Known Issues and Informational Items

The Known Issues List provides 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.
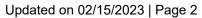
This document is divided into the following sections:

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.

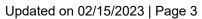**Informational Items** – This section contains important informational items.

NOTE: New or updated items will appear highlighted in yellow.

Known Issues					
Items #	**Provider/Transaction Type**	**Description**	**Resolution**	**Date Reported**	**Date Resolved**
391	Hospice	Rev code 0652, Continuous Home Care is cutting back in error to one per day.	This issue has been resolved; COs 108371 and 117123 have been closed. All outpatient claims impacted by this issue were systemically reprocessed. Providers may refer to their remittance advice to view adjusted claims.	04/04/2016	08/11/2017
392	Hospice	Rev code 0651 and 0656 are cutting back in error and not paying the discharge day or day of death.	This issue has been resolved; COs 108371, 117123, and 128779 have been closed.	08/10/2016	12/15/2017
393	Inpatient (DRG)	Some inpatient claims that include new ICD- 10 procedure and diagnosis codes are denying for EOB 7116-Valid DRG code could not be determined.	CO 133197 has been completed. FMMIS will now utilize a claim's discharge date to determine the DRG Grouper version.	12/14/2016	01/19/2018
394	Outpatient (EAPG)	Some outpatient claims are not displaying all paid line items in the EAPG Pricing panel. These line items are not processing through the EAPG grouper, causing incorrect payment.	This issue has been resolved. COs 128839 and 124307 have been closed.	10/26/2017	01/12/2018
395	Institutional/837-I	Some providers have reported they continue to receive edit 7116 when utilizing newly added ICD10 codes as the primary diagnosis.	This issue has been resolved. CO 135673 and 137031 have been closed. Providers should resubmit impacted claims for payment.	01/25/2018	04/20/2018

Known Issues					
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396	Outpatient	Some outpatient claims are denying incorrectly for EOB 0720- MEDICARE COVERAGE IS PRESENT, when the recipient did not have Medicare Part B coverage on the date of service.	This issue has been resolved. CO 150865 and 151496 have been closed. Providers should resubmit impacted claims for payment.	08/13/2018	09/28/2018
397	Institutional	Some institutional claims submitted on the Florida Medicaid Secure Web Portal are erroneously removing the copay information on Part C claims.	COs 152802 and 154212 have been completed. This issue has been corrected.	09/17/2018	12/13/2018
398	Institutional/837-I	Some providers have reported denials for edit 7116 or incorrect pricing when utilizing newly added ICD10 codes.	This issue is being corrected under CO 154473.	01/11/2019	02/26/2019
399	All/All	Newly licensed APRNs (Provider Type 30) are receiving errors when attempting to enter their 12 character license number in the provider enrollment application.	This issue has been resolved. CSR 3335 and CO 159924 have been completed.	02/22/2019	10/03/2019
400	Independent Laboratory- 50	Independent Laboratories are no longer required to have a HQA license when enrolling. The Online Enrollment Wizard will be updated to remove this requirement.	This issue has been resolved. CSR 3332 and CO 161253 have been completed.	01/11/2019	05/03/2019
401	Optometrist-62	Some optometrist providers are receiving an invalid error message stating their license is not active when utilizing the Online Enrollment Wizard.	This issue has been resolved. CO 164499 and 166436 have been completed.	04/02/2019	05/09/2019
402	Residential and Freestanding Psychiatric Facility-16	Some applicants are unable to complete the online application. When entering the HQA license on the License and More Identifying Information panel, the License field does not maintain the data entered.	This issue has been resolved. CO 165648 and CO 166410 have been completed.	02/08/2019	05/23/2019
403	All/All	Some providers are receiving incorrect error messages for "Existing Tax ID is required" and "Existing Tax	This issue has been resolved. CO 167635 has been completed.	05/22/2019	05/31/2019

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		ID Type is required" when completing renewal applications.			
404	All/All	Some provider's renewal application may have contained incorrect information in the Provider Identifying Information section. Impacted providers have been contacted and asked to resubmit their renewal applications.	This issue has been resolved. CO 168085 has been completed.	05/29/2019	05/31/2019
405	Rural Health Clinic-PT 66 Federally Qualified Health Center- PT 68	Some procedure codes that are classified as Expanded Benefits are not posting Edit 3700- "LINE ITEM IS AN EXPANDED BENEFIT" when processing through FLMMIS.	CO 176278 has been created to resolve this issue.	09/10/2019	
406	Institutional/837-I	Some providers have reported denials for edit 7116 or incorrect pricing when utilizing newly added ICD-10 codes.	CSRs 3408 and 3458 and CO 179561 have been completed.	10/25/2019	06/15/2020
407	Institutional/837-I	Some providers have reported denials for edits 7116 and 7161 or incorrect pricing when utilizing newly added ICD-10 codes.	This issue is being corrected under OPS 5637.	11/13/2020	5/28/2021
408	Institutional/837-I	Some providers have reported denials for edits 7116 and 7161 or incorrect pricing when utilizing newly added ICD-10 codes.	This issue is being corrected under OPS 5650.	01/07/2022	05/27/2022
409	Institutional/837-I	Some DRG claims are processed with a DRG code that is different than the code expected.	After researching, the last digit of the DRG code, which represents the severity of illness (SOI), is getting changed when the claim is processed. This issue is being corrected under CO 257039.	12/2/2022	02/03/2023

Informational Items			
Items #	Provider/Claim Type	Description	Date Posted
375	Professional	As of 08/18/15, FMMIS will accept professional claims containing place of service 50, when the billing provider is a Federally Qualified Health Center (Provider Type 68). Previously, Florida Medicaid did not recognize 50 as an allowable place of service.	08/28/2015
376	Professional	We have received reports from providers concerning Prior Authorizations issued by Beacon Health missing information or having invalid data. The Agency is aware and is working with Beacon to resolve this issue. For more information, providers are encouraged to contact Beacon directly.	08/04/2017
377	All/All	Enhancements to the copy claim function now allows users to copy a paid claim to submit as a new exceptional or non-exceptional claim. The re-submit function now allows users to re-submit denied non- exceptional claims as an exceptional claim. Previously, the copy claim function was unavailable to providers attempting to submit exceptional claims on the public Web Portal.	05/17/2019