AGENDA

- Referral Changes in the Primary Care Clinician (PCC) Plan
  - Referral Changes in PCC
  - Exclusions List
  - Frequently Asked Questions
  - Provider Online Service Center
  - Resources
Primary Care Clinician (PCC) Plan
Referral Changes
Referral Changes in the PCC Plan

What Are the PCC Plan Referral Changes?

In addition to the services that already require a PCC referral, effective for dates of service on and after October 1, 2016, the following services will require a PCC referral. PCC Plan members seeking the following services must first obtain a referral from their PCC:

- Chiropractor Services
- Orthotic Services
- Hearing Instrument Specialist Services
- Prosthetic Services
- Imaging Services conducted at an Independent Diagnostic Testing Facility (IDTF)
- Medical Nutrition Therapy/Diabetes Nutrition Management Training
PCC Plan Referral Changes

Today - Exceptions to Services Requiring Referrals
(a) abortion services;
(b) annual gynecological exams;
(c) chiropractor services;
(d) clinical laboratory services;
(e) diabetic supplies;
(f) durable medical equipment;
(g) fiscal intermediary services;
(h) fluoride varnish;
(i) functional skills training;
(j) hearing instrument specialist services;
(k) HIV pre- and post-test counseling services;
(l) HIV testing;
(m) hospitalization;
(n) obstetric services;
(o) orthotic services;
(p) physical therapy services;
(q) oxygen and respiratory therapy equipment;
(r) pharmacy services;
(s) prosthetic services;
(t) radiology and other imaging services with the exception of MRI, CT and PET scans;
(u) mental health and substance abuse services;
(v) services delivered by a dentist;
(w) services delivered by a family planning service provider, for members of childbearing age;
(x) services delivered by a hospice provider;
(y) services delivered by a limited service clinic;
(z) services delivered in a nursing facility;
(aa) services delivered by an anesthesiologist;
(bb) intermediate care facility for the mentally retarded (ICF-MR) services;
(cc) services delivered to a homeless member outside of the PCC office;
(dd) services delivered to diagnose and treat sexually transmitted diseases;
(ee) services delivered to treat an emergency condition;
(ff) services provided under a home- and community-based waiver;
(gg) sterilization services when performed for family planning services;
(hh) surgical pathology services;
(ii) tobacco-cessation counseling services;
(jj) transportation to covered care; and
(kk) vision care.

October 1, 2016 - Exceptions to Services Requiring Referrals
(a) abortion services;
(b) annual gynecological exams;
(c) clinical laboratory services;
(d) diabetic supplies;
(e) durable medical equipment;
(f) fiscal intermediary services;
(g) fluoridation varnish;
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(v) intermediate care facility for the mentally retarded (ICF-MR) services;
(w) services delivered to a homeless member outside of the PCC office;
(x) services delivered to diagnose and treat sexually transmitted diseases;
(y) services delivered to treat an emergency condition;
(z) services provided under a home- and community-based waiver;
(aa) sterilization services when performed for family planning services;
(bb) surgical pathology services;
(cc) tobacco-cessation counseling services;
(dd) transportation to covered care; and
(ee) vision care.
(ff) additional services provided to members whose PCC participates in an Accountable Care Organization (ACO) subject to bulletins and other issuances more particularly describing applicable referral requirements.
Referral Changes in the PCC Plan

Can a MassHealth member be billed for services that require a PCC referral?

- No. MassHealth does not allow providers to bill members for services.

Why Are these PCC Plan Referral Changes Being Made?

- In order to better promote the goals of MassHealth by providing the right care at the right time and encouraging coordination of members’ care, MassHealth has made changes to the list of PCC Plan Services that do not require a referral, as listed in 130 CMR 450.118(J). MassHealth believes these changes could yield better health outcomes and ensure appropriate use of services.

- These services remain available to PCC plan members with a referral from their PCC. These referral changes will support MassHealth’s pursuit of more integrated and accountable care for its members.
Referral Changes in the PCC Plan

What members are affected by these PCC Plan Referral changes?

- Only members enrolled in the PCC Plan are impacted by these PCC changes.

Will the Referral Rules for Managed Care Organization (MCO) and Fee For Service Members Also be Changing?

- These referral rule changes are limited to the PCC Plan.
- Please contact a member’s respective MCO for details around each MCO’s referral requirements.
  - The list of MCOs can be found at mass.gov/masshealth
Referral Changes in the PCC Plan

What Do Primary Care Clinicians (PCCs) enrolled in the PCC Plan Need to Do Differently?

PCCs who determine the services listed below to be medically necessary for their patients must now enter a referral in the Provider Online Service Center (POSC) before the patient is scheduled to receive the referred service:

- Chiropractor Services
- Orthotic Services
- Hearing Instrument Specialist Services
- Prosthetic Services
- Imaging Services conducted at an Independent Diagnostic Testing Facility (IDTF)
- Medical Nutrition Therapy/Diabetes Nutrition Management Training
Referral Changes in the PCC Plan

What does the Rendering Provider/Specialist need to do differently?

Rendering providers must continue to check the Eligibility Verification System (EVS) to verify a member’s MassHealth coverage. For MassHealth members in the PCC Plan, rendering providers are now required to obtain referrals for the services listed below for dates of service on or after October 1, 2016.

- Chiropractor Services
- Orthotic Services
- Hearing Instrument Specialist Services
- Prosthetic Services
- Imaging Services conducted at an Independent Diagnostic Testing Facility (IDTF)
- Medical Nutrition Therapy/Diabetes Nutrition Management Training
Referral Changes in the PCC Plan

What does the Rendering Provider/Specialist need to do differently?

- A verification of the member’s eligibility is a critical first step. If the member is enrolled in the PCC Plan, verify in the POSC if a referral has been issued. If a referral has not been issued, you must contact the member’s PCC as noted on the eligibility inquiry. If you are not certain how to verify a referral on the POSC, please refer to the job aid located at:
  

- Additional POSC job aids can be found at the following link:
  
  http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/mmis-posc/training/get-trained.html
Referral Changes in the PCC Plan

How do I submit claims that require a PCC referral?

- There are no changes to the current process for submitting claims that require a PCC referral. If you are new to submitting claims that require a PCC referral, please refer to the job aid located at:
  http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/mmis-posc/training/get-trained.html

- Claims for all services requiring a PCC referral must be submitted via the POSC and include the NPI of the referring PCC provider in the referral loop on the claim.
Referral Changes in the PCC Plan

What if my claim denies for no PCC Referral?

- In order for your claim to pay, you must have a referral if one is required for the service rendered.
- A referral may be issued after the service is rendered if the PCC determines that the service was medically necessary at the time the member received the service.
- You must contact the member’s PCC and request a referral. Once a PCC referral has been issued, you may resubmit the claim.
- Retroactive referrals allow for specialists to be paid in situations where the member initially saw a specialist without first obtaining a PCC referral but the PCC later determines that the service was medically necessary at the time the member obtained the service.
Referral Changes in the PCC Plan

Will MassHealth be notifying members of these referral changes?

- Yes, MassHealth PCC Plan members were notified in writing of these changes by September 1, 2016.
- Over the next several months, MassHealth will be creating awareness of these changes.

Who do I contact if I have questions regarding these changes?

- Providers who need assistance with referrals can contact the MassHealth Customer Service Center by e-mail at providersupport@mahealth.net or by phone at 1-800-841-2900.
Referral Changes in the PCC Plan

Where do I get training on the POSC?

- If you are not certain how to verify a referral on the POSC, please refer to the job aid located at http://www.mass.gov/eohhs/docs/masshealth/provlibrary/pocs-job-aids/referrals-inquire.pdf

- Additional POSC job aids, including eligibility verification, referral submission and updates, and claim submission can be found at the following link http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/mmis-posc/training/get-trained.html
Resources

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

MassHealth MCO Contact Information

MassHealth Job Aids for including eligibility and referral verification
Questions?