Home Health and Hospice – Resolved Claims Issues as of November 19, 2009

Situation	Impact to Providers	Status	Resolved Date
Claims are editing for reason code 30025 - For Intermediary use only; no provider action is required - incorrectly. This situation was reported on 10/29/2009. Effective 11/06/2009, this issue has been resolved. Thank-you for your patience as we worked to resolve this problem.	Providers may be experiencing situations where this edit fires on the front end and thus they are unable to submit their claims to Medicare.	**11/06/2009 - Resolved**	**11/06/2009**
RHHI and Part A claims are suspended in locations S MMSP3 and S MMSP8 with reason codes U6803 and U6815 in error.	Claims are suspended.	**10/29/2009 - Resolved**. All claims have been released. **10/22/2009** - Claims are being released from this status and location. Please check the log for updates. **10/15/2009** - No updates at this time. **10/08/2009** - No updates at this time. **10/02/2009-** No updates at this time. **09/24/2009 -** No updates at this time. **09/18/2009** - We are aware and researching. Continue to check the log for updates.	**10/29/2009**
Part A and RHHI claims that do not contain pharmacy charges are editing incorrectly with reason code 32511 (Type of Bill is equal to 12X or 13X, Pricing Indicator =Y, HCPC C9399 is present but all NDC information is not present. NDC, Quantity Qualifier, and Quantity must be present OR Type of Bill is not 12X or 13X and all NDC information is NOT present. If NDC information is included on the claim, the NDC, Quantity Qualifier, and Quantity must be present.)	Providers are receiving reason code 32511 in error. Reason code 32511 is requiring providers to include the NDC, Quantity Qualifier, and Quantity on the claim for processing even though the claim is billed with no pharmacy charges.	**10/02/2009 - Resolved.** **10/02/2009 -** Resolved; refer to information posted on 09/24/2009 below. **09/24/2009** - Reason Code 32511 is no longer editing incorrectly. Providers should F9 claims where the NDC, Quantity Qualifier and Quantity Fields are BLANK on the claim. **09/18/2009** - Providers should review all fields on the claim for the NDC, Quantity Qualifier, and Quantity. If all 3 fields are BLANK on the claim, providers should F9 the claim. For claims that have 1 or 2 fields filled out, this is a valid RTP and providers should make corrections accordingly.	**10/02/2009**

		09/10/2009 - This issue has been reported and is currently being researched.	
Some payments for home health providers beginning July 9, 2009, were paid incorrectly due to the installation of the July release. Home health claims and adjustments where the original or adjustment amount ended in zeroes were truncated and the zeroes were dropped from the payment calculation. This has resulted in under payments and some overpayments on claims processing for payment on or after July 9, 2009. The problem has been identified and corrected. Claims that were placed in the approved to pay location prior to the installation of the fix will pay at the incorrect amount. All future claims will be paid correctly. We are working closely with Centers for Medicare & Medicaid Services (CMS) and IBM to identify and calculate the payment differences on all impacted claims. A process to issue payments to providers is being developed by IBM and CMS with the highest priority. All amounts due will be issued as non-claim payments and appear with your normal remittance advice.	Some claims on payments dated July 9, 2009, and after were underpaid and some adjustments were overpaid. The claim detail of these claims were correct within the remit, however, the payment difference will appear in the adjust to balance field.	**9/04/2009 – Resolved.** **09/04/2009** – Resolved. This issue was resolved with the fix that was implemented in August and, as stated below, letters were mailed on August 5, 2009 to the providers who were impacted. **08/21/2009** - No updates at this time. **08/14/2009 -** No update at this time. **08/07/2009** - Letters were mailed to providers on August 5, 2009, who were due a refund or additional payment as a result of this situation. Remittance notifications were also issued which included the additional payment amount due to the provider. Additional payments will be reflected in the 'settlement pymt' field on the remittance advice. The amount overcollected and refunded shows in the 'Refund' field of the Electronic Remittance Advice. Standard Paper Remittance Advices are not yet showing the 'Refund' field. A fix for the paper remittance advice refund filed has been requested, but we do not have an estimate as to when this will be completed. However, letters were mailed to all providers who experienced underpayments or required refunds as a result of the situation explained to left. The letters also include a report of the claims impacted. For providers who experienced overpayments as a result of this issue, Overpayment letters were mailed on July 31, 2009. ALL providers impacted by the overpayments do NOT need to submit a check to Palmetto	**09/04/2009**

		GBA. These were standard system letters given to providers that can not be tailored or customized. However, the enclosure with the letter describes the actual process for repayment to Medicare. Palmetto GBA will automatically recoup the money from future payments. **07/31/2009 -** IBM and CMS are in the final process of issuing payments to providers. LUPAs and RAPs that were paid incorrectly were issued corrected payments as non-claim payments on the remittance advices dated July 20, 2009. The adjustments and final episode payments that were impacted were issued payment on the remittance advice dated July 29, 2009. Still outstanding are adjustments and final episode payments where providers were overpaid or where excess collections were made. A process to identify and correct the collections for these claims is currently being developed. **07/14/2009** - The problem that caused the improper payments has been corrected. A process to issue payments to providers is being developed by IBM and CMS with the highest priority.	
It has come to our attention that paper Remittance Advice notices have not been received by providers since 07/06/2009.	Paper Remittance Advice notices were not being mailed to providers.	**08/21/2009 – Resolved.** **08/21/2009** -This problem has been corrected as of August 9, 2009 and providers should now be receiving their hard copy remittance advice (RA) notices. Providers should contact the PCC to receive replacement copies (at no charge) for any RAs that were not received during this period.	**08/21/2009**
Effective with the implementation of FS5251 - Standardize Headers On DDE Screens on June 1, 2009, the functionality of the 'home' key in DDE Claims entry/inquiry screens will change.	The 'home' key will default to the 'SC' field instead of the 'page' field.	**07/15/2009 - Resolved.** **07/02/2009** - Please continue to use the workaround instructions listed below.	**07/15/2009**

		06/26/2009 - Please continue to use the revised workaround instructions listed below. **06/19/2009 -** Please continue to use the revised workaround instructions in listed below. **06/10/2009 -** Please review the revised workaround instructions in 06/05/2009 status below. The functioning of the "HOME" key will be corrected with the system release to be implemented on 07/06/2009. **06/05/2009** - To make claim corrections in DDE, use the following guidelines: 1) Go the revenue code line you would like to delete. 2) EOF (end key or CTRL + End) on the revenue code then, press ENTER (important). 3) Once ENTER is pressed, all the other fields on the line (HCPCS/DOS/UNITS/CHARGES) will become unprotected. 4) Tab over to the remaining fields, then EOF each field. 5) Once you press PF9, the entire line will be deleted. Please ensure that all corrections to the claim are made before you PF9. Please remember that the line will not disappear from the screen until you PF9. **05/22/2009** - FISS will make the necessary corrections to default the 'home' key back to the 'page' field with the release of FS5251R1 on the C2009300 Release. The C2009300 Release has a production implementation date of July 6, 2009. Please check back here for updates.	
A new revised 2007 HH Pricer was implemented effective January 1, 2007 (JSM 07212). Due to an error,	Providers will receive a high volume of adjustments reflecting a	**06/19/2009 - Resolved** **06/19/2009 –** This issue has	**06/19/2009**

this Pricer calculated overpayments for non-rural claims subject to low utilization payment adjustments (LUPAs) or outliers when the dates of service on a claim span January 1, 2007. CMS instructed contractors to adjust Home Health claims with the criteria above.	change to the original payment. Value code 17 overpaid on the original bill.	been resolved. As of 06/05/09, all adjustments associated with the specified sections of CR 6250 noted on 05/13/09 have been completed. In addition, when the next phase of adjustments begins for other sections of CR 6250, it will be noted on the Claims Processing Issues Log. Providers should also be aware that as other adjustments are being made for other claims, the system will still be unavailable after 6 p.m. each day. **06/10/2009** - No updates at this time. **06/05/2009** - Adjustments have been completed. *Providers should be aware that the DDE system will still be unavailable after 6 p.m. each day for additional updates. **05/22/2009** - No updates at this time. **05/13/2009** – The LUPA adjustments or Outlier Adjustments apply to Business Requirement numbers 6250.2 through 6250.6 as specified in CR 6250. For specific information regarding these business requirements, providers should refer to CR 6250. In addition, the adjustment process as noted below continues. Once completed, the next phase of CR 6250 will begin and will be posted to the Claims Processing Issues Log. The specific range of business requirements will be identified at that time as well. **04/01/2009** - No updates at this time. **03/26/2009 -** The LUPA adjustments or Outlier Adjustments will be keyed and placed in S/M625M. Impacted	

		claims will be released daily, (approximately 20,000) until all adjustments have been finalized. **03/18/2009 -** No updates at this time. **03/11/2009 -** No updates at this time. **03/04/2009 -** No updates at this time. **02/25/2009 -** No updates at this time. **02/11/2009** - No updates at this time. **02/04/2009** - No updates at this time. **01/28/2009 -** No other updates at this time. **01/21/2009 -** No other updates at this time. **01/08/2009** - CR6250 has an effective date of 2/2/09. This CR is tentatively scheduled for the July 2009 release. The CR is designed to correct the LUPA claims that span Dec.-Jan. dates. **11/5/2008** - CMS issued instructions in Change Request 6250. Please refer to the Medicare Learning Network (MLN) Matters article for additional information (MM6250). **08/28/2007** - Adjustments for outliers are in process. Adjustments for LUPAs are pending.	

Home Health and Hospice – Resolved Claims Issues as of November 19, 2009

Hospice Only - We are experiencing a problem with the use of the 77 span code on hospice discharge claims.	While we research this issue, providers may see these claims in the status/location SM77OC.	**03/04/2009 - Resolved** **03/04/09 -** This issue has been resolved. **02/25/09 -** No updates at this time. **02/11/09** - No updates at this time. **02/04/09** - No updates at this time. **01/28/09 -** No other updates at this time. **01/21/09 -** No other updates at this time. **01/07/09 -** No other updates at this time. **09/12/07** - When billing span code 77 dates of span code must reflect the line item date of services that matches the from date of span code, non covered units and charges. **11/29/06** - CMS is aware of the problem. We are waiting for further instructions. **07/05/06** - Please check back for updates on this issue.	**03/04/2009**
Claims are in location PB9996 with an expected pay date.	These claims are idle on the payment floor.	**02/25/09 -** This issue has been resolved. **02/11/09** - No updates at this time. **01/28/09 -** No other updates at this time. **01/21/09 -** No other updates at this time. **01/09/09 -** This issue has re-occurred. It has been reported and there is no ETA. **7/3/08 -** Palmetto GBA is aware and researching this issue.	**02/25/2009**

Home Health and Hospice – Resolved Claims Issues as of November 19, 2009

Reason Code C7080 is editing incorrectly.	Some claims are rejecting with Reason code C7080 in error. (An Outpatient claim has a from/thru date that overlaps an inpatient claim and the provider number is different or a home health claim has a detail line item date of service that overlaps an inpatient, RNHCI, or SNF claim on history and the provider number is different).	**02/24/09 -** This issue has been resolved. Providers need to submit a new claim. **02/11/09 -** This issue has been resolved. **02/04/09** - No updates at this time. **01/28/09** - No updates at this time. **01/21/09 –** This issue is still being researched. **01/08/09 -** We are aware of this issue and are researching it. We apologize for any inconvenience. Please check the claims issues log. We will update this information as it becomes available.	**02/24/2009**
RHHI Claims are returning to providers with reason code 30918 and 30920.	Claims are not processing.	**02/11/2009** - **Resolved** **02/04/2009** - No updates at this time. **01/28/2009** - No other updates at this time. **01/21/2009** - No other updates at this time. **01/07/2009** - No other updates at this time. **12/30/08** - We are aware and researching. Please check back here for weekly updates.	**02/11/2009**
Several claims in location S M95HG starting with a receipt date of 11/3/2008.	Multiple claims are receiving the same Document Control Numbers (DCN)	**02/11/2009** – **Resolved** **02/06/2009** - Claims in location S M95HG have been corrected and are being released for processing. We are keenly aware this issue is affected sequential billing for some providers. Once the affected claims begin to process to completion sequential billing can resume. Previously issued accelerated payments are scheduled for recoupment beginning March 2, 2009.	**02/11/2009**

		02/04/2009 - No updates at this time. **01/28/2009 -** No other updates at this time. **01/21/09 -** Palmetto GBA is continuing to work with the FISS standard system maintainer. We have run the most recent utility supplied and issues were found with the output. The issues have been reported and the maintainer is currently researching. **01/07/2009 -** Palmetto GBA is expecting a fix for the duplicate DCN issue from CDS and FISS soon. After the fix is installed providers should see the claims beginning to process. Claims in this status and location should not be subject to the payment floor hold and should pay interest. We continue to monitor this situation and will post updates weekly if not more frequently. Check back for updates. ***REMINDER:** Providers experiencing financial difficulties may request an accelerated payment. Provider's should fax their completed form to the Palmetto GBA Reimbursement department at (803) 935-0227. **12/17/08** - No updates to report at this time. **12/10/08** - No updates to report at this time. Providers experiencing financial difficulties may request an accelerated payment. Provider's should fax their completed form to the Palmetto GBA Reimbursement department at (803) 935-0227. To download and print a copy this form, please select the	

		PDF document at the bottom of this Web page. **12/3/08 -** FISS is currently testing a fix for this issue. The FISS maintainer and the Data Center are actively working on a resolution. Please check back for updates. We will provide an update at least weekly to keep providers apprised of the situation. Claims that were submitted through DDE prior to 12/2/08 will remain in a holding status and location of SM2500. DDE claims submitted on or after 12/3/08 that are "clean" should go to status and location SB9000. Claims that have been in status and location SM95HG will remain in this location until the fix. Please check back for updates. FISS is currently testing a fix for this issue. The FISS maintainer and the Data Center are actively working on a resolution.Please check back for updates.We will provide an update at least weekly to keep providers apprised of the situation. Claims that were submitted through DDE prior to 12/2/08 will remain in a holding status and location of SM2500. DDE claims submitted on or after 12/3/08 that are "clean" should go to status and location SB9000.Claims that have been in status and location SM95HG will remain in this location until the fix. Please check back for updates. **12/2/08 -** FISS is currently testing a fix for this issue. The fix could take several weeks to complete. Claims will remain in a holding status and location of SM2500. Claims that have been in status and location SM95HG will remain in this location until the fix. Please check back for updates. **11/20/2008 -** The claims are	

		being moved to S B2500 or S M2500 . The data center and maintainer have been alerted. The issue is currently being worked on. Please check back for updates. **11/20/2008 -** Many Part A and RHHI claims with a receipt date from 11/03/2008 to present that were submitted through Direct Data Entry (DDE) and received the same Document Control Number may be in status and location S M95HG . Claims that are in this status and location require no provider action at this time. This issue has been reported to our data center and is currently being researched. The Claims Issues Processing Log will be updated as new information becomes available. **11/19/2008 -** This issue has been reported to our data center and is currently being researched. Update- This is affecting DDE submitted claims. There is no provider action required at this time. Please check back for updates.	
Claims are incorrectly rejecting with reason code U538F.	Claims with this reason code are not processing.	**02/11/2009** - **Resolved** **02/04/2009** - No updates at this time. **01/28/2009 -** No other updates at this time. **01/21/2009 -** No other updates at this time. **01/07/2009** - No other updates at this time. **10/15/2008** - We are aware and researching. Please check here for updates.	**02/11/2009**

Claims are being incorrectly PEPed (payment downcoded) for HMO option 1.	Claims are being adjusted by the system for Option 1 HMO's incorrectly.	**02/11/2009** – **Resolved** **02/04/2009** - No updates at this time. **01/28/2009 -** No other updates at this time. **01/21/2009 -** No other updates at this time. **01/07/2009 -** No other updates at this time. **12/16/2008 -** If still experiencing PEPed claims because of this issue, please contact the PCC. **6/12/2008** - This issue has been reported and is currently being researched. Please check back here for updates.	**02/11/2009**
There is a large volume of claims in the S M95HG status/location. Many of the claims in this status/location are adjustments. We are awaiting a fix so that these adjustment claims can be sent back through the payment process.	Adjustment claims aren't finalizing in to P B9997 status/location. Final dollars due to or from Medicare are not being exchanged.	**02/11/2009** – **Resolved** **01/28/2009 -** No other updates at this time. **01/21/2009 -** No other updates at this time. **01/07/2009 -** No other updates at this time. **8/12/05** - The problem has been reported to the shared system maintainer. As of 8/8/05 FISS is still researching and asking for files from Florida Data Center (FDC). **8/19/05** - On 8/12/05, we began moving claims out of S M95HG status/location. These claims have processed. While providers may continue to see claims in the S M95HG status/location, we will continue to monitor this status/location and contact impacted providers when necessary. **8/26/05** - We continue to move claims out of the S M95HG status/location. Currently, we are focused on adjustment claims with the reason code	**02/11/2009**

		39521. **9/2/05** - We successfully moved adjustment claims with reason code 39521 out of the S M95HG status/location. We are waiting for a correction from the system maintainer to move any claims still in the S M95HG status/location. **9/16/05** - The only claims remaining in the S M95HG status/location are for the following issues: - Home health claims that do not have value codes because Medicare is not reimbursing the provider - Any claim that does not have a valid claim assignment indicator - Home health claims with dates of service prior to 10/1/00 - Multiple claims are getting the same Document Control Number (DCN). **10/05/05** - FISS has written a program to identify these DCNs. FISS will use the program results to determine a fix so that duplicate DCNs are no longer assigned. **10/21/05** - The following claims have been moved and are now being processed: - Any claim that does not have a valid claim assignment indicator - Home health claims with dates of service prior to 10/1/00 **11/11/05** - For the claims with duplicate DCNs, we've received approval from CMS to manually cancel the duplicate DCNs and to re-key so a unique DCN is assigned.	

		11/21/05 - We are now canceling the duplicate DCNs and re-keying so the claims can process	
It has been determined that a limited number of RAPs and Final claims with receipt dates 7/31/08 are processing incorrectly.	The RAPs and Final Claims are not paid correctly.	**02/04/2009** – **Resolved.** **01/21/2009 -** No other updates at this time. **01/07/2009** - No other updates at this time **8/8/2008** - We are aware of this issue and are researching it. Please check back here for updates.	**02/04/2009**
Home Health Only – When a final claim rejects, the RAP payment is being recouped incorrectly.	When final claim finalizes and a remit is generated, only the final claim is included in the detail of the remit because the final claim and RAP are no longer linked by DCN. RAP payment is being recouped (and continues to recoup with each final claim submission) when the final claim is processed because the RAP and final claim are not linked.	**02/04/2009 – This issue has been resolved**. **01/21/2009 -** No other updates at this time. **01/07/2009 -** No other updates at this time. **3/20/2008 -** A fix has been installed and affected providers will receive refund checks. **3/7/2008** - The incorrect recoupment problem continues to be a system issue; however Palmetto GBA is in the process of sending reimbursement checks to affected providers. To prevent invalid recoupment please ensure final claims are billed correctly, with no overlaps or duplication of claims processing. **11/6/2007** - As of the October 2007 FISS release, this issue has reappeared. The shared system maintainer has been notified and there is currently no ETA on the correction.	**02/04/2009**

		2/9/2007 - The FISS correction has been installed and all HH RAP's are now processing correctly. **1/30/2007** - We have received the correction from FISS. The correction will be installed on February 3, 2007.	
Home Health Only – When a final claim rejects, the RAP payment is being recouped incorrectly. (continued)	When final claim finalizes and a remit is generated, only the final claim is included in the detail of the remit because the final claim and RAP are no longer linked by DCN. RAP payment is being recouped (and continues to recoup with each final claim submission) when the final claim is processed because the RAP and final claim are not linked.	**1/18/2007** - FISS is still working on the system correction. We are waiting for the correction to be received and tested. **12/14/2006** - The system correction is scheduled for testing beginning 12/21/06 and we hope to have the correction installed in the January 2007 release. **11/15/06** - Once the fix is installed, Palmetto GBA will run a report to identify money owed to providers. From that report, we will automatically issue refunds, along with a letter of explanation. **11/9/06** – FISS is currently working on this issue. Providers who are receiving rejections as a result of overlapping dates of service are asked not to re-submit any rejected final claims until further notice. **1/30/2007** - We have received the correction from FISS. The correction will be installed on February 3, 2007. **1/18/2007** - FISS is still working on the system correction. We are waiting for	**02/04/2009**

		the correction to be received and tested. **12/14/2006** - The system correction is scheduled for testing beginning 12/21/06 and we hope to have the correction installed in the January 2007 release. **11/15/06** - Once the fix is installed, Palmetto GBA will run a report to identify money owed to providers. From that report, we will automatically issue refunds, along with a letter of explanation.	
Home Health Only – When a final claim rejects, the RAP payment is being recouped incorrectly. (continued)	When final claim finalizes and a remit is generated, only the final claim is included in the detail of the remit because the final claim and RAP are no longer linked by DCN. RAP payment is being recouped (and continues to recoup with each final claim submission) when the final claim is processed because the RAP and final claim are not linked.	**11/9/06** – FISS is currently working on this issue. Providers who are receiving rejections as a result of overlapping dates of service are asked not to re-submit any rejected final claims until further notice.	**02/04/2009**

Home Health and Hospice – Resolved Claims Issues as of November 19, 2009

Home Health LUPA and Outlier claims with service dates that span 2006 and 2007 are paying incorrectly due to a problem with the pricer installed in the January release. Update: There are still issues with the January 2008 Release Pricer Installation.	When final claim finalizes and a remit is generated, only the final claim is included in the detail of the remit because the final claim and RAP are no longer linked by DCN. RAP payment is being recouped (and continues to recoup with each final claim submission) when the final claim is processed because the RAP and final claim are not linked.	**1/8/2009 -** This issue has been resolved. Outlier claims and rural 5% Add on was corrected with the October 2008 release**.** **11/5/2008** - CMS issued instructions in Change Request 6250. Please refer to the Medicare Learning Network (MLN) Matters article for additional information (MM6250). **11/1/2008 -** There is no estimated time on when this fix will go into place. **9/11/2007**- Outlier claims have been adjusted. LUPA claims are still pending. **2/15/2007** - The correction is expected to be installed in March 2007. **1/26/2007** - We are waiting for correction to be received from CMS. The correction is expected in early February 2007.	**1/8/2009**
FISS is in the process of making system changes that will allow Reason Code 31165 (Status/Loc SM0935) to function appropriately.	A small number of providers may experience a delay in the processing of their Final claims.	**12/16/2008** - This issue has been resolved. **10/8/2008 -** Implementation scheduled for FISS changes. Palmetto GBA will update when implementation is complete.	**12/16/2008**
Claims are in status location SMSADJ.	Providers will receive a high volume of adjustments reflecting a change to the original payment. Value code 17 overpaid on the original bill.	**12/16/2008** – Issue has been resolved. Claims will continue to suspend in this location. No provider action is required. **10/3/2008** - Claims have been removed from this location but continue to process. Please verify the status of your claims through the IVR or the DDE system. **10/2/2008** - All claims moved out of status/location SMSADJ. Claims will follow normal processing to completion. **10/1/2008-** Home Health and	**12/16/2008**

		Hospice claims in status and location SMADJ are scheduled to move out of this status tonight (10/1/2008). We will update this log to reflect additional information by noon tomorrow. **9/23/2008** - We are aware and researching this issue. Please check back here for updates.	
Providers are experiencing system issues when trying to access claim inquiries through Direct Data Entry (DDE).		**12/16/2008** - This issue has been resolved. **9/3/2008** - A ticket has been opened. No ETA at this time. Please check back for updates.	**12/16/2008**
It has been determined that the treatment auth # for claims after 01/01/08 are NOT editing for 18 bytes in the Treatment Auth field.	This will cause incorrect payments.	**12/16/2008** - This issue has been resolved. **7/10/2008** - We are aware of this issue and are researching it. Please check back here for updates.	**12/16/2008**
Claims are RTPing to providers with Reason Code 32213. This reason code occurs when providers enter claims through Direct Data Entry (DDE) with a line item rate on the claim. The system removes the rate information.	Providers should press the enter key after charges have been keyed on the claim. This should cause the rate(s) to be retained. Providers may scroll forward using the PF8 key.	**12/16/2008** - This issue has been resolved. **6/30/2008** - A fix will be installed on July 7, 2008. Please check back here for updates.	**12/16/2008**

The Reason Code U524Q is in Status Location SMU524.	Claims are incorrectly assigning HIPPS codes.	**12/09/2008 -** This issue has been resolved. **7/9/2008 -** The July 2008 release corrected U524Q - only half of the claims that are being held in S/L SMU524 will be released in July 8, 2008 nightly cycle and the other half will be released in the July 9, 2008 nightly cycle. **7/8/2008 -** The July 2008 release corrected U524Q - claims that are being held in S/L will be released in July 8, 2008 nightly cycle. **3/12/2008** - This issue has been reported, however there is no estimated time on when this fix will go into place.	**12/09/2008**
On June 5, 2008, Electronic Remittance Advice (ERA) data started transmitting incorrectly. The contractual adjustment field is not appearing on the ERA. This transmission issue is still ongoing.	The ERA presentation does not reflect reimbursement data in the appropriate fields. This is not affecting the Standard Paper Remittances (SPRs).	**12/9/08 –** Issue has been resolved. **6/19/2008 -** As of today, the fix is scheduled to be sent to the Data Center on 06/28/08 for testing. It will be in production for both SC and NC on 07/07/08. **6/12/2008** - FISS has identified this issue and will install a fix. There is no ETA at this time. Please check back here for updates. **6/5/2008** - This issue has been reported and is currently being researched. Please check back here for updates.	**12/09/2008**
Home Health - RAPs and Final Claims with “from” dates for service in 2007 spanning into 2008 are being returned to the provider (RTP) with reason code 32403.	RAPs and Final Claims are RTPing back to the provider in error. Examples of the system problem – A. From date of service 2007 with a thru date of 2008 - HIPPS code 2007 but the first billable visit is in 2008. B. From date of service 2007 with a thru date of	**12/09/2008** - This issue has been resolved. **3/10/2008 -** A fix was completed on 3/1/2008. Please F9 your claims. **2/7/2008** - This issue has been reported, however there is no estimate time on when this fix will go into place.	**12/09/2008**

	2008 - HIPPS code is for 2008 and the first billable visit is in 2008 Not a system problem - reason code 32403 A. From date of service 2007 with a thru date of 2007 - HIPPS code is for 2008 - Claim should edit for reason code 32403 B. From date of service 2008 with a thru date of 2008 - HIPPS code is for 2007 - Claim should edit for reason code 32403		
Direct Data Entry (DDE) providers are experiencing problems when performing RTP claim corrections. The system is sending the provider back to the main menu after correcting one claim.	Instead of being able to correct the next claim in the list, the DDE providers are redirected back to the main menu to individually correct each claim. There is no workaround at this time. We apologize for the inconvenience and thank you for your patience.	**12/09/2008** - This issue has been resolved. **1/25/2008** - We've reported this issue to the Data Centers, however there is no estimate on when it will be fixed at this time. Please check back here updates.	**12/09/2008**
Claims have been held in an SM7274 location using reason code C7274.	The claims are held in SM7274.	**12/09/2008** – This issue has been resolved. **9/12/2007** - These claims are still being worked manually. **11/29/2006 -** We are manually working these claims. No provider action is necessary. **4/14/2006** - Claims held in SM7274 location using reason code C7274 will remain in this location until the July release. **3/20/2006** - As of 3/16/2006, some of these claims have been released. The release of these claims using reason code C7274 could take a few days to process. Claims are scheduled to process within the payment floor time.	**12/09/2008**

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Medicare Secondary Payer (MSP) claims that request conditional payments are currently receiving reason code U6802 in error.	Claims are being suspended to SM6802 and cannot be processed for payment.	**12/09/2008** – This issue has been resolved. **8/13/2007** - The problem has been reported to FISS for both North Carolina and South Carolina regions as well as other contractors. Please check back here for updates.	**12/09/2008**
Home Health Only - Claims are Returning to Providers (RTP) with the reason code 30720. This reason code states: For episodes prior to 01/01/2008, this reason code is assigned for Home Health type of bills 3X2 or 3X9. The treatment authorization code is not present or is not valid. The valid format for Home Health type of bills is eighteen numerics. For episodes 01/01/2008 or after, this reason code is assigned for Home Health type of bills 3X2, 3X9, 3X7, OR 3X(alpha) for adjustments. The treatment authorization code is not present or is not valid, and condition code 21 is not present.	Claims are RTPing back to the providers in error.	**1/18/2008** - Reason code 30720 is editing correctly. These claims will be RTP'd to the provider. **1/7/2008** - Reason Code 30720 has been suspended to Status/Location SM0720. The shared system maintainer has been notified and there is currently no ETA on the correction.	**1/18/2008**
Home Health Only - Claims are Returning to Providers (RTP) with the reason code 32038. This reason code states: The claim bill type is equal to 32X, OR 33X with date of service of 100197 or greater. Value Code 61 is present with a Value Code amount that is either invalid or not present on the MSA table. Please correct and resumit. Hardcopy submitters resubmit RTP report with corrections. *****For claims with service through dates of 010106 or greater, a value code 61 is present with a value code amount (CBSA code) but the CBSA Code is either invalid or is not present on the CBSA table.	Claims are RTPing back to the providers in error in error.	**1/18/2008** -This issue has been resolved. The claims will be released January 18, 2008. **1/7/2008** - Reason code 32038 has been suspended to status/location SMCBSA. The shared system maintainer has been notified and there is currently no ETA on the correction.	**1/18/2008**

Claims are currently going into location S B6001 with reason code 39701 and 32105.		**3/26/2008 -** This issue has been resolved. **3/13/2008** - We are aware and researching this issue. There is currently no estimate on when it will be fixed at this time.	**3/26/2008**
Home Health final bills are abending in South Carolina, as well as Part A 12X type of bills.	Claims will not process.	**3/26/2008** -This issue has been resolved. **3/14/2008** - The Data Center is aware and working on the problem.	**3/26/2008**
The Part A system incorrectly denoted Friday, March 21, 2008 as a holiday. Because of this, there will be no payments issued this Friday, March 21, 2008.		**3/20/2008** - Claims and lump sum payments that were originally scheduled for payment on Friday, March 21, 2008 will be paid on Monday, March 24, 2008.	**3/20/2008**
RHHI remittance advice is split into two segments: • One remittance will contain the legacy number (provider number) and summary information • ·The subsequent remittance will have the NPI number and detail information	This remittance presentation **does not** affect the daily reimbursement as the sum of both remittances will be the total reimbursement.	**5/6/2008 -** This issue has been resolved. **4/17/2008** - The issue is being researched to determine if an improved presentation of data is possible. As soon as more information becomes available, an update will be provided.	**5/6/2008**
Providers are unable to key their PTAN and NPI numbers in Direct Data Entry (DDE) System.	The cursor does not auto-populate to the NPI field. Providers should use the mouse to get to this location. The PTAN/Oscar/Legacy Numbers should not be keyed into the system.	**5/28/2008** - The correction has been made for providers to access/work their claims through DDE using their NPI number. **5/23/2008** -This issue has been reported and is currently being researched. Please check back here for updates.	**5/28/2008**
Providers are unable to view claims in the Corrections and Summary Menu.		**5/28/2008** - The correction has been made for providers to access/work their claims through DDE using their NPI number. **5/23/2008** -This issue has been reported and is currently being researched. Please check back here for updates.	**5/28/2008**
RHHI and Part A providers are receiving reason code 19201, stating the Physician NPI or Upin must be present on the claim.	The claims are RTPing.	**6/4/2008 -** WORKAROUND - In order to bypass this edit, a new claim can be entered into the FISS system**. 5/28/2008** -	**6/4/2008**

		This issue has been reported and is currently being researched. Please check back here for updates.	
The Common Working File (CWF) is currently down for SC Part A Providers and the PCC.	The PCC is unable to verify provider information and Providers are unable to verify Beneficiary eligibility.	**6/19/2008 -** The CWF is now functional for Part A , RHHI and the PCC. **6/18/2008** - A ticket has been submitted, there is no ETA at this time. Please check back here for updates.	**6/19/2008**
EFT deposits are delayed due to a HIGLAS system issue.		**7/3/2008 -** EFT Payments have been recieved by the providers and are in PB9997. **7/2/2008** - We are aware of this issue and are researching it. We apologize for any inconveniences. Please check back here for updates.	**7/3/2008**
Home Health and Hospice claims are currently receiving reason code 31999 in error.	Providers claims are being suspended to SMTECH. Claims cannot be processed for payment. There is a workaround in place for Reason Code 31999 until FISS fixes the problem.	**11/27/2007 -** This issue has been resolved. The claims were released on November 27, 2007. **10/24/2007** - The problem has been reported to FISS . Please check back here for updates.	**11/27/2007**
Reason code 32116 is editing incorrectly and claims are being moved to hold location SMNNPI.	Claims are being held in SMNNPI.	6/8/2007 - Reason code 32116 is now resolved and claims are editing correctly. 6/5/2007 - We have reported the problem.	**6/8/2007**
Reason code 19401 is editing incorrectly and claims are being moved to hold location SMNNPI.	Claims are being held in SMNNPI.	6/8/2007 - Reason code 19401 is now resolved and claims are editing correctly. 6/5/2007 - We have reported the problem.	**6/8/2007**

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Reason code 19301 is editing incorrectly and claims are being moved to hold location SMNNPI.	Claims are being held in SMNNPI.	6/8/2007 - Reason code 19301 is now resolved and claims are editing correctly. 6/5/2007 - We have reported the problem.	**6/8/2007**
Reason Codes 32102 and 32103 Providers are submitting claims with their NPI number. The provider's NPI number is then compared against the crosswalk file.	If an NPI number is not listed on the	6/8/2007 -Reason codes 32102 and 32103 are resolved and claims are now editing correctly. Please note: you no longer need to use the temporary workaround, all claims should be submitted with the appropriate NPI. 5/31/2007 - A temporary work around is to remove their NPI on the claim allowing the claim to process with just the legacy (Oscar) provider number.	**6/8/2007**
Reason code 19201 - 1st scenario Providers submitting claims with UPIN as directed for work around are receiving reason code 19201. This reason codes states physicians UPIN and name must be on the claim. Claims will be suspended in status/location SMNNPI.	The claim RTPs with reason code 19201.	6/8/2007 - Claims are being moved to location SMNNPI and manually RTP'd for correction of the UPIN, NPI, or physician name. Please note: you no longer need to use the temporary workaround, all claims should be submitted with the appropriate NPI and UPIN. 6/4/2007 - Temporary workaround not working. System problem reported. 5/31/2007 - A temporary work around to allow claims to process is to remove the physician's NPI number and the claim will continue to proc	**6/8/2007**
Reason Code 19201 - 2nd Scenario Providers are submitting claims with the attending physician NPI number only.	The claim RTPs with reason code 19201.	5/31/2007 - A temporary work around to allow the claim to process is to remove the attending physician NPI and add the physician's UPIN number.	**6/8/2007**

Providers submitting claims to RHHI and Part A are having problems when they utilize the NPI number for provider or physician. If they enter the NPI number, the claim will not enter the system. If they use the physician's NPI number, the same problem occurs. If they remove the NPI, the claim enters the system.	This issue could lead to a back log of claims to submit.	5/31/2007 -A problem form has been submitted to technical support and they are actively working on the problem. There is no estimated time of repair at this t ime.	**6/8/2007**
Home Health RAPs are rejected with reason code U538F and Notice of Elections (81A-82A) are rejecting with reason code U5106 and have posted to the Common Working File (CWF) but rejected or RTPd in FISS	Home Health Final Claims will receive edit 38107 as the RAP is posted to the CWF but not in a processed location status in FISS. Hospice final claims will edit for U5106 as the 82A-81A is posted at CWF but not in a processed location in FISS.	9/11/2007- This is an ongoing problem. Palmetto GBA is continuing to correct the claims. 7/10/2007 - We have identified 12, 000 claims that need to be corrected. All corrections should be completed by July 27, 2007. 4/30/2007 - Problem has been reported and Palmetto GBA Claims Processing Department has a work around. Correction to this problem will be handled internally and providers do not need to call us to identify claims.	
Home Health Claims are held in location status SMSEG1 with reason code EA035	Home Health claims in this location will be held until the system problem is resolved.	4/23/2007 - This problem has been reported to the Florida Data Center. Several claims were tested and processed. We hope to have this problem resolved by 4/30/07.	**9/12/2007**
In December, Medicare systems were updated with erroneous Health Maintenance Organization (HMO) election data. This data caused claims to reject as well as recoupments to process against claims that were already processed but contained dates of service within the newly updated HMO elections. These files have been updated to remove the erroneous data.	At this time, no provider action is necessary. CMS will provide a report to all Medicare Contractors as indicated in Change Request 5507 for the recovery process. Once the report is verified, the Medicare Contractors will make the necessary adjustments for the claims that were incorrectly rejected or recouped. No interest will be paid on these adjustments. The Medicare Contractor must manually reprocess claims with dates of service that are	3/21/2007 - Waiting on files.	**6/1/2007**

	now considered untimely but were recouped in error.		
Home Health Only - During the March 3rd release, a FISS system issue prevented processing of RAPs received with a visit line item charge. RAPs received Reason Code E51#6 and Returned To Provider (RTP'd) for correction.	To allow claims to be worked, agencies may remove the visit line item charge from their RAPs and F9 the claim. Although RAPs only require the 0023 and 0001 lines some software requires a line item charge in order to send a claim electronically. For those providers, checking with your software prior to removing the visit line item may be necessary	4/11/2007 -This issue has been resolved. 3/3/2007 - Reported to FISS Data Center and we are waiting for a response.	**4/11/07**
On February 9, 2007 claims were Inactivated and moved from location status PB9997 (Paid/Processed), DB9997 (Denied), RB9997 (Rejected) and TB9997 (Returned to Provider) to IB9997 (Inactivated) location status. Claims that were in PB9997 location status were paid and listed on the remittance advice prior to being moved to location IB9997.	Claims that were moved from PB9997 location appeared on the remittance advice and posted to common working file (CWF). Home Health RAP's that were moved to location status IB9997 may cause the final claim to Return to Provider for reason code 38107 as the RAP is no longer in a Paid location. Hospice claims may edit for GAP reason code if prior claim was moved to inactivated location status after the claim was paid.	2/23/2007 - This has been reported to FISS Data Center and we are waiting for a response.	**9/11/07**
Home Health final claims that match the RAP in the admission date, from date, hipps code, hipps line item date and provider number RAP are receiving edit 38107 in error.	Home Health final claims that match the RAP in the admission date, from date, hipps code, hipps line item date and provider number RAP are receiving edit 38107 in error.	2/8/2007 - We have reported the problem to the FISS Data Center and are waiting for a response. 2/16/2007 - Correction has been installed. Providers may F9 final claims that have been Returned to Provider (RTP'd) for reason code 38107 and match the RAP in the admission date, from date, HIPPS code, HIPPS Line item date, and provider number.	**2/16/2007**

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We have identified a system problem which is impacting cycle time, response time, and a number of other issues.	Providers are not able to view claims in DDE inquiry screens by using the location status and provider number. Providers can view claims by using the HIC number and provider number to view claims. Providers are not able to view the claim count summary option 56 in DDE. Please check back for updates	2/7/2007 - We have reported the problem to the FISS Data Center and are waiting for response	**9/11/2007**
Claims previously processed and posted to CWF are appearing in location status SMBADR with reason code 31053.	Claims have been processed and posted to CWF, however providers may notice these claims in location SMABDR. Charges and other information on the claims appear to be corrupted.	2/6/2007 - We have reported to FISS Data Center and are waiting for response.	**9/11/2007**
Influenza vaccine claims are being paid incorrectly.	Coinsurance and deductibles have been applied to the influenza vaccine claims in error.	1/29/2007 - This problem has been corrected. Provider may adjust claims for the proper payment. 1/26/2007 - No provider action is necessary. Please check back here for details.	**1/29/2007**
Hospice claims are being held in SMHFEE.	This location is being used to identify claims that need Part A Pricing review. These claims are being worked regularly. Once the HCPCs and pricing are verified, claims are released for payment.	1/25/2007 - All Hospice claims held due to the new Q series HCPCS codes have been released from SMHFEE. 1/19/2007 - No provider action is necessary.	**1/25/2007**
Home Health and Hospice claims with service dates 01/01/07 and after are held in location status SMRHHI with reason code 7RHHI.	Home Health and Hospice claims with service dates 01/01/07 and after will be held in location SMRHHI until the rate changes can be verified.	1/17/2007 - All claims in location SMRHHI have been released for payment. 1/8/2007 - Home Health and Hospice claims with service dates 01/01/07 and after are held in location SMRHHI with reason code 7RHHI.	**1/17/2007**

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Claims are being held in location status SMSPRA with reason code 7CBSA.	Home Health claims are being held incorrectly for service dates prior to January 1, 2007.	1/4/2007 - Home Health claims with service dates prior to 01/01/2007 have been returned to providers with reason code 7CBSA. Providers may F9 claims with reason code 7CBSA if the dates are prior to 01/01/2007. 1/3/2007 - This issue has been reported. Please check back here for updates. No resolved date at this time.	**1/4/2007**
Hospice providers who get reason code FSS02600 at 9999 status is abending when entering Notice of Elections.	Providers are not able to enter Notice of elections in Direct Data Entry (DDE).	1/12/2007 - Providers may enter the NOE for all service dates, however, the provider must include the provider's facility zip code (five or nine digits) in the FAC ZIP field on DDE on the bottom right of page one. 1/2/2007 - This issue has been reported. Please check back here for updates. No resolved date at this time.	**112/2007**
Home Health Only - Change Request (CR) 5085 ensures the overpayment recovery process for Home Health Prospective Payment System (HH PPS) claims failing to report prior hospitalizations is compliant with the requirements of section 935 of the Medicare Modernization Act (MMA). Home Health providers will begin to see these claims move through the system from S/LOC SM DNUP to PB9997.	No provider action is necessary until over and under payment letters are generated.	1/9/2007 -Letters will be mailed on or before January 18, 2007. 11/20/2006 - Recovery payments will be requested by letter at a later date.	**9/11/2007**
If claim is entered with the NPI only, and provider number was not included, providers will not be able to view these claims. Claims submitted with NPI only will be inactivated.	Providers should resubmit claim with the provider number.	10/10/2006 - Claims that have been submitted with the NPI only are currently being moved to location IB9997. Once the claim has been moved the provider is safe to re-submit the claim. Please ensure that the Provider identification Number (PIN)/OSCAR is included on all claims. If the Provider Identification Number was not on the claim, providers will not be able to view the claims in DDE. 10/3/2006 -This issue has been reported. Please check back here for updates.	**6/8/2007**