



The Known Issues List has been reformatted to provide up-to-date information on current issues related to the MMIS that are impacting a significant number of providers. This document is intended to provide a concise list of current problems identified/reported in recent months. Please note that this is an informational list only. The resolution priority of an issue is not determined by whether or not it appears on this list. The items that have been removed may still maintain an open CO status.

This document is divided into the following sections:

Known Issues – This section contains items that, where applicable, are categorized by provider or claim type. For previously known issues that have been resolved, the item and item number have been removed.

Reprocessing Tasks – This section contains items that have pending reprocessing tasks assigned.

NOTE: Items updated or new items added this week will appear in blue text.

Known Issues

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved
293	Professional	Physician anesthesia claim is DUPLICATING against the CRNA anesthesia claim incorrectly.	Internal tracking ID 2985. The research phase is complete. It has been determined that a system change will occur through CO 22279 to correct the issue.	01/08/2009	
336, 337	Hospital	Multi-month crossovers deny for Edits 2052 AND 4227 when the recipient is medically needy on the Admit Date, but not eligible on the Discharge Date, or when the recipient has both Medically Needy coverage and SLMB or Medically Needy coverage and QI1 during the same period.	Internal tracking ID 4145. This issue will be resolved with CO 28681.	03/03/2011	
339	All	Some claims submitted as batch claims for adjustment or voids are not adjusting/voiding the original claim.	Issue is being researched via task 27920. Providers are encouraged to refrain from using batch submissions to complete voids and/or adjustments until this issue is resolved. Providers are encouraged to use the free and secure Florida Medicaid Web Portal or to submit their voids/adjustments via paper so that the claims can adjudicate correctly.	09/23/2011	



Known Issues

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved
340	Hospital Outpatient Crossover claims	Some outpatient claims that were sent directly from Medicare priced incorrectly due to missing Medicare Paid amount information. Inpatient claims were not financially impacted.	Impacted claims will be reprocessed in an extensive, multi-phase process expected to begin around June 1 st . NOTE: If desired, providers may adjust impacted claims. As of 04/11/12, several new occurrences have been received. Task 33216 has been created to correct this issue.	11/20/2011	
341	Professional, Hospital	Some claims billed for recipients that have both Family Planning and full coverage Medicaid benefits are denying because the lesser coverage is being used to adjudicate the claim.	CO 31001 has been created to correct this issue.	12/06/2011	
342	Hospital	Emergency outpatient claims are denying for lack of Prior Authorization.	This issue has been resolved with CO 31420. Providers should resubmit affected claims.	02/20/2012	04/11/2012
343	Professional	Some therapy claims are denying with error code 3043, PROC CODE MODIFIER/PRIOR AUTHORIZATION CONFLICT.	This issue has been resolved with CO 31983. Providers should resubmit affected claims.	03/07/2012	3/11/12
344	Provider Type - Radiology/Hospital Claim Type- Professional/Outpatient	Prior authorizations are not being issued because the provider number doesn't match what MedSolutions has on file.	CO 31522 has been created to correct this issue.	02/22/2012	
345	Professional Crossover	Medicare auto-crossover professional claims are not being loaded into the Medicaid claims system since 4/6/12.	Change Order 33567 has been created to resolve this issue. Upon completion of previous CO, claims will be automatically reprocessed via Task 33991.	04/11/12	



Reprocessing Tasks

The following items have pending reprocessing tasks assigned.

Item #	Provider Type/Claim Type	Description	Resolution	Date Reported	Date Resolved
230	Professional	Denial procedure codes 99304 - 99340 may inappropriately occur when Place of Service 31, 32, and 33 are indicated.	Reprocessing task 13626 has been identified and is awaiting reprocessing date.	10/27/2008	System fix complete 10/09/2009.
296	Hospital	Incorrect pricing on hospital inpatient claims where the admit date and from date of service for a claim are in different rate segments.	Claims impacted will be reprocessed with Task 25020.	10/19/2009	05/12/2011
339	Hospital	Concurrent Mom-Baby claims with revenue code 471 are paying incorrectly.	Claims impacted by this issue with a processing date of 01/07/11 and forward will be reprocessed with Task 25408.	01/11/2011	06/15/2011