

# MassHealth Provider Remittance Message Texts – 2024

<i>MassHealth Provider Remittance Message Texts – 2024</i> .....	<b>1</b>
<b>January</b> .....	<b>6</b>
01/23/2024 .....	6
INCORRECT PAYMENTS ON COMMUNITY BEHAVIORAL HEALTH CENTER (CBHC) CROSSOVER CLAIMS .....	6
MENTAL HEALTH CENTER (MHC) RATE AND PROGRAM REGULATIONS PROVIDER LISTENING SESSION 2/6/24 10:30am-12:00pm.....	6
COMMUNITY BEHAVIORAL HEALTH CENTER (CBHC) RATE AND PROGRAM REGULATIONS PROVIDER LISTENING SESSION: 2/13/24 11:30 AM-1:00 PM .....	7
IMPORTANT ALERT - MASSHEALTH POSC PRIMARY USER IDENTIFICATION NEEDED BY MARCH 31, 2024 .....	7
01/16/2024 .....	8
PROCESS UPDATE WHEN SUBMITTING A DATE OF DISCHARGE FOR MASSHEALTH MEMBERS RESIDING IN NURSING FACILITIES .....	8
PROVIDER REMINDER: ILLEGAL BILLING OF QUALIFIED MEDICARE BENEFICIARY MEMBERS .....	9
01/09/2024 .....	9
RELEASE OF MENTAL HEALTH CENTER POLICY AND PAYMENT REFORM REQUEST FOR INFORMATION (RFI) .....	9
TIMELY FILING REGULATIONS FOR CLAIMS WITH OTHER HEALTH INSURANCE .....	9
01/02/2024 .....	10
IMPORTANT ALERT - MASSHEALTH POSC PRIMARY USER POLICY .....	10
<b>February</b> .....	<b>11</b>
02/27/2024 .....	11
ADJUDICATED CLAIM PAYMENT TIMELINE.....	11
UPDATES TO 101 CMR 361.00: RATES FOR CONTINUOUS SKILLED NURSING AGENCY SERVICES AND INDEPENDENT NURSING SERVICES.....	11
INVITATION TO MASSHEALTH PROVIDER LISTENING SESSION - 130 CMR 418 SUBSTANCE USE DISORDER PROGRAMS REVIEW .....	12
MEDICARE PART B CROSSOVER CLAIM ADJUSTMENTS FOR GROUND AMBULANCE SERVICES .....	12
UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE JULY 1, 2023 .....	12
02/20/2024 .....	12
40 DAY NOTICE - MASSHEALTH POSC PRIMARY USER DESIGNATION CLEAN UP .....	12
02/13/2024 .....	13
RELEASE OF GRANT SOLICITATION FOR GRANT OPPORTUNITY FOR “BEHAVIORAL HEALTH MOBILE APPLICATIONS” .....	13
UPDATED DATA COLLECTIONS FORMS .....	13
UPDATED ELIGIBILITY FOR MASSHEALTH CSN LOAN REIMBURSEMENT PROGRAM .....	14
02/06/2024 .....	14
NURSE DIRECTORY ENROLLMENT INFORMATION; ENHANCE YOUR PROFESSIONAL VISIBILITY .....	14
<b>March</b> .....	<b>14</b>
03/26/2024 .....	15
FINAL NOTICE - MASSHEALTH POSC PRIMARY USER DESIGNATION CLEAN UP .....	15

CHANGE HEALTHCARE CYBERSECURITY INCIDENT - PROVIDER TRAINING .....	15
UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE JANUARY 1, 2024.....	16
03/19/2024 .....	16
15 DAY NOTICE - MASSHEALTH POSC PRIMARY USER DESIGNATION CLEAN UP .....	16
03/12/2024 .....	17
REPROCESSING CLAIM DENIALS FOR MEDICARE ADVANTAGE MEMBERS .....	17
CLAIMS PROCESSED FOR 2024 HCPCS/CPT CODE UPDATES .....	18
90 DAY SUPPLY CROSSOVER CLAIMS FOR CPAP SUPPLIES.....	18
ADJUSTMENT AND REPROCESSING OF HCPCS CODES A9901 AND K1005 .....	18
03/05/2024 .....	18
UPDATED CSN RETENTION BONUS BULLETIN - EXTENDED DATES OF SERVICE.....	19
UPDATED CSN RETENTION BONUS BULLETIN - EXTENDED DATES OF SERVICE.....	19
30 DAY NOTICE - MASSHEALTH POSC PRIMARY USER DESIGNATION CLEAN UP .....	19
CHANGE HEALTHCARE CYBERSECURITY INCIDENT.....	20
<b>April.....</b>	<b>21</b>
04/30/2024 .....	21
NOTICE OF PUBLIC HEARING FOR INDEPENDENT NURSE PROGRAM REGULATIONS.....	21
NOTICE OF PUBLIC HEARING FOR CONTINUOUS SKILLED NURSING (CSN) AGENCY REGULATIONS .....	21
UPDATED - VIRTUAL GATEWAY MULTIFACTOR AUTHENTICATION (MFA) .....	22
04/23/2024 .....	23
INVITATION TO MASSHEALTH PROVIDER LISTENING SESSION - 130 CMR 411, 130 CMR 462, AND 101 CMR 329.....	23
JANUARY 2024 HCPCS CODE UPDATE TO THE SUBCHAPTER 6 ORTHOTICS AND PROSTHETICS MANUAL .....	24
JANUARY 2024 HCPCS CODE UPDATE TO THE SUBCHAPTER 6 DME MANUAL .....	24
RETRO RATE ADJUSTMENTS FOR HOSPICE PROVIDERS .....	25
04/02/2024 .....	25
VIRTUAL GATEWAY MULTIFACTOR AUTHENTICATION (MFA) .....	25
INVITATION TO MASSHEALTH PROVIDER LISTENING SESSION - 130 CMR 362 COMMUNITY SUPPORT PROGRAM SERVICES .....	26
90-DAY WAIVER SUBMISSIONS FOR MEDICARE CROSSOVER CLAIMS .....	27
<b>May .....</b>	<b>28</b>
05/21/2024 .....	28
VIRTUAL GATEWAY MULTIFACTOR AUTHENTICATION (MFA) FOR PERSONAL LOGIN .....	28
URGENT UPDATE: PROVIDERS USING SYSTEM TO SYSTEM CONNECTIVITY THROUGH VIRTUAL GATEWAY MULTIFACTOR AUTHENTICATION (MFA) .....	29
05/14/2024 .....	30
MASSHEALTH ENDING SPAN BILLING FOR INDEPENDENT NURSE SERVICES .....	30
PSYCHIATRIC DAY TREATMENT (PDT) CLAIMS REPROCESSED.....	30
UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE APRIL 1, 2024 .....	30
05/07/2024 .....	31
INDEPENDENT NURSE BULLETIN 18 - CSN LIMIT OF HOURS .....	31
REMINDER: COMPLIANCE WITH MASSHEALTH'S ROBOTICS PROCESSING AUTOMATION (RPA) POLICY .....	31
VIRTUAL GATEWAY MULTIFACTOR AUTHENTICATION (MFA) .....	32
UPDATED MASS.GOV PROVIDER LANDING PAGES .....	33
<b>June .....</b>	<b>33</b>

06/25/2024 .....	33
MASSHEALTH TO BEGIN AUTHORIZING CONTINUOUS SKILLED NURSING (CSN) TRAINING TIME .....	33
REQUEST PROVIDER ENROLLMENT APPLICATIONS ONLINE .....	34
06/18/2024 .....	34
90 DAY SUPPLY CROSSOVER CLAIMS REIMBURSEMENT FOR CERTAIN SUPPLIES.....	34
UPDATES FOR VIRTUAL GATEWAY MULTIFACTOR AUTHENTICATION (MFA) .....	35
06/11/2024 .....	35
NEW UPDATED VERSION OF THE ORTHOTICS AND PROSTHETICS PAYMENT COVERAGE GUIDELINE TOOL ..	35
06/04/2024 .....	36
BEHAVIORAL HEALTH CLAIMS REPROCESSED FOR CODE CORRECTIONS .....	36
<b>July .....</b>	<b>37</b>
07/23/2024 .....	37
MASSHEALTH ROBOTICS PROCESSING AUTOMATION (RPA) POLICY ANNUAL VALIDATION .....	37
07/16/2024 .....	37
UPDATED PHYSICIAN RATES EFFECTIVE MAY 1, 2024 PER CMR REGULATIONS .....	38
07/09/2024 .....	38
MENTAL HEALTH CENTER (MHC) RATE AND PROGRAM REGULATIONS PROVIDER ENGAGEMENT SESSION: 7/11/24 2:00 pm-3:30 pm .....	38
MENTAL HEALTH CENTER (MHC) TIME-LIMITED SUPPLEMENTAL PAYMENT APPLICATION.....	38
MEDICARE CROSSOVER CLAIM ADJUSTMENTS FOR BEHAVIORAL HEALTH SERVICES .....	39
ADJUSTMENT OF CLAIMS REPORTING CASUALTY PAYER ADJUDICATION INFORMATION ..	39
UPDATED CLAIMS DETECTIONS FOR INDEPENDENT NURSES .....	39
UPDATE TO PRIMARY USER FUNCTIONALITY IN MMIS .....	40
07/02/2024 .....	41
CONTINUOUS SKILLED NURSING (CSN) DOCUMENTATION TIME .....	41
<b>August .....</b>	<b>41</b>
08/20/2024 .....	41
CLAIMS REPROCESSED FOR JULY 2024 SUBCHAPTER 6 CODE UPDATES .....	41
PRIMARY USER FUNCTIONALITY IN MMIS UPDATED .....	42
08/13/2024 .....	42
REPROCESS AND ADJUSTMENTS OF COMMUNITY BEHAVIORAL HEALTH CENTER (CBHC) CLAIMS .....	43
VIRTUAL GATEWAY (VG) MULTI-FACTOR AUTHENTICATION (MFA) PROFILE UPDATES ....	43
08/06/2024 .....	44
UPDATE TO PRIMARY USER FUNCTIONALITY IN MMIS .....	44
APRIL 2024 HCPCS CODE UPDATES TO THE SUBCHAPTER 6 DURABLE MEDICAL EQUIPMENT MANUAL .....	45
PERSONAL EMERGENCY RESPONSE SYSTEM POLICY UPDATE .....	45
MEDICARE CROSSOVER CLAIM ADJUSTMENTS FOR BEHAVIORAL HEALTH SERVICES .....	46
DOCUMENTATION REQUIRED FOR MANUAL REVIEW OF CERTAIN CLAIMS .....	46
CHANGES TO CLAIMS STATUS CHECKS .....	46
<b>September .....</b>	<b>47</b>
09/24/2024 .....	47
CCM NURSE DIRECTORY UPDATED PLATFORM LIVE NOW! .....	47
09/17/2024 .....	48

UPDATED VERSION OF THE DURABLE MEDICAL EQUIPMENT AND SUPPLIES (DME) AND OXYGEN AND RESPIRATORY THERAPY EQUIPMENT (OXY) PAYMENT COVERAGE GUIDELINE TOOL .....	48
09/10/2024 .....	48
UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE JULY 1, 2024 .....	48
09/03/2024 .....	48
ADJUSTMENTS OF ACUTE OUTPATIENT HOSPITAL CLAIMS WITH COORDINATION OF BENEFITS (COB) INFORMATION .....	49
MID-LEVEL RATES FOR PROCEDURE CODE 58300 .....	49
<b>October .....</b>	<b>49</b>
09/24/2024 .....	49
CCM NURSE DIRECTORY UPDATED PLATFORM LIVE NOW! .....	49
09/17/2024 .....	50
UPDATED VERSION OF THE DURABLE MEDICAL EQUIPMENT AND SUPPLIES (DME) AND OXYGEN AND RESPIRATORY THERAPY EQUIPMENT (OXY) PAYMENT COVERAGE GUIDELINE TOOL .....	50
09/10/2024 .....	51
UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE JULY 1, 2024 .....	51
09/03/2024 .....	51
ADJUSTMENTS OF ACUTE OUTPATIENT HOSPITAL CLAIMS WITH COORDINATION OF BENEFITS (COB) INFORMATION .....	51
MID-LEVEL RATES FOR PROCEDURE CODE 58300 .....	51
<b>November .....</b>	<b>52</b>
11/26/2024 .....	52
RATE UPDATES FOR HCPCS CODE E0605: HUMIDIFIERS/VAPORIZERS .....	52
11/19/2024 .....	52
NOTICE OF PUBLIC HEARING FOR 101 CMR 339:00: RATES FOR RESTORATIVE SERVICES .....	52
UPDATED: MASSHEALTH MMIS POSC AWS MIGRATION - CLAIM SUBMISSION AND PROCESSING CHANGES .....	53
11/12/2024 .....	54
UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE OCTOBER 1, 2024 .....	54
MASSHEALTH MMIS/POSC MIGRATION TO AMAZON WEB SERVICES INFORMATION SESSIONS .....	54
IMPORTANT - MMIS POSC AWS TECHNICAL INFORMATION .....	55
11/05/2024 .....	56
MASSHEALTH MMIS POSC AWS MIGRATION - CLAIM SUBMISSION AND PROCESSING CHANGES .....	56
<b>December .....</b>	<b>58</b>
12/24/2024 .....	58
ADJUSTMENT AND REPROCESSING OF CLAIMS FOR PROCEDURE CODE E2298 .....	58
12/17/2024 .....	58
VIRTUAL GATEWAY (VG) MULTIFACTOR AUTHENTICATION (MFA) LEGACY LOGIN WILL BE REMOVED IN FEBRUARY 2025 .....	58
REPROCESSING OF CLAIMS SUBMITTED WITH HCPCS CODE S9485 .....	59
12/10/2024 .....	60
PA REQUIREMENT UPDATE FOR CPT CODES 96380 AND 96381 EFFECTIVE JANUARY 1, 2024 .....	60
INCORRECT PAYMENT FOR 90-DAY SUPPLY OF CPAP CODES ON CROSSOVER CLAIMS .....	60
12/03/2024 .....	60

CRIMINAL OFFENDER RECORD INFORMATION (CORI) CHECKS .....	60
UPDATED - MASSHEALTH MMIS POSC AWS MIGRATION DELAY .....	61
IMPORTANT UPDATE - MMIS POSC AWS TECHNICAL INFORMATION .....	61
UPDATED - MASSHEALTH MMIS/POSC MIGRATION TO AMAZON WEB SERVICES INFORMATION SESSIONS .....	62

# January

## 01/23/2024

### INCORRECT PAYMENTS ON COMMUNITY BEHAVIORAL HEALTH CENTER (CBHC) CROSSOVER CLAIMS

MassHealth has identified a pricing issue affecting Medicare crossover claims that are billed with the CBHC per diem service code (T1040) and adjudicated on or after 11/19/23. Currently, MMIS is incorrectly paying these crossover claims the full MassHealth allowed amount for T1040 and is not deducting the Medicare payment(s) associated with other bundle services on the claim. MassHealth anticipates implementing a system fix for this issue in June 2024 and will subsequently adjust the affected claims once the correction is implemented.

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

### MENTAL HEALTH CENTER (MHC) RATE AND PROGRAM REGULATIONS PROVIDER LISTENING SESSION 2/6/24 10:30AM-12:00PM

MassHealth is beginning its review of rates and programs for services governed by 130 CMR 429 at <http://tinyurl.com/bddrnre> and 101 CMR 306 at <http://tinyurl.com/mren49b4>. In anticipation of this review, MassHealth will host a virtual provider listening session on February 6, 2024, from 10:30 am-12:00 pm. A separate public hearing will be scheduled at a later date when providers can provide official testimony.

To register for the listening session, please use this Zoom link: [https://zoom.us/meeting/register/tJ0uduGgrTgiE9RcCAX1hbEltp6iLbCbYQ\\_P](https://zoom.us/meeting/register/tJ0uduGgrTgiE9RcCAX1hbEltp6iLbCbYQ_P)

MassHealth invites all providers of these services to attend and provide information they would like MassHealth to consider during the rate and program review. If you are planning to attend and speak, please email [jenna.terio2@mass.gov](mailto:jenna.terio2@mass.gov) by the end of the day on February 5, 2024. (There will also be time for comments from those who have not sent notification in advance.)

MassHealth also encourages written feedback from providers who cannot attend this session or who would like to provide more detailed information. Please email any written feedback to [jenna.terio2@mass.gov](mailto:jenna.terio2@mass.gov) by the end of the day on February 6, 2024.

Comments provided at this session will not automatically be part of the official public hearing process. The public hearing will be held at a later date for this regulation when providers can submit official testimony.

## **COMMUNITY BEHAVIORAL HEALTH CENTER (CBHC) RATE AND PROGRAM REGULATIONS PROVIDER LISTENING SESSION: 2/13/24 11:30 AM-1:00 PM**

MassHealth is beginning its review of rates and programs for services governed by 130 CMR 448 at <http://tinyurl.com/3nyv8s4j> and 101 CMR 305 at <http://tinyurl.com/5bz5dr2j>. In anticipation of this review, MassHealth will host a virtual provider listening session on February 13, 2024, from 11:30 am-1:00 pm. A separate public hearing will be scheduled at a later date when providers can provide official testimony.

To register for the listening session please use this Zoom link: <https://zoom.us/join/zoom/register/tJAqdeChrZ8vHtewlmU-Quk6lA4Zujc2p5d>

MassHealth invites all providers of these services to attend and provide information they would like MassHealth to consider during the rate and program review. If you are planning to attend and speak, please email [margaret.eichner@mass.gov](mailto:margaret.eichner@mass.gov) by the end of the day on February 9, 2024. (There will also be time for comments from those who have not sent notification in advance.)

MassHealth also encourages written feedback from providers who cannot attend this session or who would like to provide more detailed information. Please email any written feedback to [margaret.eichner@mass.gov](mailto:margaret.eichner@mass.gov) by the end of the day on February 9, 2024.

Comments provided at this session will not automatically be part of the official public hearing process. The public hearing will be held at a later date for this regulation when providers can submit official testimony.

## **IMPORTANT ALERT - MASSHEALTH POSC PRIMARY USER IDENTIFICATION NEEDED BY MARCH 31, 2024**

In September 2023, the Executive Office of Health and Human Services published the MassHealth Provider Online Service Center (POSC) Primary User Policy and All Provider Bulletin 377: MassHealth POSC Primary User Policy. In an effort to ensure compliance, MassHealth has contacted the Primary Users within organizations that have more than the required number of Primary Users to update their Primary User designations to align with MassHealth's Primary User policy (1 Primary User and 1 backup Primary User).

Non-compliant organizations have one final opportunity to update the primary user designations to align with MassHealth's Primary User Policy by completing the survey below. This is a one-time opportunity for organizations to modify their primary user designations by completing the survey below no later than March 31, 2024:

<https://forms.office.com/g/nYNPPSxAQp>

It is imperative that organizations ensure that only the current designated Primary User and backup Primary User can manage access to the organization's data. Additionally, as a one-time effort to assist all providers in making modifications to better align with the policy, all provider organizations can complete the aforementioned online survey no later than March 31, 2024.

Please review the policy here: <http://tinyurl.com/4cysd32p>

All Provider Bulletin 377 is available here: <http://tinyurl.com/3j9pajtj>

For additional questions or concerns:

Dental providers, please contact Dental Services at (800) 207-5019; TTY: (800) 466-7566.

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

All other providers, please contact MassHealth at (800) 849-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

**01/16/2024**

## **PROCESS UPDATE WHEN SUBMITTING A DATE OF DISCHARGE FOR MASSHEALTH MEMBERS RESIDING IN NURSING FACILITIES**

MassHealth is communicating a process update for when hospice providers submit a date of discharge for MassHealth members residing in a Nursing Facility (NF).

Following this communication, for members who will continue residing in a NF upon discharge from hospice, the hospice provider should use the date of discharge. Hospice providers may use the "other" option located in the online Hospice Election Form. Hospice provider will select other discharge reason and note that the member is continuing to reside in the NF upon discharge.

Hospice providers must also alert the LTSS Service Center by email or via the LTSS Provider Online Inquiry Form found on the MassHealth LTSS Provider Portal. To submit an inquiry form, providers will need to have Provider Portal access (tutorial link provided below).

MassHealth LTSS Provider Service Center:

Phone: (844) 368-5184

Email: [support@masshealthtss.com](mailto:support@masshealthtss.com)

MassHealth LTSS Provider Portal: <http://tinyurl.com/bdd7wt76>

Tutorial: <http://tinyurl.com/2hphd62p>



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).

## **PROVIDER REMINDER: ILLEGAL BILLING OF QUALIFIED MEDICARE BENEFICIARY MEMBERS**

MassHealth providers are reminded that you may not bill MassHealth members, including Qualified Medicare Beneficiary (QMB) members.

For more information, go to the MassHealth All Provider Bulletin 386: MassHealth Medicare Savings Programs at <http://tinyurl.com/2vf974um>.

**01/09/2024**

## **RELEASE OF MENTAL HEALTH CENTER POLICY AND PAYMENT REFORM REQUEST FOR INFORMATION (RFI)**

EOHHS has released a Mental Health Center Policy and Payment Reform Request for Information (RFI) form. You can find the RFI on the COMMBUYS website, Bid # BD-24-1039-EHS01-ASHWA-96104, at <http://tinyurl.com/4j9p9vwn>. All responses to this RFI are due no later than 01/31/2024 by 5pm and must be submitted by email to [EOHHS-Procurement@mass.gov](mailto:EOHHS-Procurement@mass.gov) with "MHC RFI Response" in the subject line. EOHHS is asking that the RFI be shared with provider networks to try to increase the number of responses. Please refer to the RFI document for further instruction.

If you have questions, please contact MassHealth at [EOHHS-Procurement@mass.gov](mailto:EOHHS-Procurement@mass.gov).

## **TIMELY FILING REGULATIONS FOR CLAIMS WITH OTHER HEALTH INSURANCE**

Providers are reminded to adhere to the timely filing regulations when submitting claims for members with other health insurance per MassHealth regulation 130 CMR 450.313. For all claims submitted with other health insurance (Medicare, Medicare Advantage, supplemental ins, commercial ins, casualty payer), adjudication information must be received within 90 days from the date of the other insurer's explanation of benefits. All claims exceeding this requirement will be denied for edits 850 BILLING DEADLINE EXCEEDED DETAIL or 852 BILLING DEADLINE EXCEEDED HEADER. Providers may submit a 90-day waiver request if the requirements in 130 CMR 450.309 are met.

If MassHealth denies the initial claim which was submitted in a timely manner, providers may resubmit the corrected claim with other insurer adjudication information up to 18 months from the date(s) of service on the claim. Claims exceeding this requirement will be denied for edit 853 FINAL DEADLINE EXCEEDED DETAIL or 855 FINAL DEADLINE EXCEEDED HEADER. Providers may submit an appeal if the appeal requirements in 130 CMR 450.323 are met.

If you have questions regarding this message, please contact MassHealth at [provider@masshealthquestions.com](mailto: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](mailto:support@masshealthltss.com).

**01/02/2024**

## **IMPORTANT ALERT - MASSHEALTH POSC PRIMARY USER POLICY**

In September 2023, the Executive Office of Health and Human Services published the MassHealth Provider Online Service Center (POSC) Primary User Policy and All Provider Bulletin 377: MassHealth POSC Primary User Policy. The policy outlines the responsibilities of an enrolled provider for management of the access to its information on the POSC. The policy also requires each organization to assign a single Primary User (system administrator) and a single backup Primary User for each Provider ID Service location (PID/SL) and outlines 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 provider's information and submit transactions on behalf of a provider after they have left employment or after the termination of contractual agreements. This could leave providers vulnerable to fraud as well as enabling persons or entities to leverage the organization's information to benefit themselves or other organizations.

It is imperative that organizations ensure that only the designated Primary User and backup Primary User have the ability to manage access to the organization's data. MassHealth has contacted the Primary Users within organizations that have more than the required number of Primary Users to update their Primary User designations to align with MassHealth's Primary User policy. Additionally, as a one-time effort to assist providers in complying with the policy, MassHealth is collecting Primary User designations via an online survey. If you have not been contacted by MassHealth, but still want to re-align your Primary User designations to ensure the effective management of access to your information on the POSC, please complete the survey at your earliest convenience. The survey is available here: <https://forms.office.com/g/s6qPKJTB1W>.

Upon receipt of your updated Primary User designations, MassHealth will update the Primary User and backup Primary User designations and will remove the Primary User designation and the Manage Subordinates permission from any other user currently listed under your organization's PID/SL(s) that has these permissions. This includes all linked users and those user IDs created by your organization.

Please review the policy here: <http://tinyurl.com/4cysd32p>

All Provider Bulletin 377 is available here: [\">http://tinyurl.com/3j9pajt\](http://tinyurl.com/3j9pajt)

**For additional questions or concerns:**

Dental providers, please contact Dental Services at (800) 207-5019; TTY: (800) 466-7566.

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

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## February

**02/27/2024**

### ADJUDICATED CLAIM PAYMENT TIMELINE

Please note that starting March through the end of May 2024, MassHealth will gradually return to the traditional 2-4 week lag between claim adjudication and payment that was in place prior to March 2020, reaching pre-pandemic payment timing by early June. Independent Nurse, Doula, Fiscal Intermediary Services (PCA), Nursing Facility and Rest Home providers will remain on their current payment schedule. Providers are advised to refer to the remittance advice for claim payment, suspensions, and denial details to reconcile their accounts properly.

If you have questions, please contact MassHealth at [provider@masshealthltss.com](mailto:provider@masshealthltss.com) 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).

### UPDATES TO 101 CMR 361.00: RATES FOR CONTINUOUS SKILLED NURSING AGENCY SERVICES AND INDEPENDENT NURSING SERVICES

EOHHS has proposed amendments to 101 CMR 361.00: Rates for Continuous Skilled Nursing Agency Services and Independent Nursing Services, which can be viewed here: <http://tinyurl.com/4h64kc28>.

The proposed amendments include an average 33% rate increase for services provided by registered nurses (RNs) and an 11% rate increase for services provided by licensed practical nurses (LPNs).

Additionally, the proposed amendments establish a high-tech rate add-on, available for nurses who serve members with tracheostomy, ventilator, and or central line care needs. The proposed high-tech rate add-on is \$2/15-minute unit, or \$8/hour. The high-tech rate add-on increases rates on average by 41% for RN rates and by 21% for LPN rates.

EOHHS is holding a public hearing on the proposed amendments on March 8, 2024 from 9:30am to 11:30am. A copy of the Notice of Public Hearing and links to register to testify at the public hearing can be found here: <http://tinyurl.com/5t3p9387>.

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](mailto:support@masshealthltss.com).

## INVITATION TO MASSHEALTH PROVIDER LISTENING SESSION - 130 CMR 418 SUBSTANCE USE DISORDER PROGRAMS REVIEW

MassHealth is initiating a review of regulation 130 CMR 418.000 (<http://tinyurl.com/yck3tkv6>), which establishes the program requirements for the treatment of substance use disorders provided by public and private substance use disorder treatment programs reimbursable under MassHealth.

To ensure that our review process reflects the diverse perspectives and experiences of our stakeholders, we are hosting a virtual Provider Listening Session:

Date: March 14, 2024

Time: 10:00 AM - 11:00 AM

Location: Virtual via Zoom - Please note that registration is required to participate. You can register for the session using the following link: <http://tinyurl.com/4pdawpa7>

This listening session offers the opportunity to share valuable insights and information that you believe MassHealth should consider during the program regulation review process. While it differs from a formal public hearing, we highly value your input, and this session is designed to allow us to hear your perspectives.

Comments provided during this session will not automatically become a part of the official public hearing process. A separate public hearing will be scheduled at a later date for this regulation, during which providers can submit official testimony.

For those unable to attend the listening session or who wish to provide more detailed information, MassHealth welcomes written feedback. Please email any written submissions to [Thomas.Lane2@mass.gov](mailto:Thomas.Lane2@mass.gov) by Friday, March 15, 2024.

## MEDICARE PART B CROSSOVER CLAIM ADJUSTMENTS FOR GROUND AMBULANCE SERVICES

MassHealth has identified that certain Medicare crossover claims for ground ambulance services with dates of service on or after 1/1/2024 were not priced appropriately. To rectify this, on 2/14/2024, MassHealth implemented system updates in MMIS. The impacted Medicare crossover claims have been adjusted and will appear on this and subsequent remittance advices.

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

**02/20/2024**

## 40 DAY NOTICE - MASSHEALTH POSC PRIMARY USER DESIGNATION CLEAN UP

MassHealth has extended a final one-time opportunity for all organizations to modify their Primary User designations by completing a survey no later than March 31, 2024. MassHealth will update the Primary User and backup and remove the Primary User designation and the Manage Subordinates permission from any other user currently listed under your organization's PID/SL(s). This includes all linked users and those user IDs created by your organization.

If your organization has determined that the Primary User designations must be updated, please complete the survey by March 31. The survey is available here: <https://forms.office.com/g/nYNPPSxAQp>.

Please note: Primary User designations and ineffective management of access of information could allow staff and affiliate organizations to continue accessing the provider's information and enable users to submit transactions on behalf of a provider after they have left employment or after their contract was terminated.

Please review the MassHealth Primary User Policy here: <http://tinyurl.com/4cysd32p>

All-Provider Bulletin 377 is available here: <http://tinyurl.com/3j9pajtj>

For additional questions or concerns:

Dental providers, please contact Dental Services at (800) 207-5019; TTY: (800) 466-7566.

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

All other providers, please contact MassHealth at (800) 849-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## 02/13/2024

### RELEASE OF GRANT SOLICITATION FOR GRANT OPPORTUNITY FOR "BEHAVIORAL HEALTH MOBILE APPLICATIONS"

EOHHS has released a grant opportunity for behavioral health outpatient MassHealth providers. The grant, "Behavioral Health Mobile Applications", can be found on the COMMBUYS website, Bid # BD-24-1039-EHS01-ASHWA-97688, at <http://tinyurl.com/484yc8uv>. All responses to the Grant Solicitation are due no later than 03/04/2024 by 3:00 pm and must be submitted via the portal which can be found at <https://maanfrgrants.force.com/s/loginpage>. EOHHS is asking that the Grant Solicitation be shared with provider networks to try to increase the number of responses. Please refer to the documents posted on COMMBUYS for further instruction.

If you have questions, please contact MassHealth at [EOHHS-Procurement@mass.gov](mailto:EOHHS-Procurement@mass.gov).

### UPDATED DATA COLLECTIONS FORMS

PLEASE NOTE: EOHHS has updated the email address on both the Provider Enrollment and Existing Provider Modification Data Collection (DC) Forms posted to Mass.gov. The email address [SystemsSupportHelpdesk@MassMail.state.ma.us](mailto:SystemsSupportHelpdesk@MassMail.state.ma.us) has been discontinued and will no longer accept emails.

The new email address is: [EOHHS-IT-CustomerService.Hancock@mass.gov](mailto:EOHHS-IT-CustomerService.Hancock@mass.gov). MassHealth has updated the DC Forms to reflect the new email address. Providers must send the Existing Provider Modification DC Form to the new email address listed on page 2 of the updated form.

For additional questions or concerns:

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

All other providers, please contact MassHealth at (800) 849-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.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, 2018. Applications are open and will be accepted on a rolling basis. For more information and eligibility requirements, go to [www.marepay.org](http://www.marepay.org).

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

**02/06/2024**

## NURSE DIRECTORY ENROLLMENT INFORMATION; ENHANCE YOUR PROFESSIONAL VISIBILITY

The Community Case Management (CCM) Nurse Directory is up and running, being accessed by CCM members and families. It gives independent nurses a unique opportunity to enhance their professional visibility and connect with potential CCM members and families.

The primary goal of the Nurse Directory is to serve as a centralized platform, connecting members seeking and nurses offering Continuous Skilled Nursing (CSN) services. Our goal is to get 100% participation. This directory is designed to be easily accessible to our CCM members and their families. If you haven't already, we encourage you to register and add your profile to this directory. Even if your availability for new cases is limited now, having your profile listed is important. You can effortlessly switch your status from "available" to "unavailable" as your schedule changes.

Enrolling is a straightforward process. Go to <https://ccmnursedirectory.org/> to create an online profile, complete it with your information, and, when completed it becomes activated. The following link offers a "step-by-step" guide to enrolling for independent nurses: <http://tinyurl.com/yjrh88d>

Thank you to those who have already enrolled. We extend our appreciation and suggest you log on frequently to stay up to date.

Should you have questions or require help regarding the directory, please feel free to reach out to [Christina.Andrianopoulos@mass.gov](mailto:Christina.Andrianopoulos@mass.gov). MassHealth is committed to responding to your queries within 48 hours.

**March**

**03/26/2024**

## **FINAL NOTICE - MASSHEALTH POSC PRIMARY USER DESIGNATION CLEAN UP**

You have only 6 days to take advantage of this one-time opportunity for your organization to modify its Primary User designations by completing a survey no later than March 31, 2024. Once you have completed the survey, MassHealth will update the Primary User and Backup Primary User and remove the Primary User designation and the Manage Subordinates permission from any other user currently listed under your organization's PID/SL(s). This includes all linked users and those user IDs created by your organization.

This summer MassHealth plans to update the Provider Online Service Center (POSC) to allow only 2 users to function as the Primary User for each PID/SL. This change is being made to align with the Primary User policy. If your organization has determined that the Primary User designations must be updated before then, please complete the survey by March 31. The survey is available here: <https://forms.office.com/g/nYNPPSxAQp>.

Primary User designations and ineffective management of access of information could allow staff and affiliate organizations to continue accessing the provider's information and enable users to submit transactions on behalf of a provider after they have left employment or after their contract was terminated.

Please review the MassHealth Primary User Policy here: <http://tinyurl.com/4cysd32p>

All-Provider Bulletin 377 is available here: <https://www.mass.gov/lists/all-provider-bulletins>

For additional questions or concerns:

Dental providers, please contact Dental Services at (800) 207-5019; TTY: (800) 466-7566.

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

All other providers, please contact MassHealth at (800) 849-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## **CHANGE HEALTHCARE CYBERSECURITY INCIDENT - PROVIDER TRAINING**

On February 21, 2024, Change Healthcare identified a cybersecurity incident. We understand that MassHealth health plans and providers may use Change Healthcare or one of its related

entities (e.g., Emdeon, Caprio, McKesson, etc.) as their billing intermediary, prescription clearing house, claims clearing house, and/or Electronic Data Interchange (EDI) vendor. We strongly encourage all providers with systems connections to Change Healthcare to disable those connections immediately and investigate evidence of compromise if they have not done so already. MassHealth is committed to the health of our members and will work with providers who are impacted to ensure services can continue to be provided.

If you are a provider impacted by this incident and want to explore the alternative methods that are available, we strongly encourage you to attend one of the following Office Hour training sessions. We will review the options and provide the necessary steps and time frames to use these alternative methods. MassHealth will also provide information for those providers who may require financial assistance. Register here: <https://tinyurl.com/mt5s6yvm>

Tuesday, March 26th                      10am-11am, 2pm-3pm

Thursday, March 28th                    10am-11am, 2pm-3pm

Friday, March 29th                      10am-11am, 2pm-3pm\

Please note more training sessions may be added in the future, or a copy of the presentation will be made available to review at any time on the MassHealth Provider Training Portal: <https://masshealth.inquisiglms.com/Default.aspx>.

If you are a provider impacted by this incident and need help verifying member eligibility or submitting claims, please contact MassHealth at (800) 841-2900, TDD/TTY: 711. LTSS providers should contact the LTSS Provider Service Center at (844) 368-5184.

## UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE JANUARY 1, 2024

MassHealth has completed the rate updates for the January 1, 2024 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](mailto:provider@masshealthquestions.com) or (800) 841-2900.

**03/19/2024**

## **15 DAY NOTICE - MASSHEALTH POSC PRIMARY USER DESIGNATION CLEAN UP**



You have only 15 days to take advantage of this one-time opportunity for your organization to modify its Primary User designations by completing a survey no later than March 31, 2024. Once you have completed the survey, MassHealth will update the Primary User and Backup Primary User and remove the Primary User designation and the Manage Subordinates permission from any other user currently listed under your organization's PID/SL(s). This includes all linked users and those user IDs created by your organization.

This summer MassHealth plans to update the Provider Online Service Center (POSC) to allow only 2 users to function as the Primary User for each PID/SL. This change is being made to align with the Primary User policy. If your organization has determined that the Primary User designations must be updated before then, please complete the survey by March 31. The survey is available here: <https://forms.office.com/g/nYNPPSxAQp>.

Primary User designations and ineffective management of access of information could allow staff and affiliate organizations to continue accessing the provider's information and enable users to submit transactions on behalf of a provider after they have left employment or after their contract was terminated.

Please review the MassHealth Primary User Policy here: <http://tinyurl.com/4cysd32p>

All-Provider Bulletin 377 is available here: <https://www.mass.gov/lists/all-provider-bulletins>

For additional questions or concerns:

Dental providers, please contact Dental Services at (800) 207-5019; TTY: (800) 466-7566.

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

All other providers, please contact MassHealth at (800) 849-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

**03/12/2024**

## REPROCESSING CLAIM DENIALS FOR MEDICARE ADVANTAGE MEMBERS

MassHealth is aware that certain claims were erroneously denied for edit 2502 "Member covered by other insurance" on services that should have bypassed TPL editing for Medicare Advantage members. The denials occurred on claims billed with codes 92592 through 92595, A0130, A0170 or A4927 adjudicated from 2/1/2024 through 2/26/2024. The issue causing these

denials was corrected on 2/27/2024 in production, and the affected claims have been reprocessed and will appear on this and subsequent remittance advices.

If you have questions regarding this message, please contact MassHealth at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com) 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).

## **CLAIMS PROCESSED FOR 2024 HCPCS/CPT CODE UPDATES**

The Centers for Medicare & Medicaid Services (CMS) have revised the HCPCS codes for 2024. MassHealth is updating the Service Codes and Descriptions (Subchapter 6) of the Physician Manual to incorporate those 2024 HCPCS/Current Procedural Terminology (CPT) service code updates, as applicable.

MassHealth updated its system to reflect the 2024 HCPCS/CPT coding changes effective for dates of service on or after January 1, 2024. 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](mailto:provider@masshealthquestions.com) or (800) 841-2900.

## **90 DAY SUPPLY CROSSOVER CLAIMS FOR CPAP SUPPLIES**

MassHealth has implemented MMIS system updates to allow reimbursement for 90-day supply for CPAP supplies A7031, A7032, A7033, and A7038. This change only applies to crossover claims with dates of service on or after 3/1/2024.

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

## **ADJUSTMENT AND REPROCESSING OF HCPCS CODES A9901 AND K1005**

MassHealth has completed MMIS system updates for HCPCS codes A9901 and K1005. The impacted claims have been reprocessed/adjusted and will appear on this or subsequent remittance advices.

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

**03/05/2024**

## UPDATED CSN RETENTION BONUS BULLETIN - EXTENDED DATES OF SERVICE

MassHealth has posted Continuous Skilled Nursing (CSN) Agency Bulletin 18 (<http://tinyurl.com/5224bx9b>) and Home Health Agency Bulletin 91 (<http://tinyurl.com/dj2xmhyc>), which extend the eligible dates of service for the CSN Retention Bonus initiative through June 30, 2024. The last billing cycle will be July 2024. The bulletins describe the eligible service quarters and billing cycles, who is eligible for retention bonuses, service commitment requirements, retention bonus amounts, and agency billing procedures.

When billing, please review these bulletins as well as the CSN Agency Billing Instructions for Retention Bonus (<http://tinyurl.com/2uf773da>) on the MassHealth LTSS Provider Portal.

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

## UPDATED CSN RETENTION BONUS BULLETIN - EXTENDED DATES OF SERVICE

MassHealth has posted Independent Nurse Bulletin 17 (<http://tinyurl.com/2zbe3jaw>), which extends the eligible dates of service for the Continuous Skilled Nursing (CSN) Retention Bonus initiative through June 30, 2024. The last billing cycle will be July 2024. The bulletin describes the eligible service quarters and billing cycles, who is eligible for retention bonuses, service commitment requirements, retention bonus amounts, and agency billing procedures.

When billing, please review these bulletins as well as the Independent Nurse Billing Instructions for Retention Bonus (<http://tinyurl.com/5sdpcfy4>) on the MassHealth LTSS Provider Portal.

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

## 30 DAY NOTICE - MASSHEALTH POSC PRIMARY USER DESIGNATION CLEAN UP

Please note that you have only 30 days left to take advantage of this one-time opportunity for your organization to modify its Primary User designations by completing a survey no later than March 31, 2024. MassHealth will update the Primary User and backup and remove the Primary User designation and the Manage Subordinates permission from any other user currently listed under your organization's PID/SL(s). This includes all linked users and those user IDs created by your organization.

Please note that this summer MassHealth plans to update the Provider Online Service Center (POSC) to only allow 2 users to function as the Primary User for each PID/SL to further align with the Primary User policy. If your organization has determined that the Primary User designations must be updated before then, please complete the survey by March 31. The survey is available here: <https://forms.office.com/g/nYNPPSxAQp>.

Please note: Primary User designations and ineffective management of access of information could allow staff and affiliate organizations to continue accessing the provider's information and enable users to submit transactions on behalf of a provider after they have left employment or after their contract was terminated.

Please review the MassHealth Primary User Policy here: <http://tinyurl.com/4cysd32p>

All-Provider Bulletin 377 is available here: <http://tinyurl.com/3j9pajtj>

For additional questions or concerns:

Dental providers, please contact Dental Services at (800) 207-5019; TTY: (800) 466-7566.

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

All other providers, please contact MassHealth at (800) 849-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## **CHANGE HEALTHCARE CYBERSECURITY INCIDENT**

On February 21, 2024, Change Healthcare identified a cybersecurity incident. We understand that MassHealth health plans and providers may use Change Healthcare as their billing intermediary, prescription clearing house, claims clearing house, and/or Electronic Data Interchange (EDI) vendor. We strongly encourage all providers with systems connections to Change Healthcare to disable those connections immediately and investigate evidence of compromise if they have not done so already. For more information, review Change Healthcare's statement on its website: <https://status.changehealthcare.com/incidents/hqpjz25fn3n7>.

In addition, we are aware that the incident along with related mitigation responses may impact the ability of some providers to review MassHealth member eligibility and submit claims. If you are a provider impacted by this incident and need help verifying member eligibility or submitting claims, please contact MassHealth at (800) 841-2900, TDD/TTY: 711.

MassHealth is committed to the health of our members and will work with providers who are impacted to ensure services can continue to be provided.

**April**

**04/30/2024**

## **NOTICE OF PUBLIC HEARING FOR INDEPENDENT NURSE PROGRAM REGULATIONS**

The Executive Office of Health and Human Services (EOHHS) is holding a public hearing on the proposed amendments to 130 CMR 414.000: Independent Nurse.

The proposed amendments to 130 CMR 414.000 clarify and reorganize sections of the regulation and add requirements for independent nurse providers, including recordkeeping, incident and accident reports, prior authorizations, overtime allowances, limit of hours, a continuous skilled nursing (CSN) high-tech rate add on, prohibited marketing activities, and providing CSN services out of state.

The regulation amendments are being proposed with an effective date of August 30, 2024.

There will be a virtual public hearing on May 17, 2024, from 2:00pm - 4:00pm.

A copy of the Notice of Public Hearing and links to register to testify at the public hearing can be found here: [www.mass.gov/doc/notice-of-public-hearing-535/download](https://www.mass.gov/doc/notice-of-public-hearing-535/download)

A copy of the proposed amendments and regulations can be found here: [www.mass.gov/doc/proposed-regulation-date-filed-april-26-2024-0/download](https://www.mass.gov/doc/proposed-regulation-date-filed-april-26-2024-0/download)

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).

## **NOTICE OF PUBLIC HEARING FOR CONTINUOUS SKILLED NURSING (CSN) AGENCY REGULATIONS**

The Executive Office of Health and Human Services (EOHHS) is holding a public hearing on the proposed amendments to 130 CMR 438.000: Continuous Skilled Nursing (CSN) Agency.

The proposed amendments to 130 CMR 438.000 clarify and reorganize sections of the regulation and add requirements for CSN agency providers, including recordkeeping, incident

and accident reports, clinical criteria for nursing services, limitations on covered services, biweekly supervision requirements for complex care assistant services, face-to-face encounters, a CSN high-tech rate add on, and annual staffing report requirements.

The regulation amendments are being proposed with an effective date of August 30, 2024.

There will be a virtual public hearing on May 17, 2024, from 12:00pm - 2:00pm.

A copy of the Notice of Public Hearing and links to register to testify at the public hearing can be found here: [www.mass.gov/doc/notice-of-public-hearing-537/download](https://www.mass.gov/doc/notice-of-public-hearing-537/download)

A copy of the proposed amendments and regulations can be found here: [www.mass.gov/doc/proposed-regulation-date-filed-april-26-2024-2/download](https://www.mass.gov/doc/proposed-regulation-date-filed-april-26-2024-2/download)

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).

## UPDATED - VIRTUAL GATEWAY MULTIFACTOR AUTHENTICATION (MFA)

The Executive Office of Health and Human Services (EOHHS) Virtual Gateway (VG) will be implementing Multifactor Authentication (MFA) later this spring. All Provider Online Service Center (POSC) users will be required to set up MFA to be able to continue accessing the POSC via the VG.

The VG will be communicating with individual users prior to the implementation. They will begin contacting individual users, via email, with general information and instructions on setting up their MFA. The sender will be: [Virtual.Gateway@state.ma.us](mailto:Virtual.Gateway@state.ma.us). The following messages are scheduled:

1. Friday, April 26: All active VG users announcing upcoming changes - introducing users to upcoming changes (high level).
2. Monday, May 6: All active VG users announcing upcoming changes - more details on how to prepare for MFA.
3. Sunday, May 19: All active VG users announcing the new VG site.

It is imperative that all POSC users ensure the email address associated with their Virtual Gateway account (User ID) is up to date. Additionally, the email address used to set up multifactor authentication must be an exact match to the email associated with the VG account.

Please note: MFA and the VG terms and conditions require that a unique email address be associated to a single VG account. Prior to the implementation, please ensure that your organization completes the following:

1. All users review and ensure that the email address associated with their VG User ID is unique and is not duplicated with any other VG User ID that is currently used;
2. The Primary User must coordinate with users to ensure that each user only has a single, unique VG User ID and must eliminate multiple User IDs currently assigned to the same individual;
3. The Primary User must coordinate with users to ensure that “common” named User IDs that are being shared amongst staff are eliminated; each User ID that is created and assigned to an individual must always include a first name and a last name.

Taking the aforementioned steps will ensure that your organization is compliant with the VG terms and conditions that each user signs upon initial login to the VG.

More information will be coming as we get closer to the implementation.

For additional questions or concerns:

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

All other providers, please contact MassHealth at (800) 849-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

**04/23/2024**

## **INVITATION TO MASSHEALTH PROVIDER LISTENING SESSION - 130 CMR 411, 130 CMR 462, AND 101 CMR 329**

MassHealth is beginning its regulatory review process of the rate and programmatic regulations for psychologist services and licensed independent clinical social worker services. MassHealth will hear feedback on the rates in 101 CMR 329, and the programmatic requirements 130 CMR 329 and 130 CMR 411. In anticipation of this review, MassHealth invites all providers of these services to attend the upcoming listening session and share information they would like MassHealth to consider during the rate and program review process.

Date: May 2, 2024

Time: 12:00pm-1:30pm

Governing Regulations: 130 CMR 411; 130 CMR 462; 101 CMR 329

Registration: Please use this Zoom link: <https://tinyurl.com/yder2whf>

If you are planning to provide verbal feedback, please notify [alexandra.brinker@mass.gov](mailto:alexandra.brinker@mass.gov) by end of day May 1, 2024.

MassHealth also encourages written feedback from providers who cannot attend this session or who would like to provide more detailed information. Please email any written feedback to [alexandra.brinker@mass.gov](mailto:alexandra.brinker@mass.gov) by end of day May 2, 2024.

Please note, there will be a separate public hearing to provide official testimony on the draft regulation at a later date.

## **JANUARY 2024 HCPCS CODE UPDATE TO THE SUBCHAPTER 6 ORTHOTICS AND PROSTHETICS MANUAL**

The Centers for Medicare & Medicaid Services (CMS) have published the HCPCS codes for January 2024. MassHealth has updated Subchapter 6 of the Orthotic (ORT) and Prosthetic (PRT) Manual to incorporate those January 2024 HCPCS service code updates, as applicable.

Please reference Transmittal Letter ORT-28 and Transmittal Letter PRT-29 at <https://www.mass.gov/lists/2024-masshealth-transmittal-letters> for more information.

Additionally, Orthotic and Prosthetic providers are advised that the MassHealth Orthotics and Prosthetics Payment and Coverage Guideline Tool has been updated on 4/11/24 and posted on the MassHealth website.

Please refer to our online MassHealth ORT and PRT Payment and Coverage Guideline Tool for HCPCS codes that have been added to the Tool to be effective as of 1/1/24 and for further instructions regarding coverage, limits, and prior authorization requirements.

To confirm that you are using the most recent version of the applicable Tool, go to [www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools](http://www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools).

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

## **JANUARY 2024 HCPCS CODE UPDATE TO THE SUBCHAPTER 6 DME MANUAL**

The Centers for Medicare & Medicaid Services (CMS) have published the HCPCS codes for January 2024. MassHealth has updated Subchapter 6 of the DME Manual to incorporate those January 2024 HCPCS service code updates, as applicable.



Please reference Transmittal Letter DME-46 at <https://www.mass.gov/lists/2024-masshealth-transmittal-letters> for more information.

Additionally, Pharmacy providers with a Durable Medical Equipment and Supplies (DME) or Oxygen and Respiratory Therapy Equipment (OXY) specialty, DME and Oxygen providers are advised that the MassHealth DME and OXY Payment and Coverage Guideline Tool has been updated on 1/31/24 and posted on the MassHealth website.

Please refer to our online MassHealth DME and OXY Payment and Coverage Guideline Tool for HCPCS codes that have been added to the Tool to be effective as of 1/1/24 and for further instructions regarding coverage, limits, and prior authorization requirements.

To confirm that you are using the most recent version of the applicable Tool, go to [www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools](http://www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools).

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

## 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 2024 rates (October 1, 2023) by the Executive Office of Health and Human Services. See MassHealth Administrative Bulletin 24-05 at <https://tinyurl.com/2rtjknft>.

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](mailto: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>.

**04/02/2024**

## VIRTUAL GATEWAY MULTIFACTOR AUTHENTICATION (MFA)

The Executive Office of Health and Human Services (EOHHS) Virtual Gateway (VG) will be implementing Multifactor Authentication (MFA) later this spring. All Provider Online Service Center (POSC) users will be required to set up MFA to be able to continue accessing the POSC via the VG.

The VG will be communicating with individual users prior to the implementation. They will begin contacting individual users, via email, with instructions on setting up their MFA with an email subject line saying “Business Account Registration for login.mass.gov”, and the sender will be: [Virtual.Gateway@state.ma.us](mailto:Virtual.Gateway@state.ma.us).

It is imperative that all POSC users ensure the email address associated with their Virtual Gateway account (User ID) is up to date. Additionally, the email address used to set up multifactor authentication must be an exact match to the email associated with the VG account.

Please note: MFA and the VG terms and conditions require that a unique email address be associated to a single VG account. Prior to the implementation, please ensure that your organization completes the following:

1. All users review and ensure that the email address associated with their VG User ID is unique and is not duplicated with any other VG User ID that is currently used;
2. The Primary User must coordinate with users to ensure that each user only has a single, unique VG User ID and must eliminate multiple User IDs currently assigned to the same individual;
3. The Primary User must coordinate with users to ensure that “common” named User IDs that are being shared amongst staff are eliminated; each User ID that is created and assigned to an individual must always include a first name and a last name.

Taking the aforementioned steps will ensure that your organization is compliant with the VG terms and conditions that each user signs upon initial login to the VG.

More information will be coming as we get closer to the implementation.

For additional questions or concerns:

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

All other providers, please contact MassHealth at (800) 849-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## INVITATION TO MASSHEALTH PROVIDER LISTENING SESSION - 130 CMR 362 COMMUNITY SUPPORT PROGRAM SERVICES

MassHealth is beginning its regulatory review process of rates for Community Support Program (CSP), Community Support Program Tenancy Preservation Program (CSP-TTP), Community Support Program for Homeless Individuals (CSP-HI), and Community Support Program for

individuals with Justice Involvement (CSP-JI). In anticipation of this review, MassHealth invites all providers of these services to attend the upcoming listening session and share information they would like MassHealth to consider during the rate review process.

Date: April 5, 2024

Time: 10:00am-12:00pm: A half hour will be dedicated to each of the CSP and CSP Specialty services, as follows: CSP-TPP 10:00-10:30am, CSP-HI 10:30-11:00am, CSP 11:00-11:30am, and CSP-JI 11:30am-12:00pm.

Governing Regulation: 101 CMR 362: <https://tinyurl.com/bdzkustr>

Registration: Please use this Zoom link: <https://tinyurl.com/93st9dfn>

If you are planning to attend and speak, please notify [alexandra.brinker@mass.gov](mailto:alexandra.brinker@mass.gov) by end of day April 2, 2024.

MassHealth also encourages written feedback from providers who cannot attend this session or who would like to provide more detailed information. Please email any written feedback to [alexandra.brinker@mass.gov](mailto:alexandra.brinker@mass.gov) by end of day April 5.

Please note, there will be a separate public hearing to provide official testimony on the draft regulation at a later date.

## **90-DAY WAIVER SUBMISSIONS FOR MEDICARE CROSSOVER CLAIMS**

All Provider Bulletin 220, dated December 2011, instructs providers to use delay reason code 1, 4 or 8 when submitting a 90-day waiver request. MassHealth recently became aware that Medicare crossover claims submitted with one of these delay reason codes are denying for edit 851 “Orig claim has exceeded 90-day billing deadline” instead of suspending for review with edit 818 “Special handling 90-day waiver”.

MassHealth is working on an MMIS systems change to correct this issue to allow Medicare crossover claims to suspend. In the meantime, as a temporary workaround, providers may use delay reason code 10 when submitting a 90-day waiver request for Medicare crossover claims. The claims will suspend for review with edit 827 “Special Handling - paper waiver providers - 90-day waiver”. All other claims, including Medicare denied claims, must continue to be submitted per All Provider Bulletin 220.

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

**May**

**05/21/2024**

## **VIRTUAL GATEWAY MULTIFACTOR AUTHENTICATION (MFA) FOR PERSONAL LOGIN**

Providers using system to system connectivity to send or receive HIPAA transactions SHOULD continue to use the Legacy Login option instead of the Business Login option. See the other message for details.

The Executive Office of Health and Human Services (EOHHS) enhanced the Virtual Gateway (VG) login process on Sunday, May 19, 2024.

All VG users should have created an account using their email address, using the email address linked to the current Virtual Gateway User ID, and set up multifactor authentication (MFA) to access the VG.

If you have multiple VG User IDs and are using the legacy login option, you must eliminate the multiple IDs or provide unique email addresses for each VG user ID. This will enable you to register for MFA and access the POSC through the business login.

We have linked the Virtual Gateway to my Virtual Gateway User ID. To update the email address, use the steps below:

1. Access the Virtual Gateway Log In page at <https://sso.hhs.state.ma.us/vgportal>.
2. Log in to your VG account and go to the Accessible Applications page.
3. Select Manage My Account > Update Personal Information.
4. Review and if needed, update your email address.
5. If you need help updating your email address, contact Virtual Gateway Customer Service at (800) 421-0938.

For more information, please visit the VG website at <https://tinyurl.com/444yev7d>.

## URGENT UPDATE: PROVIDERS USING SYSTEM TO SYSTEM CONNECTIVITY THROUGH VIRTUAL GATEWAY MULTIFACTOR AUTHENTICATION (MFA)

**\*\*We recommend that providers using system to system connectivity to send or receive HIPAA transactions continue to use the Legacy Login option instead of the Business Login option. See details below.**

The Executive Office of Health and Human Services (EOHHS) Virtual Gateway (VG) has been communicating that Multifactor Authentication (MFA) was implemented effective May 19, 2024. This message highlights the specifics you need to be aware of for a successful login.\

On Sunday, May 19, 2024, the Virtual Gateway moved its login portal to a new site and now offers more and new ways to log into the Virtual Gateway. Existing Virtual Gateway users will be presented with three options on the new Virtual Gate way login page.

- **Personal Login:** This option should only be used by public users to access their personal, MassHealth-related information, using the My Account Page (MAP) system.
- **Business Login:** This option should be used by provider users who have one Virtual Gateway User ID linked to one unique email address. We recommend that providers using system to system connectivity to send or receive HIPAA transactions continue to use the Legacy Login option instead of the Business Login option.
- **Legacy Login:** For a limited time, this option will be available to ALL Virtual Gateway users (Public, Provider and State Employee). We recommend that providers using system to system connectivity to send or receive HIPAA transactions continue to use the Legacy Login option.

EOHHS has added a resource assistance page to mass.gov regarding the changes. For more information, you may access the page at <https://tinyurl.com/444yev7d>.

For a limited time, the Legacy Login option will be available to all Virtual Gateway users (Providers and State Employees). Legacy users are not required to create an account or set up MFA.

All providers who use system-to-system connectivity (HTTP MIME Multipart or SOAP+WSDL) to send and receive HIPAA transactions, must use the “Legacy Login” option until further notice. The system-to-system transactions include 270/271, 276/277, 835, 837I, 837P, and 999/TA1.

For questions or concerns:

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

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

**05/14/2024**

## **MASSHEALTH ENDING SPAN BILLING FOR INDEPENDENT NURSE SERVICES**

MassHealth is updating its billing system to no longer allow for span billing for Independent Nurses starting July 1, 2024. Span billing refers to the practice of submitting claims in which the claim does not distinguish individual dates of service. MassHealth is ending the allowance for span billing in order to improve provider billing compliance.

For claims submitted on or after July 1, 2024 any attempt to use span billing in the claim submission will result in a denial, citing error code “938: PROCEDURE CODE CANNOT BE BILLED WITH A DATE SPAN.” Instead, Independent Nurses who want to submit claims for multiple dates of service will need to distinguish each date of service and associated continuous skilled nursing (CSN) units on individual claim lines.

MassHealth has created a Job Aid which explains, step-by-step, how to submit claims without using span billing. This Job Aid can be accessed on the provider portal at the following link: <https://tinyurl.com/2f9wpmpf>.

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

## **PSYCHIATRIC DAY TREATMENT (PDT) CLAIMS REPROCESSED**

New rates of payment for psychiatric day treatment center services H2012 and H2012-U1 became effective on 3/1/2024. These updated rates were implemented systematically on 4/26/2024. All claims submitted as of this date should pay at the rates defined in 101 CMR 307. Claims submitted during this interim period have been reprocessed as of 5/1/2024 to pay at the updated rate.

If you have questions, please contact MassHealth at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com) or (800) 849-2900.

## **UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE APRIL 1, 2024**

MassHealth has completed the rate updates for the April 1, 2024 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](mailto:provider@masshealthquestions.com) or (800) 849-2900.

**05/07/2024**

## **INDEPENDENT NURSE BULLETIN 18 - CSN LIMIT OF HOURS**

MassHealth has posted [Independent Nurse Bulletin 18](#), which updates the limit for continuous skilled nursing (CSN) hours an independent nurse may provide in a 24-hour period as established at 130 CMR 414.409(C): Limit of Hours. The bulletin updates the limit of CSN hours an independent nurse may provide, by describing specific scenarios in which an independent nurse may provide up to 16 hours of CSN services in a 24-hour period. MassHealth will update the independent nurse regulations at 130 CMR 414.000 Independent Nurse to reflect these changes.

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

## **REMINDER: COMPLIANCE WITH MASSHEALTH'S ROBOTICS PROCESSING AUTOMATION (RPA) POLICY**

Reminder: 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.

If your organization is using RPA tools on the POSC without MassHealth approval that is a violation of the policy, and you must bring your organization into compliance as soon as possible!

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 rules-based decision making to simulate human interaction with digital systems and software.

For more information regarding the RPA policy and the approval process, refer to [All Provider Bulletin 345](#) at [All Provider bulletins](#).

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

## VIRTUAL GATEWAY MULTIFACTOR AUTHENTICATION (MFA)

The Executive Office of Health and Human Services (EOHHS) Virtual Gateway (VG) has been communicating that Multifactor Authentication (MFA) will be implemented effective May 19, 2024. All Provider Online Service Center (POSC) users will be required to set up MFA to be able to continue accessing the POSC via the VG.

EOHHS has added a resource assistance page to mass.gov regarding the changes. You may access the page at [Virtual Gateway Resource Assistance for Providers and State Agency Staff](#).

The VG notified all active VG users on Saturday April 27, 2024, outlining general information and instructions on setting up MFA. The sender was: [Virtual.Gateway@state.ma.us](mailto:Virtual.Gateway@state.ma.us). The next message is scheduled for Monday, May 6 to all active VG users announcing upcoming changes and providing more details on how to prepare for MFA.

It is imperative that all POSC users ensure the email address associated with their Virtual Gateway account (User ID) is up to date as this email address will be used to set up multifactor authentication and must be an exact match to the email associated with the VG account.

**Please note:** MFA and the VG terms and conditions require that a unique email address be associated to a single VG account. If your email address is associated with more than one VG User ID, you will be notified separately by the Virtual Gateway with instructions on how to prepare for May 19.

Prior to the implementation, please ensure that your organization completes the following:

- All users review and ensure that the email address associated with their VG User ID is unique and is not duplicated with any other VG User ID that is currently used;
- The Primary User must coordinate with users to ensure that each user only has a single, unique VG User ID and must eliminate multiple User IDs currently assigned to the same individual;
- The Primary User must coordinate with users to ensure that “common” named User IDs that are being shared amongst staff are eliminated; each User ID that is created and assigned to an individual must always include a first name and a last name.

Please refer to the April 27, 2024 email or go to [Executive Office of Health and Human Services-Virtual Gateway \(state.ma.us\)](#) to update your email address by using the “Manage My Account” function.



For additional questions or concerns:

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

All other providers, please contact MassHealth at (800) 849-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## **UPDATED MASS.GOV PROVIDER LANDING PAGES**

MassHealth has recently made changes to the layout of the Information for MassHealth Providers page on Mass.gov in order to improve the provider experience. Individuals who visit Mass.gov will now find changes to the Information page at [Information for MassHealth Providers](#). These updates include a more streamlined design for providers who are applying to MassHealth for the first time, as well as providers that already participate in the program.

Please visit Mass.gov often, as we continue to make updates to provider material.

## **June**

**06/25/2024**

### **MASSHEALTH TO BEGIN AUTHORIZING CONTINUOUS SKILLED NURSING (CSN) TRAINING TIME**

Starting June 25, 2024, MassHealth will reimburse for Continuous Skilled Nursing (CSN) training time for up to 8 hours when a nurse begins working with a member. The training time units will be available for both independent nurses and nurses working for a CSN agency, and must be used within the first 6 weeks after the nurse begins working with the member. Nurses may use training time when receiving in-home, member-specific training from an agency nurse or an independent nurse. Nurses who are being onboarded to a member's care by the member's family, and/or natural caregivers, may also use CSN training time.

For independent nurses, when a nurse begins working with a member for the first time, Community Case Management (CCM) will include 8 hours of CSN training time units on their Prior Authorization (PA). For independent nurses who have an existing PA that started on or after May 14, 2024, MassHealth will automatically update their PAs to add 8 hours of CSN training time units.

MassHealth will be issuing provider bulletins for CSN agencies and independent nurses on June 25, 2024 announcing this change and explaining provider requirements for using CSN training time units.

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).

## **REQUEST PROVIDER ENROLLMENT APPLICATIONS ONLINE**

MassHealth has launched a new Mass.gov application request option. Providers can now initiate a request for an application online, at their own convenience, and receive an electronic or paper application to complete the process. Information about applying to become a MassHealth Provider, and the new application request form can be found by visiting <https://www.mass.gov/how-to/apply-to-become-a-masshealth-provider>.

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

**06/18/2024**

## **90 DAY SUPPLY CROSSOVER CLAIMS REIMBURSEMENT FOR CERTAIN SUPPLIES**

MassHealth has implemented MMIS system updates to allow reimbursement of 90-day supplies for certain oxygen and respiratory therapy equipment (OXY) and durable medical equipment (DME). This change only applies to crossover claims with dates of service on or after 6/1/2024.

**This update applies to the following procedure codes:**

A4217, A4224, A4225, A4332, A4333, A4334, A4349, A4353, A4373, A4385, A4388, A4389, A4390, A4392, A4393, A4394, A4395, A4396, A4405, A4406, A4407, A4408, A4409, A4410, A4411, A4412, A4413, A4414, A4415, A4416, A4417, A4419, A4422, A4423, A4424, A4425, A4426, A4427, A4428, A4432, A4433, A4452, A4456, A4605, A4624, A4629, A5056, A5057, A5120, A7000, A7001, A7002, A7003, A7012, A7013, A7015, A7505, A7525, A7526, A9276

Please refer to our online MassHealth DME and OXY Payment and Coverage Guideline Tool at [www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools](http://www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools) for a full description of procedure codes.

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

## **UPDATES FOR VIRTUAL GATEWAY MULTIFACTOR AUTHENTICATION (MFA)**

The Executive Office of Health and Human Services (EOHHS) virtual gateway (VG) has communicated that multifactor authentication (MFA) was implemented effective May 19, 2024. This message highlights the information you need to log in.

All newly assigned users must sign up for MFA to access the Provider Online Service Center (POSC). You must complete the MFA to access the POSC.

Providers that use system-to-system connectivity (HTTP MIME Multipart or SOAP+WSDL) or Healthcare Transaction Service (HTS) to send and receive HIPAA transactions (270/271, 276/277, 835, 837I, 837P, and 999/TA1) through the XML Gateway will need a separate user ID and password to access these specific XML Gateway services. This will be effective June 28. In preparation for this transition, the EOHHS virtual gateway (VG) has begun converting your existing user ID to a systems ID. Affected users will continue to have access to the legacy login. Once you have made the transition to MFA, you will no longer have access to the legacy login. From that point forward, you will need a separate user ID and password to access the POSC.

If you use the system-to-system connectivity methods and have not been contacted by MassHealth, please contact the EDI team at [EDI@mahealth.net](mailto:EDI@mahealth.net).

EOHHS has added a resource assistance page to Mass.gov regarding the changes. For more information, you may access the page at <https://tinyurl.com/444yev7d>.

MassHealth providers should NOT submit forms to the virtual gateway (VG). MassHealth providers receive access to the VG through the MassHealth MMIS Provider Online Service Center (POSC). If you require access to the VG or are having issues accessing the POSC through the VG, contact MassHealth at:

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

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

**06/11/2024**

## **NEW UPDATED VERSION OF THE ORTHOTICS AND PROSTHETICS PAYMENT COVERAGE GUIDELINE TOOL**

The Executive Office of Health and Human Services (EOHHS) has amended 101 CMR 334.00: Rates for Prostheses, Prosthetic Devices, and Orthotic Devices effective April 1, 2024. These changes include revisions to the orthotics and prosthetics service codes and modifiers along with a reorganization of certain sections of the regulation.

Please reference Orthotics Bulletin ORT-9 and Prosthetics Bulletin PRT-13 at

<https://www.mass.gov/lists/2024-masshealth-provider-bulletins> for more information.

Orthotics (ORT) and Prosthetics (PRT) providers are advised that the MassHealth ORT and PRT Payment and Coverage Guideline Tool has been updated to align with these changes on 4/11/24 and posted on the MassHealth website.

To confirm that you are using the most recent version of the applicable Tool, go to [www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools](http://www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools).

Please refer to our online MassHealth ORT and PRT Payment and Coverage Guideline Tool for further instructions regarding coverage, limits, and prior authorization requirements.

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

**06/04/2024**

## **BEHAVIORAL HEALTH CLAIMS REPROCESSED FOR CODE CORRECTIONS**

Over the past three months, EOHHS has noticed an uptick in escalations related to a number of behavioral health procedure codes. It was determined that the majority of these claims were older claims that could be reprocessed. Efforts have been made to identify similar examples and a significant number of claims meeting the below criteria have been identified.

Reprocessing of the identified claims has begun as of 5/20/24.

Please note: Medicare crossover claims were not included but will be reprocessed at a later date.

- Procedure codes: 90791, 90832, 90834, 90837, 90847, 90853, 90882, 90887, with and without modifiers
- Dates of service: 01/01/2023-01/31/2024

If you have questions, please contact MassHealth at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com) or (800) 849-2900.

**July**

**07/23/2024**

## **MASSHEALTH ROBOTICS PROCESSING AUTOMATION (RPA) POLICY ANNUAL VALIDATION**

MassHealth requires MassHealth providers, relationship entities, and business partners (hereafter referred to as “organizations”) that intend to use Robotics Processing Automation (RPA) tools (aka bots) on MassHealth’s Medicaid Management Information System (MMIS) Provider Online Service Center (POSC) register any/all bots with MassHealth by submitting a registration request for approval.

Pursuant to the MassHealth RPA Policy, MassHealth requires an annual compliance review for all organizations that have been approved to utilize RPA tools on the Provider Online Service Center (POSC). MassHealth will outreach to all affected organizations. Organizations must validate the RPA information that is on file at MassHealth and attest that they are still compliant with the RPA policy. Organizations that have modified their bot without MassHealth approval will be deemed out of compliance and will be required to submit an RPA Modification form.

Please note that if your organization is currently using a bot and you have not received approval from MassHealth, you are out of compliance with the RPA policy and must contact MassHealth immediately to submit a RPA registration request.

Please visit the MassHealth RPA Policy webpage at <https://www.mass.gov/guides/masshealth-robotics-processing-automation-rpa-policy> to review MassHealth’s RPA policy and learn how to submit an RPA registration request for MassHealth approval.

If you have questions regarding this message:

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

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

**07/16/2024**

## **UPDATED PHYSICIAN RATES EFFECTIVE MAY 1, 2024 PER CMR REGULATIONS**

MassHealth has completed the rate updates for the following rate regulations: 101 CMR 316, 101 CMR 317, and 101 CMR 318 effective May 1, 2024. 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 (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

**07/09/2024**

### **MENTAL HEALTH CENTER (MHC) RATE AND PROGRAM REGULATIONS PROVIDER ENGAGEMENT SESSION: 7/11/24 2:00 PM-3:30 PM**

MassHealth is looking to engage mental health centers on future policy payment and program direction on July 11, 2024, from 2:00 pm to 3:30 pm. To register for the engagement session, please use this Zoom link: <https://tinyurl.com/3mhxzynn>.

MassHealth invites all providers of mental health center services to attend and provide information they would like MassHealth to consider. If you are planning to attend and speak, please email [ann.c.harvey@mass.gov](mailto:ann.c.harvey@mass.gov) by the end of the day on July 10, 2024. (There will also be time for comments from those who have not sent notification in advance.)

For the first ~30 minutes MassHealth will be giving a presentation on preliminary proposals for mental health centers and behavioral health urgent care policies. Individuals who register through Zoom will receive the presentation ahead of July 11th.

MassHealth also encourages written feedback from providers who cannot attend this session or who would like to provide more detailed information. Please email any written feedback to [ann.c.harvey@mass.gov](mailto:ann.c.harvey@mass.gov) by the end of the day on July 12, 2024.

### **MENTAL HEALTH CENTER (MHC) TIME-LIMITED SUPPLEMENTAL PAYMENT APPLICATION**

EOHHS has released Administrative Bulletin 24-15 establishing time-limited supplemental payments to eligible providers enrolled with MassHealth as mental health centers (provider type 26). Eligibility criteria, intended uses of the supplemental payments, and the application form can be found in the bulletin at <https://www.mass.gov/lists/2024-eohhs-administrative-bulletins>. Eligible MHCs interested in receiving supplemental payments must submit a completed application form by 5:00 pm (EST) on July 19, 2024, by emailing the form

to [Kathleen.Stedman@mass.gov](mailto:Kathleen.Stedman@mass.gov) with “Supplemental Payment Application” in the subject line. EOHHS is asking that the bulletin is shared with provider networks in order to receive robust responses.

## **MEDICARE CROSSOVER CLAIM ADJUSTMENTS FOR BEHAVIORAL HEALTH SERVICES**

MassHealth has adjusted professional Medicare crossover claims billed with procedure codes 90791, 90832, 90834, 90837, 90847, 90853, 90882 and 90887 for dates of service starting January 2023 to present as a result of procedure code updates. The adjusted claims also include some crossover claims that did not price correctly when the rendering provider is a licensed independent clinical social worker (LICSW). The impacted Medicare crossover claims will appear on this and subsequent remittance advices.

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

## **ADJUSTMENT OF CLAIMS REPORTING CASUALTY PAYER ADJUDICATION INFORMATION**

MassHealth identified an issue with the distribution of casualty payer paid amounts to the appropriate claim detail lines. MMIS system updates were implemented on 6/9/24 to correct the issue. The adjusted casualty payer claims include dates of service from August 2021 through June 2024 and will appear on subsequent remittance advices. Please note MassHealth will continue adjudicating claims reporting casualty payers in accordance with MassHealth TPL requirements.

As a reminder, providers must report the casualty payer adjudication information (payment or exhausted) at the claim header level only and should not repeat this information at the service detail line level.

If you have questions regarding this message, please contact MassHealth at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com) 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).

## **UPDATED CLAIMS DETECTIONS FOR INDEPENDENT NURSES**

On August 1, 2024, MassHealth will be implementing certain claims detections to prevent Independent Nurse (IN) claims from paying when the service hours are not billed in accordance with applicable MassHealth regulations, specifically 130 CMR 414.000: Independent Nurse. The claims edits will detect and suspend payment in the following circumstances:

1. If an IN bills for overtime units using modifiers TU or U4 before they bill for 40 units of standard CSN services in a calendar week (starting Sunday 12 am and ending Saturday 11:59 pm).
2. If an IN bills for greater than 20 hours of overtime units using modifiers TU or U4 in a calendar week (starting Sunday 12 am and ending Saturday 11:59 pm).
3. If an IN bills for greater than 60 hours of CSN services (using any procedure code or modifier) in a calendar week (starting Sunday 12 am and ending Saturday 11:59 pm).

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

## UPDATE TO PRIMARY USER FUNCTIONALITY IN MMIS

Effective August 11, 2024, the Medicaid Management Information System (MMIS)/Provider Online Service Center (POSC) will be updated to limit the number of individuals with primary user access per PID/SL (currently identified as the “Manage Subordinate Accounts” role in POSC) to 2. Additionally, the “Manage Subordinate Accounts” role will be renamed to “Primary User & Backup User”.

The system modification will ensure the following:

- Each organization only has a single Primary User and a single Backup Primary User assigned to manage access to their information in the POSC. Providers should validate that the correct Primary Users are assigned.
- No more than 2 individuals per PID/SL will have access to the newly named “Primary User & Backup User” role, making it impossible to have an excess of individuals with primary user access.
- This change may particularly impact larger organizations that may have aligned multiple Backup Primary Users under a single PID/SL.
- Once the modifications are implemented in MMIS, the Primary User will not be able to assign the newly named “Primary User & Backup User” role to more than 1 additional user within each PID/SL.
- If there are any existing users that have the soon to be renamed “Primary User and Back-up User Only” role assigned to them, the Primary user must remove that role from all other users before they can assign that role to the backup Primary User of their choice. Providers should log in and remove the “Manage Subordinate Accounts” role from all additional users.

More information on training sessions and resources will be coming soon.

MassHealth is looking for volunteers to participate in Trading Partner Testing (TPT) to test the Primary User modifications. TPT is targeted for July 24 - August 6. If you are interested, please contact EDI at [EDI@mahealth.net](mailto:EDI@mahealth.net).



If you have questions regarding this message:

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

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

**07/02/2024**

## **CONTINUOUS SKILLED NURSING (CSN) DOCUMENTATION TIME**

MassHealth will begin adding additional Continuous Skilled Nursing (CSN) time to all Community Case Management (CCM) members' LTSS service records for nurse documentation time that takes place during a nurse's shift. This additional time will become available to all CCM members on December 15, 2024.

The amount of time added to each member's service record will be determined by adding a 5% increase based on each member's current assessed hours. Families can choose to assign these additional hours to current CSN providers or use them for new providers.

Over the next six months, CCM will be updating all CCM members' service records to add this administrative increase for CSN documentation time; however, members and families cannot begin using this additional time until December 15, 2024. CCM members and families may begin discussing with their current CSN providers how they would like to use this additional CSN time come December 15, 2024. CSN providers do not need to make any changes to their documentation or billing practices as a result of this change.

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).

**August**

**08/20/2024**

## **CLAIMS REPROCESSED FOR JULY 2024 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, 2024. 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](mailto:provider@masshealthquestions.com) or (800) 841-2900.

## **PRIMARY USER FUNCTIONALITY IN MMIS UPDATED**

Effective August 11, 2024, the Medicaid Management Information System (MMIS)/Provider Online Service Center (POSC) was updated to limit the number of individuals with primary user access per PID/SL (previously identified as the “Manage Subordinate Accounts” role in POSC) to 2. Additionally, the “Manage Subordinate Accounts” role was renamed to “Primary User & Backup User”.

The system modifications now ensure the following:

- Each organization only has a single Primary User and a single Backup Primary User assigned to manage access to their information in the POSC.
- No more than 2 individuals per PID/SL may have access to the newly renamed “Primary User & Backup User” role, making it impossible to have an excess of individuals with primary user access.
- This change may particularly impact larger organizations that may have aligned multiple Backup Primary Users under a single PID/SL.
- Now that the changes have been implemented in MMIS, the Primary User is not able to assign the newly renamed “Primary User & Backup User” role to more than 1 additional user within each PID/SL.
- If there are any existing users that have the newly renamed “Primary User & Backup User” role assigned to them, the Primary User must remove that role from all other users before they can assign that role to the Backup Primary User of their choice.

MassHealth’s Primary User policy can be found at <https://tinyurl.com/8jym62>.

If you have questions regarding this message:

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

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

**08/13/2024**

## REPROCESS AND ADJUSTMENTS OF COMMUNITY BEHAVIORAL HEALTH CENTER (CBHC) CLAIMS

On January 22, 2024, CBHC providers were notified of a pricing issue affecting Medicare crossover and Medicare Advantage claims billed with the CBHC clinic services per diem code (T1040) that adjudicated on or after 11/19/23. This pricing issue was corrected on 6/10/24. The impacted claims with dates of service from 1/1/23 have been adjusted and will appear in a subsequent remittance advice.

In addition, MassHealth will reimburse CBHC providers for the CBHC clinic services per diem code (T1040) when a commercial payer covers the T1040 service. MassHealth implemented MMIS changes on 7/11/24 to allow these claims to adjudicate and reprice to the lowest liability. The impacted claims with dates of service from 1/1/23 have been reprocessed and will appear in a subsequent remittance advice. Please note, MassHealth does not cover CBHC clinic services per diem code (T1040) nor the associated service codes when the commercial payer does not cover T1040. In this circumstance, the behavioral health services related to T1040 may be billed to MassHealth by the mental health center service location and not the CBHC location.

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

## VIRTUAL GATEWAY (VG) MULTI-FACTOR AUTHENTICATION (MFA) PROFILE UPDATES

Effective Sunday, August 18, 2024, the Virtual Gateway (VG) is implementing changes to ensure that the VG and the recently implemented Multi-Factor Authentication (MFA) profile updates via Azure are synchronized. As of August 18, the VG requires that profile changes to the user's first name, middle initial, last name, and email address must be submitted via the Azure "Account Settings" page (<https://my.mass.gov/api/auth/login/business>).

Any user who has made a profile update to their first name, middle initial, last name, and email address in the VG "Manage My Account" page should also update Azure prior to 8/18/24 to ensure the modifications are included as this information from the VG will not be synched to Azure.

Please note: The VG "Manage My Account" page (<https://virtualgateway.mass.gov/VGPortal5>) will continue to be available to accommodate users that want to update their PIN and Date of Birth information.

For questions or concerns:

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

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

**08/06/2024**

## **UPDATE TO PRIMARY USER FUNCTIONALITY IN MMIS**

Effective August 11, 2024, the Medicaid Management Information System (MMIS)/Provider Online Service Center (POSC) will be updated to limit the number of individuals with primary user access per PID/SL (currently identified as the “Manage Subordinate Accounts” role in POSC) to 2. Additionally, the “Manage Subordinate Accounts” role will be renamed to “Primary User & Backup User”.

The system modification will ensure the following:

- Each organization only has a single Primary User and a single Backup Primary User assigned to manage access to their information in the POSC. Providers should validate the correct Primary Users are assigned.
- No more than 2 individuals per PID/SL will have access to the newly named “Primary User & Backup User” role, making it impossible to have an excess of individuals with primary user access.
- This change may particularly impact larger organizations that may have aligned multiple Backup Primary Users under a single PID/SL.
- Once the modifications are implemented in MMIS, the Primary User will not be able to assign the newly named “Primary User & Backup User” role to more than 1 additional user within each PID/SL.
- If there are any existing users that have the newly renamed “Primary User and Back-up User” role assigned to them, the Primary user must remove that role from all other users before they can assign that role to the backup Primary User of their choice. Providers should log in and remove the “Manage Subordinate Accounts” from all additional users.

Please ensure that your organization’s Primary User is prepared for this upcoming change. MassHealth’s Primary User policy can be found at <https://tinyurl.com/8jym62>.

If you have questions regarding this message:

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

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## **APRIL 2024 HCPCS CODE UPDATES TO THE SUBCHAPTER 6 DURABLE MEDICAL EQUIPMENT MANUAL**

The Centers for Medicare & Medicaid Services (CMS) have published the HCPCS codes for April 2024. MassHealth has updated Subchapter 6 of the Durable Medical Equipment (DME) Manual to incorporate those April 2024 HCPCS service code updates, as applicable.

Please reference Transmittal Letter DME-47 at <https://www.mass.gov/lists/2024-masshealth-transmittal-letters> for more information.

Additionally, the MassHealth Durable Medical Equipment and Oxygen & Respiratory Payment and Coverage Guideline Tool has been updated and posted on the MassHealth website. Please refer to the Tool at [www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools](http://www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools) for HCPCS codes that have been added effective as of 4/1/24 and for further instructions regarding coverage, limits, and prior authorization requirements.

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

## **PERSONAL EMERGENCY RESPONSE SYSTEM POLICY UPDATE**

The Executive Office of Health and Human Services (EOHHS) is updating its Personal Emergency Response System (PERS) policy.

Effective July 1, 2024, notwithstanding 130 CMR 409.402: Definitions and 130 CMR 409.429: Personal Emergency Response System (PERS), providers may bill for members who connect to a PERS through either a landline or a cellular network.

Providers must use the informational modifier U8 with HCPCS codes S5160, S5161 RR, S5162, and S5162TW, when a cellular network PERS is used. See Administrative Bulletin 24-21 at <https://www.mass.gov/lists/2024-eohhs-administrative-bulletins> and Durable Medical Equipment Bulletin 37 at <https://www.mass.gov/lists/2024-masshealth-provider-bulletins> for more information.

Please refer to our online MassHealth DME and OXY Payment and Coverage Guideline Tool at [www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools](http://www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools) for HCPCS codes that have been added effective as of 7/1/24 and for further instructions regarding coverage, limits, and prior authorization requirements.

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

## **MEDICARE CROSSOVER CLAIM ADJUSTMENTS FOR BEHAVIORAL HEALTH SERVICES**

MassHealth has adjusted professional Medicare crossover claims billed with procedure codes 90791, 90832, 90834, 90837, 90847, 90853, 90882 and 90887 for dates of service starting January 2023 to present as a result of procedure code updates. The adjusted claims also include some crossover claims that did not price correctly when the rendering provider is a licensed independent certified social worker (LICSW). The impacted Medicare crossover claims will appear on this and subsequent remittance advices.

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

## **DOCUMENTATION REQUIRED FOR MANUAL REVIEW OF CERTAIN CLAIMS**

As stated in All Provider Bulletin 393 (<https://www.mass.gov/lists/all-provider-bulletins>), effective September 1, 2024, providers will be required to submit the Special Handling Delay Reason Code 11 Request Form with these claims in order to streamline the review of Special Handling Claims.

Providers must submit Special Handling Claims and all required documents on the Provider Online Service Center (POSC) via Direct Data Entry (DDE) using Delay Reason Code 11. Once submitted, the claim will appear in a suspense status on the remittance advice with Edit 829 (called “Special Handle under Review”). After the claim review process, the final decision will appear on a subsequent remittance advice as paid or denied.

The Special Handling Delay Reason Code 11 Request Form and other required documents must be scanned and uploaded with the DDE claim submission. Use the Attachment tab in the POSC to upload the documents. The claim will not suspend without the uploaded documentation. Please refer to the MassHealth Job Aids (<https://www.mass.gov/lists/job-aids-for-the-provider-online-service-center>) on professional and institutional claim submissions.

## **CHANGES TO CLAIMS STATUS CHECKS**

Effective September 1, 2024, MassHealth will no longer be able to support claims status inquiry calls. To determine if a claim is paid, denied, or suspended, you are encouraged to use the self-service options available.

Visit <https://www.mass.gov/how-to/check-claim-status> to explore available self-help tools.

## September

**09/24/2024**

### **CCM NURSE DIRECTORY UPDATED PLATFORM LIVE NOW!**

Based on feedback received from providers and Community Case Management (CCM) families, CCM and MassHealth OLTSS have been working on updating the CCM Nurse Directory with new enhancements. These enhancements are aimed at providing a better user experience to help each Continuous Skilled Nursing (CSN) provider and family/member register and use the directory to search for available CSN hours. Some of these enhancements include:

- Updated platform appearance and functionality for easier navigation
- Ability to make your profile “Active” or “Inactive”, depending on if you are available to offer CSN services or not
- Option to receive alerts about messages on the directory by email or text
- Improvements to the search feature, allowing you to filter by location, member with CSN hours open, and CSN skills needed
- Added new language selections including American Sign Language (ASL)

The CCM Nurse Directory was launched in April 2023. It connects members and families with CSN providers, and also allows CCM members and their families to search for CSN nurses based on location and the nurse’s skills. Over the last year and a half, MassHealth and the directory development team have been working to make it better. Now with the new enhancements and improved search features, we hope you will consider registering.

If you haven't yet registered, we encourage you to sign up and create a profile in the directory so you can easily find and connect with members seeking nurses.

To access the Nurse Directory, please use the following link: <https://ccmnursedirectory.org>

To enroll go to <https://ccmnursedirectory.org> and click “Register Now” to create an online profile, complete it with your information, and, when ready, make it live with the flexibility to update your availability status.

The following link offers a “step-by-step” guide to enrolling for Independent Nurses: <https://tinyurl.com/4yet5mrn>

If you have questions, please contact a CCM Clinical Manager or call (800) 863-6068.

**09/17/2024**

**UPDATED VERSION OF THE DURABLE MEDICAL EQUIPMENT AND SUPPLIES (DME) AND OXYGEN AND RESPIRATORY THERAPY EQUIPMENT (OXY) PAYMENT COVERAGE GUIDELINE TOOL**

Updates to the Prior Authorization Requirements and Limits for certain HCPCS Codes:

MassHealth updated the Requirements and Limits for certain DME and OXY HCPCS codes on August 1, 2024. A summary of the updated Requirements and Limits can be found on the Updates Quick Links section of the MassHealth DME and OXY Payment and Coverage Guideline Tool.

CMS approved MassHealth's deactivation request for the NCCI Medicaid Durable Medical Equipment (DME) Medically Unlikely Edits (MUEs) for HCPCS codes A6210, A7520, and A7521.

Please refer to the MassHealth DME and OXY Payment and Coverage Guideline Tool for further instructions regarding service description, coverage, limits, prior authorization, place-of-service codes, and applicable modifier requirements.

To confirm that you are using the most recent version of the applicable Tool, go to [www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools](http://www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools).

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

**09/10/2024**

**UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE JULY 1, 2024**

MassHealth has completed the rate updates for the July 1, 2024 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](mailto:provider@masshealthquestions.com) or (800) 849-2900.

**09/03/2024**



## **ADJUSTMENTS OF ACUTE OUTPATIENT HOSPITAL CLAIMS WITH COORDINATION OF BENEFITS (COB) INFORMATION**

MassHealth identified an issue affecting some acute outpatient hospital claims that were processed under the Enhance Ambulatory Patient Group (EAPG) pricing methodology when another payer made a payment and/or applied a patient responsibility to the claim. MassHealth corrected the issue, and the fix was implemented in MMIS on 6/9/2024. Claims adjudicated from 11/19/2023 to 6/9/2024 have been adjusted and will appear on future remittance advices.

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

## **MID-LEVEL RATES FOR PROCEDURE CODE 58300**

Mid-level rates for procedure code 58300 have been updated. This update is reflected starting 8/26/2024 and all affected claims have been adjusted.

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

## **October**

**09/24/2024**

## **CCM NURSE DIRECTORY UPDATED PLATFORM LIVE NOW!**

Based on feedback received from providers and Community Case Management (CCM) families, CCM and MassHealth OLTSS have been working on updating the CCM Nurse Directory with new enhancements. These enhancements are aimed at providing a better user experience to help each Continuous Skilled Nursing (CSN) provider and family/member register and use the directory to search for available CSN hours. Some of these enhancements include:

- Updated platform appearance and functionality for easier navigation
- Ability to make your profile “Active” or “Inactive”, depending on if you are available to offer CSN services or not
- Option to receive alerts about messages on the directory by email or text
- Improvements to the search feature, allowing you to filter by location, member with CSN hours open, and CSN skills needed

- Added new language selections including American Sign Language (ASL)

The CCM Nurse Directory was launched in April 2023. It connects members and families with CSN providers, and also allows CCM members and their families to search for CSN nurses based on location and the nurse's skills. Over the last year and a half, MassHealth and the directory development team have been working to make it better. Now with the new enhancements and improved search features, we hope you will consider registering.

If you haven't yet registered, we encourage you to sign up and create a profile in the directory so you can easily find and connect with members seeking nurses.

To access the Nurse Directory, please use the following link: <https://ccmnursedirectory.org>

To enroll go to <https://ccmnursedirectory.org> and click "Register Now" to create an online profile, complete it with your information, and, when ready, make it live with the flexibility to update your availability status.

The following link offers a "step-by-step" guide to enrolling for Independent Nurses: <https://tinyurl.com/4yet5mrn>

If you have questions, please contact a CCM Clinical Manager or call (800) 863-6068.

**09/17/2024**

## UPDATED VERSION OF THE DURABLE MEDICAL EQUIPMENT AND SUPPLIES (DME) AND OXYGEN AND RESPIRATORY THERAPY EQUIPMENT (OXY) PAYMENT COVERAGE GUIDELINE TOOL

Updates to the Prior Authorization Requirements and Limits for certain HCPCS Codes:

MassHealth updated the Requirements and Limits for certain DME and OXY HCPCS codes on August 1, 2024. A summary of the updated Requirements and Limits can be found on the Updates Quick Links section of the MassHealth DME and OXY Payment and Coverage Guideline Tool.

CMS approved MassHealth's deactivation request for the NCCI Medicaid Durable Medical Equipment (DME) Medically Unlikely Edits (MUEs) for HCPCS codes A6210, A7520, and A7521.

Please refer to the MassHealth DME and OXY Payment and Coverage Guideline Tool for further instructions regarding service description, coverage, limits, prior authorization, place-of-service codes, and applicable modifier requirements.

To confirm that you are using the most recent version of the applicable Tool, go to [www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools](http://www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools).

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

## **09/10/2024**

### **UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE JULY 1, 2024**

MassHealth has completed the rate updates for the July 1, 2024 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](mailto:provider@masshealthquestions.com) or (800) 849-2900.

## **09/03/2024**

### **ADJUSTMENTS OF ACUTE OUTPATIENT HOSPITAL CLAIMS WITH COORDINATION OF BENEFITS (COB) INFORMATION**

MassHealth identified an issue affecting some acute outpatient hospital claims that were processed under the Enhance Ambulatory Patient Group (EAPG) pricing methodology when another payer made a payment and/or applied a patient responsibility to the claim. MassHealth corrected the issue, and the fix was implemented in MMIS on 6/9/2024. Claims adjudicated from 11/19/2023 to 6/9/2024 have been adjusted and will appear on future remittance advices.

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

### **MID-LEVEL RATES FOR PROCEDURE CODE 58300**

Mid-level rates for procedure code 58300 have been updated. This update is reflected starting 8/26/2024 and all affected claims have been adjusted.

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

# November

**11/26/2024**

## RATE UPDATES FOR HCPCS CODE E0605: HUMIDIFIERS/VAPORIZERS

Effective November 1, 2024, Durable Medical Equipment providers are advised that under the authority of 101 CMR 322.01(6), MassHealth has established increased rates for certain vaporizers.

Please see Administrative Bulletin 24-27 at <https://www.mass.gov/lists/2024-eohhs-administrative-bulletins>.

To confirm that you are using the most recent version of 101 CMR 322.00: Rates for Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment, please visit <https://tinyurl.com/2z5e2w4e>.

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

**11/19/2024**

## NOTICE OF PUBLIC HEARING FOR 101 CMR 339:00: RATES FOR RESTORATIVE SERVICES

The Executive Office of Health and Human Services (EOHHS) is holding a public hearing on the proposed amendments to 101 CMR 339.00: Rates for Restorative Services. If you wish, you may register to testify at the public hearing and/or submit to EOHHS written testimony on the proposed amendments to 101 CMR 339.00. Written comments and testimony are due by 5:00 p.m. on December 12, 2024.

The proposed regulation contains rates effective for dates of service on or after May 1, 2025. EOHHS is proposing these changes, subject to federal approval, to ensure that payments are consistent with efficiency, economy, and quality of care and satisfy the requirements of M.G.L. 118E, sections 13C and 13D.

- There will be a virtual public hearing on December 12, 2024, at 1:00 p.m.
- To register to testify at the hearing and to get instructions on how to join the hearing online, go to <https://tinyurl.com/yc84fkcn>. To join the hearing by phone, call (646) 558-8656 and enter meeting ID 935 397 8200# when prompted.

- A copy of the Notice of Public Hearing and links to register to testify at the public hearing can be found here: <https://tinyurl.com/25yknfsn>
- A copy of the proposed rate regulation amendments can be found here: <https://tinyurl.com/yde6pjj4>

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).

## **UPDATED: MASSHEALTH MMIS POSC AWS MIGRATION - CLAIM SUBMISSION AND PROCESSING CHANGES**

MassHealth will migrate its Medicaid Management Information System (MMIS) and Provider Online Service Center (POSC) to an Amazon Web Services (AWS) data center Friday afternoon 12/6/2024 through Monday morning 12/9/2024. The migration to the AWS cloud will provide MassHealth with greater security, scalability, and will enable the agency to implement hardware/software technology refreshes without major disruptions to the MMIS POSC availability.

MassHealth will publish an All Provider Bulletin within the next week that outlines key cutover information. Please monitor MassHealth communications. Providers, Vendors, and Trading partners are strongly encouraged to refer to the bulletin for additional details. If you do not receive notifications, you can sign up for email alerts at: <https://www.mass.gov/masshealth-subscribe-bulletins-TLs>.

Please note that leading up to the migration there will be a few adjustments to standard processing timeframes, and during cutover weekend the application will not be available for use. MassHealth's migration to AWS will NOT affect MMIS or POSC functionality.

It's important that services delivered to MassHealth members over the cutover weekend are not disrupted. Please ensure that you continue to provide services to MassHealth members that present a valid MassHealth ID card. If you intend to provide services over the cutover weekend, please ensure that you validate the MassHealth member's eligibility on Friday, December 6th and again on Monday, December 9th.

MassHealth will process the financial cycle on Wednesday, December 4th instead of Friday, December 6th so providers should plan accordingly. Providers who normally submit their claims on Thursday or Friday should submit them on Wednesday December 4th by 3:00 pm instead to be included in the financial cycle for that week. Claims submitted after 3:00 pm on Wednesday December 4th will be included in the following week's financial cycle. Claims submitted after the financial cycle is run will be included post cutover AWS weekly cycle the following week.

Refer to previous banner messages for important technical changes and provider training opportunities.

NOTE: If a contingency date is necessary, MassHealth expects to cut over to AWS the following weekend. Please continue to monitor MassHealth communications for additional information regarding the transition.

MassHealth will continue to communicate with all providers regarding the AWS migration through standard broadcast and banner messages, email blasts and information sessions. Please continue to monitor all MassHealth communications regarding the AWS migration. If you have any questions regarding this AWS migration notification, please contact MassHealth:

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

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## **11/12/2024**

### **UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE OCTOBER 1, 2024**

MassHealth has completed the rate updates for the October 1, 2024, 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 (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

### **MASSHEALTH MMIS/POSC MIGRATION TO AMAZON WEB SERVICES INFORMATION SESSIONS**

As communicated in previous message texts, on December 6, 2024, MassHealth will begin transitioning its Medicaid Management Information System (MMIS) and Provider Online Service Center (POSC) to Amazon Web Services (AWS) to enhance security, scalability, and operational efficiency.

The MassHealth BSS Provider Relations team will be hosting information sessions; it is strongly encouraged that you attend one of these sessions.

The following information will be addressed:

- Reasons for the Migration: Understanding the benefits of transitioning to AWS.
- Timeline of Activities: Key steps along with dates and times you need to be aware of.
- Provider Impact: How this change may affect your workflow which might include technical impact of the changes, adjusted claims processing timelines, checking member eligibility; along with steps you can take to minimize any disruptions.

We encourage all providers to attend to ensure a smooth transition and to stay informed on how these changes may impact your operations.

**Session Dates:**

Thursday, November 21, 2024, at 1:00 pm:

Registration Link: <https://tinyurl.com/3uvrz9an>

Tuesday, November 26, 2024, at 10:00 am:

Registration Link: <https://tinyurl.com/24x3343e>

Monday, December 2, 2024, at 10:00 am:

Registration Link: <https://tinyurl.com/k5k5zte7>

If you have questions regarding this message, please contact MassHealth:

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

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

**IMPORTANT - MMIS POSC AWS TECHNICAL INFORMATION**

**PLEASE FORWARD THIS MESSAGE TO THE TECHNICAL TEAM WITHIN YOUR ORGANIZATION IMMEDIATELY**

REMINDER: MassHealth will migrate its Medicaid Management Information System (MMIS) base application and Provider Online Service Center (POSC) to an Amazon Web Services (AWS) data center in early December. MassHealth intends to cutover to AWS Friday 12/6/2024 through Monday morning 12/9/2024. If a contingency date is necessary, MassHealth expects to cutover to AWS the following weekend.

**Important Technical Changes:**

- Effective Monday, December 9, MassHealth will re-direct all MMIS POSC and point-to-point transactions received from MassHealth Providers to AWS.
- At a provider's discretion, on or after Monday, December 9, organizations may bookmark the following URL to access the POSC in the AWS environment: <https://mmis-portal.ehs.state.ma.us/EHSPortalsProviderPortal>
- If your organization requires a modification to your network to facilitate access to MassHealth's AWS, please use the following IP Addresses. There are 2 to support redundancy:

15.197.248.41

35.71.150.175

**What Do You Need to Do:** Please ensure the following:

- Please plan your operational needs around this cutover timeframe (12/6/2024 - 12/9/2024) as the MMIS POSC will be unavailable during cutover weekend. MassHealth will provide more information regarding the cutover of key services in the coming weeks.
- Ensure that your internal staff and business partners are aware of the cutover and are planning around the cutover accordingly.
- Confer with your technical team to inform them of the migration. If your organization needs to make any network adjustments to facilitate access to AWS on or after Monday, December 9, please begin to address this issue immediately.
- You do NOT need to make any adjustments to the way you exchange transactions with MassHealth as the functionality in the MMIS POSC is NOT changing.
- Continue to monitor MassHealth communications leading up to the cutover for important pre and post cutover information.

MassHealth will continue to keep you informed as the agency moves closer to the cutover date so that your organization can continue to prepare. If you have any questions regarding this AWS migration notification, please contact MassHealth:

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

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

**11/05/2024**

**MASSHEALTH MMIS POSC AWS MIGRATION - CLAIM SUBMISSION AND PROCESSING CHANGES**



As communicated in previous message texts, MassHealth will migrate its Medicaid Management Information System (MMIS) base application and Provider Online Service Center (POSC) to an Amazon Web Services (AWS) data center in early December.

MassHealth is working to mitigate disruption of services, however providers and trading partners should prepare their business operations for some temporary service interruptions. There will be a system outage over the weekend beginning Friday December 6th through Monday morning December 9th when the system is expected to be restored and fully functional.

If a contingency date is necessary, MassHealth expects to cutover to AWS the following weekend. Please continue to monitor MassHealth communications for additional information regarding the transition.

MassHealth will process the financial cycle that week on Wednesday, December 4th instead of Friday, December 6th. Providers who normally submit their claims on Thursday or Friday should submit them on Wednesday December 4th by 3:00 pm instead to be included in the financial cycle for that week. Claims submitted after 3:00 pm on Wednesday December 4th will be included in the following week's financial cycle.

NOTE: For Nursing Facilities and Rest Homes, the monthly claims cycle will run on Wednesday, December 4th. All monthly claims must be submitted by this date to meet the monthly processing schedule. An additional email blast with more information will be sent to nursing facilities outlining key migration information. Independent Nurses and Doulas will also receive additional tailored communications from MassHealth.

MassHealth PDF Remittance Advices, 835 Remittance and Payment Advice, and payments will follow the normal schedule.

MassHealth will be publishing an All Provider Bulletin prior to the migration. Please be sure to refer to the bulletin for additional details. If you do not receive notifications, you can sign up for email alerts at <https://www.mass.gov/masshealth-subscribe-bulletins-TLs>.

MassHealth will keep you informed as the agency moves closer to the cutover date so that your organization can continue to prepare. If you have any questions regarding this AWS migration notification, please contact MassHealth:

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

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## December

**12/24/2024**

### ADJUSTMENT AND REPROCESSING OF CLAIMS FOR PROCEDURE CODE E2298

The Centers for Medicare & Medicaid Services (CMS) have published the HCPCS codes for July 2024. MassHealth has revised the rate for procedure code E2298 and its applicable modifiers to reflect the CMS revised rate, effective for date of service April 1, 2024.

MassHealth has updated its system to reflect this change. All impacted claims for dates of service on or after April 1, 2024, have been adjusted and will appear on this or a subsequent remittance advice.

Please reference Administrative Bulletin 24-28 at <https://www.mass.gov/lists/2024-eohhs-administrative-bulletins> for more information.

Additionally, please refer to the MassHealth Durable Medical Equipment and Oxygen & Respiratory Payment and Coverage Guideline Tool at [www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools](http://www.mass.gov/service-details/masshealth-payment-and-coverage-guideline-tools) for further instructions regarding coverage, service limits, prior authorization requirements, applicable modifiers, and a full description of procedure codes.

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

**12/17/2024**

### VIRTUAL GATEWAY (VG) MULTIFACTOR AUTHENTICATION (MFA) LEGACY LOGIN WILL BE REMOVED IN FEBRUARY 2025

On May 19, 2024, the Executive Office of Health and Human Services (EOHHS) Virtual Gateway (VG) implemented Multi-Factor Authentication (MFA). At that time, the VG enabled a Legacy option to allow users sufficient time to transition to MFA. Please note that the VG is removing the Legacy Login option used to access MassHealth's Provider Online Service Center (POSC) or point to point connectivity methods in February 2025. All users that have not yet transitioned are required to set up MFA by Friday, February 14 to continue accessing MassHealth's system.

If you are using the Legacy Login option, it is imperative that you transition to the MFA process as soon as possible. Instructions can be found on Mass.gov: <https://tinyurl.com/444yev7d>.

**Please note:** MFA and the VG terms and conditions require that a unique email address be associated to a single VG account. Please ensure that your organization completes the following:

1. All users review and **ensure that the email address associated with their VG User ID is unique and is not duplicated with any other VG User ID** that is currently used. If the email address does not meet this criteria, the user must update the email address to reflect a unique unduplicated email address.
2. The Primary User must coordinate with users to ensure that each user only has a single, unique VG User ID and must eliminate multiple User IDs currently assigned to the same individual. Each user should only have 1 VG User ID.
3. The Primary User must coordinate with users to ensure that “common” named User IDs that are being shared amongst staff are eliminated. **Each User ID must be assigned to an individual with a unique email address.**

Taking the aforementioned steps are required to ensure that your organization is compliant with the VG terms and conditions. **PLEASE NOTE: Accounts that are not transitioned by February 14, 2025, will be deactivated.**

For additional questions or concerns:

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

All other providers, please contact MassHealth at (800) 849-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## **REPROCESSING OF CLAIMS SUBMITTED WITH HCPCS CODE S9485**

MassHealth has identified an issue that resulted in payments for the claims that were incorrectly billed to the MassHealth Fee-For-Service program despite member enrollment in the Massachusetts Behavioral Health Partnership (MBHP). This includes S9485 claims for behavioral health crisis evaluations and S9485 claims with modifier V1 or V2 for behavioral health crisis management services. This reprocess applies to relevant claims with service dates between January 2023 and August 2024.

An email was sent to affected hospitals on December 13, 2024, with the specifics of the reprocessing details, including the total dollars that will be recouped, for that particular hospital.

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

**12/10/2024**

## PA REQUIREMENT UPDATE FOR CPT CODES 96380 AND 96381 EFFECTIVE JANUARY 1, 2024

MassHealth has updated the prior authorization (PA) age restriction for CPT codes 96380 and 96381 effective January 1, 2024. 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 (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## INCORRECT PAYMENT FOR 90-DAY SUPPLY OF CPAP CODES ON CROSSOVER CLAIMS

MassHealth has identified a pricing issue affecting Medicare crossover claims that are billed with the CPAP procedure codes (A7031, A7032, A7033, A7038) for a 90-day period. MassHealth has implemented MMIS system updates to ensure alignment with Medicare's provision permitting supplies to be provided up to 10 days prior to the expected end of the current supply. The impacted crossover claims have been adjusted and will appear on a subsequent remittance advice.

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

**12/03/2024**

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) CHECKS

MassHealth issued Bulletins DME-39, OXY-28, ORT-10, and PRT-14 informing MassHealth contracted providers of their requirement to conduct pre-employment Criminal Offender Record Information (CORI) checks on employees and subcontractors.

Failure to follow the policy may result in actions including, but not limited to, sanctions.

Please refer to the Provider Bulletin web page at <https://www.mass.gov/lists/2024-masshealth-provider-bulletins> for more information.

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

## UPDATED - MASSHEALTH MMIS POSC AWS MIGRATION DELAY

MassHealth previously announced that it will migrate its Medicaid Management Information System (MMIS) and Provider Online Service Center (POSC) to an Amazon Web Services (AWS) data center beginning Friday afternoon December 6, 2024.

MassHealth has determined that the AWS migration will be delayed in order to facilitate a smooth transition to the cloud. MassHealth will notify providers of the new timeline once it is confirmed. All cutover activities previously communicated (e.g., last financial cycle date, POSC shut down, etc.) will be shifted to align with the new cutover weekend once it's defined.

MassHealth will continue to communicate with all providers regarding the AWS migration through standard broadcast and banner messages, email blasts and information sessions. Please continue to monitor all MassHealth communications regarding the AWS migration. If you have any questions regarding this AWS migration notification, please contact MassHealth:

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

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## IMPORTANT UPDATE - MMIS POSC AWS TECHNICAL INFORMATION

PLEASE FORWARD THIS MESSAGE TO THE TECHNICAL TEAM WITHIN YOUR ORGANIZATION IMMEDIATELY

REMINDER: MassHealth will migrate its Medicaid Management Information System (MMIS) base application and Provider Online Service Center (POSC) to an Amazon Web Services (AWS) data center. The cutover date previously communicated has been delayed in order to facilitate a smooth transition to the cloud. Providers, trading partners, and vendors are advised to monitor MassHealth communication for updates.

### Important Technical Changes:

- Following the migration MassHealth will re-direct all MMIS POSC and point-to-point transactions received from MassHealth Providers to AWS.

- At a provider's discretion, on or after the migration, organizations may bookmark the following URL to access the POSC in the AWS environment: <https://mmis-portal.ehs.state.ma.us/EHSProviderPortal>
- If your organization requires a modification to your network to facilitate access to MassHealth's AWS, please use the following IP Addresses. There are 2 to support redundancy:

15.197.248.41

35.71.150.175

**What Do You Need to Do: Please ensure the following:**

- Please plan your operational needs around this cutover timeframe to be announced as the MMIS POSC will be unavailable during cutover weekend. MassHealth will provide more information regarding the cutover of key services in the coming weeks.
- Ensure that your internal staff and business partners are aware of the cutover and are planning around the cutover accordingly.
- Confer with your technical team to inform them of the migration. If your organization needs to make any network adjustments to facilitate access to AWS on or after the date the migration is complete, please begin to address this issue immediately.
- You do NOT need to make any adjustments to the way you exchange transactions with MassHealth as the functionality in the MMIS POSC is NOT changing.
- Continue to monitor MassHealth communications leading up to the cutover for important pre and post cutover information.

MassHealth will continue to keep you informed as the agency moves closer to the cutover date so that your organization can continue to prepare. If you have any questions regarding this AWS migration notification, please contact MassHealth:

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

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## UPDATED - MASSHEALTH MMIS/POSC MIGRATION TO AMAZON WEB SERVICES INFORMATION SESSIONS

As communicated in previous message texts, MassHealth will begin transitioning its Medicaid Management Information System (MMIS) and Provider Online Service Center (POSC) to Amazon Web Services (AWS) to enhance security, scalability, and operational efficiency.

The MassHealth BSS Provider Relations team will be hosting information sessions; it is strongly encouraged that you attend.

We encourage all providers to attend to ensure a smooth transition and to stay informed on how these changes may impact your operations.

Session Date:

Monday, December 2, 2024, at 10:00 am

Registration Link: <https://tinyurl.com/k5k5zte7>

If you have questions regarding this message, please contact MassHealth:

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

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).