Massachusetts Health Care Training Forum
October 2011 Questions & Answers

This document supplement the presentations made during the Massachusetts Health Care Training Forum (MTF) meetings by offering Questions & Answers, and additional presenter comments if applicable.

All information within this document is organized in the order the presentations were given.

Click on any link below to access a Question and Answer section.

MASSHEALTH UPDATES

Questions from the MTF October 2011 Roundtable Forms:

What is the most efficient way of conveying change of income or all unemployment and back to work for seasonal job to MEC?
By sending verification of such via the "New" EDM e-fax number which will scan it into a work space to be updated expeditiously and timely.

On the Virtual Gateway application, the question, "Is member a federally recognized Native American", if client answers "Yes", does MassHealth require proof of Tribal Enrollment?
This is self declared, if there is a question at a later date then verification "May" be required.

If custodial parent DOES NOT want DOR involved, can that be edited on ABS form?
The ABS form must be completed in full and signed to process the case in question.
STATEMENT:
One of the problems we're having is: patients appearing at the hospital after speaking to MassHealth. They are being told to "just go to their local hospital" to fill out an application instead of telling patients to call for an appointment. Also, several people over the past few

weeks have come to the hospital stating MassHealth told them to just go to the hospital and fill out a new Virtual Gateway application even though per MAP, patient needs to complete an Eligibility Review Form.
MassHealth has addressed this issue with MEC workers and the hospital should be used as an alternative to other sources.

When doing an SMBR, (patient was in nursing home), I was told it should be mailed to PO Box 1231, Taunton. Today, it says the LTC applications should be mailed to Spring St. and any other re-verifications should go to the CPU. Does this PO Box exist?
The P.O. Box exists for ongoing case maintenance for "all types of existing cases" including LTC, but brand **new** LTC applications should be sent to the appropriate MEC (Enrollment Center).

No Changes for **new** LTC applications and related verifications only:
300 Ocean Avenue, Suite 4000
Revere, MA 02151
Fax: 781-485-3402

333 Bridge Street
Springfield, MA 01103
Fax: 413-785-4107

21 Spring Street, Suite 4
Taunton, MA 02780
Fax: 508-828-4634

367 East Street
Tewksbury, MA 01876
Fax: 978-863-9231

Where to fax or mail **ongoing case maintenance documentation for all types of existing cases including LTC** (this includes all annual reviews and related verifications):

MassHealth Enrollment Center
P.O. Box 1231
Taunton, MA 02780
Fax: 617-887-8777

Where to fax or mail **new applications and related verifications** (excluding LTC applications and related verifications):

Central Processing Unit (CPU)
P.O. Box 290794
Charlestown, MA. 02129
Fax: 617-887-8799

In a case where the father has a medical support order, the mother is the custodial parent, and they both eligible for MassHealth, who's case should the children be on? What if they father only becomes eligible with the kids increasing his household size?
Person completing the MassHealth application with the children on it should be residing with the children regardless of the support order. The medical support order is a court order for health

insurance coverage for the children, however this does not give the absent parent the right to add his/her non-residential children to his/her application.

For long term care office – Has there been any consideration for agency worker assignment to an ongoing worker for problems i.e., not redetermination received then cut off.
This is how work is handled for "New" LTC applications the work is assigned to case worker until it is completed and transitions to ongoing.

STATEMENT:
Reviews over 6 weeks, clients losing coverage – change the letters, tell client to fill out Review Form ASAP.
MassHealth is currently working to reduce any backlogs and going forward EDM should eliminate this issue.

Eighteen year old married, ABS questions arise, what do we do?
Complete the ABS and sign it with the appropriate answer.

How do seniors get CommonHealth, basic, or EAEDC and how can they be changed to Standard?
Seniors only get CommonHealth if they are considered working disabled adults. EAEDC is a program through the DTA office and with seniors is many times a "Rest Home" case. That component has MH Basic attached to it.

For re-eligibility, do frail elder waivers need a new LOC to be eligible again? They are being denied for over-income.
For these cases make sure you identify "Frail Waiver" on the top of the review as I realize this has been an issue and identifying it will help the worker when making a decision. If an LOC is necessary the worker will request it; it's always a good rule of thumb to include one.

If a SMBR is started in community and is in process, where would the LTC supplement be sent? Would we send to the CPU or Taunton?
The LTC supplement should be sent with the application to the appropriate MassHealth enrollment center,
No Changes for **new** LTC applications and related verifications only:
300 Ocean Avenue, Suite 4000
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Fax: 781-485-3402

333 Bridge Street
Springfield, MA 01103
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I'm hoping EDM will make this problem go away. People who use the PCA program really risk their health outcomes when for whatever reason, their ERV's are lost / not on time, etc. Is there any way to make it more difficult to end MH eligibility for the PCA consumers or to expedite re-enrollment to lower negative outcomes?
You are correct, EDM will ensure the clock stops until the eligibility is reviewed and cases will remain open instead of closing untimely. Remember the key is to get the ERV in ASAP and do not wait until the last day of when the ERV is due to e-fax!

Single Mom where daughter lives with her. Father put daughter on his application. Needs to come off!
The child needs to be on the case where he/she resides. If this becomes an issue where one is creating illegal eligibility then one can call the MassHealth Fraud Hotline at 1-877-437-2830.

A College student – single plan $2000.00, Family $10,000.00 yearly.
College students are eligible for QSHIP and should work with their college/university to enroll.

Regarding the residency questions; is re-verification needed to show the patient will remain in MA? This would apply to out-of-country patients.
I had a person who is living in MA and has a home here, but also has a home in Arizona and lives in each state 50/50. Can they apply to MassHealth?
The member must show residency and intent to stay in Massachusetts. Examples of acceptable verifications for residency include:

For adults, the following types of documents are acceptable proofs to verify Massachusetts residency:

- lease or mortgage;
- city or town real-estate tax bill;
- rent receipt;
- current utility bills;
- statement from shelter; or
- notarized affidavit supporting residency.

For a child, the following types of documents are acceptable proofs to verify Massachusetts residency:

- school records;
- nursery-school or day-care records; or
- notarized affidavit supporting residency.

How to proceed when ABS Form is received to a household where there is no absent parent?
The eligibility office needs to know no absent parent exists in the household. This can be done by calling or sending in a written statement.

Why are they cancelling coverage if they received the review and not updating MAP page. Will they back date to the date received?

EDM will ensure the clock stops until the eligibility is reviewed and cases will remain open instead of closing untimely. Remember the key is to get the ERV in ASAP and do not wait until the last day of when the ERV is due to e-fax!

I thought the MMIS #'s were supposed to eliminate duplicate RID? Why are patients being issued different ID numbers? When I try to call MassHealth to find the correct ID#, I am told the information cannot be shared with me; even if I completed the application.
There are many reasons for duplicate RIDS. When a duplicate RID occurs a communication must be made to the MEC in order for the issue to be corrected.

I am having problems getting faxes through on the new 508 area code number. The issue began when the fax number was changed. Have there been other instances of problems using this number?
Where to fax or mail **new applications and related verifications** (excluding LTC applications and related verifications):

Central Processing Unit (CPU)
P.O. Box 290794
Charlestown, MA. 02129
Fax: 617-887-8799

Where to fax or mail **ongoing case maintenance documentation** for all types of existing cases including LTC (this includes all annual reviews and related verifications):

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8/26/11 – Mailed the ERV, 8/31/11 – Received, 9/15/11 – Check status, still not processed, 10/11/11 – Check status, still not open?
MassHealth is addressing the backlog of ongoing case work by having managers prioritize emergency cases and by having some eligibility staff work overtime.

9/20/11 - Fax ERV to MEC, add on family member, 10/11/11 – Parent came to check status on MAP, not showing a receive date? How long does it take to process? I re-faxed with URGENT NOTE ATTN: SUPERVISOR
MassHealth is addressing the backlog of ongoing case work by having mangers prioritize emergency cases and by having some eligibility staff work overtime.

5/12/11 – Faxed over the ERV, 6/22/11 – called MEC but refused to speak to me because I didn't have PSI.
If a PSI was in place the MEC can communicate with you regarding the member's MassHealth.

Are these any telephone #'s we can call and get through without waiting for a long period of time? We have waited at least a half hour to an hour and have gotten disconnected. We need to get through when the patients are with us if there is nothing current on MAPS.
The two main customer service numbers are 1-800-841-2900 or 1-888-665-9993. There are no different numbers for customer service.

On the review form, client / patient completed the ABS section, why is MassHealth resending the ABS form to get signed again.

Current eligibility information is needed on the MassHealth review form. A signature is required on the form in order for it to be complete.

The over 65 applications are not going to the MEC's unless they are applying for long term card for a nursing home?

All over 65 applications except Long Term care go to
MassHealth Enrollment Center
P.O. Box 1231
Taunton, MA 02780
Fax: 617-887-8777

If a parent refuses to sign or fill the absent parent form, what happens?

The child will still get MassHealth if eligible but the parent may not get coverage. If there is a good cause reason for them not to cooperate, then they do not have to supply absent parent information. The good cause reasons are listed on the application, supplement B: Absent Parent Questions and Assignment of Rights.

Processing time for paper review forms. Members are complaining that their forms were lost. They were sent to the enrollment center.

MassHealth is addressing the backlog of ongoing case work by having managers prioritize emergency cases and by having some eligibility staff work overtime.

If paper application of MBR and adult disability supplement are completed at the same time, do both go to CPU or do you have to wait to submit ADS to DES?

If the CPU gets the Disability supplement with the MBR they will forward it to Disability Evaluation Services (DES). Supplements should now go directly to DES for disability processing. There is a process in place to match MBR applications with disability supplements.

How are immigrants (B1, B2, F1, and F2) applications processed? We've had several approvals and denials for similar visas.

Each application is processed based on received information. All eligibility determinations include appeal rights if the applicant feels an error was made in the decision.

How many disability categories does MassHealth have and what are they?

MassHealth has the following coverage types and programs:
Standard, CommonHealth, Family Assistance, Basic, Essential, Limited, Children's Medical Security Plan, Healthy Start and Prenatal.
Information about these are listed in the MassHealth member handbook.

If requesting a change in category of aid from Family Assistance to CommonHealth, the family will send all clinical information support forms and medical records release forms to DES. Where to I send request for change? To the local MEC or Taunton MEC?

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Clinical information such as medical records and releases should go directly to DES.

I notice that ERV's are taking a very long time to process. General ERV's that I sent back in August have still not been processed. Were these ERV's set aside to be scanned once the EDM

project went fully live? Should I resubmit any ERV that MAPS does not show received by this time?
MassHealth is addressing the backlog of ongoing case work by having managers prioritize emergency cases and by having some eligibility staff work overtime. Do not resubmit information unless a manager has told you it is necessary.

Is there a way to get an ERV expedited if an applicant needs medications or has urgent medical issue now that EDM went fully live? In the past I was able to send a fax titled medications urgent and the ERV would be forwarded to a supervisor.
MassHealth is addressing the backlog of ongoing case work by having managers prioritize emergency cases and by having some eligibility staff work overtime. Do not resubmit information unless a manager has told you it is necessary.

Errors in premium amount need to be corrected by MEC. Any suggestions when we can't get through?
The two main customer service numbers are 1-800-841-2900 or 1-888-665-9993. There are no different numbers for customer service. You can also fax information to Taunton at 617 -887-8799.

If a member is due for a review form when we look on MAP, we help the member do a review but sometimes the member received a review form only. Why? If they don't do the review form, the insurance is cancelled. Why is it cancelled when a review form was already sent?
If the member submits the review form and the verifications timely they should still receive coverage if they are eligible. If there is an emergency situation a manager at the MEC should be contacted so the case can be prioritized.

Why do you require a residential address for someone who has stated that they are homeless?
A member who is homeless should check off the homeless indicator. MassHealth would like a mailing address if at all possible so the member can remain in communication with MassHealth.

What is the time frame for information that was sent to MassHealth prior to the EDM to be processed?
MassHealth policy allows different processing times depending on the situation usually around 45 days, 90 for disability decisions.

What happens when the residency question is falsified? If you become aware of it, what should we do?
The member can self declare the proper information or if necessary a referral can be made to the MH fraud unit. 1-877-437-2830

When will TAFDC and EAEDC programs integrate with MassHealth Traditional?
We are not clear on what this question is referring to

Should we have proof regarding the residency question? e.g., passport
Residency is self declared unless MassHealth has a reason to request documentation such as repeated undeliverable mail.

Does self serve MAP show all the notices and status and if so, why do MassHealth Customer Service Representatives claim notices were sent out that don't show or claim they were sent out to the addresses other than the ones shown on the VG MAP?
Yes, self serve MAP show's all the notice and status updates and notices are sent to the member and any PSI or ERD on file. If the PSI/ERD has a different address than the letter would go there. There

is also the possibility that the member has a separate mailing address listed on their case so letter could be being mailed there.

** Notice of Birth (NOB) Questions –

What if hospital does not enroll baby? Can we access NOB online?
NOB is not online but the Mother can certainly call MassHealth and add her child.

Will mother of a newborn with an MCO have the ability to sign up their child for a different MCO at the time if delivery, during hospital stays? EX: Maybe pediatrician might not contract with Mom's MCO.
Mom can change a doctor for herself or baby at anytime by calling 1-800-841-2900.

Can we use NOB-1 for clients? Phones are impossible.
NOB's are for hospital use.

Is "NOB" available online in the event that the hospital does not report?
Not at this time. See above answer for Mom adding her child to her case.

Newborn – Parent is offered insurance thru employer but chooses Ø to add patient because of cost of Emp. +1 to family cost. MassHealth added the child, is this typical?
The Premium assistance unit will investigate the health insurance and may help the family enroll in and pay for the plan if it is cost affective and meets a minimum level of coverage. The child may have MassHealth secondary or primary depending on the outcome of the investigation.

When mothers who have MassHealth Standard have a baby it is automatically on Standard MassHealth. How long has this been true? Is it the same for NWH and NHP?
The MassHealth policy for newborns is**;** Regulation 130 CMR505.002(C).
(1) Children Under Age One

- A child under age one born to a woman who was not receiving MassHealth Standard on the date of the child's birth is eligible if the gross income of the family group is less than or equal to 200 percent of the federal-poverty level.
- A child born to a woman who was receiving MassHealth on the date of the child's birth is automatically eligible for one year and is exempt from the requirement to provide verification of citizenship and identity.

Baby is assigned a plan that the provider is non-participant. Example: NOB is done at the hospital and mother's insurance is assigned.
We are working to ensure that a child receives the insurance coverage that is necessary. Please report these to MassHealth customer service 1-800-841-2900 so they can be resolved.

Regarding newborns; if the mother has a plan, does the newborn have to be added to the plan? We have a few cases where the mother has gone to the DTA and the effective date is not going retro to the DOB and these are priority cases.
DTA and MassHealth have different regulations especially because one has a monetary component. With MassHealth the effective date of coverage for the child goes back to the DOB.

We notice that eligibility for a newborn is not going back to patient date of birth. Is there a phone number we could call to get eligibility current? I now send a letter to the NOB unit and have to wait for a return letter.
1-800-841-2900 and identify yourself as a provider if that be the case.

As a WIC-MH provider, can we process NOB-1 form for our newborns clients?
No, currently only hospitals are sending the notice of birth forms. You can work with the mother to call MassHealth to ensure the case is updated with the newborn added to the case.

Would the newborn get a bill for the fees/services charge before it gets MCO plan?
No. The child's eligibility should be put back to its date of birth at which time; MassHealth will become the payer of any outstanding bill.
When we call the MEC to check on an ERV that was faxed or mailed 2 months ago & they say that they don't have it. Do we fax it again?
Please contact Joseph Sousa at MassHealth Joseph.sousa@state.ma.us.

Questions from the October 2011 Meeting Evaluations:

We were recently audited and the Auditor stated that we are required to have a signed asset form for all MassHealth applications for all people over the age of 65. I called and spoke with two separate individuals at MassHealth and was given Reference # 2052600 and # 20562697 and was told that only Long Term Care applications require a signed asset form. Who is correct; the Auditor or the Member Service Associate?
Assuming you mean completion of the Long –Term care supplement, it is required when a person is applying for long term care or applying for or getting the Home and Community Based Services waiver.

Is it possible to have at least two (2) persons at the MEC Offices who can take calls from Providers?
The two main customer service numbers are 1-800-841-2900 or 1-888-665-9993. There are no different numbers for customer service.

I am aware that the TAFDC and EAEDC applications are all different. However, because I am unable to see any notification that was sent to applicants makes me unsure if an application was done. In other words, if someone walks into the ER and told me that he / she just filed an application at 1010 Mass Ave, I really cannot take their word at face value. So I am inclined to do another application which is not "cool" with the MassHealth office because that would result in duplicate application and also the patient cannot be opened on two (2) programs. So is there anything being done to incorporate these programs?
If MassHealth sees a member is already open on TAFDC with standard coverage they will not process the application. An EAEDC member if disabled should do an MBR because they may be eligible for a richer benefit.

For processing of electronic work, under new applications, why are intake applications for pregnant women prioritized and frail elders and/or disabled not prioritized? These are among our most vulnerable citizens.
Applications are prioritized so pregnant women can get the necessary prenatal care as soon as possible.

Do you have any new Dental Center handouts because the one we have is not accurate and people are telling us a lot of service areas are closed now?
Below is the MassHealth Dental Contact Information

Contact Information		
Our Email		**Our Telephone**

To submit an email, use the Send Email form		Toll Free
		1.800.207.5019
Our Address		Hearing Impaired Line
Member Services		1.800.466.7566
MassHealth Dental Program		
12121 N. Corporate Parkway		Translation Services
Mequon, WI 53092		1.800.207.5019
Hours of Operation		Report Fraud
8 am to 6 pm EST		1.800.237.9139

Does the address EOHHS P.O. 290810 Charlestown MA address still apply?

Where to fax or mail new applications and related verifications (excluding LTC applications and related verifications):
Central Processing Unit (CPU)
P.O. Box 290794
Charlestown, MA. 02129
Fax: 617-887-8799

Also I don't understand why US citizens need to provide verification of citizenship to complete application. However, non citizens obtained HSN?

The federal government now requires proof of citizenship for all Medicaid programs in every state in the United States. A member may not need to provide citizenship proof however for MassHealth if they can be electronically matched in other words they have already supplied that information for another program such as SS, Medicare etc.

If someone does not have minimum credible coverage that they are paying for in full, do we need to list this on their Virtual Gateway application because I want them to be eligible for the Commonwealth Care and be able to be covered with the unacceptable insurance until they can get Commonwealth Care?

You need to list all information accurately so that a proper eligibility determination can be made.

Am I correct that we can fax the reviews and you do not need the original signature pages?

Yes all reviews can be mailed or faxed to the Taunton office. They are scanned in there and assigned to any eligibility worker within the state. The address/fax is below.

Where to fax or mail ongoing case maintenance documentation <u>for all types of existing cases</u> including LTC (this includes all annual reviews and related verifications):

MassHealth Enrollment Center
P.O. Box 1231
Taunton, MA 02780
Fax: 617-887-8777

Why is my consumer receiving numerous copies of the exact same letter?

Whenever an eligibility determination is made this produces a letter from MA-21. If a person has more than one change in one day this could result in more than one letter. The member is entitled to a letter every time a change is made. This not only informs the member but also gives them the right to appeal.

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SENIORS AND AFFORDABLE CARE ACT

Questions from the MTF October 2011 Roundtable Forms:

I need to know when you're doing trainings. Do you do training down on Cape Cod? I work with a lot of clients with disabilities so they get Medicare age range 18-75, Mental Illness, in and out of hospitals and lots of changes in meds.
If you wish to become a SHINE counselor, call 1-800-AGE-INFO (1-800-243-4636) and press option #3. This will connect you to your regional SHINE office, and they can tell you when their next trainings are being held.

When's the SHINE training?
SHINE trainings are held at the regional offices throughout the year. Call 1-800-AGE-INFO (1-800-243-4636) and press option #3. This will connect you to your regional SHINE office, and they can let you know when their next trainings are being held.

SHINE Counselor Training - What's involved and what is the time commitment?
To become a certified SHINE counselor, you must attend 12-day training and pass a certification exam upon completing the training. Training sessions are held during the day and typically last 4-5 hours. The training is spread out over 6-8 weeks, with 1 or 2 meetings per week.

Once you become a certified SHINE counselor, you are asked to commit 4-8 hours a week to SHINE counseling and are expected to attend monthly meetings to receive updates and additional trainings. SHINE also conducts Part D specialist trainings each fall before Medicare Open Enrollment. These 3-day trainings give you the knowledge and tools to help a Medicare beneficiaries compare prescription drug plans and choose the best plan that meets their needs.

In addition, there are other training opportunities available throughout the year. SHINE periodically offers Health Benefits Universities throughout the state. These workshops cover Medicare Parts A and B, Medicare Advantage Plans, Medigap policies, Part D coverage, Medicaid, Extra Help, and other financial assistance programs. These programs are offered in either a 2.5 or 4 hour format and offer Continuing Education credits for social workers.

Contact your regional SHINE office at 1-800-AGE-INFO for information about any of these trainings.

How does a CBO become a SHINE program provider?
SHINE welcomes any opportunity to partner with community based organizations to help us reach as many Medicare beneficiaries as possible. A CBO should call 1-800-AGE-INFO (1-800-243-4636) and press option #3. This will connect you with your regional SHINE program and you can discuss ways to collaborate with the Regional Director.

Does the SHINE program work with CVS or other retail pharmacies?
We have had several pharmacists become SHINE counselors, so that they may provide counseling to their customers. In addition, we are always looking to partner with pharmacies to educate them on when to refer a customer to SHINE and to help publicize our service.

What states does the SHINE program operate in?

SHINE is the Massachusetts arm of the national network of State Health Insurance Assistance Programs (SHIPs). Every state has a SHINE program, though they usually have a different name. You can find contact information for every SHIP using the "Find a State SHIP" tool at the following website: https://shipnpr.shiptalk.org/Default.aspx?ReturnUrl=%2f

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MEDICAL SECURITY PROGRAM

Questions from the MTF October 2011 Roundtable Forms:

I have questions about what happens when someone is out on sick leave and they lose their job. Can they collect unemployment if they are too ill to work? What if they recover or want to try to find work in another field if they can't physically do their previous job? I have had people denied Unemployment because they weren't well enough to return to their previous job but were looking for other work.

As a general rule individuals must be able to perform some type of work in order to qualify for benefits. Unemployment Insurance benefits are paid to individuals who are unemployed through no fault of their own and who are able to work, available for work and actively seeking work. Individuals must generally be capable of full-time work, with the exception of those who are restricted to part-time work due to disability; those who cannot work at all due to illness do not qualify for Unemployment Insurance benefits. There is no requirement that individuals be able to perform work in their prior occupation. If someone became unable to perform work in their customary occupation for medical reasons, they would still be eligible for Unemployment Insurance benefits provided they could perform some alternative type of work.

It may be that people were denied benefits because of circumstances related to the separation from employment, for example a failure to properly notify the employer of the reason for an absence from work. Individuals who are unable to work due to illness would also be expected to make efforts to preserve their employment by requesting alternative duties when applicable or a leave of absence. Failure to do so could result in disqualification.

If a leave of absence were requested and granted, individuals are not eligible for benefits while on a leave of absence.

ELECTRONIC DOCUMENT MANAGEMENT

Questions from the MTF October 2011 Roundtable Forms:

Since the ERV is taking 6-8 weeks to be processed, can one of the MEC workers process the application in question at the time of the call? This is for a child pregnant or, high risk patients

Yes – there is a system in place for emergency situations / high risk patients. MEC managers and staff have been instructed about this system and are on board with it. If you encounter difficulties, please let us know. Thank you for your patience with this process!

When we call the MEC to check on an ERV that was faxed or mailed 2 months ago & they say that they don't have it. Do we fax it again?

Please contact Joseph Sousa at MassHealth. Joseph.sousa@state.ma.us

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VIRTUAL GATEWAY

Questions from the MTF October 2011 Roundtable Forms:

While forms and documents are pending when waiting to be processed "will be given continuance of care" status for the treating physician or do we need to stop chemotherapy?
In these urgent and life-threatening situations, please call the MEC and explain situation. They will handle and worker will process.

Can you use Virtual Gateway for "Eligibility Review Forms" (ERVs)?
Currently, the Virtual Gateway Streamlined Renewals, or online ERV function, can be used only for those households having ALL Commonwealth Care members. There is not currently an electronic ERV on the Virtual Gateway available.

Suggestions:

- **Would be great to see an option to upload documents into the Virtual Gateway (i.e. ID's, proof of income).**
- **It would also be great to see a way to email documents. (Save paper from faxing).**
- **Need a drop-down button to indicate applicant works "Per Diem".**

These are all excellent suggestions and have been taken back. Thanks!

Questions from the MTF October 2011 Meeting Evaluations:

Is it possible that we can have "E-FILING" VG applications in the near future? This would save time, paper and postage for the people and the organization. This would resemble the use of the credit card when one purchases stuff at the store.
What you are asking appears to concern e-filing the accompanying documents/verifications with your VG application, rather than the VG application itself, since the VG application is "e-filed" electronically already. Your suggestion is excellent and has been discussed, but is not possible to develop at the present time due to staff and other resource constraints. However, it is on our list of future ideas!

This one is for Howard C. On the VG Application where it asks for Hours work per week, is it possible to include another "drop-down" button that asks if hours are regular or "Per Diem?
Thank you for your idea! As you know, we appreciate it. We will take that back to MassHealth for review.

At some point in time can the Long Term Care application be incorporated in to the VG Application?
This is a frequent question, and we would love to be able to do this – we had hoped to be able to several years ago. However, due to resource limitations and high demands on IT staff at MassHealth currently, it is not possible right now. Stay tuned.

I need more understanding of the process upon receipt of the Virtual Gateway application. There are times that numerous documents have to be submitted.
MassHealth has available both "MassHealth 101" sessions that are available for organizations to fully understand the requirements for a complete MassHealth application. In addition, for Virtual Gateway users, there are VG "Best Practice" sessions also available. If you are interested in either type of sessions, please email or call the folks at MTF.

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MASSHEALTH PROVIDER BILLING AND SERVICE

Questions from the MTF October 2011 Roundtable Forms:

DME tool guide and pay/fee schedule don't agree E0149, ED156 is not part of coding.
Providers should be using the DME tool verify the MassHealth covered codes.

Surgical supplies monthly per wound, items are limited for 3 month range but not on the tool guide as such A6252.
The DME guideline tool lists 100 per month per wound.

I am receiving denial regarding NDC#'s on claim. First I was told it was a keying error on MassHealth side now I'm told NDC# involved.
Providers should refer to the specific instructions in both the UB04 and CMS 1500 Billing Guides available on the MassHealth website.

Addressing the ongoing issue we are having with our clinic visits denying for 4801 "procedure not eligible to bill", is it possible that we are now required to use modifier TC to indicate we are billing for the facility fee? (At an IRF)
Providers should consult the Remittance Advice to review denial codes which will give more information regarding denials and payments. If additional assistance is needed, the provider can contact CST with the ICN and EOB code to for help with clarification.

MassHealth seems to still be accepting legacy numbers for a referral number. Has a deadline been set for accepting these?
If a member belongs to the PCC program, then a referral needs to be entered into the POSC by the member's PCC.

Claim filing indicator, "Other Federal Program" bottom section – Do I fill out claim HCPCS payable amount?
Providers should refer to either the COB/TPL Job Aids or the copy of the COB/DDE July 2011 presentation available on the MTF website.

Is any updated information available on when MassHealth will recognize appropriate modifiers with regards to NCCI edit denials on multiple procedure codes?
Any MassHealth changes or updates regarding modifiers will be communicated via Transmittals Letters or Bulletins.

Pricing adjustment, How to: Billing both eyes procedures RT and LT eye on CPT-4
Providers should refer to Subchapter 6 regarding the appropriate use of the CPT codes and modifiers.

I am getting denials on procedure code 91065 (91065-26, 96105-TC) which is a hydrogen breath test. We do the professional and technical portions of this test. We are getting a 6010-Denials (Multiple surgeries or visits within global period). MassHealth pays on line and denies the other. I call on this issue and they state it is a MassHealth defect. Ref. # - 20669000, Ref. # - 19892384. When will this be fixed and why is this happening?
Some claims were inappropriately denying for error code 6010. This issue has been resolved. Message text will be communicated on a future Remittance Advice (RA).

When a claim denies for manual pricing, we have the option to attach our invoice or reports online. I try to adjust claims with the attachments electronically but the claims suspend then deny for the same thing (manual pricing). Why offer the option to attach documentation when the claim denies anyway? Also, you have to submit paper claims with attachments anyway.
Providers with specific claim attachment issues should contact CST directly for assistance.

How do I bill MDCD secondary claims when I know I can't bill MDCR primary for Home Health Care when a patient isn't homebound?
Home Health Care providers should refer to Appendix D of their provider manual for specific instructions.

We bill BC/BS Mass, they require a daily all inclusive charge which includes our medication and counseling into one charge. They send us a denial back saying patient responsible. How do we submit the MassHealth since they require each service to be broken down individually?
Providers need to break down the charges on separate detail lines.

What do we do when we can't get a copy of MCD card?
Providers need to check the POSC eligibility using the member's name, gender and date of birth.

Maribel is the best Customer Service Representative.
Thank you for your feedback.

Can you do voids and adjustments on the DDE and if so, how?
Yes. Providers should refer to the job aids available on the NewMMIS website.

I received Electronic remittance but no check. (Run? 0019). How do I get the check?
Providers with specific payment issues should contact CST directly for assistance.

I have been told that we need facility NPI# on claim forms after 1/1/12. Is this true? Where does it go on claim form?
Providers should refer to the specific instructions in both the UB04 and CMS 1500 Billing Guides available on the MassHealth website. If additional clarification is needed, contact CST.

Crossover claims being paid at 100% due to the modifiers. We have called and according to CSR, they are aware and working on a resolution. We received one again yesterday.

1. **Is this issue being worked?**
2. **Will MassHealth do the correction?**

If a provider has an escalation that is being researched, the provider can call CST to check on status. Providers can also check message text or POSC notices for additional information.

My Medicare claims are not crossing over automatically. I cannot bill electronically. How do I get paid?
Providers can bill via DDE or paper (until 1/1/12). Please refer to bulletin 217 if a waiver is needed.

NDC #'s off drug – still no good to MassHealth?
Providers should refer to the specific instructions in both the UB04 and CMS 1500 Billing Guides available on the MassHealth website. If additional clarification is needed, contact CST.

90 day waiver form with return claims – recent DOS?
If the date of service (DOS) is within 90 days, then the claim should be rebilled.
MassHealth paying E&M (visit) and procedure same day, some provider guidelines refer to office location for payment of one or the other. Are both payable in other locations? Does emergency visit override the rule?
Providers should refer to subchapter 4 of the program manual regarding E&M and procedure on the same day.

When only one is paid, MassHealth ruling indicates higher value service will be paid. This does not occur routinely. Is correction being addressed?
Providers should refer to subchapter 4 of the program manual regarding E&M and procedure on the same day.

How can I do electronic claim submission from paper claim?
Providers should refer to the job aids available on the NewMMIS website.

What do you do with an I/P claim that two days with straight MCD and 4 days MCR/MCO (crossover denied)?
Contact person @ MassHealth for reconciling recoupment audit payments to the current RA's
Providers should contact Customer Service Team (CST) for assistance with specific claim issues.

We have received MassHealth rejections for emergency aid ambulance service. Who should we contact?
Providers should contact Customer Service Team (CST) for assistance with specific claim issues.

How do you obtain a PCP referral?
Contact the PCC office listed in the member's eligibility response.

TPL exceptions form – What goes in the policyholder # field and the policyholder group # field?
The policyholder is the subscriber of the primary/secondary insurance.

We have a resident that was eligible for both MassHealth Standard and Health Safety Net. Her MassHealth claims were denied because MassHealth used the Health Safety Net coverage. I was told to re-bill. There are claims that are more than 1 year old. I'm concerned about the FDAB approving claim.
If the claims are more than a year old, provider should be sending the claims to Final Deadline Appeals following the process outlined in All Provider Bulletin 186.

Questions from the MTF October 2011 Meeting Evaluations:

Could you please explain on ATP payments?
Please refer to the Health Care Finance and Policy Regulations for ATP.

Is there someplace we could find list of edit codes that MassHealth uses for example "edit 5930 & 508".
The list of edit codes can be found in the Provider Library of the MassHealth website **(http://www.mass.gov/masshealth).**

Barbara was going to try and find the Home Health Agency instruction guidelines to help me enter MassHealth Secondary claims through the DDE since we cannot send the paper TPL exception form after January 1.
Home Health Care providers should refer to Appendix D of their provider manual for specific instructions.

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HEALTH SAFETY NET

Questions from the MTF October 2011 Roundtable Forms:

What is the cost of prescriptions for a patient eligible for HSN Partial?
HSN Partial patients have a deductible for medical services, but the deductible does not apply to pharmacy services. HSN Partial patients must pay the regular copayment amount for pharmacy services ($1 for certain categories of generic drugs, and $3.65 for other drugs).

If a patient is determined eligible for Commonwealth Care and loses HSN eligibility because they do not enroll within 90 days, when can they get their HSN eligibility back?
If a patient is eligible for, but unenrolled in Commonwealth Care and no longer has HSN eligibility, the patient becomes eligible for the HSN again on the day that he or she selects a plan (and makes a premium payment, if applicable). The HSN will be available to the patient until their managed care coverage starts, which is usually on the first day of the next month.

How does HSN retroactive eligibility work?
When someone is determined eligible for the HSN, they automatically get six months of HSN retroactive eligibility. During the retroactive period, EVS may display an eligibility status of "Member Not Eligible." However, the retroactive eligibility will be indicated in a restrictive message.

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