MIHMS Provider Forum No. 11

October 29th, 2009

Today's Agenda

- Member Classification
- Direct Data Entry (DDE)
- Prior Authorization Process
- Project Update
- Question and Answer Session

Member Classification

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

Classification Functions

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 allow for program specific limits.

Examples: PNMI, Adult Family Care Home, and Nursing Facility

Member Conditions are connected to the member record and are used for reporting purposes.

Example: Katie Beckett

Internal Authorizations allow for member specific limits on services.

Examples: Home Health, Home and Community Based Waivers, and Brain Injury

Example 1: Coverage Codes

Nursing Facility Services Coverage Code

ACES

1. Individual applies for Long Term Care (LTC) MaineCare at the Office of Integrated Access and Support (OIAS).

2. Medical assessment request to Goold Health Systems (GHS).

MIHMS

3. GHS communicates assessment result to the Office of Elder Services (OES), OES staff enter a coverage code in MIHMS.

4. Medical Assessment data would pass through interface from MIHMS to Automated Client Eligibility System (ACES) for OIAS.

5. Assuming individual is financially eligible, LTC MaineCare for Nursing Home is opened in ACES.

6. Eligibility information is passed from ACES to the Data Hub.

7. MaineCare eligibility information is passed to MIHMS MIHMS is ready to pay claims for member.

8. Once received in MIHMS, data is passed to the Data Hub and all other systems requiring eligibility verification data.

Example 2: Member Conditions

Katie Beckett MaineCare Member Conditions

ACES

1. Individual applies for MaineCare coverage of a disabled child at the Office of Integrated Access and Support (OIAS).

2. Medical assessment request to Goold Health Systems (GHS).

4. Medical Assessment data would pass through interface from MIHMS to Automated Client Eligibility System (ACES) for OIAS.

5. Assuming individual is financially and MRT eligible, Katie Beckett MaineCare is opened in ACES.

6. Eligibility information is passed from ACES to the Data Hub.

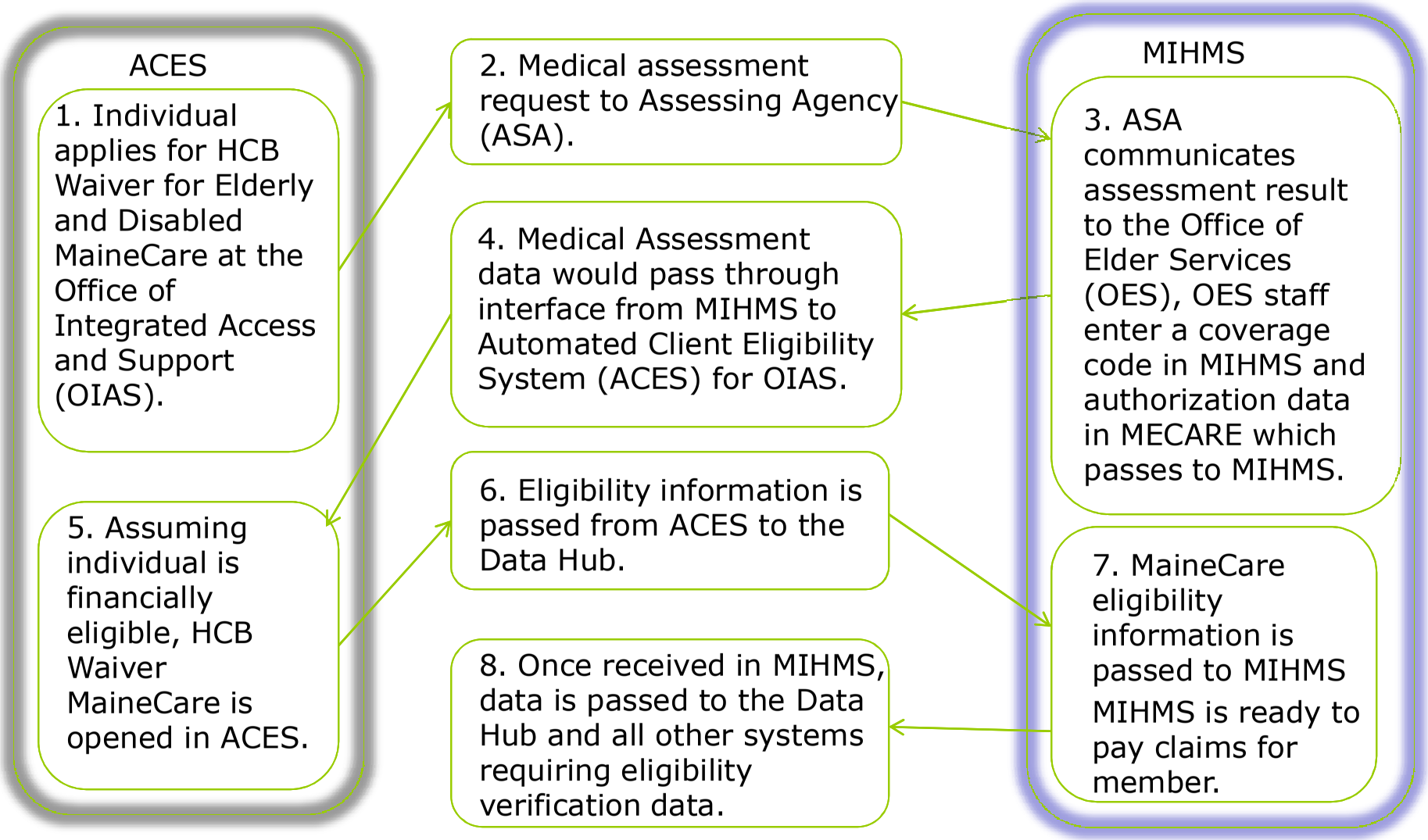
8. Once received in MIHMS, data is passed to the Data Hub and all other systems requiring eligibility verification data.

MIHMS

3. GHS communicates assessment result to MaineCare Services Classification Review Unit. Staff enter a member condition in MIHMS.

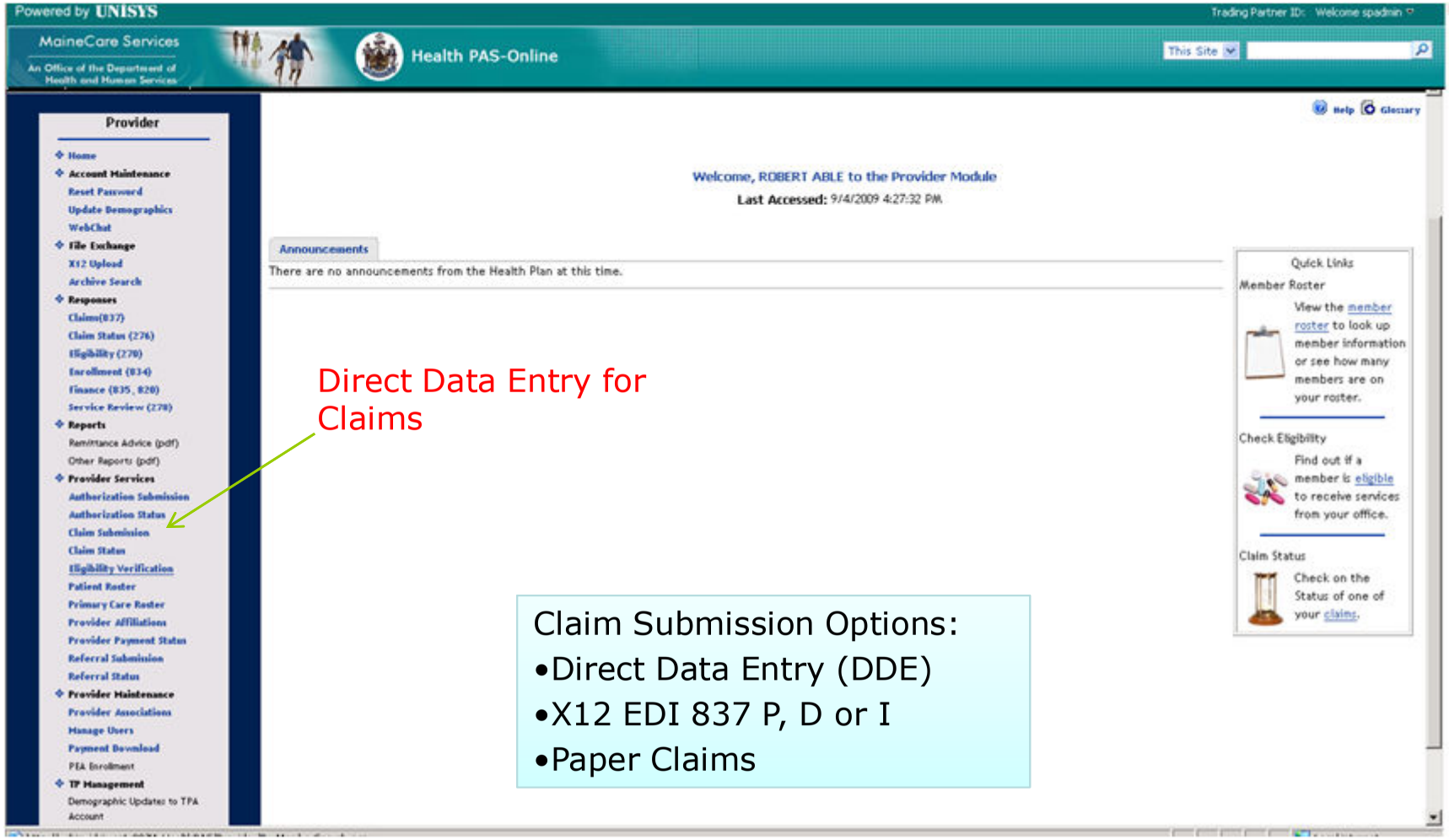
7. MaineCare eligibility information is passed to MIHMS. MIHMS is ready to pay claims for the member.

Example 3: HCB Waiver (Section 19)



Direct Data Entry (DDE)

MyHealthPAS – Claims



Direct Data Entry for Claims

Claim Submission Options:

- Direct Data Entry (DDE)
- X12 EDI 837 P, D or I
- Paper Claims

Screens subject to change

MyHealth PAS OnLine Claim Wizard

Step 1: Select the billing provider

You Are Here: Submit Claim - Find Member

Select Billing Provider: PRV-ABC MEDICAL GROUP | Edit Associations

Select a Claim Type: Professional | Dental | Institutional

Step 2: Identify the claim type

Find Member

To search for a member, enter search criteria in any two rows. For example enter the Name (last and first) and the Date of Birth.

Member ID:

Name (Last and First): *And*

Date of Birth: MM/DD/CCYY

Social Security Number: ###-##-#####

Submit | Reset

Step 3: Locate the member record with any two lines of information

Screens subject to change

MyHealthPAS Claim Wizard-Professional

Step 4: Verify the member and continue

Find Member Results

Name	Gender	Date of Birth	Member ID
ANDERSON, AMANDA	Female	5/04/1981	0852805

Continue Cancel

Step 5: Claim Information

What does the red asterisk mean?

Claim Information

Billing Provider: PRV-ABC MEDICAL GROUP

Member Name: ANDERSON, AMANDA M

Date of Birth: 5/4/1981

Member ID: 0852805

Referring Provider:

Rendering Provider * : Select Rendering Provid

Service Location:

Patient Account # * :

Medical Record #:

Prior Auth:

Screens subject to change

MyHealthPAS Claim Wizard-Search

Search Functions

Find a Provider

Provider/Affiliation Name:

Specialty:

Provider Type:

NPI: (10 Digit Number)

Preferred Location:

City:

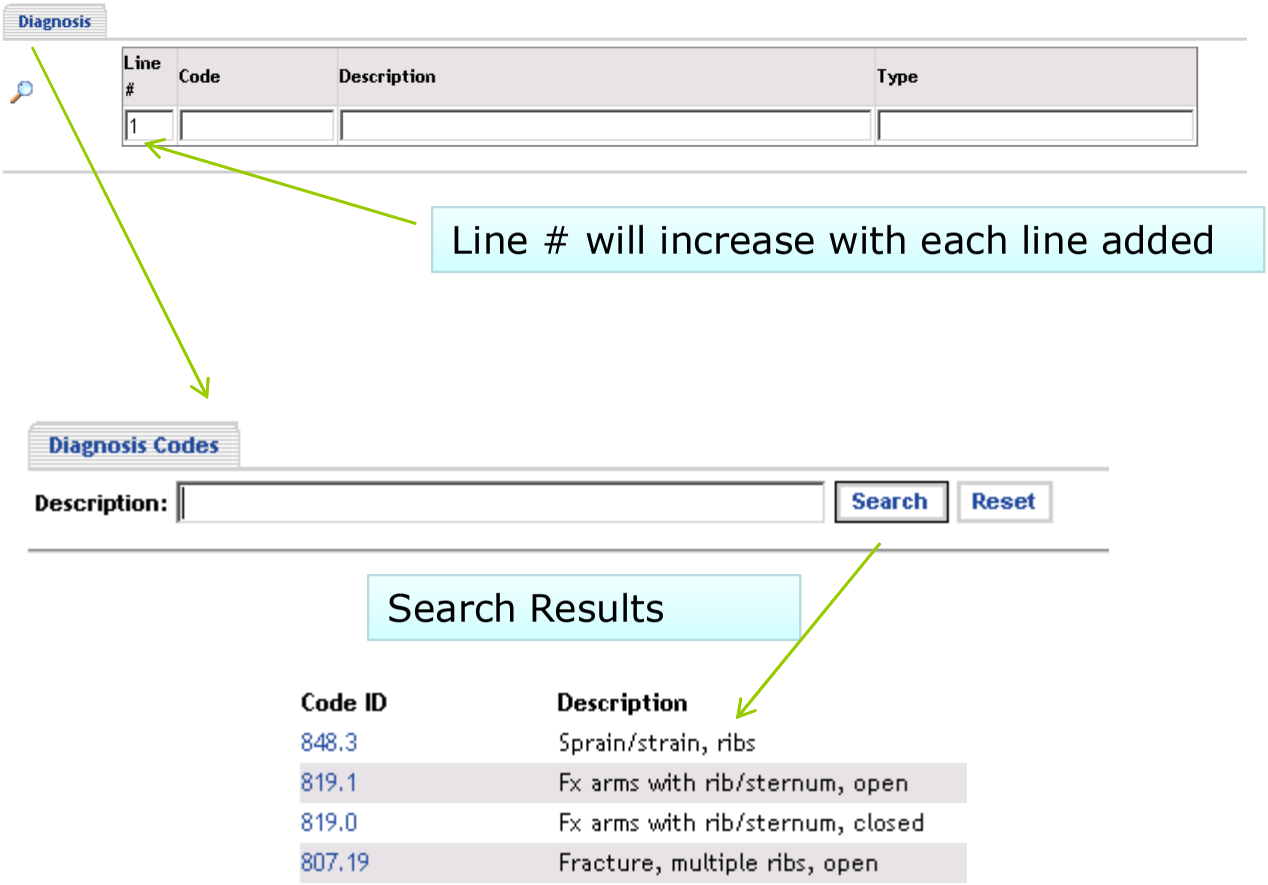
State:

Zip Code:

Search Reset

Screens subject to change

MyHealthPAS Claim Wizard-Diagnosis



Screens subject to change

MyHealthPAS Claim Wizard-Service Line

Services

☐ Enter NDC Codes

Line #	DOS From	DOS To	Place of Service	Code	Modifier(s)	Related Diagnosis	Charge	Billed Units	EPSDT	Auth #	Rendering Provider	NDC	Unit of Measure	Qty/Units	Price
1											PRV-ABC MEI				

CPT Code Description:

Total: $0

Units: 0

Service Codes

Description: Search Reset

Search Results

Service Code	Description
L1280	Rib gusset (elastic) each
L1040	Lumbar or lumbar rib pad
L0220	Thor rib belt custom fabrica
L0210	Thoracic rib belt

Additional Information

☐ Employment ☐ Auto Accident ☐ Other Accident

State:

Submit

Screens subject to change

MyHealth PAS Claims Confirmation

You Are Here: Claim Wizard - Confirmation

Claim ID: 09233000000

Your claim was successfully submitted and processed. Claim Details can be viewed on the Claim View page.

Adjudicate Claim | Edit Claim | Upload Attachmen | New Claim

Screens subject to change

You Are Here: Claims > View Claim

Details for the selected claim appear below.

Claim Summary

Claim Type: 1500
Claim #: 07092000003
Health Plan ID: 2775891250
Member Name: WHITEHEAD, NICOLE
Address: Panel 112 STEVENS DRIVE
Boise, ID 83701

Status: PAID
Service Provider: BUTLER, GERARD
Pay To Provider: ABC MEDICAL GROUP
Admitting Physician: NO PROVIDER
Check #: 6493098038
Check Date: 5/30/2007

Dates of Service: 1/1/2007 - 1/1/2007
Date Processed: 4/2/2007

Repriced Claim:
☐ Missing Information Indicator

Additional UB92 Detail

Type of Bill:
Status Code:
Cov D:
N-CD:
C-ID:
L-RD:

Admit Date:
Admit Hour: 0
Discharge Hour: 0
Type:
Source:
Medical Rec #:
DRG:

Reimbursement Detail

Claim Total: $100.00
Allowed Amt: $27.34
Eligible Amt: $29.34
Paid Amt: $27.34
Interest Days: 0
Withhold Amt: $0.00
COB Allowed: $0.00
COB Paid: $0.00
Refund Amt: $0.00

Copay Applied: $2.00
Deductible Applied: $0.00
Coinsurance Applied: $0.00
Disallowed: $0.00
Addtl Responsibility: $0.00
Total Patient Responsibility: $2.00

Diagnosis Codes

Code	Description
V72.1	EXAMINATION OF EARS/HEARING

<- Prev Next ->

More Codes

Services

Service Line	Service Date	Rev Code	Description	HCPCS/ NDC	Approved	Modifier(s)	Billed Units	Detail
1	1/1/2007			99213	99213		1.00	Details

Billed Amt: $100.00
Paid Amt: $27.34

<- Prev Next ->

Remittance Comments

Comment
Reversed by Claim # is 07092000003R1 REMIT contract changeAdjustment Claim # is 07092000003A1 REMIT contract change

<- Prev Next ->

Return to Claims

MyHealthPAS OnLine Claim Status

Claim #	Claim Type	Repriced Claim	Patient Name	Primary Diag Code	Dates of Service	Status
09232000000	1500	N	ANDERSON, AMANDA M	232.1	8/1/2008 - 8/1/2008	OPEN

Billed Amount: $0.00
Paid Amount: $0.00

Warning: There are Outstanding Edits

Number of online adjudication attempts: 3

Claim Information

Claim Type: 1500
Claim #: 09118000026
Log Date: 4/28/2009
Member ID: 557854890
Member Name: UM-HEADD, ESTELLA
Address: 118 S Stubbers Rd
GREENCREEK,ID,83533
Dates of Service: 5/1/2008 - 5/1/2008

Billing Provider: PRV-ABC MEDICAL GROUP
Patient Account #:
Medical Record #:
Prior Auth:
Date of Birth: 9/23/1975
Rendering Provider: PRV-ROBERTS, KEITH PCP
Referring Provider: NO PROVIDER

Outstanding Edits

Line #	Edit #	Description	Status	Category
1	163	Benefit requires documentation	PEND	BENEFIT

Edit Claim

Screens subject to change

MyHealthPAS Provider Payment Status

Payment Number:

Payment Date: To: (MM/DD/YYYY)

Payment Amount: To:

Payment Type: ALL

Payment Status: ALL

Search Reset Close

Payment Summary

Payment ID:	99999		
Payee Name:	BERNICE PCP PRV-PIERCE, MD	Payment Amount:	$105.92
Payment Date:	5/8/2009	Pay Discount:	0.00
Paid Date:		Payment Type:	FFS
Clear Date:			

Claim #	Member Name	Date(s) of Service	Total Paid
09033000024	BEN-HEADLEE, BRANDI	9/15/2008 - 9/15/2008	$56.85
09086000005	BEN-HEADLEY, BREANNA	11/1/2008 - 11/1/2008	$49.07

Back to Payments

Screens subject to change

MyHealthPAS OnLine -Dental Claims

Services

Line#	DOS From	DOS To	Place of Service	CPT Code	Modifier(s)	Tooth	Surface	Quantity	Fee	Predetermination	Rendering Provider
1											PRV-ABC MEDICAL GI

CPT Code Description:

Total: $0.0
Units: 0

Service Line and Additional Detail

Additional Information

Is Patient Condition Related To

☐ Employment ☐ Auto Accident ☐ Other Accident

State:

Miscellaneous

☐ Is Orthodontics

Date Appliance Placed: MM/DD/YYYY No. of Months Remaining:

☐ Initial Prothesis

Prior Prothesis Date: MM/DD/YYYY

Screens subject to change

Submit

MyHealthPAS -Institutional Claims

Claim Information

Billing Provider: PRV-ABC MEDICAL GROUP

Member Name: ANDERSON, AMANDA M

Patient Account #* :

Date of Birth: 5/4/1981

Medical Record #:

Member ID: 0852805

Referring Provider:

Prior Auth:

Rendering Provider* : Select Rendering Provi

Bill Code* :

Service Location:

Attending:

Other:

Operating:

Other:

Used to add additional information about Bill Code, Attending, Operating and Other Physicians

Diagnosis

Code	Description	Type	POA

Admitting Diagnosis

Code	Description	Type	POA

Reason for Visit

Code	Description	Type

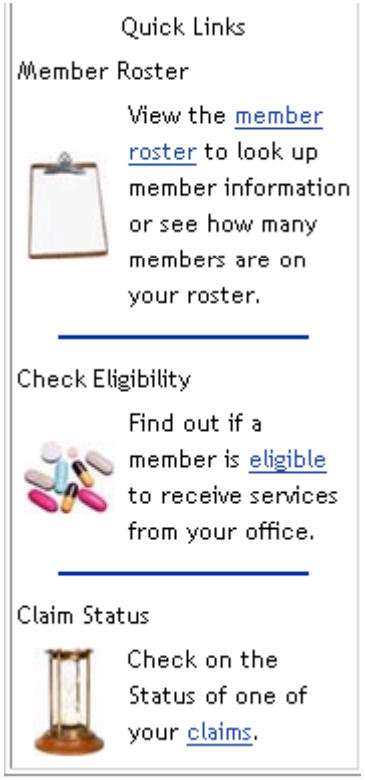
External Cause of Injury

Code	Description	Type	POA

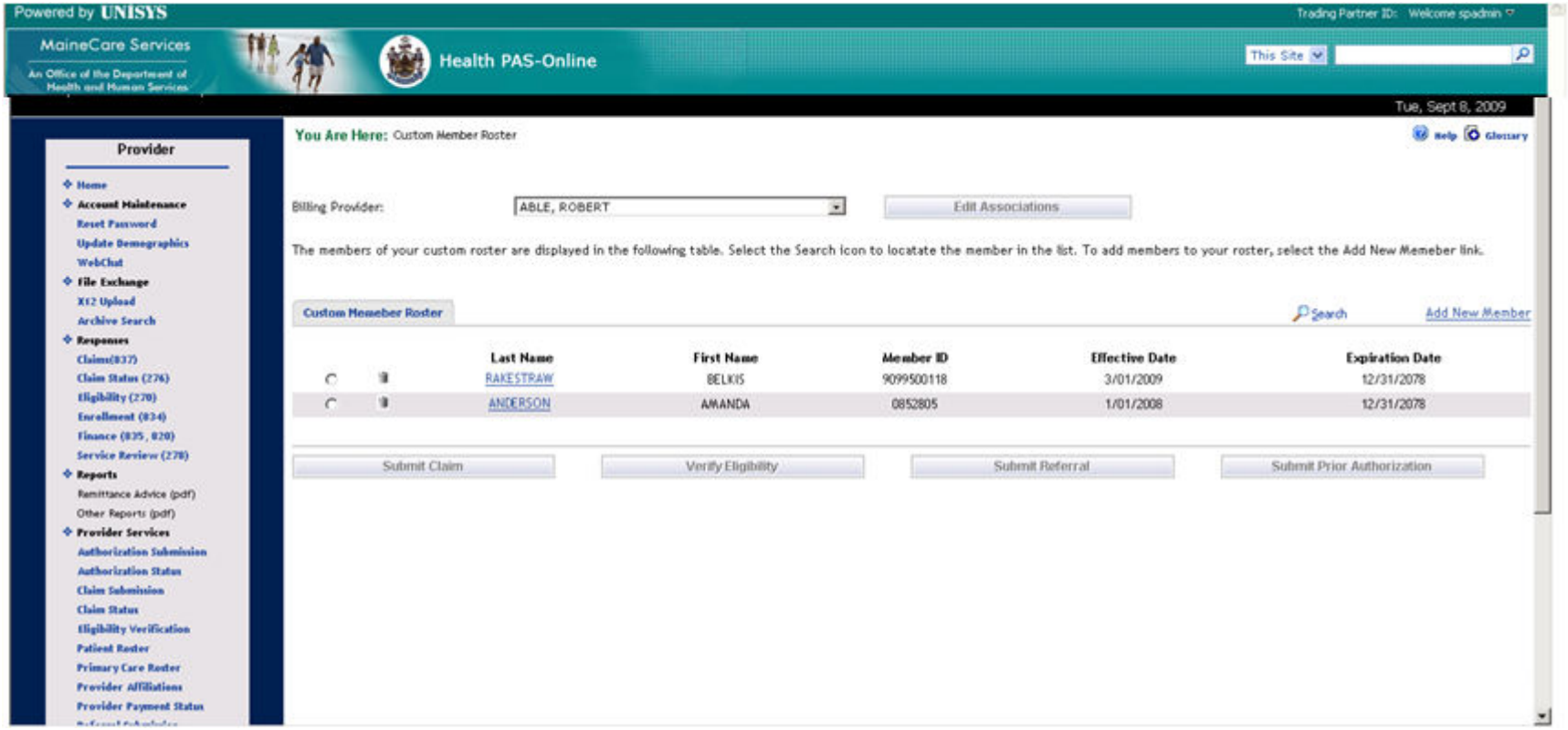
Used to add additional information Diagnosis, Reason for Visit and External cause of Injury

MyHealthPAS OnLine –Quick Links

- ✓ Quick Links
  - Member Roster
  - Check Eligibility
  - Claim Status



MyHealthPAS Custom Member Roster



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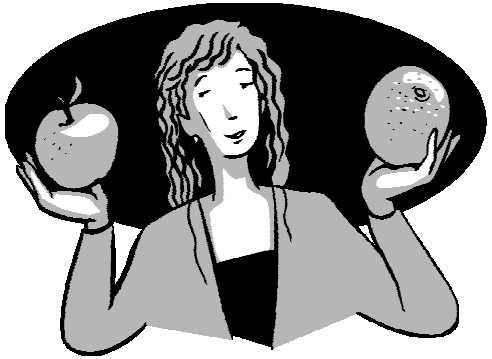
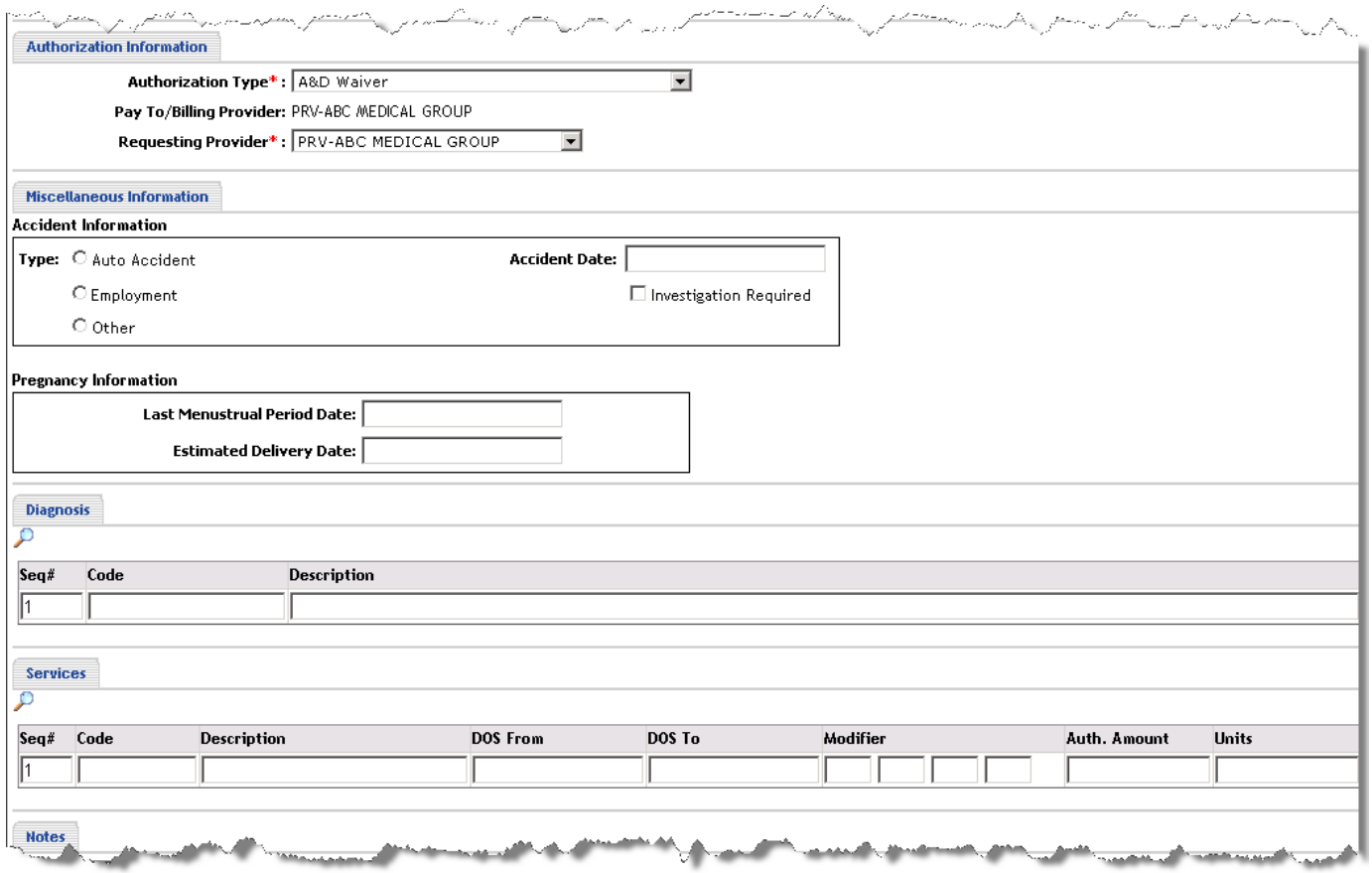
Prior Authorizations vs. Referrals



- **Prior Authorizations:**
  - Authorizations indicate that the health plan has been reviewed and approved, pended (for further information) or denied the services requested.
- **Status:**
  - Approved, Denied, Pend, MedReview, Closed, In Process
- **Referrals:**
  - Referrals indicate that a member has approval to visit a specialist or obtain certain services for a set period of time or set number of visits.

Prior Authorization



Authorization Information

Authorization Type*: A&D Waiver

Pay To/Billing Provider: PRV-ABC MEDICAL GROUP

Requesting Provider*: PRV-ABC MEDICAL GROUP

Miscellaneous Information

Accident Information

Type: Auto Accident

Employment

Other

Accident Date:

Investigation Required

Pregnancy Information

Last Menustrual Period Date:

Estimated Delivery Date:

Diagnosis

Seq#	Code	Description
1		

Services

Seq#	Code	Description	DOS From	DOS To	Modifier	Auth. Amount	Units
1							

Notes

Screens subject to change

MyHealthPAS Referral Submission

Used to Submit Referral requests

Select Billing Provider: PRV-ABC MEDICAL GROUP Edit Associations

Find Member

To search for a member, enter search criteria in any two rows. For example enter the Name (last and first) and the Date of Birth.

Member ID:

Name (Last and First): *And*

Date of Birth: MM/DD/CCYY

Social Security Number: ### ## #####

Submit Reset

Screens subject to change

MyHealth PAS OnLine Referral Status

Referral Status

- Provider Services
  - Authorization Submission
  - Authorization Status
  - Claim Submission
  - Claim Status
  - Eligibility Verification
  - Patient Roster
  - Primary Care Roster
  - Provider Affiliations
  - Provider Payment Status
  - Referral Submission
  - Referral Status

Referrals

Search

Referral #	Date of Service	Patient Name	Referring Provider	Refer To Provider	Referral Type	Status
ID40000848	8/3/2009 - 12/31/2078	ANDERSON, AMANDA M	PRV-ABC MEDICAL GROUP	PRV-COURTNEY COOK (ISSH)	Provider Specific	Closed
ID40000811	2/2/2009 - 4/2/2009	MBR-OPHUS, EVON	PRV-GRAY, CONNIE P	PRV-ABC MEDICAL GROUP	Test-Hospice	Closed

Screens subject to change

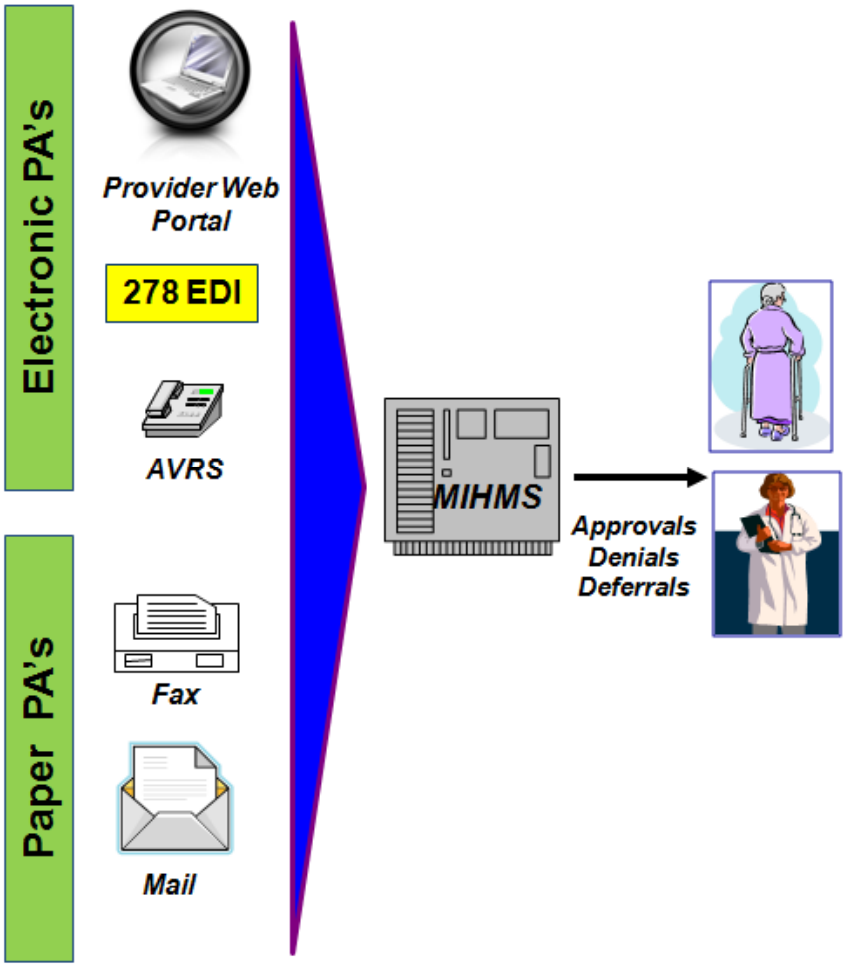
Prior Authorization Process

An Update on Prior Authorizations (PA's)

- ✓ The Fiscal Agent Team has been working closely with its business partners – Unisys, Schaller Anderson and APS – to streamline the prior authorization process
- ✓ The new processes take advantage of new submission options like Direct Data Entry and technologies such as workflow management to:
  - Improve efficiency and quality
  - Tighten controls
  - Speed processing
  - Integrate prior authorization criteria

MIHMS Medical PA Process

- ✓ Providers will submit all medical PA's to MIHMS regardless of the organization performing the PA (State or Schaller)
- ✓ PA's will be routed seamlessly via the MIHMS workflow system
- ✓ Traditional submission modes are available as well as several new options:
  - Direct Data Entry (DDE) of PA's via Web portal
  - Batch upload of electronic 278 transactions
  - Use of Automatic Voice Response System (AVRS)



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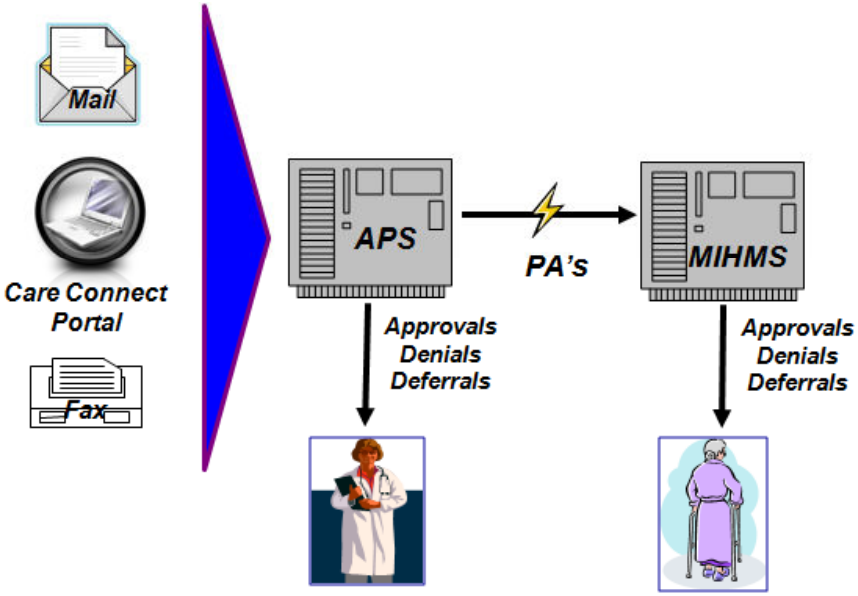
Behavioral Health PA Process

- ✓ Providers will continue to submit behavioral health PA's directly to APS
- ✓ Current PA's will be converted to MIHMS with the exception of a limited number of PA's that still include local codes
- ✓ There are several workflow improvements
  - A single PA reference number will be assigned rather than the current two-step numbering process
  - An improved daily eligibility feed will be flow from MIHMS to APS
  - Providers will be able to check the status of PA's via the MIHMS Web portal as well as through Care Connect



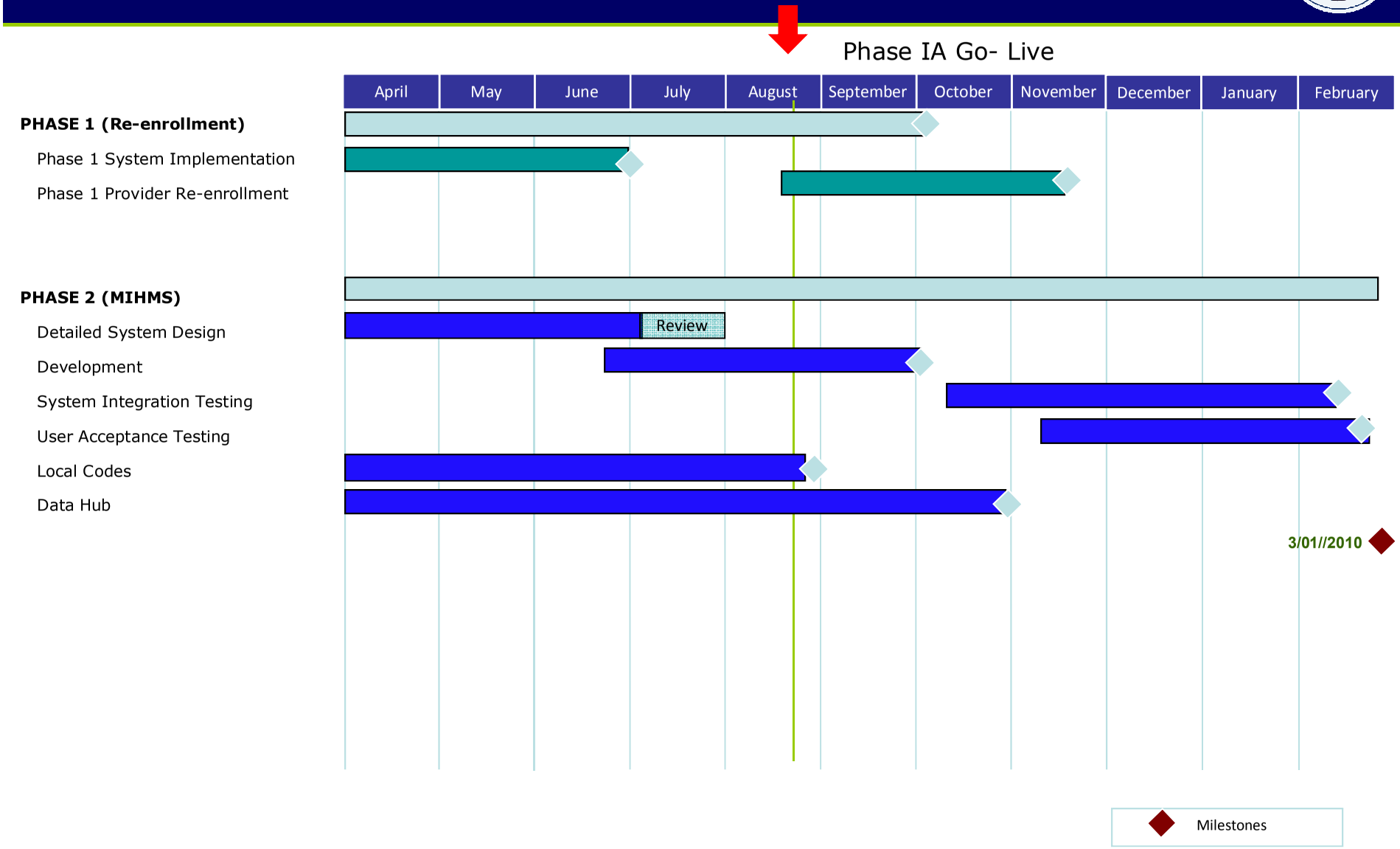
Project Update

Re-enrollment Statistics

As of 10/28/2009, 2,770 cumulative in portal

- ✓ 558 remain in portal to be completed or re-submitted
- ✓ 1,830 in workflow
  - 734 State work queues
  - 555 Provider agreement holding
  - 159 Unisys Review Queue
- ✓ 382 Completed enrollments and letters generated

Schedule


Phase IA Go- Live
April
May
June
July
August
September
October
November
December
January
February
PHASE 1 (Re-enrollment)
Phase 1 System Implementation
Phase 1 Provider Re-enrollment
PHASE 2 (MIHMS)
Detailed System Design
Review
Development
System Integration Testing
User Acceptance Testing
Local Codes
Data Hub
3/01//2010
Milestones

Local Codes

- ✓ Over 1100 local codes have been cross-walked to HIPAA compliant codes
- ✓ A complete list of the cross-walks can be found here: http://www.maine.gov/dhhs/oms/providerfiles/billing_instructions.html#hipaa_codes
- ✓ If you have specific questions regarding a particular cross-walk, please email the MIHMS mailbox at MaineCare2010.dhhs@maine.gov or I can discuss specific questions following the provider forum

Questions

Do you have any questions?

Thank you!

MARK YOUR CALENDARS!

EDI Kick-Off Meeting
November 12th at 1:30-4pm
Augusta Civic Center

Next Provider Forum:
December 3rd 1p-3p
Florian Hall

Related Links and Telephone Numbers

- 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 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
- Customer Service number for re-enrollment questions: 1-800-321-5557 option 6