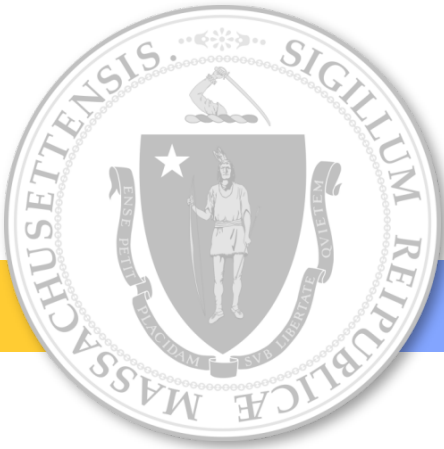# MassHealth Eligibility and Verification Overview

April 2019 MTF Afternoon session

Welcome to MassHealth!

We are excited to have you as part of our provider community.

The purpose of this presentation is to deliver a high level overview of MassHealth Member Eligibility and the Eligibility Verification System (EVS). We have compiled several resources to create this presentation. Our goal is to provide a better understanding for our MassHealth providers when verifying eligibility of our members.

Agenda

- Member Eligibility Overview

- Eligibility Verification System

- Provider Updates

- Questions

MassHealth Eligibility Overview
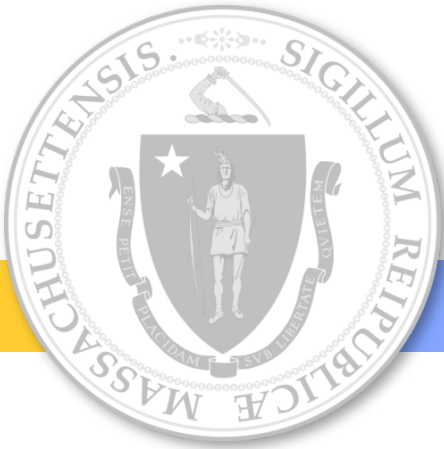
Executive Office of Health and Human Services

MassHealth Operations

MA Health Care Coverage for Under 65

MassHealth Eligibility Factors

There are six universal eligibility factors that all applicants and members must meet:

- Massachusetts residency

- Providing or applying for a Social Security Number

- Assignment of Rights to Medical Support and Third Party Payments

  - Good Cause for Non-Cooperation

- Assignment of Third Party recoveries

- Potential sources of health care

- Utilization of potential benefits

MassHealth Eligibility Factors (cont.)

The following additional factors are also considered when determining eligibility:

- Citizenship or immigration status

- Categorical (disability, age, children, pregnancy)

- Financial (income)

- Household composition, age, and tax filing status

Coverage Types in MA for Under 65

MassHealth

- Standard
- CommonHealth
- CarePlus
- Family Assistance
- Limited*
- Children's Medical Security Plan (CMSP)*

Health Connector

- Qualified Health Plan (QHP)
- QHP with Advanced Premium Tax Credit (PTC)
- ConnectorCare Plans (QHPs which include additional premium and cost sharing subsidies)

Health Safety Net*

* These coverage types are not considered comprehensive insurance, and do not satisfy the individual mandate for tax purposes

How to Apply and Renew Coverage for Individuals and Families under 65

How to Apply for Coverage (for Individuals and Families under 65)

- Apply faster online! Go to MAhealthconnector.org

- Apply by phone:
  - Call the Health Connector Customer Service at 1-877-MA-ENROLL (1-877-623-6765) or
  - MassHealth at 1-800-841-2900

- Apply in person with a Certified Assister. Find one near you by going to https://my.mahealthconnector.org/enrollment-assisters. Or in person at a MassHealth Enrollment Center.

- Apply using the *under 65 ACA-3 paper application.*

Mail	Fax
Health Insurance Processing Center	1-857-323-8300
P.O. Box 4405	
Taunton, MA 02780	

Member Booklet
for Health and Dental Coverage and Help Paying Costs

This is your member booklet for MassHealth, ConnectorCare Plans and Advance Premium Tax Credits, the Children's Medical Security Plan, and the Health Safety Net.

Massachusetts Application for Health and Dental Coverage and Help Paying Costs

HOW TO APPLY

You can submit your application in any of the following ways.
- Sign on to your account at MAhealthconnector.org. You can create an online account if you do not already have one. **Applying online may be a faster way for you to get coverage than mailing a paper application.**
- Mail your filled-out, signed application to
  Health Insurance Processing Center
  PO Box 4405
  Taunton, MA 02780.
- Fax your filled-out, signed application to (857) 323-8300.
- Call us at (800) 841-2900 (TTY: (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled) or (877) MA ENROLL ((877) 623-6765).
- Visit a MassHealth Enrollment Center (MEC) to apply in person. See the **Member Booklet for Help with Health and Dental Coverage and Help Paying Costs** for a list of MEC addresses.

USE THIS APPLICATION TO SEE WHAT COVERAGE CHOICES YOU MAY QUALIFY FOR.
- Affordable coverage from MassHealth, the Health Safety Net (HSN), the Children's Medical Security Plan (CMSP), or the Health Connector. You may qualify for one of these programs, even if you earn as much as $103,000 a year (for a household of four).
- Affordable private health insurance plans that offer comprehensive coverage to help you stay well
- A tax credit that can help pay your premiums for health coverage right away

WHO CAN USE THIS APPLICATION?
This application is for people who need health or dental coverage and help paying for it, and who
- live in Massachusetts;
- are not living in or not about to go into a nursing facility; and

MassHealth Renewals
(for Individuals and Families under age 65)

- MassHealth is required to renew households annually.

- Automatic and prepopulated renewals will be completed for eligible households.

- Households not auto renewed are sent letters to heads of households explaining that their family should submit the renewal prepopulated form or renew online at http://www.MAhealthconnector.org within 45 days of being notified.

- Ways to renew:
  - Households can renew online (fastest)
  - Paper, or
  - Phone

MassHealth Managed Care Plans for Under 65

Managed Care Eligible Members

- Managed Care eligible members include individuals:

  - Under 65, no TPL (Third Party Liability) (including Medicare)

  - Living in the community

  - In the following MassHealth Coverage Types:

    - MassHealth Standard

    - CommonHealth

    - CarePlus

    - Family Assistance

Types of Managed Care Plans

	Definition
Accountable Care Partnership Plans	A group of PCPs who have exclusively partnered with an Managed Care Organization (MCO) to use their provider network to provide integrated and coordinated care for members
Primary Care ACO	A group of PCPs who contract directly with MassHealth to use it's provider network to provide integrated and coordinated care for members
MCO's and MCO Administered ACO	Managed Care Organization (MCO) that has a network of providers to deliver care. MCO's may contract with an ACO to provide more integrated and coordinated care.
Primary Care Clinician Plan (PCC Plan)	MassHealth's statewide managed care option that uses the MassHealth provider network to deliver care

MassHealth Health Plan Options

Accountable Care Partnership Plans

- Be Healthy Partnership
- Berkshire Fallon Health Collaborative
- BMC HealthNet Plan Signature Alliance
- BMC HealthNet Plan Community Alliance
- BMC HealthNet Plan Mercy Alliance
- BMC HealthNet Plan Southcoast Alliance
- Fallon 365 Care
- My Care Family
- Tufts Health Together with Atrius Health
- Tufts Health Together with BIDCO
- Tufts Health Together with Boston Children's ACO
- Tufts Health Together with CHA
- Wellforce Care Plan

Primary Care ACO Plan

- Community Care Cooperative (C3)
- Partners HealthCare Choice
- Steward Health Choice

MCO Plan

- Boston Medical Center Health Plan (BMCHP)
- Tufts Health Together (Tufts)

PCC Plan

Primary Care Providers in the PCC Plan network

Health Plan Enrollment Process

When to enroll in a MassHealth health plan?

■ Members determined eligible for MassHealth and are eligible to enroll in a managed care plan, they have 14 days to pick a plan from the date of eligibility.

■ If the member does not select a plan, he/she will be auto-assigned into a plan.

■ **How to Enroll?**

  – Go online at www.MassHealthChoices.com *fastest way*

  – Mail or fax in the MassHealth Enrollment form: https://masshealth.ehs.state.ma.us/StateForms/

  – Call MassHealth (1-800-841-2900 TTY: 1-800-497-4648)

■ **When can someone change health plans?**

  – Members can change health plans during their annual Plan Selection Period or if a special reason is met during Fixed Enrollment Period.

Plan Selection Period

- **Plan Selection Period**

  - Members enrolled in a MassHealth MCO or ACO health plan will have a 90-day Plan Selection Period every year.

  - During this time, members can enroll or switch their health plans for any reason.

  - If members are happy with their current health plan, they do not need to take action. They will remain in their current plan.

- How a member can enroll in or switch a MassHealth health plan

  - Online at MassHealthChoices.com or http://mass.gov/eohhs/how-to/planenrollment

  - Completing and mailing the MassHealth Health Plan Enrollment Form

  - Calling MassHealth (1-800-841-2900 TTY: 1-800-497-4648)

Fixed Enrollment Period

- **Fixed Enrollment Period**

    - After the 90-day Plan Selection Period has ended, members will enter a Fixed Enrollment Period.

    - Once a member is in their Fixed Enrollment Period they cannot move to another health plan until your next Plan Selection Period, unless MassHealth determines that one of the exceptions applies to you.

  - More information about those reason can be found on the MassHealth website -

      https://www.mass.gov/service-details/fixed-enrollment-period

  - Members can call MassHealth for more information about their PSP and FEPs.

Does the Plan Selection Period and Fixed Enrollment Period Apply to Everyone?

- No. The following members are exempt from the Plan Selection and Fixed Enrollment Periods:

  - Newborns until their first birthday

  - MassHealth members who are in the care and custody of the Department of Children and Families (DCF) or Department of Youth Services (DYS)

  - Members enrolled in the Primary Care Clinician (PCC) Plan

    - PCC Plan members can choose a different PCC in the PCC Plan or can choose to enroll in an MCO Plan or ACO Plan at any time. However, members that select to enroll in an MCO or ACO will have a Plan Selection Period followed by a Fixed Enrollment Period.

MassHealth Traditional Coverage

MassHealth Eligibility Factors

There are six universal eligibility factors that all applicants and members must meet:

- Massachusetts residency

- Providing or applying for a Social Security Number

- Assignment of Rights to Medical Support and Third Party Payments

  – Good Cause for Non-Cooperation

- Assignment of Third Party recoveries

- Potential sources of health care

- Utilization of potential benefits

MassHealth Eligibility Factors (cont.)

The following additional factors are also considered when determining eligibility:

- Citizenship or immigration status

- Categorical (disability, age)

- Financial (income, assets)

- Household composition, age, and tax filing status

Coverage Types for 65 & Over Living in the Community

- Standard
- CommonHealth
- Family Assistance
- Limited
- Senior Buy-In (QMB)
- Buy-In
- QI-1 (Qualified individual)
- Health Safety Net
- *Medicare Part B for most people.*
- *MassHealth can be a secondary payer for Medicare beneficiaries*

Individuals Who Would be Institutionalized

Kaileigh Mulligan Program

- Enables severely disabled children younger than 18 years old to remain at home. The income and assets of their parents are not considered in the determination of eligibility.

  – Eligibility Requirements: Eligibility requirements can be found at 130 CMR 519.007 (A)

MassHealth Home and Community Base Service (HCBS) Waiver Programs

The HCBS Waiver Programs are:

- The Frail Elder Waiver

- Persons with an Intellectual Disability (3 types)

- Persons with Traumatic Brain Injury Waiver

- Acquired Brain Injury Waiver Residential Habilitation

- Acquired Brain Injury Waiver Non-Residential Habilitation

- Money Follows the Person Waiver Residential Supports

- Money Follows the Person Community Living Waiver

How to Apply and Renew Coverage for Members Over 65

How to Apply for Coverage (for Individuals and Families over 65)

To apply, applicants should complete and submit the SACA-2 application:

- Mailed to:

  MassHealth Enrollment Center

  Central Processing Unit

  P.O. Box 290794

  Charlestown, MA 02129-0214

- Fax: 617-887-8799

- In Person at a MassHealth Enrollment Center

- Hand deliver to:
  Central Processing Unit
  The Schrafft Center
  529 Main St., Suite 1M
  Charlestown, MA 02129-0214

MassHealth Renewals: Traditional

- Traditional populations including elders and members in the Home and Community Based Waiver programs will be renewed annually on their due dates.

- Automatic and Prepopulated Renewals will be completed for eligible households.

- An eligibility form is mailed to the member to complete within 45 days.

- Documentation for applications and renewals will be attempted to be verified with a data match.

- If a data match does not happen MassHealth will request verification from the member.

Integrated Care Options For Individuals Who Have Both MassHealth And Medicare (Dual Eligible)

One Care

- One Care is an integrated care option for dual-eligible individuals (those who have Medicare and MassHealth) ages 21-64 who are living with disabilities.

- One Care covers all of a member's Medicare, MassHealth, and prescription drug benefits, *including Medicare Part D*, all under the same plan

- Members can also get access to enhanced benefits not available in MassHealth FFS and Original Medicare FFS, including:

  - behavioral health and community support services

  - vision and dental services

  - non-medical transportation services,

  - care coordination, and

  - no copays!

- One Care plans help members manage all of their health care and long-term services and supports through a Care Team.

- For more information about One Care, including eligibility and enrollment information, and information about which One Care plans are available in each county, visit: www.mass.gov/one-care.

Senior Care Options (SCO)

SCO covers all of the services covered by Medicare and MassHealth and the Frail Elder Waiver. The program provides services to members through a senior care organization and its network of providers. It combines health services with social support services by coordinating care and specialized geriatric support services, along with respite care for families and caregivers.

Enrollment is open to MassHealth Standard members who meet the following criteria:

- are aged 65 or older;

- live at home or in a long-term-care facility (member cannot be an inpatient at a chronic or rehabilitation hospital or reside in an intermediate care facility for people with intellectual disabilities);

- are not subject to a six-month deductible;

- are not diagnosed with end-stage renal disease; and

- live in an area served by a SCO plan.

https://www.mass.gov/service-details/senior-care-options-sco-provider-billing-frequently-asked-questions-faqs

Program of All-inclusive Care for the Elderly (PACE)

PACE covers all of the services covered by Medicare and MassHealth and any other service deemed necessary. The goal of PACE is to allow participants to live safely in their homes instead of in nursing homes.

To enroll in PACE, a person must

- Be 55 or older

- Live in the service area of a PACE organization

- Be certified by the state as eligible for nursing home care

- Live in the community (not a nursing home)

- Be able to live safely in the community

- Agree to receive health services exclusively through the PACE organization, and

- Meet the Social Security Act Title XVI disability standards, if 55 through 64 years of age.

https://www.mass.gov/program-of-all-inclusive-care-for-the-elderly-pace

Integrated Care Plans

Senior Care Option (SCO)

- Boston Medical Center HealthNet Plan Senior Care Options
- Commonwealth Care Alliance
- NaviCare (HMO)
- Senior Whole Health
- Tufts Health Plan Senior Care Options
- UnitedHealthCare

One Care

- Commonwealth Care Alliance
- Tufts Health Unify

Program of All-inclusive Care for the Elderly (PACE)

- Elder Service Plan of Cambridge Health Alliance
- Elder Service Plan of Harbor Health Services, Inc.
- Element Care
- Fallon Health-Summit ElderCare
- Mercy LIFE
- Serenity Care
- Upham's Elder Service Plan

Health Safety Net (HSN)

Health Safety Net (HSN)

Health Safety Net (HSN) pays acute care hospitals and community health centers for certain essential health care services provided to qualified uninsured and underinsured Massachusetts residents

HSN is available to uninsured and underinsured Massachusetts residents whose family income is under a certain percentage of the Federal Poverty Level (FPL):

- Massachusetts residents with income between 0-150% of the FPL may be eligible for the Health Safety Net

- Massachusetts residents with income above 150% and equal to, or less than 300% FPL may be eligible for the Health Safety Net with a deductible

For more information about HSN, including eligibility, regulations and specific information for patients and providers, visit:
https://www.mass.gov/orgs/health-safety-net

Member Resources

Contact Information:

MassHealth

www.mass.gov/masshealth
1-800-841-2900

MassHealth Enrollment Center

- Boston
  45 Spruce St.
  Chelsea, MA 02150

- Northeastern MA
  367 East St.
  Tewksbury, MA 01876

- Southeastern MA
  21 Spring St., Suite
  Taunton, MA 02780

- Western MA
  88 Industry Ave., Suite D
  Springfield, MA 01104

- MassHealth Central Office
  100 Hancock St, 6th floor
   Quincy, MA 02171

Massachusetts Health Connector

www.MAhealthconnector.org

1-877-MA ENROLL (1-877-623-6765)

TTY: 1-877-623-7773

Walk-in Centers:

- Boston
  133 Portland Street
  Boston, MA 02114
- Western MA
  88 Industry Avenue
  Springfield, MA 01104
- Central MA
  146 Main Street
  Worcester, MA 01608

Enrollment Assisters

Certified Application Counselors

- The Commonwealth has approximately 1,600 Certified Application Counselor (CACs) spread across nearly all hospitals and Community Health Centers

Navigators

- The Commonwealth has selected and Certified 15 Navigator organizations

Go to www.MAhealthconnector.org, select "*Help Center*" to find local listings

Enrollment Assisters

- SHINE (Serving the Health Insurance Needs of Everyone)

- SHINE Counselors assists elders and individuals with disabilities in understanding their Medicare and MassHealth benefits and other health insurance options

- For more information visit http://www.mass.gov/elders/

- To schedule an appointment call: 1-800-AGE-INFO

  (1-800-243-4636)

MassHealth Enrollment Guide
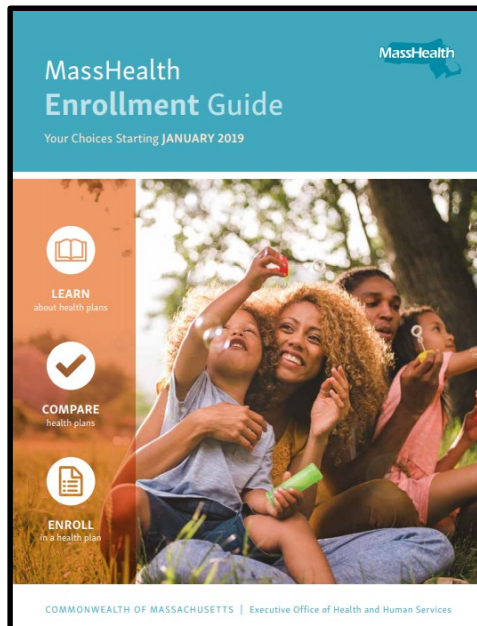
Managed Care Plans for Under 65 MassHealth Enrollment Guide
https://www.mass.gov/index.php/lists/masshealth-health-plan-materials-and-information-for-members
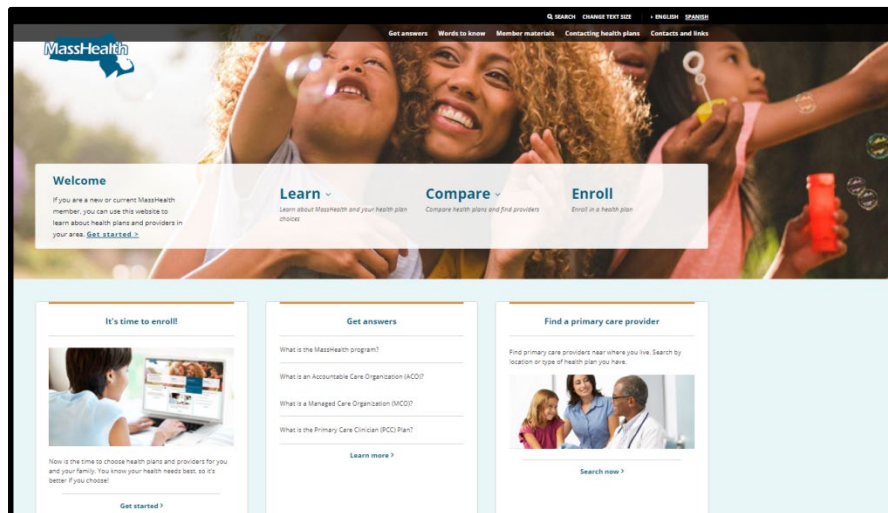
MassHealth Health Plan Provider Directory
www.MassHealthChoices.com
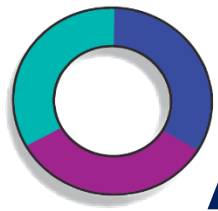
My Ombudsman – For Help Accessing Services

My Ombudsman is an independent organization that helps MassHealth members, including their families and caregivers, address concerns or questions that may impact their experience with a MassHealth health plan or their ability to access their health plan benefits and services.

Who can get help through *My Ombudsman*?

- Any members enrolled in, or attributed to, a MassHealth managed care plan, including:

  - Managed Care Organizations (MCOs)

  - Accountable Care Organizations (ACOs)

  - Members enrolled in the Massachusetts' Behavioral Health Partnership (MBHP) for their behavioral health services.

  - One Care

  - Senior Care Options (SCO)

  - Program of All-Inclusive Care for the Elderly (PACE) organizations

My Ombudsman
Contact Information

Phone: 1-855-781-9898 (Toll Free)

For TTY users, use MassRelay at 711 to call the number above

Email: info@myombudsman.org

Website: www.myombudsman.org

Office:

11 Dartmouth Street
Suite 301
Malden, MA 02148

*Office is wheelchair accessible.

Office Hours:

Monday – Friday 9 a.m. – 4 p.m.

Walk-in hours:
Mondays 1 p.m.– 4 p.m.
Thursdays 9 a.m.–12 p.m.
And by appointment.

Eligibility Verification

Understanding Eligibility and Coverage is an Important Part Eligibility Verification

- It is important to understand the basics regarding MassHealth eligibility, coverage, programs and plans available to members

- This knowledge is helps providers know how to effectively use the eligibility verification tools that are available to MassHealth providers

    - Prevents inaccurate patient eligibility information

    - Reduces eligibility related denials

    - Insures that the claims are submitted to the correct insurer

    - Identifies other primary insurance information

    - Identifies integrated and managed care information

- MassHealth has eligibility verification tools available for providers

Eligibility Verification System (EVS)

The Eligibility Verification System is:

➢ A web based application that enables a MassHealth provider to verify a member's eligibility

➢ Is accessible through the Provider Online Service Center (POSC)

➢ Available 24 hours a day, 7 days a week

➢ Provides easy access to the most current and complete member eligibility information

• Providers reduce the risk of denied claims by using EVS to verify member enrollment and eligibility prior to providing services to MassHealth members.

• It is highly recommended that you check eligibility on each date of service.

If you have questions about how to check a member's eligibility, please refer to the Verify Member Eligibility Job Aid to learn how to access and check member eligibility using EVS on the POSC

(URL: https://www.mass.gov/how-to/check-member-eligibility)

Eligibility Verification System (EVS)

- What you need when checking eligibility?
  - ➢ POSC User ID & Password
  - ➢ MMIS Provider ID/Service Location
  - ➢ Dates of Service
  - ➢ Member ID Number or Member Name and DOB

- There are two types of Restrictive Messages that appear on EVS:

  - Eligibility Restrictive Messages

  - Managed Care Data Restrictive Messages

- The Managed Care Data Restrictive Messages identify which type of health plan a member is enrolled in, and their contact information for inquiries regarding:

  - Billing (medical and behavioral health claims)

  - Service authorizations (medical and behavioral health services)

  - Behavioral Health vendors

If you have questions about how to check a member's eligibility, please refer to the Verify Member Eligibility Job Aid to learn how to access and check member eligibility using EVS on the POSC

(URL: https://www.mass.gov/how-to/check-member-eligibility)

Eligibility Verification – Member ID Card

Member Identification Card:

Each member is issued a MassHealth ID card, which includes the individual and their system-generated 12-digit ID number

FirstName MI LastName
000000000000

MassHealth

Carry this MassHealth card at all times.

This card does not guarantee MassHealth eligibility.

Cardholder, for questions call: 1-800-841-2900
(TTY: 1-800-497-4648 for people with partial or total hearing loss)
Or visit us at www.mass.gov/masshealth.

Providers, bill all other insurers first.
For questions, call: 1-800-841-2900
Or visit us at www.mass.gov/masshealth/providerservicecenter.

To report member or provider fraud, call: 1-877-437-2830

Note: The member may also have a card issued by the plan the member has chosen if they are managed care eligible

Eligibility Verification System (EVS)

The Check Member Eligibility page can be accessed by clicking *Manage Members* from the menu then click *Verify Member Eligibility*.

Job Aid for checking eligibility for a single member on the POSC: https://www.mass.gov/files/documents/2017/11/13/eligibility-verification-submit-inquiry.pdf

Eligibility Verification System (EVS)

Member Information Tab

From the _Member Information_ Tab ensure that you have the correct member by verifying all of his or her Information as indicated in the example below (which includes the member's name, social or Agency ID and address) are correct.

Note: Member eligibility information is specific to the date of service entered and also as a reminder, no future dates are allowed

Eligibility Verification System (EVS)

Eligibility Tab

From the *Eligibility* Tab you will see which coverage type the member is enrolled in

This is a live link, please hover or click for more descriptive information regarding the Plan type (if any).

The example above indicate the member's coverage as *MassHealth Standard* (which is one of the coverage types), but for a more comprehensive listing of all the various coverage types please see the link below. http://www.mass.gov/eohhs/consumer/insurance/masshealth-coverage-types/masshealth-coverage-types.html

Eligibility Verification System (EVS)

Eligibility tab for member

1. Click on the Date Range for additional information such as the *Eligibility Restrictive Messages* pertaining to the coverage type

2. *Eligibility Restrictive Messages* show any and all information pertaining to the member's **coverage type.***

3. *List of Managed Care Data* Indicates if the member is enrolled in managed care (PCC, ACO, SCO, MCO, etc.)

4. *Managed Care Data details* provides the contact information, DBA address, telephone number for the site (if PCC) or the Managed Care Plan

* Click here to visit the EVS Restrictive Message Text Quick Reference Guide

EVS Screenshot Example - MCO Plan

1. *List of Managed Care Data (for MCO)* Click on the name of the MCO to display the *Managed Care Data (for MCO) Details*.

2. *Managed Care Data (For MCO) Details* will display the MCO Name, MCO Phone, and Restrictive Messages.

Provider Services

- Home
- Provider Search
- Manage Batch Files
- Manage Service Authorizations
- Manage Correspondence and Reporting
- Manage Members
  - Eligibility
    - *Verify Member Eligibility*
    - Inquire Eligibility Request
  - Enrollment
  - Long Term Care
- Manage Claims and Payments
- Manage Provider Information
- Administer Account
- Reference Publications
- EHR Incentive Program
- News & Updates
- Related Links

Verify Member Eligibility

Member Information | *Eligibility*

Dates of Eligibility

Click on the Date Range to view Eligibility information for Member ID

Date Range	Eligiblity Status
→ 02/08/2018 02/08/2018	MASSHEALTH STANDARD

The information below refers to the **MASSHEALTH STANDARD** coverage for **02/08/2018** to **02/08/2018**.

Eligibility Restrictive Messages

Restrictive Messages — 246 / 246 EXEMPT FROM COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).

186 / 186 EXEMPT FROM COPAY ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(D).

List of Managed Care Data (for MCO/ACO)

Name	NPI	Phone	Date Range
→ BMC HEALTHNET PLAN		(888) 566-0010	02/08/2018 02/08/2018

Managed Care Data (for MCO/ACO) Details

Begin Date 02/08/2018 — End Date 02/08/2018

Name BMC HEALTHNET PLAN

NPI — Phone (888) 566-0010

Restrictive Messages — 1059 / 618 BMC HealthNet Plan member. BMC HealthNet Plan is an MCO.

747 / 021 For medical services call 1-888-566-0010. For behavioral health service questions and authorizations call Beacon Health Strategies at 1-888-217-3501.

Member Payment Responsibility Detail

Patient Paid Amount — Patient Paid Amount Type

Spend Down Amount

Deductible Amount — Deductible Date

Co-pay Status — Co-pay Cap Status

Restrictive Messages

Close — Perform Another Eligibility Check

EVS Screenshot Example – Accountable Care Partnership Plan

EVS Screenshot Example – Primary Care ACO Plan

1. *List of Managed Care Data (for PCC/PCCB)* will display the PCCB name, phone and Restrictive messages

2. *Managed Care Data (For ACO/MCO) Details* will display the Primary Care ACO Name, Phone, and Restrictive Messages.

3. *List of Behavioral Health Details* will display the Behavioral Health Vendor (MBHP) Name, Phone, and Restrictive Messages.

Dates of Eligibility

Click on the Date Range to view Eligibility information for Member ID

Date Range	Eligibility Status	
03/06/2018 – 03/06/2018	MASSHEALTH STANDARD	

The information below refers to the **MASSHEALTH STANDARD** coverage for 03/06/2018 to 03/06/2018.

Eligibility Restrictive Messages

Restrictive Messages: 991 / 991 CERTAIN HSN DENTAL SERVICES AVAILABLE AT COMMUNITY HEALTH CENTERS AND HOSPITAL-BASED HEALTH CENTERS.

List of Managed Care Data (for PCC/PCCB)

Legal Name	Site Name	Phone	Date Range
HAPPY HEALTH MEDICAL	HAPPY HEALTH MEDICAL	(888) 123-4567	3/06/2018- 3/06/2018

Managed Care Data (for PCC/PCCB) Details

Begin Date	03/06/2018	End Date 03/06/2018
Legal Name	HAPPY HEALTH MEDICAL	
Site/DBA Name	HAPPY HEALTH MEDICAL	Site Phone (888) 123-4567
Site Address	1 CENTER PL BOSTON, MA 02114	
Restrictive Messages	687 / 687 COMMUNITY CARE COOPERATIVE MEMBER. COMMUNITY CARE COOPERATIVE IS A PRIMARY CARE ACO. CALL PCC ABOVE FOR AUTHORIZATION FOR ALL SERVICES EXCEPT THOSE LISTED IN 130 CMR 450.118(J).	

List of Managed Care Data (for MCO/ACO)

Legal Name	NPI	Phone	Date Range
COMMUNITY CARE COOPERATIVE (C3)		(866) 676-9226	3/06/2018 – 3/06/2018

Managed Care Data (for MCO/ACO) Details

Begin Date	03/06/2018	End Date 03/06/2018
Name NPI	COMMUNITY CARE COOPERATIVE (C3)	Phone (866) 676-9226
Restrictive Messages	1626 / 740 Community Care Cooperative (C3) member. Community Care Cooperative is a Primary Care ACO. 1627 / 741 For medical service questions Community Care Cooperative (C3) at 1-866-676-9226. 1628 / 742 For claims, referrals, or billing questions, call the MassHealth Customer Service Center at 1-800-841-2900.	

List of Behavioral Health

Legal Name	NPI	Phone	Date Range
MASSACHUSETTS BEH HLTH PRT	1548385057	(800) 495-0086	3/06/2018 – 3/06/2018

Behavioral Health Detail

Begin Date	03/06/2018	End Date 03/06/2018
Provider Name NPI	MASSACHUSETTS BEH HLTH PRT 1548385057	Provider Phone (800) 495-0086
Restrictive Messages	76 / 525 For behavioral health service questions and authorizations, call Massachusetts Behavioral Health Partnership at 1-800-495-0086.	

Member Payment Responsibility Detail

Patient Paid Amount   Patient Paid Amount Type

EVS Screenshot Example – FFS Eligibility Response

Managed Care Data Restrictive Messages do not appear in EVS for FFS members.

EVS Screenshot Example – FFS with Third Party Medicare Coverage

Managed Care Data Restrictive Messages will not appear in EVS for FFS members (including those over age 65 or with third party insurance coverage)

EVS Screenshot Example – SCO

Member Information	Eligibility

Dates of Eligibility

Click on the Date Range to view Eligibility information for Member ID

Date Range	Eligiblity Status
→ 04/08/2019 04/08/2019	MASSHEALTH STANDARD

The information below refers to the **MASSHEALTH STANDARD** coverage for **04/08/2019** to **04/08/2019**.

Eligibility Restrictive Messages

Restrictive Messages

952 / 611 Member is Qualified Medicare Beneficiary. See 130 CMR 519.010.

45 / 608 Member eligible for Medicare Part D. For member enrollment status or other information call 1-800-MEDICARE (1-800-633-4227).

991 / 991 CERTAIN HSN DENTAL SERVICES AVAILABLE AT COMMUNITY HEALTH CENTERS AND HOSPITAL-BASED HEALTH CENTERS.

186 / 186 EXEMPT FROM COPAY ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(D).

List of Other Insurance Plans

Policy #	Carrier Name	Coverage Type	Date Range
→	MEDICARE A CLAIM	MEDICARE A	04/08/2019 04/08/2019
	MEDICARE B CLAIMS	MEDICARE B	04/08/2019 04/08/2019

List of Managed Care Data (for MCO/ACO)

Name	NPI	Phone	Date Range
→ COMMONWEALTH CARE ALLIANCE		(617) 426-0600	04/08/2019 04/08/2019

Managed Care Data (for MCO/ACO) Details

Begin Date 04/08/2019   End Date 04/08/2019

Name COMMONWEALTH CARE ALLIANCE

NPI   Phone (617) 426-0600

Restrictive Messages 20 / 201 SENIOR CARE OPTIONS. Payment limited to SCO. Authorization needed for all services except emergencies. Call CCA: 1-866-610-2273.

Member Payment Responsibility Detail

Patient Paid Amount   Patient Paid Amount Type

List of Managed Care Data (for ACO/ MCO) Click on the name of the SCO to display the SCO Name, Phone number and Restrictive Messages.

EVS Screenshot Example – Limited

For Limited – It is important to carefully read the eligibility restrictive messages that may indicate HSN or no HSN information.

EVS Screenshot Example – HSN

Member Information | *Eligibility*

Dates of Eligibility

Click on the Date Range to view Eligibility information for Member ID

Date Range	Eligiblity Status
→ 04/08/2019 04/08/2019	**HEALTH SAFETY NET**

The information below refers to the **HEALTH SAFETY NET** coverage for **04/08/2019** to **04/08/2019**.

Eligibility Restrictive Messages

Restrictive Messages

915 / 647 HSN MEDICAL AND PHARMACY COPAYS MAY BE APPLICABLE

1236 / 648 HSN PHARMACY COPAYS MAY BE APPLICABLE

633 / 633 HSN IS FOR CERTAIN HOSPITAL AND CHC SERVICES ONLY. MEMBER IS NOT ELIGIBLE FOR MASSHEALTH. CALL 1-877-910-2100.

Member Payment Responsibility Detail

Patient Paid Amount	Patient Paid Amount Type
Spend Down Amount	
Deductible Amount	Deductible Date
Co-pay Status	Co-pay Cap Status

Restrictive Messages

Close   **Perform Another Eligibility Check**

Navigation sidebar:
- Home
- Provider Search
- Manage Batch Files
- Manage Service Authorizations
- Manage Correspondence and Reporting
- Manage Members
  - Eligibility
    - *Verify Member Eligibility*
    - Inquire Eligibility Request
  - Enrollment
  - Long Term Care
- Manage Claims and Payments
- Manage Provider Information
- Administer Account
- Reference Publications
- EHR Incentive Program
- News & Updates
- Related Links

For HSN and Partial HSN – It is important to carefully read the eligibility restrictive messages and deductible information.

Eligibility Verification Provider Resources

- Mass.gov Resource Page https://www.mass.gov/how-to/check-member-eligibility

  - Link to access EVS through the Provider Online Service Center

  - Link to job aids for Eligibility Verification process

- MassHealth Customer Service

  - providersupport@mahealth.net

  - Main Tel: 800-841-2900

  - TTY: 800-497-4648

Batch Member Eligibility
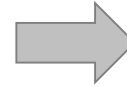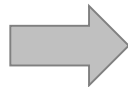
Batch Member Eligibility – 270/271 Batch Transactions

What is the Batch Member Eligibility?

MassHealth provides the ability for providers to check MassHealth eligibility for multiple members by uploading batch ASCX12 V5010 Eligibility Inquiry and Response (270/271) transactions via the Provider Online Service Center (POSC) and system-to-system through MassHealth's CORE connectivity method.

The batch eligibility transaction is ideal for providers that must check eligibility for a large volume of members on a daily basis, such as hospitals and large group practices. Batch transactions are an alternative method to manually checking a single member's eligibility through the Direct Data Entry (DDE) process on POSC.

271 file (response)
A response which includes:
- Member ID
- MassHealth benefit plan
- MassHealth assignment plan
- Primary Care Clinician (PCC) information
- Other insurance information
- Managed Care information
- Member payment responsibility
- Long-term care information
- Behavioral Health information
- Restrictive messages

270 file (Inquiry)
A batch file that is submitted to MassHealth requesting the eligibility status of a member

MassHealth

POSC - Batch Member Eligibility – 270/271 Batch Transactions

The Batch Member Eligibility upload functionality can be accessed by clicking *Manage Batch Files* from the menu then click *Upload (270) Batch File*

Select the provider from the drop-down menu

After file is uploaded, a confirmation screen with tracking number is displayed

POSC - Batch Member Eligibility – 270/271 Batch Transactions

The Batch Member Eligibility download functionality can be accessed by clicking *Manage Batch Files* from the menu then click *Download (271) Batch File*

*Remember to select the Provider ID from the drop down

The tracking number from the upload is entered here or providers can search by transaction type

Member Eligibility – 270/271 Batch Transaction Update

What is the current 271 response logic?

When a provider sends in a 270 request, the system checks eligibility based on the member's first name, last name, date of birth (DOB), gender and MID. When it finds a match, the provider will receive a 271 response with the correct MID and eligibility for that member.

What is the <u>future</u> 271 response logic?

Once implemented, when a provider sends in a 270 request with an invalid MID, the provider will receive a 271 response indicating "member not found." Specifically, it will state error code "72" Invalid/Missing Subscriber/Insured ID in the **AAA03 – Reject Reason Code** segment for Loop **2100B – Information Receiver Name**.

Example: `AAA*N**72*C`

Member Eligibility – 270/271 Batch Transaction Update

Eligibility Response Guidance:

- Ensure that a valid Member ID is submitted on the 270 Inquiry transaction

- If the MID is not known submit the request with member demographic data (e.g. first name, last name, DOB, gender) instead; if a single match is found eligibility information will be returned on the 271

- Follow EVS overview guidelines on Mass.gov to ensure access to the MID

- Ensure compliance with key batch eligibility submission requirements

Begin making changes to your eligibility practices today to ensure you do not receive unnecessary rejections when the new logic is implemented in June 2019

Member Eligibility – 270/271 Batch Transaction Update

Batch Eligibility Submission Requirements

- **ONLY** check eligibility for MassHealth members you will provide services to on the day or the following day (when checking the day before the service)

- **DO NOT** submit your entire roster of MassHealth members unless you are providing services for your entire roster of members the same day or the following day (when checking the day before the service)

- **DO NOT** include more than 3,000 members in any single eligibility ST/SE segment within a file

- **POPULATE ALL** subsequent eligibility requests with the member information received from MassHealth on the prior eligibility response, where applicable

IMPORTANT REMINDER:
EVSpc was retired by MassHealth in 2015 and is no longer supported. Any provider that is currently using EVSpc must stop using this software immediately. Providers must use the POSC or the 270/271 transaction to check the status of a member's eligibility. Please contact EDI at edi@mahealth.net for questions and assistance with transitioning to an alternative inquiry method.

Member Eligibility – 270/271 Batch Transaction Update

Electronic Data Interchange (EDI) Resources

- **MMIS Job Aid: Eligibility Verification – Upload Batch Files**
  https://www.mass.gov/files/documents/2019/02/27/jobaids-uploadeligibilitybatchesmaster.pdf

- **Eligibility Verification System (EVS) Overview**
  https://www.mass.gov/service-details/eligibility-verification-system-overview

- **270/271 MassHealth Companion Guide**
  https://www.mass.gov/lists/technical-refresh-companion-guides

- **MassHealth Customer Service Center – EDI Department**
  If you have questions about the change or would like to switch from DDE to electronic batch file submissions, please send an email to edi@mahealth.net or call 1-800-841-2900.

Provider Updates
and
Important Messages

Important message for Providers and Providers that utilize Billing Intermediaries

MassHealth wants to remind all claims submitters (providers and billing intermediaries that submit claims on their behalf) to curtail excessive and duplicative claims transactions

➤ MassHealth provider regulations 130 CMR 450.307(B)(1) state that duplicate billing is an unacceptable billing practice and providers should not engage in submission of duplicate claims

➤ Providers are encouraged to check claim status (276/277) via POSC *first* prior to submission of a second claim. MMIS adjudicates claims real time and claims status is available within at least two business days

➤ Medicare crossover claims for dually eligible members are automatically transmitted by the Medicare contractor (Benefits Coordination and Recovery Center (BCRC)) to MassHealth when at least one claim line is Medicare approved. MassHealth receives and adjudicates Medicare crossover files in MMIS, the status of these claims can also be checked via POSC

To learn more about how to check claim status in POSC, please refer to https://www.mass.gov/how-to/check-claim-status for more information.

Technical Refresh

https://www.mass.gov/masshealth-technical-refresh

Phase II of the Technical Refresh activities will commence in March, 2020. It will involve and upgrade of the "end of life" HIPAA compliance and translator tool.

Trading Partner Testing (TPT) will be conducted in mid-2019 and early 2020. It is strongly recommended that affected providers and vendors (BI, SWV, CH) attend one of the online info sessions listed here:

Date	Audience	ReadyTalk URL
4/4/19	Providers	https://cc.readytalk.com/r/k7z0bn905l48&eom
4/11/19	BI/CH/SWVs	https://cc.readytalk.com/r/upjgmhoqjboj&eom
4/18/19	Providers	https://cc.readytalk.com/r/i435jxqqtsac&eom
4/25/19	BI/CH/SWVs	https://cc.readytalk.com/r/n9e61h212mw5&eom
5/2/19	Providers	https://cc.readytalk.com/r/d8t2cmqqx44b&eom
5/9/19	BI/CH/SWVs	https://cc.readytalk.com/r/f5r8iykgmzao&eom

Additional session dates will be posted at www.masshealthtraining.com.

For more details, please refer to All Provider Bulletin 284 from March 2019 at https://www.mass.gov/files/documents/2019/04/02/all-284.pdf

If you have questions please contact the MassHealth Customer Service Center by email at EDI@mahealth.net, or by phone at 1-800-841-2900.

Changes to non-emergency transportation and Customer Web Portal (CWP)

https://masshealth.ehs.state.ma.us/cwp/login.aspx

Once logged in, the landing page for the CWP will look like this, starting May 31, 2019.

Provider Bulletin 280 addressed authorizing and scheduling brokered nonemergency medical transportation. The policy changes took effect on February 1, 2019. The associated CWP changes to the Customer Web Portal (CWP) user interface outlined in All Provider Bulletin 280 will launch May 31, 2019.

- Register here: www.masshealthtraining.com
- Webinar dates: 4/30, 5/2, 5/9, 5/23, 5/30, 6/6, 6/13

If you have any questions, please contact the MassHealth Customer Service Center by e-mail at providersupport@mahealth.net, or phone at 1-800-841-2900.

Ordering, Referring and Prescribing (ORP) Requirements

https://www.mass.gov/the-aca-orp-requirements-for-masshealth-providers

MassHealth continues to provide informational edits on claims to billing providers whose claims do not meet ORP requirements. Once requirements are fully implemented (date, TBA), impacted claims will be denied for these reasons if provider billing processes are not corrected:

- The NPI of the ORP provider must be included on the claim
- The ORP provider must be actively enrolled with MassHealth at least as a nonbilling provider
- The ORP provider must be one of the eligible ORP provider types

Remaining Webinar opportunities in April are:
- Wednesday April 24th, 1:00 - 2:00 pm *(Enrollment and Billing)*
- Wednesday April 24th, 2:00 - 2:30 pm *(Enrollment Only)*
- Wednesday April 24th, 2:30 - 3:00 pm *(Billing Only)*

There are also 12 more sessions scheduled for May and June 2019

For additional details, please refer to All Provider Bulletins 259 and 274.
https://www.mass.gov/files/documents/2016/07/we/all-259.pdf
https://www.mass.gov/files/documents/2018/02/08/all-274.pdf

If you have any questions, please contact the MassHealth Customer Service Center by e-mail at providersupport@mahealth.net, or by phone at 1-800-841-2900.

Questions?