



MassHealth Training Forum Provider Updates

October 2020

Executive Office of Health & Human Services

Agenda

1. **Welcome and Agenda Review** – Felicia Clements, Manager, Provider Relations, MassHealth Customer Service Center
2. **COVID-19 Updates** – Marilyn Thurston, Sr. Provider Relations Specialist, MassHealth Customer Service Center
3. **Payment and Care Delivery Innovation (PCDI) Year 4** – Marilyn Thurston, Sr. Provider Relations Specialist, MassHealth Customer Service Center
4. **Electronic Claims HIPAA File and Provider Online Service Center (POSC) Updates** – Felicia Clements, Manager, Provider Relations, MassHealth Customer Service Center
5. **MassHealth Updates** – Sina Eam, Sr. Provider Relations Specialist, MassHealth Customer Service Center
 - Ordering, Referring and Prescribing (ORP) Update
 - Cost Sharing
 - Notification of Birth
 - CMS Flexibility Update
 - MassHealth Bulletins (August – October)

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.

Some of these flexibilities include:

- Hospital-Determined Presumptive Eligibility (HPE) - Expansion of eligibility as explained in [All Provider Bulletin 290](#) and [All Provider Bulletin 299](#)
- Primary Care Clinician (PCC) Plan and Primary Care ACO Referrals. - All current referral edits are set to pay for claims with a date of service on or after March 25, 2020. The edits appear on the remittance advice as informational only. Refer to [All Provider Bulletin 289](#) and, [All Provider Bulletin 291](#)
- Telehealth Services - MassHealth is committed reducing exposure and transmission of COVID-19, to the extent possible, and to preserve health system capacity for the duration of this public health emergency. 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). Refer to [All Provider Bulletin 289](#), [All Provider Bulletin 291](#), and [All Provider Bulletin 298](#)
- Laboratory Diagnostic Services - MassHealth covers medically necessary clinical diagnostic laboratory tests when a qualified clinician orders them. Testing of persons under investigation (PUI) for COVID-19 is available through the MA State Public Health Laboratory (MA SPHL) when a patient meets clinical and epidemiologic criteria. Refer to [All Provider Bulletin 294](#) and [All Provider Bulletin 296](#)

COVID 19 Response Update (continued)



Pharmacy – MassHealth is still paying for 90 day supplies as noted in [Bulletin 291](#).

- Effective July 15, 2020, MassHealth is no longer allowing for early refill overrides where the pharmacy would enter a '13' in the Submission Clarification Code field. Below is the link for the Pharmacy Facts where we communicated this to pharmacies.
- MH had also removed Prior Authorization requirements for several drug classes, (Aminoglycoside Agents—Inhaled · Antibiotics—Oral and Injectable · Antifungals—Oral and Injectable · Respiratory Agents—Oral and Inhaled · Sublocade), that policy was rescinded effective 7/15/20 and communicated in the same Pharmacy Facts below with the exception of Sublocade. The pharmacy program made the decision to keep that drug off of the Prior Authorization required list.
- The initiative to extend Prior Approvals that were due to expire during the initial COVID period has also ended.

<https://www.mass.gov/doc/pharmacy-facts-150-july-13-2020-0/download>

Provider Enrollment and Credentialing Updates



MassHealth has implemented a temporary, expedited enrollment process to allow non-Medicaid enrolled health care professionals rendering services to Medicaid beneficiaries due to the COVID-19 outbreak to quickly enroll as a MassHealth provider. These modifications took effect on March 26, 2020. MassHealth will allow a retroactive effective date for provisional enrollments no earlier than March 01, 2020.

New Provider Enrollment

The following changes to screening and enrollment requirements during this public health emergency are:

- Minimal data collected for enrollment process
- EFTs and W9s can be scanned and submitted as electronic copies to expedite full participation and original signature copies should follow
- Provider Application fees suspended (will be required when emergency ends)
- Provider Fingerprinting Requirement and Criminal background checks suspended (will be required when emergency ends)
- Provider Site Visits suspended (will be required when emergency ends)
- To assure expedited processing, please indicate either on the application or on a cover letter the enrollment is critical to COVID-19 support

Existing Providers

- Provider Revalidation suspended

Provider Enrollment and Credentialing Updates (continued)



Provider Online Service Center (POSC)

- We strongly encourage providers to transmit enrollment information via The Provider Online Service Center (POSC) when possible. Providers can also complete and submit the appropriate application and supporting materials via the POSC

Document Management

- Providers may temporarily submit all enrollment applications and supporting documentation via email directly to the Document Management email box at : DocMgmtDCF@maximus.com

Electronic Submission

- Effective March 30, 2020 MassHealth will temporarily allow scanned copies of Massachusetts W9 and EFTs with a signature to be sent as part of the enrollment package. Please email copies to the Document Management email box at: DocMgmtDCF@maximus.com
- Original signature copies are still required and must be mailed to:
MassHealth Customer Service Center
Attn: Provider Enrollment and Credentialing
PO Box 121205
Boston, MA 02112-1205

Dedicated COVID-19 Provider Page



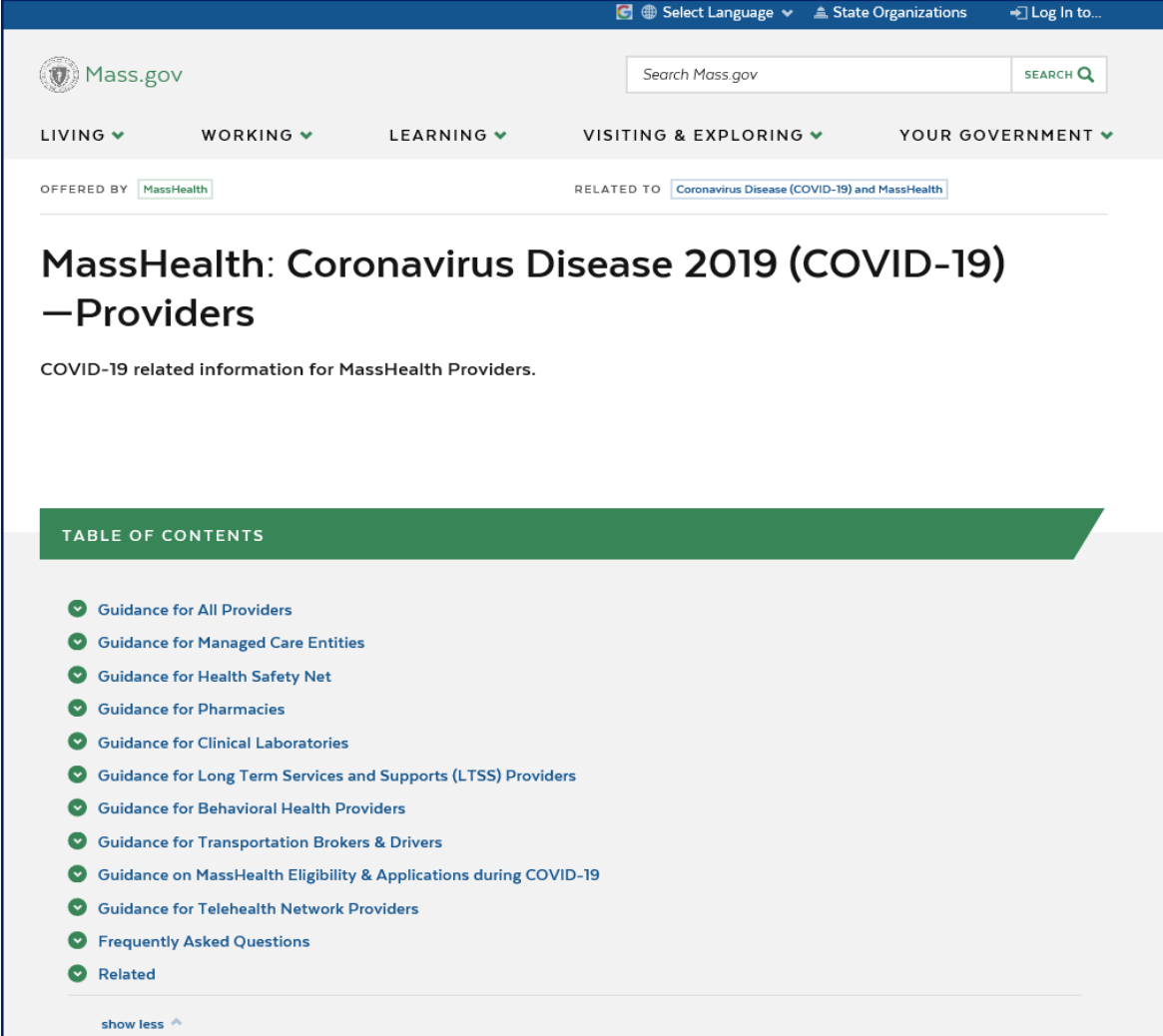
[COVID-19 Provider Page](#)

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.

A screenshot of the MassHealth website's COVID-19 provider page. The page has a blue header with navigation links: LIVING, WORKING, LEARNING, VISITING & EXPLORING, and YOUR GOVERNMENT. A search bar is located in the top right. Below the header, it says "OFFERED BY MassHealth" and "RELATED TO Coronavirus Disease (COVID-19) and MassHealth". The main heading is "MassHealth: Coronavirus Disease 2019 (COVID-19) —Providers". Below this is the text "COVID-19 related information for MassHealth Providers." A green bar with white text reads "TABLE OF CONTENTS". Below this bar is a list of links, each preceded by a green checkmark icon: Guidance for All Providers, Guidance for Managed Care Entities, Guidance for Health Safety Net, Guidance for Pharmacies, Guidance for Clinical Laboratories, Guidance for Long Term Services and Supports (LTSS) Providers, Guidance for Behavioral Health Providers, Guidance for Transportation Brokers & Drivers, Guidance on MassHealth Eligibility & Applications during COVID-19, Guidance for Telehealth Network Providers, Frequently Asked Questions, and Related. At the bottom left of the list is a "show less" link with an upward arrow icon.

Questions?

PAYMENT AND CARE DELIVERY INNOVATION (PCDI) YEAR 4 JANUARY 2021

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

PCDI Updates for 2021

PCDI Year 4 may have 2 implementation waivers

- **Waive #1 – Effective 1/1/21** – two plans will be removing service areas from their ACO. Existing plan members may remain enrolled in these service area.
 - **BMC Community Alliance**
 - **Removing Greenfield Service Area**
 - **Removing Lynn Service Area**
 - **BMC Health Net Plan Mercy Alliance**
 - **Removing Northampton Service area**
- **(Possibly) Waive #2 – Effective ~mid-year 2021**
 - MassHealth will announce more details in the coming months regarding a possible waive #2 opportunities.

Managed Care Health Plan Options

- **Accountable Care Organizations (ACOs) Plan:** groups of doctors, hospitals and other health care providers who come together to give coordinated, high-quality care to MassHealth members. This way, MassHealth members get the right care at the right time. MassHealth will reward ACOs for the quality, efficiency and experience of member care, so they are accountable to members
 - Accountable Care Partnership Plans
 - Primary Care ACO Plans

- **Managed Care Organizations (MCOs) Plan** *(one or two options, depending on region):* MCOs provide care through their own provider network that includes PCPs, specialists, behavioral health providers, and hospitals. Care coordinators are employed by the MCO

- **Primary Care Clinician (PCC) Plan** (with a PCC in their area): The primary care providers are called primary care clinicians (PCCs). The MassHealth network of PCCs, specialists, and hospitals delivers services
 - The Massachusetts Behavioral Health Partnership (MBHP) provides behavioral health services

Managed Care Health Plan Options (continued)



Accountable Care Partnership Plans (Model A)

Be Healthy Partnership - Baystate Health Care Alliance with Health New England
Berkshire Fallon Health Collaborative - Health Collaborative of the Berkshires with Fallon Health
BMC HealthNet Plan Signature Alliance - Signature Healthcare with BMC HealthNet Plan
BMC HealthNet Plan Community Alliance - Boston Accountable Care Organization with BMC HealthNet Plan
BMC HealthNet Plan Mercy Alliance - Mercy Medical Center with BMC HealthNet Plan
BMC HealthNet Plan Southcoast Alliance - Southcoast Health with BMC HealthNet Plan
Fallon 365 Care - Reliant Medical Group with Fallon Health
My Care Family - Merrimack Valley ACO with Allways Health Partners
Tufts Health Together with Atrius Health - Atrius Health with Tufts Health Plan (THP)
Tufts Health Together with BIDCO - Beth Israel Deaconess Care Organization (BIDCO) with Tufts Health Plan (THP)
Tufts Health Together with Boston Children's ACO – Boston Children's ACO with Tufts Health Plan (THP)
Tufts Health Together with CHA - Cambridge Health Alliance (CHA) with Tufts Health Plan (THP)
Wellforce Care Plan - Wellforce with Fallon Health

Managed Care Organizations

Boston Medical Center (BMC) HealthNet Plan
Tufts Health Together

Primary Care Clinician (PCC) Plan

Primary care Providers in the MassHealth Network

Primary Care ACO Plans

Community Care Cooperative (C3)
Mass General Brigham ACO* (Formerly Partners HealthCare Choice)
Steward Health Choice

Primary Care Exclusivity

- A primary care practice entity that contracts with an ACO may only empanel managed care members who are also enrolled in that same ACO
 - They may not empanel MassHealth managed care members enrolled in an MCO, the Primary Care Clinician (PCC) Plan, or any other ACO
 - They may only provide primary care services to managed care members who are also enrolled in that same ACO (outside of the exceptions listed on the next slides)
- Primary care exclusivity is applied at the site level because the member is assigned to the primary care practice entity site rather than to the individual PCPs performing the primary care functions and services at the site

Primary Care Exclusivity - Exceptions

- Primary Care Exclusivity does not apply in the following situations:
- PCPs serving members in the Special Kids Special Care Program
- PCPs that also provide medication assisted treatment (MAT) services may provide MAT services to members enrolled in any ACO, MCO, or the PCC Plan, without regard to limitations related to primary care exclusivity
- School-Based Health Centers (SBHCs) operated through CHCs can serve all MassHealth members and must submit claims for services delivered at SBHCs directly to MassHealth
- Other MassHealth programs*, such as:
 - MassHealth Fee-for-service (FFS) (including those over age 65 or with third-party coverage)
 - OneCare
 - Senior Care Options (SCO)
 - Program of All-inclusive Care for the Elderly (PACE)

**Providers who contract with an ACO may continue to provide services to members enrolled in the above programs regardless of their contracts with ACOs.*

Primary Care Exclusivity – Exclusions

- Specialists, Hospitals, and Other Providers*
 - Primary care exclusivity requirements neither apply to nor impact specialists, hospitals, and other providers—including behavioral health providers. Specialists, hospitals, and other providers may continue to provide specialty services across MassHealth managed care options. Such providers may contract with multiple health plans at the same time and may provide services to members in any of the health plans with which the providers have contracts.
 - Primary Care ACOs and the PCC Plan use the MassHealth fee-for-service network of specialists and hospitals. Specialists, hospitals, and other providers may see MassHealth members enrolled in a Primary Care ACO or the PCC Plan if the provider is a MassHealth participating provider contracted to provide medical services.

**Please refer to All Provider Bulletin 279 for more information
 (<https://www.mass.gov/files/documents/2018/11/05/all-provider-bulletin-279.pdf>)*

Provider Reminders

Identify the Member

- Use EVS to verify eligibility and current Plan*
- Determine if you participate in the Member's Plan and if applicable you have a referral from that Plan

Contact the Plan

- Contact the member's Plan if you need a referral or if you do not participate in that Plan
- Work with the Plan to understand claims submission
- Work with the Plan and the Primary Care Provider to coordinate the care plan
- If the member is in a Primary Care ACO, billing and UM operate as they do for the PCC Plan

Provider Care and Services

- Before refusing to see a Member or canceling appointments contact the MassHealth Customer Service Center at 1-800-841-2900

Provider Reminders (continued)

MassHealth eligibility verification system (EVS) and claims submission reminders

- The MassHealth Eligibility Verification System (EVS) is designed to display the status of a member's health care coverage for the date(s) of service requested (please note EVS does not display eligibility for future dates). This includes the identification of the health plan and the type of plan that the member is enrolled in if applicable. If you are using EVS via the Provider Online Service Center (POSC), or through third party software, please ensure that you review all of the EVS messages associated with the eligibility response.
- For providers that are looking to identify where claims should be submitted based on the EVS messages, please use the information below to ensure the proper location to submit your claims. Claims submission to the incorrect health plan will result in delayed processing and payment.
 - For Primary Care ACO and PCC Plan members, please submit electronic only claims directly to MassHealth except for behavioral health (BH). BH claims should be submitted directly to MBHP.
 - For Accountable Care Partnership Plan members, please refer directly to the applicable Accountable Care Partnership Plan submission instructions for medical and behavioral health claims
 - For MCO members, please refer to the MCO for medical and behavioral health claims submission.

If you have any questions, please contact the MassHealth Customer Service Center via email at providersupport@mahealth.net or call 1-800-841-2900.

Resources

- [Payment and Care Delivery \(PCDI\) for Providers:](#)
 - Information for providers about the MassHealth PCDI initiative
- [Mass.Gov/MassHealth:](#)
 - General information regarding the MassHealth program and other resources
- [MassHealthChoices.com:](#)
 - Online Provider directory where members can learn, compare, and enroll in health plans.
- [MassHealth Enrollment Guide:](#)
 - Printed enrollment guide for members to view health plans, service areas, and extra benefits.
- [MassHealth Enrollment Centers:](#)
 - A list of the MassHealth enrollment centers for in-person eligibility assistance.
- [MassHealth Customer Service:](#)

1-800-841-2900 (Monday- Friday 8:00am-5:00pm)
TTY: 1-800-497-4648

Questions?

ELECTRONIC CLAIMS HIPAA FILE AND PROVIDER ONLINE SERVICE CENTER (POSC) UPDATES

Presented by – Felicia Clements, Manager, Provider Relations,
MassHealth Customer Service Center

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



In March 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 in January 2021. Registration will begin in December and can be completed at: <https://www.mass.gov/service-details/trading-partner-education> once available.
- It is highly recommended that trading partners participate in the information sessions in January to understand the upcoming changes. For more information, please visit <https://www.mass.gov/masshealth-technical-refresh>. If you have questions, please email the MassHealth Customer Service Center at edi@mahealth.net.

Questions?

MASSHEALTH UPDATES

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

Ordering Referring and Prescribing (ORP) Update



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) Update (cont.)



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

Cost Sharing – Full Implementation Update



The Full Implementation release date has changed from January 1, 2021 to July 1, 2021.

FULL IMPLEMENTATION

New Release Date: July 1, 2021

Overview of Changes:

- Pharmacy copay caps will change from the current \$250 annual cap to a member-specific, monthly copay cap.
- Pharmacy copays caps will not exceed 2% of income for non-exempt adult members. They will be calculated at the individual level and will be based on a member's FPL and household size.
- Members will receive notices every time there is a change to their copay cap amount and/or when they meet their copay cap for the month.
- Please note that changes that took effect on 7/1/20* as part of the partial implementation will continue.

*For more information on Cost Sharing changes that took effect on 7/1/20, please refer to [All Provider Bulletin 297](#)

Notification of Birth (NOB) Updates

Effective 1/1/2021:

- New fields will be added to the NOB-1 form allowing for/promoting voluntary selection of a health plan and pediatric PCPs for the newborn by the mother
- New field will be added so hospitals can indicate whether the mother is ConnectorCare eligible. Information on how to identify that will be provided
- The electronic NOB form will be changed to match the new NOB-1 form, which hospitals are encouraged to use
- If a plan selection was not made:
 - A new letter will be sent to new mothers for whom a NOB was received
 - The letter will cover the importance of a plan selection, instructions on selecting the plan, and important post-partum clinical information for the mother
 - Auto assignment logic will be modified to first assign to the same plan as their sibling(s), if present, instead of the mother's
- Information in hospital RFA promotes the use of the soon-to-be improved NOB form and the newborns process. This will require Inpatient Hospitals to assist in scheduling follow-up care for the mother and use of the NOB form to collect voluntary Plan and PCP selection

Notification of Birth (NOB) Updates (cont.)



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 14-days once MassHealth eligibility has been established
- The family can voluntarily enroll the newborn in a plan sooner than 14-days by visiting [MassHealthchoices.com](https://www.masshealthchoices.com) or calling MassHealth Customer Services
- 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 in their geographic area

Provider Enrollment and Credentialing Special Allowances for COVID 19 and CMS Flexibilities



COVID Allowance or Flexibility	Expectation Once Emergency Ends	Effective Date for Return to Normal Operations
Minimal data collected for enrollment process-	Complete applications with all supporting documentation will be required according to MassHealth standards	A return to normal date has not been established at this time Please continue to check regularly for updates posted as banner messages and other message forums from MassHealth.
EFTs and W9s can be submitted as electronic copies to expedite full participation and hard copies should follow	Hard copies will be expected moving forward no photocopies accepted	
Provider Application fees waived	Resumption of fee collection moving forward. All outstanding fees waived will be expected	
Provider Fingerprinting Requirement and Criminal background checks suspended	Resumption of these activities moving forward. Finger printing and criminal background checks will be required of all providers who were waived during crisis	
Provider Site Visits suspended	Resumption of these activities moving forward. All sites waived during crisis will have a site visit as required	
Provider Revalidation suspended	Resumption of these activities moving forward. Any provider who was in process during crisis period will resume at the exact point in the process when the activities were suspended	

Provider Enrollment and Credentialing Allowances for COVID 19 and CMS Flexibilities



Provider Licensure Reminder

- Out of State Provider MassHealth may provisionally, temporarily enroll out-of-state providers who are enrolled with another State Medicaid Agency (SMA) or Medicare for the duration of the public health emergency
- BORIM issuing emergency temporary licenses for physicians that are applying for their full medical license. MassHealth will allow physicians to enroll as fee-for-service providers using the temporary emergency license as long as the physician has an application for a permanent license in process. These licenses will be valid until 90 days after the state of emergency is terminated-**To maintain eligibility as a MassHealth provider permanent licenses will be required.**
- The Massachusetts Department of Public Health (DPH) has implemented a deferral of expiration dates on all license that are in good standing, and all expiration dates have been removed from the DPH Health Professionals License Verification **Site-License renewal will be expected**

All Provider Bulletin 300: Final Deadline Appeals Board Electronic Correspondence



- MassHealth has established procedures for appealing claims that a provider believes were denied in error or underpaid. These procedures for submission and review of appeals and issuance of decisions by the Final Deadline Appeals Board are set forth in 130 CMR 450.323: *Appeals of Erroneously Denied or Underpaid Claims*
- To facilitate timely and secure communication between providers and the Final Deadline Appeals Board, providers are requested to include an email address in the appeal form or cover letter submitted pursuant to 130 CMR 450.323(B)(1)
- The Final Deadline Appeals Board will use the email address supplied by the provider on the appeal form or cover letter for all correspondence related to the appeal, including requests for additional information and the issuance of a written decision pursuant to 130 CMR 450.323(F), using a secure email system
- If a provider does not have an email address or if an email address is not provided on the appeal form or cover letter, the Final Deadline Appeals Board will issue all appeals-related correspondence, including the issuance of a written decision, via the United States Postal Service using the mailing address provided with the appeal request

<https://www.mass.gov/doc/all-provider-bulletin-300-final-deadline-appeals-board-electronic-correspondence-0/download>

Provider Type Specific Bulletins

Acute Inpatient Hospital

- [Acute Inpatient Hospital Bulletin 177: Limited Modification and Extension of Financial Support for Certain Acute Inpatient Hospitals with DMH-Licensed Beds in Response to the COVID-19 Pandemic](#)

Acute Outpatient Hospital

- [Acute Outpatient Hospital Bulletin 36: Temporary COVID-19 Flexibilities for the Dispensing of Hearing Aids for Members Age 18 and Older](#)

Audiologist

- [Audiologist Bulletin 6: Temporary COVID-19 Flexibilities for the Dispensing of Hearing Aids for Members Age 18 and Older](#)

Hearing Instrument Specialist

- [Hearing Instrument Specialist Bulletin 13: Temporary COVID-19 Flexibilities for the Dispensing of Hearing Aids for Members Age 18 and Older](#)

Psychiatric Inpatient Hospital

- [Psychiatric Inpatient Hospital Bulletin 26: Limited Modification and Extension of Financial Support for Certain DMH-Licensed Psychiatric Hospitals in Response to the COVID-19 Pandemic](#)

Questions?