

MassLeague/CIO CFO MEETING

March 2, 2012



Agenda

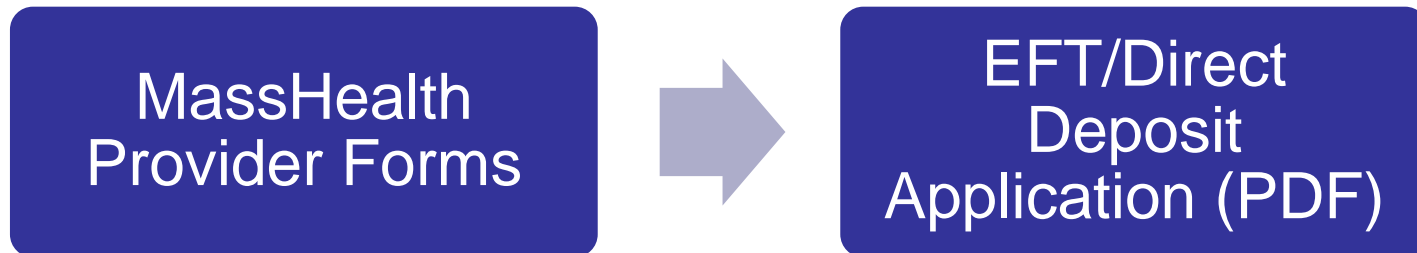
- I. MassHealth Updates
- II. Electronic Funds Transfer (EFT) & Paper Claim Reduction
- III. MassHealth 5010 Update
- IV. Provider Disclosure
- V. My Account Page (MAP)
- VI. Q&A



Electronic Funds Transfer (EFT)

Please be aware that the Commonwealth's Comptroller's office has issued a mandate to transition to Electronic Funds Transfer (EFT) by January 2012 for all providers, to help improve security and efficiency of payments.

To submit the necessary documentation to receive payment by EFT please go to www.mass.gov/masshealth and click on the following links:



If you are currently receiving your payments electronically then you do not have to take any action.

Paper Claim Reduction Initiative



Key Facts

- MassHealth plans on accepting only electronic claims unless a provider has an approved electronic submission waiver
- Provider Bulletin 217 outlines new policy and Waiver Process
- Waiver form is available online or by calling MassHealth Customer Service at 1-800-841-2900
- For more information about training contact MassHealth Customer Service at 1-800-841-2900

Why Electronic Claims?

- Faster adjudication
- Lower incidence of error
- Lower rejection rate
- Lower costs
- Less impact on environment

Top Reasons for Paper Claim Submission

- COB/TPL Claims
- 90 Day Waiver & Final Deadline Appeals (as of 1/1/2012)
- Attachments

*All of these can be submitted via
Direct Data Entry (DDE)*

Outreach & Education

- Training Information

For information on training including one-on-one virtual training contact MassHealth Customer Service at:

providersupport@mahealth.net

hipaasupport@mahealth.net

Phone: 1-800-841-2900

- Job Aids & Companion Guides

Visit www.mass.gov/masshealth/5010

Helpful Resources

- **MassHealth Website:** www.mass.gov/masshealth
 - Training Info
 - Provider Bulletins: 207, 212, 217
 - Vendor List

- **MassHealth 5010 Website:** www.mass.gov/masshealth/5010
 - Job Aids & Companion Guides

- **MassHealth Training Forum (MTF) Website:** www.masshealthmtf.org

Navigating Mass.gov

Info	Links
Training Info	Go to <i>www.mass.gov/masshealth</i> and click on these links: →Information for MH Providers →MH Provider Trainings
Job Aids & Companion Guides	<i>Go to www.mass.gov/masshealth/5010</i> <i>http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/mmis-posc/training/get-trained.html</i>
Provider Bulletins	Go to <i>www.mass.gov/masshealth</i> and click on these links: →Information for MH Providers →MassHealth Regulations and Other Publications →Provider Library →Provider Bulletins
Vendor List	Go to <i>www.mass.gov/masshealth</i> and click on these links: →Information for MH Providers →MassHealth and HIPAA →Electronic Data Interchange (EDI) and HIPAA Info for Providers →Vendor List

MassHealth 5010 Update



5010 Production – What we Saw

- Trading Partner Common Compliance Issues
 - 5010 file with 4010 qualifiers
 - 4010 files
 - 5010 files with a Test (T) Indicator

- MassHealth has updated the ‘Most Common 5010 File Submission Errors’ document under the FAQ section of the 5010 website

5010 Production – What we Saw

Common 5010 File Submission Issues	Resolution
COB Balancing Errors	Additional 5010 Training provided to address POSC issues, EDI team outreach to providers to educate on submission guidelines.
Edit Code 401 was appearing on claims – Providers believed the claims were denying for this edit	Please note that this is a PAY edit. Communication has been sent out through remit advice.
Edit Code 277 (Admit Hour Invalid) was resulting in denial of outpatient claims.	Edit was modified on January 6 th , to pay for outpatient claims. MassHealth reprocessed denied claims for this edit.

5010 Production – What we Saw

- Billing Intermediaries that passed 5010 testing, failed compliance in production at time of implementation. For some providers, this impacted their cash flow.
- Providers should contact their Billing Intermediary to validate claims are being processed and adjudicated by MassHealth successfully.
- MassHealth continues to update Vendor Testing Status List (www.mass.gov/masshealth/5010) to reflect continued testing activity by vendors.
- Approved HIPAA Vendor list continues to be updated. (www.mass.gov/masshealth) with further focus on COB and void/replace functionality.

- Provider Online Service Center (POSC)
 - Providers entering remittance advice at header level when it should only be entered at detail level.
- Paper claim submissions continue to decline

- Zip + 4
For those sites that tie more than one MassHealth Provider ID/Service Location to a NPI – The Zip +4 needs to match what is on our file, otherwise claims may deny for Edit Code 1945.

5010 – Things to Keep In Mind

- Zip + 4
For those sites that tie more than one MassHealth Provider ID/Service Location to a NPI – The Zip +4 needs to match what is on our file, otherwise claims may deny for Edit Code 1945.
- Remember that diagnosis codes are required as part of a 5010 claim
- The diagnosis code must be a valid code
- Do not submit decimal points in the diagnosis code

5010 – Things to Keep In Mind

Check/remittance date:

The remittance date is critical for coordination of benefits (COB) claims adjudication. HIPAA 5010 restricts its submission to either the claim level or the service line level, not both.

Payer paid amount balancing:

The payer paid amount submitted on all COB claims must balance at both the service line and the claim level.

- The sum of the detail paid amounts must total the header paid amount.
- Each of the detail lines must balance the billed amount with the payer paid amount and ARC lines.

(Providers may refer to the MassHealth 5010 Key Concepts document on the 5010 web page, under the Provider Information section and the provider job aids under the Job Aids section.)

5010 – Things to Keep In Mind

- In the 5010 environment, certain authorized provider types may use a new data element, “Total Non-Covered Amount,” to report non-covered charges for specific third-party-liability (TPL) exception conditions.
- The exception instructions are located in the supplemental instructions in Appendix D of the Community Health Center manual.

Provider Disclosure

Provider Disclosure Statement

- All provider organizations are required to comply with Federal, State and local laws and regulations (42 CFR sections 431.107, 447.10 and 455.100 through 455.106; and section 1902(a)(9) of the Social Security Act).
- Subsequently, entities must disclose to EOHHS the identity of any person who:
 - Has ownership or control interest in the provider organization, or is an agent or managing employee of the provider, and of those people; and
 - Those who have been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or the Title XX services program since the inception of those programs (42 CFR 455.106 paragraph (a))

Provider Disclosure

Federally Required Disclosures

MassHealth has implemented the Federally Required Disclosure form. This form supports the reporting of the federal and state mandates to disclose information.

The Federally Required Disclosures will be required for:

- All enrollments, including individual applicants
- Updates when information has changed and needs to be reported to MassHealth, including owners, directors, managing employees or those with control interest

The new regulations implemented as part of ACA require the SSN & DOB to be listed for people listed in Section B of the form. Forms that do not contain the SSN & DOB will be returned as incomplete.

MassHealth Update to My Account Page

We are happy to announce that effective immediately, My Account Page (MAP) users can now see when a document or set of documents sent to MassHealth for a given person's household were received, and whether they have been processed.

Where can I see this information in MAP? A new '*Documents*' area now displays in MAP when viewing health insurance information (see sample screenshot below).

What information is available?

- **Who** the document pertains to (household member)
- **Document Type**, e.g., verification (such as income, citizenship, etc.), ERD, ERV
- **Status** of document: *Processed* (has a disposition) or *Unprocessed* (does not have a disposition)
- **Date Received** - faxed documents typically display within 48 hours, mailed documents within 1 week
- **Date Received** - the date the document (or group of documents) was received at MassHealth

Notes:

- The information in "Envelope Category" and "Document Category" is for internal purposes only. Please disregard.
- Document information will stay in the list for 18 months
- The list contains document information, but not a copy of the actual document(s) itself

MassHealth Update to My Account Page

Will I see entries for all documents for all household members? You should see one line in the list for each individual document or group of documents mailed or faxed.

If multiple documents were sent in one fax or mailing, you *will not* see all of those documents in the list. Instead you will only see the name of one of the documents. It's a good idea to check the list first for a "Date Received", rather than first checking by "Document Type."

Example, if you faxed or mailed four documents together—e.g., a birth certificate, two pay stubs and a copy of a bank statement—you will only see the name of *one* of those Document Types in the list. In this example, you may see only "Asset Verification"; or you may only see "Income - Earned (EIN)"; or you may see "Citizenship."

For a document to display, it must include a Social Security Number that matches the Social Security Number of the household member that the document is about.

Example, if a birth certificate for a spouse were mailed or faxed (alone, with no other documents), it must have the Social Security Number for that spouse on that document in order for it to be displayed in the list. All mailed or faxed documents need to have the individual's Social Security Number on it.

We hope you find access to this information helpful. Please share these important changes with others who use My Account Page.

Sample screenshot of new Documents area in MAP:

Documents					
Envelope Category	Who	Document Category	Document Type	Status	Date Received
CST Escalations	Client ABC	General Maintenance	VG Cover Sheet	Processed	11/02/2011
VG Change Forms (CFR)	Client ABC	General Maintenance	Change of Address	Processed	06/16/2011
Appeals Decisions	Client ABC	Verification	Income - Earned (EIN)	Unprocessed	06/16/2011
VC-1 MR	Client ABC	Verification	Absent Parent (ABS)	Processed	05/31/2011

**Envelopes received in the past 18 months are displayed.*

Questions?