



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MASSHEALTH  
TRANSMITTAL LETTER ALL-142  
September 2006

**TO:** All Providers Participating in MassHealth

**FROM:** Beth Waldman, Medicaid Director *BW*

**RE: All Provider Manuals (Revisions to Appendix Y Due to Commonwealth Care Coverage)**

Effective October 1, 2006, six new messages will be displayed by the Recipient Eligibility Verification System (REVS) when a member is enrolled or determined eligible to enroll in a new health-care program, the Commonwealth Care Health Insurance Program, also referred to as Commonwealth Care. Commonwealth Care is administered by the Commonwealth Health Insurance Connector Authority (the Connector). Commonwealth Care is a program that provides subsidies toward the purchase of private health insurance on behalf of enrolled Massachusetts residents who are not eligible for MassHealth benefits (other than MassHealth Limited) and who have household incomes at or below 300% of the federal poverty level. Commonwealth Care coverage is **not** MassHealth, but MassHealth is assisting the Connector in eligibility processing for Commonwealth Care.

Commonwealth Care will be rolled out in two phases:

- Phase I: Beginning October 1, 2006, enrollment in Commonwealth Care will be offered to eligible adults with family incomes at or below the federal poverty level.
- Phase II: Starting January 2007, enrollment in Commonwealth Care will be offered to eligible adults with family incomes up to three times the federal poverty level.

At this time, Commonwealth Care coverage for both phases will be available exclusively through the following four MassHealth-contracted managed-care organizations (MCOs):

- Boston Medical Center (BMC) HealthNet Plan
- Cambridge Health Alliance's Network Health
- Neighborhood Health Plan
- Fallon Community Health Plan

Commonwealth Care eligibility will display in REVS by the new coverage type, Commonwealth Care (Commonwealth is abbreviated due to system limitations).

Individuals who qualify for Commonwealth Care coverage must enroll with one of the four managed-care providers listed above in order to receive this coverage.

If there is no effective managed-care enrollment for an individual with a Commonwealth Care coverage type, the following message will be displayed:

\*620 MEMBER ALSO ELIGIBLE FOR COMMONWEALTH CARE. MEMBER MUST ENROLL IN MANAGED CARE TO RECEIVE THESE BENEFITS. CALL 1-877-MA-ENROLL.

Acute hospitals and community health centers may submit claims to the Uncompensated Care Pool for eligible services provided to individuals for whom the 620 code appears for the applicable date of service. If there are any additional coverage types under which an individual is eligible, they will also be displayed on REVS.

Once Commonwealth Care managed-care enrollment becomes effective for an individual, a carrier code and carrier name will display on REVS that is associated with the MCO coverage for that individual. The carrier names for Commonwealth Care enrollees, listed below, explicitly contain the words "Commonwealth Care" with the name of the health plan.

904 00 COMMONWEALTH CARE/MCO FALLON HLTH PLAN

904 01 COMMONWEALTH CARE/MCO NEIGHBORHOOD HLTH

904 02 COMMONWEALTH CARE/MCO NETWORK HEALTH

904 03 COMMONWEALTH CARE/MCO BMC HEALTHNET

Additionally, new service-restriction messages will appear for Commonwealth Care managed-care enrollment. Restriction messages will appear on the REVS screen with the coverage type and carrier code information above, so that providers are able to distinguish Commonwealth Care enrollment from MassHealth enrollment. Service-restriction messages will appear as displayed below. An asterisk (\*) denotes a new service-restriction message.

Due to system limitations on message length, REVS will present two separate messages for Commonwealth Care enrollments as follows. The first message will contain medical and behavioral health contact information immediately followed by dental and vision contact information.

\*615 BMC HEALTHNET PLAN MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0008. FOR BEHAVIORAL HEALTH SERVICES CALL 1-866-444-5155.

\*618 BMC HEALTHNET PLAN MEMBER. FOR DENTAL SERVICES CALL 1-800-685-9971. FOR VISION SERVICES CALL 1-800-615-1883.

056 NETWORK HEALTH MEMBER. FOR MEDICAL SERVICES CALL 1-888-257-1985. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-257-1986.

\*616 NETWORK HEALTH MEMBER. FOR DENTAL SERVICES CALL 1-888-257-1985. FOR VISION SERVICES CALL 1-888-257-1985.

006 NHP MEMBER. FOR MEDICAL SERVICES CALL 1-800-462-5449. FOR BEHAVIORAL HEALTH SERVICES CALL 1-800-414-2820.

- \*617 NHP MEMBER. FOR DENTAL SERVICES CALL 1-800-685-9971. FOR VISION SERVICES CALL 1-800-462-5449.
- 131 FALLON MEMBER. FOR MEDICAL SERVICES CALL 1-800-868-5200. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-421-8861.
- \*619 FALLON COMMUNITY HEALTH PLAN MEMBER. FOR DENTAL SERVICES CALL 1-800-868-5200. FOR VISION SERVICES CALL 1-800-868-5200.

This letter transmits revisions to Appendix Y in all provider manuals. Appendix Y lists the active REVS codes and their respective service-restriction messages. Providers accessing REVS to verify a member's eligibility before providing medical services will receive one or more of the restriction messages listed in this appendix.

In addition to these changes, three other messages have also been updated due to changes in phone numbers or regulations. They are service-restriction messages 031, 171, and 480.

If you have any questions about the information in this transmittal letter please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

More information about Commonwealth Care is available on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth) and the Connector Web site at [www.mass.gov/connector](http://www.mass.gov/connector).

#### NEW MATERIAL

(The pages listed here contain new or revised language.)

##### All Provider Manuals

Pages Y-1 through Y-6

#### OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

##### All Provider Manuals

Pages Y-1 through Y-6 — transmitted by Transmittal Letter ALL -141

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix Y. REVS Codes/Messages	<b>Page</b> Y-1
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**REVS Codes and Messages**

**Important Note:** This appendix is available online at [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs). MassHealth will update Appendix Y as needed. Paper copies of this appendix will not be mailed automatically, but can be requested by mailing, faxing, or e-mailing a request to:

MassHealth Publications  
P.O. Box 9118  
Hingham, MA 02043  
Fax: 617-988-8973  
E-mail: [publications@mahealth.net](mailto:publications@mahealth.net)

This appendix lists the active Recipient Eligibility Verification System (REVS) codes and their respective service-restriction messages. Providers accessing REVS to verify a patient's eligibility before providing medical services will receive one or more of the following restriction messages.

<b><u>Code</u></b>	<b><u>Message</u></b>
006	NHP MEMBER. FOR MEDICAL SERVICES CALL 1-800-462-5449. FOR BEHAVIORAL HEALTH SERVICES CALL 1-800-414-2820.
011	NHP MEMBER. FOR MEDICAL SERVICES CALL 1-800-462-5449. FOR BEHAVIORAL HEALTH SERVICES CALL 1-800-414-2820.
021	BMC HEALTHNET MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0010. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-217-3501.
031	PRIOR AUTH REQUIRED ON ALL CARE EXCEPT EMERGENCIES. ESP NORTH SHORE. CALL 781-581-3900 FOR LYNN CLIENTS, 978-837-9479 FOR BEVERLY CLIENTS.
035	DMH CLIENT.
036	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP OF THE CAMBRIDGE HOSPITAL AT 617-868-6323.
041	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP AT FALLON AT 508-852-2026.
046	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP OF UPHAM'S CORNER AT 617-288-0970.
051	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL HARBOR ELDER SERVICES AT 617-296-5100.
056	NETWORK HEALTH MEMBER. FOR MEDICAL SERVICES CALL 1-888-257-1985. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-257-1986.
061	BMC HEALTHNET PLAN MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0010. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-217-3501.

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<u>Code</u>	<u>Message</u>
066	NETWORK HEALTH MEMBER. FOR MEDICAL SERVICES CALL 1-888-257-1985. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-257-1986.
071	MEMBER ENROLLED IN PROGRAM THAT LIMITS HIM/HER TO 1 PHARMACY. FOR INFORMATION, MEMBER MAY CALL 1-800-841-2900, 8AM-5PM MON-FRI.
075	MEMBER ID MAY HAVE BEEN USED IN THE PAST BY MORE THAN ONE MASSHEALTH MEMBER. VERIFY MEMBER NAME AND BIRTHDATE ON RESPONSE.
096	CARE MANAGEMENT PILOT PROGRAM MEMBER. PLEASE CALL 413-794-9428 TO COORDINATE ALL MEDICAL AND BEHAVIORAL HEALTH SERVICES.
111	RESIDENT AT LONG-TERM-CARE FACILITY.
116	EAEDC (CAT. 04). SERVICES RESTRICTED. SEE 130 CMR 450.106. FOR QUESTIONS, CALL PROVIDER SERVICES AT 1-800-841-2900.
121	DIRECT ALL INQUIRIES ABOUT ELIGIBILITY TO SOCIAL SERVICE WORKER.
126	COMMUNITY CASE MANAGEMENT MEMBER. PRIOR AUTHORIZATION NOW REQUIRED FOR HOME HEALTH (PDN, NURSING, HH AIDE, PCW) INFO 1-800-863-6068.
131	FALLON MEMBER. FOR MEDICAL SERVICES CALL 1-800-868-5200. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-421-8861.
171	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP OF EAST BOSTON AT 617-568-6416.
186	EXEMPT FROM COPAY ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(D).
201	SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION NEEDED FOR ALL SERVICES EXCEPT EMERGENCIES. CALL CCA: 1-866-610-2273.
231	SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION NEEDED FOR ALL SERVICES EXCEPT EMERGENCIES. CALL SWH: 1-888-794-7268.
246	EXEMPT FROM COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).
271	MET CAP ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(C).
281	UNCOMPENSATED CARE POOL IS FOR CERTAIN HOSPITAL AND CHC SERVICES ONLY. FOR MORE INFORMATION, CALL 1-877-910-2100.

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<u>Code</u>	<u>Message</u>
306	INDIVIDUAL HAS SUBMITTED AN MBR AND IS NOT ELIGIBLE FOR MASSHEALTH. FOR MORE INFORMATION, CALL 1-800-462-7738.
311	FALLON MEMBER. FOR MEDICAL SERVICES CALL 1-800-868-5200. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-421-8861.
366	MET CAP ON PHARMACY SERVICES UNDER 130 CMR 450.130(C).
386	MEDICARE-COVERED SERVICES ONLY.
391	SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION NEEDED FOR ALL SERVICES EXCEPT EMERGENCIES. CALL EVERCARE: 1-888-867-5511.
461	PRIMARY CARE CLINICIAN (PCC) PLAN MEMBER. CALL PCC FOR AUTHORIZATION FOR ALL SERVICES EXCEPT THOSE LISTED IN 130 CMR 450.118(J).
480	BILL MEMBER'S PRIVATE HEALTH INSURANCE. SEE 130 CMR 450.316-317 FOR INFO ON TPL REQS AND PAYMENT LIMITATIONS ON CLAIM SUBMISSIONS.
485	BILL MEMBER'S PRIVATE HEALTH INSURANCE. MASSHEALTH PAYS ONLY FOR COPAYS AND DEDUCTIBLES FOR WELL-CHILD VISITS.
490	DMH CLIENT. NOT ELIGIBLE FOR MASSHEALTH.
495	ELIGIBLE FOR PREMIUM ASSISTANCE ONLY. BILL MEMBER'S PRIVATE HEALTH INSURANCE.
500	SPECIAL NHP PROGRAM. CALL NHP FOR AUTHORIZATION FOR ALL SERVICES EXCEPT FAMILY PLANNING, GLASSES, AND MOST DENTAL. 1-888-816-6000
505	MASSHEALTH COMMONHEALTH MEMBER. FOR QUESTIONS, CALL 1-800-841-2900.
516	CALL HRCA AT 617-325-8000 FOR AUTHORIZATION OF ALL SERVICES EXCEPT ACUTE INPATIENT ADMISSIONS.
520	ELIGIBLE FOR AMBULATORY PRENATAL CARE ONLY.
522	ELIGIBLE FOR EMERGENCY SERVICES ONLY.
525	FOR MENTAL HEALTH OR SUBSTANCE ABUSE SERVICE AUTHORIZATION, CALL THE PARTNERSHIP AT 1-800-495-0086.
530	NO PCC/MCO AUTHORIZATIONS NEEDED. FOR MH/SA SERVICE AUTHORIZATION, CALL THE PARTNERSHIP AT 1-800-495-0086.
595	MEMBER ELIGIBLE BUT NOT ENROLLED IN MANAGED CARE. SERVICE CANNOT BE BILLED TO MASSHEALTH. MEMBER MUST CALL CUSTOMER SERVICE 1-800-841-2900.
596	MEMBER ALSO ELIGIBLE FOR ESSENTIAL. MEMBER MUST ENROLL IN MANAGED CARE TO RECEIVE THESE BENEFITS. MEMBER MUST CALL 800-841-2900.

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<u>Code</u>	<u>Message</u>
597	MEMBER ALSO ELIGIBLE FOR BASIC. MEMBER MUST ENROLL IN MANAGED CARE TO RECEIVE THESE BENEFITS. MEMBER MUST CALL 800-841-2900.
601	ELIGIBLE FOR EMERGENCY SERVICES, INCLUDING LABOR AND DELIVERY, UNDER LIMITED WITHOUT COPAY UNDER 130 CMR 450.130(D).
602	FOR ELIGIBILITY DATES AND PAYMENT FOR ALL OTHER PREGNANCY-RELATED SERVICES UNDER HEALTHY START, CALL 1-888-488-9161.
603	ELIGIBLE FOR EMERGENCY SERVICES UNDER LIMITED WITHOUT COPAY UNDER 130 CMR 450.130(D).
604	FOR ELIGIBILITY DATES AND PAYMENT FOR PRIMARY AND PREVENTIVE CARE SERVICES CALL CMSP AT 1-800-909-2677.
605	FOR ELIGIBILITY DATES AND PAYMENT FOR PRIMARY AND PREVENTIVE CARE SERVICES CALL CMSP AT 1-800-909-2677.
606	REIMBURSEMENT FROM THE UNCOMPENSATED CARE POOL NOT ALLOWABLE FOR THIS PATIENT. FOR INFORMATION CALL 617-988-3222 OR 1-877-910-2100.
608	MEMBER ELIGIBLE FOR MEDICARE PART D. FOR MEMBER ENROLLMENT STATUS OR OTHER INFORMATION CALL 1-800-MEDICARE (1-800-633-4227).
609	YES. MEMBER HAS FULL MEDICAID BENEFITS.
610	NO. MEMBER DOES NOT HAVE FULL MEDICAID BENEFITS.
611	MEMBER IS QUALIFIED MEDICARE BENEFICIARY. SEE 130 CMR 519.010.
612	MEMBER IS SPECIFIED LOW INCOME MEDICARE BENEFICIARY. SEE 130 CMR 519.011(A).
613	MEMBER IS QUALIFIED INDIVIDUAL BENEFICIARY. SEE 130 CMR 519.011(B).
614	BILL HOSPICE PROVIDER IF SERVICE IS RELATED TO TERMINAL ILLNESS.
615	BMC HEALTHNET PLAN MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0008. FOR BEHAVIORAL HEALTH SERVICES CALL 1-866-444-5155.
616	NETWORK HEALTH MEMBER. FOR DENTAL SERVICES CALL 1-888-257-1985. FOR VISION SERVICES CALL 1-888-257-1985.

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- 617 NHP MEMBER. FOR DENTAL SERVICES CALL 1-800-685-9971. FOR VISION SERVICES CALL 1-800-462-5449.
- 618 BMC HEALTHNET PLAN MEMBER. FOR DENTAL SERVICES CALL 1-800-685-9971. FOR VISION SERVICES CALL 1-800-615-1883.
- 619 FALLON COMMUNITY HEALTH PLAN MEMBER. FOR DENTAL SERVICES CALL 1-800-868-5200. FOR VISION SERVICES CALL 1-800-868-5200.
- 620 MEMBER ALSO ELIGIBLE FOR COMMONWEALTH CARE. MEMBER MUST ENROLL IN MANAGED CARE TO RECEIVE THESE BENEFITS. CALL 1-877-MA-ENROLL.



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