MassHealth Updates: Mass. Association of Patient Account Managers

December 2021

Executive Office of Health & Human Services

Agenda

- **Welcome and Agenda Review –**
- **Behavioral Health Updates**
- **Ordering Referring and Prescribing (ORP)Update**
- **MassHealth Robotics Processing Automation (RPA) Policy**
- **Pre-Admission Screening (PAS) Submission Reminder**
- **Payment Error Rate Measurement (PERM) RY 23**
- **Provider Education and Learning Management System (for non-LTSS providers)**
- **ORP Revalidation**
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Behavioral Health Solo Practitioner Coverage

Solo Practitioners in Behavioral Health

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

Current State - Psychologists

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

Current State – LICSWs

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

Expanded Coverage for BH Services

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

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

Provider Eligibility

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

Provider Type	In State Requirements
LISCW	• Be licensed to practice and engage in the independent practice of clinical social work by the Massachusetts Board of Registration of Social Workers • Be a Medicare provider
Psychologists	• Be licensed to practice by the Massachusetts Board of Registration of Psychologists, with a specialization listed in clinical or counseling psychology, neuropsychology, or a closely related specialty • Be a Medicare provider

Please refer to the Administrative and Billing and provider specific regulation located at https://www.mass.gov/service-details/masshealth-provider-regulations

Questions?

Ordering, Referring and Prescribing Requirements

Ordering, Referring & Prescribing (ORP) Requirements

ACA Section 6401 (b)

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

ORP Requirements

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

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

ORP Provider Types Enrollment

Status as of 12/07/2022

*With detail regarding MassHealth Service Area Enrollment Saturation

Authorized ORP Provider Types	*MA Licensed & Business Addresses in MA, ME, NH,VT,CT,RI,NY	Total # of ORP Provider Types "Known" to MassHealth	Total % Enrolled or in Progress
Physician	43,879	35,835	108%
Optometrist	1,507	1,179	85%
Psychologist	6,382	4,868	83%
Podiatrist	512	418	87%
Nurse Midwife	569	461	89%
Dentist	7,467	5,430	79%
Nurse Practitioner (NP)	14,168	11,108	86%
Physician Assistant (PA)	5,768	5,234	101%
Certified Registered Nurse Anesthetists (CRNA)	1,534	1,473	118%
Clinical Nurse Specialist (CNS)	75	37	51%
Psychiatric Nurse Mental Health Specialist (PCNS)	549	410	78%
Pharmacist	136	116	87%
Licensed Independent Clinical Social Worker (LICSW)	16,926	13,030	82%
Total	99,472	79,599	94%

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

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 (ORP) provider
- Billing providers should review the informational EOB messages they are receiving to update their billing processes to comply with the ORP requirements
- Please see All Provider Bulletin (APB) 286 for details on the informational messages and for billing instructions
- Due to the pandemic, MassHealth paused the enforcement of ORP requirements that were being implemented based on the schedule in APB 286
- On a future date (TBD) impacted claims will not be payable if they do not meet ORP requirements. Providers will be notified in advance of this date

Checking Enrollment for ORP Providers on the POSC

- In order to use the Provider Search Function you must be logged into the Provider Online Service Center (POSC). The Provider Search Option is in the left navigation list
- Results will return PROVIDER NAME, ADDRESS, NPI and “ACTIVE Y” or “No active MassHealth providers found”
- Please note that a response of ACTIVE Y does not definitively confirm that the provider is eligible to be an Ordering, Referring or Prescribing provider. For example, facilities and entities (e.g., hospitals, health centers, group practices) are not authorized ORP providers. Also, individual providers could be in a provider type that is not authorized to Order, Refer or Prescribe

ORP Resources

- To learn more about **Ordering, Referring and Prescribing (ORP) (and to download Nonbilling Application),** visit the Provider ORP page at : www.mass.gov/the-aca-ordering-referring-and-prescribing-orp-requirements-for-masshealth-providers

- **Provider Updates**
  To receive e-mail notification of updates to MassHealth provider manuals, including regulations, and new provider bulletins visit www.mass.gov/masshealth-subscribe-bulletins-TLs.

Questions?

Robotics Processing Automation (RPA) Updates

MassHealth Robotics Processing Automation (RPA) Policy

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

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

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

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

Monitoring, Enforcement, and Compliance

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

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

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

Please review RPA Policy to view the full scope of the monitoring, enforcement, and compliance requirements.
If you have questions regarding the RPA Policy please contact MassHealth at functional.coordination@mass.gov

Questions?

Pre-Admission Screening (PAS) Submission Reminder

PAS Requests Through the POSC

Pursuant to Acute Inpatient Hospital Bulletin 153 and Acute Hospital Request for Applications Rate Year 2023, EOHHS conducts admission screening on elective admissions in accordance with 130 CMR 450.208(A). Notwithstanding that portion of 130 CMR 450.208(A)(1) that requires admitting providers to submit requests for admission screening for elective admissions via telephone or fax, the admitting provider must submit requests for admission screening via the Provider Online Service Center (POSC) at least seven calendar days before the proposed elective admission. For specific instructions on how to submit, update, or inquire about a PAS, please see the MassHealth POSC Job Aids.

Advantages of POSC

The POSC offers many advantages including:

- 24-hour access for submitting PAS requests,
- Fewer fields to complete compared to paper or fax formats,
- Faster processing time, and
- Easy to determine status of request.

JOB AID: Create a Preadmission Screening Request

This job aid describes how to

- create a preadmission screening (PAS) request using the MassHealth Provider Online Service Center (POSC); and
- submit the request.

The PAS request authorizes elective/nonemergency acute or chronic hospital stays.

You must have the Provider ID (PID) and Service Location (SL) for both the attending and facility provider to create a PAS request. Click on the Provider tab and enter the national provider identifier (NPI) to obtain the PID and SL.

- Click the Login button on the POSC landing page.

POSC Access To Submit PAS Requests

As a MassHealth Provider (including vendors and relationship entities) utilizing the MassHealth POSC, your appointed Primary User is responsible for managing user access to your MassHealth information on the MMIS POSC.

- To submit PAS on the POSC the Primary User will need grant access to subordinate users to access **Service Authorizations**
- If primary user is unknown, you can call MassHealth Customer Service at 1-800-841-2900 to obtain that information
- In the event the Primary User leaves/has left the organization, that organization must immediately identify a replacement Primary User, by completing a Data Collection Form (DCF) https://www.mass.gov/doc/data-collection-form-and-registration-instructions-posc-dc/download, and submitting it to MassHealth to officially notify the agency of the change

How to register for POSC for New Providers/Organizations

- Access to the POSC is part of the enrollment process (except for ORP providers) by filling out the DCF to appoint a Primary User
- Once the primary user is registered, they will need to:
  - Create subordinate IDs for all other users within your organization and assign access
  - Authorize access for additional users in your organization, as well as business partners such as billing agencies

For more information about the POSC, register as a user, or access job aids see Register as a MassHealth provider on the Provider Online Service Center (POSC) | Mass.gov

POSC Tips on Submitting PAS

POSC tips for FASTEST processing of Pre-Admission Screening requests

- To submit a PAS request via the POSC, please refer to the job aid located at JOB AID: Create a Preadmission Screening Request
- Always include the CPT code when uploading.
- Provider should be checking the status of a PAS request after submitting via the POSC to ensure completion. To learn how to check the status of PAS visit POSC Job Aid: Inquire on a Pre-Admission Screening
- Check the external text box for messages regarding information required to complete the review

Questions?

Payment Error Rate Measurement (PERM) RY 2023

PERM RY 2023

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

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

Contractors:

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

Medical Records Requests

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

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
- As of September, 771 records were received from a sample size of 834
  - 84 errors have been found
  - A number of responses have been that the member was not seen on the sampled DOS

PERM RY 2023 Reminders

Findings from previous PERM audits:

- Not responding within required timeframes
- Submitting records for the wrong patient
- Submitting records for the right patient but for the wrong date of service
- Not submitting legible records – e.g., colored backgrounds on faxed documents
- Not copying both sides of two-sided pages
- Marking/highlighting that obscures important facts when copied or faxed
- Incorrect procedure code billed
- A document or documents were absent from the record that are required to support the claim as billed
- Number of units billed not supported by number of units documented

Questions?

Provider Education and The Provider Learning Management System

(for non-LTSS providers)

Provider Education LMS

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

The Provider LMS delivers:

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

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

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

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

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

New Provider Training

The BSS provider relations team hosts a MassHealth New Provider Orientation webinar twice each month for non-LTSS providers. New billing providers receive an invitation which is sent to the contact on the enrollment application or other identified representative of the organization.

Some of the included topics:

- MassHealth Provider Online Service Center (POSC)
- Eligibility verification
- Service authorizations
- Electronic claims submission
- Corrective action for denied claims
- MassHealth resources

As a reminder the Provider Handbook is a great resource for all providers, and is available on Mass.gov .

Questions?

Revalidation : ORP Providers

Revalidation: ORP Providers

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

MassHealth will begin revalidation for ORP providers in 2023.

- MassHealth will select providers each month for revalidation by date of enrollment or last revalidation date
- Providers will be required to submit the **Revalidation Attestation and Disclosures Form**.
- Failure to complete revalidation in a timely fashion can result in disenrollment from participation in MassHealth

Revalidation – ORP Providers (Continued)

A revalidation launch email will be sent to the provider's email address and/or confirmed credentialing contact on file, to let them know it is time to revalidate and provide additional instructions on the date.

- Providers will have 45 days from the date of the revalidation letter to complete the revalidation process
  - If no submission has been sent, the provider will receive an initial Sanction Notice notifying them of impending disenrollment.
  - A second sanction notice will also be mailed to the provider if no documents are submitted within 15 days of the initial Sanction Notice.

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

BSS Address Update

Important

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

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

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

Questions?