LME-MCO Communication Bulletin #J196

Date: April 20, 2016

To: LME-MCOs

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Subject: Adjusted Claims, Capitation Claims, and the Capitation Claim Methodology

This Communication Bulletin provides clarifications on Voided or Adjusted Claims, Capitation Claims, and the Capitation Claim Methodology. The date of implementation for these changes is May 1, 2016.

**Voided or Adjusted Claims**

Any new or adjusted capitation claims associated to those records will only be allowed to go back 24 months prior to the payment-processing month from when the updates are received.

All ‘void’ claims generated/created as a result of data updates identified will be processed for recoupment going back 24 months prior to the payment-processing month from when the updates are received.

The only scenario that will cause claim reprocessing is when a beneficiary is retro actively enrolled in an LME-MCO. In that situation, fee for service claims billing behavioral services that are covered by the LME-MCO that paid during the time the recipient was enrolled in the LME-MCO will be systematically voided and the payment recouped.

- Voided claims will be reported on the providers’ RA with EOB 06038 – CLAIM RECOUPED BASED ON RECENT ELIGIBILITY UPDATE. SERVICE IS COVERED BY BEHAVIORAL HEALTH MANAGED CARE PLAN. SUBMIT CHARGES TO RECIPIENT'S LME-MCO
If a recipient moves from an LME-MCO to No LME-MCO, no reprocessing of denied claims will be performed. The expectation is that the provider will submit a claim to NCTracks, if and when the LME-MCO recoups payment from the provider.

There will be no impact to pharmacy claims because pharmacy claims are covered under Medicaid, not under Prepaid Health Plan-B 1915 (b) Waiver (PHPB) or Prepaid Health Plan-C 1915 (c) Waiver (PHPC); pharmacy claims will not be impacted by a change in benefit plan.

No action will be taken to void or adjust encounter claims.

**Capitation Claims**

Capitation claims will be generated, voided or adjusted when any of the following changes occur:

- **LME-MCO ID:**
  - No LME-MCO to LME-MCO (an ‘add’ of a new enrollment record)
  - LME-MCO to No LME-MCO (a ‘void’ of an existing enrollment record)
  - LME-MCO Provider-A to LME-MCO Provider-B (an ‘update’ to an existing enrollment record)

- **Benefit Plan (when the previous segment should be voided):**
  - PHPB to PHPC or PHPC to PHPB
  - PACE to Medicaid/Behavioral Health or Medicaid/Behavioral Health to PACE

Capitation claims will be generated, voided or adjusted when changes occur to any of the following data elements:

- **Living Arrangement Code**
  - NCTracks will not build LME-MCO enrollment records for beneficiaries whose eligibility spans have a living arrangement code of 16, 17, or 18:
    - 16 – incarcerated in a state prison
    - 17 – residents aged 21 through 64 in an institution for mental disease
    - 18 – resident in an Adult Care Home (Special Assistance) designated as an institution for mental disease

- **County:**
  - Any change to the previously stored value

- **Date of Birth (DOB):**
  - Any change to the previously stored value

- **Category of Eligibility (COE):**
  - Any change to the previously stored value
  - When determining a change to the COE, NCTracks will consider the full character code (the code is currently 5 characters but may change in the future).
Not all changes to the data elements identified above will warrant a change in Cohort ID/rate. For this reason, NCTracks will build functionality to determine whether or not the changes to these data elements result in a different Cohort ID/rate than used on the previously generated claim.

- If the Cohort ID/rate is different, NCTracks will void/recoup the previously generated claim and generate a new claim per the new data.
- If the Cohort ID/rate is the same, no action will be taken.

Capitation Claim Calculation Methodology

Prorated PHPB capitation claims are based on the number of days the recipient has PHPB eligibility. The prorated claims are based on the actual number of days in the month for which the capitation claim is being created. The rate is divided by the actual number of days in the month then multiplied by the number of days the recipient was enrolled in PHPB for the month.

The calculation for prorating PHPC capitation claims will be modified to use the actual number of days in the month for which the capitation claim is being created. The rate is divided by the actual number of days in the month then multiplied by the number of days the recipient was enrolled in PHPC for the month (the current calculation for prorating PHPC capitation claims is based on a 30-day month).

For new or updated enrollment records, provide the ability to create, void/recoup, or adjust capitation claims going back as far as 24 months prior to the current payment-processing month.

NCTracks will use the begin and end dates on the enrollment record to populate the dates of service on the capitation claims, the 820 Remittance File, the 834 Managed Care Enrollment File, and the Managed Care Capitation Generated Payment Report (HM20310-R2005).

If you have any additional questions related to these changes, please contact:

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