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▮ New Policy for Duplicate Remittance Advice Requests

Effective March 21, 2006, there is a fee of \$10.00 for all duplicate remittance advice (RA) requests. The fee covers labor, materials, and shipping costs to reproduce one duplicate RA on CD-ROM per request. RAs can be duplicated on paper by special request. However, if you submit your claims electronically and receive the 835 RA, you can avoid this fee by using the self-service option to download electronic 835 RAs directly from our secure Web site.

Submitting a Duplicate RA Request

You can request a duplicate RA by contacting our Customer Service Center by phone at 1-800-841-2900 or e-mail providersupport@mahealth.net.

If sending an e-mail, a Customer Service Representative (CSR) will contact you to verify the information and remind you to send a check for \$10.00 before progressing further.

Please Note: All duplicate RA requests will be fulfilled on a CD-ROM in PDF format,

unless otherwise noted.

After making your request and confirming it with a CSR, you will need to send a check for \$10.00 made payable to Customer Service Correspondence to the following address.

MassHealth
 ATTN: RA Correspondence
 P.O. Box 45
 Boston, MA 02110

Contact our Customer Service Center by phone or e-mail to make a duplicate RA request.

Requests will be processed within five business days of MassHealth's receipt of your check.

Requesting a Paper Duplicate RA

You can request a paper copy of the RA by indicating your preference in your e-mail or to the CSR.

If your paper RA exceeds 200 pages, additional surcharges of \$3.00 for each subsequent 200 pages will apply. A customer service representative will contact you with the exact costs and to determine if you wish to proceed. However, you can avoid this charge if in your request you inform MassHealth that RAs in excess of 200 pages should be fulfilled electronically on CD-ROM.

Although exceptions to the fee policy will be made for RAs lost in mail delivery, after confirmation of your correct mailing address, no more than one free RA every six months will be permitted.

If you have any questions or concerns about this policy, contact MassHealth Customer Service at 1-800-841-2900 or e-mail providersupport@mahealth.net.

▮ All Outpatient Hospital Claims Must Have an Entry for Admission Hour

Transmittal Letters AOH-2 (November 1996), OPD-40 (December 1994), and POH-2 (December 1998) offered item-by-item instructions for completing the UB-92 paper claim form. In these instructions, MassHealth advised providers to enter a two-digit code corresponding to the start time of a member's visit into Item 18, the admission hour field. However, at that time, Item 18 was not required for claims processing.

Since then, MassHealth has reviewed this decision and determined that claims

can be more efficiently processed when an entry for admission hour is provided. This includes situations where multiple providers submit claims for the same MassHealth member on the same date of service.

As a result, effective for dates of service on or after March 31, 2006, any claims submitted for outpatient services must have an entry for the admission hour of the service that corresponds to the start time of a member's visit.

Any claims submitted after March 31,

2006, without an entry in this field will be denied for error 655 (invalid/missing time of admission).

If billing electronically on the 837I, enter the admission time in Field DTP03, Loop 2300.

If billing on paper using the UB-92 claim form, enter the time in Item 18 (Admission Hour). Applicable codes for Item 18 are available in the Subchapter 5 billing instructions of your provider manual.

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▮ New on mass.gov/masshealth: Sign Up for Your Preferred Communication Method

Stay current with the MassHealth information that affects you by selecting your preferred method of communication! We have made it easier for you to receive MassHealth provider bulletins and transmittal letters that inform you of changes in our programs. Now you can choose to receive notices about these publications by e-mail, postcard, or paper copy.

In May 2005, MassHealth stopped mailing bulletins and transmittal letters directly and, instead, mailed postcards describing the subject of the publication and referred you to our Web site to download a copy or request a paper copy. We also offered you the option of signing up for automatic e-mail alerts whenever a new publication was posted to our Web site. However, until now, even if you signed up for e-mail alerts you still received a postcard.

Now we're making it easier and simpler for you to receive notification of all bulletins and transmittal letters. Just select your preferred method of communication from one of the three following options and let MassHealth know your decision.

1. E-mail notification (fastest)
2. Postcard notification (up to 10

days later than e-mail)

3. Paper copy of actual publication (up to 10 days later than e-mail)

We send publications under the pay-to-provider number only (not servicing provider numbers). If you are organized as a group practice, you must sign up under your group-practice provider number.

**Go to
www.mass.gov/masshealth
and sign up for your
preferred communication
method!**

Any time you wish to change your preferred method of communication, go to our Web site at www.mass.gov/masshealth and follow the steps below. It's that easy!

1. Go to the Online Services box on the right.
2. Select the Provider Preferred Communication Method link.
3. In the designated fields, enter
 - your provider number;
 - a contact name and phone

number; and

- your e-mail address (and confirm it.)
4. Select your preferred communication method from the drop-down menu.
 5. If you are a group practice, check the appropriate boxes to indicate the provider types in your organization.
 6. Click on Submit Form.

Make sure to go online and let us know your preference. Please be aware that all notifications will be sent in accordance with your choice, as your office or facility will only be able to receive publications through one method of communication. If we do not hear from you, you will continue to receive postcards, because they are the default communication method from MassHealth.

If you do not have Internet access, you can contact the MassHealth Customer Service Center at 1-800-841-2900 to let us know your preference.

▮ Processing Uncompensated Care Pool Eligibility Determinations

In October 2004, MassHealth started processing Uncompensated Care Pool (UCP) eligibility determinations for certain individuals.

MassHealth will now review certain active UCP households through a "profile" review process similar to all the other annual review processes. A new simplified UCP eligibility review form has been created to capture the necessary information. Members will have 60 days to complete and return the form.

The new form is called the Uncompensated Care Pool Eligibility Review Form. It asks for information that may impact eligibility for UCP but in a new, easy-to-use format to allow efficient processing.

The review process is for certain

households currently active with a UCP benefit type (Full Uncompensated Care and Partial Uncompensated Care). Primarily, they will be households where all members have a UCP benefit.

After households have been selected as part of the UCP profile review, each household will receive the following items in their profile select package:

1. cover letter (UCP-H-Review-CL), introducing the review and giving the return date;
2. UCP-H-Review form;
3. green self-addressed, stamped envelope; and
4. UNIV-5 (multilingual sheet).

A copy of the cover letter will also be sent to anyone listed as a contact in our files.

The cover letter includes the names of all the members of the household who are being reviewed for UCP.

The forms can be mailed or faxed to:

MassHealth UCP Review Team
P. O. Box 290794
Charlestown, MA 02129-0214
Fax: 617-241-6005

If you need additional UCP forms, want to request a form in Spanish, or if you have questions about a form that has been mailed, please contact the UCP Review Team at 1-800-795-1922.

Please direct all other questions and concerns, including those related to UCP eligibility, to the member's MassHealth enrollment center (MEC).

Automated Solutions: WebREVS Site Modified to Follow mass.gov/masshealth Web Site Standards

In April 2006, WebREVS, the Web site used to verify eligibility for MassHealth at www.massrevs.eds.com, was modified to reflect a look and functionality consistent with our other Web pages at www.mass.gov/masshealth, while also providing easier navigation.

The WebREVS functionality that you are familiar with will remain intact with the new WebREVS format, but includes new features to reduce administrative time spent verifying eligibility. Changes in WebREVS are explained below.

Expanded Name Search Functionality

The name search function has been enhanced to allow you to enter up to 20 characters of the member's last name and up to 15 characters of the member's first name, along with the member's date of birth and gender, to achieve an exact match.

You will also be able to search by name through a phonetic match (using the soundex algorithm) when the exact name is not available. A quick reference flyer for searching by member name is available in All Provider Bulletin 151.

Location of WebREVS Menu Options

The menu is now located on the right side of the screen to follow the appearance of other MassHealth Web pages.

WebREVS Log-in Screen

The change password option has been moved from the Log-in page to a new Change Password page, which is accessible as a new menu option after you login to REVS.

Date Entry

On the Claim Status Verification and Eligibility Verification pages, the date entry drop-down menus have been replaced with text boxes that allow dates to be manually entered. A calendar feature

The WebREVS modification promotes easier Web site navigation for users.

has also been added that allows you to select a date by clicking on the desired date on the calendar.

Verification Screens

The Eligibility and Claim Status Verification screens have both undergone some changes. Changes that affect both these pages include the left-justification of the Verify button, and the ability to delete information in all inquiry fields with the click of a button, making it easier for you

to alter information on these screens.

For the Eligibility Verification page, the data fields associated with the name-search option will appear beneath the member ID to verify eligibility. This change was made to give easier access to the name-search feature, which is one of the more popular methods of eligibility verification.

The Claim Status Verification Screen now has set default values for the member name, date of birth, and gender information so that you do not have to enter this information. These fields can be found in the Additional Member Information screen.

Please review All Provider Bulletin 151, dated March 2006, for more details on WebREVS enhancements and to view the quick reference flyer, "Steps for Verifying Eligibility by Member Name." Provider bulletins are located in the Provider Library, which is located under the MassHealth Regulations and Other Publications link on www.mass.gov/masshealth.

To log-in to WebREVS, you need your REVS userID and password. WebREVS can be accessed at <https://www.massrevs.eds.com>.

If you have REVS questions, e-mail revshelpdesk@eds.com or call 1-800-462-7738.

Changes Make Member Notices Easier to Read

We have heard your requests! MassHealth has updated two types of member notices to make them easier to read and understand:

- MassHealth eligibility notices that include both a MassHealth decision (or information) and an Uncompensated Care Pool decision; and
- MassHealth eligibility review cover letters (that accompany the Eligibility Review Form).

Now an alert at the beginning of the MassHealth/Uncompensated Care Pool notice informs the member or applicant that the notice provides two decisions

(in most cases), one about MassHealth eligibility and the other about UCP eligibility, and also reminds members and applicants to read the entire notice. Clarifying text has also been added to the Eligibility Review and the Uncompensated Care Pool Eligibility Review cover letters to remind members that notices about the results of their eligibility review will not be generated if there are no changes to their benefits.

Verification of Earned Income for Bi-Weekly or Semi-Monthly Pay Period

One pay stub is acceptable when wages are paid to the applicant or member on

a biweekly (every two weeks) or semi-monthly (twice a month) basis.

Please refer to the March 2006 message text in our Provider Library under the MassHealth Regulations and Other Publications link on www.mass.gov/masshealth for more information.

These changes are in response to your requests.

▮ All Outpatient Hospital Claims Must Have an Entry for Admission Hour (continued from page 1)

This information was transmitted in the following provider bulletins issued in January 2006:

- Acute Outpatient Hospital Bulletin 15
- Chronic Outpatient Hospital Bulletin 2
- Psychiatric Outpatient Hospital Bulletin 1

These bulletins, as well as other recent MassHealth bulletins and

transmittal letters, are located online in the MassHealth Provider Library. The Provider Library can be accessed from the MassHealth Regulations and Other Publications link on the www.mass.gov/masshealth homepage.

**Don't forget you can visit our
Provider Library anytime
you need to access provider
regulations, manuals,
bulletins, or transmittal
letters, and remittance advice
message text.**

▮ Provider FAQs: Transition to the ADA 2002/2004 Claim Form for Dentists

When can I start submitting my claims to MassHealth on the ADA 2002 or 2004 claim form?

MassHealth will begin accepting the ADA claim form versions 2002 and 2004 in place of the current MassHealth claim form no. 11 April 18, 2006.

Beginning on July 1, 2006, the ADA claim form versions 2002 and 2004 will be the only paper claim form that MassHealth will accept. We suggest you take advantage of

this transition period to review the paper billing procedures for the ADA form.

Can I continue to submit claims to MassHealth on the proprietary claim form no. 11?

You will still be able to submit claims on the MassHealth no. 11 claim form through June 30, 2006. However, after this date, MassHealth will accept only claims submitted on the ADA form. Any claims submitted on MassHealth claim form

no. 11 after this date will be returned to you.

Will this transition affect me if I submit claims electronically using the 837D transaction?

No. The transition to the ADA form affects only claims submitted on paper. You can continue to follow your current billing procedures for the 837D transaction.

▮ MassHealth Reminders

March Dental Training Sessions

We would like to thank all the current and prospective MassHealth dental providers for their interest and attendance at the educational sessions offered by MassHealth in late March.

These sessions covered recent enhancements to the MassHealth Dental Program such as the upcoming transition to the ADA claim form, the elimination of some prior-authorization requirements, the reduction of limitations for certain preventive services, the impending increase in fees, and the revisions to dental regulations and service codes. If you were unable to attend a session, or have additional questions about any of these changes, please refer to the February 2006 transmittal letter, DEN-74. This publication is located in the Provider Library under the MassHealth

Regulations and Other Publications link on www.mass.gov/masshealth.

Vision Care Billing Reminder: Deleted and Replacement Codes

Effective January 1, 2006, certain Current Procedural Terminology (CPT) codes were deleted and replaced in the *Vision Care Manual*. The deleted codes and their replacement codes are as follows (deleted code=replacement code):

99301 = 99304; 99302 = 99305;
99303 = 99306; 99311 = 99307;
99312 = 99308; 99313 = 99309, 99310;
99323 = 99328; 99333 = 99337

After January 1, 2006, any claims submitted with a deleted code will be denied. A transmittal letter and revised Subchapter 6 reflecting these changes will be issued in the upcoming weeks.

Changes for Emergency Department Visits for Certain Charges

MassHealth will no longer deny claims for emergency department visits that are billed with revenue codes 450, 456, or 459 for error code 539 (managed care service should be paid by MassHealth Behavioral Health Partnership) when the primary ICD-9-CM diagnosis code on the claim form is in the Mental Disorders range of 290-316.

This change applies retroactively to claims with dates of service on and after October 1, 2004. Providers may resubmit claims that had previously denied for this error code.

For more information, please refer to Acute Outpatient Hospital Bulletin 16 (February 2006) found in the MassHealth Provider Library.