

Provider Education and Communication



MTF APRIL 2018



Executive Office of Health & Human Services



Agenda

1. MassHealth Payment and Care Delivery Innovation (PCDI)

- a. Provider Participation and Exclusivity
- b. MassHealth Managed Care Plan Types 2018
- c. Continuity of Care (CoC)
- d. Eligibility Verification System (EVS)
- e. Claim Submission
- f. MassHealth Customer Service
- g. Common Questions

2. Ordering, Referring and Prescribing Requirements (ORP)



Primary Care Participation and Exclusivity

- Primary care practices and ACO-participating PCPs will be exclusive to their contracted ACO—they will exclusively provide primary care to MassHealth managed care members enrolled in their ACO.
- ACO-participating PCPs cannot participate as primary care providers in MCOs, the PCC Plan or any other ACO.
- This exclusivity is enforced at the **practice or entity level** rather than at the individual doctor level.
- Exclusivity **does not apply** to other programs, such as:
 - MassHealth Fee-For-Service (FFS)
 - Senior Care Options (SCO)
 - One Care; or
 - Program of All-inclusive Care for the Elderly (PACE)
- ***PCPs can continue to provide services to members in the above-mentioned plans, including fee-for-service (FFS) members, regardless of their contracts with ACOs.***
- PCPs who are also specialists can continue to provide specialty services across managed care plans.



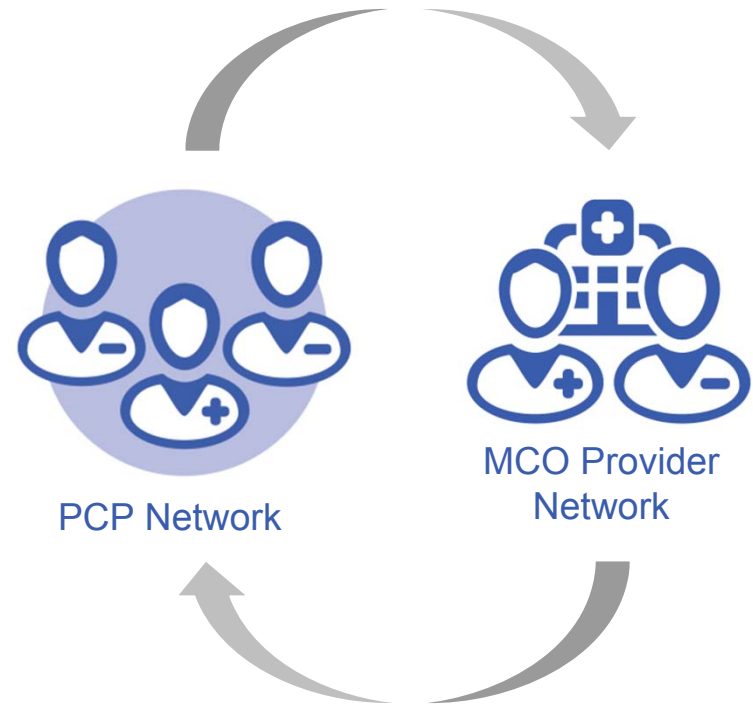
Specialist, Hospital, and Other Provider Participation

- Specialists, hospitals, and other providers may contract with multiple health plans at the same time and can provide services to members in any of the health plans with whom they are contracted. The managed care assignment of the member to an MCO, ACO, or PCC Plan is crucial for specialists to understand. This will ensure that specialists provide services to members of plans that they are contracted with.
- Specialists, hospitals, and other providers may see MassHealth members enrolled in a Primary Care ACO Plan or the PCC Plan if they are a MassHealth participating provider. This is because Primary Care ACO Plans and the PCC Plan use the MassHealth Network of specialists and hospitals.
- For members enrolled in an Accountable Care Partnership Plan or an MCO, specialists will need to contract with each of these health plans to provide services to members enrolled in these plans. This is because each of the Accountable Care Partnership Plans and MCO Plans use their own respective network of providers with whom they are contracted.
- This information can be found in MassHealth [All Provider Bulletin 272](#).



Accountable Care Partnership Plans (Model A)

- A network of PCPs who have exclusively partnered with one MCO to create a full network that includes PCPs, specialists, behavioral health providers, and hospitals. PCPs use the plan's network of providers to plan and coordinated care for members.
- Each of the Accountable Care Partnership Plans cover a set of service areas. Members must live in the service areas covered by the ACO to enroll in that plan.
- MassHealth has contracted with 13 Accountable Care Partnership Plans





Primary Care ACOs (Model B)

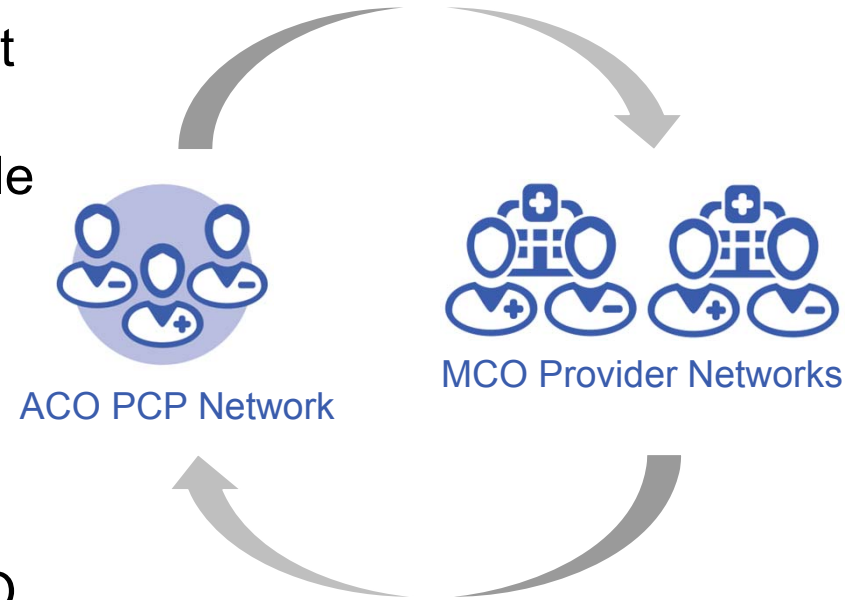
- A network of PCCs who contract directly with MassHealth to provide integrated and coordinated care for members
- Primary Care ACOs use the MassHealth provider network of specialists and hospitals, and may have certain providers in their “referral circle” that will not require a MassHealth referral for certain services
- Primary Care ACOs use the Massachusetts Behavioral Health Partnership (MBHP) network for behavioral health services
- MassHealth has contracted with 3 Primary Care ACO Plans





MCO-Administered ACOs (Model C)

- A network of PCPs who may contract with one or multiple MCOs, and use the MCO provider networks to provide integrated and coordinated care for members.
- MCO-Administered ACOs are not presented as an enrollment option to members because they will be attributed through their relevant MCO.
- There is one MCO-Administered ACO, ***Lahey Clinical Performance Network***, which participates with both MCO Plans: Boston Medical Center (BMC) HealthNet Plan, and Tufts Health Together.



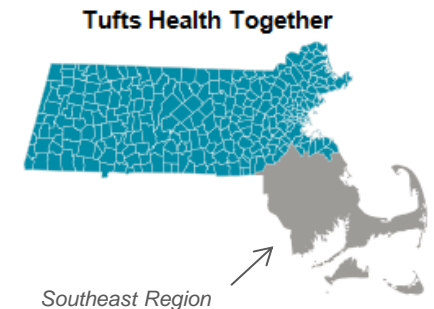
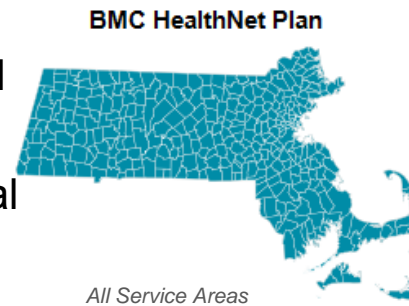


MCOs and the PCC Plan

In addition to ACO plans, members will continue to have the following managed care options:

Managed Care Organizations (MCOs)

- MCOs are health plans run by insurance companies that provide care through their own provider network that includes PCPs, specialists, behavioral health providers, and hospitals.
- There are two MCO options: Boston Medical Center (BMC) HealthNet Plan, and Tufts Health Together.
- BMC HealthNet Plan will operate statewide, and Tufts Health Together will operate in every region except Southeast, MA.



Primary Care Clinician (PCC) Plan

- The Primary Care Clinician (PCC) Plan is a statewide plan run by MassHealth that uses the MassHealth provider network of specialists and hospitals.
- Behavioral health services for the PCC Plan are provided by the Massachusetts Behavioral Health Partnership (MBHP).
- To enroll in the PCC Plan, members must select a PCP within the PCC Plan network.
- PCC Plan members can enroll in an ACO plan or MCO anytime.



MassHealth Health Plan Options Effective March 1, 2018

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

MCOs	MCO-Administered ACO (Model C)	PCC Plan	Primary Care ACO Plans (Model B)
Boston Medical Center (BMC) HealthNet Plan	Lahey Clinical Performance Network (Participating with Boston Medical Center HealthNet Plan and Tufts Health Together)	Primary care Providers in the MassHealth Network	Community Care Cooperative (C3)
Tufts Health Together			Partners HealthCare Choice
	Steward Health Choice		



Payer of Claims Effective March 1, 2018

Plan Type	Payer of Claims
PCC Plan	MassHealth for non-BH services (<i>MBHP for BH services</i>)
Primary Care ACO	MassHealth for non-BH services (<i>MBHP for BH services</i>)
MCO	MCO*
MCO-Administered ACO	MCO*
Accountable Care Partnership Plan	Partnership Plan*

*If an MCO or Accountable Care Partnership Plan uses a Behavioral Health (BH) vendor, providers may be paid through the BH vendor for BH services.

Continuity of Care (CoC)



MassHealth is committed to working with all relevant parties to ensure continuity of care for the many members who are moving to new plans, whether they are going to or from an ACO Partnership Plan, a Primary Care ACO, an MCO, or the Primary Care Clinician (PCC) Plan.

Here are the most important things for you to know:

- These changes apply to MassHealth managed care members (generally, this includes members under age 65 who do not have another primary insurer, either commercial or Medicare, and are not in a long-term facility)
- All members have a minimum 30-day continuity of care period
- During the continuity of care period all existing prior authorizations for services and for provider referrals will be honored by the member's new plan. Members can continue to see their existing providers for at least 30 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
- We are asking all plans, providers, and assisters to support members in receiving 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 March 1. They can contact the new plan at that time for new authorization requests, or with any questions or concerns about providing services
- MassHealth and all ACOs and MCOs have escalation protocols in place for continuity of care issues that may arise

Please make all efforts to ensure that members continue to have access to all needed health services during this transition.



Continuity of Care (CoC)

MassHealth has created a [Continuity of Care Homepage](#) which features helpful information available to view and download for interested parties regarding Continuity of Care through transitions to new managed care arrangements.

- <https://www.mass.gov/service-details/continuity-of-care>
- [Continuity of Care Memo](#)
- [Continuity of Care FAQ's](#)

This information is also featured on the [MassHealth Provider PCDI Resources Web Page](#) at <https://www.mass.gov/lists/provider-pcdi-resources>



Eligibility Verification System (EVS)

- Providers should continue to check member enrollment and eligibility using EVS* on the Provider Online Service Center (POSC)
- Providers reduce the risk of denied claims by using EVS to verify member enrollment and eligibility prior to providing services to MassHealth members
- There are two types of Restrictive Messages that appear on EVS:
 - Eligibility Restrictive Messages (No Changes)
 - Managed Care Data Restrictive Messages (Enhanced)
- The Managed Care Data Restrictive Messages have been enhanced to identify which type of health plan a member is enrolled in, and their contact information for inquiries regarding:
 - Billing (medical and behavioral health claims)
 - Service authorizations (medical and behavioral health services)

View and download the [EVS Quick Reference Guide](#), [EVS Screenshot Examples](#), and [Health Plan Contact Matrix](#) for all 2018 managed care health plans on the [Provider PCDI Resources webpage](#) at <https://www.mass.gov/lists/provider-pcdi-resources>

If you have questions about how to check a member's eligibility, please refer to the [Verify Member Eligibility Job Aid](#) to learn how to access and check member eligibility using EVS on the POSC at <https://www.mass.gov/how-to/check-member-eligibility>

*Note: EVS only displays a member's current eligibility, not future eligibility.



EVS – Eligibility Tab

May 26, 2017

HOME CONSUMERS PROVIDERS RESEARCHERS GOVERNMENT Logout

Provider Services

- > Home
- > Provider Search
- > Manage Batch Files
- > Manage Service Authorizations
- > Manage Correspondence and Reporting
- > Manage Members
 - > Eligibility
 - > **Verify Member Eligibility**
 - > Inquire Eligibility Request
 - > Enrollment
 - > Long Term Care
- > Manage Claims and Payments
- > Manage Provider Information
- > Administer Account
- > Reference Publications
- > EHR Incentive Program
- > News & Updates
- > Related Links

Related Links

Welcome

Mass.Gov Home State Agencies State Online Services

MassHealth Provider Online Service Center

Member Information **Eligibility**

Dates of Eligibility

Click on the Date Range to view Eligibility information for Member ID 123456789100

Date Range	Eligibility Status
05/24/2017 05/24/2017	MASSHEALTH STANDARD

Close Perform Another Eligibility Check

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1. To verify the coverage type a member has, click on the *Eligibility* tab.

2. Click on the hyperlink of the Date Range* entered for details regarding the member's coverage.

*Note: EVS only displays a member's **current** eligibility, not future eligibility.



Screenshot Example of New EVS Restrictive Messages for 2018 Managed Care Health Plans

1. BeHealthy Partnership – Accountable Care Partnership Plan

- > Provider Search
- > Manage Batch Files
- > Manage Service Authorizations
- > Manage Correspondence and Reporting
- > Manage Members
 - > Eligibility
 - > **Verify Member Eligibility**
 - > Inquire Eligibility Request
 - > Enrollment
 - > Long Term Care
 - > Manage Claims and Payments
 - > Manage Provider Information
 - > Administer Account
 - > Reference Publications
 - > EHR Incentive Program
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Note: EVS only displays a member's current eligibility, not future eligibility.

View and download the [EVS Quick Reference Guide](#) and [Health Plan Contact Matrix](#) for 2018 managed care health plans on the [Provider PCDI Resources webpage](#)

<https://www.mass.gov/lists/provider-pcdi-resources>

Dates of Eligibility

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

Date Range	Eligibility Status
→ 03/06/2018 03/06/2018	MASHEALTH STANDARD

The information below refers to the MASHEALTH STANDARD coverage for 03/06/2018 to 03/06/2018.

Eligibility Restrictive Messages

Restrictive Messages 991 / 991 CERTAIN HSN DENTAL SERVICES AVAILABLE AT COMMUNITY HEALTH CENTERS AND HOSPITAL-BASED HEALTH CENTERS.

List of Managed Care Data (for MCO/ACO)

Name	NPI	Phone	Date Range
→ BEHEALTHY PARTNERSHIP		(800) 786-9999	03/06/2018 03/06/2018

Managed Care Data (for MCO/ACO) Details

Begin Date	03/06/2018	End Date	03/06/2018
Name	BEHEALTHY PARTNERSHIP		
NPI		Phone	(800) 786-9999

1573 / 688 BeHealthy Partnership member. BeHealthy Partnership is an Accountable Care Partnership Plan. BeHealthy Partnership is Baystate Health Care Alliance in partnership with Health New England.

Restrictive Messages 1574 / 689 For medical service questions call Health New England at 1-800-786-9999.

1575 / 690 For behavioral health service questions and authorizations, call Massachusetts Behavioral Health Partnership at 1-800-495-0086.

1576 / 691 For claims, policy, or billing questions, call Health New England at 1-800-786-9999.

Member Payment Responsibility Detail

Patient Paid Amount	Patient Paid Amount Type
Spend Down Amount	
Deductible Amount	Deductible Date
Co-pay Status	Co-pay Cap Status
Restrictive Messages	

Close
Perform Another Eligibility Check



Common Questions

- **If I am a specialist or hospital contracted with MassHealth can I see members enrolled with a Primary Care ACO or PCC Plan?**
 - Yes, Primary Care ACOs and the PCC Plan use the **MassHealth fee-for-service (FFS) network of specialists and hospitals.**
 - For more information please refer to the [PCDI for Specialist Fact Sheet](#).
- **Who is responsible for paying claims during the 30 day continuity of care period?**
 - The plan that the member is enrolled with on the date of service is responsible for paying the claim for the services rendered.
 - For more information please refer to the [Continuity of Care Homepage](#)
 - <https://www.mass.gov/service-details/continuity-of-care>

Who should providers contact about joining a plan?

- Providers should contact the plan directly.
- MassHealth has created a [2018 Health Plan Contact Matrix](#) that lists the medical and behavioral health contact information, member ID card images, and web links for all 2018 MassHealth managed care health plans.
- Visit the [Provider PCDI Resources](#) page to view and download this document and other helpful resources.



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2. Ordering, Referring and Prescribing Requirements (ORP)

Ordering, Referring and Prescribing Requirements (ORP)



Background

- 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
- These requirements were effective March 25, 2011. Final Rule (42 CFR 455.410(b) and 42 CDR 455.440) was published in the Federal Register on Feb. 2, 2011. Subregulatory guidance was given to states on December 23, 2011.
- MassHealth is continuing its implementation efforts. In March 2016 we began providing informational messaging on certain impacted claims.

ORP Requirements



Provider Types (including interns and residents in those provider types) authorized to be included on a claim as the ordering, referring or prescribing provider

- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist
- Clinical Nurse Specialist
- Dentist
- Licensed Independent Clinical Social Worker
- Nurse Practitioner
- Optometrist
- Pharmacist (if authorized to prescribe)
- Physician
- Physician Assistant
- Podiatrist
- Psychiatric Clinical Nurse Specialist
- Psychologist

Fillable nonbilling provider applications and contracts are available on the MassHealth website:

<http://www.mass.gov/eohhs/provider/insurance/masshealth/aca/aca-section-6401enrollment-information.html>



ORP Requirements

Services that 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 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
- Personal Care Attendant
- Prosthetics
- Psychological Testing
- Therapy (PT, OT, ST)
- Transitional Living

O&R Regulations – Where are we Today



- Informational Claim edit denials are still in place and no actual payment denials are happening. Many providers have updated their claim systems to include the ORP provider's NPI. However, many have not and MassHealth continues to see numerous edits, especially for services that are requiring referrals.



O&R Regulations – Where are we Today (continue)

Claim Edit	Claims	17-Apr	17-May	17-Jun	17-Jul	17-Aug	17-Sep	17-Oct	17-Nov	17-Dec	18-Jan	18-Feb
Group Practice Organization	452,076	1,235	2,857	2,282	2,138	48,514	70,478	67,912	63,209	68,685	64,676	60,090
1080 - Ordering Provider Required	35,310	1,217	2,796	2,217	2,097	5,366	3,491	1,496	4,548	4,797	3,307	3,978
1082 - Ordering Provider Npi Not On File	244	11	13	10	5	32	41	9	56	32	19	16
1083 - Mult Sak Prov Locs For Ordering Provider	97	1	10	10	9	15	7	4	10	9	8	14
1084 - Ordering Provider Not Actively Enrolled	297	4	19	15	11	82	37	13	27	30	29	30
1085 - Ordering Provider Not Authorized To Order Services	321	2	19	30	16	25	38	15	32	60	41	43
1200 - Referring Provider Required	97,596					8,528	12,981	15,311	14,329	16,996	16,249	13,202
1201 - Npi Required For Referring Provider - Hdr	471					62	75	77	59	63	79	56
1205 - Referring Provider Npi Not On File - Hdr	72,946					6,251	13,290	12,213	10,900	10,404	10,193	9,695
1206 - Referring Provider 2 Npi Not On File - Hdr	103					7	15	23	16	15	15	12
1207 - Referring Provider Npi Not On File - Dtl	2					1			1			
1209 - Mult Sak Prov Locs For Referring Provider - Hdr	76,071					8,853	12,249	11,677	9,921	11,458	11,300	10,613
1210 - Mult Sak Prov Locs For Referring Provider 2 - Hdr	77					10	8	9	17	7	12	14
1211 - Mult Sak Prov Locs For Referring Provider - Dtl	5					2	1		1		1	
1213 - Referring Provider Not Actively Enrolled - Hdr	48,397					2,973	6,017	8,589	8,720	8,065	7,161	6,872
1214 - Referring Provider 2 Not Actively Enrolled - Hdr	146					16	29	21	36	19	10	15
1215 - Referring Provider Not Actively Enrolled - Dtl	9					2	2	3	1		1	
1217 - Referring Provider Not Authorized To Refer - Hdr	119,801					16,272	22,170	18,425	14,504	16,711	16,219	15,500
1218 - Referring Provider 2 Not Authorized To Refer - Hdr	176					15	26	27	30	18	31	29
1219 - Referring Provider Not Authorized To Refer - Dtl	7					2	1		1	1	1	1



O&R Regulations – Where are we Today (continue)

- November 2017 license regulations became law which requires ORP eligible providers to be “known” to MassHealth (minimum as a non-billing O&R provider) in order to apply for or renew a license. Providers must attest on their license applications that they have submitted an enrollment application to MassHealth. Individual license boards have become to implement this within their license board regulations.



O&R Regulations – Where are we Today (continue)

Professional Type	Total MA Licensed	Total “Known” to MassHealth	% “Known” to MassHealth
Dentist (PT 10)	7,259	5,213	72%
Nurse Midwives (PT 08)	480	385	80%
Nurse Practitioners (PT 17)	9,388	6,611	70%
Optometrists (PT 02)	1,549	1,039	67%
Physician (PT 01)	41,260	32,010	78%
Podiatrists (PT 06)	543	360	66%
Psychologist (PT 05)	5,993	1,856	31%
Psych Nurse (PT 78)	720	212	29%
CRNA (PT 51)	1,308	979	75%
Physician Assistants (PT 39)	3,441	2,782	81%
Clinical Nurse Specialists (PT 57)	67	5	7%
Licensed Independent Clinical Social Workers (PT 92)	14,593	3,786	26%
Total	86,601	55,238	64%



ORP Requirements

- 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 and Productivity Center** at
www.masshealthtraining.com