

Below is a listing of completed claim projects. If you have a claim that should be included in one of the completed claim projects below (which you believe denied incorrectly) and it has not yet been adjusted, please let us know the claim number so that we can research it and confirm. You may email us at NeProviderRelations@NebraskaTotalCare.com or contact your Provider Relations Rep.

Open Issues

| Issue Description | Impacted Provider Type | Issue Resolution Status | Claim Project Status | Target Completion Date | Claim Project # |
|-------------------|------------------------|-------------------------|----------------------|------------------------|-----------------|
|-------------------|------------------------|-------------------------|----------------------|------------------------|-----------------|

No known issues at this time.

| Key: Issue Resolution Status | |
|---------------------------------|---|
| Research | Issue under investigation to determine root cause |
| Solution Identified | Issue has been identified, but no system updates (to date) have been made |
| Full Resolution Deployed | Issue has been corrected in the system and all of the system updates have been made |

| Key: Claim Project Status | |
|---------------------------------------|--|
| In Process of project creation | Project under investigation to determine affected claims and providers |
| Project in Process | Claim project has been initiated, provide payment will begin within next 7 days |
| Project Complete | Claims included in the claim project have reprocessed. Note, this is not a guarantee of payment, during reprocessing claims may hit additional claim edits |

For questions about global issues or the associated claims projects, please contact your Provider Services or your Provider Relation representative.

Special Projects in Process

| Project Name | Project Description | Estimated Claim Processing Date | Actual Claims Completion Date | Project Number |
|--|--|---------------------------------|-------------------------------|---|
| ACA with COB | When other insurance is primary, some ACA enhanced claims have paid greater than the NTC liability | 5/9/2018 | | PROJ-16521840 |
| Critical Access Hospital Based Ambulance | Hospital based ambulance for Critical Access Hospitals are denying for invalid location | 4/15/2018 | | PROJ-16198518 |
| Commercial Coordination of Benefit | Coordination of benefits – Incorrect payments when Commercial Carrier is Primary (under/overpayment) | 4/15/2018 | | PROJ-15788713 PROJ-14795370 PROJ-16222497 |
| Immunizations with the SL modifiers denied as Non-covered | Immunizations denying when billed with the SL modifier. Nebraska Total Care will updated their claim system and reprocess claims denied for the following codes: 90633, 90647, 90648, 90698, and 90748 | 4/20/2018 | | PROJ-15359030 |
| N3: Invalid NPI; system denying claims incorrectly | N3: Invalid NPI. System is incorrectly looking at the rendering NPI instead of the billing NPI when processing the claim | 3/23/2018 | | PROJ-14874722 |
| Codes not listed on the fee schedule as covered or non-covered | The following codes are not listed on the fee schedule as covered or non-covered. Per state guidance, the following codes are covered services. Nebraska Total Care (NTC) will update their claims system and reprocess claims denied for the following codes: G0378, G0463, Q0081, Q0144, Q0175, Q0177, Q0506, Q4010, Q4022, Q4038, Q4040, Q4045, and Q9968 | New Date 3/22/2018 | | PROJ-13884522 |
| Invalid NDC (EXdN, EXNc) min/max denials where member has an auth to bill over max allowed | Certain injectable drugs which require an authorization denying min/max not valid for NDC limits or min max not valid for HCPC/NDC crosswalk in error | New Date 3/22/2018 | | PROJ-13712223 |
| ACA Procedure Code with modifier SL | A subset of claims billed with an SL Modifier were adjudicated and did not receive the ACA enhanced payment (underpayment) | New Date 3/22/2018 | | PROJ-13680995 |
| Services denying members not eligible while in Skilled Nursing | Claims denying for coverage not in effect when service provided | New date: 3/22/2018 | | 000489 and 000492 |

Recovery notice letters to be mailed to providers within 30 days of the project being submitted, followed by a 60-day notice period, during which providers can decide if they want to mail Nebraska Total Care a refund check or allow the claims to be recouped automatically at the end of the 60-day notice period.

Recovery Projects

| Project Name | Project Description | Recovery Estimated Completion Date | Notification Letters Sent | Project Number |
|--|--|------------------------------------|---------------------------|---|
| Commercial Coordination of Benefit | Coordination of benefits – Incorrect payments when Commercial Carrier is Primary - overpayment | 5/31/2018 | | PROJ-15789886 PROJ-14796357 PROJ-16198971 |
| Outpatient CCR Rates | Outpatient hospital claims not paying the correct CCR rates | New Date 6/1/2018 | 2/24/2018 | 000471 and 000472 |
| Outpatient CCR Rates | Outpatient hospital claims not paying the correct CCR rates | New Date 6/1/2018 | | 000481 |
| Home Health G codes | G Codes denying as duplicate and benefit max units exceeded. | New Date 6/1/2018 | 12/22/2017 | 000398 |
| Chiropractic claims over paying | Chiropractors were paid for services that should have denied | New Date 6/1/2018 | 2/15/2018 | 000355 |
| Medicare Part B Over/Under Payments | Medicare Part B claims processed and paid the incorrect amounts | New Date 4/9/2018 | 12/21/2017 | 000375 |

Completed Projects

Below is a listing of completed claim projects. If you have a claim that should be included in one of the completed claim projects below (which you believe denied incorrectly) and it has not yet been adjusted, please let us know the claim number so that we can research it and confirm. You may email us at NeProviderRelations@NebraskaTotalCare.com or contact your Provider Relations Rep.

| Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|-----------------------------|-------------------------------------|------------------------------------|-------------------------------|----------------|
| Services denying members not eligible while in Skilled Nursing | SNF | | 3/22/2018 | 3/14/2018 | 000490 |
| Medicare Part A Skilled Nursing Claims over paying | SNF | | 2/4/2018 | 3/9/2018 | 000333 |
| Medicare Supplemental plans not bypassing NTC's EOB requirement | ALL | 3/8/2018 | N/A | N/A | N/A |
| Physician's Office Laboratory Testing Policy | | | 3/22/2018 | 3/7/2018 | PROJ-13209127 |
| Services denying for authorization when the authorization was received | ALL | | 3/22/2018 | 3/14/2018 | 000493 |
| T-Codes, B4150, B4152, and B4154 billed with the BO modifier are incorrectly denying L6, with instructions to bill primary | ALL | | 03/22/2018 | 3/02/2018 | PROJ-12439316 |
| Skilled Nursing Facilities billing DME services denying non covered | SNF | | 03/07/2018 | 3/02/2018 | PROJ-14138081 |
| DME on fee schedule without a price or rate | DME | | 2/16/2018 | 2/12/2018 | 000435 |

| Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|--|-------------------------------------|------------------------------------|-------------------------------|---|
| Services denying for authorization when the authorization was received | ALL | | 2/22/2018 | 2/14/2018 | 000460 |
| Invalid NDC crosswalk denials | ALL | | 1/20/2018 | 2/2/2018 | 000455 |
| Outpatient CCR Rates Outpatient hospital rates not previously configured | Hospital | | 2/2/2018 | 2/2/2018 | 000464, 000468, 000469, 000480, 000482 |
| Outpatient CCR Rates Outpatient hospital claims not paying the correct CCR rates | Hospital | | 2/2/2018 | 2/2/2018 | PROJ-11445242, PROJ-11445903, PROJ-11446409, PROJ-11445513 000453, 000461, 000462, 000463, 000464, 000465, 000466, 000467, 000468, 000469, 000470, 000473, 000474, 000475, 000476, 000477, 000478, 000479, 000480, 000482 |
| Medicare Part B claims processed and paid the incorrect amounts | All | | 2/8/2018 | 1/22/2018 | 000376 |
| NTC denied Medicaid non-covered when Medicare made a primary payment | All | | 1/19/2018 | 1/24/2018 | 000454 |
| Outpatient hospital claims not paying the correct CCR rates | Children's Hospital & Medical Center | | 2/20/2018 | 12/22/2017 | 00475 & 00432 |
| Claims denying for requiring an Authorization * Part 1 - Continuity of Care (Therapy claims, Behavioral Health claims and Home Health claims) | Therapy, Behavioral Health and Home Health | | 12/8//2017 | 12/13/2017 | 000408 |

| Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|---|-------------------------------------|------------------------------------|-------------------------------|---------------------------|
| G Codes denying as duplicate and benefit max units exceeded - Providers should now bill number of visits instead of 15-minute units. Claim project will address the max unit denials. | Home Health | | 11/9/2017 | 12/8/2017 | 000397 |
| Claims showing as paid in Full but a Zero payment was issued | All Providers | | 10/21/2017 | 10/6/2017 | 000307 |
| Claims denying for requiring a Medicare EOB for Medicare non-covered services and the member only has a primary Medicare policy | All Providers | | 10/22/2017 | 10/11/2017 | 000317 |
| 599 CHIP members claims denying for Age and Gender | All Providers | | 10/17/2017 | 10/5/2017 | 000299 |
| Institutional claims denying for invalid NDC | Hospitals | | 10/17/2017 | 10/3/2017 9/27/2017 | 00300 and 00301 |
| Professional claims denying for invalid NDC | All Providers | | 10/17/2017 | 10/3/2017 | 00305 |
| Claims showing as paid in Full but a Zero payment was issued | All Providers | | 10/21/2017 | 10/5/2017 | 00306 |
| Rev 370 claims denying in error for procedure not covered for the member age | Outpatient Hospitals | 08/27/2017 | 09/28/2017 | 9/12/2017 | 000271 |
| Claims are denying for invalid or missing modifier | DME | 8/29/2017 | 09/21/2017 | 08/25/2017 | 000262, 000255 and 000256 |
| Rev 370 claims denying in error for procedure not covered for the member age | Hospitals | 09/28/2017 | 09/05/2017 | 09/28/2017 | 000272 |
| ACA Eligible Providers not receiving enhanced rate, part 2 | Captures providers eligible for ACA Enhanced payments | 8/18/2017 | 8/28/2017 | 08/24/2017 | 00229 |

| Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|---|-------------------------------------|-------------------------------------|------------------------------------|-------------------------------|----------------|
| 599 CHIP members claims denying for Age and Gender * | FQHC, RHC, HIS Providers | | | 8/25/2017 | 00257 |
| Primary paid in full denials for Medicare EOB re-coordination | All Providers | | 8/25/20107 | 8/28/2017 | 00248 |
| Medicare non covered services denying for EOB | All Providers | 7/10/2017 | 8/25/2017 | 8/25/2017 | 00246 |
| DME claims denying for invalid NDC when drugs are billed | DME | 7/24/2017 | 9/21/2017 | 8/21/2017 | 00256 |
| Primary paid in full denials for Commercial re-coordination | All Providers | | 8/23/2017 | 8/22/2017 | 00247 |
| ACA Eligible Providers not receiving enhanced rate, part 1 | ACA Eligible and Attested Providers | | 8/15/2017 | 8/16/2017 | 00228 |
| Invalid denials not captured in previous projects | Behavioral Health | 7/14/2017 | 7/31/2017 | 7/26/2017 | 00209 |
| Invalid denials not captured in previous projects | Behavioral Health | 7/14/2017 | 7/31/2017 | 7/27/2017 | 00210 |
| Payment for Medicare Part B therapy coinsurance | Skilled Nursing Facility | | 7/31/2017 | 7/26/2017 | 00212 |
| Re-coordination of Medicare claims for appropriate payment (Under/Overpayments) | All Specialty Types | | 7/31/2017 | 7/28/2017 | 00206 |
| Re-coordination of Medicare claims for appropriate payment (Under/Overpayments) | All Specialty Types | | 7/31/2017 | 7/26/2017 | 000208 |
| Behavioral Health Authorization Override for payment of no authorization on file denials during continuity of care period | Behavioral Health | | 7/31/2017 | 7/26/2017 | 000205 |
| Home Health Authorization Override for payment of no authorization on file denials during continuity of care period | Home Health | | 7/31/2017 | 7/26/2017 | 000207 |

| Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|--|-----------------------------------|-------------------------------------|------------------------------------|-------------------------------|-----------------|
| PT/ST/OT Authorization Override for payment of no authorization on file denials during continuity of care period | Therapy | | 7/31/2017 | 7/21/2017 | 000201 |
| Claim denying incorrectly for Missing or Invalid Modifier | All Specialty Types | 6/13/2017 | 7/13/2017 | 6/26/2017 | 000160 |
| Claims denying incorrectly for Missing or Invalid Modifier; Inappropriate Code Billed; or Global Fee Paid | HIS | 6/23/2017 | 7/23/2017 | 7/13/2017 | 000189 |
| While not an EX Denial Code, enhanced payments not being applied | ACA Attested | 6/19/2017 | 7/19/2017 | 6/23/2017 | 000169 |
| While not an EX Denial Code, acute care outpatient services claims not being paid at the appropriate CCR rates | Acute Care Outpatient | 6/12/2017 | 7/12/2017 | 7/10/2017 | 000155 |
| While not an EX Denial Code, Hospital-Based RHCs being paid the default rate for IRHCs | Hospital-Based RHCs | 6/14/2017 | 7/14/2017 | 6/28/2017 | 000159 & 000156 |
| Invalid Diagnosis | Behavioral Health | 6/18/2017 | 6/30/2017 | 6/28/2017 | 000143 |
| Denials for Invalid Specialty for providers with multiple specialties on State file | Behavioral Health | 7/1/2017 | 7/31/2017 | 7/11/2017 | 000170 |
| Denials for Invalid Specialty for providers with multiple specialties on State file | Behavioral Health | 7/1/2017 | 7/31/2017 | 7/17/2017 | 000193 |
| Certain service lines receiving zero pay in error | FQHCs, RHCs, Outpatient Hospitals | 6/30/2017 | 7/30/2017 | 7/15/2017 | 000198 |
| No Authorization Denials (Professional office visit claims denying for authorization in error) | All Specialty Types | 4/1/2017 | 6/30/2017 | 7/11/2017 | 000176 |

| Issue Description | Impacted Provider Specialty | Estimated Claims Configuration Date | Estimated Claims Reprocessing Date | Actual Claims Completion Date | Project Number |
|---|----------------------------------|-------------------------------------|---|-------------------------------|----------------|
| Claims denying for Bill Types 141 and 111 | Critical Access Hospital | 7/1/2017 | 8/1/2017 | 05/30/2017 | 000131 |
| Invalid Member EDI Reject | Facility | 6/1/2017 | Effective 6/2/2017, please submit claims for reprocessing | | |
| Invalid Modifier (AS modifier versus 80 modifier) | Assistant Surgery | 6/15/2017 | 7/17/2017 | 6/26/2017 | 000160 |
| Claims denying for maximum 8 units per day for codes G0151, G0152, G0153, G0156 | Home Health | 7/2/2017 | 7/31/2017 | 6/21/2017 | 000134 |
| Air Ambulance Modifiers not being accepted | Ambulance | 7/2/2017 | 7/31/2017 | 6/30/2017 | 000167 |
| Requiring Primary EOB (Duals COB) | All Specialty Types | 7/2/2017 | 7/31/2017 | 7/7/2017 | 000179 |
| Requiring Primary EOB (Duals COB) | All Specialty Types | 7/2/2017 | 7/31/2017 | 7/14/2017 | 000172 |
| 90870, H0012, H0015, H0018, H0019, H2013, H2020, H2033, H2034, Q3014, S9480, S9484, S9485, T2033, T2048, X9990 Codes paying at 25% of billed charges in error | Behavioral Health (Professional) | 6/18/2017 | 7/18/2017 | 7/11/2017 | 000170 |
| New state fee schedule codes that needed to be added to the system to pay | All Specialty Types | 6/12/2017 | 7/12/2017 | 6/23/2017 | 000154 |