



MassHealth Customer Service Center
September 20th, 2017 Provider Association Forum
Follow-up discussion items and questions

Background

The MassHealth Provider Association Forum was held on September 20th, 2017 at the Woburn Crowne Plaza. Outlined below are provider specific questions posed to presenters at this forum.

MassHealth Payment and Care Delivery Innovations

Is there a list of the selected MassHealth community partners available online? (Ron Pawelski – Mass. Association of Residential Care Homes)

Yes, the 26 bidders selected to enter into contract negotiations as MassHealth community partners are available online. Of the 26, 8 are long term services and supports providers and 18 are behavioral health providers. More information is available here:

<http://www.mass.gov/eohhs/gov/newsroom/press-releases/eohhs/masshealth-selects-26-community-partners.html>

If a member's primary care provider (PCP) and specialist are not in the same health plan, what are the member's options? (Jonas Goldenberg- National Association of Social Workers- Massachusetts Chapter)

The member can decide which provider(s) is more important to them and select a plan accordingly during their Plan Selection Period. MassHealth will be offering provider search tools and live support to assist members in navigating their choices. Continuity of Care is important to MassHealth and it expects all health plans to implement a plan for a member needing to transition between providers.

What tools will be available to help members understand the networks and options? (Lydia Conley- Association for Behavioral Health)

MassHealth is launching a new website, **MassHealthChoices.com**, to provide members with the tools and information they need to perform health plan comparisons. This tool will allow members to search for PCPs and plans within their service area. Additionally, the MassHealthChoices tool will provide links to other relevant websites, allowing members to compare plan options, specialty networks, and select their preferred plan.

Prior to March 1st will participating MassHealth providers have a way to know what health plan the member has been assigned to? (Lydia Conley- Association for Behavioral Health)

The ACOs will be provided with their perspective member list prior to March 1st. All new ACO/MCO enrollments will be visible via the MassHealth Enrollment Verification System (EVS) on March 1, 2018.

Will MassHealth provide a way to identify which ACO plans hospitals participate in? (Dan McHale- Massachusetts Hospital Association)

The **MassHealthChoices.com** website and new Enrollment Guide will include health plan hospital affiliation information.

How will providers know the structure of the ACO's and Community Partners? (Mandy Nichols- Association of Developmental Disabilities Providers)

MassHealth anticipates completing contract negotiations with Community Partners by early November 2017 and implementing the program in summer of 2018. MassHealth is working to keep all stakeholders informed as the process evolves.

Ordering, Referring and Prescribing Requirements

Will providers who are employed at an agency or organization that bills for the provider's services be able to opt out of the enrollment requirement? (Jonas Goldenberg- National Association of Social Workers- Massachusetts Chapter)

All providers in a category that is authorized to order, refer or prescribe (ORP) services for MassHealth members must enroll in MassHealth at least as a non-billing provider in order for claims based on their order, referral or prescription to be payable. The ORP provider enrollment requirements apply to independent providers, as well as those employed by agencies or organizations that bill for their services

What is the anticipated date that the claim denials will go into effect, and is there an appeal process for denials? (Karen Estrella CAE - HOMES - Home Medical Equipment & Services Association of New England)

MassHealth anticipates denials to begin before the end of 2017 and the specific date will be communicated via an All Provider Bulletin. Providers should be taking advantage of the informational claim edits currently in place to identify any claims issues. The informational claims edits will also alert billing providers to ORP providers not enrolled with MassHealth from whom the billing providers are accepting orders, referrals and prescriptions so that the billing provider may encourage these ORP providers to enroll with MassHealth at least as a non-billing provider.

Once the claim edits are fully implemented, billing providers may resubmit the denied claims once the ORP provider has enrolled with MassHealth. Providers may appeal improperly denied claims in accordance with 130 CMR 450.323 but, if the ACA O&R requirements are not met, the claim will have been properly denied.

How many physicians still need to be enrolled to meet the ordering and referring (O&R) requirements? (Mandy Nichols- Association of Developmental Disabilities Providers)

Currently, 95% of licensed physicians are enrolled with MassHealth at least as non-billing providers.

Why are Hospice services not on the list of services that require ordering, referring or prescribing providers? (Mandy Nichols- Association of Developmental Disabilities Providers)

To be eligible for hospice services, members must be certified as terminally ill, but there is no MassHealth requirement that hospice services be ordered, referred or prescribed.

When will providers need to be enrolled to avoid licensure impact? Will there be any ramifications? (Jonas Goldenberg- National Association of Social Workers- Massachusetts Chapter)

Licensure will not be impacted until after the promulgation of the implementing regulations, currently targeted for late October. Following promulgation of the regulations, the impact on the professional license will be immediate for providers applying for a new license and dependent on the next license renewal date for that provider type for providers needing to renew their license. Providers will need to sign an

attestation verifying that they have submitted an application to MassHealth at the time of license renewal or first applying for a Massachusetts license.

Office of Long Term Services and Supports Updates

Are you tracking when applications are received and processed? (Ron Pawelski – Mass. Association of Residential Care Homes)

Yes, OLTSS is tracking the application process.

Are there any plans for OLTSS to take on more responsibility for licensure from DPH? (Ron Pawelski – Mass. Association of Residential Care Homes)

No, there are no plans at this time to transition additional licensure responsibilities to OLTSS.

There is a rate regulation change being discussed. Is there going to be a public hearing?

A public hearing is expected in November or December.

Transportation Changes

Will social workers be added as a provider type that is able to request transportation? (Jonas Goldenberg- National Association of Social Workers- Massachusetts Chapter)

At this time, MassHealth has no plans to expand the list of provider types who are able to authorize transportation services.

Does the 90 day out of locality change apply to Substance Abuse services as it may take longer than 90 days to transition the member? (Lydia Conley- Association for Behavioral Health)

If the Provider for the Substance Abuse Services is located outside of a Member's locality, the services are subject to the Transportation Program's locality authorization protocol. In the event that the out of local Provider is authorized, MassHealth will allow up to one year of transportation for Substance Abuse Services

New Mid-Level Provider Enrollment

Are the projected number of providers that need to be enrolled shown in the presentation a projection of all the providers that will be need to be enrolled? (Jonas Goldenberg- National Association of Social Workers- Massachusetts Chapter)

These numbers were gathered based on the data provided by the group practices to track the providers that need to fully enroll due to their participation in a group practice to be compliant with the mid-level regulatory changes. These enrollment numbers should not be confused with the O&R requirements where all ordering, referring or prescribing providers need to enroll at least as a non-billing provider.