MassHealth Training Forum Provider Updates

April 2024

Executive Office of Health & Human Services

Agenda

- Welcome and Agenda Overview
- Change Healthcare Incident Response
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- 1945 Claim Denial Reasons and Resolutions
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- Ordering Referring and Prescribing(ORP) Updates
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  - Reminders
  - Provider Bulletins

MassHealth

Change Healthcare Cyber Security Incident

Presented by – Marilyn Thurston, Manager, Provider Relations, MassHealth Business Support Services

Overview

On February 21, 2024, Change Healthcare announced that it had been the victim of a ransomware attack. Many health plans and providers use Change Healthcare or one of its related entities (e.g., Relay Health, Emdeon, Capario, etc.) as their billing intermediary, prescription clearing house, claims clearing house, and/or Electronic Data Interchange (EDI) vendor. Based on the incident, Change Healthcare is not allowed to submit electronic transactions on behalf of their clients (MassHealth providers).

MassHealth held 15 office hour sessions to provide MassHealth providers information on alternate submission options, which include:

- Changing vendors
- Direct batch file submission
- Direct Data Entry (DDE)

Additional information provided in these sessions included updates on the following:

- 835/Electronic Remittance Advices
- 90-Day Waiver requests for affected claims
- Financial Assistance requests

Training Session Attendance-Table Format

MassHealth Identified 2673 providers affected by the Change Healthcare incident. Of those 844 were represented at one of the 15 training sessions.

Provider Type	% Attended by Provider Type	% Not Attended
ACUTE INPATIENT HOSPITAL	53%	47%
ACUTE OUTPATIENT HOSPITAL	58%	42%
AMBULATORY SURGERY CENTER	60%	40%
AUDIOLOGIST	17%	83%
CERTIFIED INDEPENDENT LABORATORY	5%	95%
CERTIFIED REGISTERED NURSE ANESTHETISTS	35%	65%
CHIROPRACTOR	3%	97%
COMMUNITY BEHAVIORAL HEALTH CENTER (CBHC)	100%	0%
COMMUNITY HEALTH CENTER (CHC)	48%	52%
COMMUNITY SUPPORT PROGRAM CSP	75%	25%
COMMUNITY PARTNER BEHAVIORAL HEALTH	100%	0%
DOULA PROVIDER	33%	67%
FISCAL INTERMEDIARY SERVICES	0%	100%
FREESTANDING BIRTH CENTER	0%	100%
EARLY INTERVENTION	23%	77%
FAMILY PLANNING AGENCY	0%	100%
GROUP PRACTICE ORGANIZATION	23%	77%
HEALTH MAINTENANCE ORGANIZATION	25%	75%
HOSPITAL LICENSED HEALTH CENTER (HLHC)	75%	25%
INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF)	10%	90%
LICENSED INDEPENDENT CLINICAL SOCIAL WORKER	67%	33%
MANAGED CARE RMC CONTRACTOR	100%	0%
MENTAL HEALTH CENTER	37%	63%
NURSE MIDWIFE	0%	100%
NURSE PRACTITIONER	36%	64%
OPTOMETRIST	21%	79%
PHYSICIAN	35%	65%
PHYSICIAN ASSISTANT	23%	77%
PODIATRIST	22%	78%
PSYCHIATRIC DAY TREATMENT	67%	33%
PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES)	0%	100%
PSYCHOLOGIST	15%	85%
SENIOR CARE OPTIONS (SCO)	0%	100%
SPECIAL PROGRAMS	17%	83%
SUBSTANCE USE DISORDER TREATMENT	77%	23%
TRANSPORTATION	8%	92%
URGENT CARE CLINIC	0%	100%

Note: Data does not include LTSS provider types.

File Submission Options

Providers may choose to engage a new vendor to submit transactions on their behalf.

- The MassHealth-Approved Vendor List provides the names, phone numbers, transaction types, and services of vendors that are already approved to submit electronic HIPAA-compliant transactions.
- This list was not created for endorsement purposes, but rather to assist providers in identifying vendors who have been previously vetted by MassHealth and are known to support HIPAA-compliant claim transactions.

Access the MassHealth Vendor List here.

Providers may choose to directly submit files on the Provider Online Service Center. This option requires Trading Partner Testing.

Details regarding the requirements and the process for these options can be found in the Change Healthcare Office Hours training available on the MassHealth Provider Learning Management System.

Direct Data Entry Option

Direct Data Entry (DDE) requires transactions to be entered one at a time. This option is ideal for providers with low numbers of transactions.

MassHealth has a number of job aids that provide step-by-step instructions on utilizing the various services on the POSC.

- Professional Claim Submission: Click Here
- Institutional Claim Submission: Click Here
- Inquire on Claim Status: Click Here
- Member Eligibility Verification: Click Here
- View Remittance Advice Reports: Click Here

The Provider Learning Management System (LMS) for non-LTSS providers has training materials on these and other POSC functions: https://masshealth.inquisiqlms.com/Default.aspx

Financial Assistance Request

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If MassHealth providers need to request financial assistance, please refer to their respective customer service center.

All Other Provider Types:
Phone: (800) 841-2900; TTY: 711
Email provider@masshealthquestions.com

Long-Term Services and Supports:
Phone: (844) 368-5184 (toll free)
Email: support@masshealthltss.com
Fax: 888-832-3006

The financial hardship request link below is for providers impacted by the Change Healthcare Cyberattack incident only

Financial Hardship Requests*: https://www.mass.gov/forms/masshealth-financial-hardship-request

MassHealth

Questions?

Provider Online Service Center (POSC) Primary User Policy

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

Primary User Policy (slide 1 of 2)

MassHealth

- The Executive Office of Health and Human Services has recently published its long standing MassHealth Provider Online Service Center (POSC) Primary User Policy and All Provider Bulletin All Provider Bulletin 377: MassHealth Provider Online Service Center(POSC) Primary User Policy on Mass.gov.

- The policy outlines the responsibilities of an enrolled provider for management of the access to its information on the POSC. This includes the designation of the organization's Primary User (system administrator) and the responsibilities of the designated Primary User.
  - The organization must assign a backup Primary User at the PID/SL level to manage access to the organization's information if the main Primary User is unavailable.

- The Primary User within each organization is the person responsible for managing access to the organization's information on the POSC.

Primary User Policy (slide 2 of 2)

MassHealth

- Ineffective management of this information could allow staff and affiliate organizations to continue to access the provider's information and submit transactions on behalf of a provider after they have left employment or the termination of contractual agreements.
  - This could leave providers vulnerable to fraud as well as enabling persons or entities to leverage the organization's information to benefit themselves or other organizations.

- Please review the MassHealth Provider Online Service Center (POSC) Primary User Policy and ensure that your organization follows and continues to adhere to the policy.

Organizational Responsibilities (slide 1 of 2)

To ensure that procedures are in place that support the secure management and access of the organization’s information, each MassHealth enrolled organization must assign a single primary user and a single back up primary user and adhere to the following:

- Timely, accurate, user education, and the assignment and maintenance of the Primary User and the back-up Primary User.
- Timely modification of User access once a staff member’s role has changed within the organization (add/removal of POSC services) or the contractual relationship with an affiliate has been modified.
- An annual or semi-annual review of all POSC user access is established and maintained to ensure that only those individuals who should have access to the organization's data can view, submit, or receive information on behalf of the organization.

Organizational Responsibilities (slide 2 of 2)

- Large provider organizations with multiple PID/SLs must ensure that there is not merely a single Primary User responsible for managing access to the organization's information for an excessive number of PID/SLs. The number of staff and affiliate organizations associated with multiple PID/SLs can become onerous and difficult to maintain.
  - Segment the PID/SLs across multiple Primary Users based upon the size of the organizations that they will be responsible for managing to ensure the level of review and maintenance can effectively be maintained.

- Ensure that both the Primary User and backup Primary User roles are filled at all times, and staff are actively managing access to the organization's information at all times.

- VITAL: Ensure that only the designated Primary User and Backup Primary User have the ability to manage access to the organization's data (2 staff total).

REMINDER: Primary User Roles and Responsibilities (slide 1 of 2)

The Primary User is the administrator of the account for the Provider ID/Service Location (PID/SL) and responsible for maintaining access to an organization's information on the Provider Online Service Center (POSC). This includes performing the following functions:

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

REMINDER: Primary User Roles and Responsibilities (slide 2 of 2)

The Primary User for the PIDSL is also responsible for notifying relevant staff within the organization of:

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

Update to Primary Users in MMIS (slide 1 of 2)

Earlier this year, MassHealth provided an opportunity for providers to update their Primary User designations to be aligned with the Primary User Policy.

This summer the Medicaid Management Information System (MMIS) will be updated to no longer allow for more than 2 individuals with primary user access per PID/SL (the 'Manage Subordinate Accounts' service in POSC).

- The system modification will ensure the following:
  - Each organization only has a single Primary User and a single Backup Primary User assigned to manage access to their information in the POSC
  - No more than 2 individuals per PID/SL will have access to the "Manage Subordinate Accounts" function, making it <u>impossible</u> to have an excess of individuals with primary user access
  - This change will particularly impact larger organizations that may have aligned multiple Backup Primary Users under a single PID/SL

Update to Primary Users in MMIS (slide 2 of 2)

For questions or concerns regarding Primary User designations, MassHealth providers should refer to their respective customer service center.

All Other Provider Types:

Phone: (800) 841-2900; TTY: 711

Email provider@masshealthquestions.com

Long-Term Services and Supports:

Phone: (844) 368-5184 (toll free)

Email: support@masshealthltss.com

Fax: 888-832-3006

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Questions?

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Virtual Gateway Multifactor Authentication

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

What is Changing?

Effective Sunday, May 19th, 2024, the Virtual Gateway (VG) will be implementing multifactor authentication (MFA).

All Provider Online Service Center (POSC) users will be required to set up MFA to be able to continue accessing the POSC via the VG after May 19th, 2024.

Two weeks prior to implementation, the Virtual Gateway will begin contacting individual users, via email, with instructions on setting up their MFA.

- Email subject line: Business Account Registration for login.mass.gov
- Sender: Virtual.Gateway@state.ma.us

Virtual Gateway Accounts

MassHealth

It is imperative that all POSC users ensure the email address associated with their Virtual Gateway account is up to date.

Additionally, the email address used to set up multifactor authentication must be an exact match to the email associated with the VG account.

MFA and VG access will be limited to one email per account.

Updating VG Accounts

To check and update the email address associated with your VG account, take the following steps:

1. Log into the Virtual Gateway
2. Select the ‘Manage My Account’ menu
3. Select ‘Update Personal Information’

Welcome to Virtual Gateway

Welcome

Last VG Login : 03/01/2024 at 02:18 PM ET

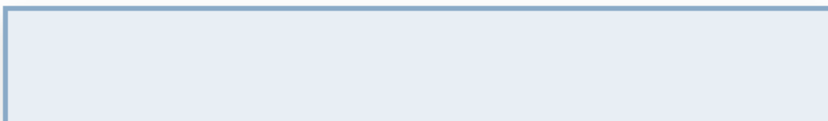
Manage My Account Logout

Change Password

Manage Secret Questions

Update Personal Information

Accessible Applications



Updating Profile

MassHealth

Logged in as :

Manage My Account ▾ Logout

Update Profile

First Name :

Middle Initial :

(optional)

Last Name :

PIN :

Birth Date (Month/Day) :

Email

Phone Number:

Enter Phone Number

(optional)

Submit Cancel

Questions?

MassHealth

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

Presented by – Steve D’Amico: Provider Training and Communications Program Manager- Optum

LTSS Provider Communications (slide 1 of 2)

The MassHealth LTSS Provider Service Center utilizes provider data to identify behavior trends for areas of targeted training via email. These emails may contain attached job aids or links to additional educational resources via the LTSS Provider Portal.

Areas of focus for these communications include but are not limited to:

- high claims denials for specific error codes
- high prior authorization denials or administrative holds, and/or
- audit findings/SURs reports

The goal of each communication is to assist the Provider in reducing their administrative errors in billing and prior authorization.

LTSS Provider Communications (slide 2 of 2)

Over the last 2 months, Optum has sent over 58 email communications via our LTSS support inbox to LTSS Providers.

There have been 13 provider bulletins published on the MassHealth website: MassHealth Provider Bulletins

If you have not received or wish to begin receiving these communications, you may do so by following steps:

- For the LTSS support box communications, please reach out to the LTSS Provider Service Center here: support@masshealthltss.com or by submitting an online inquiry here: Submit an online inquiry
- For communications from MassHealth follow this link: Email Notifications for MassHealth Provider Bulletins and Transmittal Letters

LTSS Provider Trainings and Quality Forums

Training or Quality Forums for MassHealth LTSS Providers:

- Trainings:
  - **Continuous Skilled Nursing Fiscal Soundness Training: 4/26**
  - **Continuous Skilled Nursing Overtime Training: 5/2**
- Quality Forums:
  - **TBD in June 2024**

LTSS Provider Portal Online Inquiry

As of August 10, 2023, providers are now able to submit questions through the newly launched LTSS Provider Portal Online Inquiry Form.

To submit an inquiry form, providers will need to have Provider Portal access.

- If you need help with obtaining access to the Provider Portal, please reach out to the Provider Service Center

Inquiry forms can be submitted for any questions related to LTSS Provider Services, Enrollment, Claims, etc.

A tutorial video is also available and can be found by following this link:

Provider Portal Online Inquiry Form Tutorial

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Questions?

Top Claim Denial Resolutions

Presented by – Keith West, Director, Special Initiatives & Managed Care Programs

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1945 DENIALS

What is a 1945 Denial?

The 1945 denial occurs when the Medicaid Management Information System (MMIS) is unable to determine the Provider ID/ Service Location (PIDSL) for where the service was rendered due to a mismatch of information on the claim and the provider's profile in the MMIS system.

This error typically occurs when the provider uses HIPAA Batch Claim Transactions (837s) to submit their claims. All claims in a batch file will deny for this error. This includes both MassHealth primary claims and Medicare crossover claims.

The error description that would appear on the MassHealth Remittance Advice (RA) is:

1945 – BILLING PROVIDER NPI IS MAPPED TO MULTI SERV LOC

NPI Crosswalk

An NPI crosswalk is the process the MMIS/POSC system performs to identify the appropriate MassHealth PID/SL for a submitted claim. This process occurs when the following conditions are met:

- There are multiple service locations (PID/SLs) enrolled with the same NPI, and
  - There are multiple service locations with the same DBA address, and/or
  - There are multiple service locations with the same taxonomy code.

The MMIS logic for the NPI crosswalk is in the following order:

1. Claim Type/Type of Bill
2. Taxonomy
3. Billing provider address

Claim Type / Type of Bill (TOB)

This data element is only applicable for provider types that submit both Professional (CMS-1500) and Institutional (UB-04) claims.

MassHealth enrolls inpatient and outpatient providers as separate service locations, and provider organizations may also enroll a group practice for professional services:

- 110000000/A – Inpatient
- 110000000/B – Outpatient
- 110000000/C – Group Practice

MassHealth's HIPAA Companion Guides specify the appropriate claim type for a given provider type and service.

Claim denials may occur if a provider submits a claim under the wrong claim type for the provider type and service.

Example: Outpatient submitting Inpatient claims

Taxonomy Codes

MassHealth does not allow providers to self-identify their taxonomy code(s).

MassHealth assigns taxonomies to providers upon enrollment based on the provider type.

MassHealth billing providers should not include a taxonomy code on their claims unless instructed to do so.

If the taxonomy on a claim does not match the assigned taxonomy on the provider's profile, then the claim may not process correctly.

This data is contained in the 837 2000A loop and PRV03 segment.

Billing Provider Address

MassHealth providers are required to indicate the DBA service address where services were rendered (field 32 on the CMS -1500) in the billing provider address loops of their 837 files.

Example: 837P

Loop	Segment	Value
2010AA	N301	Address
2010AA	N401	City
2010AA	N402	State
2010AA	N403	Zip + 4

If the address information on the claim(s) does not match the billing provider's address on file, then the system may not be able to properly identify the correct PID/SL.

Zip Code + 4

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One of the main causes of 1945 denials is a discrepancy between the zip code values.

The United States Postal Service (USPS) may change the +4 digits of the 9-digit zip code.

Example: 02171-0005 changes to 02171-1003

When MassHealth updates the address or related information the zip+4 will be updated to match the USPS.

If the billing provider is unaware of the change in the zip code + 4 values, then submitted claims may then deny due to the address discrepancy.

Also, providers should not be using a 9998 “dummy” zip+4. This will cause denials.

Claim Denial Resolution

MassHealth

If claims are denying for 1945, you must validate the information contained in the 837 file:

1. When did the denials start?
2. Was information changed on the 837 file(s) prior to the denials:
   a) Is the correct claim type/type of bill being used?
   b) Is a taxonomy code being included when MassHealth has not instructed to do so?
   c) Does the address information on claim match address information on provider's profile?

Once the discrepancy has been identified, make the appropriate changes to the 837 file to resolve the denials.

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Other Insurance Denials: 2502 & 2530

Denials 2502 & 2530

MassHealth requires that providers identify the primary payer on a claim by indicating the appropriate Carrier Code of the other payer.

Carrier Codes are MassHealth specific codes and are NOT the other payer's batch healthcare claim Payer ID.

Failure to indicate the correct Carrier Code on a claim will result in the claim denying for 2502 and/or 2530.

- 2502 – Member Covered by Other Insurance. Bill OI 1st.
- 2530 – Invalid TPL Carrier Code

To identify the specific carrier code for a given DOS for a member, please run an eligibility verification check (see next slide).

You may reference Appendix C – Third Party Liability Codes for a list of Carrier Codes.

Identifying the Carrier Code

The Eligibility Verification System (EVS) provides the most current information about the member's other health insurance that is available in the Medicaid Management Information System (MMIS), including the carrier code.

On each date of service and at time of billing, check EVS before submitting the claim to verify the member's other health insurance coverage.

Other Insurance Plan Details

Coverage	14		
Begin Date	MM/DD/YYYY	End Date	MM/DD/YYYY
National Payer ID		MBI	
Policy Holder	First Name Last Name	Policy #	
HIPAA Relationship	Self	Group #	
SSN	XXX-XX-XXXX		
Plan ID	PREFERRED PROVIDER ORGANIZATION (PPO)		
Employer Name			
Carrier Name	UNITED HEALTHCARE	Carrier Code	0351018
Carrier Contact			
Carrier Address	PO BOX 740800 ATLANTA, GA 30374		
Carrier Phone	(877) 842-3210		

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Denials 2016 & 2017

Member Enrollments

Members enrolled into a health plan will have the majority of their services, including Behavioral Health, covered directly by the plan and not by MassHealth. MassHealth is not a secondary payer to these health plans.

Providers must run an eligibility verification check to identify if the member is enrolled on a given DOS and what plan they are enrolled into.

List of Managed Care Data (for MCO/ACO)

Name	NPI	Phone	Date Range
TUFTS HEALTH TOGETHER		(888) 257-1985	MM/DD/YYYY MM/DD/YYYY

Managed Care Data (for MCO/ACO) Details

Begin Date	MM/DD/YYYY	End Date	MM/DD/YYYY
Name	TUFTS HEALTH TOGETHER		
NPI		Phone	(888) 257-1985
MCO/ACO Address	705 MOUNT AUBURN ST WATERTOWN, MA 02472		
Restrictive Messages	1138 / 616 Tufts Health Together member. Tufts Health Together is an MCO. 1146 / 056 For medical and behavioral health service questions and authorizations call Tufts Health Together at 1-888-257-1985.		

Behavioral Health: Managed Care vs. Fee-for-Service

Managed Care

Members enrolled in the following plans will have their Behavioral Health services covered by the **Massachusetts Behavioral Health Partnership (MBHP):**

- Primary Care Clinician (PCC) Plan
- Primary Care ACO Plans:
  - Community Care Cooperative (C3)
  - Steward Health Choice

Services covered by MBHP are not payable by MassHealth and must be billed to MBHP.

Fee-for-Service (FFS)

Members that are not enrolled into a managed care plan will receive their Behavioral Health services covered on a fee-for-service basis. This includes:

- Members aged 65+
- Members with other insurance, including Medicare
- Members that are not enrolled on the date of service

Denials 850, 851 & 852

MassHealth Billing Timeline Overview

- MassHealth must receive an initial claim within 90 days of the service date, or if another insurance is involved, the provider has 90 days from the date of the explanation of benefits (EOB) of the primary insurer(s) to submit the claim to MassHealth. If the provider cannot meet this requirement, they must submit a request for a 90-day waiver for certain conditions that are described in the Administrative and Billing Regulations, at 450.309.

Note: For institutional inpatient claims, the deadline is 90 days from the TDOS, not FDOS.

Billing Timelines

MassHealth

- **30 Days:** This is the average time for both electronic (EDI) and paper claims to process on a remittance advice.
- **60 Days:** This is the usual turnaround time for Medicare/MassHealth crossover claims forwarded to MassHealth by the Massachusetts Medicare fiscal agent to be processed.
- **90 Days:** Initial claims must be received by MassHealth within 90 days of the service date. If the provider had to bill another insurance carrier before billing MassHealth, the provider has 90 days from the date of the explanation of benefits (EOB) of the primary insurer to submit the claim.
- **12 Months:** This is the final submission deadline. Providers have 12 months from the date of service to resolve a claim and must have originally met the 90-day billing deadline, or have been approved for a 90-day waiver. If this deadline is exceeded, the claim will be denied for error code 853 or 855 (Final Deadline Exceeded) on a remittance advice (RA).
- **18 Months**: This is the final submission deadline if another insurance carrier was billed before billing MassHealth, providers have 18 months from the service date to resolve the claim, as long as the claim was received by MassHealth within 90 days of the EOB date. If this deadline is exceeded, the claim will be denied for error code 853 or 855 (Final Deadline Exceeded) on an RA.
- **36 Months**: If the date of service is more than 36 months when it is received by MassHealth, the claim will be denied for error 856 or 857 (Date of Service Exceeds 36 Months) on an RA. A claim with this error cannot be appealed.
- https://www.mass.gov/doc/billing-timelines-appeal-procedures/download

Questions?

MassHealth

Fee-for-Service (FFS) Providers & Accountable Care Organization (ACO) Primary Care Exclusivity

Presented by – Michelle Croy, Sr. Provider Relations Specialist, MassHealth Business Support Services

ACO Primary Care Exclusivity

MassHealth

- Primary care exclusivity only applies to ACOs. ACO Primary Care Exclusivity requires that a primary care practice entity that contracts with an ACO only empanel and provide primary care services to managed care members who are also enrolled in that same ACO.
- A primary care practice that contracts with an ACO may not provide primary care services or empanel MassHealth managed care members enrolled in an MCO, the Primary Care Clinician (PCC) Plan, or any other ACO
- Primary care sites in the ACO program that are also contracted with MassHealth as a FFS providers **CAN** provide specialist and primary care to other MassHealth members who are not part of a ACO, MCO or the PCC Plan.
- This restriction does **NOT** apply to members who are not yet enrolled in a managed care plan, not managed care eligible (SCO, PACE, One Care, etc.) or who are involved in the Special Kids Special Care program of the Department of Children, Youth and Families. This restriction also does not apply to practices if they are providing specialist care to those members (OB/GYN services for example).
- For additional details on ACO primary care exclusivity, please see APB 279.

Fee-for-Service (FFS) Providers

A Fee-for-Service provider may not refuse services to a FFS member on the basis that the member has or has not enrolled into a specific health plan(s). FFS providers enrolled in an ACO may not refuse to see FFS members (not enrolled in another ACO or managed care plan) not enrolled in their ACO.

"MassHealth providers are prohibited from discriminating against any individual who is a recipient of federal, state, or local public assistance, including MassHealth, because the individual is such a recipient or because of any requirement of such an assistance program." (130 CMR 450.205(A))

MassHealth

Questions?

MassHealth

Ordering, Referring Prescribing (ORP) Requirements Update

Presented by – Michelle Croy, Sr. Provider Relations Specialist, MassHealth Business Support Services

Updates to the Implementation of Ordering, Referring Prescribing (ORP) Requirements

Overrides will be available for pharmacy claims that are processed through the Pharmacy Online Processing System (POPS) that would have denied due to an unenrolled provider.

When the enforcement of requirements related to enrolled prescribers for claims processed through the Pharmacy Online Processing System for dates of service on or after May 1, 2024, the pharmacist may request an override of denials related to these requirements.

This override request process will be outlined in Pharmacy Facts prior to May 1,2024.

Pharmacies should continue to review informational messages related to this requirement in order to avoid ORP-related denials when the enforcement takes effect.

Updates to the Implementation of Ordering, Referring Prescribing (ORP) Requirements (slide 2 of 2)

Effective May 5, 2024, billing providers can resubmit claims that were previously denied due to an unenrolled or unauthorized ORP provider with a First Date of Service on the claim that is no earlier than 9/1/23.

- If the ORP provider enrolled within 90 days of the first date of service on the claim, the claim will be payable.

ALL PROVIDER BULLETIN 286 Start Date for Denials for Claims That Do Not Meet Ordering, Referring, and Prescribing Provider Requirements

ALL PROVIDER BULLETIN 361 Ordering, Referring, and Prescribing Requirements

ALL PROVIDER BULLETIN 376 Delayed Start Dates for Enforcing Ordering, Referring, and Prescribing Requirements for Certain Provider Types

ALL PROVIDER BULLETIN 380 Delayed Start Date for Enforcing Prescriber Requirements for Pharmacies

Questions?

MassHealth Reminders and Updates

Presented by – Michelle Croy, Sr. Provider Relations Specialist, MassHealth Business Support Services

Provider Job Aids

MassHealth

MassHealth has updated several Job Aids to help providers navigate the Provider online service center.

Update job aids include:

- Professional Claims Submission
- Institutional Claims Submission
- Coordination of Benefits Claim Submission
- Void a paid claim

- https://www.mass.gov/doc/newmmis-posc-job

Provider Bulletins

MassHealth

All Provider Bulletins

MassHealth All Provider Bulletin 386 (January) MassHealth Medicare Savings Programs

MassHealth All Provider Bulletin 387 (January) Ground Ambulance Medicare Crossover Claims

MassHealth All Provider Bulletin 264 (March) Emergency Updates to Administrative and Billing Regulation: Elimination of Copayments for MassHealth Members

MassHealth All Provider Bulletin 388 (April) MassHealth and Health Safety Net (HSN) Copayments Eliminated

MassHealth All Provider Bulletin 389 (April) Changes to Billing for Services Delivered by School-Based Health Centers Operated through Community Health Centers

MassHealth All Provider Bulletin 390 (April) Exclusion of Designated 340B Drugs from MassHealth Coverage

Resources

MassHealth

Provider Email Alerts

- Sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, fill out the Email Notification Request for Providers on Mass.gov

MassHealth Website

- Bulletins are available on Mass.gov: Link
- MassHealth for Providers web page: Link
- The ACA ORP Requirements for MassHealth Providers: Link

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

MassHealth

Questions?