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 Urban 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; custom coordination processes; and claims processing routines to ensure recipients receive the highest benefits at the state’s lowest liability.

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DATA INTEGRATION ACHIEVEMENTS

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

Dual Eligible Recipient Benefits
- Receives assignment to highest level of Medicaid benefits based on Medicare and Medicaid data.
- Receives full advantage of service delivery options, including available Medicare-Medicaid integrated care.
- Accesses care through 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 Medicare entitlement and coverage information.
- Reduces delays, denial, and timely filing errors in claims processing.
- Reduces need for multiple claims submission to Medicare and Medicaid through the CBOA process.
- Reduces likelihood 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.
- Utilizes COBA processes to reduce multiple provider claims submissions, submission errors, and "wait" times for reimbursement.
- Takes advantage of all COBA data elements to minimize CMS claim errors.
- Maximizes savings through cost avoidance and repricing.
- Minimizes "Pay and Chase" activities.
- Ensures Medicaid status as the Payer of Last Resort.

Initial Data Inputs
- Medicaid Demographic Data
- Medicaid Eligibility Data
- Other State Program Data – DLT, Elder Affairs, TANF, Mental Health
- CMS Medicare Entitlement and Coverage Data
- COBA Crosswalk Claims Data
- SSA Medicare Entitlement Data

Financial Claims Coordination

Other payment processes, including Dual Eligible Payment Coordination

Dual Eligible Benefit Enrollment and Service Delivery

MMS business intelligence processes Dual Eligible recipient data to determine the most appropriate benefit plan options, based on:
- Medicaid eligibility category
- Medicare entitlement
- Age
- Disability status
- Level of Care Indicators
- Geographic location
- Specialist diagnoses, e.g., HIV, ESRD, etc.

Algorithms are applied to direct recipients to options which provide the highest levels of benefits and care coordination, while supporting Medicaid’s lowest liability, including:
- Medicare-Medicaid Integrated Care Plans (Massachusetts Duals Demonstration)
- Senior Care Options
- Program of All-Inclusive Care for the Elderly (Massachusetts Managed Care Plans)
- Medicare Fee-for-Service
- MassHealth Behavioral Health Partnership

Integrated data is utilized to support passive enrollment activities across Medicaid programs.

Dual Eligible Payment Coordination

MMS business intelligence directs provider claims and processes MassHealth payments, based on Dual Eligible status and benefit plan information:

Medicare Cost Avoidance
- Step – 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 to Medicaid service codes and payment rates to determine Medicaid’s lowest liability based on Medicare adjudication results.

Medicare Recovery Coordination
- Yield – Claims of service are compared with retroactive Medicare entitlement data to identify Medicare recovery opportunities.
- Provider Recoupment
- U-Turn – Medicaid paid claims amounts are recouped from provider payments when Medicare payment is confirmed.

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