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MassHealth Begins Recredentialing Process in 2006

MassHealth is committed to ensuring the integrity of its providers and to ensuring that MassHealth members have access to professionals who are in compliance with MassHealth-participation criteria, and in good standing with licensing, certifying, and accreditation authorities, when applicable. Up-to-date and accurate provider information is important to members, providers, and MassHealth to ensure accurate provider directories and appropriate referrals, timely payment of claims, and successful communication. To confirm and update information on providers participating in MassHealth, MassHealth will recredential all providers over the next three years. The recredentialing initiative will be managed by MassHealth Customer Service with the assistance of MedAdvantage, a credentials verification organization.

Every year, MassHealth will select a different one-third of the provider population to be recredentialled. The first recredentialing packages will be mailed in late 2006. Approximately 10,000 MassHealth providers will go through the recredentialing

process each year. Providers will be selected at random; therefore, MassHealth will not be able to confirm when a particular provider will be selected for recredentialing. However, MassHealth will be available to answer any questions that you may have after you receive your recredentialing application.

When you are selected, MassHealth will contact you with further information. To reduce the administrative burden of recredentialing activities on providers, MassHealth will, when possible for individual practitioners, use and supplement the Integrated Massachusetts Application for Initial Credentialing/Appointment that was developed by private payers in Massachusetts. Additionally, many of the fields on the application that you will receive will be pre-filled, based on the information currently included in MassHealth's provider file and information supplied by MedAdvantage.

After your completed recredentialing package is reviewed by MassHealth Customer Service, you will be contacted for any necessary clarifications and to be ad-

vised about the status of your application.

In the near future, MassHealth will contact each of the provider professional associations that represent providers who will be recredentialled this year to provide general information about the process. MassHealth will also issue additional communications throughout the recredentialing initiative, including provider bulletins, Update newsletter articles, and remittance advice messages. As always, please remember to check the MassHealth Web site at www.mass.gov/masshealth frequently, as this is a good resource for the latest in MassHealth news and updates.

Important Note: The recredentialing process does not replace your requirement to report changes in your provider information or status to MassHealth in writing within 14 days. See 130 CMR 450.223 for more information. For information about updating your provider information, go to www.mass.gov/masshealth. Click on Information for MassHealth Providers, then on MassHealth Provider Information Maintenance.

National Provider Identification (NPI) Number—Do You Have Yours Yet?

Time is running out. If you don't already have an NPI, you will need to get one by May 23, 2007, as required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Getting your NPI will ensure there are no time delays or claim denials for failure to meet the May 23 NPI compliance deadline.

Using an NPI will help all providers, not just those who bill directly for services. Even providers like physicians ordering

lab tests or diagnostic testing, who may not bill for services directly, may need to disclose their NPI to providers who need this information for billing purposes. Having this information will improve the ease and efficiency with which services are billed.

Even if you plan to retire in April, but know that some of your claims will not be submitted until after the May 23 compliance date, you still need an NPI.

Without the NPI, those claims may be adversely affected, with payment delayed or possibly even denied.

Mark the date! Get your NPI by May 23, 2007.

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▮ The Coordination of Benefits Agreement and You

Effective September 1, 2006, MassHealth implemented the Coordination of Benefits Agreement (COBA) program described in the COBA Implementation User Guide (www.cms.hhs.gov/COBAgreement). As part of the agreement, the Centers for Medicare & Medicaid Services (CMS) consolidated the Medicare claims crossover process by appointing a single coordination of benefits contractor (COBC). CMS selected Group Health Incorporated (GHI) as the national COBC.

The COBC crosses over to MassHealth both paper and electronic claims for dually eligible members that were submitted to a fiscal intermediary, carrier, or DMERC (durable medical equipment regional carrier). MassHealth accepts both Medicare paid and denied claims from the COBC. As part of the major business-process improvement afforded by the COBA, claims denied by Medicare are systematically translated to the appropriate MassHealth-specific claim type, and appear adjudicated on the corresponding (noncrossover) MassHealth remittance advice. MassHealth processes all Medicare-denied claims received from the COBC and issues payment or

denies claims according to MassHealth regulations. Therefore, effective immediately, providers should no longer submit their Medicare denials directly to MassHealth.

To avoid delays in payment, please ensure that MassHealth has your Medicare provider number(s) on file. Report any changes to your Medicare provider number(s) to MassHealth Provider Enrollment in a timely manner, and fax any changes to 617-988-8974. Providers with questions about their file can also call MassHealth Provider Enrollment at 1-800-841-2900.

Additional information about COBA is available in the “News & Updates” link on www.mass.gov/masshealth.

Read more about COBA and how it affects you from the News and Updates link on www.mass.gov/masshealth.

▮ Coordination of Benefits Claims & the 837

You can submit coordination of benefits (COB) claims through the secure, HIPAA-compliant 837 electronic transaction.

Use the 837 transaction to submit your COB claims and benefit from:

- faster receipt of claims;
- reduced chance of keying errors; and
- decreased paperwork.

You must be approved by MassHealth to submit COB files using the 837 transaction even if you are already approved to submit electronic claim files. To test for COB, you need to contact MassHealth HIPAA Support at hipaasupport@mahealth.net or 1-800-841-2900 to schedule a testing date.

Consult your 837 MassHealth Companion Guide for more details on how to prepare and submit test and production COB files to MassHealth. A billing-tips flier on COB billing will be added to the MassHealth Web site in upcoming weeks.

▮ New on mass.gov/masshealth: Feature of the Month

Starting in November 2006, MassHealth will highlight a key issue or topic affecting providers on the MassHealth Web site at www.mass.gov/masshealth. This section, called the Feature of the Month, will be accessible via a link on our home page in “News and Updates” and will be changed the first of every month. Previous Features of the Month will be archived on the Web site under the Information for MassHealth Providers link for quick referencing.

Featured in November: Saving Time with the Recipient Eligibility Verification System (REVS)!

November’s page explains to providers the most common eligibility claim denials and how to avoid them with the Recipient Eligibility Verification System (REVS).

Every month, providers see their claims denied for reasons related to the lack of, or faulty, member-eligibility verification. To avoid these errors, providers should use REVS to verify member eligibility before services. When using REVS to check eligibility, remember to view ALL of the information displayed, including coverage types, which may require you to follow specific instructions.

Be sure to check the November Feature of the Month to see which common claim denials can be avoided in your practice by checking member eligibility in REVS before you provide services.

Reduce your chances of an eligibility denial by using REVS.

From how to use new online features to helpful provider tips, be sure to check in with the Feature of the Month on www.mass.gov/masshealth to pick up information that can help your business practices.

Check the MassHealth Web site in November for the first Feature of the Month.

Automated Solutions: Enhancements to Customer Service Web Site Now Available to Providers

MassHealth providers now have two new enhancements to help save time and increase efficiency. Providers need to set up a Customer Service Web Account to use these new features. The first feature allows providers to use a new search feature on the MassHealth Web site to download forms and other publications, such as brochures and booklets, or to request a supply of them online. This new feature means that providers can have better and faster access to forms and other publications when needed.

Please note that this search feature is for forms, brochures, and other publications issued by MassHealth. It does not include transmittal letters and bulletins. Providers can find and download a transmittal letter or bulletin by going to www.mass.gov/masshealthpubs, and then

clicking on Provider Library.

Downloading publications is the fastest way to get forms and other publications. If the publication is available for download, icons of the available formats (such as PDF, TEXT, or RTF formats) appear in the download column of the search results. Clicking on the icon of the preferred format will download the publication. Please note that TEXT and RTF files are provided for screen readers used by people who are blind or visually impaired.

Another new enhancement allows MassHealth providers to complete and submit Prescription for Transportation (PT-1) requests online using the MassHealth Web site. Although MassHealth providers may continue to submit requests manually on

the paper PT-1, they are encouraged to submit requests online through our secure Web portal to streamline the process of requesting transportation for a member.

The online PT-1 offers increased efficiency in submitting and managing PT requests. Using the online PT-1 allows providers to access and complete the form any time they log in to their Customer Service Web Account, and prompts them to ensure that they complete all the required fields. The online PT-1 also saves time by automatically filling the fields with the provider and member information.

We encourage providers to use these new self-service features now available from www.mass.gov/masshealth.

New Third Party Administrator for the MassHealth Dental Program

Effective December 1, 2006, Dental Services of Massachusetts (DSM) will become the third-party administrator (TPA) of the MassHealth Dental Program. DSM will work through its subcontractor, Doral Dental USA, LLC to increase the size of the MassHealth network of dentists and to improve access to and utilization of dental services for MassHealth members.

Some of the key components of the dental TPA contract include:

- A new Intervention Services Program designed to benefit MassHealth members and providers by assisting with complex requests that are beyond the scope of issues typically handled by customer-service representatives. Intervention specialists will educate MassHealth members referred by providers on subjects such as failure to keep scheduled dental appointments, proper dental-office procedures, the importance of follow-up treatments, and good oral-hygiene practices. Intervention Specialists will also assist MassHealth providers by coordinating services before they are performed.
- Simplified program administration for

providers that includes a dedicated call center with dental provider-relations staff and a dental Web portal where providers can transact many business processes.

- An online directory of MassHealth dental providers where members can search for MassHealth dental providers by zip code.
- A MassHealth Dental Program "Office Reference Manual" that will be available to participating providers. This resource tool will outline procedures that dental providers should follow beginning December 1, 2006, for all claims-related activities, such as billing, prior authorization, member-eligibility verification, and claims status.
- Increased member access through DSM's proven outreach program to include a member mailing campaign, health fairs, school-based screening programs, and coordination with public health and community partners.

Though the MassHealth Dental Program will undergo many changes, eligible

children and adults will continue to have access to MassHealth dental benefits, dental providers will still be able to set a caseload cap, and transportation will still be available for dental appointments when medically necessary.

MassHealth issued *Dental Bulletin 36* in September 2006 to explain more about the TPA and how it affects the Dental Program. This bulletin is located in the MassHealth Provider Library under the MassHealth Regulations and Other Publications link on www.mass.gov/masshealth.

In October, notices will be sent to all MassHealth dental providers introducing DSM. Additional communications and provider training sessions will be offered in November. More information about this transition through MassHealth publications will be made available over the next few weeks.

Please refer to *Dental Bulletin 36* for more information. And don't forget to check the "News and Updates" section on the MassHealth Web site at www.mass.gov/masshealth.

▮ National Provider Identification (NPI) Number—Do You Have Yours Yet? *(continued from page 1)*

For more information and education on NPI and how it is being implemented by the Centers for Medicare and Medicaid Services (CMS), you can visit the NPI Web page at www.cms.hhs.gov/NationalProvIdentStand on the CMS Web site. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or

can call the NPI enumerator to request a paper application at 1-800-465-3203.

MassHealth is continuing to establish our NPI procedures and processes. Provider bulletins and transmittal letters will be issued over the next few months to keep you abreast of this issue.

Make sure you are in compliance and get your NPI prior to May 23, 2007. Getting an NPI is free. Not having one can be costly.

▮ MassHealth Reminders

Delay in Filling Eyeglass Orders

Vision-care providers should be aware that currently there is a six-to-eight week delay in filling eyeglass orders. Please inform MassHealth members of this delay at the time of service. Reasons for this delay include an increase in orders for Masshealth members over age 21 (as vision-care benefits were recently expanded due to Health Care Reform legislation), and manufacturers' back orders for several of the eyeglass frames. We are working to resolve these problems as quickly as possible.

If you have questions, contact MassHealth Customer Service at by e-mail at providersupport@mahealth.net or call 1-800-841-2900.

Claims Suspended with Error Code 100

MassHealth is pleased to inform outpatient-hospital providers that electronic claims with error code 100 ("Suspect Duplicate") will now be suspended for review. Previously, if an outpatient service was identified as a possible duplicate of another hospital service, these electronic claims would be denied. Providers were then required to resubmit a paper claim so the claim could be reviewed to determine if it was an actual duplicate. Due to a recent system enhancement, MassHealth is now able to suspend and review electronic claims with error code 100, eliminating the need to rebill on paper. This enhancement

further streamlines the claim submission process for our providers, decreasing the need for paper submissions. If you have questions about this enhancement, contact MassHealth Customer Service at providersupport@mahealth.net or 1-800-841-2900.

Transmittal Letter (TL) ALL-140 (August 2006)

TL ALL-140 conveyed information about how to use the Recipient Eligibility Verification System (REVS) for members with other insurance.

For members who have other insurance, REVS reports the coverage type, carrier code, and policy number of the insurance listed on file. Appendix C of all MassHealth provider manuals lists in numeric order by carrier code the name and address of the other insurance so that you can bill that insurance before billing MassHealth.

This letter also transmitted an updated Appendix C for all provider manuals. You can also view, print, or download Appendix C from the MassHealth Web site at www.mass.gov/masshealthpubs. Click on Provider Library, then MassHealth Provider Manual Appendices. The downloadable version of Appendix C is searchable, a significant advantage over the printed version.

TL ALL-140 is available in the MassHealth Provider Library located under the MassHealth Regulations and Other Publications link on

www.mass.gov/masshealth. Click on Transmittal Letters, then 2006 Transmittal Letters.

Transmittal Letter (TL) ALL-141 (August 2006)

TL ALL-141 conveyed revisions to Appendix Y for all provider manuals. Appendix Y lists all active Recipient Eligibility Verification System (REVS) codes. TL ALL-141 transmits changes in REVS service codes such as the new code 608 and its message, CMS message updates for existing codes 035, 490, 602, 604, and 605, and updates to contact phone numbers for codes 021, 061, and 281.

You can download TL ALL-141 from the Provider Library. Access the Provider Library from the MassHealth Regulations and Other Publications link on www.mass.gov/masshealth. Click on Transmittal Letters, then 2006 Transmittal Letters.

MassHealth Reminders are taken from remittance advice text. Remittance advice text is available in the MassHealth Provider Library under the MassHealth Regulations and Other Publications link.