



# Home Health Provider Outreach Forum

**MassHealth**  
Office of Long Term Services and Supports

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# AGENDA



- Review changes to Home Health Regulations  
130 CMR 403.000
- Review Prior Authorization Submission  
Process
- Discuss available Resources

# Home Health Regulations



- Effective March 1, 2016 MassHealth issued updated Home Health Regulations that include:
  - Prior Authorization requirements for intermittent skilled nursing and home health aide services. See 130 CMR 403.413(B) &(D).
  - Update on referral procedures to Aging Service Access Points (ASAPS). See 130 CMR 403.411.
  - Requirement that physician providing certification of medical necessity and submitting plan of care is not a physician on the staff of, or under contract with, the home health agency. See 130 CMR 403.410(A).
  - Requirement to document physician face-to-face encounter with member. See 130 CMR 403.419(A)(1).

# Prior Authorization Triggers



- PA for SNV and HH Aide services provided pursuant to SNV is required whenever the services provided exceed one or more of the following PA requirements:
  - more than 30 intermittent SNV in a 90 day period; or
  - more than 240 HH Aide units in a 90 day period
    - 130 CMR 403.413 (B) (6) (a) (b)
  - All visits provided whether from a third party payer or otherwise will be counted towards the above visit limits
    - 130 CMR 403.413 (B) (6) (a) (b)
- Existing PA requirements for continuous skilled nursing visits remain unchanged

# Prior Authorization Triggers



- PA for HH Aide services provided pursuant to therapy services is required:
  - After the 20<sup>th</sup> physical therapy or occupational therapy visit
    - 130 CMR 403.413 (D) (6) (1) (d)
  - After the 35<sup>th</sup> speech/language therapy visit
    - 130 CMR 403.413 (D) (6) (1) (e)

# Prior Authorization Review



- The authorized frequency of services and PA duration will be handled on a case-by-case basis, depending on the requested services and the medical necessity needs of the member
- The PAU may refer the member for an independent clinical assessment to inform the determination of medical necessity
  - 130 CMR 403.413 (A) (6).

# PA for CarePlus members not enrolled in an MCO



- No change, except:
  - PA is now required for home health aide services provided pursuant to intermittent skilled nursing services.

- 130 CMR 403.413 (F) (1).

# Physician Requirements



As of March 1, 2016, the following requirements apply to physicians certifying a member's medical necessity for home health services and physician plan of care requirements.

- The physician providing the certification of medical necessity and submitting the plan of care for home health services must not be a physician on the staff of, or under contract with, the home health agency. 130 CMR 403.410(A).
- The plan of care must document that the physician conducted a face-to-face encounter with the member related to the primary reason the member requires home health services no more than 90 days before or 30 days after the start of home health services. 130 CMR 403.413(A)(1).

**MassHealth is planning to release a Provider Bulletin regarding the new F2F requirements.**



# ASAP Referrals

## Members Aged 60 and Older

- Home health agencies **must** complete an Aging Service Access Point (ASAP) referral form in the form and format as specified by MassHealth for those MassHealth members aged 60 and older.
- Home health agencies must complete this referral form upon assessment or reassessment for home health services or discharge from home health services.
- Home health agencies must forward the completed referral form to the Executive Office of Elder Affairs (EOEA) designee specified by MassHealth
- Home health agencies must keep a copy of the completed ASAP referral form in the member's record for all MassHealth members aged 60 and older

# Member Transfer to Alternate Home Health Agencies



Pursuant to Home Health Agency bulletin 51 issued February 2016:

- if a HHA is assisting a member to transfer from one HHA to another, the transferring HHA must inform the MassHealth Home Health Program Manager within 10 days of the transfer.
- The transferring HHA must include information on: Member name; Member ID, Member care plan; Receiving HH agency; Date of transfer; and Reason for transfer

# Questions



# Review of PA Submission Process



# Registering for the Provider Online Service Center (POSC)

- POSC Set-up and Assistance:
  - Contact MassHealth Customer Service
    - **(800) 841-2900**
  - Providers who do not have scanning capability can inquire about an eFax account
    - Contact eFax Customer Support by e-mail at [corporatesupport@mails.efax.com](mailto:corporatesupport@mails.efax.com) or call 800-810-2641
    - eFax works like an ancillary scanner, preparing documents for electronic submission

# POSC System

### MassHealth Provider Online Service Center



The Provider Online Service Center gives you the tools to effectively manage your business with MassHealth electronically. Use these services to enroll as a MassHealth provider, manage your profile information, and submit and retrieve transactions.

Enter data directly and modify individual transactions (ie. claims submission, eligibility verification, MMQ, Prior Authorization, Pre-Admission Screening, Referrals, and EHR Incentive Program).

View your notifications, contracts, reports, metrics, and financial data. Download most MassHealth forms and publications.

Need more information?

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# How to Enter a PA

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### Prior Authorization Templates

Please select the type of Prior Authorization you want to enter. You may choose only one Assignment.

|                                      |  |
|--------------------------------------|--|
| Basic Medical Assignment             | <input type="text" value="HOME HEALTH"/> |
| Durable Medical Equipment Assignment | <input type="text"/>                     |
| Therapy Services Assignment          | <input type="text"/>                     |

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# Entering Line Items

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PA Information

Line Items

Attachments

Confirmation

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## List of Line Items

| Line Item                | Req Units | Procedure Code | Thru Procedure | Modifiers | Status | Attach |
|--------------------------|-----------|----------------|----------------|-----------|--------|--------|
| <a href="#">New Item</a> |           |                |                |           |        |        |

## Basic Medical Details

Line Item **A**  
Status **IN PROCESS**

|                            |                                       |                        |                                       |            |                      |
|----------------------------|---------------------------------------|------------------------|---------------------------------------|------------|----------------------|
| Procedure Code *           | <input type="text" value="G0299"/>    | Modifier 1             | <input type="text" value="UD"/>       | Modifier 2 | <input type="text"/> |
| Thru Procedure             | <input type="text" value="G0300"/>    | Modifier 3             | <input type="text"/>                  | Modifier 4 | <input type="text"/> |
| Requested Effective Date * | <input type="text" value="04012016"/> | Requested End Date *   | <input type="text" value="07012016"/> |            |                      |
| Requested Units *          | <input type="text" value="180"/>      | Requested Service Days | <input type="text"/>                  |            |                      |

You must either select the Service Provider name using the search or enter the Service Provider ID and Service Location (By selecting the check box, you may also indicate that the Service Provider is the same as the Requesting Provider).

Same as Requesting Provider

Service Provider

Provider ID / Service Location

Cancel Item

Add

Cancel Service

Save




# Calculating Units/Procedure Codes



- HH Aide codes: 1 unit = 15 minutes
  - for a 60 minute HHA visit – request 4 units
- SNV codes: 1 unit = 1 visit
  - Regardless of length of visit
- Examples
  - 10 SNV's = 10 units
  - 10 hours of HH Aide = 40 units

# Attachments

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PA Information   Line Items   **Attachments**

**List of Attachments** New Item

**Attachment Details**

Report Type \*  Reference #

Transmission Code \*  Control #

Description \*

File Name  Browse...

This attachment will not be received by the Prior Authorization Unit until submitted on the confirmation page.

Cancel Item Add / Upload

Close Return to Search Results

# Confirmation

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### The following messages are generated:

- ⚠ Warning! Provider is not allowed to request the service(s)
- ⚠ Warning! Service may not require a PA

Review above Warning ⚠ messages and correct the data. If the data is correct, check this box to bypass the warning(s).

[PA Information](#)

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### Confirmation

You are about to submit a Prior Authorization request for Member: ██████████ 004 5 for the following procedures. Please verify the data and then click "Submit".

PA Assignment HOME HEALTH

| Service Provider           | Procedure Codes |
|----------------------------|-----------------|
| ██████████, ██████████ M J | G0299           |

[Cancel Service](#)

[Submit](#)

# Inquire on a PA

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### Prior Authorization Search


You can enter the tracking number or the PA number to inquire about a specific Prior Authorization.


Tracking #  OR PA #

----- OR -----

Enter the Member ID and Requesting Provider to search for the Prior Authorization.

Member ID

Status  

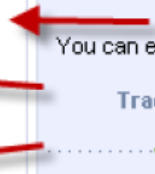
Requesting Provider  

Assignment Code


Enter a date range which encompasses the submission date of the Prior Authorization.

From Date   To Date  

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# Tracking PAs

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**Prior Authorization Search**  
 MassHealth Provider Online Service Center

You can enter the tracking number or the PA number to inquire about a specific Prior Authorization.

Tracking #  OR PA #

OR

Enter the Member ID and Requesting Provider to search for the Prior Authorization.

Member ID

Status **APPROVED**

Requesting Provider

Assignment Code

Enter a date range which encompasses the submission date of the Prior Authorization.

From Date  To Date

**Prior Authorization Search Results**

Click on the Tracking Number link to view the PA Details.

| Tracking #                   | PA #       | Member ID    | Member Name      | Date Received |
|------------------------------|------------|--------------|------------------|---------------|
| <a href="#">1071034786</a>   | P150770099 | 100003444099 | LEWIS, MARY      | 03/18/2015    |
| <a href="#">1071034785</a>   | P150770093 | 100003444099 | PRETON, MELBA    | 06/26/2015    |
| <a href="#">10710340033</a>  | P160410012 | 100003444099 | SANDERS, BONNIE  | 02/09/2016    |
| <a href="#">107103470034</a> | P160410013 | 100003444099 | SANDERS, BERT    | 02/09/2016    |
| <a href="#">107103470035</a> | P160410014 | 100003444099 | SANDERS, BERNARD | 02/09/2016    |
| <a href="#">107103470036</a> | P160410015 | 100003444099 | TELFORD, BONNA   | 02/09/2016    |
| <a href="#">107103470084</a> | P160410011 | 100003444099 | ALBERT, JAMES    | 02/16/2016    |
| <a href="#">107103470121</a> | P160410012 | 100003444099 | LEWIS, MARY      | 02/25/2016    |
| <a href="#">107103470126</a> | P160410013 | 100003444099 | KANTOR, PENELOPE | 02/25/2016    |
| <a href="#">107103470102</a> | P160410014 | 100003444099 | WALSH, JENNIFER  | 03/18/2016    |

1 2 3 >

# Questions



# Required Documentation Overview



Attachments needed: (see checklist handout)

- MassHealth Request and Justification for Skilled Nursing Visits and Home Health Aid Services (R&J) – *Required for SNV and HHA PA submissions*
- MassHealth Request and Justification for Therapy Services (R&J) – *Required for HHA PA submissions related to Therapy Services*

# PA Required Documentation (continued)



- Initial assessment note
- Current physician plan of care (485)
- PA for nursing: Last two weeks of skilled nursing visits and home health aide notes\*
- PA for therapies: Last two weeks of therapy notes (and home health aide notes if appropriate)\*

\*Note: If the Home Health Agency does not have two weeks of notes because it has not been providing services to the member for two weeks, the Home Health Agency should provide notes for the period of time that it has been providing services to the member.



# Medical Necessity Guidelines




- Home Health Bulletin 51 has a link for the medical necessity guidelines
- You can also find it directly on the Mass.Gov website (MassHealth Guidelines for Medical Necessity Determination)

# PA Decision



- Once the PA decision is entered into MMIS, the requesting provider can view the decision immediately, via the POSC
- Decision adjudication letter will generate at midnight and be mailed the following business day to the member and provider

# PA Approval

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**PA Information** | *Line Items* | **Attachments**

**List of Line Items**

| Line Item             | Req Units | Auth Units | Procedure Code | Thru Procedure | Modifiers | Status   | Attach |
|-----------------------|-----------|------------|----------------|----------------|-----------|----------|--------|
| <a href="#">A</a> 400 | 400       | 400        | G0229          |                |           | APPROVED | N      |

[Close](#) [Return to Search Results](#)

# PA Decision (continued)

## Notice of Approval:

- For all approved PA requests a written notice is sent to the member and the requesting provider with the frequency, duration, and intensity of care authorized, along with dates of authorizations


– 130 CMR 432.417 (C) (1)

## Notice of Denial or Modification:

- For all denied or modified PA requests a written notice is sent to the member and the requesting provider with the reason for denial or modification, along with the Right to Fair Hearing form

# How to View Notifications

The screenshot displays the MassHealth Provider Online Service Center interface. At the top, the header includes "Health and Human Services" and the "Mass.gov" logo. A navigation bar contains links for "HOME", "CONSUMERS", "PROVIDERS", "RESEARCHERS", "GOVERNMENT", and "Logout". The date "March 8, 2016" is shown on the left. The main content area is titled "Provider Search" and features a search box with the text "1871573429 1105472581 ZUCKER, WILLIAM B WOODLAND RD STE 30". A green circle highlights the dropdown arrow on the search box. Below the search box are "Clear" and "Search" buttons. A "Notifications" section below shows "No Records Found" and a "Close" button. On the left, a navigation menu lists various services, with "View Notifications" highlighted in bold and a red arrow pointing to it. Another red arrow points to "View Broadcast Messages". A black arrow points to the "Search" button.


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**Provider Search**

Provider ID  

**Notifications**

No Records Found

**Navigation Menu:**

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# PA Deferrals



- If upon receipt and review of a PA request, the PAU identifies that all submission requirements have not been met (incomplete fields or missing documents), the PAU will defer the PA request
- Through MMIS, the PAU will identify the missing or incomplete documentation and request that the Home Health Agency submit this information as an attachment to the existing PA request via the POSC

# PA – Deferrals (continued)



- The Home Health Agency can obtain the specifics regarding missing documentation via the POSC by reviewing the Deferred List and choosing the relevant PA
- To obtain the Deferred List on the POSC, go to the *Prior Authorization Search* screen and choose *Deferred* in the Status drop-down list, then click *Search*
- All PAs deferred for the Home Health Agency will appear in the *Prior Authorization Search Results* at the bottom of the screen

# Deferrals

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January 26, 2011

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> Administer Account

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> Set-up Security Access

Inquire/Maintain PA Request

### Prior Authorization Search

You can enter the tracking number or the PA number to inquire about a speci

Tracking #

OR

PA #

OR

Enter the Member ID and Requesting Provider to search for the Prior Authoriz

Member ID

Status **DEFERRED**

Requesting Provider

Assignment Code

Enter a date range which encompasses the submission date of the Prior Aut

From Date

To Date

Clear

### Prior Authorization Search Results

Click on the Tracking Number link to view the PA Details.

| Tracking #                | PA # | Member ID   | Member Name |
|---------------------------|------|-------------|-------------|
| <a href="#">104343411</a> |      | 100****5417 | BOY... M    |

Close



# Viewing notification

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Inquire/Maintain PA Request

PA Information | Line Items | **Attachments**

**List of Attachments**

|                              |           |  |
|------------------------------|-----------|--|
| <a href="#">Jan 26, 2011</a> | 104343411 | The signature page is missing, please resend the document. |
| <a href="#">Jan 13, 2011</a> | 104343411 | reeval   |

**New Item**

**Close**   **Return to Search Results**

# Questions



# How to Manage “Administratively Approved PAs”



- Check to determine if you have missed anything from the checklist
- Make sure that you have not left anything unfilled on the R&J form
- Once you ensure that the PA information is complete, you can resubmit the PA using the same documents.

# FAQ's

- Does the PA requirement apply to members in the PCCP?
- What if a third party payer has already seen a member?
- Can a PA request be done retroactively?
- What is the 90-day lookback period mean?
- What documentation is required on the F2F encounter?
- How far in advance should a PA request be submitted?
- Should we hold services if we have not heard back?

# Top items missing from a submitted PA



- Incomplete R&J
  - Sections I, II, IV, V and/or VII
- 485/Plan of Care
- Clinical Notes

# CSC/PAU Contact Information



## **MassHealth Customer Service Center**

1-800-841-2900

[providersupport@mahealth.net](mailto:providersupport@mahealth.net)

## **Prior Authorization Unit**

1-800-862-8341

[PriorAuthorization@umassmed.edu](mailto:PriorAuthorization@umassmed.edu)

# When to call CSC



- When you have problems with the POSC system
- When you want information about POSC (adding subordinates etc.)
- When you want to find out if another MH Home Health agency has seen the member
- When you have claims issues

# When to call the PAU



- If you need to expedite a PA request
- If you have a question about why you didn't receive the visits you requested
- If you made an error in submission (for example, incorrect codes, or incorrect time frame)
- If you want to void a PA request once "in review"



# Resources – Mass Options

- Let members know about Mass Options

- **What is MassOptions?**

MassOptions is a free resource linking elders, individuals with disabilities, caregivers, and family members to services that help you or a loved one live independently in the setting of your choice. We help individuals avoid the frustration of calling multiple agencies and navigating various networks.

- A service of the Massachusetts Executive Office of Health and Human Services (EOHHS).
- Our partners include:
  - ADRC Network (ASAPs and ILCs)
  - EOE, MassHealth, DDS, MRC, DMH and other EOHHS agencies
  - Other Community Agencies such as:
    - Council of Aging
    - Veteran's Services
    - Massachusetts Association for Community Action (MASSCAP)

# Resources – Mass Options



- Centralized access point for individuals of all ages and disabilities
- Available 7 days a week from 8 am to 8 pm at 1-844-422-6277
- Online chat:  
<https://www.massoptions.org/massoptions/>
- Easy Referral form:
- [www.facebook.com/MassOptions](http://www.facebook.com/MassOptions).

# Resources (Mass.Gov web site)



- Home Health Regulations
  - <http://www.mass.gov/eohhs/docs/masshealth/transletters-2016/hha-51.pdf>
- Home Health Bulletin
  - <http://www.mass.gov/eohhs/docs/masshealth/bull-2016/hha-51-a.pdf>
- Home Health Guidelines for Medical Necessity
  - <http://www.mass.gov/eohhs/docs/masshealth/guidelines/mg-homehealthservices.pdf>

# Resources



- Job Aids
  - <http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/mmis-posc/training/get-trained.html>
- Provider Forms
  - <http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/masshealth-provider-forms.html>

# Contact Information



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# Questions

