



MassHealth Customer Service Center  
July 12<sup>th</sup>, 2017 Provider Association Forum  
Follow-up discussion items and questions

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**Background**

The MassHealth Provider Association Forum was held on July 12, 2017 at the Woburn Crowne Plaza. Outlined below are provider specific questions posed to presenters at this forum.

**Office of Long Term Services Supports TPA Implementation**

***What is TPA? (James Leffert – Massachusetts Psychological Association)***

TPA stands for Third Party Administrator.

***Do you need to be a provider to access information on the LTSS provider portal? (Tim Burgers – Home Care Alliance of Massachusetts)***

No, non-providers are able to register on the website, but would only have access to public resources. Registered providers would have access to their individual enrollment information,

***Will enrollment applications be available without registering on the LTSS portal? (Ron Pawelski - MARCH)***

No, only a registered provider will be able to access their specific provider application and enrollment information

***Who can LTSS providers contact for specific provider type issues? (Ron Pawelski - MARCH)***

Providers with questions should call the LTSS Provider Service Center's toll-free number, 1-844-368-5184. Providers can also email the LTSS Provider Service Center at [support@masshealthtss.com](mailto:support@masshealthtss.com)

## **Payment Reform**

### ***What does retrospective shared savings and risk mean? (James Leffert – Massachusetts Psychological Association)***

*Primary ACO's under Model B have contractual shared savings provisions which is driven by financial performance and the ability of the ACO to meet specific quality measures established by MassHealth.*

### ***How does behavioral health fit into the two ACO Models (Accountable Care Partnership Plan & Primary Care ACO)? (James Leffert – Massachusetts Psychological Association)***

*Under Model A, behavioral health providers would need to establish contract relationships with the various ACO plans if the ACO is doing direct contracts. Under Model B and the PCC Plan, MassHealth is using the MBHP provider network.*

### ***Is MassHealth addressing concerns in reference to MCO's policies regarding new provider enrollments participation in the network?***

*Coordination of Care is always a concern for MassHealth. Typically when a member moves from one plan to another and there is a disruption with provider access, there are provisions for a member to maintain access for a period of time when it is warranted under coordination of care.*

## **New Mid-Level Provider Enrollment**

### ***How can a Physician Assistant satisfy midlevel enrollment requirements? (Sarah Christie – Massachusetts Association of Physician Assistants)***

PAs must enroll as a MassHealth provider and be linked to a group that employs at least one physician in order for the group practice to be reimbursed for PA rendered services. If the PA works outside of a group setting, they must be enrolled as a nonbilling ordering and referring provider.

### ***Does a Certified Registered Nurse Anesthetist need to submit an application? (Melissa Croad – Massachusetts Association of Nurse Anesthetists)***

Yes, if working under a group practice, CRNAs must enroll as a MassHealth provider in order to be reimbursed for services rendered

## **Ordering, Referring and Prescribing Providers Project Update**

***How will the MassHealth system know if a primary care provider is affiliated with the PCC entity? (James Leffert – Massachusetts Psychological Association)***

As part of the enrollment process, MassHealth attaches a Provider PCC Affiliation to the MMIS system which identifies that the provider is a primary care provider under the respective site.

***What if a primary care provider practices at multiple sites? (Judy Henderson – Mass League of Community Health Centers)***

*For Community Health Centers, Hospital Licensed Health Centers, Hospital Outpatient Clinics and Indian Health Services, an individual provider can be flagged as a PCP to multiple PCC sites within the respective organization.*

*For Group Practices, a provider can be flagged as a PCP to two PCC sites under that same group. It is expected that the PCP would work at least 20 hours per week at each of the PCC sites that they are being affiliated.*

## **Fingerprinting**

***Can the provider be removed from the high-risk list if they correct the issue that bumped them as a high-risk provider? (Tim Burgers – Home Care Alliance of Massachusetts)***

Yes. If they have been bumped because of an overpayment their risk level will return to the original level if the overpayment is satisfied.