



MassHealth Training Forum

Provider Updates

April 2021

Executive Office of Health & Human Services

Agenda



- 1. Welcome and Agenda Review**
- 2. COVID-19 Vaccine Updates**
- 3. Ordering, Referring and Prescribing Updates**
- 4. Office of Long-Term Services and Supports (OLTSS)**
- 5. Massachusetts Human Service Transportation (HST) Brokerage & MassHealth Provider Request for Transportation (PT-1) Updates**
- 6. Cost Sharing/ HIPAA Health Care Benefit Response Update**
- 7. Payment and Care Delivery Innovation (PCDI) Year 4**
- 8. Medicaid and CHIP Managed Care Final Rule Updates**
- 9. MassHealth Updates**
 - Revalidation
 - Acupuncture
 - MassHealth Bulletins (February 2021 – April 2021)

COVID-19 Vaccine Updates

Presented by – Marilyn Thurston, Sr. Provider Relations
Specialist, MassHealth Customer Service Center

COVID-19 Update



MassHealth is continuing flexibilities for coverage and billing related to COVID-19 including:

Telehealth Services –

The current telehealth policy set forth in previous All Provider Bulletins 289, 291, 294, 298, and 303 will be **extended 90 days beyond the final date of the Massachusetts Public Health Emergency.**

Providers and members should choose the most appropriate mode of service delivery (in-person or via telehealth) considering relevant clinical, social, epidemiological, or other factors.

Important notes:

- All providers must include Place of Service Code 02 when submitting a claim for services delivered via telehealth. Providers billing under an 837I/UB-04 form must include the modifier “GT” when submitting claims for services delivered via telehealth. Additional billing guidance is available in All Provider Bulletin 314
- The MassHealth Office of Long-Term Services and Supports (OLTSS). OLTSS will publish separate sub-regulatory guidance for long-term services and supports (LTSS) providers rendering services via telehealth

See [All Provider Bulletin 314](#) for more information

COVID-19 Vaccine Update

Updated Authorized Providers

MassHealth is permitting **mental health centers and outpatient substance abuse treatment providers** (i.e., substance use disorder clinics and opioid treatment providers) to bill MassHealth for COVID-19 vaccine administration as described in [All Provider Bulletin 312](#).

The provider must:

- ensure the rendering provider is authorized to administer COVID-19 vaccine under state law and fully comply with any requirements set forth by the Department of Public Health and any relevant boards
- be registered with DPH's Massachusetts Immunization Information System (MIIS); and
- be enrolled in the Massachusetts COVID-19 Vaccination Program via the MIIS to receive COVID-19 vaccines

Qualified providers may submit claims to MassHealth retroactively back to the date of approval for the particular vaccine product.

Mental health centers and outpatient substance abuse treatment providers administering the vaccine to members enrolled in the PCC Plan or a Primary Care ACO, should submit claims for payment to MassHealth, and not to MassHealth's behavioral health vendor.

Refer to [All Provider Bulletin 307](#) for additional information on provider types authorized to administer the Covid-19 vaccine

COVID-19 Vaccine Update

Member Eligibility Update



In [All Provider Bulletin 312](#) MassHealth announced a change in the COVID-19 vaccine coverage policy for MassHealth Limited Members.

Notwithstanding 130 CMR 450.105(F)(1) or any other regulation to the contrary, and in accordance with the American Rescue Plan Act of 2021 (Public Law No. 117-2), COVID-19 vaccines and vaccine administration services are a covered service for MassHealth Limited members effective for dates of service beginning March 11, 2021.

- Must be administered by a MassHealth qualified participating provider
- Services rendered on or after March 11, 2021 should be billed to MassHealth
- Continue to bill the federal COVID-19 Uninsured Program portal for COVID-19 vaccine administration services rendered to MassHealth Limited members for dates of service prior to March 11, 2021
- Continue to bill the federal COVID-19 Uninsured Program portal for vaccine administration services rendered to all other uninsured patients, including Health Safety Net patients without other coverage

Refer to [All Provider Bulletin 304](#) for additional vaccine administration details

COVID-19 Vaccine Update



Updated Rates for Coronavirus Disease 2019 (COVID-19) Vaccine Administration

- Effective April 1, 2021, MassHealth will align its rates for COVID-19 vaccine administration with those recently set by Medicare for the metropolitan Boston geographic area
- All other information included in All Provider Bulletins 304, 307, and 312 remains in effect, including payment rates for COVID-19 vaccine administration for dates of service before April 1, 2021

Refer to [All Provider Bulletin 313](#) for additional details on codes and rates

Dedicated COVID-19 Provider Page

[COVID-19 Provider Page](#)

Providers should visit the dedicated COVID-19 provider page for the latest COVID-19 related information.

The webpage includes links to:

- Guidance for All Providers
- Guidance for specific provider types and
- Frequently Asked Questions

The link for “Guidance for All Providers” contains released publications such as Provider Bulletins and the approved Massachusetts’ 1135 waiver.



The screenshot shows the MassHealth website interface. At the top, there is a navigation bar with links for "LIVING", "WORKING", "LEARNING", "VISITING & EXPLORING", and "YOUR GOVERNMENT". A search bar is located in the top right corner. Below the navigation bar, the page is identified as being "OFFERED BY" MassHealth and "RELATED TO" Coronavirus Disease (COVID-19) and MassHealth. The main heading is "MassHealth: Coronavirus Disease 2019 (COVID-19) —Providers". Below this heading, it states "COVID-19 related information for MassHealth Providers." A green "TABLE OF CONTENTS" bar is followed by a list of links, each with a green checkmark icon:

- Guidance for All Providers
- Guidance for Managed Care Entities
- Guidance for Health Safety Net
- Guidance for Pharmacies
- Guidance for Clinical Laboratories
- Guidance for Long Term Services and Supports (LTSS) Providers
- Guidance for Behavioral Health Providers
- Guidance for Transportation Brokers & Drivers
- Guidance on MassHealth Eligibility & Applications during COVID-19
- Guidance for Telehealth Network Providers
- Frequently Asked Questions
- Related

At the bottom of the list, there is a "show less" link.

Emerging Managed Care Plan Best Practices Outreach Strategies



Strategic Collaboration

- Coordinating member outreach with community health centers, hospital systems, municipalities and community agencies.
- Coordinating with CPs to provide member support
- Coordinating with health plan-affiliated vaccination site to identify their most vulnerable members via geo-targeting and stratifying comorbidities.
- High-touch outreach calls for members needing extra assistance, and done by reps with similar cultural/linguistic background

Leveraging Technology

- Reminder texts are sent to members with scheduled appointments
- SMS outreach which is culturally adapted and translated to address vaccine hesitancy concerns
- ACO Provider Partners are providing broad outreach via webinars w/ call in options, mailings, videos in multiple languages, and phone calls

Community Outreach

- Using a mobile health unit as a strategy for expanding vaccination access to certain populations and at different facilities
- Deploying mobile health unit to homeless shelters

Deploying Workforce

- Expanding the number/type of employees who can make PT1 requests and the training being done for those assisting members to make appointments

MassHealth Support of Managed Care Plan Vaccination Strategies



- MassHealth has been providing the health plans with lists of their members who appear to be eligible for vaccination based on age and conditions
- MassHealth is facilitating access of MIIS data to the health plans
- MassHealth is connecting health plans with DPH and Municipal Task Force on an equity initiative
- MassHealth is offering a monetary incentive to the health plans to target 20 hardest hit communities to increase equity in COVID-19 vaccine awareness and access
- MassHealth is sharing Commonwealth member communications, especially for multiple languages, and streamlining approval of health plan-developed materials

Questions?

Ordering, Referring and Prescribing Updates

Presented by – Marilyn Thurston, Sr. Provider Relations
Specialist, MassHealth Customer Service Center

Ordering Referring and Prescribing (ORP)



ORP denials are currently 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

Ordering Referring and Prescribing (ORP)

(cont'd)

MassHealth continues to monitor and conduct outreach to providers with high numbers of claims edits.

MassHealth recommends that providers:

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

To learn more about **Ordering, Referring and Prescribing (ORP)** requirements, please visit the Provider ORP page at :

www.mass.gov/the-aca-ordering-referring-and-prescribing-orp-requirements-for-masshealth-providers

Office of Long-Term Services and Supports (OLTSS)

Presented by – Whitney Moyer, Chief, Office of Long-Term Services and Supports

Updates & Clarifications

- **Flexibilities and Support for Home & Community Based Services during COVID-19 Pandemic:**
 - Evaluation and reassessment (e.g., relaxing wet signature requirements, telehealth flexibility)
 - Prior authorizations (e.g., allowing extensions, signature flexibilities, automatically increasing PCA hours when day programs were ordered to close, etc.)
 - Care management activities (e.g., telehealth and video conferencing)
 - PCA New Hire Paperwork (e.g., electronic portals established)
 - DME and Oxygen and Respiratory supplies (e.g., monthly supplies increased from 30-day to 90-day monthly supply upon member request)
 - MassOptions hotline for temporary expansion of home health aide services for PCA consumers
 - COVID-19+ Consumer-Directed Personal Protective Equipment (PPE) Program
 - **NEW:** For Home Health, Hospice, Therapies, and Durable Medical Equipment & Oxygen program, these flexibilities have been extended through the end of the Federal Public Health Emergency (PHE). Telehealth Flexibilities have been extending 90 days beyond the State PHE

Updates & Clarifications

○ EVV Implementation Timeline

- ASAP-contracted providers (e.g., home care, FEW, etc)
 - Data Aggregator – January 2021
 - MyTimesheet – August 2021
- Providers contracted directly with SCO or One Care plans
 - Data Aggregator – August 2021
 - MyTimesheet – September 2021
- Home Health – 2021/2022
- PCA Program – 2022
- GAFC – 2022

○ Uniform Core Assessment Project Timeline:

- MassHealth is planning for implementation of the Uniform Core Assessment (UCA), tentatively scheduled to go live in Fall 2022. A procurement for a UCA IT system vendor is expected to be released in Spring 2021
- The UCA tool will be used for **assessing MassHealth members' clinical eligibility for community LTSS services** including ADH, AFC, GAFC, PCA, and Day Hab, and likely to establish SNF level of care for PACE and rating categories for One Care and SCO. Application of the UCA for LTSS CPs and the Frail Elder Waiver, as well as other HCBS waivers, are to be determined

Questions?



EOHHS



Massachusetts Human Service Transportation (HST) Brokerage & MassHealth Provider Request for Transportation (PT-1) updates

Presented by- Anthony Ta, MassHealth Transportation Policy and
Program Development Manager

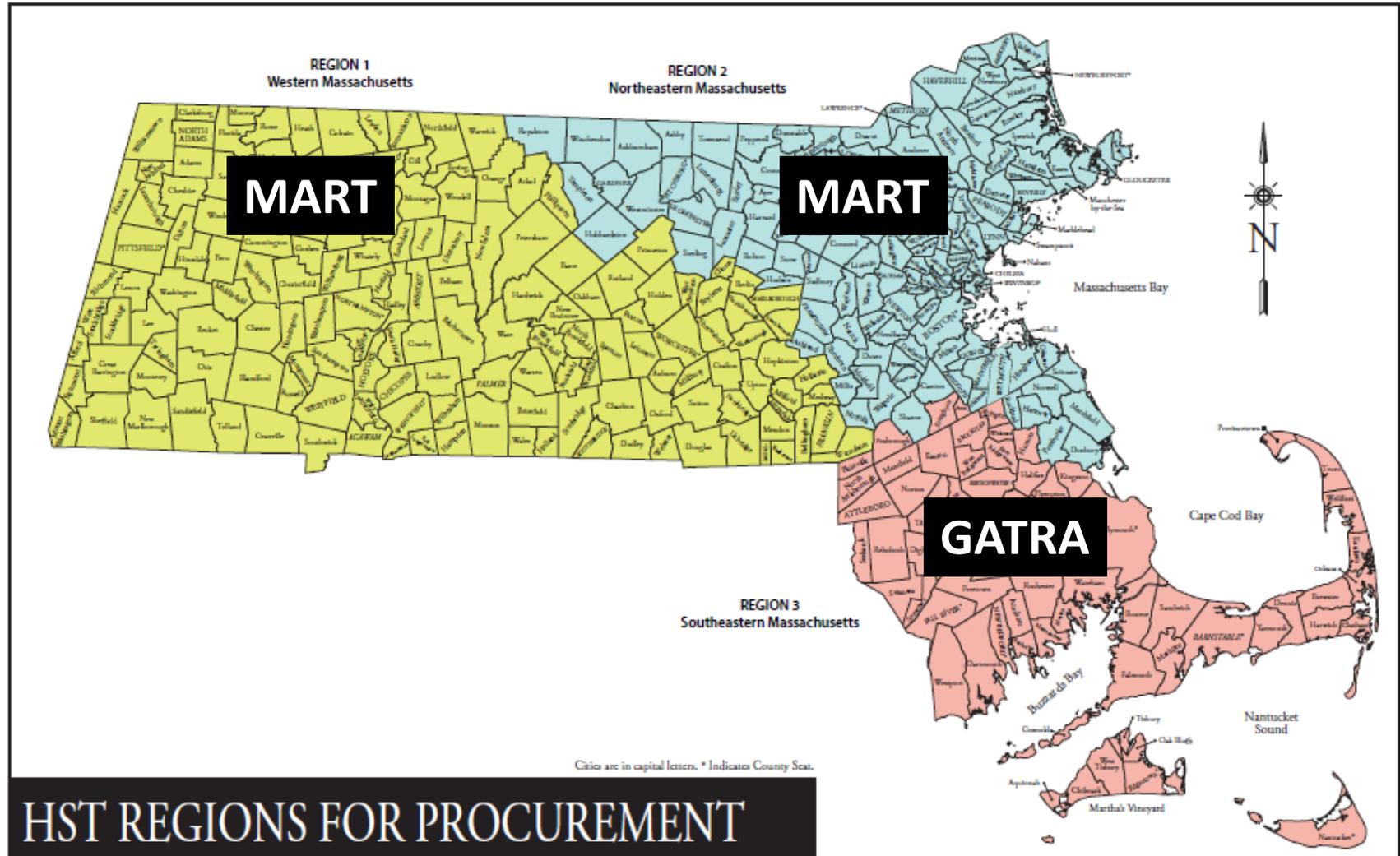
HUMAN 
SERVICE 
TRANSPORTATION 

Upcoming Changes

- EOHHS completed a competitive procurement process in December 2020 to select one or more qualified Brokers to provide non-emergency transportation broker services for MassHealth Provider Request for Transportation (PT-1) recipients
- Two Brokers awarded 3 regions
 - Montachusett Regional Transit Authority (MART)
 - Greater Attleboro and Taunton Regional Transit Authority (GATRA)



State Contracts with Regional Brokers



2 Brokers Serving 3 Regions

If your broker was	Your broker will be
MART	MART
GATRA	GATRA
CCRTA	GATRA
BRTA, CATA, FRTA	MART

What Stays the Same

- If your members use PT-1 rides now, you will continue to get rides
 - New PT-1 submissions ***will not be necessary*** to support these changes
- Trips are arranged through a Broker
- Brokers will be working with the same transportation companies (vendors)

Timeline



- March – MassHealth mailing to members
- April – Public information sessions
- May – Broker orientation sessions and Welcome Letter mailings to new members
- June 17 – brokers ready to start taking new member trip requests for July 1 and after
- **July 1 – new contract goes into effect**

Contact the Human Service Transportation (HST) Office



- For more information about the HST Office, visit:
www.mass.gov/human-service-transportation
- Keep in touch
hstinfo@mass.gov
- For detailed information on upcoming public information sessions, visit:
www.mass.gov/hstnews



Questions?

Cost Sharing/HIPAA Health Care Benefit Response Update

Presented by – Karla Burgos, Sr. Provider Relations
Specialist, MassHealth Customer Service Center

Cost Sharing Overview

Effective July 1, 2021, MassHealth will be revising its Cost Sharing policies. Cost sharing is defined as the dollar amount eligible members are charged for Medicaid coverage and benefits. Cost sharing includes Medicaid premiums and copays.

- MassHealth members' total cost sharing will not exceed 5% of family income
 - *Copays* Members will be assigned a monthly copay cap not to exceed 2% of family income for drugs dispensed by the **pharmacy**^{1, 2, 3, 4}
 - Existing copay exclusions will still apply. For a more complete list of copay exclusions, please refer to [130 CMR 450.130\(D\)](#) and (E).
 - *Premiums* Members' premiums will not exceed 3% of family income on a monthly basis, except no such limit applies to CommonHealth members. MassHealth will also expand the circumstances in which the agency can allow for a waiver or reduction of premiums for members experiencing an undue financial hardship
- The HIPAA 270/271 transaction will be modified to ensure that the 271 displays member copay
- MassHealth initiated Trading Partner Testing (TPT) of this minor modification in April with a designated set of trading partners, and the testing is expected to continue through the end of May
- The Eligibility Verification System (EVS) will also be modified to display member copay information and related messaging for members impacted by the updated copay policy

¹The updated copay policy will apply to members in MassHealth Standard, CarePlus, Family Assistance, and CommonHealth.

²The updated copay policy will not apply to Children's Medical Security Plan (CMSP) members and any drugs that are charged through Health Safety Net (HSN) will continue to be subject to the \$250 annual pharmacy copay cap.

³Copays are not assessed for members enrolled in One Care, Senior Care Options (SCO), or Program of All-Inclusive Care for the Elderly (PACE)

⁴Members will be subject to this new copay policy starting July 1, 2021. However, for the duration of the COVID-19 Public Health Emergency, members will not be charged more than \$250 in total copays annually.

HIPAA Health Care Benefit Inquiry and Response (270/271)



- July 1, 2021, MassHealth will implement minor changes to the HIPAA Health Care Benefit Inquiry and Response (270/271) transaction to support member cost sharing. The 271 response will be modified to remove a data element and include additional information in Loop 2110C – Subscriber Eligibility or Benefit Information (EB01, 02 03, 06, 07). The additional information will display new messaging about copays for applicable members.
- Please visit the link below for the most updated 270/271 HIPAA Companion Guide: [https://www.mass.gov/lists/masshealth-hipaa-companion-guides#health-care-eligibility/benefit-inquiry-and-information-response-\(270/271\)-](https://www.mass.gov/lists/masshealth-hipaa-companion-guides#health-care-eligibility/benefit-inquiry-and-information-response-(270/271)-)
- All Provider Bulletin 315, Change in Pharmacy Copay and Premium Policies, can be found on the [All Provider Bulletin](#) webpage. Additional information can also be found on the [MassHealth Copayments Frequently Asked Questions](#) webpage.

Eligibility Verification System (EVS)

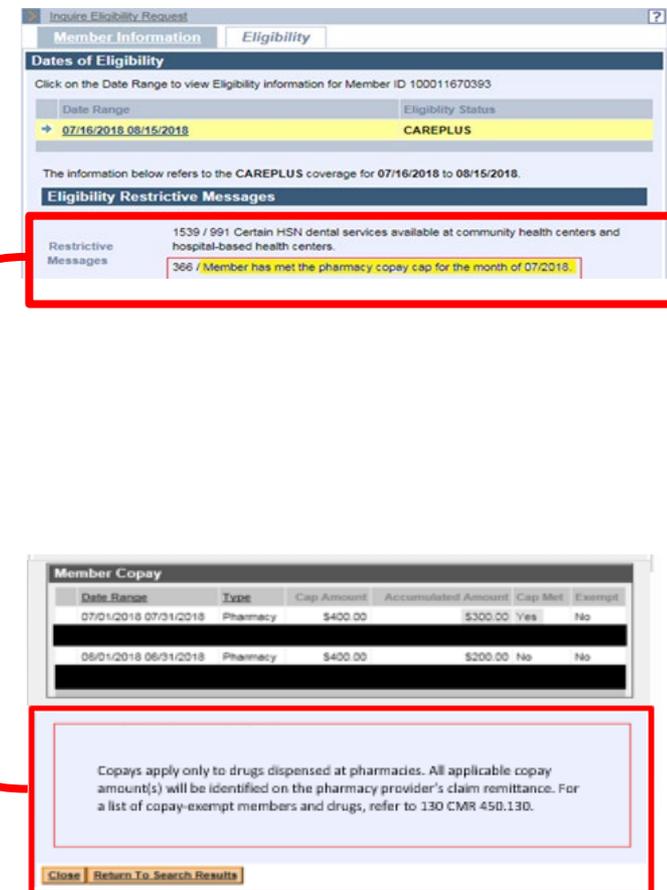
EVS will display important copay information for applicable MassHealth members. The messages will display on the Eligibility tab within the Eligibility response screen. The following panels will display important copay information:

Eligibility Restrictive Messages Panel

- Member has met the pharmacy copay cap for the month of [MM/CCYY]
- Member is exempt from pharmacy copays for the month of [MM/CCYY]

Member Copay Panel

- Copays apply only to certain drugs dispensed at pharmacies. All applicable copay amount(s) will be identified on the pharmacy provider's claim remittance. For a list of copay-exempt members and drugs, refer to 130 CMR 450.130



The screenshot shows the 'Inquire Eligibility Request' screen with the 'Eligibility' tab selected. The 'Dates of Eligibility' section shows a date range of 07/16/2018 to 08/15/2018 with an eligibility status of CAREPLUS. Below this, the 'Eligibility Restrictive Messages' panel is highlighted with a red box, displaying a message: '1539 / 991 Certain HSN dental services available at community health centers and hospital-based health centers. 366 / Member has met the pharmacy copay cap for the month of 07/2018.' Below that, the 'Member Copay' panel is also highlighted with a red box, showing a table with columns for Date Range, Type, Cop Amount, Accumulated Amount, Cap Met, and Exempt. The table contains two rows of data for pharmacy copays.

Date Range	Type	Cop Amount	Accumulated Amount	Cap Met	Exempt
07/01/2018 07/31/2018	Pharmacy	\$400.00	\$300.00	Yes	No
06/01/2018 06/31/2018	Pharmacy	\$400.00	\$200.00	No	No

Below the Member Copay panel, a text box explains: 'Copays apply only to drugs dispensed at pharmacies. All applicable copay amount(s) will be identified on the pharmacy provider's claim remittance. For a list of copay-exempt members and drugs, refer to 130 CMR 450.130.' At the bottom, there are 'Close' and 'Return To Search Results' buttons.

Communication and Education

MassHealth initiated Trading Partner Testing (TPT) of this minor modification in April with a designated set of trading partners. Providers that have any questions related to the 270/271 changes should contact MassHealth Customer Service Center's EDI team at edi@mahealth.net or (800) 841-2900 (Press 2, 3, 1, 1 to reach EDI).

In addition to testing, the MassHealth Customer Service Center will host a provider information session to provide a high-level overview of these changes. The information session will be held on:

June 16, 2021 @ 1:00pm

To register, please visit:

<https://maximus.zoom.us/j/96080705267?pwd=b2xSWnBCVFdNc3d4ZUtFNXk5V3ROZz09>

Resources



- **MassHealth HIPAA Companion Guides**
 - <https://www.mass.gov/lists/masshealth-hipaa-companion-guides>
- **All Provider Bulletin 315**
 - <https://www.mass.gov/doc/all-provider-bulletin-315>
- **Provider Copayment Information Page**
 - <https://www.mass.gov/service-details/masshealth-copayments-frequently-asked-questions>
- **EDI Contact** (testing and other EDI-related inquiries)
 - edi@mahealth.net
- **Provider Email Alerts**
 - To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed

	Long-Term Services and Supports Providers	All Other Provider Types
Phone	(844) 368-5184 (toll free)	(800) 841-2900; TTY: (800) 497-4648
Email	support@masshealthtss.com	providersupport@mahealth.net
Fax	(888) 832-3006	(617) 988-8974

Questions?

Payment and Care Delivery Innovation (PCDI) Year 4

Presented by – Karla Burgos, Sr. Provider Relations
Specialist, MassHealth Customer Service Center

PCDI Updates for 2021

PCDI Year 4 has 2 implementation waves

- **Wave #1 – Effective 1/1/21** – two plans have removed service areas from their ACO. Existing plan members may remain enrolled in these service areas.
 - BMC Community Alliance
 - Removed Greenfield Service Area
 - Removed Lynn Service Area
 - BMC Health Net Plan Mercy Alliance
 - Removed Northampton Service area

- **Wave #2 – Effective 7/1/21**
 - Tufts Children’s
 - Adding Nantucket Service area

 - Steward ACO
 - Adding one practice site in Boston
(Note: The site was previously a PCC plan provider resulting in minimal impact to members)

Managed Care Health Plan Options

- **Accountable Care Organizations (ACOs) Plan:** Groups of doctors, hospitals and other health care providers who come together to give coordinated, high-quality care to MassHealth members. This way, MassHealth members get the right care at the right time. MassHealth will reward ACOs for the quality, efficiency and experience of member care, so they are accountable to members
 - Accountable Care Partnership Plans
 - Primary Care ACO Plans
- **Managed Care Organizations (MCOs) Plan:** MCOs provide care through their own provider network that includes PCPs, specialists, behavioral health providers, and hospitals. Care coordinators are employed by the MCO
- **Primary Care Clinician (PCC) Plan:** The primary care providers are called primary care clinicians (PCCs). The MassHealth network of PCCs, specialists, and hospitals delivers services
 - The Massachusetts Behavioral Health Partnership (MBHP) provides behavioral health services

Managed Care Health Plan Options

Accountable Care Partnership Plans

- Be Healthy Partnership - Baystate Health Care Alliance with Health New England
- Berkshire Fallon Health Collaborative - Health Collaborative of the Berkshires with Fallon Health
- BMC HealthNet Plan Signature Alliance - Signature Healthcare with BMC HealthNet Plan
- BMC HealthNet Plan Community Alliance - Boston Accountable Care Organization with BMC HealthNet Plan
- BMC HealthNet Plan Mercy Alliance - Mercy Medical Center with BMC HealthNet Plan
- BMC HealthNet Plan Southcoast Alliance - Southcoast Health with BMC HealthNet Plan
- Fallon 365 Care - Reliant Medical Group with Fallon Health
- My Care Family - Merrimack Valley ACO with Allways Health Partners
- Tufts Health Together with Atrius Health - Atrius Health with Tufts Health Plan (THP)
- Tufts Health Together with BIDCO - Beth Israel Deaconess Care Organization (BIDCO) with Tufts Health Plan (THP)
- Tufts Health Together with Boston Children's ACO – Boston Children's ACO with Tufts Health Plan (THP)
- Tufts Health Together with CHA - Cambridge Health Alliance (CHA) with Tufts Health Plan (THP)
- Wellforce Care Plan - Wellforce with Fallon Health

Managed Care Organizations

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

Primary Care Clinician (PCC) Plan

Primary care Providers in the MassHealth Network

Primary Care ACO Plans

- Community Care Cooperative (C3)
- Mass General Brigham ACO* (Formerly Partners HealthCare Choice)
- Steward Health Choice

Primary Care Exclusivity

- A primary care practice entity that contracts with an ACO may only empanel managed care members who are also enrolled in that same ACO
 - They may not empanel MassHealth managed care members enrolled in an MCO, the Primary Care Clinician (PCC) Plan, or any other ACO
 - They may only provide primary care services to managed care members who are also enrolled in that same ACO (outside of the exceptions listed on the next slides)
- Primary care exclusivity is applied at the site level because the member is assigned to the primary care practice entity site rather than to the individual PCPs performing the primary care functions and services at the site

Primary Care Exclusivity - Exceptions

Primary Care Exclusivity does not apply in the following situations:

- PCPs serving members in the Special Kids Special Care Program
- PCPs that also provide medication assisted treatment (MAT) services may provide MAT services to members enrolled in any ACO, MCO, or the PCC Plan, without regard to limitations related to primary care exclusivity
- School-Based Health Centers (SBHCs) operated through CHCs can serve all MassHealth members and must submit claims for services delivered at SBHCs directly to MassHealth
- Other MassHealth programs*, such as:
 - MassHealth Fee-for-service (FFS) (including those over age 65 or with third-party coverage)
 - OneCare
 - Senior Care Options (SCO)
 - Program of All-inclusive Care for the Elderly (PACE)

**Providers who contract with an ACO/MCO may continue to provide services to members enrolled in the above programs regardless of their contracts with ACO/MCOs.*

Primary Care Exclusivity – Exclusions

- Specialists, Hospitals, and Other Providers*
 - Primary care exclusivity requirements neither apply to nor impact specialists, hospitals, and other providers—including behavioral health providers. Specialists, hospitals, and other providers may continue to provide specialty services across MassHealth managed care options. Such providers may contract with multiple health plans at the same time and may provide services to members in any of the health plans with which the providers have contracts.
 - Primary Care ACOs and the PCC Plan use the MassHealth fee-for-service network of specialists and hospitals. Specialists, hospitals, and other providers may see MassHealth members enrolled in a Primary Care ACO or the PCC Plan if the provider is a MassHealth participating provider contracted to provide medical services.

**Please refer to All Provider Bulletin 279 for more information*

(<https://www.mass.gov/files/documents/2018/11/05/all-provider-bulletin-279.pdf>)

Provider Reminders

Identify the Member

- Use the Provider Online Service Center Eligibility Verification System (EVS) to verify eligibility and current Plan*
- Determine if you participate in the Member's Plan and if applicable you have a referral from that Plan

Contact the Plan

- Contact the member's Plan if you need a referral or if you do not participate in that Plan
- Work with the Plan to understand claims submission
- Work with the Plan and the Primary Care Provider to coordinate the care plan
- If the member is in a Primary Care ACO, billing and UM operate as they do for the PCC Plan

Provider Care and Services

- Before refusing to see a Member or canceling appointments contact the MassHealth Customer Service Center at 1-800-841-2900

Provider Reminders

MassHealth Eligibility Verification System (EVS) and claims submission reminders

- The MassHealth Eligibility Verification System (EVS) is designed to display the status of a member's health care coverage for the date(s) of service requested (please note EVS does not display eligibility for future dates). This includes the identification of the health plan and the type of plan that the member is enrolled in if applicable. If you are using EVS via the Provider Online Service Center (POSC), or through third party software, please ensure that you review all of the EVS messages associated with the eligibility response.
- For providers that are looking to identify where claims should be submitted based on the EVS messages, please use the information below to ensure the proper location to submit your claims. Claims submission to the incorrect health plan will result in delayed processing and payment.
 - For Primary Care ACO and PCC Plan members, please submit electronic only claims directly to MassHealth except for behavioral health (BH). BH claims should be submitted directly to MBHP
 - For Accountable Care Partnership Plan members, please refer directly to the applicable Accountable Care Partnership Plan submission instructions for medical and behavioral health claims
 - For MCO members, please refer to the MCO for medical and behavioral health claims submission

If you have any questions, please contact the MassHealth Customer Service Center via email at providersupport@mahealth.net or call 1-800-841-2900.

Resources

- [Payment and Care Delivery \(PCDI\) for Providers:](#)
 - Information for providers about the MassHealth PCDI initiative
- [Mass.Gov/MassHealth:](#)
 - General information regarding the MassHealth program and other resources
- [MassHealthChoices.com:](#)
 - Online Provider directory where members can learn, compare, and enroll in health plans.
- [MassHealth Enrollment Guide:](#)
 - Printed enrollment guide for members to view health plans, service areas, and extra benefits.
- [MassHealth Customer Service:](#)
 - 1-800-841-2900 (Monday- Friday 8:00am-5:00pm); TTY: 1-800-497-4648

Questions?

Medicaid and CHIP Managed Care Final Rule

Presented by – Sina Eam, Sr. Provider
Relations Specialist, MassHealth Customer
Service Center

Managed Care Final Rule Requirements

Final Managed Care Rule, 42 CFR § 428.602(b) and 608(b)

1. Screen, enroll, and periodically revalidate all Managed Care Entity (MCE) network providers
2. Must enroll providers that are not already enrolled with MassHealth
3. Does not require providers to render fee-for-service (FFS) care
4. Must have a signed MassHealth Nonbilling Managed Care Entity (MCE) Network-only Provider Contract

Managed Care Final Rule Approach

- Phased MCE onboarding approach
- Validating MCE networks against the MassHealth network
- Plans are outreaching to providers who must comply with the contract and/or enrollment requirement
- MCEs are submitting enrollment files for MCE only providers

Managed Care Final Rule Approach

We have launched the following MCEs

- Massachusetts Behavioral Health Partnership
- Boston Medical Center Health Plan
- AllWays Health Plan
- Health New England
- Fallon in progress

Questions?

MassHealth Updates

Presented by – Sina Eam, Sr. Provider Relations Specialist, MassHealth Customer Service Center

Voluntary Revalidation

- MassHealth provider revalidation work was suspended in March 2020 due to the current COVID Public Health Emergency. The emergency is expected to expire July 2021
- Currently, there is a backlog of revalidation which will resume after the public health emergency is lifted
- Post emergency, CMS has not indicated what timeframe required to complete the backlog
- MassHealth is engaged with the provider community on a voluntary basis to complete and manage any backlogs

Voluntary Revalidation

The Plan

- The backlog was analyzed (March 2020 through May 2021) and the top 8 providers were identified by volume. The first group of providers included:

UMASS MEMORIAL MEDICAL GROUP	STEWARD MEDIAL GROUP
HARVARD MEDICAL FACULTY PHYSICIANS @BIDMC	HARVARD VANGUARD MEDICAL ASSOCIATES
BAYSTATE MEDICAL PRACTICES	LAHEY CLINIC
ALBANY MEDICAL COLLEGE	CHILDRENS HOSPITAL PEDIATRIC ASSOCIATES

- MassHealth is working with providers within a 45-day timeframe (this is consistent with our current revalidation process) to complete this work. First group was launched on March 1, 2021
- Voluntary process excludes any termination of providers due to non responsiveness
- MassHealth is working on a second group of providers by volume scheduled to be launched May 1, 2021
- We will continue to evaluate our progress for each launch and continue the process of launching groups up until the emergency is lifted

Acupuncture New Provider Type

MassHealth is introducing acupuncturist as a new provider type. MassHealth plans to begin accepting acupuncturist applications Summer 2021 with a tentative effective date in the Fall 2021.

Acupuncturists must meet the following eligibility requirements.

- (1) In State: Must be licensed as a provider of acupuncture by the Massachusetts Board of Registration in Medicine under *The Practice of Acupuncture*; or
- (2) Out of State: Must be currently licensed as an acupuncturist in his or her own state, or for an acupuncturist in a state that does not license acupuncturists, be legally authorized to perform the services of an acupuncturist in that state and Participate in its state's Medicaid program or the equivalent and
- (3) Must meet all other regulatory conditions

Additional information will become available over the next few months along with informational sessions for acupuncturist

MassHealth Bulletins (February 2021 – April 2021)

All Provider Bulletin 308



MassHealth Third Party Prior Authorization (PA) Administrator Temporary Suspension

- Due to the ongoing COVID-19 public health emergency, through this bulletin, MassHealth has suspended the PA policy set forth in Transmittal Letters AOH-45, CHC-113, PHY-157, and IDTF-20
- Specifically, through this bulletin:
 - MassHealth will not require PA for the advanced imaging services, non-obstetric ultrasounds, polysomnography, and cardiology services identified in Transmittal Letters AOH-45, CHC-113, PHY-157, and IDTF-20 (each of the codes is reprinted in the bulletin for reference); and
 - Providers should not submit requests for PA for such services to eviCore
- MassHealth anticipates that it will implement PA requirements for some or all of these services at a later date, and will issue further guidance with advance notice before such policies go into effect

All Provider Bulletin 309

Reminder of the EPSDT Schedule and Responsibilities

- This bulletin reminds providers of the requirement to follow the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) schedule when serving children enrolled in MassHealth
- These requirements apply to any provider rendering well child and other medically necessary primary care and dental services to a MassHealth-enrolled member, regardless of whether the member is enrolled in a health plan or receiving services on a fee-for-service basis
- Changes to newborn managed care enrollment detailed in All Provider Bulletin 305, effective January 1, 2021, do not change a provider's obligation to render medically necessary EPSDT services to MassHealth members

All Provider Bulletin 310

Transportation for Members to Vaccination Sites

- Effective for dates of service on or after February 17, 2021, MassHealth members in Family Assistance, CMSP, and MassHealth Limited, as well as individuals who are HSN patients, may receive certain transportation services through HST's regional transportation brokers to vaccination sites listed on the Department of Public Health (DPH) COVID-19 vaccination locations web page at www.mass.gov/info-details/covid-19-vaccination-locations, or to the site of another appropriate medical provider eligible to administer the COVID-19 vaccine
- To be eligible for these transportation services, such individuals must have an appointment for the administration of COVID-19 vaccine
- MassHealth's Eligibility Verification System (EVS) will be updated to reflect the availability of these transportation services to these individuals

All Provider Bulletin 311



Temporary Extension of Timely Reply for Initial Notices of Overpayment

- Due to the COVID-19 emergency, as declared in the Governor's March 10, 2020, Declaration of a State of Emergency within the Commonwealth, MassHealth is extending the deadline for providers to submit a dispute in writing by adding 15 calendar days to the process described in 130 CMR 450.237(B) and 130 CMR 450.240(C)
- Pursuant to this bulletin, providers have 45 calendar days total to dispute the findings identified in an Initial Notice of Overpayment (INOP) under 130 CMR 450.237(B) or a Notice of Proposed Sanction under 130 CMR 450.240(C)
- This change is effective for all INOPs and Notices of Proposed Sanction that were mailed to providers on or after January 1, 2021

All Provider Bulletin 312

[Additional Authorized Vaccine Product and Antibody Treatment and Update to Authorized Providers and Coverage Policy for MassHealth Limited Members for Coronavirus Disease 2019 \(COVID-19\) Vaccine Administration](#)

- This bulletin, which supplements and updates All Provider Bulletins 304 and 307, adds an additional authorized COVID-19 vaccine product and COVID-19 treatment and lists additional authorized providers who may bill MassHealth for COVID-19 vaccine administration
- In addition, for dates of service beginning March 11, 2021, this bulletin supersedes the billing instructions for COVID-19 vaccine administration for MassHealth Limited members set forth in All Provider Bulletin 304 to require providers to bill MassHealth for COVID-19 vaccines administered to such members rather than the federal COVID-19 Uninsured Program portal
- All other information included in All Provider Bulletins 304 and 307 remains in effect

All Provider Bulletin 313

Updated Rates for Coronavirus Disease 2019 (COVID-19) Vaccine Administration

- This bulletin, which supplements and updates All Provider Bulletins 304, 307, and 312, updates the rates MassHealth will pay for COVID-19 vaccine administration for dates of service on or after April 1, 2021. Effective with this update, MassHealth will align its rates for COVID-19 vaccine administration with those recently set by Medicare for the metropolitan Boston geographic area
- All other information included in All Provider Bulletins 304, 307, and 312 remains in effect, including payment rates for COVID-19 vaccine administration for dates of service before April 1, 2021
- This bulletin applies to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) Plan, or a Primary Care Accountable Care Organization (ACO). Information about coverage through MassHealth Managed Care Entities (MCEs) and the Program for All-inclusive Care for the Elderly (PACE) will be included in a forthcoming MCE bulletin

All Provider Bulletin 314

Updated MassHealth Telehealth Policy

- This bulletin, which supersedes All Provider Bulletin 303 as of March 31, 2021, maintains the telehealth policy set forth in All Provider Bulletin 303 and extends that policy 90 days beyond the final date of the Massachusetts Public Health Emergency
- Providers and members should choose the most appropriate mode of service delivery (in-person or via telehealth) considering relevant clinical, social, epidemiological, or other factors
- This bulletin applies to all MassHealth programs, except those managed by the MassHealth Office of Long-Term Services and Supports (OLTSS). OLTSS will publish separate subregulatory guidance for long-term services and supports (LTSS) providers rendering services via telehealth
 - Until MassHealth OLTSS issues such guidance, LTSS providers rendering services via telehealth must continue to comply in all respects with MassHealth OLTSS's current telehealth guidance, available at www.mass.gov/doc/ltss-provider-updates-for-covid-19/download. MassHealth may also issue additional guidance and/or clarifications, whether applicable on a MassHealth-wide or on a program-specific basis

Provider Type Specific Bulletins

- [Acute Inpatient Hospital Bulletin 180: Coverage of and Reimbursement for Hospital-at-Home Services](#)
- [Acute Inpatient Hospital Bulletin 181: Updated Application Packet for Seniors and People Needing Long-Term-Care Services \(SACA-2-Packet\)](#)
- [Acute Inpatient Hospital Bulletin 182: Updated Packet for Member Booklet \(ACA-1\) and Application for Health and Dental Coverage and Help Paying Costs \(ACA-3\)](#)
- [Acute Outpatient Hospital Bulletin 37: Temporary Flexibilities for the Provision of Laboratory Services by Acute Outpatient Hospitals](#)
- [Community Health Center Bulletin 108: Updated Packet for Member Booklet \(ACA-1\) and Application for Health and Dental Coverage and Help Paying Costs \(ACA-3\)](#)
- [Community Health Center Bulletin 107: Updated Application Packet for Seniors and People Needing Long-Term-Care Services \(SACA-2-Packet\)](#)
- [Mass Immunizer Bulletin 2: Updated Rates for Coronavirus Disease 2019 \(COVID-19\) Vaccine Administration](#)
- [Speech and Hearing Center Bulletin 13: COVID-19 Related Administrative Flexibilities for Therapy Services Including Telehealth – Extension](#)
- [Freestanding Birth Centers Bulletin 1: Provider Participation Requirements and Service Codes and Descriptions](#)

Resources

MassHealth Website

- These bulletins are all available on: <http://www.mass.gov/masshealth-provider-bulletins>

MassHealth Customer Service

- Long-Term Services and Supports Providers
Phone: (844) 368- 5184
Email: support@masshealthtss.com
Fax: (888) 832-3006
- All Other Provider Types
Phone: (800) 841-2900; TTY: (800) 497-4648
Email: providersupport@mahealth.net
Fax: (617) 988-8974

Provider Email Alerts

- To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions?