

## 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 (MCE).

#### I. SUBMIT INFORMATION: Provider

The provider

- Completes the [Recoupment Form](https://mass.gov/doc/recoupments-submission-form/download), accessible at <https://mass.gov/doc/recoupments-submission-form/download>; then
- Submits it to Enrollment Operations via email to [DSO.Coordination@state.ma.us](mailto:DSO.Coordination@state.ma.us). Questions can also be directed to this email address.

The information in the recoupment form **must include** the following:

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

**Note:** Enrollment Operations will confirm receipt of the file and review it for completeness. Submissions received without all the required information may be returned to providers to complete the required fields before processing can begin.

#### II. CONFIRM INFORMATION: Enrollment Operations

Enrollment Operations researches the recoupment data and takes the following actions:

- Documents any enrollments for Member ID 1
- Makes enrollment adjustments as needed
- Follows the steps above if there are additional IDs

**Note:** The Enrollment Operations unit typically completes this phase in no more than five business days.

#### III. APPROVE REIMBURSEMENT: Enrollment Operations

MassHealth Enrollment Operations staff provides approval for:

- (a) The original MCE to process and pay claims;
- (b) A different MCE to process and pay claims;
- (c) Massachusetts Behavioral Health Partnership (MBHP) to process and pay claims; or
- (d) MassHealth to process and pay claims.

- If (a), (b), or (c) above, Enrollment Operations staff will
  - Make appropriate enrollment adjustments;
  - Submit appropriate documentation to MMIS for MCE capitation adjustments, if necessary; and
  - Contact the appropriate MCE or MBHP to instruct them in processing claims.

**Note:** The MCEs and MBHP are given 10 business days to provide updates on the status of reprocessing. Once updates are received from the MCE, providers will receive feedback on each claim status.

- If (d) (MassHealth to process and pay claims):
  - Enrollment Operations staff will instruct the provider to bill MassHealth directly via 837 batch transaction or Direct Data Entry (DDE) on the Provider Online Service Center (POSC).
  - The provider will receive a claim status of DENY for MCE coverage, Edit 2017, and in most cases a timely filing edit.
  - Enrollment Operations staff will send an email to [ClaimsSupport@massmail.state.ma.us](mailto:ClaimsSupport@massmail.state.ma.us) with the ICN of the denied claim(s) along with an approval to override the coverage and timely filing edits. (Claims Operations manages this mailbox)

For any claims reprocessed by MassHealth, Enrollment Operations will submit appropriate documentation to MMIS for MCE capitation reconciliation, if necessary.

#### **IV. CONFIRM PAYMENT: Enrollment Operations**

Enrollment Operations will confirm with the provider via email that claim payment has been made. This process can take up to 15 business days from the date of submission of the spreadsheet. Enrollment Operations will provide status updates to providers. However, status inquiries can be submitted to the [DSO.Coordination@state.ma.us](mailto:DSO.Coordination@state.ma.us). MassHealth is committed to resolving these issues in a timely manner.

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