

CLAIMS ADDENDUM TO MSA APPLICATION

- A. Describe the claims processing workflow and who is responsible for each stage of the process for the MA MSA organization. Include a flow chart of this process and place at the end of this chapter.
- B. Coverage of Out-of-Network Service - *Ambulance Services, Emergency and urgently-needed services; renal dialysis service and post stabilization care* - Describe the work flow and who is responsible for each stage of the process for your organization regarding procedures for honoring, processing and paying claims for services provided to Medicare members for out-of-plan emergency and out-of-area urgently needed care, renal dialysis services and post stabilization care services. Specify how coverage will be provided for emergency services, without regard to either prior authorization or whether the provider is a participating provider. [422.100(b)(1), 422.112(a)(10), 422.113, 422.2]
- C. Medicare Secondary Payer - Describe the systems/procedures the MA MSA organization will implement (1) under the Medicare Secondary Payer provisions and (2) to avoid duplicate payment of health care services . [422.108]
- D. Provide a list of: 1) All claim denial codes and reasons for denial used in the Medicare contract (do not include commercial); and 2) All procedure codes for services that are not allowed and /or automatically denied in the Medicare contract (identify the procedure code and the service, do not include commercial).
- E. Describe the MA MSA organization's ability to pay interest payment requirements on claims that are not paid on a timely manner.
- F. Describe the applicant's reimbursement process on claims that are received for certain covered benefits which are not required to be obtained by a network provider, such as eyeglasses, hearing aids, etc.
- G. Will providers be permitted to balance bill the beneficiary before and after the deductible has been met? If balance billing is permitted, describe the organizational requirements and processes. Include all communications to beneficiaries and providers. Provide Policies and Procedures and how the plan will inform the beneficiaries and providers of this requirement. Provide the Policies and Procedures in the Documents Section.
- H. Once the deductible has been met, how will the Plan monitor the amount collected by contracted and non-contracted providers to ensure that these amounts do not exceed the amounts permitted to be collected under law?

- I. How will the Plan provide to enrollees an appropriate explanation of benefits for each claim filed by the enrollee or provider? The explanation must include a clear statement of the enrollee's liability for deductibles, coinsurance, co-payment and balance billing. Describe and attach a copy.