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	EFFECTIVE DATE June 1, 2012	
STAR Health CLAIMS LAG REPORT INSTRUCTIONS		Version 2.0

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	1.0	December 31, 2007	Initial version Uniform Managed Care Manual Chapter 5.6.2.6 STAR Health Claims Lag Report Instructions.
Revision	1.1	April 10, 2008	Chapter 5.6.2.6 modified to omit specific references to the STAR Health Contract and to include "Plan Code" in the header of the template.
Revision	2.0	June 1, 2012	Chapter 5.6.2.6 is modified to add an Applicability statement and to update the examples. Revision 2.0 applies to contracts issued as a result of HHSC RFP number 529-06-0293.
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represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.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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Claims Lag Report Instructions

Applicability of Chapter 5.6.2.6

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR Health Program, (formerly referred to as the Comprehensive Healthcare Program for Foster Care).

Applicability added by Version 2.0

Objective

The STAR Health Contract requires the MCO to submit a Claims Lag Report as a Contract year-to-date report. The report must be submitted quarterly by the last day of the month following the reporting period (SFY Quarters).

Objective Modified by Version 1.1

General

The Claims Lag Report must be completed using the Microsoft Excel templates provided by HHSC.

General Modified by Versions 1.1 and 2.0

All shaded data fields in the Claims Lag Report represent fields where data input is required. All data fields not shaded represent cell referenced data or calculations.

HHSC will provide the Claims Report file in electronic format. Data integrity is critical to the automated compilation of the data. Do not alter the file except to add columns for additional months paid.

As noted in the STAR Health Contract, the Claims Lag Report must disclose the amount of incurred claims each month and the amount paid each month by categories of service. The report must also include total claims incurred and paid by month.

Complete the header on the first page:

Contractor: The vendor's official name in Texas
Plan Code: For example, 1E
State Fiscal Year: For example, 2012
Quarter: For example, Q1, Q2
Date Submitted: Month, day, and year; for example, 12/30/2012

Enter claims payment data on the sections as labeled. Within each section:

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



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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.

Some columns may be hidden; unhide hidden columns as necessary for data input.