



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
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Boston, MA 02111
www.mass.gov/masshealth



MassHealth
Transmittal Letter ALL-167
May 2009

TO: All Providers Participating in MassHealth
FROM: Tom Dehner, Medicaid Director *TD*
RE: All Provider Manuals (Revised Appendix Y)

This transmittal letter issues revised Appendix Y. Appendix Y now lists the active Eligibility Verification System (EVS) system-generated message numbers on the Provider Online Service Center (POSC), their corresponding unique message numbers previously used in REVS, and their respective restrictive message text. Providers accessing EVS through the POSC to verify a patient's eligibility before providing medical services will receive one or more of these following restriction messages.

The appendix also includes the EVS benefit plans associated with the coverage types that were previously displayed in REVS. Before providing services providers will need to review what services are covered under each benefit plan at our Web site at www.mass.gov/masshealth or call MassHealth Customer Service at 1-800-841-2900.

Effective May 23, 2009, the associated numbers for all of the restrictive messages displayed in EVS will be updated.

Here is an example of how this new restrictive message display will look to providers on the POSC:

76/525 For mental health or substance abuse service authorization, call the Partnership at 1-800-495-0086.

Please note that in some cases there may be multiple EVS system-generated message numbers for one unique message number (previously used in REVS). The reason you see multiple message numbers is due to a system design for NewMMIS that allows us to update these messages in a more flexible and timely manner.

In most cases the messages have remained the same. However there are some message changes that you need to be aware of, which are described below.

For Commonwealth Care, EVS will now display the following message when a member has selected a Commonwealth Care managed care organization but the coverage is not yet effective.

Unique Message #	Restrictive Message Text
621	Member has future Commonwealth Care enrollment. Effective date will be first day of upcoming calendar month. Providers can call 1-800-841-2900 for more information.

MassHealth has also updated the deductible amounts for HSN. The updated messages are as follows:

Unique Message #	Restrictive Message Text
638	Partial HSN Available. Member with 200-250 Percent FPL. HSN deductible is \$43.
639	Partial HSN Available. Member with 250-300 Percent FPL. HSN deductible is \$2,167.
641	Partial HSN Available
642	PARTIAL HSN DENTAL AVAILABLE. MEMBER WITH 200-250 PERCENT FPL. HSN DEDUCTIBLE IS \$43.
643	PARTIAL HSN DENTAL AVAILABLE. MEMBER WITH 250-300 PERCENT FPL. HSN DEDUCTIBLE IS \$2,167.

Please note that unique message 075 is not used in NewMMIS. All members in NewMMIS will have a unique ID that will not be shared with any other individual.

MEMBER ID MAY HAVE BEEN USED IN THE PAST BY MORE THAN ONE MASSHEALTH MEMBER. VERIFY MEMBER NAME AND BIRTHDATE ON RESPONSE.

NEW MATERIAL

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

All Provider Manuals

Pages Y-1 through Y-8

OBSOLETE MATERIAL

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

All Provider Manuals

Pages Y-1 through Y-6 — transmitted by Transmittal Letter ALL-162

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EVS Codes and Messages

Important Note: This appendix is available online at www.mass.gov/masshealthpubs. MassHealth will update Appendix Y as needed. Paper copies of this appendix will not be mailed automatically, but can be requested by mailing, faxing, or e-mailing a request to the following address.

MassHealth Publications
P.O. Box 9118
Hingham, MA 02043
Fax: 617-988-8973
E-mail: publications@mahealth.net

This appendix lists the active Eligibility Verification System (EVS) system-generated message numbers, their corresponding unique message numbers previously used in REVS, and their respective restrictive message text. Providers accessing EVS through the POSC to verify a patient's eligibility before providing medical services will receive one or more of the following restrictive messages. These messages are subject to change without notice.

The appendix also contains the MassHealth Benefit Plans Chart that lists the previous REVS coverage types and the corresponding EVS benefit plan codes, along with descriptions and additional comments.

EVS System-Generated Message #	Unique Message # (Previously used in REVS)	Restrictive Message Text
10	6	NHP member. For medical services call 1-800-462-5449. For behavioral health services call 1-800-414-2820.
747-749	21	BMC Healthnet member. For medical services call 1-888-566-0010. For behavioral health services call 1-888-217-3501.
12	31	Prior auth required on all care except emergencies. ESP North Shore. Call 781-581-3900 for Lynn clients; 978-837-9479 for Beverly clients.
1	35	DMH CLIENT.
13	36	Prior authorization mandatory for all care except for emergencies. Call ESP of The Cambridge Hospital at 617-868-6323.
14	41	Prior authorization mandatory for all care except for emergencies. Call ESP at Fallon at 508-852-2026.
15	46	Prior authorization mandatory for all care except for emergencies. Call ESP of Upham's Corner at 617-288-0970.
16	51	Prior authorization mandatory for all care except for emergencies. Call Harbor Elder Services at 617-296-5100.
17, 734, 735, 736, 737, 738, 739	56	Network Health member. For medical services call 1-888-257-1985. For behavioral health services call 1-888-257-1986.
71	71	Member enrolled in program that limits him/her to 1 pharmacy. For information, member may call 1-800-841-2900, 8AM-5PM Mon-Fri.
96	96	Care Management Pilot Program member. Please call 413-794-9428 to coordinate all medical and behavioral health services.

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EVS System-Generated Message #	Unique Message # (Previously used in REVS)	Restrictive Message Text
2	111	Resident at long-term-care facility.
3	116	EAEDC (Cat. 04). Services restricted. See 130 CMR 450.106. For questions, call provider services at 1-800-841-2900.
121	121	Direct all inquiries about eligibility to Social Service Worker.
68	126	Community Case Management member. Prior authorization now required for home health (PDN, Nursing, HH Aide, PCW) info 1-800-863-6068.
19	171	Prior authorization mandatory for all care except for emergencies. Call ESP of East Boston at 617-568-6416.
186	186	Exempt from MassHealth copay on non-pharmacy services under 130 CMR 450.130(D).
20	201	SENIOR CARE OPTIONS. Payment limited to SCO. Authorization needed for all services except emergencies. Call CCA: 1-866-610-2273.
21	231	SENIOR CARE OPTIONS. Payment limited to SCO. Authorization needed for all services except emergencies. Call SWH: 1-888-794-7268.
246	246	Exempt from Masshealth copay on pharmacy services under 130 CMR 450.130(D).
271	271	Met cap on non-pharmacy services under 130 CMR 450.130(C).
22-25, 63, 64, 92-95, 97-105, 703, 281	281	Health Safety Net is for certain hospital and CHC services ONLY. For more information, Call 1-877-910-2100.
26, 27, 299-364, 367-450	306	Individual has submitted an MBR and is NOT ELIGIBLE for MassHealth. For more information, call 1-800-841-2900.
740-746	311	Fallon member. For medical services call 1-800-868-5200. For behavioral health services CALL 1-888-421-8861.
366	366	Met cap on pharmacy services under 130 CMR 450.130(C).
825-829 831-841	386	Medicare-covered services only.
28	391	Senior Care Options. Payment limited to SCO. Authorization needed for all services except emergencies. Call Evercare: 1-888-867-5511.
461	461	PRIMARY CARE CLINICIAN (PCC) Plan member. Call PCC for authorization for all services except those listed in 130 CMR 450.118(J).
5, 6	480	Bill member's private health insurance. See 130 CMR 450.316-317 for information on TPL requests and payment limitations on claim submissions.

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EVS System-Generated Message #	Unique Message # (Previously used in REVS)	Restrictive Message Text
7, 8	485	Bill member's private health insurance. MassHealth pays only for copays and deductibles for well-child visits.
74	490	DMH Client. Not eligible for MassHealth.
29-32	495	Eligible for Premium Assistance only. Bill member's private health insurance.
500, 773	500	Special NHP program. Call NHP at 1-888-816-6000 for authorization for all services except family planning, glasses, and most dental.
33	505	MassHealth CommonHealth member. For questions, call 1-800-841-2900.
9	516	Call HRCA at 617-325-8000 for authorization of all services except acute inpatient admissions.
34	520	Eligible for ambulatory prenatal care only.
35	522	Eligible for emergency services only.
76	525	For mental health or substance abuse service authorization, call the Partnership at 1-800-495-0086.
530	530	No PCC/MCO authorizations needed. For MH/SA service authorization, call the Partnership at 1-800-495-0086.
550	550	Retro HSN available or Retro Partial HSN available.
595, 762	595	Eligible but not enrolled in managed care. Service cannot be billed to MassHealth. Member must enroll. HSN available.
596	596	ESSENTIAL UNENROLLED. Member also eligible for Essential. Member must enroll in managed care to receive these benefits. Member must call 1-800-841-2900
597	597	BASIC UNENROLLED. Member also eligible for Basic. Member must enroll in managed care to receive these benefits. Member must call 1-800-841-2900.
40	601	Eligible for emergency services, including labor and delivery, under Limited without copay under 130 CMR 450.130(D).
41	602	For eligibility dates and payment for all other pregnancy-related services under Healthy Start, call 1-888-488-9161.
42	603	Eligible for emergency services under Limited without copay under 130 CMR 450.130(D).
43	604	For eligibility dates and payment for primary and preventive care services call CMSP at 1-800-909-2677.
44, 760-761, 842-848	606	Reimbursement from the Health Safety Net not allowable for this patient. For information call 617-988-3222 OR 1-877-910-2100.

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EVS System-Generated Message #	Unique Message # (Previously used in REVS)	Restrictive Message Text
45	608	Member eligible for Medicare Part D. For member enrollment status or other information call 1-800-MEDICARE (1-800-633-4227).
80, 106-120, 122-201, 700-701	609	YES. Member has full Medicaid benefits.
81, 202-245, 247-270, 272-298, 702	610	NO. Member does not have full Medicaid benefits.
46, 766	611	Member is Qualified Medicare Beneficiary. See 130 CMR 519.010.
48, 49	612	Member is Specified Low Income Medicare Beneficiary. See 130 CMR 519.011(A).
50, 51	613	Member is Qualified Individual Beneficiary. SEE 130 CMR 519.011(B).
614	614	Bill hospice provider if service is related to terminal illness.
53, 750-752	615	BMC Healthnet Plan member. For Medical Services call 1-888-566-0008. For behavioral health services call 1-866-444-5155.
616	616	Network Health member. For Dental Services call 1-800-341-8478. For Vision Services call 1-888-257-1985
617	617	NHP member. For dental services call 1-800-341-8478. For vision services call 1-800-638-3120.
618	618	BMC Healthnet Plan member. For Dental Services call 1-800-685-9971. For vision services call 1-800-615-1883.
619	619	Fallon Community Health Plan member. For Dental Services call 1-800-822-5353. For vision services call 1-800-868-5200
85-87, 704-709	620	Member also eligible for Commonwealth Care. Member must enroll in Managed Care to receive these benefits. Call 1-877-MA-ENROLL
621	621	Member has future Commonwealth Care enrollment. Effective date will be first day of upcoming calendar month. Providers call 1-800 841-2900 for more information.
622	622	Network Health Member. For vision services call 1-888-257-1985.
623	623	NHP member. For vision services call 1-800-638-3120.
624	624	BMC Healthnet Plan member. For vision services call 1-800-615-1883.
625	625	Fallon Community Health Plan member. For vision services call 1-800-868-5200.
628	628	Commonwealth Care Plan Type I. Member does not have to pay a monthly premium. Member must pay copayments for prescription drugs.

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EVS System-Generated Message #	Unique Message # (Previously used in REVS)	Restrictive Message Text
629	629	Commonwealth Care Plan Type II. Member may have to pay a monthly premium. Member must pay co-payments for some services
630	630	Commonwealth Care Plan Type II. Member must pay a monthly premium and copayments for some services.
631	631	Commonwealth Care Plan Type III. Member must pay a monthly premium and copayments for some services.
632	632	Commonwealth Care Plan Type IV. Member must pay a monthly premium and copayments for some services
633	633	HSN is for certain hospital and CHC services only. Member has submitted an MBR and is not elig for MassHealth. Call 1-877-910-2100.
634	634	Member must enroll in COMMCARE to receive these benefits. Member must call 1-877-MA-ENROLL (1-877-623-6765).
635	635	HSN available.
853-913	636	Member is also eligible for HSN Secondary. See 114.6 CMR 13.00 for info on HSN REQS.
791-792	637	Member is HSN Secondary. Bill member's private health insurance. See 114.6 CMR 13.00 for info on TPL REQS.
89, 771-772		NHP member. For vision services call 1-800-462-5449.
638	638	Partial HSN available. Member with 200-250 percent FPL. HSN deductible is \$43.
639	639	Partial HSN Available. Member with 250-300 percent FPL. HSN deductible is \$2,167.
640	640	HSN not available.
641	641	Partial HSN available.
642	642	Partial HSN Dental available. Member with 200-250 percent FPL. HSN deductible is \$43.
643	643	Partial HSN Dental available. Member with 250-300 percent FPL. HSN deductible is \$2,167.
644	644	HSN Dental available.
645	645	Partial HSN Dental available.
770, 915	647	HSN pharmacy copays may be applicable.

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MassHealth Benefit Plans Chart

The MassHealth Benefits Plan Chart lists the previous REVS coverage types and the corresponding EVS benefit plan codes, along with description and additional comments.

REVS Coverage Type	EVS Benefit Plan Code/Description	Additional Comments
BASIC HSN	BASM - BASIC MANAGED CARE	Requires managed care enrollment for services. Any HSN coverage will be indicated in a restrictive message.
BASIC	BASM - BASIC MANAGED CARE BASF - BASIC FEE-FOR-SERVICE	See above. No managed care enrollment required.
BASIC/UNENROLL	BASM - BASIC MANAGED CARE	-
BUY IN	PRA - PREMIUM ASSISTANCE (NO DIRECT COVERAGE)	-
CMSP ONLY	CMSP - CHILDRENS MEDICAL SERVICE PLAN	-
COMMCARE/HSN	CCARE - COMMONWEALTH CARE	-
COMMCARE/PARTL	CCARE - COMMONWEALTH CARE	-
COMMCARE/UNENRL	CCARE - COMMONWEALTH CARE	-
COMMONHEALTH	COM - MASSHEALTH COMMONHEALTH	-
COMMONWLTH CARE	CCARE - COMMONWEALTH CARE CCRLM - COMMONWEALTH CARE WITH LIMITED	-
EAEDC	EAEDC - EMERG AID TO ELDERLY DISABLED AND CHILDR	-
ESSENTIAL HSN	ESSM - ESSENTIAL MANAGED CARE	Requires managed care enrollment for services. Any HSN coverage will be indicated in a restrictive message.
ESSENTIAL	ESSM - ESSENTIAL MANAGED CARE ESSF - ESSENTIAL FEE-FOR-SERVICE	See above. No managed care enrollment required.

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MassHealth Benefit Plans Chart (cont.)

REVS Coverage Type	EVS Benefit Plan Code/Description	Additional Comments
ESSNTL AND LMTD	BASM - BASIC MANAGED CARE LIM - LIMITED	-
ESSNTL/UNENROLL	ESSM - ESSENTIAL MANAGED CARE	-
FAMILY ASSIST	FADC - MASSHEALTH FAMILY ASSISTANCE	-
HLTH SAFETY NET	HSN - HEALTH SAFETY NET	-
HSN PARTIAL	PHSN - PARTIAL HEALTH SAFETY NET	-
LIMITED	LIM - MASSHEALTH LIMITED CCRLM - COMMONWEALTH CARE WITH LIMITED	-
LMTD CMSP	LIMCP - LIMITED PLUS CMSP	-
LMTD HLTHY STRT	LIMHS - LIMITED PLUS HEALTHY START	-
MH ONLY	DMH - DMH ONLY	-
PREMIUM ASSIST	PRA - PREMIUM ASSISTANCE (NO DIRECT COVERAGE) FAPAE - EXPANSION FAM ASSIST PREM ASSIST PLUS	-
PRENATAL	PRN - MASSHEALTH PRENATAL	-
RETRO HSN	This information is being conveyed via restrictive message 550.	-
RETRO PARTL HSN	This information is being conveyed via restrictive message 550.	-
SENIOR BUY IN	SBI - SENIOR BUYIN	-
SENIOR PHARMACY	SPH - SENIOR PHARMACY	-
STANDARD	STD - MASSHEALTH STANDARD HCBSD - MR/DD HOME & COMMUNITY BASED SERVICES WAIVER HCBSM - MRC/TBI HOME & COMMUNITY BASED SERVICES WAIVER	-

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