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NC Medicaid Managed Care

Requirements for Sharing Claims & Encounters Data to Support Continuity of Care for Beneficiaries transitioning between Medicaid Direct & Standard Plans

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| **Change Log** | | |
| **Version** | **Date** | **Updates/Change Made** |
| 2.0 | 1/22/2020 | Initial Publication |
| 3.0 | 9/18/2020 | * Updated Claims Formats * Included COBOL Copybooks * Added Section for PHP to Tribal Option   + 834 Trigger Info * Added Section for PHP to CCNC   + 834 Trigger Info |
| 3.1 | 10/16/2020 | * Updated Claims Formats to line up with COBOL |

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# Department to PHPs: Medicaid Direct (FFS) Medical & Pharmacy Claims and LME-MCO Encounters data

**Scope:**

* 24 months of historical Medical & Pharmacy claims and LME-MCO encounters data for beneficiaries who are transitioning from Medicaid Direct to Standard Plans
* All approved and denied claims for carved in and carved out services including but not limited to dental claims.
* Edits/updates to any historical claims or new claims that are received as Medicaid direct (FFS) claims in future due to claims lag will be shared through incremental files
* Incremental files will also include ongoing carved-out services claims
* All are LME-MCO claims and encounters payment fields will be zeroed out
* In order to comply with 42 CFR Part 2, these files will not include any records with SUD detail.

**Data Source:** NC Tracks

**Data Target(s):** PHPs

**File Layout(s):** The Department has established attached file layouts to send Medical & Pharmacy Claims and LME-MCO Encounters data from NC Tracks to PHPs. There are total 9 interfaces using 5 file layouts, see details below:

1) Medical Claims Header – Medical Header Data Elements.xlsx

2) Medical Claims Line - Medical Line Data Elements.xlsx

3) Medical Claims Edit – ClaimsEdit\_Data Elements.xlsx

4) Pharmacy Claims Header - Pharmacy Header Data Elements.xlsx

5) Pharmacy Claims Line - Pharmacy Line Data Elements.xlsx

6) Pharmacy Claims Edit - ClaimsEdit\_Data Elements.xlsx

7) LME-MCO Encounters Header - Medical Header Data Elements.xlsx

8) LME-MCO Encounters Line - Medical Line Data Elements.xlsx

9) LME-MCO Encounters Edit - ClaimsEdit\_Data Elements.xlsx

The Master Data Element Dictionary for the Claims and LME-MCO Encounters is also attached.

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The associated COBOL Copybooks for the Claims and LME-MCO Encounters are also included



**File Naming Convention:** Please refer to the below attachment for the file naming convention

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**File Type:** Fixed width flat file. All files will be zipped using ASCII format

**Transmission Type:** Secure File Transfer Protocol (sFTP) on GDIT’s Move IT Site

**File Delivery Frequency: Weekly with a custom schedule during MCL Auto-assignment**

1. PHPs will receive initial full files from NC Tracks for all beneficiaries assigned to a Standard Plan. This will be followed by weekly incremental files. Incremental files will include any new or adjusted claims for beneficiaries with claims history previous sent, along with 24 months of claims history for newly assigned beneficiaries.
2. After PHP Auto-Assignment the PHPs will receive daily TOC Medical & Pharmacy claims and LME-MCO encounters files.
3. Weekly schedule will resume after PHP Auto-Assignment is complete

**File Processing Rules:**

1. PHPs should have the capability to unzip the files posted by GDIT and load the records into the appropriate operation environments. PHPs should be expected to show how the data is going to flow through their operational systems. In addition, PHPs are required to share this data downstream with AMHs and CINs
2. The expectation is for PHPs to use this data to 1) Support AMH/PCP Auto-Assignment and 2) Support additional care management functions
3. PHPs are expected to ingest all claims records for beneficiaries that they have a record for in their eligibility system as recorded on the daily 834s. PHPs should be able to ingest claims records for beneficiaries with merged IDs
4. PHPs are expected to report any errors/exceptions to the Department following the process defined by the Department’s technology operations team

**Dependencies:**

* Beneficiary assignments: PHPs will receive information on beneficiaries assigned to them through the daily 834 files. PHPs are expected to load their beneficiary assignment prior to processing the claims files.
* Member Cross Reference IDs/Merged Member IDs: Beneficiaries can have multiple member Ids and those values are included in the 834 file – please refer to the 834 companion guide for appropriate loop and reference. PHPs are expected to use that data to link beneficiaries with multiple IDs with their active member id and properly ingest and map claims data with the appropriate active member id.
* Provider Data: PHPs will receive Medicaid Provider data through the PDC Provider file and are expected to load that prior to processing the claims files.

# PHPs to PHPs: A) Medicaid Direct (FFS) Medical & Pharmacy Claims and LME-MCO Encounters data and B) Medical & Pharmacy Managed Care Encounters data

**Scope:**

* 24 months of Medical & Pharmacy claims data for beneficiaries who are transitioning from one PHP to another after Managed Care go-live date.
* Source PHP will be responsible for identifying 24 months of historical data that can be a combination of historical Medicaid Direct (FFS) data they have received from the Department and Managed Care encounters data.
* All approved and denied claims & encounters for carved in and carved out services including but not limited to dental claims.
* Edits/updates to any historical claims and encounters
* Any new claims/encounters that are received in future due to claims lag
* Ongoing carved-out services claims
* In order to comply with 42 CFR Part 2, PHPs are required to remove/scrub SUD claims and encounters if consent has not otherwise been secured.

**Data Source:** System: PHPs

**Data Target(s):** PHPs

**File Layout & Naming Convention:** Please refer to the latest version of the AMH requirements document for sharing Encounters & Historical Claims data encounters. PHPs are expected to use file layouts and respective naming conventions outlined in that requirement for exchanging claims data between themselves.

**Transmission Type:** Secure File Transfer Protocol (sFTP)

**File Delivery Frequency:** Weekly - Full files followed by weekly incremental files

**File Creation & Processing Rules:**

1. Transferring PHPs will receive information on disenrollment from them and enrollment with new PHPs through the 834 files, that should trigger the creation of these files. Transferring PHPs will have 5 days to send the new PHP 24 months of historical claims and encounters data followed by weekly incremental updates.
2. PHPs should have the capability to load this data into the appropriate operational environments. PHPs should be expected to show how the data is going to flow through their operational systems. In addition, PHPs are required to share this data downstream with AMHs and CINs.
3. The expectation is for PHPs to use this data to 1) Support AMH/PCP Auto-Assignment and 2) Support additional care management functions.
4. PHPs are expected to ingest all claims records for beneficiaries that they have a record for in their eligibility system as recorded on the daily 834s. PHPs should be able to ingest claims records for beneficiaries with merged IDs.
5. PHPs are expected to report any errors/exceptions to the Department following the process defined by the Department’s technology operations team.

# PHPs to Tribal Option: Medical & Pharmacy Managed Care Encounters data

**Scope:**

* 24 months of Medical & Pharmacy Encounter data for beneficiaries who are transitioning from a PHP to the Tribal Option after Managed Care go-live date.
* All approved and denied encounters for carved in services.
* Edits/updates to any encounters
* Any new encounters that are received in future due to claims lag
* In order to comply with 42 CFR Part 2, PHPs are required to remove/scrub SUD encounters if consent has not otherwise been secured.

**Data Source:** PHPs

**Data Target(s):** Tribal Option

**File Layout:** Please refer to the latest version of the AMH requirements document for sharing Encounters & Historical Claims data encounters. PHPs are expected to use file layouts and respective naming conventions outlined in that requirement for exchanging claims data between themselves.

**File Naming Convention:** PHPs are expected to follow the below file naming convention

NCMT\_<MedicalEncounterClaimData>\_<PHPShortName>\_<TribalEntity>\_ CCYYMMDD-HHMMSS.TXT

Below are the short names for each PHPs:

• Carolina Complete Health = CCH

• WellCare of North Carolina = WELLC

• UnitedHealthcare = UHC

• BCBS = BCBS

• AmeriHealth Caritas = AMERI

Below are the values that need to be used for MedicalEncounterClaimData:

* + Medical Encounter Claim Professional Header = MEDENCCLMPHD
  + Medical Encounter Claim Professional Line = MEDENCCLMPLN
  + Medical Encounter Claim Institutional Header = MEDENCCLMIHD
  + Medical Encounter Claim Institutional Line = MEDENCCLMILN

Full and incremental files will use the same file naming convention. The file layout includes a data field “Full vs Incremental” that needs to be appropriately populated that will allow the target to identify the difference.

**Transmission Type:** Tribal Option Secure File Transfer Protocol (sFTP)

**File Delivery Frequency:** Weekly - Full files followed by weekly incremental files

**File Creation & Processing Rules:**

1. Transferring PHPs will receive information on disenrollment from them and enrollment with the Tribal Option through the 834 files, that should trigger the creation of these files. Transferring PHPs will have 5 days to send the Tribal Option 24 months of encounters data followed by weekly incremental updates.
2. The Tribal Option should have the capability to load this data into the appropriate operational environments. The Tribal Option should be expected to show how the data is going to flow through their operational systems.
3. The expectation is for the Tribal Option to use this data to support additional care management functions.
4. The Tribal Option is expected to ingest all claims records for beneficiaries that they have a record for in their eligibility system as recorded on the daily 834s. The Tribal Option should be able to ingest encounter records for beneficiaries with merged IDs.
5. PHPs and the Tribal Option are expected to report any errors/exceptions to the Department following the process defined by the Department’s technology operations team.

**Dependencies:**

* Beneficiary assignments: PHPs will receive information on beneficiaries assigned to them through the daily 834 files. PHPs are expected to load their beneficiary assignment prior to processing the claims files. Beneficiaries identified as Tribal Option will be reflected in the 834 2310 Loop (NM106). When the recipient is enrolled in the Tribal Option, “TRIBAL OP” will be returned on the 834.

# PHPs to CCNC: Medical & Pharmacy Managed Care Encounters data

**Scope:**

* 24 months of Medical & Pharmacy Encounter data for beneficiaries who are transitioning from a PHP to CCNC after Managed Care go-live date.
* All approved and denied encounters for carved in services.
* Edits/updates to any encounters
* Any new encounters that are received in future due to claims lag
* In order to comply with 42 CFR Part 2, PHPs are required to remove/scrub SUD encounters if consent has not otherwise been secured.

**Data Source:** PHPs

**Data Target(s):** CCNC

**File Layout:** Please refer to the latest version of the AMH requirements document for sharing Encounters & Historical Claims data encounters. PHPs are expected to use file layouts and respective naming conventions outlined in that requirement for exchanging claims data between themselves.

**File Naming Convention:** PHPs are expected to follow the below file naming convention

NCMT\_<MedicalEncounterClaimData>\_<PHPShortName>\_<CCNC Name>\_ CCYYMMDD-HHMMSS.TXT

Below are the short names for each PHPs:

• Carolina Complete Health = CCH

• WellCare of North Carolina = WELLC

• UnitedHealthcare = UHC

• BCBS = BCBS

• AmeriHealth Caritas = AMERI

Below are the values that need to be used for MedicalEncounterClaimData:

* + Medical Encounter Claim Professional Header = MEDENCCLMPHD
  + Medical Encounter Claim Professional Line = MEDENCCLMPLN
  + Medical Encounter Claim Institutional Header = MEDENCCLMIHD
  + Medical Encounter Claim Institutional Line = MEDENCCLMILN

Full and incremental files will use the same file naming convention. The file layout includes a data field “Full vs Incremental” that needs to be appropriately populated that will allow the target to identify the difference.

**Transmission Type:** CCNC Secure File Transfer Protocol (sFTP)

**File Delivery Frequency:** Weekly - Full files followed by weekly incremental files

**File Creation & Processing Rules:**

1. Transferring PHPs will receive information on disenrollment from them and enrollment with Medicaid Direct (CCNC) through the 834 files, that should trigger the creation of these files. Transferring PHPs will have 5 days to send CCNC 24 months of encounters data followed by weekly incremental updates.
2. CCNC should have the capability to load this data into the appropriate operational environments. CCNC should be expected to show how the data is going to flow through their operational systems.
3. The expectation is for CCNC to use this data to support additional care management functions.
4. CCNC is expected to ingest all claims records for beneficiaries that they have a record for in their eligibility system as recorded on the daily 834s. CCNC should be able to ingest encounter records for beneficiaries with merged IDs.
5. PHPs and CCNC are expected to report any errors/exceptions to the Department following the process defined by the Department’s technology operations team.

**Dependencies:**

* Beneficiary assignments: PHPs will receive information on beneficiaries assigned to them through the daily 834 files. PHPs are expected to load their beneficiary assignment prior to processing the claims files. Beneficiaries identified as CCNC will be reflected in the 834 2310 Loop (NM106). When the recipient is assigned to Community Care of NC (CCNC), “CCNC” will be returned on the 834.