MassHealth Update

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A Newsletter for MassHealth Providers

Update on the New Medicaid Management Information System

MassHealth's New Medicaid Management Information System (NewMMIS) is scheduled to be implemented in fall 2008. The new Provider On-Line Service Center will offer an opportunity for providers to conduct up to 90% of their day-to-day business with MassHealth electronically.

In order to transition to NewMMIS, a number of significant activities will take place between now and implementation to ensure that providers and users are ready to use the new system.

To ensure a seamless transition, it is important for providers to be aware of and prepared for the operational changes and transition activities that NewMMIS will evoke. These transition activities will be discussed in greater detail and with more specificity at upcoming training sessions and within future bulletins.

This information and more is covered in the Winter 2008 Provider Education Forums that are offered by MassHealth. These sessions started in January and continue through March, and give you an overview of the functionality that will be provided by NewMMIS It also outlines the activities you will need to consider and prepare for that will ready your organization for the changes that will occur with the implementation of the new system. Please make sure you attend one of the winter 2008 sessions to get updated on all you can expect with NewMMIS.

Providers may register for training by going to the MassHealth Provider Training page under the Information for MassHealth Providers link.

How You Can Prepare Now

During this preparation phase, one of the most important steps you can take right now is to make sure your office has Internet access to take advantage of all the new online functionalities.

A few highlights of the changes that will occur with the implementation are listed below. You should begin to think about these changes as you prepare for implementation. The changes may warrant the need for you to augment your daily business processes and/or modify your systems to enable your organization to take advantage of the e-services being offered by NewMMIS:

Review the NewMMIS Web page at www.mass.gov/masshealth/newmmis.

Verify that you are aware of, and your system is capable of supporting, the following changes:

- a 10-digit service-authorization number (which will be generated for prior authorizations, preadmission screenings and primary-care clinical referrals);
- a 13-digit system-generated interchange control identification number (ICN) (formerly transaction control number (TCN));
- a 10-character provider ID, composed of nine system-generated digits and one alpha character;
- a 12-digit member ID number (a system generated number that does not use a social security number);
- the use of industry-standard claim forms (UB-04 and CMS-1500), which will replace the MassHealth proprietary claim forms;
- Direct-Data Entry (DDE), real-time claims processing option (If you are using MassHealth's Provider Claims Submission Software (PCSS) today, the DDE option will replace PCSS.);
- paper remittance advices (RA), will no longer be mailed. RAs will be available in PDF format for download, review, or print through the Provider Online Service Center; and
- claim-level processing, to allow NewMMIS to adjudicate claims at the claim level instead of the line level (consistent with other payers in Massachusetts).

To obtain a complete and detailed overview of the changes, and an outline of the preparation activities required to gain the maximum benefits of NewMMIS, be sure that all applicable staff attend the Winter 2008 MassHealth Provider Education Forums.

Additional information and materials to help you prepare for NewMMIS are posted on the MassHealth Provider Training page, located in the Information for MassHealth Providers link on www.mass.gov/masshealth.

Changes in Billing Procedures for Nursing Facilities

MassHealth issued Transmittal Letter (TL) NF-52 to convey changes in billing procedures for nursing facilities.

Currently, MassHealth pays participating nursing facilities to reserve beds for two types of leave from a facility:

- medical leaves of absence (MLOA); and
- nonmedical leaves of absence (NMLOA).

For MLOAs, as described in 130 CMR 456.426 through 456.429, MassHealth pays the nursing facility to reserve a bed for up to 10 consecutive days per episode of a qualifying hospitalization at the facility's lowest payment rate. For NMLOAs, as described in 130 CMR 456.430 through 456.433, MassHealth pays the nursing facility to reserve a bed for a temporary absence for up to 10 days per 12-month period starting with the first day of nonmedical leave at the facility's lowest payment rate.

Payment Rate for MLOA and NMLOA Days

Effective December 1, 2007, the payment rate for all MLOA and NMLOA days for MassHealth members is $80.10 per day, in accordance with 114.2 CMR 6.06(8). There are no changes to the current billing procedures for claiming leave-of-absence days.

Revised Billing Instructions

As announced in All Provider Bulletin 164 (May 2007), MassHealth has modified its paper claim forms to include fields for your national provider identifier(s) and taxonomy code(s), when instructed by MassHealth. All other fields remain the same. The new claim forms became effective May 23, 2007. You must use these new claim forms for all paper submissions. If you need to rebill, resubmit, or adjust a claim that was originally submitted on an old claim form, you must prepare a new claim using the revised claim form, and otherwise follow the claim-correction procedures according to the billing instructions in Subchapter 5 of your provider manual.

TL NF-52 is available in the online MassHealth Provider Library at www.mass.gov/masshealthpubs.

MassHealth has updated its billing instructions for paper claims to include instructions for completing the revised claim forms.

General Instructions in Subchapter 5 of Your Provider Manual

The billing instructions that are contained in Subchapter 5 of your MassHealth provider manual have been revised so that they apply to all providers. This letter transmits revisions to Part 3 (Billing MassHealth) and Part 5 (Claim Status and Payment) of the general billing instructions that apply to all providers. Part 3 describes the options for submitting claims—either electronically or on paper claim forms. Part 5 describes in general terms what you receive from MassHealth after you submit your claims. This includes a general description of the electronic transaction and the paper remittance advice, depending on how you submit your MassHealth claims. Part 5 also describes your options for receiving payment.

Claim-Form-Specific Instructions on the Web

In addition to the general all-provider instructions in Subchapter 5 of your MassHealth provider manual, MassHealth has begun posting to its Web site freestanding claim-form-specific instructions. For each type of claim form, MassHealth will post two documents:

- instructions for billing on paper claims to MassHealth; and
- a guide to the MassHealth remittance advice and its electronic equivalents.

These guides contain the details you will need to bill MassHealth using paper claim forms. If you bill your claims electronically, you should refer to the MassHealth companion guides, which are also on the MassHealth Web site. To locate these freestanding guides on the Web, go to www.mass.gov/masshealthpubs. Click on Provider Library, then on MassHealth Billing Guides for Paper Claim Submitters.

All MassHealth provider manuals can be accessed online from www.mass.gov/masshealthpubs.

Include National Drug Code on Claims for Administered Drugs

Effective for all dates of service on or after 01/01/2008, all claims that use Healthcare Common Procedure Coding System (HCPCS) Level II codes for the administration of drugs, the National Drug Code (NDC), the number of units, and descriptor prescribed must be entered on all submitted claims. Any claims submitted for the administration of drugs that do not contain this information will be rejected. Refer to the MassHealth billing guides in the online provider library for detailed instructions. MassHealth requires this information to comply with the Deficit Reduction Act (DRA). MassHealth is not changing the reimbursement amount for these drugs.

Please Note: An NDC is not required for vaccines or for drugs included in a bundled rate.

Crossover Claims

If you bill Medicare using the CMS-1500 paper form, enter this drug information in the shaded area of Items #24A to 24G.

For electronic claims, refer to instructions in the 837P Implementation Guide Addendum.

New Behavioral-Health Screening Tool Service Codes and Descriptions and 2008 HCPCS Coding Update

MassHealth issued several transmittal letters in December 2007 to convey changes to the service codes and descriptions in Subchapter 6 of the applicable MassHealth provider manuals. The revised Subchapter 6, in each of these manuals, incorporates the new behavioral-health screening service codes for MassHealth members under the age of 21 (except MassHealth Limited members) and reflects the 2008 revisions to the Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS). Please read below for a more-detailed description of the new codes. and refer to your MassHealth provider manual found in the Provider Library at www.mass.gov/masshealthpubs.

Behavioral-Health Screening

Effective for dates of service on or after December 31, 2007, all primary-care providers serving MassHealth-enrolled members under the age of 21 (except MassHealth Limited members) must offer to use a standardized behavioral-health screening tool when performing the behavioral-health screening component of an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or Pediatric Preventive Healthcare Screening and Diagnosis (PPHSD) visit according to Appendix W of your MassHealth provider manual. Appendix W contains a menu of screening tools from which to choose.

MassHealth pays for the administration and scoring of the standardized behavioral-health screening tool in addition to, and separately from, the office visit.

MassHealth provided detailed information about the new requirements surrounding the standardized behavioral-health-screening tool in TL ALL-155, which communicated updates to the EPSDT/PPHSD regulations at 130 CMR 450.140 through 450.150, Appendix W, and Appendix Z.

Claims for behavioral-health screening tools must be submitted using Service Code 96110. Distinct modifiers are required with Service Code 96110.

Effective July 1, 2008, failure to include the modifier will result in denial of the claim. These modifiers vary by the type of provider and whether a behavioral-health need is identified.

These transmittal letters are posted online in the MassHealth Provider Library under the December link for 2007 Transmittal Letters at www.mass.gov/masshealthpubs. Refer to the applicable transmittal letter for more information about the modifiers for use with Service Code 96110 and other information about billing the standardized behavioral-health screening tool.

Revisions to Dental Regulations

Transmittal Letter (TL) DEN-80 conveyed revisions to the MassHealth dental regulations at 130 CMR 420.000, effective January 1, 2008. The regulations have been streamlined and reformatted to make them more user-friendly. Additional changes have been made to

- clarify existing MassHealth policies;
- add new definitions;
- remove unnecessary pharmacy regulatory language;
- describe what is required for community health centers and hospital-licensed health centers to qualify for an enhancement fee for dental services;
- clarify what dental services are covered for which MassHealth members;
- clarify what services require prior authorization;
- clarify when prior authorization may be requested for a service not covered for a member; and
- eliminate the prior-authorization requirement for many services for members under age 21 and some services for members aged 21 and older.

Subchapter 6

Subchapter 6 of the *Dental Manual* has also been updated and reformatted to:

- consolidate all Current Dental Terminology (CDT) and Current Procedural Terminology (CPT) representing service codes that MassHealth pays for into one document (Previously Subchapter 6 included only CDT codes; CPT codes were in Appendix E.);
- add new CDT and CPT service codes;
- clarify the ages of members eligible for a service;
- identify each service code that requires prior authorization;
- specify what the provider must include on the prior-authorization form;
- describe which service codes require a report; and
- specify what the provider must include in any required report.

Elimination of Prior-Authorization Requirement

For dates of service on or after January 1, 2008, some service codes will no longer require prior authorization for members under age 21.

Additionally, new service codes were issued for dates of service on or after January 1, 2008. Please refer to TL DEN-80, which contains the dental regulations, and Subchapter 6 (the dental service codes). TL DEN-80 is available in the online MassHealth Provider Library at www.mass.gov/masshealthpubs.

MassHealth Reminders

New Medicaid Management Information System (NewMMIS) Web Page

MassHealth has added a NewMMIS Web page to the MassHealth Web site. This Web page is your primary resource for NewMMIS. Visit the page directly at www.mass.gov/masshealth/newmmis. Check this page often to keep up to date on the latest information and the progress of the 2008 NewMMIS implementation, training opportunities, and new provider publications.

Consider bookmarking the page (adding the page to your favorites) for easy future reference.

Training Sessions for Behavioral-Health Screening Billing Changes

MassHealth issued Transmittal Letter ALL-155 (December 2007) to convey billing changes for the standardized behavioral-health screening tool that will be offered during the behavioral-health screening component of an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or Pediatric Preventive Healthcare Screening and Diagnosis (PPHSD) visit according to Appendix W of your MassHealth provider manual. Two-hour training sessions were held in late January and early February at various locations throughout Massachusetts that explained how these changes affect MassHealth billing procedures. The materials from this training are posted online in the MassHealth Provider Training Web page, located under the Information for MassHealth Providers link at www.mass.gov/masshealth.

Holiday Schedule for Independent Nurses

Independent nurse providers are reimbursed at a holiday rate for continuous skilled-nursing services provided to MassHealth members on designated holidays.

A listing of all the holidays for independent nurse providers can be found on the Division of Health Care Finance and Policy Web site at www.mass.gov/dhcfp. Click on DHCFP Regulations, then Home Health Services and then 114.3 CMR 50.00.

Please Note: The regulations state that holidays occuring on a weekend are observed on that day and not the preceding Friday or following Monday.

Winter 2008 Provider-Education Forum Dates

Check the new Medicaid Management Information System (NewMMIS) Web page for the latest information on dates and locations of the provider-education forums. These sessions are part of the Winter 2008 NewMMIS preparation forums that began in January 2008 and extend through March. A listing of the March dates and locations will be posted online shortly. Check out www.mass.gov/masshealth/newmmis for more information on training dates, locations, and registration.

Durable Medical Equipment (DME) and Oxygen Providers

The MassHealth DME and Oxygen Payment and Coverage Guideline Tool has been updated and posted on the Web. Ensure you are using the most recent version of the Tool by accessing the updated tool at www.mass.gov/masshealthpubs. Click on Provider Library, then MassHealth Payment and Coverage Guideline Tools.

Remittance-advice message text for previously run cycles is available in the online MassHealth Provider Library at www.mass.gov/masshealthpubs.

Check Out the February 2008 Feature of the Month

MassHealth has posted the February Feature of the Month online. This month's feature focuses on using a standardized tool to screen for the behavioral-health needs of children under age 21. You can access this feature from the Information for MassHealth Providers link on www.mass.gov/masshealth.

Outpatient Services Payment Amount per Episode (PAPE) Repricing

Starting with the remittance advice dated 01/22/08 (pay cycle #2008), crossover claims are subjected to PAPE repricing. MassHealth liability for crossover claims that are subject to the PAPE rate will be the lesser of either the MassHealth maximum allowable amount (PAPE rate) less the insurance payments or the member's responsibility (the sum of coinsurance and deductible amounts). For additional information, please go to the Important Information for Medicare/Medicaid Crossover Claims Web page located under the Information for MassHealth Providers link on www.mass.gov/masshealth.

Notification of Adult Day Health Rate Adjustments

In accordance with the Division of Health Care Finance and Policy (DHCFP) requirements, ADH rates have been revised. MassHealth has updated its systems processing, and providers should begin billing these revised rates immediately. Rates can be viewed online by selecting DHCFP Regulations at www.mass.gov/DHCFP, then Adult Day Health Services Regulations 114.3 CMR 10.00. Additional systems maintenance to allow ADH providers to receive adjusted payments for paid ADH claims submitted for dates of service from 11/01/07 through 01/11/08, will be completed shortly. Providers will receive a one-time payment for all adjusted ADH claims with these dates of service in a future pay cycle.