

The current Claims Payment Systemic Errors (CPSEs) for Paramount Advantage Medicaid are reported below. If you have any questions, please contact your Provider Relations Representative or call Provider Relations at 800-891-2542.

Description of CPSE	Date CPSE was First Identified	Billing Provider Type(s) Impacted by CPSE (select all that apply)	Timeline for Fixing CPSE	Date(s) and/or date span(s) of Corrected Claims Adjustments	Number of Claims Impacted	CPSE Status
CONFIRMED CPSE. In ODM BH Redesign, SUD Residential H2034, H2036 the Authorization Requirement is as follows: In a Calendar year, Up to 30 consecutive days without prior authorization. Prior authorization then must support the medical necessity of continued stay, if not, only the initial 30 consecutive days are reimbursed. Applies to first two stays; any stays after that would be subject to full prior authorization. Paramount does not have configuration to monitor this, so claims have been reviewed retrospectively, and identified for take back and denial for no prior authorization.	12/23/2019	95-ODADAS Certified/Licensed (SUD) Treatment Program	Due to system limitations, this will continue to be a manual process. Reporting has been developed for the new claims processing system. Claims will be reviewed on a monthly basis.	Claims will be monitored on a monthly basis and adjustments processed manually. Initial adjustments were completed 2/20/20. Starting 2022, a quarterly report will be reviewed beginning in early April. July 2022 update - claim adjustments pending receipt of the report impacted claims for first quarter 2022.		Ongoing
CONFIRMED CPSE: Behavioral health claims are pending for COB edits. These claims should bypass COB medical record and pay as primary. After additional review it has been determined that claims were denied, not pended. This also impacts preventive/vaccines, and telehealth services.	8/25/2021	21-Professional Medical Group 95-ODADAS Certified/Licensed (SUD) Treatment Program 84-Ohio Department of Mental Health (Community Mental Health) Provider	Paramount's IT Department is completing additional analysis. January update: No IT programming solution is available. Claims data will be monitored and claim adjustments processed.	Adjustments are expected to be completed within 60 days of Paramount's final programming update. Until configuration/programming is completed, Paramount will identify and adjust impacted claims. Initial adjustments started 11/12/21 and completed 11/15/21. July 2022 update -most recent adjustments completed 7/6/2022.		Ongoing
CONFIRMED CPSE: claim with denial message 250-Out-patient service delivered during in-patient confinement. January update: changed to CONFIRMED CPSE.	10/15/2021	16 & 60-Home Health Agency 01-Hospital (Outpatient) 82-Ambulance 76-Durable Medical Equipment Supplier 21-Professional Medical Group 12-Federally Qualified Health Center 70-Pharmacy 44-Hospice 95-ODADAS Certified/Licensed (SUD) Treatment Program 54-Licensed Independent Chemical Dependency Counselor 59-End-Stage Renal Disease (Dialysis) Clinic 31-Professional Dental Group 36-Podiatrist Individual 20-Physician/osteopath, individual 37-Licensed Independent Social Worker (LISW) 80-Independent Laboratory 84-Ohio Department of Mental Health (Community Mental Health) Provider 81-Portable X-Ray Supplier 46-Ambulatory Surgery Center 79-Independent Diagnostic Testing Facility	System configuration under review. January update - a detailed request was submitted 1/11/22 for system configuration updates to be made. Estimated completion 2/11/22. March update - Estimated completion date 3/10/22. May update - Estimated completion date 6/10/2022. July update - Operational decision to be made by 8/15/22 for any additional configuration changes	Remaining adjustments are expected to be completed within 60 days of Paramount's configuration updates.		In Process

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CONFIRMED CPSE: Professional claims with procedure code 76942 and billed with 64400-64450 and 64455 are denying in error.	10/21/2021	21-Professional Medical Group	12/23/2021; May update - completion date 5/10/22	Adjustments were completed 2/7/22. Adjustments took more than 30 days to complete from the date the configuration was updated to ensure thorough review of data and that all impacted claims were identified for reprocessing. May update - on 5/5/22, claims with June 2021 dates of service were identified still in a denied status. Claims will be reprocessed within 30 days of system configuration update. July update - Claim reprocessing began 5/19 and completed 6/6/22.	747	Completed
POTENTIAL CPSE: Some services for supplies or durable medical equipment may deny for benefit maximum reached when more than one claim is received for services delivered in the same month. July update - Changed to NOT A CPSE .	2/11/2022	70-Pharmacy 76-Durable Medical Equipment Supplier 20-Physician/osteopath, individual 21-Professional Medical Group 36-Podiatrist Individual	4/15/2022; May update - estimated completion date 7/10/2022	Adjustments to be completed within 60 days of configuration update. May update : Paramount is reviewing configuration and claims are being processed manually. July update - NOT A CPSE. One provider was impacted by incorrect denials. Claim processing procedures were updated 6/10/22 to ensure accurate claim processing.		Completed
CONFIRMED CPSE: Outpatient institutional claim denied with denial reason 20 - Charges for outpatient services with this proximity to inpatient services are not covered.	3/1/2022	01-Hospital (Outpatient)	4/15/2022; May update - estimated completion date 6/10/2022; July update - production configuration updated 5/25/22	Claims reprocessed 6/7/22.	647	Completed
NEW CPSE: CRNA services overpaid due to 50% reduction not applied to claims with QX modifier.	5/16/2022	21-Professional Medical Group	5/26/2022	Claims reprocessing began 6/7 and completed 6/13/22.	13131	Completed
NEW CPSE: Claims with dates of service January 2022 through April 2022 for services L4361, L4387, and L4397 denied non-covered.	5/19/2022	36-Podiatrist Individual 21-Professional Medical Group 76-Durable Medical Equipment Supplier	5/26/2022	Claims reprocessed 7/5/22.	167	Completed
POTENTIAL CPSE - claims for DME rent to own services received without a rental modifier paying at billed charges and overpaying.	6/29/2022	76-Durable Medical Equipment Supplier	8/10/2022	Claims to be reprocessed within 60 days of configuration update.		In Process