MassHealth Provider Association Forum

Executive Office of Health & Human Services

July 17th, 2019
Agenda

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

2. Provider Access Improvement Grant Program (PAIGP) – Donna Burke, Strategic Planning and Organizational Effectiveness, Health Resources in Action

3. Ordering, Referring and Prescribing Requirements – Marilyn Thurston, Sr. Provider Relations Specialist, MassHealth Customer Service Center

4. Office of Long Term Services and Supports Updates – Chris Brumby, Director of Strategy, MassHealth Office of Long Term Services and Supports

5. Technical Refresh – Kerrie Richards, Manager, Electronic Data Interchange and Trader Partner Testing, MassHealth Customer Service Center


7. MassHealth Updates – Stanley Calixte, Sr. Provider Relations Specialist, MassHealth Customer Service Center
   - FRDF Update
   - MassHealth Bulletins (April – July 2019)

8. Next PAF Meeting: October 16th, 2019 (Woburn Crowne Plaza)
Provider Access Improvement Grant Program (PAIGP)

Presented by- Donna Burke, Strategic Planning and Organizational Effectiveness, Health Resources in Action
MassHealth
Provider Access Improvement Grant Program (PAIGP)

Wednesday, July 17, 2019
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 Massachusetts Executive Office of Health and Human Services (EOHHS) oversees PAIGP, which is funded via MassHealth’s Section 1115 Demonstration
PAIGP Overview

- Accessibility of providers’ physical location is essential in providing medical care for individuals with disabilities or for whom English is not a primary language.
- Due to existing barriers, individuals with disabilities or for whom English is not a primary language are less likely to get routine and preventative medical care.
- These grant awards are intended to reduce such barriers and help improve physical access by assisting with the purchase of accessible medical diagnostic equipment, effective communication devices, and other resources.
- The grant opportunity is being made available to a wide range of providers, such as physicians, dental providers, and others with a focus on smaller providers with limited resources and capacity.
How to Apply

www.PAIGP.org

• Homepage
  – Grant Information
  – APPLY button
  – Subscribe for updates
  – Q&A

• Apply for a grant
  – Information on the grant
  – How to Apply via the online application
  – Links to the RFP, checklist, and all application attachments
  – START APPLICATION button
Eligibility

- Individual MassHealth providers and group practices* are eligible to submit one (1) grant application per PAIGP grant cycle for up to $25,000 (maximum one grant per Federal Tax Identification Number) if they:
  - Are currently enrolled as a MassHealth provider
  - Are not a hospital or owned by a hospital or hospital system, nor are applying in their capacity as an employee of a hospital or hospital system.
  - Hold an active license status with the Commonwealth of Massachusetts Board of Registration in Medicine or Bureau of Health Professional Licensure.
  - Employ fewer than 30 full-time employees (FTEs) per Federal Tax Identification Number.

*Individual providers employed by a group practice are not eligible to apply as individuals. In the case of MassHealth-enrolled group practices, only the group practice is eligible to apply for this funding opportunity.
If they:

- Provide services to MassHealth members in a setting that is:
  - Located in the Commonwealth;
  - At a provider service location that is not shared with or owned by a hospital or hospital system, unless such provider service location was acquired or leased from the hospital or hospital system in an arm’s length transaction for fair market value.
- Commit to invest an amount equal to or greater than the amount of the award requested in the PAIGP application.
- Attest that funding awarded under the PAIGP is not duplicative of funds from other public sources (e.g., federal, state, local).
- Attest that the provider has no known actual or potential conflicts of interests.
Application Deadline

Completed applications must be received no later than Friday, July 26, 2019

• Additional clarifications may be sought from grant applicants who submit timely, complete grant applications.

• Incomplete applications and applications received after the application deadline will not be considered for funding.

*Your submission of a proposal does not constitute a commitment on HRiA’s behalf to award an agreement of any type, and all awards are subject to approval by EOHHS.*
Reach out to HRiA if you have questions about your application or the application process.
For questions, email PAIGP@hria.org
Ordering, Referring and Prescribing Requirements

Presented by- Marilyn Thurston
Senior Provider Relations Specialist, MassHealth Customer Service Center
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.
<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>31,321</td>
<td>35,431</td>
<td>113%</td>
</tr>
<tr>
<td>Optometrist</td>
<td>1,391</td>
<td>1,109</td>
<td>80%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>5,584</td>
<td>4,841</td>
<td>87%</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>461</td>
<td>409</td>
<td>89%</td>
</tr>
<tr>
<td>Nurse Midwife</td>
<td>488</td>
<td>401</td>
<td>82%</td>
</tr>
<tr>
<td>Dentist</td>
<td>6,463</td>
<td>4,374</td>
<td>68%</td>
</tr>
<tr>
<td>Nurse Practitioner (NP)</td>
<td>9,876</td>
<td>7,634</td>
<td>77%</td>
</tr>
<tr>
<td>Physician Assistant (PA)</td>
<td>3,646</td>
<td>3,475</td>
<td>95%</td>
</tr>
<tr>
<td>Certified Registered Nurse Anesthetists (CRNA)</td>
<td>1,100</td>
<td>1,102</td>
<td>105%</td>
</tr>
<tr>
<td>Clinical Nurse Specialist (CNS)</td>
<td>68</td>
<td>34</td>
<td>19%</td>
</tr>
<tr>
<td>Psychiatric Nurse Mental Health Specialist (PCNS)</td>
<td>621</td>
<td>290</td>
<td>47%</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>62</td>
<td>71</td>
<td>115%</td>
</tr>
<tr>
<td>Licensed Independent Clinical Social Worker (LICSW)</td>
<td>13,974</td>
<td>11,495</td>
<td>82%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>73,775</strong></td>
<td><strong>70,666</strong></td>
<td><strong>94%</strong></td>
</tr>
</tbody>
</table>

- 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.
# ORP Billing Edits Summary 2018 vs 2019

<table>
<thead>
<tr>
<th>Edit Type</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>04/18</td>
<td>05/18</td>
</tr>
<tr>
<td>NPI OF THE ORP PROVIDER MUST BE INCLUDED ON THE CLAIM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal</td>
<td>655,868</td>
<td>713,971</td>
</tr>
<tr>
<td>% of Total ORP Edits</td>
<td>88.2%</td>
<td>88.0%</td>
</tr>
<tr>
<td>THE ORP PROVIDER MUST BE ACTIVELY ENROLLED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal</td>
<td>60,096</td>
<td>63,605</td>
</tr>
<tr>
<td>% of Total ORP Edits</td>
<td>8.1%</td>
<td>7.8%</td>
</tr>
<tr>
<td>THE ORP PROVIDER MUST BE IN ONE OF THE ELIGIBLE PROVIDER TYPES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal</td>
<td>27,897</td>
<td>33,906</td>
</tr>
<tr>
<td>% of Total ORP Edits</td>
<td>3.8%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Total ORP Edits</td>
<td>743,861</td>
<td>811,482</td>
</tr>
</tbody>
</table>
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)
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)


- 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 Billing

Over the last 12 months, outreach has focused on provider entities with 500 or more monthly edits per month

• Provider Types with the highest number of edits include
  • Adult Foster Care /Group Adult Foster Care (PT 62)
  • Durable Medical Equipment (PT 41)
  • Adult Day Health (PT 63)
  • Group Practice Organizations (PT 97)
  • Community Health Centers (PT 20)
  • Certified Independent Laboratory (PT 46)
  • Acute Outpatient Hospital (PT 80)
  • Early Intervention (PT 29)

• Conference calls have been held with senior managers within the billing area and summary claim edit reports along with sample claims have been shared with providers that continue to have a high number of claim edits

• MassHealth is closely monitoring the decline of total edits from these provider entities and requesting regular updates regarding their progress toward edit reduction

• MassHealth has discovered that many provider entities continue to bill a referring practice NPI instead of the individual referring provider NPI
• MassHealth has been using a variety of communication strategies and methods to share information with providers since 2015, which includes:

**Resources and Information:**
- Webinars
- Provider bulletins
- MassHealth website
- MassHealth regulations
- Message text (POSC)

**Collaboration Strategies:**
- Work with stakeholders to provide consistent messaging
- Work closely with Provider Associations
- Proactive outbound calls from MassHealth
- Knowledgeable MassHealth Provider Services staff, available to answer providers’ questions as needed
- Working with respective provider licensing boards
ORP Billing – Future Claim Denial Edits on Remittance Advices (RAs)

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

Most common edit codes -

• **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**
  
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1080 – Ordering Provider Required</td>
<td></td>
</tr>
<tr>
<td>1200 – Referring Provider Required</td>
<td></td>
</tr>
</tbody>
</table>

Billing provider types currently receiving large (500+) numbers of “NPI Missing” edits:

• Acute Outpatient Hospital
• Adult Day Health
• Adult Foster Care/Group Adult Foster Care
• Chiropractor
• Community Health Center
• Durable Medical Equipment
• Early Intervention
• Group Practice – Physician and Therapist
ORP Billing – Future Claim Denial Edits on Remittance Advices (RAs)

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

- **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>183 – The referring provider is not eligible to refer the service billed</td>
<td>N265 – Missing/incomplete/invalid ordering provider primary identifier</td>
</tr>
<tr>
<td>184 – The prescribing/ordering provider is not eligible to prescribe/order the service billed</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                  |
| 1200 – Referring Provider Not Authorized to Refer - HDR                     |

Billing provider types currently receiving large (500+) numbers of “NPI Not Authorized” edits:

- Adult Day Health
- Adult Foster Care / Group Adult Foster Care
- Certified Independent Laboratory
- Community Health Center
- Early Intervention
- Group Practice – Physician
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**
  - 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.
  
  - Results will return PROVIDER NAME, ADDRESS, NPI and “ACTIVE Y” or “No active MassHealth providers found.”
  
  - 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](http://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](http://www.masshealthtraining.com)

- An Ordering and Referring Guide for LTSS Providers is on the LTSS Provider Portal at: [www.masshealthltss.com](http://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](mailto: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?
Office of Long Term Services and Supports Updates

Presented by — Chris Brumby, Director of Strategy, MassHealth Office of Long Term Services and Supports
Agenda / Updates

1. Home Health Updates
2. Upcoming Trainings and Forums for FFS providers
3. Prior Authorization Implementation
4. PASRR Updates
5. One Care Procurement
6. Personal Care Management Agency Procurement
7. Risk Adjustment for Senior Care Options (SCO) Plans
8. Universal Core Assessment Updates
9. OLTSS Career Opportunities
Home Health Updates

**Home Health Aide Benefit:**

- Prior to July 1, 2019 MassHealth (MH) offered Home Health Aide services contingent on a co-occurring skilled nursing or therapy service need.

- Effective July 1, 2019, MH expanded its Home Health Aide benefit to include the Home Health Aide Service for ADL supports. This additional benefit authorizes services for members who do not have a co-occurring skilled nursing or therapy need however require hands on assistance with 2+ ADLs.

- MH issued the [Home Health Agency Bulletin 54](https://www.mass.gov/files/documents/2019/06/17/pb-hha-54.pdf). This bulletin revised the coverage for Home Health Aide Services.

**Nursing Services Cost Reports:**

- In an effort to address provider feedback in regard to the Home Health Rates, MassHealth has expedited the FY 18 Nursing Cost Reports (NSR).

- CHIA issued the FY18 NSRs for Continuous Skilled Nursing and Home Health agency providers the first week of June 2019. These cost reports are due to CHIA by July 31, 2019.

- On June 18th CHIA conducted a training on completing the cost reports for CSN and HH providers. CHIA is also available via phone and email to answer additional questions.

- The cost reports will be utilized to conduct the subsequent Home Health Rate review and analysis, therefore it is imperative that home health agencies submit their cost reports accurately and in a timely manner.
**Upcoming Trainings and Forums for FFS Providers**

**Training for Hospice Providers**

- This training will be a MassHealth 101 for Hospice providers
- Training will highlight key resources and information that every Hospice provider should know
- Areas focused on will include: Regulations, Billing and Claims, and the Audit process
- Training will be held in mid-September. A registration email will be sent to all MassHealth hospice providers once the date is confirmed.

**Quality Forum for all OLTSS providers**

- This forum will focus on trends in Long Term Services and Supports
- Presentation will examine long and short term trends in the LTSS space with a focus on trends in Massachusetts and nationally.
- Date is still TBD but a registration email will be sent out to all OLTSS providers in advance of the Forum.
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, ADH, PCA, and AFC are complete
- 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>complete</td>
</tr>
<tr>
<td>PCA</td>
<td>pre-existing</td>
<td>complete</td>
<td>complete</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>
Preadmission Screening and Resident Review (PASRR) Updates

• The new PASRR process went into effect on November 13, 2018 and was further amended on July 1, 2019.

• What’s new?
  • New PASRR Level I form
  • PASRR Level II evaluations can only be completed by UMass Medical School PASRR Unit and/or DDS:
    • Certain types of Level II evaluations can be completed within just several business hours (as opposed to several days) even on weekends
    • Nursing facilities will need to make fewer referrals for PASRR Level II evaluations post-admission

• Why make these changes?
  • Expedite the admission of individuals to nursing facilities;
  • Clarify the roles of nursing facilities, hospitals, and ASAPs in the PASRR process;
  • Remove and decrease unnecessary administrative burden on nursing facilities.

• PASRR materials:
One Care Procurement

- MassHealth is procuring for One Care Plans for the period beginning January 1st, 2021
- Responses to the Request for Respondents (RFR) for One Care Plans were due Friday, June 7th, 2019
- MassHealth received responses from 6 organizations:
  1. Boston Medical Center HealthNet Plan
  2. Commonwealth Care Alliance
  3. Fallon Health
  4. Senior Whole Health
  5. Tufts Health Plan
  6. United Healthcare Community Plan
- MassHealth is currently reviewing the responses and expects selection to be completed in early Fall 2019
- All information related to the RFR for One Care Plans can be found on COMMBUYS at http://www.commbuys.com under COMMBUYS Bid Number BD-18-1039-EHS01-EHS02-20518
Personal Care Management (PCM) Re-procurement

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:
- MassHealth is procuring for PCMs for the period beginning 1/1/2020
- EOHHS aims to implement improvements that have been suggested through various stakeholder engagements. Such updates include:
  - Adding a surrogate assessment
  - Permitting LPNs to do clinical re-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.
- MassHealth is currently reviewing responses that were submitted Monday 7/15/19 and expects selection to be completed in early Fall 2019
- All information related to the RFR for PCM agencies can be found on COMMBUYXS at http://www.commbuys.com under COMMBUYXS Bid Number BD-19-1039-EHS01-EHS01-39766
Risk Adjustment Development

• To more accurately reimburse plans for member acuity, MassHealth has developed and implemented a risk adjustment model for the Senior Care Options program.

• SCO Plans are currently reimbursed a capitated monthly rate based on a member’s rating category.

• Effective July 1, 2019, SCO Plans will receive a risk adjusted monthly capitated payment rate for members specifically in the Nursing Home Certifiable Rating Cell.

• MassHealth will continue to enhance and the risk adjustment model and anticipates incorporating experience and feedback from plans for further development of any future risk adjustment model.
Universal Core Assessment Updates

**Background:** MassHealth is working with Optum (the LTSS TPA vendor) to create an OLTSS Uniform Core Assessment (UCA) Database to allow EOHHS to fully integrate all LTSS Member clinical assessments data into a centralized system or repository that captures clinical data elements specific to a Member’s clinical information.

**Work to-date:**

- May 2018 – EOHHS Advance Planning Document (IAPD) for UCA Submitted to CMS for Approval of FFP
- September 2018 - CMS approval of UCA IAPD
- August 2018 - December 2018 - Stakeholder Input on Clinical Tool
- December 2018 - TPA amendment #3 with Optum to support UCA Executed
- January 2019 - Project Planning Began
- April 2019 - UCA Project Kick off Meeting with EOHHS Stakeholders
- Oct 2020 – Target pilot start date
OLTSS Career Opportunities

MassHealth-OLTSS openings
(available on MassCareers website)

- Adult Foster Care/Group Adult Foster Care Program Specialist (Boston based)
  [https://massanf.taleo.net/careersection/ex/jobdetail.ftl?job=190004NQ&tz=GMT-04%3A00&tzname=America%2FNew_York](https://massanf.taleo.net/careersection/ex/jobdetail.ftl?job=190004NQ&tz=GMT-04%3A00&tzname=America%2FNew_York)

- Adult Day Health/Day Habilitation Program Specialist (Boston based)
  [https://massanf.taleo.net/careersection/ex/jobdetail.ftl?job=190004O0&tz=GMT-04%3A00&tzname=America%2FNew_York](https://massanf.taleo.net/careersection/ex/jobdetail.ftl?job=190004O0&tz=GMT-04%3A00&tzname=America%2FNew_York)

University of Massachusetts Medical School—MassHealth-OLTSS embedded
(available on UMass Careers website)

- Policy Associate, Home and Community-based Waiver Programs (Boston based)
  [https://www.ummsjobs.com/job/4311/](https://www.ummsjobs.com/job/4311/)
Questions?
Technical Refresh

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

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
  (updated Companion Guides were published at the end of June 2019)
- Phase 2: November 2019
Technical Refresh

TPT Information Sessions

MassHealth conducted 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 were 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

The sessions were held on Thursdays from 2:00 pm – 3:00 pm from February 28, 2019 through June 27, 2019.
Technical Refresh

TPT Office Hours – Phase I (270/271)

MassHealth will conduct a series of 1 hour information sessions to officially kick off testing with 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 Office Hours Schedule

Providers and BIs may sign up for any of the following Information sessions by clicking on this link: [www.masshealthtraining.com](http://www.masshealthtraining.com). 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**
- July 11, 2019
- July 25, 2019
- August 8, 2019
- August 22, 2019
- September 5, 2019
- September 10, 2019

**Providers**
- July 18, 2019
- August 1, 2019
- August 15, 2019
- August 29, 2019
- September 12, 2019
- September 19, 2019
Technical Refresh

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 Office Hour 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

Note: Providers cannot use the EVSpc/EVSCall software tool to test transactions, the file will fail.

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. We will begin Phase II Information Sessions this Fall for the following HIPAA transactions: claims: professional and institutional (837P, 837I), claim status (276/277) and electronic remittance advice (835).

EDI Contact Information
If trading partners have questions or are interested in participating in testing, please tell them to visit https://www.mass.gov/masshealth-technical-refresh or contact EDI at the MassHealth Customer Service Center edi@mahealth.net.
Technical Refresh

EDI Resources

MassHealth will make the following materials available:

- 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
- Flyers with technical examples and information will be available on above webpage
- Flyer: **EVSpc/EVScall Transition Options**
Important Reminder – EVSpoc Users

MassHealth would like to remind you that the EVSpoc and EVScall software tools were terminated on September 1, 2015. You should have discontinued sending eligibility (270) and claim status (276) batch HIPAA files generated from EVSpoc/EVScall at that time.

The EVSpoc and EVScall software tools, that have been obsolete for the past 4 years, will not be compatible when the agency implements Phase I of its Technical Refresh project this fall. Your transactions will fail compliance. Providers must stop using the tool and transition to one of the following options immediately:

* Use DDE (Direct Data Entry) in the Provider Online Service Center (POSC)
* Hire a vendor to generate and send your 270 and receive 271 batch files
* Submit and receive 270/271 or 276/277 batch files in accordance with the MassHealth specifications
* Submit and receive a 270/271 or 276/277 batch files through the POSC or through a system-to-system connection

MassHealth will publish the following flyer on the Technical Refresh webpage once available: EVSpoc/EVScall Transition Options

For questions or assistance, please contact the MassHealth Customer Service Center at 1-800-841-2900 or edi@mahealth.net.
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?

On **July 28, 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 “Invalid Member ID” Specifically, it will state error code “72” Invalid/Missing Subscriber/Insured ID in the AAA03 – Reject Reason Code segment for Loop 2100C – 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 July, 2019
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?
Customer Web Portal (CWP) Enhancements

Presented by – Karen Nelson Morrissey
Sr. Provider Relations Specialist, MassHealth Customer Service Center
The Customer Web Portal (CWP)
On June 1st, 2019 the web-based self-service system (CWP) to submit new Provider Request for Transportation services (PT-1s) and view existing PT-1s was upgraded.

Simple layout to allow for easy self guided account and PT-1 management.
Found at the same web address: [https://masshealth.ehs.state.ma.us/cwp/login.aspx](https://masshealth.ehs.state.ma.us/cwp/login.aspx)
Key Elements of the CWP User Experience

Account Creation and Management
• Understanding PIDSLs
• Completing the verification processes
• Password/Username management

Medical Treatment Types Updated
• “New Request” Medical Treatment
• Substance Use Disorder (SUD)

Real Time Adjudication of Member

Medical Necessity Explanation
Account Creation and Management: Understanding PIDSLs

The PIDSL is 10 characters, made up of a 9-digit base number and an alpha service location (e.g. 1234567 89A).

• A PIDSL is the MassHealth Provider ID/Service Location
• It is a unique identifier specific to MassHealth
• PIDSLs can be assigned to an individual or a practice (or both)
• To be used in the PT-1 process, a PIDSL must be linked to an active Provider
Account Creation and Management: Completing the Verification Process

- User email verification
- PIDSL email verification
- Password/Username management

If verification email is not received, troubleshoot as follows…

- Check email spam filters
- Check with your internal IT team about email security settings
- Cancel PIDSL/Provider and re-enter PIDSL and email address
PT-1 Management

Medical Treatment Types Updated
• “New Request” Medical Treatment
• Early Intervention
• Substance Use Disorder (SUD)
• Day Habilitation

Real Time Adjudication of Member Medical Necessity Explanation
A Note about Medical Treatment Type: “New Request” Option

A diagnosis from the list of ICD-10 codes must be selected. Some research may be necessary to find the code.

https://icd.codes/icd10cm
Real Time Adjudication of Member: Members will be adjudicated in real time to determine if they are eligible for transportation services. Members may be determined to be ineligible.
Medical Necessity: If the medical reason for transportation is *Not Applicable/Other*, a text field will appear and an explanation must be entered. Trip distance can also require further explanation. These prompts may require that the user certify the information.

1. Enter reason in the text box.
2. Please certify the accuracy of the information.
3. Click SAVE/NEXT.
Customer Web Portal Resources
Mass.gov

- There are dedicated, searchable Mass.gov CWP instruction pages for reference.
- Transportation Regulations https://www.mass.gov/regulations/130-CMR-407000-transportation-services
- PT-1 vs. Medical Necessity Form See 130 CMR 407.421 (C) and (D) for additional requirements pertaining to each form http://www.mass.gov/eohhs/docs/masshealth/regs-provider/regs-transportation

Provider Training

- To enroll in a Webinar Session please register at the MassHealth Learning Management System (LMS) via www.masshealthtraining.com and create your profile.
- Once you are registered, select the preferred course date and time available.

Training Dates

- July 31, 2019
- August 20, 2019

Bulletins

FAQ  There is an FAQ/Resources page within the portal. This FAQ also lives on Mass.gov at [https://www.mass.gov/info-details/pt-1-frequently-asked-questions-faq](https://www.mass.gov/info-details/pt-1-frequently-asked-questions-faq)
Contact List

- Customer Web Portal (CWP) link
  https://masshealth.ehs.state.ma.us/cwp/login.aspx

- Register for trainings at www.masshealthtraining.com

- For questions related to the passwords on the CWP, please e-mail inquiry to mahealthwebportal@maximus.com

- For technical issues related to the CWP, please e-mail mahealthcwpsupport@maximus.com

- Contact MassHealth Customer Service Center
  - By phone at 1-800-841-2900
  - By e-mail at providersupport@mahealth.net
  - By fax at 617-988-8974
Questions?
MassHealth Updates

Presented by – Stanley Calixte, Sr.
Provider Relations Specialist,
MassHealth Customer Service Center
New FRDF for Entities

MassHealth has updated the FRDF for provider entities, the Disclosure Form for Entities. The new form was effective on **June 12, 2019** ([Click here to view and download](#)) and must be used when submitting **new provider entity applications or entity updates**. The old version of the FRDF will be accepted until September 10, 2019. **Those submitted after September 10th will be rejected.**

There are two significant process changes to note:

1) A separate form is now required for each service location/doing business as (DBA) address. If an entity has five locations, then five separate forms must be submitted.

2) Copies must be made of each section if there are more entries than the page allows. MassHealth will no longer accept other attachments going forward.

![Disclosure Form for Entities](image)
Payment and Care Delivery Innovation (PCDI): Primary Care Provider Changes Effective January 1, 2020

The Executive Office of Health and Human Services (EOHHS), through its Accountable Care Organization Program, continues to invest in primary care and remains focused on delivering integrated behavioral and physical healthcare, care management for members with complex needs, coordinated transitions of care, and an improved member experience.

- Accountable Care Partnership Plans and Primary Care ACOs, were given the opportunity to request the addition or removal of primary care providers (PCPs) from their exclusive list of attributed PCPs. This was outlined in Managed Care Entity Bulletin 16 issued in May 2019.

- Proposals to add or remove PCPs were received in June 2019. Presently, the proposals remain under review by MassHealth.

- The effective date of any approved additions or removals from ACOs’ lists of exclusive PCPs will be January 1, 2020.

- MassHealth will share provider communication and education updates beginning Fall 2019.

For information about the MassHealth Payment and Care Delivery (PCDI) initiative, please visit: https://www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers
Parental Consent for Local Education Agencies to Bill MassHealth Does Not Change MassHealth Benefits Outside of School
School-Based Medicaid Program Bulletin 32

Massachusetts Application for Health and Dental Coverage and Help Paying Costs (ACA-3)
Acute Inpatient Hospital Bulletin 167

Massachusetts Application for Health and Dental Coverage and Help Paying Costs (ACA-3)
Community Health Center Bulletin 95
Pharmacy Benefits Manager Pricing Report for Accountable Care Partnership Plans and Managed Care Organizations
Managed Care Entity Bulletin 11

Medications for Addiction Treatment in the Opioid Treatment Programs
Managed Care Entity Bulletin 12

Coding Systems for Medications for Addiction Treatment, Including Opioid Agonist Treatment
Managed Care Entity Bulletin 13

Accountable Care Organization Primary Care Provider Changes Effective January 1, 2020
Managed Care Entity Bulletin 14
Questions?
Next PAF: October 16th, 2019
(Woburn Crowne Plaza)