

Notification to Medicaid Managed Care Plans (MMCPs) Regarding Resolution of System Configuration Issues for Passthrough Payments- UPDATE

To: Medicaid Managed Care Plans MMCPs, including Mainstream Medicaid Managed Care and HIV Special Needs Plans

Date: December 21, 2021

As mentioned in the November 17, 2021 (MMCPs) [Notification to Medicaid Managed care Plans \(MMCPs\)](#) regarding step-down agency pass through rates for 29-I Health Facilities, the State has been working to address configuration errors related to MMCP submission of claims for 29-I Core Limited Health Related Services. 29-I Core Limited Health Related Service claims submitted by MMCPs prior to November 17, 2021 may have inappropriately pro-rated. As of December 10, 2021, these claims have been auto adjusted in the system. No further action is needed from MMCPs to address this issue. Adjusted claims will be viewable by Plans on remittances for eMedNY cycle 2313.

Please note, this one time auto-adjustment applies to the pro-ration error only. If MMCPs have submitted claims for 29-I Core Limited Health Related Services and received denials for noncompliance with timely filing rules, these claims must be re-submitted. As a reminder, MMCPs submitting claims for Core Limited Health Related Services outside the 90-day timely filing window due to State configuration errors, must submit these claims with Delay Reason Code 03. While use of Delay Reason Code 03 would generally require submission of claims on paper, this requirement does not apply to 29-I Core Limited Health Related Service claims submitted by MMCPs. The State has implemented a system edit to allow for the submission of these claims electronically. Additional information about appropriate claim submission in these circumstances can be found in the [29-I Health Facility Billing Manual](#).

Please send any questions related to this topic to BH.Transition@health.ny.gov.