

Make Sure that You're Ready for NewMMIS Implementation.

The NewMMIS Project Team, along with EDS and our independent verification and validation (IV&V) vendor, reviewed the project's status with the NewMMIS Executive Team. This status check, commonly referred to as the "Go/No Go decision," is an important one. The review revealed that we have made much progress: the pilot is completed; mailing of new member cards has begun; we released e-Learning training courses; and the number of passed test cases in User Acceptance Testing (UAT) is rising steadily. However, there remain several areas of concern: interfaces must work properly; parallel testing must be accurate; and UAT must be completed. These areas are critical for a successful implementation. Consequently, we made the decision that we **would not implement NewMMIS on January 5, 2009**, as previously conveyed. It is essential that NewMMIS works correctly when we implement it. The NewMMIS Project Team is actively working with EDS to ready NewMMIS. We will announce a new implementation date once we are confident that the system will do what it needs to do.

Implementation readiness: continue preparations to ensure that you are ready when NewMMIS is implemented.

You should not stop or relax your preparation activities as a result of the rescheduling of the NewMMIS implementation date. These activities should include:

- taking e-Learning courses;
- completing your testing with MassHealth and/or your software vendor to validate your ability to successfully submit electronic HIPAA claim files; and
- setting up security access to the Provider Online Service Center as soon as it becomes available.

NewMMIS Web page: www.mass.gov/masshealth/newmmis

There are many ways that you can ready your office and staff for the changes ahead. One of the most helpful is to visit the MassHealth NewMMIS Web page frequently to keep informed about any updates to implementation-date projections and related information, including new publications and communications postings. A Reminder Checklist of preparation instructions is currently available online. The chart provides a guideline of recommended "Do" and "Do Not" steps for current MMIS business practices **that should not be changed or discontinued until you are instructed to do so by MassHealth**. Frequent monitoring of this Web page will alert you to any changes in these practices. In addition, action deadlines and time-critical transition activities are noted and updated on this Web page.

Internet access—a NewMMIS necessity

NewMMIS is an Internet-based application that will require providers and other entities to have access to the Internet to conduct business in an efficient manner with MassHealth. Internet access is necessary to connect to the Provider Online Service Center to verify eligibility, submit electronic claims, check claim status, request and inquire about PCC

referrals, and review, print, or download remittance advices or PCC Panel Reports. NewMMIS will not generate paper remittance advices or PCC Panel Reports. Refer to the NewMMIS Web page for more preparation reminders and tips at www.mass.gov/masshealth/newmmis.

Other online information to tap

There is a wealth of other online information for providers to tap, posted in the Provider Library. It will continue to be available and maintained until implementation. Providers are urged to check these resources regularly for additional materials and information that can be useful in daily transactions with MassHealth. Some of the publications available include:

- billing guides;
- companion guides; and
- draft publications that will be updated as needed and posted in final versions closer to implementation date.

NewMMIS training

Please access training information at www.mass.gov/masshealth and select MassHealth Training Registration under “News and Updates” in the right panel. You can download NewMMIS preparation training materials at www.mass.gov/masshealth/newmmis.

e-Learning

Continue to encourage staff to take advantage of the online training opportunities available through e-Learning courses on the NewMMIS Web site. The e-Learning courses will help prepare your office for using and navigating NewMMIS. To access e-Learning courses at any time, visit www.mass.gov/masshealth/newmmis. The e-Learning courses can be accessed from work or home and may be completed any number of times. e-Learning courses have three components: a walkthrough, practice exercises, and job aids. Course job aids associated with the various e-learning courses and found on the Web site may also be printed and used as step-by-step desk references.

A reminder: the remaining scheduled weekly provider e-Learning Q&A sessions have been discontinued until further notice. Please check the NewMMIS Web page for posted updates to the schedule and related offerings.

Registration-letter update

Due to the delay in the implementation date, MassHealth is currently determining when we will begin mailing NewMMIS security access registration letters to MassHealth providers and relationship entities who are currently assigned a MassHealth provider number. The letter, which will be mailed to the provider’s “doing business as” (DBA) address, will assign the NewMMIS 10-digit provider ID/service location number that the organization must use to perform transactions on the NewMMIS Provider Online Service Center. It will also include a personal identification number (PIN) required to complete the Provider Online Service Center primary user-registration ID and password process. Because registration requires the PIN, it is imperative that the security access registration letter be forwarded to the individual who will be responsible for managing security access to the Provider Online Service Center for your organization. Refer to *All Provider Bulletin 181* for additional details about the security access registration letter and what you should do to prepare. MassHealth will update the Web page and continue to notify providers through standard communication methods about the letter release date. The envelope with the registration letter will be clearly

marked with the following message printed in red across the lower edge in an effort to alert providers of its contents:

MassHealth NewMMIS – Critical Information Enclosed. Please Read!

Provider Online Service Center registration

The Provider Online Service Center will offer providers a secure location to perform a variety of transactions, such as claims submission and provider-profile maintenance. This is also where you will be able to view your remittance advices. Before you can use this tool, you must set up your primary user identification (ID) and password.

While you are waiting for the registration letter, it is recommended that you perform the following activities to ensure that you are ready to register for the Provider Online Service Center as soon as registration opens. However, there is nothing prohibiting you from performing these readiness activities now.

- Identify your organization's primary user.
- Create the appropriate security profiles for office staff.
- Have your designated primary user review the "Subordinate ID" e-Learning module and begin identifying subordinate staff as well as billing intermediaries or software vendors who will need access to the Provider Online Service Center to perform functions on your behalf.
- Review the Provider Registration and Security Access scenarios located on the NewMMIS Web page at www.mass.gov/masshealth/newmmis.

National provider identifier

Remember to use your NPI on all claim submissions. The NPI will be the primary identifier in determining which provider is requesting payment for a service. Using your NPI will ensure that any issues in cross-walking your NPI to your MassHealth provider number are identified before NewMMIS implementation. NewMMIS will also rely on taxonomy to assist with the identification of the correct provider ID/service location as needed. If you plan to use one NPI that represents claims for multiple MassHealth ID numbers, please contact MassHealth Customer Service at 1-800-841-2900 to ensure that claims will be processed accurately in NewMMIS. MassHealth has identified certain scenarios that will require providers to continue to include both the NPI and the newly issued provider ID/service location number (submitter number) on all transactions, as follows:

- Atypical providers must use the NewMMIS provider ID/service location number in all HIPAA transactions, because this will serve as both the submitter ID number and pay-to provider ID. Atypical providers are those providers who are not required to obtain an NPI as described in *All Provider Bulletin 164*.
- 837 transactions require use of the MassHealth NewMMIS provider number (which replaces the current seven-digit MassHealth provider/submitter number) as the submitter number in the claim header information. The NPI is used in the body of the claim.
- Currently, most MassHealth providers use both a national provider identifier (NPI) and a MassHealth provider number on HIPAA batch transactions.

MassHealth is eliciting provider support to improve processing.

Including appropriate identifying information when submitting correspondence, update requests, or application materials to MassHealth for processing can help MassHealth more quickly match requests to provider profiles. Acceptable unique identifying information that

will boost efficiencies includes: a MassHealth provider number or combination of NPI, taxonomy code, or zip code. In addition, new and old tax IDs are required for any changes of ownership. Go to www.mass.gov/masshealth and click on Information for MassHealth Providers, then MassHealth Provider Information Maintenance, for more information.

Preparation for NewMMIS claim submissions

MassHealth will transition to paper claim forms CMS-1500 and UB-04 upon implementation of NewMMIS. Additionally, the HIPAA transactions have been updated. This is the time to prepare your system to submit correct paper or electronic claims to MassHealth under NewMMIS to ensure that there is no interruption in your billing practices. It is critical that the provider community use this time to prepare their systems to support changes in claims submission, including the use of new provider and member ID numbers, and ensuring that system enhancements are made to support changes in the companion guides.

Providers should be actively testing with MassHealth to ensure claims will process correctly at implementation.

In order to facilitate smooth claim-processing transitions, please follow these steps.

- Refer to the updated instructions that can be found on the NewMMIS Web page if you currently submit claims on paper and intend to continue this practice with NewMMIS. Note: Electronic submitters also need to review paper-billing guides for details to include on their claims.
- If you currently submit claims on paper or via Provider Claims Submission Software (PCSS) and would like to begin submitting HIPAA batch transactions to MassHealth, you may contact HIPAA Support at hipaasupport@mahealth.net to arrange for the submission of test files. MassHealth will arrange to test your transactions post-implementation.
- Coordinate with your software vendors, billing intermediaries, and your own internal technical staff to modify your systems to submit HIPAA transactions in accordance with NewMMIS if you intend to submit HIPAA batch transactions after NewMMIS implementation. Contact HIPAA Support at hipaasupport@mahealth.net for assistance. You may also access the online companion guides for help with this task.
- Use your national provider identifier (NPI), if applicable, on all claim submissions to ensure that any issues in cross-walking your NPI to your MassHealth provider number are identified before NewMMIS implementation. *All Provider Bulletin 164* provides more information about NPI requirements.
- Do NOT submit claims on legacy claim forms after implementation.
- Remember to use MassHealth's automated solutions to check claims status transactions and eligibility verification. Internet users should go to www.mass.gov/masshealth, click on Information for MassHealth Providers, then on Accessing REVS. For more information, you may also review REVS user guides.

Important billing changes

Be advised that MassHealth has implemented the following changes that may affect your billing submission and coordination practices. Please review the changes to assess if your provider type is affected by these changes. For questions, contact MassHealth Customer Service at providersupport@mahealth.net or 1-800-841-2900.

- A billing-rules revision has been announced for **oral and maxillofacial surgeons**, who should begin submitting claims and prior-authorization requests that contain Current Procedural Terminology (CPT) codes to MassHealth, rather than to Doral. This update,

issued as part of *Dental Bulletin 40*, will be instituted upon implementation of NewMMIS. For more information about this change, visit www.mass.gov/masshealthpubs and select the MassHealth Provider Library link.

- Because **outpatient PAPE services** are paid at an all-inclusive rate for all services with the exception of labs, acute outpatient hospital and hospital-licensed health center providers should remember to void any claim lines appearing on a remittance advice (RA) in a paid status. This includes claim lines paid at \$0. Failure to do so will result in automatic system adjustments that reassign the PAPE to the next applicable highest-weighted service and will necessitate additional void submissions by the provider.
- Effective December 1, 2008, there is a new skilled-nursing-visit rate for **home health services** after 60 consecutive calendar days. Providers must bill the new skilled-nursing visit rate from day 61 forward and must use Service Code G0154 with modifier UD (over 60 consecutive days). Providers servicing multiple patients in the same setting must bill using both modifiers TT (multiple patients in the same setting) and UD. If you have any questions, contact MassHealth Customer Service at providersupport@mahealth.net. The new rate fee schedule is available at www.mass.gov/dhcfp.
- MassHealth will systematically **reprocess certain home-health claims** submitted with the UD modifier that were incorrectly denied for error code 155, Procedure Code Modifier/Provider Type Conflict. If you have questions, contact MassHealth Customer Service at providersupport@mahealth.net or 1-800-841-2900.
- Providers are reminded to cross out the Medicare ID number on the UB-04 in Field 60A and verify that the MassHealth member ID number is listed in Field 60B before submission when **billing paper institution crossovers**. Failure to do so will result in claim denial with error code 004: Member Identification Number is Missing or Invalid. For more information, please review the MassHealth online UB-04 billing guide.
- MassHealth is implementing the Child and Adolescent Needs and Strengths (CANS) tool as part of the Children's Behavioral Health Initiative (CBHI). For dates of service on or after November 30, 2008, **mental health centers and psychiatrists** may bill an enhanced rate for psychiatric diagnostic interview examinations for using the CANS with MassHealth members under the age of 21 when completed by a CANS-certified clinician. Providers should bill Service Code 90801 with modifier HA to receive an enhanced rate.
- MassHealth has **modified its podiatry regulations**, eliminating the requirement that services be necessary for the life or safety of the member, and the corresponding requirement that providers obtain and provide a life-and-safety certification with their claims for payment for those services. However, MassHealth covers only those podiatry services that are medically necessary. In addition, all other provisions of 130 CMR 424.000 and 450.000 continue to apply. For members who belong to the PCC Plan, podiatry services will continue to require a referral from the member's primary-care clinician (PCC) before the delivery of services. In addition, MassHealth has updated the service codes in Subchapter 6 of the *Podiatrist Manual* to reflect changes by the Centers for Medicare & Medicaid Services (CMS). CMS has eliminated Service Code J7345 and replaced it with Service Code J7347 for dates of service on or after January 1, 2008.
- Until further notice, all **acute care hospital Part A crossovers (medical/surgical and inpatient psychiatric)** processed as of December 2, 2008, will be paid using the Medicare nonpsychiatric pricing methodology, due to an NPI cross-walk-related issue that did not allow for correct calculations of Medicare payments for inpatient psychiatric claims. All previously held acute care hospital Part A crossovers have been processed as

follows: claims that paid using the Medicare psychiatric pricing methodology on run cycle 2060 will be adjusted on run cycle 2061. No action is necessary by the provider.

- Be advised that the Division of Health Care Finance and Policy (DHCFP) has **updated the hospice rates** for MassHealth hospice providers pursuant to regulation 114.3 CMR 43.04. The updated rates are effective for dates of service on or after October 1, 2008. MassHealth will process retroactive rate adjustments in February. Updated hospice rates are available at www.mass.gov/dhcfp by clicking on DHCFP Regulations, then Hospice Services. If you have questions, contact MassHealth Customer Service at providersupport@mahealth.net or 1-800-841-2900.

Citizenship documentation requirements

Massachusetts requires individuals who claim to be U.S. citizens or nationals to provide acceptable documentation of their citizenship and identity, effective July 1, 2006. A one-time verification is required during either the initial application process for new applicants or through the MassHealth annual eligibility redetermination process for members who have not previously provided the documentation.

In an effort to assist individuals in providing acceptable documentation of citizenship, MassHealth will institute an automated match process with the Massachusetts Department of Public Health's Registry of Vital Records and Statistics (RVRS), which certifies citizenship for a Massachusetts-born applicant or member and may be conducted upon request. The Medical Benefit Request (MBR) and Senior Medical Benefit Request (SMBR) forms have been revised to collect additional information to support the match process. In addition, the Virtual Gateway will require additional information from Massachusetts-born applicants who request assistance in obtaining citizenship verification through RVRS. To order MBR or SMBR forms, call MassHealth Customer Service at 1-800-841-2900 or e-mail your request to publications@mahealth.net.

MassHealth has revised the MBR and SMBR to assist providers with this process, as follows.

- the MBR has been updated to include a new Supplement D, entitled "Help Getting Proof of U.S. Citizenship for Persons Born in Massachusetts"; and
- the SMBR has added a new Supplement B, entitled "Help Getting Proof of U.S. Citizenship for Persons Born in Massachusetts."

CMS updates

Reviewing the MassHealth CMS-1500 online billing guide will inform you about current CMS updates and other changes that may be important in your transition to NewMMIS.

- Be advised that as of October 1, 2008, CMS issued a **new handwritten or printed tamper-resistant prescription compliancy update**, which mandates the inclusion of at least one industry-recognized feature within each of the following categories. In conjunction with this change, CMS has revised an earlier compliance statement issued in October to recognize compliance with all three categories of tamper resistance for emergency medical records (EMRs) or e-Prescribing-generated prescriptions printed on plain paper, if the printed prescriptions contain at least one feature from each of the following three categories; no one feature may be counted twice.
 1. unauthorized copying of a completed or blank prescription form;
 2. erasure or modification of information written on the prescription by the prescriber;and
 3. use of counterfeit prescription forms.
- CMS has posted educational material for prescribers and pharmacists on their Web site at www.cms.hhs.gov, and has updated the document "Top Questions about Tamper-

Resistant Prescriptions,” to reflect the above clarifications. MassHealth also posted these questions and answers on our Web site for your convenience at www.mass.gov/Eeohhs2/docs/masshealth/provlibrary/tprxfaq.pdf. Refer to *All Provider Bulletin 174* for more information on this topic. In addition, the National Council for Prescription Drug Programs (NCPDP) issued a letter to Medicaid directors regarding industry standards for these features. You can review this letter at http://www.nacds.org/user-assets/pdfs/gov_affairs/Issues/Tamper_Resist/FinalLtrMedicaidDrtrsTRPP07_17_08.doc.

Software-upgrade update

Download the newly released Provider Claim Submission Software (PCSS) upgrade 1.98 if you are a provider who currently uses this resource. Go to the PCSS Downloads section on the MassHealth Web site at www.mass.gov/masshealth/pcss. Remember that any claims tasks will be performed through the Provider Online Service Center following NewMMIS implementation.