



# **MassHealth Provider Association Forum**

**April 19, 2023**

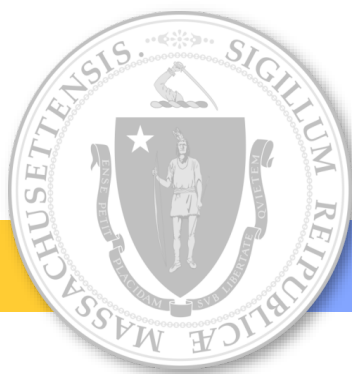
**Executive Office of Health & Human Services**

# Agenda



- **Welcome and Agenda Overview** - Marilyn Thurston, Manager, Provider Relations, MassHealth Business Support Services
- **Update on Plan for MassHealth Eligibility Redeterminations** – Monica Sawhney, Chief of Provider and Member Programs
- **Ordering Referring and Prescribing (ORP) Requirements Update** – Presented by- Alison Kirchgasser, Federal Policy and CHIP Director
- **Payment and Care Delivery Innovation 2.0** – Alejandro Garcia Davalos Director, Health Plan Administration and Oversight
- **Long-Term Services and Supports (LTSS): Provider Communications** - Barbara Barrows, Deputy Director for Business and Systems Operations, Office of Long-Term Services and Supports and Steve D’Amico, MA LTSS Training and Communications Program Manager, Optum
- **Community Support Services Program Overview** - Karla Burgos, Sr. Provider Relations Specialist, MassHealth Business Support Services
- **PAS/PA Submission Reminders** - Karla Burgos, Sr. Provider Relations Specialist, MassHealth Business Support Services
- **Revalidation: Non-LTSS Providers** - Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services
- **High Number of Claim Processing Edits** - Keith West, Director, Special Initiatives & Managed Care Programs
- **Payment Error Rate Measurement (PERM) RY 23** - Keith West, Director, Special Initiatives & Managed Care Programs
- **MassHealth Updates** - Presented by - Michael Gilleran, Sr. Provider Relations Specialist, MassHealth Business Support Services

**Next PAF: July 19<sup>th</sup> 2023**



## Helping MassHealth members with their renewals



Executive Office of Health and Human Services

# Agenda



## *Today, we will:*

- ✓ Explain what a MassHealth renewal is
- ✓ Discuss why renewals are especially important this upcoming year (2023 – 2024)
- ✓ Share what you can do you to support MassHealth members in preparing for and understanding how to complete renewals

## Who this information is for

- This presentation contains information for individuals working in the community **who typically interact with MassHealth members**
- It is intended to give these individuals **helpful tips** for how they can help MassHealth members understand how to complete their renewal
- These tips cover **basic assistance** – such as reminding members of important deadlines, helping them understand written instructions, and directing them towards official MassHealth resources
- They **do not** imply that individuals may access a MassHealth's member's private information or act on their behalf
  - All individuals using this guide should remember that a MassHealth's member private health information (PHI) is protected under HIPAA Privacy Rules. This means that individuals working with MassHealth members should not distribute MassHealth member information internally or externally unless authorized to do so.
- Furthermore, the right to access or update a MassHealth's member's information is reserved for officially designated representatives, certain MassHealth employees, and Certified Assistance Counselors (CAC) / Navigators
  - If you or your organization is interested in becoming a CAC, see page 18
- However, you do not need to be an official representative or CAC to meaningfully help a member. **The tips in this guide will help you, as an individual, have an important and positive impact on MassHealth members**

# What is a MassHealth renewal?



- Federal law requires MassHealth to regularly **check whether members are still eligible for MassHealth**. This ‘check’ is called a “renewal” (also sometimes called an “annual review”)



- Renewals and annual reviews need to occur every year



- Members get their **renewal forms in the mail**
  - Renewals occur at the household level, and are sent to the Head of Household
  - Some members may be automatically renewed. This means that MassHealth will automatically process a member’s renewal by matching their information against state and federal data. In this case, MassHealth does not need any new information and no action is needed
  - If MassHealth does not have enough information to automatically renew a member, members will need to report new information. They will get a renewal form in a blue envelope. If members do not reply, their coverage may end

# Why are we talking about renewals this year?



- At the beginning of the COVID-19 public health emergency (PHE), the federal government implemented **continuous coverage** requirements
- In response to these requirements, **MassHealth put protections in place that prevented members' MassHealth coverage from ending.** These protections have been in place since February 2020
- The federal government will end continuous coverage requirements on April 1, 2023. At this time, **MassHealth will return to our standard annual eligibility renewal processes**
- **All members will be renewed by MassHealth** to ensure they still qualify for their current benefit. However, many members will be automatically renewed, including those who receive Social Security Insurance (see next page for more details)
- These **renewals will take place over 12 months**, from April 2023 – 2024. This means that **members could get their renewal forms in the mail at any time during this 1 year period**

## A note on automatic renewals

- Whenever possible, MassHealth will attempt to automatically process a member's renewal through multiple avenues
- Certain members who belong to the following categories may be automatically renewed in the April 2023-April 2024 redeterminations cycle:
  - Members receiving **SSI through the U.S. Social Security Administration** because they are 65 and older and have limited income/resources
  - Members receiving **SSI through the U.S. Social Security Administration** because they are disabled and have limited income/resources
  - Members receiving **TANF (Temporary Assistance of Needy Families) through DTA**
  - Members who are currently or formerly in the custody of the **Department of Children & Families (DCF)** who are:
    - Ages 0-18
    - Ages 18-22 and adopted (previously in DCF custody)
    - Ages 18-26 and not adopted (former foster youth)
  - Children and youth in custody of the **Department of Youth Services (DYS)**
- **However, if these members receive a blue envelope with a renewal notice, or any other mail with a call to action from MassHealth, they must respond**



# There are two ways you can help members stay covered

1

Help them **PREPARE** for renewals

*While members are waiting for their renewals to arrive in the mail, there are steps that you, as a trusted advisor, can take to make sure they have the information they need*

2

Help them understand how to **COMPLETE** renewals

*You can help MassHealth members understand how to complete their renewals\*\* – whether that means sitting side by side and helping them understand instructions on a form, or directing them to a MassHealth-specific renewal resource*

*\*\*Note that you may, upon request, help members read their mail and understand instructions. You may not access their private information or act on their behalf, unless you are an Authorized Representative Designee (ARD)*

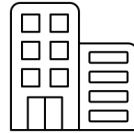
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## How to help MassHealth members prepare for renewals



### *When you interact with members one on one*

- **Remind them to call MassHealth Customer Service at (800) 841-2900; TDD/TTY: 711** to give MassHealth their updated address, phone number and email address
- **Remind them** to read all mail that could be from MassHealth, and to be on the look-out for a blue envelope
- **Tell them they can come to you for help** when mail from MassHealth arrives



### *In spaces where members visit*

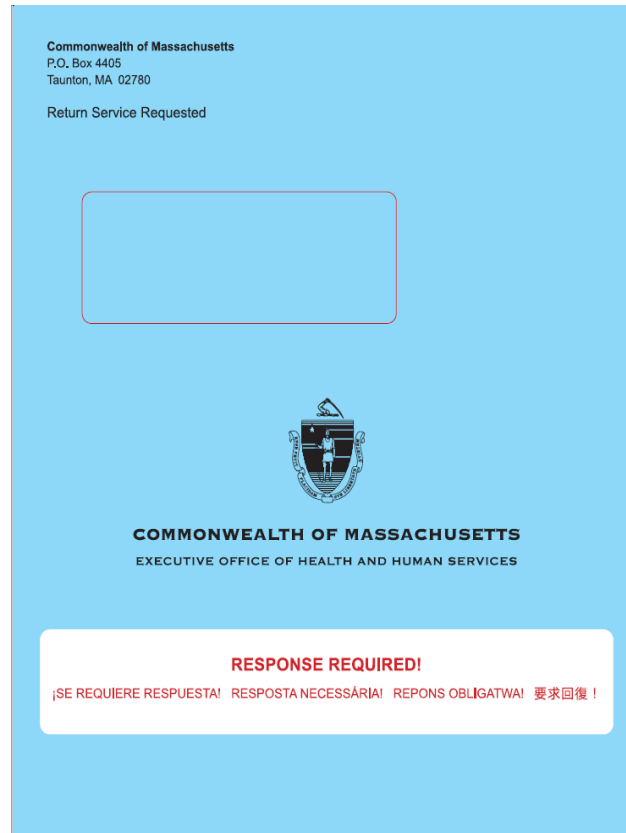
- **Post flyers** telling members about the upcoming renewals
  - You can find flyers in the Phase 2 toolkit that MassHealth has distributed to you
  - If you haven't yet received a toolkit, you can download one at <https://www.mass.gov/info-details/redeterminations-outreach-toolkit-phase-2>



### *In member-facing communications (e.g., listservs, newsletters)*

- **Send an email blast on a regular basis (e.g., ~monthly April – April)** educating members about the upcoming renewals
  - You can find a sample email in the Phase 2 toolkit – please customize this as appropriate for your audience
  - Add a line about how members can come to you for support when they receive their renewal
  - If you haven't yet received a toolkit, you can download one at <https://www.mass.gov/info-details/redeterminations-outreach-toolkit-phase-2>

## Tell members to look out for the blue envelope!



Also tell members to watch for an **auto-renewal notice** (which they may get instead of a blue envelope if they are automatically renewed) and **any other mail that could be from MassHealth**, such as Requests for Information or Verification (arrive in white envelopes)

## 2 How to help MassHealth members complete their renewal

**Note:** Some members may have their coverage auto-renewed, which means they won't receive a blue envelope and won't need to take any action to renew their coverage.



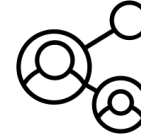
### *Help them read & understand mail from MassHealth*

- **Help them understand the contents of their blue envelope**, renewal notice, or other MassHealth forms
  - If they are vision-impaired, read them the phone number to call to request a large print or braille version, and help them update their notice preferences
  - Help translate language as necessary (forms will arrive in multiple languages)
  - Circle the date they must renew by
  - Walk through the instructions with them and make sure they understand what action they need to take



### *Make a concrete plan*

- **Help the member decide how they will complete their renewal – online, via phone, via paper, etc.**
  - Online renewals are the fastest & easiest when possible – you can help members with this!
  - See following pages for more information on how members can complete renewals
- **Make a concrete plan** with the member about how they will gather the supporting documentation and when they will submit the renewal by (i.e., a concrete date)



### *Connect them with support resources*

- If a member has questions on their renewal that you cannot answer, **connect them with MassHealth resources that exist to support them**
- These resources include (*see following pages for more details*):
  - The MassHealth Enrollment Centers (MECs)
  - Certified Assistance Counselors and Navigators
  - The MassHealth Customer Service Center

## More details: how to help members complete their renewal



### Members under 65 years old

1. Help members go online to [www.mahix.org/individual](http://www.mahix.org/individual) (or the individualized link provided in the notice in the blue envelope) **[Easiest way!]\***
2. Help members complete the application and mail it back to *Health Insurance Processing Center, PO Box 4405, Taunton, MA 02780* or fax it to 1-857-323-8300
3. Have members call the MassHealth Customer Service center at (800) 841-2900, TDD/TTY: 711
4. Help members schedule an appointment with a MassHealth representative. Use our online scheduling tool at: [www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative](http://www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative)

### Members over 65 residing in the community and of any age receiving nursing facility care or in HCBS waivers

1. If the member's renewal notice has an eSubmission number, you can help them submit their renewal online via document upload or fillable form at <https://mhesubmission.ehs.mass.gov/esb> **[Easiest way!]**
2. Help members complete the application and mail it back to *MassHealth Enrollment Center, PO Box 290794, Charlestown, MA 02129* or fax it to 1-617-887-8799
3. Have members call the MassHealth Customer Service center at (800) 841-2900, TDD/TTY: 711
4. Help members schedule an appointment with a MassHealth representative. Use our online scheduling tool at: [www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative](http://www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative)

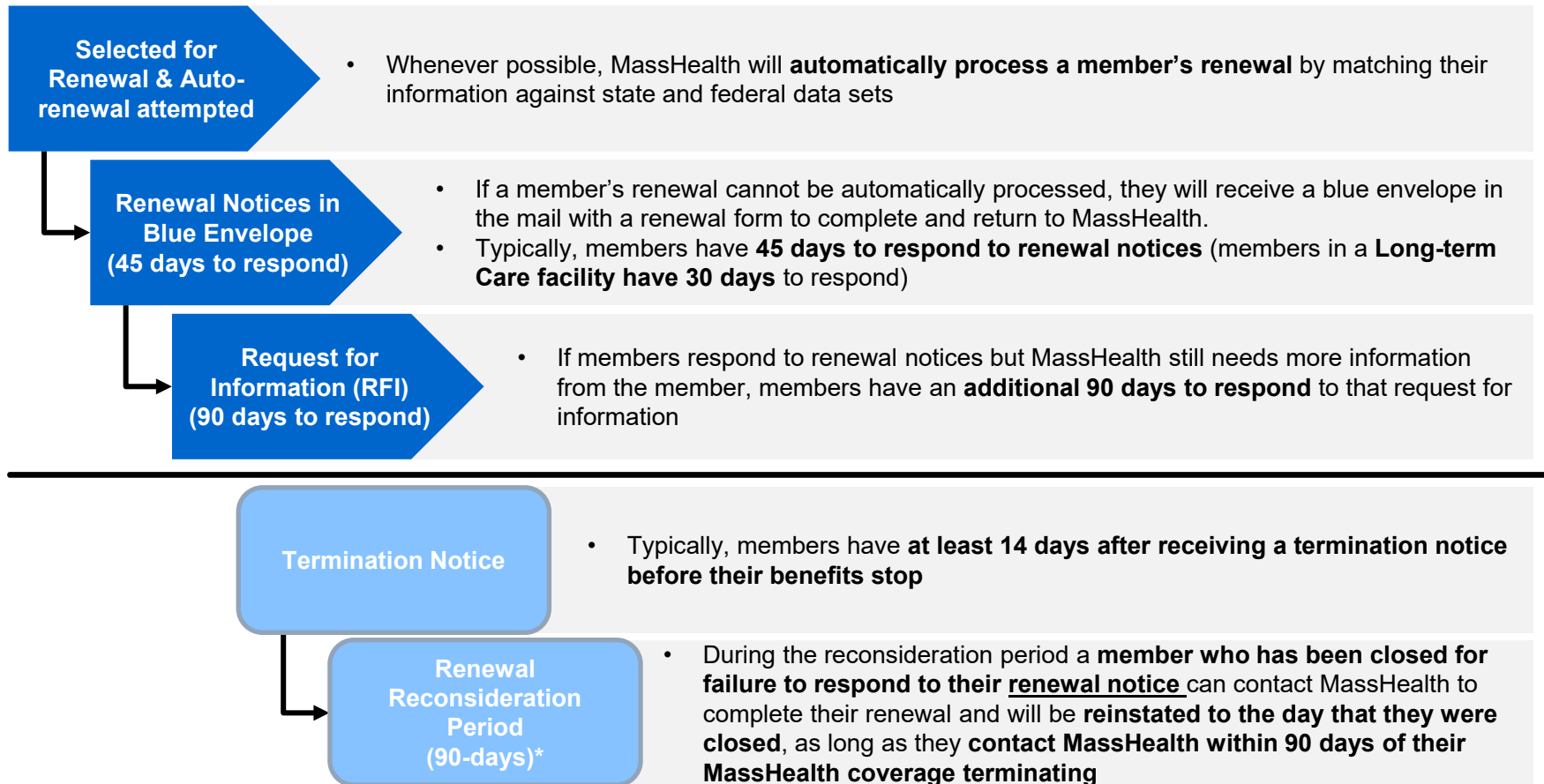


Note that you will have **45 calendar days\*\*** to fill it out and send it back to MassHealth

\*If a member has eligibility for MassHealth through another program, such as Social Security Insurance (SSI), they will not be able to create an MA Login Account.

\*\* Renewals for members in long term care facilities are due in 30 days

## More details: overview of member renewal timelines



\*The 90-day renewal reconsideration period only applies for failure to respond to a renewal notice but DOES NOT apply for failure to respond to RFI, verifications, or other types of notices.

# More details: resources that exist to help members with their renewals



| RESOURCE  | DESCRIPTION  |
|---|--|
| 1<br>MassHealth Enrollment Centers (MECs)           | <ul style="list-style-type: none"><li>MassHealth Enrollment Centers (MECs) provide members with <b>phone, virtual, or in-person assistance</b> with their applications from MassHealth staff</li><li>We recommend that members <b>schedule an appointment</b> ahead of time at <a href="http://www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative">www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative</a>. Appointments can be via phone, virtual, or (starting in July) in-person</li><li>There are <b>6 MECs across the State</b> – find the nearest one online at <a href="https://www.mass.gov/service-details/masshealth-enrollment-centers-mecs">https://www.mass.gov/service-details/masshealth-enrollment-centers-mecs</a></li></ul> |
| 2<br>Certified Application Counselors or Navigators | <ul style="list-style-type: none"><li>Certified Application Counselors (CACs) and Navigators are a community-based resource <b>to help members apply for and renew health insurance benefits</b>. They are trained by MassHealth but are not MassHealth staff</li><li>People who need help to keep their MassHealth coverage and people who are no longer eligible for MassHealth can get help from CACs and Navigators</li><li>Help from CACs and Navigators is <b>free but may require an appointment</b>. You can also go online to find the nearest organization at <a href="https://my.mahealthconnector.org/enrollment-assisters">https://my.mahealthconnector.org/enrollment-assisters</a></li></ul>  |
| 3<br>MassHealth Customer Service Center             | <ul style="list-style-type: none"><li>If the member has questions about their MassHealth renewal you cannot answer, you can have them call the MassHealth Customer Service center</li><li><b>Phone number: (800) 841-2900; TDD/TTY: 711</b></li><li>Hours: Monday-Friday 8am-5pm. Assistance is available in English, Spanish, Haitian Creole, Portuguese, Mandarin, Vietnamese, Arabic, and members may request a translator in any other language</li></ul>  |

## More details: Language and translation supports

### Outreach in various languages

- The redetermination member-facing toolkit (including flyers, posters, and key messaging) is available in **9 languages** - English, Spanish, Portuguese, Haitian Creole, Vietnamese, Khmer, Chinese, Arabic, Cape Verdean Creole
- Community outreach through HCFA will include **local language television & radio stations**
- Grants to community-based organizations (CBOs) will include those **focused on immigrants & refugees**
- MassHealth will **publish vlogs incorporating ASL**, and **offer live ASL translation** during redetermination webinars recorded & published online

### Translation services

- Renewal forms will be mailed in English or Spanish, and are available in **large print or Braille**. Renewal packages will include **Babel notices** (notice that the document contains key information translated into multiple languages)
- For members who require translation of forms, **members can receive free translation services by calling the Customer Service Center at (800) 841-2900; TDD/TTY: 711**

### Support resources offering various languages

- The contact center has representatives who speak English, Spanish, and Haitian Creole, and **access to a language line where an interpreter will join the call**. Interpreter services are available in Portuguese, Mandarin, Vietnamese, and Arabic. Members may also request a translator for any other language.
- MassHealth will publish a **list of CAC organizations who speak foreign languages**
- During the upcoming redeterminations, **MassHealth will host enrollment events with on-site translators**
- For individuals who speak ASL, MassHealth **offers on-demand VRI in-person at the MassHealth Enrollment Centers**



## More details: Special considerations for persons with disabilities preparing for renewals

| Renewal Element                        | Actions Needed  |
|--|---|
| <b>Agreements to share information</b> | <ul style="list-style-type: none"> <li>Members may have a family member or someone else in their life assist them with managing their MassHealth. For MassHealth to share information with another person, they will need to complete either the <b>Permission to Share Information (PSI)</b> form or the <b>Authorized Representative Designation (ARD)</b> form. <ul style="list-style-type: none"> <li><b>Permission to Share Information (PSI)</b> form – this form allows MassHealth to share information about your eligibility with the person listed on the form (the “designee”) (<a href="https://www.mass.gov/doc/masshealth-permission-to-share-information-psi-form-english-0/download">https://www.mass.gov/doc/masshealth-permission-to-share-information-psi-form-english-0/download</a>)</li> <li><b>Authorized Representative Designation (ARD)</b> form – this form allows MassHealth to share information with the person listed on the form (the “designee”) and also for that person to make decisions for you (<a href="https://www.mass.gov/doc/authorized-representative-designation-form-english-0/download">https://www.mass.gov/doc/authorized-representative-designation-form-english-0/download</a>)</li> <li>PSI forms expire after 12 months. If someone who assist a member needs to renew their PSI or ARD</li> </ul> </li> </ul> |
| <b>Accommodations</b>                  | <ul style="list-style-type: none"> <li>MassHealth has accommodations for older adults and people with disabilities. These accommodations include: <ul style="list-style-type: none"> <li>A Disability Ombudsman that can provide personal assistance by explaining MassHealth processes and requirements and helping applicants or members filling out forms over the telephone. The Ombudsman can also arrange meetings with MassHealth staff, sign language interpretation, or CART services. The Ombudsman can be reached at <a href="mailto:ADAaccomodations@state.ma.us">ADAaccomodations@state.ma.us</a>; Voice: 617-847-3468, TTY: 617-847-3788</li> <li>A TTY/TTD phone number for members who are <b>deaf or hard of hearing</b></li> <li>The option to request <b>large print or braille renewal</b> forms by calling MassHealth Customer Service at (800) 841-2900</li> <li>On demand <b>Video Remote Interpreting (VRI)</b> and <b>Assistive Listening Devices (ALDs)</b> at all MassHealth Enrollment Centers (MECs)</li> </ul> </li> </ul>  |
| <b>Proof of disability</b>             | <ul style="list-style-type: none"> <li>If a member had a disability determination completed by <b>Disability Evaluation Services (DES)</b> or the <b>Social Security Administration</b>, the member <b>may not need to submit additional proof</b></li> <li>If a member is <b>older than the age of 18</b> and have had a disability determination completed by <b>DES that has expired</b>, they may have to complete a <b>disability review to continue eligibility</b>. MassHealth will let the member know of the steps they need to take and what kind of documentation is needed</li> <li>If a member has <b>not been determined disabled by the Social Security Administration or DES</b>, and have an injury, illness, or disability that is expected to last more than 12-months, <b>they should report this on their renewal</b>. MassHealth will send a member more information when we get their completed renewal form</li> </ul>  |

# Comprehensive member outreach efforts are underway

- Outreach focuses on **most important messages**, including:
  - Call MassHealth to update your contact information
  - Check your mail – and keep an eye out for the **blue envelope**
  - Respond to MassHealth
- **Materials** in the top 9 languages of MassHealth members: English, Spanish, Portuguese, Haitian Creole, Vietnamese, Khmer, Chinese, Arabic, and Cape Verdean Creole
- MassHealth has begun **text/email outreach** to members to support renewals; this is particularly critical given likelihood members have moved and not updated MassHealth
- **Additional supports have been developed for specific populations:** older individuals, individuals with disabilities, individuals experiencing homelessness, and non-citizens
- Partnership with Health Care for All to launch **"Your Family, Your Health" campaign**, which will include canvassing, community-based organization grants, and media buy in the 15 cities and towns with the most members at risk of coverage loss

**Attention MassHealth members 65 or older**

You will need to renew your coverage this year.

Take three steps to renew your coverage:

- 1. Update your info**  
The easiest way to update your information is to call Customer Service at (800) 841-2900 TDD / TTY: 711
- 2. Check your mail**
- 3. Respond to MassHealth**

Note: If you turned 65 since March 2020, this year's renewal form will look a little different. We will now review your assets along with your income.

If you are no longer eligible for MassHealth, there are other programs available to meet your healthcare needs.

Loss of MassHealth is a Special Enrollment Period (SEP) that allows you to enroll in Medicare outside of standard enrollment periods.

Individuals who do not qualify for Medicare may be eligible for Connector coverage.

Other programs include: The Medicare Savings Program (MSP), The Frail Elder Waiver (FEW), Prescription Advantage, and PACE.

If you need help from a family member or friend to fill out your renewal, you can fill out and sign the Permission to Share Information (PSI) or Authorized Representative Designation (ARD) Form.

- This form lets us share your eligibility information with the persons listed on the form (the "designated").
- If you filled out a PSI more than 12 months ago, you will need to fill out a new one.

**Act now. Stay covered.** [masshealthrenew.com](https://masshealthrenew.com)  
800-841-2900 (TTY: 711)

MassHealth HEALTH CONNECTOR HCFA

*\*Draft resource*

# More details: Plans are also reaching out to members to support renewals



MassHealth is coordinating closely with health plans and community partners and began regular office hours meetings in February 2023. Collaborations include:

## Toolkit outlining best practices for member outreach:

- Plans will conduct **calls, emails, and/or text messaging** to alert members about their upcoming renewal, including live outbound calls
- Plans will **partner with primary care physicians and other providers** to raise awareness about the importance of responding to MassHealth requests. This may include providing member-facing materials to provider offices
- Plans will ensure **inbound call protocols** are in place to ask members about renewals and direct members to renewal support resources
- Plans are also encouraged to **explore additional ways to outreach members**, such as mailed letters, in-person enrollment events, or media buys

## Assistance updating member contact information:

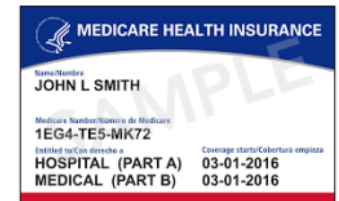
- Plans will **work to validate and update member contact information** and share all new contact information with MassHealth

## Consistent data exchange regarding redeterminations

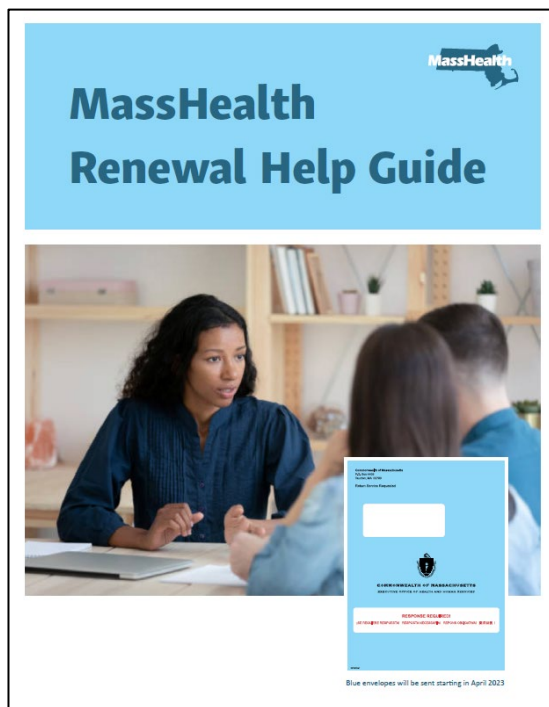
- **MassHealth will send files each week** to plans and community partners that identify members who have had their eligibility protected during the MOE period as well as members who will receive renewal packages that week
- Plans will **use these files to support member outreach**, both inbound and outbound

# If members no longer qualify for MassHealth, you can help them find affordable coverage

- For members under 65, affordable plan options are available through the **MA Health Connector**
  - Members can visit <https://www.mahealthconnector.org/> or call Customer Service at 1-877- MA ENROLL (1-877-623-7773) to learn more or enroll in a plan
  - **Losing MassHealth coverage is a Qualifying Life Event (QLE)**, which allows members to enroll in a plan through the Health Connector outside of the regular Open Enrollment Period
- For members over 65, other affordable options are available
  - **Individuals who do not qualify for Medicare may be eligible for Connector coverage. For those eligible for Medicare, loss of MassHealth is a Special Enrollment Period (SEP)** that allows individuals to enroll in Medicare outside of standard enrollment periods
  - Members who lost MassHealth because they lost Social Security Income (SSI) due to certain conditions may be able to re-apply
  - If members are no longer eligible for MassHealth, **they may qualify for the Medicare Savings Program (MSP)** (sometimes known as “MassHealth Buy-in”), which is a federally funded program that pays for some or all of Medicare recipient’s premiums, deductibles, co-payments, and co-insurance
  - Other programs that members may qualify for include: the **Frail Elder Waiver (FEW)**, the **Program of All Inclusive Care for the Elderly (PACE)**, **Prescription Advantage**, and other programs / services run through Aging Services Access Points (ASAPs)



# These details and more are captured in the “MassHealth Renewal Help Guide”



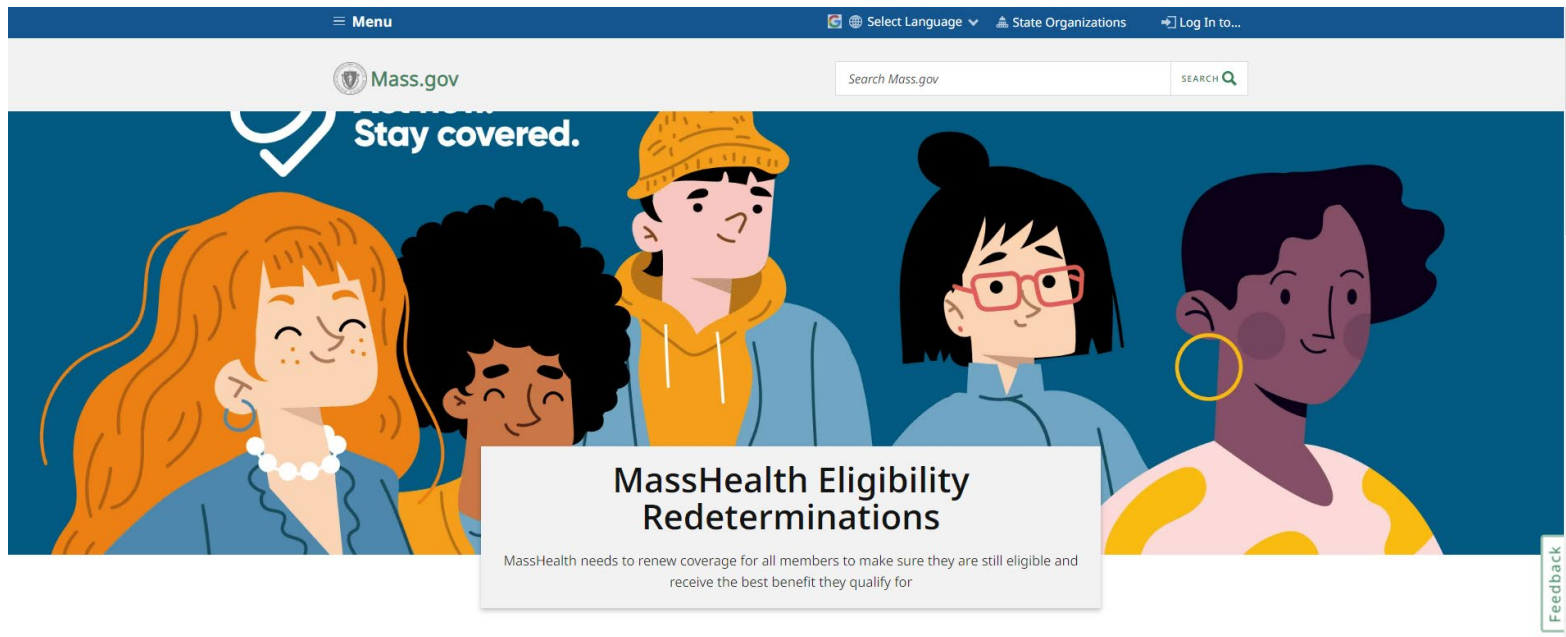
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## Find it online!

<https://www.mass.gov/lists/masshealth-redetermination-resources>

You can also visit our renewal website



[mass.gov/masshealthrenew](https://mass.gov/masshealthrenew)

## Other ways you can help

- 1) **Sign up for the MassHealth Eligibility Redeterminations Email List** - Sign up to receive emails for the latest news and updates on MassHealth's redetermination process: [www.mass.gov/forms/masshealth-eligibility-redeterminations-email-list-sign-up](http://www.mass.gov/forms/masshealth-eligibility-redeterminations-email-list-sign-up)
- 2) **Join the Massachusetts Health Care Training Forum (MTF) email list and attend trainings** - MTF aims to communicate accurate, timely information relating to MassHealth policies and operations, other state programs, and public assistance programs and services to all health care organizations and community-based agencies. Upcoming sessions will focus on MassHealth redeterminations.
  - 1) Click here to join the email list: [www.surveymonkey.com/r/MTFListservNEW2021](http://www.surveymonkey.com/r/MTFListservNEW2021)
  - 2) For more information, visit the MTF website: <https://www.masshealthmtf.org/>
- 3) **Become part of the CAC program** - Certified Application Counselors (CACs) help people apply for health insurance benefits, enroll in health plans, and maintain health insurance coverage. In Massachusetts, the CAC Program is a joint program, administered by MassHealth and supported by the Massachusetts Health Connector.
  - 1) The CAC Program is a voluntary program, no one pays for the help they receive from a CAC
  - 2) Individuals do not need a CAC to apply for or receive benefits. CACs help people apply for health insurance benefits, enroll in health plans, and maintain health insurance coverage
  - 3) Individuals alone cannot become CACs. Your organization must partner with MassHealth and the Massachusetts Health connector, and then individuals within your organization can be trained as CACs

If you are interested in the CAC Program email us at [mahealthconnectortraining@massmail.state.ma.us](mailto:mahealthconnectortraining@massmail.state.ma.us).

## Final tips and reminders



- 1 If members are under 65, the **fastest and easiest way** to renew their coverage is online using their MA Login Account at [www.mahix.org/individual](http://www.mahix.org/individual).
- 2 If members are over 65 or in a nursing facility or HCBS waiver, the **fastest and easiest way** to submit their renewal is via eSubmission at <https://mhesubmission.ehs.mass.gov/esb>
- 3 **Remind members to call MassHealth to update their contact information** if they have moved or if they need to add a phone number or email address
- 4 Due to the large number of renewals that need to be done this year, members may have **longer than usual hold times** at the Customer Service center
- 5 Members may not get their renewal forms right away – **be on the lookout from now until April 2024**
- 6 Please use the resources available to help you help members (the MECs, the Customer Service center, CACs / Navigators). **MassHealth thanks you for your invaluable help making sure members keep the best coverage they qualify for**





Questions  
?

# **Ordering, Referring And Prescribing (ORP) Requirements Update**

Presented by- Alison Kirchgasser, Federal Policy and CHIP  
Director

# Ordering, Referring & Prescribing (ORP) Requirements



- 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)

# ORP Requirements



The services below must be ordered, referred or prescribed. MassHealth is applying ORP requirements to fee for service, crossover (where Medicare requires ORP), and third-party liability claims, but not to claims submitted to MassHealth contracted managed care entities. HSN medical claims processed through the Medicaid Management Information System and HSN payment systems will not be subject to ORP claim edits.

- Any service that requires a PCC referral
- Adult Day Health
- Adult Foster Care
- Continuous Skilled Nursing
- Durable Medical Equipment
- Eyeglasses
- Group Adult Foster Care
- Home Health
- Independent Nurse
- Labs and Diagnostic Tests
- Medications
- Orthotics
- Oxygen/Respiratory Equipment
- Prosthetics
- Psychological Testing
- Therapy (PT, OT, ST)

# ORP Provider Types and Enrollment Status as of April 4, 2023



**\*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   | 29,236  | 36,241  | 124%                            |
| Optometrist   | 1,324   | 1,183   | 89%                             |
| Psychologist  | 11,609  | 4,874   | 42%                             |
| Podiatrist  | 489   | 411   | 84%                             |
| Nurse Midwife                                       | 492   | 422   | 86%                             |
| Dentist   | 6,903   | 5,642   | 82%                             |
| Nurse Practitioner (NP)                             | 12,820  | 10,826  | 84%                             |
| Physician Assistant (PA)                            | 4,904   | 4,654   | 95%                             |
| Certified Registered Nurse Anesthetists (CRNA)      | 1,156   | 1,116   | 97%                             |
| Clinical Nurse Specialist (CNS)                     | 74  | 38  | 51%                             |
| Psychiatric Nurse Mental Health Specialist (PCNS)   | 476   | 360   | 76%                             |
| Pharmacist  | 146   | 123   | 84%                             |
| Licensed Independent Clinical Social Worker (LICSW) | 15,682  | 13,070  | 83%                             |
| <b>Total</b>  | <b>85,311</b>   | <b>78,960</b>                                       | <b>93%</b>                      |

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

# Implementation of ORP Billing Requirements



- Impacted claims submitted for payment to MassHealth must meet the following requirements:
  - The Individual ORP provider's NPI must be included on the claim
  - The NPI of the provider on the claim must be one of the ORP provider types
  - The ORP provider must be enrolled with MassHealth, at least as a nonbilling provider
- Billing providers should review the informational denial messages they are receiving to update their billing processes to comply with the ORP requirements.
- Please see [All Provider Bulletin \(APB\) 286](#) for details on the informational messages and for billing instructions.

# Implementation of ORP Billing Requirements



- Due to the pandemic, MassHealth paused the enforcement of ORP requirements that were being implemented based on the schedule in APB 286.
- The dates for the reinstatement of the enforcement of ORP requirements were announced in All Provider Bulletin 361, published on March 16, 2023.
- For Dates of Service on or after July 1, 2023, impacted claims will not be payable if they do not meet the following ORP requirements:
  - The Individual ORP provider's NPI must be included on the claim
  - The ORP Provider must be an authorized ORP provider types (see list on page 2 of All Provider Bulletin 286)
- For Dates of Service on or after September 1, 2023, impacted claims will also not be payable if they do not meet the following ORP requirement:
  - The ORP provider must be enrolled with MassHealth, at least as a non-billing provider

# ORP Provider Education and Outreach Activities



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

## **Resources and Information:**

- Webinars
- Provider bulletins
- MassHealth website
- MassHealth regulations
- Message text (POSC)

## **Collaboration Strategies:**

- Work with stakeholders to provide consistent messaging
- Work closely with Provider Associations
- Proactive outbound calls from MassHealth
- Knowledgeable MassHealth Provider Services staff, available to answer providers' questions as needed
- Working with respective provider licensing boards



# POSC Provider Search Function



- In order to use the Provider Search Function, you must be logged into the POSC. The Provider Search Option is in the left navigation list
- Results will return PROVIDER NAME, ADDRESS, NPI and “ACTIVE Y” or “No active MassHealth providers found”
- Please note that a response of ACTIVE Y does not definitively confirm that the provider is eligible to be an Ordering, Referring or Prescribing provider. For example, facilities and entities (e.g., hospitals, health centers, group practices) are not authorized ORP providers. Also, individual providers could be in a provider type that is not authorized to Order, Refer or Prescribe

# ORP Resources



- To learn more about **Ordering, Referring and Prescribing (ORP)** (and to download **Nonbilling Application**), visit the Provider ORP page at :  
[www.mass.gov/the-aca-ordering-referring-and-prescribing-orp-requirements-for-masshealth-providers](http://www.mass.gov/the-aca-ordering-referring-and-prescribing-orp-requirements-for-masshealth-providers)
- **Provider Updates Email Sign Up**  
  
To receive e-mail notification of updates to MassHealth provider manuals, including regulations, and new provider bulletins send an email to [join-masshealth-provider-pubs@listserv.state.ma.us](mailto:join-masshealth-provider-pubs@listserv.state.ma.us)

**Note:** Just send the blank e-mail as it's addressed. No text in the body or subject line is needed.

# Questions?

# **Payment and Care Delivery Innovation 2.0**

Presented by – Alejandro Garcia Davalos  
Director, Health Plan Administration and Oversight

# Overview

**During today's meeting, EOHHS will discuss:**

1. Launch of new ACO Contracts– April 1, 2023
2. Continuity of Care (CoC)
3. Provider Resources

# **Launch of New ACO Contracts April 1, 2023**

# Launch of New ACO Contracts

- **MassHealth originally launched the Accountable Care Organization (ACO) program in March 2018.**
- As of April 1, 2023, new MassHealth health plans are available to MassHealth members. There are 17 MassHealth Accountable Care Organizations (ACOs). ACOs are MassHealth– managed health care plans that are:
  - Made up of integrated networks of physicians, hospitals, and other community-based health care providers
  - Accountable for the quality, cost, and member experience of care for ~1.3 million MassHealth members
  - Responsible for providing high-value, cross-continuum care across a range of measures

Fifteen of the ACOs are Accountable Partnership Plans (ACPPs) and two are Primary Care Accountable Care Organizations (PCACOs). MassHealth members will continue to have access to the two existing managed care organizations (MCOs), as well as the Primary Care Clinician (PCC) Plan.

- MassHealth has additionally re-procured the Community Partners Program and selected 20 Community Partners for participation. Please visit <https://www.mass.gov/info-details/list-of-masshealth-community-partners>.
- The list of ACOs available to MassHealth members and information about each, can be found in the [MassHealth Enrollment Guide](#).

# Full List of MassHealth Health Plan Options

Effective April 1, 2023



## Accountable Care Partnership Plans (ACPP)

Fallon Health - Atrius Health Care Collaborative

Berkshire Fallon Health Collaborative

Fallon 365 Care

BeHealthy Partnership Plan

Wellsense Beth Israel Lahey Health (BILH) Performance Network ACO

Wellsense Community Alliance

Wellsense Boston Children's ACO

East Boston Neighborhood health Wellsense Alliance

Wellsense Mercy Alliance

Wellsense Signature Alliance

Wellsense Southcoast Alliance

Wellsense Care Alliance

Mass General Brigham Health Plan with Mass General Brigham ACO

Tufts Health Together with Cambridge Health Alliance (CHA)

Tufts Health Together with UMass Memorial Health

## Managed Care Organizations (MCO)

Wellsense Essential MCO

Tufts Health Together

## Primary Care Clinician PCC Plan

## Primary Care ACO Plans (PCACO)

Community Care Cooperative (C3)

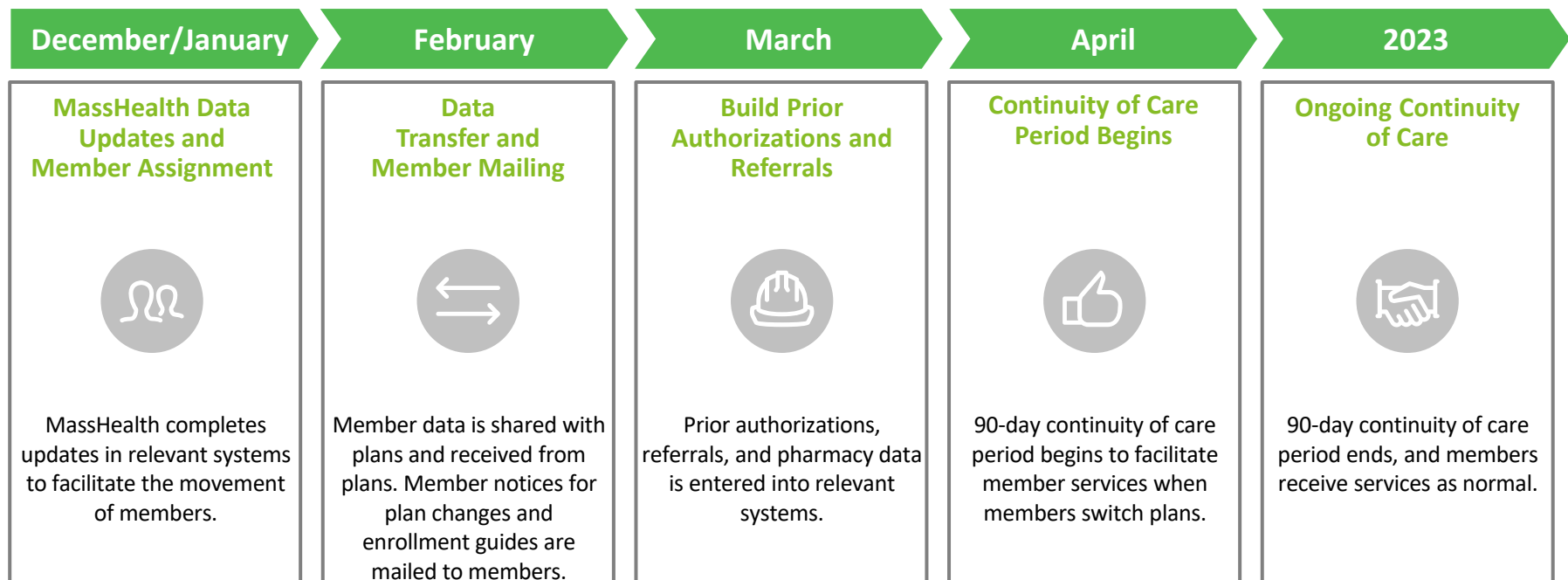
Steward Health Choice



# Continuity of Care

# Continuity of Care Overview

The continuity of care period is a 90-day timeframe where members may continue to access care they were previously receiving, regardless of provider networks. The high-level timeline and components are listed below.



# MassHealth's Approach to Continuity of CP:

## Support between 4/1/23 and 6/30/23

- EOHHS has instituted a 90-day continuity period for all CP Enrollees in the CP Program
- EOHHS disenrolled all then-current CP Enrollees on 3/31/23 and re-enrolled them into the CP Program on 4/1/23
  - When CP Enrollees were re-enrolled into the CP Program on 4/1/23, CP Enrollees were re-enrolled into the same CP, or the CP that most closely aligns with their current CP, whenever feasible.
  - In instances when this is not feasible, the CP Enrollee was re-enrolled into a CP with which the CP Enrollee's ACO/MCO holds a subcontract. The two instances in which EOHHS did not re-enroll a CP Enrollee into their current CP were:
    - CP Enrollees whose CP as of 4/1/23 was not continuing in the new CP Program; OR
    - CP Enrollees whose CP as of 4/1/23 was continuing in the new CP Program but was no longer serving the CP Enrollee's Service Area
- During the continuity period, ACOs and MCOs may not disenroll a CP Enrollee or assign them to a different CP unless the CP Enrollee:
  - Requests disenrollment from the CP Program;
  - Requests transfer to another CP with which the Member's ACO or MCO has a subcontract that extends beyond July 31, 2023; OR
  - Graduates from the CP Program
- After July 30, 2023, ACOs and MCOs may disenroll a CP Enrollee or transfer the CP Enrollee to another CP or its internal Care Management Program in accordance with standard program requirements

# **Provider Resources**

# MassHealth's Provider Resources



## MassHealth Website

- The Provider bulletin is available on the [MassHealth Provider Bulletins web page](#).
- [Sign up](#) to receive email alerts when MassHealth issues new bulletins and transmittal letters.
- To help members find a health plan's website, please visit [www.MassHealthChoices.com](http://www.MassHealthChoices.com).

## Dental Services

- Phone: (800) 207-5019; TTY: (800) 466-7566

## Long-Term Services and Supports

- Phone: (844) 368-5184 (toll free)
- Email: [support@masshealthltss.com](mailto:support@masshealthltss.com)
- Portal: [MassHealthLTSS.com](http://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](mailto:provider@masshealthquestions.com)

# Customer Service Centers (1 of 2)



MassHealth, as well as all ACOs and MCOs, have customer service lines to answer questions. Please see below for customer service center contact information.

| Accountable Care Partnership Plans                                | Customer Service Phone | Behavioral Health Phone |
|---|------------------------|-------------------------|
| BeHealthy Partnership Plan  | (800)786-9999          | (800)495-0086           |
| Berkshire Fallon Health Collaborative                             | (855)203-4660          | (888)877-7184           |
| East Boston Neighborhood Health WellSense Alliance                | (888)566-0010          | (888)217-3501           |
| Fallon 365 Care   | (855)508-3390          | (888)877-7182           |
| Fallon Health Atrius Health Care Collaborative                    | (866)473-0471          | (888)777-1207           |
| Mass General Brigham Health Plan with Mass General Brigham ACO    | (800)462-5449          | (800)462-5449           |
| Tufts Health Together with Cambridge Health Alliance (CHA)        | (888)257-1985          | (888)257-1985           |
| Tufts Health Together with UMass Memorial Health                  | (888)257-1985          | (888)257-1985           |
| WellSense Care Alliance   | (888)566-0010          | (888)217-3501           |
| WellSense Beth Israel Lahey Health (BILH) Performance Network ACO | (888)566-0010          | (888)217-3501           |
| WellSense Boston Children's ACO                                   | (888)566-0010          | (888)217-3501           |
| WellSense Community Alliance                                      | (888)566-0010          | (888)217-3501           |
| WellSense Mercy Alliance  | (888)566-0010          | (888)217-3501           |
| WellSense Signature Alliance                                      | (888)566-0010          | (888)217-3501           |
| WellSense Southcoast Alliance                                     | (888)566-0010          | (888)217-3501           |

# Customer Service Centers (2 of 2)



MassHealth, as well as all ACOs and MCOs, have customer service lines to answer questions. Please see below for customer service center contact information.

| Primary Care ACOs                 | Customer Service Phone | Behavioral Health Phone |
|-----------------------------------|------------------------|-------------------------|
| Community Care Cooperative (C3)   | (866)676-9226          | (800)495-0086           |
| Steward Health Choice             | (855)860-4949          | (800)495-0086           |
| MCOs                              | Customer Service Phone | Behavioral Health Phone |
| WellSense Essential MCO           | (888)566-0010          | (888)217-3501           |
| Tufts Health Together             | (888)257-1985          | (888)257-1985           |
| PCC Plan                          | Customer Service Phone | Behavioral Health Phone |
| Primary Care Clinician (PCC) Plan | (800)841-2900          | (800)495-0086           |

MassHealth Customer Service: 1-800-841-2900; TDD/TTY: 711

**Questions?**



# **Long-Term Services and Supports (LTSS): Provider Communications**

Presented by –Barbara Barrows, Deputy Director for Business and Systems Operations, Office of Long-Term Services and Supports;

Steve D'Amico, MA LTSS Training and Communications Program Manager, Optum

- I. LTSS Program Updates—Fee-for-service (FFS)
  - I. Home-Based
  - II. Institutional
- II. One Care Updates
- III. Provider Communications
  - I. Emails
  - II. Bulletins

# **Home-Based Fee-for-Service (FFS) Program updates**

# Program Updates – Home Health

## Home Health Services

- The anticipated end date of the federally declared public health emergency (PHE) is May 11, 2023. MassHealth is working on several bulletins to communicate expectations of issued administrative and telehealth flexibilities following the end of the PHE.
  - MassHealth will be extending, as authorized by Consolidated Appropriations Act, the allowance for telehealth for certain home health services through December 2024. MassHealth will be working on amending regulations
  - MassHealth will be extending the timeframe to obtain a signature for the member's prescribing provider (45 days to 90 days)

# Program Rate Updates – Home Health (cont.)



## Home Health Service Rates

- On February 24, 2023, EOHHS held a public hearing on proposed amendments to 101 CMR 350. Proposed regulations are anticipated to be effective for dates of service on or after July 1, 2023. A copy of the proposed amendments and regulation may be found here: [Proposed Edits to 101 CMR 350](#)
- 101 CMR 449: *Rates for Certain Home- and Community-Based Services Related to Workforce Development* are scheduled to end as of June 30, 2023. 101 CMR 449 provided temporary rate add-ons for home health aide services.
- 101 CMR 453: *Enhanced Rates for Certain Home- and Community-Based Services Related to Section 9817 of the American Rescue Plan Act* are scheduled to end as of June 30, 2023. EOHHS intends to promulgate 101 CMR 350 which proposes to adopt the ARPA rates as well as proposes to increase nursing rates, HH aide rates and therapy rates.

# Program Updates - Continuous Skilled Nursing



- CSN Agency program regulations 130 CMR 438.000
  - EOHHS held a public hearing on January 20, 2023. Seventeen attendees provided written and oral testimony, and twenty-six additional pieces of written testimony were received.
  - A copy of the proposed amendments may be found here: [Proposed Edits to 130 CMR 438.00](#)
  - The proposed amendments have an effective date of July 1st, 2023.
- MassHealth is working on several initiatives related to CSN Services, including:
  - The Online CCM Nurse Directory, which is expected to go live in April 2023
  - Procurement for a Comprehensive Care Management entity, to begin providing support in Fall 2023

# Program Updates- Continuous Skilled Nursing (continued)



## CSN Rates

- EOHHS held a public hearing on January 20th, 2023.
- A copy of the proposed amendments may be found here: [Proposed Edits to 101 CMR 361.00](#)
- EOHHS published CSN Agency provider bulletin 9, making CSN agency overtime rates permanently available.
- MassHealth is conducting a CSN rate review with the Center for Health Information Analysis, with expected rate amendments effective no sooner than February 2024.

# Program Updates- Continuous Skilled Nursing (continued)



## End of Federal Public Health Emergency (May 11th) and Ending or Continuing Flexibilities

- Flexibilities that will end
  - Comprehensive Needs Assessment Conducted Through Telehealth
  - MassHealth Telehealth Policy for CSN Services
- Flexibilities that will continue
  - Timeframe to Acquire Signatures on Plans of Care
  - Performance of Face-to-Face Encounter Requirements via Telehealth



# Program Updates- Independent Nurse Program



- Independent Nurse Program regulations 130 CMR 414.00
  - Proposed amendments to 130 CMR 414.000 are forthcoming and will include additions to align service delivery rules with 130 CMR 438.000: *Continuous Skilled Nursing Agency*
  - MassHealth has engaged with both Independent Nurses and CCM members and families to discuss the IN regulations and proposed amendments.
- MassHealth is working on several initiatives related to CSN Services such as:
- Development of the online CCM Nurse Directory
  - Oversight initiatives for the IN program
  - CSN Retention Bonuses, which will be launched on April 1st, 2023
  - Procurement for a CSN Training Grant, to provide clinical training to the CSN workforce
- CSN Rates
  - EOHHS held a public hearing on January 20th, 2023
  - A copy of the proposed amendments may be found here: [Proposed Edits to 101 CMR 361.00](#)

# Program Updates- Independent Nurse Program (continued)



## End of Federal Public Health Emergency and Ending or Continuing Flexibilities

- Flexibilities that will end after May 11th, 2023
  - Temporary Change to Limit of Hours
  - Comprehensive Needs Assessment Conducted Through Telehealth
  - MassHealth Telehealth Policy for CSN Services
- Flexibilities that will continue after May 11th, 2023
  - Change to Overtime Requirements
  - Timeframe to Acquire Signatures on Plans of Care
  - Performance of Face-to-Face Encounter Requirements via Telehealth

# Program Updates- Hospice

- Hospice Program Regulations 130 CMR 437.00
  - Provider bulletins clarifying the hospice election addendum and the implementation of the Face-to-Face requirement were recently published on Mass.gov
- The anticipated end date of the federally declared public health emergency (PHE) is May 11, 2023. MassHealth is working on several bulletins to communicate expectations of issued administrative and telehealth flexibilities following the end of the PHE.
  - MassHealth will be extending the allowance for the use of telehealth to complete certain Face-to-Face encounters. This extension will be through December 2024.
- Hospice providers are strongly encouraged to continue submitting hospice election forms to MassHealth via the Hospice Portal. Hospice providers serving dual-eligible members must simultaneously have these members elect and revoke their Medicare and MassHealth hospice benefits
  - Failure to meet this requirement will result in monetary sanctions assessed on an annual basis
  - Sanction letters are forthcoming and will be for dates beginning November 2020 through June 2022

# Program Updates - Outpatient Therapies



The anticipated end date of the federally declared public health emergency (PHE) is May 11, 2023. MassHealth is working on several bulletins to communicate expectations of issued administrative and telehealth flexibilities following the end of the PHE.

- MassHealth will be extending the allowance of telehealth for therapy services. MassHealth will also be amending the therapy provider regulations.

# Program Updates - DMEPOS



The anticipated end date of the federally declared public health emergency (PHE) is May 11, 2023. MassHealth is working on several bulletins to communicate expectations of issued flexibilities following the end of the PHE

## **Continuation of Telehealth for DME Face-to-face Requirement**

- Consistent with 42 CFR 440.70, face-to-face encounters may be performed through telehealth. Providers are required to follow the Federal DME Face-to-Face Requirements identified in 42 CFR 440.70 and maintain the required documentation in the member's record. All documentation, recordkeeping, and other applicable provisions of 130 CMR 450.000 and 130 CMR 409.000 apply

# Program Updates - DMEPOS



- **March 2023 Publications for MassHealth DMEPOS Updates :**
  - Guidelines for Medical Necessity Determination for Augmentative and Alternative Communication Devices, Including Speech-Generating Devices
  - MassHealth Prescription and Medical Necessity Review Form for Ambulatory Infusion Pumps (Insulin Pumps) and Continuous Glucose Monitors (CGMs)

## ***Additional Updates***

- On March 3, 2023, MassHealth held a 101 CMR 334.00: Prostheses, Prosthetic Devices, and Orthotic Devices Rate Regulation Provider Listening Session. The purpose of this listening session was to allow Orthotic and Prosthetic Providers to express any concerns or issues identified with the current rate regulations.

# **Institutional Fee-for-Service (FFS) Program updates**

# Transition to MDS 3.0 on October 1st

Given the increasing medical complexity and behavioral health needs of the nursing facility population, on **October 1<sup>st</sup>, 2023**, MassHealth will transition to a **Patient Driven Payment Model (PDPM)** by utilizing the **CMS Minimum Data Set (MDS 3.0)** tool.

MassHealth currently processes claims for nursing facility residents by utilizing the Management Minutes Questionnaire (MMQ) as the acuity measurement tool and this will be discontinued as of October 1<sup>st</sup>.

This transition is in alignment with

- Approximately 30 states that already use the MDS for their Medicaid payments in nursing facilities
- The current Medicare payment structure for nursing facilities
- The recommendations of the MA 2019 Nursing Facility Task Force
- Priority to reduce the administrative burden on nursing facilities by discontinuing the need to maintain clinical documentation for MMQ completion

MassHealth will use the Nursing Payment Grouper from the HIPPS code of the MDS assessment to determine payment for MassHealth members.



# Transition to MDS 3.0 on October 1<sup>st</sup> (cont.)

The following companion guides have been updated to reflect the long term care transition from MMQ to MDS effective October 1, 2023. The links are below:

- [Health Care Claim: Institutional \(837I\) Companion Guide](#)
- [270/271 Eligibility and Response Companion Guide](#)
- No change to the Health Care Payment/Advice 835

## **Additional Information & Documentation:**

More information about this change will be detailed in upcoming updates to program regulations, bulletins, billing instructions, and companion guides.

MassHealth will be hosting a series of information sessions open to all nursing facility providers beginning in late April. More information about these webinars will be provided in the coming weeks.

# Transition to MDS 3.0 on October 1<sup>st</sup> (cont.)

## Trading Partner Testing:

In order to test the proposed updates within the MMIS system, we will be hosting Trading Partner Testing over the summer. This process will allow providers to test HIPAA transactions and Direct Data Entry (DDE) for eligibility and claims in a test environment.

All providers are welcome to participate in testing however it is not a mandatory requirement. If you are interested in participating please email [EDI@mahealth.net](mailto:EDI@mahealth.net) to confirm your participation.

For those interested in participating, we will reach out at the beginning of June with more information. The sessions will occur from August through September.

# One Care Updates

# One Care Passive Enrollment

- Passive Enrollment, or “auto assignment,” is the term that MassHealth uses to describe how we automatically enroll someone in a One Care Plan.
- MassHealth may passively enroll a One Care-eligible MassHealth member who has newly become dually eligible for Medicare or an existing dually eligible MassHealth member who has been receiving their coverage through MassHealth FFS, but who has not yet been passively enrolled into One Care.
  - Exclusions apply to MassHealth members who are (1) enrolled in PACE, (2) receive HCBS Waiver services, (3) reside in an Intermediate Care Facility for Individuals with Intellectual Disabilities, or (4) have previously opted-out of One Care.

# One Care Passive Enrollment

- Occurrence of Passive Enrollment
  - One Care Passive Enrollments occur on a quarterly basis. One Care Passive Enrollment Effective dates are January 1, April 1, July 1, and October 1.

**Timetable for Contract Year 2023** (quarterly passive waves follow the same timeline annually)

| Enrollment Effective Date | First Notice Provided | Second Notice Provided | Last day to opt-out (by 5:00pm) |
|---------------------------|-----------------------|------------------------|---------------------------------|
| January 1, 2023           | November 1, 2022      | December 1, 2022       | December 31 2022                |
| April 1, 2023             | February 1, 2023      | March 1, 2023          | March 31, 2023                  |
| July 1, 2023              | May 1, 2023           | June 1, 2023           | June 30, 2023                   |
| October 1, 2023           | August 1, 2023        | September 1, 2023      | September 30, 2023              |

# One Care Passive Enrollment

- Notification of Passive Enrollment
  - One Care members selected for Passive Enrollment receive two notices prior to the enrollment effective date for their new One Care Plan. The first notice is provided to the member 60 days prior to the enrollment effective date and the second notice is provided to the member 30 days prior to the enrollment effective date.
- Opting Out
  - One Care enrollment is voluntary, opting out can occur at any time. A member can opt-out either by calling the MassHealth Customer Service Center at 1-800-841-2900 or by completing the One Care Choice Form that is mailed to them with their passive enrollment notice. Members can opt-out of their One Care plan at any time, even after the effective start date or if they were passively enrolled or self-selected.

# One Care Passive Enrollment

- Continuity of Care
  - Once a member has been enrolled into their One Care Plan they will have a 90-day Continuity of Care period (CoC period) for services that were authorized prior to the One Care enrollment (e.g., PT-1 transportation services, DME, etc.).
  - The Continuity of Care period is intended to serve the following purposes, among others:
    - (1) to ensure that new One Care members are established with any new service providers, as indicated by the member's individualized care plan (ICP), so that no gap in service occurs;
    - (2) to allow new One Care members to maintain their current providers; and
    - (3) to honor prior authorizations at the time of One Care enrollment until the ICP is complete.
  - One Care plans may propose changes to the member's care plan. One Care plans will continue to pay a member's existing providers at Medicare or MassHealth fee-for-service provider rates during the Continuity of Care period.

# One Care Passive Enrollment

- Existing Provider Coverage
  - Members will continue to have access to all of their Providers and can attend appointments or procedures with their Providers during this 90-day CoC period, and can receive a 30-day supply of their medications
  - If the member's Providers are not in-network with the One Care Plan when the member is passively enrolled, the following options are available to the member, the provider and the plan:
    - (1) the Provider can contract with the plan to be an in-network provider,
    - (2) the Provider can sign a single case agreement with the plan for that member, or
    - (3) at the end of the 90-day continuity of care period, if the Provider does not agree to either of the two preceding options, the member would need to choose a new Provider in-network.
  - If the One Care plan proposes changes to the services a member was receiving prior to One Care enrollment, the member must be notified and provided with an opportunity to appeal.



**Questions?**

# **Long-Term Services and Supports (LTSS): Provider Communications**

Presented by – Steve D’Amico, Provider Training and  
Communications Program Manager - Optum

# LTSS Provider Communications



The MassHealth LTSS Provider Service Center utilizes provider data to identify behavior trends for areas of targeted training via email. These emails may contain attached job aids or links to additional educational resources via the LTSS Provider Portal.

Areas of focus for these communications include but are not limited to:

- high claims denials for specific error codes
- high prior authorization denials or administrative holds, and/or
- audit findings/SURs reports

The goal of each communication is to assist the Provider in reducing their administrative errors in billing and prior authorization.

# LTSS Provider Communications



Recent targeted education communications sent via the MassHealth LTSS Provider Service Center support email:

- Notification to applicable LTSS Providers regarding Ordering, Referring, and Prescribing (ORP) Requirements – sent monthly on the 10<sup>th</sup>
- Notification to Adult Foster Care Providers regarding the Deferred Prior Authorization Quality Improvement project
- Notification to the LTSS Network regarding Provider Profile Updates
- Notification to Personal Care Management Providers regarding the Deferred Prior Authorization Quality Improvement project
- Notification to Adult Day Health Providers regarding the Deferred Prior Authorization Quality Improvement project

# LTSS Provider Communications



Recent Provider bulletins published for MassHealth LTSS Providers, which you can view the bulletins here: [Mass.gov bulletins](#)

- January 2023:
  - Managed Care Entity Bulletin 95: Access to Health Services through Telehealth Options for Members Enrolled in Managed Care Entities
  - Managed Care Entity Bulletin 96: Policies Regarding the Launch of the New Community Partners Program
  - Hospice Bulletin 25: Hospice Election Statement Addendum for MassHealth Members
  - Home Health Agency Bulletin 80: Home Health Plan of Care Signature Compliance
  - Continuous Skilled Nursing Bulletin 9: Updates to CSN Overtime Policy effective January 1, 2023

# LTSS Provider Communications



Recent Provider bulletins published for MassHealth LTSS Providers:

- January 2023:
  - All Provider Bulletin 359: Pediatric Immunization Vaccine/Administration SL Modifier Change
  - All Provider Bulletin 360: Hospital-Determined Presumptive Eligibility (HPE): Updates for Certain Applicants
  - Adult Foster Care Bulletin 28: Additional Guidance for Adult Foster Care Providers Regarding Certain Home- and Community-Based Services

# LTSS Provider Communications



Recent Provider bulletins published for MassHealth LTSS Providers:

- February 2023:
  - Home Health Bulletin 81: Updates to CSN Overtime Policy effective January 1, 2023
- March 2023:
  - Managed Care Entity Bulletin 97: Communications with Members Enrolled in Managed Care Entities Covered by the Federal Communications Commission January 23, 2023, Declaratory Ruling
  - Managed Care Entity Bulletin 98: Temporary Prior Authorizations Flexibilities Effective April 1, 2023

# LTSS Provider Communications



Recent Provider bulletins published for MassHealth LTSS Providers:

- March 2023:
  - Hospice Bulletin 26: Implementation Period for Face-to-Face Encounters
  - All Provider Bulletin 361: Start Dates for Ordering, Referring, and Prescribing Requirements
  - All Provider Bulletin 362: Coverage and Reimbursement Policy for Vaccine Counseling
  - All Provider Bulletin 363: Accountable Care Organization Program Updates



# LTSS Provider Trainings and Quality Forums



## Training or Quality Forums for MassHealth LTSS Providers:

- Trainings:
  - Nursing Facility MDS Training – April 26, 2023
  - Adult Day Health Prior Authorization Refresher Training – April 27 and 28, 2023
  - General Education Training for newly Enrolled Providers – July 11, 2023
  - Continuous Skilled Nursing Training – July 10 and July 11, 2023
- Quality Forums:
  - Next Forum will take place in June 2023, topic is TBD for Personal Care Attendant Providers

**Questions?**

# **Community Support Services Program Overview**

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

# Community Support Program Services Overview



**Community Support Programs (CSPs):** provide an array of services delivered by community-base, mobile, paraprofessional staff, supported by a clinical supervisor, to Members with psychiatric or substance use disorder diagnoses, and/or to Members for whom their psychiatric or substance use disorder diagnoses interfere with their ability to access essential medical services.

These programs provide support services that are necessary to ensure Members access and utilize behavioral health services. CSPs do not provide clinical treatment services, but rather provide outreach and support services to enable Members to utilize clinical treatment services and other supports. The CSP service plan assists the Member with attaining his/her goals in his/her clinical treatment plan in outpatient services and/or other levels of care and works to mitigate barriers to doing so.

# Types of Community Support Programs



- **Community Support Program** – The Community Support Program is a short-term, mobile and flexible program offered by MassHealth providers to deliver intensive case management services to individuals considered to be “at-risk” within the community

## Specialized Community Support Programs

- **Community Support Program for Individuals with Justice Involvement (CSP-JI)** – a specialized CSP service to address the health-related social needs of members with justice involvement and have a barrier to accessing or consistently utilizing medical and behavioral health services, as defined by EOHHS. CSP-JI includes behavioral health and community tenure sustainment supports

# Types of Community Support Programs



- **Community Support Program for Homeless Individuals (CSP-HI)** – a specialized CSP service to address the health-related social needs of members who:
  - (1) are experiencing homelessness and are frequent users of acute health MassHealth services, as defined by EOHHS; or
  - (2) are experiencing chronic homelessness, as defined by the US Department of Housing and Urban Development.
- **Community Support Program Tenancy Preservation Program (CSP-TPP)** – a specialized CSP service to address the health-related social needs of members who are at risk of homelessness and facing eviction as a result of behavior related to a disability. CSP-TPP works with the member, the Housing Court, and the member's landlord to preserve tenancies by connecting the member to community-based services in order to address the underlying issues causing the lease violation

# Fee for Service



MassHealth offers benefits on a Fee-for-Service (FFS) basis or through managed care plans.\* Under the FFS model, MassHealth pays providers directly for each covered service received by an eligible MassHealth member. Providers would bill MassHealth directly for services provided to such members. These providers use the Provider Online Service Center (POSC) to submit claims into MassHealth's Medicaid Management Information System (MMIS) system in addition to other functions.

MassHealth Network providers are enrolled in MassHealth as contracted providers via a provider agreement and are required to furnish medical services and participate in MassHealth under a provider contract with the MassHealth agency.

\*Please note that other Managed Care Plans such as Managed Care Organizations (MCO), Senior Care Options (SCO), Program of All-inclusive Care for the Elderly (PACE), One Care, and Accountable Care Partnership Plans (ACPP) have separate provider networks and contracts. Providers must have contracts with these plans to service their members and receive payment for services rendered.

# Provider Enrollment Process

## Enrollment Process

A separate, complete application for enrollment as a MassHealth CSP provider must be submitted for each CSP as outlined in 461.405.

If the CSP is a parent CSP operating satellite locations, the parent CSP must identify all locations of operation in their application, including indicating which site will serve as the parent CSP location and identifying all satellite CSPs and their locations. The applicant must submit the appropriate provider enrollment application to the MassHealth agency.

(1) Based on the information in the enrollment application, information known to the MassHealth agency about the applicant, and the findings from any site inspection deemed necessary, the MassHealth agency will determine whether the applicant is eligible for enrollment.

(2) The MassHealth agency will notify the applicant of the determination in writing within 60 days of the MassHealth agency receiving a completed application. An application will not be considered complete until the applicant has responded to all MassHealth requests for additional information, and MassHealth has completed any required site inspection.



# Provider Enrollment Process cont.

- If the MassHealth agency determines that the applicant, parent CSP location, or any satellite location is not eligible for enrollment, the notice will contain a statement of the reasons for that determination, including but not limited to incomplete application materials and recommendations for corrective action, if appropriate, so that the applicant may reapply for enrollment once corrective action has been taken.
- The enrollment is valid only for the provider types and locations described in the application and is not transferable to other programs operated at other locations by the applicant. Any CSP program seeking to establish an additional satellite CSP program must reapply for enrollment pursuant to 130 CMR 461.405(A). Each location must be identified in the provider application to receive payment for services provided at that location.

# What is Needed for CSP Enrollment

- Federal Employer Identification Number
- National Provider Identifier (NPI)
- License (for CSP and CSP-JI providers only)

## Forms

Provider Application for Community Support Program (PE-CSP)

Supplemental Form – based on CSP type (CSP, CSP-HI, CSP-TPP, CSP-JI)

[MassHealth Provider Contract for Entities](#)

[Federally Required Disclosure Form](#)

[Massachusetts Substitute W-9 Form \(MA W-9\)](#)

[Trading Partner Agreement \(TPA\)](#)

[Electronic Funds Transfer/Modification Form \(EFT-1\)\\*](#)

[Data Collection Form \(POSC-DC\)](#)

[Electronic Remittance Advice Enrollment/Modification Form](#)

\* Additional forms may be required and will be supplied if needed.

# Supplemental Form



## **Supplemental Form – based on CSP type**

- Supplemental Form for Community Support Program (PE-CSP-SUPP)
- Supplemental Form for CSP for Homeless Individuals (PE-CSP-SUPP-HI)
- Supplemental Form for CSP for Individuals with Justice Involvement (PE-CSP-SUPP-JI)
- Supplemental Form for CSP Tenancy Preservation Program (PE-CSP-SUPP-TPP)

# Questions?

# **Pre-Admission Screening (PAS) and Prior Authorization(PA) Submission Reminders**

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

# PAS Requests Through the POSC

Pursuant to [Acute Inpatient Hospital Bulletin 153](#) and [Acute Hospital Request for Applications Rate Year 2023](#), EOHHS conducts admission screening on elective admissions in accordance with 130 CMR 450.208(A). Notwithstanding that portion of 130 CMR 450.208(A)(1) that requires admitting providers to submit requests for admission screening for elective admissions via telephone or fax, the admitting provider must submit requests for admission screening via the Provider Online Service Center (POSC) at least seven calendar days before the proposed elective admission. For specific instructions on how to submit, update, or inquire about a PAS, please see the [MassHealth POSC Job Aids](#).

## Advantages of POSC

The POSC offers many advantages including:

- 24-hour access for submitting PAS requests,
- Fewer fields to complete compared to paper or fax formats,
- Faster processing time, and
- Easy to determine status of request.

### JOB AID: Create a Preadmission Screening Request

This job aid describes how to

- create a preadmission screening (PAS) request using the MassHealth Provider Online Service Center (POSC); and
- submit the request.

The PAS request authorizes elective/nonemergency acute or chronic hospital stays.

You must have the Provider ID (PID) and Service Location (SL) for both the attending and facility provider to create a PAS request. Click on the Provider tab and enter the national provider identifier (NPI) to obtain the PID and SL.



- Click the Login button on the POSC landing page.

# POSC Access To Submit PAS Requests



As a MassHealth Provider (including vendors and relationship entities) utilizing the MassHealth POSC, your appointed Primary User is responsible for managing user access to your MassHealth information on the MMIS POSC.

- To submit PAS on the POSC the Primary User will need grant access to subordinate users to access **Service Authorizations**
- If primary user is unknown, you can call MassHealth Customer Service at 1-800-841-2900 to obtain that information
- In the event the Primary User leaves/has left the organization, that organization must immediately identify a replacement Primary User, by completing a Data Collection Form (DCF) <https://www.mass.gov/doc/data-collection-form-and-registration-instructions-posc-dc/download>, and submitting it to MassHealth to officially notify the agency of the change

## How to register for POSC for New Providers/Organizations

- Access to the POSC is part of the enrollment process (except for ORP providers) by filling out the DCF to appoint a Primary User
- Once the primary user is registered, they will need to:
  - Create subordinate IDs for all other users within your organization and assign access
  - Authorize access for additional users in your organization, as well as business partners such as billing agencies

For more information about the POSC, register as a user, or access job aids see [Register as a MassHealth provider on the Provider Online Service Center \(POSC\) | Mass.gov](#)

# POSC Tips on Submitting PAS

## POSC tips for FASTEST processing of Pre-Admission Screening requests

- To submit a PAS request via the POSC, please refer to the job aid located at [JOB AID: Create a Preadmission Screening Request](#)
- Always include the CPT code when uploading.
- Provider should be checking the status of a PAS request after submitting via the POSC to ensure completion. To learn how to check the status of PAS visit POSC [Job Aid: Inquire on a Pre-Admission Screening](#)
- Check the external text box for messages regarding information required to complete the review



# Prior Authorization

- MassHealth requires providers to obtain prior authorization (PA) for certain services. See the MassHealth program regulations for the proposed service to determine when PA is required. In addition to program regulations, PA requirements may appear in Subchapter 6 of certain provider manuals, provider bulletins, or in other written issuances from MassHealth
- MassHealth posts its publications in the Provider Library on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on MassHealth Regulations and Other Publications, then on Provider Library. To identify which drugs, require PA, go to the MassHealth Drug List at [www.mass.gov/druglist](http://www.mass.gov/druglist)

# Requesting Prior Authorization for Non-pharmacy Services



For non-pharmacy medical services, MassHealth strongly encourages providers to request PA using the Provider Online Service Center (POSC) at [www.mass.gov/masshealth/providerservicecenter](http://www.mass.gov/masshealth/providerservicecenter). Providers can use the POSC to submit PA requests and all attachments electronically and to review the status of PA requests. The process for completing a PA request and submitting the required documentation can be found in Subchapter 5 of your provider manual.

PA requests and attachments submitted on paper should be mailed to:

MassHealth

ATTN: Prior Authorization

100 Hancock Street, 6th Floor

Quincy, MA 02171-1745

The PA request form is available on the POSC. Additional MassHealth-generated proprietary attachments will be placed on the site as they are developed. When submitting a PA request for certain services, the provider may also be required to submit a provider-specific form (for example, an invoice) along with any MassHealth proprietary attachments. Please consult your provider manual for specific requirements.

# Resource for Prior Authorization

- [Prior Authorization for Non-Pharmaceutical Services - Frequently Asked Questions](#)
- [Job Aid: Create a Prior Authorization Request](#)
- [Job Aid: Inquire about a Prior Authorization Request](#)
- [Job Aid: Respond to a Deferred Prior Authorization Request](#)

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- [Job Aid: Respond to a Deferred Prior Authorization Request](#)

# Questions?

# **Revalidation: Non-LTSS Providers**

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



# Revalidation: ORP Providers

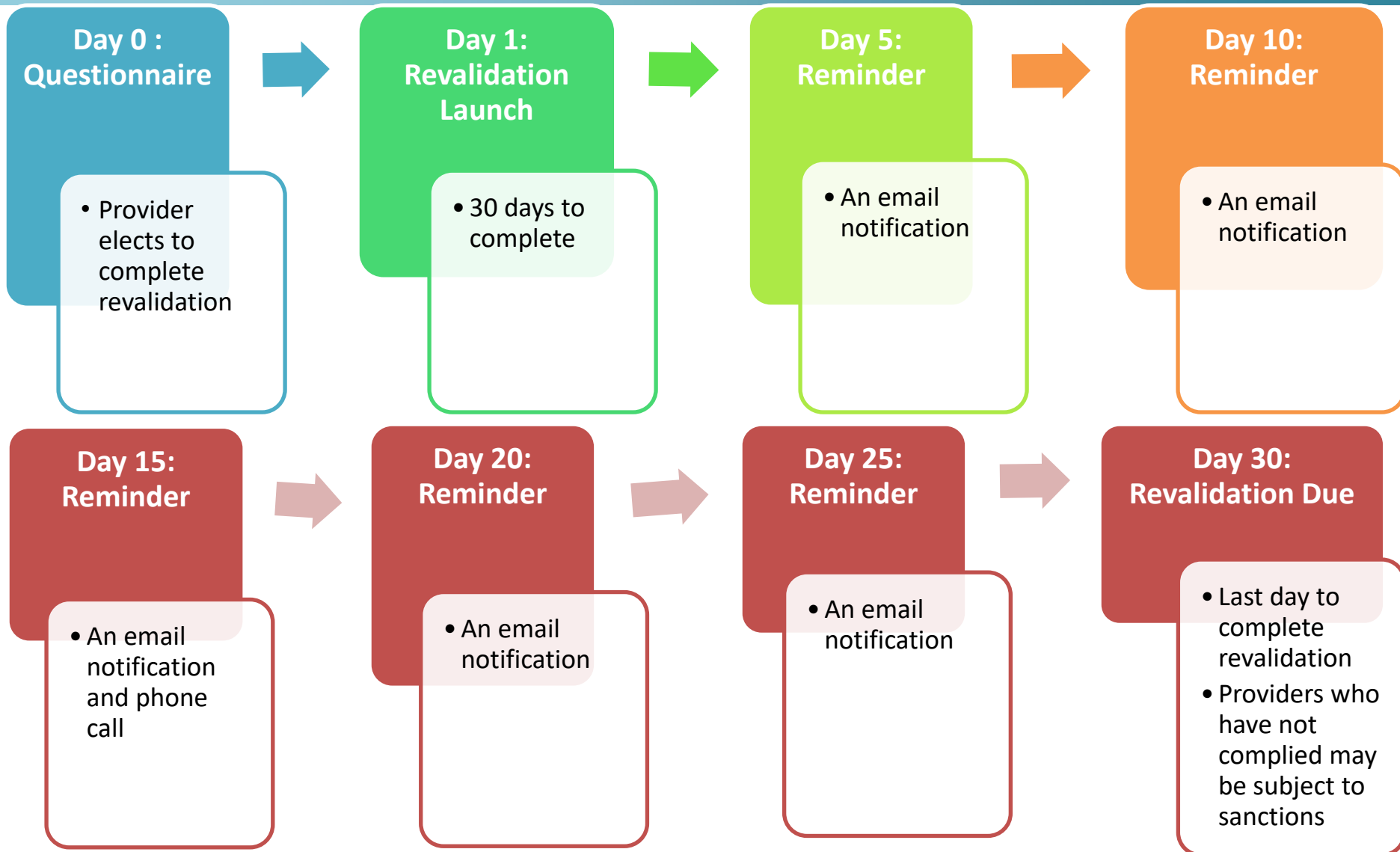


Section 6401 of the Affordable Care Act established a requirement for Medicare and Medicaid to revalidate enrollment information for all enrolled providers, regardless of provider type, under new enrollment screening criteria at least every 5 years. MassHealth began revalidation for ORP providers in March 2023.

The ORP revalidation process is **electronic only**.

- In the revalidation process, an email with a questionnaire will be sent to the provider's credentialing contact on file for the provider
- The purpose of this questionnaire is to determine if the provider intends to complete revalidation and, in the event the provider does not intend to complete revalidation, to have the provider attest that they meet the MassHealth ORP revalidation withdrawal criteria
- Non-Billing ORP Providers that intend to revalidate will then be required to submit the 'Revalidation Attestation and Disclosures Form'
  - An email will be sent to the provider's credentialing contact. This email will contain a link so that the required form may be completed and submitted electronically
- MassHealth will process submitted forms and will notify the provider's credentialing contact when completed

# Revalidation Timeline



# Revalidation: Non-LTSS Providers



Section 6401 of the Affordable Care Act established a requirement for Medicare and Medicaid to revalidate enrollment information for all enrolled providers, regardless of provider type, under new enrollment screening criteria at least every 5 years. MassHealth began implementation of this requirement in March 2014.

In response to the COVID-19 Public Health Emergency, MassHealth temporarily suspended the revalidation process. **Beginning January 2022, MassHealth resumed revalidation of Non- LTSS provider enrollments**

- The first wave of providers who will need to revalidate will include approximately 2,000 providers, including both those who were scheduled to revalidate this month as well as the providers who were not revalidated during the Public Health Emergency
- Failure to complete revalidation in a timely fashion can result in sanctions. Sanctions may include, but are not limited to, administrative fines and suspension or termination from participation in MassHealth

# Revalidation – Non-LTSS Providers (Continued)



MassHealth will mail a letter to providers who need to revalidate. The letter will include the revalidation requirements and the documents that need to be submitted as part of the revalidation process

- Providers will have 45 days from the date of the revalidation letter to complete the revalidation process
- Providers will be required to do a self-attestation on the Provider Online Service Center (POSC) if the provider is not enrolled in Medicare. Providers who are enrolled with Medicare would only be required to submit an updated Federally Required Disclosure Form, which can also be submitted via the POSC
- For more information, visit the [MassHealth Provider Revalidation Page](#) on Mass.gov, or contact MassHealth Provider Enrollment & Credentialing at [revalidation@mahealth.net](mailto:revalidation@mahealth.net)

# Questions?

# **High Number of Claim Processing Edits**

Presented by – Keith West, Director, Special Initiatives & Managed Care Programs

# Claims Processing with NPI



- MassHealth must be able to crosswalk the NPI submitted on a claim to the appropriate MassHealth Provider ID Service Location (PIDSL)
- Submitters should be sure that the provider's Doing Business As (DBA) address is submitted in the 2010AA loop of the 837
  - The DBA address must follow the USPS standards including abbreviations and +4 zip codes
  - This includes claims where Medicare is primary and will be sent to MassHealth
  - The street address must be on the first address line
    - Do submit with a name or suite number on the first address line

# Claims Processing with Taxonomy



- Providers are required to bill with a taxonomy code when they have multiple PIDSs at the same DBA address
- Providers must bill with the MassHealth assigned taxonomy codes in these instances
  - Providers should not bill with a taxonomy code unless directed by MassHealth
  - Claims billed with a taxonomy code not assigned by MassHealth may result in denials



# Claim Denials – Edit 1945

- If claims are not billed with the appropriate DBA address and taxonomy, claims may deny with the following
  - 1945 – the NPI could not be crosswalked to a PIDSL with the information billed on the claim. Verify the following:
    - Claim is billed with the DBA
    - The DBA billed matches what is enrolled with MassHealth as noted on slide 1
    - Was a taxonomy code required and not included, or
    - Incorrect taxonomy code submitted

# Claim Denials – Edit 1066

- If claims are not billed with the appropriate DBA address and taxonomy, claims may deny with the following
  - 1066 – the NPI was crosswalked to a PIDSL that is enrolled as a non-billing provider. Verify the following:
    - Claim is billed with the DBA
    - The DBA billed matches what is enrolled with MassHealth as noted on slide 1
    - Was a taxonomy code required and not included, or
    - Incorrect taxonomy code submitted

# **Payment Error Rate Measurement (PERM) RY 2023**

Presented by – Keith West, Director, Special Initiatives &  
Managed Care Programs

# 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

# PERM RY 2023 (Continued)



## 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
- Week ending 12/29, 148 medical record requests sent, 133 were 2nd requests
- As of January 5<sup>th</sup>
  - Medical Review has reviewed 922 records and 867 are complete
  - Data Processing has completed 1,112 reviews

# PERM RY 2023 Reminders



## Findings from previous PERM audits:

- 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
- Incorrect procedure code billed
- A document or documents were absent from the record that are required to support the claim as billed
- Number of units billed not supported by number of units documented

**Questions?**

# **MassHealth Reminders and Updates**

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



# Telehealth Policy: APB 355

## Effective October 2022



Through All Provider Bulletin 327 (corrected), MassHealth established rules for reimbursement of services rendered via telehealth. All Provider Bulletin 355 amends and restates All Provider Bulletin 327(corrected) to introduce the following changes:

- a new modifier for services delivered via audio-only telehealth
- a new place of service (POS) code for delivery of telehealth services provided in a patient's home
- a clarification of requirements for telehealth encounters and documentation requirements
- the extension of payment parity between services delivered via telehealth and their in-person counterparts through September 30, 2023
- the extension of the informational edit period for modifiers used on professional claims for services rendered via telehealth through March 30, 2023.

MassHealth will continue to monitor telehealth's impacts on quality of care, cost of care, patient and provider experience, and health equity to inform the continued development of its telehealth policy.

# Telehealth Policy - Informational Edits and Denials



MassHealth will implement modifiers 95, 93, GQ, GT, FQ, and FR through an informational edit period. Thus, effective for dates of service (DOS) between April 16, 2022, and March 30, 2023, MassHealth will not deny claims containing POS code 02 or POS code 10 that are missing one of these modifiers. Effective for DOS on or after April 1, 2023, MassHealth will discontinue this informational edit, and will deny claims containing POS code 02 or POS code 10 that are missing one of these modifiers

Professional and institutional claims with the aforementioned modifiers must also meet the following requirements:

- modifier 93 is to be allowed only for codes listed in Appendix T of the CPT coding book, attached to this bulletin; and
- modifier 95 is to be allowed only with codes listed in Appendix P of the CPT coding book, attached to this bulletin

# POSC Accommodation and Language Updates



New Provider Online Service Center (POSC) Function:

- Provider ID service locations (PID/SLs) will now display specific accessibility accommodations and languages that are available at their service location

These updates will be displayed on the MassHealth Choices Provider Directory.

More information will be provided in the near future, including information sessions and instructions on how to complete these updates.

# Provider Enrollment Office Hours



MassHealth BSS will be hosting regular live webinars where a subject matter expert will guide attendees through Provider Enrollment Credentialing process.

These webinars are intended to help Entities and Providers enroll in MassHealth as quickly and easily as possible.

This training will go over detailed instructions on how to fill out some of the most important Enrollment forms such as the Application and Federally Required Disclosures Form (FRDF).

Dedicated training sessions will be held for enrolling both Individual Fee-For-Service No Pay Practitioners as well as entities such as Group Practices.

Ideal for any provider or credentialing staff who are beginning the enrollment process or need updated information on the credentialing process.

# New Provider Training



The BSS provider relations team hosts a MassHealth New Provider Orientation webinar twice each month for non-LTSS providers. New billing providers receive an invitation which is sent to the contact on the enrollment application or other identified representative of the organization.

Some of the included topics:

- MassHealth Provider Online Service Center (POSC)
- Eligibly verification
- Service authorizations
- Electronic claims submission
- Corrective action for denied claims
- MassHealth resources

As a reminder the [Provider Handbook](#) is a great resource for all providers and is available on Mass.gov.

# Important Address Update!

The P.O. Box for Provider Enrollment and Credentialing (PEC) has changed

To avoid unnecessary delays in processing, please be sure to submit all mail to the new address below

**Provider Enrollment & Credentialing  
PO Box 278  
Quincy MA 02171-0278**

Or fax: 617-988-8974

Provider Enrollment and Credentialing will no longer be accepting documents via email due to privacy concerns with the receiving of PI/PHI in an unsecure manner.

# Email Update



For any questions related to MassHealth provider enrollment, provider updates, billing, and policy please use the new provider support email effective immediately. [Provider@masshealthquestions.com](mailto:Provider@masshealthquestions.com).

- The new provider question email address does not accept attachments
- The providersupport@mahealth.net email address should no longer be used

**Note:** Forms, documents, and Mass.gov pages are currently being updated. You may continue to see the old mail and email instructions on MassHealth publications until all changes have been promulgated.

Please update any lists your organization may have for MassHealth contact.

# Provider Bulletins



- [All Provider Bulletin 363](#) (March): Accountable Care Organization Program Updates
- [All Provider Bulletin 362](#) (March): Coverage and Reimbursement Policy for Vaccine Counseling
- [All Provider Bulletin 361](#) (March): Start Dates for Enforcing Ordering, Referring, and Prescribing Requirements
- [All Provider Bulletin 360](#) (January): Hospital-Determined Presumptive Eligibility (HPE): Updates for Certain Applicants
- [All Provider Bulletin 359](#) (January): Pediatric Immunization Vaccine / Administration SL Modifier Change



# Provider Bulletins – Continued



- [Acute Inpatient Hospital Bulletin 194](#) (March): Updated Application for Seniors and People Needing Long-Term-Care Services (SACA-2)
- [Acute Inpatient Hospital Bulletin 193](#) (March): Updated Application for Health and Dental Coverage and Help Paying Costs (ACA-3)
- [Community Health Center Bulletin 117](#): Updated Application for Seniors and People Needing Long-Term-Care Services (SACA-2)
- [Community Health Center Bulletin 116](#) (March): Updated Application for Health and Dental Coverage and Help Paying Costs (ACA-3)
- [Managed Care Entity Bulletin 98](#) (March): Temporary Prior Authorizations Flexibilities Effective April 1, 2023
- [Managed Care Entity Bulletin 97](#) (March): Communications with Members Enrolled in Managed Care Entities Covered by the Federal Communications Commission January 23, 2023, Declaratory Ruling
- [Managed Care Entity Bulletin 96](#) (January): Policies Regarding the Launch of the New Community Partners Program

# Questions?

# **Next PAF Meeting**

## **July 19, 2023**