MassHealth Training Forum
Provider Updates

Executive Office of Health & Human Services

July 2020

Agenda

1. **Welcome and Agenda Review** – Provider Relations Team, MassHealth Customer Service Center

2. **COVID-19 Updates** – Provider Relations Team, MassHealth Customer Service Center
   - **Telehealth**
   - **Remote Patient Monitoring (RPM)**
   - **SNAP/WIC**
   - **Limited Members**
   - **Early Intervention**

3. **Office of Long Term Services and Supports (OLTSS)** – Susan Ciccariello, Director of the LTSS Continuum and Institutional Programs

4. **Cost Sharing**

5. **Ordering, Referring and Prescribing Requirements** – Provider Relations Team, MassHealth Customer Service Center

6. **CMS Flexibility Update** – Provider Relations Team, MassHealth Customer Service Center

7. **Updates** – Provider Relations Team, MassHealth Customer Service Center
   - MassHealth Bulletins (April-July)
   - 270/271
   - Appendix Y

COVID-19 Updates: Telehealth

Telehealth

To mitigate the spread of COVID-19, MassHealth is committed to enabling members to remain in their homes to reduce exposure and transmission, to the extent possible, and to preserve health system capacity for the duration of this public health emergency. Refer to All Provider Bulletin 289 and All Provider Bulletin 291

- MassHealth will permit qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (including telephone and/or live video) in accordance with the standards set forth in Appendix A of All Provider Bulletin 291

- MassHealth is not imposing specific requirements for technologies used to deliver services via telehealth and will allow reimbursement for MassHealth covered services delivered through telehealth so long as such services are medically necessary and clinically appropriate and comport with the guidelines set forth in All Provider Bulletin 289

- Providers are encouraged to use appropriate technologies to communicate with individuals and should, to the extent feasible, ensure the same rights to confidentiality and security as provided in face-to-face services. Providers must inform members of any relevant privacy considerations

- A provider may prescribe medications via telehealth as otherwise described in All Provider Bulletin 289

Telehealth

- Rates of payment for services delivered via telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations

- MassHealth will also reimburse physicians (including midlevel practitioners under the direction of a physician in accordance with 130 CMR 433), acute outpatient hospitals (AOHs), community health centers (CHCs), outpatient behavioral health providers, and early intervention providers for clinically appropriate, medically necessary telephone evaluations

- Notwithstanding the statement to the contrary in Appendix A to All Provider Bulletin 291, an eligible distant site provider rendering covered services via telehealth in accordance with All Provider Bulletin 289 may bill MassHealth a facility fee if such a fee is permitted under such provider's governing regulations or contracts

- Existing performance specifications for Children's Behavioral Health Initiative (CBHI) services allow for the telephonic delivery of services, other than for initial assessments. Notwithstanding any requirements that initial assessments be conducted in person, where appropriate, services for new clients may be initiated via telephonic means. CBHI providers should use the regular CBHI codes when billing for CBHI services delivered telephonically

- MassHealth will be the payer of last resort

Telehealth

Does the guidance expanding telehealth apply to all providers?

Yes, ALL MassHealth providers may deliver any MassHealth covered service via telehealth if they determine it is medically necessary and clinically appropriate to deliver this service via telehealth (including live video or telephone). Among other providers, this includes dentistry, nutrition appointments with registered dietitians, physical therapy, specialist appointments, and behavioral health care (including Opioid Treatment Programs). This guidance also applies to LTSS providers that offer in-person and home-based services when appropriate.

- Providers must include Place of Service (POS) Code 02 when submitting a claim for services delivered via telehealth. ***Do not add any other insurer's designated telehealth modifiers***

- **Community Health Center (CHC) provider example:**
  For services rendered remotely by telephone or video that would typically have been conducted in-person and billed as a T1015 code, CHCs may continue to bill the T1015 with Place of Service 02 and ***no telehealth modifier***. Payment rate would be the same

Providers are reminded to refer to All Provider Bulletins 289 and 291 including **Appendix A: Guidelines for Use of Telehealth to Deliver Covered Services to ensure all guidance is being followed.**

Telehealth - Telephone Evaluation Codes

Physicians (*including mid-level practitioners under the direction of a physician in accordance with 130 CMR 433) acute outpatient hospitals, community health centers, outpatient behavioral health providers, and early intervention providers for clinically appropriate, medically necessary telephone evaluations for the codes listed in the table below.

Eligible Billing Provider Types	Billable Codes	Date of Service/Billing effective date	Place of service
Physician ***Physician Assistant** ***Certified Registered Nurse Anesthetist (CRNA)** ***Psychiatric Clinical Nurse Specialist (PCNS)** ***Clinical Nurse Specialist (CNS)** ***Nurse Practitioner (NP)** ***Nurse Midwife (NMW)** **Acute Outpatient Hospital** **Community Health Center** **Outpatient Behavioral Health Provider** **Early Intervention Provider**	CPT codes for physicians: • 99441 • 99442 • 99443 CPT codes for qualified non-physicians: • 98966 • 98967 • 98968	Providers will be able to bill MassHealth for these services delivered via telehealth beginning April 1, 2020, for dates of service beginning March 12, 2020	Providers must include Place of Service Code 02 when submitting a claim for services delivered via telehealth

MassHealth will issue transmittal letters that formally add these codes to the relevant provider manuals. Payment rates for these codes can be found at 101 CMR 317: Medicine.

Early Intervention Providers can refer to Transmittal Letter EIP-21

COVID-19 Updates: Remote Patient Monitoring (RPM)

Remote Patient Monitoring (RPM)

- MassHealth is adding to the MassHealth Physician, Community Health Center, and Acute Outpatient Hospital program manuals coverage of a code for COVID-19 remote patient monitoring (COVID-19 RPM) bundled services to facilitate home- or residence-based monitoring of members with confirmed or suspected COVID-19 who do not require emergency department or hospital level of care but require continued close monitoring

- The COVID-19 RPM bundle includes all medically necessary evaluation and management (E&M) services required to facilitate seven days of close, in-home, monitoring of members with confirmed or suspected COVID-19

- Providers rendering COVID-19 RPM bundled services must comply in all respects with All Provider Bulletin 294: MassHealth Coverage Flexibilities for Services Related to Coronavirus Disease 2019 and other applicable laws, regulations, subregulatory guidance, and contracts

- Providers may render COVID-19 RPM bundled services to all MassHealth members, regardless of their coverage type. Additionally, the Health Safety Net will pay for COVID-19 RPM bundled services provided by acute hospitals and community health centers

Remote Patient Monitoring (RPM) (cont.)

The following provider types may render COVID-19 RPM bundled services:

- Physician (provider type (PT 01)
- Community Health Centers (PT 20)
- Acute Outpatient Hospitals (PT 80)
- Hospital Licensed Health Centers (PT 81)
- Group Practices (PT 97)

Eligible providers may render COVID-19 RPM bundled services to MassHealth members meeting either of the following clinical eligibility criteria:

- Members with **confirmed or suspected COVID-19** who present to an appropriate clinical professional (either in-person or by telehealth), and in that clinical professional's judgment, the person is stable enough to isolate at home, but requires close monitoring for deterioration and need for a higher level of care; or

- Members who have been hospitalized due to **confirmed or suspected COVID-19,** who in the judgment of an appropriate clinical professional, are stable enough to be discharged to home or another community-based setting, but require continued close monitoring for deterioration and need for a higher level of care

Remote Patient Monitoring (RPM)

Billing

- Providers initiate the provision of COVID-19 RPM bundled services on the first day the provider renders COVID-19 RPM bundled service
- Providers may not bill this code again during the next seven days (including the date on which the provider billed 99423-U9). MassHealth will issue transmittal letters that add coverage of this code in the relevant provider manuals.

Procedure Code	Modifier
99423	U9

- Eligible providers may bill MassHealth a facility fee for the COVID-19 RPM bundle if such a fee is permitted under such provider's governing regulations or contracts. Eligible providers may bill such a facility fee only once during the seven-day monitoring period. Eligible providers must bill such a facility fee by using:

Procedure Code	Modifier	Principal Dx	Observation Revenue Code
99423	U9	U07.1	762

All Provider Bulletin 294: MassHealth Coverage Flexibilities for Services Related to Coronavirus Disease 2019

COVID-19 Updates: SNAP/WIC

Food Insecurity Resources

As a result of the COVID-19 pandemic, a growing number of individuals and families across Massachusetts face food insecurity, many for the first time. There are several food assistance resources that providers can direct your patients to which provide immediate access to food, as well as other resources that may provide recurring financial support for the purchase of food. The state has allocated additional resources to these programs to help those in need.

All MassHealth members who are not currently enrolled in SNAP or WIC should be encouraged to apply immediately, as they are likely eligible. School meals and food pantries can play an important role in filling an immediate need while applications are being processed. Visit the COVID 19 Food Assistance page on Mass.Gov for more information.

Resources for Food Insecure Individuals and Families

Program	Description	For More Information
SNAP/WIC Department of Transitional Assistance Pandemic EBT Greater Boston Food Bank	Programs and resource information for individuals and families across Massachusetts	www.mass.gov/lists/covid-19-food-assistance
Project Bread Foodsource Hotline	Information Source for additional food resources	800-645-8333 www.projeread.org
State Wide Resource Information Hotline	Informational source for both food and non-food resources, such as utilities	211 www.mass211.org
MassOptions	Services resource for elders and individuals with disabilities	800-243-4636 www.massoptions.org https://www.mass.gov/nutrition-program-for-seniors.

COVID-19 Updates: Limited Members

MassHealth Limited and Uninsured Program

The federal Health Resources & Services Administration (HRSA), has a program to reimburse provider claims for COVID-19 testing and treatment services for the uninsured through a claims submission portal (https://www.hrsa.gov/coviduninsuredclaim).

Billing for COVID-19 Testing and Treatment Services for the Uninsured
Providers are responsible for checking the Eligibility Verification System (EVS) for MassHealth eligibility and other sources to determine whether a patient is insured.

Providers should bill the federal COVID-19 Uninsured Program portal for uninsured patients.

- COVID-19 testing and treatment services provided to an individual who is a Health Safety Net (HSN) patient only and who does not have any coverage (including MassHealth Limited), should be billed to the federal portal.

- COVID-19 testing and treatment services provided to an individual in the Children's Medical Security Plan (CMSP) only and who does not have any coverage (including MassHealth Limited) should be billed to the federal portal.

Billing for COVID-19 Testing and Treatment Services for MassHealth Limited During the COVID-19 public health emergency

- COVID-19 testing and treatment services are considered emergency services as defined in 130 CMR 450.105(F) for purposes of MassHealth Limited, and are payable by MassHealth to any participating provider qualified to provide such services.

Information Resources

- All Provider Bulletin 292 is available on the MassHealth Provider Bulletins web page
- Federal uninsured claims submission portal: https://www.hrsa.gov/coviduninsuredclaim
- If you have any questions about the information provided, please contact MassHealth as applicable for your provider type:
    - Dental Services
      Phone: (800) 207-5019; TTY: (800) 466-7566
    - Long-Term Services and Supports
      Phone: (844) 368-5184 (toll free) Email: support@masshealthltss.com
      Portal:MassHealthLTSS.com Mail:
      MassHealth LTSS, PO Box 159108, Boston, MA 02215
      Fax:(888) 832-3006
    - All Other Provider Types
      Phone: (800) 841-2900; TTY: (800) 497-4648
      Email: providersupport@mahealth.net
      Fax: (617) 988-8974

Information Resources

- All Provider Bulletin 292 is available on the MassHealth Provider Bulletins web page
- Federal uninsured claims submission portal: https://www.hrsa.gov/coviduninsuredclaim
- If you have any questions about the information provided, please contact MassHealth as applicable for your provider type:
    - Dental Services
      Phone: (800) 207-5019; TTY: (800) 466-7566
    - Long-Term Services and Supports
      Phone: (844) 368-5184 (toll free) Email: support@masshealthltss.com
      Portal:MassHealthLTSS.com Mail:
      MassHealth LTSS, PO Box 159108, Boston, MA 02215
      Fax:(888) 832-3006
    - All Other Provider Types
      Phone: (800) 841-2900; TTY: (800) 497-4648
      Email: providersupport@mahealth.net
      Fax: (617) 988-8974

COVID-19 Updates: Early Intervention (EI)

Temporary Extension of Coverage for EI Services

- To help minimize potential disruption in services during the COVID-19 public health crisis, and in alignment with guidance provided by the Department of Elementary and Secondary Education (COVID Special Education Technical Assistance Advisory 2020-2), MassHealth is temporarily extending eligibility for EI under 130 CR 440.403(A)(3) to provide continuity of care until a child can effectively transition to appropriate school-based services.

- The Early Intervention (EI) Bulletin 3 applies to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) Plan, or a Primary Care Accountable Care Organization (ACO).

- Information about coverage through MassHealth Managed Care Organizations and Accountable Care Partnership Plans is included in Managed Care Entity Bulletin 34

- During the COVID-19 outbreak, MassHealth will pay for the provision of EI services eligible children who turn three between March 15 and August 31, 2020, to provide a “bridge” between EI and appropriate Early childhood Special Education (ECSE) services.

101 CMR 349.00: Rates for Early Intervention Program Services

Office of Long Term Services and Supports (OLTSS)

Key Guidance

MassHealth LTSS Provider Information Guidance

MassHealth LTSS Provider Information: Updates Related to the Coronavirus Disease 2019 (COVID-19), which outlines **flexibilities that MassHealth has implemented** for:

- Adult Day Health
- Adult Foster Care
- Chronic Disease and Rehabilitation Hospitals
- Community Case Management
- Day Habilitation
- Durable Medical Equipment
- Group Adult Foster Care
- HCBS Waiver Providers
- Home Health & Continuous Skilled Nursing
- Hospice
- Independent Nurses
- Nursing Facilities
- PCA Program
- Therapy Providers (Physical, Occupational, Speech)

Important Note: *This document is updated frequently as various measures are taken to support MassHealth members and guide the providers who serve them.* ***Providers should continue to use this document as a resource when determining which LTSS services are appropriately delivered via telehealth.***

Regularly check mass.gov/2019coronavirus for general updated information and mass.gov/coronavirus-disease-covid-19-and-masshealth for MassHealth-related information.

Key Guidance *(continued)*

MassHealth LTSS Provider Information Guidance

For community day programs

- Phase III Guidance for community day program settings (e.g. Adult Day Health, Day Habilitation, Clubhouses, Councils on Aging, HCBS Day Services, etc.):
  - Order regarding services provided in Congregate settings by EOHHS day programs: https://www.mass.gov/doc/phase-3-eohhs-day-programming-order
  - Day Program Minimum Requirements for Reopening guidance: https://www.mass.gov/doc/phase-3-eohhs-day-programming-guidance
  - Day Program Planning and Preparation Checklist & Attestation: https://www.mass.gov/doc/phase-3-eohhs-day-programming-planning-preparation-checklist
  - Day Programming Transportation Planning Checklist: https://www.mass.gov/doc/phase-3-eohhs-day-programming-transportation-planning-checklist

For in-home caregivers

- Guidance for **agency based in-home** caregivers & workers (e.g. Home Health Agencies, Personal Care Management Agencies, Home Care Agencies, Adult Foster Care, etc.): Agency In-Home Care COVID-19 Guidance
- Guidance for **non-agency based in-home** caregivers (e.g. PCAs, Independent Nurses, etc.): Non Agency In Home Care COVID-19 Guidance

Key Guidance *(continued)*

Nursing Facilities & Chronic Disease Rehab Hospitals (CDRHs)

- COVID-19 Nursing Facility Accountability and Support announced on April 27, 2020 https://www.mass.gov/doc/covid-19-nursing-facility-accountability-and-support-0/download?_ga=2.55916713.343049532.1593388626-1708397966.1568202196

- EOHHS Support Package for Step-Down Care in Long-Term Acute Care Hospitals https://www.mass.gov/doc/eohhs-support-package-for-step-down-care-in-long-term-acute-care-hospitals-inpatient-0/download
  - Increase capacity for chronic ventilator-dependent patients and trach-dependent patients in
  - specialized nursing homes
  - Provide assurance that MassHealth Limited will cover the full duration of a LTCH/IRF or nursing facility stay for members admitted during COVID-19
  - Expand MassHealth Family Assistance coverage for LTCH/IRF and nursing facility services to cover
  - up to 100 days
  - Regularly provide supply and demand data for LTCH/IRF beds to acute inpatient care hospitals

Key Guidance *(continued)*

Managed Care Entities & Integrated Care Plans

- Managed Care Entity Bulletin 21: Coverage and Reimbursement for Services Related to Coronavirus Disease 2019 (COVID-19)
  https://www.mass.gov/doc/managed-care-entity-bulletin-21-coverage-and-reimbursement-for-services-related-to-0/download

- Managed Care Entity Bulletin 22: Updated Coverage and Payment Policies
  https://www.mass.gov/doc/managed-care-entity-bulletin-22-updated-coverage-and-payment-policies-0/download

- 2019 Novel Coronavirus (COVID-19) Guidance for Integrated Care Programs: One Care, Program of All-inclusive Care for the Elderly (PACE), and Senior Care Options (SCO)
  https://www.mass.gov/doc/2019-novel-coronavirus-covid-19-guidance-for-integrated-care-programs-one-care-program-of-all-0/download

Key Guidance *(continued)*

Personal Care Attendant (PCA) Consumers and COVID-19 Positive Members receiving In-Home Services from Non-Agency Providers

Guidance for Personal Care Attendant (PCA) Consumers
MassHealth is committed to supporting members receiving PCA services to remain in their homes to reduce exposure to and spread of the Coronavirus Disease (COVID-19). MassHealth has created guidance for members receiving PCA services to provide the most important information related to COVID-19 and their care PDF| Word

If you or a loved one is a MassHealth member who receives PCA services and is struggling to access the care you need, call MassOptions' dedicated hotline at (844) 422-6277 to be connected to services.

MassHealth PPE Program for COVID-19 Positive Members
If you are receiving in-home services from a personal care attendant (PCA), independent nurse, or direct care worker and are diagnosed or presumed positive for COVID-19, you may be eligible to get a supply of personal protective equipment (PPE), like gloves and face masks, delivered to your home to allow you to continue receiving services in the home and to keep your direct care worker safe. The following guidance provides information on who is eligible.
English PDF | Word Spanish PDF | Word

Cost Sharing

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Cost Sharing Project Overview

Overview of Proposed Changes

OVERVIEW

MassHealth updated their cost sharing policy in order to come into compliance with the rules set forth in the Affordable Care Act. (*See SSA §§ 1916 & 1916A; 42 C.F.R. Parts 447 and 457).*

PRE-PARTIAL IMP	PARTIAL IMP. (07/01/20)	FULL IMP. (01/01/21)
Annual pharmacy and acute inpatient hospital copay caps.	**Annual** copay caps on drugs dispensed by the pharmacy.	**Monthly** copay caps on drugs dispensed by the pharmacy.
$250 per calendar year on drugs dispensed by pharmacies.	$250 per calendar year on drugs dispensed by pharmacies. New member exclusions will apply.	Members will be assigned a copay cap not to exceed 2% of family income.
$36 per calendar year on non-behavioral health acute inpatient hospital stays.	Please note, acute inpatient hospital copays have been eliminated as of 03/18/20.	Please note, acute inpatient hospital copays have been eliminated as of 03/18/20.

ACA rules require that states limit cost sharing to no more than 5% of each individual's family income.

Cost Sharing Project Overview

IMPLEMENTATION OVERVIEW

The elimination of copays and setting of copay caps required to come into compliance with the ACA will be delivered via the two phases detailed below.

PARTIAL IMPLEMENTATION

Release Date: July 1, 2020

Overview of Changes:

- Pharmacy Copays for members with incomes at or below 50% FPL and for "referred eligibles" will be eliminated.
- Copays for FDA-approved medications for detoxification and maintenance treatment of substance use disorders (SUD), preventive services rated Grade A & B by the US Preventive Services Task Force (USPSTF) or broader exclusion specified by MassHealth, and vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP) will be eliminated for all members.
- Please note that acute inpatient hospital copays have been eliminated for all members effective 03/18/20.

FULL IMPLEMENTATON

Release Date: January 1, 2021

Overview of Changes:

- Pharmacy copay caps will change from the current $250 annual cap to a member-specific, monthly copay cap.
- Pharmacy copays caps will not exceed 2% of income for non-exempt adult members. They will be calculated at the individual level and will be based on a member's FPL and household size.
- Members will receive notices every time there is a change to their copay cap amount and/or when they meet their copay cap for the month.
- Please note that changes that took effect on 7/1/20 as part of the partial implementation will continue.

Partial Implementation Overview

What has Changed?

WHAT HAS CHANGED?

- At the end of each month, MassHealth will identify members with incomes at or under 50% FPL and referred eligibles and exclude them from copays for the following month. Even if a member's income changes during the month, their exclusion will remain in place until MassHealth identifies members again at the end of the month.
- Copays for FDA-approved medications for maintenance and treatment of substance use disorders (SUD), preventive services rated Grade A & B by the US Preventive Services Task Force (USPSTF) or broader exclusion specified by MassHealth, and approved vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP), will be eliminated for all members.
- Acute inpatient hospital copays have been eliminated for all members effective 03/18/20.

WHAT IS STAYING THE SAME?

- All current copay exclusions (e.g. pregnancy, Native American status, etc.) will remain in place.
- Copays will not be assessed for members enrolled in One Care, Program of All-Inclusive Care for the Elderly (PACE) or Senior Care Options (SCO)
- There will be no changes to the claims submission process for providers.
- The annual $250 pharmacy copay cap for non-exempt members will remain in place until 01/01/2021.

Who is not subject to cost sharing?

Populations and services that were previously excluded from copays remain excluded, including additions as noted (see 130 CMR 450.130, 506.015 and 520.037):

MEMBERS

Excluded Populations from Cost Sharing (Copays):

- ***NEW**: Members with incomes at or below 50% FPL*
- ***NEW**: Members categorically eligible for MassHealth because they are receiving other public assistance ("referred eligible") such as Supplemental Security Income (SSI), Transitional Aid to Families with Dependent Children (TAFDC), or services through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) Program*
- Members under the age of 21 years old
- Pregnant women or those in the post-partum period
- MassHealth Limited members
- MassHealth Senior Buy-In members or MassHealth Standard members for drugs covered under Medicare Parts A and B only, when provided by a Medicare-certified provider
- Members in a long-term care facility
- Members receiving hospice services
- Members who are former foster care individuals eligible for MassHealth Standard, until the age of 21 or 26 as specified by 130 CMR 505.002(H))
- Members who are American Indians or Alaska Natives
- Members who have reached their pharmacy cost sharing cap

SERVICES

Excluded Services from Cost Sharing (Copays) include:

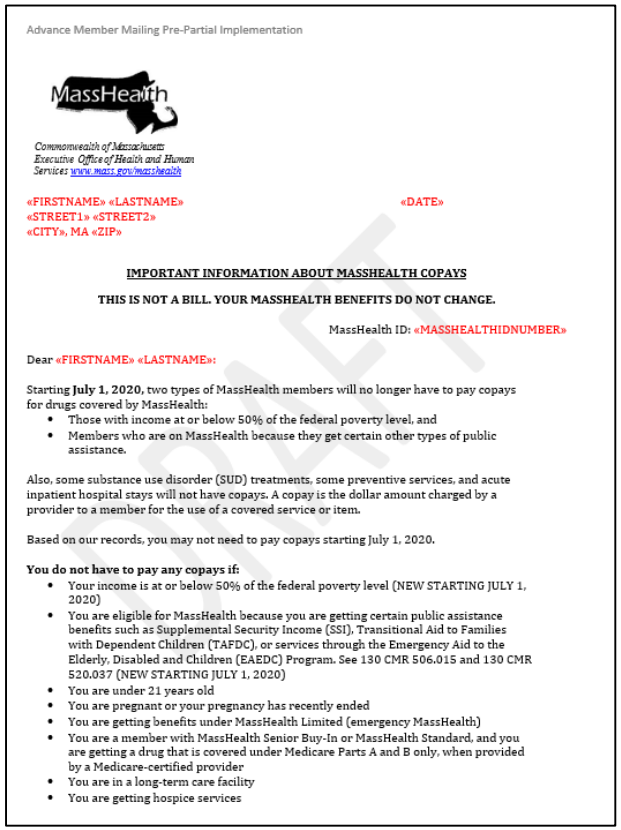
- ***NEW**: Copays for FDA-approved medications for detoxification and maintenance treatment of substance use disorders (SUD)*
- ***NEW:** Preventive services rated Grade A & B by the US Preventive Services Task Force (USPSTF) or broader exclusion specified by MassHealth, and vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP)*
- ***NEW:** Acute inpatient hospital stays*
- Emergency services
- Family planning services and supplies
- Smoking cessation products and drugs
- Provider-preventable services

Member Notices & Resources

How were members notified?

Advance Mailing Notice:

- In May 2020, this mailing was sent to newly exempt members (i.e. those at or under 50% FPL and “referred eligibles”) to notify them of the change to copay policies.



Advance Member Mailing Pre-Partial Implementation

MassHealth

Commonwealth of Massachusetts
Executive Office of Health and Human Services www.mass.gov/masshealth

«FIRSTNAME» «LASTNAME» «DATE»
«STREET1» «STREET2»
«CITY», MA «ZIP»

IMPORTANT INFORMATION ABOUT MASSHEALTH COPAYS

THIS IS NOT A BILL. YOUR MASSHEALTH BENEFITS DO NOT CHANGE.

MassHealth ID: «MASSHEALTHIDNUMBER»

Dear «FIRSTNAME» «LASTNAME»:

Starting **July 1, 2020,** two types of MassHealth members will no longer have to pay copays for drugs covered by MassHealth:

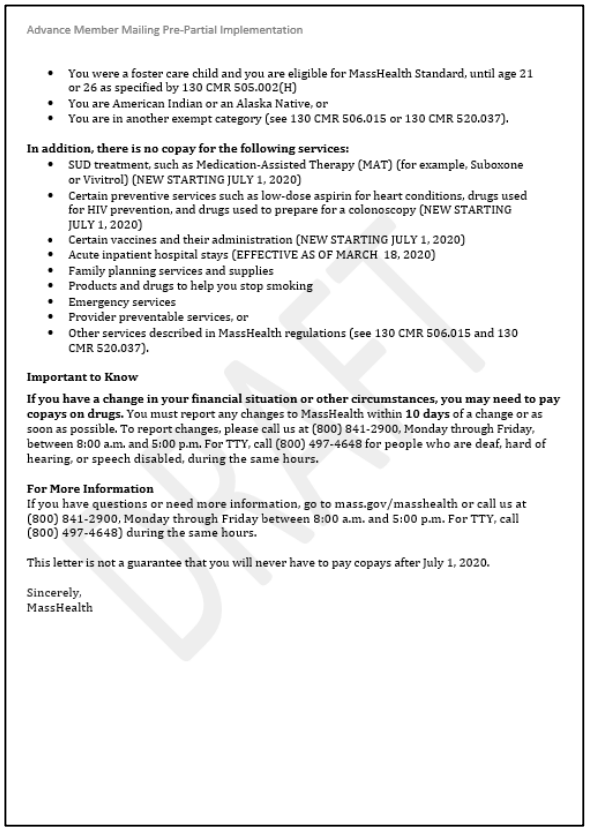
- Those with income at or below 50% of the federal poverty level, and
- Members who are on MassHealth because they get certain other types of public assistance.

Also, some substance use disorder (SUD) treatments, some preventive services, and acute inpatient hospital stays will not have copays. A copay is the dollar amount charged by a provider to a member for the use of a covered service or item.

Based on our records, you may not need to pay copays starting July 1, 2020.

You do not have to pay any copays if:

- Your income is at or below 50% of the federal poverty level (NEW STARTING JULY 1, 2020)
- You are eligible for MassHealth because you are getting certain public assistance benefits such as Supplemental Security Income (SSI), Transitional Aid to Families with Dependent Children (TAFDC), or services through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) Program. See 130 CMR 506.015 and 130 CMR 520.037 (NEW STARTING JULY 1, 2020)
- You are under 21 years old
- You are pregnant or your pregnancy has recently ended
- You are getting benefits under MassHealth Limited (emergency MassHealth)
- You are a member with MassHealth Senior Buy-In or MassHealth Standard, and you are getting a drug that is covered under Medicare Parts A and B only, when provided by a Medicare-certified provider
- You are in a long-term care facility
- You are getting hospice services



Advance Member Mailing Pre-Partial Implementation

- You were a foster care child and you are eligible for MassHealth Standard, until age 21 or 26 as specified by 130 CMR 505.002(H)
- You are American Indian or an Alaska Native, or
- You are in another exempt category (see 130 CMR 506.015 or 130 CMR 520.037).

In addition, there is no copay for the following services:

- SUD treatment, such as Medication-Assisted Therapy (MAT) (for example, Suboxone or Vivitrol) (NEW STARTING JULY 1, 2020)
- Certain preventive services such as low-dose aspirin for heart conditions, drugs used for HIV prevention, and drugs used to prepare for a colonoscopy (NEW STARTING JULY 1, 2020)
- Certain vaccines and their administration (NEW STARTING JULY 1, 2020)
- Acute inpatient hospital stays (EFFECTIVE AS OF MARCH 18, 2020)
- Family planning services and supplies
- Products and drugs to help you stop smoking
- Emergency services
- Provider preventable services, or
- Other services described in MassHealth regulations (see 130 CMR 506.015 and 130 CMR 520.037).

Important to Know

If you have a change in your financial situation or other circumstances, you may need to pay copays on drugs. You must report any changes to MassHealth within **10 days** of a change or as soon as possible. To report changes, please call us at (800) 841-2900, Monday through Friday, between 8:00 a.m. and 5:00 p.m. For TTY, call (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled, during the same hours.

For More Information
If you have questions or need more information, go to mass.gov/masshealth or call us at (800) 841-2900, Monday through Friday between 8:00 a.m. and 5:00 p.m. For TTY, call (800) 497-4648) during the same hours.

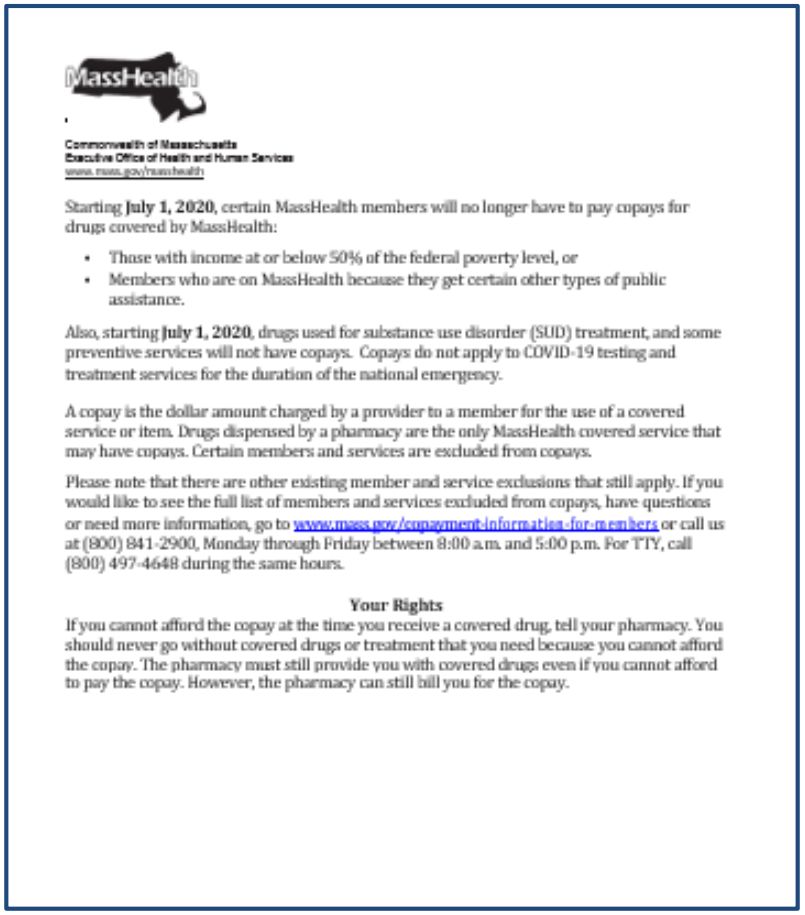
This letter is not a guarantee that you will never have to pay copays after July 1, 2020.

Sincerely,
MassHealth

How were members be notified?

Eligibility Insert:

- Starting July 1, 2020, MassHealth began to include an insert along with the eligibility notices sent to the new MassHealth members outlining the new cost sharing policy.



MassHealth

Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

Starting **July 1, 2020**, certain MassHealth members will no longer have to pay copays for drugs covered by MassHealth:

- Those with income at or below 50% of the federal poverty level, or
- Members who are on MassHealth because they get certain other types of public assistance.

Also, starting **July 1, 2020**, drugs used for substance use disorder (SUD) treatment, and some preventive services will not have copays. Copays do not apply to COVID-19 testing and treatment services for the duration of the national emergency.

A copay is the dollar amount charged by a provider to a member for the use of a covered service or item. Drugs dispensed by a pharmacy are the only MassHealth covered service that may have copays. Certain members and services are excluded from copays.

Please note that there are other existing member and service exclusions that still apply. If you would like to see the full list of members and services excluded from copays, have questions or need more information, go to www.mass.gov/copayment-information-for-members or call us at (800) 841-2900, Monday through Friday between 8:00 a.m. and 5:00 p.m. For TTY, call (800) 497-4648 during the same hours.

Your Rights

If you cannot afford the copay at the time you receive a covered drug, tell your pharmacy. You should never go without covered drugs or treatment that you need because you cannot afford the copay. The pharmacy must still provide you with covered drugs even if you cannot afford to pay the copay. However, the pharmacy can still bill you for the copay.

Member Resources and Information

For member questions regarding general copay policies, members should be directed to reference:

MassHealth Member Website: https://www.mass.gov/copayment-information-for-members

Member Handbook

Member Booklet

For member questions regarding individualized copay information, members should be directed to reference:

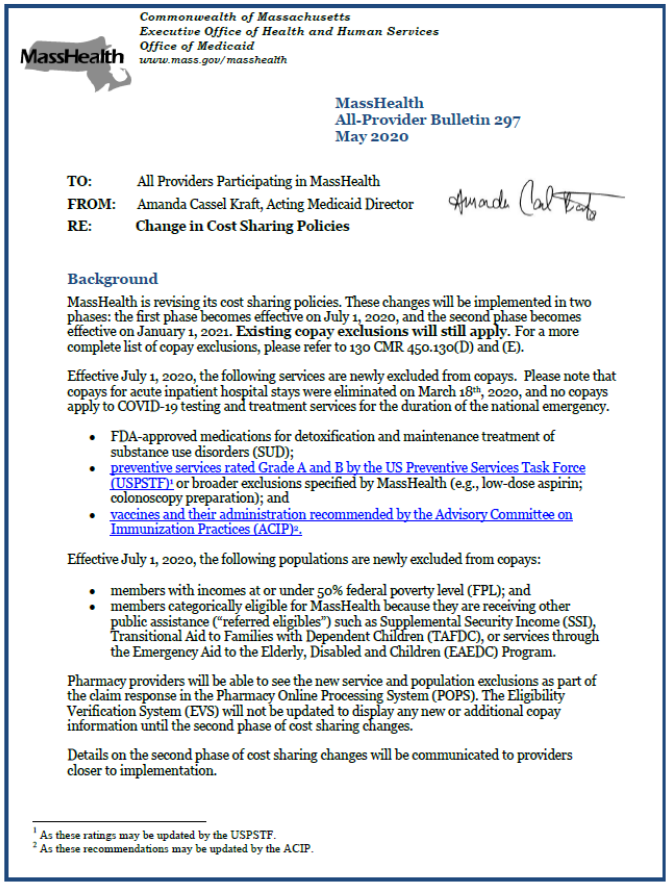
MassHealth Customer Service: 1- 800- 841-2900; TTY: 1 -800- 497-4648

Provider Education

Provider Bulletin

Provider Bulletin:

- In May 2020, providers were notified electronically of the changes to MassHealth's cost sharing policies. This bulletin is available on the MassHealth Provider Bulletins web page.



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth

MassHealth
All-Provider Bulletin 297
May 2020

TO: All Providers Participating in MassHealth
FROM: Amanda Cassel Kraft, Acting Medicaid Director
RE: **Change in Cost Sharing Policies**

Background

MassHealth is revising its cost sharing policies. These changes will be implemented in two phases: the first phase becomes effective on July 1, 2020, and the second phase becomes effective on January 1, 2021. **Existing copay exclusions will still apply.** For a more complete list of copay exclusions, please refer to 130 CMR 450.130(D) and (E).

Effective July 1, 2020, the following services are newly excluded from copays. Please note that copays for acute inpatient hospital stays were eliminated on March 18th, 2020, and no copays apply to COVID-19 testing and treatment services for the duration of the national emergency.

- FDA-approved medications for detoxification and maintenance treatment of substance use disorders (SUD);
- preventive services rated Grade A and B by the US Preventive Services Task Force (USPSTF)[1] or broader exclusions specified by MassHealth (e.g., low-dose aspirin; colonoscopy preparation); and
- vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP)[2].

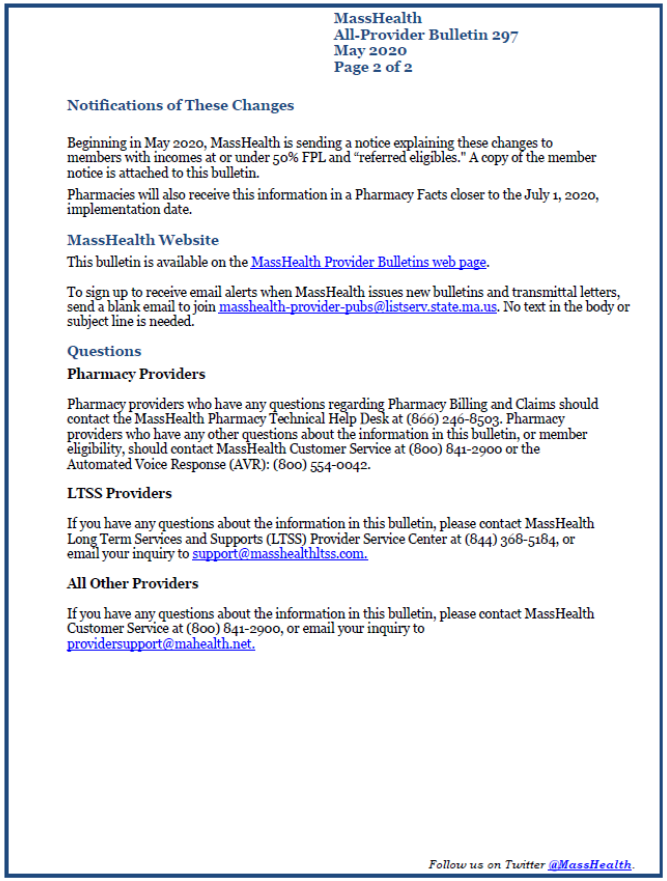
Effective July 1, 2020, the following populations are newly excluded from copays:

- members with incomes at or under 50% federal poverty level (FPL); and
- members categorically eligible for MassHealth because they are receiving other public assistance ("referred eligibles") such as Supplemental Security Income (SSI), Transitional Aid to Families with Dependent Children (TAFDC), or services through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) Program.

Pharmacy providers will be able to see the new service and population exclusions as part of the claim response in the Pharmacy Online Processing System (POPS). The Eligibility Verification System (EVS) will not be updated to display any new or additional copay information until the second phase of cost sharing changes.

Details on the second phase of cost sharing changes will be communicated to providers closer to implementation.

[1] As these ratings may be updated by the USPSTF.
[2] As these recommendations may be updated by the ACIP.



Notifications of These Changes

Beginning in May 2020, MassHealth is sending a notice explaining these changes to members with incomes at or under 50% FPL and "referred eligibles." A copy of the member notice is attached to this bulletin.

Pharmacies will also receive this information in a Pharmacy Facts closer to the July 1, 2020, implementation date.

MassHealth Website

This bulletin is available on the MassHealth Provider Bulletins web page.

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions

Pharmacy Providers

Pharmacy providers who have any questions regarding Pharmacy Billing and Claims should contact the MassHealth Pharmacy Technical Help Desk at (866) 246-8503. Pharmacy providers who have any other questions about the information in this bulletin, or member eligibility, should contact MassHealth Customer Service at (800) 841-2900 or the Automated Voice Response (AVR): (800) 554-0042.

LTSS Providers

If you have any questions about the information in this bulletin, please contact MassHealth Long Term Services and Supports (LTSS) Provider Service Center at (844) 368-5184, or email your inquiry to support@masshealthltss.com.

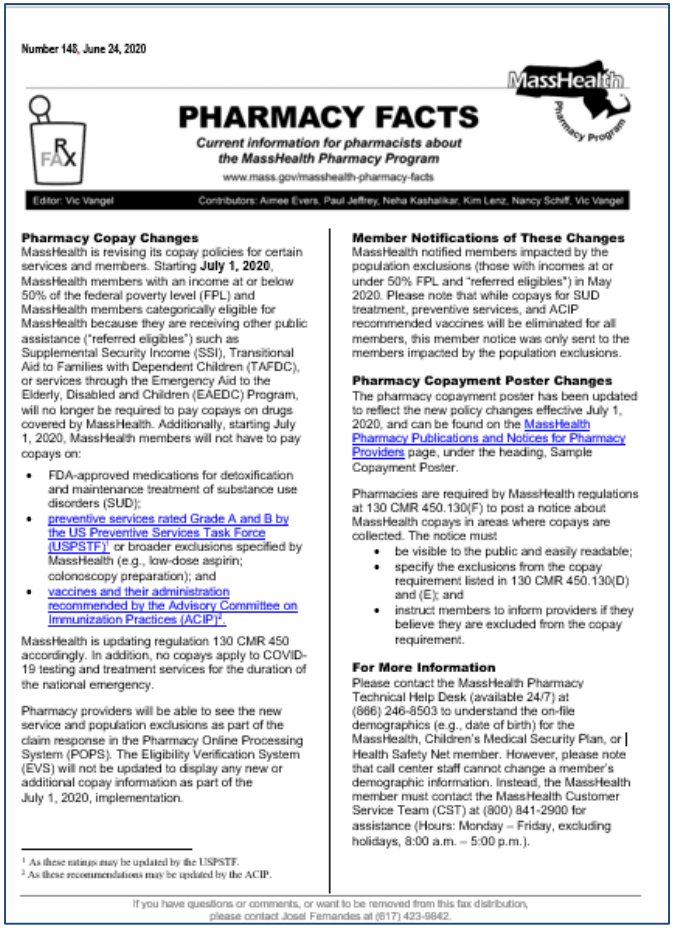
All Other Providers

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

Pharmacy Facts

Pharmacy Facts:

- In June 2020, the Pharmacy Facts outlining the changes to MassHealth's cost sharing policies were posted online and shared with the Pharmacies.



Number 148, June 24, 2020

MassHealth Pharmacy Program

PHARMACY FACTS

Current information for pharmacists about the MassHealth Pharmacy Program

www.mass.gov/masshealth-pharmacy-facts

Editor: Vic Vangel Contributors: Aimee Evers, Paul Jeffrey, Neha Kashalikar, Kim Lenz, Nancy Schiff, Vic Vangel

Pharmacy Copay Changes

MassHealth is revising its copay policies for certain services and members. Starting **July 1, 2020**, MassHealth members with an income at or below 50% of the federal poverty level (FPL) and MassHealth members categorically eligible for MassHealth because they are receiving other public assistance ("referred eligibles") such as Supplemental Security Income (SSI), Transitional Aid to Families with Dependent Children (TAFDC), or services through the Emergency Aid to the Elderly, Disabled and Children (EAEDC) Program, will no longer be required to pay copays on drugs covered by MassHealth. Additionally, starting July 1, 2020, MassHealth members will not have to pay copays on:

- FDA-approved medications for detoxification and maintenance treatment of substance use disorders (SUD);
- preventive services rated Grade A and B by the US Preventive Services Task Force (USPSTF)[1] or broader exclusions specified by MassHealth (e.g., low-dose aspirin; colonoscopy preparation); and
- vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP)[2].

MassHealth is updating regulation 130 CMR 450 accordingly. In addition, no copays apply to COVID-19 testing and treatment services for the duration of the national emergency.

Pharmacy providers will be able to see the new service and population exclusions as part of the claim response in the Pharmacy Online Processing System (POPS). The Eligibility Verification System (EVS) will not be updated to display any new or additional copay information as part of the July 1, 2020, implementation.

[1] As these ratings may be updated by the USPSTF.
[2] As these recommendations may be updated by the ACIP.

Member Notifications of These Changes

MassHealth notified members impacted by the population exclusions (those with incomes at or under 50% FPL and "referred eligibles") in May 2020. Please note that while copays for SUD treatment, preventive services, and ACIP recommended vaccines will be eliminated for all members, this member notice was only sent to the members impacted by the population exclusions.

Pharmacy Copayment Poster Changes

The pharmacy copayment poster has been updated to reflect the new policy changes effective July 1, 2020, and can be found on the MassHealth Pharmacy Publications and Notices for Pharmacy Providers page, under the heading, Sample Copayment Poster.

Pharmacies are required by MassHealth regulations at 130 CMR 450.130(F) to post a notice about MassHealth copays in areas where copays are collected. The notice must

- be visible to the public and easily readable;
- specify the exclusions from the copay requirement listed in 130 CMR 450.130(D) and (E); and
- instruct members to inform providers if they believe they are excluded from the copay requirement.

For More Information

Please contact the MassHealth Pharmacy Technical Help Desk (available 24/7) at (866) 246-8503 to understand the on-file demographics (e.g., date of birth) for the MassHealth, Children's Medical Security Plan, or Health Safety Net member. However, please note that call center staff cannot change a member's demographic information. Instead, the MassHealth member must contact the MassHealth Customer Service Team (CST) at (800) 841-2900 for assistance (Hours: Monday – Friday, excluding holidays, 8:00 a.m. – 5:00 p.m.).

If you have questions or comments, or want to be removed from this fax distribution, please contact Josel Fernandes at (617) 423-6842.

Any Questions?

Ordering, Referring and Prescribing Requirements Updates

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 ORP requirements to fee for service, crossover (where Medicare requires ORP), third party liability, and Health Safety Net and Children's Medical Security Plan 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)

Implementation of ORP Billing Requirements

- When ORP is fully implemented, 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
- To assist providers to better prepare for these changes, MassHealth has been providing detailed information and education to providers for the last several years.

February/ March 2016
All Provider Bulletin 259 introduced Informational messaging on claims not meeting O&R Requirements

May 2017
All Provider Bulletin 268 announced changes to the PCC Plan POSC referral process

June 2017
POSC updated to ensure individual provider NPI was identified on referral submissions
also
PCC Referral letter updated

February 2018
All Provider Bulletin 274
Provided additional information about billing processes

Implementation of ORP Billing Requirements

Prior to the COVID-19 emergency, MassHealth began implementing denials for not meeting the ORP billing requirements in phases.

Provider Bulletin 286, which was published in September 2019, announced the original schedule for phasing in denials

Phase 1 – for claims for services that require an order, referral or prescription

- 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 authorized ORP provider types

Implementation of ORP Billing Requirements

Phase 1 denials for Group 1 (individual non-LTSS) provider types went into effect with dates of service (DOS) on or after 12/15/19 and were paused beginning with DOS on or after 3/30/20 due to the COVID-19 emergency

- Audiologist
- Chiropractor
- Clinical Nurse Specialist
- Group practices of the types in this group
- Hearing Instrument Specialist
- Nurse Practitioner
- Ocularist
- Optician
- Optometrist
- Physician
- Podiatrist
- Psychologist
- QMB Only Providers

Implementation of ORP Billing Requirements

Phase 1 denials for Group 2 (entity non-LTSS) provider types went into effect with DOS on or after 2/15/20 and were paused beginning with DOS on or after 3/30/20 due to the COVID-19 emergency

- Abortion/Sterilization Clinic
- Acute Inpatient Hospital
- Acute Outpatient Hospital
- Certified Independent Laboratory
- Community Health Center
- Early Intervention
- Family Planning Agency
- Hospital-licensed Health Center
- Independent Diagnostic Testing Facility
- Mental Health Center
- Pharmacy (for claims processed through MMIS
- Psychiatric Outpatient Hospital
- Renal Dialysis Center
- Substance Use Disorder Outpatient Hospital
- Volume Purchaser

Implementation of ORP Billing Requirements

Phase 1 denials for Group 3 (LTSS) provider types were scheduled to go into effect with DOS on or after 4/15/20 but have been postponed due to the COVID-19 emergency

- Adult Day Health
- Adult Foster Care
- Chronic Outpatient Hospital
- Competitive Bid Only (DMEPOS)
- Durable Medical Equipment
- Group Adult Foster Care
- Group Practice (Therapist)
- Home Health
- Independent Nurse
- Orthotics
- Oxygen and Respiratory Therapy
- Prosthetics
- Rehabilitation Center
- Speech and Hearing Center
- Therapist

ORP Billing - Denial Edits on Remittance Advices (RAs)

MassHealth has been providing informational edits for impacted ORP claims to inform billing providers of claims that do not meet ordering, referring, and prescribing requirements.

Once the ORP requirements are fully implemented, *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:

- **835 Electronic Remittance Advice** (log into the POSC to see the applicable detailed edit from the list below)

HIPAA Claim Adjust Reason Code (CARC)	HIPAA Remark Adjust Reason Code (RARC)
206 – National Provider Identifier – missing	N265 – Missing/incomplete/invalid ordering provider primary identifier N286 – Missing/incomplete/invalid referring provider primary identifier

- **POSC version of the remittance advice**

1080 – Ordering Provider Required

1081 – NPI required for Ordering Provider

1200 – Referring Provider Required

1201 – NPI Required for Referring Provider – HDR

1202 – NPI Required for Referring Provider 2 – HDR*

1203 – NPI Required for Referring Provider – DTL *

1204 – NPI Required for Referring Provider 2 – DTL*

*According to federal guidance, Ordering and Referring rules do not require a secondary referring provider identifier on claims. However, there may be circumstances where the HIPAA V5010 Implementation Guide situationally requires a second referring provider identifier. In those circumstances, if the second referring provider's NPI is included on the claim, but that provider is not enrolled with MassHealth or is not an authorized ORP provider, relevant informational edits will be included on the remittance advice.

ORP Billing - Denial Edits on Remittance Advices (RAs)

- While denials are paused/postponed, billing providers are encouraged to review informational denial edits on RAs and adjust billing practices to prevent future denials
- Billing provider types currently receiving large (500+) numbers of “NPI Missing” edits:

Group 1
- Chiropractor
- Group Practice – Physician
- Physician

Group 2
- Acute Outpatient Hospital
- Certified Independent Lab
- Community Health Center
- Early Intervention
- Renal Dialysis Clinic
- Volume Purchaser

Group 3
- Adult Day Health
- Adult Foster Care
- Durable Medical Equipment
- Group Adult Foster Care
- Group Practice – Therapist

ORP Billing - Denial Edits on Remittance Advices (RAs)

The ORP provider must be in one of the eligible ORP provider types:

- **835 Electronic Remittance Advice** (log into the POSC to see the applicable detailed edit from the list below)

HIPAA Claim Adjust Reason Code (CARC)	HIPAA Remark Adjust Reason Code (RARC)
183 – The referring provider is not eligible to refer the service billed	N574 – Our records indicate the ordering/referring provider is of a is of a type/specialty that cannot order refer. Please verify that the claim ordering/referring provider information is accurate or contact the ordering/referring provider.
184 – The prescribing/ordering provider is not eligible to prescribe/order the service billed	N574 – Our records indicate the ordering/referring provider is of a type/specialty that cannot order refer. Please verify that the claim ordering/referring provider information is accurate or contact the ordering/referring provider.

- **POSC version of the remittance advice**

  1085—Ordering Provider Not Authorized to Order Services

  1217—Referring Provider Not Authorized to Refer - HDR

  1218—Referring Provider 2 Not Authorized to Refer – HDR*

  1219—Referring Provider Not Authorized to Refer - DTL

  1220—Referring Provider 2 Not Authorized to Refer – DTL*

ORP Billing - Denial Edits on Remittance Advices (RAs)

Billing provider types currently receiving large (500+) numbers of “NPI Not Authorized” edits:

Group 1
- Group Practice – Physician

Group 2
- Certified Independent Lab

Group 3
- Adult Foster Care
- Group Adult Foster Care

Note that MassHealth has discovered many **incorrect claim submissions** where **the NPI of the referring practice is being listed on the claim instead of NPI of the individual ORP provider**, resulting in “NPI not authorized” edits.

Implementation of ORP Billing Requirements

Phase 2 – for claims for services that require an order, referral or prescription

- The NPI of the ORP provider is included on the claim but the ORP provider is not actively enrolled with MassHealth, at least as a nonbilling provider

Groups 1 and 2 and Claims processed by the Pharmacy Online Processing System (POPS)

- denials were originally scheduled to begin with DOS on or after 8/15/20
- new date TBD

Group 3

- denials were originally scheduled to being with DOS on or after 11/15/20
- new date TBD

ORP Billing - Future Claim Denial Edits on Remittance Advices (RAs)

The ORP provider must be actively enrolled with MassHealth at least as a nonbilling provider:

- **835 Electronic Remittance Advice** (log into the POSC to see the applicable detailed edit from the list below)

HIPAA Claim Adjust Reason Code (CARC)	HIPAA Remark Adjust Reason Code (RARC)
183 – The referring provider is not eligible to refer the service billed 208 – National Provider Identified – Not matched.	N265 – Missing/incomplete/invalid ordering provider primary identifier N286 – Missing/incomplete/invalid referring provider primary identified

- **POSC version of the remittance advice**

1082—Ordering Provider NPI not on file	
1084—Ordering Provider not actively enrolled	
1205—Referring Provider NPI not on file – HDR	1213—Referring Provider not actively enrolled – HDR
1206—Referring Provider 2 NPI not on file – HDR*	1214—Referring Provider 2 not actively enrolled – HDR*
1207—Referring Provider NPI not on file – DTL	1215—Referring Provider not actively enrolled – DTL
1208—Referring Provider 2 NPI not on file – DTL*	1216—Referring Provider 2 not actively enrolled – DTL*

Billing providers that are receiving these edits should contact the ORP provider and/or the MassHealth CSC to request that the ORP provider enroll in MassHealth to avoid future claims denials.

ORP Provider Types and Enrollment Status as of July 1, 2020

***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	31,720	35,815	113%
Optometrist	1,359	1,122	83%
Psychologist	5,994	4,996	83%
Podiatrist	446	411	92%
Nurse Midwife	507	415	82%
Dentist	6,702	4,428	66%
Nurse Practitioner (NP)	10,782	8,619	80%
Physician Assistant (PA)	4,170	3,908	94%
Certified Registered Nurse Anesthetists (CRNA)	1,138	1,214	107%
Clinical Nurse Specialist (CNS)	69	21	30%
Psychiatric Nurse Mental Health Specialist (PCNS)	589	343	58%
Pharmacist	62	103	166%
Licensed Independent Clinical Social Worker (LICSW)	14,508	12,007	83%
Total	**78,046**	**73,402**	**94%**

- 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.

ORP Billing – Additional Note

- On 837I claims that require referrals, the referring provider is only required if different than the attending provider.
- Refer to MassHealth All Provider Bulletin 286 for more details and billing instructions related to ORP requirements.

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

- To register for a webinar for non-LTSS providers, please visit the **MassHealth Learning Management System** at : www.masshealthtraining.com

- An Ordering and Referring Guide for LTSS Providers is on the LTSS Provider Portal at: www.masshealthltss.com

- **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

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

CMS Flexibility Update

Provider Enrollment and Credentialing Special Allowances for COVID 19 and CMS Flexibilities

COVID Allowance or Flexibility	Expectation once Emergency Ends	Effective Date for Return to Normal Operations
Minimal data collected for enrollment process-	Complete applications with all supporting documentation will be required according to MassHealth standards	A return to normal date has not been established at this time Please continue to check regularly for updates posted as banner messages and other message forums from MassHealth.
EFTs and W9s can be submitted as electronic copies to expedite full participation and hard copies should follow	Hard copies will be expected moving forward no photocopies accepted	
Provider Application fees waived	Resumption of fee collection moving forward. All outstanding fees waived will be expected	
Provider Fingerprinting Requirement and Criminal background checks suspended	Resumption of these activities moving forward. Finger printing and criminal background checks will be required of all providers who were waived during crisis	
Provider Site Visits suspended	Resumption of these activities moving forward. All sites waived during crisis will have a site visit as required	
Provider Revalidation suspended	Resumption of these activities moving forward. Any provider who was in process during crisis period will resume at the exact point in the process when the activities were suspended	

Provider Enrollment and Credentialing Special Allowances for COVID 19 and CMS Flexibilities

Provider Licensure Reminder

- Out of State Provider MassHealth may provisionally, temporarily enroll out-of-state providers who are enrolled with another State Medicaid Agency (SMA) or Medicare for the duration of the public health emergency

- BORIM issuing emergency temporary licenses for physicians that are applying for their full medical license. MassHealth will allow physicians to enroll as fee-for-service providers using the temporary emergency license as long as the physician has an application for a permanent license in process. These licenses will be valid until 90 days after the state of emergency is terminated**-To maintain eligibility as a MassHealth provider permanent licenses will be required.**

- The Massachusetts Department of Public Health (DPH) has implemented a deferral of expiration dates on all license that are in good standing, and all expiration dates have been removed from the DPH Health Professionals License Verification **Site-License renewal will be expected**

MassHealth Updates

HIPAA EDI FILE UPDATE – ELIGIBILITY TRANSACTIONS 270/271

- **Effective 4/6/2020** all providers requiring EDI access for 270 and 271 eligibility transactions must go through system testing prior to receiving access to these transactions. This was required as a part of trading partner testing phase 2

- **Beginning January 2021**, MassHealth will implement a minor change to the HIPAA Health Care Benefit Inquiry and Response (270/271) transactions. This will impact both Real-Time and Batch transactions. **The change is limited to the electronic eligibility response (271) file only***

  **The 271 response will include additional information (EB01, 02 03, 06, 07) in Loop 2110C – Subscriber Eligibility or Benefit Information*

HIPAA EDI FILE UPDATE – ELIGIBILITY TRANSACTIONS 270/271 (cont.)

MassHealth recommends that all Providers, Trading Partners and Vendors (clearinghouse, billing intermediary, software vendor) who send and receive 270/271 electronic HIPAA transactions evaluate the changes outlined in the updated MassHealth Companion Guide and ensure that your systems can accept the additional information within that Loop.

The updated MassHealth 270/271 Companion Guide is available for download on the MassHealth website here: https://www.mass.gov/lists/technical-refresh-companion-guides.

If you would like to learn more about the changes and/or need to participate in TPT to test your system changes, please contact MassHealth Customer Service Center's EDI team at edi@mahealth.net.

Appendix Y: EVS Codes and Messages

MassHealth is in the process of updating Appendix Y of the MassHealth Provider manual.

The Appendix lists the Eligibility Verification System (EVS) codes and messages that are displayed when providers access EVS through the Provider Online Service Center (POSC) to verify patient's eligibility and any restrictions on their coverage before providing services to MassHealth members.

The Appendix will be available online through the MassHealth Provider Manual Appendices page later this month/ at https://www.mass.gov/guides/masshealth-all-provider-manual-appendices

If you have any questions about the Appendix Y, please email your inquiry directly to providersupport@mahealth.net or contact the MassHealth Customer Service Center at 1-800-841-2900.

All Provider Bulletins

- All Provider Bulletin 292: Billing Policies for Coronavirus Disease 2019 (COVID-19) Testing and Treatment Services for Uninsured Individuals and MassHealth Limited Members
- All Provider Bulletin 293: Flexibilities for Substance Use Disorder Treatment Services During COVID-19 State of Emergency
- All Provider Bulletin 294: MassHealth Coverage Flexibilities for Services Related to Coronavirus Disease 2019
- All Provider Bulletin 295: Hospital-Determined Presumptive Eligibility (HPE) Flexibilities during COVID-19 Emergency
- All Provider Bulletin 296: MassHealth Payment for COVID-19 Specimen Collection and Testing
- All Provider Bulletin 297: Change in Cost Sharing Policies
- MassHealth dedicated web page for all provider bulletins link here https://www.mass.gov/masshealth-provider-bulletins

Provider Type Specific Bulletins

Mental Health Center

- Mental Health Center Bulletin 34: UPDATE: Mental Health Center Transformation Incentive Payments
- Mental Health Center Bulletin 33: Clarifying the Provision of Diagnostic Services
- Mental Health Center Bulletin 32: Mental Health Center Transformation Incentive Payments

Acute Inpatient Hospital

- Acute Inpatient Hospital Bulletin 175: Financial Support for Acute Inpatient Hospitals with DMH-Licensed Beds in Response to the COVID-19 Pandemic
- Acute Inpatient Hospital Bulletin 174: Elimination of Copayment on Acute Inpatient Hospital Stays

Community Health Center

- Community Health Center Bulletin 102: Temporary Flexibilities for the Provision of Health Services by Community Health Centers
- Community Health Center Bulletin 101: Temporary Flexibilities for the Provision of Laboratory Services by Community Health Centers

Psychiatric Hospital

- Psychiatric Hospital Bulletin 25: Financial Support for DMH-Licensed Psychiatric Hospitals in Response to the COVID-19 Pandemic

Provider Type Specific Bulletins (cont.)

Acute Outpatient Hospital

- Acute Outpatient Hospital Bulletin 35: New Billing Requirements and Payment Methodology for Acute Hospital Emergency Department-Distributed Nasal Naloxone Packages

Telehealth Network Provider

- Telehealth Network Provider Bulletin 1: Provider Participation Requirements, Covered Encounters and Other Information

Transportation

- Transportation Bulletin 17: MassHealth Coverage and Reimbursement Policy for Transportation Services Related to the 2019 Novel Coronavirus Disease (COVID-19)

Resources

- The latest MA-specific information on the Coronavirus disease 2019 (COVID-19), visit the following link: https://www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19

- The latest Centers for Disease Control and Prevention (CDC) guidance for healthcare professionals is available at the following link: https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html

- For the latest information regarding COVID-19 please visit the dedicated page here Provider COVID-19 webpage

- Frequently Asked Questions (FAQ) available on the COVID-19 for Providers web page

- To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

- If you have any questions about the MassHealth provider COVID-19 information, please email your inquiry directly to providersupport@mahealth.net

Questions?