

September 19, 2022

Aetna Better Health® of Illinois

Claim denials and front-end rejections

Aetna Better Health® of Illinois received an updated state legacy file from the Illinois Department of Healthcare and Family Services (HFS) containing large-scale data shifts in provider Medicaid enrollment status as compared to historical files covering the same time frame.

Following our review, we identified a period from **8/26/22-9/3/22** during which providers received denials and front-end rejections when they were in fact active per the most updated file. We are aware of these erroneous denials on claims billed on a UB-04 form and front-end rejections on claims billed on a CMS 1500 forms.

Denial and front-end rejection codes and descriptions for impacted claims are as follows:

Denial descriptions:

- 208: National Provider Identifier Not Matched
- N253-N253: MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER

Front-end rejection descriptions:

- Ord_NPI Ordering Provider NPI not on State File
- Ref_NPI Referring Provider not on State File
- Rend_NPI Rendering Provider not on State File

To address the rejection and denial errors that occurred because of the delayed state file update, we will do the following:

- Assess rejects to identify scope of claims that can be reloaded and adjudicated by us without rebilling
 - Providers may elect to await completion of our efforts to reload and adjudicate such claims or resubmit claims as first-time submissions.
- Publish an updated provider notice when all claims are successfully reimposed
- Develop and execute a global project for all erroneous denials billed with a UB-04 and post the global project number in a future bulletin

We apologize for the inconvenience and appreciate your patience as we resolve this matter.