

MassHealth Provider Remittance Message Texts – 2023

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January

01/03/23

REMINDER: MASSHEALTH IS THE PAYER OF LAST RESORT

Providers are reminded: MassHealth is the payer of last resort and providers, therefore, cannot bill MassHealth members. Please refer to 130 CMR 450.203 (A)(B) – PAYMENT IN FULL which states, in part, that no provider may solicit, charge, receive or accept any money, gift or other consideration from a member.

If you have questions, please contact the MassHealth Customer Service Center at 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.

HOME HEALTH RETROACTIVE AUTHORIZATION PROCESS

This message is to inform you that MassHealth may create a home health retroactive authorization of payment for home health services when a member experiences a disruption in their MassHealth fee-for-service (FFS) enrollment. Please see the details below.

MassHealth will authorize such a payment for home health services when the following conditions are met:

1. The home health agency was unable to request prior authorization (PA) for home health service delivery due to one of the following circumstances:
 - a. The member's MassHealth eligibility was revoked and subsequently retroactively reinstated;
 - b. The member transitioned from a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), Senior Care Option (SCO), or a MassHealth-contracted integrated care organization (ICO) to MassHealth FFS and this transition is retroactively adjusted in MassHealth's system;
2. The home health agency continued to provide home health services to the member during the period of time for which the member's MassHealth status prevented the home health agency from requesting PA;
3. The home health agency contacts MassHealth or its designee to inform of the situation preventing the agency from submitting a PA request; and
4. Submits to MassHealth or its designee evidence of the PA submission issue (e.g. screen captured image of EVS).

Home health agencies may notify MassHealth of the agency's inability to submit PA by contacting the LTSS Service Center at (844) 368-5184 or support@masshealthltss.com. Please note, agencies that choose to call the LTSS Service Center will be prompted to email the Service Center with evidence of the PA submission issue. The LTSS Service Center will provide you

with an Encounter number to track the notification of your agency's PA submission problem. Please record this Encounter number for future purposes.

If the above conditions are met, authorization for MassHealth payment of home health services may be applied once the circumstance preventing the agency from submitting a PA request is resolved. MassHealth will apply authorization for payment beginning no earlier than 30 calendar days prior to the home health agency's notification of the problem. When submitting a request for authorization, the requesting home health agency should include the Encounter number mentioned above in the LTSS Portal's "comments" section.

When requesting authorization for payment, home health agencies must include medical information and documentation from the time period for which the agency is requesting payment authorization. For example, if an agency is requesting authorization for payment and the dates of services in the request are three months old, the agency should include medical record documentation that is from that period of time.

Please note, MassHealth will continue to make a medical necessity determination once the member's MassHealth FFS enrollment is resolved. MassHealth will not authorize payment during a period of time the member is receiving or has authorization for services that would be considered duplicative to the request for home health services. Authorization does not establish or waive any prerequisites for payment such as member eligibility.

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

February

02/14/2023

RETRO RATE ADJUSTMENT FOR HOISPICE PROVIDERS

Please be advised that the most recent remittance advice (RA) may contain rate adjustments resulting from the certification of revised Federal Fiscal Year 2023 rates (October 1, 2022) by the Executive Office of Health and Human Services. See MassHealth Administrative Bulletin 22-23 at <https://www.mass.gov/lists/2022-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@masshealthltss.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@masshealthltss.com or call (844) 368-5184.

NURSING FACILITY PROVIDERS UPCOMING TRANSITION TO MDS 3.0 ON OCTOBER 1, 2023

Given the increasing medical complexity of the nursing facility population, on October 1, 2023, MassHealth will transition to a Patient Driven Payment Model (PDPM) by utilizing the CMS Minimum Data Set (MDS 3.0) tool.

MassHealth has updated its 270/271 Eligibility Inquiry and Response HIPAA Companion Guide to align with the upcoming MDS transition. Providers may view the Companion Guide at <https://www.mass.gov/lists/masshealth-hipaa-companion-guides>. Over the upcoming months, MassHealth will be providing updates about Trading Partner testing, other minor MassHealth HIPAA Companion Guide updates, and detailed provider instructions in future communications.

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

MASSHEALTH CSN OVERTIME REQUEST PROCEDURES

MassHealth published Home Health Agency Bulletin 81 (“Bulletin 81”) and Continuous Skilled Nursing (CSN) Agency Bulletin 9 (“Bulletin 9”), effective January 1, 2023, which describe how home health and CSN agencies may request and get prior authorization for agency CSN overtime rates on a permanent basis.

Bulletin 81 may be found here: <https://tinyurl.com/2p92xmva>

Bulletin 9 may be found here: <https://tinyurl.com/ymby28wf>

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

02/07/2023

MASSHEALTH ROBOTIC PROCESS AUTOMATION (RPA) POLICY AMENDMENT

MassHealth is amending its Robotics Processing Automation (RPA) Policy (hereinafter, the “Policy”). Effective March 13, 2023, the Policy will be amended as follows:

Section 1. RPA Registration

Section 1.II.a will be amended to implement the following requirement:

Organizations must submit the Stage II registration request to MassHealth within 90 days of MassHealth’s issuance of the Stage I preliminary approval number. If the Stage II request is not received within 90 days, MassHealth’s approval of the previously submitted Stage I registration request (and the associated approval number) will be revoked. Once a Stage I registration request is revoked, any organization that still intends to request approval to use bots on the POSC will be

required to restart the registration process by completing and submitting a new MassHealth RPA Stage I Registration Form.

Section 4. Monitoring, Enforcement and Compliance

Section 4.II.a.iii will be amended to replace the term “mutually agreed upon timeframe” with “timeframe allotted by MassHealth”.

Please note: If your organization is currently using RPA tools on the POSC and you have not requested approval from MassHealth you are out of compliance with the RPA policy and must submit a registration request to MassHealth at 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.

If you have any questions regarding this RPA policy modification, please contact MassHealth at functional.coordination@mass.gov. You may view the current MassHealth Robotics Processing Automation (RPA) Policy at <https://www.mass.gov/doc/rpa-policy-0/download>.

March

03/21/2023

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 with 101 CMR 452, enacted on September 2, 2022, MassHealth is issuing operational add-on rates for certain services whose basic rates are governed by other regulations.

Pursuant to 101 CMR 452.03(4), MassHealth will pay the operational add-on rate through two lump sum payments to eligible providers. The first payment will pay for the first six months of the covered time period, July 1, 2022 through December 31, 2022, with the exception payment for PT 05: Psychologists who will receive payment for the first three months of the covered time period. The second payment will pay for the second six months of the covered time period, January 1, 2023 through June 30, 2023. The second payment will also include payment for PT 05 for three months of the covered time period from October 1, 2022 to December 31, 2022.

For PT 26, PT 65, and PT 28, the lump sum amount is calculated according to the following formula: Sum of {[total fiscal year 2022 State spend on the services listed in 101 CMR 452.01(5)/12 (months)]}*(Add on rate of 10%)*(6 units). The factor of six reflects the number of months in the time period for the first payment. For PT 05, the lump sum amount is calculated according to the following formula: Sum of {[total fiscal year 2022 State spend on the services

listed in 101 CMR 452.01(5)/12 (months)]}*(Add on rate of 10%)*(3 units). The factor of three reflects the number of months in the time period.

The following are eligible provider types pursuant to 101 CMR 452:

- 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. 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, 2023. For additional information and requirements, please see: <https://tinyurl.com/4mvvc2ud>.

If MassHealth did not make payments to a provider for services rendered in Fiscal Year 2022 , 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 March 22 2023. 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 452.00 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 provider@masshealthquestions.com or (800) 841-2900.

TYPE OF BILL 135 (LATE CHARGE ONLY) CLAIM FOR ACUTE OUTPATIENT UNDER THE ADJUDICATED PAYMENT PER EPISODE OF CARE (APEC) METHODOLOGY

This message is to remind providers that for proper Adjudicated Payment per Episode of Care (APEC) payment, hospitals must include all the APEC-covered services that correspond to the episode on a single claim and must otherwise submit properly completed outpatient hospital claims. This applies to claims for dates of service from December 30, 2016 (when the APEC methodology was implemented). Providers should refer to the Acute Hospital RFA (Request for Applications) for detailed information on the APEC payment methodology. As a reminder, subject to timely filing requirements, if a provider is aware of incorrect payment or improperly

submitted claims, the provider should correct and resubmit such claims, including previously adjudicated claims

Effective for claims submitted on or after March 29, 2023, MassHealth will start denying the Type of Bill 135 (Late Charge Only) claim with EOB '9972-THIS SERVICE CANNOT BE BILLED SEPARATELY'. The late charge submission may result in inaccurate grouping when 3M Enhanced Ambulatory Patient Grouper's (EAPG) discounting, consolidation and packaging logic is not applied to all APEC-covered services for an episode. This change will ensure proper payment, including outlier when applicable, under the APEC methodology. Providers should adjust the paid original or replacement claim (Type of Bill 131 or 137) and resubmit with the total charges for one episode of care.

If you have questions regarding this message, please contact the MassHealth Customer Service Center at provider@masshealthquestions.com or (800) 841-2900.

April

04/11/2023

NEW UPDATED VERSION OF THE DME/OXY PAYMENT & COVERAGE GUIDELINE TOOL

Durable Medical Equipment (DME) providers, Oxygen and Respiratory Therapy Equipment (OXY) providers, and Pharmacy providers with a DME and/or OXY specialty are advised that the MassHealth DME and OXY Payment and Coverage Guideline Tool has been updated on 3/29/2023 and posted on the MassHealth website. To confirm that you are using the most recent version of the applicable tool, go to <https://www.mass.gov/tool>.

Please note that the following HCPCS codes have been added to the tool effective 1/1/2023: A4239, A4239 KF, E2103 NU, E2103 NU KF, E2103 RR, E2103 RR KF, E2103 UE, and E2103 UEKF.

Please note that the following HCPCS codes have been cross walked to new codes and removed from the tool effective 1/1/2023: K0553 (cross walked to A4239), K0554 NU (cross walked to E2103 NU), K0554 RR (cross walked to E2103 RR), and K0554 UE (cross walked to E2103 UE).

If you have questions regarding this change, please contact the LTSS Provider Service Center at support@masshealthltss.com or call (844) 368-5184.

CLAIMS REPROCESSED FOR 2023 HCPCS/CPT CODE UPDATES

The Centers for Medicare & Medicaid Services (CMS) have revised the HCPCS codes for 2023. MassHealth has updated Subchapter 6 of the Physician Manual to incorporate those 2023 HCPCS/Current Procedural Terminology (CPT) service code updates, as applicable.

MassHealth has updated its system to reflect the 2023 HCPCS/CPT coding changes effective for dates of service on or after January 1, 2023. All affected claims will be reprocessed and will appear on this or future Remittance Advices.

If you have any questions, please contact MassHealth at provider@masshealthquestions.com or (800) 841-2900.

May

05/30/2023

ADJUSTMENT AND REPROCESSING OF CROSSOVER CLAIMS FOR MENTAL HEALTH SERVICES

MassHealth has identified Medicare crossover claims with incorrect payments or denials for dates of service from January through March 2023. The impacted crossover claims for psychologists, licensed independent clinical social workers and mental health centers have been reprocessed/adjusted and will appear on this and subsequent remittance advices.

If you have questions regarding this message, please contact MassHealth at provider@masshealthquestions.com or (800) 841-2900.

05/16/23

CORRECTION ON RATE FOR CODE 58300

Amendments to 101 CMR 316.00: Rates for Surgery and Anesthesia Services were adopted on an emergency basis, effective 1/1/2023. Due to a clerical error, the facility rate for procedure code 58300 was erroneously listed as \$256.76 in the emergency adoption. The facility rate will be correctly listed as \$248.71 in the final adoption of the regulation, which is effective 5/12/2023. Therefore, facility claims for code 58300 for dates of service during the period of 1/1/2023 through 5/11/2023 will be paid at \$256.76 and claims for dates of service on or after 5/12/2023 will be paid at \$248.71.

If you have questions, please contact MassHealth at provider@masshealthquestions.com or (800) 841-2900.

05/09/23

UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE APRIL 1, 2023

MassHealth has completed the rate updates for the April 1, 2023 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 MassHealth at provider@masshealthquestions.com or (800) 841-2900.

05/02/23

UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE JANUARY 1, 2023

MassHealth has completed the rate updates for the January 1, 2023 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 MassHealth at provider@masshealthquestions.com or (800) 841-2900.

June

06/20/2023

ADJUSTMENT AND REPROCESSING OF GROUP PRACTICE CROSSOVER CLAIMS FOR CERTAIN RENDERING PROVIDERS

MassHealth completed rate updates for services covered by psychologists and licensed independent clinical social workers (LICSWs) effective January 1, 2023. Medicare crossover claims with dates of service from January through March 2023 with a rendering provider who was either a psychologist or LICSW have been reprocessed/adjusted and will appear on this and subsequent remittance advices.

If you have questions regarding this message, please contact MassHealth at provider@masshealthquestions.com or (800) 841-2900.

July

07/25/2023

PRE-ADMISSION SCREENING

As stated in 130 CMR 450.208 (Utilization Management: Admission Screening for Acute Inpatient Hospitals), MassHealth requires a pre-admission screening prior to an elective admission. Acute inpatient hospitals must submit requests for admission screening via the Provider Online Service Center (POSC). For more information, please reference the Acute Inpatient Hospital Bulletin 153 and the RY 2023 RFA. For specific instructions on how to submit, update, or inquire about pre-admission screenings, please see <https://tinyurl.com/5dhv2ddx>.

As a reminder, please note that MassHealth requires an approved pre-admission screening for elective admissions for all eligible MassHealth member benefit plans, including MassHealth Limited.

If you have questions regarding this message, please contact MassHealth at provider@masshealthquestions.com or (800) 841-2900.

07/04/2023

DATA COLLECTION FORM UPDATE

MassHealth has updated the Data Collection (DC) documentation process and has replaced the previous version of the DC form with two new versions, the Provider Enrollment DC form and the Existing Provider Modification DC form. The previous version of the form is no longer accepted.

The Provider Enrollment DC form can be used only to establish a Primary User for a new MassHealth Provider ID/Service Location (PID/SL) upon enrollment in MassHealth. The form must be submitted with your MassHealth provider enrollment application.

The Existing Provider Modification DC form can be used only by existing MassHealth providers to modify the Primary User information for an existing PID/SL. These modification requests must be submitted to MassHealth at: systemssupporthelpdesk@massmail.state.ma.us.

The new Data Collection forms are available here within the downloads section of the page: <https://tinyurl.com/rhttvu98>. Please note that MassHealth will not accept handwritten data collection forms.

Long Term Services & Supports (LTSS) providers can access information about the LTSS DC form, process, and submission instructions from the LTSS Provider Portal: <https://www.masshealthltss.com>.

Dental providers with an oral surgery specialty should use the new Data Collection forms to gain access to the POSC.

For more information regarding DC form submission requirements, please visit the MassHealth Data Collection Form FAQ page: <https://www.mass.gov/info-details/masshealth-data-collection-form-faq#primary-user->.

For additional questions or concerns:

Dental providers, please contact MassHealth Dental Customer Service at (800) 207-5019, TDD/TTY (800) 466-7566.

LTSS providers, please contact the LTSS service center at (844) 368-5184 or support@masshealthltss.com.

All other providers, please contact MassHealth at (800) 849-2900, TDD/TTY: 711 or Provider@masshealthquestions.com.

August

08/29/2023

RETRO RATE ADJUSTMENTS FOR HOME HEALTH PROVIDERS

EOHHS has promulgated amendments to 101 CMR 350.000: Rates for Home Health Services (<https://tinyurl.com/58m4bt5t>). These amendments were effective for dates of service starting on or after July 1, 2023.

At this time, MassHealth has completed an automatic retro claims adjustment of home health services. The timeframe of the automatic retro claims adjustment included dates of service starting July 1, 2023 through July 31, 2023. Providers should review their most recent remittance advice (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@masshealthltss.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@masshealthltss.com or call (844) 368-5184.

08/22/2023

ADJUSTMENTS OF CERTAIN DAY HABILITATION CLAIMS THAT REQUIRE A PRIOR AUTHORIZATION THAT WERE PAID IN ERROR

MassHealth has identified a payment error with Day Habilitation claims that require a prior authorization (PA). This error caused certain claims to be overpaid. The affected claims with dates of service from April 1, 2023 to July 28, 2023 have been adjusted and will appear on this or a subsequent remittance advice. Any applicable claims that do not have a PA, have an invalid PA number, or have insufficient PA units will deny and applicable monies will be recouped.

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

08/08/2023

REMINDER: ROBOTICS PROCESSING AUTOMATION (RPA) POLICY

Reminder: MassHealth requires that all providers, business partners, and relationship entities (which will be referred to as “organizations”) that use 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.

RPA is the use of software automation to perform high-volume, repetitive, labor-intensive online tasks that previously required humans to perform. RPA involves robotic rule-based decision making to simulate human interaction with digital systems and software.

If your organization is using RPA tools without MassHealth approval that is a violation of MassHealth's RPA policy and you must bring your organization into compliance as soon as possible.

Please refer to All Provider Bulletin 345: Robotics Processing Automation (RPA) Policy at <https://www.mass.gov/masshealth-provider-bulletins> and the MassHealth Robotics Processing Automation (RPA) Policy web page at <https://www.mass.gov/rpapolicy> for more information.

If you have any questions regarding this RPA policy, please contact MassHealth at functional.coordination@mass.gov.

IMPORTANT NOTICE TO PROVIDERS: CONTINUED SUSPENSION OF REFERRAL REQUIREMENTS THROUGH DECEMBER 31, 2023

MassHealth will continue suspending referral requirements for services provided to members enrolled in the PCC plan or a Primary Care ACO through December 31, 2023. Notwithstanding the requirements of 130 CMR 450.118(J): Referral for Services and 130 CMR 450.119(I): Referral for Services, members enrolled in the PCC plan or a Primary Care ACO do not need a referral to receive any MassHealth-covered services that would otherwise require a referral. This is an extension of the policy announced in All Provider Bulletin 291 and extended in All Provider Bulletin 319 and All Provider Bulletin 367. This policy will remain in place through at least December 31, 2023. MassHealth will provide more guidance before ending this flexibility.

08/01/2023

MASSHEALTH CSN SPENDING/REPORTING REQUIREMENTS AND OVERTIME PROCEDURES

Amendments to the Continuous Skilled Nursing (CSN) Agency program regulations at 130 CMR 438.000, which include details on the new complex care assistant service type, are effective for dates of service on or after July 21, 2023. The regulation amendments can be found at <https://tinyurl.com/266jurn4>.

Additionally, the updated CSN rates at 101 CMR 361.00 have been published. The amended rates are effective for dates of service on or after July 1, 2023. The updated CSN rate regulations can be found at <https://tinyurl.com/msj974kz>.

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

MASSHEALTH ORDERING, REFERRING, PRESCRIBING REQUIREMENTS

Ordering, referring, and prescribing (ORP) requirements under Section 6401(b) of the Affordable Care Act resumed on July 1, 2023. These requirements had been in place previously, but due to the COVID-19 pandemic, claim denials were paused in March 2020.

For services that require ORP and have dates of service on or after July 1, 2023, claims will be denied if they do not meet the following ORP requirements:

- The National Provider Identifier (NPI) of the ORP provider must be included on the claim.
- The ORP provider must be an authorized ORP provider type (see list on page 2 of APB 286).

For additional details, please refer to All Provider Bulletin 286 at <https://tinyurl.com/26huvnt7> and All Provider Bulletin 361 at <https://tinyurl.com/56pk7jfc>.

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

September

9/19/2023

BILLING WITH TAXONOMY CODES AND ZIP+4

Providers are reminded that they should not bill with a taxonomy code in the 2000A PRV03 segment of the 837 unless MassHealth has directed them to include one. Listing a taxonomy code may cause claims to deny for error 1945 - BILLING PROVIDER NPI IS MAPPED TO MULTI SERV LOC when the NPI cannot be crosswalked to the correct MassHealth Provider ID/Service Location (PID/SL).

MassHealth has assigned a unique taxonomy code to each provider type and does not allow providers to self-attest taxonomy codes. MassHealth will not update a provider file with a taxonomy code if requested. There are times when MassHealth will assign a taxonomy code to a PID/SL to allow an NPI to crosswalk to the PID/SL.

Providers must also be sure to use the current USPS Zip+4 code on their claim file. Billing with a dummy Zip+4 of 9998 or an incorrect Zip+4 may cause claims to deny for error 1945 - BILLING PROVIDER NPI IS MAPPED TO MULTI SERV LOC when the NPI cannot be crosswalked to the correct MassHealth PID/SL.

If you have questions, please contact MassHealth at provider@masshealthquestions.com or (800) 841-2900.

October

10/31/2023

MEDICARE CROSSOVER CLAIMS DENIED WITH EDIT 560

In March 2023, MassHealth published a message text explaining that certain Medicare crossover claims containing Claim Adjustment Reason Code (CARC) CO 132 'Prearranged demonstration project adjustment' were denied incorrectly with edit 560 'Medicare coinsurance greater than Medicare paid amt'. MassHealth has been periodically reprocessing these claims while the permanent solution was underway. On 9/24/2023, MassHealth implemented a permanent system change to prevent crossover claims from denying with edit 560 when CARC CO 132 is present on the claim. The remaining affected crossover claims have been reprocessed/adjusted by MassHealth and will appear on a subsequent remittance advice.

If you have questions regarding this message, please contact MassHealth at provider@masshealthquestions.com or (800) 841-2900. LTSS providers should contact the MassHealth LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

UPDATE FOR QUARTERLY DRUG CODES RATES EFFECTIVE OCTOBER 1, 2023

MassHealth has completed the rate updates for the October 1, 2023 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 MassHealth at provider@masshealthquestions.com or (800) 841-2900.

10/24/2023

MASSHEALTH ONLINE CCM NURSE DIRECTORY TRAINING

MassHealth will be hosting a training this month for independent nurse providers about how to use the online Community Care Management (CCM) Nurse Directory (<https://ccmnursedirectory.org/>). The training will be held on Tuesday, October 24 from 10:00-11:00 am. The training will cover the following topics:

- Independent nurse registration and login to the directory;
- The independent nurse landing page;
- How to create and edit independent nurse profiles;
- Using the search function to match with CCM members;
- Sending and receiving messages in the directory.

Independent nurses will also have the opportunity to ask questions and share any issues they have had with using the directory.

Independent nurses are encouraged to review the CCM Directory Independent and Agency Nurse Job-Aid (<https://tinyurl.com/2m5ayuvh>) prior to the training, which can also be accessed via the MassHealth LTSS Provider Portal (<https://tinyurl.com/5b8s45rv>).

The training information is below:

Tuesday, October 24, 10:00-11:00 a.m.

To join: <https://tinyurl.com/euvd8vz>

Meeting ID: 262 649 328 691

Passcode: Bx5ZBS

Or call in: (857) 327-9245

Conference ID: 603 898 513#

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

10/17/2023

CSN RETENTION BONUS REMINDER – INDEPENDENT NURSES

MassHealth has issued Independent Nurse Bulletin 12 (<https://tinyurl.com/36wdjpm5>) allowing independent nurses to bill MassHealth for Continuous Skilled Nursing (CSN) nurse retention bonuses when an independent nurse provides a certain amount of CSN services in a designated quarter.

The billing cycle for the first service quarter (April 1, 2023 – June 30, 2023) has passed. MassHealth found that there were independent nurses who met the eligibility requirements for retention bonuses based on their CSN hours worked during the service quarter; however, some of these nurses did not submit claims for retention bonuses. In order to receive a retention bonus, independent nurses must submit a claim for the CSN retention bonus.

The next billing cycle for the second service quarter (July 1, 2023 – September 30, 2023) began on October 1, 2023. Please review your records to see if you may be eligible for a CSN retention bonus. Instructions for how to bill for a retention bonus can be found at <https://tinyurl.com/3juz3s6n>.

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

CLAIMS REPROCESSED FOR JULY 2023 SUBCHAPTER 6 CODE UPDATES

MassHealth is updating the Service Codes and Descriptions (Subchapter 6) of the Physician Manual to incorporate drug codes as well as HCPCS/Current Procedural Terminology (CPT) service codes, as applicable.

MassHealth updated its system to reflect the changes effective for dates of service on or after July 1, 2023. All affected claims will be reprocessed and will appear on this or future remittance advices.

If you have questions, please contact MassHealth at provider@masshealthquestions.com or (800) 841-2900.

UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE JULY 1, 2023

MassHealth has completed the rate updates for the July 1, 2023 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 MassHealth at provider@masshealthquestions.com or (800) 841-2900.

10/03/2023

DELAY IN TURNING ON ORDERING/REFERRING/PRESCRIBING (ORP) DENIALS

In All Provider Bulletin 361 (<https://tinyurl.com/bdhzbvy6>) and All Provider Bulletin 376 (<https://tinyurl.com/5cnzv3r4>) MassHealth communicated that, for most billing provider types, impacted claims for dates of service on or after September 1, 2023 would be denied if they did not meet the requirement that the ORP provider be enrolled with MassHealth. Due to an administrative error, impacted claims for dates of service on or after September 1, 2023, that did not meet the aforementioned ORP requirement may not have been denied. For such claims, denials are being retroactively applied. MassHealth apologizes for the inconvenience.

If you have questions, please contact MassHealth at provider@masshealthquestions.com or (800) 841-2900. LTSS providers should contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

MASSHEALTH LISTENING SESSION FOR THE RESTORATIVE RATE REVIEW (101 CMR 339.00)

MassHealth, in partnership with the Center for Health Information and Analytics (CHIA) will be hosting a Restorative Services Rate Listening Session to gather provider feedback on the rates established under 101 CMR 339.00. The listening session serves to inform MassHealth and CHIA on the restorative services rates in 101 CMR 339.00 as MassHealth begins the restorative services rate review.

The listening session on 101 CMR 339.00 offers therapy providers the opportunity to inform MassHealth and CHIA on industry and rate needs. MassHealth and CHIA will consider this feedback during the restorative rate review.

The listening session will occur remotely on October 25, 2023, from 9am-10am. To join and participate, please use the following Microsoft Teams meeting information:

- Join on your computer or mobile app using the following link: <https://tinyurl.com/36km6nnj>
- Join via phone by calling (857) 327-9245, the phone conference ID is 569 035 700#

Information on 101 CMR 339.00: Rates for Restorative Services and reimbursable codes:

- 101 CMR 339.00: Rates for Restorative Services <https://tinyurl.com/ycxksmbx>
- Subchapter 6: Therapist Service Codes <https://tinyurl.com/3v8wue4f>
- Subchapter 6: Rehabilitation Center Service Codes <https://tinyurl.com/3umc48vv>
- Subchapter 6: Speech and Hearing Center Service Codes <https://tinyurl.com/3674kwrp>

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

MASSHEALTH POSC PRIMARY USER POLICY

The Executive Office of Health and Human Services has recently published the MassHealth Provider Online Service Center (POSC) Primary User Policy and All Provider Bulletin 377 MassHealth Provider Online Service Center (POSC) Primary User Policy (hereinafter, the “Policy”). The Policy outlines the responsibilities of all providers, business partners, and relationship entities (hereinafter, “organizations”) for management of the access to their information on the POSC. This includes the designation of the organization’s Primary User (system administrator) and the responsibilities of the designated Primary User. The Primary User within each organization is the person responsible for managing access to the organization’s information on the POSC.

Ineffective management of this information could allow staff and affiliate organizations to continue to access the organization’s information and submit transactions on behalf of an organization after they have left employment or the termination of contractual agreements. This could leave organizations vulnerable to fraud as well as enabling persons or entities to leverage the organization’s information to benefit themselves or other organizations.

Please review the policy at <https://tinyurl.com/4cysd32p> and ensure that your organization follows and continues to adhere to the policy.

All Provider Bulletin 377 MassHealth Provider Online Service Center (POSC) Primary User Policy is available at <https://www.mass.gov/lists/all-provider-bulletins>.

For additional questions or concerns:

Dental providers, please contact MassHealth Dental Customer Service at (800) 207-5019, TDD/TTY (800) 466-7566.

LTSS providers, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

All other providers, please contact MassHealth at (800) 849-2900, TDD/TTY: 711 or Provider@masshealthquestions.com.

November

11/21/2023

REPORTING CASUALTY PAYER CLAIM INFORMATION

Providers are reminded to report casualty payer information as instructed in All Provider Bulletin 246. Casualty payer information, including any casualty payer payment or denial information, must be reported at the claim header level and should not be reported at the detail level. Providers must report the casualty payer as the primary payer at the header claim level and include the applicable MassHealth assigned carrier code.

Casualty payer carrier codes:

- 2222220 Automobile Accident; or
- 2222221 Worker's Compensation; or
- 2222222 Other

MMIS will distribute the casualty payer header level payment among the MassHealth payable detail lines to adjudicate the claim for payment.

Claims will be denied for the following edits if the above requirements are not met:

- Edit 2639 will post if the casualty payer is not billed as the primary payer when multiple payers are reported on the claim.
- Edit 2607 will post if the casualty payer information is erroneously reported on the claim detail level not the claim header level.

If you have questions regarding this message, please contact MassHealth at provider@masshealthquestions.com or (800) 841-2900. LTSS Providers should contact the MassHealth LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

11/07/2023

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CHANGES TO MASSHEALTH PCC AND ACO REFERRALS

Beginning with dates of service on or after January 1, 2024, members enrolled in the Primary Care Clinician (PCC) Plan or a Primary Care ACO will need a referral from their primary care provider or primary care clinician to receive any MassHealth covered service that requires a referral, other than those exempt from the referral requirements.

For dates of service on or after January 1, 2024, claims for such services will also need to include the Referring Provider to comply with the ordering, referring, and prescribing (ORP) requirements under Section 6401(b) of the Affordable Care Act and the Referring Provider must be actively enrolled with MassHealth.

If you have questions regarding this message, please contact MassHealth at provider@masshealthquestions.com or (800) 841-2900. LTSS providers should contact the MassHealth LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

MASSHEALTH CSN LOAN REIMBURSEMENT PROGRAM

EOHHS wants to remind Continuous Skilled Nursing (CSN) providers that a CSN Loan Repayment program through the MA Repay Program launched on September 20, 2023. Eligible nurses providing CSN services to MassHealth members may qualify for up to \$35,000 in student loan repayments. Applications are open and will be accepted on a rolling basis. For more information and eligibility requirements, go to www.marepay.org.

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

INFORMATION FOR HOME HEALTH AGENICES WHO RECEIVED NOTICES(S) OF OVERPAYMENT DATED OCTOBER 9, 2023

Certain home health agency providers received a Notice(s) of Overpayment, dated October 9, 2023.

These Notice(s) of Overpayment were for claim reviews titled Home Health (HH) Nursing Services Exceeding Prior Authorization Max Units and/or HH Home Health Aide Services Exceeding Prior Authorization Max Units. The notice states that agencies have 30 days to submit documentation to dispute the findings.

This communication is to notify such providers that they may contact the LTSS Recovery and Resolution Unit to request an extension of time to file a dispute of the findings. Such extension shall not exceed 60 days in addition to the initial 30 day response period set forth in the notice.

Soft Copies of the Notice of Overpayment:

If you would like a PDF copy of the Notice of Overpayment sent to you via email, please submit a request to nf_ictesting@masshealthltss.com.

Should you have any questions or concerns, please call the MassHealth LTSS Recovery and Resolution Unit at (877) 775-0321. You may also call this number or email nf_ictesting@masshealthltss.com to request an extension.

All Other Communications:

All other communications to MassHealth concerning this matter, including any reply, should be sent to one of the addresses noted below and be preceded by the barcode cover sheet(s) included with the Notice of Overpayment dated October 9, 2023:

By Mail (US Postal Service): MassHealth OLTSS/Databank, PO Box 335, Randolph, MA 02368

By Delivery Services (FedEx, UPS): MassHealth OLTSS/Databank, 960 Turnpike Street, Suite 10R, Canton, MA 02021

December

12/26/2023

REPROCESSING OF NEWLY ADDED CORONAVIRUS 2019 (COVID-19) VACCINES

MassHealth has completed updating MMIS for the coverage and the reimbursement for newly added Coronavirus Disease 2019 (COVID-19) vaccines as outlined in the corrected All Provider Bulletin 378 (<https://tinyurl.com/4nvemuhu>). The affected claims have been adjusted/reprocessed and will appear on a subsequent remittance advice.

If you have questions, please contact MassHealth at provider@masshealthquestions.com or (800) 841-2900. LTSS providers should contact the MassHealth LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

UPDATED ELIGIBILITY FOR MASSHEALTH CSN LOAN REIMBURSEMENT PROGRAM

The Continuous Skilled Nursing (CSN) Loan Repayment program through the MA Repay Program has updated its eligibility requirements. As of now, eligible nurses providing CSN services to MassHealth members may qualify for up to \$35,000 in student loan repayments if they have graduated from an accredited nursing school after January 1, 2021. Applications are open and will be accepted on a rolling basis. For more information and eligibility requirements, go to www.marepay.org.

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

CRITERIA CHANGE FOR ACCEPTABLE TRADITIONAL AND ELECTRONIC SIGNATURES

Effective immediately, MassHealth will accept wet and electronic signatures that are submitted in accordance with All Provider Bulletin 385.

Providers and authorized signatories should ensure that they are using the most recent version of the form. Some provider forms can be downloaded at <https://www.mass.gov/masshealth-provider-forms> for the most up-to-date versions.

The form must state that electronic signatures are allowed. The signature field of the form will indicate if electronic signatures are permitted.

MassHealth will accept signatures by providers and authorized signatories in any of the following methods:

- Traditional wet signature (ink on paper);
- Electronic signature that is
 - hand drawn using a mouse or finger if working from a touch screen device, or
 - an uploaded picture of the signatory's hand drawn signature;
- Electronic signatures affixed using a digital tool such as Adobe Sign or DocuSign.

For more information, please refer to MassHealth Provider Bulletin 385 at <https://www.mass.gov/masshealth-provider-bulletins>.

If you have questions, please contact MassHealth at provider@masshealthquestions.com or (800) 841-2900.

If you are an LTSS provider, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

Dental providers, please contact MassHealth Dental Customer Service at (800) 207-5019; TTY (800) 466-7566.

12/19/2023

EXCITING OPPORTUNITY! HOME-BASED COMPLEX CARE TRAINING PROGRAM

We're thrilled to share a groundbreaking opportunity with you - the launch of the CSN Home-Based Complex Care Training Initiative by MassHealth in early 2024. This innovative program offers independent nurses like you a chance to enhance your skills through a hybrid online learning and hands-on intensive experience.

Program Highlights: Upon successful completion of the CSN Training Initiative, you will not only gain valuable skills but also receive a generous \$3,000 stipend along with Continuing Education Units (CEUs).

Meet Your Training Partners:

Nightingale Northern Nest, LLC - (First Course starts early January 2024)

Based in Southeastern Massachusetts, Nightingale Northern Nest is on a mission to empower nurses in the region through specialized training, continuing education, and consulting services. To learn more or apply, email Info@NightingalesNorthernNest.com.

MGH Institute of Health Professions - (First Course starts early March 2024)

Celebrating 46 years of excellence, MGH Institute of Health Professions, affiliated with Mass General Brigham, is a renowned institution committed to developing the next generation of healthcare leaders. To learn more or apply, visit mghihp.edu/complexcare or email complexcare@mghihp.edu.

If you have questions regarding this communication, please contact the MassHealth LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.

12/12/2023

MASSHEALTH HOME HEALTH APPENDIX D AND DUAL-ELIGIBLE BILLING EXCEPTIONS

On October 18, 2023, MassHealth published Home Health Agency Bulletin 90 and Appendix D: Supplemental Instructions for TPL Exceptions, with updated Dual-Eligible billing exceptions.

MassHealth has also developed a FAQ to assist with common questions home health agencies may have related to billing for home health services for dual-eligible (Medicare and Medicaid) members.

MassHealth issued guidance:

- Frequently Asked Questions: <https://tinyurl.com/j5kwe528>
- Home Health Agency Bulletin 90: Updates to MassHealth Home Health Appendices, including for Dual-Eligible Billing - Updated: <https://tinyurl.com/mssapkjr>
- Transmittal Letter HHA-58: Revised Appendix D: <https://tinyurl.com/yuxj5n2j>
- Appendix D: Supplemental Instructions for TPL Exceptions: <https://tinyurl.com/27xaj5fr>

Appendix D: For claims meeting the above exceptions in Appendix D and in Bulletin 90, providers may submit a claim directly to MassHealth without billing Medicare. Providers may do this in accordance with the instructions in Appendix D: Supplemental Instructions for TPL Exceptions.

Note: For services that do not meet the exception requirements outlined in Appendix D, the provider must demand bill Medicare for every 30 day period of care.

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

12/05/2023

CHANGES TO THE ACCOUNTABLE CARE ORGANIZATION (ACO) PROGRAM

Effective January 1, 2024, MassHealth will be making changes to the Accountable Care Organization (ACO) program. Please reference All Provider Bulletin 382 at <https://www.mass.gov/lists/all-provider-bulletins> for more information.

If you have questions regarding this message, please contact MassHealth at provider@masshealthquestions.com or (800) 841-2900. LTSS providers should contact the MassHealth LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.