



MASSACHUSETTS

Administrative Simplification and the Mass Collaborative

Innovation Summit

June 27, 2014

Discussion Points



- Mass Collaborative
 - History / Mission
 - Successes and challenges
 - Current initiatives / links to regulation
 - Re-focusing of the Mass Collaborative
- State Requirements: Administrative simplification
 - Claims coding
 - Credentialing
 - Authorizations
 - Denied claim appeals
 - Eligibility

Background and formation

- Organized in 2010 and led by various stakeholders
- Large participation by most key stakeholders including:
 - All local health plans
 - Numerous provider groups
 - State medical and hospital associations
 - MassHealth
- Informal organization
- Keys to success included:
 - Having senior executives lead the agenda ensuring buy-in across stakeholders
 - Collaborative development of a shared vision/mission
 - Ensuring a bilateral approach

Mass Collaborative Mission



Current Mission Statement

Collaborate with Massachusetts healthcare payers and providers to simplify and improve healthcare administration by increasing transactional efficiency, eliminating waste, and promoting standardization.

Note: Mission statement likely to be revised to include “being a leading voice in administrative simplification in Massachusetts”

Collaborative Successes



- Identification of major 'pain points' aligned with the provider revenue cycle
 - Front-end: contracting, eligibility and benefits verification, authorizations/referrals, case management, and coding
 - Back-end: claims/claims status, remittances, denials, over/under payments, appeals
- Numerous solutions developed including:
 - Alpha name normalization
 - Standardized appeal forms
 - Standardized authorization forms
 - Consolidated health plan training materials centrally located online for eligibility and authorizations

Collaborative Challenges



- Employer engagement
- Small / ancillary provider engagement
- Items perceived as benefiting only health plans
 - Example: reducing duplicate claim submissions
- ‘Gray’ issues that bridge operational and policy lines
 - Example: Standardization of medical policies
- Establishment of success metrics
- Transitioning from paper wins to electronic

Collaborative 2014 Plans



- Mass Collaborative brand awareness
 - Website planned to go live Q3 2014
- Communications between plans and providers
 - Consolidation of plan communications
 - Standardize the way information (i.e., medical policies) is presented to providers
- Eligibility
 - Assess operating rules impact on eligibility verification, identify gaps, and develop solutions
- Develop and agree upon plan to move paper transactions to electronic over the next 2-3 years

Collaborative 2014 Re-Focus



- Foundational work completed / awareness increasing
 - Together 4+ years
 - Presence established in the Commonwealth
- 2014 focus is to establish the Mass Collaborative as the leading voice in administrative simplification and working with others:
 - Identify complexities
 - Develop solutions for issues
 - Set simplification policies as appropriate
 - Provide input into required state regulations

'Open' State Regulation Requirements



- Chapter 305
 - Claims coding requires submission and acceptance of claims using nationally recognized standards/guidelines
- Chapter 288
 - Requires the Division of Insurance to issues regulations or guidelines around several items including authorizations, credentialing and denied claim appeals
- Chapter 224
 - Requires the Division of Insurance to issues regulations/guidelines around eligibility and authorizations

Collaborative Actions on State Requirements



- Chapter 305
 - Numerous Mass Collaborative members negotiated the Chapter 305 language
 - DOI has formed a 'Claims Coding Commission'
 - Majority of the commission are members of the Mass Collaborative
 - Commission has been dormant for 6 months
- Chapter 288
 - Provided joint feedback to DOI on credentialing regulations
 - Developed a standardized authorization form for many services
 - Developed a standardized denied claims appeal form for all local plans
- Chapter 224
 - Working to develop standardized service type authorizations forms
 - Working to identifying remaining issues with the 270/271 eligibility transactions (i.e., Insurance type code)

Next Steps



- Complete re-focus of Mass Collaborative
- Evaluate additional 2014/2015 priorities
 - Opportunities to move paper to electronic?
- Develop and share authorization forms with Division of Insurance
- Partner with state entities like NEHEN to address Chapter 224 eligibility requirements