



# MassHealth Training Forum Provider Updates

July 2023

Executive Office of Health & Human Services

# Agenda



- **Welcome and Agenda Overview**
- **Update on Plan for MassHealth Eligibility Redeterminations**
- **Ordering Referring and Prescribing (ORP) Requirements Update**
- **Data Collection Forms**
- **Long-Term Services and Supports Provider Communications**
- **Claim Denials 1945**
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  - **All Provider Bulletins**

# HELPING MASSHEALTH MEMBERS WITH THEIR RENEWALS

# Agenda



## *Today, we will:*

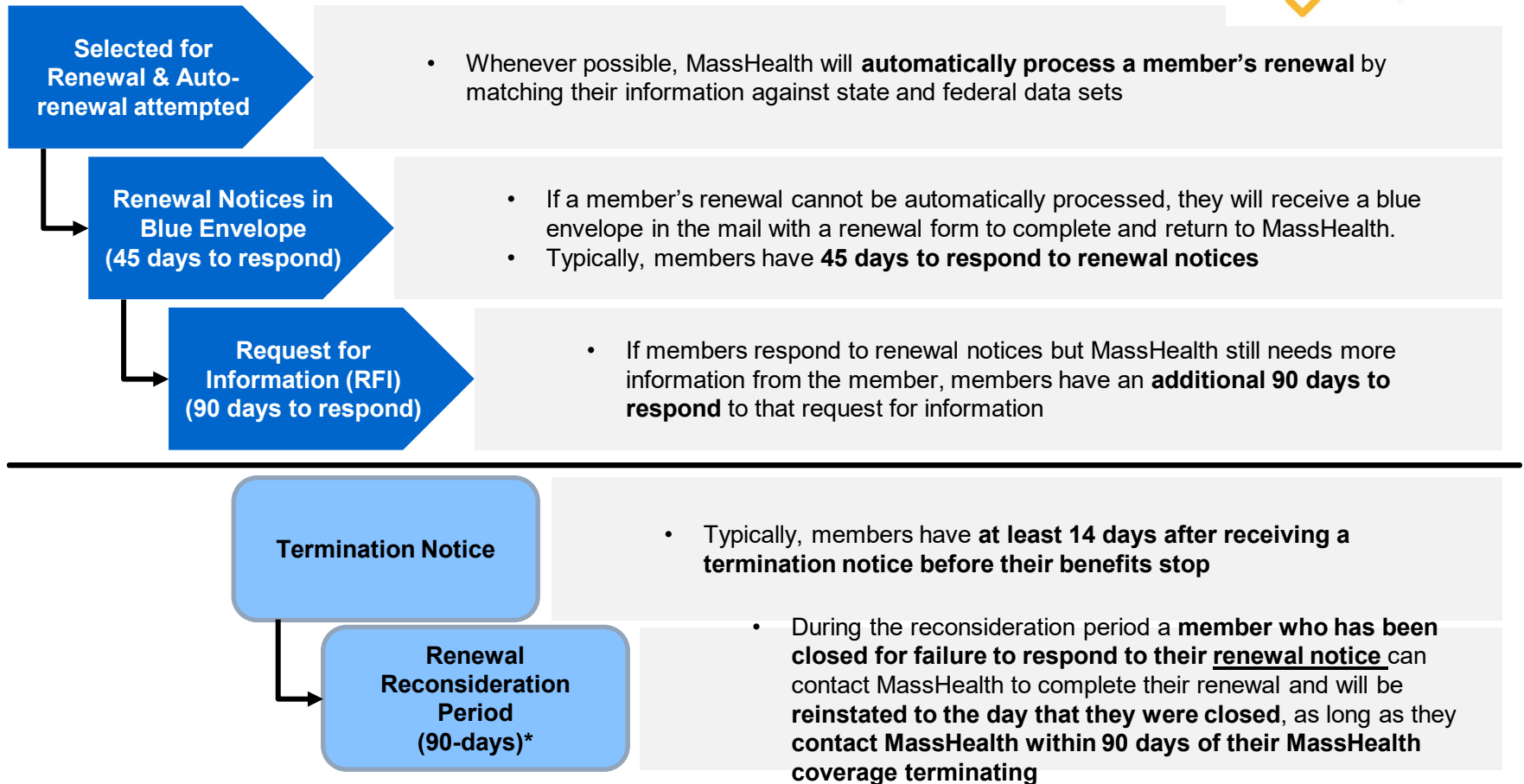
- ✓ Provide some reminders and updates on MassHealth renewals
- ✓ Discuss how you can help members get back on coverage
- ✓ Review provider billing requirements

# Why are we talking about renewals this year?



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

# Overview of member renewal timelines



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

# There are two ways you can help members stay covered



1

Help them **PREPARE** for renewals

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

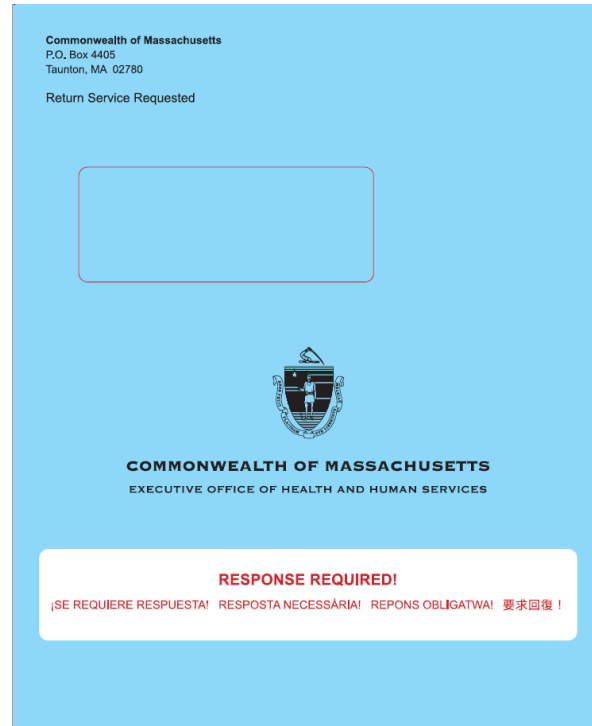
2

Help them understand how to **COMPLETE** renewals

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

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

# Tell members to look out for mail from the Commonwealth of Massachusetts, including a blue envelope!



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



# Comprehensive member outreach efforts are underway



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

The flyer is titled "Attention MassHealth members 65 or older" in large blue and black text. It features a photograph of an elderly couple. A green callout box says "You will need to renew your coverage this year." Below the title, it lists three steps to renew coverage: 1. Update your info (call Customer Service at 800-841-2900), 2. Check your mail, and 3. Respond to MassHealth. A note mentions that renewal forms for those turned 65 since March 2020 will look different. A box on the right explains the Special Enrollment Period (SEP) and lists other programs like Medicare, MSP, FEA, and PACE. A green box at the bottom provides information about family help and PSI forms. The footer includes the slogan "Act now. Stay covered." and the website "masshealthrenew.com" with the phone number "800-841-2900 (TTY: 711)". Logos for MassHealth, Health Connector, and HCFA are at the bottom.

*\*Draft resource*

# Outreach to date



- Through EOHHS's partnership with Health Care For All (HCFA), canvassers knocked on 320 doors through June in the 15 communities with the most members at risk of coverage loss
- MassHealth Accountable Care Organizations and other health plans conducted outreach to tens of thousands of members selected for renewal in April-June
- EOHHS held trainings specifically for eligibility specialists supporting members over age 65
- EOHHS executed >\$1.5M of grants to expand community assister capacity at 23 Community Based Organizations (CBOs) serving immigrants, refugees, older adults, and other vulnerable populations, as well as expanding assister capacity at Aging Services Access Points (ASAPs)
- With support from HCFA, overall 500+ events hosted by CBOs in various communities
- EOHHS executed an additional \$1M grant in collaboration with the Health Connector to hire a team of 'Mobile Community Specialists' to conduct renewal assistance in the community

# Redetermination updates



- Redeterminations were initiated in April 2023 at a measured pace to ensure system functionality, customer service preparedness, etc.
- As a reminder, we are required by CMS to renew the full member caseload within 12 months
- We have seen variable (but increasing) auto-renewal rates week-over-week since early April
- We are implementing multiple updates to increase the auto-renewal rate for MAGI and non-MAGI members and expect to see the rate go up significantly in the coming months
- Based on what we are seeing from other states, we know that outreach is absolutely essential – both ensuring we have the right contact information, and that members know to take actions when they receive a blue envelope
- Medicaid enrollees (65% of respondents) remain unaware that states are now permitted to resume disenrollments, with even higher rates among older adults (Kaiser Family Foundation survey)

# Redetermination dashboard



- The redetermination dashboard will be released monthly (starting in May) and will provide up-to-date data on MassHealth's caseload and details on members joining and departing MassHealth
- This data will be critical in identifying populations that require additional support during the redetermination period and will give the public greater visibility into this important initiative
- The dashboard will provide data through the end of the month prior to each release; for example, the May dashboard contains enrollment data through the end of April

## Dashboard

- Overall, the MassHealth caseload of approximately 2.4 million members decreased 0.24% during the month of June 2023, as approximately 17,000 members newly joined the program and approximately 23,000 departed from coverage
  - The ~17,000 arrivals reflect a typical month's new entrants, as individuals become newly eligible for the program
  - The ~23,000 departures are a modest increase from the previous month and include voluntary disenrollments, members who passed away, and members who completed their redeterminations and were found ineligible, in addition to members who did not respond to their renewal

# Helping members get back on coverage



- If a member loses coverage for administrative reasons (i.e., does not return their renewal form), in most cases they will still have a 90-day reconsideration period
- This means that if a member responds within 90 days of losing coverage and is still eligible for MassHealth, their coverage will be effective retroactive to the date they were terminated
- Providers should work to help members get back on coverage, especially if it's within this 90-day period, or find other coverage if they are no longer eligible for MassHealth
- There are a variety of options for providers to help members, including on-site assisters
- If a provider's location does not have an assister on-site, there are many other options for members to get help (see next slide)
- The most important thing for the member to do right away is call MassHealth at (800) 841-2900 TDD/TTY: 711

# Resources that exist to help members with coverage



## RESOURCE

## DESCRIPTION

1

MassHealth Enrollment Centers (MECs)

- MassHealth Enrollment Centers (MECs) provide members with **phone, virtual, or in-person assistance** with their applications from MassHealth staff
- We recommend that members **schedule an appointment** ahead of time at [www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative](http://www.mass.gov/info-details/schedule-an-appointment-with-a-masshealth-representative). Appointments can be via phone, virtual, or (starting in July) in-person
- There are **7 MECs across the State** – find the nearest one online at <https://www.mass.gov/service-details/masshealth-enrollment-centers-mecs>

2

Certified Application Counselors or Navigators

- Certified Application Counselors (CACs) and Navigators are a community-based resource **to help members apply for and renew health insurance benefits**. They are trained by MassHealth but are not MassHealth staff
- People who need help to keep their MassHealth coverage and people who are no longer eligible for MassHealth can get help from CACs and Navigators
- Help from CACs and Navigators is **free but may require an appointment**. You can also go online to find the nearest organization at <https://my.mahealthconnector.org/enrollment-assisters>

3

MassHealth Customer Service Center

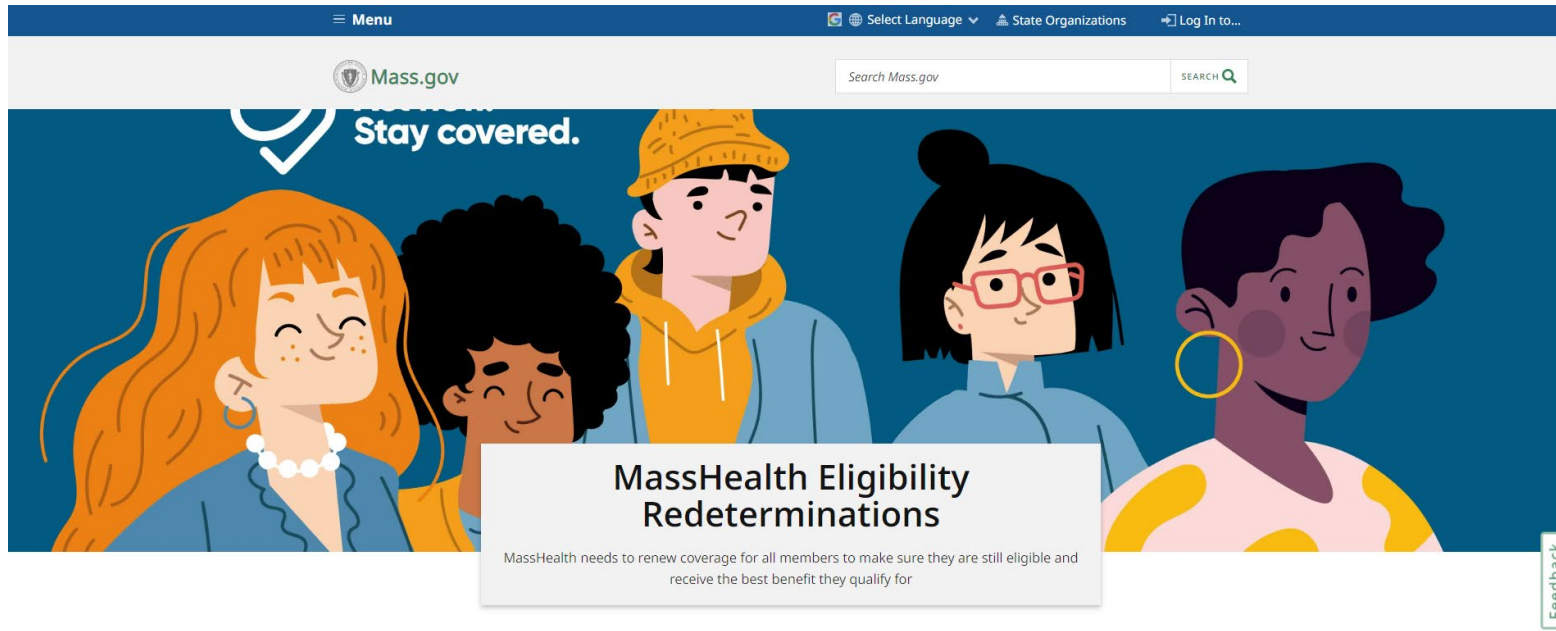
- If the member has questions about their MassHealth renewal or loss of coverage, you can have them call the MassHealth Customer Service center
- **Phone number: (800) 841-2900; TDD/TTY: 711**
- Hours: Monday-Friday 8am-5pm. Assistance is available in English, Spanish, Haitian Creole, Portuguese, Mandarin, Vietnamese, Arabic, and members may request a translator in any other language

# Provider billing responsibilities



- Reminder that providers have an obligation to bill MassHealth, not MassHealth members, for services payable by MassHealth
- Please remember to always check the Electronic Verification System (EVS) before issuing bills to MassHealth members or sending bills to a collection agency
- In particular due to the 90-day reconsideration period, a member may not appear to be eligible for MassHealth on the day a service was provided but may be retroactively reinstated by the time providers are ready to bill for the service or send a bill to collections
- In some limited circumstances, a member's eligibility may also be reinstated more than 90 days after the date of service
- MassHealth will provide claims deadline flexibility to accommodate these instances
  - Providers can request a waiver of the 90-day deadline to submit claims in these circumstances
  - This is specifically for services provided to a person who was not a member on the date of service but was later enrolled as a MassHealth member for a period that includes the date of service
  - Providers should include a copy of the bill sent to the member to support the 90-day waiver request
- As a requirement of state and federal law, providers must ensure they do not bill MassHealth members for services payable by MassHealth and must accept MassHealth's payment as payment in full
- More details can be found in the bulletin MassHealth recently released on this topic:  
<https://www.mass.gov/doc/all-provider-bulletin-372-reminder-of-billing-responsibilities-and-billing-for-retroactively-reinstated-members-0/download>

# Visit our renewal website



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



# Final tips and reminders



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

# Ordering, Referring and Prescribing Requirements

# Ordering, Referring & Prescribing (ORP) Requirements



- If MassHealth requires that a service is ordered, referred or prescribed, Section 6401(b) of the Affordable Care Act (ACA) requires that the Billing provider include an authorized ordering, referring or prescribing (ORP) provider's National Provider Identifier (NPI) on the claim. The ACA also requires that the ORP provider be enrolled with MassHealth as a fully participating provider or as a non-billing ORP provider
- Under state law, certain provider types are required, as a condition of state licensure to apply to be enrolled with MassHealth as either billing providers or as non-billing providers for the purposes of ordering, referring, and prescribing services to MassHealth members. Failure to complete a MassHealth revalidation process may prevent such providers from renewing their license to practice at a future date. In addition to several other provider types (see M.G.L. Ch. 112), this state law applies to physician interns and residents (see M.G.L. Ch. 112, Sec. 9)

# ORP Requirements



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

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

# ORP Provider Types and Enrollment Status as of July 13, 2023



\*With detail regarding MassHealth Service Area Enrollment Saturation

Authorized ORP Provider Types	*MA Licensed & Business Addresses in MA, ME, NH,VT,CT,RI,NY	Total # of ORP Provider Types "Known" to MassHealth	Total % Enrolled or in Progress
Physician	29,040	36,766	127%
Optometrist	1,369	1,181	86%
Psychologist	5,977	4,803	80%
Podiatrist	503	430	85%
Nurse Midwife	499	434	87%
Dentist	7,054	5,771	82%
Nurse Practitioner (NP)	13,220	11,250	85%
Physician Assistant (PA)	5,042	4,758	94%
Certified Registered Nurse Anesthetists (CRNA)	1,197	1,151	96%
Clinical Nurse Specialist (CNS)	75	40	53%
Psychiatric Nurse Mental Health Specialist (PCNS)	481	351	73%
Pharmacist	159	138	87%
Licensed Independent Clinical Social Worker (LICSW)	15,658	12,787	82%
<b>Total</b>	<b>80,274</b>	<b>79,860</b>	<b>99%</b>

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

# Implementation of ORP Billing Requirements



- Impacted claims submitted for payment to MassHealth must meet the following requirements:
  - The Individual ORP provider's NPI must be included on the claim
  - The NPI of the provider on the claim must be one of the ORP provider types
  - The ORP provider must be enrolled with MassHealth, at least as a nonbilling provider
- MassHealth has been running informational denial messages for the last several years to assist billing providers with updating their billing processes to comply with the ORP requirements
- Please see [All Provider Bulletin \(APB\) 286](#) for details on the informational messages and for billing instructions

# Implementation of ORP Billing Requirements (continued)



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

# ORP Provider Education and Outreach Activities



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

## **Resources and Information:**

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

## **Collaboration Strategies:**

- Work with stakeholders to provide consistent messaging
- Work closely with Provider Associations
- Proactive outbound calls from MassHealth
- Knowledgeable MassHealth Provider Services staff, available to answer providers' questions as needed
- Working with respective provider licensing boards to identify unenrolled ORP providers and sending out communications to those providers in an effort to get them enrolled



# 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
- Billing providers should record the Name, Address, and NPI of any ORP provider. This will help to confirm a ORP provider when using the POSC

# Unenrolled ORP Provider Processes



- MassHealth and its customer service and Business Support vendors are working with the licensing boards to confirm compliance with the state law. ORP providers identified as non-compliant by the licensing board are issued letters from the licensing board informing them they must apply to enroll with MassHealth or it may result in disciplinary action
- Billing providers should confirm the ORP provider is enrolled with MassHealth by checking the POSC prior to providing the service
- If the ORP provider is not enrolled, billing providers are encouraged to reach out to the ORP provider to urge them to enroll with MassHealth since it has an impact on their payment and to remind them of the state law requiring them to apply to enroll with MassHealth as a condition of licensure

# Unenrolled ORP Provider Processes (continued)



- If the ORP provider will not enroll or needs assistance with applying to MassHealth, billing providers should contact their Provider Customer Service call center with the name and contact information of the ORP provider
- MassHealth will perform outreach to the unenrolled ORP providers in an effort to get them enrolled
- MassHealth will also send letters to unenrolled ORP providers who appear on claims and will notify the relevant licensure board

# 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-mashealth-providers](http://www.mass.gov/the-aca-ordering-referring-and-prescribing-orp-requirements-for-mashealth-providers)

- **Provider Updates Email Sign Up**

To receive e-mail notification of updates to MassHealth provider manuals, including regulations, and new provider bulletins submit your name and email address on Mass.gov.

<https://www.mass.gov/forms/email-notifications-for-mashealth-provider-bulletins-and-transmittal-letters>

# Data Collection Forms (DCF)

# Primary User Roles and Responsibilities



The Primary User is the administrator of the account for the PIDSL and is responsible for notifying relevant staff within the organization of:

- Who the Primary User and back-up administrator are,
- What the role of the Primary User is, and
- The organization's protocols related to user ID access
- Maintaining a quarterly, semi-annual, or annual review of all user access to safeguard the organization's MassHealth information

# Primary User Roles and Responsibilities (continued)



The Primary User is responsible for maintaining access to an organization's information. This includes performing the following functions:

- Creating new subordinate user IDs for non-existing users,
- Linking subordinate user IDs for existing users,
- Resetting passwords for subordinate user IDs,
- Updating the access of subordinate user ID as needed, and
- Terminating the access of subordinate users as needed
- Conducting a quarterly, semi-annual, or annual review of user access

# Data Collection Form Changes



MassHealth requires providers to complete the Data Collection Form in order to designate/change the Primary User (system administrator) for their organization's POSC access

The Data Collection Form and process have been updated and there are now two Data Collection Forms:

- New Provider Enrollments DCF
  - Will be included as part of the MassHealth Provider Application package for fee-for-service applicants
- Modifications for Existing Primary Users DCF
  - If both the Primary User and assigned backup leave the provider, trading partner, or relationship entity organization, that organization must complete this form to designate a new Primary User



# Provider Enrollment DCF



- Primary User accounts are created through the processing of a DCF
  - [Provider Enrollment DCF hyperlink](#)
- Providers will complete this form during new provider enrollment
- The Provider Enrollment DCF will be included in the provider application package

**MassHealth** PROVIDER ENROLLMENT DATA COLLECTION FORM AND REGISTRATION INSTRUCTIONS

APPLICATION TRACKING NUMBER (ATN)

This form can be used only to establish a Primary User for a MassHealth provider ID and service location (PID/SL) upon enrollment in MassHealth. The form must be submitted with your MassHealth provider enrollment application. If you have already established a Primary User for an existing PID/SL and want to change the Primary User for that location, please complete the Existing Provider Modification Data Collection (POSC-DC-PM) Form at [www.mass.gov/registermasshealthprovider](http://www.mass.gov/registermasshealthprovider).

Providers can conduct day-to-day business with MassHealth electronically through the Provider Online Service Center (POSC), point-to-point connectivity, and MassHealth's Interactive Voice Response (IVR) system. All users are required to have a User ID and password to access these systems.

Please identify a Primary User (account administrator) for your organization. The Primary User will be the person in your organization who will be responsible for managing access to your organization's data on the POSC. This includes the creation and deactivation of users' accounts and password resets.

Please complete this form to obtain a User ID and password for the Primary User. Once the Primary User is registered, that person will need to create subordinate IDs for all other users within your organization and authorize access for business partners, such as billing agencies. The Primary User must assign a backup Primary User to perform Primary User responsibilities in the Primary User's absence.

**Please note:** It is important to ensure that access to your data is securely managed by the Primary User. To confirm the Primary User Assignment, please select one of the two following options\*:

Establish a Primary User for this new service location  
 Assign an existing Primary User to this new service location

All fields marked with an asterisk (\*) are required fields that must be completed by the submitter.

Provider type:  PACE  SDC  Billing agency  All others

Provider's Name\* \_\_\_\_\_

Primary User's Last Name\* \_\_\_\_\_ Primary User's First Name\* \_\_\_\_\_ Middle Initial \_\_\_\_\_

Month and Date of Birth\* (MM/DD) \_\_\_\_\_ User Defined Unique Four-Digit PIN\* \_\_\_\_\_ Work Zip \_\_\_\_\_

Primary User's Work Email Address\* \_\_\_\_\_ Existing Virtual Gateway User ID (if applicable) \_\_\_\_\_

Primary User's Contact Phone Number \_\_\_\_\_

I certify that the information on this form and any attached statement that I have provided have been reviewed and signed by me and are true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

I further acknowledge that I will review and adhere to the Commonwealth's standards for user access to its systems, including upon initial sign-in, and that my organization will comply with all the Commonwealth's standards for user access to its systems.

\_\_\_\_\_  
Provider's Primary User signature Date \_\_\_\_\_ Provider's signature Date \_\_\_\_\_  
(Signature and date stamps, or the signature of anyone other than the provider, are not acceptable.)

Return your completed form by fax or mail to MassHealth. It cannot be emailed. MassHealth will process your request within seven business days.

**Fax:** (617) 988-8974  
**Mail:** Provider Enrollment and Credentialing  
PO Box 278  
Quincy, MA 02171-0278

FORM DC-01 (03/20)

# Tips for Completing the Provider Enrollment DCF



- Enter the MassHealth Application Tracking Number (ATN) and not the NPI
- The User-defined PIN is requested when the Primary User contacts either the Virtual Gateway or the MassHealth Customer Service Center. Be sure to remember your PIN
- If the user already has a user ID, then the user must enter their user ID to avoid access issues caused by duplicate user ID creation. A user may be assigned to different MassHealth PIDSLs

To confirm the Primary User Assignment, please select one of the two following options\*:

Establish a Primary User for this new service location

Assign an existing Primary User to this new service location

All fields marked with an asterisk (\*) are required fields that must be completed by the submitter.

---

Provider type:  PACE  SCO  Billing agency  All others

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Provider's Name\*

---

Primary User's Last Name\*  Primary User's First Name\*  Middle Initial

---

Month and Date of Birth\* (MM/DD)  User-Defined Unique Four-Digit PIN\*  Work Zip

---

Primary User's Work Email Address\*  Existing Virtual Gateway User ID (if applicable)

---

Primary User's Contact Phone Number

# Account Set-Up - New Provider Enrollments



Upon receipt of a completed Data Collection Form, MassHealth will manually create a user ID and a password for the user. The Virtual Gateway will then send the user ID and password to the Primary User at the email address provided on the DCF. After receiving the user ID and password, the Primary User must take the following steps:

- Change Password: Use the link in the Virtual Gateway email to create a permanent password and set-up security questions
  - Make sure to check your junk/spam folder for the email
- Terms and Conditions: The user will also be prompted to review and accept the VG Terms and Conditions
- Assign an Alternate Primary User: It is recommended that the Primary User create a subordinate account, with access to the same POSC services and privileges as the Primary User, to serve as back-up in the Primary User's absence

# Where to Submit

- Return the completed form by fax or mail
  - It cannot be emailed
- Requests will be processed within 7 business days of application approval

## **Provider Enrollment and Credentialing**

PO Box 278

Quincy, MA 02171

FAX: 617-988-8974

# Modifications to Existing Primary User Accounts



If both the Primary User and assigned backup leaves the provider, trading partner, or relationship entity organization, that organization must:

- Immediately identify a replacement Primary User,
- Complete the Existing Provider Modification Data Collection Form (DCF)
  - [Existing Provider Modification DCF hyperlink](#)
- Submit the DCF to MassHealth at [SystemsSupportHelpdesk@MassMail.state.ma.us](mailto:SystemsSupportHelpdesk@MassMail.state.ma.us) to officially notify the agency of the change and establish a new primary user

# Existing Provider Modification DCF



- All users can update the following information online via the “Manage My Account – Update Profile” feature in the Users Virtual Gateway account:
  - Name (First/Last),
  - Email Address,
  - Phone number,
  - PIN, and
  - Date of Birth
- The ‘Existing Provider Modification Data Collection Form’ maybe used to request:
  - Changing the Primary User
  - Deactivate a Primary User
  - Reactivate a Primary User
  - Email address update (if unable to update online)

**MassHealth** EXISTING PROVIDER MODIFICATION  
DATA COLLECTION FORM AND INSTRUCTIONS  
Commonwealth of Massachusetts | Executive Office of Health and Human Services | www.mass.gov/masshealth

This form can be used only by existing MassHealth providers to modify the Primary User information for an existing service location. If you are submitting a provider enrollment application and want to initially establish a Primary User for a brand-new service location, please use the “Provider Enrollment Data Collection Form and Registration Instructions” form at [www.mass.gov/RegisterMassHealthProvider](http://www.mass.gov/RegisterMassHealthProvider).

**Please note:** All users can update the following information online via the “Manage My Account – Update Profile” feature in the Users Virtual Gateway account: Name (First/Last), Email Address, Phone Number, PIN, and Date of Birth.

The Primary User is the person in your organization who is responsible for managing access to your organization’s data on the Provider Online Service Center (POSC). This includes the creation and inactivation of users’ accounts and password resets. The Primary User manages subordinate IDs for all other users within your organization and authorizes access for business partners, such as billing agencies.

**Please note:** It is important to ensure that access to your data is securely managed by the Primary User.  
All fields marked with an asterisk (\*) are required fields that must be completed by the submitter.

Provider Name\* \_\_\_\_\_

Request Type (Please see the instructions on the back of this form for a description of the request types.):\*  
 Replace the current Primary User with a new Primary User  Email address update (only if user is unable to update online)  Deactivate a Primary User

Provider ID/Service Location\* \_\_\_\_\_ User-Defined Unique Four-Digit PIN\* \_\_\_\_\_

Primary User’s Last Name\* \_\_\_\_\_ Primary User’s First Name\* \_\_\_\_\_ Middle Initial \_\_\_\_\_

Month and Date of Birth\* (MM/DD) \_\_\_\_\_ Primary User’s Contact Phone Number\* \_\_\_\_\_

Primary User’s Existing Virtual Gateway User ID\* \_\_\_\_\_

Primary User’s Work Email Address (Complete this section for email address updates only):  
Old Email: \_\_\_\_\_ New Email: \_\_\_\_\_

Roles\* (Please see the instructions on the next page for a description of the roles.):  POSC  POSC + Hearing Aid Search  
Complete this section only if you are replacing the current primary user with a new primary user.

I certify that the information on this form and any attached statement that I have provided have been reviewed and signed by me and are true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

I further acknowledge that I will review and adhere to the Commonwealth’s standards for user access to its systems, including upon initial sign-in, and that my organization will comply with all the Commonwealth’s standards for user access to its systems.

\_\_\_\_\_  
Provider’s Primary User signature Date Provider’s signature Date  
(Signature and date stamps, or the signature of anyone other than the provider, are not acceptable.)

Please submit the completed Modification form to MassHealth at [SystemsSupportHelpdesk@MassMail.state.ma.us](mailto:SystemsSupportHelpdesk@MassMail.state.ma.us).  
It cannot be mailed or faxed. MassHealth will process your request within seven business days.

POSC-DC-PM 03/23

# Tips for Completing the Existing Provider Modification DCF



- The Provider ID should be the MassHealth assigned PID/SL not the NPI
- The User-defined PIN is requested when the Primary User contacts either the Virtual Gateway or the MassHealth Customer Service Center. Be sure to remember your PIN.
- If the user already has a user ID, then the user must enter their user ID to avoid access issues caused by duplicate user ID creation. A user may be assigned to different MassHealth PIDSs

Provider Name*		
Request Type (Please see the instructions on the back of this form for a description of the request types.): <input type="checkbox"/> Replace the current Primary User with a new Primary User <input type="checkbox"/> Email address update (only if user is unable to update online) <input type="checkbox"/> Deactivate a Primary User		
Provider ID/Service Location*		User-Defined Unique Four-Digit PIN *
Primary User's Last Name*	Primary User's First Name*	Middle Initial
Month and Date of Birth* (MM/DD)	Primary User's Contact Phone Number*	
Primary User's Existing Virtual Gateway User ID*		
Primary User's Work Email Address (Complete this section for email address updates only):		
Old Email:	New Email:	
Roles* (Please see the instructions on the next page for a description of the roles.): <input type="checkbox"/> POSC <input type="checkbox"/> POSC + Hearing Aid Search Complete this section only if you are replacing the current primary user with a new primary user.		

# Account Set-Up Reminders



- Once setup, the Primary User should immediately assign an alternative Primary User
- The Primary User must assign a backup Primary User to perform Primary User responsibilities in the Primary User's absence
- The Primary User should NOT grant every user full access to the POSC features
  - The Primary User should assign access only to those specific users who need that access to perform their functions



# Signature Requirements

- The signature requirements for the Data Collection forms have changed:
  - Both the signature of the Primary User and the Provider is now required on either Data Collection Form
- MassHealth will accept either:
  - A handwritten signature, or
  - An electronic signature via Adobe or DocuSign
- The following signatures are NOT acceptable:
  - Signature and date stamps
  - Typed signatures other than an Adobe or DocuSign electronic signature

# Data Collection Form Resources



For more information on designating a Primary User:

- <https://www.mass.gov/how-to/register-as-a-masshealth-provider-on-the-provider-online-service-center-posc>

For Frequently Asked Questions (FAQs):

- <https://www.mass.gov/info-details/masshealth-data-collection-form-faq>

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

# LTSS Provider Communications



(slide 1 of 15)

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



(slide 2 of 15)

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

- Notification to Nursing Facility Providers regarding MDS Training
- Notification to Day Programs (ADH and DH) regarding expiration of COVID flexibilities
- Notification to Ind. Therapists regarding COVID flexibilities after the end of the public health emergency
- Notification to Hospice Providers regarding COVID flexibilities after the end of the public health emergency
- Notification to HHA and CSN Providers regarding the retention bonus program

# LTSS Provider Communications



(slide 3 of 15)

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

- Notification to CSN Agencies regarding fiscal soundness requirements
- Notification to LTSS Providers regarding the Provider Portal refresh survey
- Notification to targeted AFC Providers regarding accreditation
- Notification to HHA Providers regarding Home Health Date exception list for Prior Authorization
- Notification to Nursing Facilities regarding materials from MDS training are available

# LTSS Provider Communications



(slide 4 of 15)

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

- Notification to PCM and PCA Providers regarding reminder that 2024 is a Leap Year
- Notification to LTSS Providers regarding updated data collection form (DCF) on the Provider Portal
- Notification to ADH Providers regarding materials from refresher training are available
- Notification to CSN, HHA, and Ind. Nurses regarding the Online CCM Directory

# LTSS Provider Communications



(slide 5 of 15)

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

- Notification to Hospice Providers regarding Dual-Eligible Non-Compliance Notices
- Notification to LTSS Providers regarding ORP requirements
- Notification to HHA Providers regarding CMS changes to the Advanced Beneficiary Notice
- Notification to LTSS Providers in Suffolk County regarding a MassHealth redetermination event
- Notification to CSN, HHA, AFC, and GAFC regarding Fiscal Soundness requirements



# LTSS Provider Communications



(slide 6 of 15)

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

- Notification to CSN and HHA Providers regarding Submission of the Incident Report
- Notification to DME Providers regarding a Price Adjustment for DME and Oxygen and Respiratory Therapy Equipment
- Notification to Speech Therapy Providers regarding Procurement of Dedicated and Non-dedicated AAC devices
- Notification to ADH and DH Providers regarding stakeholder call on 6/13
- Notification to AFC, GAFC, ADH, DH, and PCM and PCA Providers regarding Critical Incident Form

# LTSS Provider Communications



(slide 7 of 15)

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

- Notification to LTSS Network Providers regarding profile updates
- Notification to PCM and PCA Providers regarding the upcoming Quality Forum
- Notification to Ind. Nurse Providers regarding a stakeholder call
- Notification to Nursing Facility Providers regarding Trading Partner Testing for transition to MDS 3.0
- Notification to LTSS Network Providers regarding Electronic Submission of Prior Authorization requirements

# LTSS Provider Communications



(slide 8 of 15)

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

- April 2023:
  - Therapist Bulletin 18: COVID-19 Flexibilities after end of Federal Public Health Emergency
  - Speech and Hearing Center Bulletin 16: COVID-19 Flexibilities after end of Federal Public Health Emergency
  - Rehabilitation Bulletin 16: COVID-19 Flexibilities after end of Federal Public Health Emergency
  - Personal Care Attendant Program Bulletin 15: COVID-19 Flexibilities after end of Federal Public Health Emergency

# LTSS Provider Communications



(slide 9 of 15)

Recent Provider bulletins published for MassHealth LTSS Providers:

- April 2023:
  - Oxygen and Respiratory Therapy Equipment Bulletin 26: COVID-19 Flexibilities after end of Federal Public Health Emergency
  - Nursing Facility Bulletin 177: Anticipated Update to COVID-19 Surveillance Testing Supplemental Payments for Nursing Facilities
  - Nursing Facility Bulletin 178: Anticipated Updated to COVID-19 Preparedness Program Payments
  - Managed Care Entity Bulletin 99: Specialized Community Support Program Services
  - Independent Nurse Bulletin 11: COVID-19 Flexibilities after end of Federal Public Health Emergency

# LTSS Provider Communications



(slide 10 of 15)

Recent Provider bulletins published for MassHealth LTSS Providers:

- April 2023:
  - Independent Nurse Bulletin 12: Continuous Skilled Nursing Retention Bonuses for Independent Nurse Providers
  - Hospice Bulletin 27: COVID-19 Flexibilities after end of Federal Public Health Emergency
  - Home Health Agency Bulletin 82: Home Health Agency Retention Bonuses for Nursing providing Continuous Skilled Nursing Services
  - Home Health Agency Bulletin 83: COVID-19 Flexibilities after end of Federal Public Health Emergency
  - Home Health Agency Bulletin 84: Conclusion of the Temporary Expansion of Home Health Aide Services COVID-19 Flexibility

# LTSS Provider Communications



(slide 11 of 15)

Recent Provider bulletins published for MassHealth LTSS Providers:

- April 2023:
  - Durable Medical Equipment Bulletin 32: COVID-19 Flexibilities after end of Federal Public Health Emergency
  - Day Habilitation Program Bulletin 26: COVID-19 Flexibilities after end of Federal Public Health Emergency
  - Continuous Skilled Nursing Agency Bulletin 10: COVID-19 Flexibilities after end of Federal Public Health Emergency
  - Continuous Skilled Nursing Agency Bulletin 11: Continuous Skilled Nursing Agency Retention Bonuses for Nurses
  - All Provider Bulletin 365: MassHealth's Continuing Coverage of Reproductive Health

# LTSS Provider Communications



(slide 12 of 15)

Recent Provider bulletins published for MassHealth LTSS Providers:

- April 2023:
  - Adult Foster Care Bulletin 29: COVID-19 Flexibilities and Telehealth Guidelines after the end of Federal Public Health Emergency
  - Adult Day Health Bulletin 35: Aging Services Access Point (ASAP) Clinical Assessment Process and Documentation Requirements for Initial Prior Authorization Requests for Adult Day Health Services
  - Adult Day Health Bulletin 36: COVID-19 Flexibilities after end of Federal Public Health Emergency

# LTSS Provider Communications



(slide 13 of 15)

Recent Provider bulletins published for MassHealth LTSS Providers:

- May 2023:
  - Managed Care Entity Bulletin 100: Accountable Care Partnership Plans – Service Area Additions and Removals Effective January 1, 2024
  - Managed Care Entity Bulletin 101: Accountable Care Partnership Plans – Primary Care Provider Additions and Removals Effective January 1, 2024
  - Hospice Bulletin 28: Hospice Services in Conjunction with Day Habilitation Services
  - Durable Medical Equipment Bulletin 33: Policy Update: Durable Medical Equipment – Refill Notice Requirement



# LTSS Provider Communications



(slide 14 of 15)

Recent Provider bulletins published for MassHealth LTSS Providers:

- May 2023:
  - Day Habilitation Bulletin 27: Day Habilitation Services when a Member elects Hospice
  - All Provider Bulletin 366: Drugs Designated for Exclusion from 340B Coverage
  - All Provider Bulletin 367: Coverage and Reimbursement Policy Updates for Services related to COVID-19 after the Expiration of the Federal Public Health Emergency (Corrected)
  - All Provider Bulletin 368: Ending Prior Authorization Requirements for Certain Services

# LTSS Provider Communications



(slide 15 of 15)

Recent Provider bulletins published for MassHealth LTSS Providers:

- May 2023:
  - All Provider Bulletin 369: Electronic Submission of Prior Authorization Requests
  - Adult Day Health Bulletin 37: Adult Day Health Services when a Member Elects Hospice
- June 2023:
  - Home Health Agency Bulletin 85: Home Health Plan of Care Signature Compliance and Clarification on Third-party Liability
  - All Provider Bulletin 370: MassHealth Coordinating Aligned, Relationship-centered Enhanced Support (CARES) for Kids Program

# LTSS Provider Trainings and Quality Forums



Training or Quality Forums for MassHealth LTSS Providers:

- Trainings:
  - Home Health Agency Applicant Orientation Training: 8/10
  - Group Adult Foster Care Regulation Training: 8/24 and 8/29
  
- Quality Forums:
  - Next Forum will take place in September 2023. Topic and Provider Type are TBD

## **Claim Denial 1945**

# Edit Denial Code 1945

These Explanation of Benefit (EOB) codes may appear because the billing provider's NPI is linked to multiple Provider ID/Service Locations (PIDSL) and MassHealth cannot route to the correct PIDSL. Claims deny to the first PIDSL with the NPI

Edit Code Type	Description
EOB	Billing Provider NPI Is Mapped To Multi Serv Loc
CARC	Information Requested From Billing/Rendering Provider Was Not Provided Or Not Provided Timely Or Was Insufficient/Incomplete.
RARC	N/A

- Common Occurrences:
  - The address listed in the 837, 2010AA segment is not the DBA address in your provider file
  - Zip Code, including +4 billed on the claim(s) does not match your provider file with MassHealth
  - A new provider location has been added with the same NPI and you need to bill with the DBA address and/or taxonomy code
- Recommended Guidance:
  - Confirm the address listed in the 2010AA segment is correctly listed as the DBA address of the location being billed
  - Confirm zip code, including the +4 entered on the claim(s) match provider file
  - You may need to bill with taxonomy code to crosswalk the NPI

# Claims Processing with NPI



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

# Claims Processing with Taxonomy



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

# Claim Denials – 1945 and 1066

If claims are not billed with the appropriate DBA address and taxonomy, claims may deny with the following:

- **1945:** the NPI could not be crosswalked to a PIDSL with the information billed on the claim
- **1066:** the NPI was crosswalked to a PIDSL that is enrolled as a non-billing provider

If your claim denies for either of these, then check if:

- The claim is billed with the DBA
- The DBA billed matches what is enrolled with MassHealth as noted on slide 58
- A taxonomy code was required and not included
- An incorrect taxonomy code was submitted



# Prior Authorization

# Prior Authorization

- Effective **June 30, 2023**, all prior authorization (PA) requests must be submitted electronically, unless the provider has a currently approved electronic waiver or the PA request is for 1) prescription drugs, regardless of where they are dispensed or how they are billed; or 2) non-drug products dispensed at a pharmacy and billed through either the Pharmacy Online Processing System (POPS) or the Medicaid Management Information System (MMIS). Electronic claims waiver requests must be submitted via a waiver request form provided by MassHealth
- MassHealth requires providers to obtain prior authorization (PA) for certain services. See the MassHealth program regulations for the proposed service to determine when PA is required. In addition to program regulations, PA requirements may appear in Subchapter 6 of certain provider manuals, provider bulletins, or in other written issuances from MassHealth
- MassHealth posts its publications in the Provider Library on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on MassHealth Regulations and Other Publications, then on Provider Library. To identify which drugs, require PA, go to the MassHealth Drug List at [www.mass.gov/druglist](http://www.mass.gov/druglist)

# Requesting Prior Authorization for Non-pharmacy Services



Providers can use the POSC to submit PA requests and all attachments electronically and to review the status of PA requests. The process for completing a PA request and submitting the required documentation can be found in Subchapter 5 of your provider manual. For further assistance see the job aid available on mass.gov [Job Aid: Create a Prior Authorization Request](#)

Electronic waiver requests must be submitted via a waiver request form provided by MassHealth. If the waiver request is incomplete, MassHealth may request additional information from the provider. If the provider does not submit the requested information to MassHealth within 30 days of the request date, the waiver will be denied. See 130 CMR 450.302(A) for electronic claim submission waiver criteria. If a provider who does not have a currently approved electronic waiver submits a PA request via any other method (e.g., via paper, email, or fax), the PA request will not be processed

# Resource for Prior Authorization

- [Prior Authorization for Non-Pharmaceutical Services - Frequently Asked Questions](#)
- [Job Aid: Create a Prior Authorization Request](#)
- [Job Aid: Inquire about a Prior Authorization Request](#)
- [Job Aid: Respond to a Deferred Prior Authorization Request](#)
- [All Provider Bulletin 369:Electronic Submission of Prior Authorization Requests](#)

# **Policy Updates for COVID-19 Services after The Federal Public Health Emergency**

# Policy Updates for COVID-19



(slide 1 of 4)

- During the federal Public Health Emergency (PHE), MassHealth put in place many flexible policies relating to COVID-19
- The US government recently announced that the federal PHE ended effective May 11, 2023
- The following is updated information on how certain COVID-19-related services will be managed now that the PHE has ended

# Policy Updates for COVID-19



(slide 2 of 4)

## Vaccines

- MassHealth will continue covering COVID-19 vaccine services for MassHealth members, at no cost to the member, after the expiration of the federal PHE
- MassHealth anticipates that COVID-19 vaccines will be paid for pharmacy providers consistent with the methodology in [101 CMR 331.04: \*Payment for Prescription Drugs\*](#)
- During the federal PHE and continued through at least September 30, 2024, COVID-19 vaccine services are a covered service under MassHealth Limited

# Policy Updates for COVID-19



(slide 3 of 4)

## Testing

- MassHealth will continue covering COVID-19 testing services for MassHealth members, at no cost to the member, after the expiration of the federal PHE
- Effective May 12, 2023, MassHealth will no longer allow providers to separately bill and receive payment for COVID-19 specimen collection services. Before this date, providers may bill for COVID-19 specimen collection consistent with the guidance in All Provider Bulletin 319 and its predecessor bulletins. Rates for relevant codes and modifiers (codes G2023 and G2024, as well as modifiers “CG” to these codes) for services provided on or before May 11, 2023, are set in 101 CMR 320.00: Rates for Clinical Laboratory Services
- Effective starting May 12, 2023, COVID-19 testing will be covered for MassHealth Limited members to the extent performed in an emergency department. No other testing for COVID-19 may be billed for MassHealth Limited members after the end of the federal PHE



# Policy Updates for COVID-19



(slide 4 of 4)

## Treatment

- MassHealth will continue covering COVID-19 treatment for MassHealth members after the expiration of the federal PHE. There will be no copays for such treatment services through at least September 30, 2024

## Emergency Services

- COVID-19 vaccines, treatment, and testing will continue to be 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

## Health Safety Network

- HSN providers rendering COVID-19 vaccines, treatment, and testing services to HSN patients (including for COVID-19 testing for MassHealth Limited members after the expiration of the federal PHE performed outside of an emergency department) should submit claims for such services to the HSN

# MassHealth Reminders and Updates

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

# MDS Trading Partner Testing

- Nursing facility providers will want to take note that MassHealth will be discontinuing the MMQ as the acuity measurement tool for dates of service on or after October 1<sup>st</sup>, 2023
- This will impact electronic real-time and batch HIPAA file transactions, as well as Direct Data Entry (DDE) transactions on the Provider Online Service Center (POSC). The change is limited to the HIPAA 837I and 270/271 transactions and their associated DDE transactions relating to the MDS only and will not impact how providers submit 270 transactions but may impact how providers submit 837I transactions
- Trading partner testing is scheduled for 08/14/2023 to 09/30/2023
  - Please note that the deadline to register for testing has now passed

# Provider Bulletins



## All Provider Bulletins

- [All Provider Bulletin 365](#) (April): MassHealth's Continuing Coverage of Reproductive Health Medications
- [All Provider Bulletin 366](#) (May): Drugs Designated for Exclusion from 340B Coverage
- [All Provider Bulletin 367](#) (Coverage and Reimbursement Policy Updates, May)
- [All Provider Bulletin 368](#) (May): Ending Prior Authorization Requirements for Certain Services
- [All Provider Bulletin 369](#) (May): Electronic Submission of Prior Authorization Requests
- [All Provider Bulletin 370](#) (June): MassHealth Coordinating Aligned, Relationship-centered, Enhanced Support (CARES) for Kids Program
- [All Provider Bulletin 371](#) (June): Continued Suspension of Primary Care Clinician Plan & Primary Care ACO Referrals
- [All Provider Bulletin 372](#) (June): Reminder of Billing Responsibilities and Billing for Retroactively Reinstated Members

## Managed Care Entity Bulletins

- [Managed Care Entity Bulletin 100](#) (May): Accountable Care Partnership Plans—Service Area Additions and Removals Effective January 1, 2024
- [Managed Care Entity Bulletin 101](#) (May): Accountable Care Partnership Plans—Primary Care Provider Additions and Removals Effective January 1, 2024
- [Managed Care Entity Bulletin 99](#) (April): Specialized Community Support Program Services