MassHealth Updates: Mass. Association of Patient Account Managers

December 2023

Executive Office of Health & Human Services

Agenda

- MassHealth Member Eligibility Redeterminations
- PCDI Updates for 2024
- Resumption of PCC Plan & Primary Care ACO Referrals
- Ordering, Referring and Prescribing Requirements Update
- E-Signatures

MASSHEALTH MEMBER ELIGIBILITY REDETERMINATIONS

Ongoing Redeterminations

- 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

Member Renewal Timeline

Selected for Renewal & Auto-renewal attempted

- Whenever possible, MassHealth will **automatically process a member's renewal** by matching their information against state and federal data sets

Renewal Notices in Blue Envelope (45 days to respond)

- If a member's renewal cannot be automatically processed, they will receive a blue envelope in the mail with a renewal form to complete and return to MassHealth.
- Typically, members have **45 days to respond to renewal notices**

Request for Information (RFI) (90 days to respond)

- If members respond to renewal notices but MassHealth still needs more information from the member, members have an **additional 90 days to respond** to that request for information

---

Termination Notice

- Typically, members have **at least 14 days after receiving a termination notice before their benefits stop**

Renewal Reconsideration Period (90-days)*

- During the reconsideration period a **member who has been closed for failure to respond to their renewal notice** can contact MassHealth to complete their renewal and will be **reinstated to the day that they were closed**, as long as they **contact MassHealth within 90 days of their MassHealth coverage terminating**

*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.

Assisting Members

- 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

Member Resources

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. Appointments can be via phone, virtual, or (started 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
- Providers can request a waiver of the 90-day deadline to submit claims in these circumstances
- 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

Questions?

PAYMENT AND CARE DELIVERY INNOVATION (PCDI) UPDATES FOR 2024

PCDI Updates for 2024

The following health plans will now be offered by MassHealth in new service areas on January 1, 2024	
Health Plan	**New Service Area Offered**
WellSense Community Alliance	Oak Bluffs
WellSense Boston Children's ACO	Athol, Gloucester, Greenfield, and Pittsfield
East Boston Neighborhood Health WellSense Alliance	Lynn

The following health plans will no longer be offered by MassHealth in the stated service areas on January 1, 2024	
Health Plan	**Service Areas No Longer Offered**
WellSense Care Alliance	Wareham

- All other information in the Enrollment Guide is up to date. For additional details see All Provider Bulletin 382.
- If you want to learn more about the health plans options, you can:
  - Visit www.MassHealthChoices.com; or
  - Call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.
  - MassHealth Customer Service is open Monday – Friday, 8 am to 5 pm.

MassHealth will NOT be turning on referrals for the Primary Care ACO and PCC Plan on 1/1/24.

Questions?

ORDERING, REFERRING AND PRESCRIBING REQUIREMENTS UPDATE

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. Health Safety Net (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)

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.
- Please also see the "How To" document on populating the ordering and referring provider information when submitting claims that is posted on the ORP webpage under "Additional Resources".

Implementation of ORP Billing Requirements

- 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 are not payable if they do not meet the following ORP requirement:
  - The ORP provider must be enrolled with MassHealth, at least as a nonbilling provider

POSC Provider Search Function

- MassHealth has a Provider Search tool to assist billing providers in determining whether an ORP provider is enrolled with MassHealth.
- 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.
- Note that a MassHealth provider’s enrollment status is subject to change due to reasons including, but not limited to, retirement, death, withdrawal from the MassHealth program, and expiration or revocation of license. Some situations, including, but not limited to, the expiration or revocation of a provider’s license, may lead to a provider being retroactively removed from the MassHealth program.
- Billing providers should record the Name, Address, and NPI of any ORP provider. This will help to identify 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 that they must apply to enroll with MassHealth, or it may result in disciplinary action.
- 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

- 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
- The aforementioned state law requirement applies to all providers who are authorized ORP provider types, including, but not limited to, such providers who are employed only at a non-group-practice MassHealth-enrolled entity which bills MassHealth for their services (hereinafter, “entity-only providers”), such as a physician who is employed only as staff of a MassHealth-enrolled hospital or community health center. Entity-only providers are required to apply to enroll in MassHealth as a non-billing provider.

Questions?

E-SIGNATURES

e-signatures

MassHealth has been accepting e-signatures on the Massachusetts Substitute W-9, Electronic Funds Transfer (EFT) forms for some time

Effective immediately, MassHealth will begin accepting e-signatures on all provider enrollment forms, in addition to those above, even if the signature field says it is not allowed

Provider enrollment forms that we will accept with e-signature include:

- Provider applications
- Provider contracts
- Federally Required Disclosures Form (FRDF)
- Data Collection Form (DCF)
- Trading Partner Agreement (TPA)
- Electronic Remittance Advice (ERA)

e-signatures continued

A provider can sign MassHealth enrollment forms in any of the following ways:

1. Traditional hand-drawn signature (ink on paper);
2. Electronic signature that is either:
    a. Hand drawn using a mouse or finger if working from a touch screen device; or
    b. An uploaded picture of the signatory's hand drawn signature
3. Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign. A digital signature certification must be included with the signature.

E-signatures will be accepted on other forms when the signature field is updated and states it is acceptable. MassHealth is working on modifying these forms and where applicable, those forms will be posted to Mass.gov.

Questions?