

Provider Association Forum November 15, 2016

Executive Office of Health & Human Services



Agenda

1. Welcome and Agenda Review- Stephen Cairns, Director, Provider Services

2. Office of Long Term Services Support Update-

Elizabeth Goodman, Director , MassHealth OLTSS

Anna Dunbar-Hester, Director of Strategic Initiatives, MassHealth OLTSS

Thomas Lane, Director, Fee for Service Programs and OLTSS

3. ACO Selection -Derek Tymon, Director, Primary Care Clinician Plan

4. Student Health Insurance Program- Colleen Murphy and Todd Stevenson,
UMASS Medical School for Health Care Finance

5. MassHealth Provider Directory Web Page– Robert Pye, Senior Project Director,
UMASS Commonwealth Medicine

6. Updates: MassHealth Bulletins (September- November)

7. Questions

8. Next PAF



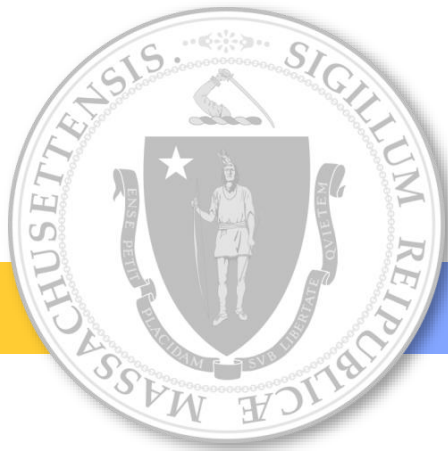
Office of Long Term Services Supports Update

Presented by

Elizabeth Goodman, Director , MassHealth OLTSS

Anna Dunbar-Hester, Director of Strategic Initiatives, MassHealth OLTSS

Thomas Lane, Director, Fee for Service Programs and OLTSS



Commonwealth of Massachusetts
Executive Office of Health and Human Services

MassHealth Office of Long Term
Services and Supports Updates
For Provider Association Forum

11/15/2016

Agenda for Discussion



- PCA
- Home Health
- Nursing Facility PASRR Trainings
- Third Party Administrator (TPA) Overview
- Third Party Administrator (TPA) Fit with Delivery System
- Stakeholder Communication
- Education and Training Opportunities



- MassHealth continues to engage with PCA consumers and other stakeholders on how to manage PCA overtime in a way that preserves these valuable services, ensures access, and is financially responsible.
- Between now and January 1, 2017, any MassHealth member whose current PCA(s) work more than 40 hours (PCA overtime) will be allowed to continue use of PCA overtime. This means: Any PCA working hours for which consumers have received prior authorization by MassHealth will be paid for those hours, including overtime pay for more than 40 hours per week
- MassHealth is collaborating with PCM agencies and others to outreach to consumers who are using PCA overtime in order to provide assistance with finding additional PCAs, and to identify any unique challenges PCA consumers have in finding additional PCAs.



- MassHealth is reviewing all of the information it is gathering from overtime request forms, consumer input, PCMs and PCAs (SEIU 1199) to inform the final Continuity of Care process for PCA overtime.
 - When finalized, the Continuity of Care process will allow for short-term approvals, while additional PCAs are recruited and trained.
 - The final process will also define additional situations in which MassHealth will grant a long-term approval. Long-term Continuity of Care approvals will be for the same length of time as the consumer's prior authorization period.
 - MassHealth will post changes and updates to the Continuity of Care process on our website. PCMs, Fiscal Intermediaries (FIs) and MassHealth Customer Service will support communications.
- MassHealth is also working with others to increase the number of available PCAs. We are partnering with the PCA union (SEIU 1199) and the PCA Workforce Council to expand PCA recruitment and training, and looking for better ways to support matching consumers with PCAs.
- In mid-November 2016, MassHealth will provide updates to the Continuity of Care process and post a simplified PCA Overtime Request Form. All updates will be available on the MassHealth website and will be communicated to consumers through PCMs and MassHealth Customer Service. PCAs will receive information about enforcement through joint efforts by MassHealth, FIs, the PCA Workforce Council and SEIU 1199.

Home Health Updates



- 8/12/2016 Promulgation of Regulations
- Moratorium extended until February 2017
- “ Home Health Agency Bulletin 52” provides guidance to MassHealth Providers regarding the new face-to-face requirements for home health services
- Ongoing collaboration with DMH
- MassHealth is providing Home Health Provider Forums Monthly

Nursing Facility PASRR Trainings



- Representatives from the Department of Mental Health (DMH), Department of Developmental Services (DDS), Executive Office of Elder Affairs (EOEA), and the MassHealth Office of Long Term Services and Supports (OLTSS) will be providing two general PASRR overview trainings in December. These trainings will cover the Level 1 PASRR form and the Level 2 process for both DMH and DDS.

Monday December 5, 2016

1:00pm to 2:30pm

Lawrence Public Library

51 Lawrence St.

Lawrence, MA 01841

Room: Sargent Auditorium

Monday December 12, 2016

1:00pm to 2:30pm

Commonwealth Medicine Amphitheater

333 South St

Shrewsbury, MA 01545



Third Party Administrator for Long-Term Services and Supports

Even as we prepare for LTSS integration with managed care, we need to take immediate steps to improve and support the way LTSS is provided through the FFS system today

Third Party Administrator (TPA) will provide clinical, administrative/operations, and systems support to MassHealth:

- Strengthen **program integrity analyses and audits**
- Conducts **analyses on utilization and quality patterns**
- **Implements regulations and prior authorizations** as defined and directed by MassHealth
- **Credentials providers and maintains a provider directory**
- **Primarily provider facing** (MassHealth customer service team may transfer member calls to the TPA re: specific prior authorizations)

Scope:

- LTSS State Plan FFS services (not under the responsibility of a managed care entity) provided to members over and under 65
- Home and Community-Based Waiver Services are not presently in scope for the TPA

TPA is NOT at risk for overall LTSS total cost of care



Goals for LTSS: In addition to significant transformation in medical and behavioral health services, MassHealth also seeks to improve administration and delivery of LTSS:

- **Integrated:** MCOs and ACOs will begin taking responsibility for coordinating – and in some models, paying for – LTSS
 - Increase SCO and One Care enrollment
- **Community-Based:**
 - Invest in community expertise through LTSS CPs
 - Target care coordination and CP resources to support care transitions
- **Sustainable:** Update LTSS policies and delivery systems to ensure services are matched to need
- **Integrity:** Improve LTSS administration and oversight to direct scarce resources to members who need them most

MassHealth's Long-Term Services and Supports Roadmap

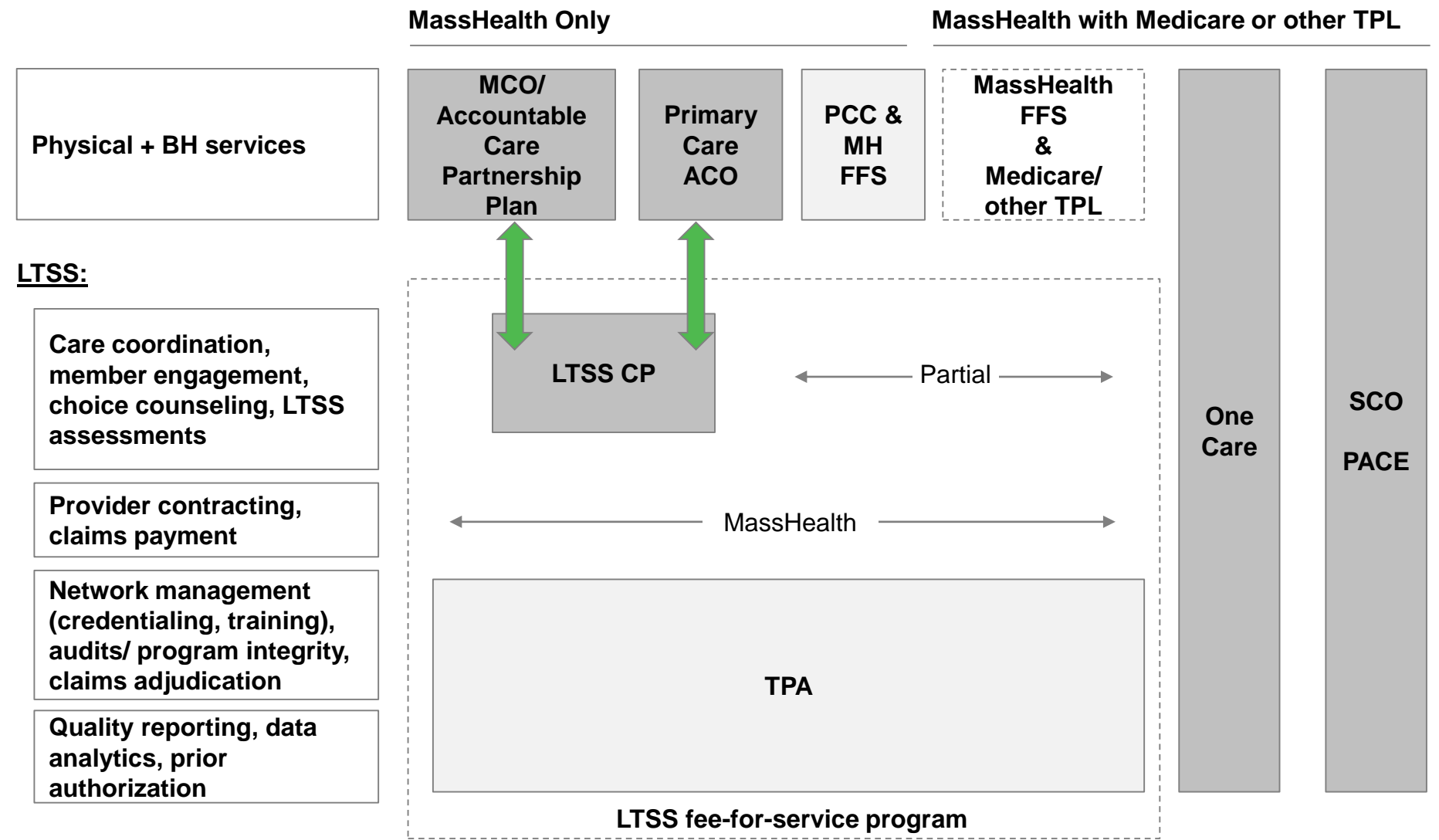


- LTSS is currently provided FFS for most members; integrated in One Care, SCO, and PACE
- Goal is to integrate LTSS into MCOs and ACOs in Year 3 or 4 of their five year contracts;
- MCOs and ACOs must undergo a thorough readiness review and demonstrate network adequacy prior to taking responsibility for LTSS
- MassHealth also plans measured expansion of One Care and SCO through outreach, marketing, and passive enrollment over the next few years; reprocure One Care for 2019
- FFS LTSS will be administered by a Third Party Administrator (TPA)



TPA: How does it fit in with CPs, ACOs, and the delivery system?

NEW MODEL (Y1 – Y2 or Y3):



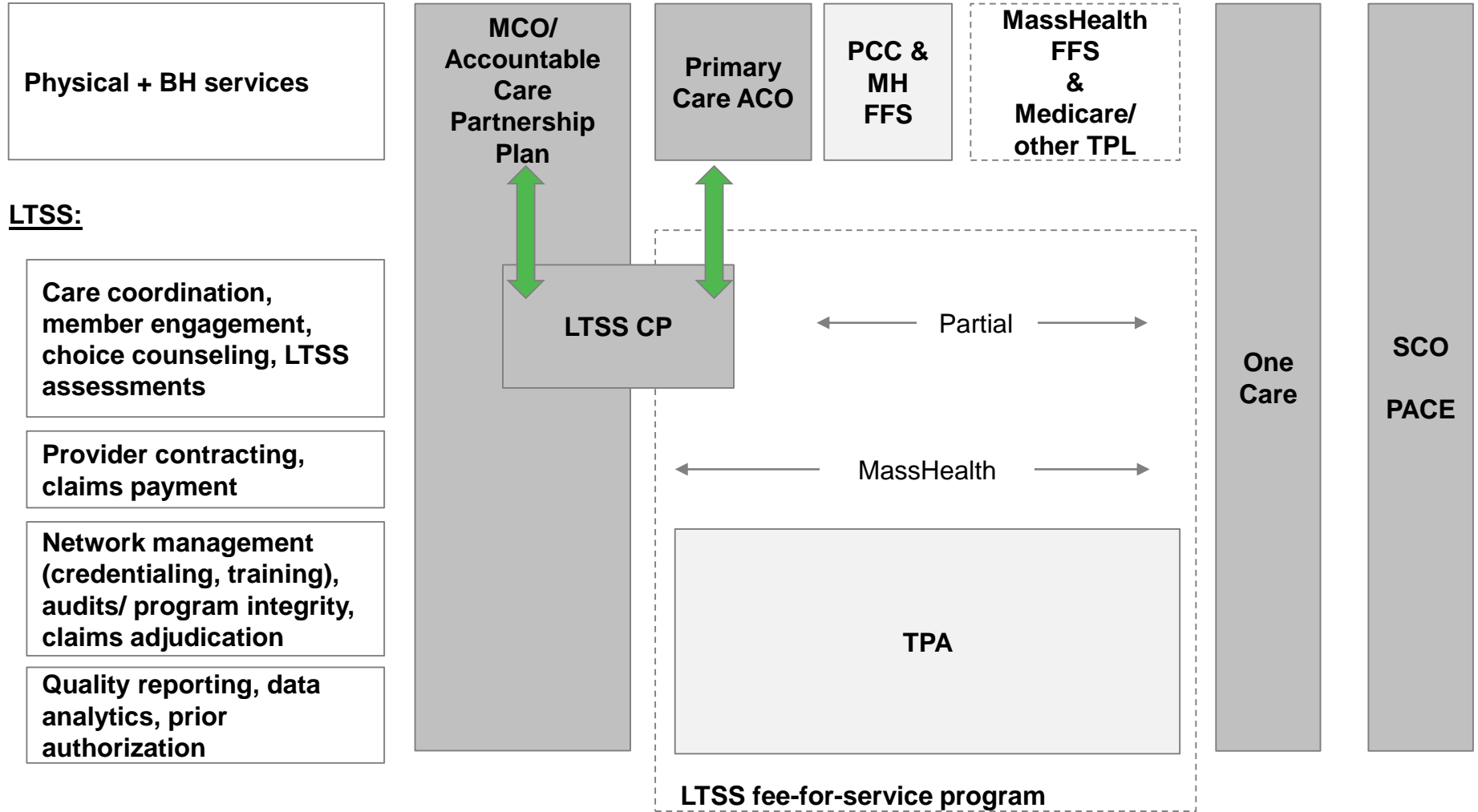
TPA: How does it fit in with CPs, ACOs, and the delivery system?



STARTING IN Y3 or Y4:

MassHealth Only

MassHealth with Medicare or other TPL





Three Phases of Stakeholder Communications

July 2016 → ongoing

Awareness and Engagement

RFR and Summary PowerPoint
Bidders Conference
Development of materials outlining relationship of TPA to MH restructuring
Delivery System Restructuring Open Meetings
Refinement of materials to present external comms plans
Advocates Restructuring Meeting
Provider Association Forum
Sister Agency Meetings

TPA Contract Signed

Education, Training, and Feedback Loop

TPA-specific meetings will be announced when the TPA vendor is selected
Press release on TPA contract signed
Email blasts with individual implementation items
Provider community web training sessions
Administrative Bulletin if needed
Ad hoc provider communications for Go-Live Preparation
Provider specific trainings by function

Post-TPA Implementation

Transition and Operational Support

TPA performance monitoring and reporting
Issue resolution

Launch Separate, Subject-Specific Work Groups with Stakeholders:

- Quality and Benchmarking
- Electronic Visit Verification



Education and Training Opportunities

Open Restructuring Meetings	Ad hoc (2 held in October 2016)
Provider Association Forum	Quarterly
Provider-Specific Forums	Will set up with Provider Groups after TPA contract is signed; 2 meetings per Provider group
1:1 with specific provider groups	Bi-monthly
Email blasts on individual implem. items	After contract signed - Monthly
TPA-hosted training webinars	After contract signed - Monthly
Web postings	After contract signed - Monthly
EVV Stakeholders – policy development	After contract signed - Monthly
Quality Benchmarking Stakeholder mtgs	After Go-Live - Monthly



ACO Selection

Presented by – Derek Tymon



What is the ACO Pilot?

- Starting December 1, 2016, MassHealth will begin a one-year Accountable Care Organization (ACO) Pilot program.
- ACOs are groups of doctors and other health care providers who work together to help members stay healthy and meet their health care needs.
- ACOs will coordinate care and be accountable for the care of MassHealth members assigned to them.
- The ACO Pilot will start on December 1, 2016, and is anticipated to end on or around November 30, 2017.
- The goal of the ACO Pilot is to help MassHealth members receive more coordinated and integrated care. This pilot will inform MassHealth and stakeholders about the impacts of this model on our member and provider communities, and will better prepare us for full ACO implementation anticipated in December 2017.



What ACOs will be participating in the Pilot?

- MassHealth selected these six entities as the result of a competitive procurement process.
 - **Boston Accountable Care Organization**
 - **Children's Hospital Integrated Care Organization**
 - **Community Care Cooperative**
 - **Partners Care Connect**
 - **Steward Medicaid Care Network**
 - **UMass Memorial Health Care**



Provider Participation

- **Which MassHealth providers will be enrolled in the pilot?**
 - Primary care providers who participate in the Pilot ACOs must be Primary Care Clinicians (PCCs) in the MassHealth PCC Plan. Each Pilot ACO has identified its participating PCPs to MassHealth.
 - An all provider bulletin regarding ACO Pilot will be released in November 2016.
 - Pilot ACOs will not be responsible for contracting with a provider network. Members attributed to Pilot ACOs will continue to have access to the full MassHealth provider network of specialists, as they currently do through the PCC Plan.
 - Members attributed to a Pilot ACO will continue to be enrolled in the Massachusetts Behavioral Health Partnership (MBHP) and receive behavioral health services through that network.



Referral Circles

- Pilot ACOs may identify a list of additional providers of various provider types, with which the ACO has a special relationship. These providers can be included in what is referred to as the ACO's "referral circle."
- The PCC Plan will not require referrals for services provided to ACO-attributed members by providers within the referral circle of the member's ACO.
- Referral circles are an optional component of the ACO Pilot model. Pilot ACOs may or may not choose to establish referral circles.
- Unless part of the ACO's referral circle, specialists must continue to comply with the PCC Plan's referral requirements for services rendered to PCC Plan enrollees.



Provider Billing

Claims

- Pilot ACOs will not authorize or pay for MassHealth services
- ACO providers will continue to bill MassHealth directly for services
- Pilot ACOs will be not be accountable for LTSS

ACO Pilot Payment and Quality:

- Eligible for shared savings payments and at risk for shared losses based on Total Cost Of Care (TCOC)
- Must meet quality measure targets in order to receive shared savings; including:
 - claims-based
 - clinical (records-based)
 - member experience (survey-based)



ACO Participating Providers and Member Attribution

- Members whose PCPs are participating in the ACO Pilot will receive a letter from MassHealth in November 2016. The letter will remind them who their PCP is, will introduce the ACO Pilot, and provide them with details specific to their ACO.
 - Members **do not** need to respond to this letter, and their benefits with MassHealth are **not** changing.
 - Members who do not wish to be part of the ACO can Contact MassHealth Customer Service (1-800-841-2900) and:
 - Switch to a PCC who is not participating in the ACO Pilot
 - Choose from one of MassHealth's managed care organization (MCO) health plans.



What impact will the ACO Pilot have on MassHealth members?

- **If a member's PCP participates in the ACO Pilot:**
 - Their benefits will not change. They will continue to get the same MassHealth benefits as they do now.
 - Their provider network will not change. They can continue to access the entire MassHealth PCC provider network including Massachusetts Behavioral Health Partnership (MBHP) providers.
 - They will continue to use their current MassHealth ID card.

- **ACO Pilot members can also expect:**
 - In some cases, they may no longer need to get referrals from their PCP in order to see certain specialists within their ACO's referral circle.
 - Additional support and/or services may be offered through their ACO to coordinate their care and help keep them healthy.



Student Health Insurance Program-

Presented by

**Colleen Murphy, Todd Stevenson, and Tracey Bower
UMASS Medical School for Health Care Finance**



MassHealth Premium Assistance New Student Health Insurance Initiative - Coordinating Benefits

MassHealth Provider Association Forum

Presentation by

Colleen Murphy and Todd Stevenson

November 15, 2016

Agenda

- Introductions and Background
- MassHealth Premium Assistance
 - Student Health Insurance Program (SHIP)
- MassHealth and Other Health Insurance
- Coordination of Benefits
- Third Party Liability Regulations
- Resources

MassHealth Premium Assistance

- Designed to provide MassHealth a cost effective way of delivering benefits to MassHealth members who have access to comprehensive, affordable health insurance by assisting with premium payments.
- Eligibility is based on a combination of:
 - Individual's MassHealth coverage type; and
 - Type of private health insurance the individual has access to.
- Wrap benefits are provided for services covered by MassHealth but not covered under the other insurance plan, and to provide cost sharing for MassHealth member copayments and deductibles when the provider participates with both insurers.

Student Health Insurance Program (SHIP)

- New Premium Assistance (PA) program specifically for MassHealth members who are full time students who have access to SHIP plans. Program has been piloted since June at Massachusetts public colleges and universities.
- Differences from Traditional PA include:
 - Students enroll once in the fall semester and keep the plan for the entire policy year;
 - Payments are made directly to the Blue Cross Blue Shield (BCBS) broker and not to the student; and
 - Provides direct member reimbursement or provider payments to reimburse out of pocket costs associated with MassHealth covered services provided by a non-MassHealth provider who is in the BCBS network.

The Important Role of Other Insurance Coverage

- Identifying health insurance and purchasing qualified health plans increases the number of MassHealth members with other insurance and provides:
 - Significant cost savings to the MassHealth Program and Commonwealth.
 - MassHealth members with a more comprehensive benefit package by having two insurers.
 - Higher reimbursement to providers. Frequently, private insurers and Medicare offer higher reimbursement to providers than MassHealth.

Other Health Insurance Information

- Approximately $\frac{1}{4}$ of the MassHealth population has other health insurance including Medicare coverage.
 - Approximately 10% of the MassHealth population is enrolled in private commercial health insurance plans.
- MassHealth Members with other insurance are provided MH benefits through a fee for service (FFS) model and are not enrolled in a Managed Care Plan.
- MassHealth provides cost sharing and wrap benefit to the majority of members with other health insurance.
- Once other insurance is identified and verified, it is added to the MMIS TPL file. Providers can access a members TPL information in the MassHealth eligibility verification system (EVS).
- Providers are required to notify MassHealth of any insurance policies not known to MassHealth and of any changes to a members' other insurance coverage.

Coordinating MH Benefits with Other Insurance

- Members should always show **BOTH** their MassHealth card and any other health insurance card(s).



- Providers must check EVS for MassHealth eligibility and any other health insurance information or restrictive messages.

NOTE: Providers can identify SHIP PA members in EVS by the insurance carrier code 3333330 for = SHIP Consolidated Health Plans & 3333331 for SHIP BCBS MA

- All other liable parties must be billed, according to the insurer's regulations, prior to billing MassHealth.
- Claims submitted to MassHealth for members with other insurance, must contain the adjudication information from the primary insurer.

Third Party Liability Regulations

130 CMR 450.316: Third-Party Liability: Requirements

All resources available to a member, including but not limited to all health and casualty insurance, must be coordinated and applied to the cost of medical services provided by MassHealth (see 42 CFR Part 433, Subpart D). Except to the extent prohibited by 42 U.S.C. 1396a(a)25(E) or (F), all providers must make diligent efforts to obtain payment first from other resources, including personal injury protection (PIP) payments, so that the Division will be the payer of last resort. The Division will not pay a provider and will recover any payments to a provider if it determines that, among other things, the provider has not made such diligent efforts. Under no circumstances may a provider bill a member for any amount for a MassHealth-covered service, except as provided by 130 CMR 450.130.

Third Party Liability Regulations (cont.)

(A) “Diligent efforts” is defined as making every effort to identify and obtain payment from all other liable parties, including insurers. Diligent efforts include, but are not limited to:

- (1) determining the existence of health insurance by asking the member if he or she has other insurance and by using insurance databases available to the provider;
- (2) verifying the member’s other health insurance coverage, currently known to the Division through REVS on each date of service and at the time of billing;
- (3) submitting claims to all insurers with the insurer’s designated service code for the service provided;
- (4) complying with the insurer’s billing and authorization requirements;
- (5) appealing a denied claim when the service is payable in whole or in part by an insurer; and
- (6) returning any payment received from the Division after any available third-party resource has been identified. The provider must bill all available third-party resources before resubmitting a claim to the Division.

(B) The Division will deem that the provider did not exercise diligent efforts pursuant to 130 CMR 450.316(A) if the insurer denies payment due to the provider’s

- (1) noncompliance with the insurer’s billing and authorization requirements, including but not limited to errors in submission, failure to obtain prior authorization, failure to submit appropriate documentation and billing, providing services outside the service network, or untimely billing;
- (2) request or provocation of a denial; or
- (3) appeal of an insurer’s favorable coverage determination.

(C) Failure to comply with the provisions of 130 CMR 450.316(A) may subject a provider to sanctions and liability for overpayments as determined by the Division in accordance with 130 CMR 450.235 through 450.240.

Resources

For questions please contact MassHealth Customer Service at

1-800-841-2900 or providersupport@mahealth.net



MassHealth Provider Directory Web Page

**Presented by
Robert Pye, Senior Project Director,
UMASS Commonwealth Medicine**



MassHealth Provider Directory

- **New accessibility features are available on the [MassHealth Provider Directory web page](#):**
 - ◆ **Redesigned to include a link to [Disabilityinfo.org Index](#) to search for providers and other healthcare professionals with experience providing services to people with disabilities**
 - ◆ **Intuitive screen reader navigation**

MassHealth Provider Directory

[Frequently Asked Questions](#) [Contact MassHealth](#)

Find a Doctor

Use the tool on the left to search a complete list of MassHealth providers.

Use the tool on the right to search for providers who have reported expertise and experience in caring for people with disabilities.*



Search all MassHealth providers

What type of provider are you looking for?

Doctor:

- OR -

Hospital or Health Care Center:

- OR -

Other Health Care Provider or Facility:

AND/OR

Where do you want to find a provider?

Search by city or zip code:

Example: Amherst or 01002

AND/OR

What is the name of the provider that you are looking for?

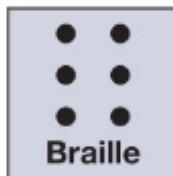
Search by an individual provider or business name:

Example: 'Smith, John' or 'Geiger Gibson Community Health Center'

- Check the box to find a primary care clinician (such as a doctor or nurse practitioner) who is in the Primary Care Clinician (PCC) Plan.



Search providers with expertise and experience with disabilities



*This information was obtained from surveys administered by a third party. It is not a complete list of MassHealth providers. If you have any questions about this tool, please use the [Contact Us](#) link on the [DisabilityInfo.org](#) site.

[Frequently Asked Questions](#) [Contact MassHealth](#)

<https://masshealth.ehs.state.ma.us/providerdirectory/>

Disabilityinfo.org Index



DisabilityInfo.org
An INDEX website

[Skip To Content](#) [Easy Version](#) [Site Options](#)

Search our site:

[Home](#)

[About Us](#)

[Find Services](#)

[Resources](#)

[For Providers](#)

[Home](#) > [Find Services](#) >

Find Services

[Local Human Service Offices](#)

[Find Programs and Services](#)

[Find a Doctor](#)

[Find a Dentist](#)

[Find a Consultant](#)

[MADIL - Aging/Disability Search](#)

Follow Us

twitter



facebook

Support Our Work

Find Services

INDEX collects and maintains information on programs, agencies, doctors, consultants and dentists that provide services to people with disabilities.



Find a ...



[Program or Service](#)

that serves people with disabilities and their families



[Doctor](#)

who has experience or expertise with particular disabilities



[Dentist](#)

who has experience or expertise with particular disabilities



[Consultant](#)

or other allied health professionals

Find Your Local Human Service Office

- [Find Human Service Offices](#) - Contact information for your local offices
- [Human Service Offices](#) - descriptions of agencies



Search our entire site (all databases, fact sheets, news articles and other resources). Just enter a search term in the "Search Our Site!" feature.

Other Tools



[Information for seniors and people with disabilities](#)

[Site Map](#)

[Site Help](#)

[Contact Us](#)

[Funders](#)

[Feedback](#)



Web site developed and hosted by INDEX, technology solutions for nonprofits.

INDEX is a project of The Shriver Center, a division of The University of Massachusetts Medical School. This is an [official page / publication](#). © 1999 - 2016 University of Massachusetts. All rights reserved.



**Commonwealth
Medicine**

Applied Knowledge in Public Service

<https://disabilityinfo.org/Services/>

More Information

- For help, see the [FAQ](#) and [Contact MassHealth](#) links on the [MassHealth Provider Directory web page](#)
- The [For Providers](#) tab at the top of the [Disabilityinfo.org](#) web page includes contact info and other resources



MassHealth Bulletins Update



MassHealth Updates – October Bulletins

Bulletin 52 – Face-to-Face Encounter Requirements for Home Health Services

This bulletin provides guidance to MassHealth providers of Home Health Services regarding the face-to-face encounter requirements for home health services

General Guidelines:

1. A face-to-face encounter is required for initial orders for home health services and for all episodes initiated with the completion of a start-of-care OASIS assessment.
2. The plan of care must document that the authorized practitioner conducted a face-to-face encounter with the member related to the primary reason the member requires home health services and that such face-to-face encounters take place no more than 90 days before or 30 days after the start of home health services.
3. Authorized practitioners include
 - a. The ordering physician (to be an ordering physician, the physician must be enrolled in MassHealth.
 - b. The physician who cared for the patient in an acute or post-acute care facility
 - c. The NPP, which includes one of the following in a home health context:
 - (1) A nurse practitioner or clinical nurse specialist who is working in collaboration with the ordering physician or the acute/post-acute care physician;
 - (2) A certified nurse midwife;
 - (3) A physician assistant under the ordering physician.



MassHealth Updates – October Bulletins

Bulletin 53 – Supervision of Home Health Aides

This bulletin provides clarification regarding home health aide supervision. 130 CMR 403.421(A)(5) requires that, as a condition of payment, a “home health aide is supervised by a nurse or therapist for skilled nursing services or therapy services, respectively, employed by the same home health agency as the home health aide.”

The intent of this requirement is to ensure that when the nurse/therapist and the home health aide are delivering services under the same plan of care, the home health aide is supervised by the nurse/therapist providing services under that plan of care.

However, the home health agency regulation permits home health agencies to subcontract for services, including for home health aides, pursuant to 130 CMR 403.409. In the event that the home health agency contracts for, rather than directly employs, home health aides, such aides shall be supervised in accordance with 42 CFR §484.36(d)(4).

MassHealth Updates – October Bulletins



Bulletin 33 – Hospital Incentive–Accessible Equipment (Outpatient)

MassHealth has established a program of hospital incentive payments that all managed care organizations (MCOs) are required to implement. In MCO Contract Year 2017 (October 1, 2016, to September 30, 2017) MassHealth-contracted MCOs are required to make these payments to acute hospitals in their MCO networks if those hospitals meet certain performance measures set forth in the MCO contract. Specifically, acute hospitals must report certain information related to access to medical and diagnostic equipment for MassHealth members with disabilities. MCOs will verify and report this information to EOHHS. New performance-based MCO hospital payments will be announced annually.

MassHealth Updates – October Bulletins



Bulletin 158 – Hospital Incentive–Accessible Equipment (Inpatient)

MassHealth has established a program of hospital incentive payments that all managed care organizations (MCOs) are required to implement. In MCO Contract Year 2017 (October 1, 2016, to September 30, 2017) MassHealth-contracted MCOs are required to make these payments to acute hospitals in their MCO networks if those hospitals meet certain performance measures set forth in the MCO contract. Specifically, acute hospitals must report certain information related to access to medical and diagnostic equipment for MassHealth members with disabilities. MCOs will verify and report this information to EOHHS. New performance-based MCO hospital payments will be announced annually.



QUESTIONS?

Next Meeting



- March 22, 2017