Reports Sent by Encounter Data Liaison to CCO
Created 2/8/23

REPORT	PURPOSE	EXPECTATION FROM CCO
"CCO NAME" Claim Detail Pd Amounts greater than 0 with Reject PI	The purpose of these reports is to ensure CCOs have additional tools to warrant clean data. Health Systems completes the weekly reports every Monday and sends out to the CCOs no later than Tuesday	Require Correction From CCO within 14 Calendar Days of Being Sent via Email
"CCO NAME" Clm Dtl Pd Amts SBR Plan ID Incorrect	The purpose of these reports is to ensure CCOs have additional tools to warrant clean data. Health Systems completes the weekly reports every Monday and sends out to the CCOs no later than Tuesday	Require Correction From CCO within 14 Calendar Days of Being Sent via Email
"CCO NAME" Inpatient Enc claim Pd Status with Group code PI at Header	The purpose of these reports is to ensure CCOs have additional tools to warrant clean data. Health Systems completes the weekly reports every Monday and sends out to the CCOs no later than Tuesday	Require Correction From CCO within 14 Calendar Days of Being Sent via Email
"CCO NAME" Rx Hdr Error Code 1801 and 1011	The purpose of these reports is to ensure CCOs have additional tools to warrant clean data. Health Systems completes the weekly reports every Monday and sends out to the CCOs no later than Tuesday	Require Correction From CCO within 14 Calendar Days of Being Sent via Email
"CCO NAME" Claim Detail Pd Amts Duplicate Related history	The purpose of these reports is to ensure CCOs have additional tools to warrant clean data. Health Systems completes the weekly reports every Monday and sends out to the CCOs no later than Tuesday	CCO Make Corrections as Necessary, but Not Required
"CCO NAME" Claims Not Enrolled and Pharmacy Claims not enrolled Edit 2801	The purpose of this procedure is to ensure Health Systems correctly sends out the accepted liability claims submitted under a Plan Id that a member is not enroll in report. This will allow the Plan to correct the claim. Members not enrolled under Plan ID claim submitted under.	CCO Make Corrections as Necessary, but Not Required
"CCO NAME" Deceased Client Report	To ensure no claim is paid inappropriately related to a client's date of death.	Require Correction From CCO within 14 Calendar Days of Being Sent via Email
"CCO NAME" Consent Report	The purpose of this is to ensure Health Systems completes the CCO Hysterectomy/Sterilization Consent Form reconciliation is to ensure federal standards are met and that no federal funds are used to pay for services when it's not appropriate. The forms are also used to verify that a valid consent form is on file for the claims received.	Submit valid consent forms for audit review within 30 days of initial request. Follow up corrections to be completed within 14 calendar days.
Pend report for subject withhold month	The purpose of this is to ensure CCOs stay contractual compliant with claims not staying in a pending status outside of the allotted timeframe.	CCO Make Correction Based on Pended Claims Date Timeframe if Applicable
CCO Monthly 1% Withhold Report	The purpose of this procedure is to ensure Health Systems completes the Monthly CCO 1% Report as quickly and accurately as possible following OHA polices and guidelines.	Review data and address internally of any issues and ensure corespondence with Liaison
CCO Final 1% Withhold Report	The purpose of this procedure is to ensure Health Systems completes the Final CCO 1% Report as quickly and accurately as possible following OHA polices and guidelines.	Review data and address internally of any issues and ensure corespondence with Liaison
Non-Emergent Transportation (NEMT)	The purpose is to ensure CCOs are submitting NEMT claims following OHA polices and guidelines.	Review only to ensure all claims have been submitted.
Claims Not Enrolled Reports/Members not enrolled Claims Report	The purpose of this procedure is to ensure Health Systems correctly sends out the accepted liability claims submitted under a Plan Id that a member is not enroll in report. This will allow the Plan to correct the claim.	CCO Make Corrections as Necessary, but Not Required
Flushed Claims Report	If there are Flushed Claims, they are sent out with the weekly Claim Count Validations (CCV) that the assigned liaison sends out.	1) If corrections needed, liaison will document on weekly CCV. Plan will have 14 calendar days, from receipt of CCV from liaison, to send VAF. The description in the VAF will include flush claims for reasoning or part of reason for out of balance; whichever is applicable. 2) If no flushed claims indicated on weekly CCV by liaison, nothing is needed by Plan.
Bad Claims Report	If there are Bad Claims, they are sent out with the weekly Claim Count Validations (CCV) that the assigned liaison sends out.	There is nothing for the CCOs to fix. HSDs system vendor, Gainswell, resolves the issues which then releases the claims from the bad file and allows them to finalize.
Encounter Claim Paid Amounts Rolled up Weekly Report	Report is to ensure Health Systems completes the weekly (CCV) claim count validation report as quickly and accurately as possible following HSD policies and guidelines. This weekly report information is added to the CCV weekly reports by the Liaison to each CCO the week after the data has processed and the completed CCCV is sent to CCO.	Information is included on CCV. Report is utilized by Liaison for CCV input.
Pharmacy Claim Paid Amounts Rolled up Weekly Report	Report is to ensure Health Systems completes the weekly (CCV) claim count validation report as quickly and accurately as possible following HSD policies and guidelines. This weekly report information is added to the CCV weekly reports by the Liaison to each CCO the week after the data has processed and the completed CCCV is sent to CCO.	Information is included on CCV. Report is utilized by Liaison for CCV input.
Adjudication Date Edit 3601 Weekly Report	Report is to ensure Health Systems notifies the CCO's as quickly as possible on encounter claims that posted adjudication date errors to ensure all claims are reviewed for contract requirement of claims received within 45 days of adjudication.	Claims that are pended for this error receive this report in addition to the mco status file, to ensure correction is performed quickly.
Prescribing Provider Pharmacy Edits by DOS Weekly Report	Report is to ensure Health Systems notifies the CCO's as quickly as possible on the encounter claims that posted Pharmacy edits with regards to the prescribing provider not enrolled.	Ensure providers are enrolled so claims may be resent in with a paid final status.
CCO's Encounter Claims Submitted 6 Months Look Back Report	Liaison's contact their CCO's regarding any significant fluctuations to determine if there are issues to be resolved.	Sent out intermittently to CCOs to review and address any low or missing data submissions
Claim Count Validation Report	Weekly report is to ensure contract compliance pertaining to weekly encounter data submissions from the CCO to the State. The forms are used to assist CCO's in reconciliation of out of balance claim counts that have incurred due to incorrect reporting on the CCO's Encounter Data Certification and Validation Report form. Daily/Weekly/Monthly review of this document by the Plans Encounter Data Liaison insures that Plans are submitting proper amounts of Encounter Data as well as submitting all claims that were submitted by the Plans providers.	Upon the CCO receiving notification of an out of balance amount from the State, CCOs must return an Encounter Claim Count Verification Acknowledgment and Action form informing the State why an out of balance amount incurred. Daily/Weekly/Monthly review of this document by the Plans Encounter Data Liaison insures that Plans are submitting proper amounts of Encounter Data as well as submitting all claims that were submitted by the Plans providers. This is to be returned back to liaison within 14 calendar days.
Failed Adjustment Report	Weekly report provide all claims listed that the CCO attempted to adjust but did not match to the original claim causing it to fail. Allows CCOs to review for correction and resubmit adjustment.	If corrections needed, required within 14 Calendar Days of Being Sent via Email
Rejected Liability Report	Weekly report provide at the detail level of all claims that the CCO reported rejected liability for their review to ensure accuracy.	If corrections needed, required within 14 Calendar Days of Being Sent via Email
Submission Tracking Report	Weekly report supplies CCO's with the EDI File names that have been sent to HSD along with the Received, Accepted, and Rejected encounter claim counts. This assists the CCO with reconciling out of balance amounts on their Claim Count Validations and assists in claim correction with encounters that are rejected at the translator. The Submission Tracker also documents which files Fail and do not process through the translator, these files will need corrected by the CCO and re-sent to HSD	1) Utilize as a tool to ensure tracking internally for the CCOs of submitted claims to assist with balancing. 2) The Submission Tracker documents which files Fail and do not process through the translator, these files will need corrected by the CCO and re-sent to OHA.
CCO Pend Review Report	Created and reviewed by the Liaison of pended claims that have a penalty date that have aged 31 days or more and may be non compliant or endanger of rolling over the penalty date. Liaison reviews for trends, data errors.	Review in addtion to the MCO status focus is on those pends with the nearest penalty date to be worked first. If data errors CCO should also work to address to prevent from happening in the future.
CCO Claim Data Review	Liaison radomly reviews raw incoming data files for all claim types. Notes any issues within the spreadsheet for the CCO to review and respond to.	All issues listed in the comments column must be reviewed and addressed by the CCOs. Involving correction of data, correction of how data is submitted, enrolling providers and resubmission. CCO may need to update to include editing for errors that may cause submission issues they are not currently catching in their system prior to sending to the state. This may not be inclusive of the types of issues to be addressed. Expectation is to address issues and respond to the Liaison with in time frame given usually 14 calendar days.
Misc Edit Reports	From time to time HSD creates specific edit reports when new edits are created in order to allow CCOs to see how they will affect claims in their systems and allow time for setup and then correction as necessary. Reports may be sent 30 to 60 days or more depending on situation for monitoring.	Review how claims are processing with the new edits, review for issues. Review and correct claims as needed. CCO to incorporate edit into their system to ensure claims process as expected.