



MassHealth Training Forum

Provider Updates

October 2021

Executive Office of Health & Human Services

Agenda



- **Welcome and Agenda Review**
- **Business Services and Supports (BSS) Announcement**
- **COVID-19 Updates**
- **TeleHealth**
- **Gender Affirming Care Coverage**
- **Office of Long-Term Services and Supports (OLTSS)**
- **Medicaid and CHIP Managed Care Final Rule Updates**
- **Payment Error Rate Measurement (PERM) RY 2023**
- **Urgent Care**
- **Acupuncture**
- **Additional MassHealth Updates**

Business Services and Supports (BSS) Announcement

What is the BSS Contract?

The Mass Health Business Support Services (BSS) contract contains services carved out of the customer service contract to support specific non-call center related MassHealth business functions.

The BSS contract went into effect on October 1, 2021.

This BSS contract is managed by Maximus.

BSS Services Provided

- Providing **MassHealth Premium Billing (MHPB)** operations, including overseeing billing and payments, making adjustments, and resolving Customer inquiries
- Managing **Provider enrollment, credentialing, re-credentialing, and maintenance of information** for Providers participating in MassHealth
- Delivering services related to **Provider outreach, education and communication and relationship support and management**
- Supporting **Electronic Data Interchange (EDI)** testing, compliance, and transactions
- Providing **document management and mailing fulfillment**, including imaging, storing, printing, and mailing
- Overseeing **Non-Emergency Transportation Authorization (NETA) requests** such as PT-1s which are used by providers to request transportation for members
- Managing the Health Plan Comparison Tool, currently known as **MassHealth Choices** (<http://www.masshealthchoices.com>)

How does the new BSS Contract Impact Providers



The following portals and training tools are managed under the BSS contract and will have enhancements:

- Mass Health Choices allows Members to compare Managed Care Health Plans and select a Primary Care Provider
- Learning Management System (LMS) system including personalizing individual dashboards for provider trainings



Important

Email, fax, and phone numbers used by providers for services covered under the new BSS contract will not be changing.

More information regarding the BSS contract will be available for providers on Mass.gov soon

COVID-19 Updates

Presented by – Marilyn Thurston, Sr. Provider Relations
Specialist, MassHealth Business Support Services

COVID-19 Updates



The following updates apply to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) Plan, or a Primary Care ACO.

Billing for COVID-19 Vaccine Counseling Services

- As part of its ongoing response to the COVID-19 pandemic, and in order to increase rates of COVID-19 vaccination for MassHealth members, MassHealth is introducing additional coverage for COVID-19 vaccine counseling services
- Effective for dates of service on or after **July 26, 2021**, MassHealth will reimburse physicians and acute outpatient hospitals and community health centers (CHCs) for providing clinically appropriate, medically necessary COVID-19 counseling

Provider Type	CPT codes
Physicians and Acute Outpatient Hospitals	99401, 99402, 99403, and 99404
Community Health Centers (CHCs)	99401, 99403, and 99404 <i>(* CHCs may either bill for an individual medical visit or COVID-19 counseling services but may not bill for both in a single visit)</i>

MassHealth will issue a transmittal letter that formally adds these codes to the physician, acute outpatient hospital and CHC provider manuals.

Please refer to [All Provider Bulletin 321](#) and [Community Health Center Bulletin 112](#) for more information.

COVID-19 Updates



Administration of a Third Dose of Pfizer-BioNTech and Moderna COVID-19 Vaccine

On August 12, 2021, the U.S. Food and Drug Administration (FDA) amended the emergency use authorizations (EUAs) for both the Pfizer-BioNTech and the Moderna COVID-19 vaccines to allow an additional dose in certain immunocompromised individuals, specifically, solid organ transplant recipients or those who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise.

Effective **August 12, 2021**, MassHealth will cover the administration of the third dose of the Pfizer-BioNTech and Moderna COVID-19 vaccines to individuals who qualify for the additional dose.

- There is no cost sharing for any COVID-19 vaccines
- MassHealth expects it will pay the same rate it pays for administration of first or second doses of the Pfizer-BioNTech and Moderna COVID-19 vaccines, \$45.87
- Use [CPT code 0003A](#) for the third dose of the Pfizer- BioNTech vaccine
- Use [CPT code 0013A](#) for the third dose of the Moderna vaccine

Rates and billing codes will be established through an administrative bulletin or the promulgation of emergency regulations by the Executive Office of Health and Human Services. For more information, please refer to [Pharmacy Facts 170](#) and [All Provider Bulletin 322](#).

COVID-19 Updates



Coverage for Monoclonal Antibodies for Treatment and Post-Exposure Prophylaxis for Coronavirus Disease 2019 (COVID-19)

The U.S. Food and Drug Administration (FDA) amended the emergency use authorization (EUA) for monoclonal antibody REGEN-COV™ (casirivimab and imdevimab) to cover post-exposure prophylaxis for individuals who meet certain requirements listed in [All Provider Bulletin 326](#). MassHealth will add coverage for new codes for repeat dosing for casirivimab and imdevimab for post-exposure prophylaxis, as well as update existing code descriptions to reflect that casirivimab and imdevimab may also be administered via subcutaneous injection.

Added Codes:

Providers enrolled in the MassHealth acute outpatient hospital (AOH), community health center (CHC), and physician programs may bill and receive payment for administering casirivimab and imdevimab as described in the table below.

Code	Rate	Description	Effective for Dates of Service On or After
Q0240SL	\$0.00	Injection, casirivimab and imdevimab, 600 mg	07/30/2021
M0240	\$450.00	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	07/30/2021
M0241	\$750.00	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence, this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency, subsequent repeat doses	07/30/2021

COVID-19 Updates



Revised Code Descriptions:

In addition, EOHHS is updating the descriptions for the following codes to match the current Healthcare Common Procedure Coding System (HCPCS) code descriptions reflecting that casirivimab and imdevimab may be administered through a subcutaneous injection as well as intravenous infusion. Rates are not changing.

Code	Rate	Description	Effective for Dates of Service On or After
M0243	\$450.00	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring	05/06/2021
M0244	\$750.00	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	05/06/2021

For more information, please see [All Provider Bulletin 326](#) and previous related [All Provider Bulletins 304, 312, and 318](#),

COVID-19 Updates



Temporary Extensions:

- MassHealth is extending the telehealth policy described in All Provider Bulletin 314 through **October 15, 2021**. Providers rendering services via telehealth on or before October 15, 2021, must do so in accordance with [All Provider Bulletin 314](#)
- MassHealth is temporarily extending flexibilities to permit separate payment for specimen collection as described in [All Provider Bulletin 319](#) through **December 31, 2021**
- Primary Care Clinician Plan & Primary Care ACO Referrals will remain in place **through the end of the federal public health emergency**
 - Members enrolled in the Primary Care Clinician (PCC) Plan or a Primary Care ACO do not need a referral to receive any MassHealth covered service that would otherwise require a referral. Extension of the policy announced in [All Provider Bulletin 291](#)
- COVID-19 Remote Patient Monitoring will remain in place **through the end of the federal public health emergency**
 - MassHealth added to the MassHealth Physician, Community Health Center, and Acute Outpatient Hospital program manuals coverage of a code for COVID-19 remote patient monitoring (COVID-19 RPM) bundled services to facilitate home- or residence-based monitoring of members with confirmed or suspected COVID-19 who do not require emergency department or hospital level of care but require continued close monitoring

Ordering Referring and Prescribing (ORP)



ORP denials continue to be 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

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

Learn more about **Ordering, Referring and Prescribing (ORP)** requirements, please visit the [Provider ORP page](#)

COVID-19 Resources



Additional Information

- Providers should visit the [COVID-19 Provider Page](#) dedicated for the latest COVID-19 related information
- For the latest Massachusetts-specific information, visit the following link: www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19
- The latest Centers for Disease Control and Prevention (CDC) guidance for healthcare professionals is available at the following link: www.cdc.gov/coronavirus/2019-ncov/hcp/index.html

Questions:

Long-Term Services and Supports

Phone: (844) 368-5184 (toll free)
Email: support@masshealthtss.com
Portal: MassHealthLTSS.com
Mail: MassHealth LTSS, PO Box 159108
Boston, MA 02215
Fax: (888) 832-3006

All Other Provider Types

Phone: (800) 841-2900; TTY: (800) 497-4648
Email: providersupport@mahealth.net
Fax: (617) 988-8974

Questions?

Telehealth Policy

Marilyn Thurston, Sr. Provider Relations Specialist,
MassHealth Business Support Services

Current Emergency Policy and New Healthcare Legislation



- Steps to broaden MassHealth’s existing telehealth policy were in motion prior to the COVID-19 pandemic to enhance member access to high quality care delivered via telehealth, but these efforts were expedited in response to the public health emergency (PHE).
- In response to the PHE, MassHealth rapidly developed and implemented an expansive telehealth policy, permitting providers to deliver all clinically appropriate, medically necessary MassHealth-covered services via all telehealth modalities (APB 289). Pursuant to All Provider Bulletin 324, which temporarily extended the emergency policy, this policy is scheduled to expire on October 15, 2021.
- Our new proposed policy aligns with relevant sections of Chapter 260 of the Acts of 2020, effective **January 1, 2021.**

Telehealth Policy: APB 327 Effective October 16, 2021



a) Coverage:

i. Delivery of telehealth services. Introduce a carve-out approach

1. Slide 22 identifies specific categories of service that MassHealth has deemed inappropriate for delivery via any telehealth modality.
2. Except for those services, and notwithstanding any regulation to the contrary, any MassHealth-enrolled provider may deliver any medically necessary MassHealth-covered service via any telehealth modality, if:
 - The provider has determined that it is clinically appropriate to deliver such service via telehealth, including the telehealth modality and technology employed, including member consent;
 - Such service is payable under that provider type;
 - The provider satisfies all requirements set forth in All Provider Bulletin 327, including Appendix A to the bulletin, and any applicable program-specific bulletin;
 - The provider delivers those services in accordance with all applicable laws and regulations
 - The provider is appropriately licensed or credentialed to deliver those services

Telehealth Policy Cont'd



b) Reimbursement:

i. Through December 31, 2022:

1. MassHealth will reimburse providers delivering any telehealth-eligible covered service via any telehealth modality at parity with its in-person counterpart; and
2. An eligible distant site provider delivering covered services via telehealth in accordance with this updated policy may bill MassHealth a facility fee if such a fee is permitted under such provider's governing regulations or contracts.

c) Billing

1. Providers must include the place of service (POS) code 02 when submitting a professional claim and modifier GT when submitting a facility claim for services delivered via telehealth; and
2. Additionally, for any such professional claim providers must include:
 - Modifier 95 to indicate services rendered via audio-video telehealth;
 - Modifier V3 to indicate services rendered via audio-only telehealth; and/or
 - Modifier GQ to indicate services rendered via asynchronous telehealth.

Note: MassHealth will initially implement these modifiers through a six-month informational edit period. Effective on or after April 11, 2022, MassHealth will discontinue this informational edit and will deny claims containing POS code 02 that are missing one of these modifiers.

Excluded Categories of Service

MassHealth has determined that the following categories of service are categorically inappropriate for delivery via all telehealth modalities:

- | | |
|--|---|
| 1. Ambulance Services | 10. Laboratory Services |
| 2. Ambulatory Surgery Services | 11. Nursing Facility Services |
| 3. Anesthesia Services | 12. Orthotic Services |
| 4. Certified Registered Nurse Anesthetist Services | 13. Oxygen and Respiratory Therapy Services |
| 5. Chiropractic Services | 14. Personal Care Services |
| 6. Durable Medical Equipment and Supplies | 15. Prosthetic Services |
| 7. Hearing Aid Services | 16. Renal Dialysis Clinic Services |
| 8. Inpatient Hospital Services | 17. Surgery Services |
| 9. Laboratory Services | 18. Transportation Services |
| | 19. X-Ray/Radiology Services |

Future Considerations

- a) Potential policy changes based on assessment of relevant data and trends
- b) Any changes to this policy will reflect MassHealth assessment of interim trends in utilization and access, broader legislative and market environment, and evidence of impact on quality, access, and equity. MassHealth will continue to analyze telehealth's impact on utilization, quality of care, and access to care. Based on its analysis of these and other relevant factors, MassHealth will evaluate this policy, with no significant changes anticipated prior to January 1, 2023.
- c) While all policy elements will be evaluated, anticipate particular attention to:
 - i. Whether services delivered by audio-only telephone, or asynchronous modalities, should continue to be reimbursed at parity with live audio-video vs. some proportion thereof (subject to legislative requirements)
 - ii. How best to account for facility fees (subject to legislative requirements)
 - iii. Considerations of equity related to access and delivery of high quality, efficient care

Questions?

Gender Affirming Care

Marilyn Thurston, Sr. Provider Relations Specialist,
MassHealth Business Support Services

Background

MassHealth is dedicated to improving the health outcomes of our members, including transgender and gender diverse members, by providing access to medically necessary services

MassHealth has:

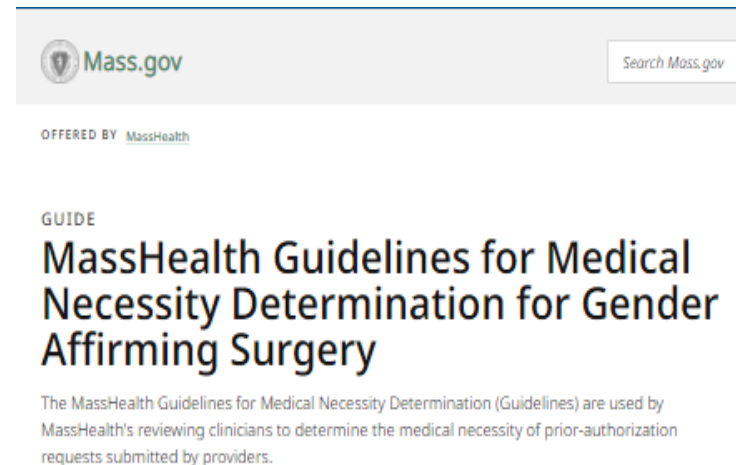
- Revised policies related to gender-affirming care, including gender-affirming surgery (GAS) effective **September 1, 2021**
- New coverage of non-pre-surgical facial and neck hair removal as treatment for gender dysphoria effective **September 1, 2021**

What's New

MassHealth has updated the [Guidelines for Medical Necessity Determination for Gender Affirming Surgery](#).

The changes to the guidelines include, but are not limited to, the following:

- Coverage for medically necessary breast reduction surgery as treatment for gender dysphoria for members who meet all criteria listed in the medical necessity guidelines
- Coverage for medically necessary bilateral mastectomy, breast reduction, and/or chest reconstruction, for members under the age of 18 who satisfy all criteria listed in the medical necessity guidelines

A screenshot of the Mass.gov website. At the top left is the "Mass.gov" logo. At the top right is a search bar with the text "Search Mass.gov". Below the header, it says "OFFERED BY MassHealth". The main heading is "GUIDE" followed by "MassHealth Guidelines for Medical Necessity Determination for Gender Affirming Surgery". Below the heading is a short paragraph: "The MassHealth Guidelines for Medical Necessity Determination (Guidelines) are used by MassHealth's reviewing clinicians to determine the medical necessity of prior-authorization requests submitted by providers."

What's New



- Requires a referral from only one licensed qualified behavioral health professional for covered genital surgeries
- Members seeking covered genital surgeries must also obtain a secondary referral from another licensed healthcare provider familiar with the member's health

What's New (Continued)

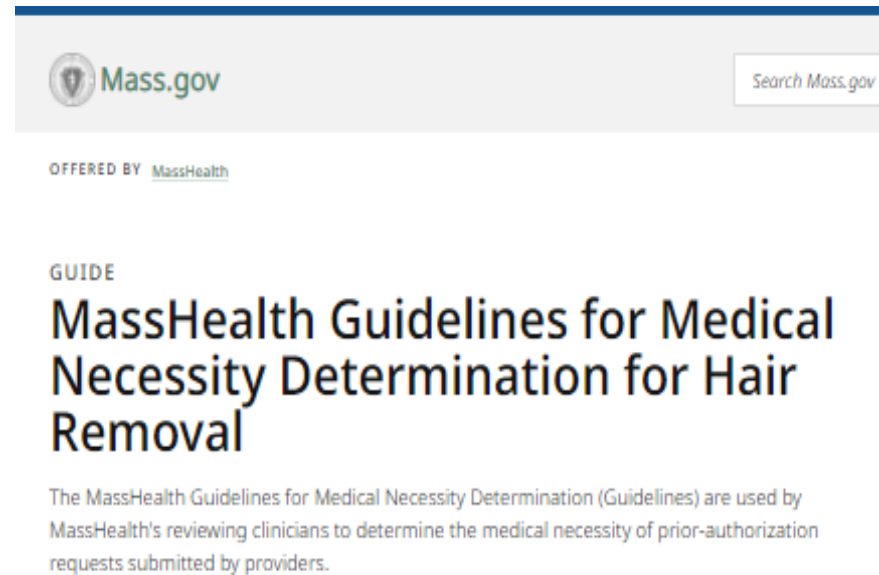
- Coverage for speech therapy to treat a communication disorder related to a gender dysphoria diagnosis. As with all speech and language therapy, parameters for coverage are outlined in in the [Guidelines for Medical Necessity Determination for Speech and Language Therapy](#)
- Updated citations within the guidelines for clinician reference



Please review the [Guidelines for Medical Necessity Determination for Gender Affirming Surgery](#) in full for details on these changes

What's New (Continued)

Additionally, MassHealth will begin covering non-pre-surgical facial and neck hair removal as treatment for gender dysphoria in accordance with the new [MassHealth Guidelines for Medical Necessity Determination for Hair Removal](#)

A screenshot of the Mass.gov website. At the top left is the "Mass.gov" logo. At the top right is a search bar with the text "Search Mass.gov". Below the header, it says "OFFERED BY MassHealth". The main heading is "GUIDE" followed by "MassHealth Guidelines for Medical Necessity Determination for Hair Removal". Below the heading is a paragraph: "The MassHealth Guidelines for Medical Necessity Determination (Guidelines) are used by MassHealth's reviewing clinicians to determine the medical necessity of prior-authorization requests submitted by providers."

What's Staying the Same

- As always, the guidelines are based on generally accepted standards of practice; the review of the most recent medical literature; and federal and state policies and laws applicable to Medicaid programs
- As before, MassHealth will continue to cover a host of gender-affirming surgeries for MassHealth members who meet the relevant criteria set forth in the guidelines, in accordance with 130 CMR 433.000: *Physician Services* and 130 CMR 450.204: *Medical Necessity*
- MassHealth continues to review all requests for prior authorization on an individualized, case-by-case basis

What's Staying the Same (Continued)



- MassHealth remains committed to ensuring that transgender and gender diverse members have access to all MassHealth-covered benefits free from unlawful discrimination
- As a reminder, providers must comply in all respects with 130 CMR 450.202: *Nondiscrimination*, and all other applicable federal and state nondiscrimination laws and regulations
- Additionally, MassHealth emphasizes that, except as otherwise provided in 130 CMR 450.130: *Copayments Required by the MassHealth Agency*, providers may not bill a member for any services that are payable under MassHealth

Resources

MassHealth Bulletin 323 is available on the [MassHealth Provider Bulletins](#) web page

Medical Necessity Determination Guidelines

- [Guidelines for Medical Necessity Determination for Gender Affirming Surgery](#)
- [MassHealth Guidelines for Medical Necessity Determination for Hair Removal](#)
- [Guidelines for Medical Necessity Determination for Speech and Language Therapy](#)

Questions

Long-Term Services and Supports

Phone: (844) 368-5184 (toll free)
Email: support@masshealthltss.com
Portal: [MassHealthLTSS.com](https://www.masshealthltss.com)
Mail: MassHealth LTSS, PO Box 159108
Boston, MA 02215
Fax: (888) 832-3006

All Other Provider Types

Phone: (800) 841-2900; TTY: (800) 497-4648
Email: providersupport@mahealth.net
Fax: (617) 988-8974

Questions?

Office of Long-Term Services and Supports (OLTSS)

Presented by – Stacia Nowinski-Castro,
Director of LTSS Provider Enrollment and Services ,
Office of Long-Term Services and Supports

Home Care Vaccine Requirement

New Vaccination Requirement

- On September 8, 2021, the Massachusetts Department of Public Health promulgated 105 CMR 159.000, *COVID-19 Vaccinations for Certain Staff Providing Home Care Services in Massachusetts*, a new regulation that requires certain home care workers to receive the COVID-19 vaccine
- The vaccination requirement for home care workers applies to **employees providing in-home care who are employed by an agency** that is contracted or subcontracted with the Commonwealth. This includes:
 - Home health agencies enrolled in the MassHealth program
 - Home care agencies providing services under the state's home care program
 - Continuous Skilled Nursing agencies enrolled in the MassHealth program
 - Hospice programs or Group Adult Foster Care agencies enrolled in the MassHealth program
 - ABI/MFP Waiver providers of specified in-home services

Home Care Vaccine Requirement (cont.)



New Vaccination Requirement (cont.)

- The vaccination mandate also applies to **independent, non-agency-based home care workers** contracted with the state providing in-home, direct care including:
 - Independent Nurses enrolled in the MassHealth program
 - Direct Care Workers providing services through the MassHealth MFP Waiver program
 - Personal Care Attendants providing services through the MassHealth program
 - Consumer Directed Care workers providing services under EOEAs self-directed program

Exemptions

- Consistent with other state COVID-19 vaccination requirements, an individual will not be required to get the vaccine based on qualifying exemptions:
 1. If the **vaccine is medically contraindicated**, the individual can provide documentation demonstrating their need for this exemption, and the individual is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the employer, to avoid risk of contracting/transmitting COVID-19 on the job
 2. If the **individual objects to vaccination on the basis of a sincerely held religious belief** and the individual is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the employer, to avoid risk of contracting/transmitting COVID-19 on the job

Home Care Vaccine Requirement (cont.)



Compliance

- **Agency-based HCWs:**
 - By October 31, 2021, every HCW will be required to submit proof of vaccination to the home care agency (Agency) or documentation that they qualify for an exemption
 - The Agency will be required to maintain proof of vaccination for all direct-care staff the Agency employs directly or by contract; and
 - The Agency's COVID-19 staff vaccination documentation and attestation will be subject to audit by the relevant state agency with which the Agency contracts and/or has a provider agreement
 - Agencies found noncompliant through an audit will be subject to a financial penalty
- **Non-agency HCWs:**
 - By October 31, 2021, every HCW will be required to attest in writing that they were vaccinated or that they qualify for an exemption
 - With respect to the Personal Care Attendant and MFP Waiver self-directed programs, Consumer employers will make employment determination upon receipt of attestation
 - With respect to Community Case Management, Members will determine whether or not to continue with the continuous skilled nursing services from an Independent Nurse upon receipt of attestation

PCA FI Procurement



- The MassHealth PCA program currently utilizes three active Fiscal Intermediaries (FIs): Northeast Arc, Stavros, and Tempus Unlimited
- In September 2020, EOHHS released a competitive procurement for FI functions, in order to procure a single FI, beginning January 1, 2022. As part of its selection process, EOHHS procured a group of stakeholders to help review certain sections of each bid and provide feedback
- EOHHS selected Tempus Unlimited to become the program's single FI, since it submitted the strongest proposal
- The MassHealth PCA Team is working with all three FIs to begin transitioning all Consumers and PCAs to Tempus FI by January 1, 2022
- Tempus has begun distributing Consumer and PCA packets with important tax information that must be completed and returned as soon as possible
- Consumers services will not be affected by the transition to Tempus FI. Similarly, Consumers' Personal Care Management (PCM) agency will not change because of this procurement award

PACE Expansion Update



- MassHealth is committed to expanding PACE to serve more members in the Commonwealth, particularly in areas where PACE is not available today
- Initial expansion with **current** PACE orgs would be accomplished through Service Area Expansions in **one or both** of the following mechanisms:
 - Option A – Each PACE org may add a **new Center** in an unserved/underserved metro area as described by MassHealth, **and/or**
 - Option B – Each PACE Org may **add uncovered zip codes to their Service Areas, if they are within a 25 mile radius of an existing PACE Center**
- MassHealth will likely target the following metro areas for new Centers:
 - Where no PACE exists (i.e. Pittsfield, Attleboro, Fall River, New Bedford, Framingham, Hyannis, and Plymouth) and
 - Where increased PACE availability is needed (i.e. Brighton, Taunton, and Brockton)
- Support **partnerships with built in efficiencies** (e.g. housing programs/authorities)
- RFA will be released to current PACE orgs in Fall 2021 with the potential of new centers opening in 2023

One Care Procurement



- The procurement for One Care plans is on track for implementation for January 2022
- **New Three-way Contract for 2022** to implement procurement under the current demo terms has been executed with the three selected entities: **CCA, Tufts, and United**
 - Effective for 1/1/22; effectively replaces current Contract; will operate for 1 year under current Demo, which was extended through 12/31/22
- While the One Care service area overall will be the same as in 2021 (all mainland counties), members will have additional plan choices in several counties
- In October, members may begin to request enrollment for January 1, 2022
- Additional information will be posted soon on www.mass.gov/one-care and shared with stakeholders about plan availability in each county

Questions?

Medicaid and CHIP Managed Care Final Rule Updates

Presented by – Karla Burgos, Sr. Provider Relations
Specialist, MassHealth Business Support Services

Managed Care Final Rule Requirements



Final Managed Care Rule, 42 CFR § 428.602(b) and 608(b)

1. States must screen, enroll, and periodically revalidate all Managed Care Entity (MCE) network providers
 - a. MassHealth has delegated the screening, enrollment and revalidation of the MCE provider networks to the MCEs
 - b. Screening includes all federally required disclosures, verifications of federal exclusions, NPI, Social Security Administration (SSA) Death Master File (DMF) and license information as applicable
2. States must enroll providers that are not already actively enrolled with MassHealth (Fee-for-Service (FFS) and Ordering, Referring & Prescribing (ORP))
 - a. Where the MCE has a different NPI, address, TIN or Provider Type (PT) from MassHealth a contract/enrollment are required
3. An MCE-only provider must have a signed MassHealth Nonbilling Managed Care Entity (MCE) Network-only Provider Contract
 - a. For entities one contract is needed for each NPI/TIN/ PT combination
 - b. If the provider has an existing MassHealth relationship that is different than the MCE, a contract is needed for the MCE relationships
 - c. The MCE will identify providers who require a contract/enrollment

Managed Care Final Rule Process

- An MCE only (not enrolled with MassHealth but enrolled with one or more MCEs) provider is not required to render fee-for-service (FFS) care
- Validating MCE networks against the MassHealth network
 - Validation is based on NPI/TIN/PT/Address
- Plans are outreaching to providers who must complete a MassHealth Nonbilling Managed Care Entity (MCE) Network-only Provider contract
- MCEs are submitting enrollment files for MCE only providers. Providers are only required to submit a contract.
- If a provider is disputing the requirement to sign a contract and the information the MCE is maintaining they must contact the MCE
- If a provider is disputing the information MassHealth is maintaining, they must contact their respective MassHealth customer service vendor
- If the MCE submits enrollments for only providers not known to MassHealth (FFS/ORP) this should not impact your MassHealth relationship and billing

Managed Care Final Rule Policy



- MassHealth is onboarding the MCEs in a phased approach
- We have launched the following MCEs
 - Massachusetts Behavioral Health Partnership
 - Boston Medical Center Health Plan
 - AllWays Health Plan
 - Health New England
 - Fallon
 - Tufts

Payment Error Rate Measurement (PERM) RY 2023

PERM RY 2023



- MassHealth is part of the CMS PERM audit for RY 2023. The PERM audit measures improper payments in Medicaid and CHIP and produces improper payment rates for each program
- The review will consist of claims data for the time period of July 1, 2021 - June 30, 2022
- Contractors:
 - The Lewin Group is the Statistical Contractor (SC)
 - NCI Information Systems Inc. is the Review Contractor (RC)
- **Medical Records Requests**
 - Providers will receive a request letter from the RC (NCI) and will have **75 calendar days** from the date of the request letter to submit the record
 - Providers may send documentation by fax, by mail or if using a Health Information Handler (HIH), by CMS' electronic submission of medical documentation (esMD) system
 - Reminder calls and letters are made after 30, 45, and 60 days (unless received)
 - Non-response letters are sent on day 75 via registered mail

- **Medical Records Requests - Incomplete, Missing or Illegible Information**
 - If submitted documentation is incomplete, the RC sends an additional documentation request (ADR) letter giving the provider **14 days** to submit additional documentation
 - A reminder call is made, and a letter is sent if pending after 7 days
 - If the RC receives records of poor quality or with other issues, the RC sends a Resubmission Letter detailing the issue and asking the provider to resubmit the information.

PERM RY 2023



Frequent Mistakes for Providers to avoid:

- Not responding within required timeframes
- Submitting records for the wrong patient
- Submitting records for the right patient but for the wrong date of service
- Not submitting legible records – e.g., colored backgrounds on faxed documents
- Not copying both sides of two-sided pages
- Marking/highlighting that obscures important facts when copied or faxed

Questions?

Urgent Care Clinic

Presented by – Karla Burgos, Sr. Provider Relations Specialist, MassHealth Business Support Services

Urgent Care Clinic



New Provider Type

- **Urgent Care Clinic (UCC)**
 - An entity licensed as a clinic by the Massachusetts Department of Public Health (DPH) pursuant to M.G.L. c. 111, § 51 and 105 CMR 140.000: Licensure of Clinics, if in state, or by the licensing authority of its own state, if out of state, that is not part of a hospital and that possesses its own legal identity, maintains its own patient records, administers its own budget and personnel, and is organized primarily for the purpose of rendering urgent care
- **Provider Eligibility**
 - (A) In State
 - To participate in MassHealth, a UCC located in Massachusetts must (1) operate under a clinic license issued by the Massachusetts Department of Public Health pursuant to 105 CMR 140.100 et seq.; and (2) have a signed provider contract with the MassHealth agency
 - (B) Out of State
 - To participate in MassHealth, an out-of-state UCC must obtain a MassHealth provider number and meet the following criteria: (1) if the clinic is required by its own state's law to be licensed, the clinic must be licensed by the appropriate state agency under whose jurisdiction it operates; (2) the clinic must participate in its state's Medicaid program (or the equivalent); and (3) meet the conditions set forth in 130 CMR 450.109: Out-of-state Services

Urgent Care Clinic



New Provider Type

- MassHealth will begin accepting Urgent Care Clinic applications in the fall 2021 with a tentative effective date in January 2022
- Group Practice Organizations who are currently enrolled with MassHealth will have the option to convert to an Urgent Care Clinic if eligible
- MassHealth will be hosting informational sessions in the late fall with more details as they become available

- [Draft UCC Program Regulations](#)
- **MassHealth Customer Service**

Long-Term Services and Supports

Phone: (844) 368-5184 (toll free)
Email: support@masshealthltss.com
Portal: MassHealthLTSS.com
Mail: MassHealth LTSS, PO Box 159108
Boston, MA 02215
Fax: (888) 832-3006

All Other Provider Types

Phone: (800) 841-2900; TTY: (800) 497-4648
Email: providersupport@mahealth.net
Fax: (617) 988-8974

Provider Email Alerts

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

Acupuncture

Presented by – Karla Burgos, Sr. Provider Relations Specialist, MassHealth Business Support Services

Acupuncture



New Provider Type

- MassHealth is introducing acupuncturist as a new provider type. MassHealth will begin accepting acupuncturist applications in the fall 2021 with a tentative effective date in January 2022
- **Acupuncturists must meet the following eligibility requirements.**
 - (1) In State: Must be licensed as a provider of acupuncture by the Massachusetts Board of Registration in Medicine under *The Practice of Acupuncture*; or
 - (2) Out of State: Must be currently licensed as an acupuncturist in his or her own state, or for an acupuncturist in a state that does not license acupuncturists, be legally authorized to perform the services of an acupuncturist in that state and Participate in its state's Medicaid program or the equivalent and
 - (3) Must meet all other regulatory conditions
- [Draft Acupuncture Program Regulations](#) are posted on mass.gov

Acupuncture

New Provider Type



- Some of the requirements covered in the new acupuncture regulation include:
 - Definition and scope of covered services
 - Provider eligibility requirements to enroll as a MassHealth provider of acupuncture services
 - Member eligibility requirements for the receipt of such services
 - Administrative requirements related to the delivery of such services
 - Other requirements related to the provision of MassHealth covered services, including recordkeeping and staffing requirements
 - Prior Authorization (PA) requirements for the delivery of MassHealth-covered acupuncture services
- MassHealth held public hearings on the proposed regulation on September 24th , 2021
- MassHealth anticipates accepting Acupuncture applications in the fall 2021 with a tentative effective date in January 2022
- MassHealth will be hosting an informational session on November 17th , 2021.
You can register for the session by clicking this link:
https://maximus.zoom.us/webinar/register/WN_9LNnG6KcQ4KUPZt4DLBE9g

Questions?

MassHealth Updates

Presented by – Karla Burgos, Sr. Provider Relations Specialist, MassHealth Business Support Services

MassHealth Choices

Background



- In 2017, Maximus launched MassHealthChoices.com (MHC). The tool is mobile and tablet responsive
- The tool was promoted to assist member with learning about their managed care options, to compare health plans available based on service area and to find primary care providers. This tool was tested and approved by EOHHS
- As part of the Business Support Services (BSS) contract transition for October 1, 2021, Maximus will modify and add certain data requirement enhancements **only** for the Find a Primary Care Provider (FAP) tool on MHC
- The FAP changes are the following:
 - Display minimum and maximum age range for 'Age Restrictions' for ACO B and PCC Plan primary care provider results
 - Change the develop results page to a tile view versus the current list view
 - Remove current 'Provider Types' under the 'Filter by' pop-up and replace with a checklist for the four physician types:
 - Internal Medicine
 - Pediatrics
 - Family/General
 - OB/GYN
 - Add the four-physician type checklist, detailed above, to the landing search page
 - Remove address as a search field and combine City/Town or Zip Code into one field

Future MHC Site – FAP Tool



MassHealth [Learn](#) [Compare](#) [Enroll](#) [Search](#) [Change text size](#) [Language English](#)

[Get answers](#)
[Words to know](#)
[Member materials](#)
[Contacting health plans](#)
[Contacts and links](#)

Find a primary care provider (PCP)

Let's search for a primary care provider near where you live.

You can use this site to see which primary care providers are available in the Accountable Care Organizations (ACOs) and the Primary Care Clinician (PCC) plan.

Remember:

- This search tool might not list your PCP by name. Try searching by the name of the practice or office address.
- If you have a primary care provider and need to search for a specialist, visit your health plan website.

You can use the links below to find **primary care providers** in the Managed Care Organizations (MCO) plans.

- [BMC HealthNet Plan \(MCO\)](#)
- [Tufts Health Together \(MCO\)](#)

Search by location

Located within* City / Zip*

Primary Care Health Plans

Practice Type (Optional)

Internal Medicine
 Pediatrics
 Family/General
 OB/GYN

1. Improved search by Location functionality
2. Users can type either city/town or zip in the same field
3. Added optional New Practice Types

Future MHC Site – FAP Tool

1. Converted to a tile view instead of list view for results
2. Added 'Age of patients accepted' i.e., Age Restrictions data from MMIS
3. Added 'Practice Type' which is the Primary Care Practice Specialty type data in MMIS
4. Added 'Related PCP' which are any providers that are affiliated with the practice site

Displaying 4 of 4 results [Map view](#)

<p>SOMERVILLE FAMILY PRACTICE 6.3 miles</p> <p>1020 Broadway Somerville, MA 02144 Driving directions</p> <p>Phone: (617) 628-2160</p> <p>Plans accepted: PRIMARY CARE CLINICIAN (PCC) PLAN</p> <p>Accepts new patients: Yes</p> <p>Age of patients accepted: 0-65</p> <p>Practice type: Family/General Practice</p> <p>Related PCP: LEORA FISHMAN</p>	<p>CHARLES RIVER MEDICAL ASSOCIATES PC 13.9 miles</p> <p>233 W Central St Natick, MA 01760 Driving directions</p> <p>Phone: (508) 655-7936</p> <p>Plans accepted: PRIMARY CARE CLINICIAN (PCC) PLAN</p> <p>Accepts new patients: No</p> <p>Age of patients accepted: 0-21</p> <p>Practice type: Pediatrics</p> <p>Related PCP: ZOE S FISHMAN</p>	<p>TODAYS WELLNESS PLLC 15 miles</p> <p>2 Haven St Unit 309 Reading, MA 01867 Driving directions</p> <p>Phone: (781) 944-4549</p> <p>Plans accepted: PRIMARY CARE CLINICIAN (PCC) PLAN</p> <p>Accepts new patients: Yes</p> <p>Age of patients accepted: 18-65</p> <p>Practice type: Internal Medicine</p> <p>Related PCP: CHLOE FISH</p>	<p>TODAYS WELLNESS PLLC 17.6 miles</p> <p>172 Middlesex Ave Wilmington, MA 01887 Driving directions</p> <p>Phone: (978) 658-4432</p> <p>Plans accepted: PRIMARY CARE CLINICIAN (PCC) PLAN</p> <p>Accepts new patients: Yes</p> <p>Age of patients accepted: 18-65</p> <p>Practice type: Internal Medicine</p> <p>Related PCP: CHLOE FISH</p>
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Shared User ID

MassHealth User ID/MMIS Access

REMINDER: Providers, Trading Partners, and Relationship Entities must not share MassHealth User IDs and passwords used to access MassHealth systems with anyone

Each user attests to the Virtual Gateway (VG) Terms and Conditions upon initial sign-on to any VG hosted application (e.g., POSC). All MassHealth providers, trading partners and relationship entities that have been assigned a User ID and Password to access the Provider Online Service Center (POSC) and MassHealth connectivity methods (*e.g., IVR, point to point*) are solely responsible for the use of that user ID and must NOT share it with any other individual.

Sharing user IDs is a violation of the policy. Every user within an organization that accesses the POSC or MassHealth connectivity methods must be assigned their own user ID

MassHealth monitors shared user ID activity on a regular basis. The user ID of any user that violates the VG Terms and Conditions may be subject to termination.

MassHealth User ID/MMIS Access

Each organization must be sure that access to the POSC is accurately maintained to ensure that only those persons that should have access to the organization's data can view, submit, or receive information on behalf of the organization.

The Primary User within an organization who is responsible for managing user access to the organization's information on the POSC and MassHealth connectivity methods must, at a minimum, do the following:

- Ensure that a back-up administrator has been assigned to support user access requests in the Primary User's absence
- Ensure that each user has been issued their own user ID
- Terminate user IDs once a staff person has left the organization and once affiliate and vendor relationships and engagements have ended
- Establish and maintain a quarterly, semi-annual, or annual review and alignment of all user access to safeguard the organization's MassHealth related information

If you have any questions about the MassHealth User ID policy, please contact MassHealth Customer Service Center at 800-841-2900 or MassHealth LTSS Provider Service Center at 844-368-5184. DO NOT contact the Virtual Gateway.

MassHealth User ID/MMIS Access

For additional information you may refer to mass.gov for Provider Security job aids at <https://www.mass.gov/service-details/job-aids-for-the-provider-online-service-center-posc>.

Specific job aids may be found at the links below.

- How to link a subordinate user (already has a VG user ID) to a provider
PIDSL: <https://www.mass.gov/doc/new-mmis-job-aid-link-subordinate-accounts/download>
- How to update the password for a user: <https://www.mass.gov/doc/new-mmis-job-aid-change-password/download> (Primary user should update the passwords for subordinate users)
- How to create a subordinate user (someone that does not already have a VG user ID):
<https://www.mass.gov/doc/new-mmis-job-aid-create-subordinate-accounts/download>
- How to update subordinate user information: <https://www.mass.gov/doc/new-mmis-job-aid-update-accounts/download>

Robotics Processing Automation (RPA) on the POSC

Robotics Processing Automation (RPA) on the POSC

MassHealth understands that organizations (providers, vendors, relationship entities) utilize Robotics Processing Automation (RPA) tools to streamline manual processes to gain operational efficiencies.

MassHealth is generally supportive of simplification efforts to reduce administrative burdens and is currently exploring opportunities related to the utilization of RPA tools. It is important that the agency is aware of all organizations that utilize RPA tools on the Provider Online Service Center (POSC).

Previously, MassHealth requested that any/all providers, vendors, and relationship entities that currently utilize RPA tools to send or receive information via the MassHealth POSC, or intend to adopt RPA tools to utilize on the POSC within the next 12 months, had to complete the [MassHealth RPA Survey](#) by October 8, 2021.

Please note that it is important that MassHealth is aware of ALL organizations that utilize RPA tools on the POSC. Therefore, **the survey has been extended until October 29, 2021**. If you have not yet completed the survey to identify the bots that you are currently using or intend to use, please complete the survey immediately, but no later than Friday, October 29, 2021.

If you have any questions regarding this message or the RPA survey, please email MassHealth at: functional.coordination@mass.gov.

MassHealth Bulletins (August– October 2021)

All Provider Bulletins

- [All Provider Bulletin 321](#) Coverage and Reimbursement Policy for Services Related to Coronavirus Disease 2019 (COVID-19) Vaccine Counseling
- [All Provider Bulletin 322](#) Coverage for Third Dose of Pfizer-BioNTech and Moderna Coronavirus Disease 2019 (COVID-19) Vaccine for Immunocompromised Individuals
- [All Provider Bulletin 323](#) Updated MassHealth Policies on Gender-Affirming Care Coverage
- [All Provider Bulletin 324](#) Temporary Extension of Telehealth Policy Described in All Provider Bulletin 314 through October 15, 2021
- [All Provider Bulletin 325](#) Temporary Extension of Flexibilities to Permit Separate Payment for Specimen Collection
- [All Provider Bulletin 326](#) Coverage for Monoclonal Antibodies for Treatment and Post-Exposure Prophylaxis for Coronavirus Disease 2019 (COVID-19)
- [All Provider Bulletin 327](#) Access to Health Services through Telehealth Options

Resources

MassHealth Website

- These bulletins are all available on: <http://www.mass.gov/mashealth-provider-bulletins>

MassHealth Customer Service

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Questions?