

# UNIFORM MANAGED CARE MANUAL 16.4.1 Nonemergency Medical Transportation (NEMT) Encounter to Healthcare Claim Matching Process

## DOCUMENT HISTORY LOG

STATUS <sup>1</sup>	DOCUMENT REVISION <sup>2</sup>	EFFECTIVE DATE	DESCRIPTION <sup>3</sup>
Baseline	2.0	September 1, 2023	Initial version Uniform Managed Care Manual Chapter 16.4, Nonemergency Medical Transportation (NEMT) Encounter to Healthcare Claim Matching Process.  Chapter 16.4 applies to Contracts awarded as a result of HHSC RFP numbers 529-12-0002, 529-10-0002, 529-13-0042, 529-15-0001, 529-13-0071, HHS0002879, and Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.
Revision	2.1	April 1, 2024	Uniform Managed Care Manual Chapter 16.4.1, “Nonemergency Medical Transportation (NEMT) Encounter to Healthcare Claim Matching Process” has been revised to include submission timeframes and revised dates when HHSC will provide the compliance reports.

<sup>1</sup> Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions

<sup>2</sup> Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first version of the document and the second revision.

<sup>3</sup> Brief description of the changes to the document made in the revision.



# **UNIFORM MANAGED CARE MANUAL 16.4.1 Nonemergency Medical Transportation (NEMT) Encounter to Healthcare Claim Matching Process**

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## **UNIFORM MANAGED CARE MANUAL 16.4.1 Nonemergency Medical Transportation (NEMT) Encounter to Healthcare Claim Matching Process**

### **Applicability and Purpose of Chapter 16.4.1**

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS, Medicare-Medicaid Dual Demonstration, STAR Kids, and the STAR Health Programs. References to "Medicaid" or the "Medicaid Program(s)" apply to the STAR, STAR+PLUS, Medicare-Medicaid Dual Demonstration, STAR Kids, and STAR Health Programs. The term "MCO" includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, Medicare-Medicaid Plans (MMPs), and any other entities licensed or approved by the Texas Department of Insurance. The requirements in this chapter apply to all Medicaid Programs, except where noted.

This chapter outlines the process related to Nonemergency Medical Transportation (NEMT) Encounters to Healthcare Claims Matching delivered to Medicaid Managed Care Programs.

For the FFS delivery model, HHSC will use the matching logic process utilized for the managed care delivery model. The matching logic process matches transportation expenditures to corresponding healthcare claims and encounters, pharmacy point of sale, and other insurance to support that transportation was used for its intended purpose.

### **Introduction**

MCOs must meet a minimum performance standard of 85 percent for matching healthcare service claims to transportation encounters. HHSC defines contractual non-compliance as failure to meet the minimum performance standard.

### **Procedure**

- I.** NEMT Encounters to Healthcare Event Matching Compliance Report
  - a. Texas Medicaid and Healthcare Partnership (TMHP) will continue to produce the monthly MCO MTP Matching Report Extract (MCOMRCCYYJJJ.txt). The MCO MTP Matching Report Extract will be published on the MCOHub and placed in the MCO/ENC/MTP folder.
  - b. Encounters submitted with a "Y" on the manual trip verification indicator column will be excluded from the report.
  - c. Matching Logic:
    1. Matching to healthcare events relies on healthcare encounters accepted into TMHP Encounters Data Warehouse.
    2. There are eight levels of data element matching between NEMT encounters and a healthcare claim event or encounter. A Match Type of X1-X8 or XX is assigned by the matching job to NEMT encounters when they are matched to healthcare events.

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Match Level	Data Element Match between NEMT Enc and Healthcare Event
X1	Client ID, Healthcare Provider NPI/API, and Healthcare Appointment Date
X2	Client ID, Healthcare Provider Name, and Healthcare Appointment Date
X3	Client ID, Healthcare Provider Taxonomy, and Healthcare Appointment Date
X4	Client ID, Healthcare Provider Address and Zip, and Healthcare Appointment Date
X5	Client ID, Healthcare Provider Zip, and Healthcare Appointment Date
X6	Client ID, Healthcare Provider City and State, and Healthcare Appointment Date
X7	Client ID, Healthcare Provider State, and Healthcare Appointment Date
X8	Client ID and Healthcare Appointment Date
XX	No Match

- d. Compliance refers to those NEMT encounters which have a matched healthcare event, with a Match Type of X1-X8.
- e. TMHP will produce the quarterly NEMT Encounters to Healthcare Event Matching Compliance Report to match NEMT transportation encounters to corresponding healthcare claim events. The report will identify a compliance rate for each MCO by managed care program.
- f. HHSC will share the NEMT encounters to healthcare event matching compliance rate every quarter. Compliance rates shared every April and October will be used to assess performance compliance. Each MCO must review the NEMT encounters to healthcare event matching compliance rate.

### **II. Root Cause Analysis**

- a. First Non-Compliance Occurrence:
  - 1. For each month where the performance is less than 85 percent, a root cause analysis must be completed and submitted using the template in UMCM 16.4.1.1. The root cause analysis must explain in detail the reason for non-compliance and include a description of actions performed by the MCO to correct identified deficiencies and to come into compliance with the 85 percent performance standard.
- b. The root cause analysis response is due no later than 15 business days from the receipt of the email notification. Second Non-Compliance Occurrence:
  - 1. HHSC will provide the MCO with 10 NEMT encounter internal control numbers. The MCO must conduct research and provide HHSC with an explanation that outlines why the healthcare event does not have a corresponding NEMT encounter.
  - 2. The root cause analysis response is due no later than 15 business days from the receipt of the email notification.
  - 3. The MCO will be considered compliant with claims matching requirements if the reason for the non-compliance is outlined in Part I of Appendix A.

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4. For the reasons outlined in Part II of Appendix A, HHSC will review the MCO's root cause analysis on a case-by-case basis to determine if the reasons are acceptable to be considered compliant.

HHSC will recommend contractual remedies for identified non-compliances, including but not limited to, corrective action plans and/or liquidated damages.

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### Appendix A – List of Reasons

The following is a non-exhaustive list of reasons that a transportation encounter may not have a matching healthcare event:

#### I. Approved Reasons

*HHSC accepts the following as reasons that a healthcare event may not have a corresponding transportation encounter:*

- a. Cancellations by a Provider's Office
  - i. Including, but not limited to, provider unable to render services due to unforeseen circumstances including delivering a baby, dental specialty care required, or linguistic challenges.
- b. Proxy ID
  - i. Post-birth checkup for an infant that has not been assigned a Medicaid ID number. The mother's Medicaid ID number is used for the transportation encounter, and the infant's proxy ID is used for the healthcare event. The date of service matches both events.
- c. Access to Care
  - i. Member unable to receive care due to unforeseen circumstances including, but not limited to, dialysis port malfunctions or restrictions related to assistive devices/equipment.
- d. Claims for Follow-up Visits
  - i. Appointments for follow-up visits including, but not limited to, suture removals, prescription pickup, or post-partum maternity care.
- e. Fraud, Waste, and/or Abuse Claim Denials

#### II. Case-by-Case Reasons

*HHSC agrees to review the following reasons on a case-by-case basis:*

- a. Late Appointment Arrivals
- b. Claim Billed with Incorrect Medicaid ID

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- i. Multiple family members in the same household use NEMT services. The parent or legally authorized representative inadvertently provides the incorrect Member Medicaid ID.
- c. Encounter Rejected for BX or OX Edits
  - i. MCOs should review and resubmit encounters rejected for these reasons.
  - ii. MCOs may use a trip verification indicator if the rejection is due to an unmatched encounter identified on the Encounters Matching Summary Report.