

# MassHealth Training Forum Provider Updates

January 2021

**Executive Office of Health & Human Services** 

# **Agenda**



- 1. Welcome and Agenda Review
- 2. COVID-19 Updates
- 3. Payment and Care Delivery Innovation (PCDI) Year 4
- 4. Office of Long-Term Services and Supports (OLTSS)
- 5. Provider Access Improvement Grant Program (PAIGP) Update
- 6. Notification of Birth Updates
- 7. Electronic Claims HIPAA File and Provider Online Service Center (POSC)

  Updates
- 8. Interpreter Services
- 9. MassHealth Updates
  - 270/271 Changes
  - Acupuncture
  - Ordering, Referring and Prescribing (ORP) Updates
  - MassHealth Bulletins (November 2020 January 2021)



# **COVID-19 Updates**

Presented by – Marilyn Thurston, Sr. Provider Relations Specialist, MassHealth Customer Service Center

#### **COVID-19 Response Update**



#### MassHealth is continuing flexibilities for coverage and billing related to COVID-19 including

- Hospital-Determined Presumptive Eligibility (HPE) <u>All Provider Bulletin 302</u> announced the
  expansion of HPE to CommonHealth Children and Family Assistance Children is permanent and
  will extend beyond the COVID-19 national emergency period. Additional HPE details can be
  found in All Provider Bulletin 299
- Telehealth Services MassHealth is committed to reducing exposure and transmission of COVID-19 and to preserve health system capacity for the duration of the public health emergency. <u>All Provider Bulletin 303</u> updates telehealth guidelines
  - (1) removes the requirement, previously codified in Appendix A to <u>All Provider Bulletin 298</u>, for the provider to include the CPT code for the service rendered via telehealth in the patient's medical record
  - (2) provides additional clarification, and
  - (3) extends that policy through March 31, 2021

ALL MassHealth providers may deliver any MassHealth covered service via telehealth if they determine it is medically necessary and clinically appropriate to deliver this service via telehealth (including live video or telephone)

#### **COVID-19 Response Update** (cont'd)



#### **Laboratory Diagnostic Services**

- MassHealth continues to cover medically necessary clinical diagnostic laboratory tests for COVID-19 when a qualified clinician orders them. Refer to <u>All Provider Bulletin 294</u> and <u>All Provider Bulletin 296</u> for more information
- MassHealth is temporarily allowing CHCs to partner with laboratories that are not
  MassHealth clinical laboratory providers but that have been approved by the Executive
  Office of Health and Human Services (EOHHS) to process COVID-19 tests on behalf of
  community health centers. Certain restrictions apply, so please refer to Community Health
  Center Bulletin 104 for more details

#### **COVID-19 Response Update** (cont'd)



Impact of COVID-19 on Behavioral Health and the Importance of Perinatal and Pediatric Behavioral Health Screening during the Pandemic

- The COVID-19 pandemic and its disruption of everyday life have exacerbated social and health disparities. As a reminder, MassHealth PCPs are required to provide behavioral health screenings for all members under the age of 21 (pediatric members). These screenings are paid for by MassHealth.
- MassHealth pays for universal screening for depression in perinatal women and caregivers (perinatal members) to ensure early detection and access to treatment. Such screenings may be provided by perinatal providers or PCPs during well-child visits for infants aged six months and younger or during a caregiver's visit with a perinatal care provider. Additional guidance and information can be found in <u>All Provider Bulletin 301</u>

#### **COVID-19 Vaccine Update**



#### **Vaccine Administration and Testing**

The first COVID-19 vaccine product received Emergency Use Authorization (EUA) by the U.S. Food and Drug Administration (FDA) on December 11, 2020, and a second product received EUA on December 18, 2020.

#### **Member Eligibility**



MassHealth Standard, CommonHealth, Family Assistance, CarePlus, and the Children's Medical Security Plan. Guidance for the uninsured and for other programs (Health Safety Net and MassHealth Limited) is found in <u>All Provider Bulletin 304</u>

#### **Provider Eligibility**



MassHealth providers, including acute outpatient hospitals (AOHs) but excluding acute inpatient hospitals (AIHs), may bill and receive payment for the administration of the COVID-19 vaccines to MassHealth members, including those who are employed by the provider, if they are:

- currently authorized to receive payment from MassHealth to administer vaccines;
- registered with MDPH's Massachusetts Immunization Information System (MIIS);
   and
- enrolled in the Massachusetts COVID-19 Vaccination Program via the MIIS to receive COVID-19 vaccines

#### **COVID-19 Vaccine Update** (cont'd)



#### **Authorized Providers for COVID-19 Vaccine Administration**

**Community Health Centers** 

Indian Health Service facilities and Tribal clinics

Local boards of health

Family planning agencies

**Hospital Licensed Health Centers** 

Limited service clinics

**Physicians** 

Certified nurse practitioners

Certified nurse midwives

Certified registered nurse anesthetists

Clinical nurse specialist

Psychiatric clinical nurse specialist

Physician assistants

In addition, ambulance providers (including for COVID-19 vacaccine administration rendered by a paramedic, advanced emergency medical technician(EMT), or EMT-Basic), Podiatrist, home health agencies and hospice providers may bill MassHealth for COVID-19 vaccine administration.

For more details see All Provider Bulletin 307.

Mass Immunizer providers should reference <u>Mass Immunizer Provider Bulletin 1</u> for eligibility and billing information.

#### **COVID-19 Vaccine Update** (cont'd)



MassHealth expects to pay the following rates to applicable providers (other than pharmacy providers)

Procedure Codes/ Modifiers/ Provider Payment

Code	Allowable Fee	Description of Code	Effective for Dates of Service On or After
91300 SL	\$0.00	Pfizer-Biontech Covid-19 Vaccine (SARSCOV2 VAC 30MCG/0.3ML IM)	12/11/2020
0001A	\$33.88	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 30MCG/0.3ML 1ST)	12/11/2020
0002A	\$56.78	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 30MCG/0.3ML 2ND)	12/11/2020
91301 SL	\$0.00	Moderna Covid-19 Vaccine (SARSCOV2 VAC 100MCG/0.5ML IM)	12/18/2020
0011A	\$33.88	Moderna Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 100MCG/0.5ML 1ST)	12/18/2020
0012A	\$56.78	Moderna Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 100MCG/0.5ML 2ND)	12/18/2020

Please refer to All Provider Bulletin 307 for additional details

## **COVID-19 Vaccine Update** (cont'd)



#### **Vaccine Distribution**



MassHealth anticipates the vaccine products will be distributed by the Massachusetts Department of Public Health (MDPH) to providers at no cost. The vaccine manufacturers will ship the vaccine products to long-term care facilities also at no cost. Visit the MDPH vaccine website at <a href="www.mass.gov/covidvaccine">www.mass.gov/covidvaccine</a> for more information and the distribution timeline. Please see All Provider Bulletin 304 for details

#### **Administration and Testing**

New testing codes have been added that MassHealth will be covering for dates of service as specifically listed in All Provider Bulletin 304. MassHealth also anticipates that there will be a change to the payment methodology for high throughput COVID-19 diagnostic testing. Please see All Provider Bulletin 304 and All Provider Bulletin 307 for additional details.

#### **Monoclonal Antibody Product Infusion**

The FDA issued an EUA for two investigational monoclonal antibody therapies for the treatment of mild-to moderate COVID-19 in adults and pediatric patients with positive COVID-19 test results who are at high risk for progressing to severe COVID-19 and/or hospitalization. MassHealth will cover this treatment for dates of service as specifically listed in <u>All Provider Bulletin 304</u>, consistent with the terms of the EUA

#### **Dedicated COVID-19 Provider Page**



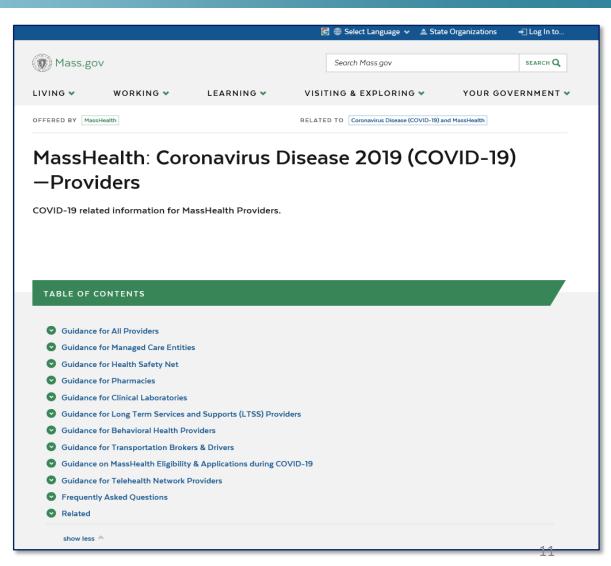
#### COVID-19 Provider Page

Providers should visit the dedicated COVID-19 provider page for the latest COVID-19 related information.

The webpage includes links to:

- Guidance for All Providers
- Guidance for specific provider types and
- Frequently Asked Questions

The link for "Guidance for All Providers" contains released publications such as Provider Bulletins and the approved Massachusetts' 1135 waiver.





#### **Questions?**



# Payment and Care Delivery Innovation (PCDI) Year 4

Presented by – Marilyn Thurston, Sr. Provider Relations Specialist, MassHealth Customer Service Center

#### ACO Year 4



#### PCDI Year 4 will have 2 implementation waves.

#### Wave 1

Effective January 1, 2021 Minimal changes

- No member moves
- No major provider changes

#### Wave 2

Effective July 1, 2021

More details to follow



January 1, 2021

July 1, 2021

#### **ACO Year 4**



- ACOs had until January 6th to request provider add/ drops and service area changes that would be effective for July 1<sup>st</sup>.
- MassHealth is reviewing those requests, making sure that they do not have negative impacts to an ACO's network adequacy, among other criteria.
- We are reviewing as quickly and thoroughly as we can so that any changes will be publicized with appropriate lead time, but do not have specific dates we can offer at this time.



#### **Questions?**



# Office of Long-Term Services and Supports (OLTSS)

Presented by – Whitney Moyer, Chief, Office of Long-Term Services and Supports

#### **COVID-19 Updates**



- Home & Community Based Services were identified as an immediate area of focus to ensure continuity of services by providing flexibilities and support as needed, including:
  - Evaluation and reassessment (e.g., relaxing wet signature requirements, telehealth flexibility)
  - Prior authorizations (e.g., allowing extensions, signature flexibilities, automatically increasing PCA hours when day programs were ordered to close, etc.)
  - Care management activities (e.g., telehealth and video conferencing)
  - PCA New Hire Paperwork (e.g., electronic portals established)
  - DME and Oxygen and Respiratory supplies (e.g., monthly supplies increased from 30-day to 90-day monthly supply upon member request)
  - MasOptions hotline for temporary expansion of home health aide services for PCA consumers
  - COVID-19+ Consumer-Directed PPE Program

#### ADH & DH update

- Cautious re-opening of programs with infection control guidelines began in July 2020
- Development of a multi-modal service delivery to ensure that the typical day program
  participant is able to access day program services in new, meaningful ways where the core
  service remains center-based but flexibility is provided to deliver services remotely or inperson in the home/community
- Flexibility to temporarily suspend center-based services but pivot to remote delivery depending on COVID-19 community spread

# **COVID-19 Updates** (cont'd)



#### Nursing Facilities

- The Commonwealth took immediate and significant action to support nursing facilities in the early months:
  - Mobile testing available for nursing facilities to test residents and staff
  - \$130 million in funding provided in March and April for (1) across the board increases to support staffing and infection control; (2) funding facilities that could create dedicated COVID-19 units/wings; and (3) establishing fully dedicated COVID-19 facilities
  - Significant PPE support nursing facilities are the #1 recipient of PPE from the state stockpile
- ~38,000 individuals reside in over 380 nursing facilities across the Commonwealth
- Despite immediate action, nursing facilities have accounted for over half of COVID-19 related deaths
- The rate of infection and mortality in nursing facilities is driven by:
  - Health status of residents
  - Lack of infection control sophistication and crisis management
  - Substantial staffing issues (up to 20-40% call out rates)
  - Difficulty cohorting residents to decrease transmission
- At the end of April, the Commonwealth released the Accountability & Supports package which has served as a model for other states

# **COVID-19 Updates** (cont'd)



## In April, the Commonwealth released the Nursing facility Accountability & Supports package: 5 elements

- 1. Testing
- 2. Infection control oversight and audits
- 3. New funding with accountability

- 4. Staffing support
- 5. Industry-led Infection Control Performance Improvement Center

- Test all staff and residents as quickly as possible
- Facilities must identify approaches for ongoing surveillance testing
- On the ground assessment and auditing against a clear set of basic infection control and management standards (28-point infection control audit)
- Audits will occur regularly, either every two or four weeks based on monitoring needs of facility
- \$130M (additional 50% of historical reimbursement over 2 months) potentially available to facilities for staffing, infection control, and PPE – if they pass infection control audits
- Financial accountability for performance and improvement
- Direct clinical staffing for emergency situations through Rapid Response Teams (120 clinical staff) provided by the Commonwealth
- Deployment of the National Guard for clinical supports
- Request to health systems to deploy available clinical workers
- Statewide nursing facility infection control command center led by MSCA, Hebrew Senior Life and other industry leaders to deploy expert support and on the ground resources to facilities that need help
  20

# **COVID-19 Updates** (cont'd)



- As a result of efforts by the Commonwealth and the long term care industry, **new COVID-19 cases** and deaths in nursing facilities have declined by over 90% since late April based on 7-day averages
- Going forward, the Commonwealth will maintain these effective interventions and continue to hold facilities to a high level of accountability through increased oversight and standards that align with a five-pronged approach.
- These interventions achieve the following:
  - Establishes standards related to staffing and physical plant to improve infection control and overall quality of care
  - Holds facilities accountable in three key areas: infection control, staffing and management through increased oversight and monitoring
  - Emphasizes the importance of the direct care workforce and resident quality of life
    - Maintain minimum levels of hours per patient day (HPPD), allocate at least 75% of revenue on direct care staffing, and convert 3 and 4 bedrooms to 1 or 2 bedrooms
  - Provides an unprecedented investment that will enable facilities to meet these standards and furthers the NF Taskforce's goals related to right-sizing the industry, improving quality, and strengthening the direct care workforce.
    - New progressive rate structure emphasizes support of specialized populations and low-income communities, efficient occupancy, and quality

### **Major Initiatives**



- Electronic Visit Verification (EVV)
  - EVV refers to the technology a worker uses during a home visit to capture key information,
     such as the start time and end time of the service.
  - EVV is <u>required</u> by federal law under the 21st Century Cures Act for personal care by 1/1/2020 and home health care services by 1/1/2023.
    - Note: MassHealth received a one-year Good Faith Effort extension to implement by 1/1/2021; however, the implementation roll-out is still ongoing
  - EVV implementation timeline has been impacted by the COVID-19 pandemic; however, below is an outline of when certain services have and may be implemented:
    - ASAP-contracted providers (e.g., home care, FEW, etc)
      - Data Aggregator January 2021
      - MyTimesheet June 2021
    - PCA Program 2022
    - GAFC 2022
    - Home Health 2021/2022

# **Major Initiatives** (cont'd)



- Uniform Core Assessment (UCA)
  - Refresher: Vision for a Uniform LTSS Assessment Tool
    - A clinical assessment that determines eligibility, level of care, and/or level of payment for the maximum possible number of LTSS programs and plans; and serve as a gateway for accessing LTSS services generally
    - An online system where assessors can create assessments and providers and other qualified stakeholders can review them.
    - A database with multiple interfaces that provides reporting to enable Program Integrity efforts, population health analytics, and program/policy development.
  - Timeline: MassHealth is planning for implementation of the Uniform Core Assessment (UCA),
     tentatively scheduled to go live in Summer 2022. Goals of the UCA include:
    - Reducing assessment fatigue since the same assessment can be used for multiple services.
    - Centralizing assessment data will improve providers' and partners' ability to better serve members.
    - Consistent data across programs will support quality efforts, rate development, and program integrity.
  - The UCA tool will be used for assessing MassHealth members' clinical eligibility for community
     LTSS services including ADH, AFC, GAFC, PCA, and Day Hab, and likely to establish SNF level of care for PACE.
  - Application of the UCA for One Care, SCO, LTSS CPs and the Frail Elder Waiver, as well as other HCBS waivers, are to be determined.

## **Important Program Updates**



- PCA
  - Fiscal Intermediary Procurement Update
    - In September of 2020, MassHealth released an RFR to procure a single Fiscal Intermediary (FI) for the PCA and MFP Waiver programs.
    - In addition to traditional payroll-related administrative activities, the selected FI vendor will be responsible for implementing EVV for the PCA and MFP Waiver programs.
    - Responses are being reviewed with the support of the FI Procurement Advisory Council (FIPAC), a procured advisory council of PCA program consumers and stakeholders.
    - MassHealth will announce the selected FI in April of 2021.

#### **Estimated Timeline for EVV Implementation for PCA**



- New Hire Orientation training focused on infection control
- o Employee Assistance Program (EAP) procurement



#### **Questions?**



# Cycles 2 and 3 Updates

MassHealth Training Forum (MTF) Presentation
January 2021

Presented by – Allison Rosenthal, Grants Coordinator
Health Resources in Action, Inc.



#### **PAIGP Overview**

- The MassHealth Provider Access Improvement Grant Program (PAIGP) aims to help eligible MassHealth providers increase access to healthcare and improve outcomes for patients with disabilities, or for whom English is not a primary language, through the purchase of medical diagnostic equipment, communication devices, and other resources.
- The grants awarded through this program are intended to reduce the barriers that make it less likely for individuals with disabilities or for whom English is not a primary language to get routine and preventative medical care.
- The Massachusetts Executive Office of Health and Human Services (EOHHS) oversees PAIGP, which is funded via MassHealth's Section 1115 Demonstration.



# Cycles 2 & 3 Updates

#### 2020 Cycle 2

Disbursements over \$2,000,000 to 65 awardees.

#### 2021 Cycle 3

- Applications due April 14, 2021
- Applicants can request up to \$75,000 per application/per PID/SL
- Eligibility requirements expanded to include all MassHealth Fee-For-Service providers of all sizes, with preference given to applicants who employ fewer than 30 full-time employees
- Eligible purchases expanded to include remote monitoring and infectious control equipment



#### Questions?





# **Notification of Birth Updates**

Presented by – Sina Eam, Sr. Provider Relations Specialist, MassHealth Customer Service Center



- Effective January 1, 2021, MassHealth will require acute inpatient hospitals to use an updated paper or electronic Notification of Birth (eNOB)
  - Hospital facilities interested in submitting NOBs electronically should contact Sam Evans at <u>samuel.evans@mass.gov</u> for more information
- The NOB form is the primary method to determine eligibility for MassHealth
- Complete and submit the NOB as soon as possible and no later than 10 days after birth





- MassHealth's Notice of Birth (NOB) form now include fields for:
  - MassHealth health plan and PCP voluntary selection
  - A field has been added to indicate whether the mother is eligible for or enrolled in ConnectorCare
- Forms with "BABY BOY" or "BABY GIRL" in the place of the child's name will not be processed effective January 1, 2021.

Please refer to <u>All Provider Bulletin 305</u> for additional details. To download the form, please go to <a href="https://www.mass.gov/doc/notification-of-birth-form-nob-1-2/download">https://www.mass.gov/doc/notification-of-birth-form-nob-1-2/download</a>

MassHe					HEAL
CORRS - www.mass.	goumanheath	EDM C	OVER SH	EET	
NOTIFI OF BIR	ICATION	V		Hospital Name	
				Hospital Address	
Instructions:	<ul> <li>Sign form a</li> </ul>	rm and print it out. nd fax it to (617) 887-8 ned on back of form.	3777.		
	tification of Birtl		_	Contact Name	
	om into a health pla als with a way to re	n ceive a newborn member	ID to submit saims	Phone	
Section I: Moth	er's Information		-	J	
Last Name			First Name		
Address					
Date of Birth		Phone	MassHea	elth Member I	D
Primary Commerc	cial Insurance			Con	nectorCare   Yes   N
Policy Holder or G	iuardan			Rela	tionship to Newborn
	I's Information – Pl onal children on a se		ijid's name (Las	t, First, and A	fiddle), Date of Birth, an
Last Name		First Name	•	M	ckfle Name
Date of Birth	Gender	CP lags	a)		
Health Plan		City	State	Zip	Phone
Last Name		letter.		Mid	de Name
Date of Birth	Gender	PCF g: Jane F. Do	el		
Health Plan	,	City	State	zip .	Phone
Please avoid using If you enter *BABY	g "BABY GIPL" or "BAB r GIRL" or "BABY BOY"	Y BOY" as a substitute for the on this form, it will take Mas	e newborn's name, and u sHealth longer to proces	se these term s it.	s only as a last resort.
Has an application	n for the child's social	security number been made	e through the hospital?	☐ Yes ☐	No



Assignment of all newborns to Fee for Service (FFS) when a voluntary managed care plan selection is not made on the NOB.

In cases where the family has not made a health plan selection on the NOB form:

- The newborn will be placed into FFS coverage for <u>14-days</u> once MassHealth eligibility has been established
- The family can voluntarily enroll the newborn in a plan sooner than 14-days by visiting <u>MassHealthchoices.com</u> or calling MassHealth Customer Services





Assignment of all newborns to Fee for Service (FFS) when a voluntary managed care plan selection is not made on the NOB.

In cases where the family has not made a health plan selection on the NOB form:

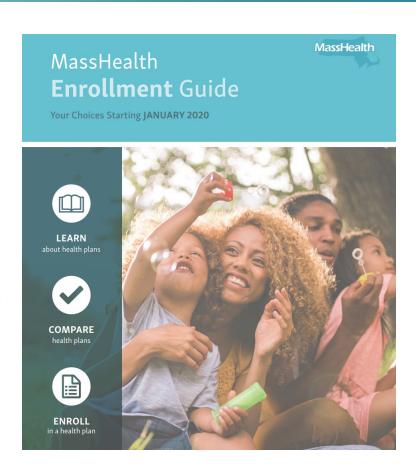
• If the family does not voluntarily enroll the newborn in a plan after 14-days, MassHealth will automatically assign the newborn into a managed care plan as their next-youngest sibling, if present **OR** a health plan in their geographic area.





# **Outreach to New Parents/Guardians**

- Letter to new parents/guardians
  - Let new parents/guardians know the newborn are MassHealth eligibility
  - Learn, Compare, Enroll
    - Online at <u>MassHealthChoices.com</u>
    - Call MassHealth customer service at 800-841-2900; TTY at 800-497-4648
    - Complete an Enrollment Form and mail to the address on the form
  - MassHealth will pick a new health plan for the newborn if a health plan selection was not made after 14 days of the letter





## **Questions?**



# Electronic Claims HIPAA File and Provider Online Service Center (POSC) Updates

Presented by – Sina Eam, Sr. Provider Relations Specialist,
MassHealth Customer Service Center

### **Overview**



On March 14, 2021, MassHealth will implement modifications to the submission requirements related to operating physician, service facility location, and supervising physician information submitted on claims transactions.

- The changes will impact both 837 batch claims transactions and the Provider Online Service Center (POSC) Direct Data Entry (DDE) claims transactions. To support these minor changes the companion and billing guides will be updated.
- MassHealth will conduct general information sessions for providers, trading partners, and vendors beginning this month (January 2021). Registration can be completed at: <a href="https://www.mass.gov/service-details/trading-partner-education">https://www.mass.gov/service-details/trading-partner-education</a>.
- It is highly recommended for providers, trading partners and vendors to participate in each of the information sessions available as they will include updates as released.

# **Claim Requirements**



### **Operating Physician (837I and Institutional DDE claims)**

- The Operating physician's NPI is required on all Institutional claims if a surgical procedure code is submitted on the claim
- A warning message will be displayed on the POSC noting that an Operating Physician NPI is required whenever a provider inputs a surgical procedure code on the claim
- The Other Operating Physician NPI can only be submitted on a DDE claim when the Operating
  Physician is present. The claim will not be able to proceed to adjudication if the Other
  Operating Physician is present when the Operating Physician is NOT included on the claim
- The Operating Physician must be actively participating/enrolled in MassHealth

# Claim Requirements (cont'd)



# Service Facility Location Address (8371, 837P, Institutional and Professional DDE claims)

- The Service Facility Location Address will be required if the Service Facility Location Name is entered on the claim
  - The facility name is only required if the location of services is different than that of the billing provider
  - The DDE claim will not be able to proceed to adjudication if the service facility
    address is not populated whenever the service facility name is present on the claim. If
    the service facility address field is not populated, the claim cannot proceed to
    adjudication

# Claim Requirements (cont'd)



### **Supervising Physician (837P and Professional POSC DDE claims)**

The Supervising Physician must be actively participating/enrolled in MassHealth

### **Information Sessions**



MassHealth is conducting three general information sessions between January – March 2021 for providers, trading partners, and vendors.

Date	Details
January 27, 2021	High-level overview of the upcoming changes
February 17, 2021	Will contain detailed information about the upcoming changes (screen shots, billing instruction & Companion Guide updates)
March 17, 2021	Recap and check in post go live

For more information regarding these changes and registration details, please visit: <a href="https://www.mass.gov/service-details/trading-partner-education">https://www.mass.gov/service-details/trading-partner-education</a>

### Resources



• Information about the upcoming changes and session registration link: https://www.mass.gov/service-details/trading-partner-education

#### MassHealth Customer Service

Long-Term Services and Supports Providers

Phone: (844) 368-5184 (toll free)

Email: support@masshealthltss.com

Fax:(888) 832-3006

All Other Provider Types

Phone: (800) 841-2900; TTY: (800) 497-4648

Email: providersupport@mahealth.net

Fax: (617) 988-8974

#### Provider Email Alerts

 To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed



### **Questions?**



# **Interpreter Services**

Presented by – Lisa Morris, Director Cross Cultural Initiatives



# Are you really communicating with your Limited English Proficient patient?

Lisa M. Morris, MSTD

**Director of Cross Cultural Initiatives** 

Training and Education, Public & Private Health Solutions, Commonwealth Medicine, University of Massachusetts Medical School

<u>Lisa.Morris@umassmed.edu</u>



### **Objectives for the session:**

- Facts about training
- Understand the importance of communication skills
- Dynamics of culturally sensitive communication



# Interpreter Training Delivered Fall 2019- Spring 2020

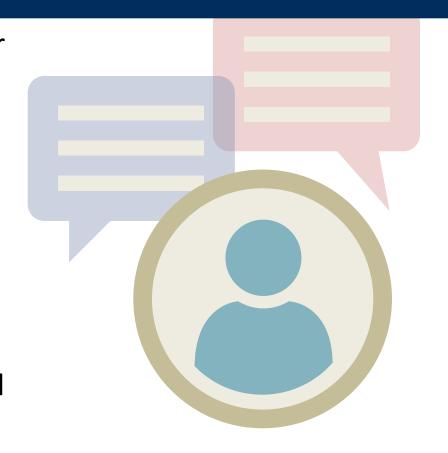
- 60 Hour Fundamentals of Medical Interpreter Training
- 30 Hour Mental Health Training for Interpreters
- Advanced Continued Education Workshops for Interpreters
- Paving the Way to Healthcare Access Conference for Healthcare Interpreters

### **Data Regarding Training FY20**

- Medical Interpreters trained: 359
- Languages represented:
  - Arabic
  - Haitian Creole
  - Cape Verdean Creole
  - Portuguese
  - Spanish
  - Swahili
  - Vietnamese
  - Cantonese
  - Mandarin

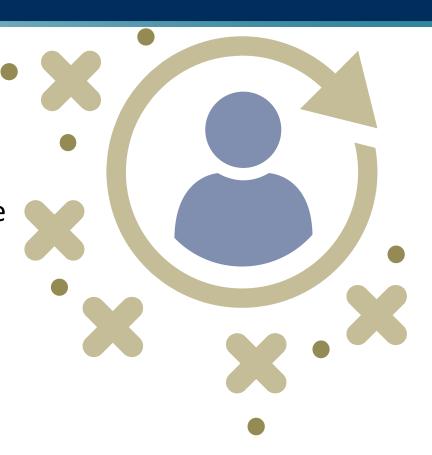
### Communication

- The basic role of the interpreter is to facilitate understanding in communication between people who are speaking different languages.
- Good communication
   occurs when the message that
   was sent is the same
   as the message that is received
   and understood.

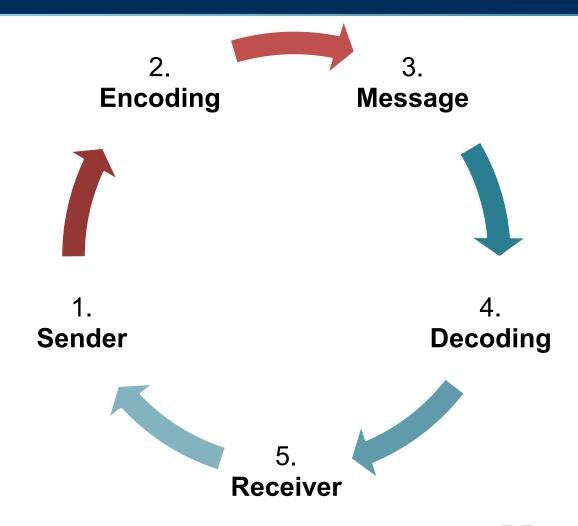


### **Barriers to Communication**

- Linguistic barriers
- Barriers of register
- Lack of experience or knowledge about health care concepts and procedures
- Cultural barriers
- Systemic barriers



### **Communication Process**



# Factors that influence how the message is given and received:

- Physical health and emotional state
- Meaning of the situation being discussed
- Personal needs and interests.
- Attitudes toward the other person
- Time limits during the communication
- Skill in communicating
- Environment in which communication occurs
- Background and cultural and social values
- Knowledge of the issue being discussed



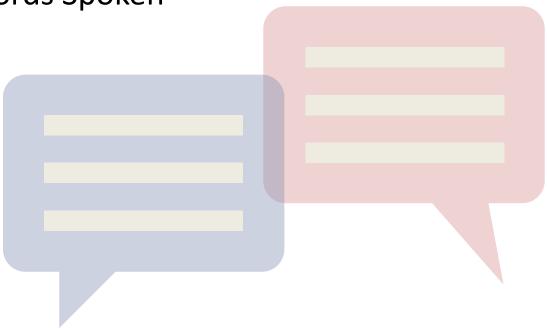
# What the Interpreter does during Communication Exchange:

- Active Listening
- Understanding and analyzing the message
- Memorizing the information



### **Verbal Communication**

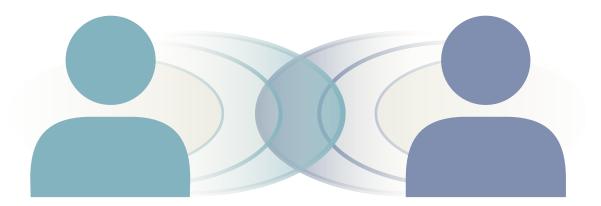
Actual Words Spoken



### **Nonverbal Communication**

# Ways in which we express meaning without speaking words:

- Facial expressions
- Eye contact
- Tone of voice and pace of speech
- Gestures
- Body posture/language
- Silence
- Touch
- Distance



### **Understanding Nonverbal Communication**

- Often expresses emotions, especially if the emotion is difficult to put into words
- Often signals a need for thought or more explanation
- Observing forms of nonverbal communication helps the speaker/interpreter know if meaning is clear



### **Key Points**

- Communication is the #1 tool used for evaluation in health care. It is the most common "test" done in patient care
- Key decisions are often made based on the quality and characteristics of what patients have to say
- The interpreter's ability to faithfully portray the patient's views, emotions and language is the critical link in this process





### **Contact**

### Lisa M. Morris, MSTD

Director of Cross Cultural Initiatives
Training and Education, Public & Private Health Solutions

<u>Lisa.Morris@umassmed.edu</u> 508-856-3572

#### **Commonwealth Medicine**

University of Massachusetts Medical School 333 South Street, Shrewsbury, MA, 01545



# **MassHealth Updates**

Presented by – Karla Burgos Sr. Provider Relations Specialist, MassHealth Customer Service Center



# **270/271 Changes**

# **270/271 Changes**



- On July 1, 2021, MassHealth will implement a minor change to the HIPAA Health Care Benefit Inquiry and Response (270/271) transaction. The change is limited to the electronic eligibility response (271) file only. The 271 response will include additional information (EB01, 02 03, 06, 07) in Loop 2110C Subscriber Eligibility or Benefit Information
- MassHealth recommends that all Providers, Trading Partners, and Vendors (clearinghouse, billing intermediary, software vendor) who send and receive 270/271 electronic HIPAA transactions evaluate the changes that will be outlined in the updated MassHealth Companion Guide to ensure that their systems can accept the additional information within that Loop. The Updated Companion Guide will be available in early February
- MassHealth will begin testing with Trading Partners and vendors on this minor modification in the Spring, 2021
- Providers interested in testing should contact MassHealth Customer Service Center's EDI team at edi@mahealth.net or (800) 841-2900 (Press 2, 3, 1, 1 to reach EDI)



# **Acupuncture**

# **Acupuncture New Provider Type**



MassHealth is introducing acupuncturist as a new provider type. MassHealth Plans to begin enrolling acupuncturist Spring 2021 with a tentative effective date in the Summer 2021

#### Acupuncturists must meet the following eligibility requirements.

- (1) In State: Must be licensed as a provider of acupuncture by the Massachusetts Board of Registration in Medicine under *The Practice of Acupuncture*; or
- (2) Out of State: Must be currently licensed as an acupuncturist in his or her own state, or for an acupuncturist in a state that does not license acupuncturists, be legally authorized to perform the services of an acupuncturist in that state and Participate in its state's Medicaid program or the equivalent and
- (3) Must meet all other regulatory conditions.

Additional information will become available over the next few months along with informational sessions for acupuncturist.



# Ordering, Referring and Prescribing Updates

# Ordering Referring and Prescribing (ORP) Reminder



### ORP denials are currently paused or postponed due to COVID-19

- Phase 1 denials for Group 1 (individual non-LTSS), Group 2 (entity non-LTSS) were paused beginning with DOS on or after 3/30/20 due to the COVID-19 emergency
- Phase 1 denials for Group 3 (LTSS) provider types were scheduled to go into effect with DOS on or after 4/15/20 but have been postponed due to the COVID-19 emergency
- An announcement will be made prior to the resumption of denials along with adjusted implementation dates for Phase 1 Group 3 and Phase 2 denials
- MassHealth continues to provide informational edits for impacted ORP claims to inform billing providers of claims that do not meet ordering, referring, and prescribing requirements

# Ordering Referring and Prescribing (ORP) Reminder (cont'd)



### **Continued outreach and preparation:**

MassHealth continues to monitor and conduct outreach to providers with high numbers of claims edits.

#### MassHealth recommends that providers:

- Continue to take notice of ORP edits on remittance advice
- Make any process adjustments to reduce future ORP denials
- Visit Mass.Gov for the most updated information
- Watch for notifications from MassHealth
- Continue to enroll ORP providers as non-billing or fully enrolled providers

To learn more about Ordering, Referring and Prescribing (ORP) visit the Provider ORP page at:

<u>www.mass.gov/the-aca-ordering-referring-and-prescribing-orp-requirements-for-masshealth-providers</u>



# MassHealth Bulletins (November 2020 – January 2021)

# All Provider Bulletin 302: Hospital-Determined Presumptive Eligibility (HPE) Updates During COVID-19 Emergency

- The Affordable Care Act (ACA) allows qualified hospitals to make presumptive eligibility determinations for immediate, time-limited Medicaid coverage using self-attested information from certain individuals who appear to be eligible for Medicaid coverage, but are unable to complete a full Medicaid application at that time.
- <u>All Provider Bulletin 302</u>, supersedes All Provider Bulletin 299, published in July 2020. This bulletin largely restates the requirements described in All Provider Bulletin 299, except it clarifies that there may be other individuals that may qualify that were not listed before.
- In addition, the expansion of HPE to CommonHealth Children and Family Assistance Children is permanent and will extend beyond the COVID-19 national emergency period.



- All Provider Bulletin 303, which supersedes All Provider Bulletin 298 as of November 2020, largely maintains the telehealth policy set forth in All Provider Bulletin 298 except it:
  - Removes the requirement, previously codified in Appendix A to All Provider Bulletin 298, for the provider to include the CPT code for the service rendered via telehealth in the patient's medical record.
  - Provides additional clarification
  - Extends that policy through March 31, 2021
- This bulletin applies to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) Plan, or a Primary Care Accountable Care Organization (ACO).
- MassHealth managed care entities will also be required to maintain telehealth flexibility through March 31, 2021, as described in <u>Managed Care Entity Bulletin 46</u>.
- This bulletin applies to all MassHealth programs, except those managed by the MassHealth Office of Long-Term Services and Supports (OLTSS).

MassHealt

# All Provider Bulletin 304: Coverage and Payment for COVID-19 Vaccine Administration and Testing



- MassHealth issued <u>All Provider Bulletin 304</u>, which details eligibility, distribution and payment for the administration of the vaccine and testing of Coronavirus Disease 2019 (COVID-19).
- MassHealth will cover the vaccines for members in:
  - MassHealth Standard
  - CommonHealth
  - Family Assistance
  - Careplus
  - The Children's Medical Security Plan
- This bulletin applies to members who are enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) Plan, or a Primary Care Accountable Care Organization (ACO).
- Guidance for the uninsured and for other programs (Health Safety Net and MassHealth Limited) can be found in this bulletin.
  - There is no cost sharing for COVID-19 testing or treatment.

# All Provider Bulletin 304: Coverage and Payment for COVID-19 Vaccine Administration and Testing (cont'd)



- MassHealth anticipates the vaccine products will be distributed by the Massachusetts
  Department of Public Health (MDPH) to providers at no cost. The vaccine manufacturers will
  ship the vaccine products to long-term care facilities also at no cost. Please visit the MDPH
  vaccine website at <a href="https://www.mass.gov/covidvaccine">www.mass.gov/covidvaccine</a> for more information and the distribution
  timeline.
- New testing codes have been added that MassHealth will be covering for dates of service as specifically listed in the bulletin.

For more information on the Coronavirus Disease (COVID—19) please visit
 www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers

# All Provider Bulletin 305: Newborn Members: Eligibility, Enrollment and Payment



- MassHealth issued <u>All Provider Bulletin 305</u>, which details changes to the eligibility and managed care plan enrollment processes for newborn children of all MassHealth enrollees Effective January 1, 2021.
- These changes are designed to improve the member and provider experience related to the enrollment of newborns in MassHealth. These changes include:
  - Updates to the Notification of Birth (NOB) form
  - Changes to MassHealth managed care plan enrollment processes for newborns
- MassHealth will require acute inpatient hospitals to use an updated Notification of Birth paper form, referred to as the "NOB-1." This form, available January 1, 2021 at <a href="https://www.mass.gov/lists/masshealth-provider-forms-by-provider-type-h-m">https://www.mass.gov/lists/masshealth-provider-forms-by-provider-type-h-m</a>.
- Reminder
- When seeing a newborn child, MassHealth providers should check the child's eligibility using the MassHealth Eligibility Verification System (EVS), available through the Provider Online Service Center (POSC). The provider should check EVS before the appointment and on the date of the appointment.

# All Provider Bulletin 306: Reminder of 340B Indicator for Clinician-Administrative Drugs and National Drug Code (NDC) Requirements



All Provider Bulletin 306: Reminds the use Modifier UD for 340B Clinician-

### **Administered Drugs**

- As a reminder, all MassHealth-participating acute outpatient hospital providers, community health centers, and physician providers must add modifier UD to the applicable service code for any claims for clinician-administered drugs purchased through the 340B program when provided to MassHealth members.
- For Members who have Medicare in addition to MassHealth, who are considered dually eligible, providers must follow the Medicare instructions for drugs purchased through the 340B program. The National Drug Code (NDC) is required on most clinician-administered claims.
- These requirements apply to all claims for clinician-administered drugs billed through the medical benefit provided to MassHealth members, whether they are enrolled in fee-forservice or managed care.

# All Provider Bulletin 307: Updated Payment Rates and Authorized Providers for Coronavirus Disease 2019 (COVID-19) Vaccine Administration



- This bulletin supersedes the payment rates for COVID-19 vaccine administration in <u>All Provider Bulletin 304</u>, it lists additional authorized providers who may bill MassHealth for COVID-19 vaccine administration, and corrects the billing code for one COVID-19 antigen testing service.
  - One of the new providers listed in this bulletin are mass immunizer providers, as described in Mass Immunizer Provider Bulletin 1, may bill and receive payment from MassHealth for the administration of the COVID-19 vaccines to MassHealth members.
- All other information included in All Provider Bulletin 304 remains in effect.
- All providers types listed in <u>All Provider Bulletin 307</u> may bill and receive payment from MassHealth for the administration of the COVID-19 vaccines to MassHealth members, provided they meet the following requirements:
  - Ensure the rendering provider is authorized to administer COVID-19 vaccine under state law and fully complies with any requirements set forth by the Department of Public Health and any relevant boards;
  - are registered with MDPH's Massachusetts Immunization Information System (MIIS); and
  - are enrolled in the Massachusetts COVID-19 Vaccination Program via the MIIS to receive COVID-19 vaccines.





#### **Acute Inpatient Hospital**

Acute Inpatient Hoapital Bulletin 179: Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2)

Acute Inpatient Hospital Bulletin 178: Massachusetts Application for Health and Dental Coverage and Help

#### **Community Health Centers**

<u>Community Health Center Bulletin 106: Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2)</u>

<u>Community Health Center Bulletin 105: Massachusetts Application for Health and Dental Coverage and Help Paying Costs (ACA-3)</u>

#### **Durable Medical Equipment Provider**

<u>Durable Medical Equipment Provider Bulletin 24: Policy for Temporary Replacement Equipment During Repair; New Service Code - Corrected</u>

#### **HCBS Waiver Provider**

HCBS Waiver Provider Bulletin 6: Updated Guidance for Home and Community-Based Services (HCBS) Waiver Providers

Delivering Telehealth/Remote Services During the COVID-19 Public Health Emergency

#### **Long-Term-Care Facility**

<u>Long-Term-Care Facility Bulletin 115: Revised Status Change for Members in a Nursing Facility or Chronic Disease and</u>
Rehabilitation Inpatient Hospital (SC-1) Form





#### **Managed Care Entity**

Managed Care Entity Bulletin 52:Update to Payment for Coronavirus Disease 2019 (COVID-19) Vaccine Administration,

**Update to Authorized Vaccine Providers, and New Mass Immunizer Providers** 

Managed Care Entity Bulletin 51: Reminder of Required 340B Identifier for Clinician-Administered Drugs

Managed Care Entity Bulletin 50: Coverage and Payment for Coronavirus Disease 2019 (COVID-19) Vaccine

**Administration, Testing, and Monoclonal Antibody Product Infusion** 

Managed Care Entity Bulletin 49: Flu Vaccine Access and Birth Control Supply Flexibility

Managed Care Entity Bulletin 48: Accountable Care Organization Primary Care Provider Changes Effective July 1, 2021

Managed Care Entity Bulletin 47: Managed Care Entities—Service Area Changes Effective July 1, 2021

Managed Care Entity Bulletin 46: Updated MassHealth Telehealth Policy

#### **Mass Immunizer Provider**

Mass Immunizer Provider Bulletin 1: Mass Immunizer Provider Requirements and Payment for Coronavirus Disease 2019 (COVID-19) Vaccine Administration

#### **Nursing Facility**

Nursing Facility Bulletin 159: Updated Coronavirus Disease 2019 (COVID-19) Isolated Spaces for Nursing Facilities

Nursing Facility Bulletin 158: Updated COVID-19 Ongoing Surveillance Testing Requirements for Nursing Facilities

Nursing Facility Bulletin 157: Updated COVID-19 Ongoing Surveillance Testing Requirements for Nursing Facilities

Nursing Facility Bulletin 156: Updated Coronavirus Disease 2019 (COVID-19) Isolated Spaces for Nursing Facilities

Nursing Facility Bulletin 155: Reporting on Staff Hours and Staffing Preparedness for Nursing Facilities

### Resources



#### MassHealth Website

• These bulletins are all available on: http://www.mass.gov/masshealth-provider-bulletins

#### MassHealth Customer Service

Long—Term Services and Supports Providers

Phone: (844) 368-5184

Email: <a href="mailto:support@masshealthltss.com">support@masshealthltss.com</a>

Fax: (888) 832-3006

All Other Provider Types

Phone: (800) 841-2900; TTY: (800) 497-4648

Email: <a href="mailto:providersupport@mahealth.net">providersupport@mahealth.net</a>

Fax: (617) 988-8974

#### Provider Email Alerts

• To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.



### **Questions?**