

Provider Relations Updates October 2015



Agenda

- ❑ Ordering, Referring & Prescribing (O/R/P) Requirements & Implementation
- ❑ Provider Enrollment Medical Practitioner Application Implementation
- ❑ MassHealth Limited and Program Integrity Enhancements
- ❑ Questions



Ordering, Referring & Prescribing (O/R/P) Implementation

Ordering, Referring & Prescribing (O/R/P) **MassHealth**

❑ 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, Referring & Prescribing **MassHealth** (O/R/P)

❑ Enrollment Requirements

Providers in the Provider Types listed on the previous slide will need to enroll with MassHealth at least as Ordering, Referring, Prescribing (O/R/P) non-billing providers:

- Physician (including interns and residents)
- Optometrist
- Psychologist
- Podiatrist
- Certified nurse midwife
- Dentist
- Nurse practitioner
- Physician assistant
- Certified registered nurse anesthetist
- Clinical nurse specialist
- Psychiatric clinical nurse specialist
- Pharmacist (if authorized to prescribe)
- Licensed Independent Clinical Social Worker

Ordering, Referring & Prescribing **MassHealth** (O/R/P), (cont'd)

❑ Enrollment Requirements, cont.

- 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 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.
- 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, Referring & Prescribing **MassHealth** (O/R/P), (cont'd)

❑ Billing Requirements

- Services that must be ordered, referred or prescribed and require the Ordering, Referring and/or Prescribing providers NPI on the claim
 - 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
 - Personal Care
 - Home Health
 - Independent Nurse
 - Adult Foster Care
 - Adult Day Health
 - Independent Living
 - Non-Emergency Transportation

Ordering, Referring & Prescribing (O/R/P) Resources **MassHealth**

- Nonbilling applications and provider contracts are available on the MassHealth website

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

**New Provider Enrollment Application
Implementation
(Medical Practitioner Application)**

Provider Enrollment Medical Practitioner Application Implementation

- A new Provider Enrollment application was implemented on October 1, 2015 for Medical Practitioners. With this streamlined application the National Provider Identifier (NPI) Supplemental form and the Federally Required Disclosure Forms (FRDF) are no longer required for individual providers. This information has been incorporated into the new application.

Provider Enrollment Application Implementation

- ❑ The Provider Online Service Center is still the preferred method for enrollment.
- ❑ This application Consolidates the following provider types:
 - 01 - Physician
 - 02 - Optometrist
 - 03 - Optician
 - 04 - Ocularist
 - 05 - Psychologist
 - 06 - Podiatrist
 - 07 - Therapist
 - 08 - Nurse Midwife
 - 16 - Nurse Practitioner
 - 44 - Hearing Instrument Specialist
 - 50 - Audiologists
 - 61 - Independent Nurses
- ❑ The transition period during which both application versions will be accepted will is from October 1, 2015 until November 1, 2015.

MassHealth Limited Program Integrity Enhancements

- ❑ Pursuant to federal law, MassHealth Limited pays only for the treatment of an emergency medical condition (including labor and delivery) that manifests itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in:
 - (a) placing the member’s health in serious jeopardy;
 - (b) serious impairment to bodily functions; or
 - (c) serious dysfunction of any bodily organ or part.

Program Integrity Initiative

- ❑ MassHealth is committed to ensuring program integrity.
- ❑ MassHealth is taking the following steps to ensure that the Limited program operates in accordance with federal requirements:
 - enhancing its claim processing system to recognize codes associated with emergency services to better ensure that payment is made only for emergency services;
 - instituting a certification process allowing providers to resubmit Limited claims that have been denied by certifying the emergency nature of the service provided; and
 - implementing Limited claims monitoring practices to ensure that claims edits are effective in identifying emergency services and making adjustments as indicated by data.

Claims Processing Strategy

- ❑ Submitted Limited claims must meet certain recognized emergency services codes:
 - Provider Type
 - Procedure Code
 - Diagnosis Code
 - Claim will deny if both primary and secondary diagnosis codes are noncovered (unrecognized as emergency claims)

- ❑ If denied, providers may resubmit claims with a certification form for reconsideration and clinical review. This process provides additional opportunity for payment if emergency treatment is substantiated.

- ❑ Monitoring system put in place to regularly review and update codes for coverage/exclusion status.

Certification of Treatment of Emergency Medical Condition Form

Certification of Treatment of Emergency Medical Condition MassHealth Limited Program



This Certification of Treatment of Emergency Medical Condition form signed by the treating clinician confirming the emergency nature of treatment must be submitted with claims seeking payment for services provided to MassHealth Limited members that previously denied for: Service Not Covered for Limited Benefit Plan. If MassHealth approves the request, payment is subject to all MassHealth administrative and billing requirements.

Billing Provider's Name, Address, Tel. No., and E-Mail Address	Member's name, Address, and Tel. No.	
	MassHealth Member ID	
Billing Provider ID/Service Location or NPI	Date of Birth	Member Gender <input type="checkbox"/> M <input type="checkbox"/> F

Diagnosis
Diagnosis code(s)
Treatment
Procedure codes
Explanation of emergency nature of condition
Date(s) of service 1) From _____ To _____ 2) From _____ To _____

Under federal and MassHealth regulations 42 CFR 440.255 [130 CMR 505.008 and 519.009; 130 CMR 450.105 (F) (1-3)], MassHealth coverage may be available for care and services (exclusive of care and services related to an organ transplant procedure) for the treatment of a medical condition (including labor and delivery) that manifests itself by acute symptoms of sufficient severity that the absence of immediate medical attention reasonably could be expected to result in: (a) placing the member's health in serious jeopardy; (b) serious impairment to bodily functions; or (c) serious dysfunction of any bodily organ or part.

This definition must be met at the time of the provided medical service, or the provided service will not be considered treatment for an emergency medical condition. Not all medically necessary services meet the Federal definition of emergency medical condition.

Note: To the extent permitted by federal law, MassHealth pays for emergency services provided to treat chronic medical conditions, which, if left untreated, could reasonably be expected to place the person's health in serious jeopardy, cause serious impairment to bodily functions or cause serious dysfunction of any bodily organ or part. M.G.L. ch. 118E s. 16D.

Treating Clinician's Certification

In signing below, I certify that the care and services provided to the above named individual on the dates specified were for the purpose of treating an emergency medical condition as defined above.

Please check the applicable block:

- Meets the definition of emergency medical condition described above.
- Does not meet the definition of emergency medical condition described above.

Signature of Treating Clinician _____ Date _____
Print Full Name _____ NPI _____

Documentation and Billing Instructions

- ❑ System enhancements targeted to be effective September 1, 2015
- ❑ Treating clinician must determine that the member presents an emergency medical condition as defined in federal law, and document such condition in the medical records.
 - This definition must be met and documented at the time of the provided medical service.
 - Medical records should clearly document a history, physical examination, diagnosis and procedure that support the emergency nature of the treatment.
 - The emergent diagnosis must appear in the claim as the primary or secondary diagnosis code.

Questions?