Provider Education and Communication

MTF January 2019

Executive Office of Health & Human Services

Agenda

1. Payment and Care Delivery Innovation (PCDI) Update

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

3. Technical Refresh

Payment and Care Delivery Innovation (PCDI) Update

Agenda

- MassHealth 2019 Updates
- Targeted Provider Outreach
- MassHealth Health Plan Updates and Plan Options
- Member Support Information
- Provider Resources

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MassHealth Updates for 2019

– As of January 1, 2019,new primary care practices joined ACO plans in the **central and western regions**

- 7 practices added to Tufts Health Together With Boston Children's ACO - Boston Children's ACO in partnership with Tufts Health Plan (THP)
- 8 practices added to BMC HealthNet Plan Community Alliance - Boston Accountable Care Organization in partnership with BMC HealthNet Plan
- 5 practices added to Community Care Cooperative (C3)

▫ https://www.mass.gov/service-details/primary-care-provider-organizations-joining-masshealth-acos-on-january-1-2019

Regional Targeted Outreach

- MassHealth Customer Service provided outreach to targeted providers regarding the January 2019 changes
- Provider focused support materials are available to assist in communication efforts
- General webinar information sessions regarding the January 1, 2019 changes are available until end of January
- A PCDI Provider hotline has been established to assist providers with any questions

Continuity of Care (CoC) for Member Enrollment Transitions

MassHealth is committed to working with all relevant parties to ensure continuity of care for members who move into new plans, whether a member is moving into an ACO Partnership Plan or a Primary Care ACO. To ensure members have a successful transition, members have a 90-day (minimum) continuity of care period to provide uninterrupted care for members, including continued coverage for members' existing providers, scheduled appointments and ongoing treatment

- Members can continue to see their existing providers for at least 90 days, even if those providers are not in their new plan's network
- Providers who are not in the new plan's network must contact the new plan to make appropriate payment arrangements
- In some cases, the continuity of care period may be extended. For example, members who are pregnant can continue seeing their existing OB/GYN providers throughout their pregnancy and up to six weeks postpartum

Continuity of Care (CoC) for Member Enrollment Transitions

- We are asking all plans, providers, and assisters to reinforce this message and to ensure that members continue to receive all needed health care services during this transition
- Members can contact their new plan now to let them know of any ongoing treatments or scheduled appointments
- Providers will be able to see new plan information in the MassHealth Eligibility Verification System (EVS) starting January 1, 2019. They can contact the new plan at that time for new authorization requests, or with any questions or concerns
- While ACOs are ultimately responsible for coordinating member's transition and service coordination into their new health plan, both MassHealth and ACOs will ensure escalation protocols are in place for continuity of care issues that may arise

MassHealth Managed Care Health Plan Options Effective January 1, 2019

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

MCOs	MCO-Administered ACO
Boston Medical Center (BMC) HealthNet Plan	**Lahey Clinical Performance Network** (Participating with Boston Medical Center HealthNet Plan and Tufts Health Together)
Tufts Health Together	

PCC Plan	Primary Care ACO Plans
Primary care Clinicians in the MassHealth Network	**Community Care Cooperative (C3)**
	Partners HealthCare Choice
	Steward Health Choice

MassHealth Updates for 2019

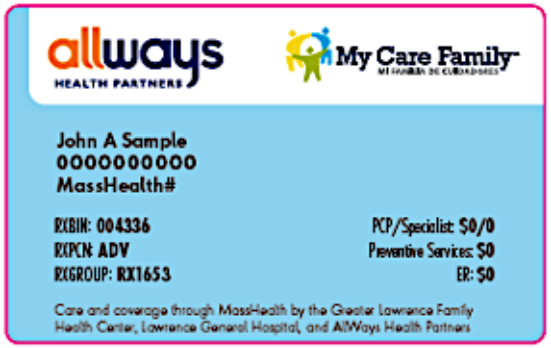
My Care Family℠
MI FAMILIA DE CUIDADORES

Merrimack Valley ACO in partnership with

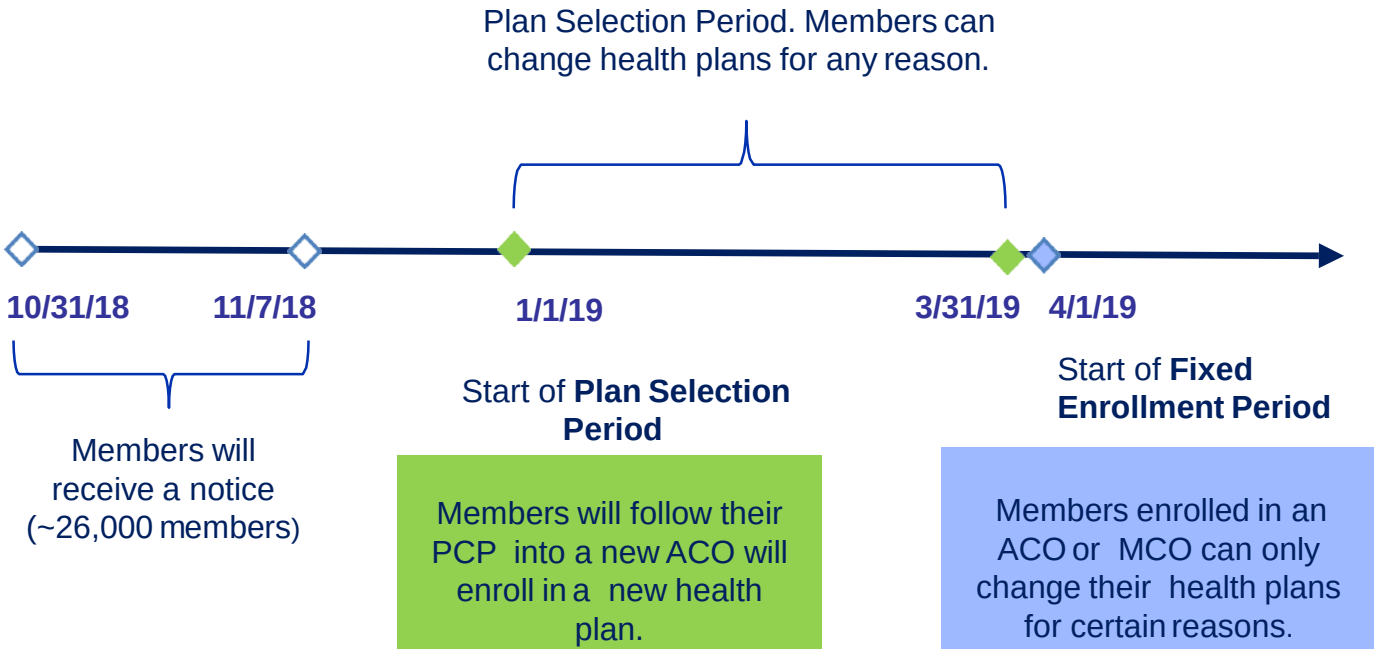
allways℠
HEALTH PARTNERS

(*Formerly known as NHP*)

- Effective January 1, 2019 Neighborhood Health Plan (NHP) will become AllWays Health Partners
- AllWays Health Partners will partner with Optum (formerly Beacon Health Options) for behavioral health (BH) services
- Members enrolled in My Care Family will receive notification of these changes and will be issued new member ID cards
- More information will be shared as Neighborhood Health Plan works to transition to AllWays Health Partners and Optum
- New My Care Family 2019 Member ID Card Image:



Important Dates for Members



**NOTE: The dates above are specific to the population that are being mailed an ACO Year Two notice

Member Support

- If a member has questions related to their health plan or coverage, providers can direct the member to contact their health plan. The health plan contact information is located on the back of the card
- Members who want to switch health plans from their plan assignment can do so by visiting www.MassHealthChoices.com, completing and submitting an Enrollment Form, or calling MassHealth Customer Service at 1-800-841-2900

Reminders

MassHealth eligibility verification system (EVS) and claims submission reminders

The MassHealth Eligibility Verification System (EVS) is designed to display the status of a member's health care coverage for the date(s) of service requested (please note EVS does not display eligibility for future dates). This includes the identification of the health plan and the type of plan that the member is enrolled if applicable. If you are using EVS via the Provider Online Service Center (POSC), or through third party software, please ensure that you review all of the EVS messages associated with the eligibility response

For providers that are looking to identify where claims should be submitted based on the EVS messages, please use the information below to ensure the proper location to submit your claims. Claims submission to the incorrect health plan will result in delayed processing and payment

Reminders

- For Primary Care ACO and PCC plan members, please submit electronic only claims directly to MassHealth except for behavioral health (BH). BH claims should be submitted directly to MBHP
- For Accountable Care Partnership Plan members, please refer directly to the applicable Accountable Care Partnership Plan submission instructions for medical and behavioral health claims
- For MCO members, please refer to the MCO for medical and behavioral health claims submission

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

Provider Resources

Payment and Care Delivery (PCDI) for Providers:
https://www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers

- Information for providers about the MassHealth PCDI initiative

Mass.Gov/MassHealth
https://www.mass.gov/topics/masshealth

- General information regarding the MassHealth program and other resources

MassHealthChoices.com
http://www.masshealthchoices.com/

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

MassHealth Enrollment Guide:
https://www.masshealthchoices.com/member-materials

- Printed enrollment guide for members to view health plans, service areas, and extra benefits.

MassHealth Enrollment Centers:
https://www.mass.gov/service-details/masshealth-enrollment-centers-mecs

- A list of the MassHealth enrollment centers for in-person eligibility assistance.

MassHealth Customer Service Center :
1-800-841-2900 (Monday- Friday 8:00am-5:00pm)

- TTY: 1-800-497-4648

Ordering, Referring and Prescribing (ORP) Provider Update

ORP Provider Education Outreach Activities

- MassHealth uses 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

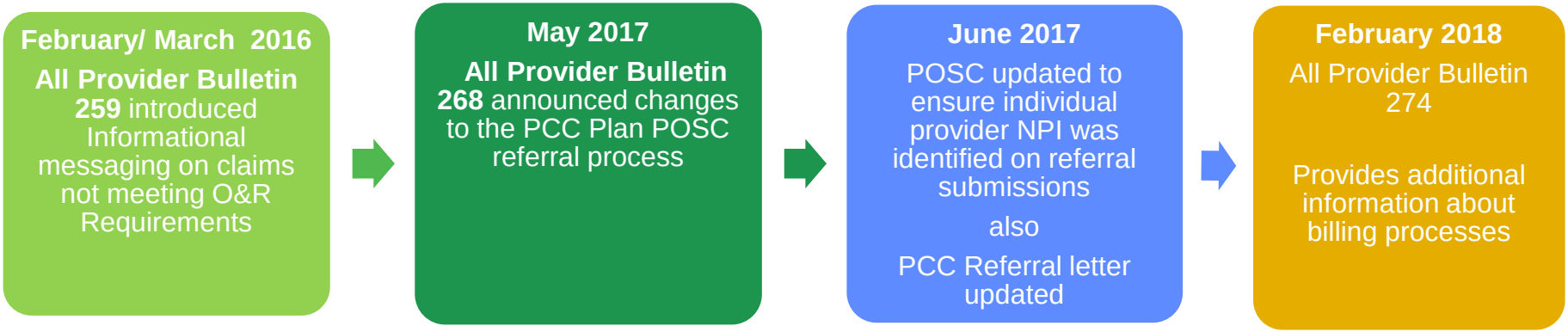
ORP Provider Types and Enrollment Status as of December 12th, 2018

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	34,538	86%
Optometrist	1,549	1,082	70%
Psychologist	5,993	4,917	82%
Podiatrist	543	419	77%
Nurse Midwife	480	398	83%
Dentist	7,259	5,114	70%
Nurse Practitioner (NP)	9,388	7,357	78%
Physician Assistant (PA)	3,441	3,118	91%
Certified Registered Nurse Anesthetists (CRNA)	1,308	1,116	85%
Clinical Nurse Specialist (CNS)	67	16	24%
Psychiatric Nurse Mental Health Specialist (PCNS)	720	293	41%
Pharmacist	62	48	77%
Clinical Social Worker (LICSW)	14,593	11,667	80%
Total	**85,465**	**70,083**	**82%**

- 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

To assist providers to better prepare for these changes, MassHealth implemented the new billing requirements and related processes in several phases. (See All Provider Bulletins 259 and 274 for details)
https://www.mass.gov/files/documents/2016/07/we/all-259.pdf
https://www.mass.gov/files/documents/2018/02/08/all-274.pdf



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

- 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

- Providers will be notified in advance of the denial implementation date
- Billing providers should review the informational denial messages they are receiving now to update their billing processes to comply with the O&R requirements

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

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)

HIPAA Claim Adjust Reason Code (CARC)	HIPAA Remark Adjust Reason Code (RARC)
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
- Group Practice
- Hospital Licensed Health Center
- Renal Dialysis Clinics

High number of "Missing Ordering Provider" edits :

- 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)

HIPAA Claim Adjust Reason Code (CARC)	HIPAA Remark Adjust Reason Code (RARC)
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
- Early Intervention
- Group Practice Organizations
- Adult Foster Care/Group Adult Foster Care
- Substance Abuse Program
- Durable Medical Equipment
- Hospice Care

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)

HIPAA Claim Adjust Reason Code (CARC)	HIPAA Remark Adjust Reason Code (RARC)
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 Edits Summary

	Claim Edits (6 Months)	07/18	08/18	09/18	10/18	11/18	12/18
NPI OF THE ORP PROVIDER MUST BE INCLUDED ON THE CLAIM							
Subtotal	2,472,192	461,018	489,160	436,233	414,652	459,564	211,565
% of Total ORP Edits	83%	85%	84%	83%	81%	84%	75%
THE ORP PROVIDER MUST BE ACTIVELY ENROLLED							
Subtotal	362,193	59,709	69,140	62,471	64,796	58,793	47,284
% of Total ORP Edits	12%	11%	12%	12%	13%	11%	17%
THE ORP PROVIDER MUST BE IN ONE OF THE ELIGIBLE PROVIDER TYPES							
Subtotal	158,920	24,558	26,132	26,818	31,467	27,565	22,380
% of Total ORP Edits	5%	5%	4%	5%	6%	5%	8%
Total ORP Edits	2,993,305	545,285	584,432	525,522	510,915	545,922	281,229

ORP Billing

- Provider entities have been bucketed into various categories based on the volume of monthly edits – 1-9 edits in total, 10-99, 100-999, 1,000 -9,999, and 10,000+
- Over the last several months, Outreach has been focused on provider entities falling within the 100-999, 1,000 – 9,999 and 10,000+ categories. Conference calls have been held with senior managers within the billing area and summary claim edit reports have been shared
- MassHealth is closely monitoring the decline of total edits from these provider entities
- MassHealth has discovered that many provider entities are billing a referring practice NPI instead of the individual referring provider NPI, causing 1209 edits
- The most common edits continue to be related to not entering an ordering or referring provider NPI when one is needed

ORP Resources

- To learn more about **Ordering, Referring and Prescribing (ORP),** visit the Provider ORP page at : https://www.mass.gov/the-aca-ordering-referring-and-prescribing-orp-requirements-for-masshealth-providers

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

Technical Refresh – Phase II

Technical Refresh – Phase II

What is the Technical Refresh?

The Technical Refresh project requires that MassHealth replace its “end of life” Sybase HIPAA compliance and translator tool. The tool is used to validate HIPAA compliance and translate the HIPAA compliant transactions to an XML format so that they can be processed within MassHealth’s Medicaid Management Information System (MMIS). MassHealth will replace the existing tool with an IBM compliance and translator tool

MassHealth strongly recommends that all trading partners that send or receive HIPAA transactions to/from MassHealth update their systems and conduct trading partner testing (TPT) with MassHealth to validate compliance

What will be impacted?

All inbound and outbound HIPAA transactions will be impacted, which includes:

- Health Care Benefit Inquiry and Response (270/271),
- Health Care Claim Status Request and Response (276/277),
- Health Care Claim Payment/Advice (835),
- Health Care Claim: Institutional and Professional (837), and
- HIPAA (999/TA1) Implementation Acknowledgment for Health Care Insurance

Technical Refresh – Phase II

When will it happen?

MassHealth will conduct TPT for the Technical Refresh in the following phased approach and timeline. Trading partners may upload test transactions to the TPT testing environment at any time during the corresponding TPT phase to validate compliance:

Phase	HIPAA Transactions	TPT Timeframe	Duration	GO LIVE
1	270/271	7/29/2019 – 9/20/2019	8 weeks	9/30/2019
2	837P, 837I, 276/277, 835	1/27/2020 – 3/27/2020	9 weeks	3/30/2020

EDI Resources

MassHealth will make the following materials available:

- Updated Companion Guides – early February
- Webpage on www.mass.gov dedicated to the Technical Refresh – early February
- Banner/text messages with important updates posted on PDF remittance advice reports
- Provider Bulletin
- TPT Frequently Asked Questions (FAQ), once received

Technical Refresh – Phase II

TPT Information Sessions

MassHealth will conduct a series of 1 hour information sessions to educate Billing Intermediaries / Clearinghouses (BIs/CHs) and software vendors (SWV) about the technical refresh and trading partner testing. There will be a series of separate sessions for providers that submit transactions directly to MassHealth. MassHealth will provide additional updates and information about testing, and answer any questions received during the sessions

TPT Information Sessions Schedule

Providers and BIs may sign up for any of the following Information sessions by clicking on this link: www.masshealthtraining.com. There will be separate sessions for BIs and providers. The sessions will be held on Thursdays from 2:00 pm – 3:00 pm:

BI/CH/SWV

- February 28, 2019
- March 14, 2019
- March 28, 2019

Providers

- March 7, 2019
- March 21, 2019

Next Steps

MassHealth will send out periodic updates as the TPT timeframe and implementation date draws near. Submitters are strongly encourage to attend the information sessions

Technical Refresh – Phase II

How should you prepare?

Here is a quick checklist to follow:

- √ Read the updated MassHealth HIPAA Companion Guides, once available
- √ Sign up for one of the provider or vendor technical refresh information sessions
- √ Ensure that your systems are updated to comply with the changes and are ready for compliance testing
- √ Monitor MassHealth communications for Technical Refresh updates as they become available
- √ Submit your compliance test during the appropriate TPT phase

Member Eligibility – 270/271 Batch Transaction Update

Member Eligibility – 270/271 Batch Transaction Update

What is the Batch Member Eligibility?

MassHealth provides the ability for providers to check MassHealth eligibility for multiple members by uploading batch ASCX12 V5010 Eligibility Inquiry and Response (270/271) transactions via the Provider Online Service Center (POSC) and system-to-system through MassHealth's CORE connectivity method

The batch eligibility transaction is ideal for providers that must check eligibility for a large volume of members on a daily basis, such as hospitals and large group practices. Batch transactions are an alternative method to manually checking a single member's eligibility through the Direct Data Entry (DDE) process on POSC

What is the 270/271 Batch File Update?

MassHealth must update its backend eligibility response logic. The agency will no longer return eligibility results in the 271 when an invalid Member ID (MID) is submitted in the 270 transaction

When will it happen?

On **June 23, 2019** MassHealth will implement a change to the 271 response file

Member Eligibility – 270/271 Batch Transaction Update

What is the current 271 response logic?

When a provider sends in a 270 request, the system checks eligibility based on the member's first name, last name, date of birth (DOB), gender and MID. When it finds a match, the provider will receive a 271 response with the correct MID and eligibility for that member

What is the future 271 response logic?

Once implemented, when a provider sends in a 270 request with an invalid MID, the provider will receive a 271 response indicating "member not found." Specifically, it will state error code "72" Invalid/Missing Subscriber/Insured ID in the **AAA03 – Reject Reason Code** segment for Loop **2100B – Information Receiver Name**

Example: `AAA*N**72*C`

Member Eligibility – 270/271 Batch Transaction Update

Eligibility Response Guidance:

- Ensure that a valid MID is submitted on the 270 Inquiry transaction

- If the MID is not known submit the request with member demographic data (e.g. first name, last name, DOB, gender) instead; if a single match is found eligibility information will be returned on the 271

- Follow EVS overview guidelines on Mass.gov to ensure access to the MID

- Ensure compliance with key batch eligibility submission requirements

Begin making changes to your eligibility practices today to ensure you do not receive unnecessary rejections when the new logic is implemented in June, 2019

Member Eligibility – 270/271 Batch Transaction Update

Batch Eligibility Submission Requirements

- **ONLY** check eligibility for MassHealth members you will provide services to on the day or the following day
- **DO NOT** submit your entire roster of MassHealth members unless you are providing services for your entire roster of members the same day or the following day
- **DO NOT** include more than 3,000 members in any single eligibility ST/SE segment within a file
- **POPULATE ALL** subsequent eligibility requests with the member information received from MassHealth on the prior eligibility response, where applicable

Member Eligibility – 270/271 Batch Transaction Update

EDI Resources

- **Job Aid: Upload Eligibility Batches Master & Download 271 Responses:**
  https://www.mass.gov/files/documents/2016/07/pw/jobaidsuploadeligibilitybatchesmaster.pdf

- **Eligibility Verification System (EVS) Overview**
  https://www.mass.gov/service-details/eligibility-verification-system-overview

- **270/271 MassHealth Companion Guide**
  Send an email to edi@mahealth.net or call 1-800-841-2900 to request one

- **MassHealth Customer Service Center – EDI Department**
  If you would like to switch from DDE to electronic batch file submissions, please send an email to edi@mahealth.net or call 1-800-841-2900

Questions?