



MassHealth Training Forum

Provider Updates

July 2021

Executive Office of Health & Human Services

Agenda



- 1. Welcome and Agenda Review**
- 2. Office of Long-Term Services and Supports (OLTSS)**
- 3. COVID-19 Updates**
- 4. Ordering, Referring and Prescribing Updates**
- 5. Cost Sharing/ HIPAA Health Care Benefit Response Update**
- 6. Medicaid and CHIP Managed Care Final Rule Updates**
- 7. MassHealth Updates**
 - Acupuncture
 - Urgent Care Centers
 - Operating, Supervising, and Attending Physician Claim Requirements
 - MassHealth Bulletins (May 2021 – July 2021)

Office of Long-Term Services and Supports (OLTSS)

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

COVID-19 Public Health Emergency Flexibilities



LTSS FFS Program

- **Home-based Programs**

- Administration flexibilities for Home Health, Hospice, DMEPOS, and Therapies expire at end of federal PHE, except those that are permanent (provider types who can prescribe services.)
- Telehealth flexibilities for Home Health, Therapy, and DMEPOS expire 90 days beyond the end of state PHE and for Hospice at the end of federal PHE. MassHealth is working on Telehealth policies that are appropriate to continue

- **Day Programs:**

- Remote/virtual services will continue throughout the remainder of the federal PHE
- Per diem and partial per diem rate structure continues as a permanent change
- 25% rate enhancement will continue through September to address:
 - workforce shortages,
 - transportation challenges including van capacity and routes, and
 - decreased utilization as members slowly return to the congregate setting
- MD signatures are waived throughout the remainder of the federal PHE except for new admissions and significant changes.
- OT, PT, SLP, Behavior signatures waived for Day Hab documentation (PD/Managers Sub)

COVID-19 Public Health Emergency Flexibilities



LTSS FFS Programs (Continued)

- **Adult Foster Care (AFC) Program:**

- Telehealth Guidance remains in effect for 90 days beyond the final date of state PHE
- COVID-19 flexibilities effective until end of the federal PHE:
 - PCP Physical Examination Requirements: EOHHS will accept documentation of a PCP visit and physical examinations within the last 24 months
 - Waiver of Caregiver and Employee Physical Examinations and Tuberculosis Screenings Prior to the Start of Services or Employment: providers must clearly document if a caregiver or employee is unable to secure a physical examination or tuberculosis screening prior to the start of employment (or start of service for caregivers) due to COVID-19
 - Waiver of PCP and Member Signatures: required signatures on Physician Summary Forms and PCP Order forms are waived

COVID-19 Public Health Emergency Flexibilities



LTSS FFS Programs (Continued)

- **Group Adult Foster Care (GAFC) Program:**

- Telehealth Guidance remains in effect for 90 days beyond the final date of state PHE
- COVID-19 flexibilities effective until end of the federal PHE:
 - PCP Physical Examination Requirements: EOHHS will accept documentation of a PCP visit and physical examinations within the last 24 months
 - Waiver of Direct Care Aide and Employee Physical Examinations and Tuberculosis Screenings Prior to the Start of Services or Employment: providers must clearly document if a direct care aide or employee is unable to secure a physical examination or tuberculosis screening prior to the start of employment (or start of service for direct care aides) due to COVID-19
 - Waiver of PCP and Member Signatures: required signatures on Physician Summary Forms and PCP Order forms are waived

COVID-19 Public Health Emergency Flexibilities



LTSS FFS Programs (Continued)

- **Personal Care Attendant (PCA) Program:**

- Anticipated Continuation of COVID-19 Flexibilities

- Flexibilities that are anticipated to continue until **September 15, 2021**:
 - resumption of New Hire Orientation (NHO) sanctions for PCAs who were being sanctioned prior to the pandemic and have still failed to take NHO. (Note: MassHealth is still deciding how best to resume NHO sanctions for other PCAs)
- Flexibilities that are anticipated to continue until the **end of the federal PHE**:
 - suspension of noncompliance process for overtime prior authorization,
 - continuation of Prior Authorization (PA) adjustments for school and/or day, program hours,
 - continuation of additional PA extensions due to member-related COVID-19 issues,
 - waiver of standard documentation requirements for PA requests, and
 - waiver of clinical signature requirements for PA requests, and
 - waiver of Consumer, Surrogate, and Legal Guardian signature requirements⁷

COVID-19 Public Health Emergency Flexibilities



Integrated Care

- Certain activities, including Telehealth, will continue through the federal PHE
- Integrated Care plans will be instructed to return to in-person interactions, including assessments and care plan, as the default with telehealth (preferably video) remaining available for members who decline in-person visits

HCBS Waivers

- Massachusetts' federally approved Appendix K: Emergency Preparedness and Response and COVID-19 Addendum allows certain HCBS Waiver flexibilities to extend through six months after the end of the federal Public Health Emergency for COVID-19
 - Telehealth, Rates for Services Delivered via Telehealth, and Telehealth and Remote Service Requirements are detailed in [HCBS Waiver Provider Bulletin #10](#)
 - Enhanced Rates for Certain Day Services are detailed in [HCBS Waiver Provider Bulletin #11](#)
 - In-person level of care assessments and case management visits are resuming while retaining the ability to conduct such activities remotely where necessary

PCA FI Procurement



- The MassHealth PCA program currently utilizes three active Fiscal Intermediaries (FIs): Northeast Arc, Stavros, and Tempus Unlimited
- In September 2020, EOHHS released a competitive procurement for FI functions, in order to procure a single FI, beginning January 1, 2022. As part of its selection process, EOHHS procured a group of stakeholders to help review certain sections of each bid and provide feedback
- EOHHS selected Tempus Unlimited to become the program's single FI, since it submitted the strongest proposal
- The MassHealth PCA Team is working with all three FIs to begin transitioning all Consumers and PCAs to Tempus FI by January 1, 2022
- All Consumers, Surrogates, and PCAs will receive a letter from MassHealth in July 2021 explaining this change, as well as next steps. Tempus FI will also begin reaching out to Consumers and PCAs over the summer to request necessary paperwork and ensure a smooth transition
- Consumers services will not be affected by the transition to Tempus FI. Similarly, Consumers' Personal Care Management (PCM) agency will not change because of this procurement award

PACE Update



- Post-Eligibility Treatment of Income (PETI) protections for current PACE participants to be implemented in July 2021 reducing spend down amounts for participants whose income has increased since joining the PACE program
- MassHealth expects to announce a path to expansion of the PACE program in Summer 2021
- MassHealth is reviewing the PACE enrollment process and timelines to identify efficiencies and reduce the time it take to enroll in PACE and expects to begin making any changes to the process in Fall 2021

One Care Procurement



- The procurement for One Care plans is on track for implementation for January 2022*
- Below are the contract actions MassHealth and CMS are working through for the rest of 2021
 - Extension Amendment to extend current Demo through 12/31/22
 - Effective August 1, 2021
 - Parties: EOHHS and CMS with current One Care Plans (CCA and Tufts)
 - New Three-way Contract to implement procurement under the current demo terms (expected August 2021)
 - Effective for 1/1/22; effectively replaces current Contract
 - Expected parties: EOHHS and CMS with three (CCA, Tufts and United) One Care Plans*
 - Expect April 2019 Fully Amended and Restated Contract plus subsequent Amendments
 - Expect enrollments may be begin to be accepted in October for January 1, 2022
- Overall, One Care service area expected to remain the same as 2021 (all mainland counties)

**Contingent upon successful completion of Contract Negotiations and Readiness Review*

ARPA Update (1 of 3)

- [American Rescue Plan Act](#) (ARPA) COVID relief package recently signed into law by President Biden, includes a provision (Section 9817) to increase the federal matching rate (FMAP) for spending on Medicaid HCBS by 10 percentage points from April 1, 2021 through March 31, 2022
- **Funding Requirements:** [CMS guidance](#) released on May 13, 2021 confirms funds must be used for activities “beyond what is available under the [state’s] Medicaid program as of April 1, 2021”
 - States must use the funds to “implement, or supplement the implementation of, one or more activities to **enhance, expand, or strengthen**” Medicaid HCBS
 - ARPA law does not detail specific activities, but CMS guidance provides a non-exhaustive list of initiatives that states might fund, including activities to meet HCBS needs created by COVID-19 and activities to build state HCBS capacity and advance LTSS rebalancing reforms. (See next slide for CMS examples.)
- States will be permitted to use state funds equivalent to the amount of federal funds attributable to the increased FMAP through March 31, 2024
- **Reporting:** To access ARPA funds, recent [guidance](#) requires states to submit for CMS approval an initial HCBS spending plan projection and narrative by June 17, 2021 and quarterly spending plans and narratives

ARPA Update (2 of 3)

- American Rescue Plan included 10% FMAP bump on home and community-based services (HCBS) services for 1 year; **estimated \$500M in additional federal dollars** that must be used to “strengthen, expand, and enhance” HCBS
 - Dollars can be spent over three years (through March 2024)
 - Must supplement, not supplant existing spend
- Initial plan due to CMS on **June 17**. Proposed:
 - **“Round 1 funding” of \$300M gross in immediate, one-time funding (July-December 2021)**: Time-limited rate across-the-board increases plus additional targeted investment in high priority areas (e.g., day services, continuous skilled nursing, CBHI)
 - **“Rounds 2 and 3” of ~\$500M in funding through March 2024**, across four priority areas identified by stakeholders in public RFI process (below) – details on Rounds 2 / 3 would be worked through over the next 2 quarters
- Strategic priority areas (based on 203 responses to RFI)
 - **Workforce development**, including programs and rate enhancements to support training, recruitment and retention
 - **Access and Promotion to HCBS** (e.g., supports to transition individuals out of facilities like Money Follows the Person; PASRR enhancements, home modifications, family caregiver supports, etc.)
 - **Technology and infrastructure investments** to strengthen HCBS (e.g., home monitoring devices, data sharing, caregiver directories, etc.)

ARPA Update (3 of 3)

- On 3/31/21 EOHHS held a webinar with the HCBS and behavioral health community about the American Rescue Plan Act
- On 4/14/21, EOHHS issued a Request for Information (RFI) to gather community feedback on strategic areas for investment. Responses were due May 7, 2021. The Commonwealth received 206 proposals
- On 6/8/21, the Commonwealth held a webinar with stakeholders, advocates and the broader community and will continue to engage and solicit feedback over the coming months
- On 6/17/21, the Commonwealth submitted an initial spending plan and narrative to CMS. CMS is allowing states to request a 30-day extension if needed
- Detail spending plans for Round 2 and Round 3 will be submitted in July and October respectively

Questions?

COVID-19 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

Although the Commonwealth state of emergency terminated at 12:01 a.m. on June 15, 2021, the federal public health emergency relating to COVID-19 initially declared by the federal secretary of Health and Human Services on January 31, 2020, remains in effect.

MassHealth has elected to retain certain of the flexibilities described in previous COVID-19 related bulletins or elsewhere beyond the June 15, 2021 expiration of the March 2020 declaration of the Commonwealth state of emergency.

Please see [All Provider Bulletin 319](#) for more detailed information on these flexibilities.

The flexibilities apply 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.

COVID-19 Update



Separate Payment for Specimen Collection

As described in [All Provider Bulletin 294](#) and [All Provider Bulletin 296](#), MassHealth implemented numerous flexibilities to allow providers to separately bill and receive payment for COVID-19 specimen collection services, in addition to the other billable services. These flexibilities will continue, as described in [All Provider Bulletin 319](#), through and including **September 15, 2021**.

Billing for COVID-19 Diagnostic Laboratory Services

MassHealth-enrolled clinical laboratories and health care facilities should continue to bill MassHealth for medically necessary, clinically appropriate COVID-19 lab tests using the appropriate CPT code described in Subchapter 6 of their provider manual.

COVID-19 Update



COVID-19 Testing, Treatment, and Vaccine Coverage Policy for MassHealth Limited Members

As described in [All Provider Bulletin 292](#) and [All Provider Bulletin 312](#), COVID-19 testing, treatment, and vaccination services are covered services for MassHealth Limited members.

For MassHealth Limited members:

- COVID-19 testing and treatment services are considered emergency services and are payable by MassHealth to any participating provider qualified to provide such services
- COVID-19 vaccines and vaccine administration services are a covered service for MassHealth Limited members for services rendered on or after March 11, 2021 and will **extend for 15 months after the end of the federal public health emergency relating to COVID-19**

COVID-19 Update



These coverages will remain in place through the end of the federal public health emergency relating to COVID-19. Refer to [All Provider Bulletin 319](#) for more details.

- **Primary Care Clinician Plan & Primary Care ACO Referrals**

- Members enrolled in the Primary Care Clinician (PCC) Plan or a Primary Care ACO do not need a referral to receive any MassHealth covered service that would otherwise require a referral
- Extension of the policy announced in [All Provider Bulletin 291](#)

- **COVID-19 Remote Patient Monitoring**

In order to divert unnecessary emergency and hospital utilization during the COVID-19 pandemic, MassHealth has added to the MassHealth Physician, Community Health Center, and Acute Outpatient Hospital program manuals coverage of a code for COVID-19 remote patient monitoring (COVID-19 RPM) bundled services to facilitate home- or residence-based monitoring of members with confirmed or suspected COVID-19 who do not require emergency department or hospital level of care but require continued close monitoring

COVID-19 Update



90-Day Supply of Drugs

As described in [Pharmacy Facts 141](#), [Pharmacy Facts 142](#), [All Provider Bulletin 289](#), and [All Provider Bulletin 291](#), MassHealth allowed additional exceptions to the 30-day supply limitation described at 130 CMR 406.411(D). **These flexibilities will continue in place through the end of the federal COVID-19 public health emergency.**

Prescription Delivery

As described in [Pharmacy Facts 145](#) and in [101 CMR 446.03\(05\)](#), eligible providers receive a payment adjustment to the professional dispensing fee when medications are delivered to a personal residence (including homeless shelters but not payable for members living in any type of institution or residential facility) as described in [All Provider Bulletin 319](#). This delivery fee is **not changed by the end of the state of emergency and will continue in effect.**

COVID-19 Update



Payment of 24-hour Substance Use Disorder Treatment Services

As described in [All Provider Bulletin 293](#) and in accordance with criteria established by the American Society for Addiction Medicine (ASAM), in cases where a member is receiving treatment services in a 24-hour substance use disorder treatment facility, including acute treatment services (ATS), clinical stabilization services (CSS), and residential rehabilitation services (RRS), and is unable to be transitioned or discharged to an appropriate and safe location due to quarantine or other impacts of COVID-19, MassHealth will continue payment until the member can be safely and appropriately discharged or transitioned.

This flexibility will continue until December 31, 2021.

COVID-19 Update



Flexibilities for Take Home Allowances of Medication for Addiction Treatment (MAT) in Opioid Treatment Programs (OTPs)

As referenced in [All Provider Bulletin 293](#), and pursuant to 130 CMR 418.000,

- Opioid Treatment Programs (OTPs) who are enrolled in MassHealth and licensed by the Department of Public Health's (DPH's) Bureau of Substance Addiction Services (BSAS), may dispense medication for addiction treatment (MAT) in accordance with the limits permitted by BSAS pursuant to 105 CMR 164.304, including any waivers thereof issued by DPH. See 130 CMR 418.406(A)(1)-(2)
- All other requirements shall remain in place, unless such requirements have been altered through other guidance and requirements from state and federal entities

COVID-19 Update



Signatures for Transportation Medical Necessity Forms

As described in [All Provider Bulletin 291](#), MassHealth stopped requiring that transportation providers obtain physical signatures from authorized providers or managed-care representatives on transportation Medical Necessity Forms.

- **Continuing forward**, and notwithstanding 130 CMR 407.421(D)(2), transportation providers are not required to obtain physical signatures from authorized providers or managed-care representatives on transportation Medical Necessity Forms
- Instead, transportation providers may enter “Signature not Required” or allow for electronic signature in the relevant signature fields of those forms

See [All provider bulletin 319](#) for more information

COVID-19 Update



Transportation Providers Billing for Specimen Collection for COVID-19 Diagnostic Testing Without Member Transportation

As described in [All Provider Bulletin 291](#), MassHealth reimbursed transportation providers for medically necessary visits to members to obtain and transport specimens for COVID-19 diagnostic testing through HCPCS code A0998 (Ambulance response and treatment; no transport).

- MassHealth will continue reimbursing transportation providers for this code for dates of service **through the end of the federal public health emergency relating to COVID-19**
- Transportation providers may not bill MassHealth for mileage in connection with services billed through this code

See [All provider bulletin 319](#) for more information

COVID-19 Update



Qualified Non-Physician Health Care Professionals at Community Health Centers

As described in [Community Health Center Bulletin 102](#), for dates of service through and including **September 15, 2021**, MassHealth will consider licensed practical nurses, community health workers, and medical assistants to be “qualified non-physician health care professionals” for the limited purpose of providing community health center services under CPT codes 98966, 98967, and 98968. These codes apply to telephonic assessment and management services provided by “qualified non-physician health care professionals,” in accordance with the code descriptions. The codes have been formally added to the community health center manual through transmittal letter.

In order for such services to be payable by MassHealth, they must be provided in accordance with [All Provider Bulletin 319](#) and in accordance with all other applicable provisions in 130 CMR 405.000: *Community Health Center Services*, 130 CMR 450.000: *Administrative and Billing Services*, and 101 CMR 304:00: *Rates for Community Health Centers* in order to be payable by MassHealth.

Note: This flexibility does not authorize licensed practical nurses, community health workers, or medical assistants to provide “individual medical visits” defined under 130 CMR 405.402: *Definitions*. Such visits may only be provided by physicians, physician assistants, certified nurse practitioners, clinical nurse specialists, or registered nurses, in accordance with that definition.

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.

RESOURCE

MassHealth: Coronavirus Disease 2019 (COVID-19)—Providers

A resource for providers to find up-to-date COVID-19 publications and other guidance.

ORGANIZATION: [MassHealth](#)

DATE PUBLISHED: April 22, 2021

Overview

MassHealth strives to provide accurate, up-to-date COVID-19 information for applicants, members, and providers. MassHealth member or applicant, you can find COVID-19 information [here](#).

To learn about all aspects of the Massachusetts COVID-19 response, visit mass.gov/Covid19. For information about COVID-19 vaccines, visit mass.gov/CovidVaccine.

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[Guidance for Managed Care Entities](#) +

[Guidance for MassHealth Assistors](#) +

[Guidance for Mass Immunizer Providers](#) +

[Guidance for Nursing Facilities](#) +

[Guidance for Other Long-Term-Supports Services Providers](#) +

[Guidance for Pharmacy Providers](#) +

[Guidance for Transportation Brokers Providers](#) +

[Outdated COVID-19 Guidance for MassHealth Providers](#) +

COVID-19 Resources



Additional Information

- For the latest Massachusetts-specific information, visit the following link: www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19
- The latest Centers for Disease Control and Prevention (CDC) guidance for healthcare professionals is available at the following link: www.cdc.gov/coronavirus/2019-ncov/hcp/index.html

Questions:

Long-Term Services and Supports Providers

Phone: (844) 368-5184 (toll free)

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

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

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 revised its Cost Sharing policy and updated its systems to support these changes. Cost sharing is defined as the dollar amount eligible members are charged for Medicaid coverage and benefits. Cost sharing includes Medicaid premiums and copays. The system changes include modifications to HIPAA 270/271 transaction and the Eligibility Verification System (EVS).

- MassHealth members' total cost sharing will not exceed 5% of family income
 - *Copays* Members are 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 do not exceed 3% of family income on a monthly basis, except no such limit applies to CommonHealth members. MassHealth also expanded 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 has been modified to ensure that the 271 displays member copay
- The Eligibility Verification System (EVS) has also been modified to display member copay information and related messaging for members impacted by the updated copay policy

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

²The updated copay policy 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 are be subject to this new copay policy as of 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 Eligibility Benefit Inquiry and Response (270/271)



MassHealth implemented minor changes to the HIPAA Health Care Eligibility Benefit Inquiry and Response (270/271) transaction. The 271 response has been modified to remove a data element and include additional information in Loop 2110C – Subscriber Eligibility or Benefit Information. The additional information displays new messaging about copays for the members the updated copay policy applies to.

- **MassHealth recommends that all Trading Partners, and Vendors who send and receive 270/271 electronic HIPAA transactions evaluate the changes outlined in the updated MassHealth Companion Guide and ensure that your practice management systems can accept the additional information within that Loop. Entities should further ensure that the copay information is viewable and/or accessible within their practice management and Electronic Medical Record (EMR) systems as applicable.**
- The 270/271 HIPAA Companion Guide has been updated to provide a minor clarification regarding Loop 2110C-291- Eligibility or Benefit Information and 323- Free Form Message Text. Please visit the link below for the most updated 270/271 HIPAA Companion Guide:
<https://www.mass.gov/lists/masshealth-hipaa-companion-guides>
- MassHealth initiated Trading Partner Testing (TPT) of this minor modification in early April with a designated set of trading partners
- If you would like to learn more about the 270/271 changes, please contact MassHealth EDI at edi@mahealth.net or (800) 841-2900 (Press 2, 3, 1, 1 to reach EDI)

Eligibility Verification System (EVS)



The [Eligibility Verification System](#) is available through the Provider Online Service Center (POSC). EVS provides easy access to current and complete member eligibility information on the date services are provided or within a specific date range. EVS is available 24 hours a day, seven days a week.

EVS now displays 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

- Displays Member Copay information such as: Cap Amount, Accumulated Amount, Cap Met and if Exempt
- 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

Eligibility Verification System (EVS): Eligibility Restrictive Message- Copay Met



Member has met the pharmacy copay cap for the month of [MM/CCYY].

Inquire Eligibility Request

Member Information | Eligibility

Dates of Eligibility

Click on the Date Range to view Eligibility information for Member ID 100011670393

Date Range	Eligibility Status
→ 07/16/2018 08/15/2018	CAREPLUS

The information below refers to the CAREPLUS coverage for 07/16/2018 to 08/15/2018.

Eligibility Restrictive Messages

Restrictive Messages 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.

List of Managed Care Data (for PCC/PCCB)

Legal Name	Site Name	Site Phone	Date Range
UMASS MEMORIAL MEDICAL GR	FITCHBURG ADULT MEDICINE/UMMMG	(978) 342-6018	07/16/2018 08/15/2018

List of Behavioral Health

Provider Name	NPI	Provider Phone	Date Range
MASSACHUSETTS BEH HLTH PRT	1548385057	(800) 495-0086	07/16/2018 08/15/2018

Member Payment Responsibility Detail

Patient Paid Amount \$0.00 Patient Paid Amount Type
Spend Down Amount \$0.00
Deductible Amount \$0.00 Deductible Date

Restrictive Messages

Member Copay

Date Range	Type	Cap Amount	Accumulated Amount	Cap Met	Exempt
07/01/2018 07/31/2018	Pharmacy	\$400.00	\$300.00	Yes	No
08/01/2018 08/31/2018	Pharmacy	\$400.00	\$200.00	No	No

Dates of Eligibility

Click on the Date Range to view Eligibility information for Member ID 100011670393

Date Range	Eligibility Status
→ 07/16/2018 08/15/2018	CAREPLUS

The information below refers to the CAREPLUS coverage for 07/16/2018 to 08/15/2018.

Eligibility Restrictive Messages

Restrictive Messages 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.



This message is displayed in the Eligibility Restrictive Messages panel when the member has met the copay cap for the tracking period.

Eligibility Verification System (EVS): Eligibility Restrictive Message- Copay Exemption

Member is exempt from pharmacy copays for the month of [MM/CCYY].

Inquire Eligibility Request

Member Information | Eligibility

Dates of Eligibility

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Eligibility Restrictive Messages

1539 / 991 Certain HSN dental services available at community health centers and hospital-based health centers.

Restrictive Messages

246 / Member is exempt from pharmacy copays for the month of 08/2018.

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Legal Name	Site Name	Site Phone	Date Range
UMASS MEMORIAL MEDICAL GR	FITCHBURG ADULT MEDICINE/UMMG	(978) 342-6018	07/16/2018 08/15/2018

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Provider Name	NPI	Provider Phone	Date Range
MASSACHUSETTS BEH HLTH PRT	1548385057	(800) 495-0086	07/16/2018 08/15/2018

Member Payment Responsibility Detail

Patient Paid Amount \$0.00 Patient Paid Amount Type

Spend Down Amount \$0.00

Deductible Amount \$0.00 Deductible Date

Restrictive Messages

Member Copay

Date Range	Type	Cap Amount	Accumulated Amount	Cap Met	Exempt
07/01/2018 07/31/2018	Pharmacy	\$400.00	\$300.00	Yes	No
08/01/2018 08/31/2018	Pharmacy	\$400.00	\$200.00	No	No

Dates of Eligibility

Click on the Date Range to view Eligibility information for Member ID 100011670393

Date Range	Eligibility Status
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Restrictive Messages

246 / Member is exempt from pharmacy copays for the month of 08/2018.

This message is displayed in the Eligibility Restrictive Messages panel when the member is exempt from copays for the current tracking period due to a categorical exclusion.

Eligibility Verification System (EVS) 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.

Member Copay Panel will include member's monthly pharmacy copay information such as: Cap Amount, Accumulated Amount for the month, if Cap has been met and whether or not the member is exempt, in addition to always displaying the message below, on this screen.

Inquire Eligibility Request

Member Information | Eligibility

Dates of Eligibility

Click on the Date Range to view Eligibility Information for Member ID 100011670393

Date Range	Eligibility Status
07/18/2018 08/15/2018	CAREPLUS

The information below refers to the CAREPLUS coverage for 07/16/2018 to 08/15/2018.

Eligibility Restrictive Messages

Restrictive Messages: 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.

List of Managed Care Data (for PCC/PCCB)

Legal Name	Site Name	Site Phone	Date Range
UMASS MEMORIAL MEDICAL_GR	FITCHBURG ADULT MEDICINE/UMMMG	(978) 342-6018	07/16/2018 08/15/2018

List of Behavioral Health

Provider Name	NPI	Provider Phone	Date Range
MASSACHUSETTS BEH HLTH PRT	1548385057	(800) 495-0086	07/16/2018 08/15/2018

Member Payment Responsibility Detail

Patient Paid Amount	\$0.00	Patient Paid Amount Type	
Spend Down Amount	\$0.00		
Deductible Amount	\$0.00	Deductible Date	

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.

Member Copay

Date Range	Type	Cap Amount	Accumulated Amount	Cap Met	Exempt
07/01/2018 07/31/2018	Pharmacy	\$400.00	\$300.00	Yes	No
08/01/2018 08/31/2018	Pharmacy	\$400.00	\$200.00	No	No

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.

Member Notifications



- In May 2021, MassHealth sent a notice to members explaining these changes and notifying members of their initial monthly copay cap
- As of July 1, 2021, MassHealth will send a notice to members whenever they are issued a new monthly copay cap* or whenever they meet their current monthly copay cap. Copies of member notices are attached to [All Provider Bulletin 315](#)
- Pharmacies have also received this information in a Pharmacy Facts sheets
- If members have questions about the copay policy, they can reach the Member Customer Service Center (CSC) at (800) 841-2900, Monday through Friday between 8:00 a.m. and 5:00 p.m. For TTY, members can call (800) 497-4648 during the same hours

**Since sending the notices, MassHealth received feedback indicating a need to further clarify the changes. MassHealth has decided to temporarily hold further noticing related to monthly copay caps to focus on refining the messaging. The updated materials will emphasize that MassHealth is not increasing member cost-sharing. There are no changes being made to existing copay or premium amounts. The monthly copay cap serves only to further protect members by placing a monthly limit on how much they can be charged in total copays.*

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-change-in-pharmacy-copay-and-premium-policies-4/download>
- **MassHealth Copayments Frequently Asked Questions**
<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**
 - 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
- **MassHealth Customer Service**

	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@masshealthltss.com	providersupport@mahealth.net
Fax	(888) 832-3006	(617) 988-8974

Questions?

Medicaid and CHIP Managed Care Final Rule Updates

Presented by – Karla Burgos, 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. States must screen, enroll, and periodically revalidate all Managed Care Entity (MCE) network providers
 - a. MassHealth has delegated the screening, enrollment and revalidation of the MCE provider networks to the MCEs
 - b. Screening includes all federally required disclosures, verifications of federal exclusions, NPI, Social Security Administration (SSA) Death Master File (DMF) and license information as applicable
2. States must enroll providers that are not already actively enrolled with MassHealth (Fee-for-Service (FFS) and Ordering, Referring & Prescribing (ORP))
 - a. Where the MCE has a different NPI, address, TIN or Provider Type (PT) from MassHealth a contract/enrollment are required
3. An MCE-only provider must have a signed MassHealth Nonbilling Managed Care Entity (MCE) Network-only Provider Contract
 - a. For entities one contract is needed for each NPI/TIN/ PT combination
 - b. If the provider has an existing MassHealth relationship that is different than the MCE, a contract is needed for the MCE relationships
 - c. The MCE will identify providers who require a contract/enrollment

Managed Care Final Rule Process

- An MCE only (not enrolled with MassHealth but enrolled with one or more MCEs) provider is not required to render fee-for-service (FFS) care
- Validating MCE networks against the MassHealth network
 - Validation is based on NPI/TIN/PT/Address
- Plans are outreaching to providers who must complete a MassHealth Nonbilling Managed Care Entity (MCE) Network-only Provider contract
- MCEs are submitting enrollment files for MCE only providers. Providers are only required to submit a contract.
- If a provider is disputing the requirement to sign a contract and the information the MCE is maintaining they must contact the MCE
- If a provider is disputing the information MassHealth is maintaining, they must contact MassHealth Customer Service
- If the MCE submits enrollments for only providers not known to MassHealth (FFS/ORP) this should not impact your MassHealth relationship and billing

Managed Care Final Rule Policy



- In the example below, the MCE has identified an entity provider with 5 locations. MassHealth has only 3 of those. The remaining two would need to complete 1 contract and to be enrolled by the MCE

MCE Provider NPI	MCE Provider Type	MCE Tax ID	MCE Provider Name	MCE DBA Address	MassHealth Provider NPI	MassHealth Provider Type	MassHealth Tax ID	MassHealth Provider Name	MassHealth DBA Address
1234567890	97	012345567	Group Practice of Boston	150 Park St	1234567890	97	012345567	Group Practice of Boston	150 Park St
1234567890	97	012345567	Group Practice of Boston	73 Washington St	1234567890	97	012345567	Group Practice of Boston	73 Washington St
1234567890	97	012345567	Group Practice of Boston	755 Main St	1234567890	97	012345567	Group Practice of Boston	755 Main St
1234567890	97	012345567	Group Practice of Boston	1 Broad St					
1234567890	97	012345567	Group Practice of Boston	25 Commercial St					

Managed Care Final Rule Policy



- In the example below, the MCE has an entity provider that has two different NPIs. MassHealth has only 1 of those NPIs. The unmatched provider would need to complete a contract and to be enrolled by the MCE

MCE Provider NPI	MCE Provider Type	MCE Tax ID	MCE Provider Name	MCE DBA Address	MassHealth Provider NPI	MassHealth Provider Type	MassHealth Tax ID	MassHealth Provider Name	MassHealth DBA Address
1234567890	20	012345567	Boston CHC	150 Park St	1234567890	20	012345567	Boston CHC	150 Park St
1987654320	20	012345567	Boston CHC	150 Park St					

Managed Care Final Rule Policy



- MassHealth is onboarding the MCEs in a phased approach
- We have launched the following MCEs
 - Massachusetts Behavioral Health Partnership
 - Boston Medical Center Health Plan
 - AllWays Health Plan
 - Health New England
 - Fallon

Questions?

MassHealth Updates

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

Acupuncture



New Provider Type

- MassHealth is introducing acupuncturist as a new provider type. MassHealth will begin accepting acupuncturist applications in the fall 2021 with a tentative effective date in January 2022
- **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
- The draft Acupuncture Program Regulations will be posted on mass.gov in August 2021
- MassHealth will be hosting informational sessions in the late fall with more details as they become available

Urgent Care Clinic

New Provider Type



- MassHealth will begin accepting Urgent Care Clinic applications in the fall 2021 with a tentative effective date in January 2022
- Group Practice Organizations who are currently enrolled with MassHealth will have the option to convert to an Urgent Care Clinic if eligible
- The draft Urgent Care Clinic Program Regulations will be posted on mass.gov in August 2021
- MassHealth will be hosting informational sessions in the late fall with more details as they become available

Operating, Supervising, and Attending Physician Claim Requirements



- On March 15, 2021, MassHealth implemented minor modifications to support the operating and supervising physician requirements on its claim transactions
- At that time, MassHealth began to temporarily provide informational edits related to those minor modifications
- Please note, that effective for dates of service on or after August 1, 2021, MassHealth will begin denying claims that do not meet the operating and supervising physician requirements
- This will apply for both 837 batch claims transactions and the Provider Online Service Center (POSC) Direct Data Entry (DDE) claims transactions

MassHealth HIPAA Companion Guides

- [MassHealth HIPAA Companion Guides Webpage](#)

MassHealth Customer Service

- [Long-Term Services and Supports Providers](#)

Phone: (844) 368-5184 (toll free)

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

MassHealth Bulletins (May 2021 – July 2021)

All Provider Bulletin 315



Change in Pharmacy Copay and Premium Policies

- MassHealth is revising its cost sharing policies to limit members' copay and premium obligations to 5% of the member's monthly household income
- These changes are being implemented in two phases: the first phase became effective on July 1, 2020, and the second phase became effective on July 1, 2021
- There will be no changes to the copay exclusions that became effective July 1, 2020. For a complete list of copay exclusions, please refer to 130 CMR 450.130(D) and (E)

All Provider Bulletin 316



Clarification of Requirements for Adverse Incident Reporting by Certain Behavioral Health Providers

- MassHealth requires Inpatient and Outpatient Psychiatric Hospitals, Substance Abuse Treatment Hospitals, and Mental Health Centers to submit the Adverse Incident Form on the day of a behavioral health reportable adverse incident or the next business day if the adverse incident occurs on a holiday or weekend
- This bulletin includes guidance on:
 - Adverse incident reporting
 - Requirements for completing an adverse incident report; and
 - Electronically available forms

All Provider Bulletin 317



Update to Authorized Providers for Coronavirus Disease 2019 Vaccine Administration

- This bulletin, which supplements All Provider Bulletins 304 (published December 2020), 307 (January 2021), 312 and 313 (both March 2021), lists additional authorized providers who may bill MassHealth for COVID-19 vaccine administration
- In addition to all provider types identified in the All Provider Bulletins above as eligible to receive reimbursement from MassHealth for COVID-19 vaccine administration, through this bulletin, MassHealth is permitting the following additional providers to bill MassHealth for COVID-19 vaccine administration, even if they are not currently authorized to receive payment from MassHealth to administer other vaccines:
 - Acute treatment services providers
 - Clinical stabilization services providers and
 - Dental providers

All Provider Bulletin 318



[Update about Monoclonal Antibody Treatment for Coronavirus Disease 2019 \(COVID-19\)](#)

- This bulletin, which supplements and updates All Provider Bulletins 304 and 312, provides an update to the payment provisions for monoclonal antibody treatment for COVID-19 described in those bulletins
- Effective for dates of service on or after May 6, 2021, providers enrolled in the MassHealth acute outpatient hospital (AOH), community health center (CHC), and physician programs may bill and receive payment for administering monoclonal antibody products used to treat COVID-19 listed in the bulletin

All Provider Bulletin 319



Coverage and Reimbursement Policy Updates for Services Related to COVID-19 After the Termination of the State of Emergency

- Following the March 2020 declaration of a state of emergency in the Commonwealth due to the Coronavirus disease 2019 (COVID-19) outbreak, MassHealth published All Provider Bulletins 289, 291, 293, 294, and 296, introducing flexibilities for MassHealth coverage and billing necessitated by the COVID-19 outbreak
- The state of emergency terminated at 12:01 a.m. on June 15, 2021. Accordingly, All Provider Bulletins 289, 291, 293, 294, and 296 expire at that time. The federal public health emergency relating to COVID-19 initially declared by the federal secretary of Health and Human Services on January 31, 2020, remains in effect
- MassHealth has elected to retain certain of the flexibilities described in the bulletins listed above beyond the June 15, 2021, expiration of the March 2020 declaration of a state of emergency. These specific flexibilities, as well as any modifications thereto and expiration dates if applicable, are listed in the bulletin

All Provider Bulletin 320



Expiration of Temporary Extension of Timely Replies for Initial Notices of Overpayment during COVID-19 Emergency

- All Provider Bulletin 311: Temporary Extension of Timely Replies for Initial Notices of Overpayment, published in February 2021, allowed providers an extra 15 days to dispute an Initial Notice of Overpayment (INOP) due to the State of Emergency within the Commonwealth of Massachusetts
- The temporary extension for a provider to provide a written response to dispute an INOP, as outlined in All Provider Bulletin 311, will expire June 15, 2021, in conjunction with the end of the Commonwealth's State of Emergency, as announced by the Governor
- For all INOPs dated June 15, 2021, or later, MassHealth providers who wish to dispute overpayments and sanctions identified as a result of an audit, must reply in writing to MassHealth, and MassHealth must receive such reply within 30 calendar days of the date of notice pursuant to 130 CMR 450.237(B) and 130 CMR 450.240(C)

Resources

MassHealth Website

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

MassHealth Customer Service

- Long-Term Services and Supports Providers

Phone: (844) 368- 5184

Email: support@masshealthltss.com

Fax: (888) 832-3006

- All Other Provider Types

Phone: (800) 841-2900; TTY: (800) 497-4648

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Questions?