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Update

MassHealth

NEW & NOTEWORTHY

MassHealth’s newly publicized policy, regulations, resources, and programs, including references for further exploring the topics, are among the notable items in this issue of Update.

Several MassHealth Business Units Have MOVED



Starting October 4, 2010, MassHealth moved several business units from its Boston offices at 600 Washington Street and 2 Boylston Street to new space at 100 Hancock Street, Quincy, Massachusetts. Most routine MassHealth business contact information remains the same, with the following notable exceptions.

- The Office of Medicaid Board of Hearings – **New address, phone, and fax numbers.**
 100 Hancock Street, 6th Floor
 Quincy, MA 02171
 Phone: 617-847-1200; 1-800-655-0338
 Fax: 617-847-1204
- Final Deadline Appeals Board (excludes dental claims) – **New address and phone number.**
 ATTN: MassHealth Final Deadline Appeals Board
 100 Hancock Street, 6th Floor
 Quincy, MA 02171
 Phone: 617-847-3115
 E-mail: fdeappeals@state.ma.us

Note: Phone and e-mail are for inquiries only, not submissions.

- Office of Clinical Affairs/Utilization Management – **New phone and fax numbers for Serious Reportable Events (for all hospital programs) and 2614 cases for acute inpatient hospitals.**

Utilization Management
 100 Hancock Street, 6th Floor
 Quincy, MA 02171
 Contacts for SRE Reports: Martina McCormack, Manager—617-847-3748
 Ofelia Solem, Nurse Reviewer—617-847-3768
 Contact for 2614 Cases:
 Kathleen McKeown,
 Nurse Reviewer—617-847-3750
 Department Fax—617-847-3711



- **Prior Authorization Unit – Consolidated phone numbers for most services.**

The Prior Authorization Unit (for all services except dental, pharmacy, and non-emergency transportation) will have just one phone number: 1-800-862-8341. (All 617-451-XXXX local numbers associated with the PAU have been discontinued.) In addition, the new PAU fax number is 617-847-3795. Please note that the PAU mailing address is unchanged.

The Taunton MassHealth Enrollment Center announces a new post office box and fax number. Please use this new information to submit long-term-care (LTC) intake applications and eligibility verifications.

Taunton MassHealth Enrollment Center
P.O. Box 1231
Taunton, MA 02870
Fax: 508-828-4634

National Correct Coding Initiative (NCCI)

Section 6507 of the federal Patient Protection and Affordable Care Act (PPACA, Public Laws 111-148 and 111-152) requires state Medicaid agencies to incorporate compatible methodologies of the NCCI, effective for claims with dates of service on or after October 1, 2010, or as the federal Centers for Medicare & Medicaid Services (CMS) otherwise authorizes.

MassHealth is currently analyzing the guidance provided on September 1, 2010, by CMS to determine whether we need to make any changes to current practice. While MassHealth implemented NCCI during its conversion to NewMMIS, there may be some differences between our current practice and the guidance from CMS.

We will keep you updated on the process and inform you of any changes that might impact your billing procedures.

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Implementation of CMS's 5010 Standards

The Centers for Medicare & Medicaid Services (CMS) has mandated that on January 1, 2012, the standards for electronic health care transactions must change from version 4010/4010A1 to version 5010. All electronic health care transactions currently submitted to, or returned from, MassHealth in the 4010/4010A1 version are impacted. This includes the following transactions: 270/271, 276/277, 820, 834, 835, 837I, 837P, and 997. Additionally, the new 999 Acknowledgement transaction (replacing 997) will be implemented along with the other 5010 changes.

MassHealth is expected to begin testing with active submitters in the third quarter of 2011 but will not support the submission of 5010 production files before 1/1/12. Please look for updates from MassHealth about the 5010-mandated changes by monitoring our Web site at www.mass.gov/masshealth/newmmis.

MassHealth's 5010 Testing Approach

(Please see *All Provider Bulletin 205* at www.mass.gov/masshealthpubs.)

Beta Testing: Preliminary testing with targeted submitters selected by MassHealth, who represent a broad spectrum of MassHealth submitters and billing scenarios, will be conducted during this phase.

Vendor Testing: Any entity identified as a software vendor, clearinghouse, or billing intermediary will be tested during this phase.

Trading Partner Testing: Any submitter not covered in Beta Testing or Vendor Testing will be tested during this phase. Providers who submit claims using a software system should validate that their vendor has completed testing with MassHealth before submitting test files.

MassHealth will begin to issue updated companion guides in April 2011. Please make every attempt to build to the first iteration of the companion guide, as MassHealth expects to begin communicating some of the key 5010 concepts and changes that will impact providers. It will include an overview of the key changes that will be implemented on January 1, 2012, to support the CMS 5010 mandate. The list will not include all the 5010 changes that will impact providers, as further details will be included in the paper billing instructions and 5010 companion guides.

Companion Guide and Billing Instructions	Testing Phase	Target Date
Version 1	Pre-Beta Testing	April/May 2011
Version 2	Between Beta and Vendor Testing	August/September 2011
Version 3	Trading Partner Testing	4th Quarter 2011

If you have questions about the status of the 5010 implementation as it relates to your software vendor, clearinghouse, or billing intermediary, please contact those entities directly. *All Provider Bulletin 205* also provides more detail on the 5010 change. For more information, contact MassHealth EDI by fax at 617-988-8972, or e-mail your inquiry to edi@mahealth.net.

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PROVIDER-SPECIFIC INFORMATION

We list provider-specific policy, regulatory, informational, educational, and functional communications that are relevant to and affect your daily business processes with MassHealth.

New Resources Added to the Billing Tips Web Page

Several new flyers are now ready to use. To access the documents from the MassHealth Web site (www.mass.gov/masshealth), click on the Information for MassHealth Providers link, then on MassHealth Customer Service for Providers, then on Billing Information, and finally on Billing Tips.

Suspense-Edits Fliers for Nursing Facility Claims

Three new instructional documents provide information that will enable LTC providers to prevent and resolve claims that have been suspended, and notes details about the reason behind the issue, system resolution, provider action, and any available information resources. The new fliers are as follows.

Suspense Edits for Nursing Facility Claims-Member Eligibility Suspense Edits

Suspense Edits for Nursing Facility Claims-Claim Conflict Suspense Edits

Suspense Edits for Nursing Facility Claims-Level-of-Care Suspense Edits

Special Handling Instructions for Patient-Paid Amounts (PPAs)

A new PPA flyer (Special Handling Instructions for Patient Paid Amounts) explains about PPAs and how to resolve claim issues resulting from overpayment when the PPA is not deducted. A chart listing both member and provider claim payment scenarios details recommended resolutions and instructs providers on the correct steps to take in cases requiring return of entire or partial payments.

Revised Hospice Election Form

A revised Hospice Election Form has been posted on the MassHealth Web site. The updated form includes a new section B(2) for members under 21 years who elect hospice care. *All Provider Bulletin 206* (Medicaid Hospice Benefit for Children and Concurrent Curative Treatment, dated November 2010) describes the related service changes. As explained in the bulletin, effective immediately, MassHealth members under the age of 21 who elect hospice services have coverage for curative treatment and all medically necessary services for which they are eligible.

Hospice providers should begin using the new Hospice Election Form immediately and are reminded that all applicable sections must be completed to include member information, provider information, and the corresponding sections for election (Section B), revocation (Section C), disenrollment (Section D), or change of hospice (Section E). Incomplete Hospice Election Forms will be returned to the hospice provider and result in delayed payment.

To download a copy of the Hospice Election Form, click on the MassHealth Provider Forms link in the Publications panel on the right side of the MassHealth home page (www.mass.gov/masshealth).

TIPS FOR AVOIDING CLAIM DENIALS

Tips is a summary analyzing MassHealth's top claim-denial reasons from monthly reports across claim or program type, and provides instructional briefs to help you to avoid repeat errors. To view the Top 10 Claim Denials report for your PID/SL, log on to the POSC at www.mass.gov/masshealth/providerservicecenter. Select the Manage Correspondence and Reporting link in the Provider Services panel, then click View Metrics/Reports.

Claim Denial Reason: Referral not Covered

Tip: Often, providers will phone wondering why a referral was not paid on their claim.

130 CMR 450.118 in the administrative and billing regulations in your provider manual lists referral requirements and exceptions. Go to the POSC (www.mass.gov/masshealth/providerservicecenter) and click on the Provider Manuals link in the Publications panel. The regulations in your provider manual list benefit limitations, referral specifications, and service exclusions, among many other program-specific requirements. POSC job aids are available as refreshers to review the referral process from the Get Trained Web site at www.mass.gov/masshealth/newmmis/providertraining.

Claim Denial Reason: *Member not Eligible on Date of Service*

Tip: Checking member eligibility before providing services to a patient is a MassHealth best practice that may save you from a denied claim. Member eligibility can be checked 24 hours a day using the POSC. From the POSC home page, select Manage Members. Click the Eligibility link. From there, choose from several options:

- Verify Member Eligibility;
- Inquire Eligibility Request;
- Upload Batch Files; or
- Download Responses.

Appendix Y of your provider manual provides detailed descriptions of EVS codes and messages.

Claim Denial Reason: *Reminder: 90-Day Billing Deadline*

Tip: A claim must be received no later than 90 days from the date of service or 90 days from the date on an explanation of benefits (EOB) when other insurance is involved. A claim initially submitted beyond the 90-day period will be denied with edit code 850 (Billing deadline exceeded-detail).

Claim Denial Reason: *Edit 1945*

Tip: If you bill with a single National Provider Identifier (NPI) but have multiple service locations and your claim is denied for edit code 1945 (Mult sak prov locs for billing prov spec), contact a MassHealth EDI representative at 1-800-840-2900, select option 1, then option 8, and finally option 3. EDI will verify certain information from your denied claim against your provider file.

Please check your doing-business-as (DBA) address and other provider profile information on the POSC before making your call. To check or update your provider profile on the POSC (www.mass.gov/masshealth/provider-service-center), click on Manage Provider Information, then on Maintain Profile, then on Update Your MassHealth Profile.

Be prepared to provide the following information during your call:

- an example claim ICN;
- for CMS-1500 claim form users: data from field 33 and 33a;
- for UB-04 claim form users: address data from field 1, NPI data from field 56, and taxonomy information from field 57; or
- for EDI HIPAA-compliant 837 professional and institutional claims transactions: address data from fields N3 and N4, NPI data from loop 2010AA (the NM1 segment, element 09—commonly referred to as NM109), and taxonomy code from loop 2000A (the PRV segment, but only as instructed by MassHealth to use).

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[POSC CONNECTION \(www.mass.gov/masshealth/provider-service-center\)](http://www.mass.gov/masshealth/provider-service-center)

Explore the functionality available through the POSC. MassHealth encourages providers to use the Internet and the capabilities offered at this portal whenever possible.

Use the POSC to Check Claim Status and Member Eligibility

MassHealth Customer Service will no longer provide information on claim status or member eligibility over the telephone. Providers are encouraged to use the online tools available through the POSC to perform these functions. To use these functions on the POSC, users must have primary or subordinate access.

To check claim status in the POSC, from the home page, click on Manage Claims and Payments, then on Inquire Claim Status.

To check member eligibility, click the Eligibility link, then choose from either the Verify Member Eligibility link or the Inquire Eligibility Request link.

POSC job aids are also available with instructions from the NewMMIS Web site (www.mass.gov/masshealth/newmmis). Refer to the applicable links under the Editing Claims Post Submission and Eligibility Verification headers.

Using these best practices allow you to check claim and eligibility status 24 hours a day, seven days a week.

View Your Remittance Advice from the POSC

You can access a copy of your MassHealth remittance advice (RA) from the POSC home page (www.mass.gov/masshealth/providerservicecenter). Click Manage Correspondence and Reporting, then View Metrics/Reports. From the Provider Search panel, select Provider ID from the drop-down list and click Search. Click Open to view the Remittance Advice report. To review these instructions, a description of the report sections and to learn how to save a copy of the RA, refer to the POSC job aid, View Remittance Advice Reports on the Get Trained Web page (www.mass.gov/masshealth/newmmis). Please note that your RA is available for viewing at this site for six months. MassHealth recommends that you print or save a copy of your RA to your own system for future reference.

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DID YOU KNOW?

General issues, information, and/or reminders that MassHealth would like to convey can be found here.

Group Practice Providers

Please note that it is not necessary to send a provider agreement when requesting a change to your provider information and status (such as to your doing-business-as (DBA) address). Including a provider agreement with these requests may affect processing time. As stated in MassHealth regulations at 130 CMR 450.223, profile changes must be reported to MassHealth as soon as possible. Many profile changes require accompanying documentation. In addition to a Provider Change of Address Form, some address (and all name) changes require submission of a Massachusetts Substitute W-9 Form. There are also some programs that require submission of a complete application when requesting certain changes. For questions about the specific documentation needed for updates to address information from the MassHealth Web site (www.mass.gov/masshealth), click on the Information for MassHealth Providers link, then on MassHealth Provider Enrollment and Credentialing, and finally on

Change of Address – Provider Requirements. To update your profile via the POSC (www.mass.gov/masshealth/providerservicecenter), click on Manage Provider Information, then on Maintain Profile, then on Update Your MassHealth Profile.

New ICD-9-CM Codes

MassHealth has updated the claims-processing system to accept new 2011 ICD-9 diagnosis and procedure codes effective 10/01/10. Providers should use the new diagnosis and procedure codes for claims with dates of service on or after 10/01/10. Any claim submitted with a date of service on or after 10/01/10 that does not contain valid diagnosis or procedure codes will be denied.

Payment Error Rate Measurement (PERM) Project

Starting on August 11, 2010, and continuing into 2011, MassHealth will participate with the Centers for Medicare & Medicaid Services (CMS) in the FY2010 PERM project. During the project, CMS will randomly sample MassHealth provider claims from FY 2010 to test for data processing accuracy and medical necessity. More information about the PERM project can be found on the PERM Web site at www.cms.gov/PERM. *All Provider Bulletin 203*, dated March 2010, also discusses PERM.

MassHealth Provider/Entity File Integrity

As a provider/entity contracted with MassHealth, you are required to comply with federal, state, and local laws and regulations, including 130 CMR 450.223(B) and 42 CFR 455.100 through 455.106, which require

- disclosure of direct or indirect ownership interest and control information by providers and fiscal agents in accordance with 42 CFR 455.104;
- notification to MassHealth in writing within 14 days of any change in any information submitted in the provider application;
- compliance with the terms of the MassHealth provider agreement in accordance with 42 CFR 455.105 concerning the disclosure of information about business transactions, or disclosure of the identity of any person who has been convicted of a criminal offense who has an ownership or control interest in the provider organization, or is an agent or managing employee of the provider organization, related to that person's involvement in any program under Medicare, Medicaid, or the title XX services programs, in accordance with 42 CFR Part 455.106; and
- confirmation that all providers are credentialed and in good standing.

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WE HEARD YOU...

We address the topics you have identified during the various professional association meetings and training session as areas where assistance is requested.

Updating Your Provider File on the POSC

MassHealth Customer Service has received calls from providers inquiring about the status of file updates that have been made on the POSC. As a reminder, any changes you make to your file information are not instantaneous. Please allow sufficient time for the system to process and display changes you make online. MassHealth would also like to remind you that certain requests cannot be considered updates and require the completion and submission of a new application. Some notable examples include

- changes of corporate structure; and
- changes to a provider ID/service location that is inactive.

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PROVIDER TUTORIAL

Based on the top call reasons, MassHealth responds with recommended Web tools, navigation tips, resources, and information—automated system functions that can help you improve efficiency—all available from the POSC and mass.gov/masshealth, your primary sources for information and issue resolution.

EVS and Your Eligibility Questions Answered

A job aid can assist you in increasing your Eligibility Verification System (EVS) navigational proficiency. Go to the NewMMIS Web site (www.mass.gov/masshealth/newmmis). From the Need Additional Information or Training link, click on Get Trained, then choose from two links under the Eligibility Verification header. The July Feature of the Month provides more information about EVS functionality. Feature of the Month can be downloaded from the Publications panel on the MassHealth Web site (www.mass.gov/masshealth).

POSC Job Aids Updated and Moved

MassHealth encourages online usage as a best practice. Key implementation-related NewMMIS job aids that can be used as training and reference resource materials have been updated and moved to one central location on the Get Trained section of the MassHealth Web site (www.mass.gov/masshealth/newmmis/providertraining). Please be sure to bookmark this new Web-site location.

Endoscopic Procedures and Modifier 51 Usage

CMS uses special reimbursement rules for multiple endoscopic procedures performed for the same patient on the same day during the same session. MassHealth also applies this same payment methodology for the same endoscopic procedures.

With the implementation of NewMMIS, MassHealth adopted the endoscopic pricing method where service codes in the same family of codes would not be submitted with a modifier 51 (Multiple procedures). The endoscopic procedure with the highest relative fee schedule amount is reimbursed at 100 percent of the allowable amount. When billing multiple endoscopies from a different family of codes, the modifier 51 is used only on the endoscopic procedures from a different family of codes, after the primary family of endoscopies.

Claims submitted with modifier 51 for procedures within the same endoscopic family will encounter edit 703 (Endo family mixed primary/secondary). For more information, refer to Transmittal Letter PHY-127 (October 2009).

A MassHealth Communications Reminder

You can view RA messages online from the Provider Library at www.mass.gov/masshealthpubs. RA message texts are posted on this Web site for only six months. MassHealth recommends that you print or save a copy of your RA to your own system for future reference.

You should also remember to check POSC Broadcast Messages (www.mass.gov/masshealth/providerservicecenter) and NewMMIS Notices (www.mass.gov/masshealth/newmmis) for critical MassHealth updates and notices. New messages are often posted daily.

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PUBLICATIONS TO CHECK

The transmittal letters and bulletins listed below have been posted in the Provider Library on the MassHealth Web site since the last issue of Update. Please take some time to review this important information that conveys changes to current MassHealth policy.

- *Durable Medical Equipment Bulletin 17: Guidelines for Medical Necessity Determination for Hospital Beds and Prescription and Medical Necessity Review Form for Hospital Beds*
- *All Provider Bulletin 206: Medicaid Hospice Benefit for Children and Concurrent Curative Treatment*
- *Long Term Care Facility Bulletin 103: Change of Address for Taunton MassHealth Enrollment Center Long-Term-Care Applications*
- *School-Based Medicaid Bulletin 19: Updates on School-Based Medicaid Programs*
- *Long Term Care Facility Bulletin 102: Patient-Paid-Amount Adjustments for MassHealth Members in Nursing Facilities, Chronic Disease and Rehabilitation Inpatient Hospitals, and Psychiatric Inpatient Hospitals, Including Adjustments for Adult Dental Expenses not Covered by MassHealth as of July 1, 2010*
- *Acute Outpatient Hospital Bulletin 23: Updated Drug Screen Testing Unit Limitation*
- *All Provider Bulletin 205: Implementation Approach for HIPAA X12 5010 Electronic Transactions*
- *Community Health Center Bulletin 66: Updated Drug Screen Testing Unit Limitation*
- *Independent Clinical Laboratory Bulletin 8: Updated Drug Screen Testing Unit Limitation*
- *Physician Bulletin 89: Updated Drug Screen Testing Unit Limitation*

- *Transmittal Letter All-183*: Revised Appendix C
- *Transmittal Letter All-182*: Elimination of PCC Referral Requirement for Certain Services
- *Transmittal Letter AIH-46*: Noncoverage of Services after 20 Days for Members Aged 21 Years or Older
- *Transmittal Letter ALL-181*: Revised Appendix A to Reflect Changes in Address and Phone Information for Some MassHealth Business Units
- *Transmittal Letter DEN-86*: Correction to Service Code and Description for D1351
- *Transmittal Letter CRP-23*: Elimination of Primary Care Referral Requirement
- *Transmittal Letter FAS-23*: 2011 HCPCS
- *Transmittal Letter LAB-36*: 2011 HCPCS

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AND FOR YOUR MASSHEALTH PATIENTS

MassHealth encourages you to share this member information with your MassHealth patients. MassHealth offers a host of online resources for your enrolled members. The Information for MassHealth Members link and the Member Eligibility Library are two helpful access points to steer your members to as starting-off points from the MassHealth Web site (www.mass.gov/masshealth).

Medicare “Donut Hole” Payments

Please direct MassHealth members with questions about the Medicare Part D Donut Hole reimbursement-check notice to Medicare at 1-800-633-4227, as MassHealth members are not affected by the Donut Hole.

Educate Your Members on the Importance of and Preparation for MassHealth Well-Visits for Children

Well-visits offer many opportunities in provider-member relations, including chances for relationship-building, communicating risks for diseases, preventing health problems from developing, and working together on a plan to maintain health. Remind members to plan for their visits by

- bringing their MassHealth cards;
- bringing all medications taken or a list of those medications; and
- bringing any questions or health concerns to share.

MassHealth’s schedule for well-visits is as follows:

Ages 0-1 (Infancy)

Well-visits at ages 1-2 weeks, and 1, 2, 4, 6, 9, and 12 months.

Ages 1-4 (Early Childhood)

Well-visits at ages 15, 18, and 24 months, then at 3 and 4 years old.

Ages 5-21 (Middle Childhood, Adolescence, Young Adult)

Well-visits annually.

A MassHealth Wellness Brochure promotes members taking action for their own health with guidelines for certain recommended health maintenance checks, from colon cancer and blood sugar screening to teeth cleanings and mammograms; discussing their health profile; and assessing risks for everything from diabetes to stroke. The brochure also provides resources to explore further. To refer members to the brochure from the MassHealth Web site (www.mass.gov/masshealth), click on the MassHealth Information for Members link, and then on MassHealth Wellness. The brochure and an information sheet are both listed under the MassHealth Program Resources header.

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A GUIDE TO SOME HELPFUL MASSHEALTH RESOURCES AND THEIR ONLINE LOCATIONS:

Provider Online Service Center (POSC)

(www.mass.gov/masshealth/providerservicecenter)

- **Provider Forms**
- **Provider Bulletins (**)**
- **Transmittal Letters (**)**
- **Provider Manuals**
- **To view Broadcast Messages, click on the Manage Correspondence and Reporting link**

MassHealth Provider Library

(www.mass.gov/masshealthpubs)

- **MassHealth Provider Bulletins (**)**
- **MassHealth Provider Manuals (**)**
- **Transmittal Letters (**)**
- **MassHealth Companion Guides (for electronic billing guidelines)**
- **MassHealth Billing Guides for Paper Claim Submitters**
- **MassHealth Service Codes and Descriptions**
- **List of Explanation of Benefit Codes**
- **Edit Code Explanations**
- **Remittance Advice Message Text**
- **Update Newsletter (**)**

MassHealth Web site, Publications panel

(www.mass.gov/masshealth)

- **MassHealth Regulations**
- **MassHealth Provider Forms**
- **Feature of the Month (**)**

NewMMIS Web page

(www.mass.gov/masshealth/newmmis)

- **NewMMIS Notices**
- **Log into the POSC**
- **POSC job aids (click on Need Additional information or Training, then Get Trained)**
- **Updated Billing Guides, Companion Guides, and Other Publications (click on Need Additional Information or Training, then Get Trained)**

****Please note that you can sign up to receive automatic e-mail notifications about publication of these items.**