MassHealth Training Forum Provider Updates

July 2024

Executive Office of Health & Human Services

Agenda

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Mass.gov Updates

Presented by – Marilyn Thurston, Manager, Provider Relations, MassHealth Business Support Services

- In response to feedback received from the provider community, MassHealth has updated the layout of provider information on Mass.gov

- This initiative to update Mass.gov is ongoing and works to confirm that all published information is accurate and relevant

Mass.gov Updates

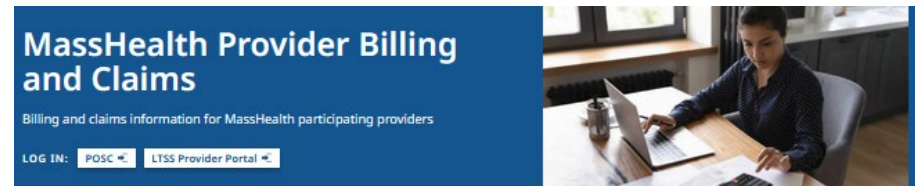**General MassHealth Provider Information Page**

- Standard, need-to-know provider resources can be found on the initial landing page for MassHealth

- Resources specific to New and Existing providers can also be found by navigating to those pages using the buttons featured on this page

Visit: https://www.mass.gov/information-for-masshealth-providers

Mass.gov – Billing and Claims

Billing and Claims Page

- Frequently asked questions relating to payment can be addressed with the resources on this page

- The landing page has been heavily modified to include forms, links to the POSC, and guides to online billing and claims tools

Visit: https://www.mass.gov/masshealth-provider-billing-and-claims

Mass.gov – New Application Request Process (slide 1 of 2)

Apply to become a MassHealth provider

Read below to find the appropriate application link for your provider type.

Provider Application Request Form →

THE DETAILS

What you need

How to apply

More info

Contact

What you need

Know your provider enrollment choices

Only MassHealth providers are reimbursed for services provided to MassHealth members. Therefore, providers must be approved as a

Visit: https://www.mass.gov/how-to/apply-to-become-a-masshealth-provider to access the new form

- MassHealth has implemented an online method to request an application to enroll in the program

- This enables the provider community to submit requests at their own convenience, and without the need to call to request an application

- Two format options for the app are available using the new form, providers can request an application package in fillable PDF format, or they can still receive the physical app at their mailing address

- Users will be able to review pertinent information at the top of the form, such as provider regulations and manuals, as well as instructions for what to expect from the application process

- There are three options to choose from when completing the request: individual, entity, and group practice

Fee-for-Service Provider Application Request

Use this form to request an application to become a MassHealth Individual Provider, an Entity, or a Group Practice.

Complete the fields below to request an application to become a fully participating MassHealth provider

- Required fields need to be completed in order to process this request fully.
- Applications will be sent to the submitter 3-5 business days after this form is received. If the request cannot be processed, the submitter will be contacted.
- All correspondence will be sent to this email address.
- All applicants should avail themselves of the program regulations and participatory requirements on Mass.gov before enrollment.

All existing and applying providers should familiarize themselves with MassHealth's regulations and provider manuals to ensure they understand the program requirements. Providers that are interested in joining the Primary Care Clinician Plan should also review PCC regulations.

This form cannot be used to request applications for Long Term Services and Supports or dental provider types. Please refer to the Apply to Become a MassHealth Provider page in order to apply through the LTSS or Dental provider portal.

Type of Application*

○ Individual (Billing through SSN or sole proprietorship)

○ Entity (Billing through FEIN)

○ Group Practice (Billing through FEIN)

Mass.gov – New Application Request Online Form

MassHealth

○ Group Practice (Billing through FEIN)

NPI*

Repeated numbers will not be accepted, such as a string of zeros.

Last 4 digits of FEIN*

Change of Corporate Structure

○ Yes

○ No

An application is required due to a change of ownership, acquisition, etc.

Apply to be a Primary Care Clinician Plan provider

○ Yes

○ No

Contact Name*

First Name | Last Name

Contact Email*

All correspondence will be sent to this email address

- Once an application option is selected, the user will be able to complete a basic series of fields that will enable MassHealth to send the appropriate application documents

- The email address used to complete this form is where all communication goes, so this form can benefit organizations where a credentialing person fills out application requests on the provider's behalf

Updated Provider Job Aids

MassHealth has updated several Job Aids to help providers navigate the Provider Online Service Center.

The updated job aids have been reviewed and updated to ensure the process described is current and screen shots have been added to help with the navigation process.

Updated job aids include:

- Professional Claims Submission
- Institutional Claims Submission
- Coordination of Benefits Claim Submission
- Void a paid claim
- Copy a Claim
- Adjust a Paid Claim
- Resubmit a Denied Claim

[Job aids for the Provider Online Service Center | Mass.gov](#)

Pending Updates

All Provider Manuals Subchapter 5: Administrative and Billing Instructions, Part 7 Other Insurance

- Instructions are being updated primarily to enhance clarity, remove outdated information, and update URLs and references

- Estimated posting by end of August 2024

Call Center Improvement Initiatives

Presented by – Marilyn Thurston, Manager, Provider Relations, MassHealth Business Support Services

Quality Assurance and Training

MassHealth has made some significant changes to improve the overall provider experience with the MassHealth customer service center .

1. Weekly quality assurance assessments with call center leadership
- Review both calls and emails for accuracy and customer service etiquette
- Able to identify coaching and training opportunities

2. Implementing additional formal trainings for the call center
- Program or policy changes, new programs or new provider types, etc.
- Trending call or email categories (based on reporting and QC)

3. New escalation process for the call center agents
- Process agents can use to get assistance on complex calls from team leads and supervisors
- Leading to lower hold times on calls, more accurate and quality information and better "first call resolution"

Interactive Voice Response (IVR) System Improvement

The MassHealth customer service center improvements include updates to the IVR system.

1. Restructured Prompts for Efficiency

- Streamline the IVR and make the navigation of the prompts clearer and easier to
- Ensure that the caller is routed to the correct team right away

2. Added Educational Messaging

- Added brief recorded messages to certain prompts with educational information

3. Claim Status Inquiry Prompt/Process

- Implement updates to our billing and claims phone prompts and processes to better serve our providers

Provider Online Service Center (POSC) MMIS Primary User Modifications

Presented by – Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services

REMINDER: Primary User Policy

- MassHealth published its long standing MassHealth Provider Online Service Center (POSC) Primary User Policy and All Provider Bulletin [All Provider Bulletin 377: MassHealth Provider Online Service Center(POSC) Primary User Policy](#) on Mass.gov

- The policy outlines the responsibilities of an enrolled provider for management of the access to its information on the POSC. This includes the designation of the organization's Primary User (system administrator) and the responsibilities of the designated Primary User

- Ineffective management of this information could leave providers vulnerable to fraud as well as enabling persons or entities to leverage the organization's information to benefit themselves or other organizations

- Please review the [MassHealth Provider Online Service Center (POSC) Primary User Policy](#) and ensure that your organization follows and continues to adhere to the policy

Update to Primary User Functionality in MMIS

Effective August 11, 2024, the Medicaid Management Information System (MMIS)/Provider Online Service Center (POSC) will be updated to limit the number of individuals with primary user access per PID/SL (currently identified as the 'Manage Subordinate Accounts' role in POSC) to 2.

Additionally, the "Manage Subordinate Accounts" role will be renamed to "Primary User & Backup User".

The system modification will ensure the following:

- Each organization only has a single Primary User and a single Backup Primary User assigned to manage access to their information in the POSC
- No more than 2 individuals per PID/SL will have access to the newly named "Primary User & Backup User" role, making it <u>impossible</u> to have an excess of individuals with primary user access
- This change will particularly impact larger organizations that may have aligned multiple Backup Primary Users under a single PID/SL

Update to Primary User Functionality in MMIS

- Once the modifications are implemented in MMIS, the Primary User will not be able to assign the newly named "Primary User & Backup User" role to more than 1 additional user within each PID/SL

- If there are any existing users that have the newly renamed "Primary User and Back-up User Only" role assigned to them, the Primary user must remove that role from all other users before they can assign that role to the back up Primary User of their choice

- More information on training sessions and resources will be coming soon

- We are looking for volunteers to participate in Trading Partner Testing. If you are interested, please contact EDI at EDI@mahealth.net

Update to Primary User Functionality in MMIS

For questions or concerns regarding Primary User designations, MassHealth providers should refer to their respective customer service center.

Long-Term Services and Supports:
Phone: (844) 368-5184 (toll free)

Email: support@masshealthltss.com

Fax: 888-832-3006

All Other Provider Types:

Phone: (800) 841-2900; TTY: 711

Email provider@masshealthquestions.com

MassHealth Robotics Processing Automation (RPA) Policy Reminder

Presented by – Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services

MassHealth Robotics Processing Automation (RPA) Policy Annual Validation

REMINDER: MassHealth requires MassHealth providers, relationship entities, and business partners (hereafter referred to as "organizations") that use Robotics Processing Automation (RPA) tools (aka bots) on MassHealth's Medicaid Management Information System (MMIS) Provider Online Service Center (POSC) or intend to use RPA tools/bots in the future to register any/all bots with MassHealth by submitting a registration request for approval.

If your organization is currently using a bot and have not submitted an RPA registration request, you are out of compliance with MassHealth's RPA policy and subject to enforcement. You must contact MassHealth immediately to initiate a Stage I RPA registration request.

MassHealth requires all organizations that have been approved to utilize RPA tools on the POSC to validate their compliance annually. The following will occur:

- MassHealth will outreach to all affected organizations and share the RPA information that is on file at MassHealth
- Organizations must validate the information and attest that they are still compliant with the RPA policy
- Organizations that have modified their bot without MassHealth approval must submit an RPA Modification form

Please visit MassHealth Robotics Processing Automation (RPA) Policy webpage to review MassHealth's RPA policy and learn how to submit a RPA registration request for MassHealth approval.
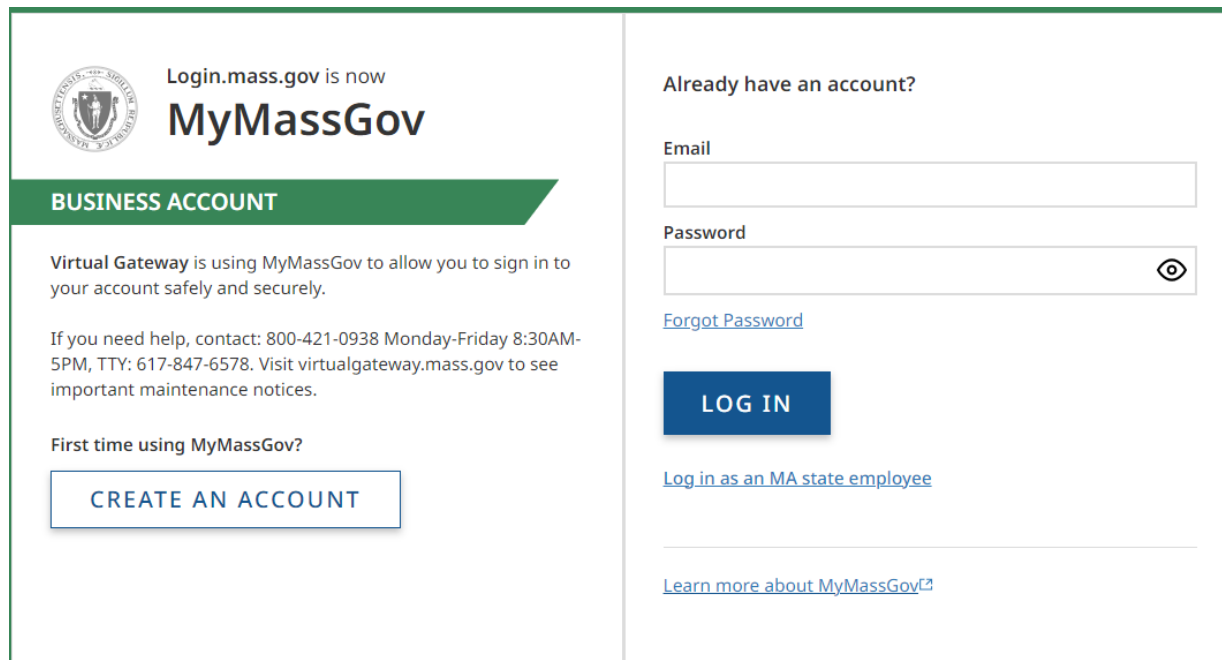
Virtual Gateway Multifactor Authentication

Presented by – Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services

MyMassGov – Business Log In

On May 19, 2024, the Virtual Gateway (VG) implemented multifactor authentication (MFA).

All Provider Online Service Center (POSC) users must set up MFA to be able to continue accessing the POSC.

Virtual Gateway (VG) Accounts

It is imperative that all POSC users ensure the email address associated with their Virtual Gateway (VG) account is up to date.

Additionally, the email address used to set up multifactor authentication (MFA) must be an exact match to the email associated with the VG account.

MFA and VG access is limited to one email per account.

Attention: Primary Users

- After creating a subordinate account on the POSC, the individual will need to create their MyMassGov account to gain access to the Provider Online Service Center. This will activate MFA

- Reminder: the unique email address associated with the subordinate account must be used to create the MyMassGov account.

When To Contact The Primary User

All users can update the following information online via the "Manage My Account – Update Profile" feature in the Users Virtual Gateway account:

- Name (First/Last),
- Email Address,
- Phone number,
- PIN, and
- Date of Birth

When a subordinate user needs assistance with the following, the Primary User for the organization should be contacted:

- Password resets
- To obtain access to a provider's POSC information
- To obtain access to perform functions on behalf of the provider

When To Contact Customer Service

The MassHealth Customer Service should be contacted for the following reasons:

- General questions
- To identify who the Primary User for a provider is

Long-Term Services and Supports:
Phone: (844) 368-5184 (toll free)

Email: support@masshealthltss.com

Fax: 888-832-3006

All Other Provider Types:

Phone: (800) 841-2900; TTY: 711

Email provider@masshealthquestions.com

When To Contact the Virtual Gateway

Only the Primary User should be contacting the Virtual Gateway Help Desk
The Primary User should contact the Virtual Gateway for the following:

- Primary User's password reset

Important: when contacting the Virtual Gateway, the Primary User will need to verify their account information including the 4-digit PIN designated by the Primary User during account creation.

Important Reminder

Providers using system to system connectivity (HTTP MIME Multipart or SOAP+WSDL) or Healthcare Transaction Service (HTS) to send or receive HIPAA transactions (270/271, 276/277, 835, 837I, 837P, and 999/TA1) through the XML Virtual Gateway:

- Effective June 6th, 2024, the Virtual Gateway has converted your user ID to a systems ID

- This conversion will enable access to the XML Gateway after transitioning to Multi-factor Authentication (MFA)

- After transitioning to MFA, a separate user ID and password will be required to access the POSC

- **Please note**: If you have not transitioned to MFA by June 28, 2024, your existing credentials will no longer enable you to access any of MassHealth's system to system connectivity methods
  - Please contact the MassHealth EDI team at EDI@mahealth.net for access inquiries

Resources - MyMassGov

Please visit mass.gov/MyMassGov to:

- Create an account

- Get answers to frequently asked questions (FAQs)

- Information on troubleshooting common account issues

Office of Long Term Services and Supports (OLTSS)

Presented by – Lindsey Klauka, Manager of Provider Enrollment & Networking

LTSS Provider Directory

MASSHEALTH OFFICE OF LONG-TERM SERVICES AND SUPPORTS

Overview

- MassHealth is looking to expand their Long-Term Services and Supports (LTSS) Provider Directory. We are asking for providers to share specific information about the services they provide for MassHealth Members.

- We aim to improve the provider and member experience by ensuring that up-to-date information is accessible to members.

- The first phase:

  - Optum is sending multiple emails blasts to actively enrolled MassHealth Providers with a link to fill out a questionnaire and submit on the LTSS Provider Portal. In total, three email blasts will be sent to collect this information in the month of June.

- The second phase:

  - LTSS Providers that are submitting a new application, will see the additional questions for the Provider Directory within the application. Providers completing revalidation will also be able to complete the questions and/or update any information. This process will start in July.

Long Term Services and Supports (LTSS) Provider Directory

MassHealth is looking to expand their Long-Term Services and Supports (LTSS) Provider Directory. We are asking providers to share the following information about the services you provide for MassHealth Members. Thank you.

Note: If you have multiple active service locations, please submit a separate form for each PID/SL. Please be sure to complete all required fields which are indicated with a red bar Required Field or has a red asterisk * next to the label.

*1. What is the DBA name that is enrolled with MassHealth?

*2. What is your active PID/SL number? ⓘ

*3. What provider type are you enrolled as with MassHealth?

> Select an Option ▾

4. Do you have a website that members can go to? If so, please share. ⓘ

*5. Please list the primary phone number that members can call for assistance. ⓘ

6. Secondary phone number(if any) ⓘ

*7. Please list the primary email address that members can use for assistance.

8. Additional emails(if any, separate by semicolon;)

*9. Please select the language(s) that are spoken for member accessibility

> American Sign Language (...
>
> Arabic
>
> Chinese – Cantonese

10. Other Languages

*11. Please list all the locations that you have available for members to visit.

S.No	DBA Name	Address	County	State	Zipcode
1			Select ▾	Select ▾	

Submit

Ordering, Referring Prescribing (ORP) Requirements

Michael Gilleran - Sr. Provider Relations Specialist, MassHealth Business Support Services

Ordering and Referring (O&R) Background

If MassHealth requires that a service is ordered, referred or prescribed, Section 6401(b) of the Affordable Care Act (ACA) requires that the Billing provider include an authorized ordering, referring or prescribing (ORP) provider's National Provider Identifier (NPI) on the claim. The ACA also requires that the ORP provider be enrolled with MassHealth as a fully participating provider or as a non-billing ORP provider.

Under state law, certain provider types are **required**, as a condition of state licensure to apply to be enrolled with MassHealth as either billing providers or as non-billing providers for the purposes of ordering, referring, and prescribing services to MassHealth members. Failure to complete a MassHealth revalidation process may prevent such providers from renewing their license to practice at a future date. In addition to several other provider types (see M.G.L. Ch. 112), this state law applies to physician interns and residents (see M.G.L. Ch. 112, Sec. 9).

Efforts to Enroll In-State Providers

MassHealth is working to help providers understand and comply with the ORP requirements.

Unenrolled Provider Outreach
- Phone calls, emails and letters sent to providers who's individual NPIs appear on denied prescription claims
- BSS performs regular outreach to the providers and/or the employing organization
- Specific outreach to organizations that have unenrolled residents and interns
- Continued coordination with licensing boards

Failure to enroll ORP providers:
- May prevent patients from obtaining prescriptions
- Will Jeopardize Providers' medical licenses
- Could have claim impacts for the billing provider

Ordering Referring and Prescribing Provider Denial Trends

In June 2024 there were a total of 1,830 denied claim denials where the provider's NPI was included on the claim, but the provider was not known to MassHealth or was not a valid ORP provider type in MMIS.

- Most common reasons
  - Provider is not enrolled with MassHealth
  - Provider not active
  - Provider is not an individual (Included the NPI of an entity)
- 53% of those denials came from providers with valid NPIs in Massachusetts or in a bordering state that had failed to enroll with MassHealth

The top five provider types that included an NPI on a claim where the ORP provider is unknown, inactive, or not an allowed ORP provider type:

- Durable Medical Equipment
- Adult Foster Care
- Group Practices
- Pharmacy
- Community Health Centers

Unenrolled Provider ORP Edits
(June 2024)

This chart summarizes the number of Providers whose NPIs have appeared claims but who were not enrolled in MassHealth during June 2024 (broken down by type).

Summary of Ordering Edit NPIs Known to MMIS	NPIs	% of NPIs	Billing PIDSLs	Impacted Claims	% of Impacted Claims
Not Licensed Or Certified	496	84%	147	1426	81%
01 - Physician	457	75%	106	1139	63%
02 - Optometrist	1	0%	1	1	0%
05 - Psychologist	1	0%	1	1	0%
06 - Podiatrist	1	0%	1	3	0%
17 - Nurse Practitioner	29	5%	31	271	15%
39 - Physician Assistant	7	1%	7	11	1%
Voluntary Suspension Retired	71	12%	30	256	14%
01 - Physician	69	11%	28	250	14%
17 - Nurse Practitioner	1	0%	1	1	0%
97 - Group Practice Organization	1	0%	1	5	0%
Involuntary Suspension - Provider Deceased	24	4%	11	83	5%
01 - Physician	21	3%	10	64	4%
17 - Nurse Practitioner	3	0%	3	19	1%

ORP Provider Types and Enrollment Status as of July 5th, 2024

***With detail regarding MassHealth Service Area Enrollment Saturation**

Authorized ORP Provider Types	*MA Licensed & Business Addresses in MA, ME, NH,VT,CT,RI,NY	Total # of ORP Provider Types "Known" to MassHealth	Total % Enrolled or in Progress
Physician	28,180	36,845	131%
Optometrist	1,396	1,200	86%
Psychologist	6,269	4,542	72%
Podiatrist	501	413	82%
Nurse Midwife	513	441	86%
Dentist	6,813	6,124	90%
Nurse Practitioner (NP)	14,050	12,095	86%
Physician Assistant (PA)	5,661	5,180	92%
Certified Registered Nurse Anesthetists (CRNA)	1,211	1,215	100%
Clinical Nurse Specialist (CNS)	72	38	53%
Psychiatric Nurse Mental Health Specialist (PCNS)	453	323	71%
Pharmacist	162	203	125%
Licensed Independent Clinical Social Worker (LICSW)	16,763	11,782	70%
Total	**82,044**	**80,401**	**98%**

- 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.

Ordering, Referring Prescribing (ORP) Implementation Update

All Providers Bulletin 391 contained important updates to the processing of claims containing the NPI of an unenrolled provider and overrides available for pharmacy claims processed through the Pharmacy Online Processing System POPS due to an unenrolled prescriber. With the exception of the information in All Provider Bulletin 391, the information in ALL 361, ALL 376, and ALL 380 remains in effect.

- Beginning June 9th , 2024 claims processed through the Medicaid Management Information System (MMIS) that would have denied due to an unenrolled or unauthorized ORP provider will be suspended for up to 90 days after the first date of service on the claim.
    - If the unenrolled ORP provider is enrolled within 90 days of the first date of service on the claim, the claim will then be payable.
    - The claims system will continue to check for up to 90 days from the first date of service on the claim, If after 90 days the provider is unenrolled the claim will deny.
    - Also, effective June 9, 2024, billing providers can resubmit claims processed by MMIS that were previously denied due to an unenrolled or unauthorized ORP provider if the first date of service on the claim is no earlier than September 1, 2023. If the ORP provider is enrolled with MassHealth within 90 days of the first date of service on the claim, the claim will be payable.

For dates of service on or after May 1, 2024, pharmacists can request an override of denials related to these requirements for claims processed through the Pharmacy Online Processing System (POPS) if necessary for the member to receive medication. The process to submit an override request was described in Pharmacy Facts 226, published on April 22, 2024.

Ordering, Referring Prescribing (ORP) Resources

For more information regarding ORP requirements please reference the following All Provider Bulletins.

- [ALL PROVIDER BULLETIN 361](#) Ordering, Referring, and Prescribing Requirements

- [ALL PROVIDER BULLETIN 376](#) Delayed Start Dates for Enforcing Ordering, Referring, and Prescribing Requirements for Certain Provider Types

- [ALL PROVIDER BULLETIN 380](#) Delayed Start Date for Enforcing Prescriber Requirements for Pharmacies

- [ALL PROVIDER BULLETIN 391](#) Updates to the Implementation of Ordering, Referring, and Prescribing Requirements

If you have questions, please contact:

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, TDD/TTY: 711
Email: provider@masshealthquestions.com

Provider Revalidation Automation Pilot

Michael Gilleran - Sr. Provider Relations Specialist, MassHealth Business Support Services

The Purpose of Revalidation

Providers enrolled in MassHealth are required to revalidate their relationship with MassHealth every 5 years, based on the date of their enrollment.

- Each Provider is required to maintain their provider file information to minimize fraud, waste, and abuse and ensure you remain in good standing*

- The first automated revalidation pilot started in May 2024, with individual providers able to complete the MassHealth revalidation requirement online (without using fax or postal mail to submit any needed documents)

- When it is time for the provider to revalidate an email notification is sent to the email on file

- All communications, forms, and submission methods for this new process will be entirely online

as required by Section 6401 of the Affordable Care Act

Electronic Revalidation Overview

MassHealth and BSS are rolling out a pilot program in June and July 2024 to enhance the current revalidation process for group practices.

MassHealth is introducing the following electronic automation to help Individual Fee-For-Service Providers manage their revalidation and submit electronic FRDFs. As part of this pilot program, MassHealth is:

- Implementing an electronic survey to confirm revalidation intent and contact info
- Transitioning all revalidation communication from letters to emails
- Implementing an online electronic Federally Required Disclosure Form (FRDF)
- Allowing e-signatures and electronic form submission

Benefits of Revalidation Automation

- Streamlines process for organizations/group roster management

- Enhances the provider experience by sending pre-populated forms directly to provider

- Provides transparency into upcoming and ongoing revalidations

- Transition all revalidation communication from letters to emails

- Allow e-signature and electronic form submission

- Provide transparency into revalidation status/progress

The Process of Automated Revalidation

- As part of the revalidation pilot program, MassHealth selected Fee-For-Service Providers not linked to any group practices or healthcare entities based on date of enrollment or last revalidation date*

- Selected Providers received an email from **revalidation@mahealth.net** informing them that it is time to revalidate.

- These Providers then took the questionnaire in the notification email to determine if they should either revalidate, change to ORP status, or opt out and leave the MassHealth program

- Providers who opted to revalidate were sent a follow-up email with a link to access the necessary online documents

- In the case of unresponsive Providers, Up to three follow-up emails were sent until the survey was completed

*entity revalidation was not included in this automation and will remain as a PDF

MassHealth Reminders and Updates

Presented by – Michelle Croy, Sr. Provider Relations Specialist, MassHealth Business Support Services

Billing Timelines Reminder

Claims Submission Timeline

90 Days: Initial claims must be received by MassHealth within 90 days of the service date. If another insurance was billed before MassHealth, claims must be received within 90 days from the date of the explanation of benefits (EOB) of the primary insurer.

12 Months: Final submission deadline to resolve claims that were initially submitted within 90 days of the date of service (DOS). Claims that exceed this deadline will be denied.

18 Months: Final submission deadline to resolve claims submitted to another insurance carrier prior to MassHealth. Claims must be initially submitted within 90 days from the date of the explanation of benefits (EOB) of the primary insurer. Claims that exceed this deadline will be denied.

36 Months: Final submission deadline for all claims

For more information, please see https://www.mass.gov/service-details/billing-timelines-and-appeal-procedures;

Sterilization Form Errors and Solutions

Sterilization Consent Form Common Mistakes (slide 1 of 2)

When a MassHealth Member seeks permanent sterilization the MassHealth Sterilization Consent form is a necessary document that must be filled completely and accurately per MassHealth Regulations 130 CMR 405.429(A)(B) and 130 CMR 405.430

Sterilization Consent Form Guidelines

Procedure Name Mismatch

- Full name of the procedure be listed
- Procedure name must match across all sections
- No abbreviations allowed

Using Whiteout is Not Allowed

- MassHealth Sterilization Guidelines state the form cannot be altered with whiteout

To Correct a Form

- Striking through the error once on the original copy of the consent form
- Make the appropriate correction
- The member providing consent must initial and date the correction

Sterilization Consent Form Common Mistakes (slide 2 of 2)

Incomplete Forms

- All fields, except the Interpreter's Statement, are required
- Incomplete facility address
- Not selecting 1 or 2 in the Physician's Statement section

Date Mismatch

- Corrections to the signature and date fields are not allowed
- Backdating is not allowed
- The date of the signature of the person obtaining consent must match the date of the member's signature

Informed Consent Has Expired

- The consent form is only valid for 180 days from the date of the member's signature
- If the date of service is more than 180 days from the signature date, the claim will deny

Non-LTSS Provider Training

Office Hours Overview

The Provider Relations team at BSS is introducing weekly meetings to assist providers in finding the resources they need to answer questions.

Overview
- The objective of office hours is to provide a forum around a specific topic where providers can:
- Ask questions
- Gain clarification
- Share their experiences
- Network with other providers

Implementation Objectives
- Enhance the provider experience
- Increase usage of available self-help resources both on Mass.gov and the Provider LMS

Office Hours Audience and Topics

Audience
- Focus attention on billing and enrollment staff of MassHealth enrolled BSS providers and providers engaged in the enrollment process.

Possible Topics
- Claims and Billing
- Navigating MassHealth Resources for Providers (Mass.gov)
- Provider Enrollment and Credentialing
- Other topics and initiatives as identified
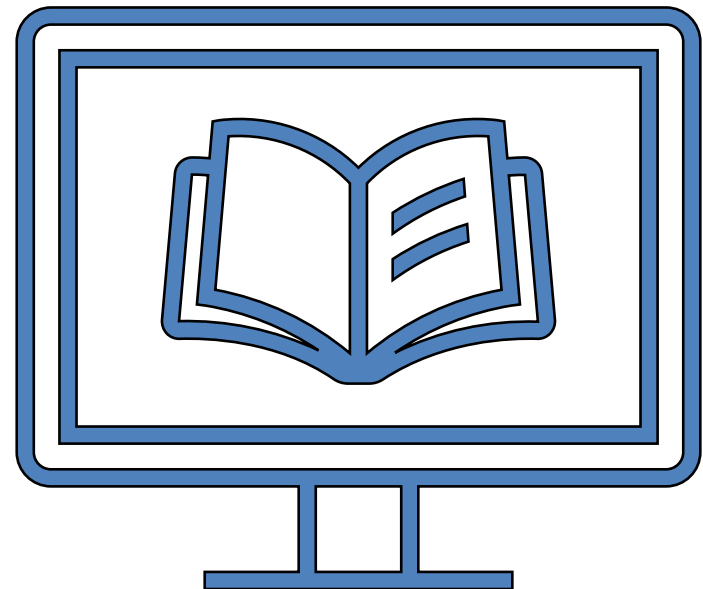
New Office Hours Format

Office Hours Format

The office hours will be hosted by Provider Relations and supported with topic subject matter experts. The session are expected to be a complement to training not a replacement of training.

Meeting Logistics
- Web-based meetings such as zoom
- 1-hour sessions – Tuesday at 1:00pm
- Attendance log-in information will be provided in all communication materials
- Sessions can be accessed through the provider learning management system
- Pilot sessions to begin in August
    - Session 1 Billing and Claims - August 13th Registration link
    - Session 2 Enrollment and Revalidation - August 27th Registration link

Meeting Content
- A few introductory slides to introduce the topic
- Most of the time devoted to answering questions
- Show providers how to use available resources to answer their questions

Office Hours Schedule

To encourage participation and provide consistency, sessions will be schedule regularly on a specific day of the week at a consistent time.

Following the August 2024 Pilot sessions regular meetings will be held every Tuesday at 1:00pm

Week	Topic
Week 1	Claims and Billing
Week 2	General Navigating MassHealth Resources for Providers (Mass.gov)
Week 3	Provider Enrollment and Credentialing
Week 4	Other Identified special topic based on MassHealth initiatives and provider needs. For Example: • Provider Directory Enhancements • Ordering Referring and Prescribing • Provider Type Specific Resources

Provider Education LMS

The MassHealth Provider Learning Management System(LMS) for Non-OLTSS providers is a system providers can use 24/7 as an educational resource.

The Provider LMS delivers:

- Previous live training presentations
- New on demand training courses
- Resources
- Course surveys

If you are currently a registered user but have forgotten your user-name or password, you can retrieve it from the sign-in screen

New Users can create a profile and begin using the system immediately

Visit: https://masshealth.inquisiqlms.com/Default.aspx

OLTSS and Dental providers should visit their respective vendor site for training opportunities

Resources

MassHealth Website

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

- MassHealth for Providers web page: https://www.mass.gov/masshealth-for-providers

Provider Email Alerts

- Sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, by following this link: https://www.mass.gov/forms/email-notifications-for-provider-bulletins-and-transmittal-letters.