

Commonwealth of Massachusetts
Executive Office of Health and Human Services



HSN Claims Migration to MMIS

April 2012



Agenda

- Migration Schedule
- Rolling Schedule
- DHCFP Payment
- MMIS Payment
- Training Resources / Claims Support
- Key Points
- Conclusion



Migration Schedule

- HSN 837I (Institutional) & 837P (Professional) claims migrating to MMIS on 7/1/2012
- 4010 837I & 837P claim processing by DHCFP (the Division) ends 4/30/2012
 - Required due to conversion of historical paid claims data in June
- Dental claims will continue to be processed at the Division
- Dental claims must be submitted in the 5010 837D claim format beginning 5/1/2012



Rolling Schedule

- Allows transition to MMIS claims processing on 7/1, 8/1, 9/1 or 10/1/2012
- All providers must transition no later than 10/1/2012
- Provides ample opportunity for providers to test 837I & 837P HSN claim submissions to MMIS
- Testing should occur for all potential HSN claim scenarios (i.e., Prime, Second, Partial, Bad Debt, Medical Hardship, Confidential)



DHCFP Payment

- Interim payment methodology to be used for base months of May & June (July & August processed payments, resp.)
- Interim payments to be determined based on historical claims / payment data for the period that providers are unable to submit HSN claims to MMIS
- Interim payment methodology will also be used during rolling transition period:
 - Ex.: a provider transitioning on 9/1/2012 would be paid based on interim payments for months of July & August (September & October payments)
- Payment recovery schedule TBD
- DHCFP will
 - provide updates in the near future regarding interim payments & recovery schedules
 - will continue to generate remittance advices (RAs) detailing HSN payments to be made. RAs will remain in current format and be downloaded directly from INET.



MMIS Payment

- MMIS claims adjudication will include generation of an 835 and a Remittance Advice (RA) that will note MMIS priced payment
- MMIS priced payment is not reflective of HSN payment that will occur based on repricing and payment of claim at DHCFP
- Providers should use MMIS 835 for posting of claim disposition and to correct claim errors
- Providers should not use MMIS 835 and RA for payment posting



Training Resources / Claims Support

- 837I & 837P Billing Guides
 - Illustrate HSN specific segments & data required for claims processing
 - Unless noted in billing guide, claims processing & adjudication to occur in accordance with MassHealth 5010 specifications, companion guide & billing requirements
- Providers should contact MassHealth Customer Service Center at (800) 841-2900 for all HSN claim inquiries except:
 - Eligibility, Payment & Policy inquiries should be forwarded to the Division's claims customer support center at (866) 697-6080 or HSNHelpLine@PublicSectorPartners.com



Key Points

- Providers will be issued an HSN Provider ID / Service Location in May, 2012 that will be used in HSN claims processing
- Claims must be submitted with correct billing NPI as reported by providers
- Claims and RAs from MassHealth will not be combined with HSN claims and RAs/835s as the Provider ID/SL will be different
- Direct Data Entry not available for HSN claims processing on 7/1/2012
- Frequency codes (xx1 = Admit thru Discharge; xx7 = Replacement; xx8 = Void) will remain the same
- Dummy member identification numbers (i.e., 000000001, 000000000001) are not allowed; if unknown, leave field blank
- Billing deadline waivers will be allowed during conversion / migration⁸ period; waiver period to be determined



Thank You!

