

# Update

## MassHealth

### Contents

- 1 POSC Broadcast Messages, POSC Security Management
- 2 Claims, Electronic Submissions
- 3 Eligibility
- 4 Third-Party Liability, Service Authorizations (PA, Referrals, PAS)
- 5 MassCOR, MassPRO, Additional Information

## NEWS FROM NEWMMS...

As with any new system or way of doing things, it often takes a little time just to get used to the new. MassHealth appreciates your continued patience and feedback about your interactions with NewMMIS and will continue to address and communicate with you about issues as they arise and are resolved. Below are some updates that may be helpful.

### POSC Broadcast Messages

The Provider Online Service Center (POSC) was designed to be a destination for providers. You should log into the system in the morning and keep it active throughout the day. Broadcast messages are one of MassHealth's primary communication vehicles to alert providers about critical system updates and other MassHealth-related information. POSC broadcast messages are ranked from 1 to 5 ("5" being the highest priority). In addition, messages will remain on the POSC for an extended period of time so that providers have ample opportunity to read and revisit them as needed. To access broadcast messages, log in to the POSC at [www.mass.gov/masshealth/providerservicecenter](http://www.mass.gov/masshealth/providerservicecenter) and click on Manage Correspondence and Reporting and then on View Broadcast Messages. In addition to notifying providers through broadcast messages, MassHealth also posts important announcements and updates directly at [www.mass.gov/masshealth/newmmisnotices](http://www.mass.gov/masshealth/newmmisnotices).

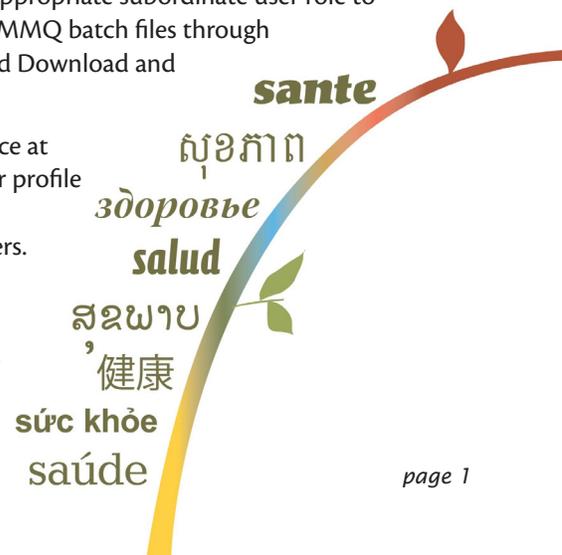
### POSC Security Management

Your primary user has the capability to update profile and access data for subordinate users in the POSC. Please have your primary user follow these instructions when changing data in the POSC.

- To make profile changes, your primary user should log in to the POSC security panels under Manage Subordinate Accounts. In Update Accounts, go to Administer Accounts and click on Manage Subordinate Accounts. Continue to follow the screen prompts to update saved subordinate services data or to reset a password and submit the change.
- To make access changes (e.g., a subordinate user is leaving or is no longer affiliated with your office), instruct subordinate users to contact the primary user. If a subordinate user is unable to access the POSC, your primary user should confirm that the user (e.g., submitter) is set up with the appropriate subordinate user role to enable access. For example, if your subordinate user needs to submit MMQ batch files through the POSC, check that the subordinate user roles Batch File Submit and Download and Manage MMQ are specified in the subordinate's profile.

Note: Only the primary user should contact MassHealth Customer Service at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or call 1-800-841-2900 to make access or profile changes. If you have questions, the Create Subordinate Accounts job aid provides more information on establishing additional access for your users.

- To make profile changes if your primary user is leaving your office, the primary user should contact MassHealth Customer Service at 1-800-841-2900 to change the profile for the new primary user before leaving the organization, if possible. If that is not possible, you should



have your newly designated primary user contact MassHealth Customer Service to set up a new user ID and password.

## Claims

- NewMMIS adjudicates claims more quickly than the former system, offering providers more timely insight into the status of their claims submissions. Soon after claims are submitted, providers are able to check their status via the POSC to see if claims are approved to pay, denied, or suspended. However, the actual payment cycles for NewMMIS are the same as they were under the old system. Payments will be issued within 30-45 days after the claim has been adjudicated. When interpreting your remittance advice, it is important to understand that claims in a denied or suspended status will appear on the very next remittance advice after they are adjudicated, while claims in a paid status will not appear until payment is released. Paid claims will not, therefore, appear on the same RA as denied or suspended claims from the same batch submission. If you have questions, please contact MassHealth Customer Service at 1-800-841-2900.
- All paper claims and paper claim adjustments must be submitted on industry-standard CMS-1500 or UB-04 claim forms. Providers can obtain supplies of the UB-04 or the CMS-1500 from either local or online office supply vendors or office supply stores. Providers are required to bill with only the NPI on these forms. The only exceptions are for “atypical providers” (please refer to All Provider Bulletin 181). When adjusting or resubmitting a claim that was previously processed in the legacy system, you must enter an “A” or “R,” as applicable for the transaction, and then add “20” in front of the former transaction control number (TCN) (so it becomes a 12-digit number). When resubmitting a claim that was originally processed in NewMMIS, you must list the ICN, preceded by the respective “A” or “R” only.

### CMS-1500 Form

- Field 23 = Referral number
- Field 17 = Name of the referring provider
- Field 17b = Referring provider’s NPI
- Field 22 = Adjustments/resubmittals
- Field 33b = NewMMIS Provider ID Service Location (PID SL) if “atypical provider”

### UB-04 Form

- Field 57A-C=NewMMIS PID SL if “atypical provider”
- Field 39-41=PPA (Patient Paid Amount) (see UB-04 guide for instructions)

DDE claims submitted via the POSC must use the 12-digit member ID. Please be sure to follow the instructions outlined in each billing guide. Refer to the MassHealth Billing Guide for the CMS-1500 and the MassHealth Billing Guide for the UB-04 for detailed instructions on completing paper claims.

HIPAA batch transactions are submitted via the POSC or via HTS as part of the NewMMIS transition.

## Electronic Submissions

- Be sure you have modified your systems to conform to the new billing procedures and HIPAA standards required to support NewMMIS claims processing. Please refer to the billing guides and HIPAA companion guides (see Section 2.2 - Trading Partner Testing) at [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis) for instructions on how to submit a file to NewMMIS and a general introduction on the purposes of testing. To check on provider testing participation, visit the Trading Partner Testing Status Report on the NewMMIS Web page at [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis).

- Providers who have enumerated with one NPI for multiple NewMMIS provider IDs and that are required to bill MassHealth using a taxonomy code must enter the Provider Type Qualifier of BI in PRV01 of the 2000A loop in 837 HIPAA batch claims. The HIPAA companion guides have been updated to reflect this information.
- Providers who bill 837 batch claim files with a national provider identifier (NPI) in Loop 2010AA should include only their NPI when submitting batch files to MassHealth in NewMMIS. Do not include a MassHealth provider number (REF segment with a 1D qualifier) if you already have an NPI in Loop 2010AA or when coding a Rendering Provider/Attending Physician in Loop 2310. Including a provider number in addition to the NPI may result in denied claims.
- Remember to update your submitter field (the ISA06 field) when completing 837 transactions in NewMMIS. You must use your new 10-digit PID SL number and not the legacy seven-digit provider ID in this field. The submitter must enter exactly 15 characters and/or spaces into the field (e.g., enter the 10-digit PID SL number followed by five spaces; hit the space key five times). Mistakes in completing the ISA06 field (submitter) field of the 837 file are common causes of precompliance failure. All Provider Bulletin 181 (NewMMIS Important Events and Activities Scheduled for November) from October 2008 advised providers about the need to update their submitter field with the appropriate MassHealth ID as a preparation step for completing 837 transactions in NewMMIS. You may also find the HIPAA Implementation Guide a helpful resource. To download a copy of this bulletin, go to [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs), click on the Provider Library link and select the Bulletin link.
- 837 files must be submitted as production files. Please confirm that you have entered a "P" in the ISA15 field before sending your files to NewMMIS.
- Viewing the status of electronic claims through the POSC varies based upon the media type used and the time that the claim is submitted. If your claim is submitted at the POSC via direct data entry (DDE) the status of that claim will appear immediately upon submission of the claim. If you use the 837 batch claim submission option and submit claims in the morning, you will be able to view the status of those claims that afternoon. However, if you submit the 837 batch claims in the afternoon, you should not expect to be able to view their status until the next business day. This allows sufficient time for processing.

## Eligibility

All eligibility requests must be submitted through the POSC using the updated EVSpc software. You can obtain the updated software by logging into [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis). From the NewMMIS Web page, click on the Information and Software for Electronic Transactions link, and then choose Download EVSpc Version 4.0.

Using EVSpc, providers can now verify eligibility and enrollment online 24 hours a day, seven days a week. To ensure that you do not receive multiple search results when attempting to verify eligibility in the POSC by member name, you can refine search results by performing eligibility verification using:

- the member's 12-digit Medicaid ID;
- the member's social security number; or
- for DYS and DCF members only: other agency ID beginning with X or Y.

Eligibility verification performed using the above search criteria will always return search results for a single member, thus eliminating multiple search results.

- Remember to submit a Notification of Birth (NOB-1) form to MassHealth before submitting a claim for a newborn to NewMMIS. This will cause a NewMMIS 12-digit member ID to be issued for the newborn member. Refer to All Provider Bulletin 191 (New MassHealth Card) from May 2009 for more information. Go to [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs) and select the Provider Library link.

### Third-Party Liability

- When billing on paper, a UB-04 or CMS-1500 claim form must accompany the Explanation of Benefits (EOB) or Explanation of Medicare Benefits (EOMB) or the claim will be denied.
- Carrier codes have been expanded to seven digits and should be listed on claims as applicable. Appendix C of your provider manual contains a full list of updated codes.
- HIPAA adjustment reason codes or remark codes have replaced the use of condition codes and patient status codes for TPL exception billing. The provider manual appendices entitled "Supplemental Instructions for Claims with Other Health Insurance" contain more information.

### Service Authorizations (PA, Referrals, PAS)

- Providers who submit electronic or paper prior-authorization (PA) and preadmission-screening (PAS) requests in NewMMIS will automatically receive both a paper response in the mail and an electronic confirmation (if the provider has Internet capability). To view an electronic response to a PA or PAS request in the POSC, click on Manage Correspondence and Reporting from the navigation bar and then on Notifications. The notification will alert you to the availability of a response and then you can go into the respective link to view the PA or the PAS response.
- In the newly designed referral system in NewMMIS, there is no need to list the PCC number on the claim for the referral number. A PCC will generate the referral through the POSC. This process automatically assigns an electronically generated number. PCCs should remember to confirm the member's eligibility, and confirm enrollment of the member in their PCC panel before submitting a referral.
- As part of the NewMMIS transition, MassHealth is linking secondary sites to primary sites under the same primary user. MassHealth mailed a PCC multisite PID SL letter explaining the PCC linking process to PCC providers' primary-site doing-business-as addresses in the first week of June. Each PCC site is being assigned a separate NewMMIS PID SL. However, as the June letter indicated, it is the primary user's responsibility to assign subordinate access (as needed) to any secondary sites. The PCC site with which a PCC Plan member is enrolled is the entity that is able to issue referrals to a member who is enrolled at that site. If a subordinate user has not been linked (i.e., given access) to the secondary site, that subordinate user will not have the capability to issue a referral to a member. If the member is assigned to the group, the group must issue the referral; if the member is assigned to a specific site within a multisite practice, then the specific site must issue the referral. The monthly PCC panel report from MassHealth identifies PCC member site assignments.
- To ensure that new claims for referrals that were issued before May 26, 2009, are processed correctly in NewMMIS, specialty providers should precede the seven-digit legacy number with two leading zeros. All Provider Bulletin 188 provides further instruction for submitting referrals properly.
- Personal Care Management (PCM) providers attempting to adjust existing PAs that were converted from APAS must first acquire the appropriate NewMMIS PA number by searching for the PA. You can search for a PA by entering certain information (i.e., select the correct PID SL member name, status, etc.) into the PA search panels in NewMMIS. Please refer to the Inquire on a Prior Authorization job aid located on [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis) to review how to use this search function.

Remember: The only ways to submit a PA request and its associated attachments are on paper by using the paper PA-1 form and sending in the appropriate attachments on paper or by electronically attaching the documents to the electronic PA request. Providers who have scanning capability should submit their PA requests and attachments electronically. Providers who do not have scanning capability should contact MassHealth Customer Service at 1-800-841-2900 to inquire about an eFax account. eFax works like an ancillary scanner, preparing documents for electronic submission. Unfortunately, only a limited number of eFax accounts can be established. If you already have electronic scanning capability, MassHealth encourages you to use it.

- Providers submitting electronic PA requests must select the “electronically only” option. Do not select any other option from this field.
- MassHealth encourages all providers to submit PA requests electronically through the POSC if they have the capability to do so. However, if it is necessary to submit a PA request by mail, please mail your PA request to MassHealth, Hingham, MA 02043 at the following P.O. Boxes based on your location: P.O. Box 9153 (Western-region address only) if you are located in Worcester, Berkshire, Hampden, Hampshire, or Franklin counties. Boston-region providers should send their PA requests to P.O. Box 9154. Send both P.O. Box PA requests to MassHealth, Hingham, MA 02043.

### MassCOR

MassHealth has revised MassCOR's vision-care-material order form to accommodate the new 12-digit member ID numbers. The form is now fillable online. You can download the form at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

### Masspro

Please review MassHealth regulations about PAS at 130 CMR 450.208(A) for submission guidelines. Providers should make every effort to submit PAS requests following the regulation seven-day time frame to prevent system delays. Last-minute requests can affect Masspro's processing time.

---

## Additional Information

MassHealth is holding several **NewMMIS Webex training sessions** for the provider community throughout July and August. Each session will focus on a different functionality of the system. Some of the topics include third-party liability, referrals, PAs, and professional and institutional claims.

You may register for a session through the MassHealth e-Learning system at <http://masshealthnewmmisprovidertraining.ehs.state.ma.us/default.asp>. Once logged in, open the Course Catalog and then select NewMMIS Question and Answer Sessions by Topic for Providers. To identify specific learning opportunities, click on View Course Details and Enroll. To register for a session, click on the Session Schedule tab and select the applicable Action button. Failure to follow these registration steps exactly will result in an incomplete registration and you will not receive the needed course materials.

MassHealth will e-mail downloadable software and course access instructions to all registered providers upon successful enrollment into a course. If you have questions, contact MassHealth Customer Service at 1-800-841-2900.

**Updated Rates and MassHealth Payment and Coverage Guideline Tools.** MassHealth has updated its Durable Medical Equipment and Oxygen/Respiratory and Orthotics and Prosthetics Payment and Coverage Guideline Tools to reflect recent Centers for Medicare & Medicaid Services (CMS) service codes and descriptions changes announced by the Division of Health Care Finance and Policy (DHCFP). The DHCFP bulletin can be viewed at [www.mass.gov/dhcfp/policy](http://www.mass.gov/dhcfp/policy). To ensure that you are using the most recent version of the applicable Payment and Coverage Guideline Tool, go to [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs), click on Provider Library, then on MassHealth Payment and Coverage Guideline Tools.

**New MassHealth Provider Publications have been posted on the MassHealth Web site.** MassHealth has recently issued the following provider bulletins: All Provider Bulletin 195: Changes for Access to Behavioral-Health Services for Certain MassHealth Members; All Provider Bulletin 193: Copies of PDF Remittance Advice; All Provider Bulletin 188: Elimination of the PCC Plan Referral Requirement for Certain Services; and All Provider Bulletin 187: NewMMIS Implementation Schedule.

MassHealth has recently issued the following transmittal letters: TL All-169: Revised Part 6 (Claim Status and Correction) of the Administrative and Billing Instructions (Subchapter 5) for all provider manuals; TL EIP-18: Changes to Professional Staff for Whom Early Intervention Service Providers Can Bill MassHealth and Revisions to Service Codes and Descriptions; and TL ALL-168: Revised Appendix C, to communicate changes to Medicare D-eligible carrier codes and inform providers about reporting protocols for reporting changes to member insurance coverage type, carrier code, and policy.

MassHealth has recently issued new provider-specific publications: Radiation Oncology Bulletin 1: New MassHealth Provider Type; and Long Term Care Facility Bulletin 100: Annual Accounting for Personal Needs Account Funds.

To download copies of these publications, go to [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs), click on the Provider Library link, and select the applicable TL or bulletin link.

A list of the **explanation of benefit (EOB)** codes is posted on the MassHealth Web site. This list was previously published as Part 6 of Subchapter 5 of every MassHealth provider manual. It is now a freestanding list. You can find the list from the MassHealth home page by clicking on Information for MassHealth Providers, then on MassHealth Claims Submission.

As a reminder, notifying MassHealth of **changes to your provider information** is mandatory. Using the POSC to make changes is the fastest way to get your updates processed by MassHealth.

Please remember that **remittance advices (RAs)** are no longer printed and mailed to providers. Providers are now able to download PDF copies of their RAs for six months from the date of issuance. Once you download your RA, you will be able to save it on your computer indefinitely. If you do not have Internet access at all, please contact MassHealth Customer Service so that appropriate temporary arrangements can be made to meet your business needs while you arrange for Internet access. In addition, RA replacement copies may be purchased from MassHealth. For more information, refer to All Provider Bulletin 193: Copies of PDF Remittance Advice (June 2009). To view or download the bulletin, go to [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs) and click on Provider Library.

MassHealth has **updated some of the e-Learning courses**. Course modules provide step-by-step instructions for performing various tasks in the POSC. You can access e-Learning courses and job aids at [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis) by clicking on Need Additional Information or Training and then on Get Trained.

As part of the e-Learning updates, MassHealth has revised the Institutional Claims Submission and Professional Claims Submission modules. These courses show users how to enter an institutional claim or a professional claim for a member who has only MassHealth (Medicaid), MassHealth and other insurance, or MassHealth and Medicare.

For a list of the provider types that use institutional or professional claims, go to [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis), click on the Need Additional Information or Training link, then on Updated Billing Guides, Companion Guides, and Other Publications.

MassHealth has also updated the Provider Profile Maintenance e-Learning course. This course module shows users how to use the POSC to update provider profile information when changes to a provider's practice or business occur. Notifying MassHealth of changes to your provider information is mandatory. This module also instructs providers on how to check their MassHealth profile update status. All changes submitted to your profile go into a pending status until they are reviewed and approved by MassHealth.

You can submit changes through the POSC for the following areas: service locations, billing intermediary, address type, provider information, Medicare information, personal information, certified specialty information, information specialty information, license information, certification, covering practitioners, primary care clinicians (PCC), group practice information, professional affiliation, and trading-partner profile.

Please be advised that previously used third-party-liability (TPL) billing instructions for Medicare noncertified clinician services are no longer valid. MassHealth is **revising billing instructions for how to bill for services**

**provided by Medicare noncertified clinicians** and will begin editing for Medicare coverage when the new billing instructions are published. If you have questions, please contact MassHealth Customer Service at 1 800-841-2900.

Providers who use the Firefox Web browser are advised to **refrain from using the Firefox browser “Back” button** while working in the POSC application, as this may yield unexpected results. Instead, please use the POSC navigation buttons labeled “Back” or “Go Back Search Results.”

**August 25, 2009**, is the **last day** that providers may register on the POSC using their PIN. After this date, the primary user for each provider organization will be required to contact CST to gain access to the POSC. If you have not yet registered, MassHealth strongly urges you to complete the POSC registration before August 25, 2009.

MassHealth has posted an additional **UB-04 TPL paper billing support document** to both the NewMMIS and e-Learning training Web sites. The paper billing support document, which outlines the fields that need to be entered when filling out a UB-04 form for TPL, provides additional instructions for providers who bill using the paper UB-04.

The paper billing support document has been added as the **UBO4 Claim Form\_ TPL Required Information** job aide to the e-Learning Web site at <http://masshealthnewmmisprovidertraining.ehs.state.ma.us>. The job aid is located in course **POSC - Submitting Institutional Claims** under the heading **Course Materials**.

The paper billing support document has also been added to the NewMMIS Web site as **Special Instructions for Submitting Claims on the UB-04 for Members with Other Health Insurance**. It can be found at [www.mass.gov/masshealth/newmmis](http://www.mass.gov/masshealth/newmmis) under **Need Additional Information or Training?** Click on **Updated Billing Guides, Companion Guides, and Other Publications**. The document is located under the heading **Billing Guides**.