MassHealth
Provider Services Update

Executive Office of Health & Human Services

January 2018
AGENDA

- Ordering, Referring and Prescribing Update
  - Licensure Promulgation

- Mass.Gov Redesign and MassHealth Updates

- Contact Resources Directory
Ordering, Referring and Prescribing Update
Ordering and Referring (O&R) Requirements

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
**O&R 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 ACA Ordering, Referring, and Prescribing (ORP) Requirements for MassHealth Providers via Mass.gov website: http://www.mass.gov/eohhs/provider/insurance/masshealth/aca/aca-section-6401enrollment-information.html
ORP Requirements

- State law (Chapter 118 of the Acts of 2012 and Chapter 10 of the Acts of 2015) requires that these provider types must apply to enroll with MassHealth for at least the purposes of ORP (i.e., 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.

- This law went into effect on **November 3, 2017** upon promulgation of MassHealth regulations on ORP enrollment and claims. These regulations:
  - Define a new provider type – nonbilling providers
  - Clarify that for Group Practices, only those providers that see MassHealth patients must fill out a fully participating application. Providers in Group Practices that do not see MassHealth patients may choose to fill out either a fully participating application or a nonbilling application
  - Authorize MassHealth to deny claims that do not meet the ORP requirements
  - Specify requirements for making referrals in order to facilitate claims submission by billing providers
Mass.gov Redesign and MassHealth Updates
Mass.gov Redesign

- On January 1st, 2018, Mass.gov has launched its new and improved website.
- Findability for top services and the user experience has been improved.
- The content was re-evaluated to structure our data more efficiently.
- New improvements to the system allow us to update information on the website and automatically update that specified content throughout.
- Users are able to utilize enhancement features that were not available on the classic site.
The purpose of this bulletin is to remind providers that you must apply the “best practices” described in this bulletin when billing claims to MassHealth for members who have other insurance (Medicare, Medicare Advantage, or Commercial) in addition to MassHealth. This bulletin also describes new Coordination of Benefits (COB) edits that will be implemented in December 2017.

**Diligent Efforts “Best Practice”**
- Determining the existence of health insurance by asking the member if he or she has other insurance and by using other insurance eligibility verification resources available to the provider; and
- Verifying the member’s other health insurance coverage, currently known to MassHealth through its Eligibility Verification System (EVS), on each date of service and at the time of billing.

**New COB Claim Editing**
When a provider bills MassHealth for a service that has been denied by the other payer, the claim/claim detail line must contain valid Claim Adjustment Group Codes (CAGCs) and Claim Adjustment Reason Codes (CARCs) as they appear on the other payer’s EOB or 835. Enhanced COB claim editing utilizing CAGC and CARC will be in effect for all claims adjudicated on or after December 17, 2017.

**New Claim Error Codes**
The following edits will set on claims/claim details lines that have been denied by the other payer:
- **2601** – Other payer denial payable
- **2602** – Other payer denial requires review
- **2603** – Other payer denial not payable per rules
- **2604** – Other payer denial not payable

Contact Resources Directory
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MassHealth Customer Service Center:
- by e-mail at providersupport@mahealth.net or
- by phone at 1-800-841-2900

O&R Requirements, Application and Training
- https://www.mass.gov/the-aca-ordering-referring-and-prescribing-orp-requirements-for-masshealth-providers

All Provider Bulletins
- https://www.mass.gov/masshealth-provider-bulletins

MassHealth for Providers
- https://www.mass.gov/masshealth-for-providers

MassHealth Job Aids for including eligibility and referral verification
Questions?