



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	CPSE Status	Number of Claims Impacted
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.	11/8/2020	84-Ohio Department of Mental Health (Community Mental Health) Provider	4/16/2021 (CPTs H2019, H2017, H0036, and H0006 were completed). 10/01/2021 (Anticipated fix date for remaining BH codes H0001, H0004, H0005, H0010, H0011, H0012, H0014, H0015, H0038, H0040, H0048, H2012, H2015, H2020, H2034, H2036).	A manual work-around process was put into production on 12/04/2020 to prevent new day claims for being processed incorrectly. Previous effected claims are anticipated to adjudicated by 11/01/2021 .	IN PROCESS	TBD
CONFIRMED CPSE - Aetna identified an issue through the Burgess pricing tool that was incorrectly denying RAP claims for not having a secondary diagnosis code listed on the claim.	5/18/2021	16 & 60-Home Health Agency 86-Nursing Facility	5/26/2021	Claims project has been submitted. Claims are anticipated to be processed by 10/15/2021.	FIX IS COMPLETE	687
CONFIRMED CPSE - Aetna discovered that it missed the Copay Per Diem rate update for 2021, causing Inpatient claims to process with the 2020 rate.	5/27/2021	01-Hospital (Inpatient) 02-Psychiatric Hospital	6/14/2021	Claims went through auto adjudication on 7/12/2021 and fallout claims were reviewed and adjudicated from 7/17/2021 to 8/16/2021. Claims took longer than 30 days due to recoupment letter needing to be sent to providers.	COMPLETED	315
CONFIRMED CPSE - Additional variations of certain specialty types (i.e. QMHS Masters/Bachelors/High School, and MD/DO) weren't added to Medicaid payment methodology causing Medicare-covered BH E/M codes crossing over to Medicaid not to match the Medicaid allowable set by BH fee schedule.	8/25/2021	84-Ohio Department of Mental Health (Community Mental Health) Provider	10/15/2021	Claims are anticipated to be readjudicated by 12/15/2021.	IN PROCESS	TBD
CONFIRMED CPSE - Additional variations of certain specialty types (QMHS Masters, QMHS Bachelors, QMHS High School, and MD/DO) were not included in our pricing methodology for codes H0006, H2017, H2019 and H0036. As a result claims are denying or paying zero dollars.	8/25/2021	84-Ohio Department of Mental Health (Community Mental Health) Provider	10/8/2021	Claims are anticipated to be readjudicated by 11/01/2021.	IN PROCESS	TBD
CONFIRMED CPSE - Some member's Medicaid claims are not being generated after the primary Medicare claim has been processed. This has been attributed to an enrollment configuration error.	9/7/2021	00-All provider types	10/31/2021	Claims are anticipated to be readjudicated by 12/15/2021.	IN PROCESS	TBD

FOR QUESTIONS REGARDING CPSE ITEMS, PLEASE CONTACT YOUR PROVIDER LIAISON OR PROVIDER SERVICES AT 1-855-364-0974