

JOB AID

Provider Process for Managed-Care Entity (MCE) Recoupments

- This job aid outlines how MassHealth reimburses providers when managed-care claim payments are retroactively recouped from the managed-care entity.

I. SUBMIT INFORMATION: Provider

The provider

- completes the first page of the recoupment form, accessible at <http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/masshealth-provider-forms.html>; then
- submits it to the MassHealth Customer Service Center (CSC) via e-mail to research@mahealth.net. Alternatively, the provider can ask questions on the required information by calling 1-800-841-2900 (TTY: 1-800-497-4648).

The information in the recoupment form must include the following items.

- Provider Name
- Provider NPI
- MassHealth Provider ID (if applicable)
- MCE Name(s)
- Member First Name
- Member Last Name
- Member MassHealth ID(s)
- Date(s) of Service Recouped
- Service Code or Name

II. CONFIRM INFORMATION: Customer Service Center (CSC)

CSC researches the recoupment data and completes the “MassHealth only” section of the recoupment form. CSC takes the following actions:

- documents any enrollments for Member ID 1;
- determines whether any claims were paid for Member ID 1;
- If claims were paid, documents the date(s) of service and the service name; and
- follows the steps above if there is a second ID.

CSC forwards the completed form to the MassHealth Office of Providers and Plans for review and approval.

III. APPROVE REIMBURSEMENT: Office of Providers and Plans

MassHealth Office of Providers and Plans staff reviews the recoupment form and provides approval for

- (a) the original MCE to process and pay claims;
 - (b) a different MCE to process and pay claims;
 - (c) MBHP (Massachusetts Behavioral Health Partnership) to process and pay claims; or
 - (d) MassHealth to process and pay claims.
- If (a), (b), or (c) above, Office of Providers and Plans staff will
 - make appropriate enrollment adjustments;
 - submit appropriate documentation to MMIS for MCE capitation adjustments, if necessary; and

- return the recoupment form to CSC, who will contact the appropriate MCE or MBHP to instruct them in processing claims.
- If (d) (MassHealth to process and pay claims), Office of Providers and Plans staff will
 - notify Claims Operations of the approval; and
 - notify CSC staff, who instruct the provider to bill MassHealth directly via 837 batch transaction or direct data entry (DDE) on the POSC.
- If (d) above (MassHealth to process and pay claims), the provider
 - will receive a claim status of DENY for MCE coverage, Edit 2017; and
 - should send an e-mail to ClaimsSupport@massmail.state.ma.us with the ICN of the denied claim(s). (Claims Operations manages the mailbox.)
- If (d) above, Claims Operations will
 - verify that the claim denial matches the information on the recoupment form;
 - if there is a match, systematically reprocess the claim(s) for the provider with the MCE edit override, and notify the MassHealth Office of Providers and Plans and CSC; and
 - if there is no match, notify the Office of Providers and Plans and CSC, who will contact the provider.

For any claims reprocessed by MassHealth, the Office of Providers and Plans will submit appropriate documentation to MMIS for MCE capitation recoupment if necessary.

IV. CONFIRM PAYMENT: Customer Service Center

CSC will confirm with the provider that claim payment has been made.

Note: *If a member has more than one MassHealth ID, please see the [Job Aid on Reporting Multiple IDs](#).*