Enrollment Discrepancy Reporting Guide

HEALTH SYSTEMS DIVISION

Instructions for
Oregon Medicaid
Managed Care Entities

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Introduction

Purpose

To provide coordinated care organizations (CCOs) and managed care entities (MCEs) with guidance and resources to help with the monthly Enrollment Discrepancy Reporting Process. This includes:

- An overview of the Oregon Health Authority (OHA) managed care enrollment process
- An overview of the monthly reporting process
- How to identify and report enrollment discrepancies
- Helpful information, resources, and contacts

Policies/rules that apply

Oregon Administrative Rules

Health Systems Division: Medical Assistance Programs – Chapter 410

- 410-141-3800 CCO Enrollment for Children Receiving Health Services
- 410-141-3805 Mandatory MCE Enrollment Exceptions
- 410-141-3810 Disenrollment from MCEs
- 410-141-3815 CCO Enrollment for Temporary Out-of-Area Behavioral Health Treatment Services

Code of Federal Regulations (CFR)

CFR Title 42, Chapter IV § 438.56, 438.242, 438.604, 438.606

Form(s) that apply

These forms are available on the CCO Contract Forms page at www.oregon.gov/OHA/HSD/OHP/Pages/CCO-Contract-Forms.aspx.

- Enrollment Reconciliation - Discrepancies Found Report (Excel Spreadsheet)
- Enrollment Reconciliation Certification - Discrepancies Found
- Enrollment Reconciliation Certification - No Discrepancies Found
- MCE Signature Authorization Form - CCOs must send a new form if the CEO/CFO signer or the delegated employee changes

Managed care enrollment overview

Before learning about discrepancy reporting, it may be helpful to read this section to review how enrollment normally works.

Enrollment change criteria

Oregon Administrative Rule 410-141-3810 allows members to change their plan enrollments at these times as long as another plan is available:

- When they reapply or the worker re-determines OHP benefits
- If they move and their existing plan does not provide service at their new address
- 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

As allowed under Oregon Administrative Rule 410-141-3810, DHS/OHA updates managed care enrollment weekly.

- If submitted before 5 p.m. Wednesday, the updates become effective the following Monday
- If submitted on Thursday or Friday, they become effective one week after the following Monday

Newborn enrollment

Newborn babies born to OHP eligible mothers are assumed eligible for OHP on date of birth (DOB). Newborn enrollment follows the mother's enrollment (CCO or FFS) that was in effect on the baby's DOB. Eligible newborns are typically enrolled into CCOs within 2 weeks of being reported to OHA.

Newborns are reported to OHA & ODHS by:

- Member:
  - Calling ODHS or OHA Client Services Unit
  - Updating their case in Applicant Portal
  - Contacting or visiting a local ODHS SSP/APD branch
  - Sending an email to Oregon.Benefits@dhsoha.state.or.us
- Community Partner (on behalf of member):
  - Calling ODHS or Client Services Unit
  - Updating member's case in Worker Portal

    - Sending an email to Oregon.Benefits@dhsoha.state.or.us
- Provider/Hospital:
    - Submitting Form 2410 – OHP Newborn Notification
- CCO:
    - Submitting Form 2410 – OHP Newborn Notification to Oregon.Benefits@dhsoha.state.or.us (If received by hospital/provider)

Newborn Enrollment reported on Daily 834 file:

Once enrolled, the newborn enrollments are reported to plans in the daily 834 file. The 834 file:

- Contains enrollment changes for newborns with an "ongoing" enrollment segment
- Indicates if the newborn's date of birth is current month or prior month

To notify CCOs, OHA sends a secure email to the plan about retroactive enrollment segments on the date the segment is added. Newborn enrollments are added daily. CCOs may contact Oregon.Benefits@dhsoha.state.or.us for assistance if delayed enrollment has exceeded typical timeframes and enrollment is needed for care or billing.

Enrollment gaps

End-of-month eligibility processes may end CCO disenrollment for some members. When this happens, the member will need to get services on a fee-for-service basis, instead of from their CCO. OHA will report this as a gap in the member's managed care enrollment.

OHA enrollment corrections

For all enrollment errors, OHA will identify impacts to all plans and providers to determine the appropriate change. If the 834 file is unable to report the change, OHA will notify the plan's designated contact by email.

When OHA removes incorrect enrollment segments for a plan member, the segments move to the member's enrollment "history" in MMIS. The daily 834 displays these "history segments" as an enrollment add and term for the same date (the date of correction). Plans may consider these as a "void."

For retroactive enrollments, the notification will include demographic details such as PERC, member address and rate or group codes.

Enrollment discrepancy reporting process

Monthly reporting requirements

Each month, all plans (MCEs and CCOs) must submit one of the following reports to OHA:

- Enrollment Reconciliation Certification - Discrepancies Found
- Enrollment Reconciliation Certification – No Discrepancies

The report is for the previous month's enrollment activity, and the first few days of the current month (before OHA sends the monthly 834 Audit File to plans). For example, if OHA delivers the monthly audit file on February 5, the plan will report discrepancies from:

- January
- February 1-4.

To learn more about this requirement, see Exhibit B, Part 3, Section 11 of the CCO/DCO contract.

Timelines

- Upon receipt of the 834-monthly file, MCEs and CCOs have 14 days to complete and submit their reports to OHA.
- Plans that miss this deadline will get a courtesy reminder from the CCO Enrollment Reconciliation Coordinator. OHA will consider plans non-compliant for this requirement if they do not submit reports within two business days of the reminder.

If plans are unable to meet reporting timelines:

Plans that cannot meet the above timeframes must notify the CCO Enrollment Reconciliation Coordinator within 14 business days of receiving the 834-monthly file.

Signature authority

OHA will only accept reports signed by one of the following per 42 CFR 438.604 and 42 CFR 438.606:

- Chief Executive Officer (CEO)
- Chief Financial Officer (CFO)
- Individual who has been delegated authority and reports directly to the CEO or CFO.

To delegate signature authority, the CEO or CFO must complete the MCE Signature Authorization Form and submit it via secure email to CCO.MCODeliverableReports@dhsoha.state.or.us

How to submit reports to OHA

The CEO, CFO, or delegated representative must sign, date, and complete the appropriate Enrollment Reconciliation Certification form and send the completed form via secure email to the CCO Enrollment Reconciliation Coordinator.

- In the subject line, write, "Enrollment Reconciliation," followed by your plan name.
- The assigned Account Representative will be copied on the finalized discrepancy file review.
- If discrepancies have been found, a completed Discrepancies Found Report must be included in the email.

OHA review

Prior to the next 834 monthly file, OHA will review all discrepancies listed in the "Discrepancies Found" report and return the completed report to the contacts designated by the CCOs. This includes:

- Verifying the discrepancies
- Responding to the plan to confirm or explain the reported discrepancies
- If applicable, correcting all confirmed discrepancies

How to review 834 information for enrollment discrepancies

OHA plans should process all their daily 834 files for the prior month **before** beginning analysis to complete the monthly discrepancy report.

Note reporting due dates

Refer to the monthly 834/820 calendar to note due dates for submitting the monthly report. OHA will post the calendar with the meeting materials for the All Plan System Technical Workgroup meeting material, posted at www.oregon.gov/OHA/HSD/OHP/Pages/CCO-System-Technical.aspx.

Load all 834 daily files in chronological order

Under normal processing, the 834 daily file is produced Monday through Friday, with delivery 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.
- The Encounter Data team will investigate, determine if a file was created/delivered, and contact the plan with their findings.

Please be sure to load any re-delivered files **before** beginning your discrepancy review.

Identify enrollment changes in the 834 daily files

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

- Locate all segments that contain 834 Maintenance Reason Code 22 (“Plan Change”), then
- For each segment, determine the specific reason for the plan change. OHA reports the specific reason as an MMIS Stop Reason Code.

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.

How to find plan changes

Look for 834 Reason Code 22 (“Plan Change”) as shown in the Oregon MMIS Technical Specifications for the 834 Daily File. The 834 Reason Code is INS (Member Level Detail), Element INS03 (“Maintenance Type Code”).

In the example below:

- This code ("22") displays in the third data element (after the "Y" flag) in the INS section reported for the member.
- The enrollment start/end dates are in the "DTP" section, entered in YYYYMMDD format.

```
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
```

How to find MMIS Stop Reasons

For members with plan changes, look at the REF data element listed for "END REASON."

As shown in the Oregon MMIS Technical Specifications for the 834 Daily File the MMIS Reason Code is REF (Reporting Category Reference), Element REF02 ("Reference Identification").

In the example below, the code ("RC") displays as the second data element on the REF line for the END REASON section of the 834 reporting for the member.

- This section is listed 6th (LX*6) below.
- There can be up to 10 pieces of information reported for a member (LX*1 through LX*10).

```
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").

Review 834 monthly and daily files for discrepancies

Plans 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.

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: ■ Finding no termination for the member in the past month's 834 daily files would be a discrepancy.
No add record on file	Member is listed in the 834 monthly file, but not the prior month: ■ Finding no add record for the member in the 834 daily files would be a discrepancy.
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 correction, but the daily or monthly 834 does not show the correction, such as: ■ Filling an enrollment gap ■ Correcting newborn enrollment dates ■ Removing incorrect enrollment segments

Review for discrepancies between enrollment change requests and 834 reporting

Review all enrollment change emails from Client Enrollment Services (CES).

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

- 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.
- You did not receive an add or termination record for the member in the past month's 834 daily files.

For plans that contract with a subcontractor:

Before submitting subcontractor reports to OHA, please review and analyze them for:

- Accuracy using the 834 and the Provider Web Portal
- Member terminations
- New enrollments

Enrollment change examples on the 834-daily file

Date of death

Date of death is reported retroactively. For example:

- 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 the daily 834 shows correct MMIS Stop Reason ("DP") and 834 Maintenance Reason ("03") codes for mid-month enrollment termination.

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 an "XN" maintenance reason the day before the date of death gets reported. This means plans may have to view two daily files to verify date of death changes.

Enrollment correction reported as a discrepancy

In the following example, the INS segment shows the 834 Maintenance Reason code ("07" – Termination of Benefits) as the 3rd data element (after the "Y" flag).

- The DTP segments show the start and end dates of the enrollment (formatted as YYYYMMDD).
- The start and end dates are the same (1/1/2017), indicating that this is an enrollment correction.

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

Newborn example on 834

Enrollment information

The INS segment shows the following:

- "021" means the enrollment is an addition.
- 834 Maintenance Reason code ("AI" – No Reason Given)

The DTP segments show the start and end dates of the enrollment (formatted as YYYYMMDD).

The DMG segment shows the newborn's date of birth, which is the same as the enrollment start date.

```
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
```

Newborn enrollment flag

You can use this flag to verify that the reason code information is for newborn enrollment. To do this, look for the "Newborn Indicator" information for the newborn (see example below).

- In the NM1 section, "QD" indicates the responsible party.
- In the DTP section, the date matches the newborn's enrollment start date and birth date.
- The newborn flag is the second data element in the REF segment.

```
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

Helpful information

OHA contacts by topic

834 technical help; Delivery of electronic files, mailbox access issues.

EDI Support Services at DHS.EDISupport@dhsoha.state.or.us

Technical assistance to resolve complex billing or urgent access to care issues, capitation payments, content issues with the 834 files.

Your Account Representative

Monthly enrollment discrepancy reporting

CCO Enrollment Reconciliation Coordinator

Enrollment changes, corrections, and questions

Client Enrollment Services at ces.dmap@dhsoha.state.or.us.

- 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 Managed Care requests that are supported by contract or rule.

Provider Web Portal and AVR PIN/password resets and questions

Call Provider Services at 800-336-6016 or email team.provider-access@dhsoha.state.or.us.

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 health plans

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

Secure email

OHA's practice is to manually encrypt all email containing sensitive information sent outside of DHS/OHA. This includes messages containing text, graphics and attachments containing sensitive information.

Partners and members can exchange secure emails with DHS/OHA on the DHS/OHA secure email site at https://secureemail.dhsoha.state.or.us/encrypt.

To learn more about secure email at DHS/OHA, view the DHS/OHA Secure Email Instructions.

Key terms

Automated Voice Response (AVR)

A telephonic mode of complete eligibility and enrollment inquiries for OHP members.

Client Enrollment Services (CES)

The team responsible for entering plan enrollment changes in MMIS.

Enrollment Reconciliation Discrepancy Certification

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

Enrollment discrepancy

The unexpected difference between what OHA reports to plans in their monthly 834 file and what the plans have captured in their 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(s).

This should appear in the 834-enrollment transaction as a term but may not in all cases. A plan might consider this a void when the member is no longer enrolled with the plan.