Agenda

1. Welcome and Agenda Review – Felicia Clements, Manager, Provider Relations

2. Ordering, Referring and Prescribing Requirements – Alison Kirschgasser, Director, Federal Implementation, of Operations, MassHealth

3. Office of Long Term Services and Supports Updates – Whitney Moyer and Yorick Uzes, Office of Long Term Services and Supports

4. Technical Refresh – Kerrie Richards, Manager, Electronic Data Interchange, MassHealth Customer Service Center

5. Transportation Update – Karen Nelson, Sr. Provider Relations Specialist, MassHealth Customer Service Center

6. MassHealth Updates – Marilyn Thurston, Supervisor, Provider Relations, MassHealth Customer Service Center
   - Provider Update
   - MassHealth Bulletins (January - April 2019)

7. Next PAF Meeting: July 17th, 2019 (Woburn Crowne Plaza)
Ordering, Referring and Prescribing Requirements

Presented by- Alison Kirchgasser, Director, Federal Policy Implementation
Ordering, Referring & Prescribing (ORP) Requirements

- ACA Section 6401 (b)

- States must require:
  
  o All ordering or referring physicians and other professionals be enrolled under the State [Medicaid] Plan…as a participating provider; and

  o 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.

- State law requires that authorized ordering/referring/prescribing provider types must apply to enroll with MassHealth 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.
ORP Requirements

The services below must be ordered, referred or prescribed. MassHealth is applying O&R requirements to fee for service, crossover (where Medicare requires O&R), and third party liability claims, but not to claims submitted to MassHealth contracted managed care entities.

- Any service that requires a PCC referral
- Adult Day Health
- Adult Foster Care
- Durable Medical Equipment
- Eyeglasses
- Group Adult Foster Care
- Home Health
- Independent Nurse
- Labs and Diagnostic Tests
- Medications
- Orthotics
- Oxygen/Respiratory Equipment
- Prosthetics
- Psychological Testing
- Therapy (PT, OT, ST)
### ORP Provider Types and Enrollment Status as of March 26th, 2019

*With detail regarding MassHealth Service Area Enrollment Saturation*

<table>
<thead>
<tr>
<th>Authorized ORP Provider Types</th>
<th>*MA Licensed &amp; Business Addresses in MA, ME, NH, VT, CT, RI, NY</th>
<th>Total # of ORP Provider Types “Known” to MassHealth</th>
<th>Total % Enrolled or in Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>31,168</td>
<td>34,170</td>
<td>109%</td>
</tr>
<tr>
<td>Optometrist</td>
<td>1,435</td>
<td>1,148</td>
<td>80%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>5,486</td>
<td>4,874</td>
<td>89%</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>452</td>
<td>428</td>
<td>95%</td>
</tr>
<tr>
<td>Nurse Midwife</td>
<td>470</td>
<td>404</td>
<td>86%</td>
</tr>
<tr>
<td>Dentist</td>
<td>6,326</td>
<td>5,053</td>
<td>80%</td>
</tr>
<tr>
<td>Nurse Practitioner (NP)</td>
<td>9,628</td>
<td>7,575</td>
<td>79%</td>
</tr>
<tr>
<td>Physician Assistant (PA)</td>
<td>3,856</td>
<td>3,457</td>
<td>90%</td>
</tr>
<tr>
<td>Certified Registered Nurse Anesthetists (CRNA)</td>
<td>1,069</td>
<td>1,141</td>
<td>107%</td>
</tr>
<tr>
<td>Clinical Nurse Specialist (CNS)</td>
<td>65</td>
<td>15</td>
<td>23%</td>
</tr>
<tr>
<td>Psychiatric Nurse Mental Health Specialist (PCNS)</td>
<td>613</td>
<td>293</td>
<td>48%</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>62</td>
<td>61</td>
<td>98%</td>
</tr>
<tr>
<td>Licensed Independent Clinical Social Worker (LICSW)</td>
<td>13,158</td>
<td>11,286</td>
<td>86%</td>
</tr>
</tbody>
</table>

| Total                         | 73,783                                                        | 69,905                                            | 95%                            |

- Claims for the services that are ordered, referred, or prescribed by a clinician who is not one of the authorized ORP provider types listed above must include the NPI of the clinician’s supervising physician (or other authorized ORP provider) on the claim.
- Note that pharmacy claims must include the individual NPI of the actual prescribing provider.
Implementation of ORP Billing Requirements

To assist providers to better prepare for these changes, MassHealth implemented the new billing requirements and related processes in several phases. (See All Provider Bulletins 259 and 274 for details)


![Diagram showing implementation timeline]

- Impacted claims submitted for payment to MassHealth must meet the following requirements:
  - The Individual ORP provider’s NPI must be included on the claim
  - The NPI of the provider on the claim must be one of the ORP provider types
  - The ORP provider must be enrolled with MassHealth, at least as a nonbilling provider

- On a future date (TBD) impacted claims will not be payable if they do not meet ORP requirements. Providers will be notified in advance of this date

- Billing providers should review the informational denial messages they are receiving to update their billing processes to comply with the ORP requirements
ORP Provider Education and Outreach Activities

• MassHealth has been using a variety of communication strategies and methods to share information with providers since 2015, which includes:

<table>
<thead>
<tr>
<th>Resources and Information:</th>
<th>Collaboration Strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Webinars</td>
<td>• Work with stakeholders to provide consistent messaging</td>
</tr>
<tr>
<td>• Provider bulletins</td>
<td>• Work closely with Provider Associations</td>
</tr>
<tr>
<td>• MassHealth website</td>
<td>• Proactive outbound calls from MassHealth</td>
</tr>
<tr>
<td>• MassHealth regulations</td>
<td>• Knowledgeable MassHealth Provider Services staff, available to answer providers’ questions as needed</td>
</tr>
<tr>
<td>• Message text (POSC)</td>
<td>• Working with respective provider licensing boards</td>
</tr>
</tbody>
</table>
MassHealth has been providing informational edits for impacted ORP claims to inform billing providers of claims that do not meet ordering, referring, and prescribing requirements.

Once the O&R requirements are fully implemented, impacted claims will be denied for these reasons if provider billing processes are not corrected:

The NPI of the ORP provider must be included on the claim:

- **835 Electronic Remittance Advice** (log into the POSC to see the applicable detailed edit from the list below)

<table>
<thead>
<tr>
<th>HIPAA Claim Adjust Reason Code (CARC)</th>
<th>HIPAA Remark Adjust Reason Code (RARC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>206 – National Provider Identifier – missing</td>
<td>N265 – Missing/incomplete/invalid ordering provider primary identifier</td>
</tr>
<tr>
<td></td>
<td>N286 – Missing/incomplete/invalid referring provider primary identifier</td>
</tr>
</tbody>
</table>

- **POSC version of the remittance advice**

  | 1080 – Ordering Provider Required | 1202 – NPI Required for Referring Provider 2 – HDR* |
  | 1081 – NPI required for Ordering Provider | 1203 – NPI Required for Referring Provider – DTL * |
  | 1200 – Referring Provider Required | 1204 – NPI Required for Referring Provider 2 – DTL * |
  | 1201 – NPI Required for Referring Provider – HDR | |

*According to federal guidance, Ordering and Referring rules do not require a secondary referring provider identifier on claims. However, there may be circumstances where the HIPAA V5010 Implementation Guide situationally requires a second referring provider identifier. In those circumstances, if the second referring provider’s NPI is included on the claim, but that provider is not enrolled with MassHealth or is not an authorized ORP provider, relevant informational edits will be included on the remittance advice.
ORP Billing – Future Claim Denial Edits on Remittance Advices (RAs)

- Billing provider types currently receiving large (500+) numbers of “NPI Missing” edits:
  - Acute Outpatient Hospital
  - Adult Day Health
  - Adult Foster Care
  - Chiropractor
  - Community Health Center
  - Durable Medical Equipment
  - Family Planning Agency
  - Group Adult Foster Care
  - Group Practice – Physician and Therapist
  - Hospital Licensed Health Center
  - Renal Dialysis Clinic
  - Pharmacy
  - Volume Purchaser
## ORP Billing - Future Claim Denial Edits on Remittance Advices (RAs)

The ORP provider must be in one of the eligible ORP provider types:

<table>
<thead>
<tr>
<th>835 Electronic Remittance Advice</th>
<th>HIPAA Claim Adjust Reason Code (CARC)</th>
<th>HIPAA Remark Adjust Reason Code (RARC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>183 – The referring provider is not eligible to refer the service billed</td>
<td>183 – The referring provider is not eligible to refer the service billed</td>
</tr>
<tr>
<td></td>
<td>HIPAA Claim Adjust Reason Code (CARC)</td>
<td>HIPAA Remark Adjust Reason Code (RARC)</td>
</tr>
<tr>
<td></td>
<td>184 – The prescribing/ordering provider is not eligible to prescribe/order the service billed</td>
<td>184 – The prescribing/ordering provider is not eligible to prescribe/order the service billed</td>
</tr>
<tr>
<td></td>
<td>N265 – Missing/incomplete/invalid ordering provider primary identifier</td>
<td>N265 – Missing/incomplete/invalid ordering provider primary identifier</td>
</tr>
<tr>
<td></td>
<td>N574 – Our records indicate the ordering/referring provider is of a type/specialty that cannot order refer. Please verify that the claim ordering/referring provider information is accurate or contact the ordering/referring provider.</td>
<td>N574 – Our records indicate the ordering/referring provider is of a type/specialty that cannot order refer. Please verify that the claim ordering/referring provider information is accurate or contact the ordering/referring provider.</td>
</tr>
</tbody>
</table>

### POSC version of the remittance advice

- 1085—Ordering Provider Not Authorized to Order Services
- 1217—Referring Provider Not Authorized to Refer - HDR
- 1218—Referring Provider 2 Not Authorized to Refer – HDR*
- 1219—Referring Provider Not Authorized to Refer - DTL
- 1220—Referring Provider 2 Not Authorized to Refer – DTL*
ORP Billing – Future Claim Denial Edits on Remittance Advices (RAs)

- Billing provider types currently receiving large (500+) numbers of “NPI Not Authorized” edits:
  - Adult Day Health
  - Community Health Center
  - Early Intervention
  - Group Practice – Physician
  - Mental Health Center

Note that MassHealth has discovered many incorrect claim submissions where the NPI of the referring practice is being listed on the claim instead of NPI of the individual ORP provider, resulting in “NPI not authorized” edits.
The ORP provider must be actively enrolled with MassHealth at least as a nonbilling provider:

- **835 Electronic Remittance Advice** (log into the POSC to see the applicable detailed edit from the list below)
  - **HIPAA Claim Adjust Reason Code (CARC)**
    - 208 – National Provider Identified – Not matched.
  - **HIPAA Remark Adjust Reason Code (RARC)**
    - N265 – Missing/incomplete/invalid ordering provider primary identifier

- **POSC version of the remittance advice**
  - 1082—Ordering Provider NPI not on file
  - 1084—Ordering Provider not actively enrolled
  - 1205—Referring Provider NPI not on file – HDR
  - 1206—Referring Provider 2 NPI not on file – HDR*
  - 1207—Referring Provider NPI not on file – DTL
  - 1208—Referring Provider 2 NPI not on file – DTL*
  - 1213—Referring Provider not actively enrolled – HDR
  - 1214—Referring Provider 2 not actively enrolled – HDR*
  - 1215—Referring Provider not actively enrolled – DTL
  - 1216—Referring Provider 2 not actively enrolled – DTL*

Billing providers that are receiving these edits should contact the ORP provider and/or the MassHealth CSC to request that he or she enroll in MassHealth to avoid future claims denials.
## ORP Billing Requirements
### 837 Transactions (Batch)

<table>
<thead>
<tr>
<th>Transaction Type</th>
<th>Type of provider</th>
<th>Location</th>
</tr>
</thead>
</table>
| **837I (Institutional)** | Referring        | Loop 2310F Referring Provider Name<br>  
NM101=DN  
NM108=XX  
NM109=NPI  
and  
Loop 2420D Referring Provider Name  
*(when different than Referring Provider in 2310F*)<br>  
NM101=DN  
NM108=XX  
NM109=NPI |
| **837P (Professional)** | Referring        | Loop 2310A Referring Provider Name<br>  
NM101=DN  
NM108=XX  
NM109=NPI  
and  
Loop 2420F Referring Provider Name  
*(when different than Referring Provider in 2310A*)<br>  
NM101=DN  
NM108=XX  
NM109=NPI |
| **837P (Professional)** | Ordering         | Loop 2420E Ordering Provider Name<br>  
NM101=DK  
NM108=XX  
NM109=NPI |

* Please note that ordering and referring requirements do not require a second referring provider identifier on claims; however, if the HIPAA 5010 Implementation Guide requires a second referring provider identifier, include that on the claim.
ORP Billing – Additional Notes

• On 837I claims that require orders/referrals, the ordering/referring provider is only required if different than Attending.

• Refer to MassHealth All Provider Bulletins 259 and 274 for more details and billing instructions related to O&R requirements.

• **POSC Provider Search Function**
  o In order to use the Provider Search Function you must be logged into the POSC. The Provider Search Option is in the left navigation list.

  o Results will return PROVIDER NAME, ADDRESS, NPI and “ACTIVE Y” or “No active MassHealth providers found.”

  o Please note that a response of ACTIVE Y does not definitively confirm that the provider is eligible to be an Ordering, Referring or Prescribing provider. For example, facilities and entities (e.g., hospitals, health centers, group practices) are not authorized ORP providers. Also, individual providers could be in a provider type that is not authorized to Order, Refer or Prescribe.
ORP Billing – Additional Notes

• On 837I claims that require orders/referrals, the ordering/referring provider is only required if different than Attending.

• Refer to MassHealth All Provider Bulletins 259 and 274 for more details and billing instructions related to O&R requirements.

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  o Please note that a response of ACTIVE Y does not definitively confirm that the provider is eligible to be an Ordering, Referring or Prescribing provider. For example, facilities and entities (e.g., hospitals, health centers, group practices) are not authorized ORP providers. Also, individual providers could be in a provider type that is not authorized to Order, Refer or Prescribe.
ORP Resources

• To learn more about Ordering, Referring and Prescribing (ORP) (and to download Nonbilling Application), visit the Provider ORP page at: www.mass.gov/the-aca-ordering-referring-and-prescribing-orp-requirements-for-masshealth-providers

• To register for a webinar for non-LTSS providers, please visit the MassHealth Learning Management System at: www.masshealthtraining.com

• An Ordering and Referring Guide for LTSS Providers is on the LTSS Provider Portal at: www.masshealthltss.com

• Provider Updates Email Sign Up

To receive e-mail notification of updates to MassHealth provider manuals, including regulations, and new provider bulletins send an email to join-masshealth-provider-pubs@listserv.state.ma.us

• Note: Just send the blank e-mail as it's addressed. No text in the body or subject line is needed.
Questions?
MassHealth Office of Long Term Services and Supports Updates

Presented by – Yorick Uzes, Director, Strategic Initiatives, Office of Long Term Services and Supports
Agenda / Updates

1. SCO and PACE Advisory Committees
2. Electronic Visit Verification (EVV) Stakeholder Meetings
3. Personal Care Management (PCM) Re-procurement
4. Prior Authorization (PA) Implementations
5. LTSS Provider Quality Forums
6. LTSS Member Survey
MassHealth has procured advisory committees for the Senior Care Options (SCO) and the Program for All-Inclusive Care for the Elderly (PACE) programs, to advise on program evaluation, administration and policy.

Senior Care Options Advisory Committee (SCOAC)
- Required by statute, SCOAC members have been selected through a procurement process
- SCOAC meetings will convene in May 2019
- Membership includes diverse stakeholder representation, including SCO enrollees

PACE Advisory Committee (PAC)
- PAC members have been selected through a procurement process
- PAC meetings will convene in May 2019
- Membership includes diverse stakeholder representation, including a family caregiver and representatives possessing knowledge of and experience with the PACE program
Electronic Visit Verification (EVV) Stakeholder Meetings

**Who is involved:**
- EOHHS is planning to implement EVV within the ASAP provider network in late summer/fall 2019.
- ASAP Provider Agencies support the Frail Elder Waiver, the Home Care Program, some SCO members and some One Care members.

**How EVV is being implemented:**
- Provider Agencies will have the option of using their own EVV system or utilizing the state-sponsored MyTimesheet system. Provider agencies using their own EVV system will send their data to a data aggregator, supported by Optum.

**When stakeholder meetings will be held:**
- EOHHS and Optum will be hosting dialogue sessions at different ASAPs across the state, starting in April 2019.

**Why there are stakeholder meetings:**
- The purpose of the sessions is to present proposed approaches to EVV data capture and gather feedback and insight into how those approaches would be received and operationalized at the provider agency level.
MassHealth contracts with Personal Care Management (PCM) Agencies, which provide certain functions to assist PCA consumer-employers with managing the PCA Program.

**Current Contract:**
- MassHealth’s current PCM Contracts are set to expire 6/30/20.
- However, the PCM contract start date should begin at the start of the year to align with Fiscal Intermediary (FI) contracts processes.

**Re-procurement:**
- EOHHS is proceeding with a re-procurement for PCMs with an contract effective date of 1/1/20.
- EOHHS anticipates updating the PCM contract as part of this process to implement improvements that have been suggested through various stakeholder engagements. Such updates include:
  - Adding a surrogate assessment
  - Permitting LPNs to do clinical evaluations
  - Revising the rate structure for how certain PCM functions are reimbursed, to better incentivize PCM performance of these functions
- The re-procurement will not make changes to the PCA Program model of consumer direction and maintains EOHHS’ commitment to preserve and strengthen consumer self-direction.
- The re-procurement is scheduled to meet a January 2020 contract start date.
EOHHS is implementing Prior Authorization across LTSS fee-for-service programs to ensure consistency and enhance program integrity.

**Status of implementations:**
- Home Health, Home Health Therapies, DMEPOS are complete
- AFC, PCA, ADH, Outpatient Therapy completed pilots and are moving toward Go Live

<table>
<thead>
<tr>
<th>PA Program</th>
<th>Category</th>
<th>Pilot Date</th>
<th>Go Live</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health</td>
<td>pre-existing</td>
<td>complete</td>
<td>complete</td>
</tr>
<tr>
<td>Home Health Therapies</td>
<td>pre-existing</td>
<td>complete</td>
<td>complete</td>
</tr>
<tr>
<td>DMEPOS</td>
<td>pre-existing</td>
<td>complete</td>
<td>complete</td>
</tr>
<tr>
<td>AFC</td>
<td>new</td>
<td>complete</td>
<td>4/16/2019</td>
</tr>
<tr>
<td>PCA</td>
<td>pre-existing</td>
<td>complete</td>
<td>5/1/19</td>
</tr>
<tr>
<td>Outpatient Therapy</td>
<td>pre-existing</td>
<td>complete</td>
<td>August 2019</td>
</tr>
<tr>
<td>ADH</td>
<td>new</td>
<td>May 2019</td>
<td>Summer 2019</td>
</tr>
<tr>
<td>Day Habilitation</td>
<td>new</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>
LTSS Provider Quality Forums

**Background:**
- The MassHealth LTSS TPA (Optum) organizes quarterly provider quality forums.
- Forums are intended to educate and inform providers of new LTSS program developments and quality initiatives.

**Forum to-date:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Provider Type</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2018</td>
<td>Boston, Worcester, &amp; live WebEx</td>
<td>AFC &amp; home health providers</td>
<td>General update on MH program integrity activities; understanding the audit process; trends in audit findings to date</td>
</tr>
<tr>
<td>December 2018</td>
<td>Boston &amp; live WebEx</td>
<td>Home health, hospice, &amp; DME</td>
<td>Update on year 2 of the ACO program</td>
</tr>
<tr>
<td>March 2019</td>
<td>Boston, Worcester, &amp; live WebEx</td>
<td>Nursing homes</td>
<td>Understanding the MMQ audit process; trends in MMQ audit findings to date</td>
</tr>
<tr>
<td>June 2019</td>
<td>TBD</td>
<td>All</td>
<td>The personal care continuum across LTSS services</td>
</tr>
</tbody>
</table>
LTSS Member Survey

Purpose
• Evaluate member experience with LTSS services, providers and support.

Methodology
• Optum conducted the survey during the period October 10 through October 22, 2018.
• The survey used questions from the CAHPS Home and Community Based Survey, but adjusted to better address the specific needs of the LTSS population in Massachusetts.
• A total of 401 interviewed were completed in either English and Spanish.

Overall results:
• 95% are very satisfied or somewhat satisfied with the services and support they received.
• 94% are satisfied with the choice of LTSS providers offered by MassHealth.
• 87% always or usually received their services and support in a timely manner.
• 79% indicated that when having spoken with a prior authorization representative, the representative always or usually communicated clearly and concisely.
• 92% of respondents who said their provider created a service plan indicated the plan included “most or all of the things important to you”.
Questions?
Technical Refresh – Phase II

Presented by – Kerrie Richards, Manager, EDI & Trading Partner Testing, MassHealth Customer Service Center
Technical Refresh – Phase II

What Is Technical Refresh?

MassHealth will implement the Technical Refresh in the following phased approach and the Trading Partner Testing (TPT) timeline. Trading partners may upload test transactions to the TPT testing environment at any time during the corresponding TPT phase to validate compliance:

<table>
<thead>
<tr>
<th>Phase</th>
<th>HIPAA Transactions</th>
<th>TPT Timeframe</th>
<th>Duration</th>
<th>GO LIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>270/271</td>
<td>7/29/2019 – 9/20/2019</td>
<td>8 weeks</td>
<td>9/30/2019</td>
</tr>
</tbody>
</table>

Companion Guides – Future Updates

MassHealth may update the HIPAA Companion Guides once it completes internal testing per the following timeframes:

- Phase 1: June 2019
- Phase 2: November 2019
Technical Refresh – Phase II

TPT Information Sessions

MassHealth will conduct a series of 1 hour information sessions to educate Billing Intermediaries / Clearinghouses (BIs/CHs) and software vendors (SWV) about the technical refresh and trading partner testing. There will be a series of separate sessions for providers that submit transactions directly to MassHealth. MassHealth will provide additional updates and information about testing, and answer any questions received during the sessions.

TPT Information Sessions Schedule

Providers and BIs may sign up for any of the following Information sessions by clicking on this link: www.masshealthtraining.com. The schedule was extended through May 9. There will be separate sessions for BIs and providers. The sessions will be held on Thursdays from 2:00 pm – 3:00 pm:

**BI/CH/SWV**
- February 28, 2019
- March 14, 2019
- March 28, 2019
- April 11, 2019
- April 25, 2019
- May 9, 2019

**Providers**
- March 7, 2019
- March 21, 2019
- April 4, 2019
- April 18, 2019
- May 5, 2019
Technical Refresh – Phase II

How Should Trading Partners Prepare?

Here is a quick checklist to follow:

- √ Read the updated MassHealth HIPAA Companion Guides and assess any changes
- √ Sign up for one of the provider or vendor technical refresh information sessions
- √ Ensure that your systems are updated to comply with the changes and are ready for compliance testing
- √ Monitor MassHealth communications for Technical Refresh updates as they become available
- √ Submit your compliance test during the appropriate TPT phase

Next Steps

Please share this information with your constituents. MassHealth will send out periodic updates as the TPT timeframe and implementation date draws near. Submitters are strongly encouraged to attend the information sessions.

EDI Contact Information

If trading partners have questions or are interested in participating in testing, please tell them to visit Mass.gov or contact EDI at the MassHealth Customer Service Center edi@mahealth.net.
Technical Refresh – Phase II

EDI Resources

MassHealth will make the following materials available:

- New webpage dedicated to Technical Refresh: https://www.mass.gov/masshealth-technical-refresh
- Updated Companion Guides available on above webpage
- Banner/text messages with important updates posted on PDF remittance advice reports
- Provider Bulletin available on above webpage
- TPT Frequently Asked Questions (FAQ), once received
Member Eligibility – 270/271 Batch Transaction Update

What is the Batch Member Eligibility?
MassHealth provides the ability for providers to check MassHealth eligibility for multiple members by uploading batch ASCX12 V5010 Eligibility Inquiry and Response (270/271) transactions via the Provider Online Service Center (POSC) and system-to-system through MassHealth’s CORE connectivity method.

The batch eligibility transaction is ideal for providers that must check eligibility for a large volume of members on a daily basis, such as hospitals and large group practices. Batch transactions are an alternative method to manually checking a single member’s eligibility through the Direct Data Entry (DDE) process on POSC.

What is the 270/271 Batch File Update?
MassHealth must update its backend eligibility response logic. The agency will no longer return eligibility results in the 271 when an invalid Member ID (MID) is submitted in the 270 transaction.

When will it happen?
Late June/Early July 2019 MassHealth will implement a change to the 271 response file.
Member Eligibility – 270/271 Batch Transaction Update

What is the current 271 response logic?

When a provider sends in a 270 request, the system checks eligibility based on the member’s first name, last name, date of birth (DOB), gender and MID. When it finds a match, the provider will receive a 271 response with the correct MID and eligibility for that member.

What is the future 271 response logic?

Once implemented, when a provider sends in a 270 request with an invalid MID, the provider will receive a 271 response indicating “member not found.” Specifically, it will state error code “72” Invalid/Missing Subscriber/Insured ID in the AAA03 – Reject Reason Code segment for Loop 2100B – Information Receiver Name.

Example: AAA*N**72*C
Member Eligibility – 270/271 Batch Transaction Update

Eligibility Response Guidance:

- Ensure that a valid MID is submitted on the 270 Inquiry transaction
- If the MID is not known submit the request with member demographic data (e.g. first name, last name, DOB, gender) instead; if a single match is found eligibility information will be returned on the 271
- Follow EVS overview guidelines on Mass.gov to ensure access to the MID
- Ensure compliance with key batch eligibility submission requirements

Trading Partners should begin making changes to your eligibility practices today to ensure you do not receive unnecessary rejections when the new logic is implemented in June, 2019
Member Eligibility – 270/271 Batch Transaction Update

EDI Resources

- Webpage Updates: Eligibility Verification System (EVS) Overview
  https://www.mass.gov/service-details/eligibility-verification-system-overview

- Updated Job Aid: Upload Eligibility Batches Master & Download 271 Responses:

- 270/271 MassHealth Companion Guide
  https://www.mass.gov/masshealth-technical-refresh

- MassHealth Customer Service Center – EDI Department
  If you have questions or would like to switch from DDE to electronic batch file submissions, please send an email to edi@mahealth.net or call 1-800-841-2900.

Next Steps

Please share this information with your constituents. MassHealth will send out periodic updates as the implementation date draws near.
Questions?
Transportation Update

Presented by Karen Nelson,
Sr. Provider Relations,
MassHealth Customer Service Center
MassHealth Transportation Program made the following policies to the non-emergency transportation services effective February 1, 2019 per All Provider Bulletin 280.
Nonemergency Medical Transportation Services
All Provider Bulletin 280

The following policies related to authorizing and scheduling brokered nonemergency medical transportation took effect on February 1, 2019. Note that the policies apply to transportation authorized using Provider Request for Transportation (PT-1) forms and brokered by regional transit authorities (RTAs); they do not apply to fee-for-service transportation, such as nonemergency ambulance transportation, authorized through Medical Necessity forms.

1. Three Days Advance Notice—MassHealth members will be required to contact their RTAs to schedule transportation at least three business days in advance of the day on which the transportation will occur, unless circumstances require an exception.

RTAs will schedule transportation with less than three business days’ notice if the member has an immediate need for treatment, the member will be receiving urgent care, or rescheduling the visit will negatively affect the member’s condition. If a member notifies his or her RTA that such circumstances apply, the RTA will contact the member’s provider to confirm.

2. Address Changes—When a MassHealth member reports a new residential address, PT-1 forms authorizing transportation for the member to and from his or her residential address will remain valid until the sooner of the PT-1 form’s end date and 30 days after the date of the address change. Providers will need to submit new PT-1 forms to authorize future transportation.

Transportation Update

Customer Web Portal (CWP) Overview
Transportation: Customer Web Portal (CWP) Overview

• The Customer Web Portal (CWP) is a web-based self-service system to submit new Provider Request for Transportation services (PT-1s) and view existing PT-1s. Enhancements to the user experience will launch on May 31st, 2019.

• To log in to the CWP:
  Go to https://masshealth.ehs.state.ma.us/cwp/login.aspx

• To register for a CWP account before new CWP launch on 5/31:
Transportation: Customer Web Portal (CWP) Changes

1. New, more simple layout at the same web address:
https://masshealth.ehs.state.ma.us/cwp/login.aspx

2. For treatments other than Early Intervention and SUD (Substance Use Disorder), the medical treatment type will be the diagnosis code.
Transportation Update

Provider Education Support and Resource Information
Transportation Update: Provider Education Support

- To assist providers with understanding the changes for non emergency medical transportation services and enhancements to the Customer Web Portal (CWP) effective 5/31/19, MassHealth will be hosting a series of webinar sessions on the following dates:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 30th, 2019</td>
<td>1:00-2:00pm</td>
</tr>
<tr>
<td>May 2nd, 2019</td>
<td>1:00-2:00pm</td>
</tr>
<tr>
<td>May 9th, 2019</td>
<td>1:00-2:00pm</td>
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<tr>
<td>May 23rd, 2019</td>
<td>1:00-2:00pm</td>
</tr>
<tr>
<td>May 30th, 2019</td>
<td>1:00-2:00pm</td>
</tr>
<tr>
<td>June 6th, 2019</td>
<td>1:00-2:00pm</td>
</tr>
<tr>
<td>June 13th, 2019</td>
<td>1:00-2:00pm</td>
</tr>
</tbody>
</table>

- To register for one of these webinars please visit www.masshealthtraining.com

- For questions, please contact the MassHealth Customer Service Center by e-mail at providersupport@mahealth.net or by phone at 1-800-841-2900.
Transportation: CWP Webinar Training Overview

• New/Existing user account management

• PIDSL validation

• PT-1 search, creation and submission
Transportation Updates: Provider Resources

Transportation Updates

• To log into the CWP: https://masshealth.ehs.state.ma.us/cwp/login.aspx

• To register for a CWP account before the updates launch on 5/31:

• If you have questions or experience any technical issues on the Customer Web Portal, please e-mail inquiry to: mahealthwebportal@maximus.com

Provider Bulletins

• MassHealth Provider Bulletin 280: All Provider Bulletin 280

• Sign up to receive email notification when new MassHealth provider bulletins and transmittal letters are published.
  o Copy and paste: join-masshealth-provider-pubs@listserv.state.ma.us into your email address line. Just send the blank email as it’s addressed. No text in the body or subject line is needed.
Transportation Update: Provider Resources

- Register for webinar: www.masshealthtraining.com
- Customer Web Portal (CWP) link https://masshealth.ehs.state.ma.us/cwp/login.aspx
- For questions or technical issues related to the CWP, please e-mail inquiry to mahealthwebportal@maximus.com
- Contact MassHealth Customer Service Center
  - By e-mail at providersupport@mahealth.net
  - By phone at 800-841-2900
Questions?
MassHealth Updates

Presented by – Marilyn Thurston, Supervisor, Provider Relations & Research, MassHealth Customer Service Center
Important message for Providers and Providers that utilize Billing Intermediaries

MassHealth wants to remind all claims submitters (providers and billing intermediaries that submit claims on their behalf) to curtail excessive and duplicative claims transactions

- MassHealth provider regulations 130 CMR 450.307(B)(1) state that duplicate billing is an unacceptable billing practice and providers should not engage in submission of duplicate claims

- Providers are encouraged to check claim status (276/277) via POSC first prior to submission of a second claim. MMIS adjudicates claims real time and claims status is available within at least two business days

- Medicare crossover claims for dually eligible members are automatically transmitted by the Medicare contractor (Benefits Coordination and Recovery Center (BCRC)) to MassHealth when at least one claim line is Medicare approved. MassHealth receives and adjudicates Medicare crossover files in MMIS, the status of these claims can also be checked via POSC

To learn more about how to check claim status in POSC, please refer to https://www.mass.gov/how-to/check-claim-status for more information.
Nonemergency Medical Transportation Services
All Provider Bulletin 280

The following policies related to authorizing and scheduling brokered nonemergency medical transportation will take effect on, February 1, 2019. Note that the policies apply to transportation authorized using Provider Request for Transportation (PT-1) forms and brokered by regional transit authorities (RTAs); they do not apply to fee-for-service transportation, such as nonemergency ambulance transportation, authorized through Medical Necessity forms.

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2. **Address Changes**—When a MassHealth member reports a new residential address, PT-1 forms authorizing transportation for the member to and from his or her residential address will remain valid until the sooner of the PT-1 form’s end date and 30 days after the date of the address change. Providers will need to submit new PT-1 forms to authorize future transportation.

This bulletin is available on the MassHealth website at [www.mass.gov/masshealth-provider-bulletins](http://www.mass.gov/masshealth-provider-bulletins).
Access to Behavioral Health Services Through Use of Telehealth Options
All Provider Bulletin 281

MassHealth is taking steps to improve access to behavioral health (mental health and substance use disorder) treatment throughout the Commonwealth through the use of telehealth, including teletherapy and telepsychiatry. This bulletin addresses the use of the telehealth modality for the delivery of MassHealth-covered behavioral health services.

Effective January 1, 2019, Community Health Centers, Community Mental Health Centers, and Outpatient Substance Use Disorder providers (provider types 20, 26 and 28) may deliver the following covered services via telehealth. All services specified in 101 CMR 306.00 et seq.; and

The outpatient services specified in the following categories of 101 CMR 346.04.
  - Opioid Treatment Services: Counseling;
  - Ambulatory Services: Outpatient Counseling; Clinical Case Management; and
  - Services for Pregnant/Postpartum Clients: Outpatient Services

Services delivered via telehealth must comport with all applicable licensure regulations and requirements, programmatic regulations, and performance specifications related to the service.

All provider bulletin 281 outlines

- Service delivery requirements
- Billing and payment rates
- Requirements for telehealth prescribing
- Requirements for telehealth encounters
- Training requirements
- Eligible Technologies
- Documentation and record keeping

This bulletin is available on the MassHealth website at www.mass.gov/masshealth-provider-bulletins.
Access to Behavioral Health Services Through Use of Telehealth Options
Managed Care Entity Bulletin 10

Effective January 1, 2019, MassHealth managed-care entities, including Managed Care Organizations, Accountable Care Partnership Plans, One Care Plans, Senior Care Options, and the Behavioral Health Vendor (collectively referred to as MCEs), shall allow qualified providers to deliver the following categories of behavioral health services, as set forth in the applicable covered services lists of the MCE contracts.

- Standard Outpatient Services; and
- Emergency Services Program services

Services delivered via telehealth must comport with all applicable licensure regulations and requirements, programmatic regulations, and performance specifications related to the service.

Managed Care Entity Bulletin 10 outlines

- Service delivery requirements
- Billing and payment rates
- Requirements for telehealth prescribing
- Requirements for telehealth encounters
- Training requirements
- Eligible Technologies
- Documentation

This bulletin is available on the MassHealth website at [www.mass.gov/masshealth-provider-bulletins](http://www.mass.gov/masshealth-provider-bulletins).
MassHealth is conducting a Technical Refresh of the MassHealth Medicaid Management Information System (MMIS) to replace its HIPAA compliance and translator tool. This technical refresh will be phased in through March 2020. The tool is used to validate HIPAA compliance and translate the HIPAA compliant transactions to an XML format so that they can be processed within MassHealth’s MMIS. All HIPAA transactions (inbound/outbound) processed through MassHealth’s MMIS will be affected by this technical refresh. All trading partners who submit or receive HIPAA transactions directly to/from MassHealth will be affected by this change.

Direct Data Entry (DDE) and paper submissions are not affected by the technical refresh. Pharmacy and dental claims that are processed by the Pharmacy Online Processing Systems (POPS) and DentaQuest respectively are also not affected by the MassHealth MMIS Technical Refresh.

MassHealth will implement the new HIPAA translator in two phases:

Phase 1 – September 2019 (270/271, 820, 834)
Phase 2 – March 2020 (837P, 837I, 835, 276/277)

All provider bulletin 284 contains important information regarding:

- Updated HIPAA companion guides
- Trading partner testing
- MassHealth communications
- Technical refresh schedule

This bulletin is available on the MassHealth website at [www.mass.gov/masshealth-provider-bulletins](http://www.mass.gov/masshealth-provider-bulletins).
Notices and Reminders

All Provider Bulletin 282
MassHealth is phasing out P.O. Box 1231, Taunton, MA 02780 and fax number (617) 887-8777 for the Electronic Data Management Center/Health Insurance Processing Center (EDMC/HIPC).

Please use the following address and fax number for completed ACA-3 applications, verifications, written notifications, and any other documents that you fax to EDMC/HIPC:

    Health Insurance Processing Center
    P.O. Box 4405
    Taunton, MA 02780
    Fax: (857) 323-8300

Mail addressed to P.O. Box 1231 will be forwarded until May 31, 2019. However, we encourage all providers and applicants to use the new address and fax number provided above as of March 1, 2019.

All Provider Bulletin 283
This bulletin serves as a periodic reminder of the requirements related to documentation, record keeping, and clinical supervision in the delivery of MassHealth-covered behavioral health services. Creating and maintaining a comprehensive treatment record and other mandatory documentation is a required component of the delivery of MassHealth-covered behavioral health services, and serves important goals, including coordination of care. Compliance with all applicable Federal and State laws, regulations, and standards regarding documentation, record keeping, billing, and coding is the responsibility of each provider. Compliance with these requirements is one of the many important aspects of ensuring the quality of care delivered to MassHealth members and is necessary to substantiate payment for such services.

These bulletins are available on the MassHealth website at www.mass.gov/masshealth-provider-bulletins.
Resources

Provider Bulletins

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

• Sign up to receive email notification when new MassHealth provider bulletins and transmittal letters are published.
  o Copy and paste: join-masshealth-provider-pubs@listserv.state.ma.us into your email address line. Just send the blank email as it’s addressed. No text in the body or subject line is needed.
Questions?
Next PAF: July 17th, 2019
(Woburn Crowne Plaza)