

Unique ID and 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
ISSUE #005: Aetna has identified a potential underpayment issue related to independent provider reimbursement. Combination of modifiers such as HN/HO was not correctly configured causing rate reduction in some cases. Previously reported as "potential" finding but is now a confirmed CPSE after receiving related claim/provider statistics.	11/21/2022	12-Federally Qualified Health Center; 21-Professional Medical Group; 84-Ohio Department of Mental Health (Community Mental Health) Provider; 95-ODASDAS	1/4/2023	3/7/2023	COMPLETE
ISSUE #010: Aetna has revised its payment policy related to modifier combinations for paraprofessionals that are dually trained. Providers have experienced denials due to incorrect modifier requirement policy. Example includes: QMHS/QMHS 3+. Previously reported as "potential" finding but is now a confirmed CPSE after receiving related claim/provider statistics.	12/9/2022	84-Ohio Department of Mental Health (Community Mental Health) Provider, 95-ODADAS Certified/Licensed (SUD) Treatment Program	1/19/2023	4/3/2023	OPEN

Updated: 4/6/2023

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ISSUE #011: Aetna's diagnosis payment allowance was based on ODMs BH Diagnosis Code Group published on their BH Medicaid website. Aetna has revised its payment policy to allow any diagnosis for services included within ODMs Behavioral Health Manual.	2/3/2023	84-Ohio Department of Mental Health (Community Mental Health) Provider, 95-ODADAS Certified/Licensed (SUD) Treatment Program	3/3/2023	4/15/2023	OPEN
ISSUE #012: Aetna has identified an issue with up front NUBC rejections. An intake code created the errors but has now been disabled with claims being accepted.	3/7/2023	01-Hospital (Inpatient); 02-Psychiatric Hospital	3/7/2023	4/3/2023	OPEN
ISSUE #013: Aetna has identified an issue with H2020 being denied in error for prior authorization due to incorrect benefit accumulator logic. Logic has been corrected and is no longer denying claims for authorization.	3/13/2023	84-Ohio Department of Mental Health (Community Mental Health) Provider	3/13/2023	3/13/2023	OPEN

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<p>ISSUE #014: Aetna has identified an issue related to H2000, T2022 and T2023 being configured incorrectly with case rate logic causing underpayment. The fix has gone into production with claims being processed correctly.</p>	<p>3/14/2023</p>	<p>84-Ohio Department of Mental Health (Community Mental Health) Provider</p>	<p>3/14/2023</p>	<p>4/13/2023</p>	<p>OPEN</p>
<p>ISSUE #015: Aetna has identified an issue related to a member spend down being applied toward patient liability in error due to 834 SpendDown Amt being displayed. ODM informed Aetna spend down amount included on the 834 is informational only. Affected claims are being re-processed. A manual process is in place to remove spend down from claims going forward until permanent fix goes into production spring 2023.</p>	<p>3/21/2023</p>	<p>01-Hospital (Inpatient); 21-Professional Medical Group; 84-Ohio Department of Mental Health (Community Mental Health) Provider</p>	<p>5/5/2023</p>	<p>4/21/2023</p>	<p>OPEN</p>

Updated: 4/6/2023

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