

MassHealth Provider Remittance Message Texts - 2018

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January

01/09/18

Medicare Social Security Number Removal Initiative (SSNRI) Update

In accordance with the Medicare Social Security Number Removal Initiative (SSNRI), effective April 1, 2018, MassHealth will begin to accept the new 11 digit Medicare Beneficiary Identifier (MBI) on all relevant transactions. This includes Direct Data Entry (DDE) via the POSC. The MBI will replace the 11 digit Health Insurance Claim Number (HICN). MassHealth will also begin to send the MBI in the following outbound transactions:

- Health Care Benefit Inquiry and Response (270/271)
- Health Care Benefit Enrollment and Maintenance (834) Outbound

During Medicare's transition period, between April 1, 2018 and December 31, 2019, MassHealth will accept either the MBI or HICN. Based upon additional input from CMS, MassHealth will only return the HICN on relevant transactions received between April 1, 2018 and September 30, 2018. From October 1, 2018 through December 31, 2019, MassHealth will only return the MBI on relevant response transactions if the MBI is known to MassHealth.

Since the MBI and HICN contain the same number of alpha-numeric characters, trading partners that exchange transactions directly with MassHealth should not need to make any systems changes to send or receive the MBI to/from MassHealth.

MassHealth recommends that trading partners prepare for this transition by validating that their systems can continue to support the receipt and inclusion of alpha-numeric Medicare identifiers in relevant transactions or work with your Billing Intermediaries and Clearinghouses to confirm their readiness.

If you have any questions, please contact the MassHealth EDI team at 1-800-841-2900 or EDI@MAHealth.net.

Billing Change for E0784 Diabetic Insulin Infusion Pumps

New Durable Medical Equipment (DME) prior authorizations submitted on or after January 8, 2018 with service code E0784 (External ambulatory infusion pump, insulin) can be billed as a purchase upfront, rather than a capped rental, for all MassHealth members with no other insurance. The initial Prior Authorizations for service code E0784 must be submitted with a NU modifier.

In addition to the medical documentation, we now require a written letter from the physician stating that the member has been taught how to use the device, the initial use will be closely

supervised, and the member will be monitored to ensure that the member is capable of using the device accurately and safely to manage their diabetes.

If you have any questions, please contact MassHealth LTSS Provider Service Center at 1-844-368-5184 or e-mail support@masshealthtss.com.

01/16/18

To Home Health Agency Providers

MassHealth is hosting **Home Health Provider Trainings on the PA Submission Portal on the LTSS Provider website** the weeks of January 22 and January 29.

During the training, MassHealth's third party administrator will be presenting on how to submit PAs using the new Portal. This training is open to all Home Health providers and their employees, although it is recommended that employees directly responsible for PA submissions to MassHealth attend the training. The same information will be presented at each training.

Trainings on the PA Submission Portal will be held on:

- **Tuesday, January 23, 2018**
1:00 pm – 3:00 pm
Worcester Public Library – **Capacity 125**
3 Salem Square, Worcester, MA 01608

- **Friday, January 26, 2018**
1:00 pm – 3:00 pm
Lawrence Public Library – **Capacity 200**
51 Lawrence St, Lawrence, MA

- **Monday January 29, 2018**
10:00 am – 12:00 pm
MassHealth – **Capacity 100**
1 Ashburton Place, 21st floor/McCormick Conference Rooms 2 and 3, Boston, MA, 02108

- **Tuesday January 30, 2018**
1:30 pm – 3:30 pm
Springfield Public Library – **Capacity 120**
220 State St, Springfield, MA 01103

Please register for one of the training sessions at <https://www.masshealthtss.com/s/training>.

Space is limited. Please register early!

For questions, please contact LTSS Provider Service Center at support@masshealthltss.com or call 1-844-368-5184.

01/23/18

Updated Approved Vendor List Now Available on The Web

All providers are advised: MassHealth has posted its newly-updated approved, HIPAA-compliant Vendor List to the web.

To access this new list and a helpful list of “Questions to ask your Vendor,” please go to: <https://tinyurl.com/y7drxeqq>.

Providers or vendors with questions about the approved vendor list process can contact MassHealth EDI (Electronic Data Interchange) at MassHealth Customer Service: 1-800-841-2900 or at edi@mahealth.net.

New Coordination of Benefits (COB) Claim Error Codes

In November 2017, MassHealth published [All Provider Bulletin 273](#), to remind providers that they must report valid Claim Adjustment Group Codes (CAGCs) and Claim Adjustment Reason Codes (CARCs) as they appear on the other payer’s Explanation of Benefits (EOB) or 835 to MassHealth when the other payer has denied the claim/claim detail line. Both pieces of information are critical for MassHealth to determine its financial responsibility for the claim/claim detail line and must be reported accurately on the MassHealth claim.

Enhanced COB claim editing utilizing CAGCs and CARCs is in effect for all claims adjudicated on or after December 17, 2017. The system update enforces MassHealth TPL regulations to ensure that MassHealth pays for claims/claim detail lines only when there is a member liability and does not pay when the provider is financially obligated for the claim/claim detail line.

MassHealth is in the process of identifying erroneously paid claims and will begin to systematically adjust claims in the first quarter of 2018.

New Claim Error Codes – The following edits will set on claims/claim details lines that have been denied by the other payer beginning on and after 12/17/2017:

- 2601 – Other payer denial payable
- 2602 – Other payer denial requires review
- 2603 – Other payer denial not payable per rules
- 2604 – Other payer denial not payable

For questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

Payment And Care Delivery Innovation (PCDI) Phase II Training Dates

MassHealth's PCDI Phase II Training Webinars are now available for scheduling. The webinar will cover the following topics: quick overview of PCDI; new health plan contact information; changes to the Eligibility Verification System (EVS); plan-specific administrative and operational functionalities; continuity of care; and an overview of member information and resources.

The Webinar Schedule can be found on the PCDI for Providers webpage at www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers

MassHealth is also offering Provider In-Person Education sessions. A schedule of in-person events and their dates and times can also be found on the PCDI for Providers webpage at www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers.

To enroll in a Webinar or Live Class, please register at the MassHealth Learning Management System (LMS) via www.masshealthtraining.com and create your profile. Once you are registered select the preferred course date and time available under the Community Based Training Events tab.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

01/30/18

Payment and Care Delivery Innovation (PCDI) Phase II Training Dates – (UPDATED MESSAGE)

MassHealth's PCDI Phase II Training Webinars and In-Person sessions are now available for scheduling. The webinar will cover the following topics: quick overview of PCDI; new health plan contact information; changes to the Eligibility Verification System (EVS); plan-specific administrative and operational functionalities; continuity of care; and an overview of member information and resources.

The Webinar Schedule can be found on the PCDI for Providers webpage at www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers.

MassHealth is also offering Provider In-Person Education sessions. A schedule of in-person events and their dates and times can also be found on the PCDI for Providers webpage at www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers.

To Enroll in a Webinar or Live Class

Please register at the MassHealth Learning Management System (LMS) via www.masshealthtraining.com and create your profile. Once you are registered select the preferred course date and time available under the Community Based Training Events tab.

Note: A MassHealth Provider ID/Service Location (PID/SL) is required for registration.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

Update for Vaccines-Effective 01/01/17 and HCPCS 90688 for PT 81

MassHealth has identified an intermittent error which occurred on claims with various vaccine codes. The codes were omitted from system update after having been added to Subchapter 6 of the Physician Manual with the effective date 01/01/17 and claims were denied inappropriately.

The impacted claims will be reprocessed/adjusted to correct this omission. All claims reprocessed or adjusted as a result of this oversight will appear on a future Remittance Advices.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

Reprocessing of Medicare Crossover Claims Denied for Edits 4371 and 4374

MassHealth is aware that Medicare crossover claims for dual eligible members (MassHealth and Medicare coverage) enrolled in a MassHealth CarePlus benefit plan are denying in error for Edit 4371 - Benefit plan claim type restriction on procedure and/or Edit 4374 - Benefit plan claim type restriction on revenue code. MassHealth has revised the benefit plan information for the members included in this reprocess. The reprocessed crossover claims will appear on this and future remittance advices.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

February

02/13/18

All Provider Bulletin 274: Continued Implementation of Ordering, Referring, and Prescribing Provider Requirements

The purpose of MassHealth's All Provider Bulletin 274, posted on 02/08/2018, is to continue to assist billing providers as they prepare their processes and systems for compliance with MassHealth's Ordering, Referring, and Prescribing (ORP) requirements, and to reduce the impact once claim denials take effect.

MassHealth is preparing for, but has not yet established a date to begin denying claims that do not meet the ORP requirements described below. MassHealth will communicate the start date for claim denials prior to beginning such denials.

The bulletin reviews the ORP requirements, the types of providers authorized to order, refer or prescribe, and the types of services which require an order, referral or prescription. The bulletin describes in detail the future denial edits, which are currently appearing as informational edits, on Provider's PDF and 835 Electronic Remittance Advices.

In addition, the bulletin details the prescribing related future denial edits that appear as informational edits on claims submitted to the Pharmacy Online Processing Center (POPS). The bulletin also provides claims submission instructions for Electronic Batch Submissions and Direct Data Entry (DDE) transactions.

[All Provider Bulletin 274](#) is available to download from the MassHealth web site. Go to <http://www.mass.gov/masshealth> and select "MassHealth Provider Information", then "Provider Library". Click on "Provider Bulletins". Then click on "2018 Bulletins". Then click on the bulletin to download.

If you have any questions, please contact MassHealth customer services at 1-800-841-2900 or e-mail providersupport@mahealth.net.

If you are an LTSS Provider and have any questions, please contact MassHealth LTSS Provider Service Center at 1-844-368-5184 or e-mail support@masshealthltss.com.

02/27/18

To Home Health Agency Providers

All home health providers must use the LTSS Provider Portal to submit prior authorizations (PAs) for SNV/MAV/HHA as of Wednesday 2/28/18.

Providers can access the LTSS Provider Portal at <https://www.masshealthltss.com>

- For SNV/MAV/HHA services, submit PAs via the LTSS Provider Portal for faster, streamlined PA decisions.
- For Therapy services, continue submitting PAs via the POSC until the LTSS Provider Portal functionality is available in the spring.

As a reminder, on 2/5/2018 home health agencies could begin practicing the PA submission process via the LTSS Provider Portal. Home health agencies should take advantage of the practice environment currently available to ensure your agency is prepared to submit PAs through the LTSS Provider Portal on 2/28/18.

If you have any questions about this message, the LTSS Provider Portal, or how to gain access or submit PAs through the Portal, please contact the LTSS Provider Service Center at 1-844-368-5184, or email support@masshealthltss.com.

Claim Informational Edits For Ordering, Referring, and Prescribing

All Provider Bulletin 274, posted on 02/08/2018, was released to assist billing providers with compliance with MassHealth's Ordering, Referring, and Prescribing (ORP) requirements, and to reduce the impact once claim denials take effect. MassHealth is preparing for, but has not yet established, a date to begin denying claims that do not meet the ORP requirements. MassHealth will communicate the start date for claim denials prior to beginning such denials.

To assist billing providers MassHealth is currently running informational denial edits on claims impacted by ORP. A key element in the bulletin was to alert billing providers that are currently receiving significant numbers of informational edits, particularly those noting that the NPI of the ORP provider is not on the claim. Such provider types include Acute Outpatient Hospital, Adult Day Health, Adult Foster Care, Certified Independent Laboratories, Chiropractors, Chronic Outpatient Hospitals, Community Health Centers, Durable Medical Equipment, Early Intervention, Fiscal Intermediaries in the Personal Care Attendant Program, Group

Adult Foster Care, Group Practice Organizations, Home Care, Home Health Agencies, Hospital Licensed Health Centers, Pharmacies, Special Programs and Volume Purchaser (eyeglasses).

It is very important that billing providers review any informational edits appearing on the POSC versions of the MassHealth remittance advice and/or 835 Electronic Remittance Advices and adjust their billing procedures to avoid future claims denials. Note that if a billing provider includes an ORP provider on a claim that does not require one, the system will still return an applicable informational edit if the ORP provider is not actively enrolled or is not authorized to order, refer or prescribe.

All Provider Bulletin 274 is available to download from the MassHealth web site. Go to <http://www.mass.gov/masshealth> and select "MassHealth Provider Information", then select "Provider Library". Click on "Provider Bulletins". Then click on "View 2018 Provider Bulletins". Then click on the bulletin to download.

If you have any questions, please contact MassHealth customer services at 1-800-841-2900 or e-mail providersupport@mahealth.net.

If you are an LTSS Provider and have any questions, please contact MassHealth LTSS Provider Service Center at 1-844-368-5184 or e-mail support@masshealthltss.com.

Attention MassHealth Providers

Starting March 1, 2018, new Accountable Care Organization (ACO) and Managed Care Organization (MCO) contracts will become effective to improve accountability and integration of care for MassHealth members.

MassHealth is committed to working with all relevant parties to ensure continuity of care for the many members who are moving to new plans, whether they are going to or from an ACO Partnership Plan, a Primary Care ACO, an MCO, or the Primary Care Clinician (PCC) Plan.

To this end, MassHealth has issued "Continuity of Care - Supporting Member Transitions to New MassHealth Plan Options" to explain how MassHealth is working with ACOs, MCOs, and providers to ease this transition to new plans. Please review this important document and follow the instructions within, as applicable.

<https://www.mass.gov/service-details/continuity-of-care>

Payment and Care Delivery Innovation (PCDI) EVS Codes and Restrictive Messages For Managed Care Health Plans

MassHealth has posted an EVS Quick Reference Guide 2018, and EVS screenshot examples, on the PCDI for Providers webpage. The Quick Reference Guide lists the Eligibility Verification System (EVS) system-generated message numbers, their corresponding unique message numbers, and their respective restrictive message text for MassHealth managed care health plans, effective March 1, 2018.

Providers accessing EVS through the Provider Online Service Center (POSC) to verify a patient's eligibility before providing medical services will receive one or more of these restrictive messages, effective March 1, 2018.

The EVS Guide and Screenshot Examples can be found in the Provider PCDI Resources section of the PCDI for Providers webpage: <https://www.mass.gov/lists/provider-pcdi-resources>.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

March

03/06/18

Adult Foster Care (AFC) Duplicative Service Verification

Prior to rendering AFC services to a MassHealth member, please verify that the member is not already receiving services that may be considered duplicative and may result in denials of AFC claims by calling the MassHealth LTSS Provider Service Center at 844-368-5184. This would also include verifying if the member is already receiving services from another AFC provider.

The following are duplicative services and are considered Non-covered Days as defined in the AFC program regulations at 130 CMR 408.437:

- (a) the member is receiving any other personal care services, including, but not limited to, personal care services under 130 CMR 422.000: Personal Care Services
- (b) the member receives home health aide services provided by a home health agency under 130 CMR 403.000: Home Health Agency.
- (c) the member is a resident or inpatient of a hospital, nursing facility (with the exception of MLOA days), rest home, ICF/IID, ALR, or any other residential facility subject to state licensure or certification.

AFC providers are responsible for ensuring that their members are eligible for AFC services in accordance with 130 CMR 408.000.

The MassHealth LTSS Provider Service Center is one of many resources that can assist in this regard. Other resources include, but are not limited to, verifying information with the potential AFC member's Primary Care Provider, family members/close friends or potential AFC member's caregiver.

When contacting the MassHealth LTSS Provider Service Center to request a duplicative services check for potential AFC members, provide the member's name, Member ID and date of birth. The call center will check the MassHealth Member information and verify if the member is currently receiving a service that may be considered duplicative under MassHealth regulations. The call center will check up to five potential members at a time per provider's phone inquiry.

For questions, please contact the MassHealth LTSS Provider Service Center at 844-368-5184 or support@masshealthtss.com.

Home Health Agency Providers – UD Modifier Removal Request

Effective March 5th, any request to remove the UD modifier from the procedure codes G0299 or G0300, and meet the conditions outlined in 130 CMR 403.423(G), must be received by MassHealth and Optum within 4 weeks of the member's discharge from an inpatient facility. Any requests to remove the UD modifier received after 4 weeks from the member's discharge will not be processed.

If you have any questions about this message, the LTSS Provider Portal, or how to gain access or submit PAs through the Portal, please contact the LTSS Provider Service Center at 1-844-368-5184 or email at support@masshealthtss.com.

LTSS PA UNITS FOR Continuity of Care (COC)

As of March 1, 2018 the Accountable Care Organization (ACO) and Managed Care Organization (MCO) contracts will become effective for MassHealth members. MassHealth has been working to ensure that prior authorizations remain in effect after March 1, 2018 for a specific period of time to ensure a continuity of care period for members who are transitioning. During the continuity of care period it is important that MassHealth ensures the authorized units are allocated appropriately for the member. You may receive a notice that your claim related to the continuity of care prior authorization has been suspended. In the event this happens, please email the LTSS Provider Service Center the authorization details, e.g., authorization number, procedure code, dates of service and units authorized, at support@masshealthtss.com. You may also contact the LTSS Provider Service Center at 1-844-368-5184. Business hours are Monday-Friday, 8 am to 6 pm ET, excluding weekends and holidays.

New Updated Version of The DME/OXY Payment & Coverage Guideline Tool

DME and Oxygen providers, please be advised that the MassHealth DME and Oxygen Payment and Coverage Guideline Tool has been updated and posted on the Web. To confirm that you are using the most recent version of the applicable Tool, go to <https://www.mass.gov/masshealth-for-providers>, click on "Provider Library", then on "MassHealth Payment and Coverage Guideline Tools".

Procedure code update: Billing Change Diabetic Insulin Infusion Pumps Supplies A9900 U3 and A9900 U4

Effective 03/01/2018 the following HCPC code/modifiers will no longer be used:

- A9900 U3 - Supplies for maintenance of insulin infusion catheters, each (for MassHealth members only)
- A9900 U4 - Supplies for external insulin infusion pump syringe type cartridge, sterile each (for MassHealth members only)

Effective 03/01/2018 they will be replaced with:

- E1399 U3 - Supplies for maintenance of insulin infusion catheters, each (for MassHealth members only)
- E1399 U4 - Supplies for external insulin infusion pump syringe type cartridge, sterile each (for MassHealth members only)

The Prior Approval and pricing criteria will remain the same. These new codes/modifiers will be published on the DMEPOS new rate regulations and on the updated DME and Oxygen Payment and Coverage Guideline Tool published on the MassHealth Provider Library.

If you have any questions regarding this change, please contact the LTSS Provider Service Center at 1-844-368-5184, or email support@masshealthtss.com.

03/13/18

Updated – LTSS PA Units for Continuity of Care (COC)

As of **March 1, 2018** the Accountable Care Organization (ACO) and Managed Care Organization (MCO) contracts will become effective for MassHealth members. MassHealth has been working to ensure that prior authorizations remain in effect after March 1, 2018 for a specific period of time to ensure a continuity of care period for members who are transitioning. During the continuity of care period it is important that MassHealth ensures the authorized units are appropriately reimbursed. You may receive a notice that your claim related to the continuity of care prior authorization has been rejected. This may occur because the dates of service or number of units do not match the prior authorization on file. In the event this happens, please email the LTSS Provider Service Center the authorization details, e.g., authorization number, procedure code, dates of service and units authorized, at support@masshealthltss.com. You may also contact the LTSS Provider Service Center at 1-844-368-5184. Business hours are Monday-Friday, 8 am to 6 pm ET, excluding weekends and holidays.

Updated – New Updated Version of the DME/OXY Payment & Coverage Guideline Tool – Code Update for Insulin Pump Supplies

Pharmacy, DME and Oxygen providers, please be advised that the MassHealth DME and Oxygen Payment and Coverage Guideline Tool has been updated and posted on the Web. To confirm that you are using the most recent version of the applicable Tool, go to <https://tinyurl.com/y97ys39u>.

Procedure code update: Billing Change Diabetic Insulin Infusion Pumps Supplies A9900 U3 and A9900 U4

Effective 3/1/2018 the following HCPCS code/modifiers are no longer being used:

- A9900 U3 - Supplies for maintenance of insulin infusion catheters, each (for MassHealth members only)
- A9900 U4 - Supplies for external insulin infusion pump syringe type cartridge, sterile each (for MassHealth members only)

Effective 3/1/2018 the above codes have been replaced with:

- E1399 U3 - Supplies for maintenance of insulin infusion catheters, each (for MassHealth members only).
- E1399 U4 - Supplies for external insulin infusion pump syringe type cartridge, sterile each (for MassHealth members only)

There is no change to the Prior Approval process and pricing will remain the same. These new codes/modifiers are included in the rate regulation, 101 CMR 322.00, effective March 1, 2018, which can be found at <https://tinyurl.com/y9axyg6d>

If you have any questions regarding this change, please contact the LTSS Provider Service Center at 1-844-368-5184, or email support@masshealthltss.com.

03/20/2018

Edits To Denial Code 3120

Effective 03/19/2018, MassHealth has removed denial code 3120 - REFERRAL REQUIRED ON CLAIM for medical providers providing medication assisted treatment (MAT) on claims that meet all of the following conditions:

- The provider is a Physician, Physician Assistant, Nurse Practitioner, Community Health Center, Clinical Nurse Specialist, Psychiatric Clinical Nurse Specialist or Group Practice Organization
- The claim is for one of the following procedure codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, T1015
- The primary diagnosis is for an opioid use disorder (F11 series from ICD10)

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

REMINDER: Medicare Social Security Number Removal Initiative (SSNRI)

Effective April 1, 2018, MassHealth will begin to accept the new 11 digit Medicare Beneficiary Identifier (MBI) on the Health Care Benefit Inquiry (270), the Healthcare Claim: Institutional and Professional (837), as well as the corresponding Direct Data Entry (DDE) via the POSC. The MBI will replace the existing 11 digit Health Insurance Claim Number (HICN). On October 1, 2018, MassHealth will begin to return the MBI on the following transactions:

- Health Care Benefit Response (271)
- Health Care Benefit Enrollment and Maintenance (834) Outbound

Although trading partners that exchange transactions directly with MassHealth should not need to make any systems changes, MassHealth will test with a small number of submitters to validate the receipt and dissemination of the new MBI. MassHealth recommends that trading partners prepare for this transition by validating that your systems can continue to support the alpha-numeric Medicare identifiers in relevant fields, and work with your Billing Intermediaries and Clearinghouses as required.

If you have any questions, please contact the MassHealth EDI team at 1-800-841-2900 or EDI@MAHealth.net.

Important Information Regarding Eligibility Verification and Service Authorization

MassHealth has updated the Eligibility Verification System (EVS) restrictive messages for all 2018 managed care health plans. Restrictive messages for the Accountable Care Partnership Plans were enhanced to identify the partnership between the provider networks and the affiliated MCOs, and additional updates were made to other messages to ensure consistent messaging across all plans. The new messages have been successfully implemented in the system and are currently active.

As of Friday, March 9, 2018 MassHealth updated the EVS Quick Reference Guide and EVS screenshot examples to include the new restrictive messages for all 2018 managed care health plans.

MassHealth also updated the 2018 Health Plan Contact Matrix, which lists the medical and behavioral health contact information and member ID card images for all 2018 MassHealth managed care health plans.

All of these documents are available to view and download on the Provider PCDI Resources page at <https://www.mass.gov/lists/provider-pcdi-resources>.

We strongly encourage these resources to be shared with billing providers and individuals responsible for eligibility verification, service authorization, and accounts receivable.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

All Provider Bulletin 275: MassHealth EVS Codes and Restrictive Messages for 2018 Managed Care Health Plans

MassHealth All Provider Bulletin 275, posted on 03/16/2018, lists the Eligibility Verification System (EVS) restrictive message codes and text for MassHealth managed care health plans effective March 1, 2018. Providers accessing EVS through the Provider Online Service Center (POSC) to verify the eligibility of a MassHealth managed care member before providing medical services will receive one or more of the restrictive messages listed in this bulletin.

This information will assist billing providers as they prepare their processes and systems for eligibility verification, service authorization, and claim submissions.

All Provider Bulletin 275 is available to view and download from the MassHealth Provider Library at <https://www.mass.gov/lists/2018-masshealth-provider-bulletins>

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

If you have any questions, please contact MassHealth customer services at 1-800-841-2900 or e-mail providersupport@mahealth.net.

April

04/03/18

EXTENDED: Payment and Care Delivery Innovation (PCDI) Phase II Training Dates

MassHealth has extended the dates for the PCDI Phase II Training Webinars through April; the webinars will take place on Tuesdays at 1 PM. The webinar covers the following topics: quick overview of PCDI; new health plan contact information; changes to the Eligibility Verification System (EVS); plan-specific administrative and operational functionalities; continuity of care; and an overview of member information and resources.

To enroll in a Webinar, please register at the MassHealth Learning Management System (LMS) via www.masshealthtraining.com and create your profile. Once you are registered select the preferred course date and time available under the Community Based Training Events tab. Note: A MassHealth Provider ID/Service Location (PID/SL) is required for registration. A PID/SL is issued to a provider when the provider is enrolled in MassHealth and is a 9 digit ID with an alpha character at the end. If you don't know your PID/SL, please contact MassHealth Customer Service.

MassHealth's Phase III trainings, focusing on Community Partners, will begin in May. More details will be forthcoming.

More details on PCDI can be found on the PCDI for Providers webpage at www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

Update for Anesthesia Codes Effective 01/01/18

MassHealth has identified that CODES 00731, 00732, 00811, 00812 and 00813 were restricting base units to 5. This should have been 75 and has been corrected in MMIS.

The effected claims will be reprocessed/adjusted. All the reprocessed/adjusted claims will appear on a future Remittance Advices.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

Renal Providers Claims Adjustment

MassHealth has adjusted claims with dates of service on and after 12/16/2017 that were billed with procedure code 90999 by Freestanding Renal Dialysis Clinics. The affected claims previously paid the old rate of \$175.43 but have been adjusted to pay the new rate of \$178.06 per 101 CMR 337.00: Chronic Maintenance Dialysis Treatments and Home Dialysis Supplies. These adjusted claims will appear on future Remittance Advices.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

04/17/18

To Home Health Agency Providers and Independent Nurse Providers

MassHealth is in the process of publishing amendments to 101 CMR 350.00: Home Health Rates, which includes two fees schedules increasing the reimbursement rates for Independent Nurses and Home Health agencies providing Continuous Skilled Nursing (CSN) services. The target publication date of these amendments is May 4, 2018, at which point in time, providers will be able to bill for CSN services rendered at the proposed higher reimbursement rates.

The effective dates of the two fee schedules in 101 CMR 350.00 will be set prior to May 4, 2018. The first fee schedule will have an effective date of February 23, 2018 and includes an increase in Independent Nurse and agency rates. The second fee schedule will have an effective date of April 1, 2018 and includes an increase to agency rates.

Since 101 CMR 350.00 will be published after the fee schedules' effective dates, MassHealth will be retroactively applying the proposed rate increases to CSN claims submitted for services rendered between February 23, 2018 to March 31, 2018, and April 1, 2018 to May 3, 2018 respectfully. CSN providers will not need to resubmit claims in order to get reimbursed according to the new fee schedules. MassHealth will work to complete the claims adjustments as quickly as possible and providers should expect to see the new fee schedules reflected on their claims after May 4, 2018.

If you have any questions about this message, the LTSS Provider Portal, or how to gain access or submit PAs through the Portal, please contact the LTSS Provider Service Center at 1-844-368-5184 or email at support@masshealthltss.com.

PCDI: Additional Member Supports Through Transition To New Plans

On April 6, 2018, MassHealth posted a letter to the mass.gov website with information on additional member supports available through the transition of members to the new plans. This letter can be found on the Continuity of Care section of the Provider PCDI Resources webpage at <https://www.mass.gov/lists/provider-pcdi-resources>.

There were four main areas highlighted:

Continuity of Care extended for medical care through May 31, 2018: To help members and providers who need additional time to complete the transition process, all plans will be taking additional steps through May 31, 2018, to ensure uninterrupted care for members, including continued coverage for members' existing providers, scheduled appointments and ongoing treatment.

Fixed Enrollment will now begin July 1, 2018: MassHealth members now have until July 1, 2018, to change their health plan for any reason. Fixed Enrollment was originally scheduled to

begin in June 2018 for members who enrolled in a new plan in March. The extension until July 1 allows for a greater period of transition.

New Service Area Exceptions Process: Effective April 9, 2018, MassHealth is implementing a process to allow members, under certain specific circumstances, to join an Accountable Care Partnership Plan that does not cover the service area in which the member lives.

Customer service and other assistance for members: Members with questions or needing help enrolling in a new plan are encouraged to:

- Visit www.masshealthchoices.com to learn about their options and to enroll in a different plan.
- Call MassHealth Customer Service at 1-800-841-2900, TTY: 1-800-497-4648. MassHealth has over 200 specially trained customer service staff to address questions related to the ACO transition. As a result of the reduction in call volume, MassHealth Customer Service is returning to its regular office hours, 8:00 a.m. through 5:00 p.m. Monday through Friday.
- Call their health plan. Contact information on ACOs, MCOs and the MassHealth PCC Plan can be found on the Continuity of Care section of the Provider PCDI Resources webpage at <https://www.mass.gov/lists/provider-pcdi-resources>.
- Attend an in-person enrollment event, where they can receive assistance with understanding their health plan options. Information about upcoming events is available at www.masshealthchoices.com/person-help.

May

05/01/18

Training on new PA portal for home health agency therapists

MassHealth, in partnership with the LTSS Third Party Administrator, will be hosting a **webinar on Tuesday, May 8, 2018 from 11:00 AM – 12:00 PM** to review the new enhancements to the MassHealth LTSS Portal Home Health Prior Authorization (PA) functionality. The primary new feature to the portal will be the additional ability to submit all home health PAs for therapy services in addition to nursing and home health aide PAs. This enhancement will allow all PA submissions by home health agencies to be submitted on the MassHealth LTSS Portal rather than the POSC.

Whether or not your agency participated in the January 2018 trainings on the Home Health PA Portal, all home health agency personnel responsible for submitting Home Health PAs for therapy services to MassHealth are highly encouraged to attend.

Please find details on joining the webinar at <https://tinyurl.com/y9twdj7m>. Note that the page may list central time. Ensure that the correct time zone is selected in the top right of the page.

If you have any questions, please contact the LTSS Provider Service Center at 1-844-368-5184 or email at support@masshealthtss.com.

To home health agency providers and independent nurse providers

MassHealth has been actively engaging with the Continuous Skilled Nursing (CSN) stakeholder network in order to identify and implement potential enhancements to CSN services and the Community Case Management (CCM) program administered through the University of Massachusetts Medical School (UMMS).

One such enhancement involves improved communication during the inpatient facility discharge process, particularly addressing coordination between inpatient facility discharge planning teams and home health providers supporting members in the CCM program.

MassHealth, in partnership with CCM, will be hosting a CSN Discharge Planning training and meeting. The training is directed to home health agencies providing CSN services, independent nurses, and inpatient facility discharge planning teams who care for MassHealth's CSN members. Home health agencies should consider having staff members attend who manage facility discharges, member case management, and/or any administrative and management level employees. Space will be limited; please only register 1-2 representatives per agency. Additional registrations may be subject to waitlist.

Specific topics that will be addressed include:

- Overview of CCM, including eligibility, assessment process, authorized services
- CCM referral process
- Role of CCM and CSN providers in facility discharge planning
- Improving the discharge process for CCM members

The CSN Discharge Planning training will take place on:

May 10, 2018 from 12:00 PM-1:30 PM
University of Massachusetts Medical School
333 South St., Shrewsbury, MA

Please RSVP at: <https://form.jotform.com/DCStraining/community-case-management>

If you have any questions, please contact the LTSS Provider Service Center at 1-844-368-5184 or email at support@masshealthltss.com.

Updated approved vendor list now available on the web

All providers are advised: MassHealth has posted its newly-updated approved, HIPAA-compliant Vendor List to the web.

To access this new list and a helpful list of “Questions to ask your Vendor”, please go to: <https://www.mass.gov/service-details/vendor-list>.

Providers or vendors with questions about the approved vendor list process can contact MassHealth EDI (Electronic Data Interchange) at MassHealth Customer Service: 1-800-841-2900 or at edi@mahealth.net.

05/08/18

Retro rate adjustments for hospice providers

Please be advised that the most recent remittance advice (RA) may contain rate adjustments resulting from the certification of revised FFY18 rates (October 1, 2017) by the Executive Office of Health and Human Services. Please review this RA for accuracy. Proposed corrections must be submitted to the MassHealth LTSS Provider Service Center within 60 days from the date of this RA at support@masshealthtss.com or by calling 1-844-368-5184. For more information, refer to the POSC job aid, View Remittance Advice Reports, on the Job aids for the Provider Online Service Center (POSC) web page at <https://tinyurl.com/y95aaqjk>.

For questions, please contact the MassHealth LTSS Provider Service Center at support@masshealthtss.com or call 1-844-368-5184.

Updated DME/OXY payment & coverage guideline tool

Pharmacy, DME and Oxygen providers, please be advised that the MassHealth DME and Oxygen Payment and Coverage Guideline Tool has been updated and posted on the Web. To confirm that you are using the most recent version of the applicable Tool, go to <https://tinyurl.com/y97ys39u>.

The following procedure codes with BO modifiers have been updated to include the total monthly allowable units:

- The limit description has been changed to 1 unit = 6 per day/180 per month for procedure codes B4102, B4103, B4104, B4150, B4152, B4153, B4155, B4157, B4158, B4159, B4160, B4161 and B4162
- The limit description has been changed to 1 unit = 1 ounce, 14 units per day/396 units per month for procedure code B4100

The following absorbent product procedure codes have been updated:

- The AAC+ markup has been removed from procedure codes T4536, T4538, T4539, T4540, T4543 and T4544
- The UD modifier and the AAC+20% markup have been removed from procedure code T4535

The following diabetic pump and supply procedure codes have been updated:

- The U3 and U4 modifiers have been added to procedure code E1399, effective 03/01/2018
- The U3 and U4 modifiers have been removed from procedure code A9900, effective 02/28/2017

If you have any questions regarding these changes, please contact the LTSS Provider Service Center at support@masshealthtss.com or call 1-844-368-5184.

05/15/18

Updated DME/OXY payment & coverage guideline tool – UPDATED MESSAGE

Pharmacy, DME and OXY providers, please be advised that the MassHealth DME and OXY Payment and Coverage Guideline Tool has been updated and posted on the Web. To confirm that you are using the most recent version of the applicable Tool, go to <https://tinyurl.com/y97ys39u>.

The following procedure codes with BO modifiers have been updated to include the total monthly allowable units:

- The limit description has been clarified to indicate that 1 unit = 6 per day, and that this equates to 180 per month for procedure codes B4102, B4103, B4104, B4150, B4152, B4153, B4155, B4157, B4158, B4159, B4160, B4161 and B4162
- The limit description has been clarified to indicate that 1 unit = 1 ounce, 14 units per day and that this equates to 396 units per month for procedure code B4100

The following absorbent product procedure codes have been updated, consistent with DME Administrative Bulletin, AB 18-15, effective April 15, 2018:

- The AAC+ markup has been removed from procedure codes T4536, T4538, T4539, T4540, T4543 and T4544
- The UD modifier and the AAC+20% markup have been removed from procedure code T4535

The following diabetic pump and supply procedure codes have been updated, consistent with the adoption and 03/01/18 effective date of the pricing regulation, 101 CMR 322.000:

- The U3 and U4 modifiers have been added to procedure code E1399, effective 03/01/2018
- The U3 and U4 modifiers have been removed from procedure code A9900, effective 02/28/2017

If you have any questions regarding these changes, please contact the LTSS Provider Service Center at support@masshealthtss.com or call 1-844-368-5184.

Vaccine administration fee correction – effective 08/01/17

MassHealth has identified an omission error which occurred with the 8/1/17 fee schedule rate update. Vaccine Administration codes 90460-SL, 90461-SL, 90471-SL and 90473-SL fees were omitted from the MMIS systems update causing claims to pay incorrectly. This has been corrected and the impacted claims have been reprocessed/adjusted to correct these overpayments. All claims reprocessed or adjusted as a result of this oversight may appear in this and/or future remittance advices.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

Reprocess of Medicare part B crossover claims denied for edit 1002

MassHealth has identified Medicare Part B crossover claims billed by group practice providers denied in error for edit '1002 - DTL PERFORMING PROV NOT ELIG AT SERV LOC FOR PROG' when the rendering provider is a mid-level practitioner (certified nurse midwife, certified registered nurse anesthetist, clinical nurse specialist, psychiatric clinical nurse specialist, and physician assistant.) Mid-level practitioners were not able to fully enroll in MassHealth until 08/01/17. Medicare Part B crossover claims denied for edit 1002 with dates of service prior to 08/01/17 have been reprocessed and will appear on a subsequent remittance advice.

For questions please contact MassHealth Customer Service Center at 1-800-841-2900 or providersupport@mahealth.net.

Reprocess of certain outpatient crossover claims denied for edit 2003 – member ineligible on date(s) of service

MassHealth identified an issue with edit 2003 on Medicare outpatient crossover claims with a header span dates of service. MassHealth members who were eligible on the service detail date of service but not for the entire header span dates of service range were affected by this issue. MassHealth corrected the issue on 03/25/18 and edit 2003 will set on the detail line when the member is not eligible for MassHealth on the detail date of service. Medicare outpatient crossover claims adjudicated prior to 03/26/18 have been reprocessed and will appear on a subsequent remittance advice. Reprocessed claims where the service detail line denied again for edit 2003 have appropriately adjudicated according to the member's MassHealth eligibility.

For further guidance for LTSS related claims, contact support@masshealthltss.com. You may also contact the LTSS Provider Service Center at 1-844-368-5184. For Non-LTSS related claims, contact the MassHealth Customer Service Center at 1-800-841-2900 or email providersupport@mahealth.net.

Retro claim adjustments for certain ophthalmological services

Effective 08/01/2017, the rates that MassHealth pays to physicians and mid-level practitioners for certain ophthalmological service codes (92002, 92004, 92012, 92014 and 92015) were removed from the medicine fee schedule at 101 CMR 317.000 and replaced by the rates set in the vision care rate regulation at 101 CMR 315.00. MassHealth has adjusted any paid claims with dates of service on or after 08/01/2017 for these service codes which incorrectly paid at the old rates set forth in the medicine fee schedule.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

MassHealth Timeframes for bill paying for nursing facility providers

MassHealth will be modifying the timeframes for paying Nursing Facility claims for May dates of service received by MassHealth in May or June. The payment schedule will be modified by approximately 2 weeks. Please see the modified payment schedule outlined below.

- **RA DATE:** 07/01/2018
- **PAYMENT DATE CHECKS:** 07/03/2018
- **PAYMENT DATE EFT:** 07/05/2018

Claims for June dates of service will go back to the regular schedule. (Remittance Advice (RA) dated the third Tuesday of the month)

- **RA DATE:** 07/17/2018
- **PAYMENT DATE CHECKS:** 07/20/2018
- **PAYMENT DATE EFT:** 07/23/2018

MassHealth is mindful of the difficulties imposed by fiscal management decisions and appreciates your patience and understanding.

For questions, please contact the MassHealth LTSS Provider Service Center at 1-844-368-5184 or support@masshealthtss.com.

05/22/18

Home health agencies providing therapy services

All home health providers must use the LTSS Provider Portal to submit prior authorizations (PAs) for Therapy/Home Health Aide (HHA) as of Monday 5/14/2018.

This is an additional enhancement to the LTSS Provider Portal. In February 2018, home health agencies were given the ability to submit Skilled Nursing Visit (SNV)/Medication Administration Visit (MAV)/HHA PAs through the LTSS Provider Portal. As of Monday 5/14/2018, home health agencies should submit the following PAs as mentioned:

- For SNV/MAV/HHA services, submit PAs via the LTSS Provider Portal for faster, streamlined PA decisions.
- For Therapy/HHA services, submit PAs via the LTSS Provider Portal for faster, streamlined PA decisions.
- For home health services provided to Community Case Management (CCM) members, continue submitting PAs through the POSC.

You can access the LTSS Provider Portal at www.masshealthtss.com.

MassHealth hosted a webinar on the Therapy/HHA enhancement to the LTSS Provider Portal on Tuesday, 5/8/2018. You can access the home health therapy training on the LTSS Provider Portal at <https://tinyurl.com/y8d7vmku>.

If you have any questions about this message, the LTSS Provider Portal, or how to gain access or submit PAs through the Portal, please contact the LTSS Provider Service Center at 1-844-368-5184 or email at support@masshealthtss.com.

05/29/18

Retro claims adjustments for mental health clinics

Effective March 1, 2018, the rates that MassHealth pays to Mental Health Clinics for Evaluation and Management (E/M) codes were increased to reflect the same rates that are in the Medicine fee schedule at 101 CMR 317.00. MassHealth has adjusted any paid claim with dates of service on or after March 1, 2018 for these service codes which were paid at the old rates.

If you have questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or email providersupport@mahealth.net.

June

06/05/18

Continuous skilled nursing discharge planning training for home health agency providers and independent nurse providers

MassHealth has been actively engaging with the Continuous Skilled Nursing (CSN) stakeholder network in order to identify and implement potential enhancements to CSN services and the Community Case Management (CCM) program administered through the University of Massachusetts Medical School (UMMS).

One such enhancement involves improved communication during the inpatient facility discharge process, particularly addressing coordination between inpatient facility discharge planning teams and home health providers supporting members in the CCM program.

MassHealth, in partnership with CCM, will be hosting a CSN Discharge Planning training and meeting. The training is directed to home health agencies providing CSN services, independent nurses, and inpatient facility discharge planning teams who care for MassHealth's CSN members. Home health agencies should consider having staff members attend who manage facility discharges, member case management, and/or any administrative and management level employees. Space will be limited; please only register 1-2 representatives per agency. Additional registrations may be subject to waitlist.

Specific topics that will be addressed include:

- Overview of CCM, including eligibility, assessment process, authorized services
- CCM Referral Process
- Role of CCM and CSN providers in facility discharge planning
- Improving the discharge process for CCM Members

The **CSN Discharge Planning training** will take place on:

June 28, 2018 from 1 pm-2:30pm

One Ashburton Place, 21st Floor

Boston, MA 02108

Please RSVP at: <https://form.jotform.com/DCStraining/ccm-collaboration-June2018>

If you have any questions, please contact the MassHealth LTSS Provider Service Center at (844) 368-5184 or email support@masshealthltss.com.

Get email alerts when provider publications are posted on the web

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

If you have any questions, please contact the MassHealth Customer Service Center at (800) 841-2900 or email providersupport@mahealth.net. LTSS providers should contact the MassHealth LTSS Provider Service Center at (844) 368-5184 or email support@masshealthltss.com.

06/12/18

Provider training on Prior Authorization (PA) submission to the MassHealth LTSS provider portal

MassHealth will be hosting three training forums on June 25 and June 26 on the use of the MassHealth LTSS Provider Portal for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) PA submissions. You must register to attend these forums. Space is limited, especially at the Quincy location.

The use of the LTSS Provider Portal for DMEPOS PAs will go live in early July, after which the portal will be the process for submitting DMEPOS PAs.

This training is open to all DMEPOS providers, although we recommend that employees directly responsible for MassHealth PA submissions attend the training. Each training will have the same information.

Trainings will be held on:

Monday, June 25th

10:00AM – 11:30AM

Lawrence Public Library

51 Lawrence Street, Lawrence, MA

Auditorium – Capacity 200 (on site and on street non metered parking)

Monday, June 25th

2:00PM – 3:30PM

Office of MassHealth

100 Hancock Street, Quincy, MA

1st floor meeting room – Capacity 55 (parking lot free)

Tuesday, June 26th

1:00PM – 2:30PM

Springfield Public Library, Brightwood Branch

359 Plainfield Street, Springfield, MA

Community Room – Capacity 100 (on site free parking)

Please go to <https://www.masshealthltss.com/s/DMETraining> to register.

Space is limited. Please register early!

For questions, please contact the LTSS Provider Service Center at support@masshealthltss.com or call 1-844-368-5184.

06/19/18

New billing instructions for Adult Day Health (ADH) providers

Effective 06/11/2018 ADH providers must restrict billing for ADH service codes S5100, S5100 TG and S5100 U1 to 24 units (6 hours) per day. If an ADH provider bills in excess of 24 units (6 hours) per day, claims will deny for Edit 8164 – ADULT DAY HEALTH CODE S5100 LIMIT 6 HRS PER DAY.

Please note that one unit equals 15 minutes.

Please remember to bill daily for no more than 24 units. Billing from and through dates of service is no longer allowed.

If you have any questions regarding this change, please contact the MassHealth LTSS Service Center at 1-844-368-5184 or email support@masshealthtss.com.

Prior Authorization (PA) requirement updates for acute outpatient billing

Effective 06/11/2018 Acute Outpatient Hospital and Hospital Licensed Health Center providers PA requirements are waived on certain procedure codes for claim types O and C. The following edits are set to pay at this time: 3000, 3003-3006, 3009, 3010, 3013, 3015, 3033, 3041, and 3101-3109.

Claim types O and C for provider types 80 and 81 with denials against the edits listed have been reprocessed. Denied claims from the reprocessing will appear on remit dated June 19, 2018. Paid claims will appear on remit dated July 3, 2018.

This waiver is temporary. The Commonwealth will issue notice before setting back the edits to deny with a list of the impacted service codes.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or email providersupport@mahealth.net.

July

07/10/18

Clarification for institutional claims for ordered/referred services

All Provider Bulletin 274, posted on 02/08/2018, was released with the intent to assist billing providers as they prepare their processes and systems for compliance with MassHealth's Ordering, Referring, and Prescribing (ORP) requirements, and to reduce the impact once claim denials take effect. MassHealth is preparing for, but has not yet established, a date to begin denying claims that do not meet the ORP requirements. MassHealth will communicate the start date for claim denials prior to beginning such denials.

837I claims require the NPI of the Attending Provider in the Attending field/loop on the claims. For consistency with HIPAA Version 5010 billing instructions, when submitting 837I claims to MassHealth for ordered/referred services, the NPI of the Ordering/Referring provider is not required in the Referring field/loop when the Ordering/Referring provider is the same as the Attending Provider. Billing providers may choose to include the NPI of the Ordering/Referring provider in the Referring field/loop if the providers are the same but are only required to do so if the providers are different.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

If you are an LTSS Provider and have any questions, please contact the MassHealth LTSS Provider Service Center at 1-844-368-5184 or e-mail support@masshealthltss.com.

DMEPOS Prior authorization submission reminder

All Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) and Oxygen and Respiratory Equipment and Supplies providers must use the LTSS Provider Portal to submit prior authorizations (PAs) as of Monday, 7/2/2018. Please make sure you are registered on the LTSS Provider Portal so you can start submitting your PAs.

MassHealth hosted several training forums on the DMEPOS PA submission to the LTSS Provider Portal on Monday, 6/25/2018 and Tuesday, 6/26/2018. If you were not able to attend one of our training forums, you will be allowed to test or practice submitting PAs using the test member ID of 123456789 until 7/31/2018. This will allow you to become comfortable with the new submission process. You can also download the DMEPOS Portal Training User Guide at <https://tinyurl.com/ycj5kwvs> or by accessing the training on the LTSS Provider Portal at www.masshealthltss.com.

If you have any questions about this message, the LTSS Provider Portal, or how to gain access or submit PAs through the Portal, please contact the LTSS Provider Service Center at 1-844-368-5184 or email at support@masshealthtss.com.

Retroactive payments for continuous skilled nursing claims

MassHealth published amendments to 101 CMR 350.00: Home Health Rates, including two fee schedules increasing the reimbursement rates for independent nurses and home health agencies providing Continuous Skilled Nursing (CSN) services. These amendments were published on May 4, 2018; however, each fee schedule has an effective date prior to May 4, 2018. The first fee schedule has an effective date of February 23, 2018, and includes an increase to independent nurse and agency rates. The second fee schedule has an effective date of April 1, 2018, and includes an increase to agency rates.

Since 101 CMR 350.00 was published after the fee schedules' effective dates, MassHealth is retroactively applying the rate increases to CSN claims submitted for services rendered between February 23, 2018 to March 31, 2018, and April 1, 2018 to May 3, 2018, respectively. CSN providers do not need to resubmit claims in order to get reimbursed according to the new fee schedules.

In the upcoming weeks, CSN providers should expect to see these retroactive payments applied to all submitted claims, within the timeframes mentioned above, if the CSN provider did not bill according to the February 23rd and April 1st fee schedules, respectively.

If you have any questions, please contact the MassHealth LTSS Provider Service Center at 1-844-368-5184 or email support@masshealthtss.com.

07/24/18

Authorized PT-1 reminder

MassHealth receives and processes Provider Requests for Transportation (PT-1) submitted on behalf of covered members to request authorization for transportation to a medical appointment.

MassHealth will no longer accept paper PT-1 submissions as of September 1, 2018. Providers must submit the PT-1 electronically via the Customer Web Portal (CWP). Plan ahead and request access to the CWP today. To expedite submission of your PT-1 request and to avoid rejection of an unauthorized form, you may obtain access to the CWP by requesting a user ID at www.mass.gov/forms/customer-web-portal-account-request-form.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

If you are an LTSS Provider and have any questions, please contact the MassHealth LTSS Provider Service Center at 1-844-368-5184 or e-mail support@masshealthltss.com.

Ordering, referring, and prescribing provider NPI clarification

All Provider Bulletin 274, posted on 02/08/2018, was released with the intent to assist billing providers as they prepare their processes and systems for compliance with MassHealth's Ordering, Referring, and Prescribing (ORP) requirements, and to reduce the impact once claim denials take effect. MassHealth is preparing for, but has not yet established, a date to begin denying claims that do not meet the ORP requirements. MassHealth will communicate the start date for claim denials prior to beginning such denials.

This communication is a reminder that all NPIs submitted in the ordering or referring loop on a claim for Ordering, Referring, or Prescribing purposes must be an individual provider's NPI and the individual provider must be in an authorized ORP provider type (as listed in All Provider Bulletin 274). Our reports show that many billing providers are submitting their entity, or facility, or group NPI on the submitted claims.

To check to see if an individual provider is enrolled with MassHealth, please utilize the online provider directory on our Provider Online Service Center (POSC) at: <https://newmmis-portal.ehs.state.ma.us/EHSProviderPortal>.

To register for the POSC, instructions may be found at <https://tinyurl.com/y9th3e47>.

Instructions on how ORP providers can enroll can be found at: <https://www.mass.gov/how-to/how-to-enroll-to-be-a-masshealth-orp-provider>.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

If you are an LTSS Provider and have any questions, please contact the MassHealth LTSS Provider Service Center at 1-844-368-5184 or e-mail support@masshealthltss.com.

Retroactive claims adjustments for day habilitation providers

Effective July 13, 2018, the rates that MassHealth pays for Day Habilitation service codes H2014, H2014 TF and H2014 TG were increased to reflect the same rates that are in the Day Habilitation Program Regulations 101 CMR 348.00. MassHealth will adjust any paid claims with dates of service on or after March 1, 2018 for these service codes which were paid at the previous rates.

If you have questions, please contact the MassHealth LTSS Provider Service Center at 1-844-368-5184 or email support@masshealthltss.com.

August

08/14/18

Ordering provider requirements for eyeglasses and ophthalmic materials

All Provider Bulletin 274, posted on 02/08/2018, was released with the intent to assist billing providers as they prepare their processes and systems for compliance with MassHealth's Ordering, Referring, and Prescribing (ORP) requirements, and to reduce the impact once claim denials take effect. MassHealth is preparing for, but has not yet established, a date to begin denying claims that do not meet the ORP requirements. MassHealth will communicate the start date for claim denials prior to beginning such denials.

Claims for eyeglasses and ophthalmic materials require the NPI of the Ordering Provider to be included on the claim and for the Ordering Provider to be an authorized Ordering Provider enrolled with MassHealth. MassHealth has been including informational edits on claims for eyeglasses and ophthalmic materials submitted by the Volume Purchaser Eyeglass Supplier that do not meet these requirements. Effective August 8, 2018, MassHealth will include informational edits on claims for eyeglasses and ophthalmic materials from any provider type that do not meet these requirements.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail providersupport@mahealth.net.

If you are an LTSS Provider and have any questions, please contact the MassHealth LTSS Provider Service Center at 1-844-368-5184 or e-mail support@masshealthtss.com.

08/21/18

Provider PCDI training phase III: community partners program

Webinar sessions will be offered during the month of September to introduce the MassHealth Community Partners (CP) Program. This program is available to MassHealth members with complex Behavioral Health (BH) and Long Term Services and Supports (LTSS) needs enrolled in ACOs and MCOs, as well as certain MassHealth members enrolled in the Department of Mental Health's (DMH) Adult Community Clinical Services (ACCS).

Topics will include an overview of the MassHealth CP care model, how CPs promote care integration, information on what the CP Program means for providers, how members access this program, and additional resources available to providers and their staff. Primary care providers (PCPs), practice managers, and physician group administrators are strongly encouraged to attend.

Provider training event schedules can be viewed on the MassHealth Provider PCDI Resources webpage at <https://www.mass.gov/lists/provider-pcdi-resources>.

To learn how to enroll in a webinar or upcoming provider training event, visit <https://www.mass.gov/how-to/enroll-in-webinar-or-in-person-session-for-pcdi>.

To register for an upcoming provider webinar session or training event, visit the MassHealth Learning Management System (LMS) at www.masshealthtraining.com and create your profile. Once you are registered, select the preferred course date and time available.

Visit the CP Program Homepage at <https://www.mass.gov/guides/masshealth-community-partners-cp-program> to view and download program information, updates and other resources.

If you have any questions, please email the MassHealth Customer Service Center at providersupport@mahealth.net or call 1-800-841-2900.

Closing down POSC PA submission functionality for home health agencies

MassHealth, in partnership with our Third Party Administrator (TPA), introduced the Prior Authorization (PA) functionality to the LTSS Provider Portal for skilled nursing and home health aide visits on February 28, 2018, and for home health therapy services on May 14, 2018.

Since that time, MassHealth and our TPA have engaged with home health providers through in-person and online trainings, as well as individual outreach in order to assist providers in submitting their PAs through the LTSS Provider Portal.

As of October 1, 2018, MassHealth will be closing down the Provider Online Service Center's (POSC) PA functionality for home health agencies. Home health agencies will no longer be able

to submit their MassHealth PAs through the POSC and must use the LTSS Provider Portal. (For continuous skilled nursing, please continue to use the POSC).

The LTSS Provider Portal can be located at <https://www.masshealthtss.com>.

If you need any assistance using the LTSS Provider Portal, please contact the LTSS Provider Service Center at 1-844-368-5184 or support@masshealthtss.com.

September

09/04/18

Addition of procedure codes for rehabilitation clinics

As of April 4, 2018, Rehabilitation Clinic providers can bill for the following procedure codes:

- 97110
- 97116
- 97530

If you have any questions please visit the LTSS Provider Portal located at <https://www.masshealthltss.com>. If you need any assistance using the LTSS Provider Portal, please contact the LTSS Provider Service Center at 1-844-368-5184 or support@masshealthltss.com.

Closing down POSC pa submission functionality for DME/POS providers

MassHealth, in partnership with our Third Party Administrator (TPA), introduced the Prior Authorization (PA) functionality to the LTSS Provider Portal for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) in June, 2018.

Since that time, MassHealth and our TPA have engaged with DMEPOS providers through in-person and online trainings, as well as individual outreach in order to assist providers in submitting their PAs through the LTSS Provider Portal.

As of October 15, 2018, MassHealth will be closing down the Provider Online Service Center's (POSC) PA functionality for DMEPOS providers, who will no longer be able to submit their MassHealth PAs through the POSC and must use the LTSS Provider Portal. Providers submitting PAs for CCM members must continue to use the POSC.

Only Pharmacies with a DME specialty are included in this change.

The LTSS Provider Portal can be located at <https://www.masshealthltss.com>.

If you need any assistance using the LTSS Provider Portal, please contact the LTSS Provider Service Center at 1-844-368-5184 or support@masshealthltss.com.

09/11/18

Provider quality forums for home health agency and adult foster care providers

On September 20th and October 1st, 2018, MassHealth's LTSS Third Party Administrator (TPA) will be holding two Provider Quality Forums for Home Health Agency (HHA) and Adult Foster Care (AFC) providers. Each forum will be divided into two separate 3-hour sessions for each provider type. The same information will be shared on both days.

This forum will focus on program integrity and quality processes to help HHA and AFC providers comply with MassHealth regulations and requirements. Providers should only register for one of the two forums, and should only attend the session that is specific to their MassHealth provider type. Quality assurance professionals and executive leadership of HHA and AFC providers are encouraged to attend.

To register for one of the Provider Quality Forums, visit <https://www.masshealthltss.com/s/Qualityforum>. Please note the session your agency is registering for is designated for your agency's specific provider type. If unable to attend in person, you may join the meeting by WebEx conference line (see link for details).

If you have questions, please contact the MassHealth LTSS Provider Service Center at 1-844-368-5184 or email support@masshealthltss.com.

09/18/18

New coordination of benefits (COB) claim error codes – UPDATE

Per MassHealth All Provider Bulletin 273 (dated November 2017), providers must report valid Claim Adjustment Group Codes (CAGCs) and Claim Adjustment Reason Codes (CARCs) as they appear on the other insurer's Explanation of Benefits (EOB) or 835 to MassHealth when the other insurer has denied the claim/claim detail line. Future claim adjustments are reflective of claims processing changes that are in effect for all claims adjudicated in MMIS on or after on December 17, 2017. In addition, MassHealth has identified erroneously overpaid claims adjudicated prior to December 17, 2017, and will begin to systematically adjust these claims in the fourth quarter of 2018. Specifically, provider claim submissions with dates of service from January 1, 2016 through adjudication date December 16, 2017, with COB billing segments meeting the bulletin criteria are planned to be reprocessed through MMIS and will have new COB claim edits applied. Providers should refer to the bulletin for a description of the system updates. Both the CAGCs and the CARCs as reported in the other insurer's EOB/835 are critical for MassHealth to determine its financial responsibility for the claim/claim detail line and must be reported accurately on the MassHealth claim. The system update enforces MassHealth Third Party Liability regulations to ensure that MassHealth pays for claims/claim detail lines only when there is a member liability and does not pay when the provider is financially obligated for the claim/claim detail line.

New claim error codes:

The following edits have been set on claims/claim detail lines that have been denied by the other insurer since 12/17/2017:

- 2601 – Other payer denial payable
- 2602 – Other payer denial requires review
- 2603 – Other payer denial not payable per rules
- 2604 – Other payer denial not payable

For questions regarding the systematic adjustments, please contact the MassHealth Customer Service Center at 1-800-841-2900 or providersupport@mahealth.net. LTSS providers should contact the MassHealth LTSS Provider Service Center at 1-844-368-5184 or support@masshealthtss.com.

Closing down POSC PA submission functionality for DME POS providers – UPDATED DATE

MassHealth, in partnership with our Third Party Administrator (TPA), introduced the Prior Authorization (PA) functionality to the LTSS Provider Portal for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) in June, 2018.

Since that time, MassHealth and our TPA have engaged with DMEPOS providers through in-person and online trainings, as well as individual outreach in order to assist providers in submitting their PAs through the LTSS Provider Portal.

As of December 31, 2018 at 5PM, MassHealth will be closing down the Provider Online Service Center's (POSC) PA functionality for DMEPOS providers, who will no longer be able to submit their MassHealth PAs through the POSC and must use the LTSS Provider Portal. Providers submitting PAs for CCM members must continue to use the POSC.

For pharmacy providers, only those with a DME specialty are included in this change.

The LTSS Provider Portal can be located at <https://www.masshealthtss.com>.

If you need any assistance using the LTSS Provider Portal, please contact the LTSS Provider Service Center at 1-844-368-5184 or support@masshealthtss.com.

09/25/18

Claim Adjustments for Immunization administration codes 90461 and 90461-SL

MassHealth has identified a rate discrepancy for vaccine administration codes 90461 and 90461-SL resulting in overpayments, and a correction has subsequently been made. Please be advised that incorrectly priced claims have been adjusted and may appear on this and/or future remittance advices.

If you need assistance, please contact the MassHealth Customer Service Center at 1-800-841-2900 or providersupport@mahealth.net.

Claim adjustments for completed early periodic screening diagnosis and treatment (EPSDT) service code S0302

MassHealth has identified rate discrepancies for EPSDT code S0302 resulting in both overpayments and underpayments, and the corrections have subsequently been made. Please be advised that incorrectly priced claims have been adjusted and may appear on this and/or future remittance advices.

If you need assistance, please contact the MassHealth Customer Service Center at 1-800-841-2900 or providersupport@mahealth.net.

Reminder: Medicare social security number removal initiative (SSNRI)

On October 1, 2018 MassHealth will begin to return the Medicare Beneficiary Identifier (MBI) on the following relevant response transactions if the MBI is known to MassHealth:

- Health Care Benefit Response (271)
- Health Care Benefit Enrollment and Maintenance (834) Outbound

The MBI will replace the 11 digit Health Insurance Claim Number (HICN) on January 1, 2020. MassHealth began to accept the new 11 digit MBI on all relevant transactions in accordance with the Medicare Social Security Number Removal Initiative (SSNRI) transition period that went into effect on April 1, 2018. This includes Direct Data Entry (DDE) via the Provider Online Service Center (POSC). MassHealth will continue to accept either the MBI or HICN during Medicare's mandated transition period (April 1, 2018 and December 31, 2019).

Since the MBI and HICN contain the same number of alpha-numeric characters, trading partners that exchange these HIPAA transactions directly with MassHealth should not need to make any system changes.

If you have any questions, please contact the MassHealth EDI team at 1-800-841-2900 or EDI@MAHealth.net.

October

10/02/18

DME Claim adjustments for amount paid

MassHealth will be adjusting Durable Medical Equipment (DME) claims with dates of service March 1, 2018 through July 26, 2018 that were billed with procedure codes A4450, A5061, A6216, A6232, A6252, A6253, A6404, A6457, E0154, E0159, E0277, E0280, E0304, E0372, E0471, E0672, E0747, E0956, E0961, E0984, E1014, E1038, E0170, E1801, E1806, E2208, E2213, E2310, E2328, E2384, E2605, E2619, K0020, K0045, K0052, K0065, K0077, K0607, K0835, K0841 or L8501. The affected claims incorrectly paid the rate from the previous fee schedule. Claims with dates of service on or after July 26, 2018 are adjudicating and pricing correctly.

If you have any questions regarding this change, please contact the LTSS Provider Service Center at support@masshealthtss.com or call 1-844-368-5184.

10/23/18

New resources for expecting moms and providers who deliver obstetric care

MassHealth has created two new flyers that contain important perinatal information for members and providers. These flyers can be found at www.mass.gov/guides/clinical-practice-guidelines-for-masshealth-providers under the “Perinatal Care Recommendations” heading.

- “Three Steps to a Healthy Pregnancy” contains member-focused information and resources for early pregnancy care. Consider downloading and giving to pregnant patients.
- “Expecting and New Moms Resource Guide” contains links to resources that perinatal care providers may find helpful in delivering care to their patients.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or email providersupport@mahealth.net.

10/30/18

Updated DME/OXY payment & coverage guideline tool

Pharmacy providers with a DME or Oxygen and Respiratory Therapy Equipment specialty, and DME and Oxygen providers, please be advised that the MassHealth DME and Oxygen Payment and Coverage Guideline Tool has been updated and posted on the MassHealth website. To confirm that you are using the most recent version of the applicable Tool, go to <https://tinyurl.com/y97ys39u>.

This update accommodates the CMS January 2018 DMEPOS HCPCS & Modifier changes that MassHealth has adopted from the EOHHS DME/OXY current fee schedule effective 3/1/18 and related EOHHS administrative bulletins available at <https://tinyurl.com/y9axyg6d>.

Reminder: Providers need to remain current with EOHHS fee schedules and administrative bulletins.

If you have any questions regarding these changes, please contact the LTSS Provider Service Center at support@masshealthtss.com or call 1-844-368-5184.

November

11/06/18

G0277 payable status update

MassHealth has updated MMIS to allow code G0277 to process for Acute Outpatient Hospital (AOH) providers retroactive to dates of service beginning January 1, 2018, and has reprocessed applicable claims which had previously denied with G0277 in the AOH setting. Hospitals may see reprocessed claims in this remittance advice reflecting those efforts. A technical correction is being made to Subchapter 6 of the MassHealth AOH provider manual to add code G0277, effective as of such date.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or email providersupport@mahealth.net.

End of POSC PA submission functionality for DMEPOS providers

MassHealth, in partnership with its Third-Party Administrator (TPA), introduced Prior Authorization (PA) functionality to the LTSS Provider Portal for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) and Oxygen and Respiratory Therapy Equipment in June, 2018.

Since that time, MassHealth and its TPA have engaged with DMEPOS providers through in-person and online trainings, as well as individual outreach to assist providers in submitting their PAs through the LTSS Provider Portal.

As of December 31, 2018, MassHealth will no longer be accepting PAs submitted through the Provider Online Service Center (POSC), with the exception of members in the Community Case Management (CCM) program. All DMEPOS providers must submit all their PAs through the LTSS portal. Providers submitting PAs for CCM members must continue to use the POSC.

For pharmacy providers, only those with a DME or Oxygen specialty are included in this change.

The LTSS Provider Portal can be located at <https://www.masshealthltss.com>.

If you need any assistance using the LTSS Provider Portal, please contact the LTSS Provider Service Center at 1-844-368-5184 or support@masshealthltss.com.

11/13/18

Email spam alert

It has come to our attention that there has been recent activity with emails being sent by unknown third parties requesting payments to process MassHealth Revalidation Applications. Federal Law requires MassHealth to collect an application fee only for certain providers. Providers should check the application fee webpage on Mass.gov at <https://www.mass.gov/service-details/learn-about-provider-application-fees> to confirm.

Providers should not respond to these emails and treat them as SPAM in accordance with your organizations security practices.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or email providersupport@mahealth.net. LTSS providers should contact the MassHealth LTSS Provider Service Center at 1-844-368-5184 or email support@masshealthltss.com.

TPL editing for prenatal services

In accordance with the Bipartisan Budget Act of 2018 (Sec. 53102 (a)(1)), effective for dates of service on or after 2/9/2018, claims submitted with prenatal service(s) and/or diagnosis codes for members with other insurance coverage are no longer required to be paid without regard to third party liability (TPL) also known as pay-and-chase. Effective for dates of service on or after February 9, 2018, such claims are subject to MassHealth's standard coordination of benefits cost avoidance, or TPL process. Claims submitted with prenatal service(s) and/or diagnosis codes for members with other insurance coverage must be submitted to the primary insurer before submitting to MassHealth. Claims that do not contain the other payer adjudication information will be denied. For additional information, refer to CMS Bulletin found at www.medicaid.gov/federal-policy-guidance/downloads/cib060118.pdf.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or email providersupport@mahealth.net.

Prior authorization (PA) requests for units in excess of the maximum allowable units

MassHealth requires PA for orthotics and prosthetics provided to the member if the number of units requested exceeds the maximum units described in the Orthotics and Prosthetics Payment and Coverage Guidelines Tool at <https://tinyurl.com/y97ys39u>.

The provider must include documentation with the PA request that supports the medical necessity of the additional units. If the PA request is approved, the provider must submit a separate claim with a different date of service than the date of service for the initial maximum

number of units. The separately filed claim should only include the number of excess units actually provided to the member, but in no case for a number of units that exceeds the number of excess units for which a PA has been authorized.

If you have any questions, please contact the MassHealth LTSS Provider Service Center at 1-844-368-5184 or email support@masshealthtss.com.

11/20/18

To home health agency providers

MassHealth is hosting a Home Health Provider Webinar on submitting Prior Authorizations (PA) to a MassHealth ACO on Wednesday November 28, 2018 from 11a-12p.

During the webinar, MassHealth will present how to submit home health PA requests to the ACOs, including documentation requirements and timelines. Additionally, MassHealth will present resources for home health providers to use when there are questions around PA submissions to an ACO.

This webinar is open to all Home Health providers and their employees, and it is recommended that employees directly responsible for PA submissions to MassHealth's ACOs attend the webinar.

Home Health providers should expect an additional email sent by support@masshealthtss.com announcing the webinar.

For home health providers who wish to register for this webinar, a separate email will be sent from messenger@Webex.com with a registration link

For questions, please contact LTSS Provider Service Center at support@masshealthtss.com or call 1-844-368-5184.

Updated approved vendor list now available on web

All providers are advised: MassHealth recently posted its newly-updated, HIPAA-compliant approved Vendor List to the web. This list contains vendor information about approved billing intermediaries, clearinghouses, and software vendors.

To access this new list and a helpful list of "Questions to ask your Vendor," please go to: <https://tinyurl.com/ydf8w26j>

Providers or vendors with questions about the approved vendor list process can contact MassHealth EDI (Electronic Data Interchange) at the MassHealth Customer Service Center: 1-800-841-2900 or edi@mahealth.net.

If you have any questions or need additional EDI-related support, please contact the MassHealth Customer Service Center at EDI@MAHealth.net or 1-800-841-2900.

MassHealth eligibility verification system (EVS) and claims submission reminders

The MassHealth Eligibility Verification System (EVS) is designed to display the status of a member's health care coverage for the date(s) of service requested (please note EVS does not display eligibility for future dates). This includes the identification of the health plan and the type of plan that the member is enrolled in if applicable. If you are using EVS via the Provider Online Service Center (POSC), or through third party software, please ensure that you review all of the EVS messages associated with the eligibility response.

For providers that are looking to identify where claims should be submitted based on the EVS messages, please use the information below to ensure the proper location to submit your claims. Claims submission to the incorrect health plan will result in delayed processing and payment.

For PCC plan and Primary Care ACO members, please submit electronic only claims directly to MassHealth except for Behavioral health (BH). BH claims should be submitted directly to MBHP.

For MCO members, please submit claims directly to the MCO.

For Accountable Care Partnership Plan members, please refer directly to the applicable Accountable Care Partnership Plan for claims submission instructions.

If you have any questions, please contact the MassHealth Customer Service Center via email at providersupport@mahealth.net or call 1-800-841-2900. LTSS providers should contact the MassHealth LTSS Provider Service Center at 1-844-368-5184 or email support@masshealthltss.com.

11/27/18

Upcoming MassHealth overpayment notices

In the coming weeks, providers may receive initial notices of overpayment from MassHealth. Please note, the findings identified in these notices are preliminary in nature. Providers may dispute overpayments identified in an initial notice of overpayment. If a provider wishes to dispute an initial notice of overpayment, they must reply in writing to MassHealth, and MassHealth must receive such reply within 30 calendar days of the date of the Notice. The written dispute must specifically identify and address all allegations in the Notice with which the provider disagrees, and explain any objection to the identified overpayment. With the reply, the provider may also submit additional data and rationale to support its claim that the provider was not overpaid or out of compliance with the applicable regulations, and must include

any documentary evidence it wants MassHealth to consider with respect to the identified overpayment. The initial notice of overpayment will provide the provider with the appropriate contact to send written disputes and any other questions.

MassHealth will consider and review only information submitted within a timely reply. If a provider requires additional time to compile documentation they wish to include with their timely reply, they may reach out to the contact provided on their initial notice of overpayment to request an extension. If, after reviewing the reply, MassHealth determines that the provider was overpaid or was out of compliance, it will notify the provider in writing of its final determination, which will state the amount of any overpayment. The final determination notice will also contain information about the provider's right to an adjudicatory hearing.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900 or email providersupport@mahealth.net.

December

12/31/18

MassHealth updates to the CARC & RARC list effective January 1, 2019

MassHealth has completed its review of the October 2018 CAQH CORE Code Combination Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARC & RARC). The MMIS has been modified to adopt the applicable changes effective 1/1/19. Please review the updated CARC & RARC list as well as the CARC & RARC change log, found at <https://www.mass.gov/service-details/the-aca-operating-rules>.

Reminder: Providers should review the online list for the most up-to-date EOB code combinations.

If you have any questions, please contact the MassHealth Customer Service Center at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

12/24/18

DATE CHANGE: End of POSC PA submission functionality for DMEPOS providers will occur January 31, 2019, rather than December 31, 2018

MassHealth, in partnership with our Third Party Administrator (TPA), introduced Prior Authorization (PA) functionality to the LTSS Provider Portal for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) and Oxygen and Respiratory Therapy Equipment in June, 2018.

Since that time, MassHealth and its TPA have engaged with DMEPOS providers through in-person and online trainings, as well as individual outreach in order to assist providers in submitting their PAs through the LTSS Provider Portal. The DME Provider Portal Training Guide can be found at <https://tinyurl.com/ycj5kwvs>. The date for transition from POSC to the LTSS Provider Portal has changed from December 31, 2018 to January 31, 2019.

As of January 31, 2019 at 5PM, MassHealth will no longer be accepting PAs submitted through the Provider Online Service Center (POSC) for DMEPOS providers, with the exception of members in the Community Case Management (CCM) program. This means that beginning February 1, 2019, all DMEPOS providers will no longer be able to submit their MassHealth PAs through the POSC and must use the LTSS Provider Portal. Providers submitting PAs for CCM members must continue to use the POSC.

For pharmacy providers, only those with a DME or Oxygen specialty are included in this change.

The LTSS Provider Portal can be located at <https://www.masshealthltss.com>.

If you need any assistance using the LTSS Provider Portal, please contact the LTSS Provider Service Center at 1-844-368-5184 or support@masshealthtss.com.

Changes to repetitive transcranial magnetic stimulation (RTMS)

Effective January 1, 2019, the Massachusetts Behavioral Health Partnership (MBHP) will cover Repetitive Transcranial Magnetic Stimulation (RTMS) for MassHealth members who receive their behavioral health benefits through MBHP. This applies to all members enrolled in MBHP, including those also enrolled with Community Care Cooperative (C3), Partners Healthcare Choice, Steward Health Choice plans, and the Primary Care Clinician (PCC) Plan.

RTMS is a noninvasive method of brain stimulation using Magnetic Resonance Imaging (MRI)-strength magnetic field pulses. This procedure is a U.S. Food and Drug Administration (FDA) approved method for the treatment of resistant major depression.

The codes associated with RTMS are 90867, 90868, and 90869. For dates of service after 01/01/19, claims with these codes should be submitted to MBHP instead of MassHealth for members enrolled in MBHP. The error message associated with incorrectly submitted claims to MassHealth will be: 2614 (MNG-CARE SERV SHOULD BE PAID BY MASSHLTH BHVL HLTH).

If you have questions about submitting claims to MBHP, please contact MBHP's Community Relations Department at 1-800-495-0086 (press 1 for the English menu or 2 for the Spanish menu, then 3 then 1 to skip prompts), Monday through Thursday from 8:00 a.m. to 5:00 p.m., and on Fridays from 9:30 a.m. to 5:00 p.m.