



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Transmittal Letter 221
June 2017

TO: All Providers Participating in MassHealth and the Children's Medical Security Plan

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: Changes to the Management of the Children's Medical Security Plan (CMSP)

Effective July 1, 2017, MassHealth will directly manage the Children's Medical Security Plan (CMSP). UniCare will no longer serve as the administrator for CMSP. This change impacts both members and providers for medical, dental, and behavioral health benefits. The current CMSP pharmacy processing and business rules remain unchanged. This transmittal letter describes changes that will result from the change in the administration of CMSP.

The Children's Medical Security Plan (CMSP) provides primary and preventive medical, behavioral health, and dental coverage to uninsured children younger than 19 years of age who do not qualify for any MassHealth coverage types (other than MassHealth Limited). CMSP program regulations are found at 130 CMR 522.004.

CMSP Program Changes Effective July 1, 2017

Providers should note the following changes due to the transition of CMSP management from UniCare to the MassHealth agency.

Beginning July 1, 2017, providers must

- Be enrolled in MassHealth to provide services to CMSP members;
- Accept MassHealth rates as payment in full for CMSP services;
- Submit medical (including behavioral health) claims to MassHealth for CMSP members for dates of service (DOS) on or after July 1, 2017;
- Submit dental claims to DentaQuest for CMSP members for DOS on or after July 1, 2017;
- Follow MassHealth's prior authorization (PA) requirements for CMSP services;
- Make sure to call the correct number for questions about CMSP. See the Customer Service section on page 3.
- Follow the MassHealth process for claim appeals and issues for DOS on or after July 1, 2017; and
- Accept **only** the MassHealth card when providing services to CMSP members. The CMSP member ID card that was previously provided to members by UniCare should no longer be accepted.

Eligible Providers and Services

The following provider types are eligible to provide services to CMSP members:

Acute Outpatient Hospital	Durable Medical Equipment Provider	Physician
Audiologist	Family Planning Agency	Physician Assistant*
Certified Nurse Practitioner	Freestanding Ambulatory Surgery Center	Podiatrist
Certified Nurse Midwife	Hospital Licensed Health Center	Psychiatric Clinical Nurse Specialist*
Certified Registered Nurse Anesthetist*	Limited Service Clinic	Psychologist
Clinical Nurse Specialist*	Mental Health Center	Substance Use Disorder (outpatient services only)
Community Health Center	Optometrist	
Dentist (including those with oral surgery specialty)	Pharmacy (including those with DME specialty)	

*Eligible provider type only once MassHealth regulations governing the provider type become effective.

Covered Codes

This letter transmits a new Appendix T, which provides a list of covered codes for the CMSP benefit package. This list also indicates if prior authorization (PA) is required. Please use Appendix T and MassHealth regulations to identify CMSP-covered services and the services that require PA. Additional information is detailed in the CMSP regulations at 130 CMR 522.004.

Prior Authorizations

Any CMSP-covered services that require prior authorization in the MassHealth provider type regulations (130 CMR 400.000 through 499.000) require prior authorization for CMSP. For information about MassHealth's PA requirements, please refer to the MassHealth Administrative and Billing regulations at [130 CMR 450.303](#) and to MassHealth regulations and guidance specific to the applicable provider type and service. Please note that CMSP members are not eligible for Early Periodic Screening, Diagnosis and Treatment (EPSDT) or Preventive Pediatric Health-care Screening and Diagnosis (PPHSD) services, so PA rules related to those services do not apply.

Important: To help ensure a smooth transition, for any claims for services requiring PA with dates of service between July 1, 2017 and July 31, 2017, MassHealth will systematically reprocess and pay the claim if it is denied solely for no PA. Effective for dates of service on and after August 1, 2017, however, providers must obtain PA before rendering the service.

CMSP Copayments

CMSP members are still responsible for a copayment of \$3.00 for generic drugs and \$4.00 for brand-name drugs. There is no copayment for drugs covered under MassHealth Limited for any CMSP member who also has MassHealth Limited.

MassHealth is in the process of adjusting internal systems regarding copayments. Until the system is updated to determine copayments for CMSP medical and dental services, no copayments other than for pharmacy services should be collected from CMSP members. MassHealth will notify providers when other copayments should be collected.

Customer Service

Claims with Dates of Service on or after July 1, 2017

Beginning July 1, 2017, providers should contact MassHealth Customer Service at 1-800-841-2900 with questions or inquiries for CMSP claims with dates of service on or after July 1, 2017. Providers should use the MassHealth Customer Service line for all questions except for those related to durable medical equipment (DME) and dental services and claims.

- For DME-related inquiries, please contact the MassHealth LTSS Provider Service Center at 1-844-368-5184.
- For dental-related inquiries, please contact the MassHealth dental service vendor DentaQuest at 1-800-207-5019.

Starting July 1, 2017, providers must use MassHealth's [Provider Online Service Center](#) for all eligibility checks, and for all medical CMSP claim submissions with dates of service on or after July 1, 2017. The POSC offers providers tools to manage their business with MassHealth electronically. It enables providers to perform tasks such as submitting and retrieving transactions (submitting claims) and downloading MassHealth forms.

Claims and Appeals with Dates of Service on or before June 30, 2017

For claims and appeals with DOS on or before June 30, 2017, please contact **UniCare** Customer Service at 1-808-909-2677. UniCare Customer Support will end on September 30, 2017. After that date, CMSP inquiries for all dates of service should be directed to the applicable MassHealth customer service number.

Claim Submissions

For dates of service beginning July 1, 2017, providers submitting CMSP claims, must follow MassHealth claims submission requirements as specified in applicable MassHealth regulations and guidance, including 130 CMR 450.000 et seq., and MassHealth companion guides.

MassHealth requirements, processes and procedures regarding claim submission, processing, and appeals apply to CMSP.

Pharmacy — No Changes

The management changes to CMSP do not impact the current practices for submitting pharmacy claims to the Pharmacy On-Line Payment System (POPS) for CMSP members. Pharmacy providers should continue to use the current process detailed in [Pharmacy Facts](#)

[Number 93](#) to submit claims to POPS for prescribed drugs and for equipment and supplies related to asthma and diabetes for CMSP members.

Medical (Non Pharmacy) Claim Submissions

For medical, non-pharmacy services with **dates of service on or before June 30, 2017** — including claims that have exceeded the 90-day billing deadline and the final appeal deadline— submit the claim to Unicare.

For medical, non-pharmacy services with **dates of service on or after July 1, 2017**, submit the claim to **MassHealth**, using the criteria and guides in the bullets below.

- If the dates of service are **within the 90-day billing deadline**, use the POSC in accordance with applicable MassHealth requirements.
- If the dates of service **exceed the 90-day billing deadline**, use the instructions in the MassHealth All Provider Bulletin 233, dated February 2013, along with all of the required documentation
- If the dates of service **exceed the one year billing date**, use the requirements and instructions in 130 CMR 450.323, *MassHealth All Provider Bulletin 226*, dated June 2012, and *MassHealth All Provider Bulletin 221*, dated December 2011.

Dental Claim Submissions

For dental services with **dates of service on or after July 1, 2017**, providers must submit dental claims through MassHealth's dental service vendor DentaQuest. Providers may find additional information or check eligibility and benefits on the MassHealth provider Web portal at www.masshealth-dental.net.

- If the dates of service are **within the 90-day billing deadline**, submit to the DentaQuest's MassHealth provider Web portal at www.masshealth-dental.net
- If the dates of service **exceed the 90-day billing deadline**, submit to the DentaQuest, 90-Day Waiver Department, as listed in Appendix A of your provider manual.
- If the dates of service **exceed the one-year billing deadline**, submit to the DentaQuest Final Deadline Appeal Department, as listed in Appendix A of the your provider manual.

Eligibility Verification System (EVS)

MassHealth regulations addressing verification of member eligibility apply to CMSP.

Starting July 1, 2017, providers must use MassHealth's [Eligibility Verification System](#) (EVS) to check CMSP member eligibility. Ensuring member eligibility before providing services will decrease the number of claim denials due to ineligibility. Other valuable information is available through EVS.

In addition to checking member CMSP eligibility status, the EVS provides complete member and claim information. For example, member information includes the MassHealth member ID number, member's coverage type, and other insurance information. Providers may also check the status of MassHealth benefits claims through EVS. The submission of a claim status request provides

significant information such amount submitted on the claim, payment made by MassHealth, and date remittance advice was sent to provider.

Provider Enrollment and Credentialing

Only MassHealth providers will be reimbursed for services provided to CMSP members. Therefore, **all providers must participate in MassHealth before providing services to CMSP members beginning July 1, 2017.**

If you currently see CMSP patients and are not a MassHealth provider, you must enroll in MassHealth to submit CMSP claims to MassHealth for services provided after June 30, 2017.

To become a MassHealth provider, contact MassHealth's Provider Enrollment and Credentialing department to receive an enrollment package. Before returning your completed MassHealth provider application, we recommend that you review the Provider Enrollment Checklist to verify the application is complete. You can access the checklist by logging on to the MassHealth website.

To request provider enrollment information, e-mail providersupport@mahealth.net, call MassHealth Customer Service at 1-800-841-2900, or mail a request to

MassHealth Customer Service Center
Attn: Provider Enrollment and Credentialing
P.O. Box 9162
Canton, MA 02021

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

Questions

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

NEW MATERIAL

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

All Provider Manuals

Pages T-1 through T-16

OBSOLETE MATERIAL

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

All Provider Manuals

None