Provider Association Forum
June 29, 2016

Executive Office of Health & Human Services

Agenda

1. Welcome– Stephen J. Cairns, Director, Provider Services

2. Ordering, Referring & Prescribing Regulatory Requirements – Alison Kirchgasser, Director of Federal Policy Implementation (20 minutes)

3. PERM Audit – Keith West, Director, Provider Initiative (10 minutes)

4. Medical Necessity Form – Non-Emergency Medical Transportation – Mara Yerow, Program Manager, CMSP & Transportation (5 minutes)

5. MassHealth Midlevel Provider Enrollment – Stephen J. Cairns, Director, Provider Services (20 Minutes)

6. Application Redesign and Provider Enrollment Enhancements – Stephen Cairns, Director of Provider Services (15 Minutes)

7. Updates: (15 minutes)
   - Federal Disclosure Form
   - MassHealth Bulletins (April – June)
   - Revalidation
   - Provider Directory

8. Next PAF Meeting

Ordering, Referring and Prescribing Provider Requirements
Presented by –Alison Kirchgasser

Ordering and Referring (O&R) Requirements

Background

- 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.
- These requirements were effective March 25, 2011. Final Rule (42 CFR 455.410(b) and 42 CDR 455.440) was published in the Federal Register on Feb. 2, 2011. Subregulatory guidance was given to states on December 23, 2011.
- MassHealth is continuing its implementation efforts. In March 2016 we began providing informational messaging on certain impacted claims.

O&R Requirements

- **Preserving Member Access**
  - MassHealth cannot pay for services requiring an order, referral or prescription unless the ordering, referring or prescribing provider is enrolled in MassHealth.
  - Particularly for members who have MassHealth as a secondary payer, this requirement could have impact access to MassHealth covered services not covered by their primary insurer.
  - MassHealth wants to ensure that members get all medically necessary services (including prescriptions) that are ordered or referred.

O&R Requirements

- The next slide lists the only types of providers that could be included on a claim as an ordering, referring, or prescribing (ORP) provider of MassHealth services.
- These types of providers will need to enroll with MassHealth at least as nonbilling providers.
- Provider types that can bill MassHealth may choose to enroll as fully participating or as nonbilling providers.
- Provider types that currently cannot bill MassHealth may only enroll as nonbilling providers.

O&R Requirements

Provider Types (including interns and residents in those provider types) authorized to be included on a claim as the ordering, referring or prescribing provider

- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist
- Clinical Nurse Specialist
- Dentist
- Licensed Independent Clinical Social Worker
- Nurse Practitioner
- Optometrist
- Pharmacist (if authorized to prescribe)
- Physician
- Physician Assistant
- Podiatrist
- Psychiatric Clinical Nurse Specialist
- Psychologist

O&R Requirements

- State law (Chapter 118 of the Acts of 2012 and Chapter 10 of the Acts of 2015) requires that these provider types must apply to enroll with MassHealth for at least the purposes of ORP (i.e., at least as a nonbilling provider) in order to obtain and maintain state licensure. This law will go into effect upon promulgation of MassHealth enrollment regulations, scheduled for later in 2016.

- State law also requires that providers must apply to enroll with MassHealth for at least the purposes of ORP (i.e., at least as a nonbilling provider) to be included in private insurance provider networks so we will also be coordinating with the Division of Insurance on enforcement of that requirement.

- All provider types listed on Slide 5 must apply to enroll with MassHealth, at least as a nonbilling provider, 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.

O&R Requirements

- ORP nonbilling providers will not be required to provide services to MassHealth members.
- MassHealth developed a streamlined enrollment process for “ORP nonbilling only” providers.
- Fillable nonbilling provider applications and contracts are available on the MassHealth website:

http://www.mass.gov/eohhs/provider/insurance/masshealth/aca/aca-section-6401enrollment-information.html

- MassHealth has developed an outreach strategy to providers currently not participating in MassHealth to inform them of this requirement.

O&R Requirements

Services that must be ordered, referred or prescribed. O&R requirements apply 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 Living
- Independent Nurse
- Labs and Diagnostic Tests
- Medications
- Orthotics
- Oxygen/Respiratory Equipment
- Personal Care Attendant
- Prosthetics
- Psychological Testing
- Therapy (PT, OT, ST)
- Transitional Living

O&R Requirements

- MassHealth is implementing the O&R requirements in several phases.
- On 2/26/16 MassHealth posted Provider Bulletin 259 for billing providers regarding the ordering, referring and prescribing provider requirements and the implementation phases.
- Phase 1A
  - MassHealth began providing informational messages on certain claims for dates of service on or after March 7, 2016 that do not meet the O&R requirements listed below:
    - The ORP provider's NPI must be included on the claim.
    - The ORP provider must be one of the provider types listed on slide 5.
    - The ORP provider must be enrolled with MassHealth, at least as a nonbilling provider.

O&R Requirements

- Claims impacted in Phase 1A.
  - All professional claims (837P and CMS 1500) from the providers listed below (with noted exception)
    - Adult Day Health
    - Adult Foster Care
    - Durable Medical Equipment
    - Eyeglass supplier
    - Group Adult Foster Care
    - Independent Nurse
    - Orthotic
    - Oxygen and Respiratory
    - Pharmacy (DME claims only)
    - Prosthetic
    - Psychologist
    - Therapist
  - All professional claims (837P and CMS 1500) for the following services, regardless of billing provider type
    - Home Health
    - Psychological Testing
    - Therapies (OT, PT, ST)
  - Claims processed by the Pharmacy Online Processing System (POPS) (informational messaging began on 4/27/16)

O&R Requirements

- Claims impacted in Phase 1B (informational messaging is anticipated to begin in summer 2016).
  - All claims (professional and institutional - 837P, 837I, CMS 1500 and UB-04) that currently require a PCC referral, regardless of billing provider.
  - All professional claims (837P and CMS 1500) from certified Independent Labs and Diagnostic Testing Facilities.

O&R Requirements

- Entity PCCs referrals
  - ORP providers included on a claim must be individual providers.
  - The POSC referral panel is being updated so that entity PCCs can identify an individual provider within the PCC entity as the PCC plan referring provider when entering a referral.
  - The PCC referral letter is being updated to include the name and NPI of the individual referring provider within the PCC entity.
  - The customer service team has been reaching out to entity PCCs to collect lists of their individual referring providers in order to add them to the entity PCC's list on the POSC panel.
  - Entity PCCs should ensure that their individual referring providers are enrolled with MassHealth, at least as nonbilling providers, so that claims based on their PCC referrals can be payable.

O&R Requirements

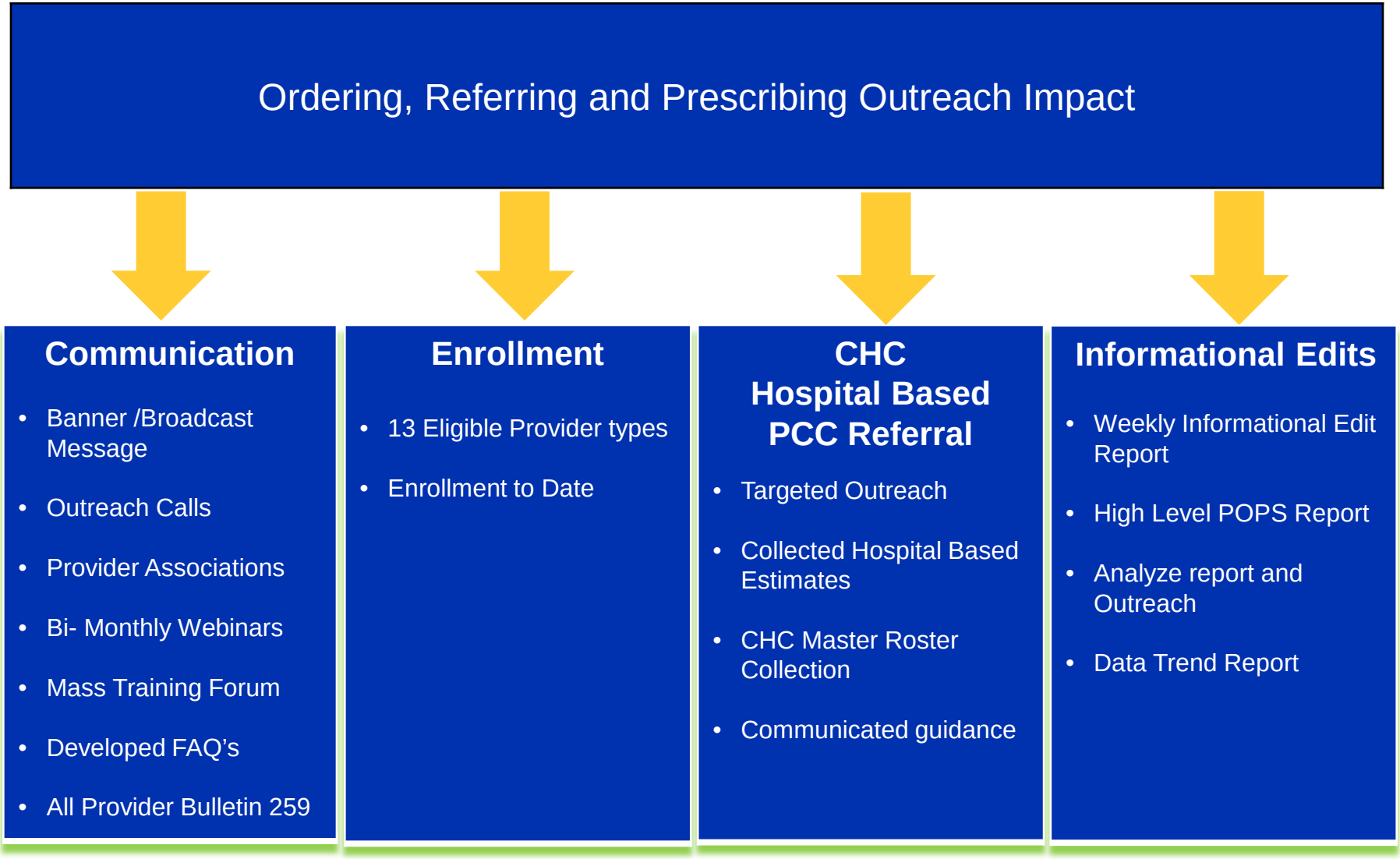
- Phase 2
  - In Phase 2, effective date TBD, the claim types impacted in Phase 1 will not be payable if they do not meet O&R requirements.

- Phase 3
  - In Phase 3 (effective date TBD with an initial informational messaging phase) the following claims that do not meet the O&R requirement will not be payable.
    - Institutional claims (837I and UB-04) for lab, diagnostic testing and home health services
    - Professional claims (837P and CMS 1500) for certain PCA related procedure codes.
    - All professional claims (837P and CMS 1500) for labs and diagnostic testing codes(such claims were included in Phase 1 only when billed by Labs and Diagnostic testing facilities).

O&R Requirements

- Next Steps
  - Providers that order, refer or prescribe services for MassHealth members will need to include their NPI on and written orders, referrals and prescriptions.
  - MassHealth is updating the process for entity PCC referrals to ensure they meet the O&R requirements. This will be put in place during July 2016.
  - MassHealth is updating the PCC Referral letter to include the NPI of the individual referring provider. This will be put in place during July 2016.
  - Mass Health will implement Phase 1B (informational messaging on claims for services that require a PCC referral and claims from labs and diagnostic testing facilities) during the summer of 2016.
  - MassHealth is developing (production date TBD) a searchable database of MassHealth enrolled providers.

Ordering, Referring and Prescribing- Outreach Impact



Payment Error Rate Measurement (PERM)
Presented by – Keith West

Payment Error Rate Measurement (PERM)

- A reminder that MassHealth is part of the CMS PERM for SFY 2016,
- Medical record requests for the current PERM Cycle begins in October of the fiscal year in review and continues through the middle of the following year (e.g., October, 2015 through July, 2016).
- Providers will have 75 calendar days from the date of the request letter to submit the record.
- During this 75 calendar day period, reminder phone calls will be made and written requests will be sent to providers if the PERM team have not received the records.

Payment Error Rate Measurement (PERM)

Frequent Mistakes:

- Not responding within required timeframes.
- Submitting records for the wrong patient.
- Submitting records for the right patient but for the wrong date of service requested.
- Not submitting readable records – e.g., colored backgrounds on faxed documents.
- Not copying both sides of two sided pages.
- Marking/highlighting, obscures important facts when copied.

Payment Error Rate Measurement (PERM)

Best Practices

- Designate a point of contact to handle record requests.
- Make the request a priority and begin to process it when received.
- Read the request thoroughly, paying close attention to the dates of service requested.
- Research thoroughly with appropriate departments if unable to locate recipient or date of service requested.
- Cross reference name changes, including newborns.
- Assure that recipient's name on record is the same as on the claim sampled.
- View the record for document/image readability quality and monitor photocopy service turnaround.
- Understand that sending billing information is not sufficient proof that services were provided.
- Understand the importance of submitting records requested no matter how small the payment amount.
- Understand that if it wasn't documented, it was not done.

Medical Necessity Form – Non-Emergency Medical Transportation
Presented by – Mara Yerow

Revised Medical Necessity Form

- Effective July 1, 2016, MassHealth is issuing a new MNF used to authorize non-emergency medical transportation for MassHealth members.
- Only properly completed MassHealth-issued Medical Necessity Forms (MNFs) will constitute valid authorization for:
  - non-emergency wheelchair van transportation provided to MassHealth members who reside in institutional settings;
  - non-emergency wheelchair van transportation provided to MassHealth members who reside in the community and need mobility assistance from transportation provider personnel to exit their residences or to move from their residences to the vehicle; and
  - non-emergency ambulance transportation provided to any MassHealth member, regardless of where the member resides.
- Please see Transportation Bulletin 16 issued June 2016 for additional information.

MassHealth Midlevel Provider Enrollment
Presented by – Stephen Cairns

Midlevel Provider Enrollment

- Background:
  - With an anticipated effective date of September 1, 2016 MassHealth will require all Physician Assistants (PAs), Certified Registered Nurse Anesthetists (CRNAs), Nurse Midwives (NMWs), Clinical Nurse Specialists (CNSs) and Psychiatric Clinical Nurse Specialists (PCNSs) to enroll in MassHealth in order to receive payment for services rendered.
  - Under these new regulations there is no change for Nurse Practitioners (NPs). NPs may enroll as an independent clinical nurse practitioner or not enroll and act as a non-independent nurse practitioner.

Key Points

- Anticipated on 9/1/16, groups that employ a PA, CRNA, and NMW can no longer bill for services under the supervising physician's NPI.
  - The following claim modifiers, billed under a supervising physician, will be deactivated, anticipated on 9/1/16:
    - HN - billed for physician assistants
    - SB – billed for nurse midwives
- Payment for Physician Assistants will be made to MassHealth participating group practices that have at least one physician as a member. Group practices without a physician member cannot bill for PA services.
- Physician Assistants can participate in the PCC program as PCCs.

Key Points (cont.)

- Independent Nurse Practitioners remain eligible to participate in the PCC program as PCCs.
- All anesthesia codes between procedure codes 00100-00199 require a modifier or will be denied anticipated on 9/1/16.
    - Payable modifiers are AA, QK, QY, QX, QZ
- The SA modifier, used for a physician billing the services of a NP, will remain as a payable modifier.

Physician Assistants (PAs)

- PAs must enroll as a MassHealth provider to participate in MassHealth, and must be enrolled in a group that employs at least one physician.
- A PA is eligible to be a PCC.
- PAs will not receive direct payment.
- Group practices without a physician member cannot bill for PA services.
  - Services provided by a PA must be billed with the NPI as the rendering provider number and the group practice's NPI as the billing/pay to number.
- The HN modifier will be deactivated, anticipated on 9/1/16.
- PAs must provide services under the supervision of a physician consistent with MassHealth's Physician regulations at 130 CMR 433.434 (C)

Certified Registered Nurse Anesthetists (CRNAs)

- CRNAs must enroll as a MassHealth provider to participate in MassHealth.
- A CRNA is not eligible to be a PCC.
- A physician or group practice may not bill for CRNA services with an MD provider number, anticipated on 9/1/16.
- Medical Direction by a physician is payable (to a physician), anticipated on 9/1/16.
- Medical Supervision by a physician is not payable under MassHealth
  - See the Physician regulations at 130 CMR 433.454 (C) and (D) for the definition of medical direction and medical supervision.
- All anesthesia codes between procedure codes 00100-00199 require a modifier or will be denied anticipated on 9/1/16.
- Payable modifiers are AA, QK, QY, QX, QZ

Nurse Midwives (NMWs)

- NMWs must enroll as a MassHealth provider to participate in MassHealth.
- A NMW is not eligible to be a PCC.
- A physician with a NMW in his or her employ may not bill for the NMW services with his/her MD provider number, anticipated on 9/1/16.
- The SB modifier will be deactivated, anticipated on 9/1/16.

Clinical Nurse Specialists (CNSs)

- CNSs must enroll as a MassHealth provider to participate in MassHealth.
- A CNS is not eligible to be a PCC.

Psychiatric Clinical Nurse Specialists (PCNSs)

- PCNSs must enroll as a MassHealth provider to participate in MassHealth.
- A PCNS is not eligible to be a PCC.

Nurse Practitioners (NPs)

- NPs may enroll as an independent clinical nurse practitioner or not enroll and act as a non-independent nurse practitioner. This is no change from the current MassHealth enrollment requirements.
- An independent NP is eligible to be a PCC.
- An independent NP receives a MassHealth provider number upon enrollment and bills directly for his or her services.
- A non-independent NP does not have a MassHealth provider number. Services provided by a non-independent NP are billed under a physician's provider number. The SA modifier is used at the end of the procedure code to indicate that the service was provided by an NP although the claim/rendering provider is the MD's provider number.
  - The SA modifier remains a payable modifier.

Provider Enrollment Procedures

- MassHealth has revised the Medical Practitioner enrollment application (PE-MP) and checklist (PE-MP-CL) and the Group Practice Organization enrollment application (PE-GPO) and checklist (PE-GPO-CL) in preparation for the new Mid-Level provider implementation.

- New mid-level providers are encouraged to submit their enrollment applications prior to the anticipated effective date of 9/1/16. Any applications received prior to 9/1/16 will become effective on the anticipated effective date, currently expected to be 9/1/16.

- The new Medical Practitioner enrollment application (PE-MP) and checklist (PE-MP-CL) are available from the MassHealth Customer Service Center upon request by e-mail at providersupport@mahealth.net or by phone at 1-800-841-2900.

Provider Enrollment Enhancements
Presented by – Stephen Cairns

Provider Enrollment Enhancements

- Application processing timeframes have been revised to 60 days to allow providers adequate time to supply missing or incomplete information.
- Update processing timeframes have been revised to 10 days to allow providers adequate time to supply missing or incomplete information.
- A dedicated enrollment outreach unit was implemented to focus on working with providers to correct enrollment and update documentation.
- 65% of all new enrollment applications are now being enrolled within 30 days and 92% of all new enrollment applications are being enrolled within 60 days.
- 94% of all provider updates are completed within 10 days or less.

Provider Enrollment Enhancements

- Workflow has been enhanced allowing easier tracking of all ATNs and provider updates.
- The “waiting for information (WFI)” process has expanded to include an email to the primary contact. Additionally, the WFI library was revamped to have more user friendly instructions on what providers need to do to correct documentation submissions.
- Provider outreach calls are being made every 5 business days for ATNs and 3 business days for provider updates.
- The updated Medical Practitioner Application and Group applications was implemented.

Provider Enrollment – Next Steps

- Expansion of webex functionality to assist providers hands-on.
- Introduction of a webinar series for provider enrollment documentation.
- Ongoing updates to the WFI library and other hands on tools to assist providers with the enrollment process.
- Continued revisions to other application documents.
- Streamlined Federal Disclosure Form (FRDF).
- Monitoring of WFI and denial reasons to enhance or development provider friendly tools.

Updates

Provider Enrollment Application Redesign | Update

- MassHealth has revised the Medical Practitioner enrollment application (PE-MP) and checklist (PE-MP-CL) and the Group Practice Organization enrollment application (PE-GPO) and checklist (PE-GPO-CL) in order to prepare for the new Mid-Level provider implementation in the fall.

- New mid-level providers can complete the forms now for submission in the Fall.

- The new Medical Practitioner enrollment application (PE-MP) and checklist (PE-MP-CL) is available from the MassHealth Customer Service Center upon request by e-mail at providersupport@mahealth.net or by phone at 1-800-841-2900.

- MassHealth has introduced a new Federally Required Disclosure form for Individual Practitioners (PE-FRD-IN). This streamlined form is easier to understand and only four pages.

Provider Enrollment Application Redesign | Update

- Organizations and other non-individuals will continue to use the existing 12 page Federally Required Disclosure form (FRD). A new form for organizations is in process.

- The FRDF (PE-FRD) and FRDF for Individuals (PE-FRD-IN) can be found on the mass.gov website in the MassHealth Provider Forms section at the following link: http://www.mass.gov/eohhs/gov/departments/masshealth/masshealth-provider-forms.html

MassHealth Updates – May Bulletins

Bulletin 158 – Inpatient Services for Incarcerated Individuals

- The purpose of this bulletin is to communicate the details of MassHealth coverage for certain inpatient services provided to incarcerated individuals who otherwise qualify for MassHealth. MassHealth has changed the process for providing medical coverage to certain incarcerated individuals of Department of Correction (DOC) and House of Correction (HOC) facilities. These procedures relate only to those incarcerated individuals who are in inpatient hospital status (the inmate is admitted as an inpatient into a hospital setting for a stay of at least 24 consecutive hours and will return to the prison facility upon hospital discharge).
- During an inpatient hospital stay, claims for inpatient hospital services for eligible incarcerated individuals are covered by MassHealth instead of through DOC/HOC resources.

MassHealth Updates – June Bulletins

Bulletin 16 – Revised Medical Necessity Form and Criminal Offender Record Information (CORI) Reminder

- Effective July 1, 2016, only properly completed MassHealth-issued Medical Necessity Forms (MNFs) will constitute valid authorization for: 1. non-emergency wheelchair van transportation provided to MassHealth members who reside in institutional settings; 2. non-emergency wheelchair van transportation provided to MassHealth members who reside in the community and need mobility assistance from transportation provider personnel to exit their residences or to move from their residences to the vehicle; and 3. non-emergency ambulance transportation provided to any MassHealth member, regardless of where the member resides. MassHealth is issuing a new MNF used to authorize non-emergency medical transportation for MassHealth members. This new MNF is required to authorize all non-emergency medical transportation covered by MassHealth on a fee-for-service basis. MassHealth covers only three types of non-emergency medical transportation covered by MassHealth on a fee-for-service basis: (1) wheelchair van transportation provided to MassHealth members who reside in institutional settings; (2) wheelchair van transportation provided to MassHealth members who reside in the community and need mobility assistance from transportation provider personnel to exit their residences or to move from their residences to the vehicle; and (3) non-emergency ambulance transportation provided to any MassHealth member, regardless of where the member resides. Neither previous MassHealth forms nor forms created by transportation providers will be considered valid authorization for such transportation. The revised MNF provides a uniform format that will allow all MassHealth transportation providers to accurately enter the required information including the member's name and MassHealth number; the destination where services will be provided; and the physical condition of the member requiring the type of transportation requested. The MNF also offers explicit instructions about which providers are authorized to request transportation and how to obtain the requesting provider's signature.

MassHealth Updates – June Bulletins

Bulletin 16 – Revised Medical Necessity Form and Criminal Offender Record Information (CORI) Reminder

- Pursuant to 130 CMR 407.421(D)(3)(b), transportation providers are responsible for the completeness of MNFs and must maintain completed MNFs as records for six years from the date of service. Pursuant to 130 CMR 450.204(B), MassHealth providers must make records documenting medical necessity, such as MNFs, available to the MassHealth agency upon request. MassHealth may request that a transportation provider submit MNFs for review to ensure that, among other things, the service was provided and the form was completed appropriately. MNFs requested by MassHealth must be submitted within two business days. If requested MNFs are not received within 48 hours or are incomplete, the associated claims will be denied. Providers must fax requested MNFs to the MassHealth Program Integrity Unit at 617-847-1245. (Cont. Next Page)

- Criminal Offender Record Information (CORI) In accordance with 130 CMR 407.405, all transportation providers must ensure that before having any contact with a MassHealth member, drivers and attendants undergo a Criminal Offender Record Information (CORI) check. Documentation of the CORI check must remain on file at the transportation provider's place of business and a new check for each driver and attendant must be conducted annually thereafter.

Next Meeting

- October 26, 2016