



MassHealth Provider Association Forum

October 2023

Executive Office of Health & Human Services

Agenda



- **Welcome and Agenda Overview –**
- **Update on Plan for MassHealth Eligibility Redeterminations –**
- **Resumption of PCC and Primary Care ACO Referral Requirements –**
- **Ordering Referring and Prescribing (ORP) Requirements Update –**
- **Long-Term Services and Supports Provider Communications-**
- **Primary User Policy and Data Collection Form (DCF) -**
- **MassHealth Coordinating Aligned, Relationship-centered, Enhanced Support (CARES) for Kids Program -**
- **Claim Denials 1945 and 1066 -**
- **E-signatures –**
- **MassHealth Updates –**
 - **Duplicate Claims Reminder**
 - **Payment and Care Delivery Innovation (PCDI) Updates 2024**
 - **MassHealth Robotics Processing Automation (RPA) Policy**
 - **MassHealth Provider Bulletins**

Helping MassHealth Members With Their Renewals

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

Agenda (Helping MassHealth Members with their Renewals)



Today, we will:

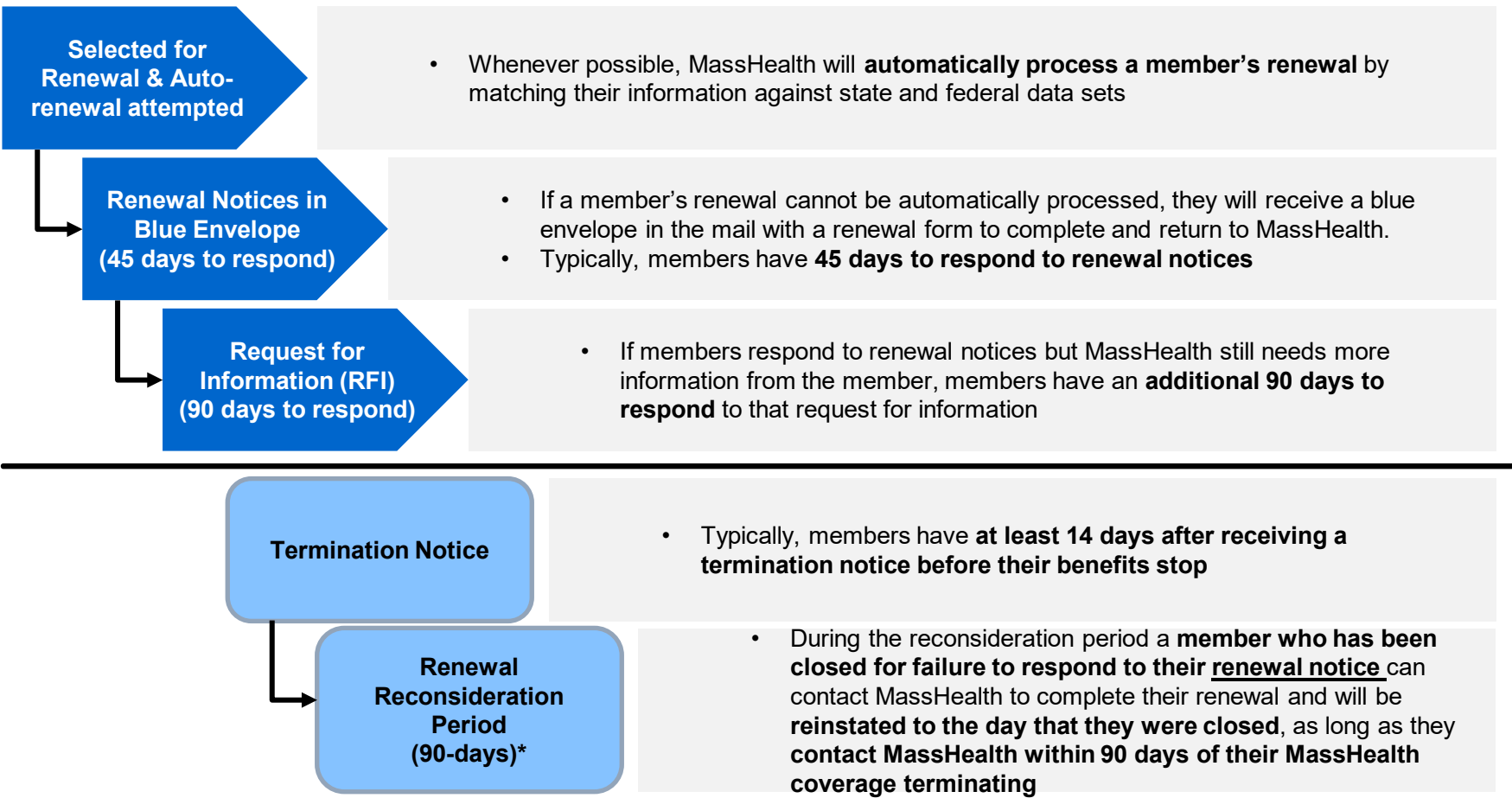
- ✓ Provide some reminders and updates on MassHealth renewals
- ✓ Discuss how you can help members get back on coverage
- ✓ Review provider billing requirements

Why are we talking about renewals this year?



- At the beginning of the COVID-19 public health emergency (PHE), the federal government implemented **continuous coverage** requirements
- In response to these requirements, **MassHealth put protections in place that prevented members' MassHealth coverage from ending**
- The federal government ended continuous coverage requirements on April 1, 2023 and **MassHealth has begun to return to standard annual eligibility renewal processes**
- **All members will be renewed by MassHealth** to ensure they still qualify for their current benefit. Many members will even be automatically renewed, including those who receive Social Security Insurance
- These **renewals will take place over 12 months**, from April 2023 – 2024. This means that **members could get their renewal forms in the mail at any time during this 1 year period**

Overview of member renewal timelines



*The 90-day renewal reconsideration period only applies for failure to respond to a renewal notice but DOES NOT apply for failure to respond to RFIs, verifications, or other types of notices.

There are two ways you can help members stay covered



1

Help them **PREPARE** for renewals

While members are waiting for their renewals to arrive in the mail, there are steps that you, as a trusted advisor, can take to make sure they have the information they need

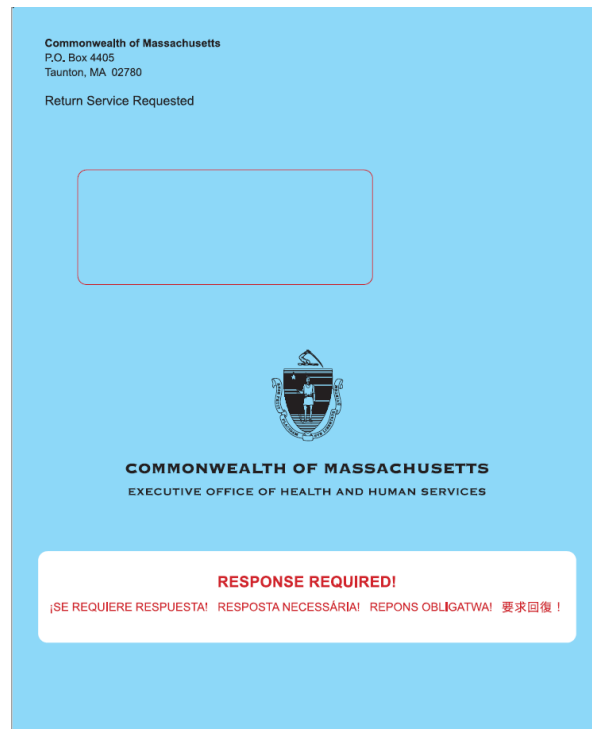
2

Help them understand how to **COMPLETE** renewals

*You can help MassHealth members understand how to complete their renewals** – whether that means sitting side by side and helping them understand instructions on a form, or directing them to a MassHealth-specific renewal resource*

***Note that you may, upon request, help members read their mail and understand instructions. You may not access their private information or act on their behalf, unless you are an Authorized Representative Designee (ARD)*

Tell members to look out for mail from the Commonwealth of Massachusetts, including a blue envelope!



Tell members to watch for an **auto-renewal notice** (which they may get instead of a blue envelope if they are automatically renewed) and **any other mail that could be from MassHealth or the Commonwealth of Massachusetts**, such as Requests for Information or Verification (arrive in white envelopes)

Comprehensive member outreach efforts are underway



- Outreach focuses on **most important messages**, including:
 - Call MassHealth to update your contact information
 - Check your mail – keep an eye out for the **blue envelope**
 - Respond to MassHealth
- **Materials** in the top 9 languages of MassHealth members: English, Spanish, Portuguese, Haitian Creole, Vietnamese, Khmer, Chinese, Arabic, and Cape Verdean Creole
- MassHealth has begun **text/email outreach** to members to support renewals; this is particularly critical given likelihood members have moved and not updated MassHealth
- **Additional supports have been developed for specific populations:** older individuals, individuals with disabilities, individuals experiencing homelessness, and non-citizens
- Partnership with Health Care for All to launch **"Your Family, Your Health" campaign**, which will include canvassing, community-based organization grants, and media buy in the 15 cities and towns with the most members at risk of coverage loss

The flyer is titled "Attention MassHealth members 65 or older" in large blue and black text. It features a photograph of an elderly couple. A green speech bubble next to them says "You will need to renew your coverage this year." Below the title, it lists three steps to renew coverage: 1. Update your info, 2. Check your mail, and 3. Respond to MassHealth. It also includes a note about the renewal form and a section about alternative programs like Medicare. At the bottom, it says "Act now. Stay covered." with contact information and logos for MassHealth, Health Connector, and HCFA.

Attention MassHealth members 65 or older

You will need to renew your coverage this year.

Take three steps to renew your coverage:

- 1. Update your info**
The easiest way to update your information is to call Customer Service at (800) 841-2900 TDD / TTY: 711
- 2. Check your mail**
- 3. Respond to MassHealth**

Note: If you turned 65 since March 2020, this year's renewal form will look a little different. We will now review your assets along with your income.

If you are no longer eligible for MassHealth, there are other programs available to meet your healthcare needs.

Loss of MassHealth is a Special Enrollment Period (SEP) that allows you to enroll in Medicare outside of standard enrollment periods.

Individuals who do not qualify for Medicare may be eligible for Connector coverage.

Other programs include: The Medicare Savings Program (MSP), The Frail Elder Waiver (FEW), Prescription Advantage, and PACE.

If you need help from a family member or friend to fill out your renewal, you can fill out and sign the Permission to Share Information (PSI) or Authorized Representative Designation (ARD) Form.

- This form lets us share your eligibility information with the persons listed on the form (the "designee").
- If you filled out a PSI more than 12 months ago, you will need to fill out a new one.

Act now. Stay covered. masshealthrenew.com
800-841-2900 (TTY: 711)

MassHealth HEALTH CONNECTOR HCFA

**Draft resource*

Helping members get back on coverage



- If a member loses coverage for administrative reasons (i.e., does not return their renewal form), in most cases they will still have a 90-day reconsideration period
- This means that if a member responds within 90 days of losing coverage and is still eligible for MassHealth, their coverage will be effective retroactive to the date they were terminated
- Providers should work to help members get back on coverage, especially if it's within this 90-day period, or find other coverage if they are no longer eligible for MassHealth
- There are a variety of options for providers to help members, including on-site assisters
- If a provider's location does not have an assister on-site, there are many other options for members to get help (see next slide)
- The most important thing for the member to do right away is call MassHealth at (800) 841-2900 TDD/TTY: 711

Resources that exist to help members with coverage



RESOURCE

DESCRIPTION

1

MassHealth Enrollment Centers (MECs)

- MassHealth Enrollment Centers (MECs) provide members with **phone, virtual, or in-person assistance** with their applications from MassHealth staff
- We recommend that members **schedule an appointment** ahead of time at www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative. Appointments can be via phone, virtual, or (started in July) in-person
- There are **7 MECs across the State** – find the nearest one online at <https://www.mass.gov/service-details/masshealth-enrollment-centers-mecs>

2

Certified Application Counselors or Navigators

- Certified Application Counselors (CACs) and Navigators are a community-based resource **to help members apply for and renew health insurance benefits**. They are trained by MassHealth but are not MassHealth staff
- People who need help to keep their MassHealth coverage and people who are no longer eligible for MassHealth can get help from CACs and Navigators
- Help from CACs and Navigators is **free but may require an appointment**. You can also go online to find the nearest organization at <https://my.mahealthconnector.org/enrollment-assisters>

3

MassHealth Customer Service Center

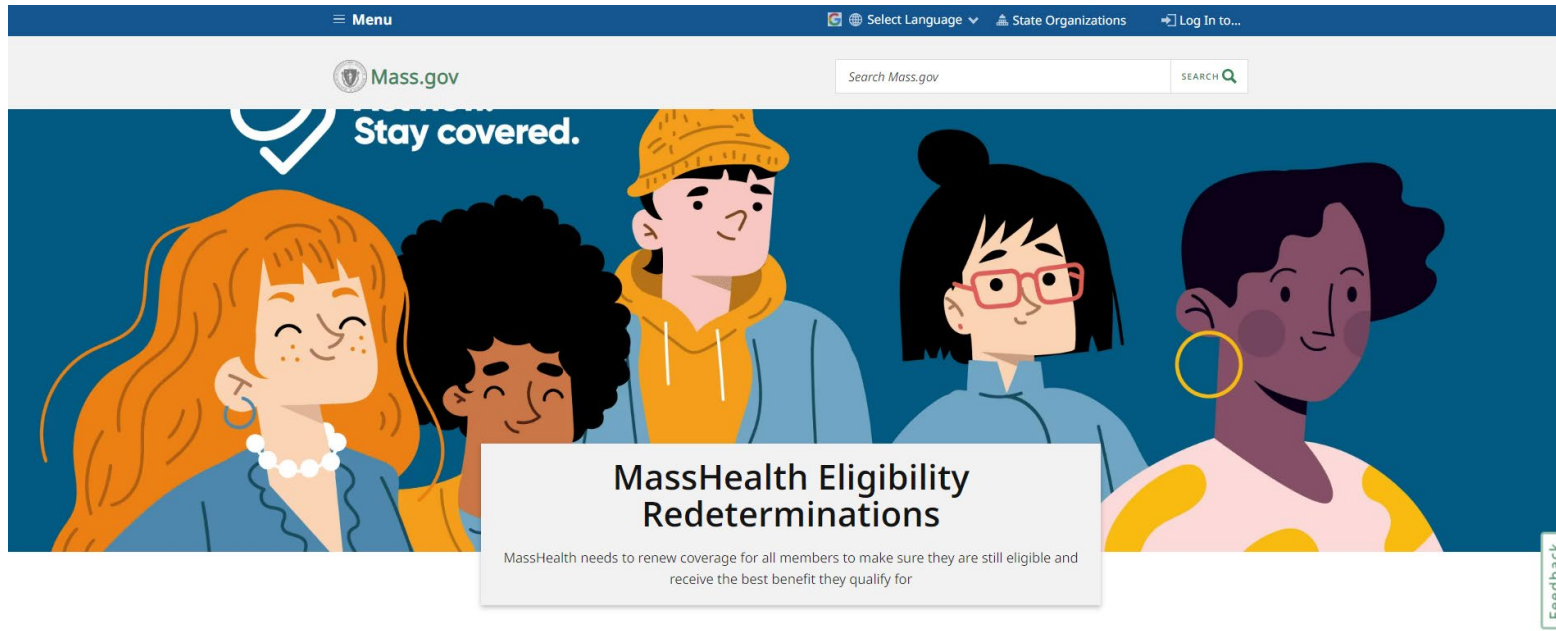
- If the member has questions about their MassHealth renewal or loss of coverage, you can have them call the MassHealth Customer Service center
- **Phone number: (800) 841-2900; TDD/TTY: 711**
- Hours: Monday-Friday 8am-5pm. Assistance is available in English, Spanish, Haitian Creole, Portuguese, Mandarin, Vietnamese, Arabic, and members may request a translator in any other language

Provider billing responsibilities



- Reminder that providers have an obligation to bill MassHealth, not MassHealth members, for services payable by MassHealth
- Please remember to always check the Electronic Verification System (EVS) before issuing bills to MassHealth members or sending bills to a collection agency
- In particular due to the 90-day reconsideration period, a member may not appear to be eligible for MassHealth on the day a service was provided but may be retroactively reinstated by the time providers are ready to bill for the service or send a bill to collections
- In some limited circumstances, a member's eligibility may also be reinstated more than 90 days after the date of service
- MassHealth will provide claims deadline flexibility to accommodate these instances
 - Providers can request a waiver of the 90-day deadline to submit claims in these circumstances
 - This is specifically for services provided to a person who was not a member on the date of service but was later enrolled as a MassHealth member for a period that includes the date of service
 - Providers should include a copy of the bill sent to the member to support the 90-day waiver request
- As a requirement of state and federal law, providers must ensure they do not bill MassHealth members for services payable by MassHealth and must accept MassHealth's payment as payment in full
- More details can be found in the bulletin MassHealth recently released on this topic:
<https://www.mass.gov/doc/all-provider-bulletin-372-reminder-of-billing-responsibilities-and-billing-for-retroactively-reinstated-members-0/download>

Visit our renewal website



mass.gov/masshealthrenew

Final tips and reminders



1. If members are under 65, the **fastest and easiest way to renew their coverage is online** using their MA Login Account at www.mahix.org/individual.
2. If members are over 65 or in a nursing facility or HCBS waiver, the **fastest and easiest way to submit their renewal is via eSubmission** at <https://mhesubmission.ehs.mass.gov/esb>
3. **Remind members to call MassHealth to update their contact information** if they have moved or if they need to add a phone number or email address
4. Due to the large number of renewals that need to be done this year, members may have **longer than usual hold times** at the Customer Service center
5. Members may not get their renewal forms right away – **be on the lookout from now until April 2024**
6. Please use the resources available to help you help members (the MECs, the Customer Service center, CACs / Navigators). **MassHealth thanks you for your invaluable help making sure members keep the best coverage they qualify for**
7. Remember to **always bill MassHealth if a member was covered on the date of service**, even if they weren't on MassHealth when they initially received services

Resumption of Primary Care Clinician Plan and Primary Care ACO Referrals

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

Primary Care Clinician Plan and Primary Care ACO Referrals



- As part of MassHealth’s COVID response, we released several All-Provider Bulletins that removed various requirements to ease service delivery during the COVID Federal Public Health Emergency, including the suspension of referral requirements for services for members in the Primary Care Clinician (PCC)Plan and Primary Care ACOs
- With the end of the Federal Public Health emergency earlier this year, MassHealth released information on when these flexibilities would be removed. In June, MassHealth released [All Provider Bulletin 371](#), which stated that referral suspensions would continue to be in place through December 31, 2023.
- Beginning with dates of service on or after January 1, 2024, members enrolled in the Primary Care Clinician (PCC) Plan or a Primary Care ACO will need a referral from their primary care to receive any MassHealth covered service that requires a referral, per the requirements outlined in 130 CMR 450.118(J) and 130 CMR 450.119(I).

[Submit, Update, or Inquire on a Referral Job aids](#)

Ordering, Referring and Prescribing Requirements Update

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

Ordering, Referring & Prescribing (ORP) Requirements



- If MassHealth requires that a service is ordered, referred or prescribed, Section 6401(b) of the Affordable Care Act (ACA) requires that the Billing provider include an authorized ordering, referring or prescribing (ORP) provider's National Provider Identifier (NPI) on the claim. The ACA also requires that the ORP provider be enrolled with MassHealth as a fully participating provider or as a non-billing ORP provider.
- Under state law, certain provider types are required, as a condition of state licensure to apply to be enrolled with MassHealth as either billing providers or as non-billing providers for the purposes of ordering, referring, and prescribing services to MassHealth members. Failure to complete a MassHealth revalidation process may prevent such providers from renewing their license to practice at a future date. In addition to several other provider types (see M.G.L. Ch. 112), this state law applies to physician interns and residents (see M.G.L. Ch. 112, Sec. 9).

ORP Requirements



The services below must be ordered, referred or prescribed. MassHealth is applying ORP requirements to fee for service, crossover (where Medicare requires ORP), and third-party liability claims, but not to claims submitted to MassHealth contracted managed care entities. Health Safety Net (HSN) medical claims processed through the Medicaid Management Information System and HSN payment systems are not subject to ORP claim edits.

- Any service that requires a PCC referral
- Adult Day Health
- Adult Foster Care
- Continuous Skilled Nursing
- Durable Medical Equipment
- Eyeglasses
- Group Adult Foster Care
- Home Health
- Independent Nurse
- Labs and Diagnostic Tests
- Medications
- Orthotics
- Oxygen/Respiratory Equipment
- Prosthetics
- Psychological Testing
- Therapy (PT, OT, ST)

ORP Provider Types and Enrollment Status as of October 16th, 2023



*With detail regarding MassHealth Service Area Enrollment Saturation

Authorized ORP Provider Types	*MA Licensed & Business Addresses in MA, ME, NH,VT,CT,RI,NY	Total # of ORP Provider Types "Known" to MassHealth	Total % Enrolled or in Progress
Physician	28,820	36,932	128%
Optometrist	1,390	1,190	86%
Psychologist	6,086	4,617	76%
Podiatrist	509	433	85%
Nurse Midwife	507	436	86%
Dentist	7,231	5,890	81%
Nurse Practitioner (NP)	13,665	11,673	85%
Physician Assistant (PA)	5,284	4,916	93%
Certified Registered Nurse Anesthetists (CRNA)	1,220	1,183	97%
Clinical Nurse Specialist (CNS)	75	43	57%
Psychiatric Nurse Mental Health Specialist (PCNS)	481	353	73%
Pharmacist	162	145	90%
Licensed Independent Clinical Social Worker (LICSW)	15,848	12,591	79%
Total	81,278	80,402	99%

- Claims for the services that are ordered, referred, or prescribed by a clinician who is not one of the authorized ORP provider types listed above must include the NPI of the clinician's supervising physician (or other authorized ORP provider) on the claim.
- Note that pharmacy claims must include the individual NPI of the actual prescribing provider.

Implementation of ORP Billing Requirements (slide 1 of 3)



- Impacted claims submitted for payment to MassHealth must meet the following requirements:
 - The Individual ORP provider's NPI must be included on the claim
 - The NPI of the provider on the claim must be one of the ORP provider types
 - The ORP provider must be enrolled with MassHealth, at least as a nonbilling provider
- MassHealth has been running informational denial messages for the last several years to assist billing providers with updating their billing processes to comply with the ORP requirements.
- Please see [All Provider Bulletin \(APB\) 286](#) for details on the informational messages and for billing instructions.
- Please also see the "How To" document on populating the ordering and referring provider information when submitting claims that is posted on the [ORP webpage](#) under "Additional Resources".

Implementation of ORP Billing Requirements (slide 2 of 3)



- Due to the pandemic, MassHealth paused the enforcement of ORP requirements that were being implemented based on the schedule in APB 286.
- The dates for the reinstatement of the enforcement of ORP requirements were announced in All Provider Bulletin 361, published on March 16, 2023.
- For Dates of Service on or after July 1, 2023 impacted claims are not payable if they do not meet the following ORP requirements:
 - The Individual ORP provider's NPI must be included on the claim
 - The ORP Provider must be an authorized ORP provider types (see list on page 2 of All Provider Bulletin 286)

Implementation of ORP Billing Requirements (slide 3 of 3)



- For Dates of Service on or after September 1, 2023, impacted claims are not payable if they do not meet the following ORP requirement:
 - The ORP provider must be enrolled with MassHealth, at least as a nonbilling provider
- Due to an administrative error, impacted claims for dates of service on or after September 1, 2023, that did not meet the aforementioned ORP requirement may not have been denied. For such claims, denials are being retroactively applied. MassHealth apologizes for the inconvenience.

ORP Provider Education and Outreach Activities



MassHealth has been using a variety of communication strategies and methods to share information with providers since 2015, which includes:

Resources and Information:

- Webinars
- Provider bulletins
- MassHealth website
- MassHealth regulations
- Message text (POSC)

Collaboration Strategies:

- Work with stakeholders to provide consistent messaging
- Work closely with Provider Associations
- Proactive outbound calls from MassHealth
- Knowledgeable MassHealth Provider Services staff, available to answer providers' questions as needed
- Working with respective provider licensing boards
- Working with respective provider licensing boards to identify unenrolled ORP providers and sending out communications to those providers in an effort to get them enrolled

POSC Provider Search Function



- MassHealth has a Provider Search tool to assist billing providers in determining whether an ORP provider is enrolled with MassHealth.
- In order to use the Provider Search Function, you must be logged into the POSC. The Provider Search Option is in the left navigation list.
- Results will return PROVIDER NAME, ADDRESS, NPI and “ACTIVE Y” or “No active MassHealth providers found.”
- Please note that a response of ACTIVE Y does not definitively confirm that the provider is eligible to be an Ordering, Referring or Prescribing provider. For example, facilities and entities (e.g., hospitals, health centers, group practices) are not authorized ORP providers. Also, individual providers could be in a provider type that is not authorized to Order, Refer or Prescribe.

POSC Provider Search Function

(continued)



- Note that a MassHealth provider's enrollment status is subject to change due to reasons including, but not limited to, retirement, death, withdrawal from the MassHealth program, and expiration or revocation of license. Some situations, including, but not limited to, the expiration or revocation of a provider's license, may lead to a provider being retroactively removed from the MassHealth program.
- Billing providers should record the Name, Address, and NPI of any ORP provider. This will help to identify a ORP provider when using the POSC.

Unenrolled ORP Provider Processes



- MassHealth and its customer service and Business Support vendors are working with the licensing boards to confirm compliance with the state law. ORP providers identified as non-compliant by the licensing board are issued letters from the licensing board informing them they must apply to enroll with MassHealth or it may result in disciplinary action.
- If the ORP provider is not enrolled, billing providers are encouraged to reach out to the ORP provider to urge them to enroll with MassHealth since it has an impact on their payment and to remind them of the state law requiring them to apply to enroll with MassHealth as a condition of licensure.

Unenrolled ORP Provider Processes (continued)



- If the ORP provider will not enroll or needs assistance with applying to MassHealth, billing providers should contact their Provider Customer Service call center with the name and contact information of the ORP provider
- MassHealth will perform outreach to the unenrolled ORP providers in an effort to get them enrolled.
- MassHealth will also send letters to unenrolled ORP providers who appear on claims and will notify the relevant licensure board
- The aforementioned state law requirement applies to all providers who are authorized ORP provider types, including, but not limited to, such providers who are employed only at a non-group-practice MassHealth-enrolled entity which bills MassHealth for their services (hereinafter, “entity-only providers”), such as a physician who is employed only as staff of a MassHealth-enrolled hospital or community health center. Entity-only providers are required to apply to enroll in MassHealth as a nonbilling provider.

ORP Resources

- Please see [APB 376](#) for updates and further information on ORP Implementation
- To learn more about **Ordering, Referring and Prescribing (ORP) (and to download Nonbilling Application)**, visit the Provider ORP page at :
www.mass.gov/the-aca-ordering-referring-and-prescribing-orp-requirements-for-masshealth-providers
- **Provider Updates Email Sign Up**
To receive e-mail notification of updates to MassHealth provider manuals, including regulations, and new provider bulletins send an email to join-masshealth-provider-pubs@listserv.state.ma.us

Note: Just send the blank e-mail as it's addressed. No text in the body or subject line is needed.

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

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

LTSS Provider Communications



(slide 1 of 20)

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

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

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

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

LTSS Provider Communications



(slide 2 of 20)

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

- Notification to Independent Nurses regarding Retention Bonus Claims
- Notification to Nursing Facility Providers regarding MDS Training
- Notification to Continuous Skilled Nursing Providers regarding Confirmation of Agencies Interested in Providing Complex Care Assistant Services
- Notification to Day Hab and Adult Day Health Providers regarding Important updates
- Notification to LTSS Providers regarding ORP Requirements and Updates

LTSS Provider Communications



(slide 3 of 20)

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

- Notification to newly enrolled LTSS Providers regarding General Education Training Office Hours
- Notification to Continuous Skilled Nursing Providers regarding Retention Bonus Claims Attachment Files
- Notification to Independent Nurses, Home Health, and Continuous Skilled Nursing Providers regarding Amended Bulletin: COVID-19 Flexibilities after the end of the Federal Public Health Emergency
- Notification to DME and Oxygen and Respiratory Equipment Providers regarding Potential UPS Strike

LTSS Provider Communications



(slide 4 of 20)

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

- Notification to DME and Oxygen and Respiratory Equipment Providers regarding Published UPS Flexibilities
- Notification to Hospice Providers regarding Nursing Facilities transitioning to Minimum Data Set tool October 1, 2023
- Notification to DME and Oxygen and Respiratory Equipment Providers regarding HCPC A9901 Billing Issues
- Notification to Continuous Skilled Nursing Providers regarding CSN Regulation Amendments Published July 21, 2023

LTSS Provider Communications



(slide 5 of 20)

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

- Notification to Home Health Providers regarding Rates for Home Health Services and Retro Claims Adjustment
- Notification to Personal Care Attendant Providers regarding Overtime Requests
- Notification to Independent Therapists regarding Electronic Submission of Prior Authorization Requests as of June 30, 2023
- Notification to Adult Foster Care and Group Adult Foster Care Providers regarding the MassHealth Critical Incident Report Form

LTSS Provider Communications



(slide 6 of 20)

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

- Notification to Continuous Skilled Nursing Providers regarding Defining Collaborative Agreements for Ordering Non-Physician Practitioners
- Notification to Home Health and Continuous Skilled Nursing Providers regarding Complex Care Assistant Services
- Notification to Nursing Facility Providers regarding Enhanced Care Coordination and Transition Support in Nursing Facilities
- Notification to Independent Nurses regarding MassHealth CORI and SORI Requirements

LTSS Provider Communications



(slide 7 of 20)

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

- Notification to Independent Nurses regarding Invitation to provide Feedback on CCM Nurse Directory
- Notification to Oxygen and Respiratory Equipment Providers regarding Information on high frequency chest wall oscillation air-pulse generator system prior authorization requests for MassHealth
- Notification to LTSS Providers regarding Completing Permission to Share Information (PSI) form
- Notification to Group Adult Foster Care Providers regarding Regulation Training

LTSS Provider Communications



(slide 8 of 20)

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

- Notification to LTSS Providers regarding the LTSS Provider Self-Service Online Inquiry Form
- Notification to LTSS Providers regarding New Grant Opens to help HCBS Providers Upgrade IT Hardware or Software
- Notification to Day Hab and Adult Day Health Providers regarding Adjustments of Certain Claims that require Prior Authorization that were paid in error
- Notification to Continuous Skilled Nursing Providers regarding Prohibited Contracts or Agreements with Agency Nurses providing Continuous Skilled Nursing Services

LTSS Provider Communications



(slide 9 of 20)

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

- Notification to Continuous Skilled Nursing Providers regarding Amended-Complex Care Assistant Training and Comprehension Program and Supervision Requirements
- Notification to Day Hab Providers regarding Day Hab Billing: Avoiding Denials post Sept 1st
- Notification to Hospice Providers regarding Clarified Guidance for MassHealth members who have a Change in Hospice Provider
- Notification to Adult Foster Care and Group Adult Foster Care Providers regarding Fiscal Soundness

LTSS Provider Communications



(slide 10 of 20)

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

- Notification to Day Hab Providers regarding Admission and Re-Engagement Survey
- Notification to Day Hab and Adult Day Health Providers regarding Update to Admission and Re-Engagement Services
- Notification to Continuous Skilled Nursing Providers regarding CSN Retention Bonus – CMS NCCI Edit Removed

LTSS Provider Communications



(slide 11 of 20)

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

- Notification to Adult Foster Care Providers regarding the upcoming Quality Forum
- Notification to Independent Nurse and Continuous Skilled Nursing Providers regarding Updated COVID-19 Vaccine Guidance

LTSS Provider Communications



(slide 12 of 20)

Recent Provider bulletins published for MassHealth LTSS Providers, which you can view the bulletins here: [Mass.gov bulletins](#)

- July 2023
 - Substance Use Disorder Treatment Services Bulletin 11: Supervision and Staffing Requirements for Substance Use Disorder Treatment Providers (corrected)
 - Oxygen and Respiratory Therapy Equipment Bulletin 27: Potential UPS Strike Related Administrative Flexibilities for Oxygen and Respiratory Equipment and Supply Providers (Additional Shipment of Supplies and Prior Authorization Extension)

LTSS Provider Communications



(slide 13 of 20)

Recent Provider bulletins published for MassHealth LTSS Providers:

- July 2023:
 - Nursing Facility Bulletin 179: Community Transitions Liaison Program
 - Nursing Facility Bulletin 180: Behavioral Health Community Partners Supports and DMH Case Transition Management Team for Nursing Facility Residents
 - Managed Care Entity Bulletin 102: Rate Floors for Acute Treatment Services, Clinical Stabilization Services, Residential Rehabilitation Services, and Intensive Stabilization and Treatment Services

LTSS Provider Communications



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Recent Provider bulletins published for MassHealth LTSS Providers:

- July 2023:
 - Independent Nurse Bulletin 13: COVID-19 Flexibilities after the End of the Federal Public Health Emergency – Amended
 - Hospice Bulletin 29: COVID-19 Flexibilities after the End of the Federal Public Health Emergency – Amended
 - Home Health Agency Bulletin 87: COVID-19 Flexibilities after the End of the Federal Public Health Emergency – Amended
 - Durable Medical Equipment Bulletin 34: Potential UPS Strike Related Administrative Flexibilities for Oxygen and Respiratory Equipment and Supply Providers (Additional Shipment of Supplies and Prior Authorization Extension)

LTSS Provider Communications



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Recent Provider bulletins published for MassHealth LTSS Providers:

- July 2023:
 - Day Habilitation Bulletin 28: Day Habilitation Admission and Re-Engagement Services
 - Continuous Skilled Nursing Agency Bulletin 12: COVID-19 Flexibilities after the End of the Federal Public Health Emergency – Amended
 - Continuous Skilled Nursing Agency Bulletin 13: Complex Care Assistant Training and Comprehension Program and Supervision Requirements

LTSS Provider Communications



(slide 16 of 20)

Recent Provider bulletins published for MassHealth LTSS Providers:

- July 2023:
 - All Provider Bulletin 372: Reminder of Billing Responsibilities and Billing for Retroactively Reinstated Members
 - All Provider Bulletin 373: Extension of Flexibilities for Prior Authorization of Formula
 - All Provider Bulletin 374: Access to Health Services through Telehealth Options
 - Adult Foster Care Bulletin 30: Updated MassHealth Accreditation Requirements for Adult Foster Care and Group Adult Foster Care

LTSS Provider Communications



(slide 17 of 20)

Recent Provider bulletins published for MassHealth LTSS Providers:

- July 2023:
 - Adult Day Health Bulletin 38: Adult Day Health Admission and Re-Engagement Services
- August 2023
 - Managed Care Entity Bulletin 103: Payment and Coverage Policies and Performance Specifications for Youth and Transition-Age Youth Detoxification and Stabilization Programs
 - Independent Nurse Bulletin 14: Criminal Offender Record Information and Sexual Offender Registry Information Requirements for Independent Nurse Providers

LTSS Provider Communications



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Recent Provider bulletins published for MassHealth LTSS Providers:

- August 2023:
 - Home Health Agency Bulletin 88: Prohibited Contracts or Agreements with Agency Nurses Providing Nursing Services
 - Continuous Skilled Nursing Agency Bulletin 14: Prohibited Contracts or Agreements Agency Nurses Providing Nursing Services
 - Continuous Skilled Nursing Agency Bulletin 15: Complex Care Assistant Training and Comprehension Program and Supervision Requirements – Amended

LTSS Provider Communications



(slide 19 of 20)

Recent Provider bulletins published for MassHealth LTSS Providers:

- August 2023:
 - All Provider Bulletin 375: Coverage and Reimbursement Policy for Coronavirus Disease 2019 (COVID-19) Vaccines
- September 2023:
 - Independent Nurse Bulletin 15: Updated COVID-19 Vaccine Guidance for Independent Nurses Delivering Continuous Skilled Nursing Services
 - Home Health Agency Bulletin 89: Updated COVID-19 Vaccine Guidance for Home Health Agency Providers

LTSS Provider Communications



(slide 20 of 20)

Recent Provider bulletins published for MassHealth LTSS Providers:

- September 2023:
 - HCBS Waiver Provider Bulletin 22: Updated COVID-19 Vaccine Guidance for Certain Home Care Workers
 - Continuous Skilled Nursing Agency Bulletin 16: Updated COVID-19 Vaccine Guidance for Continuous Skilled Nursing Agency Providers
 - Chronic Disease and Rehabilitation Inpatient Hospital Bulletin 101: Quality Performance Incentive Payments for Discharge Planning
 - Adult Foster Care Bulletin 31: Updated COVID-19 Vaccine Guidance for Group Adult Foster Care Providers

LTSS Provider Trainings and Quality Forums



Training or Quality Forums for MassHealth LTSS Providers:

- Trainings:
 - Adult Foster Care Program Regulation Training: 10/10
 - Continuous Skilled Nursing Training: 10/10 & 10/11
 - General Education Training for New Providers: 10/10
 - Adult Foster Care Prior Authorization Refresher Training: 10/12
 - Home Health Agency Applicant Orientation Training: 10/17
- Quality Forums:
 - Adult Foster Care Operations Activity Quality Forum: 9/27

Transition to MDS 3.0 on October 1st



Given the increasing medical complexity and behavioral health needs of the nursing facility population, on October 1st, 2023, MassHealth transitioned to a Patient Driven Payment Model (PDPM) utilizing the CMS Minimum Data Set (MDS 3.0) tool.

MassHealth will no longer process claims for nursing facility residents by utilizing the Management Minutes Questionnaire (MMQ) as the acuity measurement tool for all dates of service after October 1, 2023.

This transition is in alignment with

Approximately 30 states that already use the MDS for their Medicaid payments in nursing facilities

The current Medicare payment structure for nursing facilities

The recommendations of the MA 2019 Nursing Facility Task Force

Priority to reduce administrative burden on nursing facilities by discontinuing the need to maintain clinical documentation for MMQ completion

MassHealth will use the Nursing Payment Grouper from the HIPPS code of the MDS assessment to determine payment for MassHealth members.

The following regulations and guidance documents have been updated to reflect this change:

- [101 CMR 206.00: Standard Payments to Nursing Facilities](#)
- [130 CMR 456.000: Long Term Care Services](#)
- [Nursing Facility Bulletin 181: Transition to CMS OBRA MDS 3.0 Assessments for Nursing Facility Fee for Service Payments](#)

Provider Online Service Center (POSC) Primary User Policy

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

Primary User Policy

- The Executive Office of Health and Human Services has recently published the MassHealth Provider Online Service Center (POSC) Primary User Policy and All Provider Bulletin [All Provider Bulletin 377: MassHealth Provider Online Service Center\(POSC\) Primary User Policy](#)
- The policy outlines the responsibilities of an enrolled provider for management of the access to its information on the POSC. This includes the designation of the organization's Primary User (system administrator) and the responsibilities of the designated Primary User.
 - The organization must assign a single backup Primary User at the PID/SL level to manage access to the organization's information if the Primary User is unavailable.
- The Primary User within each organization is the person responsible for managing access to the organization's information on the POSC.

Primary User Policy (continued)

- Ineffective management of this information could allow staff and affiliate organizations to continue to access the provider's information and submit transactions on behalf of a provider after they have left employment or the termination of contractual agreements.
 - This could leave providers vulnerable to fraud as well as enabling persons or entities to leverage the organization's information to benefit themselves or other organizations.
- Please review the [MassHealth Provider Online Service Center \(POSC\) Primary User Policy](#) and ensure that your organization follows and continues to adhere to the policy.

Primary User Policy – Organizational Responsibilities



Each MassHealth enrolled Organization must ensure that procedures are in place that support the secure management and access of the organization's information.

Specifically, organizations must ensure the following:

- Timely, accurate, user education, and the assignment and maintenance of the Primary User and the back-up Primary User.
- Timely modification of User access once a staff person's role has changed within the organization (add/removal of POSC services) or the contractual relationship with an affiliate has been modified.
- Large provider organizations with multiple PID/SLs must ensure that there is not a single Primary User responsible for managing access to the organization's information for an excessive number of PID/SLs. The number of staff and affiliate organizations associated with multiple PID/SLs can become onerous and difficult to maintain.
 - Segment the PID/SLs across multiple Primary Users based upon the size of the organizations that they will be responsible for managing to ensure the level of review and maintenance can effectively be maintained.

Primary User Roles and Responsibilities (slide 1 of 2)



The Primary User is the administrator of the account for the Provider Id/Service Location (PID/SL) and responsible for maintaining access to an organization's information on the Provider Online Service Center (POSC). This includes performing the following functions:

- Creating new subordinate user IDs for non-existing users,
- Linking subordinate user IDs for existing users,
- Resetting passwords for subordinate user IDs,
- Updating the access of subordinate user ID as needed, and
- Terminating the access of subordinate users as needed
- Conducting a quarterly, semi-annual, or annual review of user access

Primary User Roles and Responsibilities (slide 2 of 2)



The Primary User for the PIDSL is also responsible for notifying relevant staff within the organization of:

- Who the Primary User and back-up administrator are,
- What the role of the Primary User is, and
- The organization's protocols related to user ID access
- Maintaining a quarterly, semi-annual, or annual review of all user access to safeguard the organization's MassHealth information

Primary User Policy and Implementation Training



MassHealth has identified 747 non-OLTSS organizations representing 1197 providers with three or more Primary Users.

More information is being sent to the organizations regarding the steps that need to be taken to comply with the updated policy.

Provider Relations will host training sessions for non-OLTSS providers

October training sessions:

Thursday, October 26th, 2023, at 10AM EST

Tuesday, October 31st, 2023, at 10AM EST

Please register here:

https://maximus.zoom.us/webinar/register/WN_UvmvRbeYTQe3ZIVWX8Owcg

MassHealth Coordinating Aligned, Relationship-centered, Enhanced Support (CARES) for Kids Program

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

CARES for Kids Program

- MassHealth started covering the MassHealth Coordinating Aligned, Relationship-centered, Enhanced Support (CARES) for Kids Program, effective July 7, 2023.
- The MassHealth provider types that may participate in the CARES program are:
 - community health centers (CHCs);
 - acute outpatient hospitals (AOHs), including hospital licensed health centers (HLHCs) or other hospital satellite clinics; or
 - group practices.

CARES Responsibilities

The provider's CARES health care team will be primarily responsible for:

- facilitating and improving the care planning and coordination of services for eligible medically complex MassHealth members younger than 21 years of age; and
- providing a single point of accountability for ensuring that necessary medical, educational, social, or other services are accessed, coordinated, and delivered in a strength-based, individualized, member-driven, culturally competent, linguistically appropriate, and accessible manner.

Eligible Members

- CARES services will be available for all eligible MassHealth members who:
 - are younger than 21 years of age with medically complex health care needs;
 - meet the medical necessity criteria described in the CARES program requirements; and
 - are covered by MassHealth Standard or CommonHealth.

CARES Program Provider Certification Form



- To be considered for certification to render CARES services, a MassHealth CHC, AOH, or group practice must submit the CARES Program Provider Certification Form
- Complete, accurate, and signed CARES Program Provider Certification Forms must be submitted to CARES@mass.gov for MassHealth's consideration
- The form is available here: <https://www.mass.gov/doc/cares-program-provider-certification-form-0/download>

Claim Denial 1945 & 1066

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

Edit Denial Code 1945 & 1066

These Explanation of Benefit (EOB) codes may appear because the billing provider’s NPI is linked to multiple Provider ID/Service Locations (PIDSL) and MassHealth cannot route to the correct PIDSL. Claims deny to the first PIDSL with the NPI.

Edit Code Type	Description
EOB	1945 - Billing Provider NPI Is Mapped To Multi Serv Loc
CARC	226 - Information Requested From Billing/Rendering Provider Was Not Provided Or Not Provided Timely Or Was Insufficient/Incomplete.
RARC	N/A

Edit Code Type	Description
EOB	1066 – Billing Provider is not a Valid Biller
CARC	16 – Claim/Service Lacks Information or has Submission/Billing Error(s)
RARC	N257 – Missing/Incomplete/Invalid Billing Provider/Supplier Primary Identifier

- Common Occurrences:
 - The address listed in the 837, 2010AA segment is not the DBA address in your provider file
 - Zip Code, including Zip+4 billed on the claim(s) does not match your provider file with MassHealth
 - A new provider location has been added with the same NPI and you need to bill with the DBA address and/or taxonomy code

Claims Processing with NPI



- MassHealth must be able to crosswalk the NPI submitted on a claim to the appropriate MassHealth Provider ID Service Location (PIDSL). If the provider has a NPI enrolled with multiple PIDSLs, there are billing steps that must be taken to avoid denials.
- Submitters should be sure that the provider's Doing Business As (DBA) address listed on the PIDLS is submitted in the 2010AA loop of the 837
 - The DBA address must follow the United State Postal Service (USPS) standards including abbreviations and Zip+4 (USPS addresses can be verified [using this link](#))
 - This includes claims where Medicare is primary and will be sent to MassHealth
 - The street address must be listed as the first address line. Do not include the provider name and/or suite number in the first address line.

Claims Processing with Taxonomy



- Providers should not bill with a taxonomy code in the 2000A PRV03 segment of the 837 unless directed by MassHealth. Listing a taxonomy code not assigned by MassHealth may cause claims to deny.
- MassHealth has assigned a unique taxonomy code to each provider type and does not allow providers to self-attest taxonomy codes. MassHealth will not update a provider file with a taxonomy code if requested.
- There are times when MassHealth will assign a taxonomy code to a PIDSL to allow an NPI to crosswalk to the PIDSL.

Claim Denials – 1945 and 1066

If claims are not billed with the appropriate DBA address and taxonomy, claims may deny with the following:

- **1945:** the NPI could not be crosswalked to a PIDSL with the information billed on the claim
- **1066:** the NPI was cross walked to a PIDSL that is enrolled as a non-billing provider

If your claim denies for either of these, then check if:

- The claim is billed with the correct DBA and Zip+4
- The DBA billed matches what is enrolled with MassHealth
- A taxonomy code was required and not included
- An incorrect taxonomy code was submitted

E-Signatures

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

E-Signatures



MassHealth has been accepting e-signatures on the Massachusetts Substitute W-9, Electronic Funds Transfer (EFT) forms for some time

Effective immediately, MassHealth will begin accepting e-signatures on all provider enrollment forms, in addition to those above, even if the signature field says it is not allowed

Provider enrollment forms that we will accept with e-signature include:

- Provider applications
- Provider contracts
- Federally Required Disclosures Form (FRDF)
- Data Collection Form (DCF)
- Trading Partner Agreement (TPA)
- Electronic Remittance Advice (ERA)

E-Signatures (continued)



A provider can sign MassHealth enrollment forms in any of the following ways:

1. Traditional hand-drawn signature (ink on paper);
2. Electronic signature that is either:
 - a. Hand drawn using a mouse or finger if working from a touch screen device; or
 - b. An uploaded picture of the signatory's hand drawn signature
3. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign. A digital signature certification must be included with the signature.

E-signatures will be accepted on other forms when the signature field is updated and states it is acceptable. MassHealth is working on modifying these forms and where applicable, those forms will be posted to Mass.gov.

MassHealth Reminders and Updates

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

Duplicate Claim Submissions

- A reminder that MassHealth regulations state that no provider may claim payment in a way that may result in payment that exceeds the maximum allowable amount for a service
- That billing practices such as the submission of multiple claims for the same service, for the member, by the same provider(s) are forbidden
- Please review [130 CMR 450.307: Unacceptable Billing Practices](#) for more information

Service Area Changes

The following health plans will now be offered by MassHealth in new service areas on January 1, 2024

Health Plan	New Service Area Offered
WellSense BILH (Beth Israel Lahey Health) Performance Network Accountable Care Organization (ACO)	Oak Bluffs
WellSense Boston Children’s ACO	Athol, Gloucester, Greenfield, and Pittsfield
East Boston Neighborhood Health WellSense Alliance	Lynn

The following health plans will no longer be offered by MassHealth in the stated service areas on January 1, 2024

Health Plan	Service Areas No Longer Offered
WellSense Care Alliance	Wareham

- All other information in the Enrollment Guide is up to date
- If you want to learn more about the health plans options, you can:
 - Visit www.MassHealthChoices.com; or
 - Call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.
 - MassHealth Customer Service is open Monday – Friday, 8 am to 5 pm.

MassHealth Robotics Processing Automation (RPA) Policy



REMINDER: MassHealth requires MassHealth providers, relationship entities, and business partners (hereafter referred to as “organizations”) that use Robotics Processing Automation (RPA) tools (aka bots) on MassHealth’s Medicaid Management Information System (MMIS) Provider Online Service Center (POSC) or intend to use RPA tools/bots in the future to register any/all bots with MassHealth by submitting a registration request for approval.

If your organization is currently using a bot and has not submitted an RPA registration request, you are out of compliance with MassHealth’s RPA policy and subject to enforcement. You must contact MassHealth immediately to initiate a Stage I RPA registration request.

MassHealth monitors the status of all RPA registration requests and each organization’s adherence to the RPA policy. Any organization that uses a bot on the POSC that has not been approved by MassHealth will be subject to remediation and enforcement as applicable, in accordance with the RPA policy.

Coming this winter: MassHealth will initiate the RPA annual validation process to validate all approved bots.

Please visit [MassHealth Robotics Processing Automation \(RPA\) Policy](#) webpage to review MassHealth’s RPA policy and learn how to submit an RPA registration request for MassHealth approval.

All Provider Bulletins

- [All Provider Bulletin 378 \(October\)](#): Coverage and Reimbursement Policy for Newly Added Coronavirus Disease 2019 (COVID-19) Vaccines
- [All Provider Bulletin 377 \(September\)](#): MassHealth Provider Online Service Center (POSC) Primary User Policy
- [All Provider Bulletin 376 \(September\)](#): Updates to the Implementation of Ordering, Referring, and Prescribing Requirements
- [All Provider Bulletin 375 \(August\)](#): Coverage and Reimbursement Policy for Coronavirus Disease 2019 (COVID-19) Vaccines
- [All Provider Bulletin 374 \(July\)](#): Access to Health Services through Telehealth Options
- [All Provider Bulletin 373 \(July\)](#): Extension of Flexibilities for Prior Authorization of Formula

Thank you