



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>  <b>Pharmacy Benefits Manager's Claims Summary Report Instructions</b>	CHAPTER	PAGE
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### DOCUMENT HISTORY LOG

STATUS <sup>1</sup>	DOCUMENT REVISION <sup>2</sup>	EFFECTIVE DATE	DESCRIPTION <sup>3</sup>
Baseline	2.0	July 1, 2013	<p>Initial version Uniform Managed Care Manual Chapter 5.6.1.7, "Pharmacy Benefits Manager's Claims Summary Report Instructions".</p> <p>This Chapter applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, and 529-12-0002.</p>
Revision	2.1	September 1, 2015	<p>This Chapter applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, 529-13-0042, 529-13-0071, and 529-15-0001; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.</p> <p>"Applicability of Chapter 5.6.1.7" is modified to add the STAR Kids Program and the Medicare-Medicaid Dual Demonstration.</p>

<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represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.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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### **Applicability of Chapter 5.6.1.7**

Applicability Modified by Version 2.1

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS (including the Medicare-Medicaid Dual Demonstration (MMDD)), CHIP, STAR Kids, and STAR Health 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+PLUS, STAR Kids, and STAR Health Programs. The term Managed Care Organizations or “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**

MCOs contracting with the State of Texas to provide outpatient pharmacy prescription services to qualified Program recipients must submit the Pharmacy Benefits Manager's Claims Summary Report in accordance with the Contract between HHSC and the MCO, and in accordance with the instructions below. Ad Hoc reports may be requested by HHSC as needed. For MCOs contracting with HHSC to provide CHIP Perinatal Health Care Services, the MCOs must submit and integrate the CHIP Perinatal data into the CHIP Program report.

### **General**

MCOs must use the Pharmacy Claims Summary Report template found in Uniform Managed Care Manual Chapter 5.6.1.6. Each MCO is required to submit a report for each Program, Service Area, and claim type. Claims data must be reported inclusive of services rendered by all providers.

All green shaded data fields in the Pharmacy Claims Summary Report represent fields where data input is required. All data fields not shaded represent cell-referenced data or calculations.

Spreadsheet integrity is critical to the automated compilation of the data. MCOs may not alter the file name, worksheet name, existing cell locations, or the format of the data in the cells. MCOs may not add or delete any columns or rows to the spreadsheet.



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## **Pharmacy Claims Summary Report**

The Pharmacy Claims Summary Report will provide HHSC with information on pharmacy claims processed within the required timeframes. The claims processing requirements and required timeframes are presented in Chapter 2 of the Uniform Managed Care Manual. Applicable definitions are found in the Contract in Attachment A, Article 2, "Definitions," and Uniform Managed Care Manual Chapters 2.0 and 2.2. MCOs must submit the Pharmacy Benefit Manager's Claims Summary Report quarterly by the last day of the month following the reporting period.

## **Data Entry for the Pharmacy Claims Summary Report**

Enter the following information on the Summary Report Sheet of the Pharmacy Claims Summary Report.

MCO: The MCO's legal name in Texas  
PBM: The Pharmacy Benefits Manager's legal name in Texas  
Program: For example, STAR  
Service Area: For example, Bexar  
Claim Type: For example, Pharmacy  
State Fiscal Year: For example, 2013  
Period: For example, Q1, Q2  
Period start date: Month, day, and year, for example, 9/1/2013  
Period end date: Month, day, and year, for example, 9/1/2013  
Date Submitted: Month, day, and year, for example, 9/1/2013

On each data entry sheet, enter the following information.

**Electronic Clean Claims Processed during the Period:** include any claims submitted electronically (e.g. at point-of-sale through a switch) between the dates specified as Period Start Date and Period End Date. Enter the number of claims rejected, the number of claims paid, and the amounts paid according to the time between the date of receipt and the date of payment (claims paid to pharmacies within 18 days of receipt and 18 days or more after receipt).

**Non-electronic Clean Claims Processed during the Period:** include any claims submitted through non-electronic process (paper claims that are faxed or mailed) between the dates specified as Period Start Date and Period End Date. Enter the number of claims rejected, the number of claims paid, and the amounts paid



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according to the time between the date of receipt and the date of payment (claims paid to pharmacies within 21 days of receipt and 21 days or more after receipt).

**Corrected Claims Adjudicated during the Period:** include any claims **Corrected** (i.e., reversed and resubmitted) between the dates specified as Period Start Date and Period End Date. Enter the number of claims and the additional amount paid. (See Chapter 2.2., *Pharmacy Claims Manual*, Section VI.B, *Correction to a Paid Claim* for more information.)

**Interest paid to Providers during the Period:** report interest paid to providers between the Period Start Date and Period End Date on row 39. Enter the total number of claims subject to interest penalties, that is, Clean Claims, or any portion of Clean Claims, that remain unadjudicated beyond 18 days from the date of receipt if submitted electronically and 21 days from the date of receipt if submitted non-electronically, and the amount of interest paid to those providers.