

MassHealth Provider Services Updates

April 2015



Agenda

- 1. MassHealth Revalidation Requirements**
- 2. ICD-10 Conversion**
- 3. Ordering and Referring Provider Requirements**

MassHealth Revalidation Requirements

Revalidation Overview

- This revalidation initiative focuses on those providers who were enrolled on or before March 25, 2011. Providers have 45 days to complete revalidation from date of initial letter.
- Providers must go online to the Provider Online Service Center (POSC) to verify specific panels, complete an attestation on the POSC, and submit a Federally Required Disclosure Form to fully revalidate. Additional requirements may be applicable depending on the provider type.
- Designate a resource to ensure that you have security access

This is especially important For Group Practices

- Revalidation period covers 45 calendar days (wave) from initial notification to completion.

Revalidation Status Update

- Eleven “waves” currently in process
- Many providers are submitting incorrect or incomplete documentation
- MassHealth and MAXIMUS are doing the following to increase correct submissions:
 - Rolling out enhancements to increase the usefulness of the Revalidation webpage
 - Creating a sample Federally Required Disclosure Form for individual and providers to increase clarity around the document
 - Capturing a point of contact name, email, and phone number prior to the start of a wave in order to increase phone and email contact effectiveness
 - Holding bi-weekly webinar to go over helpful hints for revalidation process and reviewing POSC navigation
 - Continuing to hold one-on-one sessions with providers to review their specific revalidation

Revalidation assistance for Providers

- MassHealth and MAXIMUS are offering scheduled Drop-in appointments at the Boston location – 55 Summer Street, 8th Floor Boston, MA 02110 for one-on-one assistance to complete the entire or components of the providers Revalidation
- A new email support box has been created for providers to send requests and obtain information on missing components of their Revalidation

Revalidation@mahealth.net

- Webinar Series offered the 2nd Thursday and 4th Tuesday of each month. Go to the following register:

www.masshealthtraining.com/lms

MassHealth Resources



- Revalidation Website:

<http://www.mass.gov/eohhs/provider/insurance/masshealth/provider-enrollment/provider-revalidation.html>

- MassHealth Website: www.mass.gov/masshealth

- Provider Library of MassHealth publications
- Provider Manuals
- Provider Bulletins
- Billing Guides

- MMIS Website: www.mass.gov/masshealth/newmmis

- Access to POSC job aids
- Provider Online Service Center (POSC):
www.mass.gov/masshealth/providerservicecenter Online MMIS provider access MassHealth eligibility verification, claim and Provider Information

- Frequently Asked Questions:

<http://www.mass.gov/eohhs/docs/masshealth/provlibrary/provider-revalidation-faq.pdf>

Revalidation Second Sanction Notice

- MassHealth sent providers, their office administrator and billing manager, in waves 1-6, a second sanction notice stating their revalidation status is still incomplete.
- The notice advises the provider, if there are any further delays with completing the revalidation, it will result in disenrollment from the MassHealth program and claims payment will cease.
- If a provider is disenrolled, he/she will be required to complete a new provider enrollment application.
- MassHealth is committed to assist with the revalidation process. If uncertain what component(s) of revalidation may still be outstanding, please send an email to Revalidation@mahealth.net or call 800-841-2900.

MassHealth ICD-10 Implementation

Implementation

- **MassHealth will implement ICD-10 on October 1, 2015**
 - **MassHealth Status**
 - Trading Partner Testing (TPT) is underway
 - Training & education sessions for MassHealth's implementation will be held this spring through early fall
 - **How do I determine if I have to do anything to implement ICD-10 with MassHealth?**
 - If you submit claims to MassHealth you must adopt the ICD-10 code-set
 - If you submit batch claims transactions to MassHealth you must modify and test your transactions prior to implementation
 - If you use a software vendor or have a relationship with a billing intermediary or clearing house that submits transactions on your behalf, it is equally important that those entities test their software and/or transactions with MassHealth directly.

Implementation

■ Provider Readiness

– What you should do to prepare for MassHealth's implementation

- Contact the EDI testing team immediately at **1-855-295-4047 (toll free)** or edi@mahealth.net to schedule your test date
- Confer with your billing intermediary and/or clearing house as required to confirm their readiness for ICD-10
- Review the MassHealth ICD-10 website at <https://www.mass.gov/masshealth/icd-10> to obtain and leverage useful information related to MassHealth's implementation (i.e. billing instructions, provider presentations, FAQs, key concepts, etc...). These materials are key to your ability to successfully implement ICD-10 with MassHealth
- Monitor MassHealth communications for critical cut-over information related to prior authorizations, pre-admission screening, and other key transition issues

Implementation

Provider Readiness continued...

- Leverage and monitor information from key external resources to acquire information related to ICD-10 preparedness (e.g. CMS, WEDI)
- Transition from un-supported proprietary software. If you are using the proprietary MassHealth Medicaid Management Software (MMQ) it will **no longer be available after 9/30/15**. You must transition to another submission method before that date. Please review the job aid and a list of submission options to select the method that best supports your needs. Please transition immediately:
 - **MMQ webpage:**
<http://www.mass.gov/eohhs/provider/reporting-to-state/report-tools/management-minutes-questionnaire.html>
 - **MMQ Job Aid webpage:**
<http://www.mass.gov/eohhs/docs/masshealth/provlibrary/pocs-job-aids/sco-pace-submit-mmq.pdf>
 - **MMQ File Specification webpage:**
<http://www.mass.gov/eohhs/docs/masshealth/provlibrary/draft-nf-d-icd-10.pdf>

ICD-10 Trading Partner Testing



Trading Partner Testing Timeline

Phase	Readiness Outreaches	Test Preparation Outreaches	Testing Timeframe in 2015	# of Trading Partners
Vendor	Complete	Complete	Complete	
Vendor Phase II	February 2 nd – March 6 th	1 week before Scheduled Test Date	February 2 nd – March 31 st	44
Full TPT	March 9 th – April 1 st	1 week before Scheduled Test Date	April 1 st – August 31 st	1,300
TPT Close Out*		1 week before Scheduled Test Date	September 1 st – September 30 th	
GO LIVE	N/A	N/A	October 1 st , 2015	

- MassHealth will **not** accept any first test files received after **July 31st, 2015**.
- **October 1st, 2015** is the GO LIVE date.
- Readiness Outreach calls include MMQ Transition Options for Nursing Facilities.
- During TPT Close Out Phase, we will only accept a first test file from a newly enrolled MassHealth provider.

■ Testing Approach

– Number of Claims (per test file)

- Minimum: 10
- Maximum: 25
- A Vendor may submit up to 50 per test file

– Test Claim Transaction Details

- Implement standard ASC X12 Implementation Guide changes
- Follow MassHealth Companion Guides (837I, 837P)
- Contact the MassHealth Customer Service Center for a copy of the Companion Guides

■ Testing Approach *(continued)*

– Mock Cutover Date*

- MassHealth will simulate the GO LIVE date in the test environment.
- To simulate the GO LIVE date, we will use a mock cutover date.
- The mock cutover date is currently set to **January 1, 2015.***
- Send ICD-10 code sets in this manner:
 - ICD-9 with dates of service prior to **January 1, 2015.**
 - ICD-10 with dates of service on or after **January 1, 2015.**

Code Set Usage	Date of Service Range
ICD-9	Prior to mock cutover date
ICD-10	On or after mock cutover date

Next Steps

1. Schedule a Test Date Immediately!
 - Send an email to edi@MAHealth.net
2. Confirm that your vendor, BI or clearing house is ready for the ICD-10 implementation
3. Confirm that your organization will be ready to support ICD-10 with MassHealth Prepare your test claims
4. Monitor and adhere to MassHealth communications related to the ICD-10 implementation
5. Leverage external resources
 - CMS: <http://www.cms.gov/Medicare/coding/ICD10/index.html>
 - WEDI: <http://wedi.org>

Ordering and Referring Provider Requirements

Ordering and Referring 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 referrals of the physician or other professional.

Ordering and Referring Requirements

■ Preserving Member Access

- MassHealth cannot pay for services requiring an order, referral or prescription unless the ordering, referring or prescribing provider is enrolled in MassHealth.
- Particularly for members who have MassHealth as a secondary payer, this requirement could impact access to MassHealth covered services not covered by their primary insurer.
- MassHealth wants to ensure that members get all medically necessary services (including prescriptions) that are ordered or referred.

Ordering and Referring Requirements

- The next slide lists the Provider Types that federal guidance indicates are authorized to order, refer or prescribe services for MassHealth members.
- Providers in these Provider Types will need to enroll with MassHealth at least as Ordering, Referring, Prescribing (O/R/P) nonbilling providers.
- Providers in Provider Types that can bill MassHealth may choose to enroll as billing or nonbilling providers.
- Providers in Provider Types that currently cannot bill MassHealth may only enroll as nonbilling providers.

Ordering and Referring Requirements

Provider Types authorized to Order, Refer or Prescribe services

- Physician (including interns and residents) (PT 01)
- Optometrist (PT 02)
- Psychologist (PT 05)
- Podiatrist (PT 06)
- Certified nurse midwife (PT 08)
- Dentist (PT 10)
- Nurse practitioner (PT 17)
- Physician assistant (PT 39)
- Certified registered nurse anesthetist (PT 51)
- Clinical nurse specialist (PT 57)
- Psychiatric clinical nurse specialist (PT 78)
- Pharmacist (if authorized to prescribe) (PT 90)
- Licensed Independent Clinical Social Worker (PT 92)

Ordering and Referring Requirements

- State law (Chapter 118 of the Acts of 2012) will require that these provider types must apply to enroll with MassHealth for at least the purposes of O/R/P in order to obtain and maintain state licensure. This law will go into effect upon promulgation of MassHealth enrollment regulations, scheduled for summer/fall of 2015.
 - Physician (01)
 - Optometrist (02)
 - Podiatrist (06)
 - Dentist (10)
 - Advanced practice nurses (08,17,51,57,78)

- Chapter 10 of the Acts of 2015 added the same requirement for these provider types
 - Interns and residents (01)
 - Psychologist (05)
 - Physician assistant (39)
 - Pharmacist (if authorized to prescribe) (90)
 - Licensed Independent Clinical Social Worker (92)

Ordering and Referring Requirements

- O/R/P nonbilling providers will not be required to provide services to MassHealth members
- MassHealth is finalizing a “streamlined” enrollment process for “O/R/P nonbilling only” providers
- MassHealth is crafting an outreach strategy to providers currently not participating in MassHealth to inform them of this requirement
- We are beginning O/R/P enrollment in April, 2015 and are coordinating with the boards of registration on the licensure requirements
- The state law also requires that providers must apply to enroll with MassHealth for at least the purposes of O/R/P to be included in private insurance provider networks so we will also be coordinating with the Division of Insurance on enforcement of that requirement

Ordering and Referring Requirements

Services that must be ordered, referred or prescribed

- Any service that requires a PCC referral
- Medications
- Psychological Testing
- Therapy (PT, OT, ST)
- DME and Oxygen/Respiratory Equipment
- Prosthetics and Orthotics
- Labs and Diagnostic Tests
- Eyeglasses
- Hearing Aids
- Personal Care
- Home Health
- Independent Nurse
- Adult Foster Care
- Adult Day Health
- Independent Living

Ordering and Referring Requirements

- Once O&R requirements go into effect (effective date for two phases are currently under review), MassHealth will deny claims that don't meet the Ordering and Referring requirements
 - The O/R/P provider's NPI must be included on the claim
 - The O/R/P provider must be one of the provider types listed on Slide 5
 - The O/R/P provider must be enrolled with MassHealth, at least as a nonbilling O/R/P provider
- All claims (professional and institutional) that currently require a PCC referral and all claims processed by the Pharmacy Online Processing System (POPS) , regardless of billing provider, will be subject to O&R requirements in the first phase.
- See next slide for information on which provider types will have their claims subject to O&R rules in the first phase for non-PCC referral services subject to the O&R rules.

Ordering and Referring Requirements

Claims from these provider types for the services listed on Slide 8 will be subject to the O&R requirements in the first phase

- Psychologist (05)
- Therapist (07)
- Volume Purchaser (31)
- Pharmacy (40)
- DME (41)
- Oxygen and Respiratory (42)
- Prosthetic (43)
- Hearing Instrument Dispenser (44)
- Diagnostic Testing Facility (45)
- Certified Independent Lab (46)
- Orthotic (47)
- Audiologist (50)
- Personal Care Attendant (58)
- PCA Agency (59)
- Home Health (60)
- Independent Nurse (61)
- Adult Foster Care and Group Adult Foster Care (62)
- Adult Day Health (63)
- Independent Living (66)
- Group Practices (97)

Ordering and Referring Requirements

- This requirement will be applied to all other providers who bill the services listed on Slide 8 and to non-emergency transportation services at a later date.
- MassHealth is preparing guidance for billing providers, that includes information about ordering and referring providers as well as other nonbilling providers whose NPI may be included on MassHealth claims (e.g., to comply with HIPAA Version 5010).

QUESTIONS?