

Provider Forum



April 6, 2009



Today's Agenda



- ❑ Update on Schedule and Training for Provider Re-enrollment
- ❑ Data Hub Overview
- ❑ Eligibility and Benefit Packages
- ❑ Classifications
- ❑ Question and Answer Session

Project Milestones



Accomplishments in the Past 30 days

- Completion and Approval of Phase 1 design for provider re-enrollment
- Began Phase 1 development
- Mid-Project Assessment completed

Upcoming Milestones

- Final design sessions scheduled in April and May
- Conduct Phase 1 User Acceptance Testing
- Complete Phase II, Build 1 development
- Begin Phase II, Build 1 testing



Provider Training and Re-enrollment Update

Re-Enrollment Training - Staff



- ✓ On-Going Weekly Updates – Customer Service Staff
- ✓ April: Provider Type Crosswalk and NPI Training
- ✓ May: Train-the-Trainers Training
- ✓ May–June: Intensive Staff Training
 - Enrollment Portal
 - Desk Level Procedures
 - QNXT Claims Management System - Enrollment
- ✓ July: Advanced QNXT Training
 - Affiliations
 - Maintenance

Re-Enrollment Training - Provider



- ✓ Training Sessions
 - Individuals
 - Groups
 - Facilities, Agencies, Organizations (FAO)
- ✓ One-on-One Appointments
 - Provided at regional locations across the State
 - Access Portal to complete on-line application jointly
 - Appointments must be made in advance
- ✓ Enrollment and Reference Guides Available On-Line
 - Enrollment Manual
 - MeCMS to MIHMS Provider Type Mapping
 - Allowed Services by Provider Types
 - Valid Provider Type-Specialty Pairs
 - Reference Guide for Standard Abbreviations
- ✓ On-Line enrollment video



Training Cycles

- ✓ Training Presentations (50 Live Meeting Conference Slots)
 - Cycle 1: June 15, 2009 – June 29, 2009
 - Individual and FAO
 - Cycle 2: July 20, 2009 – July 31, 2009
 - Group and FAO
 - Cycle 3: August 17, 2009 – September 4, 2009
 - Individual, Group and FAO
- ✓ One-On-One Appointments
 - Cycle 1: June 29, 2009 – July 10, 2009
 - Cycle 2: August 3, 2009 – August 14, 2009
 - Cycle 3: September 8, 2009 – September 18, 2009
- ✓ Enrollment Periods
 - Cycle 1: June 29, 2009 – July 24, 2009
 - Cycle 2: August 3, 2009 – August 28, 2009
 - Cycle 3: September 8, 2009 – October 2, 2009

Training Locations



Augusta	MaineCare Services, 442 Civic Center Drive, Room 1A & 1B
Bangor	Dorothea Dix Psychiatric Center, Old Auditorium
Biddeford	DHHS, 208 Graham Street, Room A & B
Calais	Calais Regional Hospital, 24 Hospital Lane
Caribou	DHHS, 30 Skyway Drive, Unit 100, Room A & B
Ellsworth	DHHS, 17 Eastward Lane, Aspire Room
Houlton	DHHS, 11 High Street, Room A
Lewiston	DHHS, 200 Main Street, Room C & D
Machias	DHHS, 13 Prescott Drive, Room A & B
Portland	DHHS, 161 Marginal Way, Room A & B
Presque Isle	The Career Center, 66 Spruce Street
Rockland	DHHS, 91 Camden Street, Room A & B
Sanford	DHHS, 890 Main Street, Suite 208, Rooms A & B
Skowhegan	DHHS, 98 North Avenue, Suite 10, Room B & C
Wells	York County Community College, 112 College Drive, Cafeteria



Training Registration

- ✓ Training Registration Forms may be submitted
 - Electronic: ***Coming Soon!***
http://www.maine.gov/bms/member/innerthird/fa_mihms_reenroll.html
Watch under: ***New MIHMS Reenrollment and Training Page***
 - Fax: (207) 287-8450
Attention: Customer Service Training Registration
 - Mail:
MaineCare, Provider Enrollment Unit
MIHMS Re-Enrollment Training
11 State House Station
Augusta, ME 04333-0011
 - Phone: (207) 287-5728
- Remote Live Meeting Conference Registration (50 slots)
 - E-mail: Mainecaretnng.dhhs@maine.gov
- One-on-One Appointments
 - Call: (207) 287-5728

Clearinghouses



- ✓ Provides connectivity for transmission and translation of claims information (primarily electronic) into the specific format required by payers.
- ✓ Register as Trading Partners and sign Trading Partner Agreements (TPA)
- ✓ Assigned Trading Partner ID
- ✓ Clearinghouses are “covered entities” under the HIPAA Privacy Rule (HIPAA)
- ✓ Required by law to protect health information when conducting health care transactions electronically
- ✓ Can submit electronic claims on any provider’s behalf
- ✓ Register 06/19 – 07/03 and On-Going

Billing Agents



- ✓ Defined in MIHMS as entities contracted by providers to create and manage the submission of providers' claims and related transactions
- ✓ Register as Trading Partners and sign Trading Partner Agreements (TPA)
- ✓ Assigned Trading Partner ID
- ✓ Can submit electronic claims on behalf of those providers who have authorized these services
- ✓ Required to enter the pay-to provider ID (either an NPI or API) and the Tax ID of the providers for whom they will be billing for authentication purposes
- ✓ Business Associates Agreement (BAA) should be in place with billing agents.
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveridentities/businessassociates.html>.
- ✓ Register 09/01 – 10/15 and On-Going



Data Hub Overview

Data Hub – What is it?



- ❖ A new DHHS system to **facilitate the exchange of Member and Eligibility data** between the State of Maine Systems and the Unisys MIHMS implementation.
- ❖ A “**system interface**” exists when one system (the source system) has information that is electronically transmitted to (or exchanged with) another system (the destination system).

Data Hub – Does it replace WELFRE?



- ❖ The short answer is “**NO**”, the Data Hub does not replace all of WELFRE; however, the implementation of the Data Hub does help us move one more step towards the decommissioning of WELFRE.
- ❖ WELFRE will continue to maintain information for some programs which are expected to migrate to ACES.
- ❖ Rather than all Member and Eligibility data passing through WELFRE (as it does on its way to MeCMS today), it will instead pass through the Data Hub (on its way to MIHMS).

Data Hub – Will it improve eligibility data?

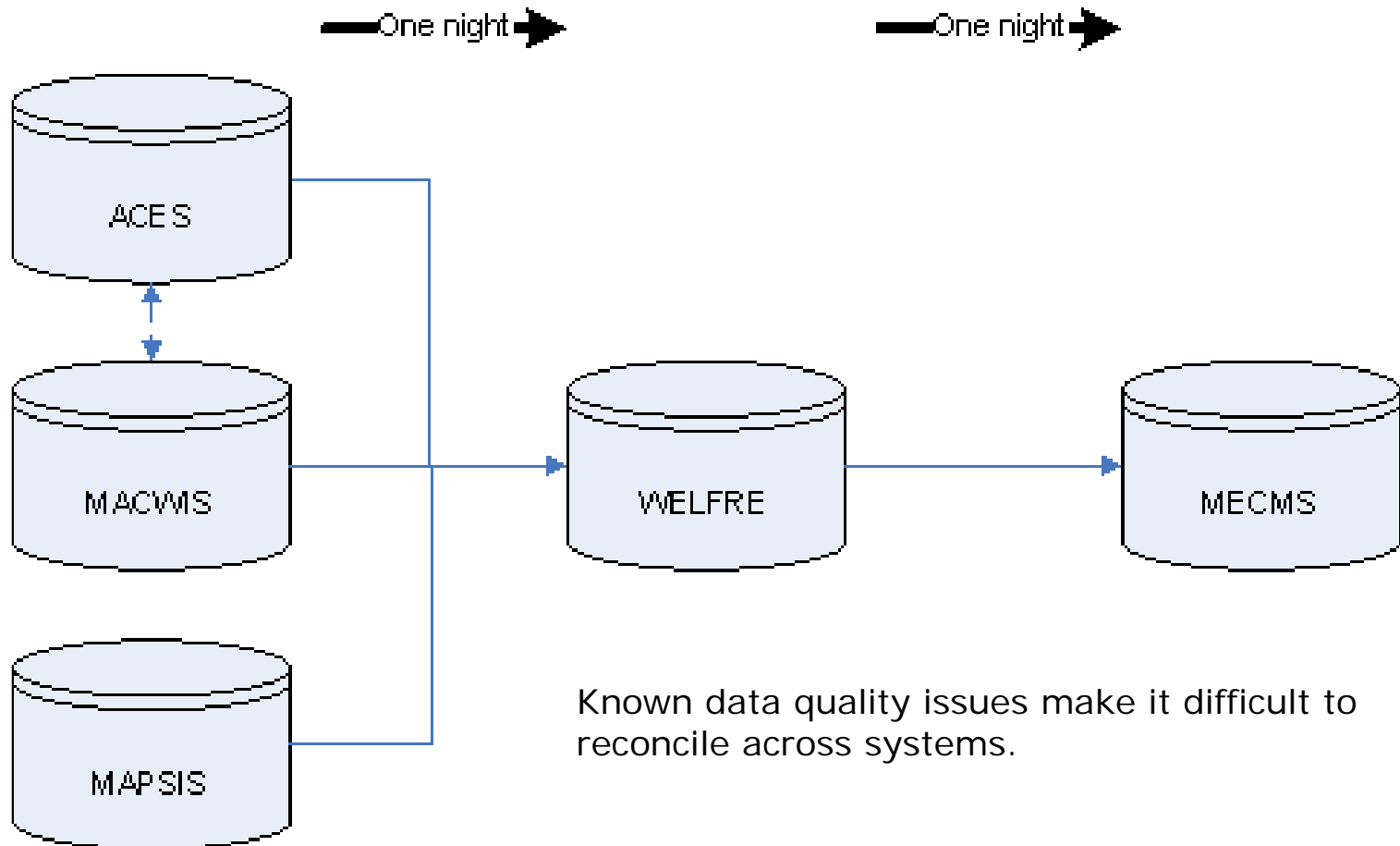


- ❖ **Better Data:** The Data Hub will not be limited by data quality issues introduced by WELFRE in the current eligibility feeds to MeCMS. (e.g. separate name fields for better matching).
- ❖ **Timely Data:** The Data Hub will provide data in a more timely manner than is currently provided through WELFRE; it is anticipated that eligibility data will be available in MIHMS one day after it is entered into any State eligibility system (ACES, MACWIS, MAPSIS or WELFRE).



Data Hub – Current Data Flow (2009)

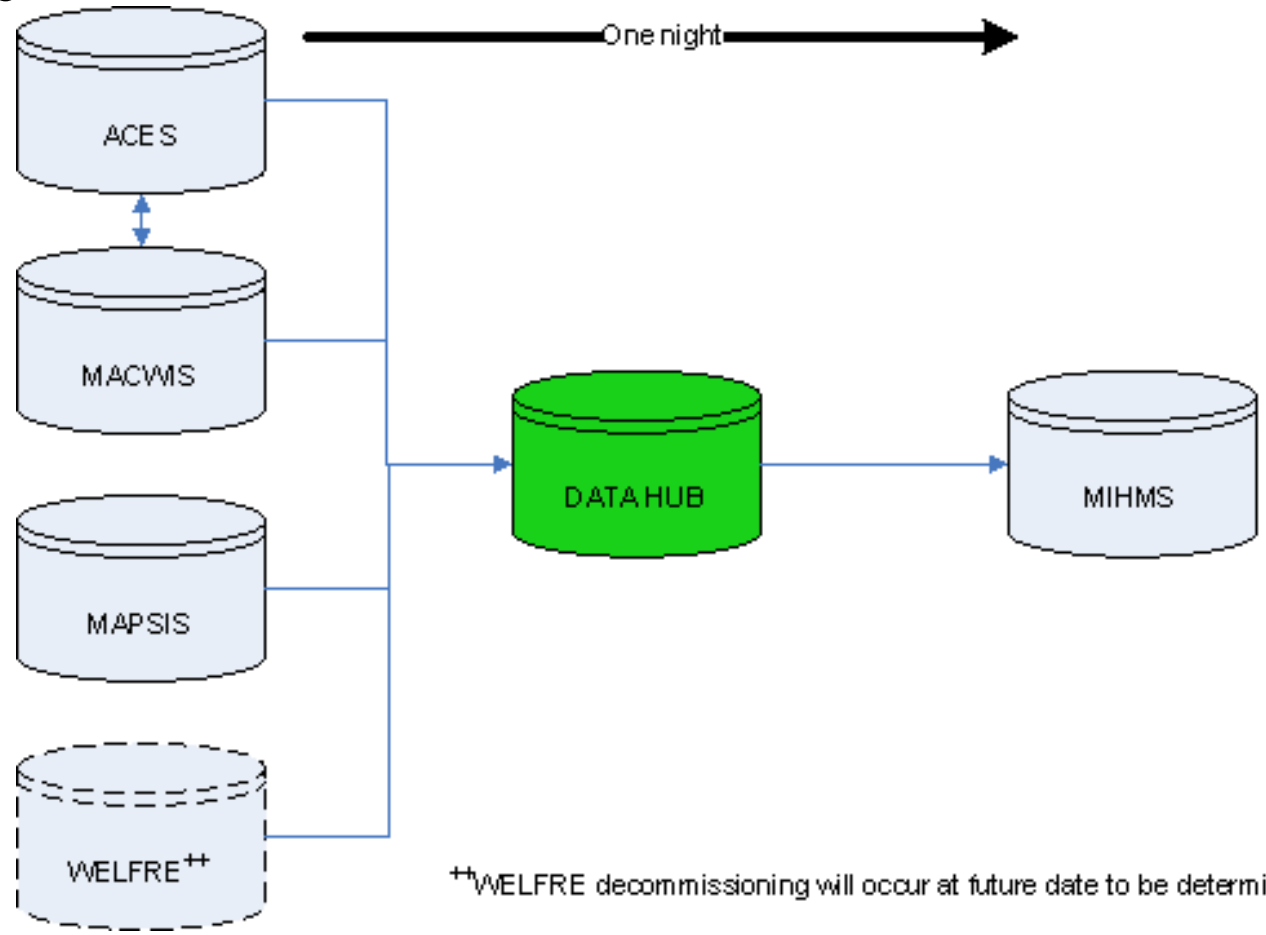
Member and Eligibility data flows into WELFRE over the first night where it is combined with other data. This data then flows through WELFRE to MECMS over the second night.





Data Hub – Current Data Flow (2010)

Member and Eligibility data flows through the Data Hub and onto MIHMS in one night. Known data quality issues resolved in source systems.



⁺⁺WELFRE decommissioning will occur at future date to be determined.



How does the Data Hub support Claims Processing in MIHMS?

- ✓ MIHMS requires Member and Eligibility information to process claims.
- ✓ Member (demographics) and Eligibility (enrollment) information is currently maintained in multiple DHHS systems.
- ✓ The Data Hub will consolidate this data and provide a consistent view of this information in a timely manner.



Eligibility and Benefit Packages

Background and Objectives



One of the State's underlying objectives for the Fiscal Agent project is to simplify the current Recipient Aid Category (RAC) Code structure.

The goals of this effort are to:

Address legacy issues

The State's RAC Codes have grown organically over the years. As such, some are obsolete or are duplicative

Maximize best practices

The State wants the system benefit structure to be based on industry best practices to maximize efficiencies and utility

CMS certification

The end product of design must be a CMS-certifiable system. As such, the structure must support all requirements, including finance and reporting needs

Approach – RAC Code Elimination



- The first step in the RAC Code simplification process was to eliminate obsolete and/or redundant RAC Codes
- State and Unisys team members collaborated to reduce the initial list of 203 RAC Codes to 94 "Active" and 22 "Close/Convert" RAC Codes; a reduction of 48% for "Ongoing Active" RAC Codes

Approach – RAC Code Consolidation



- Unisys initially planned to map the remaining RAC Codes to Rate Codes in MIHMS on a one-to-one basis
- At the request of the Fiscal Agent Project Managers, the team was requested to determine whether additional simplification and consolidation is feasible

Code Research Results



- Unisys requested input on program codes from three states, including Idaho, New Jersey, and West Virginia
- The number of program codes by state are as follows:
 - » Idaho (in development) – 63 program codes
 - » New Jersey (operational) – 97 program codes
 - » West Virginia (operational) – 115 program codes

Rate Codes Update



- Categories of eligibility
- Attached to individual members
- Source is Data Hub for all factors
- Date-specific
- Point to Benefit Plans
- Based on various factors (e.g., age, gender, income, living situation, etc.)

Benefit Plans Update



- ✓ Excluded Services / NDCs
- ✓ Benefit Plan Level Limits
- ✓ Max Payment Application
- ✓ Accumulator Coordination
- ✓ Benefit Properties
- ✓ Diagnosis
- ✓ Place of Service / Type of Bill
- ✓ Co-pay / Coinsurance / Deductible
- ✓ Service Limits / Visit Limits
- ✓ Surgical Procedure Codes
- ✓ Authorization / Referral
- ✓ EOBs / Remit Messages
- ✓ Restrictions
- ✓ Dental Parameters

Appendix C: Draft Rate Code to Benefit Package Mapping



[Redacted content]



Classifications

Classifications



Classifications provide a way to identify members who are medically eligible for services in addition to basic MaineCare.

- During vendor procurement for the MIHMS project, classifications was identified as a critical business process at MaineCare Services in need of improvement.
- Problems with the current Classification process include:
 - Complicated code structure
 - Difficulty in sharing eligibility information among agencies
 - Stand alone system, external to claims system
- Solution in MIHMS will include:
 - Elimination of complicated code structure
 - Improved information sharing among agencies
 - Integration in the claims management system

Classification History



- Classifications were used in WELFRE for the purpose of identifying levels of medical acuity for members.
- When MECMS went live in 2005 a Classification Database was created to be able to give more precise data than WELFRE was capable of delivering.
- There are 18 sections of MaineCare policy impacted by classifications. These include institutional services and waiver services.

Classification Functions



Other than medical eligibility, the classification process has evolved to provide additional functionality including:

- Tracking reassessments
- Clinical review/quality assurance
- Tracking of waiver information for reporting purposes
- Preventing duplication of services
- Passing through Co-pay and PCCM exemption information

The following agencies/divisions are involved in the classification process:

- Office of Adults with Cognitive and Physical Disability Services
- Office of Elder Services
- Office of Integrated Access and Support
- MaineCare Services Classification Review Unit
- MaineCare Finance
- Goold Health Systems
- MaineCare Services - Reference
- DHHS Licensing



Classifications Project

- The classification project has involved exploring the current business processes to understand how and why they are done a particular way.
- Meetings were held with staff from all of the offices involved in the classification process to review these business needs.
- The MIHMS team as well as the DHHS business users have teamed with Unisys to develop a solution for classifications.



MIHMS Solution to Classifications



Categories of classification in MIHMS

Coverage Codes are associated with a current or prospective enrollment.

Examples: Adult Day Health, Private Duty Nursing, Consumer Directed Attendant Services, Home and Community Based Waivers, PNMI, Assisted Living, Adult Family Care Home, Free Standing Day Habilitation, ICF-MR and Nursing Facility

Member Conditions are connected to the member record.

Example: Katie Beckett

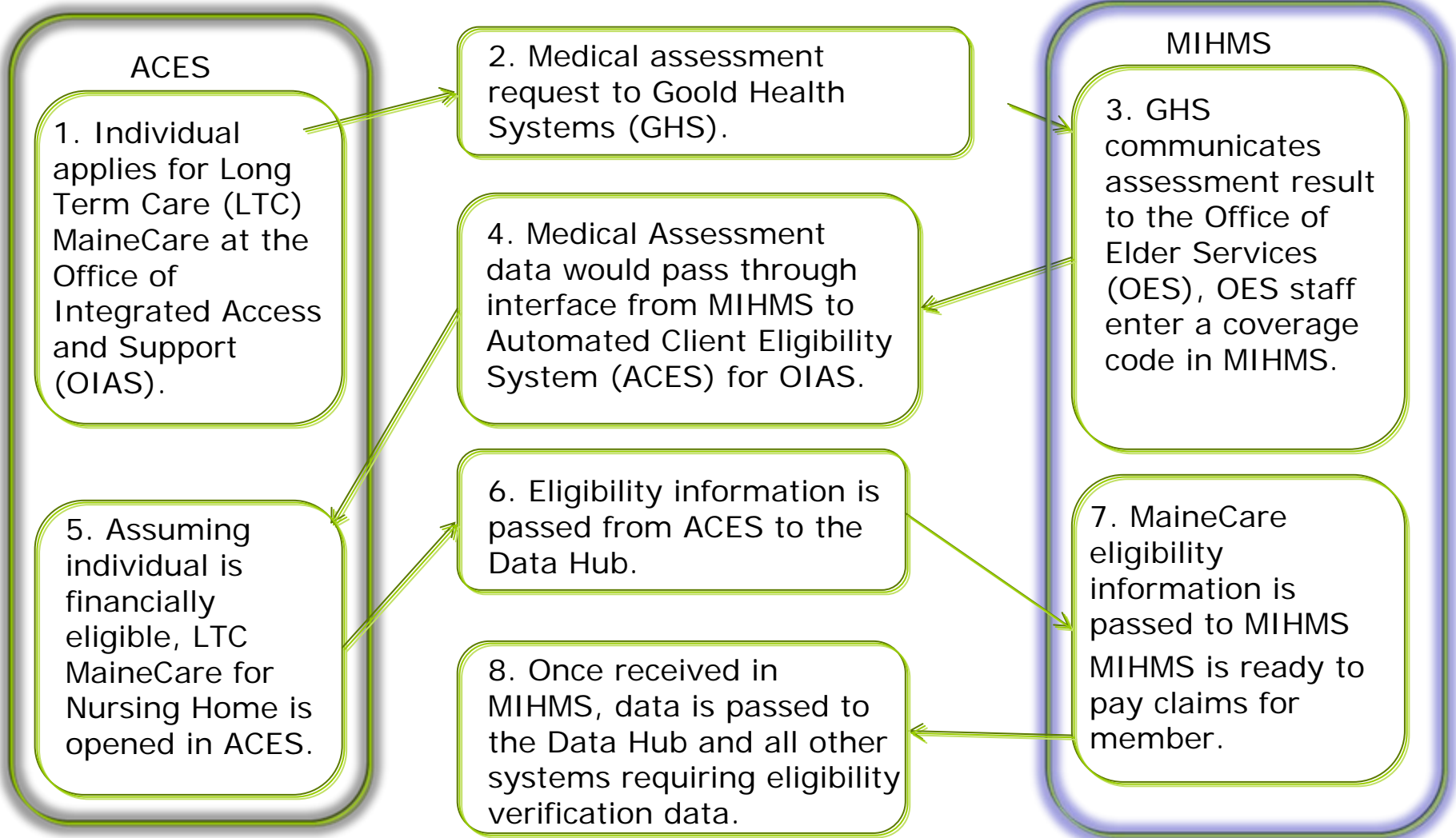
Internal Authorizations are for a defined period of time, which tend to change on a more frequent basis.

Examples: Home Health, Hospice and Brain Injury



Example 1: Coverage Codes

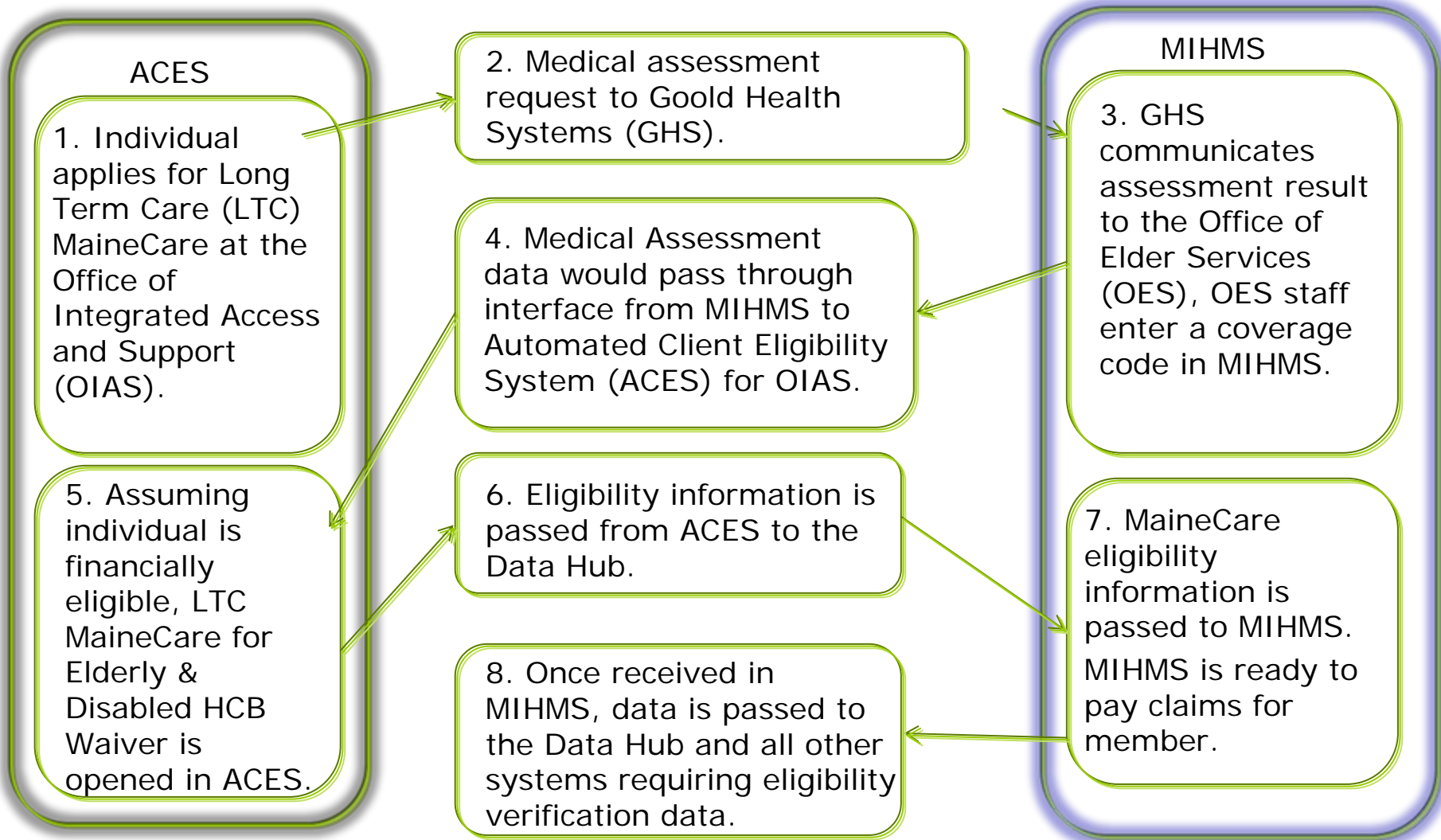
Nursing Facility Services Coverage Code





Example 2: Coverage Codes

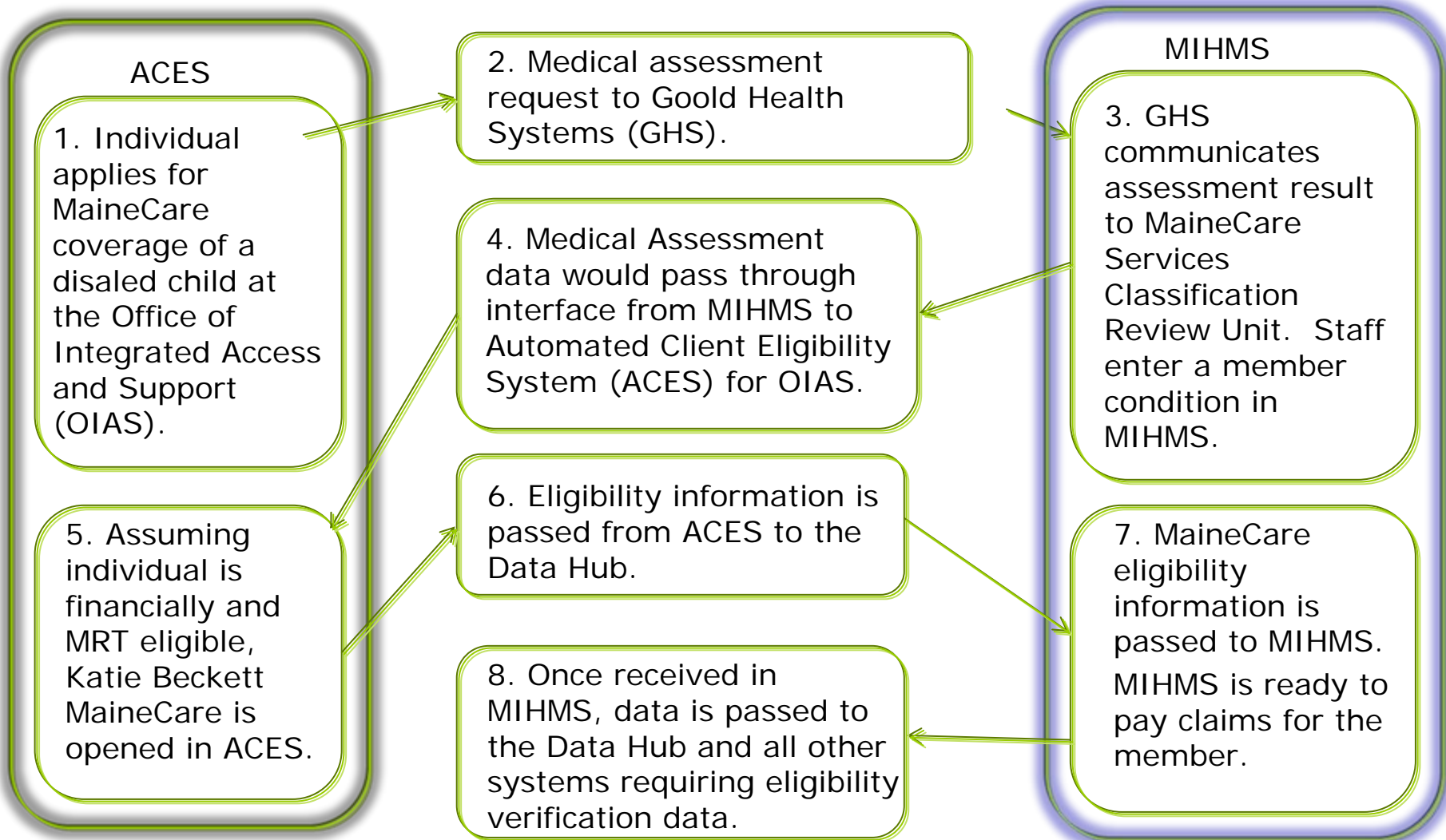
HCB Benefits for Elderly and Disabled Adults Coverage Code





Example 3: Member Conditions

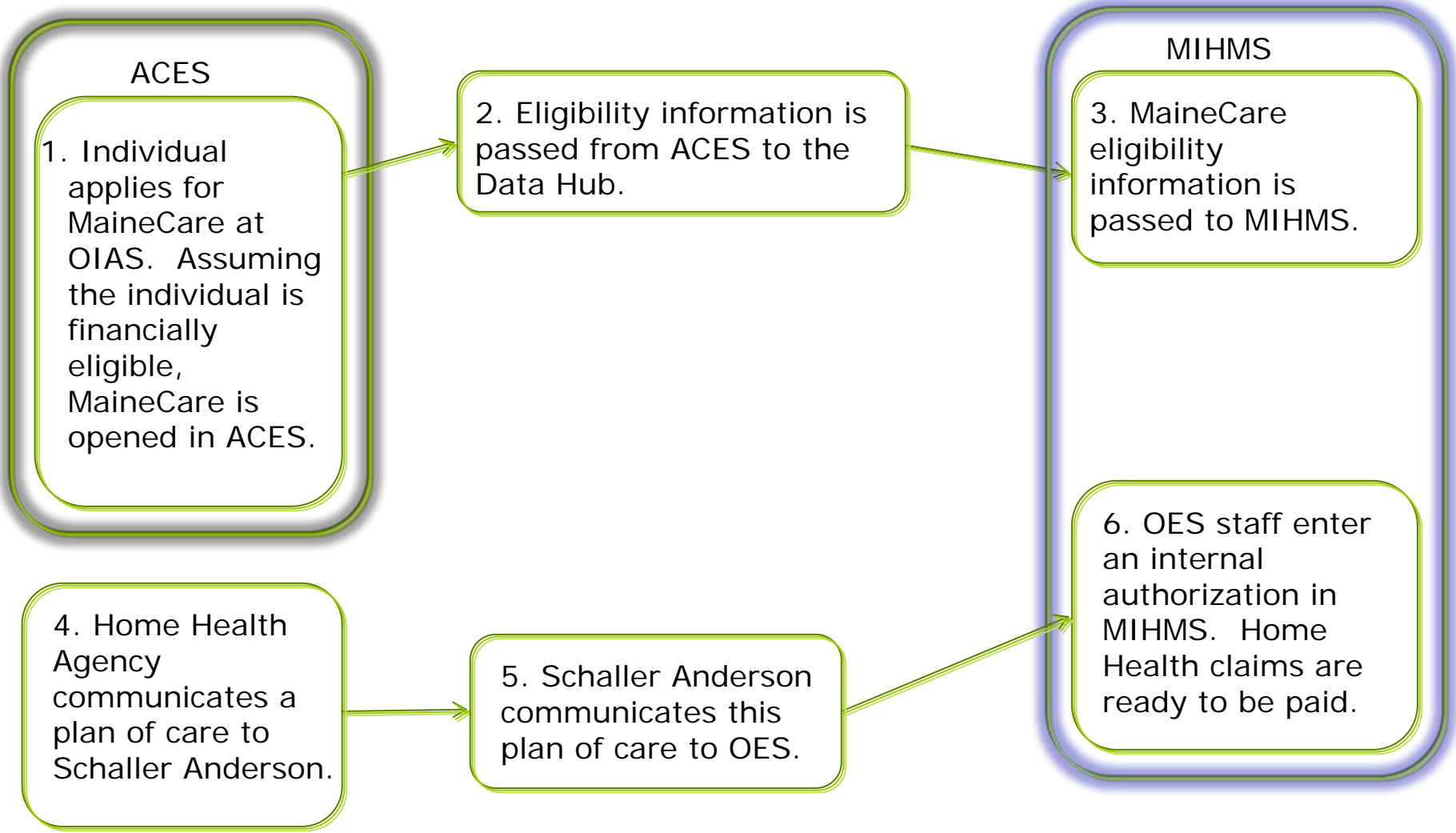
Katie Beckett MaineCare Member Conditions





Example 4: Internal Authorizations

Home Health Internal Authorization





Related Links

- ✓ For a copy of this presentation and Other Fiscal Agent Updates: http://www.maine.gov/bms/member/innerthird/fiscal_agent.html.
- ✓ MaineCare's Listserv to Receive Provider Updates: <http://www.maine.gov/dhhs/bms/member/innerthird/listserv.shtml>
- ✓ Invitations to our new monthly MIHMS Provider Forums: Please send your name, contact e-mail, and provider name to MaineCare2010.DHHS@maine.gov
- ✓ If you have other questions or suggestions, please send them to MaineCare2010.DHHS@maine.gov

Questions



- Do you have any questions?
- Thank you for your participation