

# MassHealth Provider Billing and Services Updates & Upcoming Initiatives

Massachusetts Health Care Training Forum  
July 2011



# Agenda

---

- I. MassHealth Updates/Resources & Upcoming MassHealth Initiatives
- II. Paper Reduction Project
- III. Affordable Care Act
- IV. Electronic Health Record (EHR)
- V. HIPAA 5010
- VI. Q&A

# MassHealth Updates

---

## 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))

# MassHealth Updates

---

- A provider requirements web page has been added to the Mass.gov website to support you in the task of managing provider enrollment and credentialing
  - ❑ Go to [www.mass.gov/masshealth](http://www.mass.gov/masshealth) and click on [MassHealth Provider Information](#) and then on [MassHealth Provider Enrollment and Credentialing](#)
  - ❑ Provider requirements for changing the address are identified on this site, as well as an enrollment checklist for first time enrollees or those re-enrolling for various reasons
  - ❑ Enrollment and contracting forms are made available through this site, as well as on the Provider Forms web page accessible through [www.mass.gov/masshealth](http://www.mass.gov/masshealth)

# MassHealth Resources

---

- An updated HIPAA Trading Partner Agreement (TPA) form has been posted to the MassHealth website
  - ❑ All providers are required to submit a TPA form when they enroll with MassHealth. However, most providers will not need to submit a new form at this time
  - ❑ New providers, providers who had not previously submitted a form, and providers who need to amend their current TPA should use this form and submit it to MassHealth at:

MassHealth Customer Service  
P.O. Box 9118  
Hingham, MA 02043
  - ❑ To access, go to **[www.mass.gov/masshealth](http://www.mass.gov/masshealth)** and click on the **[MassHealth Provider Forms](#)** link located under the *Publications* sidebar panel.

# MassHealth Resources

---

- Using the Provider Online Service Center (POSC) to begin the enrollment process or maintain your provider profile is considered a MassHealth best business practice

- POSC is available through [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis)

## First Time Enrollees:

- When on the POSC homepage, scroll down and click on the “Enroll Now” radio button
- The following warning message will appear: “You are entering a secure site. Please click continue to proceed.” Click continue and you will automatically be directed to the enrollment application process for a new provider.

## Managing a Provider Profile:

- If attempting to maintain your profile, use the left hand side nested navigation bar to select “Maintain Profile,” from the POSC homepage

# Paper Claims Reduction

*efficiency through technology*



## Electronic vs. Paper 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**

- ❑ Vendor Support

- ❑ Training

## ➤ **Electronic Issues**

## ➤ **90 Day Waiver & Appeals**

## ➤ **Attachments**

# Outreach & Education

- Association Meetings
- MassHealth Training Forums
- DDE Trainings (1:00-3:30)
  - ❑ July 6, 2011      Holiday Inn - Taunton, MA
  - ❑ July 8, 2011      Holiday Inn - Holyoke, MA
  - ❑ July 14, 2011      Holiday Inn - Tewksbury, MA
  - ❑ July 20, 2011      Holiday Inn Boston - Somerville, MA
  - ❑ July 21, 2011      Hoagland - Pincus - Shrewsbury, MA
- 5010 Training – August
- Job Aids
- One on one training

# Resources

- **MassHealth Website: [www.mass.gov/masshealth](http://www.mass.gov/masshealth)**
  - ❑ Information for MH Providers (general info)
  - ❑ MH Provider Trainings (info on training)
  - ❑ NewMMIS Provider Training (job aids)
- **MHA Website: [www.mhalink.org](http://www.mhalink.org)**
- **MTF Website: [www.masshealthmtf.org](http://www.masshealthmtf.org)**
  - ❑ Meetings
  - ❑ Training Opportunities
- **Customer service**
  - ❑ Email: [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or [hipaasupport@mahealth.net](mailto:hipaasupport@mahealth.net)
  - ❑ Phone: 1-800-841-2900

# The Affordable Care Act (ACA)

For copy of full status update send request to:  
[provideroutreach@hp.com](mailto:provideroutreach@hp.com)



# Medicaid Program Integrity Provisions

2010/2011

- **6401 - Enhanced provider screening and enrollment requirements.**
  - ❑ Final Rule published on 2/2/11
  - ❑ Providers divided into three categories. Limited risk, moderate risk and high risk.
  - ❑ Limited risk screening – verify provider complies with applicable federal and state requirements, verify licenses, and conduct database checks
  - ❑ Moderate risk screening – limited risk activities and unannounced site visits
  - ❑ High risk screening – limited and moderate risk activities and criminal background checks and fingerprinting (last two on hold until CMS releases guidance)

# Program Integrity, Cont

## Limited Risk Providers

- Physician or non-physician practitioners and medical groups or clinics
- Ambulatory surgical centers
- End-stage renal disease facilities
- Federally qualified health centers
- Histocompatibility laboratories
- Hospitals, including critical access hospitals
- Indian Health Service facilities
- Mammography screening centers
- Organ procurement organizations
- Mass immunization roster billers
- Portable x-ray supplier
- Religious non-medical health care institutions
- Rural health clinics, radiation therapy centers
- Public or government owned or affiliated ambulance services suppliers
- Skilled nursing facilities

# Program Integrity, Cont

---

## Moderate Risk Providers

- Community mental health centers
- Comprehensive outpatient rehabilitation facilities
- Hospice organizations
- Independent diagnostic testing facilities
- Independent clinical laboratories
- Nongovernment owned or affiliated ambulance services suppliers.
- Currently enrolled (revalidating) home health agencies.
- Currently enrolled (re-validating) suppliers of DMEPOS.

# Program Integrity, Cont

---

## High Risk Providers

- Prospective (newly enrolling) home health agencies and suppliers of DMEPOS.
- “Limited” and “moderate” risk providers are adjusted to “high” risk based on specific criteria, such as, for 6 months after CMS lifts a temporary moratorium on enrolling a particular type of provider

# Program Integrity, Cont

---

## Provider Screening Requirements, continued

- All referring and ordering providers must be Medicaid providers and NPI must be included on all claims
- Providers must be revalidated every 5 years (3 years for DMEPOS providers)
- Must collect DOB and SSN from all applicants, persons with an ownership or control interest

# Program Integrity, Cont

---

- **6402 – General Program Integrity provisions**
  - ❑ Overpayment requirements - provider must generally return overpayment within 60 days and report reason (finalizing a process for this)
  - ❑ NPI must be included on all enrollment applications and claims (only those who qualify for NPI)
  - ❑ Providers may be excluded for false statement; payments must generally be suspended pending fraud investigation
  
- **6407 - Face to face encounter required for physicians making certification for home health services for Medicaid. [Medicare rule published but no Medicaid rule yet.]**

# Program Integrity

## 6507 – National Correct Coding Initiative

### ➤ SMD 9/1/10, All Provider Bulletin 209

- ❑ Claims for dates of service on or after October 1, 2010 that are processed on or after April 1, 2011, and are billed using HCPCS/CPT codes will be edited for NCCI procedure-to-procedure edits and against Medically Unlikely Edit limits (MUE).

### ➤ Medicare Unlikely Edits (MUE)

- ❑ Similar to MassHealth's procedure code limits.
- ❑ Unlike our current limits, where MassHealth is currently "cutting back" and paying up to the limit, ACA Section 6507 does not allow for cutbacks for claims exceeding MUE limits.
- ❑ Therefore, MassHealth will deny the entire claim if a provider submits a claim for units of service over the MUEs, rather than cut back.
- ❑ MassHealth will still be able to do cutbacks for our current procedure code limits that are not MUEs

# Program Integrity, Cont

---

- **6507 – National Correct Coding Initiative, continued**
  - ❑ MassHealth has published a Provider Bulletin that explains how claims processing will be impacted by NCCI procedure-to-procedure and MUE limit editing and the process to request a review of a denial of otherwise covered and payable medically necessary services.
  
- **6411 - Recovery Audit Contractor**
  - ❑ Preparing RFR to post during the summer
  
- **6501 - Provider termination if terminated from Medicare or another state Medicaid program**

# Program Integrity, Cont

---

- **6502 - Exclusions related to certain ownership and control**
- **6503 - Billing agents and other required to register with Medicaid**
- **6505 - Prohibition on payments to providers outside U.S.**

- October 1, 2010 – Reporting year begins for eligible hospitals and CAHs.
- January 1, 2011 – Reporting year begins for eligible professionals.
- January 3, 2011 – Registration for the Medicare EHR Incentive Program begins.
- January 3, 2011 – For Medicaid providers, states may launch their programs if they so choose.
- April 2011 – Attestation for the Medicare EHR Incentive Program begins.
- May 2011 – EHR Incentive Payments expected to begin.
- July 3, 2011 – Last day for eligible hospitals to begin their 90-day reporting period to demonstrate meaningful use for the Medicare EHR Incentive Program.
- **Late Summer 2011-Anticipated Launch Date for Massachusetts Medicaid Incentive Payment Program**
- September 30, 2011 – Last day of the federal fiscal year. Reporting year ends for eligible hospitals and CAHs.
- October 1, 2011 – Last day for eligible professionals to begin their 90-day reporting period for calendar year 2011 for the Medicare EHR Incentive Program.
- November 30, 2011 – Last day for eligible hospitals and critical access hospitals to register and attest to receive an Incentive Payment for Federal fiscal year (FY) 2011.
- December 31, 2011 – Reporting year ends for eligible professionals.
- February 29, 2012 – Last day for eligible professionals to register and attest to receive an Incentive Payment for calendar year (CY) 2011.

# EHR

---

- **The CMS EHR Incentive Programs website features the following resources:**
  - ❑ **Path to Payment**—Learn the necessary steps to receiving payments for the meaningful use of electronic health records.
  - ❑ **Registration Guides**—Review a user guide of how to register and watch a video webinar that will help you navigate the registration website.
  - ❑ **Meaningful Use**—Read more about the details of meaningful use, including clinical quality measures, and how to meet the requirements.
  - ❑ **Calendar of Important Dates** – Read more about key milestone dates for the EHR Incentive Program
  
- **Want more information about the EHR Incentive Programs?**

Make sure to visit the EHR Incentive Programs website at <http://www.cms.gov/EHRIncentivePrograms> for the latest news and updates on the EHR Incentive Programs.

# 5010: Assessing Impact

---

- Change business and technical processes to minimize impact to claims submission and payment
- MassHealth 5010 Website: [www.mass.gov/masshealth/5010](http://www.mass.gov/masshealth/5010)
- ❑ [All Provider Bulletin 208](#)
- Impact to Electronic Claims Submission, as well as paper claims and the Provider Online Service Center.

# 5010 Overview: Testing Phases

Testing Phase	Who is Involved in this Testing Phase?	Target Date
Beta	Selected targeted submitters that represent a cross-section of the entire MassHealth submitter population	July – August 2011
Vendor	All software vendors, clearinghouses and billing intermediaries	September – October 2011
MCO	MassHealth Managed Care Organizations	September – November 2011
Trading Partner	All other Trading Partners – any submitter not covered in the previous testing phases. Providers who submit claims using a software solution should validate that their vendor has completed testing with MassHealth prior to the submission of test files.	October – December 2011

# 5010: CMS Regulations

---

- CMS has mandated that on January 1, 2012, the standards for electronic health care transactions must change from Version 4010/4010A1 to Version 5010
  
- All electronic healthcare transactions currently submitted to or returned from MassHealth in the 4010/4010A1 version are impacted, including 270/271, 276/277, 837P, 837I, 835, 997, 834 and 820.
  - ❑ The new 999 Acknowledgement transactions (replaces 997) will be implemented along with other 5010 changes
  
- MassHealth will conduct testing with active submitters prior to the 5010 implementation date, but will not support the submission of 5010 production files prior to 1/1/12.
  
- For additional questions including 5010 education and training materials, please refer to the 5010 Implementation website at [www.mass.gov/masshealth/5010](http://www.mass.gov/masshealth/5010)

# 5010: Steps to take

---

- Review the Implementation Guides
- Review each payer's Companion Guides
- Review each payer's 5010 Implementation Schedule
- Plan, Develop
- Test and Modify Business process as Needed
- Implement

# 5010: MassHealth's Timeline

---

## ➤ April/May

- ❑ Companion Guides & Billing Instructions are available

## ➤ May 10<sup>th</sup>

- ❑ Vendor Day

## ➤ July

- ❑ Beta Testing Begins

# 5010: Testing Timeline

Testing Phase	Who is involved in this testing phase?	Target Date
Beta	Selected targeted submitters that represent a cross-section of the entire MassHealth submitter population	July-August 2011
Vendor	All software vendors and billing intermediaries	September –October 2011
Trading Partner	All other trading partners	October-December 2011

**Beta Testing:** Preliminary testing with targeted submitters selected by MassHealth, who represent a broad spectrum of MassHealth submitters and billing scenarios

**Vendor Testing:** Any entity identified as a software vendor, clearinghouse, or billing intermediary will be tested during this phase

**Trading Partner Testing:** Any submitter not covered in Beta Testing or Vendor Testing will be tested during this phase. Providers who submit claims using a software system should validate that their vendor has completed testing with MassHealth prior to submission of test files

# 5010: Testing Details

---

- All entities that have submitted claims directly to MassHealth in the last 12 months.
- If you submit through a vendor or billing intermediary MassHealth will test with them.
- Dedicated testing website will be available.
- Certain transactions will be mandatory to test with.
- Submitters **MUST** be approved for 5010 to do business with MassHealth as of January 1, 2012.

# 5010: Key Concepts

---

## ➤ 835 Electronic Remittance Advice

- ❑ Claims that are reversed or voided will appear on the 835 with a claim adjustment group code of OA.

## ➤ 999 Functional Acknowledgement

- ❑ Replaces the 997 Acknowledgement

## ➤ TA-1 Interchange Acknowledgement Report

- ❑ May want to update the ISA14 to request this, initially

# 5010: Communication & Training

---

- 5010 Website
- Monthly Conference calls (Virtual Room capability)
- Updated documents (Billing Tips, Frequently Asked Questions, etc.)
- For each test phase:
  - Expectations Document
  - Testing Checklist
- Update Vendor List (where vendors are with their testing)
- Updates at association and other provider meetings

# MMIS Resources

- **MassHealth Website: [www.mass.gov/masshealth](http://www.mass.gov/masshealth)**
  - ❑ Provider Library of MassHealth publications
    - Provider Manuals
    - Provider Bulletins
    - Update Newsletters
    - Standard paper UB-04 Billing Guide
  
- **NewMMIS Website: [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis)**
  - ❑ Latest information on the NewMMIS and any system changes
  
- **Provider Online Service Center (POSC)**  
**[www.mass.gov/masshealth/providerservicecenter](http://www.mass.gov/masshealth/providerservicecenter)**
  - ❑ Online MassHealth Claim and Service Authorization submission
  
- **MassHealth Customer Service (800-841-2900)**
  - ❑ Customer support (for everything except eligibility and claims status)
  - ❑ Or e-mail us at [providersupport@mahealth.net](mailto:providersupport@mahealth.net)
  
- **Automated Voice Response (AVR) system (800-554-0042)**
  - ❑ Check member eligibility
  - ❑ Requires your POSC User ID & Password to access member information

## Q & A

Thank You For Your Continued Partnership!