



To help the financially needy obtain high-quality health care that is affordable, promotes independence, and provides customer satisfaction.



NEMED/MassHealth Operations Workgroup

November 27, 2007



Agenda

- **MassHealth Updates**
- **MassHealth and National Provider Identifier (NPI)**
- **NewMMIS**
- **Automated Solutions**
- **Top Claims Denials**



MassHealth Updates

• MESSAGE TEXTS

- **SEPTEMBER 2007**
 - RATE ADJUSTMENTS FOR PREVIOUSLY SUBMITTED PRIOR AUTHORIZATIONS (PA)
 - USING NATIONAL PROVIDER IDENTIFIER ON CLAIMS SUBMITTED TO MASSHEALTH
- **OCTOBER 2007:**
 - RATE ADJUSTMENTS FOR PREVIOUSLY SUBMITTED CLAIMS
- **November 2007:**
 - DME AND OXYGEN PAYMENT AND COVERAGE GUIDELINE TOOL UPDATED AND POSTED

• FEATURE OF THE MONTH

- **OCTOBER 2007**
 - IMPLEMENTATION OF TAMPER-RESISTANT PRESCRIPTIONS DELAYED

• TRANSMITTAL LETTERS

- **OCTOBER 2007**
 - ALL-152: REVISIONS TO THIRD PARTY LIABILITY REGULATIONS

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MassHealth NPI Update

•Effective September 1, 2007 MassHealth began accepting only the revised MassHealth claim form 9. Old claim form versions will be returned to providers.

•MassHealth will not transition to NPI only effective 10/01/2007. In accordance to CMS contingency plans MassHealth will transition to NPI only effective 05/23/2008

- As of October 24, 2007: 75% of NPIs have been received for DME & Oxygen
- As of October 24, 2007: 91% of NPIs have been received for NEMED members

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NewMMIS

- **NewMMIS**

- MassHealth recently conducted the Fall 2007 Provider Forum Series to provide preliminary information on the NewMMIS and how providers could begin preparing for its implementation (In total 5 DME providers were in attendance)
- On November 1, 2007, MassHealth hosted a similar session for billing intermediaries and software vendors in order to prepare them to support you through this transition
- Coming soon is a NewMMIS dedicated webpage for providers to access up to date information & activities relating to NewMMIS

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NewMMIS

- **NewMMIS**: Implementation is scheduled for 2008

- Goals and Benefits

- Real time claims, eligibility, claim status and prior authorization processing
 - New “Provider Online Service Center”

- System Features

- Single point of access
 - Self-service features
 - Online Referrals
 - Payment up to max allowed units
 - Prior Authorization

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Automated Solutions

Automate Today For a Seamless Transition Tomorrow

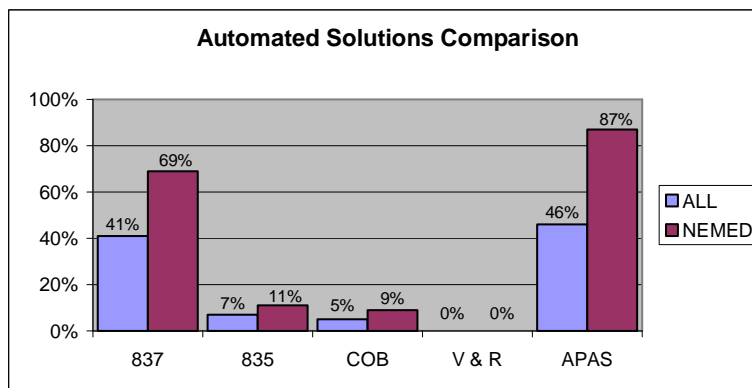
- Utilize 835 remittance advice
- Utilize coordination of benefits (COB) billing
- Utilize void and replace billing
- Utilize www.mass.gov/masshealth
- Verify member eligibility using the 270
- Verify claim status using the 276
- Submit claims electronically
- Transition to standardized claim forms

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Automated Solutions - Analysis



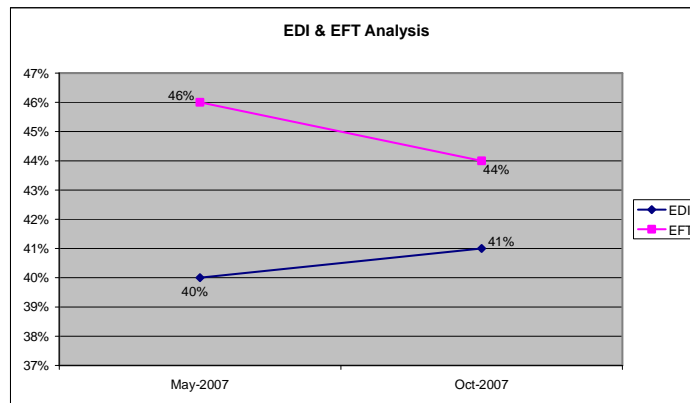
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Automated Solutions - Analysis

- **EDI Percentage for DME & Oxygen Providers increased from 40 % to 41% between May and October 2007 (NEMED members at 69%)**
- **EFT Percentage for DME & Oxygen Providers decreased from 46% to 44% between May and October 2007 (NEMED members at 96%)**



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Automated Solutions – Maximizing All The Benefits

- **Void and Replace transaction:**
This feature provides the capability to submit an adjustment electronically
- **Coordination of Benefits (COB):**
When you bill COB claims electronically, you do not have to send in a copy of the other insurance's *Explanation of Benefits*, so the billing process is quicker and easier
- **Automated Prior Authorization System (APAS):**
Enables providers to both submit and receive via the Internet a response to a prior-authorization (PA) request for a medical service or product that requires PA.
- **Claims Attachment Form (CAF):**
Claims typically requiring an attachment may be submitted electronically; the claim will suspend for review and a CAF will be sent to the provider

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Automated Solutions – Vendor Web

Vendor Web

Self-service tool that allows provider to view payment transactions issued by the Commonwealth or Massachusetts

To use VendorWeb:

- Go to VendorWeb site at <https://massfinance.state.ma.us/VendorWeb/vendor.asp>
- On the home page, click **Login**
- Enter your 12-digit alpha/numeric vendor/customer code* (this starts with “VC”). **If you have an outdated vendor/customer code (one that does not start with a VC), click on Need a New Vendor/Customer Code?** Enter your previous vendor/customer code, then submit.
- Click **Submit**
- To View scheduled payments that have not been issued, click on **Scheduled Payments** (on the left side of the screen)
- To view payment histories, click on **Payment History** (on the left side of the screen)

Automated Solutions – Electronic Resources

- **837 Implementation Guide** specifies the required data elements.
 - Available at www.wpc-edi.com/hipaa
- **837 Companion Guides** outline the required MassHealth-specific data elements for test and production 837 files.
 - The MassHealth **Companion Guides** are available for download from the MassHealth Provider Library, accessible under the “MassHealth Regulations and Other Publications” link on www.mass.gov/masshealth.
- **MassHealth Approved Vendor List** lists all of the approved software vendors and billing intermediaries that have tested with MassHealth and are approved to submit electronic transactions
- For more information visit the MassHealth and HIPAA link from the MassHealth home page on mass.gov, then click the Electronic Data Interchange (EDI) and HIPAA Information for Providers link.

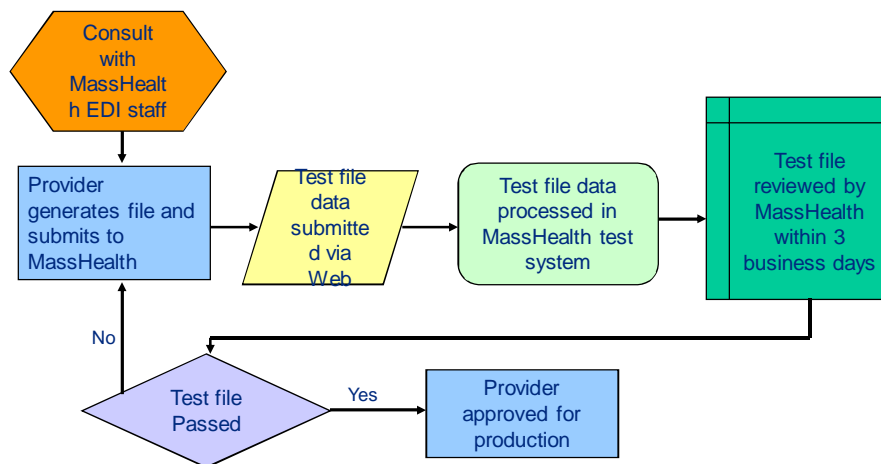
Automated Solutions – Next Steps

MassHealth has a supportive, knowledgeable staff dedicated to EDI support that can work with you on the next steps

- For electronic solutions, contact MassHealth Customer Service:
 - via email at hipaasupport@mahealth.net,
 - via the telephone at 800-841-2900, option 1, then option 4 from 8:00 a.m. to 5:00 p.m.
- For REVS, contact the REVS Helpdesk at 800-462-7738
- Your software vendor or billing intermediary

Automated Solutions - Testing

Testing is fast and easy



Medical Supplies and Durable Goods Top Denials

103 - Duplicate Claim

- Resolution: Post claims from your remittance advice in a timely manner to avoid rebilling previously paid claims. Use REVS to check claims status and assist in claims reconciliation.

537 – Managed Care Referral Number Required

- Resolution: Access REVS to verify the name and telephone number of the member's PCC. Contact the PCC to obtain the referral number and enter it on the claim.

536 – Invalid Referral Number

- Resolution: Access REVS to verify the contact information for members PCC then contact the PCC to obtain the correct referral number

296 – Billing Deadline Exceeded

- Resolution: Providers should follow the procedures to obtain a 90-day waiver as outlined in Subchapter 5 of the , Durable Medical Equipment Manual when applicable.

255 - Procedure Code Requires PA number

- Resolution: Refer to the MH DME and Oxygen Payment and Coverage Guidelines Tool which indicates those codes that require PA.

Oxygen and Respiratory Therapy Equipment Top Denials

537 - Managed Care Referral Number Required

- Resolution: Access REVS to verify the name and telephone number of the member's PCC. Contact the PCC to obtain the referral number and enter it on the claim.

536 - Invalid Referral Number

- Resolution: Access REVS to verify the contact information for members PCC then contact the PCC to obtain the correct referral number

256 – Procedure Not on PA

- Resolution: Verify that the PA listed on claim corresponds to the procedure code billed.

255 – Procedure Code Requires a PA Number

- Resolution: Verify the PA requirement for the procedure code being billed on the claim.

158 – Recipient Number on Claim and PA Mismatch

- Resolution: Verify the correct PA has been listed on the claim.

Questions...

And answers

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