MassHealth Training Forum Provider Updates

January 31, 2023

Executive Office of Health & Human Services

Agenda

- **Welcome and Agenda Review**
- **Update on Plan for MassHealth Eligibility Redeterminations**
- **Office of Long-Term Services and Supports (OLTSS)**
- **Payment and Care Deliver Innovation PCDI 2023**
- **Expanded Behavioral Health Services Overview**
- **Ordering Referring and Prescribing (ORP)Update**
- **Non-OLTSS Provider Revalidation**
- **MassHealth Updates**
    - Transportation Update
    - POSC Subordinate ID Panel Modifications for Primary Users
    - Telehealth Policy Overview
    - Payment Error Rate Measurement (PERM) RY 23
    - POSC Accommodation/Language Updates
    - Provider Education and Learning Management System (for non-LTSS providers)
    - Address and Email Updates
    - MassHealth Bulletins (October 2022 – January 2023)

MassHealth Member Eligibility Redeterminations (2023-2024): Communications Toolkit

Presented by – Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services

MassHealth's Response to COVID-19 FPHE

- In March 2020, the federal government declared a public health emergency (PHE) due to the COVID-19 pandemic. In response to the PHE and consistent with federal continuous coverage requirements, MassHealth put protections in place that prevented member's MassHealth coverage from ending during the COVID-19 emergency. **When continuous coverage requirements end on April 1, 2023**, MassHealth will return to our standard annual eligibility renewal processes
  - Once the continuous coverage requirements end, all current MassHealth members will need to renew their health coverage to ensure that they still qualify for their current benefit
  - Renewals will take place over 12 months

Communication and Outreach Plan

Current Phase

- MassHealth will communicate to members in 2 phases:
- **Phase 1: NOTIFY:** Prepare for renewal of all MassHealth members
  - MassHealth will work with stakeholders and other partners to make sure members know how to avoid gaps in coverage when renewals begin

- Phase 2: Educate members about how to renew their coverage
  - MassHealth and its partners will directly outreach to members when they are selected for renewal to make sure that they complete their renewal and, if applicable, know their options for affordable health coverage

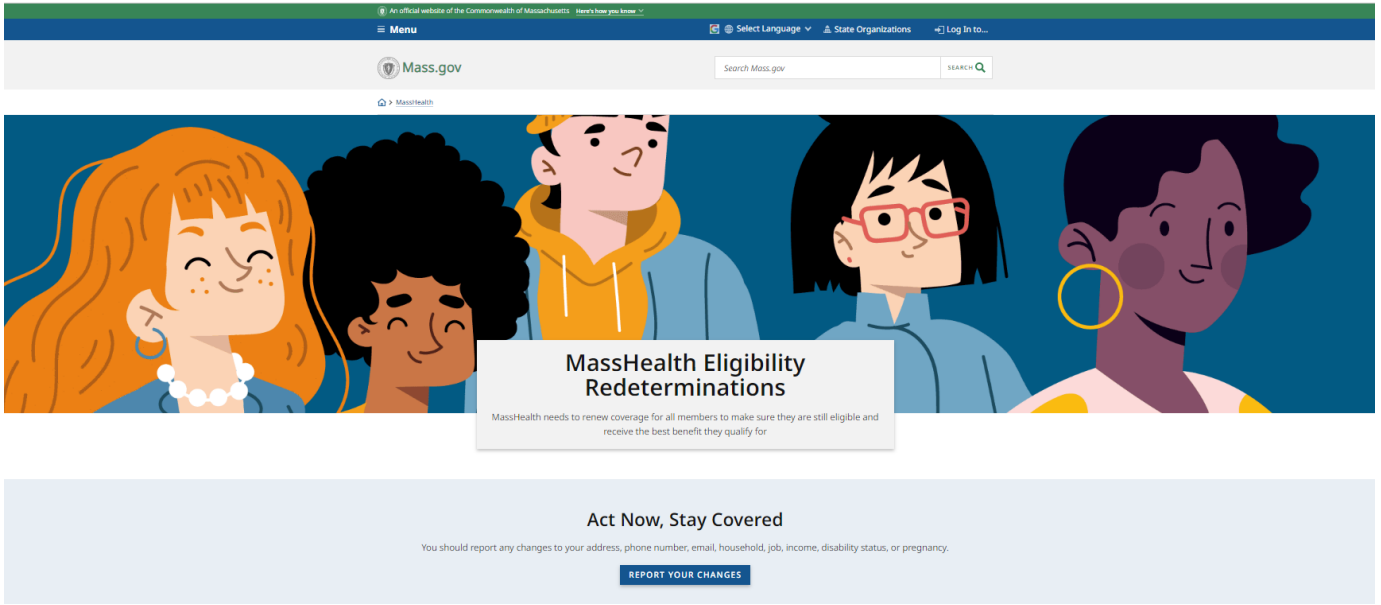
Phase 1 Key Messages and the Toolkit

Phase 1 Key Messages

- MassHealth and its partners should use the following key messages to educate members about the upcoming renewals and make sure they do not have any gaps in coverage
  1. **Update contact information:** Make sure to update address, phone number, and email
  2. **Report any household changes:** These include a new job, address, changes to your income, disability status, or pregnancy
  3. **Create an MA Login Account:** Current members under the age of 65 can create an and access their information through MA Login Account- the fastest way to renew your MassHealth and Health Connector coverage, update your information, and report changes
  4. **Read all mail from MassHealth:** MassHealth will mail members information about their health benefit that may require them to tak action to keep their current coverage
     - Look out for a blue envelope in the mail and make note of the important deadlines

Phase 1 Toolkit

- MassHealth Toolkit:
  - MassHealth Eligibility Redeterminations
- “Your Family. Your Health.” Campaign
  - The community-oriented campaign will focus on creating multi-lingual and equity-focused member materials to ensure members receive additional supports to assist them with the renewal process



Update Your Contact Information

MassHealth has partnered with a third-party data source, LexisNexis, to match member contact information.

- Beginning the week of **1/9/2023**, heads of household with discrepant contact information will receive a notice informing them if LexisNexis has found updated contact information for their account (mailing address, phone, or email)
- For **members with a new address match**, the notice will be sent to both the current address on file and the new matched address
- Members can update their contact information by going online to MAhealthconnector.org (for members that have access to their HIX account) or call MassHealth Customer Service to update their contact information
- This mailing will run for 4 weeks

LTSS Program Updates

Presented by – Barbara Barrows, Deputy Director for Business and Systems Operations, Office of Long-Term Services and Supports
and
Steve D'Amico, MA LTSS Training and Communications Program Manager, Optum

Outline

I. LTSS Program Updates—Home-based Fee-for-service (FFS)

II. Provider Communications

    I. Emails

    II. Bulletins

Program Updates – Home Health

- Home Health Service Rates
  - Proposed amendments to 101 CMR 350 were posted to Mass.gov with a scheduled public hearing on February 24, 2023, at 9:30a.
  - A copy of the proposed amendments and regulation may be found here: Proposed Edits to 101 CMR 350
  - Individuals who wish, may register to testify at the public hearing and/or submit to EOHHS written testimony on the proposed amendments to 101 CMR 350.00. Written comments and testimony are due by 5 PM on February 24, 2023. To submit written testimony, please email your testimony to ehs-regulations@mass.gov

Program Updates - Continuous Skilled Nursing

- CSN Agency program regulations 130 CMR 438.000
  - Proposed amendments to 130 CMR 438.000 are posted on Mass.gov with a public hearing scheduled on January 20th at 12:30p
  - A copy of the proposed amendments may be found here: Proposed Edits to 130 CMR 438.00
  - Individuals who wish, may register to testify at the public hearing and/or submit to EOHHS written testimony on the proposed amendments to 130 CMR 438.000. Written comments and testimony are due by 5PM on January 20, 2023. To submit written testimony, please email your testimony to ehs-regulations@mass.gov
- MassHealth is working on several initiatives related to CSN Services such as the development of CCM Nurse Directory and Comprehensive Case Management

Program Updates- Continuous Skilled Nursing (continued)

- CSN Rates
  - Proposed amendments to 101 CMR 361.00 are posted on Mass.gov with a public hearing scheduled on January 20th at 11:00 am
  - A copy of the proposed amendments may be found here: Proposed Edits to 101 CMR 361.00
  - Individuals who wish, may register to testify at the public hearing and/or submit to EOHHS written testimony on the proposed amendments to 101 CMR 361.00. Written comments and testimony are due by 5PM on January 20, 2023. To submit written testimony, please email your testimony to ehs-regulations@mass.gov
  - Additionally, MassHealth notified providers that CSN agency overtime rates will now be permanently available. A provider bulletin is forthcoming in January 2023

Program Updates - Independent Nurse Program

- Independent Nurse Program regulations 130 CMR 414.00
  - Proposed amendments to 130 CMR 414.000 are forthcoming and will include additions to align service delivery rules with 130 CMR 438.000: *Continuous Skilled Nursing Agency*
- MassHealth is working on several initiatives related to CSN Services such as the development of the CCM Nurse Directory and oversight initiatives for the IN program
- CSN Rates
  - Proposed amendments to 101 CMR 361.00 are posted on Mass.gov with a public hearing scheduled on January 20th at 11:00 am
  - A copy of the proposed amendments may be found here: Proposed Edits to 101 CMR 361.00
  - Individuals who wish, may register to testify at the public hearing and/or submit to EOHHS written testimony on the proposed amendments to 101 CMR 361.00. Written comments and testimony are due by 5 PM on January 20, 2023. To submit written testimony, please email your testimony to ehs-regulations@mass.gov

Program Updates - Hospice

- Hospice Program Regulations 130 CMR 437.00
  - Provider bulletins clarifying the hospice election addendum and the implementation of the Face-to-Face requirement recently added to the hospice program regulations are forthcoming
  - Hospice Program Regulations to be effective for dates of service beginning January 1, 2023

- Hospice providers are strongly encouraged to continue submitting hospice election forms to MassHealth via the Hospice Portal. Hospice providers serving dual-eligible members must simultaneously have these members elect and revoke their Medicare and MassHealth hospice benefits
  - Failure to meet this requirement will result in monetary sanctions
  - Sanction letters are scheduled to commence in the first half of the calendar year 2023

Program Updates - Outpatient Therapies

- The program is working on the development of a long-term policy to allow certain outpatient therapy services through telehealth

Long-Term Services and Supports (LTSS): Provider Communications

Presented by – Steve D'Amico, Provider Training and Communications Program Manager - Optum

LTSS Provider Communications (slide 1 of 7)

The MassHealth LTSS Provider Service Center utilizes provider data to identify behavior trends for areas of targeted training via email. These emails may contain attached job aids or links to additional educational resources via the LTSS Provider Portal

Areas of focus for these communications include but are not limited to:

- high claims denials for specific error codes
- high prior authorization denials or administrative holds, and/or
- audit findings/SURs reports

The goal of each communication is to assist the Provider in reducing their administrative errors in billing and prior authorization

LTSS Provider Communications (slide 2 of 7)

Recent targeted education communications sent via the MassHealth LTSS Provider Service Center support email:

- Notification to applicable LTSS Providers regarding Ordering, Referring, and Prescribing (ORP) Requirements – sent monthly on 10th until further notice

- Notification to Home Health Agencies regarding retroactive authorization

LTSS Provider Communications (slide 3 of 7)

Recent Provider bulletins published for MassHealth LTSS Providers:

- September 2022:
  - Personal Care Attendant Program Bulletin 13: Enhanced Rates and Reporting Requirements for Personal Care Management Agencies Related to Section 9817 of the American Rescue Plan Act
  - Managed Care Entity Bulletin 90: 90-day Prescription Drug Supply Policy Change
  - Independent Nurse Bulletin 10: Enhanced Rates and Reporting Requirements for Certain Home-and Community-Based Services Related to Section 9817 of the American Rescue Plan Act
  - Home Health Agency Bulletin 78: Enhanced Rates and Reporting Requirements for Certain Home-and Community-Based Services Related to Section 9817 of the American Rescue Plan Act

LTSS Provider Communications (slide 4 of 7)

Recent Provider bulletins published for MassHealth LTSS Providers:

- September 2022:
  - Home Health Agency Bulletin 79: FY23 General Appropriations Act Home Health Aide Rate Increases and Reporting Requirements
  - HCBS Waiver Provider Bulletin 20: Enhanced Rates and Reporting Requirements for Personal Care Management Agencies Related to Section 9817 of the American Rescue Plan Act
  - HCBS Waiver Provider Bulletin 21: FY23 General Appropriations Act Home Health Aide Rate Increases and Reporting Requirements
  - Continuous Skilled Nursing Agency Bulletin 8: Enhanced Rates and Reporting Requirements for Certain Home-and Community-Based Services Related to Section 9817 of the American Rescue Plan Act

LTSS Provider Communications (slide 5 of 7)

Recent Provider bulletins published for MassHealth LTSS Providers:

- October 2022:
  - Managed Care Entity Bulletin 91: Extension of and Updates to the Temporary Rate Increases for Home and Community-based Services and Behavioral Health Services
  - Managed Care Entity Bulletin 92: Extension of and Updates to the Temporary Rate Increases for Home and Community-based Services and Behavioral Health Services for Integrated Care Plans
  - All Provider Bulletin 355: Access to Health Services through Telehealth Options (Amendment)

LTSS Provider Communications (slide 6 of 7)

Recent Provider bulletins published for MassHealth LTSS Providers:

- November 2022:
  - Nursing Facility Bulletin 175: COVID-19 Preparedness Program Payments
  - Managed Care Entity Bulletin 93: Behavioral Health Crisis Evaluations in Emergency Departments and Inpatient Mental Health Services Rate Updates
  - Chronic Disease and Rehabilitation Inpatient Hospital Bulletin 99: Rate Year 2023 (RY23) Quality Performance Incentive Payments for Discharge Planning
  - All Provider Bulletin 356: Changes to Prescription Drug Days' Supply Limitations, Effective December 19, 2022

LTSS Provider Communications (slide 7 of 7)

Recent Provider bulletins published for MassHealth LTSS Providers:

- December 2022:
  - Nursing Facility Bulletin 176: COVID-19 Preparedness Program Payments
  - Adult Foster Care Bulletin 27: Specific Guidance for Adult Foster Care Providers regarding Certain Home- and Community-Based Services

LTSS Provider Trainings and Quality Forums

Training or Quality Forums for MassHealth LTSS Providers:

- Trainings:
  - Acute Inpatient Hospital Presumptive Eligibility Training – 1/26
  - Chronic Disease and Rehabilitation Inpatient Hospital Presumptive Eligibility Training – 1/26
  - Nursing Facility Rate Add-On Training – 1/5
  - General Education Training – 1/9/23
  - Continuous Skilled Nursing Training – 1/9/23

- Quality Forums:
  - Durable Medical Equipment and Oxygen and Respirator Therapy Equipment Operation Activity Reporting – January 11, 2023
  - Orthotics and Prosthetics Operation Activity Reporting – TBD for March 2023

Payment and Care Delivery Innovation 2.0

Presented by – Karla Burgos, Sr. Provider Relations Specialist, MassHealth Business Support Services

Overview

During today's meeting, EOHHS will discuss:

- January 2023 – March 2023
- Launch of new ACO program – April 1, 2023
- Primary Care Sub-Capitation Program

January 2023 – March 2023

January 2023 – March 2023

As previously announced, EOHHS has extended current Accountable Care Organization (ACO) contracts (including Accountable Care Partnership Plan [ACPP], Primary Care ACO [PCACO], and MCO-Administered ACO) and MCO contracts through 3/31/2023

During this time, EOHHS expects ACOs and MCOs to continue to ensure they meet all contractual requirements and to ensure high quality care

What providers can anticipate during this 3-month period:

Program Requirements:

- The current ACO and MCO programs will continue largely unchanged. ACOs/MCOs must continue to meet all contractual requirements, including ensuring that enrollees' care is coordinated
- EOHHS will continue to be responsible for paying Community Partners for supports delivered, in accordance with those contracts, through 3/31/23. ACOs/MCOs will collaborate with CPs regarding the CPs' ability to accept new member referrals during this time period and will perform roster management
- EOHHS will continue to fund Flexible Services programs and expects ACOs to support members in accessing these critical nutrition and housing supports

January 2023 – March 2023 (continued)

Other:

- No new drugs will be added to the MassHealth ACPP/MCO Unified Pharmacy Product List (UPPL) from January 1-March 31, 2023, but ACOs and MCOs will be expected to make clinical updates to drugs that are currently on the UPPL when directed by EOHHS

- EOHHS launched the Community Behavioral Health Center (CBHC) program on January 3, 2023, in accordance with the *Commonwealth's Roadmap for Behavioral Health*. Members may access CBHC services, and ACPPs and MCOs must pay and work with CBHCs in accordance with contract requirements and recently released guidance. We encourage providers to build relationships with local CBHCs. More details available here: https://www.mass.gov/service-details/roadmap-for-behavioral-health-reform

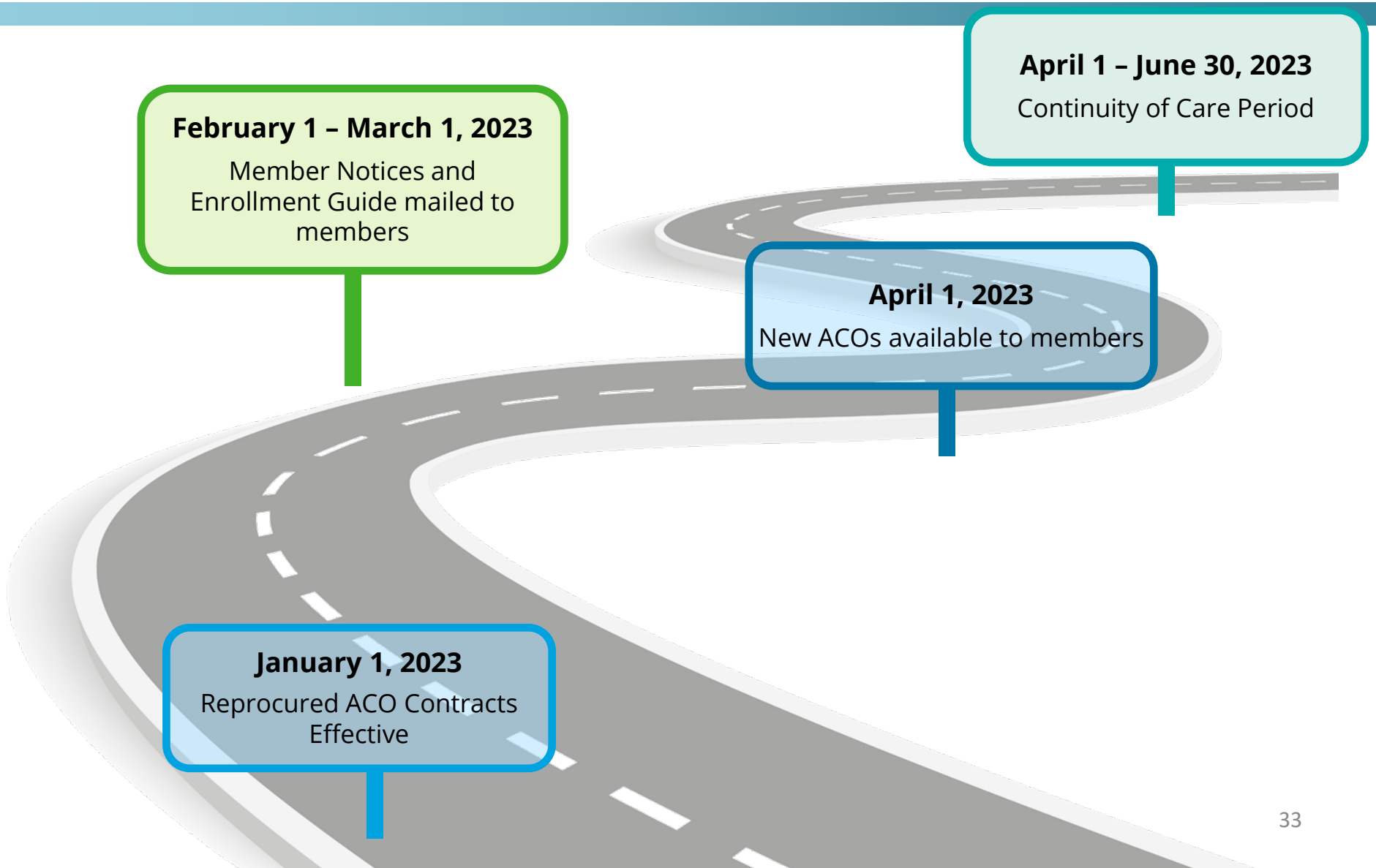
- PCPs will remain with their current ACOs. Routine maintenance for PCP changes will still be processed for Jan/Feb, with March details to be determined

Launch of Reprocured ACO Program – April 1, 2023

Launch of Reprocured ACO Program

- **MassHealth originally launched the Accountable Care Organization (ACO) program in March 2018**
- **EOHHS has reprocured its ACO program, resulting in 17 ACOs being available to members on April 1, 2023**
  - Some ACOs and provider affiliations are changing as a result of the re-procurement
  - MassHealth has additionally reprocured the Community Partners Program and selected 20 Community Partners for participation

Launch of Reprocured ACO Program Timeline



Managed Care Health Plan Options

- **Accountable Care Organizations (ACOs):** ACOs are groups of doctors, hospitals, and other health care providers who give coordinated, high-quality care to members. This way, MassHealth members get the right care at the right time. There are two types of MassHealth ACOs. In both, ACOs are led by providers, not just administrators. Primary Care Providers (PCPs) are at the center of member care. Providers work with members directly and know their needs. They will have a bigger part in working with members to make decisions about care in an ACO than in other types of health plans. The two types of ACOs are:
  - Accountable Care Partnership Plans
  - Primary Care ACOs

- **Managed Care Organizations** (**MCOs)**: MCOs are health plans run by insurance companies. These plans provide care through their own provider network which includes PCPs, specialists, behavioral health providers, and hospitals. Care coordinators are employed by the MCO

- **Primary Care Clinician (PCC) Plan**: In the PCC Plan, primary care providers are called primary care clinicians (PCCs). The MassHealth network of PCCs, specialists, and hospitals deliver services

- The Massachusetts Behavioral Health Partnership (MBHP) provides behavioral health services for members in the PCC Plan and Primary Care ACOs

Full List of MassHealth Health Plan Options

Effective April 1, 2023

Accountable Care Partnership Plans (ACPP)
Fallon Health - Atrius Health Care Collaborative
Berkshire Fallon Health Collaborative
Fallon 365 Care
BeHealthy Partnership
Wellsense BILH Performance Network ACO
Wellsense Community Alliance
Wellsense Boston Childrens ACO
East Boston Neighborhood Health WellSense Alliance
Wellsense Mercy Alliance
Wellsense Signature Alliance
Wellsense Southcoast Alliance
WellSense Care Alliance
Mass General Brigham Health Plan with Mass General
Tufts Health Together with CHA
Tufts Health Together with UMass Memorial Health

Managed Care Organizations (MCO)
WellSense Essential – MCO Plan (Previously Boston Medical Center HealthNet Plan)
Tufts Health Together

PCC Plan
Primary care providers in the MassHealth Network

Primary Care ACO Plans (PCACO)
Community Care Cooperative Inc
Steward Health Choice Inc

Primary Care Exclusivity

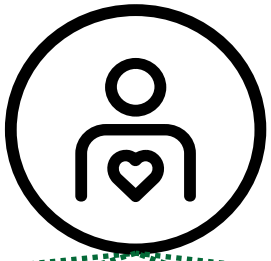
- Primary care exclusivity is not changing in the reprocured ACO program
- As today, a primary care practice that contracts with an ACO as a network PCP may not contract with an MCO, the Primary Care Clinician (PCC) Plan, or any other ACO as a PCP. This network PCP may only empanel and provide primary care services to managed care members who are also enrolled in that same ACO
- Primary care exclusivity is applied at the site level. An individual clinician may work at, and serve members from, more than one ACO
- PCPs that contract with an ACO may not contract with an MCO, the PCC Plan, or any other ACO. However, they may contract with:
  - MassHealth Fee-for-service (FFS)
  - One Care Plan
  - Senior Care Options (SCO)
  - Program of All-inclusive Care for the Elderly (PACE) organization
- FQHCs that contract with an ACO may not contract with an MCO, the PCC Plan, or any other ACO. However, FQHCs that provide services to managed care members may bill for those services regardless of the member's plan

Primary Care Exclusivity Exceptions

- PCPs that also provide medication assisted treatment (MAT) services may provide MAT services to members enrolled in any ACO or MCO, or the PCC Plan
- Primary care exclusivity does not apply to PCPs serving members in the Special Kids Special Care Program

Member Assignment Scenarios

Members generally **follow their Primary Care Providers (PCP).** If a member's PCP assignment is not available in our systems, the member will move with their ACO partner. *Please note, these are the default transitions that will occur in the system; however, all members will have the opportunity to select a different plan or PCP before 4/1 and during their plan selection period*



If a member's PCP remains in same ACO as of 4/1/23, member stays with current ACO

If a member's PCP moves to a different ACO as of 4/1/23, member moves to new ACO

If the member's PCP* moves to the PCC Plan as of 4/1/23, member moves to PCC Plan

If the member's PCP will not be available as of 4/1/23, member moves with their current ACO partner**

* PCPs in the PCC Plan are called Primary Care Clinicians (PCC)
** For example, if a PCP has decided to retire or the PCP will now be a specialist site

Relevant Member Impacts and Timelines

Timeline

Member Notices and Enrollment Guides Mailed

February 2023

Heads of Household will receive the Enrollment Guide, which includes information on selecting a plan.

Members will also receive one of the following notices:

1. A notice that they will not be moving, but informing them of the plan selection period
2. A notice informing them they will be following their PCP to a new ACO and of the plan selection period
3. A notice informing them that they will be following their PCP to the PCC Plan and that they can change plans at any time if they are in the PCC Plan
4. A notice that they will be moving to a new ACO (without a PCP) and of the plan selection period

Continuity of Care Period and Plan Selection Period

April 2023 – June 2023

Members will be granted a 90-day timeframe of continued service to avoid any care or service interruptions associated with changing plans.

Members may change their plan during this time

Plan Selection & Fixed Enrollment Periods

- **What are Plan Selection and Fixed Enrollment Periods?**
  - MassHealth has **Plan Selection Periods** for members enrolled in an MCO or ACO
    - Members enrolled in an MCO or ACO will have a 90-day Plan Selection Period every year.
- Plan Selection Periods will occur annually for each member and are member-specific
  - MassHealth will notify members about the Plan Selection Period. During that period, they can change health plans for any reason
- At the end of the 90 days, the Plan Selection Period will end, and members will be in a **Fixed Enrollment Period**
  - During the Fixed Enrollment Period, members will only be able to change their health plan for certain reasons

Continuity of Care Overview

The continuity of care period is a 90-day timeframe where members may continue to access care they were previously receiving while they transition to network providers

January	February	March	April	June
MassHealth Data Updates and Member Assignment	**Data Transfer and Member Mailing**	**Build Prior Authorizations and Referrals**	**Continuity of Care Period Begins**	**Continuity of Care Ends**
				
MassHealth completes updates in relevant systems to facilitate the movement of members.	Member data is shared with plans and received from plans. Member notices for plan changes and enrollment guides are mailed to members.	Prior authorizations, referrals, and pharmacy data is entered into relevant systems.	90-day continuity of care period begins on April 1st.	90-day continuity of care period ends on June 30th.

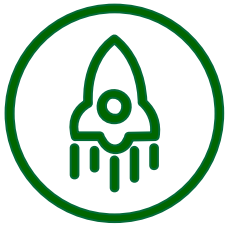
Continuity of CP Supports between 4/1/23 and 6/30/23

- EOHHS will institute a 90-day continuity period for all CP Enrollees in the CP Program
- EOHHS will disenroll all then-current CP Enrollees on 3/31/23 and re-enroll them into the CP Program on 4/1/23
  - When CP Enrollees are re-enrolled into the CP Program on 4/1/23, CP Enrollees will be re-enrolled into the same CP, or the CP that most closely aligns with their current CP, whenever feasible.
  - In instances when this is not feasible, the CP Enrollee will be re-enrolled into a CP with which the CP Enrollee's ACO / MCO holds a subcontract. The two instances in which EOHHS will not re-enroll a CP Enrollee into their current CP are:
    - CP Enrollees whose CP as of 4/1/23 is not continuing in the new CP program; OR
    - CP Enrollees whose CP as of 4/1/23 is continuing in the new CP program but is no longer serving the CP Enrollee's Service Area
- During the continuity period, ACOs and MCOs may not disenroll a CP Enrollee or assign them to a different CP unless the CP Enrollee:
  - Requests disenrollment from the CP Program;
  - Requests transfer to another CP with which the Member's ACO or MCO has a subcontract that extends beyond July 31, 2023; OR
  - Graduates from the CP Program
- After June 30, 2023, ACOs and MCOs may disenroll a CP Enrollee or transfer the CP Enrollee to another CP or its internal Care Management Program in accordance with standard program requirements

MassHealth Choices and Mass.gov Updates

Before April 1st you will find

- Banner text on MassHealthChoices.com that will redirect members to Mass.gov for ACO and provider information applicable for after April 1st
- A newly created Mass.gov webpage will contain ACOs applicable for after April 1st
- MassHealthChoices.com will continue to contain a PCP directory with current ACO and provider information



After April 1st you will find

- On and after April 1st, MassHealthChoices.com will contain updates to ACOs and providers for the reprocured ACO program (including the PCP directory)

Primary Care Sub-Capitation Program

Primary Care Sub-Capitation Information

- MassHPrimary Care Sub-Capitation Program for ACOs launches on 4/1/23 with the reprocured ACO program. ealth's All primary care practices in a PCACO or ACPP will be participating in the program
- Under the Primary Care Sub-Capitation Program, ACOs will be required to pay primary care practices a prospective per member per month (PMPM) rate for primary care services. This PMPM rate is in lieu of fee-for-service payments for a defined set of services and codes
- Services and codes not covered by the Primary Care Sub-Capitation Program will continue to be paid fee-for-service
- Primary care practices participate at one of three different clinical Tiers. Higher Tiers have increased clinical requirements and correspondingly higher rates
- MassHealth has been working with ACOs on program implementation and has shared more detailed information with ACOs, including final participating provider lists and rates

Primary Care Sub-Capitation Program Claims Processing Updates Effective 4/1/2023

The Primary Care Sub-Capitation Program will impact the processing of claims for ACO members as outlined below:

- Providers must continue to submit claims for all services provided, as today
- Because practices will receive a prospective PMPM based on their attributed population for a defined set of services and codes, claims for these same services and codes will be zero-paid to prevent duplicate payment
- To accurately adjudicate claims under the Primary Care Sub-Capitation Program, facility claims will deny if the “attending provider” field is not populated. This may be slightly different for providers in ACPPs
- For facility claims reimbursed on an EAPG basis, Primary Care Sub-Capitation codes will be carved out and zero-paid prior to grouping remaining claim lines. This may be slightly different for providers in ACPPs

Sub-Capitation Questions and Answers for Providers

1. Q: If I am not participating as a ACO primary care practice in an ACO, does anything change for me?
    1. A: No

2. Q: Can I still see and bill for members who are not in an ACO, such as those in FFS or a SCO?
    1. A: Yes, you can still see and bill for non-ACO members as you do today.

3. Q: I am not participating in an ACO but want to participate in the Primary Care Sub-Capitation Program – is that possible?
    - A: No, the Primary Care Sub-Capitation Program is only part of the ACO Program.

4. Q: I have a question about operations or clinical criteria – who should I direct it to?
    - A: Please reach out to your ACO for guidance.

Expanded Behavioral Health Services Overview

Presented by – Karla Burgos, Sr. Provider Relations Specialist, MassHealth Business Support Services

Expanded Coverage for BH Services Overview

Effective Jan. 1, 2023, MassHealth has made changes to the regulations below:

- Expand covered services to include billable services provided by Licensed Clinical Social Workers (LICSW) (i.e., can now enroll as fully participating FFS providers)
- Allow independent psychologists and LICSWs to bill MassHealth for the diagnostic and treatment services, including:
  - Diagnostic services
  - Individual therapy,
  - Family psychotherapy
  - Group therapy
  - Case consultation
  - Collateral contact
- Independent psychologists may continue to provide psychological assessment, including intelligence, neuropsychological, and personality assessments for MassHealth FFS members

FFS coverage expansion will include the MassHealth and Medicare dually eligible population.

Solo Practitioners in Behavioral Health

Prior to January 1, 2023 - Psychologists

- Independent psychologists may currently enroll as MassHealth Fee-For-Service providers under Provider Type 5
- Independent psychologists may provide psychological testing services for MassHealth FFS members
- Independent psychologist can enroll as QMB only providers
- Additionally, psychologists may separately contract as part of a MassHealth Managed Care Entity (MCE) provider network

Prior to January 1, 2023 – LICSWs

- In 2018, LICSWs were required to enroll with MassHealth as Ordering, Referring, and Prescribing (ORP) providers to gain or maintain licensure
- LICSWs are not currently able to enroll as fully participating providers in FFS
- LICSWs can enroll as QMB only providers
- Additionally, solo practitioner LICSWs may separately contract as part of a MassHealth MCE provider network

Psychologist & Licensed Independent Clinical Social Workers (LICSWs) Enrolled as ORP

State law requires that authorized ordering/referring/prescribing provider types must apply to enroll with MassHealth at least as a non-billing provider in order to obtain and maintain state licensure, regardless of practice location (private practice, hospital, CHC, CMHC, etc.)

- Providers should only enroll as MassHealth Fee for Service provider if they intend to provide services independently or as part of a group practice to MassHealth members

- Providers providing services through other provider entities(i.e., Mental Health Center) and do not intend to provide services independently or as part of a group practice should remain ORP providers

QMB Providers

- A Qualified Medicare Beneficiaries (QMB)-only provider, are providers who render medical services only to QMB members and Standard members eligible for QMB benefits

- Both Psychologist and Licensed Independent Clinical Social Workers (LICSWs) can enroll as a QMB-only provider, but only crossover claims for members with both Medicare and MassHealth coverage can be submitted

- FFS coverage expansion will include the MassHealth and Medicare dually eligible population. Current Psychologist and LICSWs who are QMB-only provider can convert to a FFS provider by filling out a MassHealth Medical Practitioner Application and required documents

Ordering, Referring and Prescribing Requirements

Presented by – Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services

Ordering Referring and Prescribing (ORP)

ORP denials continue to be paused or postponed due to COVID-19

- Phase 1 denials for Group 1 (individual non-LTSS), Group 2 (entity non-LTSS) were paused beginning with DOS on or after 3/30/20 due to the COVID-19 emergency
- Phase 1 denials for Group 3 (LTSS) provider types were scheduled to go into effect with DOS on or after 4/15/20 but have been postponed due to the COVID-19 emergency
- An announcement will be made prior to the resumption of denials along with adjusted implementation dates for Phase 1 Group 3 and Phase 2 denials
- MassHealth continues to provide informational edits for impacted ORP claims to inform billing providers of claims that do not meet ordering, referring, and prescribing requirements

ORP Provider Recommendations

MassHealth recommends that providers:

- Continue to take notice of ORP edits on remittance advice
- Make any process adjustments to reduce future ORP denials
- Monitor the Provider ORP page on Mass.Gov for the most updated information
- Watch for notifications from MassHealth
- Continue to enroll ORP providers as non-billing or fully enrolled providers

Learn more about **Ordering, Referring and Prescribing (ORP)** requirements, please visit the Provider ORP page

Revalidation : Non-LTSS Providers

Presented by – Nestor Rivera, Sr. Provider Relations Specialist,
MassHealth Business Support Services

Revalidation: ORP Providers

Section 6401 of the Affordable Care Act established a requirement for Medicare and Medicaid to revalidate enrollment information for all enrolled providers, regardless of provider type, under new enrollment screening criteria at least every 5 years. MassHealth began implementation of this requirement in March 2014

MassHealth will begin revalidation for ORP providers in Spring 2023

- MassHealth will select providers each month for revalidation by date of enrollment or last revalidation date
- Failure to complete revalidation in a timely fashion can result in sanctions. Sanctions may include, but are not limited to, administrative fines and suspension or termination from participation in MassHealth

Revalidation: Non-LTSS Providers

Section 6401 of the Affordable Care Act established a requirement for Medicare and Medicaid to revalidate enrollment information for all enrolled providers, regardless of provider type, under new enrollment screening criteria at least every 5 years. MassHealth began implementation of this requirement in March 2014

In response to the COVID-19 Public Health Emergency, MassHealth temporarily suspended the revalidation process. **Beginning January 2022, MassHealth resumed revalidation of Non- LTSS provider enrollments**

- The first wave of providers who will need to revalidate will include approximately 2,000 providers, including both those who were scheduled to revalidate this month as well as the providers who were not revalidated during the Public Health Emergency
- Failure to complete revalidation in a timely fashion can result in sanctions. Sanctions may include, but are not limited to, administrative fines and suspension or termination from participation in MassHealth

Revalidation – Non-LTSS Providers (continued)

MassHealth will mail a letter to providers who need to revalidate. The letter will include the revalidation requirements and the documents that need to be submitted as part of the revalidation process

- Providers will have 45 days from the date of the revalidation letter to complete the revalidation process

- Providers will be required to do a self-attestation on the Provider Online Service Center (POSC) if the provider is not enrolled in Medicare. Providers who are enrolled with Medicare would only be required to submit an updated Federally Required Disclosure Form, which can also be submitted via the POSC

- For more information, visit the MassHealth Provider Revalidation Page on Mass.gov, or contact MassHealth Provider Enrollment & Credentialing at revalidation@mahealth.net

Other MassHealth Updates

Presented by – Michael Gilleran, Sr. Provider Relations Specialist, MassHealth Business Support Services

Transportation Updates

Transportation Updates

Ground Ambulance Fees Increase

- As of November 1st, 2022, Ground ambulance fees have been increased to 80% of corresponding Medicare fees

Ambulance Assessment Trust Fund Updates

- Pursuant to M.G.L. c. 29, § 2KKKKK, The Non-Public ambulance assessment trust fund was recently updated to reflect new assessment methodology based on all Emergency Ground Ambulance revenue. Providers will have received letters by now of their estimated quarterly assessment amounts and will have the opportunity to make any relevant changes to the cost report data of from which it was derived

- 100% of assessed funding will be redistributed pro-rata on a quarterly cycle based on total MassHealth ground ambulance volume.

- No assessments are due at the moment

- If providers wish to make an early payment for filing purposes, they can request more information by contacting program staff directly at Martura.amato@mass.gov and/or Tomaso.calicchio@mass.gov

POSC Subordinate ID Panel Modifications for Primary Users

POSC Subordinate ID Panel Modifications

Effective December 11th, 2022, three changes were made which effect Primary Users when utilizing the Manage Subordinate Accounts function on the Provider Online Service Center (POSC)

The three changes are:

1. A warning message will appear when a Primary User attempts to remove the access of another user
   - The Primary User will need to confirm if they want to delete the user

2. A 'Return to Search' button will appear as an option when adding, updating, or linking a Subordinate account
   - This will allow the Primary User to return to the previous panel without having to clear all the imputed information, as when selecting the 'Cancel Service' button

3. New error messages will be displayed when errors are encountered in the Add New Subordinate panel
   - The error messages will provide more details regarding the error

POSC Subordinate ID Panel Modifications (continued)

Effective March 2023, updated special character validation will be implemented across all POSC panels in fields containing a person's first and last name in order to prevent the entry of invalid characters

From now on, only the following will be allowed in these fields:

- First name
  - Uppercase alpha letters (A-Z)
  - Lowercase alpha letters (a-z)
  - Dashes/hyphens (-)
  - Apostrophes (')
  - Spaces ( )
- Middle initial
  - Uppercase alpha letters (A-Z)
  - Lowercase alpha letters (a-z)
- Last name
  - Uppercase alpha letters (A-Z)
  - Lowercase alpha letters (a-z)
  - Periods (.)
  - Dashes/hyphens (-)
  - Apostrophes (')
  - Spaces ( )

Telehealth Policy Overview

Telehealth Policy: APB 355 Effective October 2022

Through All Provider Bulletin 327 (corrected), MassHealth established rules for reimbursement of services rendered via telehealth. All Provider Bulletin 355 amends and restates All Provider Bulletin 327(corrected) to introduce the following changes:

- a new modifier for services delivered via audio-only telehealth
- a new place of service (POS) code for delivery of telehealth services provided in a patient's home
- a clarification of requirements for telehealth encounters and documentation requirements
- the extension of payment parity between services delivered via telehealth and their in-person counterparts through September 30, 2023
- the extension of the informational edit period for modifiers used on professional claims for services rendered via telehealth through March 30, 2023.

MassHealth will continue to monitor telehealth's impacts on quality of care, cost of care, patient and provider experience, and health equity to inform the continued development of its telehealth policy. Based on the results of this monitoring, and its analysis of relevant data and information, MassHealth may adjust this coverage policy, including by imposing limitations on the use of certain telehealth modalities for various covered services

Telehealth Policy

Reimbursement:

Through September 30, 2023:

MassHealth will continue to allow MassHealth-enrolled providers to deliver a broad range of MassHealth-covered services via telehealth and, through September 30, 2023, will reimburse for such services at parity with their in-person counterparts

Billing

1. Providers must include the place of service (POS) code 02 when submitting a professional claim for telehealth provided in a setting other than in the patient's home, and POS code 10 when submitting a professional claim for telehealth provided in the patient's home. Additionally, for any such professional claim, providers must include:
   - modifier 95 to indicate counseling and therapy services rendered via audio-video
   - telecommunications;
   - modifier 93 to indicate services rendered via audio-only telehealth;
   - modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications;
   - modifier FR to indicate a supervising practitioner was present through a real-time two-way, audio and video communication technology; and/or
   - modifier GQ to indicate services rendered via asynchronous telehealth

Telehealth Policy Institutional Claims

Billing - cont'd

1. Additionally, for any institutional claim, providers are allowed to use the following modifiers:
   - modifier 95 to indicate counseling and therapy services rendered via audio-video telecommunications;
   - modifier 93 to indicate services rendered via audio-only telehealth;
   - modifier GT to indicate services rendered via interactive audio and video telecommunications systems;
   - modifier FQ to indicate counseling and therapy services provided using audio-only telecommunications;
   - modifier FR to indicate that a supervising practitioner was present through a real-time two-way, audio and video communication technology; and/or
   - modifier GQ to indicate services rendered via asynchronous telehealth

   Modifier GT is required on the institutional claim, for the distant-site provider, when there is an accompanying professional claim containing POS 02 or 10

Telehealth Policy - Informational Edits and Denials

Professional and institutional claims with the aforementioned modifiers must also meet the following requirements:

- modifier 93 is to be allowed only for codes listed in Appendix T of the CPT coding book, attached to this bulletin; and
- modifier 95 is to be allowed only with codes listed in Appendix P of the CPT coding book, attached to this bulletin

MassHealth will implement modifiers 95, 93, GQ, GT, FQ, and FR through an informational edit period. Thus, effective for dates of service (DOS) between April 16, 2022, and March 30, 2023, MassHealth will not deny claims containing POS code 02 or POS code 10 that are missing one of these modifiers. Effective for DOS on or after April 1, 2023, MassHealth will discontinue this informational edit, and will deny claims containing POS code 02 or POS code 10 that are missing one of these modifiers

Payment Error Rate Measurement (PERM) RY 2023

PERM RY 2023

MassHealth is part of the CMS PERM audit for RY 2023. The PERM audit measures improper payments in Medicaid and CHIP and produces improper payment rates for each program

The review will consist of claims data for the time period of July 1, 2021 - June 30, 2022

Contractors:

- The Lewin Group is the Statistical Contractor (SC)
- NCI Information Systems Inc. is the Review Contractor (RC)

Medical Records Requests

- Providers will receive a request letter from the RC (NCI) and will have **75 calendar days** from the date of the request letter to submit the record
- Providers may send documentation by fax, by mail or if using a Health Information Handler (HIH), by CMS' electronic submission of medical documentation (esMD) system
- Reminder calls and letters are made after 30, 45, and 60 days (unless received)
- Non-response letters are sent on day 75 via registered mail

PERM RY 2023 (continued)

Medical Records Requests - Incomplete, Missing or Illegible Information

- If submitted documentation is incomplete, the RC sends an additional documentation request (ADR) letter giving the provider **14 days** to submit additional documentation
  - A reminder call is made, and a letter is sent if pending after 7 days
- If the RC receives records of poor quality or with other issues, the RC sends a Resubmission Letter detailing the issue and asking the provider to resubmit the information
- Week ending 12/29, 148 medical record requests sent, 133 were 2nd requests
- As of January 5th
  - Medical Review has reviewed 922 records and 867 are complete
  - Data Processing has completed 1,112 reviews

PERM RY 2023 Reminders

Findings from previous PERM audits:

- Not responding within required timeframes
- Submitting records for the wrong patient
- Submitting records for the right patient but for the wrong date of service
- Not submitting legible records – e.g., colored backgrounds on faxed documents
- Not copying both sides of two-sided pages
- Marking/highlighting that obscures important facts when copied or faxed
- Incorrect procedure code billed
- A document or documents were absent from the record that are required to support the claim as billed
- Number of units billed not supported by number of units documented

POSC Accommodation and Language Updates

POSC Accommodation and Language Updates (continued)

A new function has been added to the Provider Online Service Center (POSC). This function allows provider ID service locations (PIDSLs) to display specific accessibility accommodations and languages that are available at their service location

These updates will be displayed on the MassHealth Choices Provider Directory

More information will be provided in the future, including information sessions and instructions on how to complete these updates

Email and Address Update

Important

The P.O. Box for Provider Enrollment and Credentialing (PEC) has changed

To avoid unnecessary delays in processing, please be sure to submit all mail to the new address below

Provider Enrollment & Credentialing
PO Box 278
Quincy MA 02171-0278

Or fax: 617-988-8974

Provider Enrollment and Credentialing will no longer be accepting documents via email due to privacy concerns with the receiving of PI/PHI in an unsecure manner

Please be sure to submit documents via mail to the PO Box or by fax to 617-988-8974

Email Update

Effective immediately, for questions related to: MassHealth provider enrollment, provider updates, billing and policy please use the new provider support email. Provider@masshealthquestions.com.

- The new provider question email address does not accept attachments
- The providersupport@mahealth.net email address should no longer be used

Note: Forms, documents and Mass.Gov pages are currently being updated. You may continue to see the old mail and email instructions on MassHealth publications until all changes have been promulgated.

Please update any lists your organization may have for MassHealth contact.

Provider Education and The Provider Learning Management System (for non-LTSS providers)

Provider Education LMS

The MassHealth Provider Learning Management System(LMS) for Non-OLTSS providers is a system providers can use 24/7 as an educational resource.

The Provider LMS delivers:

- Previous live training presentations
- New on demand training courses
- Resources
- Course surveys

If you are currently a registered user but have forgotten your user-name or password, you can retrieve it from the sign-in screen

New Users can create a profile and begin using the system immediately

Visit: https://masshealth.inquisiqlms.com/Default.aspx

OLTSS and Dental providers should visit their respective vendor site for training opportunities

Training Courses

Provider Online Service Center (POSC) webinar training sessions:

- February trainings included:
  - Professional Claim Submission via DDE
  - Coordination of Benefits Claim Submission via DDE
  - Professional Claim Correction via DDE

New Provider Training

The BSS provider relations team hosts a MassHealth New Provider Orientation webinar twice each month for non-LTSS providers. New billing providers receive an invitation which is sent to the contact on the enrollment application or other identified representative of the organization

Some of the included topics:

- MassHealth Provider Online Service Center (POSC)
- Eligibility verification
- Service authorizations
- Electronic claims submission
- Corrective action for denied claims
- MassHealth resources

As a reminder the Provider Handbook is a great resource for all providers and is available on Mass.gov

MassHealth Bulletins (October 2022 – January 2023)

All Provider Bulletins

- **All Provider Bulletin 355** (October 2022): Access to Health Services through Telehealth Options (Amendment)
- **All Provider Bulletin 356** (October 2022): Changes to Prescription Drug Days' Supply Limitations, Effective December 19, 2022
- **All Provider Bulletin 357** (December 2022): Coverage and Reimbursement Policy for Coronavirus Disease 2019 (COVID-19) Bivalent Vaccine Doses and Pre-exposure Prophylaxis
- **All Provider Bulletin 358** (December 2022): Extension of Flexibilities for Prior Authorization of Formula

Managed Care Entity Provider Bulletins

- **Managed Care Entity Bulletin 91** (October 2022): Extension of and Updates to the Temporary Rate Increases for Home and Community-based Services and Behavioral Health Services
- **Managed Care Entity Bulletin 92** (October 2022): Extension of and Updates to the Temporary Rate Increases for Home and Community-based Services and Behavioral Health Services for Integrated Care Plans
- **Managed Care Entity Bulletin 93** (November 2022): Behavioral Health Crisis Evaluations in Emergency Departments and Inpatient Mental Health Services Rate Updates
- **Managed Care Entity Bulletin 94** (December 2022): Process for Existing PACE Organizations to Expand Their Service Area and/or Open a New PACE Center
- **Managed Care Entity Bulletin 95** (January 2023): Access to Health Services through Telehealth Options for Members Enrolled in Managed Care Entities