

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
 - 7 to Tufts Health Together With Boston Children's ACO - Boston Children's ACO with Tufts Health Plan
 - 8 to BMC HealthNet Plan Community Alliance - Boston Accountable Care Organization with BMC HealthNet Plan
 - 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
 - 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 needs¹
- **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 MCOs¹ 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:
 - All ordering or referring physicians and other professionals be enrolled under the State [Medicaid] Plan...as a participating provider; and
 - 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**



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

- 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*

ORP Billing - Future Claim Denial Edits on Remittance Advices (RAs)



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)

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

- **POSC version of the remittance advice**

1080 – Ordering Provider Required
1081 – NPI required for Ordering Provider
1200 – Referring Provider Required
1201 – NPI of Provider Required – HDR
1202 – NPI of Referring Provider Required 2 – HDR*
1204 – NPI of Referring Provider Required 2 – DTL*

*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



ORP Billing - Future Claim Denial Edits on Remittance Advices (RAs)

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)

<u>HIPAA Claim Adjust Reason Code (CARC)</u>	<u>HIPAA Remark Adjust Reason Code (CARC)</u>
183 – The referring provider is not eligible refer the service billed	N265 – Missing/incomplete/invalid ordering provider primary identifier
	N574 – Our records indicate the ordering/referring provider is of a 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
184 – The prescribing/ordering provider is not eligible to prescribe/order the service billed	N265 – Missing/incomplete/invalid ordering provider primary identifier
	N574 – Our records indicate the ordering/referring provider is of a 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

- **POSC version of the remittance advice**

1085—Ordering Provider Not Authorized to Order Services
1217—Referring Provider Not Authorized to Refer - HDR
1218—Referring Provider 2 Not Authorized to Refer – HDR*
1219—Referring Provider Not Authorized to Refer - DTL
1220—Referring Provider 2 Not Authorized to Refer – DTL*



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



ORP Billing - Future Claim Denial Edits on Remittance Advices (RAs) continued

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)

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

- **POSC version of the remittance advice**

1082—Ordering Provider NPI not on file	1210—Referring Provider 2 – HDR is mapped to multiple service locations*+
1083—Ordering Provider is mapped to multiple service locations +	1211 —Referring Provider – DTL is mapped to multiple services locations+
1084—Ordering Provider not actively enrolled	1212—Referring Provider 2 – DTL is mapped to multiple services locations*+
1205—Referring Provider NPI not on file – HDR	1213—Referring Provider not actively enrolled – HDR
1206—Referring Provider 2 NPI not on file – HDR*	1214—Referring Provider 2 not actively enrolled – HDR*
1207—Referring Provider NPI not on file – DTL	1215—Referring Provider not actively enrolled – DTL
1208—Referring Provider 2 NPI not on file – DTL*	1216—Referring Provider 2 not actively enrolled – DTL*
1209—Referring Provider – HDR is mapped to multiple service locations+	

+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**
 - 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

ORP Provider Education and Outreach Activities



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

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



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.masshealthtss.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:

<http://www.mass.gov/eohhs/provider/insurance/masshealth/claims/customer-services/customer-web-portal-account-request-form.html>

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**

The screenshot shows the MassHealth Account Management login page. At the top, there is a navigation bar with the Mass.gov logo, a search bar, and menu items: LIVING, WORKING, LEARNING, VISITING & EXPLORING, and YOUR GOVERNMENT. Below the navigation bar, the page title is "MassHealth Account Management". The login form includes a "Log In" heading, "User Name:" and "Password:" input fields, and a blue "LOG IN" button. A link for "Forgot your password?" is located below the password field. On the right side, a "MassHealth Menu" dropdown is visible, containing "Forms Download", "PT1 Request Management", and "Login". The footer contains the Massachusetts seal, social media icons for Facebook, Twitter, LinkedIn, YouTube, and Instagram, and a list of links: Living, Working, Learning, Visiting & Exploring, Your Government, Site Policies, State Data, Public Records Requests, and Feedback. Copyright information for 2018 Commonwealth of Massachusetts and a privacy policy link are also present.

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**

MassHealth PT-1 Form

Enter Address of Provider Submitting PT-1 Form

Please verify where submitting provider's correspondence should be sent:

Submitting Provider Information

Title:	<input type="text" value="Mr."/>
First Name:	<input type="text" value="A"/> <input type="text" value="MI."/>
Last Name:	<input type="text" value="Provider"/>
Company Name:	<input type="text" value="MAXIMUS"/>
Phone Number	<input type="text" value="555"/> - <input type="text" value="555"/> - <input type="text" value="5555"/> Ext. <input type="text"/>

Submitting Provider Correspondence Address

Please choose from one of the addresses below:

Address:	<input type="text" value="- Choose One -"/>		
<input checked="" type="checkbox"/>	Or, enter a new address below:		
Attention	<input type="text" value="MAXIMUS"/>	Street:	<input type="text" value="55 Summer S"/>
City:	<input type="text" value="Boston"/>	State:	<input type="text" value="MA"/>
		Zip:	<input type="text" value="02110"/>

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**

MassHealth Customer Services

MassHealth PT-1 Request

MassHealth PT-1 Form

Welcome to the MassHealth PT-1 Online. In this form, you will be able to submit PT-1 forms electronically. Please enter the MassHealth member number and indicate the type of this request. Then, press next to continue.

Member ID:

New Form

Renewal

Address Change

PT-1 Request

Increase in Visits

Type:

Alternate Pick-Up Address

Day Habilitation

Early Intervention

I certify the following steps have been taken prior to submitting an Online PT-1.

I have confirmed that public transportation is unavailable to the member pursuant to 130 CMR 407.41I(E)(3) and that the member cannot use personal transportation resources, including friends or family, to transport the member to the destination.

I have confirmed that either the treating provider (destination) is an active MassHealth provider or that the member's Managed Care Organization (MCO), Accountable Care Organization (ACO), or other managed care entity has determined that the member will receive covered, medically necessary services at the member's destination. I have confirmed that the member is traveling to obtain medical services covered under the member's coverage type (see 130 CMR 450.105).

I have confirmed that the requested duration and frequency of transportation services are consistent with scheduled member appointments.

Please note: The MassHealth Agency covers non-emergency medical transportation services in accordance with MassHealth regulations at 130 CMR 407.00 and 130 CMR 450.00. As a MassHealth provider, you are responsible for adhering to all rules sets forth by MassHealth.

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

MassHealth Customer Services

MassHealth PT-1 Request

MassHealth Member Information

Our records found the following information for the MassHealth Member number entered. Please verify that this information is correct. If the pick-up address is different than the home address, you will be able to edit it later in this form.

MassHealth Member Information

Personal Information

Name: Sally Sample
Phone Number: 555-555-5555
Member ID: 123456789012
DOB: 02/29/1992
Home Address **
50 Foster Street
Worcester, MA 01608

Mailing Address

Emergency Contact:
Emergency Phone:

** The MassHealth member will be transported to and from this address. You will be able to edit this information later in the form.

If you need to select a different MassHealth Member, press "Try Different Member". Press the "Confirm Member Info" button to confirm the MassHealth Member Information above. If any of the member information is incorrect, press the "Invalid Member Info" button for further information.

TRY DIFFERENT MEMBER

CONFIRM MEMBER INFO

INVALID MEMBER INFO



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**

MassHealth Customer Services

MassHealth PT-1 Form

Treating Provider - Facility Information

The treating facility is outside member's locality. Please choose a different treater within member's locality or provide justification for the request.

Status: **PENDING VERIFICATION** Request Type: New Form

Please indicate the location information of the Facility or Treating Provider where the MassHealth member will be seen. You can press the "Find" button to lookup Provider information by name. Your search results will appear at the bottom of the page. Press "Continue" when ready.

Name or Location of Treating Provider/Facility

First Name: Last Name:

Facility: **FIND**

Copy same address as provider submitting PT-1 Form

Attention: Address:

City: State:

Zip: Phone Number: - - Ext:

The treating facility is outside the member's locality (town or city in which a member resides and the surrounding communities within 25 miles of the city in which the member resides) or the distance could not be calculated. Please justify this request.

IF TREATING FACILITY IS 25+ MILES FROM MEMBER ADDRESS (OUTSIDE LOCALITY), JUSTIFY THE PT-1 REQUEST HERE

CONTINUE



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

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)

Status: **PENDING VERIFICATION** Request Type: New Form

Please indicate the MassHealth-covered service(s) that the member is receiving at the location previously selected. After making your selection, please also indicate the duration and frequency requirements for this treatment.

Medical Treatment Type

Choose One:

Addison's Disease
Agoraphobia
Alcohol Abuse
Allergies

Other, not listed above :

By selecting this box:

I certify that the medical treatment type is true and accurate and I have medical necessity documentation on file that supports the member's need for transportation.

Duration and Frequency of Treatment

How long will the MassHealth member require these services?

week(s) month(s)

How frequently will the MassHealth member be seen for this service?

visit(s) per week visit(s) per month

CONTINUE



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**

MassHealth PT-1 Form

Facility Medical Treatment Service Description

Status: **PENDING VERIFICATION**

Request Type: New Form

Please answer the following questions:

Is there a medical reason why the member (or guardian if accompanying a minor) is unable to use public transportation, or why the member requires transportation to a medical service that is within 0.75 miles of the member's home or other MassHealth agency-approved point of origin?

Yes No

If yes, please explain:

Please answer the following questions. If there is an alternate pick-up address, please specify it where stated below. This is the address where the MassHealth member will be transported to and from.

Is a wheelchair van needed?

Yes No

Is an escort accompanying the member for assistance with ambulation or to accompany a minor?

Yes No

Is a service animal needed?

Yes No

Specify other transportation needs:

Enter any additional needs you may have. (Please do not include any medical conditions or PHI)

Alternate Pick Up address:

The following address will be used to transport the MassHealth member to and from. If alternate address is needed, please update the needed fields below.

Address 1:
Address 2:
City:
State: Zip Code:

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**

I certify the following steps have been taken prior to submitting an Online PT-1.

I have confirmed that the member does not have access to public or personal transportation resources including friends or family to provide them with transportation.

I have confirmed that the treating provider (destination) is an active MassHealth provider. I have confirmed that the member is traveling to obtain medical services covered under the member's coverage type (see 130 CMR 450.105).

I have confirmed that the requested duration and frequency of transportation services are consistent with scheduled member appointments.

Please note: The MassHealth Agency pays non-emergency transportation services that meet requirements set forth in MassHealth Regulations 140 CMR 407.401 through 140 CMR 407.491. As a prescribing provider, you are responsible for ensuring, to the best of your ability; that the criteria set forth by MassHealth is adhered to.

Next

MassHealth PT-1 Request

Trip Detail Summary:

Status: **PENDING VERIFICATION** Request Type: New Form

Please verify the PT-1 Request for the facility information below is correct. If you need to modify it, click on the "Edit" link. Press "Submit" when ready or "Cancel" to cancel this PT-1 request.

MassHealth encourages 3 business days advance notice for booking trips with your regional transit authority

Treater Name: A Provider **Edit**

Facility Location: 1340 Boylston St Boston, MA, 02215 555-555-5555	Member Pickup Address: 50 Foster St Worcester, MA, 01608
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- Treating Facility within member's locality: - No
- Requested Service: - Test
- Duration of Services: - 12 MONTHS
- Frequency of Services: - 5 visit(s) per WEEK
- Wheelchair van needed: - No
- Escort accompanying the member: - No
- Service Animal needed: - No

By selecting this box:

I certify under the pains and penalties of perjury that the information on this form that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am the provider or authorized to act on behalf of the provider. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

SUBMIT **CANCEL**



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?