MassHealth Provider Remittance Message Texts - 2019

January

01/08/19

DMEPOS competitive bidding program: temporary gap period

MassHealth Competitive Bid Providers will be receiving a termination letter in accordance with the CMS Competitive Bid Gap Period described below. Provider files will be closed with an end date effective 12/31/2018.

All Medicare Durable Medical Equipment, Prosthetics, Orthotics, & Supplies (DMEPOS) Competitive Bidding Program contracts expire on December 31, 2018. Starting January 1, 2019, there will be a temporary gap in the entire DMEPOS Competitive Bidding Program that CMS expects will last until December 31, 2020. For additional information, please see the Temporary Gap Period fact sheet on CMS's website at https://tinyurl.com/y84q4n4s.

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

01/15/19

101 CMR 334.00: prostheses, prosthetic devices and orthotic devices

Effective 12/28/18 MassHealth has published updated rates for 101 CMR 334.00: Prostheses, Prosthetic Devices and Orthotic Devices.

These new rates can be found at https://tinyurl.com/y7soz569.

The effective date of these updated rates is 12/28/18.

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

01/22/19

New updated version of the DME/OXY payment & coverage guideline tool

Pharmacy providers with a Durable Medical Equipment and Supplies (DME) or Oxygen and Respiratory Therapy Equipment (OXY) specialty, DME and Oxygen providers are advised that the MassHealth DME and Oxygen Payment and Coverage Guideline Tool has been updated on 1/11/19 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.

Please note that HCPCS Code A4223 has been added to the Tool for the dates of service on or after 1/8/19.

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

Reminder for acute inpatient hospitals

Reminder: If an Acute Inpatient claim encounters edit 6215 (HCAC claim eligible for cost outlier payment), please upload pertinent documentation without using a delay reason code. The claim "to" date must be within the one year billing deadline. Refer to Appendix V for instruction. For claims over one year, refer to final deadline appeal procedures (All provider bulletin 232, Feb 2013).

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

February

02/05/19

Avoid duplicate submissions

This is a reminder to providers to use best practices when billing claims to MassHealth for all members including members who have other insurance (Medicare, Medicare Advantage, or Commercial) in addition to MassHealth. MassHealth encourages all submitters to ensure that excessive and duplicative transactions are not submitted.

There are several methods of electronic claim submissions available, including direct billing for electronic batch files through the Provider Online Service Center (POSC), the use of a vendor (billing intermediary or clearinghouse) that submits claims on your behalf, and direct data entry (DDE) of claims through the POSC.

Providers are reminded that in most cases, Medicare crossover claims for dually eligible members are automatically transmitted by the Medicare contractor (Benefits Coordination and Recovery Center (BCRC)) to MassHealth when at least one claim line is Medicare approved. MassHealth receives daily Medicare crossover files from BCRC which are adjudicated in MMIS, therefore there is no need to submit a second claim to MassHealth. Please refer to Subchapter 5 Administrative and Billing Instructions Part 7 'Other Insurance' for additional information about Medicare Crossover claims.

Claims status is available via POSC upon submission. Claims process and appear on Remittance Advice in approximately 30-45 days.

If you have questions about submitting claims or need further assistance, you may contact the MassHealth Customer Service Center at edi@mahealth.net or 1-800-841-2900.

Preadmission screening and resident review (PASRR) level II add-on

Nursing facilities may bill for the add-on code S0317, also known as the "PASRR Level II add-on," for dates of service on or after January 1, 2019. Billing instructions and related materials can be found on the PASRR page of the MassHealth LTSS Portal: https://www.masshealthltss.com/s/PASRRTrainingMeterial?language=en_US.

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

Changes to non-emergency transportation and customer web portal (CWP)

The following policies related to authorizing and scheduling brokered nonemergency medical transportation will take effect on February 1, 2019. MassHealth members will need to contact their RTAs to schedule transportation at least three business days in advance of the day on which the transportation will occur. When a MassHealth member reports a new residential address, PT-1 forms authorizing transportation for the member to and from his or her residential address will remain valid until the sooner of the PT-1 form's end date and 30 days after the date of the address change. Providers will need to submit new PT-1 forms to authorize future transportation.

The CWP changes to the Customer Web Portal (CWP) user interface scheduled to take effect on February 1, 2019 and outlined in All Provider Bulletin 280 are delayed. These changes will take effect in March 2019.

CWP webinar training sessions will be available to review these enhancements. To enroll in a CWP webinar training session, 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.

For additional details, please refer to All Provider Bulletin 280 released in January 2019 available at www.mass.gov/files/documents/2019/01/16/all-280.pdf.

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

02/12/19

Retroactive payments for substance use disorder outpatient services

Rates for the following substance use disorder outpatient service codes were increased effective January 1, 2019.

H0020, H0004-TF, T1006-HR, H0005-HQ, 90882-HF, H0001, H0004, H0005, Tl006, H0004-HD, T1006-HD, H0005-HD, H0006-HD, H1005, and H1005-HQ.

Providers who submitted claims for these service codes between January 1, 2019 when the rates became effective and January 22, 2019 when the rates were updated in MMIS will receive a retroactive payment totaling the difference between the new rates and the old rates.

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

Medicare crossover claims with edit 6215 HCAC claim eligible for cost outlier payment

MassHealth currently suspends Medicare Part A crossover claims with edit 6215 hcac claim eligible for cost outlier payment when the claim includes HCAC charges and qualifies for outlier payment in addition to the APAD.

In order to align Crossover claims with the current Non-Crossover claims process, effective for claims received by MassHealth on or after February 11, 2019, all Crossover claims submitted with the charges associated with the HCAC and outlier payments will deny for edit 6215.

If your hospital has a crossover claim denied for edit 6215, you may continue to resubmit the claim through the POSC with an attachment identifying the charges associated with the HCAC, as follows:

1. Do not include a delay reason code.
2. Within the attachment, list the hospital's name and the denied claim's 13-digit ICN.
3. Indicate which medical services have any charges that represent or resulted from an HCAC.
4. Revise the charges to show what they would have been had the HCAC(s) not occurred.
5. (a) Provide the name of the HCAC.
   (b) Briefly indicate the rationale for determining the revised charges.

MassHealth will review the attachment and if in agreement with the revised charges, will recalculate the payment and process the claim. If the attachment does not support the revised charges, MassHealth will again deny the claim or will request additional information, along with a comment in a claim note.

Providers should refer to Appendix V, Transmittal Letter ALL-214 for more detailed billing instructions for submitting claims associated with HCAC and/or other Provider Preventable Conditions.

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

Radiology rate adjustments for 2019 rates

MassHealth has updated the technical component (TC) of certain magnetic resonance imaging (MRI) and magnetic resonance angiography (MRA) services, as well as one computed tomography (CT) service. This change was effective January 1, 2019.

Please be advised that incorrectly priced claims have been adjusted and may appear on this or subsequent 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.

02/19/19

Technical Refresh – Important Message for All MassHealth Providers

MassHealth will implement Phase II of its technical refresh activities in March, 2020. Phase II of this initiative requires that MassHealth replace its "end of life" HIPAA compliance and translator tool. The tool is used to validate HIPAA compliance and translate the HIPAA compliant transactions to an XML format so that they can be processed within MassHealth's Medicaid Management Information System (MMIS). This change will affect the submission of all HIPAA transactions supported by MassHealth:

- Health Care Benefit Inquiry and Response (270/271),
- Health Care Claim Status Request and Response (276/277),
- Health Care Claim Payment/Advice (835),
- Health Care Claim: Institutional (837I) and Professional (837P), and
- HIPAA (999/TA1) Implementation Acknowledgment for Health Care Insurance.

MassHealth will conduct Trading Partner Testing (TPT) with providers and entities that directly send or receive transactions to/from MassHealth in the summer of 2019 and early 2020. MassHealth strongly recommends that all affected trading partners update their systems and conduct TPT with MassHealth to validate compliance. MassHealth will hold a series of 1 hour information sessions about TPT on Thursdays from 2:00 – 3:00 pm in late February through early April 2019. Affected providers and vendors (BI, SWV, CH) may sign up for sessions at www.masshealthtraining.com.

MassHealth will make available a dedicated webpage for the Technical Refresh on www.mass.gov. It will be available in late February and will contain supporting documentation related to the implementation.

Please continue to monitor MassHealth communications regarding the technical refresh over the coming months.

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

If you are not the person within your organization that handles EDI testing, please forward this information to the appropriate staff within your organization or to your vendor.

Medicare crossover claims with edit 6215 HCAC claim eligible for cost outlier payment – UPDATED MESSAGE

MassHealth currently suspends Medicare Part A crossover claims with edit 6215 hcac claim eligible for cost outlier payment when the claim includes HCAC charges and qualifies for outlier payment in addition to the APAD.

In order to align Crossover claims with the current Non-Crossover claims process, effective for claims received by MassHealth on or after February 11, 2019, all Crossover claims submitted with the charges associated with the HCAC and outlier payments will deny for edit 6215.

If your hospital has a crossover claim denied for edit 6215, you may continue to resubmit the claim through the POSC with an attachment identifying the charges associated with the HCAC, as follows:

1. Do not include a delay reason code.
2. Within the attachment, list the hospital's name and the denied claim's 13-digit ICN.
3. Indicate which medical services have any charges that represent or resulted from an HCAC.
4. Revise the charges to show what they would have been had the HCAC(s) not occurred.
5. (a) Provide the name of the HCAC (b) Briefly indicate the rationale for determining the revised charges.

MassHealth will review the attachment and if in agreement with the revised charges, will recalculate the payment and process the claim. If the attachment does not support the revised charges, MassHealth will again deny the claim or will request additional information, along with a comment in a claim note.

Providers should refer to Appendix V, Transmittal Letter ALL-214, dated 10/1/15 for more detailed billing instructions for submitting claims associated with HCAC and/or other Provider Preventable Conditions.

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

02/26/19

Updated DME/OXY payment & coverage guideline tool and subchapter 6 of the provider manuals

Pharmacy providers with a Durable Medical Equipment and Supplies (DME) or Oxygen and Respiratory Therapy Equipment (OXY) specialty, and DME and Oxygen providers, are advised that the MassHealth DME and Oxygen Payment and Coverage Guideline Tool and Subchapter 6 in the Provider Manuals have 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.

Added HCPCS Codes: A4207; A4208; A4209; A4224; A4225; A7048; E0118; E0472, E0617; E2204; K0010; K0011; K0012; K0553; K0554; S5162.

Providers can contact the LTSS Provider Service Center to obtain assistance with claim(s) related to the added codes and for assistance with the 90 Day Waiver Appeal and Final Deadline Appeal processes.

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@masshealthltss.com or call 1-844-368-5184.

March

03/05/19

To hospice agency providers regarding ORP guidelines

In February of 2018, MassHealth issued All Provider Bulletin (APB) 274 regarding continued implementation of the Ordering, Referring, and Prescribing (ORP) provider requirements, specifically noting the MassHealth services that require an ORP provider's NPI on MassHealth claims to be payable.

Hospice services do not require an order, referral or prescription and therefore hospice providers are not required to include an ORP provider's NPI on the claim when billing MassHealth. However, many hospice providers are including an ORP provider's NPI on their claims. When ORP provider NPI information is incorrect it triggers edits on the claims. These edits are currently informational, and are described in APB 274. Once MassHealth activates these edits, any hospice claims submitted with incorrect ORP provider NPI information will deny. To avoid future ORP-related claims denials, hospice providers should not include any ORP provider's NPI on their claims submissions to MassHealth.

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

03/12/19

Changes to non-emergency transportation customer web portal (CWP)

The CWP changes that were outlined in All Provider Bulletin 280 scheduled to take effect in March 2019 are delayed. Please continue to use the current version of the CWP. The new implementation date is May 3, 2019.

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

Member eligibility – 270/271 batch transaction update

On June 23, 2019 MassHealth will implement a change to its member eligibility batch request response logic. The agency will no longer conduct an alternate search of its eligibility database when an invalid Member ID (MID) is submitted in the 270 HIPAA transaction.

Once implemented, when a provider sends in a 270 request with an invalid MID, the provider will receive a 271 response indicating "member not found". Specifically, it will state error code "72" Invalid/Missing Subscriber/Insured ID in the AAA03 – Reject Reason Code segment for Loop 2100B.

MassHealth strongly recommends providers make changes to your eligibility inquiry practices today to ensure that you do not receive unnecessary rejections when the new logic is implemented. Be sure to follow the guidelines posted here: https://www.mass.gov/service-details/eligibility-verification-system-overview.

If you have any questions regarding the member eligibility 270/271 batch transaction update, please contact the MassHealth Customer Service Center at 1-800-841-2900 or edi@mahealth.net. When sending an email, please include your MassHealth Provider ID / Service Location (PID/SL) or your National Provider ID (NPI) number.

If you are not the person within your organization that handles member eligibility, please forward this information to the appropriate staff within your organization or to your vendor.

Technical refresh update – important message for all MassHealth providers

MassHealth will implement its technical refresh activities in 2 phases through March, 2020. This initiative requires that MassHealth replace its "end of life" HIPAA compliance and translator tool. The tool is used to validate HIPAA compliance and translate the HIPAA compliant transactions to an XML format so that they can be processed within MassHealth's Medicaid Management Information System (MMIS). This change will affect the submission of all HIPAA transactions supported by MassHealth:

- Health Care Benefit Inquiry and Response (270/271),
- Health Care Claim Status Request and Response (276/277),
- Health Care Claim Payment/Advice (835),
- Health Care Claim: Institutional (837I) and Professional (837P), and
- HIPAA (999/TA1) Implementation Acknowledgment for Health Care Insurance.

MassHealth will conduct Trading Partner Testing (TPT) with providers and entities that directly send or receive transactions to/from MassHealth in the summer of 2019 and early 2020. MassHealth strongly recommends that all affected trading partners update their systems and conduct TPT with MassHealth to validate compliance. MassHealth will hold a series of 1 hour information sessions about TPT on Thursdays from 2:00 – 3:00 pm beginning on 2/28/2019 through 04/04/2019. Affected providers and vendors (Billing Intermediaries, Software Vendors, Clearinghouses) may sign up for sessions by clicking on the link: www.masshealthtraining.com.

MassHealth will conduct compliance only testing of eligibility batch files (270/271) from 7/29/2019 – 9/20/2019 (Phase I) and the claims, remittance advice files and claim status (837I, 837P, 835, 276/277) from 1/27/2020 – 3/27/2020 (Phase II). Please note that MassHealth requires that all trading partners modify their systems, where appropriate, and test compliance during the defined testing phases.

MassHealth made available a dedicated webpage for the Technical Refresh at https://www.mass.gov/masshealth-technical-refresh. It contains important information and

updated Companion Guides for Phase I testing activities. Phase II Companion Guides will be posted in mid-March. Please review the contents and check periodically for updates.

Please continue to monitor MassHealth communications regarding the technical refresh over the coming months.

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

If you are not the person within your organization that handles EDI testing, please forward this information to the appropriate staff within your organization or to your vendor.

03/26/19

New updated version of the orthotics and prosthetics payment & coverage guideline tool

Orthotic and Prosthetic providers are advised that the MassHealth Orthotics and Prosthetics Payment and Coverage Guideline Tool has been updated on 3/7/19 and posted on the MassHealth website. To confirm that you are using the most recent version of the applicable Tool, go to http://tinyurl.com/y97ys39u.

Please note that HCPCS codes A9285, L3981 and L3761 have been added to the Tool effective as of 3/6/19.

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

April

04/02/19

Technical refresh update – MassHealth extends its technical refresh information sessions

MassHealth will implement its technical refresh activities in 2 phases through March, 2020. This initiative requires that MassHealth replace its "end of life" HIPAA compliance and translator tool. The tool is used to validate HIPAA compliance and translate the HIPAA compliant transactions to an XML format so that they can be processed within MassHealth's Medicaid Management Information System (MMIS). This change will affect the submission of all HIPAA transactions supported by MassHealth:

- Health Care Benefit Inquiry and Response (270/271),
- Health Care Claim Status Request and Response (276/277),
- Health Care Claim Payment/Advice (835),
- Health Care Claim: Institutional (837I) and Professional (837P), and
- HIPAA (999/TA1) Implementation Acknowledgment for Health Care Insurance.

MassHealth will conduct Trading Partner Testing (TPT) with providers and entities that directly send or receive transactions to/from MassHealth in the summer 2019 and early 2020. MassHealth strongly recommends that all affected trading partners update their systems and conduct TPT with MassHealth to validate compliance. MassHealth has extended its series of 1 hour information sessions about TPT for an additional 4 weeks. The sessions will be held on Thursdays from 2:00 – 3:00 pm through 05/09/2019. Affected providers and vendors (Billing Intermediaries, Software Vendors, Clearinghouses) may sign up for either the vendor or provider sessions at www.masshealthtraining.com.

MassHealth will conduct compliance only testing of eligibility batch files (270/271) from 7/29/2019 – 9/20/2019 (phase I) and the claims, remittance advice files and claim status (837I, 837P, 835, 276/277) from 1/27/2020 – 3/27/2020 (phase II). Please note that MassHealth requires that all trading partners modify their systems, where appropriate, and test compliance during the defined testing phases.

MassHealth made available a dedicated webpage for the Technical Refresh here: https://www.mass.gov/masshealth-technical-refresh. It contains important information and updated Companion Guides for Phase I testing activities. Phase II Companion Guides were posted at the end of March. Please review the contents and check periodically for updates.

Please continue to monitor MassHealth communications regarding the technical refresh over the coming months.

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

If you are not the person within your organization that handles EDI testing, please forward this information to the appropriate staff within your organization or to your vendor.

To therapy providers regarding limits on therapy service codes

In March 2019, the Medicaid National Correct Coding Initiative (NCCI) released edit files for Medically Unlikely Edits (MUEs). MassHealth has updated the MMIS system and these edits will be effective on April 1, 2019. These MUEs will limit the maximum number of units per service code that a therapy provider is able to bill for a MassHealth member's therapy visit. The addition of the MUE limits do not affect any other MassHealth authorization or billing rules. Please see below for the MUE values and service codes affected.

- Service code: 97010; MUE limit = 1; Service description: Application of a modality to one or more areas; hot or cold packs
- Service code: 97012; MUE limit = 1; Service description: Application of a modality to one or more areas; traction, mechanical
- Service code: 97014; MUE limit = 1; Service description: Application of a modality to one or more areas; electrical stimulation (unattended)
- Service code: 97016; MUE limit = 1; Service description: Application of a modality to one or more areas; vasopneumatic devices
- Service code: 97018; MUE limit = 1; Service description: Application of a modality to one or more areas; paraffin bath
- Service code: 97024; MUE limit = 1; Service description: Application of a modality to one or more areas; diathermy (e.g., microwave)
- Service code: 97026; MUE limit = 1; Service description: Application of a modality to one or more areas; infrared
- Service code: 97028; MUE limit = 1; Service description: Application of a modality to one or more areas; ultraviolet
- Service code: 97034; MUE limit = 2; Service description: Application of a modality to one or more areas contrast baths, each 15 minutes
- Service code: 97035; MUE limit = 2; Service description: Application of a modality to one or more areas; ultrasound, each 15 minutes
- Service code: 97150; MUE limit = 2; Service description: Therapeutic procedure(s), group (two or more individuals) (services delivered under an outpatient plan of care) (maximum one unit per visit)

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

04/16/19

Prior authorization requirement update

Effective 4/15/19 the PA requirements for HCPCS codes A8000, A8001, A8003 and A8004 billed by orthotics providers will align with the PA requirements for DME providers and will change from Yes to Sometimes.

Please refer to the MassHealth Orthotics and Prosthetics Payment and Coverage Guideline Tool for updates.

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

Changes to non-emergency transportation customer web portal (CWP)

The CWP changes that were outlined in All Provider Bulletin 280 scheduled to take effect in March 2019 are delayed. Please continue to use the current version of the CWP. The new implementation date is May 31, 2019.

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

To MassHealth providers

Effective May 31, 2019, updates to the Customer Web portal (CWP) will support the user experience related to the Recent Non-Emergency Transportation (PT-1) Policy Changes.

The CWP has been updated as a result of policy changes from February 1, 2019 related to authorizing and scheduling brokered non-emergency medical transportation. Please plan to attend one of the following webinars to review these changes.

- April 30, 1:00 PM – 2:00 PM
- May 2, 1:00 PM – 2:00 PM
- May 9, 1:00 PM – 2:00 PM
- May 23, 1:00 PM – 2:00 PM
- May 30, 1:00 PM – 2:00 PM
- June 6, 1:00 PM – 2:00 PM
- June 13, 1:00 PM – 2:00 PM

With an understanding of the new CWP you will be able to effectively comply with the policy changes detailed in the All Provider Bulletin 280 released in January at http://tinyurl.com/yyzlmjr5.

To enroll in a webinar session, please register at the MassHealth Learning Management System (LMS) via www.masshealthtraining.com. Once you are registered, select the preferred course date and time available.

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

Adult foster care prior authorization requirement as condition of payment

130 CMR 408.417 provides that, as a prerequisite for payment for Adult Foster Care (AFC), the AFC provider must obtain Prior Authorization (PA) from MassHealth or its designee before the first date of service delivery, and at various intervals thereafter. PA determines the medical necessity for AFC as described under 130 CMR 408.000 and in accordance with 130 CMR 450.204: Medical Necessity.

As explained in AFC Bulletin 13, MassHealth has been working to implement an approach for the PA process and transfer existing approval and referral responsibilities from Coastline to Optum. That process is now finalized. MassHealth has delivered numerous communications and trainings regarding PA implementation and deadlines to AFC providers and has also provided training materials.

Beginning April 16, 2019, as a prerequisite for payment of AFC, each MassHealth AFC provider must submit a PA request for each member who seeks admission to the MassHealth AFC program through that provider. In addition, and also as a condition for payment of AFC, each such provider must submit PA requests for their existing AFC members according to a schedule available in the AFC PA Provider Portal Training Guide.

Providers must submit all requests for PA, whether for new or existing members, through the MassHealth LTSS Provider Portal at www.masshealthltss.com.

All materials, including all required PA forms and documentation, can be accessed through the LTSS Provider Portal at www.masshealthltss.com/s/article/AFC-Provider-Resources.

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

04/23/19

Retroactive reprocessing for new HCPCS codes effective January 1, 2018

The attached Remittance Advice may contain adjusted and/or reprocessed claims for the new HCPCS codes that were added effective January 1, 2018. This Retroactive Reprocessing should correct any erroneous denials or payments.

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

04/30/19

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 FFY19 rates (October 1, 2018) 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@masshealthltss.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 MassHealth LTSS Provider Service Center at support@masshealthltss.com or call 1-844-368-5184.

May

05/07/19

Retroactive reprocessing for early intervention (EI) codes effective January 1, 2018

MMIS will be reprocessing claims for EI codes H2019 (therapeutic behavioral services) and H0031 (mental health assessment, by non-physician) retroactive to January 1, 2018. This Retroactive Reprocessing should correct any erroneous denials for edit 4020.

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

New updated version of the DME and OXY payment & coverage guideline tool

Please note that the DME & Oxygen Payment and Coverage Guideline Tool has been updated on 5/1/19 and posted on the MassHealth website. To confirm that you are using the most recent version of the applicable Tool, go to http://tinyurl.com/y97ys39u.

HCPCS codes and modifiers E0639NU, E0640NU, E0639RB, and E0640RB have had a rate update to AAC+35% per Administrative Bulletin 19-07. Please note that the HCPCS codes, modifiers, and rates will be effective for services rendered on or after February 22, 2019.

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

05/14/19

Retroactive rate adjustments for adult day health (ADH) claims

Mass Health will be adjusting Adult Day Health claims for retroactive rates effective May 1, 2019. These adjustments should account for the rate increase indicated in the revised ADH rate regulations, which will be promulgated on May 17, 2019.

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

Retroactive rate adjustments for adult foster care (AFC) claims

Mass Health will be adjusting Adult Foster Care claims for retroactive rates effective May 1, 2019. These adjustments should account for the rate increase indicated in the revised AFC rate regulations, which will be promulgated on May 17, 2019.

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

Retroactive reprocessing for new HCPCS codes effective January 1, 2019

The current Remittance Advice may contain adjusted and/or reprocessed claims for the new HCPCS codes that were added effective 01/01/19. This Retroactive Reprocessing should correct any erroneous denials or payments.

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

Duplicate claims submissions

MassHealth would like to remind all claims submitters (providers, billing intermediaries, and clearinghouses) that duplicate billing is an unacceptable billing practice. MassHealth Regulation 130 CMR 450.307(B)(1) states that "duplicate billing, which includes the submission of multiple claims for the same service, for the same member, by the same provider or multiple providers" is forbidden. https://www.mass.gov/regulations/130-CMR-450-administrative-and-billing-regulations

MassHealth identifies and tracks providers, billing intermediaries, and clearinghouses who abuse this Regulation. Providers are encouraged to check claims status (276/277) via the POSC first prior to the submission of a second claim. MMIS adjudicates claims real time and claims status

is available within at least two business days. Medicare crossover claims for dually eligible members are automatically transmitted to MassHealth when at least one claim line is Medicare approved. Medicare crossover claim status can also be checked via the POSC.

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

05/21/19

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: 07/02/2019
- PAYMENT DATE CHECKS: 07/05/2019
- PAYMENT DATE EFT: 07/08/2019

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: 07/16/2019
- PAYMENT DATE CHECKS: 07/19/2019
- PAYMENT DATE EFT: 07/22/2019

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

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

Technical refresh reminder – phase I implementation

MassHealth Electronic Data Interchange (EDI) Trading Partners must prepare for and participate in the Technical Refresh Phase I Trading Partner Testing (TPT). Phase I TPT will be conducted between 7/29/19 – 9/20/19, and includes the implementation of the eligibility transaction. If you currently submit and receive the following HIPAA transaction you must participate in TPT to validate that you will be able to send and receive the transaction, as well as the corresponding HIPAA (999/TA1) Implementation Acknowledgement for Health Care Insurance, successfully in production:

- Health Care Benefit Inquiry and Response (270/271)

All Trading Partners must complete the following activities immediately in order to prepare for TPT and implementation:

- Visit https://www.mass.gov/masshealth-technical-refresh to review the important information and download the updated MassHealth Companion Guides
- Review the updated Companion Guides and assess any impacts to your business processes and systems
- Modify your systems, where appropriate
- Please stay tuned to register for upcoming fall information sessions that will be available soon at https://www.masshealthtraining.com
- Prepare and submit your test file during the TPT timeframe

Please note that your transactions may be rejected if you do not fully comply with the Technical Refresh requirements.

If you have any questions regarding this message, please contact the MassHealth Customer Service Center at 1-800-841-2900 or edi@mahealth.net. If you are not the person within your organization that handles EDI testing, please forward this information along to the appropriate resources, including your vendor.

Member eligibility changes reminder – response logic UPDATE

On July 14, 2019, MassHealth will implement a change to its member eligibility request response logic. The agency will no longer conduct an alternate search of its eligibility database when an invalid Member ID (MID) is submitted in the 270 HIPAA transaction or via the POSC. After implementation, if a provider sends in a 270 request with an invalid MID, the provider will receive a 271 response indicating "member not found." Specifically, it will state error code "72" Invalid/Missing Subscriber/Insured ID in the AAA03 – Reject Reason Code segment for Loop 2100B. POSC transactions will also receive a "member not found" response.

MassHealth strongly recommends providers make changes to your eligibility inquiry practices today to ensure that you submit a valid MIDs on the request so that you do not receive unnecessary rejections when the new logic is implemented. Be sure to follow the guidelines posted here: https://www.mass.gov/service-details/eligibility-verification-system-overview.

If you have any questions regarding the member eligibility 270/271 batch transaction update, please contact the MassHealth Customer Service Center at 1-800-841-2900 or edi@mahealth.net. If you are not the person within your organization that handles member eligibility, please forward this information to the appropriate staff within your organization or to your vendor.

Important reminder – any remaining EVSPC users

MassHealth would like to remind you that the EVSpc and EVScall software tools were terminated on September 1, 2015. You should have discontinued sending eligibility (270) and claim status (276) batch HIPAA files generated from EVSpc/EVScall at that time.

The EVSpc and EVScall software tools, that have been obsolete for the past 4 years, will not be compatible when the agency implements Phase I of its Technical Refresh project this fall. Your transactions will fail compliance. Providers must stop using the tool and transition to one of the following options immediately:

- Use DDE (Direct Data Entry) in the Provider Online Service Center (POSC)
- Hire a vendor to generate and send your 270 and receive 271 batch files
- Submit and receive 270/271 or 276/277 batch files in accordance with the MassHealth specifications
- Submit and receive a 270/271 or 276/277 batch files through the POSC or through a system-to-system connection

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

05/28/19

Providers of substance use disorder group counseling services (HCPCS H0005)

Administrative Bulletin 19-08: 101 CMR 346.00: Rates for Certain Substance-Related and Addictive Disorders Programs: Codes for Group Counseling Billing outlines the changes to HCPCS codes and modifiers associated with substance use disorder (SUD) group counseling services, effective January 1, 2019. Refer to the bulletin at https://www.mass.gov/files/documents/2019/04/19/ab-19-08.pdf.

Providers who have received claims denials, or have not been paid for SUD group counseling claims submitted after January 1, 2019 may be eligible to receive payment for medically necessary services rendered. Providers should follow the instructions described in the scenarios below, as applicable.

Scenario 1: A provider delivered 90-minutes of group counseling, and submitted two 45-minute units on the same claim. That claim (both units) was denied.

Provider Instructions: Submit a claim of one unit of the new 90-minute modifier outlined in Administrative Bulletin 19-08 for the original date of service.

Scenario 2: A provider delivered 90-minutes of group counseling, and submitted two 45-minute units on the same claim. Only one of the 45-minute units was approved, and the second 45-minute unit was denied.

Provider Instructions: Adjust the paid claim using the 90-minute modifier.

Scenario 3: A provider delivered 90-minutes of group counseling but only submitted one 45-minute unit on the claim to avoid denial of the claim.

Provider Instructions: Adjust the paid claim using the 90-minute modifier.

Scenario 4: A provider delivered group counseling but did not submit the claim at all to avoid denial of the claim.

Provider Instructions: Submit the claim for the date of service using either one 45-minute unit or one 90-minute unit, depending on the length of service delivered. Please note that if the date of service occurred 90 or more days prior to the submission of the claim, the provider will need to submit a timely filing waiver.*

*Links to information about the timely filing waiver process:

- https://www.mass.gov/files/documents/2016/07/oc/all-233.pdf
- https://www.mass.gov/how-to/submit-a-90-day-claim-waiver-request-form

If you have a unique circumstance and require additional guidance, or if you have any questions, please contact the MassHealth Customer Service Center (CSC) at 1-800-841-2900 or e-mail providersupport@mahealth.net.

UPDATED MESSAGE – Member eligibility changes reminder – response logic update

On **July 14, 2019**, MassHealth will implement a change to its member eligibility request response logic. The agency will no longer conduct an alternate search of its eligibility database when an invalid Member ID (MID) is submitted in the 270 HIPAA transaction or via the POSC. After implementation, if a provider sends in a 270 request with an invalid MID, the provider will receive a 271 response indicating "Invalid Member ID." Specifically, it will state error code "72" Invalid/Missing Subscriber/Insured ID in the AAA03 – Reject Reason Code segment for Loop 2100C. POSC transactions will also receive a "Member ID Missing or not on file" response.

MassHealth strongly recommends providers make changes to your eligibility inquiry practices today to ensure that you submit a valid MIDs on the request so that you do not receive unnecessary rejections when the new logic is implemented. Be sure to follow the guidelines posted here: https://www.mass.gov/service-details/eligibility-verification-system-overview.

If you have any questions regarding the member eligibility 270/271 batch transaction update, please contact the MassHealth Customer Service Center at 1-800-841-2900 or edi@mahealth.net. If you are not the person within your organization that handles member eligibility, please forward this information to the appropriate staff within your organization or to your vendor.

June

06/04/19

Adult day health (ADH) primary user registration training for the LTSS provider portal

MassHealth is committed to improving the LTSS provider experience and invites you to register for an upcoming LTSS Provider Portal User Registration training session. The training session will be held via WebEx and is best suited for Provider Portal user(s) of your organization that will be responsible for the User Management aspect of the Portal.

Training will include a review of the LTSS Provider Portal User Registration process, including user registration steps, how to assign Prior Authorization (PA) capabilities at the individual user and service location levels, and the roles of a Primary and Secondary User. There will also be a live demo in the Portal and time for questions.

The User Registration training session will be held on Monday, June 10, 2019 from 10:00-11:00am ET. To register, go to https://tinyurl.com/y4zxbqth.

Once your sign up is confirmed by the host, you will receive a confirmation email with instructions on how to join the WebEx training session. A reminder email with the login instructions will be sent one day prior to the session and again one hour before the session begins.

We appreciate your time and participation in this training as we continue our commitment to improve the LTSS Provider Portal User experience.

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

Adult day Health (ADH) PRIOR authorization (PA) training registration

MassHealth is committed to improving the LTSS provider experience and invites you to register for an upcoming LTSS Provider Portal Prior Authorization Training session. The training session will provide instructions on how to use the Provider Portal to submit PAs, a live demonstration of the system, as well as time for questions.

For your convenience, we are offering three onsite options for this training. Space is limited for each location and when maximum capacity has been reached the location registration will be closed. For training times/locations and to register, please go to https://tinyurl.com/y6xbecr3.

Once you have signed up and your registration is confirmed, you will receive a confirmation email for the training you have selected. A reminder email will be sent one day prior to the start of your training session.

There will also be two WebEx PA trainings during the last week of June. Although we encourage all providers to attend the on-site trainings whenever possible, we understand there may be time and transportation constraints for some providers. An invitation for these WebEx trainings will be sent out at a later date. All providers are welcome to attend the WebEx trainings even if you have already attended onsite training.

For optimal use of the portal, please have participation from at least one member from your organization at one of the training sessions.

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

06/18/19

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. Note: If your settings prevent this, you may also copy and paste join-masshealth-provider-pubs@listserv.state.ma.us into your email address line.

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.

06/25/19

Adult day Health (ADH) WEBEX training for prior authorization

MassHealth is committed to improving the LTSS provider experience and invites you to register for an upcoming LTSS Provider Portal Prior Authorization (PA) training session.

The training session will provide instructions on how to use the Provider Portal to submit PAs, a live demonstration of the system, as well as time for questions. All ADH providers will need to submit PAs for their current members and new members beginning July 1, 2019.

For your convenience, we are offering two WebEx options for this training.

- **Option 1: June 26, 2019**, 1:00pm-3:30pm ET
  To register for this session, please go to https://tinyurl.com/y6fdkkuy

- **Option 2: June 27, 2019**, 10:00am-12:30pm ET
  To register for this session, please go to https://tinyurl.com/yxdvoacf

Once your sign-up is confirmed by the host, you will receive a confirmation email with instructions on how to join the WebEx training session. A reminder email with the login instructions will be sent 1 day prior to the session and again 1 hour before the session begins.

All providers are welcome to attend the WebEx training(s) even if you previously attended one of the recent onsite training session(s).

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

New grant program launched for eligible MassHealth providers to improve patient access

The Provider Access Improvement Grant Program (PAIGP), funded by the Massachusetts Executive Office of Health and Human Services and managed by Health Resources in Action, is now accepting proposals from eligible providers seeking to participate in PAIGP.

PAIGP aims to help eligible MassHealth providers increase access to healthcare and improve outcomes for patients with disabilities, or for whom English is not a primary language, through the purchase of medical diagnostic equipment, communication devices, and other resources that assist eligible providers to serve these populations. Grant awards can help to close the gap in access for such persons, who are historically less likely to get routine and preventative medical care. Examples are provided in the Request for Proposals.

PAIGP will award grants of up to $25,000 to eligible MassHealth providers, totaling up to $2.07 million for this grant cycle ending December 31, 2019. As further explained in the Request for Proposals, applicants must be currently-enrolled MassHealth providers who work in a medical setting that is not a hospital or owned by a hospital or hospital system, and who employ fewer than 30 full-time employees.

Online proposals must be submitted no later than Friday, July 26th 2019. Visit PAIGP.org for more information and to sign up for email updates, including upcoming webinars.

The Massachusetts Executive Office of Health and Human Services (EOHHS) oversees PAIGP, which is funded via MassHealth's Section 1115 Demonstration. Health Resources in Action (HRiA) is the managing vendor for PAIGP.

July

07/02/19

Aging services access point (ASAP) referral Form will be replaced by the Member Connection Form (MCF)

Effective July 1, 2019 MassHealth is discontinuing the use of the ASAP referral form and will begin using the Member Connection Form (MCF). The MCF should be used by HHAs to refer MassHealth members to ASAP services.

Currently, Home Health Agencies (HHA) use the Aging Services Access Point (ASAP) form to make ASAP service referrals under the following two circumstances; (1) Members 60 years and older within 15 days of a planned discharge from home health services; and (2) Members 60 years and older whenever the agency determines that the member could benefit from ASAP services.

Starting July 1, 2019, the MCF will also be used for MassHealth members accessing home health aide services for activities of daily living (ADL) supports. The HHA must use the MCF for members accessing home health aide services for ADL supports under the following circumstances: (1) The HHA will submit the MCF when requesting prior authorization (PA) for members aged 21 years and older; (2) The HHA will submit the MCF when requesting PA for members enrolled in a 1915(c) Home and Community-Based Services (HCBS) waiver (including members younger than the age of 21).

For additional information regarding home health aide services for ADL supports, please see https://www.mass.gov/files/documents/2019/06/17/pb-hha-54.pdf.

The MCF will be available at https://www.mass.gov/masshealth-provider-forms.

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

UPDATED MESSAGE – Member eligibility changes reminder – response logic update

On July 28, 2019, MassHealth will implement a change to its member eligibility request response logic. The agency will no longer conduct an alternate search of its eligibility database when an invalid Member ID (MID) is submitted in the 270 HIPAA transaction or via the POSC. After implementation, if a provider sends in a 270 request with an invalid MID, the provider will receive a 271 response indicating "Invalid Member ID." Specifically, it will state error code "72" Invalid/Missing Subscriber/Insured ID in the AAA03 – Reject Reason Code segment for Loop 2100C. POSC transactions will also receive a "Member ID Missing or not on file" response.

MassHealth strongly recommends providers make changes to your eligibility inquiry practices today to ensure that you submit a valid MIDs on the request so that you do not receive unnecessary rejections when the new logic is implemented. Be sure to follow the guidelines posted here: https://www.mass.gov/service-details/eligibility-verification-system-overview.

If you have any questions regarding the member eligibility 270/271 batch transaction update, please contact the MassHealth Customer Service Center at 1-800-841-2900 or edi@mahealth.net. If you are not the person within your organization that handles member eligibility, please forward this information to the appropriate staff within your organization or to your vendor.

07/09/19

Technical refresh TPT office hours – informational sessions

MassHealth will offer **webinar sessions from July 11th, 2019 to September 19th, 2019** to ensure providers are prepared to participate in Trading Partner Testing (TPT) activities for the phase one implementation of the Technical Refresh project, scheduled for September 30th, 2019. Phase one of the Technical Refresh project will impact the Health Care Benefit Inquiry and Response (270/271) batch transactions. Providers, Billing Intermediaries / Clearinghouses (BI/CH), and software vendors (SWVs) are expected to attend this training. As a reminder all trading partners (or entities) submitting electronic transactions are expected to complete trader partner testing (TPT) on behalf of their MassHealth providers to ensure HIPAA file compliance during the testing time frame of July 29th, 2019 to September 20th, 2019.

Webinar topics will include:

- Kickoff of Trading Partner Testing
- Technical Refresh project background
- TPT schedule walkthrough
- Testing instructions walkthrough
- MassHealth Companion Guides updates
- TPT Checklist walkthrough
- Frequently Asked Questions review

EDI resources review

The trading partner training event schedule will be posted soon on the MassHealth webpage dedicated to the Technical Refresh at: https://tinyurl.com/yxaogukl.

If you have any questions, please email the MassHealth Customer Service Center (CSC) at ProviderSupport@MAHealth.net or call 1-800-841-2900.

07/16/19

Update for new HCPCS effective January 1, 2019

MassHealth has completed an update for new laboratory HCPCS effective 1/1/2019.

The impacted claims will be reprocessed and will correct any erroneous denials or payments. All claims reprocessed will appear on a future Remittance Advices.

Additionally, the **following laboratory codes will require Prior Authorization effective 8/1/2019**: 81107 - 81112, 81120 - 81121, 81161, 81163 - 81167, 81170, 81200 - 81203, 81205 - 81210, 81216, 81220 - 81221, 81238, 81240 - 81246, 81248 - 81258, 81260, 81269, 81275,

81287 - 81288, 81292 - 81304, 81310, 81315 - 81319, 81321 - 81326, 81329 - 81332, 81361 - 81364, 81400 - 81408, and 81508.

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

07/30/19

Transportation enhancements to the customer web portal (CWP) – webinar information sessions

MassHealth is offering **two opportunities** to attend a one-hour informational webinar about the enhancements to the CWP: **July 31** or **August 20**. The enhancements to the CWP went into effect on June 1, 2019. To better understand the changes that took effect, please register to attend one of these webinars.

Provider community members who should attend include:

- PCCs / PCPs
- Specialists
- Behavioral Health Providers
- Hospitals
- Practice / Office Managers
- Administrative Staff (billing, referrals, enrollment)

The provider community can register at www.masshealthtraining.com. The webinars are titled: 07-31-2019 Transportation Enhancements to the Customer Web Portal Webinar and 08-20-2019 Transportation Enhancements to the Customer Web Portal Webinar.

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

Retroactive rate increase for mental health center codes

The Executive Office of Health and Human Services (EOHHS) has increased the rates for Mental Health Center codes stated in 101 CMR 306.00 with an effective date of January 26, 2019.

Pursuant to these changes, EOHHS will adjust claims due to this retroactive rate increase for Mental Health Centers and Community Health Centers that use these Mental Health Center codes. Providers are not required to do anything at this time.

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

To home health agency providers in regard to billing skilled nursing visits with a TT modifier

As of **July 12, 2019**, MassHealth no longer requires home health agencies to bill skilled nursing visits provided to two or more members with the TT modifier. Because many home health agencies still have prior authorizations (PAs) with the TT modifier associated with G0299 and G0300, MassHealth will continue to allow billing with the TT modifier until these PAs close. Providers who have PAs with the TT modifier will have the following options when billing.

1. If a provider has a PA for skilled nursing visits for two or more members in the first 30 calendar days of service (procedure/modifier combination: G0299 TT or G0300 TT), the provider should contact the LTSS Provider Support Center at 1-844-368-5184 or support@masshealthltss.com to request an adjustment to the PA to remove the TT modifier because the TT modifier will affect the rate of the skilled nursing visit.
2. If a provider has a PA for skilled nursing visits for two or more members after 30 calendar days in service (procedure/modifier combination: G0299 UD TT or G0300 UD TT), the provider can continue to bill according to the PA because the TT modifier is not affecting the rate of the skilled nursing visit. If the provider wants to have the TT modifier removed from their PA so they can bill without the TT modifier, the provider should contact the LTSS Provider Support Center at 1-844-368-5184 or support@masshealthltss.com to request an adjustment to the PA.
3. When providers request a new PA to continue services for two or more members residing in the same home, the provider should not include the TT modifier in their request.

If you have any questions regarding home health prior authorizations or the TT modifier, please contact the LTSS Provider Support Center at 1-844-368-5184 or support@masshealthltss.com.

Orthotic and prosthetic program updates

The Orthotic Program Regulations have been updated and important changes have been made regarding "Prescribing Provider Orders and Other Documentation Requirements". Now required is a Detailed Written Order. The Detailed Written Order also requires a prescriber attestation. The attestation requirements must be included with every Detailed Written Order. It is important that all staff read and understand these new requirements.

Prosthetic Providers are directed to review Prosthetic Provider Bulletin 11 detailing Detailed Written Order requirements for that program.

Please refer to the links below:

- https://www.mass.gov/lists/provider-publications

- https://www.mass.gov/files/documents/2019/07/10/regs-orthotics.pdf
- https://www.mass.gov/files/documents/2019/07/10/transmittal-letter-ort-25_0.pdf
- https://www.mass.gov/files/documents/2019/07/23/pb-prt-11.pdf

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

August

08/06/19

Therapy providers WEBEX trainings for new prior authorization process

MassHealth is committed to improving the Long-Term Services and Supports (LTSS) provider experience and invites you to register for two upcoming LTSS Provider Portal training session. For your convenience, we are offering two options for each training session.

User Registration training session: The training session will review the LTSS Provider Portal expanded ability to assign Prior Authorization (PA) capabilities at the individual user and service location levels, including user registration steps, and information on the roles of a Primary and Secondary User. There will also be a live demo in the Portal and time for questions.

- **Option 1:** August 5, 2019, from 9:00 a.m. to 10:00 a.m. ET. Register at https://tinyurl.com/y374vhxr.
- **Option 2:** August 6, 2019, from 11:00 a.m. to 12:00 p.m. ET. Register at https://tinyurl.com/y4uxlfor.

LTSS Provider Portal PA training session: The training session will provide instructions on how to use the Provider Portal to submit PAs and will also include a live walk-through of the system and time for questions.

- **Option 1:** August 6, 2019, from 2:00 to 4:30 p.m. ET. Register at https://tinyurl.com/y2rmhz2y.
- **Option 2:** August 7, 2019, from 9:30 a.m. to 12:00 p.m. ET. Register at https://tinyurl.com/y5efnyt2.

For optimal use of the portal, please have participation from your organization at one User Registration training session and one Provider Portal PA training session.

After your sign-up is confirmed by the host, you will receive a confirmation email with instructions on how to join the WebEx training session. A reminder email with the log-in instructions will be sent one day before the session and again one hour before the session begins.

We appreciate your time and participation in this training as we continue our commitment to improve the LTSS Provider Portal User experience.

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

Technical refresh phase I testing now through 09/20/19

Phase I Trading Partner Testing (TPT) is currently underway and will continue until 9/20/2019. MassHealth Electronic Data Interchange (EDI) Trading Partners, including Providers, Billing

Intermediaries/Clearinghouses (BI/CH), and software vendors (SWVs), must prepare for and participate in the Technical Refresh Phase I TPT. Specifically, the test validates the successful transmission and receipt of the transaction as well as the corresponding HIPAA (999/TA1) Implementation Acknowledgement for Health Care Insurance. If you currently submit and receive the following HIPAA transaction you must participate in TPT to validate compliance:

- Health Care Benefit Inquiry and Response (270/271)

All Trading Partners must complete the following activities immediately in order to prepare for TPT and implementation that is scheduled for 9/30/2019:

- Visit https://www.mass.gov/masshealth-technical-refresh to review the important information, download and review the updated MassHealth Companion Guides, and assess any impacts to your business processes and systems making modifications where appropriate.
- Prepare and submit your first test file by August 23, 2019.
- Attend one of the weekly Office Hours sessions to discuss testing issues and to receive MassHealth TPT Updates. For registration instructions please visit Mass.gov-Trading Partner Education at https://www.mass.gov/service-details/trading-partner-education.

Please note that after 9/30/2019 your 270/271 transactions may be rejected if you do not fully comply with the Technical Refresh requirements.

If you have any questions regarding this message, please contact the MassHealth EDI team at 1-800-841-2900 or edi@mahealth.net. If you are not the person within your organization that handles EDI testing, please forward this information along to the appropriate area, including your vendor.

UPDATED MESSAGE – member eligibility response logic update

On July 28, 2019, MassHealth implemented a change to its member eligibility request response logic. The agency will no longer conduct an alternate search of its eligibility database when an invalid Member ID (MID) or Social Security Number (SSN) is submitted in the 270 HIPAA transaction or via the POSC. If a provider sends a 270 request with an invalid MID, the provider will receive a 271 response indicating "Invalid Member ID". Specifically, it will state error code "72" Invalid/Missing Subscriber/Insured ID in the AAA03 - Reject Reason Code segment for Loop 2100C. POSC transactions will also receive a "Member ID Missing or not on file" response.

If you see one of these eligibility verification submission errors, this may be due to an invalid MID or SSN. It is important to review the rejection reason in the file and follow the resubmission instructions and other guidelines which can be found here: https://www.mass.gov/service-details/eligibility-verification-system-overview.

MassHealth strongly recommends providers review their current eligibility inquiry practices today to ensure that you submit a valid MID on the request so that you do not receive unnecessary rejections.

If you have any questions regarding the member eligibility 270/271 batch transaction update, contact the MassHealth Customer Service Center at 1-800-841-2900 or edi@mahealth.net. If you are not the person within your organization that handles member eligibility, please forward this information to the appropriate staff within your organization or to your vendor.

08/27/19

January 1, 2020 – Medicare social security number removal initiative (SSNRI) implementation

In accordance with the Medicare Social Security Number Removal Initiative (SSNRI), effective January 1, 2020, MassHealth will no longer accept the Health Insurance Claim Number (HICN) on the Health Care Benefit Inquiry (270), the Health Care Claim: Institutional and Professional (837), as well as the corresponding Direct Data Entry (DDE) via the Provider Online Service Center (POSC) on Medicare crossover claims. The Medicare Beneficiary Identifier (MBI) will replace the existing 11 digit HICN. Providers need to supply the new 11 digit MBI on all relevant transactions.

MassHealth will send the MBI only on the following outbound transactions:

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

MassHealth recommends that trading partners prepare for this transition by validating that any involved systems can support the submission and receipt of the alpha-numeric MBI in relevant transactions.

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

Claims denied for edit 4244

MassHealth has identified some claims that may have been denied in error on or shortly after August 6, 2019, for edit 4244: Member Benefit Plan Does Not Cover Diag Code. MassHealth will reprocess these erroneously denied claims. The reprocessed claims will appear on a future remittance advice.

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

September

09/03/19

LTSS Provider Portal and WEBEX Training on the new prior authorization process for therapy providers

As of August 26, 2019, therapy providers are required to use the MassHealth LTSS Provider Portal to submit outpatient therapy Prior Authorizations (PAs) for their MassHealth members. In support of this implementation process and as a refresher, MassHealth is offering a training session in addition to those offered previously. MassHealth invites you to register for the upcoming LTSS Provider Portal Training Session:

- LTSS Provider Portal PA Training Session: **September 25, 2019**, from **10 a.m. to 12:30 p.m. ET**
- The WebEx training session will provide refresher instructions on how to use the Provider Portal to submit PAs, a live walk-through of the system, as well as time for questions.
- Please **register** for the session at https://tinyurl.com/y35n7py5.

After your sign-up is confirmed by the host, you will receive a confirmation email with instructions on how to join the WebEx training session. A reminder email with the log-in instructions will be sent one day before the session and again one hour before the session begins.

We appreciate your time and participation in this refresher training as we continue our commitment to improve the LTSS Provider Portal User experience.

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

Update for quarterly drug code rates effective July 1, 2019

MassHealth has completed an update for July 1, 2019 Quarterly Drug codes. The impacted claims will be reprocessed/adjusted. All claims reprocessed or adjusted will appear on a future remittance advice.

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

Social security number change update

On **September 30, 2019** MassHealth will no longer return the member social security number (SSN) in the Health Care Benefit Response (271) unless the correct SSN is submitted on the Health Care Benefit Inquiry (270) request.

MassHealth recommends using a valid Member ID (MID) or member demographic data (e.g. first name, last name, DOB, gender) instead of an SSN when checking eligibility. Please take note of this change and adjust your systems and processes accordingly.

On January 1, 2020 MassHealth will no longer accept the Health Insurance Claim Number (HICN) on the Health Care Benefit Inquiry (270), the Health Care Claim: Institutional and Professional (837), as well as the corresponding Direct Data Entry (DDE) via the Provider Online Service Center (POSC) on Medicare crossover claims. The Medicare Beneficiary Identifier (MBI) will replace the existing 11 digit HICN. Providers need to supply the new 11 digit MBI on all relevant transactions.

MassHealth will send the MBI only on the following outbound transactions:

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

MassHealth recommends that trading partners prepare for this transition by validating that any involved systems can support the submission and receipt of the alpha-numeric MBI in relevant transactions.

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

09/17/19

MassHealth reminder – excessive batch eligibility submissions

MassHealth would like to remind all submitters (providers, billing intermediaries, and clearinghouses) that duplicate transactions are unacceptable and data mining of MassHealth member eligibility information is prohibited.

Eligibility inquiries should only be submitted for members that will receive health care services that day. It is important that you help reduce the volume of duplicative transactions prior to MassHealth's implementation of Phase I of its technical refresh initiative this fall.

Please make the appropriate changes to your transaction submission practices to ensure that you are not submitting excessive or duplicative transactions to MassHealth.

If you have any questions or need further assistance, you may contact the MassHealth Customer Service Center at edi@mahealth.net or 1-800-841-2900.

Reprocessing of adult day health (ADH) claims for dates of service 05/17/19 through 06/30/19

MassHealth has identified that a number of ADH providers failed to update their billing systems to align with the ADH annualization rates effective for dates of service from May 1, 2019 through June 30, 2019. MMIS will be reprocessing claims for dates of service from May 17, 2019 through June 30, 2019. This Retroactive Reprocessing will correct for the rate increase indicated in the revised ADH rate regulations promulgated on May 17, 2019 with an effective date of May 1, 2019. MMIS has already reprocessed claims for the period of May 1, 2019 through May 16, 2019.

Moving forward, providers must ensure that their billing systems contain the current rates for ADH services. Any adjustments needed after this reprocessing will be the responsibility of the provider.

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

Reprocessing of adult foster care (AFC) claims for dates of service 05/17/19 through 06/30/19

MassHealth has identified that a number of AFC providers failed to update their billing systems to align with the AFC annualization rates effective for dates of service from May 1, 2019 through June 30, 2019. MMIS will be reprocessing claims for dates of service from May 17,

2019 through June 30, 2019. This Retroactive Reprocessing will correct for the rate increase indicated in the revised AFC rate regulations promulgated on May 17, 2019 with an effective date of May 1, 2019. MMIS has already reprocessed claims for the period of May 1, 2019 through May 16, 2019.

Moving forward providers must ensure that their billing systems contain the current rates for AFC services. Any adjustments needed after this reprocessing will be the responsibility of the provider.

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

09/24/19

Personal emergency response system rentals overlapping with nursing facility or inpatient hospital stays

Pursuant to 130 CMR 409.429(F)(2), MassHealth does not cover Personal Emergency Response System (PERS) rentals for members that reside in a nursing facility or hospital for the entirety of the rental month. Beginning with claims submitted on or after October 1, 2019, MassHealth will void any claims for PERS rentals that overlap with a member's stay in a nursing facility or hospital for the entirety of the rental month. For purposes of 130 CMR 409.429(F)(2), a rental month is a calendar month. Providers' remittance advices will display these voided claims with the EOB code 9979 (PHYSICIAN CLAIM (S5160 & S5161) WAS BILLED DURING A LTC/INPATIENT STAY). Providers can appeal a denial by submitting the claim via Direct Data Entry (DDE) using Delay Reason Code 11, and including a letter of explanation and any accompanying documents with the DDE claim submission. Use the Attachment tab in the POSC to upload the documents.

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

Retro claims adjustment for audiology services for dates of service 01/1/18 through 08/20/19

You may see adjustments to previously processed claims for audiology services.

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

October

10/01/19

MassHealth hospice provider training session

MassHealth is committed to improving the LTSS provider experience and invites you to register for an upcoming MassHealth Hospice Provider training session.

The training session will cover information related to MassHealth Hospice Regulations, the updated hospice election form, electing the MassHealth Hospice Benefit, Billing and Claims, and Program Integrity. In addition, providers will receive an overview of the MassHealth LTSS Provider Portal and the MassHealth Provider Online Service Center (POSC).

Providers will learn where to locate important communications, regulations and forms, job aids and information on the onsite audit process.

The Hospice Provider Training session will be held on Tuesday, October 15, 2019, 11:00 a.m. - 1:00 p.m. via WebEx. To register for the WebEx training, go to https://tinyurl.com/y2jsrmel.

Please have at least one member from your organization at the training session. Hospice Agency CEOs, billing managers, compliance specialists, and/or office or administrative personnel are strongly encouraged to register.

Once registered for the training, you will receive a confirmation email with instructions for joining the session. Do not forward the confirmation email you receive to others in your organization as this registration link is specific to your login information. Additionally, a reminder email with the login instructions will be sent one day prior to the training session and again one hour before the training session begins.

The above registration link can be forwarded to others in your organization. Upon registration, he/she will receive a confirmation email with a unique login.

Training materials will be made available prior to the training.

MassHealth appreciates your time and participation in this training and as we continue our commitment to improve the LTSS Provider experience.

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

Billing tips for delay reason codes 9 and 11

MassHealth is sending a reminder on billing tips that aid providers in an effort to correct reoccurring submissions with attachments. Claim submissions with attachments through delay reason codes 9 and 11 should follow the process defined below:

- Final deadline appeal requests should only be submitted to the Final Deadline Appeals Unit using delay reason code 9, as described in All Provider Bulletin 221, dated December 2011.
- Providers with any special circumstance that requires review, including a diagnosis/procedure code conflict, should submit the claim via Direct Data Entry (DDE) using delay reason code 11 and a brief letter explaining the situation. The letter, and any other accompanying documents, must be scanned and included with your DDE claim submission. Use the Attachment tab in the Provider Online Service Center (POSC) to upload the documents.
- Attachments that should be submitted without the use of any delay reason codes are as follows:
    - Sterilization attachments will automatically suspend for review with edit 2617.
    - Unlisted codes submitted with Operational Notes, Invoices or Reports will automatically suspend for pricing with edit 6000, if applicable.
    - Explanation of Benefits from another insurer or TPL update requests, please refer to your TPL instructions for the submissions of these attachments or how to request an update to a TPL file.

Providers are reminded that when submitting electronic claims that require attachments and delay reason codes they must submit them through the POSC using DDE and the appropriate delay reason code. Please note that using the wrong delay reason code will delay claim processing and may result in the denial of your claim.

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

ICD code validation for inpatient claims

Effective 10/06/2019 MassHealth will validate ICD coding on Inpatient Facility claims by the discharge date. This affects all providers billing 837I, including HSN, TPL and Medicare crossover.

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

To therapy providers regarding limits on therapy service codes

The Medicaid National Correct Coding Initiative (NCCI) released edit files for Medically Unlikely Edits (MUEs) effective for dates of service on or after October 1, 2019. According to All Provider Bulletin 209, MassHealth will adopt any NCCI MUE edit issued.

Effective for dates of service on or after October 1, 2019, service code 97039 and service code 97139 will have a MUE limit of 1. These MUEs will limit the maximum number of units per service code that a therapy provider is able to bill for a MassHealth member's therapy visit. The addition of the MUE limits does not affect any other MassHealth authorization or billing rules.

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

MassHealth technical refresh initiative phase i: batch 270/271 eligibility transactions – URGENT MESSAGE

On September 30, 2019, MassHealth will replace its "end of life" HIPAA compliance and translator tool. Providers and Trading Partners who submit and receive 270/271 batch eligibility transactions are required to evaluate the changes outlined in the MassHealth HIPAA Companion Guides, modify their systems as appropriate, and test the transaction with MassHealth to ensure that files submitted on or after the implementation date will process correctly. Trading Partners who fail to test are highly likely to receive **REJECTED** files, which may result in organizations experiencing operational delays such as member access to care and potential financial loss.

To assist providers in understanding these changes, MassHealth has developed a quick reference guide of the new compliance requirements. Use this guide to determine the action needed to correct the errors in your submission.

Quick Reference Guide link: https://www.mass.gov/service-details/trading-partner-education

More information on the Technical Refresh Initiative is available on the dedicated Technical Refresh homepage at https://www.mass.gov/masshealth-technical-refresh.

If you have not tested the 270/271 transaction with MassHealth, please contact the MassHealth Customer Service Center immediately by email at EDI@mahealth.net or by phone at 1-800-841-2900 to schedule a testing date.

10/08/19 – REVISED MESSAGES

UPDATE – Social security number change update

On **December 16, 2019** MassHealth will no longer return the member social security number (SSN) in the Health Care Benefit Response (271) unless the correct SSN is submitted on the Health Care Benefit Inquiry (270) request.

MassHealth recommends using a valid Member ID (MID) or member demographic data (e.g. first name, last name, DOB, gender) instead of an SSN when checking eligibility. Please take note of this change and adjust your systems and processes accordingly.

On January 1, 2020 MassHealth will no longer accept the Health Insurance Claim Number (HICN) on the Health Care Benefit Inquiry (270), the Health Care Claim: Institutional and Professional (837), as well as the corresponding Direct Data Entry (DDE) via the Provider Online Service Center (POSC) on Medicare crossover claims. The Medicare Beneficiary Identifier (MBI) will replace the existing 11 digit HICN. Providers need to supply the new 11 digit MBI on all relevant transactions.

MassHealth will send the MBI only on the following outbound transactions:

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

MassHealth recommends that trading partners prepare for this transition by validating that any involved systems can support the submission and receipt of the alpha-numeric MBI in relevant transactions.

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

UPDATE – MassHealth technical refresh initiative phase I: batch 270/271 eligibility transactions – urgent message

To allow additional time for vendors and providers to prepare for the technical refresh changes to the 270/271 batch eligibility transaction files, MassHealth has extended the implementation date to October 28, 2019. MassHealth will replace its "end of life" HIPAA compliance and translator tool affecting 270/271 batch eligibility transactions. Trading Partners who submit and receive 270/271 batch eligibility transactions are required to evaluate the changes outlined in the MassHealth HIPAA Companion Guides and posted on mass.gov, modify their systems as appropriate, and test the transaction with MassHealth to ensure that files submitted on or after the implementation date will process correctly. Trading Partners who did not test or failed testing are highly likely to receive REJECTED files; which may result in organizations experiencing operational delays in their workflow for checking member eligibility, providing the member's care and potential financial impact downstream with claims submissions.

To assist providers in understanding these changes, MassHealth has developed a quick reference guide of the new compliance requirements. Use this guide to determine the action needed to correct the errors in your submission.

Quick Reference Guide link: https://www.mass.gov/service-details/trading-partner-education

More information on the Technical Refresh Initiative is available on the dedicated Technical Refresh homepage at https://www.mass.gov/masshealth-technical-refresh.

If you have not tested the 270/271 transaction with MassHealth, please contact the MassHealth Customer Service Center immediately by email at EDI@mahealth.net or by phone at 1-800-841-2900 to schedule a testing date.

10/22/19 – Revised Message

UPDATE - MassHealth technical refresh initiative phase i: batch 270/271 eligibility transactions – URGENT MESSAGE

On **October 27, 2019**, MassHealth will initiate phase I of the replacement of its "end of life" HIPAA compliance and translator tool. Providers and Trading Partners who submit and receive 270/271 batch eligibility transactions are required to evaluate the changes outlined in the MassHealth HIPAA Companion Guides, modify their systems as appropriate, and test the transaction with MassHealth to ensure that files submitted on or after the implementation date will process correctly. Trading Partners who fail to test are highly likely to receive REJECTED files, which may result in organizations experiencing operational delays such as member access to care and potential financial loss.

To assist providers in understanding these changes, MassHealth has developed a quick reference guide of the new compliance requirements. Use this guide to determine the action needed to correct the errors in your submission. The guide will be added to the Additional Technical Refresh Transition Information page on Mass.gov at https://www.mass.gov/info-details/additional-technical-refresh-transition-information.

MassHealth Approved Vendors List link: https://www.mass.gov/service-details/vendor-list

More information on the Technical Refresh Initiative is available on the dedicated Technical Refresh homepage at https://www.mass.gov/masshealth-technical-refresh.

MassHealth strongly encourages providers to submit their 270/271 batch eligibility transaction test file today. If you require further assistance please contact the MassHealth Customer Service Center immediately by email at EDI@mahealth.net.

10/29/19

MassHealth technical refresh initiative phase i: batch 270/271 eligibility transactions – implementation October 27, 2019 – REVISED MESSAGE

On October 27, 2019, MassHealth replaced its "end of life" HIPAA compliance and translator tool. ALL Providers and Trading Partners who submit and receive 270/271 eligibility transactions will be impacted. You may need to modify your systems as appropriate to comply with the transaction change. If you submit and receive 270/271 eligibility transactions and have not tested with MassHealth, your files may be rejected on or after October 27, 2019.

To assist providers with these changes, MassHealth has developed a quick reference guide of the new compliance requirements. Use this guide to determine the action needed to correct the errors in your submission. The guide is located on Mass.gov at https://www.mass.gov/info-details/additional-technical-refresh-transition-information.

If you require further assistance, please contact the MassHealth Customer Service Center IMMEDIATELY by email at EDI@mahealth.net.

If you submit 270/271 files through a vendor, please check the MassHealth Approved List to determine if they have tested with MassHealth prior to this implementation.

MassHealth Approved Vendor List link: https://www.mass.gov/service-details/vendor-list

More information on the Technical Refresh Initiative is available on the dedicated Technical Refresh homepage at https://www.mass.gov/masshealth-technical-refresh.

Transition of the MassHealth hospice enrollment unit

As of November 18, 2019, the MassHealth Hospice Enrollment Unit, currently operated by the University of Massachusetts Medical School, will be operated by the third-party administrator of the Office of Long Term Services and Supports (OLTSS), currently Optum Government Solutions, Inc.

MassHealth Hospice Election Form Submission Information:

As of November 18, 2019, hospice providers must use the following fax number or mailing address when submitting MassHealth Hospice Election Forms:

- Fax: (855) 656-3381
- Mail: MassHealth LTSS-Hospice Enrollment Unit, PO Box 159108, Boston, MA 02215

Hospice providers submit election forms for the following situations:

- For members electing hospice

- For members changing hospice providers
- For members revoking their election of hospice
- For members disenrolling or being disenrolled

Pursuant to 130 CMR 437.412(C), hospice providers must complete the MassHealth Hospice Election Form according to the instructions on the form and submit the form to the MassHealth Hospice Enrollment Unit.

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

Medicare crossover claim reminder

Medicare Crossover claims with at least one Medicare approved service line are automatically forwarded to MassHealth via the Coordination of Benefits Agreement (COBA) for dual eligible members (Medicare and MassHealth). MassHealth processes these COBA files daily adjudicating both the Medicare paid and denied lines on the crossover claim per MassHealth billing regulations, therefore providers should not submit these claim(s)/claim lines separately to MassHealth unless;

- The member has other insurance in addition to Medicare and MassHealth; or
- The member's Medicare claim has not appeared on a MassHealth crossover remittance advice and/or the claim cannot be located in POSC during a claim status inquiry.

Medicare fully denied claims are not automatically forwarded to MassHealth for processing. Providers may submit a claim to MassHealth after receiving an explanation of Medicare benefits (EOMB) indicating that the claim was denied for reasons other than a correctable error. The claim must be submitted to MassHealth with the required insurance adjudication information, including all valid HIPAA claim adjustment group codes (CAGC) and claim adjustment reason codes (CARC) as reported on the Medicare EOMB.

In addition, Medicare adjustments and voids are not automatically forwarded to MassHealth for processing. When Medicare voids or adjusts a claim that has been previously paid by MassHealth, providers should not submit a new claim to MassHealth and instead adjust the previously paid crossover claim to include the revised COB information on the claim.

Providers are reminded to review their 835 transaction and MassHealth remittance advice for MassHealth claim adjudication information prior to resubmitting or adjusting a claim with MassHealth. In the event MassHealth denies a Medicare crossover claim line(s) for a correctable reason, providers should not submit a new claim to MassHealth. Providers should instead adjust the MassHealth claim with the applicable claim/claim line corrections.

Providers should follow MassHealth billing regulations and guidelines to ensure excessive and duplicative transactions are not submitted. Providers who identify overpayments should adhere to the provider overpayment disclosure process. See All Provider Bulletin 256 for more information.

If you have any question regarding this message, please contact MassHealth Customer Service at 1-800-841-2900 or providersupport@mahealth.net. LTSS Providers should contact LTSS Provider Service Center at 1-844-368-5184 or support@masshealthltss.com.

Payment and care delivery innovation (PCDI): year 3 update

As part of the PCDI initiative, MassHealth introduced Accountable Care Organizations (ACOs) to all eligible MassHealth managed care members. These health plans were designed to emphasize care coordination and member-centric care, as well as align financial incentives.

In the upcoming months MassHealth will be updating the dedicated PCDI for Providers webpage to include important PCDI Year 3 information such as provider moves, notices and relevant tools. MassHealth will communicate this information when the updates are available on the mass.gov website.

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

LTSS Providers should contact LTSS Provider Service Center at 1-844-368-5184 or support@masshealthltss.com.

November

11/05/19

Payment and care delivery innovation (PCDI): year 3 information now available on mass.gov

The Provider PCDI resources page was recently updated to include important PCDI Year 3 information such as Year 3 PCDI provider updates presentation, link to the provider moves, 2020 PCDI fact sheets for providers, Managed Care Health Plan contact list, and PCDI Bulletins. The page also contains links to other important areas such as Continuity of Care (CoC) and links to member resources. To access the PCDI resource page, please go to https://www.mass.gov/lists/provider-pcdi-resources.

For providers who are not familiar with PCDI and need basic information, there is a guide page which has more details about PCDI for providers. To access the PCDI Guide page, please go to https://www.mass.gov/guides/guide-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.

LTSS Providers should contact LTSS Provider Service Center at 1-844-368-5184 or support@masshealthltss.com.

11/12/19

MassHealth technical refresh phase 2 – informational sessions

MassHealth is preparing for the final phase of the MassHealth Technical Refresh Initiative (Phase 2) which will be implemented in March 2020. The Technical refresh requires that MassHealth replace its "end of life" HIPAA compliance and translator tool. The tool is used to validate HIPAA compliance and translate the HIPAA compliant transactions to an XML format so that they can be processed within MassHealth's Medicaid Management Information System (MMIS).

All trading partners that utilize the following inbound and outbound HIPAA transactions MUST conduct Trading Partner Testing (TPT) with MassHealth prior to submitting transactions in production:

- Health Care Claim Status Request and Response (276/277),
- Health Care Claim Payment/Advice (835),
- Health Care Claim: Institutional and Professional (837), and
- HIPAA (999/TA1) Implementation Acknowledgment for Health Care Insurance

In preparation MassHealth will hold a series of information sessions to discuss the changes, the testing requirements, and implementation. These one-hour information sessions will educate Providers, Billing Intermediaries/Clearinghouses (BIs/CHs) and software vendors (SWVs) about the Phase 2 technical refresh and trading partner testing **impacting** 837I, 837P, 276/277, 835 transactions. It is strongly recommended that all affected providers and vendors (BI/CH & SWV) enroll and attend one of the information sessions.

TPT Information Sessions Schedule:

- Separate sessions are available for providers who are direct submitters and BI/CH/SWV.
- Providers and vendors may sign up for any of the following Information Sessions by clicking on the link associated with the session you would like to attend.

Date: 11/19/2019
Time: 2:00 pm
Audience: BI/CH/SWV
ReadyTalk Registration URL: https://cc.readytalk.com/r/9howtg80rrgf&eom

Date: 11/21/2019
Time: 2:00 pm
Audience: Providers
ReadyTalk Registration URL: https://cc.readytalk.com/r/k4czckmyyqgg&eom

Date: 12/05/2019
Time: 2:00 pm
Audience: Providers
ReadyTalk Registration URL: https://cc.readytalk.com/r/8vo266svxafm&eom

Date: 12/12/2019
Time: 2:00 pm
Audience: BI/CH/SWV
ReadyTalk Registration URL: https://cc.readytalk.com/r/a0wssjftp00d&eom

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

11/19/19

Reminder for providers – member social security number (SSN) will not appear in eligibility response beginning 12/16/19

On December 16, 2019 MassHealth will no longer return the member social security number (SSN) in the Health Care Benefit Response (271) unless the correct SSN is submitted on the Health Care Benefit Inquiry (270) request.

MassHealth requires a valid Member ID (MID) or member demographic data (e.g. first name, last name, DOB, gender) instead of an SSN when checking eligibility. Please ensure that the member's first and last name are spelled correctly, or the inquiry may not result in a response. Please take note of this change and adjust your systems and processes accordingly.

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

Effective January 1, 2020 the Medicare beneficiary identification (MBI) is required

Effective January 1, 2020, the Medicare Beneficiary Identifier (MBI) will replace the Health Insurance Claim Number (HICN). The number should be submitted in place of the HICN on the Health Care Benefit Inquiry (270), the Health Care Claim: Institutional and Professional (837) transactions submitted to MassHealth. This includes the corresponding Direct Data Entry (DDE) via the Provider Online Service Center (POSC) as well. Providers must include the new 11 digit MBI on all relevant transactions.

MassHealth will send the MBI on record for the following outbound transactions:

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

MassHealth trading partners should have prepared for this transition by validating that any involved systems can support the submission and receipt of the alpha-numeric MBI in relevant transactions.

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

MassHealth technical refresh phase 2 – informational sessions – REVISED MESSAGE

MassHealth is preparing for the final phase of the MassHealth Technical Refresh Initiative (Phase 2) which will be implemented in March 2020. The Technical refresh requires that MassHealth replace its "end of life" HIPAA compliance and translator tool. The tool is used to validate HIPAA compliance and translate the HIPAA compliant transactions to an XML format so that they can be processed within MassHealth's Medicaid Management Information System (MMIS).

All trading partners that utilize the following inbound and outbound HIPAA transactions MUST conduct Trading Partner Testing (TPT) with MassHealth prior to submitting transactions in production:

- Health Care Claim Status Request and Response (276/277),
- Health Care Claim Payment/Advice (835),
- Health Care Claim: Institutional and Professional (837), and
- HIPAA (999/TA1) Implementation Acknowledgment for Health Care Insurance

In preparation MassHealth will hold a series of information sessions to discuss the changes, the testing requirements, and implementation. These one-hour information sessions will educate Providers, Billing Intermediaries/Clearinghouses (BIs/CHs) and software vendors (SWVs) about the Phase 2 technical refresh and trading partner testing impacting 837I, 837P, 276/277, 835 transactions. It is strongly recommended that all affected providers and vendors (BI/CH SWV) enroll and attend one of the information sessions.

TPT Information Sessions Schedule:

Separate sessions are available for providers who are direct submitters and BI/CH/SWV.

Providers and vendors may sign up for any of the following Information Sessions by clicking on the link associated with the session you would like to attend.

Date: 11/19/19
Time: 2:00 pm
Audience: BI/CH/SWV
ReadyTalk Registration URL: https://cc.readytalk.com/r/9howtg80rrgf&eom

Date: 11/21/19
Time: 2:00 pm

Audience: Providers
ReadyTalk Registration URL: https://cc.readytalk.com/r/k4czckmyyqgg&eom

Date: 12/05/19
Time: 2:00 pm
Audience: Providers
Zoom Registration URL:
https://maximus.zoom.us/webinar/register/WN_QPB8tY0WQ_KNDhcYZKuF4w

Date: 12/12/19
Time: 2:00 pm
Audience: BI/CH/SWV
Zoom Registration URL: https://maximus.zoom.us/webinar/register/WN_tFS3LkuGT-2KpMfBCWygwg

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

11/26/19

Update for quarterly drug code rates effective October 1, 2019

MassHealth has completed the rate updates for the October 1, 2019 Quarterly Drug codes. The impacted claims will be reprocessed and/or adjusted and will appear on a future Remittance Advice.

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

December

12/03/19

Start date for denials for certain claims that do not meet ordering, referring, and prescribing provider requirements

As announced in All Provider Bulletin 286 claims for services that require an order, referral or prescription from certain individual provider types for dates of service on or after December 15, 2019, will not be payable if they do not include the National Provider Identifier (NPI) of an authorized ordering, referring, prescribing (ORP) provider on the claim. Please see All Provider Bulletin 286 for detailed information about impacted services and billing providers and for the placement of the ORP NPI on impacted claims.

Providers receiving such denials should review the bulletins and the ACA ORP Requirements for MassHealth Providers page on mass.gov or you may contact the MassHealth Customer Service Center at (800) 841-2900 or providersupport@mahealth.net for assistance in correcting and resubmitting the denied claims.

NEW updated version of the DME/OXY payment & coverage guideline tool

Durable Medical Equipment (DME) providers, Oxygen and Respiratory Therapy Equipment (OXY) providers, and Pharmacy providers with a DME and/or OXY specialty are advised that the MassHealth DME and Oxygen Payment and Coverage Guideline Tool was updated on 11/15/19 and posted on the MassHealth website. To confirm that you are using the most recent version of the tool, go to www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools.

The requirements and limits have been updated for the following HCPCS codes: K0738, E0431, E0434, E0429, E0439, and E1392.

HCPCS code A4255 has been removed from the tool.

HCPCS code A9900 now requires a prior authorization.

Effective November 15, 2019, when requesting authorization for RE units, providers will be required to add a line item on the prior authorization (PA) request, using procedure code and modifier combination K0739 U5. This code-modifier combination will replace the current manual process of adding the authorized RE unit dollar amount to a primary HCPCS code. Providers should refer to DME Provider Bulletin 23 or Oxygen and Respiratory Provider Bulletin 18 on the 2019 MassHealth Provider Bulletins webpage and the updated version of the interactive MassHealth DME and Oxygen Payment and Coverage Guideline Tool posted on the MassHealth website.

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

Updates to the MassHealth hospice election form and the MassHealth hospice enrollment unit

MassHealth published an updated Hospice Election Form, effective November 18, 2019. Hospice providers should use the updated Hospice Election Form as of the effective date. The form can be found at www.mass.gov/lists/masshealth-provider-forms-by-provider-type-h-m#hospice-.

Hospice providers submit election forms for the following situations:

- For members electing hospice
- For members changing hospice providers
- For members revoking their election of hospice
- For members disenrolling or being disenrolled

Pursuant to 130 CMR 437.412(C), hospice providers must complete the MassHealth Hospice Election Form according to the instructions on the form and submit the form to the MassHealth Hospice Enrollment Unit.

The MassHealth Hospice Enrollment Unit has transitioned from UMASS to OLTSS's Third Party Administrator, Optum, effective November 18, 2019. Hospice providers should refer to Hospice Provider Bulletin 14 for clarification on the transition of the MassHealth Hospice Enrollment Unit including updated contact information and details on submitting the Hospice Election Form.

Hospice Provider Bulletin 14: www.mass.gov/lists/2019-masshealth-provider-bulletins#november-

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

NCCI edits

MassHealth would like to remind community health centers and community mental health centers that National Correct Coding Initiative (NCCI) edits for the behavioral health codes listed in the Mental Health Center regulation 130 CMR 429.000, Subchapter 6, and the Community Health Center regulation 130 CMR 405.000, Subchapter 6, are exempt from the NCCI edits and can be billed together.

Note: This is for behavioral health codes only.

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

12/24/19

Update for corrected rates effective March 1, 2018

MassHealth has corrected rates for service codes 22842 through 22850 that took place during the March 1, 2018 rate increase.

Both overpayments and underpayments will be adjusted and will appear on this or future remittance advices.

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

12/31/19

NCCI/MUE 1st quarter updates effective January 1, 2020

Per CMS National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs), codes T1006 HR, T1006, and T1006 HD have changed from two units maximum per day to one unit maximum per day effective 1/1/2020. To accommodate changes to the maximum units, MassHealth has updated existing code modifiers to reflect the one unit maximum change, and has also added additional code modifiers for the corresponding CMS NCCI MUE changes.

Pursuant to these changes, providers may bill only one 30-minute or one 60-minute Substance Use Disorder Treatment (SUD) family/couple counseling service per member per day.

The updated modifiers are as follows:

- T1006 HD: Alcohol and/or drug services; family/couple counseling (pregnant/parenting women's program) (per 60-minute unit) (one unit maximum per day).
- T1006 TH: Alcohol and/or drug services; family/couple counseling (pregnant/parenting women's program) (one 60-minute unit max per day).
- T1006: Alcohol and/or substance abuse services; family/couple counseling (per 30-minute unit) (one unit maximum per day).
- T1006 HF: Alcohol and/or substance abuse services; family/couple counseling (one 60-minute unit max per day).
- T1006 HR: Alcohol and/or substance abuse services; family/couple counseling (family/couple with client present) (opioid family/couple counseling) (per 30-minute unit) (one unit maximum per day).

- T1006 HG: Alcohol and/or substance abuse services; family/couple counseling (with client present) (opioid family/couples counseling) (one 60-minute unit max per day).

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

Changes to early intervention service code 96153

Effective January 1, 2020, CMS has proposed new changes to the existing CPT codes in the form of the 2020 Health Behavior Assessment and Intervention CPT Codes. Early Intervention (EI) providers will no longer bill using 96153 (to bill for EI child group).

96153-U1 and 96153-U2: Health and Behavior Assessment (codes previously used to bill for EI child group) is being replaced by the following:

96164-U1: Health behavior intervention, group (2 or more patients), face-to-face, initial 30 minutes, (use for EI-only health behavior intervention group), (clinical justification required for EI services to be provided in an EI-only health behavior intervention group, rather than an EI community health behavior intervention group (96164-U2)), (services must be documented in the member's Individual Family Service Plan (IFSP) in accordance with Department of Public Health operational standards); (maximum 2 units per week allowed per child)

96165-U1: Health behavior intervention, group (2 or more patients), face-to-face, each additional 15 minutes following the initial 30 minute units in EI-only health behavior intervention group (96164-U1); (list separately in addition to code for primary service)(maximum 6 units per week per child)

96164-U2: Health behavior intervention, group (2 or more patients), face-to-face, initial 30 minutes, (use for EI community health behavior intervention group, including both children enrolled in EI and those not enrolled in EI); (maximum 2 units per week per member)

96165-U2: Health behavior intervention, group (2 or more patients), face-to-face, each additional 15 minutes following the initial 30 minute units in EI community health behavior intervention group (96164-U2), (list separately in addition to code for primary service); (maximum 6 units per week per child)

Providers must include the appropriate modifier with each service code when submitting claims. The Subchapter 6 of the Early Intervention Program Manual will be updated to reflect these changes.

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