



MassHealth Training Forum – Provider Services

October 2022

Executive Office of Health & Human Services

Agenda

- **Welcome and Agenda Review**
- **Behavioral Health Updates**
- **Updates To Developmental and Behavioral Health Screening Tools**
- **Office of Long-Term Services and Supports (OLTSS)**
- **Ordering Referring and Prescribing (ORP) Update**
- **MassHealth Robotics Processing Automation (RPA) Policy**
- **Pre-Admission Screening (PAS) Submission Reminder**
- **Gender Affirming Care Provider Self Identification Update**
- **Payment Error Rate Measurement (PERM) RY 23**
- **Medicaid and CHIP Managed Care Final Rule Updates**
- **Provider Education and Learning Management System (for non-LTSS providers)**
- **MassHealth Updates**
 - **POSC Accommodation/Language Updates**
 - **POSC Subordinate ID Panel Modifications for Primary Users**
 - **ORP Revalidation**
 - **Address Updates**
 - **Extension of Postpartum Coverage**
 - **MassHealth Bulletins (July 2022 – September 2022)**

Behavioral Health Solo Practitioner Coverage

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

Background – Behavioral Health Roadmap



Structural challenges in **access** to mental health and addiction treatment remain, even after recent improvements made through legislation, policy reforms, and substantial public investment.

The Commonwealth’s **Roadmap for Behavioral Health Reform** addresses these structural challenges through critical behavioral health system reforms through:

- A “front door” for people to get connected to the right treatment in real time by way of the “Help Line” which will be launching in early 2023
- **Readily available outpatient evaluation and treatment (including in primary care)**
- Convenient community-based alternatives to the emergency department for urgent behavioral health services and crisis intervention services
- Expanded inpatient psychiatric bed capacity to meet needs exacerbated by COVID-19
- Advancing health equity to meet the diverse needs of individuals and families, particularly from historically marginalized communities
- Encouraging more providers to accept insurance by reducing administrative and payment barriers
- **Broadening insurance coverage for behavioral health**
- Implementing targeted interventions to strengthen workforce diversity and competency

Solo Practitioners in Behavioral Health

MassHealth aims to strengthen behavioral health provider networks and expand behavioral health service coverage, including for independent psychologists and Licensed Independent Clinical Social Workers (LICSWs)

Current State - Psychologists

- Independent psychologists may currently enroll as MassHealth fee-For-Service providers under Provider Type 5
- Independent psychologists may provide psychological testing services for MassHealth FFS members
- Independent psychologist can enroll as QMB only providers
- Additionally, psychologists may separately contract as part of a MassHealth MCE provider network

Current State – LICSWs

- In 2018, LICSWs were required to enroll with MassHealth as Ordering, Referring, and Prescribing (ORP) providers to gain or maintain licensure
- LICSWs are not currently able to enroll as fully participating providers in FFS
- LICSWs can enroll as QMB only providers
- Additionally, solo practitioner LICSWs may separately contract as part of a MassHealth MCE provider network

Expanded Coverage for BH Services

- Effective Jan. 1, 2023, proposed regulations would:
- Expand covered services to include billable services provided by Licensed Clinical Social Workers (LICSW) (i.e., can now enroll as fully participating FFS providers)
- Allow independent psychologists and LICSWs to bill MassHealth for the diagnostic and treatment services, including:
 - Diagnostic services
 - Individual therapy,
 - Family psychotherapy
 - Group therapy
 - Case consultation
 - Collateral contact
- Independent psychologists may continue to provide psychological assessment, including intelligence, neuropsychological, and personality assessments for MassHealth FFS members

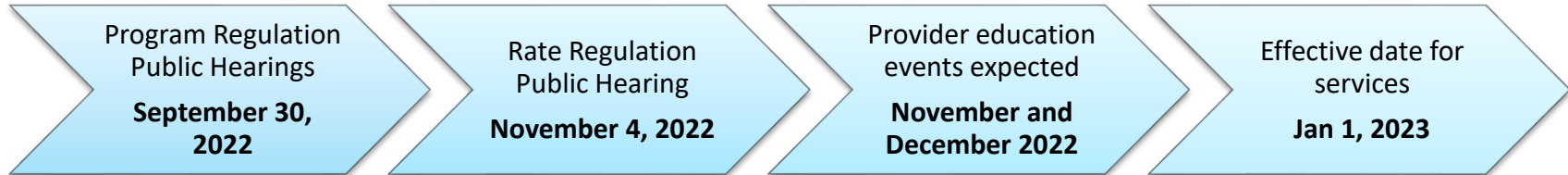
FFS coverage expansion will include the MassHealth and Medicare dually eligible population.

Provider Eligibility

Providers should only enroll as MassHealth solo practitioners if they intend to provide services independently or as part of a group practice to MassHealth members. Providers will still be able to provide services through other provider entities but should not enroll as a solo practitioner for services provided through another entity.

Provider Type	In State Requirements	Out of State Requirements
LISCW	<ul style="list-style-type: none"> • Be licensed to practice and engage in the independent practice of clinical social work by the Massachusetts Board of Registration of Social Workers • Be a Medicare provider 	<ul style="list-style-type: none"> • Licensed to practice at the independent level by his or her state's appropriate board of registration • Be a Medicare provider • Out-of-state independent clinical social work services are covered only as provided in 130 CMR 450.109: Out-of-State Services
Psychologists	<ul style="list-style-type: none"> • Be licensed to practice by the Massachusetts Board of Registration of Psychologists, with a specialization listed in clinical or counseling psychology, neuropsychology, or a closely related specialty • Be a Medicare provider 	<ul style="list-style-type: none"> • Be licensed to practice by his or her state's appropriate board of registration • Be a Medicare provider • Out-of-state psychological services are covered only as provided in 130 CMR 450.109: Out-of-State Services

Timeline and Resources



Current MassHealth Psychologist Manual

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

Notice of Public Hearing and draft programmatic and rate regulations available online:

<https://www.mass.gov/service-details/executive-office-of-health-and-human-services-public-hearings>

Provider Support

Phone: (800) 841-2900; TTY: (800) 497-4648

Email: providersupport@mahealth.net

Fax: (617) 988-8974

Updates to Development and Behavioral Health Screening Tools and Codes in Pediatric Primary Care

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

Background

- MassHealth requires providers to offer screenings for members under the age of 21
- Additionally, the regulations stipulate that providers must provide or refer members to assessment, diagnosis, and treatment services, as needed
- Providers must offer to screen such members during each well child visit and, as needed, during other nonroutine visits
 - This applies to in-person or telehealth visits

Beginning January 1, 2023

- Effective 1/1/2023 MassHealth will:
 - Discontinue the listing of specific behavioral health tools within Appendix W of the MassHealth provider manual and instead reference Instruments for Recommended Universal Screening at Specific Bright Futures Visits (Bright Futures Toolkit), published by the American Academy of Pediatrics (AAP)
 - Require providers to use distinct codes for developmental and behavioral health screening by introducing a new service code (96127) for behavioral health screening, to be paid at the same rate as 96110 and
 - Provide additional payment for recommended Autism screening at the 18 and 24 months well child visits

Resources for Providers and Caregivers



- The Massachusetts Bureau of Family Health and Nutrition provides resources on its website at www.mass.gov/service-details/postpartum-depression-resources-for-healthcare-providers
- MCPAP for Moms (www.mcpapformoms.org/) provides real-time, perinatal psychiatric consultation and care coordination for obstetric, pediatric, primary care, and psychiatric providers to help identify and manage depression and other mental-health concerns during and after pregnancy and
- Postpartum Support International (www.psi.org) provides a “warm” helpline for those experiencing perinatal depression

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

Outline



- I. LTSS Program Updates—focus on Home-based Fee-for-service (FFS)
- II. Fall Prevention Awareness Week
- III. Provider Communications
 - I. Emails
 - II. Bulletins

Program Updates- Durable Medical Equipment, Oxygen, Orthotics & Prosthetics updates (DMEPOS)



- 101 CMR 322.00: Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment effective 7/1/22
- Electronic Signature Policy effective 8/1/22
- The Repair of Retired Serviceable Power Wheelchairs Policy effective 7/1/22
- Ongoing Supply Chain & Product Recalls issues:
 - Continue to work with stakeholders on enteral shortages and trach tube supplies

Program Updates— Home Health



- Home Health Agency program regulations 130 CMR 403.00 went live on July 1, 2022
 - Notable regulations amended:
 - Prior Authorization thresholds for home health services from 90 days to calendar year. Threshold will reset every January 1
 - Expanded providers qualified to order home health services per the CARES Act
 - Expanded the home health aide benefit to include members who require at least 2 ADL Supports. Prior to this change the home health aide benefit was only applicable to members with a nursing or therapy need
- Home Health Service Rates
 - American Rescue Plan Act Rates for home health services continued. MassHealth will continue these rates until June 23, 2023 when MassHealth can complete the home health rate analysis
 - Enough Pay To Stay FY22 rate add-on ended June 30, 2022, Enough Pay to Stay for FY23 set to begin July 1, 2022, and will be eligible through June 30, 2023 (MassHealth currently working on implementing this with retro rate adjustment)

Program Updates- Continuous Skilled Nursing



- CSN Agency program regulations 130 CMR 438.00
 - Published January 1, 2022. Notable regulations amended:
 - Moved continuous skilled nursing services to a standalone regulation
 - Expanded providers qualified to order home health services per the CARES Act
 - CSN Regulations currently being amended to remove prohibition on CSN Provided to be provided by certain caregivers
- MassHealth is working on several initiatives related to CSN Services such as the development of CCM Nurse Directory and Comprehensive Case Management
- CSN Rates
 - MassHealth implemented a 20% rate increase to CSN Services starting January 1, 2022
 - MassHealth temporarily is permitting agencies access to CSN Overtime
 - American Rescue Plan Act Rates for CSN services continued. MassHealth will make these rates permanent

Program Updates- Independent Nurse Program



- Independent Nurse Program regulations 130 CMR 414.00
 - IN Regulations currently being amended to remove prohibition on CSN Provided to be provided by certain caregivers
- MassHealth is working on several initiatives related to CSN Services such as the development of CCM Nurse Directory and oversight initiatives for the IN program
- CSN Rates
 - MassHealth implemented a 20% rate increase to CSN Services starting January 1, 2022
 - American Rescue Plan Act Rates for CSN services continued. MassHealth will make these rates permanent

Program Updates- Hospice

- Hospice Program Regulations 130 CMR 437.00
 - Going through 2nd executive review and anticipated to be effective in December 2022
- Hospice Portal implemented in September 2021 for hospice providers to electronically submit elections for members
- MassHealth and EOEI hosting joint training for coordination between hospice providers and ASAPs. Training scheduled for October 6th

Program Updates- Outpatient Therapies



- Therapy Program Regulations 130 CMR 432.00
 - Published November 26, 2021. Notable regulations amended:
 - allows Licensed Assistance to be able to render therapy services under the supervision of qualified therapist
- Therapy Subchapter 6, Rehabilitation Center Subchapter 6, and Speech and Hearing Center Subchapter 6
 - Published with an effective date of August 1, 2021. November 26, 2021 amended
- Rates for Restorative Services Regulations 101 CMR 339.00
 - Published with an effective date of April 1, 2022
- Program working on the development of a long-term policy to allow certain outpatient therapy services through telehealth

4th annual step challenge!



**Falls Prevention Awareness Week
September 18, 2022 – September 24, 2022**

“strengthening community connections in falls prevention”

More than one-fourth of Americans age 65+ falls each year. The majority (60%) of falls happen in the home, 30% in a public setting, and 10% in a health care center. Falls can greatly impact the quality of life and cause limitations in everyday activities & social engagements for older adults.

Members of OLTS joined EOE (Executive Office of Elder Affairs) in a steps challenge to raise awareness

**OLTSS
“in the
community”**

LTSS Provider Communications – Emails (slide 1 of 3)



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 – Emails (slide 2 of 3)

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

- Notification to Durable Medical Equipment providers regarding requesting repairs to a member's serviceable retired power wheelchair
- Notification to Nursing Facilities and Chronic Disease and Rehabilitation Inpatient Hospitals regarding claim error code 570
- Notification to Personal Care Management Agencies regarding an update to their training resources on the LTSS Provider Portal
- Notification to Adult Foster Care, Adult Day Health, and Group Adult Foster Care providers regarding the date span billing issue

LTSS Provider Communications – Emails (slide 3 of 3)

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

- Notification to Adult Day Health providers regarding ADH Bulletin 34: Wheelchair Transportation Prior Authorization
- Notification to Home Health Agency providers regarding Office Hours for Regulation 130 CMR 403.00
- Notification to Home Health Agency providers regarding process to verify home health services units used

LTSS Provider Communications – Bulletins (slide 1 of 7)

Recent Provider bulletins published for MassHealth LTSS Providers:

- May 2022:
 - Long-Term Care Facility Bulletin 117: Annual Review of Personal Needs Allowance Account
 - All Provider Bulletin 343: MassHealth and Health Safety Net Coverage of Formula, including Temporary Modification of Prior Authorization Requirements
 - All Provider Bulletin 344: Update Concerning Coverage of Payment for the Administration of (1) Remdesivir in an Outpatient Setting (2) COVID-19 Vaccines; and (3) Rapid Antigen Testing for COVID-19 for MassHealth Limited Members
- June 2022:
 - All Provider Bulletin 345: Robotics Processing Automation (RPA) Policy

LTSS Provider Communications – Bulletins (slide 2 of 7)



Recent Provider bulletins published for MassHealth LTSS Providers:

- July 2022:
 - Prosthetic Provider Bulletin 12: E-Signature Policy for DME, OXY, PRT, and ORT MassHealth Medical Necessity Review Forms
 - Oxygen and Respiratory Therapy Provider Bulletin 25: E-Signature Policy for DME, OXY, PRT, and ORT MassHealth Medical Necessity Review Forms
 - Orthotic Provider Bulletin 8: E-Signature Policy for DME, OXY, PRT, and ORT MassHealth Medical Necessity Review Forms
 - Home Health Agency Bulletin 77: Updates for CSN Overtime Policy effective July 1, 2022

LTSS Provider Communications – Bulletins (slide 3 of 7)

Recent Provider bulletins published for MassHealth LTSS Providers:

- July 2022:
 - Durable Medical Equipment Provider Bulletin 31: E-Signature Policy for DME, OXY, PRT, and ORT MassHealth Medical Necessity Review Forms
 - Continuous Skilled Nursing Agency Bulletin 7: Updates to CSN Overtime Policy effective July 1, 2022
 - Adult Foster Care Bulletin 24: Group Adult Foster Care Provider Fiscal Soundness Requirement

LTSS Provider Communications – Bulletins (slide 4 of 7)



Recent Provider bulletins published for MassHealth LTSS Providers:

- July 2022:
 - Adult Foster Care Bulletin 25: MassHealth Accreditation Requirements for Newly Enrolled Adult Foster Care and Group Adult Foster Care Providers and Existing GAFC Providers
 - Adult Day Health Bulletin 34: Adult Day Health (ADH) Wheelchair Transportation Prior Authorization

LTSS Provider Communications – Bulletins (slide 5 of 7)

Recent Provider bulletins published for MassHealth LTSS Providers:

- August 2022:
 - All Provider Bulletin 346: Coverage and Reimbursement Policy for Coronavirus Disease 2019 (COVID-19) Vaccines, including Pediatric Vaccines and Vaccine Boosters
 - All Provider Bulletin 347: Changes to Prescription Drug Days' Supply Limitations, Effective September 19, 2022
 - All Provider Bulletin 348: Updates to Developmental and Behavioral Health Screening Tools and Codes in Pediatric Primary Care

LTSS Provider Communications – Bulletins (slide 6 of 7)

Recent Provider bulletins published for MassHealth LTSS Providers:

- August 2022:
 - All Provider Bulletin 349: Coverage and Reimbursement Policy for Bebtelovimab
 - All Provider Bulletin 350: Developmentally Appropriate Behavioral Health Diagnosis and Assessment for MassHealth Members Birth through Five Years
 - All Provider Bulletin 351: Extension of Flexibilities for Prior Authorization of Formula

LTSS Provider Communications – Bulletins (slide 7 of 7)



Upcoming Training or Quality Forums for MassHealth LTSS Providers:

- Trainings:
 - Nursing Facility SUD Training – 10/24
 - Day Hab Regulation Training – 11/1 & 11/2
 - Day Hab ISS PA Post-Implementation Training – 11/9
 - AFC PA Portal Refresher Training – 11/10
 - AFC Regulation Training – 11/17 & 11/22
 - General Education Training – 1/9/23
 - Continuous Skilled Nursing Training – 1/9/23
- Quality Forums:
 - Durable Medical Equipment and Oxygen and Respirator Therapy Equipment Operation Activity Reporting – 12/7
 - Orthotics and Prosthetics Operation Activity Reporting – TBD for March 2023

Ordering Referring and Prescribing

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

Ordering, Referring & Prescribing (ORP) Requirements



ACA Section 6401 (b)

- States must require:
 - All ordering or referring physicians and other professionals be enrolled under the State [Medicaid] Plan...as a participating provider; and
 - The NPI of any ordering or referring physician or other professional...be specified on any claim for payment that is based on an order or referral of the physician or other professional
- State law requires that authorized ordering/referring/prescribing provider types must apply to enroll with MassHealth at least as a nonbilling provider in order to obtain and maintain state licensure, regardless of practice location (private practice, hospital, CHC, CMHC, etc.) The legislation applies to physician interns and residents but not other types of interns and residents

ORP Requirements



The services below must be ordered, referred or prescribed. MassHealth is applying O&R requirements to fee for service, crossover (where Medicare requires O&R), and third-party liability claims, but not to claims submitted to MassHealth contracted managed care entities.

- Any service that requires a PCC referral
- Adult Day Health
- Adult Foster Care
- 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 Enrollment



Status as of October 4, 2022

*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	33,099	36,938	112%
Optometrist	1,385	1,196	86%
Psychologist	5,800	4,839	83%
Podiatrist	478	427	89%
Nurse Midwife	510	481	94%
Dentist	6,848	5,453	80%
Nurse Practitioner (NP)	12,746	11,216	88%
Physician Assistant (PA)	5,403	5,121	95%
Certified Registered Nurse Anesthetists (CRNA)	1,247	1,453	117%
Clinical Nurse Specialist (CNS)	72	37	51%
Psychiatric Nurse Mental Health Specialist (PCNS)	530	404	76%
Pharmacist	132	106	80%
Licensed Independent Clinical Social Worker (LICSW)	15,845	13,037	82%
Total	84,095	80,708	96%

- 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
- Due to the pandemic, MassHealth paused the enforcement of ORP requirements that were being implemented based on the schedule in APB 286
- On a future date (TBD) impacted claims will not be payable if they do not meet ORP requirements. Providers will be notified in advance of this date

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

- **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

Robotics Processing Automation (RPA) Updates

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

MassHealth Robotics Processing Automation (RPA) Policy



Effective July 1, 2022, MassHealth requires MassHealth providers, relationship entities, and business partners (hereafter referred to as “organizations”) that use Robotics Processing Automation (RPA) tools (aka bots) on MassHealth’s Medicaid Management Information System (MMIS) Provider Online Service Center (POSC) or intend to use RPA tools/bots in the future to register any/all bots with MassHealth by submitting a registration request for approval.

Effective September 30, 2022, MassHealth no longer accepts Grandfathered Entity registration requests from organizations that were using bot) on the POSC prior to July 1, 2022. These organizations will no longer be grandfathered into the policy.

If your organization is currently using a bot that was implemented prior to July 1st and have not submitted a Grandfathered Entities registration request, you are out of compliance with MassHealth’s RPA policy and subject to enforcement. You must contact MassHealth immediately to initiate a standard registration request.

Please visit [MassHealth Robotics Processing Automation \(RPA\) Policy](#) webpage to review MassHealth’s RPA policy and learn how to submit a RPA registration request for MassHealth approval.

Monitoring, Enforcement, and Compliance



MassHealth will monitor the status of all RPA registration requests and each organization's adherence to the RPA policy. Any organization that uses a bot that has not been approved by MassHealth will be subject to the following:

- Outreach and validation
- Remediation of the violation (opportunity to cure)
- If compliance is not achieved within mutually agreed upon timeframes, the organization will be subject to:
 - Suspension or termination of the bot User ID
 - Prohibition from performing functions on the POSC
 - Organization-wide ban on ability to use RPA tools on the POSC
 - Other penalties or remedial actions as determined by MassHealth after outreach to the organization

Using a bot on the POSC is a convenience to organizations. Any organization that violates the MassHealth RPA Policy may have its access to submit transactions via the POSC using RPA technology revoked.

Please review [RPA Policy](#) to view the full scope of the monitoring, enforcement, and compliance requirements.

If you have questions regarding the RPA Policy please contact MassHealth at functional.coordination@mass.gov

Pre-Admission Screening (PAS) Submission Reminder

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 and Tips

How to register for POSC

- For more information about the POSC or to register as a user, see [Register as a MassHealth provider on the Provider Online Service Center \(POSC\) | Mass.gov](#)
- Once the primary user is registered, they will need to:
 - Create subordinate IDs for all other users within your organization
 - Authorize access for additional users in your organization, as well as business partners such as billing agencies
- In all other respects, the admitting provider shall submit requests for admission screening in accordance with 130 CMR 450.208(A)

POSC tips for FASTEST processing of PAS 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.

PAS Waiver

Waiver request

- MassHealth providers may apply for an exception to the mandatory electronic submission policy. A waiver process allows providers who meet certain criteria to continue to submit paper PAS for an approved period, see [Preadmission Screening \(PAS\) Waiver Request for Acute Inpatient Hospitals for Waiver requirements](#)

Questions

- If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail your inquiry to providersupport@mahealth.net

Gender-Affirming Care Provider Self-Identification

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

Gender-Affirming Care Background



In November 2021, MassHealth launched its Gender-Affirming Care for MassHealth Members web page, providing information and resources about MassHealth coverage for gender-affirming care and other resources about health care for transgender and gender-diverse members.

MassHealth is collecting information from MassHealth providers who want to voluntarily self-identify as providers of gender-affirming services. The purpose of this effort is to help members find MassHealth providers who offer gender-affirming care services.

Using this self-reported information, MassHealth intends to post an informal directory of MassHealth gender-affirming care providers on the publicly available gender-affirming-care web page (<https://www.mass.gov/gender-affirming-care-for-masshealth-members>), toward the end of this calendar year.

Gender-Affirming Care Provider Self-Identification Form and Listing



- If you are an active MassHealth provider who provides gender-affirming care and would like to self-identify as such, please fill out the form at <https://www.mass.gov/forms/gender-affirming-care-provider-self-identification>. While you may fill out the form at any time, it would be helpful if you can do so **by November 15, 2022**.
- If you are a MassHealth provider who had previously self-identified as a MassHealth provider of gender-affirming care, but would like to be removed from this gender-affirming care provider listing before the initial posting, please email physicianservices@mass.gov with the subject line “gender-affirming care provider form removal,” by **November 15, 2022**.
- Providers who wish to update their information or be removed from the gender-affirming care provider directory may also email MassHealth at physicianservices@mass.gov at any time once the provider directory has been posted.
- Please note that this information is self-reported only. MassHealth reserves the right to verify any submitted information, but assumes no obligation to do so. Any provider completing this form must report to MassHealth any changes to their status as a self-reported provider of specified gender-affirming care (e.g., change of address, new services offered, etc.).

For More Information

Additional Notes:

- [All Provider Bulletin 324](#) outlines service updates that were effective September 1, 2021.
- For more information about gender-affirming surgeries and hair removal as a treatment for gender dysphoria, see MassHealth's Guidelines for Medical Necessity Determination for Gender-Affirming Surgery and Guidelines for Medical Necessity Determination for Hair Removal, found at [MassHealth Guidelines for Medical Necessity Determination | Mass.gov](#).
- If you have questions about this form, email physicianservices@mass.gov with the subject line, "gender-affirming care provider form."

Payment Error Rate Measurement (PERM) RY 2023

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

PERM RY 2023



MassHealth is part of the CMS PERM audit for RY 2023. The PERM audit measures improper payments in Medicaid and CHIP and produces improper payment rates for each program

The review will consist of claims data for the time period of July 1, 2021 - June 30, 2022

Contractors:

- The Lewin Group is the Statistical Contractor (SC)
- NCI Information Systems Inc. is the Review Contractor (RC)

Medical Records Requests

- Providers will receive a request letter from the RC (NCI) and will have **75 calendar days** from the date of the request letter to submit the record
- Providers may send documentation by fax, by mail or if using a Health Information Handler (HIH), by CMS' electronic submission of medical documentation (esMD) system
- Reminder calls and letters are made after 30, 45, and 60 days (unless received)
- Non-response letters are sent on day 75 via registered mail

Medical Records Requests - Incomplete, Missing or Illegible Information

- If submitted documentation is incomplete, the RC sends an additional documentation request (ADR) letter giving the provider **14 days** to submit additional documentation
 - A reminder call is made, and a letter is sent if pending after 7 days
- If the RC receives records of poor quality or with other issues, the RC sends a Resubmission Letter detailing the issue and asking the provider to resubmit the information
- As of September, 771 records were received from a sample size of 834
 - 84 errors have been found
 - A number of responses have been that the member was not seen on the sampled DOS

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

Medicaid and CHIP Managed Care Final Rule Updates

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

Managed Care Final Rule Requirements



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

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

Managed Care Final Rule Process

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

Provider Education and The Provider Learning Management System (for non-LTSS providers)

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

Provider Education LMS



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

The Provider LMS delivers:

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



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

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

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

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

Training Courses

Provider Online Service Center (POSC) webinar training sessions:

- September trainings included:
 - Coordination Of Benefits Professional Claims Submission
- The next training is expected in November
 - Accessibility Accommodations on the POSC
 - Provider File Updates Including Revalidation on the POSC
 - Announcement and registration link will be released by email

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)
- Eligibility 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 .

MassHealth Updates

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

POSC Accommodation and Language Updates



A new function has been added to the Provider Online Service Center (POSC). This function allows provider ID service locations (PIDSLs) to 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 future, including information sessions and instructions on how to complete these updates.

POSC Subordinate ID Panel Modifications for Primary Users

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

POSC Subordinate ID Panel Modifications



Effective December 11th 2022 modifications will be implemented which effect Primary Users when utilizing the Manage Subordinate Accounts function on the Provider Online Service Center (POSC).

The three changes are:

1. A warning message will appear when a Primary User attempts to remove the access of another user
 - The Primary User will need to confirm if they want to delete the user.
2. A 'Return to Search' button will appear as an option when adding, updating, or linking a Subordinate account
 - This will allow the Primary User to return to the previous panel without having to clear all the imputed information, as when selecting the 'Cancel Service' button
3. New error messages will be displayed when errors are encountered in the Add New Subordinate panel
 - The error messages will provide more details regarding the error

Effective March 2023



Effective March 2023 across all POSC panels for fields containing a person's first and last name, updated special character validation will be implemented to prevent the entry of invalid characters.

Additionally, only the following will be allowed in these fields:

- First name
 - Uppercase alpha letters (A-Z)
 - Lowercase alpha letters (a-z)
 - Dash/hyphen (-)
 - Apostrophe (')
 - Spaces ()
- Middle initial
 - Uppercase alpha letters (A-Z)
 - Lowercase alpha letters (a-z)
- Last name
 - Uppercase alpha letters (A-Z)
 - Lowercase alpha letters (a-z)
 - Period (.)
 - Dash/hyphen (-)
 - Apostrophe (')
 - Spaces ()

Revalidation : ORP 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 implementation of this requirement in March 2014.

MassHealth will begin revalidation for ORP providers in 2023.

- MassHealth will select providers each month for revalidation by date of enrollment or last revalidation date
- Providers will be required to submit the **Revalidation Attestation and Disclosures Form** to complete their revalidation
- 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 – ORP Providers (continued)



A revalidation launch letter will be sent to provider's DBA and/or address of their confirmed credentialing contact to let them know it is time to revalidate and provide additional instructions on the date of launch

- Providers will have 45 days from the date of the revalidation letter to complete the revalidation process
 - If no documents have been sent, the provider will receive an initial Sanction Notice notifying them of impending termination should no documents be submitted
 - A second sanction notice will also be mailed to the provider if no documents are submitted 15 days later from the initial sanction notice
- For more information, visit the [MassHealth Provider Revalidation Page](#) on Mass.gov, or contact MassHealth Provider Enrollment & Credentialing at revalidation@mahealth.net

BSS Address Update

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

Important



The P.O. Boxes for Provider Enrollment and Credentialing (PEC), and Non-Emergency Transportation Authorization (NETA) have changed

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

- Provider Enrollment & Credentialing
PO Box 278
Quincy MA 02171-0278
Fax: 617-988-8974
- Transportation (NETA)
PO Box 187
Quincy MA 02171-0187

Email Update

Provider Enrollment and Credentialing will no longer be accepting documents via email.

This is due to privacy concerns with the receiving of PI/PHI in an unsecure manner.

Please be sure to submit documents via mail to the PO Boxes on the prior page. PEC documents may also be sent by fax to 617-988-8974.

Extension of Postpartum Coverage for Eligible Individuals

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

Extension of Postpartum Coverage for Eligible Individuals



- The American Rescue Plan Act (ARPA) of 2021 gives states the option to extend Medicaid and Children’s Health Insurance Program (CHIP) postpartum coverage from 60 days to 12 months post-pregnancy
- Effective April 1, 2022, MassHealth extended coverage of the postpartum period to 12 months with an extension to the end of the month in which the 12-month period ends for eligible individuals. Individuals will be renewed after the 12-month postpartum period and notification of new eligibility status will be sent to the household
- [Eligibility Operations Memo 22-12](#) dated September 2022 provides additional background and eligibility information
- Reminder: Regulations require providers to check eligibility before providing services to the member
 - The [Eligibility Verification System](#) is available through the Provider Online Service Center (POSC). EVS provides easy access to current and complete member eligibility information on the date services are provided or within a specific date range. EVS is available 24 hours a day, seven days a week. To learn how to check member eligibility through EVS see [Job Aid: Verify Member Eligibility](#)

MassHealth Bulletins (July 2022 – September 2022)

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

All Provider Bulletins



- [All Provider Bulletin 346](#) Coverage and Reimbursement Policy for COVID-19 Vaccines, including Pediatric Vaccines, and Vaccine Boosters
- [All Provider Bulletin 347](#) Changes to Prescription Drug Days' Supply Limitations, Effective September 19, 2022
- [All Provider Bulletin 348](#) Updates to Developmental and Behavioral Health Screening Tools and Codes in Pediatric Primary Care
- [All Provider Bulletin 349](#) Coverage and Reimbursement Policy for Bebtelovimab
- [All Provider Bulletin 350](#) Developmentally Appropriate Behavioral Health Diagnosis and Assessment for MassHealth Member Birth Through Five Years

All Provider Bulletins (continued)



- [All Provider Bulletin 351](#) Extension of Flexibilities for Prior Authorization of Formula
- [All Provider Bulletin 352](#) Requirements of Reporting and Returning of Overpayments
- [All Provider Bulletin 353](#) Coverage and Reimbursement Policy for Vaccines and Testing for Monkeypox
- [All Provider Bulletin 354](#) Coverage and Reimbursement Policy for COVID-19 Bivalent Vaccine Boosters