ND Medicaid
Managed Care Organization (MCO)
Encounter Claim Adjustments and Voids
Processing Guidelines

May 2023

Adjustment/Void Flow

Adjustment/Void Processing Explanation

There are specific requirements involved with processing of encounter adjustments/voids in the North Dakota Medicaid Management Information System (MMIS). Trading Partners/managed care organizations (MCOs) need to be aware of these requirements when submitting their encounter adjustment/void claims.

If an MCO adjusts a claim, it will be necessary that a void of the encounter claim last processed by ND MMIS be submitted prior to a "new" original encounter claim being submitted by the MCO. This ensures that ND MMIS is always processing the most current encounter claim.

It is necessary that the original claim be fully adjudicated before the associated void claim is submitted. To this end, ideally the MCO will not submit a void claim until their system confirms (via the ANSI X12N Health Care Claim Payment/Advice (835) transaction file) that the original claim is fully adjudicated in the State MMIS system.

The "new" original encounter claim must be submitted after the void claim. If the "new" claim is submitted in the same file as the void claim, the "new" claim must be physically located after the void claim within the file. The second (and preferred) option would be to submit the "new" claim in a separate following claim file.

Technically, the void of the encounter claim will have the ANSI X12N Technical Report 3 Electronic Data Interchange (EDI) HIPAA transaction loop 2300-CLM05-3 (Frequency Code Type) = 8).
See the ND 837 Companion Guides for further assistance at
https://www.hhs.nd.gov/healthcare/medicaid/provider/edi

The void encounter claim needs to include the MCO's document control number (DCN). This would be located in the Patient Control Number (CLM01) element on the ANSI ASC X12 837 claims encounter format. This will be returned on the ANSI X12 835 Electronic Remittance Advice from ND MMIS and will be the means to track a void back to the original claim in the MCO's processing system.

Example Scenarios

Below are scenarios to assist in further explaining the requirements of the ND MMIS.

The scenarios are based on an assumption that the monthly MMIS adjudication cycle will be processing claims received on a weekly basis. Each week will consist of the days 1-7, 8-15, etc.

In addition, we'll assume ND MMIS processes the encounter claim on the last day of the week (7th, 15th, etc).

The encounter payment cycle will normally process on Sunday afternoons, with allowances in flexibility to shift the date in cases due to holidays or unforeseen circumstances.

Scenario Detail

1. Original claim submitted to ND MMIS

   a. Claim voided in MCO system in following cycle
   b. Claim voided in MCO system in the same cycle
   c. Claim adjusted once in MCO system in following cycle
   d. Claim adjusted multiple times in MCO system in following cycle
   e. Claim adjusted once in MCO system in the same cycle
   f. Claim adjusted multiple times in MCO system in the same cycle

Scenario #1a - Original claim submitted, claim voided in MCO system in following cycle:

When the MCO has received a claim from the provider, the claim will be adjudicated within the MCO's system and reimbursement to the provider made as appropriate.

The provider then realizes a submission error and submits a void claim to the MCO. The MCO then processes the void claim. This takes place after the 1/7 payment cycle.

Scenario #1a example timeline:
- 1/1 - the claim was submitted to the MCO by the provider
- 1/5 – the claim is processed by the MCO
- 1/7 - the original encounter claim is submitted to ND MMIS
- 1/7 – ND MMIS adjudicates the encounter claim and creates the electronic remittance advice (835) that is returned to the submitting MCO
- 1/8 – a void claim is submitted to the MCO by the provider
- 1/12 – the void claim is processed by the MCO
- 1/15 - MCO system identifies that the original claim has been processed and the void encounter claim can be submitted to ND MMIS using either the ND MMIS TCN or the MCO DCN as an indicator to identify the original encounter claim to void
- 1/15 – ND MMIS adjudicates the void encounter claim and creates the electronic remittance advice (835) that is returned to the submitting MCO

Scenario #1b - Original claim submitted, claim voided in MCO system in the same cycle:

When the MCO has received a claim from the provider, the claim will be adjudicated within the MCO's system and reimbursement to the provider made as appropriate.

The provider then realizes a submission error and submits a void claim to the MCO. The MCO then processes the void claim. This takes place prior to the 1/7 payment cycle.

The MCO will submit the original encounter claim and the void encounter claim to ND MMIS. It is required that the void encounter claim be submitted after the original encounter claim (either later in the same file or in a file that is submitted later, separately). The void claim should be populated with the MCO's DCN of the original claim.

Scenario example timeline:
- 1/1 - the claim was submitted to the MCO by the provider
- 1/2 – the claim is processed by the MCO
- 1/3 – a void claim is submitted to the MCO by the provider
- 1/4 – the void claim is processed by the MCO
- 1/7 - the original encounter claim is submitted to ND MMIS
- 1/7 – ND MMIS adjudicates the encounter claim and creates the electronic remittance advice (835) that is returned to the submitting MCO
- 1/15 - MCO system identifies that the original claim has been processed and the void encounter claim can be submitted to ND MMIS using the MCO DCN as an indicator to identify the claim to void
- 1/15 – ND MMIS adjudicates the encounter void claim and creates the electronic remittance advice (835) that is returned to the submitting MCO

Scenario #1c - Original claim submitted, claim adjusted once in MCO system in following cycle:

When the MCO has received a claim from the provider, the claim will be adjudicated within the MCO's system and reimbursement to the provider made as appropriate.

The provider then realizes a submission error and submits an adjustment claim to the MCO. The MCO then processes the adjustment claim. This takes place after the 1/7 payment cycle.

Scenario example timeline:
- 1/1 - the claim was submitted to the MCO by the provider
- 1/5 – the claim is processed by the MCO
- 1/7 - the original encounter claim is submitted to ND MMIS
- 1/7 – ND MMIS adjudicates the encounter claim and creates the electronic remittance advice (835) that is returned to the submitting MCO
- 1/8 – an adjustment claim is submitted to the MCO by the provider
- 1/11 – the adjustment claim is processed by the MCO
- 1/15 – MCO system identifies that the original claim has been processed and the void encounter claim for the original claim can be submitted to ND MMIS using the ND MMIS TCN or the MCO DCN as an indicator to identify the claim to void
- 1/15 – MCO system identifies that the original claim has been processed and the "new" original encounter claim can be submitted to ND MMIS <u>after</u> the void encounter claim
- 1/15 – ND MMIS adjudicates the void encounter claim, then the "new" original encounter claim, and then creates the electronic remittance advice (835) that is returned to the submitting MCO

Scenario #1d - Original claim submitted, claim adjusted multiple times in MCO system in following cycle:

When the MCO has received a claim from the provider, the claim will be adjudicated within the MCO's system and reimbursement to the provider made as appropriate.

The provider then realizes a submission error and submits an adjustment claim (#1) to the MCO. The MCO then processes the adjustment claim. This takes place after the 1/7 payment cycle.

Again, the provider realizes a submission error on the adjustment claim #1 and submits an adjustment claim (#2) to the MCO. The MCO then processes this adjustment claim. This takes place after the 1/7 payment cycle.

Scenario example timeline:
- 1/1 - the claim was submitted to the MCO by the provider
- 1/5 – the claim is processed by the MCO
- 1/7 - the original encounter claim is submitted to ND MMIS

- 1/7 – ND MMIS adjudicates the encounter claim and creates the electronic remittance advice (835) that is returned to the submitting MCO
- 1/8 – an adjustment claim(#1) is submitted to the MCO by the provider
- 1/11 – the adjustment claim(#1) is processed by the MCO
- 1/12 – an adjustment claim(#2) is submitted to the MCO by the provider
- 1/13 – the adjustment claim(#2) is processed by the MCO
- 1/15 – MCO system identifies that the original claim has been processed and the void encounter claim for the original claim can be submitted to ND MMIS using the ND MMIS TCN or the MCO DCN as an indicator to identify the claim to void
- 1/15 – MCO system identifies that the original claim has been processed and the "new" original encounter claim(#2) can be submitted to ND MMIS after the void encounter claim for the original claim
- 1/15 - ND MMIS adjudicates all the encounter claims, and then creates the electronic remittance advice (835) that is returned to the submitting MCO

Scenario #1e - Original claim submitted, claim adjusted once in MCO system in the same cycle:

When the MCO has received a claim from the provider, the claim will be adjudicated within the MCO's system and reimbursement to the provider made as appropriate.

The provider then realizes a submission error and submits an adjustment claim to the MCO. The MCO then processes the adjustment claim. This takes place before the 1/7 payment cycle.

Scenario example timeline:
- 1/1 - the claim was submitted to the MCO by the provider
- 1/2 – the claim is processed by the MCO
- 1/3 - an adjustment claim is submitted to the MCO by the provider
- 1/4 – the adjustment claim is processed by the MCO
- 1/7 - the original encounter claim is submitted to ND MMIS
- 1/7 – ND MMIS adjudicates the encounter claim and creates the electronic remittance advice (835) that is returned to the submitting MCO
- 1/15 - MCO system identifies that the original claim has been processed and the void encounter claim for the original claim can be submitted to ND MMIS using the MCO DCN of the original claim as an indicator to identify the claim to void
- 1/15 – MCO system identifies that the original claim has been processed and the "new" original encounter claim can be submitted to ND MMIS after the void encounter claim
- 1/15 - ND MMIS adjudicates all the encounter claims, and then creates the electronic remittance advice (835) that is returned to the submitting MCO

Scenario #1f - Original claim submitted, claim adjusted multiple times in MCO system in the same cycle:

When the MCO has received a claim from the provider, the claim will be adjudicated within the MCO's system and reimbursement to the provider made as appropriate.

The provider then realizes a submission error and submits an adjustment claim (#1) to the MCO. The MCO then processes the adjustment claim. This takes place before the 1/7 payment cycle.

Again, the provider realizes a submission error on the adjustment claim #1 and submits an adjustment claim (#2) to the MCO. The MCO then processes this adjustment claim. This takes place before the 1/7 payment cycle.

Scenario example timeline:
- 1/1 - the claim was submitted to the MCO by the provider
- 1/2 – the claim is processed by the MCO
- 1/3 – an adjustment claim(#1) is submitted to the MCO by the provider
- 1/4 – the adjustment claim(#1) is processed by the MCO
- 1/5 – an adjustment claim(#2) is submitted to the MCO by the provider
- 1/6 – the adjustment claim(#2) is processed by the MCO
- 1/7 - the original encounter claim for the original claim is submitted to ND MMIS
- 1/7 – ND MMIS adjudicates the encounter claim and creates the electronic remittance advice (835) that is returned to the submitting MCO
- 1/15 – MCO system identifies that the original claim has been processed and the void encounter claim for the original claim can be submitted to ND MMIS using the MCO DCN of the original claim as an indicator to identify the claim to void
- 1/15 – MCO system identifies that the original claim has been processed and the "new" original encounter claim(#2) can be submitted to ND MMIS after the void encounter claim for the original claim
- 1/15 – ND MMIS adjudicates the encounter claims and then creates the electronic remittance advice (835) that is returned to the submitting MCO