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CHAPTER TITLE		EFFECTIVE DATE	
<b>MEDICAID NATIONAL CORRECT CODING INITIATIVE REQUIREMENTS</b>		<b>November 15, 2015</b>	
		<b>Version 2.2</b>	

#### DOCUMENT HISTORY LOG

STATUS <sup>1</sup>	DOCUMENT REVISION <sup>2</sup>	EFFECTIVE DATE	DESCRIPTION <sup>3</sup>
Baseline	2.0	June 10, 2014	Initial version of Uniform Managed Care Manual Chapter 2.4, "Medicaid National Correct Coding Initiative Requirements."  This chapter applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042.
Revision	2.1	October 1, 2014	Revision 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.  Section I. is modified to add the Medicare-Medicaid Dual Demonstration.
Revision	2.2	November 15, 2015	Revision 2.2 applies to contracts issued as a result of HHSC RFP numbers 529-10-0020, 529-12-0002, 529-12-0003, 529-13-0042, 529-13-0071, and 529-15-0001; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.  Section I. is modified to add the STAR Kids Program.

<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represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions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.



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## I. APPLICABILITY OF CHAPTER

Section I  
Modified by  
Versions 2.1  
and 2.2

This chapter applies to Managed Care Organizations (MCOs) participating in STAR, STAR+PLUS (including the Medicare-Medicaid Dual Demonstration), STAR Kids, and STAR Health and Dental Contractors providing Texas Medicaid Dental Services. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS, STAR Kids, and STAR Health Programs, and the Medicaid Dental Contractors. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, Dental Contractors, Medicare-Medicaid Plans (MMPs), and any other entities licensed or approved by the Texas Department of Insurance. This chapter does not apply to CHIP.

## II. BACKGROUND AND PURPOSE

The CMS National Correct Coding Initiative (NCCI) promotes correct coding and reduces improper coding that may result in inappropriate payments of Medicare Part B claims and Medicaid claims. Section 6507 of the Patient Protection and Affordable Care Act (PPACA) requires state Medicaid programs to incorporate compatible NCCI methodologies in their systems for processing Medicaid claims.

CMS posts the complete quarterly updates to the Medicaid NCCI edit files on the Medicaid Integrity Institute (MII) website on the RISSNET portal approximately 15 days before the first day of each new calendar quarter. These edit files on the RISSNET portal contain information that is not included in the Medicaid NCCI edit files available to the public on the Medicaid NCCI webpage on the Medicaid.gov website. Typically, CMS posts the edit files for the public on the Medicaid NCCI webpage on the first day of the calendar quarter.

CMS allows state Medicaid agencies to share the complete quarterly Medicaid NCCI edit files posted on the RISSNET portal with MCOs, if appropriate confidentiality agreements are in place. Additionally, the state Medicaid agency and MCOs may share those complete quarterly edit files at that time with a contractor or subcontractor assisting with the implementation of the state’s Medicaid NCCI in the processing of claims or encounter data, if appropriate confidentiality agreements are in place. This chapter contains confidentiality requirements for the MCOs’ receipt and use of the complete quarterly Medicaid NCCI edit files.

## III. STATUTORY AND REGULATORY AUTHORITY

Statutory and regulatory authority for this chapter includes the following.



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- 6507 of the Patient Protection and Affordable Care Act, “Mandatory State Use of National Correct Coding Initiative”

#### **IV. CONFIDENTIALITY OF THE COMPLETE QUARTERLY NCCI EDIT FILES**

The complete quarterly NCCI edit files are Confidential Information as that term is defined in Attachment A of each MCO’s Contract. The MCO must protect Confidential Information in accordance with Attachment A, Article 11.01. Specifically, an MCO must ensure the following.

- The MCO and all Subcontractors must not disclose, publish, or share new, revised, or deleted Medicaid NCCI edits with any person or entity not involved with the implementation of the Medicaid NCCI edit methodologies and not covered by a confidentiality agreement before posting of the edits on the Medicaid NCCI webpage on the Medicaid.gov website (typically occurring on the first day of the calendar quarter).
- After the edits have been posted on the Medicaid NCCI webpage on the Medicaid.gov website, the MCO and all Subcontractors may disclose only non-confidential information about the edit files that is also available to the general public on the webpage.
- New, revised, or deleted Medicaid NCCI edits must not be implemented in the Medicaid program before the first day of the calendar quarter.
- New, revised, or deleted Medicaid NCCI edits must not be implemented or used in non-Medicaid programs or for any unrelated business purposes before posting of the Medicaid NCCI edit files on the Medicaid NCCI webpage on the Medicaid.gov website.
- After the Medicaid NCCI edit files have been posted on the Medicaid NCCI webpage on the Medicaid.gov website, information relating to the individual edits or limited ranges of edits that is in the complete quarterly Medicaid NCCI edit files on the MII website on the RISSNET portal (and that is not contained in the Medicaid NCCI edit files that are posted on the Medicaid NCCI webpage on the Medicaid.gov website) may be released only in response to inquiries from individuals, medical societies, or other non-Medicaid entities. However, there must be no broad release to individuals, medical societies, or other non-Medicaid entities of information that is not contained in the Medicaid NCCI edit files that are posted on the Medicaid NCCI webpage on the Medicaid.gov website.
- Information contained in the complete quarterly Medicaid NCCI edit files on the MII website on the RISSNET portal that is not also in the files posted on the Medicaid NCCI webpage on the Medicaid.gov website must not be used at any time for non-Medicaid purposes.

HHSC will impose penalties, including termination of the Contract, for violations of confidentiality provisions in the Contract, including any provisions in this chapter.