

Denying non-Medicaid claims that are outside the allotted time period for submission per Board/Provider contracts.

Many Boards have expressed the need to automatically deny Non-Medicaid claims that are submitted after the Board's billing deadline and/or those claims that exceed the Board's contractual ceiling amount for such services. Some Boards wish to contractually obligate providers to submit Non-Medicaid claims no more than (for example) 90 days after the close of the fiscal year so that all claims submitted after the deadline will be denied. Another scenario involves Boards that will only fund (for example) \$10,000 of Non-Medicaid services during a fiscal year. In both cases, Boards are now required to manually deny such claims, thus it has been requested that Diamond be configured to automatically deny any claims received after the contracted limit/designated time period.

After considerable discussion between Boards and State staff, the easiest and cleanest (i.e., auditable) way to accomplish this is to remove the Alt Sched from the PROVC on the Medicaid contracts and to remove both the Primary Sched and the Alt Sched from the Non-Medicaid contracts (please note that the "Default" contracts **cannot** be modified because out of county claims must continue to process normally). Boards **should not** change their rates on the PROCP in Diamond to a \$0.00 allowed amount because the audit trail for previously paid claims will be lost. The important distinction is to actually DENY the claims rather than paying them at zero dollars.

Boards that decide to implement this procedure will need to email the MACSIS Support Desk so that the State can make all the necessary changes in Diamond. (All changes will be forwarded to Debbie Downs at ODADAS who will make the changes to the Diamond PROVC records, but the MACSIS Support Desk must be informed so that claims related questions can be answered for denials, etc.). The email should list all PROVC records that need adjustment along with the effective date of the change. Please include the provider's UPI, Panel, Line of Business, Contract Effective Date, Primary Price Schedule, and Alternate Price Schedule, along with the cutoff date desired. It is important that this type of change to contracts NOT be attempted during the week when Claims EDI is running. The system must be quiet so that production claims sessions do not abend, which is why the State prefers to make these changes. (If a Board prefers to make the changes to the Non-Medicaid contracts, an email to the Support Desk should still be sent indicating that the Board will make the necessary modifications to the Non-Medicaid contracts. Due to security codes, the State must adjust the Medicaid PROVC records. Boards should only make these on-line changes when claims for their providers are not running in either Edit or Post mode.)

The steps to implement this procedure are:

- (1) terminate the contract from the previous year with the term date of 6/30/yyyy (reason code will be LBCLR- Local Board Contract Limits Reached to assist in the "audit trail" of why the contract was modified),
- (2) create a new contract for the current fiscal year with the appropriate price schedules, and
- (3) remove the alternate price schedule from Medicaid contracts for the prior fiscal year and both the primary and alternate schedule from Non-Medicaid contracts.

This will allow all claims for Non-Medicaid services with a date of service that falls in the prior fiscal year to deny while enabling services for the current year to pay correctly. Please note that no reason code can be assigned to these claims so Boards will need to explain to providers that old claims that are denied will not be flagged with a reason code. Please be aware that this methodology will result in all Non-Medicaid services being denied; this solution is not procedure code specific so Boards cannot deny payment for Service A but not for Service B.

Important note: this procedure should **NOT** be used with providers receiving ODADAS grant funding (examples are ODADAS prevention service grants and the ODADAS women's grant funded programs).