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
Mass Collaborative

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
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