

Known Issues Tracker



Provider Type	Number of Impacted Providers	Category	Issue Description	Date Issue Discovered	Days Outstanding	Estimated Fix Date	Status	Resolution	Date Issue Resolved	Interest Owed?	Tech Opps/Incident Number
Behavioral Health	9	Claims	A system issue has been identified where outpatient hospital providers are invalidly receiving an 1131- Inpatient stay less than 24 hours denial for Tailored Plan claims	08/21/24	93	11/22/24	Closed	The system has been updated, impacted claims are being reprocessed	11/22/24	No	INC#0915953
Behavioral Health	TBD	Claims	We have identified that the EDI and BH/IDD portal does not reflect the Behavioral Health/Physical Health definition rejections where the portal will display an error message if a provider attempts to submit a Physical Health claim into the BH/IDD portal and a rejection will be received if an 837 is submitted into the Behavioral Health system.	10/01/24	62	12/15/24	Closed	Claims submitted via the BH provider portal and EDI will now reflect the appropriate rejection reason when a PH claim is submitted into the BH system.	12/02/24	No	
Behavioral Health	14	Claims	We have identified an issue where claims with the H2023 service code are invalidly pending	10/16/24	16	11/30/24	Closed	Issue has been resolved all claims have been reprocessed	11/04/24	Yes	
Behavioral Health	24	Claims Finance	Issue identified impacting subcapitated ICF providers where the providers profile was not marked in a checkbox field as subcapitated causing claim denials, providers paid via subcapitation agreement, however a denial will show on the Remittance Advice	10/15/24	51	12/04/24	Closed	Provider profile will be updated and impacted claims were reprocessed	12/05/24	No	
Medical	395	Claims	Identified issue with Pevnar vaccine (CPT 90677) overpaying for members under 18 years old, when it should be covered under Vaccines for Children (VFC).	10/16/24	76	12/31/24	Closed	System has been corrected. For any overpayments, providers will be notified via a recovery request on their impacted claims.	12/31/24	No	
Medical	All	Claims	CCH Identified issue with provider enrollment file load effecting claim received dates of 10/08/24 to 10/15/24. File error caused claims to erroneously deny for NPI/Taxonomy related EX/CARC/RARC codes.	10/31/24	92	02/06/25	Open	Claims impacted have been identified and will be reprocessed via a project. No further action needed from providers at this time. 1/23/2025: Update to estimated fix date		No	
Medical	All Physicians	Claims	CCH identified an issue with Flu administration and vaccine codes from the NC Medicaid 2024-2025 Flu Season Bulletin that are being processed incorrectly when billed together, causing over and under payments.	10/23/24	50	12/31/24	Closed	System configuration logic has been updated. Claims impacted have been identified and are being reprocessing. No further action from providers is needed at this time.	12/12/24	Yes	
Medical	53	Claims	The State updated Clinical Policy 2A-1 to update the readmission timeframe from 30 days to 72hrs, effective 06/01/2024. Claims are currently denying in the Physical Health system EXym, yR and wP.	09/30/24	94	01/10/25	Closed	System has been corrected. Claims have been reprocessed.	01/02/25	No	
Medical	338	Claims	Per NCDHHS Bulletin, cost share should be applied for COVID 19 treatments for members aged 21+ effective 10/01/2024. CCH is currently applying these co-pays for members 0-20.	11/06/24	82	02/06/25	Closed	System configuration logic is being updated. Claims impacted have been identified and will be reprocessed. No further action needed from providers at this time. 1/23/2025: Update to estimated fix date	01/27/25	No	
Medical	90	Claims	Identified issue with EXCv (DENY:NDC NOT REBATABLE BASED ON CMS LABELER FILE) denial. Procedure codes found in the Physician Drug Program PADP Catalog that are listed as not Requiring Rebate Labeler are denying EXCv in error.	12/10/24	52	02/12/25	Open	System configuration logic is being updated. Claims impacted have been identified and will be reprocessed once the system fix is completed. No further action needed from providers at this time.		Yes	
Medical	19	Claims	CCH has identified an issue with FQHC/RHC claims which is causing claims billed with procedure code T1015 and a HI modifier to be rejected for "Please submit to Partners/Trillium for behavioral health processing"	12/19/24	33	01/24/24	Closed	System configuration logic is being updated. Impacted claims have been identified for reprocessing. No further action from providers is needed at this time. 1/21/2025: System configuration logic has been updated, impacted claims have been reprocessed	01/21/25	TBD	

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50 Medical	378	Claims	An issue was identified with procedure 99509 denying EXTJ SERVICE OR SERVICE/MODIFIER COMBO NOT FOUND ON FEE SCHEDULE, due to a termination date added to our system configuration inaccurately as it moved new logic to production. We have escalated the correction.	12/19/24	8	12/27/24	Closed	System configuration logic is being updated. Impacted claims have been identified for reprocessing. No further action from providers is needed at this time.	12/27/24	No	
51 Behavioral Health	TBD	Claims	An issue was identified where Behavioral Health claims submitted to the Behavioral Health system are invalidly denying for 1377-Please submit to CCH Tailored Plan Physical Health for processing per BH v PH guidelines from the Department	12/03/24	59	02/28/25	Open	System configuration logic is being updated. Once updated, impacted claims will be reprocessed. No further action from providers is needed at this time. 1/31/2025: Update to estimated fix date		TBD	
52 Behavioral Health	TBD	Claims	An issue identified in the Behavioral Health system where paper claims submitted with COB information are processing incorrectly	12/09/24	53	02/28/25	Open	System issue being reviewed for correction, no further action needed from providers at this time 1/31/2025: Update to estimated fix date		TBD	
53 Behavioral Health	TBD	Claims	An issue was identified in the Behavioral Health System where institutional claims are denying for Invalid Units	10/24/24	99	02/27/25	Open	System configuration logic is being updated, no further action needed from providers at this time		TBD	
54 Medical	TBD	Claims	DHHS issued guidance on "Behavioral Health – Physical Health Claim Definition to Health Plans" effective 10/01/24, initially stating that procedure codes 96110, 96105 (developmental screening) 96121, 96127 (behavioral screening) and 96146 (psychological screening) were exclusive to behavioral health. As a result, these codes were being denied because they were processed as behavioral health services under the Tailored Plan, rather than as standard screenings in pediatric primary care. However, after further review and inquiries to DHHS, updated guidance clarified that these procedure codes are actually shared between physical and behavioral health and can be reimbursed under either benefit.	01/22/25	9	03/24/25	Open	The affected codes were removed from the BH-exclusive list in accordance with NCDHHS TP BH vs PH Definition logic. System configuration to reflect this change is currently in progress. The impacted claims have been identified and will be processed once the configuration is complete.		TBD	
55 Behavioral Health	TBD	Claims	An issue was identified in the Behavioral Health System where the billing taxonomy submitted on 837 files is not populating correctly and is leading to invalid denials	01/31/25	1	02/28/25	Open	System configuration logic is being reviewed and updated, no further action needed from providers at this time		TBD	