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A Pathway to Dual Eligible Data Integration: Maximizing Coordination of Benefits, Services, and Payments through the Massachusetts MMIS

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A Pathway to Dual Eligible Data Integration: Maximizing Coordination of Benefits, Services, and Payments through the Massachusetts MMIS

DATA INTEGRATION VISION
The Massachusetts Medicaid Program, MassHealth, and UMass Medical School have partnered to develop and deploy precise data integration methodologies within the Massachusetts MMIS to fully coordinate enrollment, service delivery, and payments for Medicaid recipients with current or potential Dual Eligibility for Medicare.

Customized business intelligence within the MMIS Third Party Liability subsystem interfaces with state, CMS, and SSA data sets; care coordination processes; and claims processing routines to ensure recipients receive the highest benefits at the state’s lowest liability. 

Liability subsystem interfaces with state, CMS, and SSA data sets; care coordination processes; and claims processing routines to ensure recipients receive the highest benefits at the state’s lowest liability, according to the Medicaid State Plan.

DATA INTEGRATION ACHIEVEMENTS
Massachusetts fully integrates Dual Eligible data throughout MMIS to achieve benefits for all parties:

- **Dual Eligible Recipient Benefits**
  - Receives assurance that highest level of Medicaid benefits based on Medicare and Medicaid data.
  - Receives full advantage of service delivery options, including available Medicare-Medicaid integrated care.
  - Acquires access to expanded network of Dual Eligible providers.
  - Receives out-of-pocket expenses and future Estate Recovery liability.

- **Provider Benefits**
  - Provides up-to-date access to recipient Medicaid entitlement and coverage information.
  - Reduces delay, denial, and timely filing errors in claims processing.
  - Receives feedback for multiple claim submission to Medicare and Medicaid throughout the COBA process.
  - Receives feedback of future recoupments resulting from inappropriate payments.

- **Massachusetts Medicaid Benefits**
  - Ensures accurate and timely enrollments into Medicaid benefit plans.
  - Identifies potential Medicare-Medicaid integrated care enrollees and passive enrollment opportunities.
  - Utilizes COBA processes to reduce multiple provider claims, submission errors, and “void” times for reimbursement.
  - Reviews advantages of all COBA data elements to minimize CMS claim errors.
  - Maximizes savings through cost avoidance and repricing.
  - Ensures Medicaid status as the Paper of Last Resort.

DATA INTEGRATION VISION

**Initial Data Inputs**
- Medicaid Demographic Data
- Medicaid Eligibility Data
- Other State Program Data – DLT, Elder Affairs, DLT, Mental Health
- CMS Medicare Entitlement Data
- COBA Crossover Claims Data
- SSA Medicare Entitlement Data

**MMIS business intelligence integrates initial data inputs to:**
- Confirm current Dual Eligibles
- Identify new Dual Eligibles
- Recognize missed Dual Eligibles
- Enroll prospective Dual Eligibles
- Ensure recipients receive the highest benefits at the state’s lowest liability, according to the Medicaid State Plan.

**MMIS business intelligence processes**

- **Dual Eligible Benefit Enrollment and Service Delivery**
  - Use MMIS business intelligence to determine the most appropriate benefit plan options, based on:
    - Medicaid eligibility category
    - Medicare enrollment
    - Age
    - Disability status
    - Level of Care Indicators
    - Geographic location
    - Specialized diagnoses, e.g. HIV, SIDS, etc.

- **MMIS business intelligence processes**
  - **Identifies potential Medicare-Medicaid integrated care enrollees**
  - **Passive enrollment opportunities**
  - **Reduced delays, denials, and timely filing errors in claims processing**
  - **Reduces out-of-pocket expenses and future Estate Recovery liability**

**MMIS business intelligence directs**

- **Provider claims and processes MassHealth payments, based on Dual Eligible status and benefit plan information:**

**Dual Eligible Payment Coordination**

- **Medicare Cost Avoidance**
  - **Stop –** Fee-for-Service claims are denied and providers are redirected to Medicare or other appropriate primary payers.
  - Medicare Repricing
  - **Cross-Walk –** Medicare crossover claims are crosswalked in Medicare service codes and payment rates to determine Medicaid’s lower liability based on Medicare adjudication results.

- **Medicare Recovery Coordination**
  - **Yield –** Claims are sent to in-network Medicare entitlement data to identify Medicare recovery opportunities.
  - **Stop –** Stop payment orders are placed for Medicare payments if Medicare payment is confirmed.

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