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Update on the New Medicaid Management Information System (NewMMIS)

In keeping with the Executive Office of Health and Human Services (EOHHS) commitment to streamline administrative processes and enhance the way you do business with MassHealth, we are excited to present you with an update on the development of the new Medicaid Management Information System (MMIS). This new system is slated to be implemented in August of 2007 and will allow us to more effectively and efficiently meet the needs of the MassHealth community.

“NewMMIS” is 100% browser accessible, and will feature expanded self-service options for providers and members, including online claims processing. Although the current MMIS has undergone changes to stay up-to-date with the evolving health-care industry, the platform of NewMMIS will be more adept at accommodating the future demands of this field.

More Automated Solutions

NewMMIS brings with it both an opportunity to improve operations internally and externally, as well as provide you and our members with streamlined functionality. NewMMIS will create a new comprehensive secure Web site that will offer more support to both you and our members through an array of automated business solutions to increase your self-service capabilities and infuse cutting-edge technology and support. NewMMIS will sustain a platform for future enhancements to ensure that MassHealth keeps up with the ever-changing health-care industry.

With the implementation of NewMMIS, you will be able to use the following tools to enhance your business processes:

- Online real-time claims submission and testing
- Support of all HIPAA transactions (request and response)
- Electronic submission of attachments
- Downloading of claim forms
- Online provider enrollment and re-credentialing
- Online provider file management
- New reporting capabilities
- Electronic communications tool

NewMMIS brings with it an opportunity to improve operations internally and externally.

NewMMIS includes a secure transactions Web site with increased security—a one-stop shopping location for all of your needs. Access to the secure Web site will eliminate the need to maintain different user IDs and passwords for multiple applications currently supporting MassHealth, such as the Automated Prior Authorization System (APAS) and the Recipient Eligibility Verification System (REVS). It will give you access to new features like online provider enrollment, your provider maintenance file, and downloadable forms and referral information. You will also have 24-hour access for your business transactions and information management.

Stay Up to Speed with NewMMIS Developments

An important way to prepare yourself for the transition is to take the opportunity now to implement automated solutions that are already available such as electronic submission of claims, electronic adjustments, coordination of benefits, claims attachment forms, Electronic Funds Transfer, APAS, and the use of REVS for claim status and member eligibility. Not only will your business benefit now from these easily accessed options, but their use will also position your business to take advantage of the exciting NewMMIS functionality as soon as it becomes available. If you need help incorporating today’s automated solutions into your business processes, do not hesitate to contact our Customer Service Center at 1-800-841-2900.

We also suggest checking our Web site, www.mass.gov/masshealth, to learn about any news or updates that will affect you. Additionally, we will be informing you of updates on the NewMMIS design, development, implementation, communications, education, and training plans in future issues of *Update* and other MassHealth publications.

We are excited about the many new opportunities in service delivery and customer support that NewMMIS will enable us to present to you. We understand how important communication is while we are in the development stage of this project, and promise to keep you informed of our progress. This initiative is another important step in our commitment to deliver exceptional customer service to the MassHealth community.

Drug Cost Reference for Prescribers

Do you know the cost of the drugs you are prescribing to your patients?

Many clinicians do not.

To remedy this, MassHealth has put together a cost reference guide for prescribers to inform them of medication cost comparisons in some widely prescribed drug classes.

MassHealth will mail the reference guide to clinicians in mid-February. The guide will also be included in future issues of the MassHealth Drug List and posted on the new pharmacy Web site at www.mass.gov/masshealth/pharmacy. This Web site is a great source of information for all matters related to the pharmacy program at MassHealth, including downloadable copies of prior-authorization forms and a link to sign-up for e-mail updates notifying you of changes to the MassHealth Drug List.

Prices for drugs used to treat the same condition vary considerably. MassHealth has selected preferred agents for the more

costly classes of medications, including selective serotonin reuptake inhibitors (SSRIs), gastrointestinal drugs (proton pump inhibitors/H-2 antagonists), and HMG-CoA reductase inhibitors (statins). MassHealth expenditures on these three classes of drugs, along with atypical antipsychotics, are more than \$375 million per year. The cost reference guide will give relative costs for these drugs, as well as for some cardiovascular drugs and non-steroidal anti-inflammatory drugs (NSAIDs).

Sometimes the price differences between drugs that are equally safe and effective are so great that MassHealth will require prior authorization for the higher-priced product. For example, for the drug nizatidine, there is little or no evidence that it is safer and more effective than ranitidine, despite a large variance in price. In March 2004, the average price for a month supply of nizatidine was more than \$85, while the average price for ranitidine was under \$15. The decision to

place drugs on prior authorization is not often this obvious. Some examples from the cost reference chart (using average claim price):

Atypical Antipsychotics

- Risperdal (\$202) vs. Abilify (\$336) or Zyprexa (\$334)

SSRIs

- fluoxetine (\$13) vs. paroxetine (\$77)

NSAIDs

- ibuprofen (\$5) vs. etodolac (\$32)

ACE Inhibitors

- lisinopril (\$11) vs. benazepril (\$18)

Taking this information into account, MassHealth asks prescribers to consider initiating therapy with the lower-priced agents on the cost reference chart when clinically appropriate. Please visit www.mass.gov/masshealth/pharmacy for more information.

Member Eligibility in the Managed Care Organization (MCO) Program

In October 2005, MassHealth issued All Provider Bulletin 147 in response to questions from providers and billing agencies about the submission of requests for claims assistance to the MassHealth MCO program, particularly in the area of member eligibility.

Occasionally when providers verify member enrollment information, there are discrepancies between the MassHealth Recipient Eligibility Verification System, (REVS) and the MassHealth MCO enrollment system. In these situations, REVS enrollment information takes precedence over any MassHealth MCO-specific enrollment system and it is not re-adjusted to reflect information in the MassHealth MCO enrollment system. If this occurs, MassHealth MCOs are required to honor enrollment information contained in REVS. This is important to remember, as failure to check member eligibility through REVS may result in providing services that the member is ineligible to receive.

Please note that the following should NOT be submitted to the MCO Enrollment Unit:

- a request that MassHealth REVS enrollment information be updated or adjusted;
- a notification that a member is not enrolled with an MCO; or
- a request that MassHealth remove an insurance restriction.

If an explanation of benefits (EOB) from a MassHealth MCO is received that states the member is not eligible on certain dates of service, please confirm the member's enrollment through REVS.

If REVS confirms that the member was enrolled in the MCO for the specified dates of service, contact the MCO directly and advise the MCO to:

- verify REVS enrollment information;
- update its enrollment information to reflect REVS, if applicable; and
- reprocess the claim, if applicable.

If REVS confirms the member was NOT enrolled in a MassHealth MCO on the dates of service but was MassHealth eligible for those dates of service, submit the claim to MassHealth following the standard claim-submission procedure.

In the event that a claim was denied by both MassHealth and the MCO, please submit an assistance request along with the following items to the MassHealth MCO Enrollment Unit by fax at 617-573-1843:

- a copy of the remittance advice (RA) detailing the denial reason from MassHealth;
- a copy of the RA detailing the denial reason from the MCO; and
- a copy of the REVS printout verifying eligibility on the date of service.

For more information, please review All Provider Bulletin 147, located in the Provider Library under the "MassHealth Regulations and Other Publications" link on www.mass.gov/masshealth.

Automated Solutions: Submit Coordination of Benefits (COB) Claims via mass.gov/masshealth!

Did you know that you can submit your coordination of benefits (COB) claims electronically via the secure MassHealth Web site at www.mass.gov/masshealth?

What is COB billing?

Whenever you bill MassHealth after a commercial insurer or Medicare it is referred to as COB billing. Although COB claims can be billed electronically or on paper, MassHealth strongly encourages you to use electronic claims submission. Currently, when you submit a paper COB claim for reimbursement, you are required to include a paper copy of the other insurer's Explanation of Benefits (EOB). This involves additional time and energy spent acquiring the proper documentation, and adds to the collection of papers that must then be mailed in.

For your benefit, MassHealth has a solution to this burdensome process: electronic billing. When you choose to bill your COB claim electronically, you do not need to send in a copy of the other insurer's EOB, making COB claim submission the quicker, easier choice. Instead of submitting paper attachments, all you do is simply enter all the required information electronically. As with all claims submission, MassHealth strongly recommends using the 837 transaction when you submit your COB claims, as it will save time, decrease paperwork and administrative handling costs, and ensure that we receive your claim.

Getting Set Up for Electronic COB Billing

If you are already taking advantage of electronic claim submission through

a software vendor, we recommend contacting your vendor to ensure that COB claims are supported. If your vendor does not support electronic COB billing, or if you submit your own claims, MassHealth offers free Provider Claims Submission Software (PCSS). This beneficial billing software has COB billing capabilities available, so you can bill these claims electronically and avoid handling paper claims with the primary insurance's attachments (even if you already have another electronic solution for submitting non-COB claims to MassHealth).

To learn more about PCSS and COB billing, go to our Web site at www.mass.gov/masshealth/pcss.

New MassHealth Member Card

There is a new look to the MassHealth member card. MassHealth started distributing the new card in December of 2005 to new MassHealth members and existing members who have lost their cards or need a new card reissued. Please Note: MassHealth members with valid member cards will *not* receive a new card. Aside from the design on the face of the card and the absence of the magnetic strip on the back, the new and existing cards function in the same way. The magnetic strip was removed from new cards due to lack of use; however, it will still work on existing cards for checking eligibility when using the point-of-service device.

About the Card

The MassHealth card shows the card number, name, and identification (RID) number for each household member. Although the look of the card has changed, all the information displayed is the same as the previous card.

Please remember that the MassHealth card is for identification purposes only. Member eligibility must be verified separately on, or just before the date services are provided. Although providers can use the point-of-service device with either the new or existing card, MassHealth recommends using other

REVS methods, such as WebREVS or REVSpc software for faster verification of member eligibility.

Please note that not all MassHealth members are given MassHealth cards. Issuance of a MassHealth card depends on the member's coverage type.

For more information, or to see what the new MassHealth card looks like, please view All Provider Bulletin 150 (December 2005) in the Provider Library, found under the "MassHealth Regulations and Other Publications" link on our Web site.

Emphasizing Preventive Eye Care

A study released in August 2005 by the National Eye Institute revealed that patients' perceptions, attitudes, and knowledge may interfere with their understanding of the importance of regular eye exams and their ability to seek preventive eye care from physicians.

Focus groups conducted as part of the study found that many patients feel they need to get eye exams only when they need glasses, and do not understand the importance of screening for eye diseases and disorders, such as glaucoma, retinopathy, cataracts, and macular

degeneration.

Patients may feel that eye care is a low priority compared to other screening tests and therefore, may not ask physicians to discuss preventive eye care. Yet patients do look to physicians to suggest eye care exams and to provide necessary education.

Screening eye exams performed by primary care clinicians (PCCs) during routine physical exams, as well as by ophthalmologists, are a covered benefit for all MassHealth members, including Essential members. MassHealth believes

in the importance of providing preventive eye care to MassHealth members. MassHealth covers eye exams and diagnostic testing, such as ultrasounds and tonography. Physicians are encouraged to screen MassHealth members for eye diseases and disorders and to educate patients about the importance of preventive eye care. For more information about covered eye services and preventive care, please review the provider regulations for vision care. Regulations can be accessed by the "MassHealth Regulations and Other Publications" link on the www.mass.gov/masshealth home page.

Changes in REVS for Uncompensated Care Pool (UCP) Patients

MassHealth has changed the way the Recipient Eligibility Verification System (REVS) displays information for UCP patients. As stated in the December 2005 Acute Inpatient Hospital Bulletin 131 and Community Health Center Bulletin 57, REVS has changed the display of patient information as follows.

- Full Free Care now appears as FULL UCP.
- Partial FC has been changed to Partial UCP.

Also, the UCP helpline phone number that appears in the restrictive message has changed to the statewide toll-free

number, 1-877-910-2100. You can still use the Boston area helpline number (617-988-3222) in addition to the toll-free number.

View Retroactive UCP Eligibility Up to Six Months

MassHealth has heard your requests and enhanced REVS to include information on the six-month retroactive UCP eligibility period for all eligible MassHealth members whose eligibility determination occurred on or after October 1, 2004. You no longer have to estimate whether a date of service falls within a retroactive period, but can rely on REVS to show whether a

service can be billed to the UCP. The REVS display for this six-month retroactive period is indicated as a new "Coverage Type" and appears as "RETRO FULL UCP" or "RETRO PARTL UCP." If the date of service falls before the retroactive billing period, REVS will indicate that the patient is ineligible for services.

If you would like to read more about the REVS enhancement, see the December 2005 Acute Inpatient Hospital Bulletin 131 and Community Health Center Bulletin 57 located in the "Provider Library" at www.mass.gov/masshealth.

New on www.mass.gov/masshealth

Recently Posted Publications

The following transmittal letters and bulletins were issued in November and December 2005. All of these publications are located in the Provider Library under the "MassHealth Regulations and Other Publications" link on www.mass.gov/masshealth.

- TL ALL-136: Revised Appendix A

This transmittal letter contains a revised directory of useful MassHealth mailing addresses, phone and fax numbers, and e-mail addresses.

- All Provider Bulletin 149: Elimination of Secure File Delivery Application (SFDA)

This bulletin informs providers of how to retrieve files previously sent via SFDA.

- Dental Bulletin 32, Hearing Instrument Specialist Bulletin 11, Physician Bulletin 84, Podiatry Bulletin 15, Community Health Center Bulletin 58, Audiology Bulletin 3: Healthcare Common Procedural Code System (HCPCS) Update*

These bulletins inform providers of discontinued HCPCS codes and their replacement codes as issued by the Centers for Medicare & Medicaid Services (CMS).

*Group Practice Organizations and Physicians should continue to use the HCPCS code for Hyalgan (Sodium Hyaluronate) J7317 instead of the new code, J7318. Please review the January message text in the Provider Library for additional information.

MassHealth Reminders

New Claim Form for Dental Providers

Great news for dental providers! Starting July 1, 2006, you will no longer have to use a MassHealth-specific form when submitting your claims to us for reimbursement. All dental claims will be billed using the standard American Dental Association (ADA) form (2002/2004 versions). MassHealth proprietary claim form no. 11 will no longer be accepted after this date. With the introduction of the ADA claim form, we are simplifying your billing by using the standard industry form. Members of our provider outreach team will be contacting you in the upcoming weeks to explain the new form and answer any questions that you may have. Dental providers are also reminded that they can submit their claims electronically.

For more information about electronic claim submissions, please go to the "MassHealth and HIPAA" section of our Web site at www.mass.gov/masshealth.

Improvements to the Customer Service After-Hours Voice Response System

There are new enhancements to our voice-response system on our toll-free Customer Service number at 1-800-841-2900. Providers and members can now leave more detailed messages when trying to reach MassHealth after our normal business hours of 8:00 A.M. to 5:00 P.M., Monday through Friday. By providing our staff with important background information, such as the member's identification number (RID) or your provider number in your message,

we will be able to respond to you faster and more efficiently.

Also, members and providers will now hear messages that give important information about topics such as provider billing and claims, HIPAA transactions, or Medicare Part D information. These messages will be made available while you are on hold, or if you call after the Customer Service Center business hours.

If you have called our Customer Service phone number after hours and used the new enhanced voice-response system, we would like to know your thoughts on this new resource. You can e-mail us at providersupport@mahealth.net. We appreciate your help.

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