MassHealth Training Forum Provider Updates

February 2022

Executive Office of Health & Human Services

Agenda

- **Welcome and Agenda Review**

- **Business Support Services (BSS)**

- **COVID-19 Updates**

- **ORP Status Update**

- **Provider Access Improvement Grant Program (PAIGP) Update**

- **Office of Long-Term Services and Supports (OLTSS)**

- **Medicaid and CHIP Managed Care Final Rule**

- **Payment Error Rate Measurement (PERM) RY 2023**

- **POSC/EDI Updates and Reminders**

- **MassHealth Updates**
  - Revalidation
  - MassHealth Transportation Changes
  - MassHealth Bulletins (November 2021 – January 2022)

Business Support Services (BSS)

Presented by – Marilyn Thurston, Sr. Provider Relations Specialist, MassHealth Business Support Services

- *MassHealth Premium Billing (MHPB)* operations - services include overseeing billing and payments, making adjustments, and resolving customer inquiries

- *Provider enrollment, credentialing, re-credentialing, and maintenance of information -* includes assisting providers throughout the enrollment, re-credentialing and information maintenance process

- *Provider outreach, education and communication, and relationship support and management -* includes training, provider resource development, provider communications, provider learning management system, and other provider support services

- *Electronic Data Interchange (EDI) -* includes testing, compliance, and transactions

- *Document management and mailing fulfillment -* includes imaging, storing, printing, and mailing to members and providers

- *Non-Emergency Transportation Authorization (NETA) requests -* includes managing personal reimbursements, and Customer inquiries

- *MassHealth Choices -* Managing the Health Plan Comparison Tool, currently known as (http://www.masshealthchoices.com)

https://www.mass.gov/info-details/masshealth-business-support-services-contract-update-for-providers

Provider Education LMS

MassHealth is excited to introduce enhancements to the Provider LMS for Non-OLTSS providers

The Provider LMS delivers:

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

Users that were enrolled in the previous version of the LMS were sent an e-mail notification in October and November announcing the change and providing important login information

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

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

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

Training Examples

Soon to be released trainings:

- Direct Data Entry (DDE) Professional Claim Submission

- Direct Data Entry (DDE) Professional Claims Correction

DDE Professional Claim Submission Objectives

This training would be ideal for someone that occasionally enters single claims and needs a refresher or a new staff member learning to enter claims into the Provider Online Service Center (POSC)

Objectives:

- Define the benefits of Direct Data Entry

- Learn how to submit a professional claim in the Provider Online Service Center(POSC) via Direct Data Entry

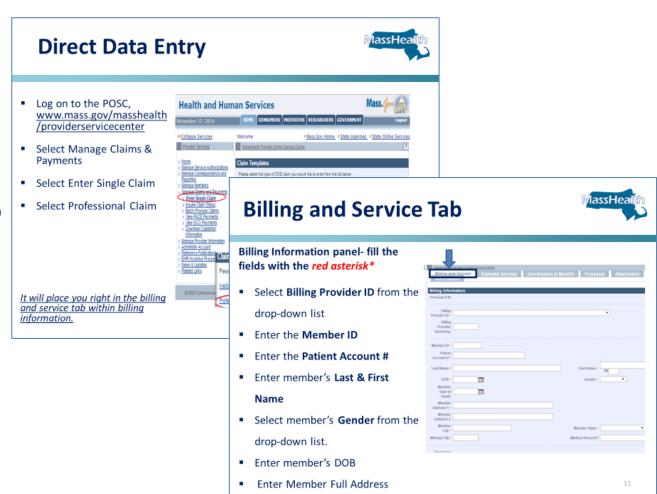- Learn how to view Claim Status after claim submission

DDE Professional Claim Submission

The training has simple step by step instructions including visual aids

Instructions include:

- Billing and Service Tab
- Extended Service Tab
- Procedure Tab
- Attachment Tab
- Confirmation Tab
- Claim Status After Submission
- Possible actions after submission

DDE Professional Claim Correction Objectives

This training would be ideal for someone that occasionally needs to correct single claims and needs a refresher or a new staff member learning to correct claims on the Provider Online Service Center (POSC)

Objectives:

- Be able to define the different claim correction options, based on claim status

- Be able to look up a Claim in the Provider Online Service Center (POSC) to be able to make corrections

- Know the steps to take to make corrections to a professional claim in the Provider Online Service Center (POSC) Via Direct data entry
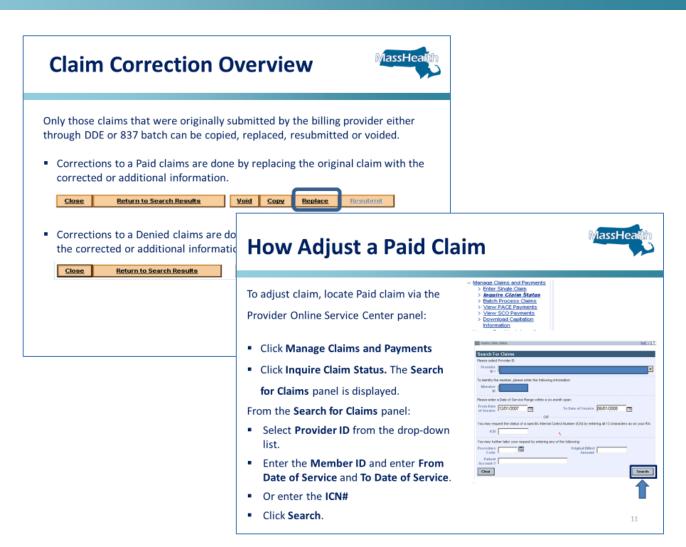
DDE Professional Claim Correction

The training has simple step by step instructions including visual aids

The training goes through how to determine the type of correction needed:

- Correcting a Paid Claim
- Correcting a Denied Claim
- Replace vs Resubmit

Claim Correction Overview

Only those claims that were originally submitted by the billing provider either through DDE or 837 batch can be copied, replaced, resubmitted or voided.

- Corrections to a Paid claims are done by replacing the original claim with the corrected or additional information.

| Close | Return to Search Results | Void | Copy | Replace | Resubmit |

- Corrections to a Denied claims are do the corrected or additional informatio

| Close | Return to Search Results |

How Adjust a Paid Claim

To adjust claim, locate Paid claim via the Provider Online Service Center panel:

- Click **Manage Claims and Payments**
- Click **Inquire Claim Status**. The **Search for Claims** panel is displayed.

From the **Search for Claims** panel:

- Select **Provider ID** from the drop-down list.
- Enter the **Member ID** and enter **From Date of Service** and **To Date of Service**.
- Or enter the **ICN#**
- Click **Search**.

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DDE Professional Claim Correction (Continued)

The training includes general reminders and helpful tips for navigating the system, reviewing remittance advise information, and provides additional resources to help successfully correct a claim

Provider Education LMS (Continued)

- It is recommended that providers take the Introduction to Inquisiq course as an introduction to the system upon initial login

- Other available courses include:
  - Massachusetts Healthcare Training Forum for Providers (current and past presentations)
  - Customer Web Portal (PT-1)
  - Ordering Referring and Prescribing

- New Trainings will be added regularly

- Provider feedback is important for each training – Surveys provide valuable information that helps us continually improve your experience

- Visit: https://masshealth.inquisiqlms.com/Default.aspx

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

Questions?

COVID-19 Updates

Presented by – Marilyn Thurston, Sr. Provider Relations Specialist, MassHealth Business Support Services

MassHealth Coverage of Covid-19 Booster Doses

MassHealth will cover booster doses of the BioNTech, Moderna, and Janssen COVID-19 vaccines consistent with EUAs. MassHealth expects it will pay $45.87 for the administration of booster doses, the same rate it pays for the administration of all other doses of COVID-19 vaccine.

The following new codes will be covered by MassHealth at the following expected rates

Code	Description	Expected Rate	Effective Date for Certain High Risk Individuals	Effective Date for Individuals 18 and Over	Effective Date for Individuals age 16 and 17
0004A	Pfizer-BioNTech Covid-19 Vaccine Administration – Booster	$45.87	09/22/2021	11/18/2021	12/09/2021
0064A	Moderna Covid-19 Vaccine (Low Dose) Administration - Booster	$45.87	10/20/2021	11/18/2021	12/09/2021
91307 SL	Moderna Covid-19 Vaccine (Low Dose)	$0.00	10/20/2021	11/18/2021	12/09/2021

No codes are being added for the Janssen vaccine booster dose; the existing codes 91303 SL and 0031A can be used. Similarly, no new code for the booster dose of the vaccine itself is being added for Pfizer-BioNTech; the existing vaccine code 91300 SL can be used

There is no cost sharing for any COVID-19 vaccines. Rates and billing codes will be established through an administrative bulletin or the promulgation of emergency regulations by the Executive Office of Health and Human Services

See All Provider Bulletin 328 and All Provider Bulletin 333 for more information

COVID-19 Pediatric Vaccines, and Monoclonal Antibodies

![MassHealth logo]

- Beginning October 21, 2021, MassHealth will cover administration of the Pfizer-BioNTech COVID-19 vaccine to children 5 through 11 years of age consistent with the EUA

- MassHealth expects to pay for the administration of Pfizer-BioNTech COVID-19 pediatric vaccine doses, at the same rate it pays for the administration of all other doses of COVID-19 vaccine

- COVID-19 vaccines and vaccine administration services are a covered service for MassHealth Limited members effective for dates of service beginning March 11, 2021. Providers should continue to bill:

  - The federal COVID-19 Uninsured Program portal for COVID-19 vaccine administration services rendered to MassHealth Limited members for dates of service prior to March 11, 2021, and

  - The federal COVID-19 Uninsured Program portal for vaccine administration services rendered to all other uninsured patients, including Health Safety Net patients without other coverage

All Provider Bulletin 330 includes a list of codes, rates and effective dates for covered COVID-19 services

Federal COVID-19 Vaccine Mandate

- On November 5, 2021, the Centers for Medicare and Medicaid Services (CMS) published an [interim final rule] with comment period requiring COVID-19 vaccination of eligible staff at health care facilities that participate in the Medicare and Medicaid programs

- Facilities and providers covered by this rule must establish a policy ensuring all eligible staff have received the first dose of a two-dose COVID-19 vaccine or a one-dose COVID-19 vaccine (or have requested or been granted an exemption to the vaccination requirements) by **December 5, 2021**

- All eligible staff must have received the necessary shots to be fully vaccinated – either two doses of Pfizer or Moderna or one dose of Johnson & Johnson (or have requested or been granted an exemption to the vaccination requirements) – **by January 4, 2022**

- This vaccination requirement applies to eligible staff working at a facility regardless of clinical responsibility or patient contact

For more information on impacted providers please review [All Provider Bulletin 332].

Admission Screening at Acute Inpatient Hospitals (AIH)

For all admissions beginning December 15, 2021, through March 15, 2022 (Temporary Suspension Period), MassHealth is suspending its policies related to admission screening for admissions to acute inpatient hospitals, and prior authorization for physician services rendered in connection with AIH admissions, as follows:

- During the Temporary Suspension Period, MassHealth will not require admission screening prior to the elective to an AIH

- During the Temporary Suspension Period, MassHealth will not require admission screening for any admission to an AIH Rehabilitation Unit

- For all dates of admission during the Temporary Suspension Period, MassHealth will not require prior authorization as a prerequisite for payment of any physician service rendered to a MassHealth member in connection with the member's admission to an AIH. Any claim for such physician services rendered during the Temporary Suspension Period must include Place of Service (POS) Code 21

See Acute Inpatient Hospital Bulletin 187 for more information

Coverage of Over-the-Counter COVID-19 Tests

On January 14, 2022, the Massachusetts Department of Public Health (DPH) issued a standing order authorizing licensed pharmacists to dispense OTC diagnostic SARS-CoV-2 antigen tests ("at-home antigen self-test kits") to any individual. This standing order authorizes licensed pharmacists to treat the standing order as a prescription for any such test.

- Accordingly, MassHealth has established coverage for up to eight such at-home antigen self-test kits per member per month without prior authorization

- All Provider Bulletin 337 provides information on coverage and rates for members enrolled in MassHealth fee-for-service, the Primary Care Clinician Plan and Primary Care Accountable Care Organizations, as well as Health Safety Net patients and Children's Medical Security Plan members

- Information about coverage through other MassHealth Managed Care Entities (MCEs) and the Program of All-inclusive Care for the Elderly is provided in MCE Bulletin 80

- Information for Pharmacies can be found in Pharmacy Facts 177

Covid-19 Flexibility Extensions

- MassHealth implemented numerous flexibilities to allow providers to separately bill and receive payment for COVID-19 specimen collection services and other billable services as described in [All Provider Bulletins 319 and 325](). these flexibilities have been extended through **March 31, 2022**

- MassHealth is further extending the payment of 24-hour substance use disorder treatment services–related flexibilities described in [All Provider Bulletin 319]() through **June 30, 2022**

COVID-19 Resources

Additional Information

- Providers should visit the [COVID-19 Provider Page](#) dedicated for the latest COVID-19 related information

- For the latest Massachusetts-specific information, visit the following link: 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: www.cdc.gov/coronavirus/2019-ncov/hcp/index.html

Questions:

Long-Term Services and Supports	All Other Provider Types
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	Phone: (800) 841-2900; TTY: (800) 497-4648 Email: providersupport@mahealth.net Fax: (617) 988-8974

Questions?

Ordering Referring and Prescribing

Presented by – Marilyn Thurston, Sr. Provider Relations Specialist, MassHealth Business Support Services

Ordering Referring and Prescribing (ORP)

ORP denials continue to be paused or postponed due to COVID-19

- Phase 1 denials for Group 1 (individual non-LTSS), Group 2 (entity non-LTSS) were paused beginning with DOS on or after 3/30/20 due to the COVID-19 emergency

- 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

- An announcement will be made prior to the resumption of denials along with adjusted implementation dates for Phase 1 Group 3 and Phase 2 denials

- MassHealth continues to provide informational edits for impacted ORP claims to inform billing providers of claims that do not meet ordering, referring, and prescribing requirements

ORP Provider Recommendations

MassHealth recommends that providers:

- Continue to take notice of ORP edits on remittance advice

- Make any process adjustments to reduce future ORP denials

- Monitor the Provider ORP page on Mass.Gov for the most updated information

- Watch for notifications from MassHealth

- Continue to enroll ORP providers as non-billing or fully enrolled providers

Learn more about **Ordering, Referring and Prescribing (ORP)** requirements, please visit the Provider ORP page

Questions?

MassHealth Provider Access Improvement Grant Program

Presented by – Kaitlyn Figueroa, Grant Coordinator, Provider Access Improvement Grant Program and the Medical Foundation, Health Resources in Action

MassHealth Provider Access
Improvement Grant Program

2021 Cycle 3 and General Program Updates

MassHealth Provider Association Forum (PAF) Presentation

January 2022

Health Resources in Action, Inc.

MassHealth Provider Access Improvement
GRANT PROGRAM (PAIGP)

PAIGP Overview

- The MassHealth Provider Access Improvement Grant Program (PAIGP) helped eligible MassHealth providers **increase access to healthcare and improve outcomes for patients with disabilities**, or **for whom English is not a primary language**, through the purchase of medical diagnostic equipment, communication devices, and other resources

- The grants awarded through this program were intended to reduce the barriers that make it less likely for individuals with disabilities or for whom English is not a primary language to get routine and preventative medical care

- The Massachusetts Executive Office of Health and Human Services (EOHHS) managed PAIGP, which was funded via MassHealth's Section 1115 Demonstration

2021 Cycle 3 General Program Updates

- For Cycle 3, PAIGP awarded over $1.84 million to 61 MassHealth providers, marks final funding cycle

- For Cycles 1–3, PAIGP has awarded over **$4 million total to 137 MassHealth providers** to improve access for priority populations including funding the following:

  ❖ Transportation vehicles, ramps, lifts, treatment tables, and other accessories assisting patients with physical disabilities;
  ❖ Electronic devices, software, and other tools to facilitate language translation and speech barriers;
  ❖ Audiometers, otoscopes, retinal imaging cameras, magnigication software, portable vital sign machines, bariatric tools, bladder scanners, and other instruments;
  ❖ Dental chairs, intraoral cameras, and mobile dental operatories.

MassHealth Provider Access Improvement
GRANT PROGRAM (PAIGP)

Questions?

Office of Long-Term Services and Supports (OLTSS)

Presented by – Henri McGill, One Care Program Manager, Office of Long-Term Services and Supports

COVID-19 Vaccine requirements:

MassHealth

Updates to Include Additional Dose or Booster Vaccination

- On January 6th, 2022, the Department of Public Health issued a Public Health order requiring LTC facilities, ALRs, home care services, and hospice programs to ensure that their eligible staff, receive a COVID-19 additional dose or booster vaccination by February 28, 2022

- Eligible staff are those who completed their primary COVID-19 vaccination series at least:
  - 5 months prior if they received Pfizer or Moderna
  - at least 2 months prior for J&J/Janssen
  - such other time period as recommended by the CDC

- Personnel who become eligible to receive a COVID-19 additional dose or booster vaccination on or after February 28, 2022, should receive the additional dose or booster vaccination as soon as possible after becoming eligible and no later than three weeks after the date they become eligible

- Any individual who qualifies for an exemption based on medical contraindication or a sincerely held religious belief is also exempt from the requirement to receive a COVID-19 additional dose or booster vaccination

- Reporting and compliance requirements will remain the same as was required for the primary series. MassHealth and EOEA will issue updated guidance in the coming days with further details

Care Model Focus Initiative

- Purpose - intensify efforts to identify and take the action steps that will result in:
  - Greater alignment
  - Clearer expectations
  - Increased focus on performance around key aspects of enrollee experience, service delivery, and program accountability in One Care

- CMFI will include assessment of how we are doing and how we might further enhance program execution along the domains of:

  - Person-centered care
  - Care team roles and composition
  - Assessment process/timing
  - Individualized Care Plans
  - Care coordination (including LTSS and BH)

  - Member experience and satisfaction
  - Member protections
  - Communications to and from members
  - Health equity for One Care members
  - Care Model performance indicators

- See full CMFI details at: <u>Care Model Focus Initiative (CMFI) for the MassHealth One Care Program | Mass.gov</u>

CMFI Core Team

- Members of the CMFI Core Team will be from MassHealth units, MyOmbudsman, the One Care Plans, designees of the Implementation Council, and CMS

- The Implementation Council will identify its own designees to the core team

- Opportunity for up to **five** additional individuals will be posted on <u>COMMBUYS</u>

  - MassHealth members who are eligible for and receiving both Medicare and MassHealth benefits, who are enrolled, or are eligible to be enrolled, in the One Care program

  - Advocates and other individuals with experience in, and knowledge of, independent living principles for people with disabilities; long-term care services and supports; peer supports; or behavioral health recovery models/services; or, beneficiary protections in the Medicare and MassHealth programs

  - Health care professionals/providers of any level or specialty who have experience in providing services to people with complex needs or have an interest in doing so.

- Please note that responses are due no later than **5:00PM on January 21, 2022**

CMS Proposed Rule

- On **January 6, 2022**, the Centers for Medicare & Medicaid Services (CMS) shared a news release entitled "CMS Takes Action to Lower Out of Pocket Medicare Part D Prescription Drug Costs."

- The announcement outlines CMS' vision for:

  - Increasing transparency and the overall experience of care for dual eligible members who are enrolled in Dual Eligible Special Needs Plans (D-SNPs)

  - The rule also proposes to transition Medicare-Medicaid Plans (MMPs) like One Care to D-SNPs

- EOHHS is working closely with CMS to determine how the proposed rule will impact our One Care demonstration status.

- **Most importantly, EOHHS remains committed to the principles and care model of One Care, and to providing integrated care and delivery system options to our dual eligible members**

- The public comment period ends on March 7, 2022. EOHHS will be reaching out to Stakeholders to engage in this process

Questions?

Medicaid and CHIP Managed Care Final Rule Updates

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

Managed Care Final Rule Requirements

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

1. States must screen, enroll, and periodically revalidate all Managed Care Entity (MCE) network providers
   a. MassHealth has delegated the screening, enrollment and revalidation of the MCE provider networks to the MCEs
   b. Screening includes all federally required disclosures, verifications of federal exclusions, NPI, Social Security Administration (SSA) Death Master File (DMF) and license information as applicable

2. States must enroll providers that are not already actively enrolled with MassHealth (Fee-for-Service (FFS) and Ordering, Referring & Prescribing (ORP))
   a. Where the MCE has a different NPI, address, TIN or Provider Type (PT) from MassHealth a contract/enrollment are required

3. An MCE-only provider must have a signed MassHealth Nonbilling Managed Care Entity (MCE) Network-only Provider Contract
   a. For entities one contract is needed for each NPI/TIN/ PT combination
   b. If the provider has an existing MassHealth relationship that is different than the MCE, a contract is needed for the MCE relationships
   c. The MCE will identify providers who require a contract/enrollment

Managed Care Final Rule Process

- An MCE only (not enrolled with MassHealth but enrolled with one or more MCEs) provider is not required to render fee-for-service (FFS) care

- Validating MCE networks against the MassHealth network
  - Validation is based on NPI/TIN/PT/Address

- Plans are outreaching to providers who must complete a MassHealth Nonbilling Managed Care Entity (MCE) Network-only Provider contract

- MCEs are submitting enrollment files for MCE only providers. Providers are only required to submit a contract

- If a provider is disputing the requirement to sign a contract and the information the MCE is maintaining <u>they must contact the MCE</u>

- If a provider is disputing the information MassHealth is maintaining, <u>they must contact their respective MassHealth customer service vendor</u>

- If the MCE submits enrollments for only providers not known to MassHealth (FFS/ORP) this should not impact your MassHealth relationship and billing

Managed Care Final Rule Policy

- MassHealth is onboarding the MCEs in a phased approach

- We have launched the following MCEs

  - Massachusetts Behavioral Health Partnership

  - Boston Medical Center Health Plan

  - AllWays Health Plan

  - Health New England

  - Fallon

  - Tufts

Questions?

Payment Error Rate Measurement (PERM) RY 2023

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

PERM RY 2023

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

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

- Contractors:

  o The Lewin Group is the Statistical Contractor (SC)

  o NCI Information Systems Inc. is the Review Contractor (RC)

- **Medical Records Requests**

  o Providers will receive a request letter from the RC (NCI) and will have **75 calendar days** from the date of the request letter to submit the record

  o Providers may send documentation by fax, by mail or if using a Health Information Handler (HIH), by CMS' electronic submission of medical documentation (esMD) system

  o Reminder calls and letters are made after 30, 45, and 60 days (unless received)

  o Non-response letters are sent on day 75 via registered mail

PERM RY 2023
(Continued)

- **Medical Records Requests - Incomplete, Missing or Illegible Information**

  - If submitted documentation is incomplete, the RC sends an additional documentation request (ADR) letter giving the provider **14 days** to submit additional documentation

    - A reminder call is made, and a letter is sent if pending after 7 days

  - If the RC receives records of poor quality or with other issues, the RC sends a Resubmission Letter detailing the issue and asking the provider to resubmit the information

PERM RY 2023 Frequent Mistakes

Frequent Mistakes for Providers to avoid:

- Not responding within required timeframes

- Submitting records for the wrong patient

- Submitting records for the right patient but for the wrong date of service

- Not submitting legible records – e.g., colored backgrounds on faxed documents

- Not copying both sides of two-sided pages

- Marking/highlighting that obscures important facts when copied or faxed

Questions?

POSC/EDI Updates and Reminders

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

Electronic Claims Waiver Request Updates

In February 2022 MassHealth will be modifying **The Electronic Claims Waiver Request** criteria to refine the eligibility for paper claim submission. To reduce costs and to promote environmental responsibility, MassHealth does not accept paper claim submissions from providers unless they have an approved **Electronic Claims Waiver Request**

The criteria to determine eligibility for the waiver include the following:

- Low volume of claims
- MMIS issues
- Natural disaster
- Reasonable accommodation
- Other extenuating circumstances

If you have any questions, please contact the MassHealth Customer Services Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) or at providersupport@mahealth.net

Multi Benefit Plan

Multi Benefit Plan
(Continued)

On March 21, 2022, MassHealth will update its Eligibility Verification System (EVS) available on the Provider Online Service Center (POSC) and the HIPAA Health Care Eligibility Benefit Inquiry and Response (270/271) transaction to include the additional benefit plans:

- COVID Uninsured Coverage
- CMSP
- Limited
- HSN

Trading partners should visit the MassHealth HIPAA Companion Guides webpage listed below to evaluate the changes outlined in the MassHealth HIPAA Health Care Eligibility Benefit Inquiry and Response (270/271) Companion Guide, and ensure that their systems can accept the additional benefit plan information:
https://www.mass.gov/lists/masshealth-hipaa-companion-guides

Trading Partner Testing

Trading Partner Testing (TPT) is scheduled to be conducted from 2/14/2022 through 3/11/2022. Testing is not mandatory, however, MassHealth urges Trading Partners and vendors to test during this timeframe. If you plan to participate or have questions about TPT testing, please contact MassHealth EDI at edi@mahealth.net

If you have general questions, please contact the MassHealth Customer Service Center at (800) 841-2900 or edi@mahealth.net. If you are an LTSS provider, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com

Shared User ID

MassHealth User ID/MMIS Access

REMINDER: Providers, Trading Partners, and Relationship Entities must not share MassHealth User IDs and passwords used to access MassHealth systems with anyone

Each user attests to the Virtual Gateway (VG) Terms and Conditions upon initial sign-on to any VG hosted application (e.g., POSC). All MassHealth providers, trading partners and relationship entities that have been assigned a User ID and Password to access the Provider Online Service Center (POSC) and MassHealth connectivity methods *(e.g., IVR, point to point)* are solely responsible for the use of that user ID and must NOT share it with any other individual

Sharing user IDs is a violation of the policy. Every user within an organization that accesses the POSC or MassHealth connectivity methods must be assigned their own user ID

MassHealth monitors shared user ID activity on a regular basis. The user ID of any user that violates the VG Terms and Conditions may be subject to termination

MassHealth User ID/MMIS Access Management

Each organization must be sure that access to the POSC is accurately maintained to ensure that only those persons that should have access to the organization's data can view, submit, or receive information on behalf of the organization

The Primary User within an organization who is responsible for managing user access to the organization's information on the POSC and MassHealth connectivity methods must, at a minimum, do the following:

- Ensure that a back-up administrator has been assigned to support user access requests in the Primary User's absence

- Ensure that each user has been issued their own user ID

- Terminate user IDs once a staff person has left the organization and once affiliate and vendor relationships and engagements have ended

- Establish and maintain a quarterly, semi-annual, or annual review and alignment of all user access to safeguard the organization's MassHealth related information

MassHealth User ID/MMIS Access Validation

Please note, MassHealth is in the process of validating access and activity for User IDs that have not logged in to the Provider Online Service Center (POSC) through the Virtual Gateway since 8/31/2020. User IDs that have been inactive up until 3/31/20 will be terminated. User IDs that have been inactive between 4/1/20 and 8/31/20 may be terminated. Those impacted users will be notified

If you have any questions about the MassHealth User ID policy, please contact MassHealth Customer Service Center at 800-841-2900 or MassHealth LTSS Provider Service Center at 844-368-5184. DO NOT contact the Virtual Gateway

MassHealth User ID/MMIS Access (Continued)

For additional information you may refer to mass.gov for Provider Security job aids at https://www.mass.gov/service-details/job-aids-for-the-provider-online-service-center-posc

Specific job aids may be found at the links below:

- How to link a subordinate user (already has a VG user ID) to a provider PIDSL: https://www.mass.gov/doc/new-mmis-job-aid-link-subordinate-accounts/download

- How to update the password for a user: https://www.mass.gov/doc/new-mmis-job-aid-change-password/download (Primary user should update the passwords for subordinate users)

- How to create a subordinate user (someone that does not already have a VG user ID): https://www.mass.gov/doc/new-mmis-job-aid-create-subordinate-accounts/download

- How to update subordinate user information: https://www.mass.gov/doc/new-mmis-job-aid-update-accounts/download

Questions?

MassHealth Updates

Presented by – Nate Kallenbach, Sr. Provider Relations
Specialist, MassHealth Business Support Services

Revalidation

Revalidation

Section 6401 of the Affordable Care Act established a requirement for Medicare and Medicaid to revalidate enrollment information for all enrolled providers, regardless of provider type, under new enrollment screening criteria at least every 5 years. MassHealth began implementation of this requirement in March 2014

In response to the COVID-19 Public Health Emergency, MassHealth temporarily suspended the revalidation process. **Beginning January 2022, MassHealth will resume revalidation of provider enrollments**

- The first wave of providers who will need to revalidate will include approximately 2,000 providers, including both those who were scheduled to revalidate this month as well as the providers who were not revalidated during the Public Health Emergency

- Failure to complete revalidation in a timely fashion can result in sanctions. Sanctions may include, but are not limited to, administrative fines and suspension or termination from participation in MassHealth

Revalidation (Continued)

MassHealth will mail a letter to providers who need to revalidate. The letter will include the revalidation requirements and the documents that need to be submitted as part of the revalidation process

- Providers will have 45 days from the date of the revalidation letter to complete the revalidation process

- Providers will be required to do a self-attestation on the Provider Online Service Center (POSC) if the provider is not enrolled in Medicare. Providers who are enrolled with Medicare would only be required to submit an updated Federally Required Disclosure Form, which can also be submitted via the POSC

- For more information, visit the MassHealth Provider Revalidation Page on Mass.gov, or contact MassHealth Provider Enrollment & Credentialing at revalidation@mahealth.net

Note: There will be more information about the revalidation activities for LTSS providers in the coming weeks

MassHealth Transportation Changes

Transportation Program Changes Effective 4/1

As previously released in [MassHealth Transportation Bulletin 19](), effective April 1, 2022, all wheelchair van services currently covered by MassHealth as fee-for-service transportation will be provided as brokered transportation through Human Service Transportation (HST) Office selective contracts with transportation brokers

Accordingly, as of April 1, 2022, MassHealth will not directly enroll or pay providers for nonemergency medical transportation provided by wheelchair van. If providers wish to continue providing wheelchair van transportation to MassHealth members after April 1, 2022, they will need to contract with [MART]() or [GATRA]() or both brokers

Impacts for non-Transportation providers:

- As of April 1, a PT-1 will need to be submitted via the CWP, in place of the current Medical Necessity Form, for MassHealth members to receive wheelchair van transportation as part of safe discharge planning
- MassHealth will soon offer two types of brokered/PT-1 transportation services: curb-to-curb service, 'enhanced' service (for members with additional needs such as nursing home residents or members being discharged from a hospital)

MassHealth expects to issue further guidance on these changes in early 2022

CWP Changes Coming Soon

The Customer Web Portal (CWP) is the web-based self-service system used by MassHealth providers to submit Provider Requests for Transportation Services (PT-1s). The CWP can be used to request brokered, non-emergency transportation for MassHealth members.

Enhancements to the CWP will be implemented by MassHealth in Spring 2022:

- PT-1 request changes (including updates to accommodate hospital discharge requests and submissions from nursing facilities)
- New PT-1 modification features
- New PT-1 status notification features
- Member CWP access to view PT-1 status
- All provider trainings on enhancements beginning in March
- Focused training for hospitals and nursing homes in February

Please be on the look-out for MassHealth CWP trainings coming soon!

MassHealth Bulletins
(November 2021– January 2022)

All Provider Bulletins

- **All Provider Bulletin 329** Changes to the Retroactive Medicare Recovery Project (RMRP)

- **All Provider Bulletin 330** MassHealth Coverage for Coronavirus Disease 2019 (COVID-19) Vaccines, including Pediatric Vaccines, and Monoclonal Antibodies

- **All Provider Bulletin 331** Updates to the MassHealth Third Party Liability Indicator ("TPLI-MH") Form

- **All Provider Bulletin 332** Federal COVID-19 Vaccine Mandate for Eligible Staff at Health Care Facilities Participating in the Medicare and Medicaid Programs

- **All Provider Bulletin 333** MassHealth Coverage for Coronavirus Disease 2019 (COVID-19) Vaccine Booster Doses

- **All Provider Bulletin 334** Temporary Extension of Flexibilities to Permit Separate Payment for Specimen Collection through March 31, 2022

- **All Provider Bulletin 335** Extension of Coverage and Reimbursement Policy Related to COVID-19 for 24-Hour Substance Use Disorder Services

Resources

MassHealth Website

- These bulletins are all available on: http://www.mass.gov/masshealth-provider-bulletins

- MassHealth for Providers web page: https://www.mass.gov/masshealth-for-providers

MassHealth Customer Service

Long-Term Services and Supports	All Other Provider Types
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	Phone: (800) 841-2900; TTY: (800) 497-4648 Email: providersupport@mahealth.net Fax: (617) 988-8974

Provider Email Alerts

- 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?