

Aetna Better Health of Ohio
 Claims Payment Systemic Errors Report
 Updated: January 13th, 2021



| 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 |
|---|--------------------------------|--|--------------------------|---|---------------------------|
| CONFIRMED CPSE- Aetna discovered inpatient hospital claims with dates of service on or after 7/1/2020 had been incorrectly paid at the old hospital rates. | 09/09/20 | 01-Hospital (Inpatient) | 10/9/2020 | Claims went through an automated adjudication process on 11/21/2020 and fallout claims were adjusted between 12/5/20-1/5/21. Delay in fallout claims due to recoupment letter process. Project Completed | 237 |
| CONFIRMED CPSE- Aetna recently identified a system configuration issue that was underpaying certain DME provider claims by 15% of the Medicare fee schedule. This issue was a result to a system upgrade that went into effect on 7/19/2020. | 09/11/20 | 76-Durable Medical Equipment Supplier | 10/25/2020 | Claims went through an automated adjudication process on 12/05/20 and fallout claims were adjusted between 12/5/20-1/12/21. Delay in fallout claims due to recoupment letter process. Project Completed | 473 |
| CONFIRMED CPSE- Aetna discovered a configuration issue which was misapplying patient liability to certain provider claims. The issue was isolated to waiver services that were adjudicated on or after 9/11/2020. | 10/08/20 | 55-Waivered Services Individual 45-Waivered Services Organization | 11/2/2020 | Claims went through an automated adjudication process on 12/5/2020 and fallout claims were adjusted between 12/12/20-12/19/20. Project Completed | 2126 |
| CONFIRMED CPSE- Aetna identified a configuration issue that when certain E&M and lab codes were billed with a CS modifier the lines were denying in error. The provider would receive a line denial for invalid HCPC with modifier. | 10/20/20 | 01-Hospital (Outpatient) 80-Independent Laboratory 21-Professional Medical Group | 11/16/2020 | Claims went through an automated adjudication process on 01/02/2021 and are currently in review. Expected completion date 1/29/2021 | 230 |
| CONFIRMED CPSE- Aetna discovered a configuration issue pertaining to BH providers with multiple specialties. When a claim is received with a rendering provider's secondary specialty, Aetna's claim system is denying the claim for "This provider type/provider specialty may not bill this service" or paying the claim at zero dollars. | 11/08/20 | 84-Ohio Department of Mental Health (Community Mental Health) Provider | 1/15/2021 | A manual work-around process has been put into production as of 12/04/20. Estimated date of claims being reprocessed as part of a project is 2/15/21 | TBD |
| POTENTIAL CPSE- Aetna discovered a Medicare bypass issue pertaining to claims billed with code G0300 or G0299 for ICDS waiver members. This potential issue is causing claims to deny or underpay. | 12/30/20 | 16 & 60-Home Health Agency | Projected date 1/29/2021 | Claims are anticipated to be readjudicated by 2/26/21. | TBD |

If you have any questions or concerns, please reach out to your provider liaison, or contact Provider Services at 1-855-364-0974