

Referral Changes in the Primary Care Clinician Plan (PCC Plan) FAQ for Providers

Q. Why Are these PCC Plan Referral Changes Being Made?

A. In order to better promote the goals of MassHealth by providing the right care at the right time, MassHealth has made changes to the list of PCC Plan Services that do not require a referral, as listed in 130 CMR 450.118(J). These services remain available to PCC plan members with a referral from their PCC. These referral changes will support MassHealth's pursuit of more integrated and accountable care for its members.

Q. Will MassHealth be notifying members of these referral changes?

A. Yes, MassHealth will notify all PCC Plan members of these changes in writing no later than September 1, 2016. Over the next several months, MassHealth will be creating awareness of these changes, particularly for members and providers who may be impacted the most.

Q. Will the Referral Rules for Managed Care Organization (MCO) and Fee For Service Members Also be Changing?

A. These referral rule changes are limited to the PCC Plan. Please contact a member's respective MCO for details around each MCO's referral requirements. The list of MCOs can be found here: <http://www.mass.gov/eohhs/consumer/insurance/enroll-in-a-health-plan/plans-available-for-members-in-mh-standard-commonhealth-family-assistance.html>

Q. Can a MassHealth member be billed for services that require a PCC referral?

A. No. MassHealth does not allow providers to bill members for services.

Q. How do I submit claims that require a PCC referral?

A. There are no changes to the current process for submitting claims that require a PCC referral other than the additional services. If you are new to submitting claims that require a PCC referral, please refer to the job aid located at:

<http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/mmis-posc/training/get-trained.html>.

Claims for all services requiring a PCC referral must be submitted via the POSC and include the PCC referral number and the NPI of the referring PCC provider in the referral loop on the claim. Claims must include the NPI of the referring PCC provider in order to be payable.

Q. What if my claim denies for no PCC Referral?

A. In order for your claim to pay, you must have a referral if one is required for the service rendered. A referral may be issued after the service is rendered if the PCC determines that the service was medically necessary at the time the member received the service. You must contact the member's PCC and request a referral. Once a PCC referral has been issued, you may resubmit the claim. Retroactive referrals allow for specialists to be paid in situations where the member initially saw a specialist without first obtaining a PCC referral but the PCC later determines that the service was medically necessary at the time the member obtained the service.

Q. Who do I contact if I have questions regarding these changes?

A. Providers who need assistance with referrals can contact the MassHealth Customer Service Center by e-mail at providersupport@mahealth.net or by phone at 1-800-841-2900.

Q. Where do I get training on the POSC?

A. If you are not certain how to verify a referral on the POSC, please refer to the job aid located at <http://www.mass.gov/eohhs/docs/masshealth/provlibrary/pocs-job-aids/referrals-inquire.pdf>. Additional POSC job aids, including eligibility verification, referral submission and updates, and claim submission can be found at the following at: <http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/mmis-posc/training/get-trained.html>.