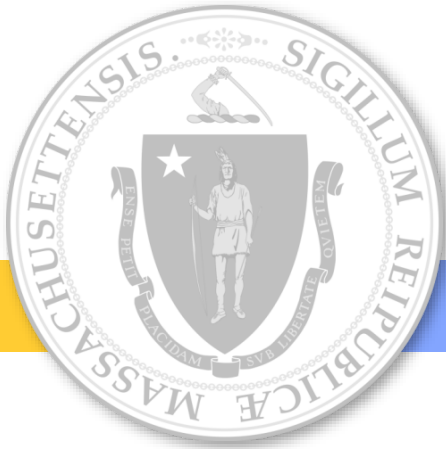


MassHealth Provider Overview



July 2019 MTF Afternoon session

Welcome to MassHealth!



We are excited to have you as part of our provider community.

The purpose of this presentation is to deliver a high level overview of the MassHealth Provider information available via Mass.gov. We have compiled various provider focused content to create this presentation.

Agenda



- MassHealth for Providers Overview
- Provider Manual, Forms, and Publications
- Provider Claims Resources
- Provider Updates /Important Messages
 - Technical Refresh
 - EVSpc Reminder
 - Duplicate Claim
 - Ordering, Referring and Prescribing
 - Customer Web Portal (CWP) Enhancements
 - Revised Entity FRDF
- Questions

Provider Overview



MassHealth for Providers

Whether you are already a MassHealth provider, want to enroll, or are just looking for information, you can find all your resources here.

You can find instructions here on how to register as a provider using the Provider Online Service Center (POSC), submit claims, check member eligibility, review regulations and service codes, view provider payment rates, get a prior authorization, and more.

OFFERED BY

MassHealth +

<https://www.mass.gov/masshealth-for-providers>

What would you like to do?

Top tasks

Access the Provider Online Service Center (POSC) →

Provider publications →

All other tasks

Apply to become a MassHealth provider →

Apply to become a Primary Care Clinician (PCC) in the Primary Care Clinician Plan →

Check member eligibility →

Submit claims →

Check claim status →

Request transportation for a member →

See all 19 →

What you need to know

PCDI for MassHealth providers →

Chart of MassHealth Covered Services →

Learn about suspended or excluded MassHealth providers →

MassHealth Provider Bulletins →

MassHealth Copayments Frequently Asked Questions →

MassHealth Provider Regulations →

See all 17 →

From the MassHealth for Providers page providers can access many online resources.

- Access the Provider Online Service Center
- Find Publications such as transmittal letters and provider manuals
- Learn about MassHealth initiatives

Provider Publications

<https://www.mass.gov/lists/provider-publications>

Providers can find regulations, bulletins, manuals, forms, and other information they might need as MassHealth-participating providers.

TABLE OF CONTENTS

- ✓ [MassHealth Provider Regulations](#)
- ✓ [Provider Bulletins](#)
- ✓ [MassHealth Provider Manuals](#)
- ✓ [MassHealth Provider Forms](#)
- ✓ [Transmittal Letters](#)
- ✓ [MassHealth Companion Guides](#)
- ✓ [MassHealth Billing Guides for Paper Claim Submitters](#)
- ✓ [MassHealth Service Codes and Descriptions](#)
- ✓ [Managed Care Entity Recoupment Job Aids](#)
- ✓ [List of Explanation of Benefit Codes Appearing on the Remittance Advice](#)
- ✓ [MassHealth All Provider Manual Appendices](#)
- ✓ [Remittance Advice Message Text](#)
- ✓ [MassHealth Guidelines for Medical Necessity Determination](#)
- ✓ [Clinical Practice Guidelines for MassHealth Providers](#)
- ✓ [MassHealth Payment and Coverage Guideline Tools](#)

show less ^



The Provider Publications has links to important information and updates.

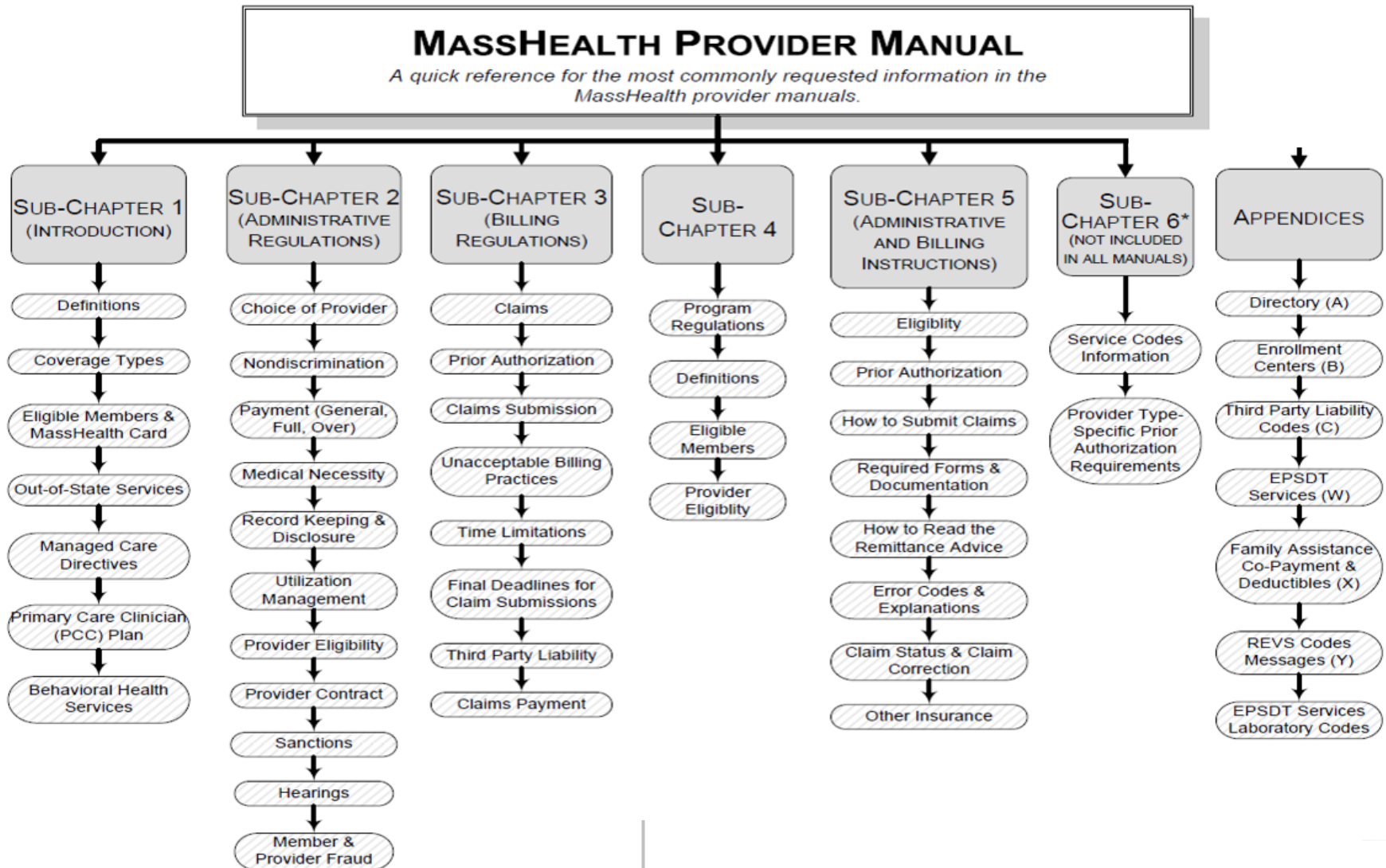
- [MassHealth Provider Regulations](#)
- [Provider Bulletins](#)
- [MassHealth Provider Forms](#)
- [Transmittal Letters](#)
- [MassHealth Billing Guides](#)
- [MassHealth Service Codes and Descriptions](#)
- [List of EOB Codes appearing on Remittance Advice](#)
- [MassHealth Provider Manuals](#)
- [Remittance Advice Message Text](#)

Along with other topics of interest to providers

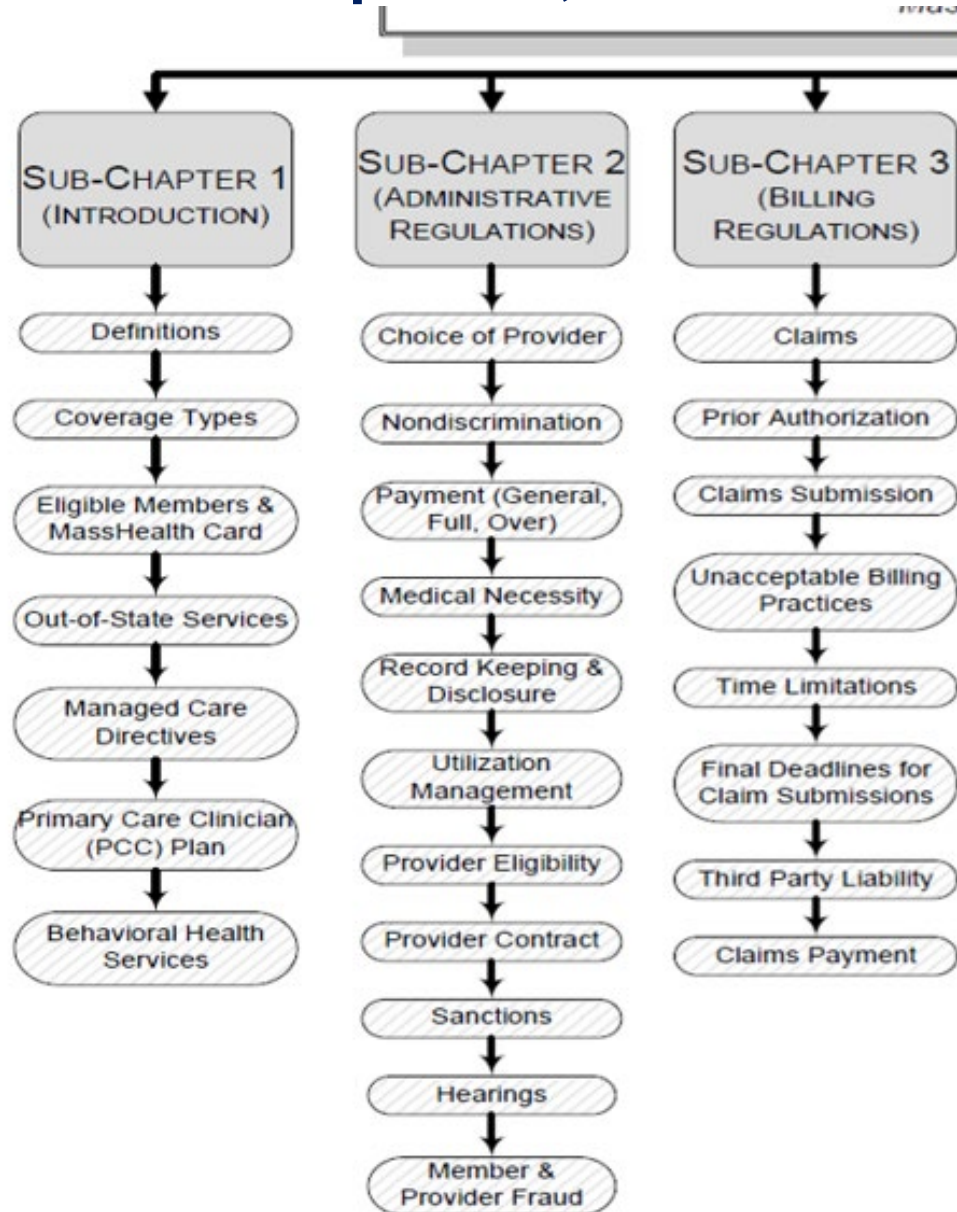
MassHealth Provider Manual



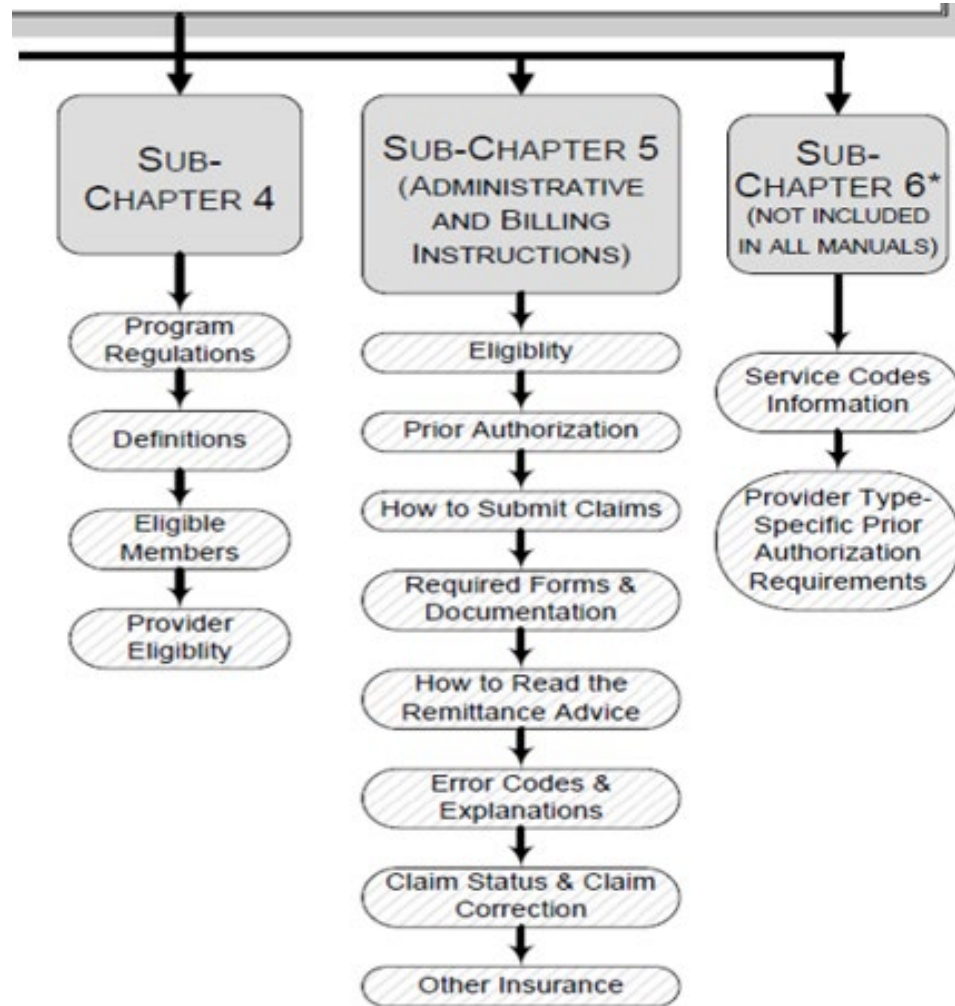
Below is a chart describing the elements contained in all manuals.



A closer look at Sub-Chapters 1, 2 and 3



A closer look at Sub-Chapters 4, 5 and 6



Sub-Chapters 4 & 6 are Provider Specific



Provider Claims Resources



Electronic Claims Submission (DDE)

- Submitting a claim through Direct Data Entry (DDE) is an efficient way to quickly determine the outcome of a claim
 - Real time Claims Status
 - Easy Resubmission Options
- When using this application, one must initially choose what type of claim they will be entering
 - Institutional or Professional
- Each choice results in a slightly different interface, which affords a unique set of claim entry rules



Electronic Claims Submission (DDE)

Benefits of use

- Multiple benefits are available through DDE, including:
 - Ability to submit a claim with attachments
 - Ability to submit claims for members with multiple insurances through **Coordination of Benefits** panel
 - Ability to submit a void and replace transaction
- Any Claim can be entered through DDE
 - Only those claims that were initially entered electronically can be copied, replaced, resubmitted or voided



Electronic Claims Submission (DDE)

- Log on to the POSC, www.mass.gov/masshealth/providerservicecenter
- Select Manage Claims & Payments
- Select Enter Single Claim
- Select Professional Claim

The screenshot displays the MassHealth Provider Online Service Center interface. The top navigation bar includes the date "November 27, 2016", the "HOME" button, and tabs for "CONSUMERS", "PROVIDERS", "RESEARCHERS", and "GOVERNMENT", along with a "Logout" link. The "Mass.gov" logo is visible in the top right corner. The main content area is titled "Health and Human Services" and "MassHealth Provider Online Service Center". A left-hand navigation menu lists various options, with "Enter Single Claim" circled in red. The main content area shows a "Claim Templates" section with the instruction "Please select the type of DDE claim you would like to enter from the list below:" and two options: "Institutional Claim" and "Professional Claim", with "Professional Claim" circled in red.

It will place you right in the billing and service tab within billing information.



Electronic Claims Submission (DDE)

Billing and Service Tab: Helpful Hints -

- Select Billing Provider ID from the drop down box
- You must fill in all asterisk fields
- MassHealth has included an area for the provider's specific patient account number to assist with reconciling payments

MassHealth Provider Online Service Center

Billing and Service Confirmation | Extended Services | Coordination of Benefits | Procedure | Attachments

Billing Information

Previous ICN

Billing Provider ID *

Billing Provider Taxonomy

Member ID *

Patient Account # *

Last Name * | First Name * | MI | Gender *

DOB * | Member Date of Death *

Member Address 1 * | Member Address 2 *

Member City * | Member State * | Medical Record #

Member Zip *

Rendering Provider Name | Rendering Provider Taxonomy



Electronic Claims Submission (DDE)

Billing and Service Tab: Helpful Hints -

- Release of information:
Select “Yes”
 - Provider has a signed statement permitting release of medical billing data related to a claim
- Signature on file must be “Yes”
- Claims filing indicator must be “Medicaid”
- Total charges should equal the sum of the charges on the details

Release of Information *

Place of Service *

Referral #

Prior Authorization #

Signature on File *

Assignment of Benefits Ind *

Provider Accepts Assignment *

Special Program Indicator

Claim Filing Indicator *

Diagnosis Code 1 *

Diagnosis Code 2

Diagnosis Code 3

Diagnosis Code 4

Diagnosis Code 5

Diagnosis Code 6

Diagnosis Code 7

Diagnosis Code 8

Diagnosis Code 9

Diagnosis Code 10

Diagnosis Code 11

Diagnosis Code 12

Related Causes Type

Accident State

Related Causes Date (439)

Related Causes Hour

Disability Begin Date (360)

Disability End Date (361)

Assumed Care Date (090)

Relinquished Care Date (091)

Date First Seen (444)

Initial Treatment Date (454)

Date Last Seen (304)

Acute Manifestation of Chronic Condition (453)

Last X-Ray (455)

Hearing / Vision Prescription (471)

Onset of Illness (431)

Admit Date (435)

Discharge Date (096)

Last Worked Date (297)

Work Return Date (296)

Claims Charges

Total Charges *

Patient Paid Amount

[Cancel Service](#)



Electronic Claims Submission (DDE)

Procedure Tab: Helpful Hints -

- Under the Procedure tab, you will be in List of Professional Services
- Select “New Item” to create a line item (Detail)

The screenshot displays the MassHealth Provider Online Service Center interface. On the left is a navigation menu under 'Provider Services', with 'Manage Claims and Payments' expanded to show 'Enter Single Claim'. The main content area is titled 'List of Professional Services' and includes a table with columns for 'Detail', 'Procedure', 'Service Date Range', 'Units', and 'Charges'. A 'New Item' button is circled in red in the bottom right of the table area. Other buttons like 'Cancel Service' and 'Confirmation' are also visible.

MassHealth Provider Online Service Center

Billing and Service | Extended Services | Coordination of Benefits

Procedure | Attachments | Confirmation

List of Professional Services

There is a maximum of 50 professional service detail records.

	Detail	Procedure	Service Date Range	Units	Charges
New Item					

[Cancel Service](#)

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Electronic Claims Submission (DDE)

Procedure Tab: Helpful Hints -

- Fill in all asterisk fields
- Selections for the Early Periodic Screening and Diagnostic Treatment (EPSDT) Indicator can either be YES or No
- When you complete the line item (detail), click “Add”
- To create an additional line item, click “new item” again
- After completing each line item (detail), click “Add”

MassHealth Provider Online Service Center
Billing and Service | Extended Services | Coordination of Benefits | Procedure
Attachments | Confirmation

List of Professional Services
There is a maximum of 50 professional service detail records.

Detail	Procedure	Service Date Range	Units	Charges
--------	-----------	--------------------	-------	---------

Professional Services Detail
Detail 01

HCPCS Procedure Code *

Unlisted Procedure Description

From Date of Service *

To Date of Service *

Place of Service

Diag. Cross-Ref *

Units *

Family Planning Indicator Yes No

Rendering Provider Name

Rendering Provider Taxonomy

Ordering Provider Name

Emergency

Prior Authorization #

Drug Identification

NDC

Units of Measurement

Rx Number

Rx Date

Modifier 1

Modifier 2

Modifier 3

Modifier 4

Charges *

Obstetric Anesthesia Additional Units

Hospice Employee Indicator Yes No

EPSDT *

MassHealth Provider Online Service Center
Billing and Service | Extended Services | Coordination of Benefits | Procedure
Attachments | Confirmation

List of Professional Services
There is a maximum of 50 professional service detail records.

Detail	Procedure	Service Date Range	Units	Charges
01	92862	01/02/2017 - 01/02/2017	1	\$50.00



Electronic Claims Submission (DDE)

Confirmation Tab: Helpful Hints -

- When you are done, click the confirmation tab
- Review the information
 - Make sure the total detail charges equal total amount billed
 - If the information is incorrect click on the tab where the mistake was made and make the correction
 - Click submit & wait to receive status of claim

Health and Human Services Mass.gov

November 29, 2016 HOME CONSUMERS PROVIDERS RESEARCHERS GOVERNMENT Logout

« Collapse Services Welcome ▶ Mass.Gov Home ▶ State Agencies ▶ State Online Services

▶ Provider Services MassHealth Provider Online Service Center

▶ Billing and Service Procedure Extended Services Attachments Coordination of Benefits Confirmation

Confirmation

You are about to submit an Professional Claim request for [redacted]. Please verify the procedures and then click "Submit".

Service Date Range 09/06/2016 - 10/04/2016

Number of Details Submitted 2

Total Detail Charges \$2,556.36 To change this amount, go back and edit the Procedures

Total Amount Billed \$2,556.36

Cancel Service Submit

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Electronic Claims Submission (DDE)

Confirmation Tab: Helpful Hints -

- Denied claims will have a status of denied and will display the denial reason(s)
- Paid claims will have a status of paid and will have a paid amount

MassHealth Provider Online Service Center

Confirmation

You have submitted a Professional Claim for jashua simmons. The status of the claim listed below should be retained for your records.

Claim Status: Denied
Claim ICN: 2216179600001
Adjudication Date: 06/27/2016
Paid Amount: \$0.00

Explanation of Benefits (EOB)

Detail	EOB Code	Description
00	2001	MEMBER ID NUMBER NOT ON FILE
00	1927	NPI REQUIRED HEALTHCARE=Y BILLING PROV
00	1209	MULT SAK PROV LOCS FOR REFERRING PROVIDER - HDR
00	1217	REFERRING PROVIDER NOT AUTHORIZED TO REFER - HDR
00	900	PROVIDER TYPE/SPEC GROUP EMPTY
00	1032	BILLING PROVIDER NOT ELIGIBLE TO BILL THIS CLM TYP
1	1085	ORDERING PROVIDER NOT AUTHORIZED TO ORDER SERVICES
1	1010	RENDERING PROVIDER NOT A MEMBER OF BILLING GROUP

If you require assistance or support related to this request, please contact Customer Support at 1-800-841-2900.

Close Void Resubmit Replace Copy

Inquire Claim Status

Claim Detail

Provider: UFBERG, MARIA A Provider ID: 0342654647
Member ID: 995412745627
Patient Account #: 123
Member Name: AMANDA R. GIRARD
Date of Birth: 06/14/2000
Gender: Female ICHI: 2208064600001

Charged Amount: \$250.00 Payment Amount: \$250.00

Status Date: 03/04/2008
Adjudication Date: 03/04/2008 Service Date(s): 12/18/2007 - 12/18/2007
Check Issue Date:
Claim Status: FINALIZED/PAYMNT-THE CLAIMLINE HAS BEEN PAID

List Of Services

Detail	Service Code	Units	Charges	Paid Amount	Status
01	20962	1.00	\$250.00	\$250.00	Paid

Close Return to Search Results Void Copy Replace Resubmit



Electronic Claims Submission (DDE)

Internal Control Number (ICN)

The **ICN** is a 13 digit number assigned to each claim adjudicated by MassHealth and appears on the remittance advice. Once an ICN is assigned it remains with the claim indefinitely.

- Allows the provider to track claims
- Used to reference original claims during claim adjustments and, in certain circumstances, during claim resubmittals.
- Number given to call center representatives to help resolve claim issues

ICN Format: RR YY JJJ BBB SSS



20: Electronic claims/no attachments
21: Electronic claims/with attachments
22: Internet claims/no attachments
23: Internet claims/with attachments

500 or less – Batch
700 or more - Electronic

Electronic Claims Submission (DDE)



Timeframes

- 30 Days:** Average time for both electronic and paper claims to process on a remittance advice.
- 60 Days:** The usual turnaround time for Medicare/MassHealth crossover claims forwarded to MassHealth by Massachusetts Medicare Fiscal agent to be processed.
- 90 Days:** Initial claims must be received by MassHealth within 90 days of the service date. If another insurance was billed before MassHealth, claims must be received within 90 days from the date of the explanation of benefits (EOB) of the primary insurer.
- 12 Months:** Final submission deadline to resolve claims that were initially submitted within 90 days of the date of service (DOS). Claims that exceed this deadline will be denied.
- 18 Months:** Final submission deadline to resolve claims submitted to another insurance carrier prior to MassHealth. Claims must be initially submitted within 90 days from the date of the explanation of benefits (EOB) of the primary insurer. Claims that exceed this deadline will be denied.
- 36 Months:** Final submission deadline for all claims.

For more information, please see <https://www.mass.gov/service-details/billing-timelines-and-appeal-procedures>; also in *All Provider Regulations 130 CMR 450.309, 450.319 and 450.314*



Corrective Action Denied Claims



Corrective Action for Denied Claims

Explanation of Benefit Codes

- Use the EOB codes information to help resolve the denied claim
- Not all EOB codes cause denials
- If the EOB codes are not clear please refer to link below
- <https://www.mass.gov/files/documents/2017/11/06/ed-it-codes-summary.pdf>

Confirmation

You have submitted a Professional Claim for jashua simmons. The status of the claim listed below should be retained for your records.

Claim Status Denied
Claim ICN 2216179800001
Adjudication Date 06/27/2016
Paid Amount \$0.00

Explanation of Benefits (EOB)

Detail	EOB Code	Description
00	2001	MEMBER ID NUMBER NOT ON FILE
00	1927	NPI REQUIRED HEALTHCARE=Y BILLING PROV
00	1209	MULT SAK PROV LOCS FOR REFERRING PROVIDER - HDR
00	1217	REFERRING PROVIDER NOT AUTHORIZED TO REFER - HDR
00	900	PROVIDER TYPE/SPEC GROUP EMPTY
00	1032	BILLING PROVIDER NOT ELIGIBLE TO BILL THIS CLM TYP
1	1085	ORDERING PROVIDER NOT AUTHORIZED TO ORDER SERVICES
1	1010	RENDERING PROVIDER NOT A MEMBER OF BILLING GROUP

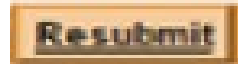
If you require assistance or support related to this request, please contact Customer Support at 1-800-841-2900.

Close Void **Resubmit** Replace Copy



Corrective Action for Denied Claims

1. Use the former ICN to resubmit the claim if one or more of the following items are changing: service date and procedure code



This is a link to the job aid to help you through the resubmission process.

<http://www.mass.gov/eohhs/docs/masshealth/newmmis/jobaid-resubmit-a-denied-claim-immediately.pdf>

2. If the claim is over 90 days from the date of service, submit the claim to the 90 Day Waiver Unit if you are changing the following: *Member ID, Pay-to-Provider number, or Claim Type*

[*Submit a 90-day Claim Waiver Request Form*](#)

3. A former ICN is NOT required if the claim meets the following criteria:
 - If claim is still within 90 days from the date of service.
 - If original claim was submitted within the 90-day period and is within a year from the date of service
4. You can use the **Claims Status** feature to locate any denied claims previously submitted
 - The provider will only have access to the **RESUBMIT** functionality if the original claim was submitted electronically, either through an 837 transaction or DDE submission
 - In these circumstances, the system will automatically associate the former ICN with the resubmitted claim



Corrective Action for Denied Claims

5. If your original claim was submitted on paper, then the **RESUBMIT** option will not be available to the provider
 - If no former ICN is needed on the resubmission, the provider could enter the claim through DDE as if it was an original claim
6. **Incorrectly Paid (over or under paid) - Follow the *Adjustment* Procedure:**
 - **Electronic claims** may be adjusted and resent electronically by replacing the original claim <http://www.mass.gov/eohhs/docs/masshealth/newmmis/jobaid-replace-a-claim.pdf>
7. **Paid in Error - Follow the *Void* Procedure:**
 - **Electronic claims** may be voided electronically <http://www.mass.gov/eohhs/docs/masshealth/newmmis/jobaid-edit-claims-void.pdf>

Final Deadline Exceeded Appeal Procedures



To Be eligible for Appeal*,

- Your claim must have been denied for error code 853 or 855 (Final Deadline Exceeded)
- The appeal must be filed within 30 days of the date that appears on the RA on which your claim first denied with error code 853 or 855
- You must demonstrate that the claim was denied or underpaid as a result of MassHealth error, and could not otherwise be timely resubmitted

The Final Deadline Appeal must be submitted electronically unless an electronic waiver has been approved

**Over 12 months (or 18 with COB) but under 36 months*

For more information on this process please visit

<http://www.mass.gov/eohhs/docs/masshealth/provider-services/final-deadline-appeal-faqs.pdf>



Remittance Advice



Remittance Advice (RA)

What is a Remittance Advice (RA)?

An RA is a report that provides claims processing status to providers indicating if the claim is paid, denied, or suspended.

- The RA is utilized by providers in order to reconcile your account with MassHealth
- The RA is available on the Provider Online Service Center for viewing, downloading, and printing for up to 6 months
- Providers can access their electronic, PDF, remittance advice on the POSC to view download and print
- The RA also provides message text and financial information.
- Reference the Remittance Advice Message Text for updates and information pertaining to claims processing, rate changes, and policy
- Message text can also be accessed through the MassHealth Provider Remittance Advice Message Text page
<https://www.mass.gov/masshealth-provider-remittance-advice-message-text>



Remittance Advice Messages

MassHealth Provider Remittance Advice Message Texts - July 2019

- 07/16/19 - Update for new HCPCS effective January 1, 2019
- 07/09/19 - Technical refresh TPT office hours – informational sessions
- 07/02/19 - Aging services access point (ASAP) referral Form will be replaced by the Member Connection Form (MCF)
- 07/02/19 - UPDATED MESSAGE – Member eligibility changes reminder – response logic update

Provider Message texts are also located on Mass.gov:

<https://www.mass.gov/masshealth-provider-remittance-advice-message-text>

MassHealth Provider Remittance Advice Message Text

Weekly Remittance Advice Message Text

The first page of the MassHealth remittance advice (RA) is used to send important messages to providers. These messages may contain billing, regulation, and reimbursement information, as well as other topics.

Be sure to share these messages with all applicable staff, because they may affect your business.

Note: The messages listed below are for the past six months.



Resources



Resources

- **MassHealth for Providers website:** <https://www.mass.gov/mashealth-for-providers>
 - **MMIS Job Aids website:** <https://www.mass.gov/service-details/job-aids-for-the-provider-online-service-center-posc>
 - Job aids available for providers
 - **Provider Online Service Center (POSC) Website:** www.mass.gov/mashealth/providerservicecenter
 - Online MassHealth Claim and Service Authorization submission
 - **MassHealth Customer Service 1-800-841-2900**
 - Or e-mail us at providersupport@mahealth.net
 - ****Provider Payment Rates: Community Health Care Providers (Ambulatory Care)** <https://www.mass.gov/lists/provider-payment-rates-community-health-care-providers-ambulatory-care>
 - **** Provider Payment Rates: Hospitals/Nursing Facilities and Rest Homes** <https://www.mass.gov/lists/provider-payment-rates-hospitalsnursing-facilities-and-rest-homes>
 - **Sign up for E-mail Alerts -** join-mashealth-provider-pubs@listserv.state.ma.us
- ** Rate link is for MassHealth payment amounts only - providers must follow guidelines for allowable codes and policy information in the applicable provider manual**



Provider Updates and Important Messages



Technical Refresh

<https://www.mass.gov/masshealth-technical-refresh>

Phase I of the Technical Refresh activities will be implemented in March, 2020. It will involve an upgrade of the HIPAA compliance and translator tool which has reached end of life

For more details, please refer to All Provider Bulletin 284 from March 2019 at <https://www.mass.gov/files/documents/2019/04/02/all-284.pdf>

Trading Partner Testing (TPT) will be conducted in mid-2019 and early 2020. To better understand what is required and how to complete the testing it is strongly recommended that impacted providers and vendors (BI, CH and SWVs) attend Trader Partner Testing Office Hour Info Sessions. See next slide for dates, times and links

If you have questions please contact the MassHealth Customer Service Center by email at EDI@mahealth.net, or by phone at 1-800-841-2900

Technical Refresh: Trader Partner Testing Office Hours Info Sessions



Please join a session by clicking the URL provided:

Date	Audience	URL
7/18/2019	Providers	https://cc.readytalk.com/r/phth3h1hvqy2&eom
7/25/2019	BI/CH/SWVs	https://cc.readytalk.com/r/ysnbzh8qn3yo&eom
8/1/2019	Providers	https://cc.readytalk.com/r/7jbkhzqldfqf&eom
8/8/2019	BI/CH/SWVs	https://cc.readytalk.com/r/xvhqsjljdg8w&eom
8/15/2019	Providers	https://cc.readytalk.com/r/yfwhprf6pabl&eom
8/22/19	BI/CH/SWVs	https://cc.readytalk.com/r/2ih4yof3v2gq&eom
8/29/19	Providers	https://cc.readytalk.com/r/py1dvwnrvwnl&eom
9/5/19	BI/CH/SWVs	https://cc.readytalk.com/r/ww5v6kyrfn7d&eom
9/12/19	Providers	https://cc.readytalk.com/r/lb0ffnejdx50&eom
9/10/19	BI/CH/SWVs	https://cc.readytalk.com/r/ej3nk1ohiagd&eom
9/19/19	Providers	https://cc.readytalk.com/r/6uvskruabjc2&eom



Important Reminder –EVSPC users

The EVSpc and EVScall software tools were terminated on September 1, 2015. Sending eligibility (270) and claim status (276) batch HIPAA files generated from EVSpc/EVScall should have ceased at that time.

Because of their four year obsolescence, these EVSpc and EVScall software tools **will not be compatible** when the agency implements Phase II of its Technical Refresh project this fall. Transactions will fail compliance. Providers must stop using the tool and transition to one of the following options immediately:

- Use DDE (Direct Data Entry) in the Provider Online Service Center (POSC)
- Hire a vendor to generate and send your 270 and receive 271 batch files
- Submit and receive 270/271 or 276/277 batch files in accordance with the MassHealth specifications
- Submit and receive a 270/271 or 276/277 batch files through the POSC or through a system-to-system connection

For questions or assistance, please contact the MassHealth Customer Service Center at 1-800-841-2900 or edi@mahealth.net.



Important message for Providers and Providers that utilize Billing Intermediaries

Please be reminded that all claims submitters (providers and billing intermediaries that submit claims on their behalf) must curtail excessive and duplicative claims transactions

- MassHealth provider regulations 130 CMR 450.307(B)(1) state that duplicate billing is an unacceptable billing practice that providers should not engage in
- If uncertain, providers should check claim status (276/277) via POSC **first** prior to submission of a second claim. MMIS adjudicates claims real time and claims status is available within at least two business days
- Medicare crossover claims for dually eligible members are automatically transmitted by the Medicare contractor (Benefits Coordination and Recovery Center (BCRC) to MassHealth when at least one claim line is Medicare approved. MassHealth receives and adjudicates Medicare crossover files in MMIS, the status of these claims can also be checked via POSC

To learn more about how to check claim status in POSC, please refer to <https://www.mass.gov/how-to/check-claim-status> for more information.



Ordering, Referring and Prescribing (ORP) Requirements

<https://www.mass.gov/the-aca-orp-requirements-for-masshealth-providers>

MassHealth continues to provide informational edits on claims to billing providers whose claims do not meet ORP requirements. Once requirements are fully implemented (date, TBA), impacted claims will be denied for these reasons if provider billing processes are not corrected:

- The NPI of the ORP provider must be included on the claim
- The ORP provider must be actively enrolled with MassHealth at least as a nonbilling provider
- The ORP provider must be one of the eligible ORP provider types

Remaining dates in July are:

- Wednesday, July 31st, 1:00 - 2:00 pm (Enrollment and Billing)
- Wednesday, July 31st, 2:00 - 2:30 pm (Enrollment Only)
- Wednesday, July 31st, 2:30 - 3:00 pm (*Billing Only*)

There are also 12 more sessions scheduled for August and September 2019.

Please enroll at www.masshealthtraining.com

For additional details, please refer to All Provider Bulletins 259 and 274.

<https://www.mass.gov/files/documents/2016/07/we/all-259.pdf>

<https://www.mass.gov/files/documents/2018/02/08/all-274.pdf>

If you have any questions, please contact the MassHealth Customer Service Center by e-mail at providersupport@mahealth.net, or by phone at 1-800-841-2900.

Changes to the Customer Web Portal (CWP)



<https://masshealth.ehs.state.ma.us/cwp/login.aspx>

Mass.gov

Search Mass.gov

LIVING WORKING LEARNING VISITING & EXPLORING YOUR GOVERNMENT

Home Submit PT-1 Search PT-1 Profile FAQ/Resources Form Ordering LOGOUT

Announcements

1. Three Day Notice
Please remind your patient to schedule transportation through regional transit authorities (RTAs) at least three business days in advance of the day of the transportation to the appointment.

2. Winter Weather notice
With the arrival of the New England winter weather, as a reminder to all members and providers, that weather related delays and cancellations of non-emergency transportation can occur due to travel conditions. Closures or any urgent notifications will be posted here.

3. Reminders/Notifications
The Bridgewell day rehabilitation program experienced flooding at their 162 Boston St, Lynn location and as a result, is temporarily closed. Members that are part of this program need to relocate to an alternate Bridgewell location at 10 Dearborn Rd, Peabody for services 02/01/2019

Recent Activity Pending Review

PT1	Member Name	Member ID	Treating Provider	Expiration Date	
					View
				4/25/2019	View

This is the new landing page for the CWP, effective June 1, 2019

The Customer Web Portal (CWP) is a tool used to request brokered nonemergency medical transportation, known as PT-1s. Changes to CWP user interface launched June 1, 2019. To understand these changes please attend an upcoming Changes to the CWP webinar:

- Wednesday, July 31st @ 2pm
- Tuesday, August 20th @ 1pm

Register here: www.masshealthtraining.com

If you have any questions, please contact the MassHealth Customer Service Center by e-mail at providersupport@mahealth.net, or phone at 1-800-841-2900



Updated Federally Required Disclosure Form for Entities

MassHealth has updated the Federally Required Disclosure Form for Entities (PE-FRD-E), effective as of June 12, 2019. Please use this new version when submitting new provider entity applications or entity updates

The direct link to download the PE-FRD-E is:

<https://www.mass.gov/files/documents/2019/06/12/pe-frd-e.pdf>

The old version of the FRDF will be accepted until **September 10, 2019**. Old entity FRDFs submitted after this date will be rejected

There are two significant process changes with this new FRDF:

- A separate form is now required for each service location / doing business as (DBA) address. If you have five locations, then you must send in five separate FRDFs
- You must make copies of each section if you have more entries than the page allows. MassHealth will no longer accept other attachments going forward

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



Questions?