

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 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

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** 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

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**
 - ❑ Information for MH Providers (general info)
 - ❑ MH Provider Trainings (info on training)
 - ❑ NewMMIS Provider Training (job aids)
- **MHA Website: www.mhalink.org**
- **MTF Website: www.masshealthmtf.org**
 - ❑ Meetings
 - ❑ Training Opportunities
- **Customer service**
 - ❑ Email: providersupport@mahealth.net or 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



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
- ❑ [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

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 10th

- ❑ 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**
 - ❑ Provider Library of MassHealth publications
 - Provider Manuals
 - Provider Bulletins
 - Update Newsletters
 - Standard paper UB-04 Billing Guide

- **NewMMIS Website: www.mass.gov/masshealth/newmmis**
 - ❑ Latest information on the NewMMIS and any system changes

- **Provider Online Service Center (POSC)**
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

- **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!