

# MassHealth Provider Remittance Message Texts – 2022

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# January

01/04/22

## **SUPPLY CHAIN ISSUES FOR INFANT FORMULA**

Due to the concerns about the supply chain for infant formula, MassHealth has implemented the following:

Effective December 16, 2021, if members are unable to obtain the formulas affected by the supply chain through the Durable Medical Equipment network of providers, MassHealth pharmacies will be able to process and dispense pediatric enteral special formula and thickening agents. This change applies to MassHealth Standard, CommonHealth, CarePlus, Family Assistance, and Children's Medical Security Plan (CMSP) members whose pharmacy claims are paid through the Pharmacy Online Processing System (POPS).

If you are unable to fill orders for the members you serve, please refer them to a retail pharmacy for further assistance.

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## **REPRICING OF CLAIMS WITH THE ARPA TEMPORARY RATE INCREASE FOR AAC CODES THAT REQUIRE A PRIOR AUTHORIZATION**

On July 19, 2021, the Executive Office of Health and Human Services (EOHHS) issued 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act (ARPA), which includes a temporary 10% rate add-on for Durable Medical Equipment and Oxygen & Respiratory Therapy (DME/OXY) providers for dates of service from July 1, 2021 to June 30, 2022.

MassHealth is adjusting prior authorizations (PAs) that require PA pricing that have effective dates that span July 1, 2021 through June 30, 2022. These adjustments will incorporate the temporary 10% ARPA rate increase as applicable.

Claims associated with the adjusted PAs will be systematically adjusted for dates of service on or after July 1, 2021, in stages, through the next couple of months.

Systematic adjustments will pay up to the billed amount on the claim. Providers can adjust any claims in need of additional payments if the paid amount does not match the approved PA allowed amount.

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## **GET EMAIL ALERTS WHEN NEW BULLETINS AND TRANSMITTAL LETTERS ARE PUBLISHED ON THE WEB**

To sign up, visit [www.mass.gov/masshealth-subscribe-bulletins-TLs](http://www.mass.gov/masshealth-subscribe-bulletins-TLs).

If you have questions, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900. LTSS providers should contact the MassHealth LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

### *Revised Message*

## **EXTENSION OF RATE INCREASES ISSUES THROUGH 101 CMR 447.00: RATES FOR CERTAIN HOME-AND COMMUNITED-BASED SERVICES RELATED TO SECTION 9817 OF THE AMERICAN RESCUE PLAN ACT - CONTINUOUS SKILLED NURSING (CSN) SERVICES**

Effective January 1, 2022, the Executive Office of Health and Human Services (EOHHS) has extended 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act which was previously effective July 1, 2021 through December 31, 2021.

Through this extension EOHHS will continue the 10% rate add-on for CSN services beginning January 1, 2022 through June 30, 2022.

To view current rates established under 101 CMR 447.00 see <https://tinyurl.com/bukynyp7>. For easier view it is recommended to use XLSX file 101 CMR 447.00 Service Codes Spreadsheet.

EOHHS is promulgating an additional 20% rate increase for all CSN services promulgated through 101 CMR 447.00 effective January 1, 2022. MassHealth will be distributing further clarification via Provider Bulletin.

If you or your agency has questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

**01/11/22**

## **PROVIDER ONLINE SERVICE CENTER (POSC) USER ID MAINTENANCE AND VALIDATION**

Each organization must be sure that access to their information on the POSC is accurately maintained to ensure that only those persons that should have access to the organization's data can view, submit, or receive information on behalf of the organization.

The Primary User within an organization is responsible for managing user access to the organization's information on the POSC and MassHealth's connectivity methods (e.g., system to system) and must, at a minimum, do the following:

- Ensure that a back-up administrator has been assigned to support user access requests in the Primary User's absence
- Ensure that each user has been issued their own user ID
- Terminate user IDs once a staff person has left the organization and once affiliate and vendor relationships and engagements have ended
- Establish and maintain a quarterly, semi-annual, or annual review and alignment of all user access to safeguard the organization's MassHealth related information

Please note that MassHealth is in the process of validating access and activity for user IDs that have not logged in to the POSC through the Virtual Gateway since prior to 8/31/2020. User IDs that have been inactive up until 3/31/2020 will be terminated. User IDs that have been inactive between 4/1/2020 and 8/31/2020 may be terminated. Those impacted users will be notified.

If you have questions, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900. If you are an LTSS provider, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthtss.com](mailto:support@masshealthtss.com).

## **01/18/22**

### **EXTENSION OF RATE INCREASES AND REPORTING REQUIREMENTS FOR CERTAIN HOME- AND COMMUNITY-BASED SERVICES RELATED TO SECTION 9817 OF THE AMERICAN RESCUE PLAN ACT - HOME HEALTH AGENCY**

Effective January 2022, the Executive Office of Health and Human Services (EOHHS) issued Home Health Agency Bulletin 71. This bulletin communicates the rate increases and reporting requirements related to the extension of 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act.

For further information regarding Home Health Agency Bulletin 71 see <https://tinyurl.com/mrxamc9c>.

To view current rates established under 101 CMR 447.00 see <https://tinyurl.com/bukynyp7>. For easier view it is recommended to use the XLSX file 101 CMR 447.00 Service Codes Spreadsheet.

If you or your agency has questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## **EXTENSION OF RATE INCREASES AND REPORTING REQUIREMENTS FOR CERTAIN HOME- AND COMMUNITY-BASED SERVICES RELATED TO SECTION 9817 OF THE AMERICAN RESCUE PLAN ACT - CONTINUOUS SKILLED NURSING (CSN) SERVICES**

Effective January 2022, the Executive Office of Health and Human Services (EOHHS) issued Continuous Skilled Nursing Agency Bulletin 1. This bulletin communicates the rate increases and reporting requirements related to the extension of 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act.

For further information regarding Continuous Skilled Nursing Agency Bulletin 1 see <https://tinyurl.com/ycpxv8px>.

To view current rates established under 101 CMR 447.00 see <https://tinyurl.com/bukynyp7>. For easier view it is recommended to use the XLSX file 101 CMR 447.00 Service Codes Spreadsheet.

If you or your agency has questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## **EXTENSION OF RATE INCREASES AND REPORTING REQUIREMENTS FOR CERTAIN HOME- AND COMMUNITY-BASED SERVICES RELATED TO SECTION 9817 OF THE AMERICAN RESCUE PLAN ACT - CONTINUOUS SKILLED NURSING (CSN) SERVICES**

Effective January 2022, the Executive Office of Health and Human Services (EOHHS) issued Independent Nurse Provider Bulletin 6. This bulletin communicates the rate increases related to the extension of 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act.

For further information regarding Independent Nurse Provider Bulletin 6 see <https://tinyurl.com/5deukjuw>.



To view current rates established under 101 CMR 447.00 see <https://tinyurl.com/bukynyp7>. For easier view it is recommended to use the XLSX file 101 CMR 447.00 Service Codes Spreadsheet.

If you or your agency has questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## **EXTENSION THROUGH JUNE 30, 2022 OF ARPA-RELATED RATE INCREASES -DURABLE MEDICAL EQUIPMENT (DME) & OXYGEN AND RESPIRATORY THERAPY EQUIPMENT (OXY)**

Effective January 1, 2022, the Executive Office of Health and Human Services (EOHHS) issued Durable Medical Equipment Bulletin 29/Oxygen and Respiratory Therapy Bulletin 23, regarding enhanced rates and reporting requirements related to Section 9817 of the American Rescue Plan Act (ARPA). This bulletin communicates the extension of the APRA-related rate increases through June 30, 2022 and set forth reporting requirements for use of the enhanced funding. The applicable rate regulation is 101 CMR 447.00: Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act.

For further information regarding Durable Medical Equipment Bulletin 29/Oxygen and Respiratory Therapy Bulletin 23 see <https://www.mass.gov/lists/masshealth-DME>.

For further information regarding rates established under 101 CMR 447.00 see <https://tinyurl.com/bukynyp7>. For easier view it is recommended to use the XLSX file 101 CMR 447.00 Service Codes Spreadsheet.

If you or your agency has questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## **February**

**02/01/22**

### **DUPLICATE MEDICARE CROSSOVER CLAIMS**

MassHealth was informed by Centers for Medicare and Medicaid Services (CMS) on January 21, 2022 that a duplicate Medicare institutional crossover claims file was submitted to MassHealth between January 18 and January 19. Since MassHealth adjudicates the crossover claims files daily, these claims had already adjudicated when MassHealth received notification. Due to this issue, providers may notice a large volume of denials for 'exact duplicate' on the remittance advice dated January 25, 2022. No further action is required by providers.

If you have questions regarding this message, please contact MassHealth Customer Service at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900. LTSS providers should contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

**02/08/22**

## **CLAIMS REPROCESSED FOR CPT 71552 MAGNETIC RESONANCE IMAGING CHEST W/OUT CONTRAST MA**

Updates have been completed for CPT 71552 26/TC effective for dates of service on or after January 1, 2019. The prior authorization (PA) requirement has been removed and all affected claims have been reprocessed and will appear on this or a future remittance advice.

If you have questions, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900.

**02/15/22**

## **MULTI BENEFIT PLAN**

On March 21, 2022, MassHealth will implement changes to the Eligibility Verification System (EVS) available on the Provider Online Service Center (POSC) and the HIPAA Health Care Eligibility Benefit Inquiry and Response (270/271) transaction to include the additional benefit plans, COVID Uninsured Coverage, CMSP, Limited, and HSN.

Trading Partner Testing (TPT) will be conducted from 2/14/2022 through 3/11/2022. Testing is not mandatory, however, MassHealth urges Trading Partners and vendors to test during this timeframe. If you plan to participate or have questions about TPT, please contact MassHealth EDI at [edi@mahealth.net](mailto:edi@mahealth.net).

Trading partners should visit the MassHealth HIPAA Companion Guides webpage listed below to evaluate the changes outlined in the MassHealth HIPAA Health Care Eligibility Benefit Inquiry and Response (270/271) Companion Guide, and ensure that their systems can accept the additional benefit plan information:

<https://www.mass.gov/lists/masshealth-hipaa-companion-guides>

If you have questions about the changes, please contact MassHealth EDI at [edi@mahealth.net](mailto:edi@mahealth.net).

**02/22/22**

## **MASSHEALTH CONTINUOUS SKILLED NURSING (CSN) SPENDING/REPORTING REQUIREMENTS AND OVERTIME REQUEST PROCEDURES**

MassHealth published Home Health Agency Bulletin 73 and CSN Agency Bulletin 3, effective January 2022, which describe the spending and reporting requirements associated with the proposed 20% rate increase to all CSN procedure codes under 101 CMR 361.00. The bulletins also describe how home health and CSN agencies may request and get prior authorization for agency CSN overtime rates.

Home Health Agency Bulletin 73 may be found here: <https://tinyurl.com/pthdb5n5>

Continuous Skilled Nursing Agency Bulletin 3 may be found here: <https://tinyurl.com/yc5c8prx>

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## **CRIMINAL OFFENDER RECORD INFORMATION (CORI) REQUIREMENT CHANGES FOR INDEPENDENT NURSE PROVIDERS**

Effective February 2022, MassHealth issued Independent Nurse (IN) Bulletin 8, which details CORI requirements. The updated CORI requirements will be effective on or after March 31, 2022, and will be applicable to nurses enrolled as INs and nurses seeking MassHealth enrollment as INs.

For more information, see Independent Nurse Bulletin 8: <https://tinyurl.com/ee7cx2xs>

If you have questions, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## **UPDATED COVID-19 VACCINE REQUIREMENTS FOR HOSPICE PROVIDERS**

Effective February 2022, MassHealth issued Hospice Bulletin 23, which provides updated COVID-19 vaccine requirements for hospice providers.

For more information, please use the following links:

Hospice Bulletin 23: <https://tinyurl.com/bp8zm2h2>

MassHealth COVID-19 Guidance for Other Long-Term-Supports Services Providers: <https://tinyurl.com/bfbb5rxh>

For questions, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## **UPDATED COVID-19 VACCINE REQUIREMENTS FOR HOME HEALTH PROVIDERS**

Effective February 2022, MassHealth issued Home Health Agency Bulletin 72, which provides updated COVID-19 vaccine requirements for home health providers.

For more information, please use the following links:

Home Health Agency Bulletin 72: <https://tinyurl.com/mrxamc9c>

MassHealth COVID-19 Guidance for Home Health Agencies, CSNs, and PCAs: <https://tinyurl.com/ycyj5eeb>

For questions, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## **UPDATED COVID-19 VACCINE REQUIREMENTS FOR INDEPENDENT NURSE PROVIDERS**

Effective February 2022, MassHealth issued Independent Nurse Bulletin 7, which provides updated COVID-19 vaccine requirements. MassHealth has also issued a Communication and Attestation form.

For more information, please use the following links:

Independent Nurse Bulletin 7: <https://tinyurl.com/5deukjuw>

MassHealth COVID-19 Guidance for Other Long-Term-Supports Services Providers: <https://tinyurl.com/bfbb5rxb>

Independent Nurse COVID-19 Vaccine Attestation Form: <https://tinyurl.com/4wjh8fnj>

For questions, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## **UPDATED COVID-19 VACCINE REQUIREMENTS FOR CONTINUOUS SKILLED NURSING (CSN) AGENCY PROVIDERS**

Effective February 2022, MassHealth issued CSN Agency Bulletin 2, which provides updated COVID-19 vaccine requirements for CSN Agencies.

For more information, please use the following links:

CSN Agency Bulletin 2: <https://tinyurl.com/ycpxv8px>

MassHealth COVID-19 Guidance for Home Health Agencies, CSNs, and PCAs: <https://tinyurl.com/ycyj5eeb>

For questions, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthtss.com](mailto:support@masshealthtss.com).

## March

**03/01/22**

*Revised Message*

### **MULTI BENEFIT PLAN**

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If you have questions about the changes, please contact MassHealth EDI at [edi@mahealth.net](mailto:edi@mahealth.net).

**03/08/22**

## **UPDATE FOR ALL AMBULANCE PROVIDERS RE: CODES A0425, A0426, A0428 PLUS MODIFIER IN ANY CONFIGURATION DD, DR, DE, DP, ED, EP, ER, HP, NP, PD, PE, PN, PP, PR, RD, RE, RP**

Effective 1/1/2022, MassHealth ambulance providers are no longer required to bill Medicare for dual eligible beneficiaries in the above scenario(s). Claims can be submitted directly to MassHealth when using these codes and modifiers.

If you have questions, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900.

## **TRANSPORTATION UPDATES & NEW PT-1 PROCESS TRAINING FOR ACUTE HOSPITALS**

MassHealth Business Support Services invites you to a training regarding discharge transportation requests for MassHealth members (both fee for service and managed care members). If your facility currently requests Wheelchair Van transportation for a MassHealth member as part of safe discharge planning, MassHealth strongly encourages you to register for this training. The training will review the new process for member discharge using wheelchair services and how to arrange for this type of transportation using the PT-1 process, in addition to other resources for transportation requests.

Transportation Updates & New PT-1 Process Training

Wednesday, March 16, 2022, from 1:00 - 2:30 PM

To register: <https://tinyurl.com/rnbknu6n>

For more information, see MassHealth All Provider Bulletin 339 at <https://tinyurl.com/3sj8mman>.

If you have questions, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900.

## **03/15/22**

### **MULTI BENEFIT PLAN**

On March 21, 2022, MassHealth will implement changes to the Eligibility Verification System (EVS) available on the Provider Online Service Center (POSC) and the HIPAA Health Care Eligibility Benefit Inquiry and Response (270/271) transaction to include the additional benefit plans, CMSP, Limited, and HSN.

Trading partners should have reviewed the MassHealth HIPAA Companion Guides webpage listed below, evaluated the changes outlined in the MassHealth HIPAA Health Care Eligibility

Benefit Inquiry and Response (270/271) Companion Guide, and ensured that their systems can accept the additional benefit plan information.

<https://www.mass.gov/lists/masshealth-hipaa-companion-guides>

If you have questions about the changes, please contact MassHealth EDI at [edi@mahealth.net](mailto:edi@mahealth.net).

## April

**04/05/22**

### **RETRO CLAIMS ADJUSTMENT FOR DUPLICATE OUTPATIENT HOSPITAL AND HOSPITAL LICENSED HEALTH CENTER CLAIM PAYMENTS WITH DATES OF SERVICE BETWEEN 09/2019-11/2021**

In October 2021, MassHealth was notified that some providers had received duplicate claim payments for certain service codes and was actively working on a resolution. MassHealth has identified and corrected the error. The impacted claims have been reprocessed and will appear on this or a future remittance advice.

If you have questions, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900.

### **UPDATES TO 101 CMR 361.00: RATES FOR CONTINUOUS SKILLED NURSING SERVICES**

The Executive Office of Health and Human Services (EOHHS) has promulgated amendments to 101 CMR 361.000: Rates for Continuous Skilled Nursing (CSN) Services (link: <https://tinyurl.com/2p8sszfh>).

Effective for dates of service on or after January 1, 2022, amendments to 101 CMR 361.00 increase all CSN rates by approximately 20%. This 20% increase was previously promulgated through 101 CMR 447.00: Rates for Certain Home- and Community- Based Services Related to Section 9817 of the American Rescue Plan Act (link: <https://tinyurl.com/ja52zzdw>), however was not established under 101 CMR 361.00 until now.

101 CMR 447.00 remains in effect through June 30, 2022 and includes an additional 10% rate add-on for CSN services. Providers should continue to refer to 101 CMR 447.00 for the current CSN rates until July 1, 2022, at which point in time providers should refer to 101 CMR 361.00 for the current CSN rates.

If you or your agency has questions regarding this communication, please contact the LTSS Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## **UPDATES TO 101 CMR 339.00 RATES FOR RESTORATIVE SERVICES - EFFECTIVE APRIL 1, 2022**

The Executive Office of Health and Human Services (EOHHS) has published 101 CMR 339.00: Rates for Restorative Services. See 101 CMR 339.00 at <https://tinyurl.com/ycxksmbx>.

Rates contained in 101 CMR 339.00 apply for dates of service provided on or after April 1, 2022. To view reimbursable service codes, see the respective Subchapter 6 below.

- Subchapter 6: Therapist Service Codes: <https://tinyurl.com/2p8whe33>
- Subchapter 6: Rehabilitation Center Service Codes: <https://tinyurl.com/4fa52eba>
- Subchapter 6: Speech and Hearing Center Service Codes: <https://tinyurl.com/yn25hwc3>

If you or your agency has questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## **MULTI BENEFIT PLAN**

On March 21, 2022, MassHealth implemented changes to the Eligibility Verification System (EVS) available on the Provider Online Service Center (POSC) and the HIPAA Health Care Eligibility Benefit Inquiry and Response (270/271) transaction to include additional benefit plans, CMSP, Limited, and HSN.

The eligibility response will include all plans the member is enrolled in for the requested eligibility period. The plan with the richest benefits will be listed first then any ancillary plans.

Trading partners should have reviewed the MassHealth HIPAA Companion Guides webpage listed below, evaluated the changes outlined in the MassHealth HIPAA Health Care Eligibility Benefit Inquiry and Response (270/271) Companion Guide, and ensured that their systems can accept the additional benefit plan information.

<https://www.mass.gov/lists/masshealth-hipaa-companion-guides>

If you have questions about the changes, please contact MassHealth EDI at [edi@mahealth.net](mailto:edi@mahealth.net).

## **04/12/22**

## **UPDATE FOR THERAPY SERVICE CODES RELATED TO THE MEDICAID NATIONAL CORRECT CODING INITIATIVE**

In March 2022, the Medicaid National Correct Coding Initiative (NCCI) released edit files for Medically Unlikely Edits (MUEs). MassHealth has updated the MMIS system, and these edits will be effective on April 1, 2022. These MUEs will limit the maximum number of units per



service code that a therapy provider is able to bill for a MassHealth member's therapy visit. The addition of the MUE limits does not affect any other MassHealth authorization or billing rules. Please see below for the MUE value and service code affected.

Service Code 97032 will now have a NCCI limit of 1.

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthtss.com](mailto:support@masshealthtss.com).

**04/26/22**

## **INCORRECT PAYMENT FOR CERTAIN COVID-19 AND PHARMACY CODES FOR ACUTE OUTPATIENT HOSPITALS AND HOSPITAL LICENSED HEALTH CENTERS**

MassHealth is aware that certain COVID-19 and pharmacy HCPCS codes were paid through the Enhanced Ambulatory Patient Grouping (EAPG) system instead of the rate set forth in the fee schedule. MassHealth is currently updating the codes with the correct payment methodology and will subsequently identify and reprocess any affected claims.

The HCPCS codes involved were:

COVID-19: 91305, 0051A, 0052A, 0053A, 0054A, 0073A, M0220, M0221, Q0220

Pharmacy: J2182, J9022, J9047, J9266, J9306, J9271

If you have questions, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900.

## **RETRO RATE ADJUSTMENTS FOR HOSPICE PROVIDERS**

Please be advised that the most recent remittance advice (RA) may contain rate adjustments resulting from the certification of revised Federal Fiscal Year 2022 rates (October 1, 2021) by the Executive Office of Health and Human Services. See MassHealth Administrative Bulletin 21-30 at <https://www.mass.gov/lists/2021-eohhs-administrative-bulletins>.

Please review this RA for accuracy. Proposed corrections must be submitted to the MassHealth LTSS Provider Service Center within 30 days from the date of this RA at [support@masshealthtss.com](mailto:support@masshealthtss.com) or by calling (844) 368-5184. For more information, refer to the POSC job aid "View Remittance Advice Reports" on the Job aids for the Provider Online Service Center (POSC) web page at <https://tinyurl.com/y95aaqjk>.

For questions, please contact the MassHealth LTSS Provider Service Center at [support@masshealthtss.com](mailto:support@masshealthtss.com) or call (844) 368-5184.

# May

## 05/10/2022

### **HEARING AID HISTORY MEMBER SEARCH IN POSC**

Effective Monday May 2, 2022, the Provider Online Service Center (POSC) will have a new function to allow providers of hearing aid services to check member hearing aid history. This new function will work in real time. To utilize the new function, providers will first need to log into the POSC. In the Provider Services panel, in the left navigation, select “Manage Claims and Payments” and then select “Hearing Aid Member Search.” Providers should then enter the member 12-digit MassHealth ID, click “search” and the member history will display. If there is no history or if an incorrect member ID is entered, the POSC will state that no records were found. For detailed instructions on how to use the new Hearing Aid Member Search, please visit <https://masshealth.inquisiqlms.com/Default.aspx> . Please also visit the POSC FAQs Hyperlink for more information.

## 05/17/2022

### **HEARING AID MEMBER SEARCH WEBINAR**

Effective Monday, May 2, 2022, the Provider Online Service Center (POSC) was updated with a new function to allow providers of hearing aid services to check member hearing aid history in real time. A webinar will be hosted on Tuesday, May 24, 2022, at 10:00 AM to review this new function. This webinar will provide detailed instruction on how to submit these inquiries.

Please register for the webinar by visiting this link: [https://maximus.zoom.us/webinar/register/WN\\_s4wKLpcEQgK\\_KBcowostzQ](https://maximus.zoom.us/webinar/register/WN_s4wKLpcEQgK_KBcowostzQ)

If you have questions about the changes, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900.

## 05/24/2022

### **LUMP SUM PAYMENTS FOR WORKFORCE INVESTMENT RATES FOR CERTAIN HEALTH AND HUMAN SERVICES PROGRAMS**

As a result of the public health emergency related to COVID-19, MassHealth is working to provide fiscal recovery funds to support health and human services providers and their workforce.

In accordance 101 CMR 448, enacted on July 1, 2021 and amended April 29, 2022, MassHealth is issuing operational add-on rates for certain services whose basic rates are governed by other regulations.

Pursuant to 101 CMR 448.03(4), MassHealth will pay the operational add-on rate through a one-time lump sum payment to eligible providers for the covered time period January 1, 2022 through June 30, 2022. Eligible providers were previously paid an operational add-on rate the initial covered time period of July 1, 2021 through December 31, 2021. The lump sum amount is calculated according to the following formula: Product of (total May 2021 (one month) MassHealth spend on the services listed in 101 CMR 448.01(5)) x (add-on rate of 10%) x (6 units). The factor of six reflects the number of months in the covered time period.

The following are eligible provider types pursuant to 101 CMR 448:

- PT 29: Early Intervention
- PT 26: Mental Health Center
- PT 65: Psychiatric Day Treatment
- PT 28: Substance Use Disorder Treatment
- PT 05: Psychologist

As a condition of payment for the add-on rate, each provider must complete an attestation assuring EOHHS that they will use at least 90% of the funds for direct care workforce development, including hiring and retention bonuses and other categories of worker compensation. Providers will have until September 30, 2022 to expend the funds. As a further condition of payment, a provider must submit a spending report to EOHHS for the use of the add-on rate, as directed by EOHHS. Where a provider delivers certain eligible services through separate businesses, that provider must submit one (1) attestation and one (1) spending report per Employer Identification Number (EIN) or Tax Identification Number (TIN). The provider spending report and attestation must be submitted to EOHHS by December 31, 2022. For additional information and requirements, please see <https://tinyurl.com/b2yvvu2k>.

If MassHealth did not make payments to a provider for services rendered in May 2021, that provider is ineligible to receive a lump sum payment from MassHealth for the add-on rate.

MassHealth anticipates the payment will be processed by May 25, 2022. Lump sum payments will be aggregated for organizations with multiple eligible providers, and those organizations will receive one lump sum payment for all the organization's add-on rate eligible providers. Payments will be labeled "101 CMR 448.00 Workforce Investment" on VendorWeb/remittance advices.

On behalf of MassHealth, thank you for your dedication and partnership as we work together to care for the critical needs and supports of the individuals in our care.

If you have questions regarding this message, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900.

**05/31/2022**

**UPDATE FOR ALL TRANSPORTATION PROVIDERS PROVIDING WHEELCHAIR VAN SERVICES**

Effective June 1, 2022, wheelchair van services will be covered solely through the two regional transit authority (RTA) brokers contracted by the Human Services Transportation unit. Fee for service billing will no longer be accessible to providers through the MassHealth Provider Online Service Center (POSC). Providers are reminded to disregard HCPCS codes related to wheelchair van services within the subchapter 6 of covered services as of June 1, 2022.

If you have questions, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900.

**UPDATE FOR ALL CLINICAL LABORATORY AND ORDERING OR PRESCRIBING PROVIDERS**

Medical Necessity Guidelines for CPT code 81420 with Prior Authorization (PA) requirement: <https://www.mass.gov/doc/guidelines-for-maternal-cell-free-fetal-dna-testing/download>

To avoid delays in obtaining PA for CPT code 81420, physicians and all other authorized prescribers have a responsibility to ensure that the member is an eligible candidate and meets the criteria and risk factors associated with medically necessary coverage of this laboratory service.

Ordering providers must supply the appropriate diagnosis and all supporting documentation to the clinical laboratory receiving referrals for this scope of testing.

Please note the following common PA denial/cancellation reasons:

- Laboratory entering incorrect diagnosis code on the request
- Lack of documentation to support risk factors
- Member not meeting coverage criteria listed on P3 of Medical Necessity guidelines

If you have questions, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900.

**June**

**06/07/2022**

## **CLAIMS REPROCESSED FOR 2022 HCPCS/CPT CODE UPDATES**

The Centers for Medicare & Medicaid Services (CMS) have revised the HCPCS codes for 2022. MassHealth is updating the Service Codes and Descriptions (Subchapter 6) of the Physician Manual to incorporate those 2022 HCPCS/Current Procedural Terminology (CPT) service code updates, as applicable.

MassHealth updated its system to reflect the 2022 HCPCS/CPT coding changes effective for dates of service on or after January 1, 2022. All affected claims will be reprocessed and will appear on this or future remittance advices.

If you have questions, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900.

### **06/14/2022**

## **VIRTUAL FOCUS GROUP FOR INDEPENDENT NURSE PROVIDERS REGARDING IMPROVEMENTS TO THE INDEPENDENT NURSE PROGRAM**

MassHealth Office of Long Term Services and Supports has been working with UMass Chan Medical School, Commonwealth Medicine to make improvements to the Independent Nursing Program. The goal of this work is to enhance the support for Independent Nurses.

This team would like to capture your valuable insights from your experiences as an Independent Nurse provider and invites you to participate in a virtual focus group session that will be facilitated by Commonwealth Medicine. If you are interested in participating in one of the virtual focus group sessions, please identify the date/time below that works best for you and email [Lora.Dumas1@umassmed.edu](mailto:Lora.Dumas1@umassmed.edu) so she can send you the meeting details.

Virtual Focus Group Options: Thursday, June 16, 5:00-6:00pm or Friday, June 17, 7:30-8:30am

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

### **06/21/2022**

## **AVAILABLE NOW: GENDER-AFFIRMING CARE SELF-IDENTIFICATION PROVIDER FORM**

In September 2021, MassHealth launched its Gender-Affirming Care for MassHealth Members web page, providing information and resources about MassHealth coverage for gender-affirming care and other resources about health care for transgender and gender-diverse members.

Furthering this initiative, and through the Gender-Affirming Care Provider Self-Identification form that follows, MassHealth is collecting information from MassHealth providers who want to self-identify as providers of gender-affirming care. This form is intended to capture self-reported provider information for the purpose of informing MassHealth members of self-identified gender-affirming care providers participating in the MassHealth program, and the services they provide. Using the information collected, MassHealth may create a publicly available MassHealth gender-affirming care provider directory on our gender-affirming-care web page at <https://www.mass.gov/gender-affirming-care-for-masshealth-members>.

If you are an active MassHealth provider who provides gender-affirming care and would like to self-identify as a provider of gender-affirming care, please fill out the form at <https://www.mass.gov/forms/gender-affirming-care-provider-self-identification>.

Please note that this information is self-reported only. MassHealth reserves the right to verify any information submitted, but assumes no obligation to do so. Any providers completing this form must report to MassHealth any changes to their status as self-reported providers of specified gender-affirming care (e.g., change of address, new services offered, etc.).

For more information about gender-affirming surgeries and hair removal as a treatment for gender dysphoria, see MassHealth's Guidelines for Medical Necessity Determination for Gender-Affirming Surgery and Guidelines for Medical Necessity Determination for Hair Removal, found at <https://www.mass.gov/lists/masshealth-guidelines-for-medical-necessity-determination>.

If possible, it would be helpful to receive a response within 90 days, by September 20, 2022, although providers may complete the form at any time.

If you have questions about this form, email [physicianservices@mass.gov](mailto:physicianservices@mass.gov) with the subject line, "gender-affirming care provider form."

## **ROBOTICS PROCESSING AUTOMATION (RPA) POLICY**

As previously noted, MassHealth will be implementing a new policy in early July that will require that any/all organizations (providers, business partners, and relationship entities) that utilize Robotics Processing Automation (RPA) tools (AKA bots) on MassHealth's Medicaid Management Information System (MMIS) Provider Online Service Center (POSC) register the bot and request approval from MassHealth prior to the implementation of any bot technology. Any organization that utilizes bots on the POSC without express permission from MassHealth will be in violation of the MassHealth RPA Policy.

MassHealth will be providing detailed information about the policy and the process for registration soon.

If you have any questions regarding this RPA policy, please contact MassHealth at [functional.coordination@mass.gov](mailto:functional.coordination@mass.gov).

# July

## 07/05/2022

### **COVERAGE OF AND PAYMENT FOR THE ADMINISTRATION OF REMDESIVIR IN AN OUTPATIENT SETTING**

As described in All-Provider Bulletin 336, effective for dates of service on or after December 22, 2021, MassHealth will reimburse MassHealth-enrolled acute outpatient hospitals, community health centers, and physicians for the administration of Remdesivir (Veklury) in an outpatient setting. Providers administering Remdesivir should bill MassHealth using the existing HCPCS code J3490.

In May 2022, MassHealth formally replaced HCPCS code J3490 with HCPCS code J0248. Eligible providers may bill for the administration of Remdesivir (Veklury) using HCPCS code J0248 for dates of service on or after April 1, 2022. MassHealth updated its system to reflect the coding changes effective for dates of service on or after April 1, 2022. All affected claims will be reprocessed and will appear on this or future remittance advices.

If you have questions, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900.

### **UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE JANUARY 1, 2022**

MassHealth has completed the rate updates for the January 1, 2022 Quarterly Drug codes. The impacted claims will be reprocessed and/or adjusted and will appear on a future remittance advice.

If you have questions, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900.

## 07/19/2022

### **2022 QUARTERLY ICD-10-PCS AND DIAGNOSIS CODES UPDATES FOR ALL PROVIDERS**

MassHealth has completed updating 9 ICD-10-PCS and 3 Diagnosis codes, retroactively effective 4/1/2022. Claims that were erroneously denied for these codes will be reprocessed and will appear on a future remittance advice.

The ICD-10-PCS codes involved were: XW023X7, XW023Y7, XW013V7, XW013W7, XW023V7, XW023W7, XW0DXR7, XW0G7R7, and XW0H7R7

The Diagnosis codes involved were: Z28.310, Z28.311, and Z28.3

If you have questions, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900.

## **REMINDER: ROBOTICS PROCESSING AUTOMATION (RPA) POLICY**

REMINDER: Effective July 1, 2022, MassHealth requires that any/all providers, business partners, and relationship entities (henceforth, “organizations”) that utilize Robotics Processing Automation (RPA) tools (AKA “bots”) on MassHealth’s Medicaid Management Information System (MMIS) Provider Online Service Center (POSC) register the bot and request approval from MassHealth prior to the implementation of any bot technology.

As noted, organizations that were using a bot on the POSC before July 1, 2022, can be grandfathered into the RPA Policy. It is important that these organizations register the bot and request approval from MassHealth as soon as possible. These organizations should complete and submit the Stage II Registration Form - Grandfathered Entities to MassHealth at [functional.coordination@mass.gov](mailto:functional.coordination@mass.gov) no later than September 1, 2022.

Please refer to the Robotics Processing Automation (RPA) All Provider Bulletin 345 for more information regarding MassHealth’s RPA Policy or the mass.gov MassHealth Robotics Processing Automation (RPA) Policy web page at <https://www.mass.gov/rpapolicy>.

If you have any questions regarding this RPA policy, please contact MassHealth at [functional.coordination@mass.gov](mailto:functional.coordination@mass.gov)

**07/26/2022**

## **PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) FOR MASSHEALTH MEMBERS WHO HAVE ELECTED THE MASSHEALTH HOSPICE BENEFIT**

MassHealth would like to take this opportunity to provide a reminder for MassHealth enrolled PERS providers regarding PERS devices, coordination with the hospice provider, and billing for PERS devices for MassHealth members who have elected the MassHealth Hospice Benefit.

Be advised that per 130 CMR 450.403(A) Payment in Full “No provider may solicit, charge, receive, or accept any money, gift, or other consideration from a member, or from any other person, for any item or medical service for which payment is available under MassHealth,” PERS providers may not bill a MassHealth member for a lifeline device even if the member has enrolled in the MassHealth Hospice Benefit.



PERS providers who provide lifeline devices to MassHealth members who are in the MassHealth Hospice Benefit must coordinate with the hospice to determine if the device is related to the palliation and management of the member's terminal illness. If this device is not related to the palliation and management of the member's terminal illness the hospice will give the PERS provider a letter stating that. The PERS provider should submit this with their claim to MassHealth.

If a hospice provider determines that the lifeline is related to the member's terminal illness the hospice provider should document this in the member's plan of care and the hospice provider is responsible for payment to the PERS provider. At no time should the MassHealth member be billed for the lifeline per 130 CMR 450.403(A) and 130 CMR 450.403(B).

If you or your agency has questions regarding this communication, please contact the LTSS Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com)

## **August**

**08/02/2022**

### **MASSHEALTH PROVIDER HANDBOOK**

We're excited to announce that MassHealth's new Provider Handbook will soon be available on the Mass.gov website.

Intended as a resource for contracted providers, the Provider Handbook includes general information that new and existing providers will find helpful. Topics covered in the Handbook include the following:

- Member eligibility
- MassHealth Plans
- Billing claims
- Provider regulations
- Integrity expectations
- And much more

We hope you'll take advantage of this new, valuable resource! And we would love to hear your feedback, since MassHealth is always looking for ways to improve the services we offer to providers.

\*The handbook is not meant to be an all-encompassing resource for provider information

**08/09/2022**

## **ARPA RATES RELATED TO 101 CMR 447.00 FOR HCPCS CODES 99601SD AND 99602SD**

MassHealth has reprocessed claims for HCPCS codes 99601SD and 99602SD for pharmacies with a Durable Medical Equipment (DME) specialty to reflect the American Rescue Plan Act (ARPA) 10% increase for dates of service 7/1/2021 through 6/30/2022. The claim adjustments should have appeared on the 8/2/2022 remittance advice.

If you or your agency has questions regarding this communication, please contact the LTSS Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## **UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE APRIL 1 AND JULY 1, 2022**

MassHealth has completed the rate updates for the April 1 and July 1, 2022 Quarterly Drug codes. The impacted claims will be reprocessed and/or adjusted and will appear on a future remittance advice.

If you have questions, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900.

## **08/16/2022**

## **REPROCESSING OF CLAIMS FOR SENIOR BUY-IN MEMBERS WITH A MEDICARE ADVANTAGE PLAN**

MassHealth identified an MMIS editing issue with Medicare Advantage claims for members with a Senior Buy-in (SBI) benefit plan. Even though providers reported the Medicare advantage adjudication information on the MassHealth claim, the claim denied for edit 2007 “SBI Benefit Plan - Bill Medicare/Medicare Advantage”.

MMIS system updates were implemented on 6/26/2022 to correct this issue. Claims that included the Medicare Advantage plan adjudication information but previously denied by MassHealth for edit 2007 have been reprocessed. The reprocessed claims include dates of service from July 2019 through June 26, 2022.

Please note, the Senior Buy-in benefit plan allows for reimbursement of MassHealth claims only when there is a remaining patient responsibility (coinsurance, copay, deductible) from Medicare (Part A or Part B) or a Medicare Advantage plan (Medicare Part C).

In addition, providers are reminded to reimburse SBI members for any remaining patient responsibility amount from Medicare or Medicare Advantage plans that were paid out of pocket.

If you have questions regarding this message, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900. LTSS providers should contact the MassHealth LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com)

**08/23/2022**

## **UPDATE: ROBOTICS PROCESSING AUTOMATION (RPA) POLICY**

UPDATE: MassHealth has extended the registration period for grandfathered entities that use a bot on the Provider Online Service Center (POSC) by 30 days. Organizations now have until September 30, 2022 to register an existing bot. Any organization actively using a bot that is not registered by that date will be out of compliance with MassHealth's RPA Policy and subject to monitoring and enforcement.

Please remember that effective July 1, 2022, MassHealth requires that any organization (providers, business partners, and relationship entities) that uses Robotics Processing Automation (RPA) tools (AKA bots) on MassHealth's Medicaid Management Information System (MMIS) Provider Online Service Center (POSC) register the bot and request approval from MassHealth prior to the implementation of any bot technology.

Please refer to the Robotics Processing Automation (RPA) All Provider Bulletin 345 for more information regarding MassHealth's RPA Policy or the mass.gov MassHealth Robotics Processing Automation (RPA) Policy web page at <https://www.mass.gov/rpapolicy>.

If you have any questions regarding this RPA policy, please contact MassHealth at [functional.coordination@mass.gov](mailto:functional.coordination@mass.gov).

**08/30/2022**

## **ALL PROVIDER BULLETIN - UPDATES TO DEVELOPMENTAL AND BEHAVIORAL HEALTH SCREENING TOOLS AND CODES IN PEDIATRIC PRIMARY CARE**

MassHealth has published All Provider Bulletin 348: Updates to Developmental and Behavioral Health Screening Tools and Codes in Pediatric Primary Care. The bulletin communicates policy changes for MassHealth members from birth to age 21 related to behavioral health screening tools and coding changes for developmental and behavioral health screening for well-child visits.

Effective January 1, 2023, MassHealth directs providers to select screening tools in alignment with the Bright Futures Toolkit. The Bright Futures Toolkit provides guidance to providers about the recommended tools for distinct screening domains, including developmental, behavioral health, Autism, and substance use.

The bulletin can be found at <https://www.mass.gov/lists/2022-masshealth-provider-bulletins>.

If you have questions regarding this bulletin, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900. LTSS providers should contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## September

**09/13/2022**

### **PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) UPDATED GUIDANCE FOR MASSHEALTH MEMBERS WHO HAVE ELECTED THE MASSHEALTH HOSPICE BENEFIT**

MassHealth would like to take this opportunity to provide an update to the previous policy for MassHealth enrolled PERS providers regarding PERS devices, coordination with the hospice provider, and billing for PERS devices for MassHealth members who have elected the MassHealth Hospice Benefit.

PERS providers who provide lifeline devices to MassHealth members who are in the MassHealth Hospice Benefit must coordinate with the hospice to determine if the device is related to the palliation and management of the member's terminal illness.

If the device is not related to the palliation and management of the member's terminal illness the PERS provider is able to directly bill MassHealth. The PERS provider does not need a letter from the hospice indicating the PERS device is not related to the palliation and management of the member's terminal illness.

If a hospice provider determines that the lifeline is related to the member's terminal illness the hospice provider should document this in the member's plan of care and the hospice provider is responsible for payment to the PERS provider. At no time should the MassHealth member be billed for the lifeline per 130 CMR 450.403(A) and 130 CMR 450.403(B).

If you or your agency has questions regarding this communication, please contact the LTSS Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

**09/20/2022**

### **ACUTE OUTPATIENT HOSPITAL ADJUSTMENTS ON CERTAIN COORDINATION OF BENEFITS (COB) CLAIMS**

MassHealth identified a pricing error with acute outpatient hospital claims. The error processed through the Enhanced Ambulatory Patient Groups (EAPG) methodology when another payer made a payment and/or applied a patient responsibility to the claim. This error caused certain acute outpatient COB claims to be overpaid. MassHealth corrected the error which was

implemented in MMIS on 8/28/2022. The affected claims have been adjusted and will appear on this or a subsequent remittance advice.

If you have questions regarding this message, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900.

## October

**10/04/2022**

### **RPA GRANDFATHERED ENTITIES REGISTRATION HAS ENDED**

Effective September 30, 2022, MassHealth no longer accepts Grandfathered Entity registration requests from organizations that were using Robotics Processing Automation (RPA) tools (AKA bots) on the MassHealth's Medicaid Management Information System (MMIS) Provider Online Service Center (POSC) prior to July 1, 2022. These organizations will no longer be grandfathered into the policy. If your organization is currently using a bot that was implemented prior to July 1 and your organization has not submitted a Grandfathered Entities registration request, your organization is out of compliance with MassHealth's RPA policy and is subject to enforcement. These organizations must contact MassHealth immediately to initiate a standard registration request.

REMINDER: Effective July 1, 2022, MassHealth requires that any/all organizations (providers, business partners, and relationship entities) that utilize RPA tools (AKA bots) on the POSC register the bot (2 stage registration process) and request approval from MassHealth prior to the implementation of any bot technology. MassHealth will monitor its MMIS to identify any bot used on the POSC that has not been approved by MassHealth.

Please refer to the Robotics Processing Automation (RPA) All Provider Bulletin 345 for more information regarding MassHealth's RPA Policy or the mass.gov MassHealth Robotics Processing Automation (RPA) Policy web page at <https://www.mass.gov/rpapolicy>.

If you have questions regarding this RPA policy, please contact MassHealth at [functional.coordination@mass.gov](mailto:functional.coordination@mass.gov).

**10/11/2022**

### **CONTINUOUS SKILLED NURSING AGENCY BULLETIN 8: EXTENSION OF THE ENHANCED RATES AND REPORTING REQUIREMENTS FOR CERTAIN HOME- AND COMMUNITY-BASED SERVICES RELATED TO SECTION 9817 OF THE ARPA**

The Executive Office of Health and Human Services (EOHHS) has issued Continuous Skilled Nursing (CSN) Agency Bulletin 8. CSN Agency Bulletin 8 sets forth an extension on the enhanced rates for certain home- and community-based services related to Section 9817 of the American Rescue Plan Act (ARPA) and provides additional information about reporting requirements. For further information regarding spending and report deadlines, see the information below.

Rate Enhancement Period: July 1, 2021 through June 30, 2022. Funds to be expended by September 30, 2022 with spending report deadline December 31, 2022.

Rate Enhancement Period: July 1, 2022 through June 30, 2023. Funds to be expended by September 30, 2023 with spending report deadline December 31, 2023.

Note: For CSN services, EOHHS will be updating existing rate regulations at 101 CMR 361.00 to make the enhanced rate permanent.

To view the bulletin and Attestation and Spending Report Information, see the links below.

CSN Agency Bulletin 8: <https://tinyurl.com/28dpfwh7>

Attestation and Spending Report Information: Strengthening Home and Community Based Services and Behavioral Health Services Using American Rescue Plan (ARP)

Funding: <https://tinyurl.com/2ytpj5v6>. EOHHS is working to procure a vendor to create a reporting and tracking portal.

If you or your agency has questions regarding this communication, please contact the LTSS Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## **INDEPENDENT NURSE BULLETIN 10: EXTENSION OF THE ENHANCED RATES FOR CERTAIN HOME- AND COMMUNITY-BASED SERVICES RELATED TO SECTION 9817 OF THE ARPA**

The Executive Office of Health and Human Services (EOHHS) has issued Independent Nurse (IN) Bulletin 10. IN Bulletin 10 sets forth an extension of the enhanced rates for certain home- and community-based services related to Section 9817 of the American Rescue Plan Act (ARPA).

Note: For CSN services, EOHHS will be updating existing rate regulations at 101 CMR 361.00 to make the enhanced rate permanent.

To view IN Bulletin 10: <https://tinyurl.com/2m2rjp3m>

If you or your agency has questions regarding this communication, please contact the LTSS Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## **HOME HEALTH AGENCY BULLETIN 78: EXTENSION OF THE ENHANCED RATES AND REPORTING REQUIREMENTS FOR CERTAIN HOME- AND COMMUNITY-BASED SERVICES RELATED TO SECTION 9817 OF THE ARPA**

The Executive Office of Health and Human Services (EOHHS) has issued Home Health Agency (HHA) Bulletin 78. HHA Bulletin 78 sets forth an extension on the enhanced rates for certain home- and community-based services related to Section 9817 of the American Rescue Plan Act (ARPA) and provides information about reporting requirements. For further information regarding spending and report deadlines, see the information below.

Rate Enhancement Period: July 1, 2021 through June 30, 2022. Funds to be expended by September 30, 2022 with spending report deadline December 31, 2022.

Rate Enhancement Period: July 1, 2022 through June 30, 2023. Funds to be expended by September 30, 2023 with spending report deadline December 31, 2023.

To view the bulletin and Attestation and Spending Report Information, see the links below.

HHA Bulletin 78: <https://tinyurl.com/56d98m4w>

Attestation and Spending Report Information: Strengthening Home and Community Based Services and Behavioral Health Services Using American Rescue Plan (ARP)  
Funding: <https://tinyurl.com/2ytpj5v6>. EOHHS is working to procure a vendor to create a reporting and tracking portal.

If you or your agency has questions regarding this communication, please contact the LTSS Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## **HOME HEALTH AGENCY BULLETIN 79: FY23 GENERAL APPROPRIATIONS ACT HOME HEALTH AID RATE INCREASES AND REPORTING REQUIREMENTS**

The Executive Office of Health and Human Services (EOHHS) has issued Home Health Agency (HHA) Bulletin 79. HHA Bulletin 79 provides information regarding the Fiscal Year 2023 (FY23) General Appropriations Act and associated home health aide rate increases and reporting requirements.

To view HHA Bulletin 79: <https://tinyurl.com/2p8wr4p7>

Retro Claims Adjustment: Rates for the FY23 General Appropriations Act are effective for dates of services July 1, 2022 through June 30, 2023. MassHealth will be completing an automatic retro claims adjustment for home health aide services within the following dates of service.

- MassHealth will look back and adjust home health aide claims for dates of service starting July 1, 2022. If your agency has span billed for dates before this look back period be advised that you may need to reach out to [support@masshealthtss.com](mailto:support@masshealthtss.com).
- MassHealth will adjust claims for providers through October 7, 2022. Providers must update their billing appropriately following this adjustment period.

If you or your agency has questions regarding this communication, please contact the LTSS Service Center at (844) 368-5184 or [support@masshealthtss.com](mailto:support@masshealthtss.com)

## 10/18/2022

### **ENHANCEMENTS TO THE MANAGE SUBORDINATE ACCOUNTS FUNCTION ON THE PROVIDER ONLINE SERVICE CENTER (POSC)**

Effective December 11, 2022, MassHealth will implement enhancements to the Manage Subordinate Accounts function on the Provider Online Service Center (POSC). These enhancements will impact Primary Users.

The updated functionality includes the following:

-A warning message will appear when a Primary User attempts to remove the access of another user. The Primary User will need to confirm that they want to delete the user before the Primary User can proceed.

-A 'Return to Search' button has been added as an option when adding, updating, or linking a subordinate account. This will allow the Primary User to return to the previous panel without having to clear the data previously entered.

-New error messages will be displayed when errors are encountered in the Add New Subordinate panel. The error messages will provide more specific details regarding the error.

If you have questions about these updates, most provider types may contact MassHealth at: Phone: (800) 841-2900; Email: [providersupport@mahealth.net](mailto:providersupport@mahealth.net)

Long-Term Services and Supports Provider Types must contact: Phone: (844) 368-5184 (toll free); Email: [support@masshealthtss.com](mailto:support@masshealthtss.com)

### **DUPLICATE MEDICARE CROSSOVER CLAIMS**

MassHealth was informed by Centers for Medicare and Medicaid Services (CMS) on October 12, 2022, that duplicate Medicare institutional and professional crossover claims files were



transmitted to MassHealth on October 12, 2022, which are duplicate to the files received on October 8, 2022. Since MassHealth adjudicates crossover claims files daily, these claims had already adjudicated when MassHealth received notification. Due to this issue, providers may notice a large volume of denials for 'exact duplicate' on the remittance advice dated October 18, 2022. No further action is required by providers.

If you have questions regarding this message, please contact MassHealth Customer Service at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900. LTSS providers should contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthtss.com](mailto:support@masshealthtss.com).

## **November**

**11/15/2022**

### **ADJUSTMENTS OF MEDICARE CROSSOVER CLAIMS BILLED WITH PROCEDURE CODE 90834**

MassHealth is aware that some Medicare crossover claims billed by psychologists with procedure code 90834 were incorrectly reimbursed from August 2021 through October 2022. Although this procedure code is not covered by MassHealth, when rendered by psychologists, federal regulations require MassHealth to reimburse the Medicare patient responsibility amounts for dually eligible members who are Qualified Medicare Beneficiary (QMB). This issue has been corrected and the affected claims have been adjusted and will appear on this and subsequent remittance advices.

If you have questions regarding this message, please contact MassHealth Customer Service at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900. LTSS providers should contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthtss.com](mailto:support@masshealthtss.com).

### **ROBOTIC PROCESS AUTOMATION (RPA) POLICY REMINDER**

MassHealth implemented the Robotics Processing Automation (RPA) Policy on July 1, 2022. The RPA Policy requires that any/all organizations (providers, business partners, and relationship entities) that utilize RPA tools (AKA bots) on the Provider Online Service Center (POSC) register the bot and request approval from MassHealth prior to the implementation of any bot technology.

[RPA is the use of software](#) automation to perform high-volume, repetitive, labor-intensive online tasks that previously required humans to perform (e.g., claim data entry). RPA involves robotic rules-based decision making to simulate human interactions with digital systems and software. RPA tools make it easy to develop, deploy, and control bots.

If your organization is currently using RPA tools on the POSC and has not requested approval from MassHealth, your organization is out of compliance with the RPA policy and must submit a

registration request to MassHealth at [functional.coordination@mass.gov](mailto:functional.coordination@mass.gov) immediately. Organizations that violate the RPA policy will be subject to enforcement which will include the termination of the relevant User ID/s.

Please refer to the Robotics Processing Automation (RPA) All Provider Bulletin 345 for more information regarding MassHealth's RPA Policy or the mass.gov MassHealth Robotics Processing Automation (RPA) Policy web page at <https://www.mass.gov/rpapolicy>.

If you have questions regarding this RPA policy, please contact MassHealth at [functional.coordination@mass.gov](mailto:functional.coordination@mass.gov).

## **11/29/2022**

### **DUPLICATE MEDICARE CROSSOVER CLAIMS**

On November 17, 2022, MassHealth was informed by Centers for Medicare and Medicaid Services (CMS) that duplicate files of Medicare institutional and professional crossover claims were transmitted to MassHealth on November 17, 2022. Since MassHealth adjudicates the crossover claims files daily, these claims had already adjudicated when MassHealth received notification. Due to this issue, providers may notice a large volume of denials for 'exact duplicate' on the remittance advice dated November 22, 2022. No further action is required by providers.

If you have questions regarding this message, please contact MassHealth Customer Service at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900. LTSS providers should contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthtss.com](mailto:support@masshealthtss.com).

## **December**

## **12/05/2022**

### **BEHAVIORAL HEALTH SERVICE COVERAGE EXPANSION**

MassHealth aims to strengthen behavioral health provider networks and expand behavioral health service coverage. Effective January 1, 2023, licensed independent clinical social workers (LICSWs) will be able to enroll as fully participating Fee for Service (FFS) providers. In addition, MassHealth will be expanding covered services provided by independent psychologists and LICSWs to bill MassHealth for the diagnostic and treatment services.

Providers should only enroll as MassHealth FFS providers if they provide services independently or as part of a group practice. Providers will still be able to provide services through other provider entities but should not enroll as a FFS provider for services provided through another entity that is not a group practice.

Informational sessions for LICSWs, psychologists and group practices employing LICSWs or psychologists will be held on 12/13/2022 and 12/20/2022. To register for one of these sessions, see the links below.

Informational session on 12/13/2022: <https://tinyurl.com/mr495ayn>

Informational session on 12/20/2022: <https://tinyurl.com/ypy3k8zz>

Notice of Public Hearing and draft programmatic and rate regulations are available online at <https://tinyurl.com/y86d2ntd>.

If you have questions, please contact the MassHealth Customer Service Center at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or (800) 841-2900.

## **12/20/2022**

### **ENHANCEMENTS IMPLEMENTED TO THE MANAGE SUBORDINATE ACCOUNTS FUNCTION ON THE POSC**

On December 11, 2022, MassHealth implemented enhancements to the Manage Subordinate Accounts function on the Provider Online Service Center (POSC). These enhancements impact Primary Users and are outlined below.

The updated functionality includes the following:

1. A warning message appears when a Primary User attempts to remove the access of another user. The Primary User needs to confirm that they want to delete the user before the Primary User can proceed.
2. A 'Return to Search' button is an option when adding, updating, or linking a subordinate account. This allows the Primary User to return to the previous panel without having to clear the data previously entered.
3. New error messages are displayed when errors are encountered in the Add New Subordinate panel. The error messages provide more specific details regarding the error.

If you have questions about these updates, please contact MassHealth at:

Phone: (800) 841-2900; Email: [providersupport@mahealth.net](mailto:providersupport@mahealth.net)

Long-Term Services and Supports providers should contact:

Phone: (844) 368-5184 (toll free), Email: [support@masshealthltss.com](mailto:support@masshealthltss.com)