Humana	**Procedure:** 300-NCCI MCO Cost Savings	
Original Issue Date: 10/19/22	**Procedure Number:**	**Original Approver:** Christina Mayes
Current Version Approved By:	**Current Revision Date:**	**Next Review Date:** 10/19/23

Purpose

The purpose of this report is to outline requirement details needed to complete the Louisiana Department of Health (LDH) LA MMC 300-NCCI MCO Cost Savings report. The purpose of the report is to provide the agency with assurance that the NCCI quarterly files have been updated and savings have been applied.

Scope

This report is ran quarterly pulling claims data from the EDW tables for the reporting quarter.

Report Run Date

This report is due quarterly on the 15th of the month following the quarter.

Template

The reporting template provided by LDH is a formatted Excel document containing two tabs. For the purposes of this report, the 300 tab will be utilized. This tab contains ten fields.

References

Contract requirements for NCCI edits are outlined in Attachment A: Model Contract.

2.18.9.8 The Contractor shall employ CMS mandated edits for Louisiana Medicaid Program and nationally recognized clinical editing standards as outlined below:

2.18.9.8.2 Edits shall be based on current industry benchmarks and best practices including, but not limited to, specialty society criteria, American Medical Association CPT coding guidelines, and CMS mandated edits for Louisiana Medicaid Program, which include the quarterly National Correct Coding Initiative (NCCI) edits or its successor.

2.18.9.9 The Contractor shall implement CMS mandated edits and NCCI edits quarterly as directed by CMS and adhere to LDH timelines for the updates.

Procedure

1. Terms and Acronyms:

EDW: Enterprise Data Warehouse. System used to store provider and claims data.
LDH: Louisiana Department of Insurance

NCCI: National Correct Coding Initiative
Procedure-To-Procedure Edits: Some services are considered included or integral to the primary procedure. When these component services are billed separately, they will be bundled into the comprehensive procedure code and not allowed separately.
Medically Unlikely Units-Of-Service Edits: When a code is billed with units exceeding the daily maximum, the excess units are denied. These edits are based on a number of different references and are meant to account for the average person in the average situations.
Code Edit: The process of analyzing the relationships between the medical codes used to represent services provided to a member, including procedure codes, diagnosis codes and modifiers. Editing also considers some attributes of the patient, such as age and gender, and may vary based on Line of Business and product type.

2. Roles and Responsibilities

- CCM Data Team analyst is responsible for pulling data for the report from the EDW and completing the fields in the template.
- Payment Integrity Lead from Code Edit is responsible to review the template for accuracy.
- CCM Compliance manager is responsible to review and approve.
- CCM Compliance professional is responsible to send template to Regulatory Compliance for submission to the state.

3. Process

1. The CCM data team analyst will pull the data for the report and populate the fields in the template. They will send the report template to the Code Edit and CCM Compliance teams by the 6th of the month following the quarter.

2. The Payment Integrity Lead will review the data for accuracy. If there are any inaccuracies found in the data submission, the Payment Integrity Lead will send the template back to the CCM Data Team for corrections.

3. Once the data has been verified as accurate, the Payment Integrity Lead will send the template to the CCM Compliance team by the 8th of the month following the quarter.

4. CCM Compliance Professional will review the template to verify all state requirements for the template have been followed and send to the CCM Manager for final approval.

5. CCM Compliance Manager will conduct a final review and approve the template.

6. CCM Compliance Professional will submit the template into Enterprise Solution Point (ESP) to send to Regulatory Compliance by the 10th of the month following the quarter.

4. Data Elements:

- **Date Medicaid NCCI Quarterly Files Were Updated-** Populated by date(s) tracked in EDW indicating the date the files were updated and implemented by vendor(s).
- **Procedure-To-Procedure Edits-** Populated by the total charges on claim lines that denied with procedure-to-procedure edits related to a, b, & c during the reporting quarter.
    a. **Practitioner & Ambulatory Surgical Center Services**
    b. **Outpatient Hospital Services**

c. **Durable Medical Equipment**

- **Medically Unlikely Units-Of-Service Edits-** Populated by the total charges on claim lines that denied with medically unlikely edits related to a, b,& c during the reporting quarter.
  a. **Practitioner & Ambulatory Surgical Center Services**
  b. **Outpatient Hospital Services**
  c. **Durable Medical Equipment**
- **Total Savings-** Populated by the total charges on denied claims inventory during the reporting quarter.

d. **Business Review and Approval Process:**
Template and supporting data are reviewed and approved by the Payment Integrity Lead and CCM Compliance Manager before final submission into ESP.

e. Metric Review Process:
This should occur at a minimum for the following:
- When any State change impacts the respective requirement.
- When any business process or IT change occurs that impacts the metric.
- During the annual review of the template and process documents.

Supporting documentation	N/A

Revision History - *This revision block should be used to describe each document change and also note when documents have been reviewed. If a document is reviewed but not changed, simply state "N/A – Reviewed but not changed" in the "Revision Description" column. The "Current Version" sections in the front page title block should note the last time the document was changed (or the original release date and approver).*

Date	Revision Description	Author
10/24/22	New document	Christina Mayes

Current Version Approvals - *This is only required if more than one director-level business owner is involved (multi-functional approvals needed).*

Approver	*Title and/or Role*	*Date Approved*	*Method of Approval*