



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111

MassHealth
All Provider Bulletin 105
July 1999

TO: All Providers Participating in MassHealth
FROM: Mark E. Reynolds, Acting Commissioner
RE: **YEAR 2000 (READINESS DISCLOSURE NOTICE)**

Background

The so-called year-2000 problem presents a significant challenge to the health-care industry. While all business organizations must deal with the impact of the year-2000 date change on their computer systems and in their business processes, the health-care industry must also deal with patient-care issues. The Division of Medical Assistance considers year-2000 compliance to be one of the agency's chief information-technology and operational priorities. This bulletin is intended to provide information about the Division's compliance, and to identify specific actions providers can take to minimize the risk of disruption of MassHealth business functions on and after January 1, 2000.

This bulletin is a year-2000 readiness disclosure notice pursuant to the Year 2000 Information and Readiness Disclosure Act, Public Law 105-271. This bulletin is not a legally binding representation, warranty, or indemnity, and should not be construed as a representation that there will be no service disruptions as a result of the year-2000 date change.

**What the Division
Is Doing**

The Division relies on a number of computer systems and networks to conduct its business, and has placed great emphasis on making sure that those systems will be ready for the year 2000. The Division has dedicated many resources to this effort to ensure that the agency can continue to conduct its business. The agency's goal is to ensure that interactions between the Division and its members and providers are not interrupted by year-2000 issues.

The Division has been working on this issue for over two years. During this time, the Division has completed its analysis and identified the impact of the date change on both critical and noncritical systems and applications. The Division has corrected the noncompliant software in its critical systems, and has completed the testing of those systems. The testing of other systems will continue through September.

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***What the Division
Is Doing***
(cont.)

Finally, the Division is developing a business contingency plan so that the agency remains operational in the event that problems occur. As the end of the calendar year approaches, the Division will share the applicable portions of this plan with providers.

***Member Eligibility
and Enrollment***

The Division does not expect any delay in the timely processing of its applications for MassHealth benefits. In addition, the Division anticipates that enrollment into the Primary Care Clinician Plan and managed-care organizations (MCOs) will continue as they currently do.

***Recipient Eligibility
Verification System***

The Division is working with Electronic Data Systems (EDS), the vendor that supports the Recipient Eligibility Verification System (REVS), to ensure that REVS continues to function properly. EDS reports that all of the methods currently used by providers to access REVS are expected to be year-2000 compliant. These methods include PC software, point-of-sale (POS) devices, automated voice response (AVR), and the eligibility operator. Providers will continue to use these methods as they do today—entering a two-digit date in most cases and a four-digit date in other cases.

Division Contractors

The Division is working with all of its contractors, including the MCOs and the Massachusetts Behavioral Health Partnership (MBHP), to ensure that these organizations will continue to be able to serve MassHealth members in the year 2000. Providers participating with Harvard Pilgrim Health Care, Neighborhood Health Plan, Fallon Community Health Plan, Network Health, or BMC HealthNet Plan should contact the MCO directly for up-to-date information about their year-2000 compliance. MBHP will send information to providers directly about their year-2000 systems changes and the impact of those changes on MBHP claim-submission requirements.

***Claim Submission
Requirements***

Providers do **not** need to change the way they submit their MassHealth claims. The Division is modifying its claims-processing system using an approach that is designed to have the least impact on providers. This approach, which has been adopted by a number of health insurers in Massachusetts, is commonly referred to as “windowing.” “Windowing” means that in certain circumstances the system infers the century date.

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***Claim Submission
Requirements***
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Because the Division is using this approach to reach year-2000 compliancy for claims processing, there will be no year-2000-related changes necessary for

- any of the current MassHealth claims-submission formats for either paper or electronic media claims (EMC);
- the free software currently provided by Unisys to certain providers;
- the Pharmacy On-line Processing System (POPS) used by pharmacies to submit claims to MassHealth; or
- the current field definitions, completion requirements, EMC specifications, or billing instructions. That is, if you are currently required to enter a six-digit date, you will continue to be required to submit a six-digit date.

Since the Division is not making any changes to its claims-submission requirements, providers will not be required to retest their electronic-claim submission capability. The Division has directed Unisys to test the submissions of major software vendors, however, to ensure that those vendors continue to prepare MassHealth claims correctly, since they may be making changes to their systems to accommodate other payers.

The Division is working with the Medicare carriers and intermediaries to ensure that the year-2000-related changes those entities have made to their claims-processing systems do not adversely affect the automatic transfer of crossover claims to MassHealth. (A crossover claim is defined as a claim that has been submitted to Medicare, and on which Medicare has approved an amount, leaving an outstanding coinsurance or deductible amount due.) In those limited circumstances when a provider must submit a crossover claim on paper, the Division will accept Medicare Explanations of Benefits and HCFA 1500 forms that include four-digit century dates.

The Division expects its claims-processing system will be able to process claims on and after January 1, 2000, and that providers will continue to be paid promptly for services provided to MassHealth members.

***Remittance Advices
and Other Forms***

The Division will not be making any changes to the electronic or paper remittance advices that are issued with each pay cycle. The Division does not anticipate any year-2000-related changes to any of the forms that are used by providers to submit information to the Division (such as the Management Minutes Questionnaire submitted by nursing facilities, or the prior-approval request form) or any of the reports that are issued by the Division (such as PCC Panel Reports).

Claims Payments

The state payment system through which the Division processes its checks and electronic funds transfer (EFT) transmissions has been modified in anticipation of the date change, and is expected to be year-2000 compliant.

***What Providers
Should Be Doing***

Your patients and your business depend on your making sure you are ready for the year 2000. The Division does not assume any responsibility for the year-2000 compliance of its participating providers. MassHealth providers need to assess the impact of the year 2000 on their business operations, and to establish comprehensive plans to ensure that those operations can continue to function, and that the needs of patients can continue to be met.

The Division offers the following specific recommendations to minimize the risk of disruption to your MassHealth business.

- If you or your software vendor are making changes to your claims-submission software to accommodate the requirements of other payers, make sure that those changes do not affect your ability to generate MassHealth claims.
- If you use a billing agent or clearinghouse to prepare your MassHealth claims, contact your service and make sure that they know that MassHealth claims-submission specifications and requirements are not changing.
- Make sure that you have hard-copy printouts of information, such as names, phone numbers, schedules, referral numbers, and any other information that you would otherwise retrieve using a computer.
- If you currently submit MassHealth claims electronically, but anticipate problems with your software in the year 2000, think about other claims-submission options, including temporarily contracting for the services of a billing agency (rather than resorting to submitting claims on paper). Make sure the billing agency is year-2000 compliant and has been approved to submit MassHealth claims electronically.

- Know where you can get updated information if necessary. The Division intends to use its Web site to provide information in a timely manner in the event that problems occur. The DMA Web-site address is *www.magnet.state.ma.us/dma*. We will also share information with providers by putting messages on our phone lines, by including messages with remittance advices, and through the provider professional associations.
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Resources

Over the past several months, the Division and Unisys have conducted a number of year-2000 education programs for providers. The Division has also worked with provider professional associations to ensure that those organizations have the information that they need to answer your questions about MassHealth and the year 2000. In addition to educational seminars and provider professional associations, there are many other resources available to help providers with planning. You are encouraged to seek out these resources.

You may find the following Web sites to be helpful:

- *www.state.ma.us/gic/gic.htm*. This site has links to Web sites for many of the Commonwealth's major private health insurers.
- *www.ama-assn.org*. This site provides access for association members to "The Year 2000 Problem: Guidelines for Protecting Your Patients and Practice."
- *www.hcfa.gov/Y2K*. This site offers a sample year-2000 readiness checklist for providers and "how-to" steps for inventory assessment and business-continuity-plan development. This site also includes links to other sites, such as the Food and Drug Administration's Web site, which provides information on medical device year-2000 compliance.

In addition, the Health Care Financing Administration (HCFA) has established a toll-free phone number for health-care providers to call with year-2000-related questions. The number is 1-800-958-HCFA. This number is available Monday through Friday 8:00 A.M. to 8:00 P.M.

Questions

If you have any questions about this bulletin, contact the Unisys Provider Services Department at (617) 628-4141 or 1-800-325-5231.
