:1 match is not required. GUIDANCE: The MD billed 01967 with AA and by using that modifier it meant there was NO additional assistance for him. The CRNA should not bill for 01967 because the AA modifier was used. 01968 is an add-on code... from the WEB: " An Add-on Code (AOC) is a Healthcare Common Procedure Coding System (HCPCS) / Current Procedural Terminology (CPT) code that describes a service that is performed in conjunction with the primary service by the same practitioner. Sep 6, 2023" The CRNA assisted with 01968 so bills with QK for their assistance. Coding team in process of updating edit to reflect this change.	No		RITM06580086
Institutional / Professional Providers	897 Providers	Claims	NC Fluoride Varnish limit rule was inadvertently activated in the production environment without ensuring that all configurations were accurately loaded. As a result claims denied incorrectly for LIMIT.	5/23/2024	35	6/21/2021	Closed	The production deployment occurred on 5/22 3PM & was terminated on 5/23 3PM. The misconfiguration was identified before the Post Production Review phase, allowing for swift correction within a 24-hour timeframe. Notification was promptly sent to the claims team, enabling them to re-tab and readjust unposted claims. Additionally, all posted claims affected by the error are being reprocessed to ensure accuracy. Moving forward, stringent validation procedures will be enforced to prevent similar errors, ensuring the integrity and efficiency of our claims processing system.	No	6/21/2024	RMS00192199

