

Massachusetts League of Community Health Centers MassHealth and Health Safety Net Program Update

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Thank you for your patience!



TECHNOLOGY

" A computer once beat me at chess, but it was no match for me at kick boxing." -Emo Philips

motifake.com





MassHealth/HSN Program Update Agenda

- Issues
- Advantages
- Broken Appointment Log
- Prior Authorizations
- Upcoming Improvements
- Third Party Liability
- Claim Submission Process
- Top Denial Reasons MassHealth
- Top Denial Reasons Health Safety Net (HSN)
- HSN Office Reference Manual (ORM)
- Helpful Resources





Let's Talk About the Issues



Important Points to Note

*Old Portal Open- Mid March 2017

Eligibility & Old Remittance Only

*Resources-www.masshealth-
dental.net

- Updated Notifications
- FAQ Registration
- Registration Guide
- Web Portal Recorded Training
- FAQ- Claims Submission & Attachments
- > FAQ- Browser & Adobe

Item of Concern	Notes
Provider Web Portal	 Denial Reasons Data (Claims, PA's, DOS Change) Attachments
Claim / Prior Authorizations	 MH / HSN Coordination Denied (HSN-Provider OON) Search: Cannot see claims submitted via EDI until finalized.
Eligibility Issue	 Overall Timeline: December 15 ,2016- February 12, 2017 DDS Timeline: December 15, 2016- March 10, 2017 Claims Resubmission (Member Not Eligible)





Let's Talk About the Issues, Continued



Item of Concern	Notes
Remittance Advice	 Voucher # Timeline Missing services/ICN's Recoupment/Misc. Adjust/Gross Adjust Service lines often not organized by member
Place of Service	Allowed for HSN: Urgent Care Facility (20), School (03), Outpatient Hospital (22), Office (11), Mobile Unit (15), Inpatient Hospital (21), Homeless Shelter (04), Federally Qualified Health Center (50)





Let's Talk About the Advantages



Member Portal Advantages

- Live Agent (Chat)
- One stop for all forms
- Collection of e-mails for more frequent communication
- Survey Ability- Member Satisfaction
- Enhanced Find a Dentist (HSN / MH)



Provider Portal Advantages

- ➤ Collection of E-mails
- Enhanced Find a Dentist (HSN / MH)
- Survey Ability- Provider Satisfaction
- Reconsideration & General Inquiry Submission / Tracking
- Documents Readily Available
- Broken Appointment- Calls, Tracking
- Link to App Central
- Eligibility- Direct from System
- Void Request Submission

Emergency Room Diversion Page

- -Reporting of MH & HSN Members for Outreach
- -Training of Emergency Rooms

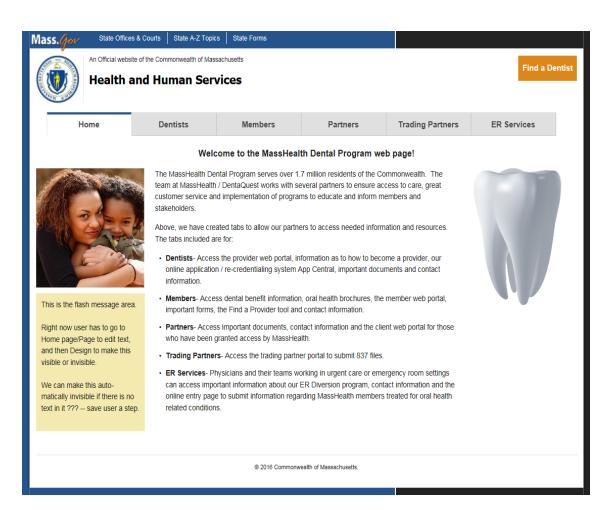


New MassHealth Web Page



Advantages

- Access to all important information / links for all partners
- New easy design with separate tabs for each partner type
- English / Spanish
 Options







Broken Appointment Log

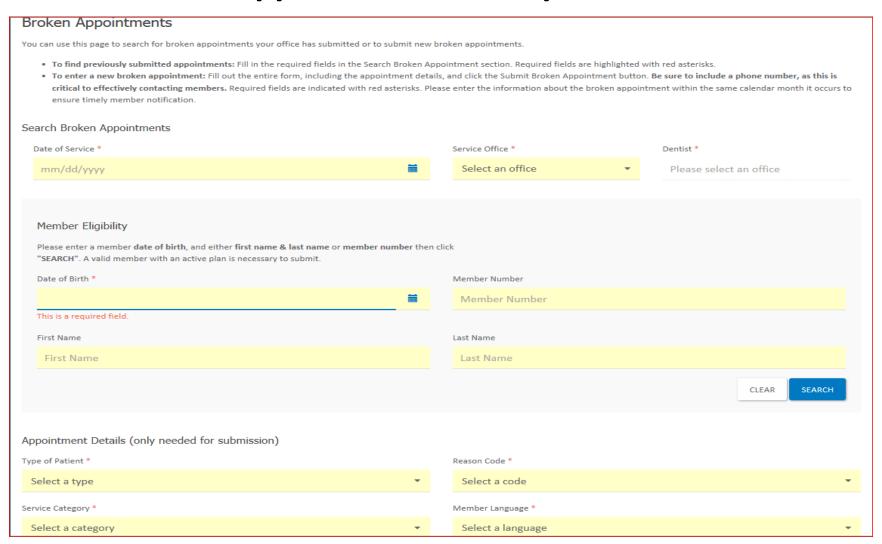


- Broken Appointments are a major concern for providers.
- This functionality allows providers to electronically report member who miss appointments.
- By obtaining updated member information from providers HSN/DentaQuest can more easily identify the members who may need additional assistance.
- HSN/DentaQuest will outreach to these members via phone and will mail a letter regarding the importance of keeping their appointments.





Broken Appointments: Complete All Fields







HSN / MassHealth Prior Authorization Submission

Definitions

- Prior Authorization: Authorization requested and documentation submitted prior to treatment beginning.
- Retro-authorization: Documentation submitted with a claim after the treatment is rendered to determine the payment of a service.
- Documentation:
 - Radiographs, narrative or other information where requested.
 (See exhibits at the back of the ORM.)
 - Orthodontic HLD Index form (Appendix B-2) and if applicable, supporting medical necessity documentation.

Important to Know

- ➤ Examples of Services Requiring Prior Authorization*:
 - ≻HSN
 - **≻**Oral Surgery
 - ➤ Periodontal Services
 - **≻**Orthodontic
 - **≻**Crowns
 - ➤ Endodontic Service
 - **≻**MassHealth
 - ➤ Oral Surgery
 - **≻**Orthodontic
- *Check the Office Reference Manual for Specific Codes

Common Denial Reasons:

- Missing Documentation
- Please resubmit with diagnostic quality radiographs
- Radiograph not current
- Provider out of network

> Tips:

- Check ORM for all needed paperwork
- Submit diagnostic quality radiographs
- Radiographs must be under two years old
- Data Issue , now resolved. Submit with correct NPI





Upcoming Improvements – Remittance Advice

- Changes:
 - Timing
 - Overall Look
 - Future Changes / Suggestions

Example Current Remit Today:

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Misc. Adjustments

Payee:

Transaction Type	ICN	Date of Service	Patient Name	Amount
Gross Level Adjustment (G)				(\$77.00)
Gross Level Adjustment (G)				(\$49.00)
Gross Level Adjustment (G)				(\$43.00)
Gross Level Adjustment (G)				(\$43.00)
Gross Level Adjustment (G)				(\$43.00)
Gross Level Adjustment (G)				(\$26.00)
Gross Level Adjustment (G)				(\$26.00)
Total Misc. Adjustments				(\$307.00)

The Misc. Adjustments noted above have either added to or have reduced your payment.





Upcoming Improvements – Claim Search

Claim Status Search: Reason for Denial Currently Not Present

Claim Information

Claim Number: Status Code: Type:

Date of Service: Office Reference #:

ICD Diagnosis Codes: Total Billed Amount: 201700600079300 Successfully Entered

Claim 07/08/1975

Office \$264.00 Total Paid Amount:
Deductible Percentage Met
Received Date:
Check Issue or EFT Date:
Check or EFT Trace#:
Final Decision Date:
Note:

\$0.00 0%

01/06/2017

Service Line Information

1 07/08/1975

Paid Procedure Code: Tooth: Surface:

Surface: Quad: D1110

01110

Qty:

Status Code: Billed Amount: Payment: ICN:

\$125.00

\$0.00

1 07/08/1975

Paid Procedure Code: Tooth: Surface:

D0120

Qty: Status Code:

Billed Amount: \$50.00
Payment: \$0.00
ICN:

1 07/08/1975

Paid Procedure Code: Tooth:

Surface: Quad: Arch:

Quad:

Arch:

D0274

Qty: Status Code: Billed Amount: Payment:

ICN:

600

\$89.00 \$0.00





HSN Dental Program, Third Party Liability (TPL)

- Determination of a patient's other insurance must be verified before submitting a claim for that patient.
- To verify other coverage already known to the Health Safety Net provider may access the Health Safety Net / MassHealth Dental Program Website, access the IVR, or call Member Services at 800.207.5019.
- Evidence of other insurance that has not been recorded by the Health Safety Net Dental Program should be submitted to the HSN Dental Program along with the claim.



HSN Dental Program, Third Party Liability (TPL), Continued

- Electronic claim submission is required for all providers.
- TPL claims must include the code, description and the dates of service matching the information submitted to the primary carrier along with their payment and it must be indicated in the appropriate TPL field.
- Instruction on including information from other payers may be obtained from the 837-Dental companion guide. If you have questions please contact the EDI team at EDITeam@greatdentalplans.com.
- Approved claims are paid up to the Health Safety Net allowed fees or to the charged amount, whichever is lower.



HSN Dental Program, Third Party Liability (TPL), Continued

- The Health Safety Net is always the payer of last resort, and therefore, any additional payers known to the Health Safety Net or to the provider must be billed first.
- When the Health Safety Net is not the primary insurance carrier, a copy of the primary carrier's Explanation of Benefits (EOB) must be submitted with the claim.
- Each line on the EOB should be listed as a separate claim line. The
 Remittance Advice will include these claims, and indicate the
 amount charged, the amount paid by the primary insurer(s) and the
 Health Safety Net payment.
- A Third Party Liability Quick Reference flyer is available in Appendix C-1 of the ORM.



HSN Dental Program, Third Party Liability (TPL), Continued

Time Limitation on Submission of TPL Claims

- TPL claims must be received within 90 days of the date of the notice of final disposition from the other insurer and no later than 18 months after the date of service.
- Corrections may be made to TPL claims that were initially received timely up to 18 months from the date of service.



Claims Submission Process - MassHealth / HSN Wrap Members

- HSN Wrap:
 - Adult Regular Members
 - Adult & Child Limited Members
- Submit the claim to DentaQuest <u>once</u> and include the following information:
 - HSN Anniversary Date (partial members)
 - HSN Deductible Percentage (partial members)
- Steps:
 - DQ will process the claim under MassHealth first for any services that are covered.
 - A second claim will be generated automatically by DQ for HSN to adjudicate any covered services.
- You will receive a status on the web portal and a remittance advice from both MassHealth and HSN regarding claims adjudicated.





HSN Dental Program, Claim Submission Procedures, Partial Deductibles

- Partial Low Income Patients may be responsible for a family deductible.
- The patient's determination letter will tell them if they have a deductible, the amount of the deductible, and which other family members' services count towards the deductible.
 - Deductibles are also viewable in the Eligibility Verification System (EVS) within the MMIS Provider Online Service Center (POSC).
 - DentaQuest will not track the deductible in the system.
 - o If the claim is not coded to indicate whether you are seeking a payment of 80% or 100%, the system will automatically assume 80%.
 - Percentage-The deductible percentage (80 or 100) should be submitted in the 2300 loop in the CN1 segment.





Top MassHealth Claim Denial Reasons

Not a covered benefit

MassHealth claims will deny and then be sent to HSN for processing

 Encounter rates are payable only when submitted with the encounter code with corresponding fee and at least one valid dental procedure code

D9450 must be submitted with a payable code (for MassHealth and HSN)

Service exceeds benefit allowance. Service is limited to one per every 36 months
 Check MassHealth ORM for benefit allowances

This procedure has been submitted after the timely filing limit

MassHealth has a 90 day filing limit

Service exceeds benefit allowance. This service is allowed two times per calendar year
 Check MassHealth ORM for benefit allowance

 The required tooth/quad/arch is invalid, was not submitted, or is not included in the member's benefit package for this procedure code. Please refer to your ORM and resubmit a claim with the appropriate information

Check MassHealth ORM for benefit allowance





Top Health Safety Net Claim Denial Reasons

Provider out of network

Data Issue, resolved. Submit with correct NPI numbers

 Service is not covered. Please refer to your Office Reference Manual for definition of covered teeth/quad/arch, patient ages, and procedure codes.

Check HSN ORM for covered services

Missing deductible anniversary date

Member anniversary date (or January 1, 2017) must be on claim

This procedure is a duplicate of a service previously processed

Check claim submission status on PWP

Subscriber is not eligible for services under this plan.

Check eligibility on PWP

 Please resubmit with bitewing x-rays labeled with the member's full name, date film(s) taken (mm/dd/yyyy), and identify the patients left and right side

Please submit appropriately labeled radiographs





Health Safety Net Office Reference Manual

Provider Administration Patient Management Claims/Prior Authorizations Remittance Document List Find a Dentist FAQ

HOME / DOCUMENT LIST / DOCUMENT LIST RESULTS

Document List

Presented below are the results of your search.

Title	Date	File Detail Category	Description	
MassHealth-ORM_Dec 7 2016	01/02/2017	Office Reference Manual	Office Reference Manual	DOWNLOAD
HSN ORM January 2017	01/02/2017	Office Reference Manual		DOWNLOAD







How Can We Help?



Question Type	Next Steps
Individual Provider / Practice, Web Portal Registration, Web Portal Issue, Credentialing or Enrollment, Claim & Prior Authorization Questions	Customer Service- 1-800-207-5019 Or MassHealth Provider Web Portal Inquiry (Contact Us)
Eligibility Questions	IVR & Customer Service: 1-800-207-5019
Outreach Program / ER Diversion Questions	Contact Outreach Team: Megan.Mackin@dentaquest.com Flor.Piedrasanta@dentaquest.com





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Helpful Internet Links & Resources



- Provider Web Page Check eligibility, submit authorizations & claims https://www.masshealth-dental.net
- Provider Web Portal- https://www.masshealth-dental.net, Dentist Tab,
- Provider Web Portal FAQ's & Trainings- https://www.masshealth-dental.net, Dentist Tab, Resources
- Customer Service- 1-800-207-5019, 8:00 am-6:00 pm EST
- IVR- 1-800-207-5019, Available 24 / 7





Thank You for Being a MassHealth Provider!





