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	EFFECTIVE DATE June 1, 2012	
Medicaid and CHIP Dental Services CLAIMS LAG REPORT INSTRUCTIONS		Version 2.1

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	1.0	September 15, 2009	Initial version Uniform Managed Care Manual Chapter 5.6.2.8, "CHIP Dental Claims Report Instructions."
Revision	2.0	March 1, 2012	Chapter 5.6.2.8 is modified to include the Medicaid Dental Program and the chapter is renamed "Medicaid and CHIP Dental Services Claims Lag Report Instructions." In addition, the chapter is rewritten to include instructions for the Dental Claims Lag Report only. Instructions for the Dental Claims Summary Report can be found in Uniform Managed Care Manual Chapter 5.6.1.5.
Revision	2.1	June 1, 2012	Chapter 5.6.2.8 is clarified. Revision 2.1 applies to contracts issued as a result of HHSC RFP number 529-12-0003.

¹ Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.

² Revisions should be numbered in accordance 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.

³ Brief description of the changes to the document made in the revision.



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Applicability of Chapter 5.6.2.8

This chapter applies to Dental Contractors participating in the Texas Medicaid or CHIP Dental Programs. The requirements in this chapter apply to both Programs, except where noted.

Objective

Dental Contractors participating as a dental indemnity insurer or single-service health maintenance organization (also referred to as a “dental maintenance organization” or “DMO”) in the Texas Medicaid/CHIP Dental Programs must submit a Claims Lag Report (CLR) in accordance with the HHSC Dental Services Contract and the instructions below.

General

General
Modified by
Version 2.1

The Claims Lag Report must be completed using the Microsoft Excel templates provided by HHSC. All shaded data fields in the CLR represent fields where data input is required. All data fields not shaded represents cell-referenced data or calculations.

HHSC will provide the Claims Lag Report to the Dental Contractors in an electronic format. Spreadsheet integrity is critical to the automated compilation of this data. Dental Contractors may not alter the file name, worksheet name, existing cell locations, or the format of the data in the cells except to add columns for additional months paid.

Please refer to UMCM Chapter 5.6.2.9 for the Medicaid Dental Services CLR template and to UMCM Chapter 5.6.2.7 for the CHIP Dental Services CLR template.

Claims Lag Report

As required by the HHSC Dental Services Contract, the Dental Contractor must submit the Claims Lag Report as a Contract year-to-date report. The report must disclose the amount of incurred claims each month and the amount paid each month. Applicable definitions are found in the Medicaid/CHIP Dental Services Contract Terms & Conditions and UMCM Chapter 2.0. The Claims Lag Report must be submitted quarterly by the last day of the month following the reporting period.

Data Entry for the Claims Lag Report



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Enter the following information on the sheet labeled “Medicaid Dental Lag Report” or “CHIP Dental Lag Report” depending on the Program.

Contractor: The Dental Contractor’s official name in Texas
State Fiscal Year: For example, 2012
Quarter: For example, Q1, Q2
Date Submitted: Month, day, and year, for example, 6/30/2012

Enter claims payment data in the sections as labeled based on risk groups. Within each section:

- The rows represent the month of service.
- The columns represent the months of payment.

Any subsequent adjustments to claims, such as recoupment of overpayments, should be entered in the column corresponding to the date of the adjustment and the row corresponding to the original date of service.