# DOCUMENT HISTORY LOG

<table>
<thead>
<tr>
<th>STATUS¹</th>
<th>DOCUMENT REVISION²</th>
<th>EFFECTIVE DATE</th>
<th>DESCRIPTION³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>1.0</td>
<td>November 15, 2006</td>
<td>Initial version Uniform Managed Care Manual Chapter 5.6.2.4, “Claims Lag Report Instructions.”</td>
</tr>
<tr>
<td>Revision</td>
<td>1.1</td>
<td>December 10, 2008</td>
<td>Chapter 5.6.2.4 “Claims Lag Report Instructions” has been updated to reflect the addition of Service Area to the Header of the Claims Lag Report.</td>
</tr>
<tr>
<td>Revision</td>
<td>2.0</td>
<td>June 1, 2012</td>
<td>Chapter 5.6.2.4 is modified to add an Applicability statement, to correct the contract reference, and to update the examples. Revision 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, and 529-12-0002.</td>
</tr>
<tr>
<td>Revision</td>
<td>2.1</td>
<td>November 1, 2016</td>
<td>Chapter 5.6.2.4 is modified to add applicability to STAR Kids, and to update the examples. Revision 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-13-0042, and 529-13-0071.</td>
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</tbody>
</table>

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represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions.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.
Claims Lag Report Instructions

**Applicability of Chapter 5.6.2.4**

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

**Objective**

Per Attachment B-1, Section 8.1.17.1 of the Joint Medicaid/CHIP HMO Contract ("Contract"), the HMO must 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).

**General**

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

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 Section 8.1.17.1 of the 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  
**Service Area:** For example, Bexar, Travis  
**State Fiscal Year:** For example, 2016  
**Quarter:** For example, Q1, Q2  
**Date Submitted:** Month, day, and year; for example, 12/30/2016

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.

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.**