

## Known Issues List

January 17, 2025

The table below provides information related to known issues impacting Healthy Blue providers. This information will be updated **weekly on Fridays**. Continue to follow the existing process by contacting Healthy Blue Provider Services at **844-594-5072** or your provider relationship management representative if you have questions or concerns related to the issues listed here.

**Note: All impacted claims submitted within timely filing limits on the date of issue identification will be included in claims reprocessing and issue resolution. Providers will not have to file a reconsideration/appeal for submitted claims. Claims that have been appropriately rejected or denied will not change when the issue is resolved.**

Provider type	Number of impacted providers	Category	Issue	Date issue identified	Number of days outstanding	Estimated fix date	Status	Resolution	Interest/penalties owed	Date resolved
Dialysis	32	Claims	Q4108 and Q5105 are not allowing 1960 units per month.	10/8/2024	90	12/13/2024	Open	Benefit configuration will be updated to allow 1960 units per month	As applicable	
All specialties	174	Claims	Blue Cross NC identified instances where we did not request additional information on	3/15/2023	667	TBD	Open	Blue Cross NC modified our process for requesting additional information to process claims.	Does not apply to this issue.	

Note: Availity, LLC is an independent company providing administrative support services for Healthy Blue providers on behalf of Blue Cross and Blue Shield of North Carolina. EnrollSafe is a tool developed by Zelis Payments, an independent organization offering electronic funds transfer services for Healthy Blue providers on behalf of Blue Cross and Blue Shield of North Carolina.

<https://provider.healthybluenc.com>

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Blue Cross and Blue Shield of North Carolina  
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			claims within 18 days of receipt.					<p>Prior to the new process, Blue Cross NC had an automated process that notified providers via the <i>Explanation of Payment (EOP)</i> when additional information was needed to process claims.</p> <p>The Department requires that claims be pended, and notification mailed to providers requesting the additional information. We implemented a manual process to ensure compliance with this requirement.</p>		
Behavior Health	303	Claims	Unmanaged units were resetting on 12/1 rather than 7/1 for Medicaid expansion members	10/2/2024	82	12/30/2024	Closed	Update unmanaged visits to reset on 7/1/2024	As applicable	12/27/2024