Coordinated Care Organization Enrollment Reconciliation and Discrepancy Reporting Guide

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Purpose

To provide coordinated care organizations (CCOs) with guidance and resources to assist with enrollment reconciliation and the Enrollment discrepancy reporting process. This includes:

- An overview of the Oregon Health Authority (OHA) CCO enrollment process

- An overview of the Enrollment discrepancy reporting process

- How to identify and report enrollment discrepancies

- Helpful information, resources, and contacts

- Capitalized items not defined in this document have the meanings assigned to them in the CCO Contracts

Applicable Authorities

CCO Contract

- *2025 Medicaid Contract:* Exhibit B, Part 3, Section 11 Paragraph c – Enrollment Reconciliation

- *2025 Non-Medicaid Contract:* Section 11 above incorporated by reference

- *OHP Bridge-Basic Health Program (BHP) Contract*: Section 11 above incorporated by reference

Rules and Regulations

Oregon Administrative Rules (OARs)

- OAR 410-141-3800 CCO Enrollment for Children Receiving Health Services

- OAR 410-141-3805 Mandatory MCE Enrollment Exceptions

- OAR 410-141-3810 Disenrollment from MCEs

- OAR 410-141-3815 CCO Enrollment for Temporary Out-of-Area Behavioral Health Treatment Services

- OAR [410-200-0115](1)(b) HSD Medical Programs-Effective Dates (as applied to OHP Bridge-BHP Members)

Code of Federal Regulations (CFR)

- Federal Citations: 42 CFR § [438.56](), [438.242](), [438.604](), and [438.606]()

Applicable Documents

These documents are available on the [CCO Contract Forms](https://) webpage.

- Enrollment Reconciliation Certification Form

- Enrollment Reconciliation – Discrepancies Found Report (Excel Spreadsheet)

- Delegation Authorization and Signature Form

CCO Enrollment

Enrollment Change Criteria

OHA allows members to change their plan enrollment without cause at these times as long as another CCO is available:

- When they re-apply, or the worker re-determines their OHP eligibility.

- Within 30 days of a manual enrollment error or auto assignment error.

- Within 90 days of first-time enrollment or auto assignment (for new OHP members).

- After they have been enrolled with a plan for at least six months.

- When approved by OHA.

Enrollment Effective Dates

OHA updates CCO enrollment daily. If submitted before 6pm on a business day the updates become effective in 3 business days. If submitted on a Monday, they become effective on Thursday. If submitted on a Thursday, they become effective the following Tuesday.

Newborn Enrollment

Newborn babies born to OHP eligible mothers are assumed eligible for OHP on their date of birth (DOB). If the mother has active enrollment on the newborns DOB, the newborn enrollment will be effective on the baby's DOB. If the mother is not enrolled on baby's DOB, the newborn enrollment will be effective the next available enrollment date. Eligible newborns will be enrolled at the highest level of coverage (CCOA) within 2 weeks of being reported to OHA.

CCOs may contact Oregon.Benefits@odhs.oregon.gov for assistance if delayed enrollment has exceeded typical timeframes and enrollment is needed for care of billing.

Newborn Enrollment Reported on the Daily 834 File:

Once enrolled, the newborn enrollments are reported to plans in the daily 834 file. The plan will receive an 834 add file (021) which will contain the following information:

- The members demographic information to be added to the CCO's system.

- The DTP section shows the enrollment effective date and end dates. The enrollment effective date is the same and the newborn's DOB which is listed in the DMG segment.

- The INS segment will "021" to indicate the enrollment is an addition, and an 834 Maintenance Reason Code "AI" – No Reason Given.

- You can use the Newborn Enrollment flag to verify that the reason code information is for newborn enrollment. To verify, locate the "Newborn Indicator" information and the newborn flag is the second data element in the REF segment.

```
DMG*D8*20170221*F**C
AMT*
LUI*LE*ENG
INS*Y*18*021*AI*A*E**AC**N
REF*0F
REF*3H
REF*23
DTP*356*D8*20170221
DTP*357*D8*20170331
```

```
NM1*QD*1
HD*021**HMO*N*IND
DTP*348*D8*20170221*
REF*17*HA
COB*
LS*
LX*1
N1*75*NEWBORN INDICATOR
REF*ZZ*Y
```

Possible values for newborn enrollment flag:
- A = N/A or not a newborn
- Y = Newborn enrollment this month
- N = Newborn enrollment prior month

Manual MMIS Updates and Reconciliation

The Managed Care Reconciliation Team (Recon Team) will review a variety of monthly and weekly reports to identify enrollment and capitation discrepancies. For all enrollment errors and/or discrepancies the Recon Team will identify the impacted CCO and determine the appropriate resolution. If the 834 file unable to report the manual change(s) made to enrollment, the Recon Team will notify the CCO's designated contact by email.

- The email notifications will be sent secure and will show as "#SECURE# Manual MMIS Updates" in the subject line.

- Common scenarios requiring manual updates include but are not limited to incarcerations, out of state moves, date of death (DOD), and member requests to terminate OHP benefits.

- The Recon Team will include manually historied enrollments in the email notifications even though these updates will usually generate an 834 record. CCOs should consider a historied enrollment as a "void."

    o The INS segment of a historied enrollment will show "024" to indicate the enrollment is a termination and a maintenance reason code of 07 (Termination of Benefits) as the 3rd data element (after the Y flag).

    o The DTP segment will show the effective and end date as the same, indicating that this is an enrollment correction/history.

```
INS*Y*18*024*07*A*C**TE*N*
REF*0F
REF*23
REF*3H
DTP*356*D8*20170101
DTP*357*D8*20170101
```

Enrollment Discrepancy Reporting Process

Monthly Reporting requirements

Each month, each CCO must complete and submit to OHA an enrollment Reconciliation report that must contain the following:

- Enrollment Reconciliation Certification Form and

- Discrepancies Found (excel spreadsheet) when applicable to identify the discrepancies being reported.

The report submitted is for the previous month's enrollment activity and the first few days of the current month through the date the 834 Audit File is generated. For example, if OHA delivers the monthly audit file on the 3rd of the month, the plan will report discrepancies for the day after the last audit file through the 2nd of the current month.

- January 3rd – February 2nd
- This will be considered the January Reconciliation Report

Upon receipt of the 834 monthly audit files, CCOs have 14 days to complete and submit their reports to OHA. CCOs that miss the deadline will get a courtesy reminder from the CCO Reconciliation Coordinator with a specified submission date. OHA will consider CCOs non-compliant for this requirement if they do not submit reports within two business days of the date provided on the reminder.

CCOs that cannot meet the above timeframes must notify the Enrollment Reconciliation Coordinator prior to the date that the reports are due.

Only an authorized signer may sign the Enrollment Reconciliation Certification Form. Authorized signers are:

- The CCO's Chief Executive Officer (CEO)
- The CCO's Chief Financial Officer (CFO)
- A CCO employee with delegated authority as designated by the "Delegation Authorization and Signature Form.

Submitting Completed Reports to OHA

- The CEO, CFO, or delegated representative must sign, date, and complete the Enrollment Reconciliation Certification form and submit the completed form to the Managed Care Reconciliation Coordinator via secure email at Enrollment.Reconciliation@odhsoha.oregon.gov
- In the subject line, include your CCO name and "Recon Report."

- If discrepancies are found, the discrepancies found report (excel document) must be included with the submission.

- If discrepancies are reported, the coordinator will confirm the discrepancies by researching the Prime ID and/or audit files in MMIS and TM Prod. The coordinator will complete the submitted discrepancy found report by providing the CCO with a detailed response of either the resolution or details of the actions being taken to provide resolution.

- The CCO will receive the completed discrepancy report from the coordinator prior to the end of the month that the report was submitted.

- The assigned Account Representative will be copied on the completed report sent to the CCOs designated contacts.

834 File Delivery and Loading

All daily 834 files for the prior month should be processed before beginning reconciliation of the monthly audit file. All 834 daily files should be loaded in chronological order. Any re-delivered files must be reloaded.

Under normal processing, the 834 daily file is produced Monday through Friday, with deliver to electronic data interchange (EDI) mailboxes Tuesday through Saturday.

If you have not received a daily or monthly 834 file as expected, contact your Encounter Data Liaison and the Encounter Data team will investigate, determine if a file was created/delivered, and provide the CCO with their findings.

Additional information regarding the 834 daily and monthly files can be found on the Encounter Data page at https://www.oregon.gov/OHA/HSD/OHP/pages/Encounter-Data.aspx

How to Identify Enrollment Changes on the 834

To find enrollment changes in the 834, you need to:

- Locate all segments that contain 834 Maintenance Reason Code 22 ("Plan Change"). The 834 Reason Code is INS (Member Level Detail), Element INS03 ("Maintenance Type Code").

- For each segment, determine the specific reason for the plan change. OHA reports the specific reason as an MMIS Stop Reason Code.

- For members with plan changes, look at the REF data element listed for "END REASON." The MMIS Reason Code is REF (Reporting Category Reference), Element REF02 ("Reference Identification").

For reference, the 834 Maintenance Reason Code Crosswalk lists all of OHA's internal MMIS Stop Reason Codes along with the corresponding 834 Maintenance Reason Code and a full description of the change reported under the code.

In the examples below:

- The Maintenance Reason Code ("22") displays as the 3rd data element (after the "Y" flag) in the INS section.

- The code "RC" displays as the 2nd data element on the REF line for the END REASON section of the 834.

- There can be up to 10 pieces of information reported for a member (LX*1 through LX*10).

```
DMG*D8*19780516*F**C
AMT*P3*25.05
LUI*LE*ENG
INS*Y*18*024*22*A*E**TE*
REF*
REF*23*
REF*3H*
DTP*356*D8*20161001
DTP*357*D8*20161118
```

```
LX*1
N1*75*BRANCH - WORKER
REF*
LX*2
N1*75*FIPS CODE
REF*
LX*3
N1*75*GROUP CODE
REF*
LX*4
N1*75*BENEFIT PLAN
REF*
LX*5
N1*75*PROGRAM ELIGIBILITY CODE
REF*17*P2
LX*6
N1*75*END REASON
REF*17*RC
```

N1: lists the type of information being reported ("END REASON").

REF: lists the reason code as the second data element ("RC"). The first data element is the qualifier ("17").

Identifying date of death changes:

In the following example, the INS segment shows the 834 Maintenance Reason code ("03 – Deceased Person) as the 3rd data element (after the "Y" flag). The DTP segments show the start and end dates of the enrollment formatted as YYYYMMDD.

```
INS*Y*18*024*03*A*C**TE*N*D8*20170325
REF*
REF*
REF*
DTP*356*D8*20160901
DTP*357*D8*20170325
```

In some instances, the 834 may report as "XN" Maintenance Reason the day before the date of death gets reported. This means plans may have to view 2 daily files to verify date of death changes. In the examples below:

- 834 monthly file shows member termed 03/25/2017.

- OHA verifies the date of death on 03/25/2017 and retroactively closes for date of death on 04/08/2017.

- OHA confirms accuracy of the information by noting that daily 834 file shows correct MMIS Stop Reason ("DP") and 834 Maintenance Reason ("03") codes for mid-month enrollment termination.

Review 834 Monthly and Daily Files for Discrepancies

CCOs must identify discrepancies by comparing the end-of-month enrollment snapshot (834 monthly audit file) with the changes reported in the 834-daily file for the past 30 days, including all "Manual MMIS Update" and change emails received from Client Enrollment Services (CES), Account Reps, and the Recon Team.

CCOs must also review the 834 daily and monthly files to make sure the following changes are accurately reported:

- Disenrollment's due to mid-month loss of OHP eligibility or deceased members

- Newborn enrollment

These types of changes **only** need to be reported as discrepancies when:

- They are not reported correctly on the daily and monthly 834.
- The plan did not receive an add or termination record the member in the past month's 834 daily files.

Examples of Discrepancies to Report:

Type	Description
No termination on file	Member is not listed in the 834-monthly file but was in prior months and there is no termination record for the member in the past month's 834 daily files.
No add record on file	Member is listed in the 834 monthly file but not the prior month and there is no add record for the member in the 834 daily files.
Managed care enrollment gaps	Member is listed in the 834-monthly file, but the daily 834 files do not show any changes in enrollment during the month
Retroactive eligibility changes	OHA has reported, or you have identified, a retroactive eligibility change, but the daily or monthly 834 does not show a "program change"
Retroactive enrollment corrections	OHA has made a manual correction that did not create an 834 record and no email notification was received.

Helpful Information

OHA Contacts by Topic

834 Technical Help; Delivery of electronic files, mailbox access issues.

EDI Support Services at DHS.EDISupport@odhsoha.oregon.gov

834 Content Issues, Technical Assistance to Resolve Complex Billing or Urgent Access to Care Issues, and Capitation Payments.

Your appointed Account Representative

Monthly Enrollment Discrepancy Reporting

Managed Care Reconciliation Coordination at
Enrollment.Reconciliation@odhsoha.oregon.gov

Enrollment Changes, Corrections, and Questions

Client Enrollment Services at CES.DMAP@odhsoha.oregon.gov

- Dual primes: Report when you find members in your 834 files with the same name and date of birth

- Home CCO enrollment requests (to maintain access to care or other unique issues)

- Newborn enrollment

- Incarceration

- Retroactive enrollment requests that are supported by contract or rule

Web Links by Topic

CCO Contract forms

www.oregon.gov/OHA/HSD/OHP/Pages/CCO-Contract-Forms.aspx

Eligibility Verification

www.oregon.gov/OHA/HSD/OHP//Pages/Eligibility-Verification.aspx

Provider Web Portal

www.oregon.gov/OHA/HSD/OHP/pages/webportal.aspx

Tools for CCOs

This page includes links to several pages with information for CCOs. It is also home to the weekly provider files. www.oregon.gov/OHA/HSD/OHP/Pages/Plan-Tools.aspx

Key Terms

Client Enrollment Services (CES)

The team responsible for updating CCO enrollment changes in MMIS.

Enrollment Reconciliation Discrepancy Certification

The form used to certify the results of each CCO's monthly enrollment reconciliation report. It must be signed by the CCO's CEO, CFO, or a delegated signer (as listed on the CCO's Signature Authorization Form).

Enrollment Discrepancy

The unexpected difference between what OHA reports to the CCO in the monthly 834 file and what the CCO has captured in its systems from the daily 834 files.

History Enrollment

Enrollment correction or "history." This is the term used when OHA needs to remove an enrollment segment completely due to an error or to add a new enrollment segment. This enrollment transaction should appear in the 834 file as a term record but may not in all cases. A CCO might consider this a void when the member is no longer enrolled.

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact the Publications and Design Section at dhs-oha.publicationrequest@odhsoha.oregon.gov or 503-378-3486 or 7-1-1 for TTY. We accept all relay calls.

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