Provider Education and Communication

MTF October 2018

Executive Office of Health & Human Services
Agenda

1. Payment and Care Delivery Innovation (PCDI) Update

2. Introduction to Community Partners Program

3. Ordering, Referring and Prescribing (ORP) Provider Update

4. Transportation – Electronic PT-1
Payment and Care Delivery Innovation (PCDI) Update
Agenda

• Overview of Payment Care and Delivery Innovation (PCDI) (refresher)

• MassHealth 2019 Updates and Plan Options

• MassHealth Health Plan Updates

• Member Notifications

• Resources
Health plans options for members

- **Accountable Care Organizations (ACOs)**: groups of doctors, hospitals and other health care providers who come together to give coordinated, high-quality care to MassHealth members. This way, MassHealth members get the right care at the right time. MassHealth will reward ACOs for the quality, efficiency and experience of member care, so they are accountable to members
  - Accountable Care Partnership Plans
  - Primary Care ACO Plans

- **Managed Care Organizations (MCOs)** (one or two options, depending on region): MCOs provide care through their own provider network that includes PCPs, specialists, behavioral health providers, and hospitals. Care coordinators are employed by the MCO

- **Primary Care Clinician (PCC) Plan** (with a PCC in their area): The primary care providers are called primary care clinicians (PCCs). The MassHealth network of PCCs, specialists, and hospitals delivers services
  - The Massachusetts Behavioral Health Partnership (MBHP) provides behavioral health services
# MassHealth Health Plans

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

## Primary Care ACO Plans
- Community Care Cooperative (C3)
- Partners HealthCare Choice
- Steward Health Choice

## MCO Plans
- Boston Medical Center Health Plan (BMCHP)
- Tufts Health Together (Tufts)

## PCC Plan
Primary Care Providers in the PCC Plan network
Updates for 2019

Changes for 2019 are the following:

• New providers joining ACO plans in the central and western regions
  o 7 to Tufts Health Together With Boston Children’s ACO - Boston Children’s ACO with Tufts Health Plan
  o 8 to BMC HealthNet Plan Community Alliance - Boston Accountable Care Organization with BMC HealthNet Plan
  o 4 to Community Care Cooperative (C3)

• MassHealth intends to keep members with their existing PCP when possible. As a result, a small number of members (~26,000) will move to the same health plan their PCP joins
  o In late October 2018, members will receive a letter letting them know of their new health plan, the actions they can take, and their new Plan Selection and Fixed Enrollment Period

• Neighborhood Health Plan is rebranding and will be known as AllWays Health Partners beginning January 1, 2019
Primary Care Exclusivity

• A primary care practice entity that contracts with an ACO may only empanel managed care members who are also enrolled in that same ACO and may only provide primary care services to managed care members who are also enrolled in that same ACO

• They may not provide primary care services or empanel MassHealth managed care members enrolled in an MCO, the Primary Care Clinician (PCC) Plan, or any other ACO

• Primary care exclusivity is applied at the site level because the member is assigned to the primary care practice entity site rather than to the individual PCPs performing the primary care functions and services at the site

• Primary care exclusivity does not apply to PCPs serving members in the Special Kids Special Care Program

• PCPs that also provide medication assisted treatment (MAT) services may provide MAT services to members enrolled in any ACO, MCO, or the PCC Plan, without regard to limitations related to primary care exclusivity

• Effective for dates of service on or after September 1, 2018, School-Based Health Centers (SBHCs) operated through CHCs can serve all MassHealth members and must submit claims for services delivered at SBHCs directly to MassHealth
Resources

- **MassHealth Enrollment Guide:**
  - Printed enrollment guide for members to view health plans, service areas, and extra benefits

- **MassHealthChoices.com**
  - Online Provider directory where members can learn, compare, and enroll in health plans

- **Mass.Gov/MassHealth**
  - General information regarding the MassHealth program and other resources

- **Payment and Care Delivery (PCDI) for Providers:**
  - Information for providers about the MassHealth PCDI initiative

- **MassHealth Customer Service:**
  - 1-800-841-2900 (Monday- Friday 8:00am-5:00pm)
  - TTY: 1-800-497-4648 (member)

- **MassHealth Enrollment Centers:**
  - A list of the MassHealth enrollment centers for in-person eligibility assistance
Introduction to Community Partners Program
What are CPs

• CPs are community-based organizations contracted by MassHealth to provide enhanced care coordination to MassHealth members enrolled in ACOs and MCOs with complex needs.

• There are two types of CPs:
  • Behavioral Health Community Partners (BH CPs)
    • Responsible for care management and coordination for populations with significant BH needs
    • May support up to 35,000 members
  • Long Term Services and Supports Community Partners (LTSS CPs)
    • Provide LTSS care coordination and navigation to populations with complex LTSS needs
    • May support up to ~20,000 – 24,000 members

• ACOs and MCOs must partner with CPs to support members with significant BH and complex LTSS needs

1 Members enrolled in the Primary Care Clinician (PCC) Plan or the MassHealth fee-for-service (FFS) Program (e.g., members who are dually-eligible for MassHealth and Medicare) are not eligible for the CP Program, with the exception of certain members affiliated with the Department of Mental Health’s (DMH) Adult Community Clinical Supports (ACCS) Program who are not otherwise enrolled in One Care or the Senior Care Options (SCO) Program
BH CPs

~35K MassHealth members with the most complex BH needs will have access to an enhanced set of care coordination and navigation services through BH CPs

• BH CPs are community behavioral health organizations with experience providing services and supports to MassHealth members with SMI and/or addiction

• BH CPs:
  • Outreach to and engage members
  • Perform comprehensive assessments and person-centered treatment planning
  • Coordinate & manage care, including across medical, BH, and LTSS
  • Connect members to and coordinate with social services and services provided by other state agencies
  • Provide support for transitions between care settings
  • Support medication reconciliation
  • Provide health and wellness coaching

• BH CPs do not perform service authorization activities for MassHealth, ACOs or MCOs\(^1\) or duplicate functions performed by providers

\(^1\) CPs are not responsible for authorizing services for members. All person-centered treatment plans must be approved and signed by the member’s PCP or PCP designee. Providers of services that require prior authorization should continue to submit authorization requests to Accountable Care Partnership Plans, MCOs and MassHealth, as applicable
LTSS CPs

~20,000 – 24,000 MassHealth members with physical disabilities, intellectual and developmental disabilities, brain injury, children age 3 and up with LTSS needs and older adults eligible for managed care (up to age 64) will have access to LTSS care coordination through LTSS CPs

- Long Term Services and Supports Community Partners (LTSS CPs) are community-based organizations with experience providing services and supports to MassHealth members with physical disabilities, intellectual and developmental disabilities, brain injury, children with LTSS needs and frail elders

- ACOs/MCOs work with LTSS CPs to support members with complex LTSS needs
  - ACOs/MCOs conduct comprehensive assessments including physical health, behavioral health, functional and social needs

- LTSS CPs:
  - Conduct active outreach and engage eligible members in their care
  - Work with the member to develop and maintain a LTSS care plan to address needs identified in the member’s comprehensive assessment
  - Coordinate care (together with the member’s ACO or MCO), navigate the complex health and LTSS systems
  - Connect members to and coordinate with social services and to other state agencies and their programs such as Department of Developmental Services (DDS) and the Massachusetts Rehabilitation Commission (MRC)
  - Support the member transitioning between care settings
  - Provide health and wellness coaching

- LTSS CPs do not perform service authorization activities for MassHealth, ACOs or MCOs¹ or duplicate functions performed by providers

¹ CPs are not responsible for authorizing services for members. All LTSS care plans must be approved and signed by the PCP or PCP Designee. Providers of services that require prior authorization should continue to submit authorization requests to Accountable Care Partnership Plans, MCOs and MassHealth, as applicable
How ACOs/MCOs and CPs work together to provide integrated care

- ACOs, MCOs and CPs have executed agreements together and have documented processes outlining each party’s responsibilities regarding collaborative care coordination and members’ care management.

- ACOs and CPs are financially accountable for meeting specific quality measures and forfeit a portion of their funding if those measures are not met.

- Quality metrics include:
  - Providing **preventive care**
  - Managing **chronic diseases** like diabetes and heart failure
  - **Screening for behavioral health conditions** and initiating appropriate treatment for mental health, addictions, and co-occurring disorders
  - Ensuring appropriate **follow-up care** after a hospitalization
  - Maintaining **members living in the community** rather than in nursing facilities
  - Results of **member experience surveys**
What does the CP program mean for providers

• **CPs are a resource** for providers, as well as for members

• You may be providing care or services to a member who is supported by a CP. **A CP may contact you to:**
  
  • **Inform** development, implementation, and monitoring of the member’s care plan
  
  • **Connect** the care you are providing with other services throughout the continuum of care
  
  • **Support improvements in member engagement** in the care you deliver
  
  • **Support integration** with the member’s health plan, including for providers that are not in network

• **Effective health care integration relies on collaboration** with CPs as partners on a member’s care team

• CP supports **supplement but do not duplicate** functions performed by providers and are designed to **work in partnership** with other MassHealth programs and services
  
  • Providers of MassHealth services and programs will be expected to perform functions per regulations, agency guidance and contracts with ACOs or MCOs, where applicable

• MassHealth expects providers to coordinate care, and as a component of this, **engage with CPs for care planning purposes**

• Starting around January 2019, **providers will be able to refer members** who they believe would benefit from this program by contacting each member’s ACO or MCO
Additional CP Resources for Providers

• More information on the CP Program is available on the CP homepage at: https://www.mass.gov/guides/masshealth-community-partners-cp-program

• Provider training event schedules and other PCDI information can be viewed and downloaded on the MassHealth Provider PCDI Resources web page at: https://www.mass.gov/lists/provider-pcdi-resources

• MassHealth provider registration for upcoming training events: https://www.mass.gov/how-to/enroll-in-webinar-or-in-person-session-for-pcdi

• Questions about the CP Program can be sent to: CPinfo@MassMail.State.MA.US

PCDI = Payment and Care Delivery Innovation
Ordering, Referring and Prescribing (ORP) Provider Update
Ordering, Referring & Prescribing (ORP) Requirements

- ACA Section 6401 (b)

- States must require:
  
  o All ordering or referring physicians and other professionals be enrolled under the State [Medicaid] Plan…as a participating provider; and

  o The NPI of any ordering or referring physician or other professional…be specified on any claim for payment that is based on an order or referral of the physician or other professional

- State law requires that authorized ordering/referring/prescribing provider types must apply to enroll with MassHealth at least as a nonbilling provider in order to obtain and maintain state licensure, regardless of practice location (private practice, hospital, CHC, CMHC, etc.) The legislation applies to physician interns and residents but not other types of interns and residents
### ORP Provider Types and Enrollment Status as of September 18, 2018

<table>
<thead>
<tr>
<th>Authorized ORP Provider Types</th>
<th>Total # of ORP Provider Types Licensed in MA</th>
<th>Total # of ORP Provider Types “Known” to MassHealth</th>
<th>Total % of ORP Provider Types “Known” to MassHealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>40,062</td>
<td>34,510</td>
<td>86%</td>
</tr>
<tr>
<td>Optometrist</td>
<td>1,549</td>
<td>1,070</td>
<td>69%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>5,993</td>
<td>5,045</td>
<td>84%</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>543</td>
<td>384</td>
<td>71%</td>
</tr>
<tr>
<td>Nurse Midwife</td>
<td>480</td>
<td>392</td>
<td>82%</td>
</tr>
<tr>
<td>Dentist</td>
<td>7,259</td>
<td>5,114</td>
<td>70%</td>
</tr>
<tr>
<td>Nurse Practitioner (NP)</td>
<td>9,388</td>
<td>7,129</td>
<td>76%</td>
</tr>
<tr>
<td>Physician Assistant (PA)</td>
<td>3,441</td>
<td>3,001</td>
<td>87%</td>
</tr>
<tr>
<td>Certified Registered Nurse Anesthetists (CRNA)</td>
<td>1,308</td>
<td>1,100</td>
<td>84%</td>
</tr>
<tr>
<td>Clinical Nurse Specialist (CNS)</td>
<td>67</td>
<td>18</td>
<td>27%</td>
</tr>
<tr>
<td>Psychiatric Nurse Mental Health Specialist (PCNS)</td>
<td>720</td>
<td>278</td>
<td>39%</td>
</tr>
<tr>
<td>Licensed Independent Clinical Social Worker (LICSW)</td>
<td>14,593</td>
<td>8,112</td>
<td>56%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85,403</strong></td>
<td><strong>66,153</strong></td>
<td><strong>77%</strong></td>
</tr>
</tbody>
</table>

- 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.
ORP Requirements

The services below must be ordered, referred or prescribed. O&R requirements apply to fee for service, crossover (where Medicare requires O&R) and third party liability claims but not to claims submitted to MassHealth contracted managed care entities

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

* T1019 billed by Fiscal Intermediary and T1020 billed by Transitional Living
MassHealth has been providing informational edits for impacted ORP claims to inform billing providers of claims that do not meet ordering, referring, and prescribing requirements.

Once the O&R requirements are fully implemented, impacted claims will be denied for these reasons if provider billing processes are not corrected:

The NPI of the ORP provider must be included on the claim:

- **835 Electronic Remittance Advice** (log into the POSC to see the applicable detailed edit from the list below)

<table>
<thead>
<tr>
<th>HIPAA Claim Adjust Reason Code (CARC)</th>
<th>HIPAA Remark Adjust Reason Code (CARC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>206 – National Provider Identifier – missing</td>
<td>N265 – Missing/incomplete/invalid ordering provider primary identifier</td>
</tr>
<tr>
<td></td>
<td>N286 – Missing/incomplete/invalid referring provider primary identifier</td>
</tr>
</tbody>
</table>

- **POSC version of the remittance advice**

<table>
<thead>
<tr>
<th>HIPAA Claim Adjust Reason Code (CARC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1080 – Ordering Provider Required</td>
</tr>
<tr>
<td>1081 – NPI required for Ordering Provider</td>
</tr>
<tr>
<td>1200 – Referring Provider Required</td>
</tr>
<tr>
<td>1201 – NPI of Provider Required – HDR</td>
</tr>
<tr>
<td>1202 – NPI of Referring Provider Required 2 – HDR*</td>
</tr>
<tr>
<td>1204 – NPI of Referring Provider Required 2 – DTL*</td>
</tr>
</tbody>
</table>

*According to federal guidance, Ordering and Referring rules do not require a secondary referring provider identifier on claims. However, there may be circumstances where the HIPAA V5010 Implementation Guide situationally requires a second referring provider identifier. In those circumstances, if the second referring provider’s NPI is included on the claim, but that provider is not enrolled with MassHealth or is not an authorized ORP provider, relevant informational edits will be included on the remittance advice.*
Billing Provider Types receiving high numbers of “The NPI of the ORP provider must be included on the claim” edits

High number of “Missing Referring Provider” edits (required for claims requiring PCC Referrals and Lab claims):

- Community Health Centers
- Day Habilitation
- Early Intervention
- Home Health
- Hospital Licensed Health Center
- Renal Dialysis Clinics

High number of “Missing Ordering Provider” edits (required for remaining services listed on slide 4):

- Adult Foster Care/Group Adult Foster Care
- Adult Day Health
- Durable Medical Equipment
- Fiscal Intermediary (PCA)
- Group Practice Organizations
- Volume Purchaser (Eyeglasses)
ORP Billing - Future Claim Denial Edits on Remittance Advices (RAs)

The ORP provider must be in one of the eligible ORP provider types:

- **835 Electronic Remittance Advice** (log into the POSC to see the applicable detailed edit from the list below)

<table>
<thead>
<tr>
<th>HIPAA Claim Adjust Reason Code (CARC)</th>
<th>HIPAA Remark Adjust Reason Code (CARC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>183 – The referring provider is not eligible refer the service billed</td>
<td>N265 – Missing/incomplete/invalid ordering provider primary identifier</td>
</tr>
<tr>
<td>184 – The prescribing/ordering provider is not eligible to prescribe/order the service billed</td>
<td>N265 – Missing/incomplete/invalid ordering provider primary identifier</td>
</tr>
<tr>
<td>N574 – Our records indicate the ordering/referring provider is of a type/specialty that cannot order refer. Please verify that the claim ordering/referring provider information is accurate or contact the ordering/referring provider</td>
<td></td>
</tr>
<tr>
<td>N574 – Our records indicate the ordering/referring provider is of a type/specialty that cannot order refer. Please verify that the claim ordering/referring provider information is accurate or contact the ordering/referring provider</td>
<td></td>
</tr>
</tbody>
</table>

- **POSC version of the remittance advice**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1085</td>
<td>Ordering Provider Not Authorized to Order Services</td>
</tr>
<tr>
<td>1217</td>
<td>Referring Provider Not Authorized to Refer - HDR</td>
</tr>
<tr>
<td>1218</td>
<td>Referring Provider 2 Not Authorized to Refer – HDR*</td>
</tr>
<tr>
<td>1219</td>
<td>Referring Provider Not Authorized to Refer - DTL</td>
</tr>
<tr>
<td>1220</td>
<td>Referring Provider 2 Not Authorized to Refer – DTL*</td>
</tr>
</tbody>
</table>
ORP Billing - Future Claim Denial Edits on Remittance Advices (RAs)

Billing Provider Types receiving high numbers of “The ORP provider is not in an authorized ORP provider type” edits:

- Adult Day Health
- Certified Independent Laboratory
- Community Health Centers
- Early Intervention
- Group Practice Organizations
- Mental Health Centers
The ORP provider must be actively enrolled with MassHealth at least as a nonbilling provider:

- **835 Electronic Remittance Advice** (log into the POSC to see the applicable detailed edit from the list below)

<table>
<thead>
<tr>
<th>HIPAA Claim Adjust Reason Code (CARC)</th>
<th>HIPAA Remark Adjust Reason Code (CARC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>208 – National Provider Identified – Not matched.</td>
<td>N265 – Missing/incomplete/invalid ordering provider primary identifier</td>
</tr>
</tbody>
</table>

- **POSC version of the remittance advice**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1082</td>
<td>Ordering Provider NPI not on file</td>
</tr>
<tr>
<td>1083</td>
<td>Ordering Provider is mapped to multiple service locations</td>
</tr>
<tr>
<td>1084</td>
<td>Ordering Provider not actively enrolled</td>
</tr>
<tr>
<td>1205</td>
<td>Referring Provider NPI not on file – HDR</td>
</tr>
<tr>
<td>1206</td>
<td>Referring Provider 2 NPI not on file – HDR*</td>
</tr>
<tr>
<td>1207</td>
<td>Referring Provider NPI not on file – DTL</td>
</tr>
<tr>
<td>1208</td>
<td>Referring Provider 2 NPI not on file – DTL*</td>
</tr>
<tr>
<td>1209</td>
<td>Referring Provider – HDR is mapped to multiple service locations</td>
</tr>
<tr>
<td>1210</td>
<td>Referring Provider 2 – HDR is mapped to multiple service locations*+</td>
</tr>
<tr>
<td>1211</td>
<td>Referring Provider – DTL is mapped to multiple services locations+</td>
</tr>
<tr>
<td>1212</td>
<td>Referring Provider 2 – DTL is mapped to multiple services locations**+</td>
</tr>
<tr>
<td>1213</td>
<td>Referring Provider not actively enrolled – HDR</td>
</tr>
<tr>
<td>1214</td>
<td>Referring Provider 2 not actively enrolled – HDR*</td>
</tr>
<tr>
<td>1215</td>
<td>Referring Provider not actively enrolled – DTL</td>
</tr>
<tr>
<td>1216</td>
<td>Referring Provider 2 not actively enrolled – DTL*</td>
</tr>
</tbody>
</table>

*This informational edit indicates that there is more than one Provider ID/Service Location listed in the MassHealth MMIS for the NPI of the ORP provider. As a result, the MMIS is unable to confirm enrollment of the ORP provider. If you receive this message, please contact the MassHealth Customer Service Center/LTSS Provider Service Center for assistance.

Note that MassHealth has discovered many incorrect claim submissions where the NPI of the referring practice is being listed on the claim instead of NPI of the individual ORP provider, causing multiple service location edits.
ORP Billing – Additional Notes

• On 837I claims that require orders/referrals, the ordering/referring provider is only required if different than Attending

• Refer to MassHealth All Provider Bulletins 259 and 274 for more details and billing instructions related to O&R requirements

• POSC Provider Search Function
  o 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

  o Results will return PROVIDER NAME, ADDRESS, NPI and “ACTIVE Y” or “No active MassHealth providers found.”

  o 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
ORP Provider Education and Outreach Activities

- MassHealth has been using a variety of communication strategies and methods to share information with providers, including:

<table>
<thead>
<tr>
<th>Resources and Information:</th>
<th>Collaboration Strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Webinars</td>
<td>• Work with stakeholders to provide consistent messaging</td>
</tr>
<tr>
<td>• Provider bulletins</td>
<td>• Work closely with Provider Associations</td>
</tr>
<tr>
<td>• MassHealth website</td>
<td>• Proactive outbound calls from MassHealth</td>
</tr>
<tr>
<td>• MassHealth regulations</td>
<td>• Knowledgeable MassHealth Provider Services staff, available to answer providers’ questions as needed</td>
</tr>
<tr>
<td>• Message text (POSC)</td>
<td>• Working with respective provider licensing boards</td>
</tr>
</tbody>
</table>
ORP Resources

• 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

• To register for a webinar for non-LTSS providers, please visit the MassHealth Learning Management System at:
  www.masshealthtraining.com

• An Ordering and Referring Guide for LTSS Providers is on the LTSS Provider Portal at:
  www.masshealthltss.com
Transportation – Electronic PT-1
How to Submit a PT-1 via the Customer Web Portal (CWP)

• MassHealth receives and processes Provider Requests for Transportation (PT-1) submitted on behalf of covered members to request authorization for transportation to a medical appointment

• As of September 1st, 2018, MassHealth is no longer accepting paper PT-1 submissions. All PT-1 requests must be submitted electronically via the Customer Web Portal (CWP)

To log into the CWP:

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

To register for a CWP account:


If you have questions or experience any technical issues on the Customer Web Portal, please e-mail inquiry to: mahealthwebportal@maximus.com
How to Submit a PT-1 via the Customer Web Portal (CWP) continued

Logging in:

1. Go to MassHealth Account Management.

2. Enter your user name and password

3. Click LOG IN. This brings you to the Edit My Profile screen

4. From the MassHealth menu on the right side of the screen, click PT-1 Request Management
How to Submit a PT-1 via the Customer Web Portal (CWP) continued

Creating a PT-1 request:

1. Click **CREATE NEW PT-1**

2. Confirm Provider Number (it should auto-populate)

3. Click **CONFIRM**

4. Enter the submitting provider’s information
   - Select a correspondence address from the address dropdown menu or check the box to indicate that you want to use a different address and enter the desired address in the appropriate fields

5. Click **CONTINUE**
How to Submit a PT-1 via the Customer Web Portal (CWP) continued

Creating a PT-1 request:

6. Enter the member’s MassHealth ID number

7. Select the type of PT-1 request
   • Providers submitting a PT-1 for Day Habilitation or Early Intervention must select the appropriate request

8. Click the three certification boxes. These steps must be taken before submitting a PT-1 request

9. Click NEXT
How to Submit a PT-1 via the Customer Web Portal (CWP) continued

Creating a PT-1 request:

10. Verify the member’s information
   • If you need to select a different MassHealth member, click TRY DIFFERENT MEMBER
   • Click CONFIRM MEMBER INFO to confirm the MassHealth information is correct
   • If any of the member information is incorrect, click INVALID MEMBER INFO to make the necessary changes
How to Submit a PT-1 via the Customer Web Portal (CWP) continued

Creating a PT-1 request:

11. Enter the treating provider/facility name or location
   • If the treater is you (provider submitting the PT-1), click Copy same address as provider submitting PT-1 form checkbox
   • To search for a provider, click FIND. Your search results will appear at the bottom of the page
   • Select COPY from the provider information in search results

12. If treating provider/facility is out of member’s locality (more than 25 miles from the town or city and surrounding communities in which a member resides), a red alert will display
   • If no, explain why member cannot seek treatment within their locality

13. Click CONTINUE
Creating a PT-1 request:

14. Select the medical treatment type the member will be receiving at the destination from the drop down box
   • If treatment type is not listed, enter treatment type in “Other, not listed above.”
   • Note: Selecting Day Habilitation will generate Member Schedule and Day Habilitation Trip Requirement

15. Check off the box saying “By selecting this box”, which verifies that you attest to having medical documentation on file to support the need for transportation

16. Select the Duration and Frequency that the member will be using the PT-1 You can choose by week or month
   • PT-1 forms to Day Habilitation programs may be requested for up to 60 months (5 years)
   • PT-1 forms To Early Intervention may be requested for up to 36 months (3 years)
How to Submit a PT-1 via the Customer Web Portal (CWP) continued

Creating a PT-1 request:

17. Answer all questions on the *Facility Medical Treatment Service Description* screen
   - If member needs a special car (i.e. sedan, van) instead of a wheelchair van, you must request it where it asks you to explain why the member is medically unable to take public transportation
   - Other transportation needs (ex. Member requires multiple escorts) should be indicated in the field labeled *Specify other transportation needs*

18. Provide a second pick-up address (if applicable) in the Alternate Pick Up address field
   - Do not use this field to indicate a different primary address
   - Incorrect member information should be indicated on the MassHealth Member Information screen

19. Click **CONTINUE**
How to Submit a PT-1 via the Customer Web Portal (CWP) continued

Creating a PT-1 request:

20. Complete required certifications and click Next

21. Review and verify information displayed in Facility Summary Verification screen
   • If any of the information is incorrect, click EDIT to input the correct information

29. Check off the certification box to attest that all information submitted on the PT-1 form is complete and accurate

30. Click SUBMIT
Resources

Transportation: PT-1 Updates

• To log into the CWP: https://masshealth.ehs.state.ma.us/cwp/login.aspx

• To register for a CWP account: http://www.mass.gov/eohhs/provider/insurance/masshealth/claims/customer-services/customer-web-portal-account-request-form.html

• July Remittance Advice Message Text: https://www.mass.gov/service-details/message-text-july-2018

• If you have questions or experience any technical issues on the Customer Web Portal, please e-mail inquiry to: mahealthwebportal@maximus.com

• If you have regarding your PT-1 submission, contact MassHealth Customer Service at 1-800-841-2900 nor via email: providersupport@mahealth.net
Questions?