

Contents

- 7 New and Noteworthy
- 7 Update Gets a Facelift
- 7 Program Feature
- 3 Tips for Avoiding Claim Denials
- 3 POSC Connection
- 4 We Heard You...

Update

New and Noteworthy

This issue of *Update* features many notable items. You will find information about MassHealth’s newly publicized policies, regulations, resources, and programs. You’ll also find references for further exploring these topics. Please read on!

Update Gets a Facelift

We’ve changed our format to make *Update* easier to read and use. We hope that you visit here often and find that *Update* becomes an important resource for you.

Look for

- decreased overall newsletter length;
- shorter articles;
- increased use of hyperlinks for direct access to [transmittal letters](#), [bulletins](#), and other valuable online [resources](#) (for example, the NewMMIS Web page) and communications; and
- sections that address your issues with tips to improve business functions. ■

[-Top-](#)

Program Feature

Provider-specific policy, regulatory, informational, educational, or functional communications that are relevant to and affect your daily business processes with MassHealth.

New Tips and Updates for the MassHealth Hospice Program

MassHealth has recently updated the **hospice program** regulations. For information about these revisions, please refer to [Transmittal Letter \(TL\) HOS-14](#) (March 2010). You can access this TL as well as the [Hospice Manual](#) from the [Provider Library](#). Click on the appropriate link from the Publications panel on the right side of the logon screen.

In addition, there are many other links that provide helpful access to hospice billing information that can assist you in your daily business functions with MassHealth. You can access the



revised Billing Guide for the UB-04 claim form from the [NewMMIS Web site](#). Click on the Need Additional Information or Training link, then on Updated Billing Guides, Companion Guides, and Other Publications.

The [Hospice Room and Board Billing Tips](#) provide detailed instructions for calculating room and board charges when a member is receiving hospice services while in a long-term-care facility. This explanatory document cites the Division of Health Care Finance and Policy (DHCFP) regulations at 114.3 CMR 43.00 (Hospice Services), and describes the steps to calculate the hospice room and board amounts that are equal to 95% of what MassHealth would pay the nursing facility for a nonhospice MassHealth member in a nursing facility. The Hospice Room and Board Billing Tips can be accessed from the [MassHealth Web site](#). Click on the Information for MassHealth Providers link, then on MassHealth Customer Service for Providers, then on Billing Information, and finally on Billing Tips. ■

-Top-

Primary Care Clinicians (PCCs): PCC Panel Report Gets a New Name

At NewMMIS implementation, MassHealth renamed the PCC Panel Report as PCC Enrollment Roster. The Enrollment Roster is the monthly report compiled for enrolled PCC Plan providers. It lists all their currently enrolled PCC Plan members, new members, and disenrolled members per service site, including basic demographic information for each member. More information about the PCC Panel Report/Enrollment Roster can be found in the [PCC Plan Handbook](#). From the Publications panel on the [MassHealth Web site](#), click the link for MassHealth Provider Forms. You'll find the **PCC Plan Handbook** under the Forms Used by Multiple Provider Types header.

The **Enrollment Roster** makes its home, like so many of the reports and materials that are central to conducting daily business functions with MassHealth, on the Provider Online Service Center (POSC). To access the Enrollment Roster, log on to the [POSC](#). From the POSC home page, click the Manage Correspondence and Reporting link, and then click on View Metrics/Reports. Choose the correct service location from the drop-down menu, and then click Search to pull up the various online reports available. Select MGD-0055.

MassHealth has also added a **new job aid** with instructions for accessing this report via the [NewMMIS Web site](#). Click on Need Additional Information or Training, and then on Get Trained. The job aid is listed under the Metrics Reports header. If you have questions, call MassHealth Customer Service at 1-800-841-2900.

Two other resources that communicate PCC-related information are the *PCC Plan Quarterly Provider Newsletter*, which is mailed seasonally and, for your members, *Health Highlights*, which is mailed semiannually. Both are available from the [Mass. Behavioral Health Partnership Web site](#). ■

-Top-

Tips for Avoiding Claim Denials

Tips is a summary analyzing MassHealth's top claim-denial reasons from monthly reports across claim or program type, and provides instructional briefs to help you to avoid repeat mistakes. To view the Top 10 Claim Denials report for your PID/SL, log on to the [POSC](#). Select the Manage

Correspondence and Reporting link in the Provider Services panel. Click View Metrics/Reports, then click the Manage Correspondence and Reporting option.

Claim Denial Reason: Duplicate or Exact Duplicate Claims

Tip: Check your remittance advice (RA) to understand why a claim was denied. Use the POSC to regularly check the reports available (from the Inquire Financial Data link, you can view your reconciled (already paid) accounts). To check a claim that has been submitted but not yet paid, select the Inquire Claim Status option from the Manage Claims and Payments link. Checking your claims submissions, and MassHealth's payments to date, should reduce duplicate or exact duplicate claim-denial codes. Submitting the same claim more than once does not ensure payment. Nonpayment could indicate that something is either missing or needs to be corrected. Edit codes indicate claim denial reasons.

Claim Denial Reason: Using Legacy Member IDs

Tip: Effective for claims submitted on and after June 1, 2010, MassHealth will accept only the 12-digit NewMMIS member IDs on claims submissions. Effective July 1, 2010, claims submitted with the 10-digit legacy member IDs will be denied with error code 2006 (CLAIMS SUBMITTED WITH LEGACY MEMBER ID) and HIPAA Reason and Remark code 31 (PATIENT CANNOT BE IDENTIFIED AS OUR INSURED). **Please note that Medicare crossover claims submitted on paper or through electronic batch submissions will not deny for this edit.** ■

-Top-

POSC Connection

Explore the functionality available through the POSC. MassHealth encourages providers to use the Internet and the capabilities offered at this site whenever possible.

The POSC logon screen includes panels that group links to similar tasks, resources, or information. Many of the most commonly used provider forms can now be readily downloaded from a Publications panel located to the right of the logon screen. These are the same publications and forms that you have been accessing via the MassHealth Web site's [Publications panel](#) as well as from the [Provider Library](#). ■

-Top-



Did You Know?

General issues, information, and/or reminders that MassHealth would like to convey.

Use DME-2 Form

The current *Documentation of Need for Durable Medical Equipment and Supplies General Prescription Form* (DME-1) has been revised. The new form is classified as **DME-2** and is available on the [MassHealth Web site](#). For prescriptions dated on or after May 1, 2010, MassHealth will accept ONLY the new DME-2 form. Providers should stop using any old DME-1 forms as soon as possible or it may cause problems with billing.

[Transmittal Letter \(TL\) DME-29](#) communicates more information about this change. You can download a copy of the TL from the [Provider Library](#). In addition to the TL, providers can print copies of the DME-2 from the [MassHealth Web site](#) or from the MassHealth Provider Forms [link](#) on the Publications panel in the [POSC](#). ■

[-Top-](#)

We Heard You...

The topics you have identified during the various professional association meetings and training session as areas where assistance is requested.

Remapping MassHealth Explanation of Benefits (EOB) Codes to HIPAA Reason Codes (ARC) on 835s

Previously, EOB codes 9905, 9916, 9918, 9919, 9921, 9928, 9932, 9933, and 9998 were mapped to ARC B5 on the 835. Based on provider feedback, MassHealth recently implemented a change: these codes have been remapped to ARC 45 with the description, "Charges exceed your contracted/legislated fee arrangement." EOB 9922 has been remapped to ARC 1 with the description, "Deductible amount." To view the MassHealth Crosswalk of EOB Codes to HIPAA Claim Status Codes and Entity Codes, go to www.mass.gov/masshealth. Click on Information for MassHealth Providers, then on MassHealth Claims Submission. Please refer to the Crosswalk of HIPAA Status Codes and Entity Codes to the MassHealth Explanation of Benefit Codes.

If you have questions, please call MassHealth Customer Service at 1-800-841-2900. ■

[-Top-](#)

Provider Tutorial

Based on the top call reasons... MassHealth responds with recommended Web tools, navigation tips, resources, and information – automated system functions that can help you improve efficiency – all available from the POSC and mass.gov/masshealth, your primary sources for information and issue resolution.

How to Resubmit a Claim as an Adjustment

- Use DDE to submit your claims adjustments.
- Prepare an entirely new claim form.

- Enter the correct information.
 - Attach any required documentation.
 - Submit all paid claim lines as they appeared on the originally paid claim or the most recently adjusted claim. (Otherwise, the system will void any previously paid lines.)
 - Never enter negative money amounts into any amount boxes.
 - Use the many online resources that MassHealth provides to access further information and instruction on this topic:
 - ◇ [Submitting a Claim Adjustment](#)
 - ◇ [Submitting Paper Claims](#)
 - ◇ [TPL Billing Tips](#)
 - ◇ [Administrative and Billing Regulations](#) ■
- Top-

And for Your Members

MassHealth encourages you to share this member information with your MassHealth patients.

INTRODUCING: the [Virtual Gateway](#).

Heads of Households that get SNAP, cash- , or health-assistance benefits can now use the [Virtual Gateway](#) to see their case information online!

MassHealth, Commonwealth Care, and Health Safety Net heads of household (HOHs)—the person who signed the original application for benefits—can now use My Account Page on the Virtual Gateway to see their benefits online and to change certain information about themselves and/or household on file with MassHealth without having to call a MassHealth office. Individuals who get food- and cash-assistance benefits through the Department of Transitional Assistance (DTA), including SNAP (formerly Food Stamps), TAFDC, and EAEDC, can also view similar information on My Account Page. As with the health-assistance portion of MAP, the person needs to be the HOH to use MAP. In addition, Commonwealth Care HOHs with minimal changes to their cases can now use My Account Page on the Virtual Gateway, rather than a paper form, to submit their annual eligibility reviews online.

We urge you to spread the word about this significant new tool that will allow your clients and patients who currently get food- , cash- , and/or health-assistance benefits increased access and control over their own case information.

A [MAP flyer](#) provides more related information.

Finally, you can get more information from the [April Feature of the Month](#). You can access the Feature of the Month from the Publications panel on the [MassHealth Web site](#). ■

-Top-