

## Claims Assistance Program Instructions

The Claims Assistance Program (CAP) was designed to assist MSNJ members with claims payment and other managed care issues. CAP began in 2003 and has helped over 1,000 members with over \$3.5 million in claims issues to date. Although we are often able to provide resolution to our member issues through CAP, MSNJ makes no guarantee of success.

### Process:

- ❖ Members are asked to:
  - Exhaust the internal appeals process, prior to asking for MSNJ assistance.
  - Continue efforts to resolve the issue with the payer, even after submission to CAP.
- ❖ **Step 1:** Address a letter to the Medical Society of New Jersey, that:
  - identifies the insurance carrier;
  - includes the amount at issue (number of claims and/or amount owed); and
  - provides details of the issue.
  - Please only include one payer issue per letter.
- ❖ **Step 2:** For claims issues, please include de-identified\*\* copies of the following items:
  - Patient insurance identification card(s) (front and back);
  - The original claim(s) filed;
    - If there are numerous claims involved, send only a sample.
  - Any Explanations of Benefits received from the carrier;
  - Appeal letters sent to the payer and the payer's response;
  - Any additional information requested by the payer (e.g. office notes); and
  - Any and all other correspondence with the payer regarding the issue.
- ❖ If you're experiencing an issue that is not claims related, please provide as much detail as possible in your cover letter. Also, include copies of any pertinent documentation, including communications with the payer.
- ❖ Issues that are older than one year will not be accepted unless adequately documented follow-up is included with the submission.
- ❖ **Step 3:** Submissions must be sent to MSNJ's secure fax (609.896.1884) or certified mail, until we establish and test a secure portal.
- ❖ **Step 4:** Upon receipt of your information, MSNJ will log it into our CAP spreadsheet and refer it to a high level payer contact for expedited review. (A copy of this correspondence will be sent to the member.)

## **\*\*HIPAA/ De-identification**

- ❖ All CAP submissions must include a HIPAA Business Associate Agreement (BAA). This agreement protects your office and ensures HIPAA compliance. A sample agreement can be provided if your practice does not have a BAA to send.
  - MSNJ will not accept CAP submissions without a BAA on file.
  
- ❖ The following information must be redacted prior to sending documentation to CAP:
  - Identifiers of the individual, relatives, employers including:
    - Names;
    - Address: street address, city, county, zip code (State acceptable);
    - Month and day of birth and death (Year acceptable; dates of service are acceptable if necessary for the payer to identify the claim);
    - Telephone and/or fax numbers;
    - Email addresses;
    - Social security, medical record, , and account numbers(health insurance identification and claim numbers are permissible if necessary for the payer to identify a specific claim);
    - Device identifiers;
    - Full face photographs; AND
    - Any other unique identifying number, characteristic or code.
  
- ❖ If a payer requires information that is redacted, MSNJ will ask the payer to contact your office directly.