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

DOCUMENT HISTORY LOG

STATUS[1]	DOCUMENT REVISION[2]	EFFECTIVE DATE	DESCRIPTION[3]
Baseline	2.0	November 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.

[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represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions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 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.

TEXAS Health and Human Services

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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 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 matching healthcare claims to Nonemergency Medical Transportation (NEMT) encounters 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

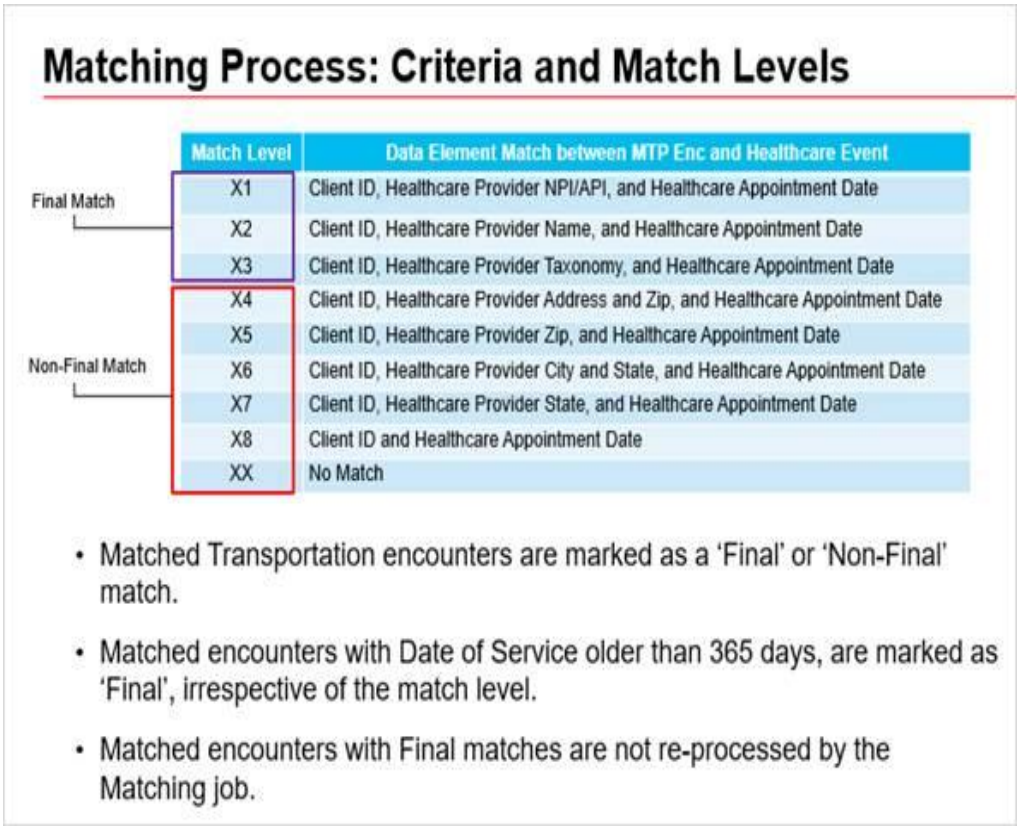
I. NEMT Encounters to Healthcare Event Matching Compliance Report

a. Texas Medicaid and Healthcare Partnership (TMHP) will continue to produce a 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. Transportation encounters for Value Added Services are included in the matching logic and are not excluded from the matching process or report. The companion guide indicates the MCOs are to "Populate with V when the transportation service was related to a value-added service provided by the MCO; otherwise, leave blank."
d. 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.

Note: Provider name and address should match character to character. The Zip must match the first five characters. The Matching job assigns match levels to encounters using an algorithm, based on the type of healthcare event. Match conditions below show the criteria used by the matching algorithm to assign match as either a "Final" or "Non-Final" match.



e. Compliance refers to those NEMT encounters which have a matched healthcare event, with a Match Type of any of the following: X1, X2, X3, X4, X5, X6, X7, or X8.
f. 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.
g. HHSC will provide the NEMT encounters to healthcare event matching compliance rate every quarter. Compliance rates shared every March 31st and September

30th 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. The MCO must perform a root cause analysis and enter the explanation on section 1.0 of the Root Cause Analysis 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.
   2. The MCO must maintain the root cause analysis on file and provide a copy to HHSC upon request.

b. 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. HHSC will request a copy of the root cause analysis performed in the previous non-compliant quarter.
   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.
   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.
   5. HHSC will recommend contractual remedies for identified non-compliances, including but not limited to, corrective action plans and/or liquidated damages.

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. Rendering Providers

   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.

   ii. Member's medical appointment is with Nurse Practitioner or Physician Assistant who does not hold the practice/medical facility NPI.

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. Trip Activity

   i. A different location in the same office park or an address adjacent to a hospital complex would be acceptable. Mileage should be calculated using the drop-off address.

   ii. Transporting head of household (HOH)/parent to hospital for hospital visit of child member on multiple days.

   iii. A trip to a non-medical appointment or location due to an enhanced Value-Added Service (VAS).

   iv. Pharmacy trip and prescription pick-up occur on different day/time.

f. Billing

   i. Member is dual eligible (i.e., dialysis treatment is billed to Medicare, but use Medicaid for transportation to dialysis).

ii. Claim information for Third-Party Insurance not available.

II. Case-by-Case Reasons

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

a. Late Appointment Arrivals

b. Claim Billing

i. Multiple family members in the same household use NEMT services. The parent or legally authorized representative inadvertently provides the incorrect Member Medicaid ID.

ii. Untimely claim filing by medical, pharmacy, dental, or vision provider. Education must be provided where appropriate.

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.

d. Trip Activity

i. A child and a parent who share a vehicle to attend a medical appointment at the same facility or hospital, and the child or the parent are listed as an additional passenger.

e. Abuse/Neglect/Exploitation

i. Fraud, waste, and abuse by the member. If an individual member habitually engages in fraud, waste, and abuse, education or intervention may be appropriate.

ii. Fraud, Waste, and/or Abuse Claim Denials