

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](mailto: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 #
Prepayment balance error on Explanation of Payment (EOP)	ALL	Research	N/A	11/30/2018	
Claims rejecting in error for providers active on the date of service, but no longer on the State File	ALL	Solution Identified	N/A	New Date 11/30/2018	
Several DME procedure codes when billed by Home Health or Hospice provider are paying at \$1 - \$2 instead of paying at the correct rate	Home Health/Hospice	Solution Identified	In process of project creation	New Date 11/30/2018	

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

Key: Claim Project Status	
<b>In Process of project creation</b>	Project under investigation to determine affected claims and providers
<b>Project in Process</b>	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
<a href="#">Therapy authorization denials in nursing facilities</a>	Therapy claims denying for no authorization when members are in nursing facilities	12/21/2018		PROJ-40702151
<a href="#">Non-par emergent providers paid the incorrect amount</a>	Emergent services performed by non-par providers paid the incorrect amount	11/30/2018	99% Complete	PROJ-38243444
<a href="#">Invalid IV denials on Medicare Crossover claims – Part 2</a>	Invalid IV denials on Medicare Crossover claims	12/1/2018		PROJ-38458635

*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
<a href="#">AS/80 Modifier</a>	Surgery claims over paid per the multiple surgery payment guidelines	New Date 11/23/2018	9/10/2018	PROJ-29436768
<a href="#">Home Health G codes</a>	G Codes denying as duplicate and benefit max units exceeded.	New Date 11/23/2018	7/27/2018 92% Complete	PROJ-18087784

## 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](mailto:NeProviderRelations@NebraskaTotalCare.com) or contact your Provider Relations Rep.*

Issue Description	Impacted Provider Specialty	Estimated Claims Reprocessing Date	Actual Claims Completion Date	Project Number
<a href="#">ACA with COB</a>	PHYSICIANS	11/16/2018	11/14/2018	PROJ-16521840
Several procedure codes are denying incorrectly	ALL	10/30/2018	10/29/2018	PROJ-33559280
<a href="#">Invalid IV denials on Medicare Crossover claims</a>	FACILITIES	10/30/2018	10/25/2018	PROJ-35490116
Coordination of benefits – Incorrect payments when Commercial Carrier is Primary - overpayment	FACILITIES	10/19/2018	10/17/2018	PROJ-15789886
When other insurance is primary, some ACA enhanced claims have paid greater than the NTC liability	PHYSICIANS	10/26/2018	10/17/2018	PROJ-18426416
<a href="#">Chiropractic claims over paying</a>	CHIROPRACTIC	9/28/2018	10/3/2018	PROJ-19811324
Some claims denying IM incorrectly when billed with or without modifier	PHYSICIANS	10/6/2018	9/10/2018	PROJ-30389587
<a href="#">Commercial Coordination of Benefit</a>	ALL	9/17/2018	9/5/2018	PROJ-16198971
<a href="#">AS/80 Modifier</a>	PHYSICIANS	9/30/2018	9/5/2018	PROJ-29435326
Outpatient hospital claims not paying the correct CCR rates	FACILITIES	8/10/2018	8/6/2018	000471

<a href="#">Dialysis claims with Medicare/Medicare Supplemental denying</a>	DIALYSIS FACILITIES	8/3/2018	8/1/2018	PROJ-17987407
<a href="#">Outpatient CCR Rates</a>	FACILITIES	7/31/2018	7/26/2018	000472
<a href="#">Outpatient CCR Rates</a>	FACILITIES	7/13/2018	7/13/2018	000481
<a href="#">ACA with COB</a>	PHYSICIANS	7/31/2018	7/10/2018	PROJ-14796357
<a href="#">Dialysis claims over paid</a>	DIALYSIS FACILITIES	7/6/2018	7/6/2018	PROJ-17992143
<a href="#">Vaccine NDC Denials</a>	PHYSICIANS	7/6/2018	7/5/2018	PROJ-23603744
<a href="#">Claims denying cL related to procedure codes or fee schedule updates</a>	ALL	6/29/2018	6/29/2018 6/19/2018	PROJ-21024576 PROJ-21351654
<a href="#">Lab Tests for Vaginitis denying for invalid diagnosis code</a>	LABS	07/09/2018	6/5/2018	PROJ-21560398
Medicare Part B claims processed and paid the incorrect amounts	ALL	5/11/2018	5/11/2018	000375
<a href="#">When other insurance is primary, some ACA enhanced claims have underpaid the NTC liability</a>	PHYSICIANS	5/9/2018	5/11/2018	PROJ-18421944 PROJ-18429803
Phase 2 - <a href="#">N3: Invalid NPI; system denying claims incorrectly</a>	CRITICAL ACCESS HOSPITALS	5/13/2018	5/3/2018	PROJ-17434423
<a href="#">Commercial Coordination of Benefit</a>	ALL	4/25/2018	4/26/2018	PROJ-14795370
<a href="#">Commercial Coordination of Benefit</a>	ALL	4/20/2018	4/19/2018 4/20/2018	PROJ-16222497 PROJ-15788713
<a href="#">Critical Access Hospital Based Ambulance</a>	HOSPITAL BASED AMBULANCE	4/20/2018	4/18/2018	PROJ-16198518
<a href="#">Codes not listed on the fee schedule as covered or non-covered</a>	FACILITY	4/6/2018	4/10/2018	PROJ-13884522
<a href="#">N3: Invalid NPI; system denying claims incorrectly</a>	FACILITY	4/3/2018	4/4/2018	PROJ-14874722
<a href="#">ACA Procedure Code with modifier SL</a>	PHYSICIANS	3/30/2018	3/29/2018	PROJ-13680995
<a href="#">Immunizations with the SL modifiers denied as Non-covered</a>	PHYSICIANS	4/20/2018	3/27/2018	PROJ-15359030

<a href="#">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</a>	ALL	3/22/2018	3/22/2018	PROJ-13712223
<a href="#">Services denying members not eligible while in Skilled Nursing</a>	SNF	3/22/2018	3/14/2018 3/19/2018 3/26/2018	000490 000492 000489
<a href="#">Medicare Part A Skilled Nursing Claims over paying</a>	SNF	2/4/2018	3/9/2018	000333
Medicare Supplemental plans not bypassing NTC's EOB requirement	ALL	N/A	N/A	N/A
<a href="#">Physician's Office Laboratory Testing Policy</a>		3/22/2018	3/7/2018	PROJ-13209127
<a href="#">Services denying for authorization when the authorization was received</a>	ALL	3/22/2018	3/14/2018	000493
<a href="#">T-Codes, B4150, B4152, and B4154 billed with the BO modifier are incorrectly denying L6, with instructions to bill primary</a>	ALL	03/22/2018	3/02/2018	PROJ-12439316
<a href="#">Skilled Nursing Facilities billing DME services denying non covered</a>	SNF	03/07/2018	3/02/2018	PROJ-14138081
<a href="#">DME on fee schedule without a price or rate</a>	DME	2/16/2018	2/12/2018	000435
<a href="#">Services denying for authorization when the authorization was received</a>	ALL	2/22/2018	2/14/2018	000460
<a href="#">Invalid NDC crosswalk denials</a>	ALL	1/20/2018	2/2/2018	000455
<a href="#">Outpatient CCR Rates</a> Outpatient hospital rates not previously configured	Hospital	2/2/2018	2/2/2018	000464, 000468, 000469, 000480, 000482
<a href="#">Outpatient CCR Rates</a> 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
<a href="#">Medicare Part B claims processed and paid the incorrect amounts</a>	All	2/8/2018	1/22/2018	000376
<a href="#">NTC denied Medicaid non-covered when Medicare made a primary payment</a>	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
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