MassHealth Updates Presented to Mass. Association of Patient Account Managers

December 17, 2020

Executive Office of Health & Human Services

Agenda

1. Agenda Review
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Payment and Care Delivery Innovation (PCDI) Year 4
January 2021

PCDI Updates for 2021

PCDI Year 4 may have 2 implementation waives

- **Waive #1 – Effective 1/1/21 –** two plans will be removing service areas from their ACO. Existing plan members may remain enrolled in these service area.
  - **BMC Community Alliance**
    - **Removing Greenfield Service Area**
    - **Removing Lynn Service Area**
  - **BMC Health Net Plan Mercy Alliance**
    - **Removing Northampton Service area**

- **(Possibly) Waive #2 – Effective ~mid-year 2021**
  - MassHealth will announce more details in the coming months regarding possible waive #2 opportunities.

Managed Care Health Plan Options

Accountable Care Partnership Plans (Model A)
Be Healthy Partnership - Baystate Health Care Alliance with Health New England
Berkshire Fallon Health Collaborative - Health Collaborative of the Berkshires with Fallon Health
BMC HealthNet Plan Signature Alliance - Signature Healthcare with BMC HealthNet Plan
BMC HealthNet Plan Community Alliance - Boston Accountable Care Organization with BMC HealthNet Plan
BMC HealthNet Plan Mercy Alliance - Mercy Medical Center with BMC HealthNet Plan
BMC HealthNet Plan Southcoast Alliance - Southcoast Health with BMC HealthNet Plan
Fallon 365 Care - Reliant Medical Group with Fallon Health
My Care Family - Merrimack Valley ACO with Allways Health Partners
Tufts Health Together with Atrius Health - Atrius Health with Tufts Health Plan (THP)
Tufts Health Together with BIDCO - Beth Israel Deaconess Care Organization (BIDCO) with Tufts Health Plan (THP)
Tufts Health Together with Boston Children's ACO – Boston Children's ACO with Tufts Health Plan (THP)
Tufts Health Together with CHA - Cambridge Health Alliance (CHA) with Tufts Health Plan (THP)
Wellforce Care Plan - Wellforce with Fallon Health

Managed Care Organizations
Boston Medical Center (BMC) HealthNet Plan
Tufts Health Together

Primary Care Clinician (PCC) Plan	Primary Care ACO Plans
Primary care Providers in the MassHealth Network	Community Care Cooperative (C3)
	Mass General Brigham ACO* (Formerly Partners HealthCare Choice)
	Steward Health Choice

Resources

- ✓ Payment and Care Delivery (PCDI) for Providers:
  - Information for providers about the MassHealth PCDI initiative

- ✓ Mass.Gov/MassHealth:
  - General information regarding the MassHealth program and other resources

- ✓ MassHealthChoices.com:
  - Online Provider directory where members can learn, compare, and enroll in health plans.

- ✓ MassHealth Enrollment Guide:
  - Printed enrollment guide for members to view health plans, service areas, and extra benefits.

- ✓ MassHealth Enrollment Centers:
  - A list of the MassHealth enrollment centers for in-person eligibility assistance.

- ✓ MassHealth Customer Service:
  - 1-800-841-2900 (Monday- Friday 8:00am-5:00pm)
  - TTY: 1-800-497-4648

Electronic Claims HIPAA File and Provider Online Service Center (POSC) Updates

Electronic Claims HIPAA File and Provider Online Service Center (POSC) Updates

In March 2021, MassHealth will implement modifications to the submission requirements related to operating physician, service facility location, and supervising physician information submitted on claims transactions.

- The changes will impact both 837 batch claims transactions and the Provider Online Service Center (POSC) Direct Data Entry (DDE) claims transactions. To support these minor changes the companion and billing guides will be updated.

- MassHealth will conduct general information sessions for providers, trading partners, and vendors coming the end of January 2021. Registration will begin in late December and details can be found at: https://www.mass.gov/service-details/trading-partner-education once available.

- It is highly recommended that trading partners participate in the information sessions in January to understand the upcoming changes. For more information, please visit https://www.mass.gov/masshealth-technical-refresh. If you have questions, please email the MassHealth Customer Service Center at edi@mahealth.net.

Ordering Referring and Prescribing (ORP) Updates

Ordering Referring and Prescribing (ORP) Update

ORP denials are currently 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.

Ordering Referring and Prescribing (ORP) Update (cont.)

Continued outreach and preparation:

MassHealth continues to monitor and conduct outreach to providers with high numbers of claims edits.

MassHealth recommends that providers:

- Continue to take notice of ORP edits on remittance advice
- Make any process adjustments to reduce future ORP denials
- Visit Mass.Gov for the most updated information
- Watch for notifications from MassHealth
- Continue to enroll ORP providers as non-billing or fully enrolled providers

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

Cost Sharing Update

Cost Sharing - Full Implementation Update

The Full Implementation release date has changed from January 1, 2021 to July 1, 2021.

FULL IMPLEMENTATON

***New* Release Date:** July 1, 2021

Overview of Changes:

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

*For more information on Cost Sharing changes that took effect on 7/1/20, please refer to All Provider Bulletin 297

Notification Of Birth

Notification of Birth (NOB) Updates

Effective January 2021:

- New fields will be added to the NOB-1 form allowing for/promoting voluntary selection of a health plan and pediatric PCPs for the newborn by the parent/guardian

- New field will be added so hospitals can indicate whether the mother is ConnectorCare eligible. Information on how to identify Connector Care will be provided

- The electronic NOB form will be changed to match the new NOB-1 form, which hospitals are encouraged to use

- If a plan selection was not made:
  - A new letter will be sent to parent/guardians for whom a NOB was received
    - The letter will cover the importance of making a voluntary plan selection, instructions on selecting a plan, and important post-partum clinical information for the parent/guardian
    - Auto assignment logic will be modified to first assign newborns to the same plan as their sibling(s), if present, instead of the mother's plan

Notification of Birth (NOB) Updates (cont.)

Assignment of all newborns to Fee for Service (FFS) when a voluntary managed care plan selection is not made on the NOB

- In cases where the parent/guardian has not made a health plan selection on the NOB form, the newborn will be placed into FFS coverage for 14-days once MassHealth eligibility has been established

- The parent/guardian can voluntarily enroll the newborn in a plan sooner than 14-days by visiting MassHealthchoices.com or calling MassHealth Customer Service~~s~~

- If the parent/guardian does not voluntarily enroll the newborn in a plan after 14-days, MassHealth will automatically assign the newborn into a managed care plan in their geographic area

All Provider Bulletin 300: Final Deadline Appeals

All Provider Bulletin 300: Final Deadline Appeals Board Electronic Correspondence

- MassHealth has established procedures for appealing claims that a provider believes were denied in error or underpaid. These procedures for submission and review of appeals and issuance of decisions by the Final Deadline Appeals Board are set forth in 130 CMR 450.323: *Appeals of Erroneously Denied or Underpaid Claims*

- To facilitate timely and secure communication between providers and the Final Deadline Appeals Board, providers are requested to include an email address in the appeal form or cover letter submitted pursuant to 130 CMR 450.323(B)(1)

- The Final Deadline Appeals Board will use the email address supplied by the provider on the appeal form or cover letter for all correspondence related to the appeal, including requests for additional information and the issuance of a written decision pursuant to 130 CMR 450.323(F), using a secure email system

- If a provider does not have an email address or if an email address is not provided on the appeal form or cover letter, the Final Deadline Appeals Board will issue all appeals-related correspondence, including the issuance of a written decision, via the United States Postal Service using the mailing address provided with the appeal request

https://www.mass.gov/doc/all-provider-bulletin-300-final-deadline-appeals-board-electronic-correspondence-0/download

Eligibility Verification System Reminder

Eligibility Verification System (EVS)

- Providers should check member enrollment and eligibility using EVS* on the Provider Online Service Center (POSC) for each date of service
- Providers reduce the risk of denied claims by using EVS to verify demographics, member enrollment, and eligibility prior to providing services to MassHealth members
- There are two types of Restrictive Messages that appear on EVS:
  - Eligibility Restrictive Messages (No Changes)
  - Managed Care Data Restrictive Messages (Enhanced)
- The Managed Care Data Restrictive Messages have been enhanced to identify which type of health plan a member is enrolled in, and their contact information for inquiries regarding:
  - Billing (medical and behavioral health claims)
  - Service authorizations (medical and behavioral health services)
  - Behavioral Health vendors

*Note: EVS only displays a member's **current** eligibility, not future eligibility.

Provider Reminders

✓ **MassHealth eligibility verification system (EVS) and claims submission reminders**

✓ The MassHealth Eligibility Verification System (EVS) is designed to display the status of a member's health care coverage for the date(s) of service requested (please note EVS does not display eligibility for future dates). This includes the identification of the health plan and the type of plan that the member is enrolled if applicable. If you are using EVS via the Provider Online Service Center (POSC), or through third party software, please ensure that you review all of the EVS messages associated with the eligibility response.

✓ For providers that are looking to identify where claims should be submitted based on the EVS messages, please use the information below to ensure the proper location to submit your claims. Claims submission to the incorrect health plan will result in delayed processing and payment.

- For Primary Care ACO and PCC Plan members, please submit electronic only claims directly to MassHealth except for behavioral health (BH). BH claims should be submitted directly to MBHP.
- For Accountable Care Partnership Plan members, please refer directly to the applicable Accountable Care Partnership Plan submission instructions for medical and behavioral health claims
- For MCO members, please refer to the MCO for medical and behavioral health claims submission.

If you have any questions, please contact the MassHealth Customer Service Center via email at **providersupport@mahealth.net** or call 1-800-841-2900.

COVID-19 Updates

COVID-19 Response Update

MassHealth is continuing flexibilities for coverage and billing related to COVID-19.
Some of these flexibilities include:

- Hospital-Determined Presumptive Eligibility (HPE) - Expansion of eligibility as explained in All Provider Bulletin 290 , All Provider Bulletin 299, and All Provider Bulletin 302

- Primary Care Clinician (PCC) Plan and Primary Care ACO Referrals. - All current referral edits are set to pay for claims with a date of service on or after March 25, 2020. The edits appear on the remittance advice as informational only. Refer to All Provider Bulletin 289 and, All Provider Bulletin 291.

- Telehealth Services - MassHealth is committed reducing exposure and transmission of COVID-19, to the extent possible, and to preserve health system capacity for the duration of this public health emergency. ALL MassHealth providers may deliver any MassHealth covered service via telehealth if they determine it is medically necessary and clinically appropriate to deliver this service via telehealth (including live video or telephone). Refer to All Provider Bulletin 289 , All Provider Bulletin 291, All Provider Bulletin 298 ,and All Provider Bulletin 303

- Laboratory Diagnostic Services - MassHealth covers medically necessary clinical diagnostic laboratory tests when a qualified clinician orders them. Testing of persons under investigation (PUI) for COVID-19 is available through the MA State Public Health Laboratory (MA SPHL) when a patient meets clinical and epidemiologic criteria. Refer to All Provider Bulletin 294 and All Provider Bulletin 296.

COVID 19 Response Update (continued)

Pharmacy – MassHealth is still paying for 90 day supplies as noted in Bulletin 291.

- Effective July 15, 2020, MassHealth is no longer allowing for early refill overrides where the pharmacy would enter a '13' in the Submission Clarification Code field. Below is the link for the Pharmacy Facts where we communicated this to pharmacies.

- MH had also removed Prior Authorization requirements for several drug classes, (Aminoglycoside Agents—Inhaled · Antibiotics—Oral and Injectable · Antifungals—Oral and Injectable · Respiratory Agents—Oral and Inhaled · Sublocade), that policy was rescinded effective 7/15/20 and communicated in the same Pharmacy Facts below with the exception of Sublocade. The pharmacy program made the decision to keep that drug off of the Prior Authorization required list.

- The initiative to extend Prior Approvals that were due to expire during the initial COVID period has also ended.

https://www.mass.gov/doc/pharmacy-facts-150-july-13-2020-0/download

Vaccine – MassHealth is currently working on a provider bulletin and once finalized as always, we will share that in advance with your Association. We also encourage you to visit the MassHealth Provider Coronavirus page (https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers) on Mass.gov. as more information is made available.

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

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

Provider Enrollment and Credentialing Updates

MassHealth has implemented a temporary, expedited enrollment process to allow non-Medicaid enrolled health care professionals rendering services to Medicaid beneficiaries due to the COVID-19 outbreak to quickly enroll as a MassHealth provider. These modifications took effect on March 26, 2020. MassHealth allowed a retroactive effective date for provisional enrollments no earlier than March 01, 2020.

Provider Online Service Center (POSC)

We strongly encourage providers to transmit enrollment information via The Provider Online Service Center (POSC) when possible. Providers can also complete and submit the appropriate application and supporting materials via the POSC

- **Document Management**

Providers may temporarily submit all enrollment applications and supporting documentation via email directly to the Document Management email box at : DocMgmtDCF@maximus.com

- **Electronic Submission**

Effective March 30, 2020 MassHealth will temporarily allow scanned copies of Massachusetts W9 and EFTs with a signature to be sent as part of the enrollment package. Please email copies to the Document Management email box at: DocMgmtDCF@maximus.com

Original signature copies are still required and must be mailed to:

MassHealth Customer Service Center
Attn: Provider Enrollment and Credentialing
PO Box 121205
Boston, MA 02112-1205

Dedicated COVID-19 Provider Page

[COVID-19 Provider Page]

Providers should visit the dedicated COVID-19 provider page for the latest COVID-19 related information.

The webpage includes links to:

- Guidance for All Providers
- Guidance for specific provider types and
- Frequently Asked Questions

The link for “Guidance for All Providers” contains released publications such as Provider Bulletins and the approved Massachusetts’ 1135 waiver.

Resources

- **MassHealth Website:** www.mass.gov/masshealth
  - Provider Library of MassHealth publications

- **MMIS Website:** www.mass.gov/masshealth/newmmis
  - Latest information on the MMIS and any system changes

- **MassHealth Customer Service:** http://www.mass.gov/eohhs/provider/insurance/masshealth/claims/customer-services/business-hours-voice-menu.html
  - Call Customer support **1-800-841-2900**

    Most questions can be resolved by the customer support team
  - Or e-mail us at **providersupport@mahealth.net**

    If your question is not urgent or more complex you can e-mail your question along with any supporting claim numbers or documentation.

- **Sign up for E-mail Alerts**
  - join-masshealth-provider-pubs@listserv.state.ma.us

Questions?