**Compliance Policy for Claims Payment**

**Policy**

It is the policy of Vaya Health (“Vaya”), that all contracting providers are properly credentialed and reimbursed in a timely manner for all authorized services performed. In an effort to ensure that North Carolina is compliant with the Centers for Medicare & Medicaid Services (CMS) claims processing guidelines, the North Carolina Division of Medical Assistance (DMA) has imposed stringent requirements for Encounters processing and monitoring by Managed Care Organizations (MCOs).

**Background**

Taxonomy and Medicaid enrollment issues account for the majority of denials via NC Tracks. These often result from failure to update taxonomies, renewing licensing and enrollment, and maintaining clinician sites and affiliations with the State of North Carolina. The announced elimination in 2018 of the Provider Upload Process that allows MCOs to add taxonomies and other information to provider profiles in NC Tracks means that providers can no longer rely on MCOs to update NC Tracks. The excerpt below is a section from the Provider Operations Manual in the section titled, “Billing Prerequisites” on the Vaya website, describes the importance of ensuring profiles are up to date. It reads:

 *“Network Providers are responsible for ensuring that provider names, billing addresses, site addresses, NPI numbers and taxonomy information submitted to Vaya are verified and accurate and exactly match the information in the State of North Carolina’s Medicaid Management Information System (MMIS), which is known as ‘NC Tracks’. Failure to adhere to this requirement may result in claims denial or recoupment.”*

In an effort to continue as a viable business, Vaya must meet DMA standards for denial rates and timely processing of claims. To achieve these goals, Vaya Health will recoup payment to providers for any claims and Encounters which deny in NC Tracks due to missing or incorrect information in the NC Tracks or AlphaMCS systems. Section 2.16.6b of the Network Provider Participation Agreement (i.e. the “contract”) provides justification for recoupment:

*“If CONTRACTOR has been reimbursed for a claim or portion of a claim that the LME/MCO determines should be disallowed as a result of an error or omission by either Party, or for a claim or portion of an encounter claim that is disallowed in NCTracks, the LME/MCO will re-adjudicate such claims and recoup the overpayment from payments for future claims related to errors or omissions.”*

The process will be built around the following steps:

* Give the provider notice of the issue that needs to be corrected
* Set a deadline for correction/completion
* If not fixed by the deadline, suspend payment to the provider

We will respect reconsideration rights, but will be firm about granting exceptions.