



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MASSHEALTH
TRANSMITTAL LETTER ALL-148
June 2007

TO: All Providers Participating in MassHealth
FROM: Tom Dehner, Acting Medicaid Director TD
RE: *All Provider Manuals (Revised Appendix Y)*

Effective June 27, 2007, the Recipient Eligibility Verification System (REVS) will begin to display the plan type for a member enrolled in 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 a MassHealth coverage type.

The following five messages will indicate which plan type a Commonwealth Care member is enrolled with and the responsibilities of the member with regard to their monthly premium and/or copayments.

- 628 Commonwealth Care Plan Type I. Member does not have to pay a monthly premium. Member must pay copayments for prescription drugs.
- 629 Commonwealth Care Plan Type II. Member does not have to pay a monthly premium. Member must pay copayments for some services.
- 630 Commonwealth Care Plan Type II. Member must pay a monthly premium and copayments for some services.
- 631 Commonwealth Care Plan Type III. Member must pay a monthly premium and copayments for some services.
- 632 Commonwealth Care Plan Type IV. Member must pay a monthly premium and copayments for some services.

More information about Commonwealth Care is available on the MassHealth Web site at www.mass.gov/masshealth and the Connector Web site at www.mass.gov/connector.

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, or fax your inquiry to 617-988-8974.

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(The pages listed here are no longer in effect.)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-145

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix Y. REVS Codes/Messages	Page Y-1
	Transmittal Letter ALL-148	Date 06/27/07

REVS Codes and Messages

Important Note: This appendix is available online at 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

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.

This appendix also lists other messages that do not have a code associated with them, but are important to be aware of, as they are returned on REVS.

<u>Code</u>	<u>Message</u>
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.

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix Y. REVS Codes/Messages	Page Y-2
	Transmittal Letter ALL-148	Date 06/27/07

<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.
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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix Y. REVS Codes/Messages	Page Y-3
	Transmittal Letter ALL-148	Date 06/27/07

<u>Code</u>	<u>Message</u>
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 AT 1-888-816-6000 FOR AUTHORIZATION FOR ALL SERVICES EXCEPT FAMILY PLANNING, GLASSES, AND MOST DENTAL.
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.
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.

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix Y. REVS Codes/Messages	Page Y-4
	Transmittal Letter ALL-148	Date 06/27/07

<u>Code</u>	<u>Message</u>
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 1-800-341-8478.
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.
621	MEMBER ALSO ELIGIBLE FOR COMMONWEALTH CARE. ENROLLED WITH <Commonwealth Care MCO> PLAN. COVERAGE TO BEGIN <Mon 06>.
622	NETWORK HEALTH MEMBER. FOR VISION SERVICES CALL 1-888-257-1985.
623	NHP MEMBER. FOR VISION SERVICES CALL 1-800-462-5449.
624	BMC HEALTHNET PLAN MEMBER. FOR VISION SERVICES CALL 1-800-615-1883.

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix Y. REVS Codes/Messages	Page Y-5
	Transmittal Letter ALL-148	Date 06/27/07

<u>Code</u>	<u>Message</u>
625	FALLON COMMUNITY HEALTH PLAN MEMBER. FOR VISION SERVICES CALL 1-800-868-5200.
628	COMMONWEALTH CARE PLAN TYPE I. MEMBER DOES NOT HAVE TO PAY A MONTHLY PREMIUM. MEMBER MUST PAY COPAYMENTS FOR PRESCRIPTION DRUGS.
629	COMMONWEALTH CARE PLAN TYPE II. MEMBER DOES NOT HAVE TO PAY A MONTHLY PREMIUM. MEMBER MUST PAY COPAYMENTS FOR SOME SERVICES.
630	COMMONWEALTH CARE PLAN TYPE II. MEMBER MUST PAY A MONTHLY PREMIUM AND COPAYMENTS FOR SOME SERVICES.
631	COMMONWEALTH CARE PLAN TYPE III. MEMBER MUST PAY A MONTHLY PREMIUM AND COPAYMENTS FOR SOME SERVICES.
632	COMMONWEALTH CARE PLAN TYPE IV. MEMBER MUST PAY A MONTHLY PREMIUM AND COPAYMENTS FOR SOME SERVICES.

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix Y. REVS Codes/Messages	Page Y-6
	Transmittal Letter ALL-148	Date 06/27/07

Other Messages

This section lists messages returned from REVS that do not have a code associated with them. While they do not have an associated code, these messages are still important when providing services.

Member is Eligible	Member is eligible based on the services and restrictions indicated for the date of service inquired upon.
Member is Eligible – RID has changed	Member is eligible based on the services and restrictions indicated for the date of service inquired upon. The member ID inquired upon for this member has changed. The new member ID is displayed and should be used for billing purposes.
Member is Not Eligible	Member is not eligible on date of service inquired upon. Member was eligible for benefits at some time in the 13 months prior to the date of inquiry.
Member Not Found	Member is not known to REVS.
Member is Eligible - Use this RID for this Date of Service Only	Member is eligible based on the services and restrictions for the date of service inquired upon. However, the member ID that you need to submit on the claim for payment differs from the member ID that you entered in REVS. Submit the claim with the member ID returned but use the member ID you entered in REVS for future eligibility inquiries.
PCC Member. Call (corporate & site name, if applicable) (phone number) for approval. For exceptions see 130 CMR 450.118(J)	Member is enrolled with a Primary Care Clinician (PCC.) The corporate PCC and site PCC (if applicable) names will be displayed. The site PCC phone number will be displayed.
Duplicate RID. Call 1-800-833-7582 for assistance.	The member ID entered has been linked to more than one member on REVS. Call the Eligibility Operator to determine the appropriate member ID to check eligibility.