A Pathway to Dual Eligible Data Integration:

Maximizing Coordination of Benefits, Services, and Payments through the Massachusetts MMIS

Jenifer Hartman – Medicare Eligibility Enhancement Programs Kathleen Melanson – Benefit Coordination and Recovery

DATA INTEGRATION VISION

The Massachusetts Medicaid Program, MassHealth, and UMass Medical School have partnered to develop and deploy precision data integration methodologies within the Massachusetts MMIS to fully coordinate enrollment, service delivery, and payments for Medicaid recipients with current or potential Dual Eligibility for

Customized business intelligence within the MMIS Third Party Liability subsystem interfaces with state, CMS, and SSA data sets; care coordination processes; and claims processing routines to ensure recipients receive the highest benefits at the state's lowest liability, according to the Medicaid State Plan.

Initial Data Inputs

- Medicaid Demographic Data
- Medicaid Eligibility Data
- Other State Program Data LTSS, Elder Affairs, TANF, Mental Health
- CMS Medicare Entitlement and Coverage Data
- COBA Crossover Claims Data
- SSA Medicare Entitlement Data



State Data

CMS Data

COBA Data



MMIS business intelligence integrates initial data inputs to:

- Confirm current Dual Eligibles
- Identify new Dual Eligibles
- Recognize missed Dual Eligibles
- Enroll prospective Dual Eligibles

Medicare entitlement and coverage data is confirmed across federal data sets to ensure up-to-date information for Medicaid eligibility, service delivery, and claims processing.

Medicare Buy-In transactions are generated to ensure continuity of Medicare coverage through state payment of Medicare premiums.

Discrepancies across and between state and federal data sets are identified and reported for investigation and resolution.







MMIS business intelligence processes Dual Eligible recipient data to determine the most appropriate benefit plan options, based on:

- Medicaid eligibility category
- Medicare entitlement
- Age
- Disability status
- Level of Care indicators
- Geographic location
- Specialized diagnoses, e.g. HIV, ESRD, etc.

Algorithms are applied to direct recipients to options which provide the highest levels of benefits and care coordination, while supporting Medicaid's lowest liability, including:

- Medicare-Medicaid Integrated Care Plans (Massachusetts Duals Demonstration)
- Senior Care Options
- Program of All-Inclusive Care for the Elderly
- Medicaid Managed Care Plans
- Medicaid Fee-for-Service
 - MassHealth Behavioral Health Partnership

Integrated data is utilized to support passive enrollment activities across Medicaid programs.



MMIS business intelligence directs provider claims and processes MassHealth payments, based on Dual Eligible status and benefit plan information:

Medicare Cost Avoidance

 Stop – Fee-for-Service claims are denied and providers are redirected to Medicare or other **STOP** appropriate primary payers.



Medicare Repricing

 Cross-Walk – Medicare crossover claims are crosswalked to Medicaid service codes and payment rates to determine Medicaid's lowest liability based on Medicare adjudication results.



Medicare Recovery Coordination

Yield — Dates of service are compared with retroactive Medicare entitlement data to identify Medicare recovery opportunities.





Provider Recoupment

 U-Turn – Medicaid paid claims amounts are recouped from provider payments when Medicare payment is confirmed.



DATA INTEGRATION **ACHIEVEMENTS**

Massachusetts fully integrates Dual Eligible data throughout MMIS to achieve benefits for all parties:

Dual Eligible Recipient Benefits

- Receives assignment to highest level of Medicaid benefits based on Medicare and Medicaid data
- Receives full advantage of service delivery options, including available Medicare-Medicaid integrated care
- Acquires access to expanded network of Dual Eligible providers
- Reduces out-of-pocket expenses and future Estate Recovery

Provider Benefits

- Provides up-to-date access to recipient Medicare entitlement and coverage information
- Reduces delays, denials, and timely filing errors in claims
- Reduces need for multiple claims submission to Medicare and Medicaid through the COBA process
- Reduces likelihood of future recoupments resulting from inappropriate payments

Massachusetts Medicaid Benefits

- Ensures accurate and timely enrollments into Medicaid benefit plans
- Identifies potential Medicare-Medicaid integrated care enrollees and passive enrollment opportunities
- Utilizes COBA processes to reduce multiple provider claims submissions, submission errors, and "wait" times for reimbursement
- Takes advantage of all COBA data elements to minimize COB claim errors
- Maximizes savings through cost avoidance and repricing
- Minimizes "Pay and Chase" activities
- Ensures Medicaid status as the Payer of Last Resort

