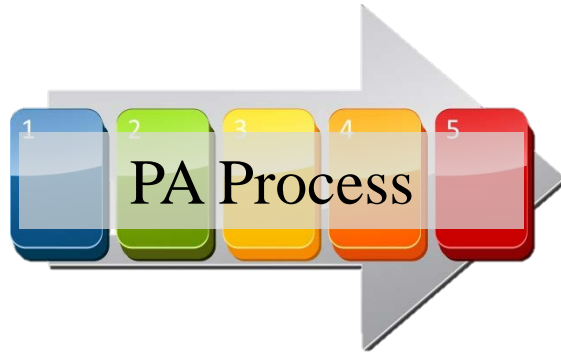


Home Health Program Integrity

Prior Authorization Process for Home Health Services

March 16, 2016

Goal: Increase understanding of...



Presenters

Kerri Ikenberry, *BSN, RN*

Patricia Ryan, *MBA*

Audio for this webinar

Audio is through phone line:

- Please call: 1-888-822-7517
- Participant code: 3383166

Your participation

- Q&A box open throughout webinar
- Polling questions periodically
- File box
 - PDF of this webinar presentation

Polling Question: Profession

Outline of Presentation

MassHealth
Regulations
Guidelines
PA process



Submission
Requirements
Documentation
Requirements
R & J Form

MassHealth Regulations



<http://www.mass.gov/eohhs/gov/laws-regs/masshealth/provider-library/masshealth-provider-regs.html>

- 130 CMR 403.000- Home Health Agency Regulations
- 130 CMR 450.000- All Provider Regulations – Applies to all provider types

MassHealth Regulations (cont.)

- 130 CMR 403.410 - Home Health Conditions of Coverage
Requirements for coverage of home health services include, but are not limited to, the following:
 - The member must be under the Care of a Physician. 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. See 130 CMR 403.410(A).
 - Services must be Medically Necessary. In accordance with 130 CMR 450.204: Medical Necessity, the MassHealth agency pays for only those home health services that are medically necessary. Home health services are not to be used for homemaker, respite, or heavy cleaning or household repair. See 130 CMR 403.410(C).

MassHealth Regulations (cont.)

- When a family member or other caregiver is providing services, including nursing services, that adequately meet the member's needs, it is not medically necessary for the home health agency to provide such services. See 130 CMR 403.410(E).
- The member must live in the community. The MassHealth agency does not pay for home health services provided in a hospital, nursing facility, intermediate care facility for the mentally retarded, or any other institutional facility providing medical, nursing, rehabilitative, or related care. See 130 CMR 403.410(B).

MassHealth Regulations (cont.)

- Teaching activities must occur. As part of a regular home health nursing or therapy treatment service, the nurse or therapist must teach the member, family member, or caregivers how to manage the member's treatment regimen. Ongoing teaching is required when there is a change in the procedure or the member's condition. See 130 CMR 403.410(H).
- Prior Authorization must be obtained. Home health services including both intermittent and continuous skilled nursing require prior authorization. See 130 CMR 403.413 (I). See also 130 CMR 403.413 for PA requirements.

MassHealth Guidelines

<http://www.mass.gov/eohhs/provider/insurance/masshealth/clinical-treatment/medical-necessity-determination/download-a-printer-friendly-version-of-the.html>

- Guidelines for Medical Necessity Determination for Home Health Services

MassHealth Guidelines - SNV

- Intermittent Skilled Nursing Visits (SNV) may be considered medically necessary when the member's medical condition requires one or more of the following:
 - Evaluation of nursing care needs;
 - Development & implementation of nursing care plan; and
 - Provision of services that require the specialized skills of a nurse including:
 - Skilled assessment and observation of signs and symptoms
 - Performing skilled nursing interventions including administering skilled treatments ordered by the prescribing practitioners
 - Assessing patient response to treatment and medications

MassHealth Guidelines – SNV (cont.)

- Communicating changes in medical status
- Educating the member and caregiver
- Medication administration (ordered by the prescribing providers) is a nursing visit when:
 - Member is unable to perform the task;
 - No able caregiver is present; and
 - Task (including route of administration) requires the skills of licensed nurse
- Medication administration requires that services are necessary to treat the condition and there is a medical reason that the medication must be given by those routes

MassHealth Guidelines – SNV (cont.)

- Intravenous, intramuscular, or subcutaneous injections and infusions generally require the skills of a licensed nurse to perform or teach a member or caregiver to perform independently
- Administration of oral, eye, ear and topical medication, or supervision of self-administered medication does not require the skills of a licensed nurse, unless the complexity of condition(s) and/or nature of the medication(s) require skilled observation and assessment
- Assistance with or filling medication box organizers does not require the skills of a licensed nurse
 - Can be performed by a lay person, such as caregiver, family or other support
 - SNV would only be covered when the member is unable to perform the task and no able caregiver or support person can be present to complete it

MassHealth Guidelines – HH Aide

- Home Health (HH) Aides provide personal care in the home when the member has a concurrent skilled need for which the Home Health Agency nurse, PT, OT, or ST is treating the member and there is a subsequent need for personal care assistance
- HH Aide services may be considered medically necessary when:
 - the services are medically necessary to provide personal care to the member, to maintain the member's health, or to facilitate treatment of the member's injury or illness. See 130 CMR 403.421(A)(3).

MassHealth Guidelines – HH Aide (cont.)

- As provided under 130 CMR 403.421 (B), payable HH Aide services include:
 - (1) personal-care services;
 - (2) simple dressing changes that do not require the skills of a registered or licensed nurse;
 - (3) assistance with medications that are ordinarily self-administered and that do not require the skills of a registered or licensed nurse;
 - (4) assistance with activities that are directly supportive of skilled therapy services; and
 - (5) routine care of prosthetic and orthotic devices.

MassHealth Guidelines – HH Aide (cont.)

- Non-payable HH Aide Services
 - The MassHealth agency does not pay for:
 - Homemaker,
 - Respite, or
 - Chore services provided by HH Aides
- See 130 CMR 403.421 (C)

Questions

MassHealth Home Health Services – Prior Authorization for SNV and HH Aide Services

- 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)
- PA is triggered for both services (SNV and HH Aide), as soon as one of the above requirements is met
- 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)

MassHealth Home Health Services – Prior Authorization for SNV and HH Aide Services (cont.)

- If a Home Health Agency has any doubt that a member has been seen by another agency, please submit a PA request
 - Providers can also call MassHealth Customer Service at 1-800-841-2900, or e-mail your inquiry to providersupport@mahealth.net
 - MassHealth Customer Service will be able to identify whether or not another agency has seen the member
 - Providers can then contact other agencies to identify how many visits the member has completed already

MassHealth Home Health Services – Prior Authorization for Therapy and HH Aide Services

- PA for HH Aide services supervised by a Therapist is required whenever the services provided exceed one or more of the following PA requirements:
 - After the 20th physical therapy or occupational therapy visit, or
 - After the 35th speech/language therapy visit
- 130 CMR 403.413 (D) (1) (a) (b)

MassHealth Home Health Services – Prior Authorization for HH Aide Services

- PA for HH Aide services must be submitted in conjunction with either the SNV or Therapy PA request
- HH Aide services should not be submitted as a stand-alone or separate PA request

Prior Authorization - Decision

- PA determinations are made on an individual, case by case basis and in accordance with 130 CMR 403.000 and 101 CMR 350.00
- Requests for PA are reviewed for the medical necessity of the requested services based on submitted documentation
- The authorized frequency of services and PA duration is handled on a case-by-case basis, depending on the requested services and the medical necessity needs of the member
- The MassHealth agency may take up to 14 days to act on a request for PA for continuous skilled nursing services, and up to 21 days to act on a request for PA for all other services. See 130 CMR 450.303(A)

See Guidelines for Medical Necessity Determination for Home Health Services MG-HHS (02/16)

Prior Authorization - Decision (cont.)

- Once the PA decision is entered into MMIS, the requesting provider can view the decision immediately, via the Provider On-Line Service Center (POSC)
- The decision adjudication letter will generate at midnight and be mailed the following business day to the member and provider

Prior Authorization - Decision (cont.)

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
 - 130 CMR 432.417 (C) (2) (a)

Prior Authorization - Deferrals

- If upon receipt and review of a PA request, MassHealth identifies that all submission requirements have not been met (incomplete fields or missing documents), MassHealth will defer the PA request
- MassHealth will mail a notice of deferral to both the provider and the member informing the provider and member of the deferral
- Through MMIS, MassHealth 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

Prior Authorization - Deferrals (cont.)

- 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
- If the requested information on a deferral is not received within 21 days of the original submission of the PA request, MassHealth will either make a determination based on the information received or issue a denial of the PA due to insufficient information

Right to Fair Hearing

- The member will receive information regarding the Right to a Fair Hearing and the appeal procedure with all denials or modifications of PA requests
- A member may request a fair hearing from the MassHealth agency in writing within 30 days after date of receipt of notice of denial or modification

- 130 CMR 610.015 (B)

Expedited PA Requests

- MassHealth may take up to 21 days to act on a PA request
- MassHealth will expedite PA processing, and act on a PA request within 2 business days, under the following circumstances:
 - Members being discharged from inpatient facility, including acute care facilities, rehabilitation hospitals and skilled nursing facilities

Expedited PA Requests (cont.)

- Any other situation deemed as urgent need by the Home Health Agency (i.e. acute illness, post-op, sudden absence of family member/primary caregiver)
- Home Health Agency submits PA via POSC
 - Specify “Facility Discharge” or “Urgent Need” in the PROVIDER COMMENTS section of PA request
 - Obtain the PA Tracking Number from the POSC

Expedited PA Requests (cont.)

- Home Health Agency contacts MassHealth Prior Authorization Unit
 - PriorAuthorization@umassmed.edu (preferred) or 1-800-862-8341
 - Specify in e-mail subject line: “Expedited Request Facility Discharge – Tracking #XXXXXX” or “Expedited Request Urgent Need – Tracking #XXXXXX”

Questions

Detailed Information



Submission
Requirements
Documentation
Requirements
R & J Form

Required Documentation Overview

- For POSC submissions – Provider completes member Identification Number field and uploads required documentation
 - POSC is the preferred method of PA submission
- Prior Authorization Request (PA-1) form is required for all PAPER submissions. This form can be located at:

www.mass.gov/eohhs/docs/masshealth/provider-services/forms/prior-authorization-request

- Paper PA requests and attachments should be mailed to:

MassHealth Attn: Prior Authorization
100 Hancock St., 6th FL
Quincy, MA 02171

Required Documentation – R&J

MassHealth Request and Justification for Skilled Nursing Visits and Home Health Services (R&J)

- All sections must be filled out
- “See attached documentation” is not acceptable for the completion of a section
- Documentation must be legible
- Delay in processing time, deferral or denial of services may occur, if all required information is not provided

Required Documentation - Other

All requests for SNV and HHA services must include:

- Initial Nursing/Admission Note
 - Brief summary of why the member requires services, and goals of services to be provided
 - May be submitted in any format used by the Home Health Agency
 - Submission of the completed OASIS is not required
 - Summary/last page of the Oasis may be used to fulfill this requirement
- Two weeks of SNV and/or HH Aide notes
 - Note: If the Home Health Agency does not have two weeks of SNV/HH Aide notes because it has not been providing services to the member for two weeks, the Home Health Agency should provide SNV/HH Aide notes for the period of time that it has been providing services to the member

Required Documentation – Other (cont.)

All requests for SNV and HHA services must include:

- Signed physician Plan of Care (485)
 - If unable to obtain signature, and it's during the first certification period, provider should submit copy of the 485 that was sent to the physician for signature, along with documentation of verbal order
 - If submitting a subsequent 485, but haven't yet obtained a signed 485 for the PA timeframe requested, provider should include in the submission the previously signed 485 or documentation of verbal order
 - For verbal orders (130 CMR 403.419 (D)), the physician signature must be on the 60-day plan of care either before the claim is submitted for payment or within 45 days after submitting a claim for that period

Required Documentation – Other (cont.)

- 130 CMR 403.419- Physician Plan-Of-Care Requirements
 - Plan of care must document that a face-to-face encounter related to the primary reason for the member requiring home health services occurred no more than 90 days before or 30 days after the start of home health services
 - Required by CMS as of 7/1/2016
 - As part of program integrity efforts, MassHealth is implementing this requirement as of 3/1/2016
 - Requirement will not impact the prior authorization process
 - MassHealth will enforce this requirement through standard auditing processes

Questions

Polling Question: R & J

Acceptable Completion of R&J



Commonwealth of Massachusetts
Executive Office of Health and Human Services

Print

Clear

Request and Justification for Skilled Nursing Visits and Home Health Aide Services

I. General Information

Personal Information

Member's Name

Member's MassHealth ID Number Telephone Number

Other Insurance Information

MassHealth is the payer of last resort. The provider should use diligent efforts to obtain coverage from other insurance sources.

Other Insurance Carrier

Policyholder's Name

Policy Number

Case Manager Name and Contact Number

Why is this service not covered under this insurance?

Has this insurance carrier changed since the last prior-authorization request? yes no

Acceptable Completion of R&J

Household Information

Primary Caregivers N/A Relationship
 Relationship

Has there been any change in the member's status that requires additional training of the primary caregivers? If so, please be specific.

N/A

Are there other members in the home who also receive skilled nursing visits? If so, list the names and MID numbers of the members and the number of visits per calendar week.

No

II. Patient Assessment and Summary

Date of Birth 1/1/50 Weight 180 lbs Height 6'2'

Primary Medical Diagnosis Major Depressive Disorder

Secondary Medical Diagnosis Type 2 Diabetes, HTN

Primary Reason for Skilled Nursing Visits Administer PO medications and insulin, skilled assessment, patient teaching

Describe in detail the member's current medical status, medical history, current ability to perform self-care (i.e. wound care), injections, etc. and ability to perform activities of daily living.

If applicable, include an updated summary of the past prior-authorization period. Document any change in the member's medical status, including inpatient and/or outpatient hospital visits, frequency of illnesses, changes in plan of care, and calls or visits to the member's physician.

If additional space is required, please attach additional documents.

Acceptable Completion of R&J

If additional space is required, please attach additional documents.

Patient receives skilled nursing services as ordered by Dr. Good Doctor for administration of oral medications, insulin injections, assessment if medication schedule is effective, to promote patient medication compliance and avoid disease exacerbation/decompensation allowing patient to be safe at home and in community.

Patient needs assessment of response to treatment and medications for side effects and efficient notification to PCP in timely manner about changes in mental/health status to avoid hospitalizations and maintain safety. Patient is independent with ADLs.

PA-HHA-SN (02/16)

over ►

Patient receives skilled nursing services for insulin and oral med administration by skilled nurse, evaluation of nursing care needs, development and implementation of nursing care plan, and services that require specialized skills of a nurse due to not being safe to self administer insulin and oral meds. Patient has no willing/able caregiver to assist with care.

Patient unable to self administer insulin and oral meds safely and reliably due to his extensive psychiatric history, poor insight, impaired judgment, and his diagnosis of depression. At time of admission to home care patient was unaware of med schedule, reported to take meds sometimes, and pharmacy reported meds not picked up for months.

Please see attached for more details.

Acceptable Completion of R&J

III. Home Health Aide Services

If requesting home health aide services, indicate member's functional level for all items below.

Cognitive

- Alert/Oriented
- Able to Direct Care
- Impaired/Developmental Delay
- Disoriented

Bathing

- Independent
- Requires Set-Up/Minimal Assistance
- Requires Moderate Hands-on Assistance
- Requires Total Assistance, Unable to Participate

Dressing

- Independent
 - Lower Body
 - Upper Body
- Requires Set-Up/Minimal Assistance
 - Lower Body
 - Upper Body
- Requires Moderate Hands-On Assistance
 - Lower Body
 - Upper Body
- Requires Total Assistance, Unable to Participate

Other:

Toileting

- Independent
- Requires Set-Up/Minimal Assistance
- Requires Moderate/Hands-On Assistance
- Requires Total Assistance, Unable to Participate

Ambulation

- Independent
- Requires Set-Up/Minimal Assistance
- Requires Moderate/Hands-On Assistance
- Requires Total Assistance, Unable to Participate

Grooming

- Independent
- Requires Set-Up/Minimal Assistance
- Requires Moderate/Hands-On Assistance
- Requires Total Assistance, Unable to Participate

Eating

- Independent
- Requires Set-Up/Minimal Assistance
- Requires Moderate/Hands-On Assistance
- Requires Total Assistance, Unable to Participate

Range of Motion Exercises

- Independent
- Upper Extremities
- Lower Extremities

Comments:

N/A Home Health Aid Services Not Required

Acceptable Completion of R&J

IV. Health-Related Services Currently Provided to the Member

Check all services used by the member. Indicate the frequency and payer.

Service	Yes	No	Frequency and Payer
Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Occupational Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speech/Language Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Intermittent Skilled Nursing Visits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10-14 visits/week with 3 PRN visits, MassHealth
Home Health Aide	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Personal Care Attendant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Adult Day Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Adult Foster Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hospice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Palliative Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Day Habilitation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
MassHealth Waiver Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other: <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

V. Services Provided by Other Agencies

If applicable, list services (including respite and case management) that are provided by other sources, such as the Massachusetts Commission for the Blind, the Department of Public Health, the Department of Children and Families, the Department of Education, the Department of Mental Health, the Department of Developmental Services, and an early intervention program. Indicate the frequency of service and the name and telephone number of the case manager.

Acceptable Completion of R&J

VI. Request for Skilled Nursing Visits and Home Health Aide Visits

Service Request	From	To	Number of Visits	Frequency
Skilled Nursing Visit	4/4/2016	6/13/2016	140	10-14 per week
Home Health Aide				

Current MassHealth Prior Authorization (if applicable)

PA Number N/A Expiration Date _____

Number of skilled nursing visits authorized per week _____

Home health aide hours authorized per week _____

VII. Names and Signatures

Home Health Agency Name Awesome Home Care Agency

Address 1 Main Street, Shrewsbury, MA 01545

Telephone Number (123) 123-1234

Nurse from Home Health Agency Full Name Nurse, Credentials

Name Full Name Nurse, Credentials Telephone Number (123) 123-1234

Signature Full Name Nurse, RN Date 3/2/16

Physician's Name Dr. Full Name Telephone Number (123) 123-1234

IMPORTANT: When submitting a Prior Authorization Request, submit this form, along with the initial assessment note, the current Physician Plan of Care, and the last two weeks of skilled nursing visits and home health aide notes. Failure to complete all sections on this document may result in a delay in processing.

Unacceptable Completion of R&J

Request and Justification for Skilled Nursing Visits and Home Health Aide Services

I. General Information

Personal Information

Member's Name Jane Doe

Member's MassHealth ID Number 10001000100

Telephone Number (123) 123-1234

Other Insurance Information

MassHealth is the payer of last resort. The provider should use diligent efforts to obtain coverage from other insurance sources.

Other Insurance Carrier Medicare

Policyholder's Name Jane Doe

Policy Number 123456789A

Case Manager Name and Contact Number Name, Credentials, Telephone

Why is this service not covered under this insurance?

Has this insurance carrier changed since the last prior-authorization request? yes no

Household Information

Primary Caregivers N/A

Relationship

Relationship

Has there been any change in the member's status that requires additional training of the primary caregivers? If so, please be specific.

N/A

Are there other members in the home who also receive skilled nursing visits? If so, list the names and MID numbers of the members and the number of visits per calendar week.

Unacceptable Completion of R&J

II. Patient Assessment and Summary

Date of Birth 1/1/50 Weight 180 lbs Height 6'2'

Primary Medical Diagnosis Major Depressive Disorder

Secondary Medical Diagnosis Type 2 Diabetes, HTN

Primary Reason for Skilled Nursing Visits

Describe in detail the member's current medical status, medical history, current ability to perform self-care (i.e. wound care), injections, etc. and ability to perform activities of daily living.

If applicable, include an updated summary of the past prior-authorization period. Document any change in the member's medical status, including inpatient and/or outpatient hospital visits, frequency of illnesses, changes in plan of care, and calls or visits to the member's physician.

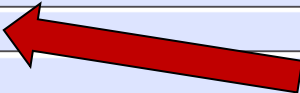
If additional space is required, please attach additional documents.

Unacceptable Completion of R&J

IV. Health-Related Services Currently Provided to the Member

Check all services used by the member. Indicate the frequency and payer.

Service	Yes	No	Frequency and Payer
Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Occupational Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speech/Language Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Intermittent Skilled Nursing Visits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Home Health Aide	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Personal Care Attendant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Adult Day Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Adult Foster Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hospice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Palliative Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Day Habilitation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
MassHealth Waiver Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other: <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



V. Services Provided by Other Agencies

If applicable, list services (including respite and case management) that are provided by other sources, such as the Massachusetts Commission for the Blind, the Department of Public Health, the Department of Children and Families, the Department of Education, the Department of Mental Health, the Department of Developmental Services, and an early intervention program. Indicate the frequency of service and the name and telephone number of the case manager.

Department of Mental Health.

Unacceptable Completion of R&J

VI. Request for Skilled Nursing Visits and Home Health Aide Visits

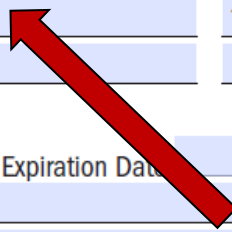
Service Request	From	To	Number of Visits	Frequency
Skilled Nursing Visit	4/4/2016	6/13/2016		10-14 per week
Home Health Aide				

Current MassHealth Prior Authorization (if applicable)

PA Number N/A Expiration Date

Number of skilled nursing visits authorized per week

Home health aide hours authorized per week



VII. Names and Signatures

Home Health Agency Name Awesome Home Care Agency

Address 1 Main Street, Shrewsbury, MA 01545

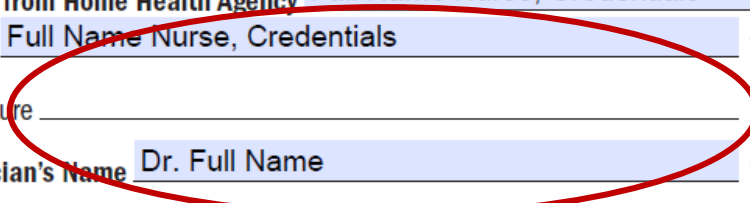
Telephone Number (123) 123-1234

Nurse from Home Health Agency Full Name Nurse, Credentials

Name Full Name Nurse, Credentials Telephone Number (123) 123-1234

Signature Date 3/2/16

Physician's Name Dr. Full Name Telephone Number (123) 123-1234



IMPORTANT: When submitting a Prior Authorization Request, submit this form, along with the initial assessment note, the current Physician Plan of Care, and the last two weeks of skilled nursing visits and home health aide notes. Failure to complete all sections on this document may result in a delay in processing.

Calculating Units /Procedure Codes

- HH Aide codes: 1 unit = 15 minutes
 - for a 60 minute HH Aide 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

Calculating Units /Procedure Codes (cont.)

- G0299 Skilled Visit RN
- G0300 Skilled Visit LPN
 - “UD” Modifier – Used for services provided on or after the 61st calendar day
 - “TT” Modifier – Used when providing skilled nursing visits for two or more members in the same household, during the same time period
- G0156 Home Health Aide

Questions

Polling question: POSC

Registering for the Provider Online Service Center (POSC)

- POSC Set-up and Assistance:
 - Contact MassHealth Customer Service 1-800-841-2900
 - 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 or call 1-800-810-2641
 - eFax works like an ancillary scanner, preparing documents for electronic submission

How to Submit a Prior Authorization (PA) Request - POSC

MassHealth has prepared a number of step-by-step job aids to assist with the POSC submission process including:

- Enter a Prior Authorization Request for Home Health
- Inquire/Maintain/Void a Prior Authorization Request for Home Health
- View Status & Paid Claims

This information can be found on the mass.gov website:

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

Electronic Submission of Prior Authorization (PA) - POSC

Health and Human Services



March 1, 2016

[HOME](#)

[CONSUMERS](#)

[PROVIDERS](#)

[RESEARCHERS](#)

[GOVERNMENT](#)

[Logout](#)

[Collapse Services](#)

Welcome wzucker

[Mass.Gov Home](#)

[State Agencies](#)

[State Online Services](#)

[Provider Services](#)

[MassHealth Provider Online Service Center](#)

- [Home](#)
- [Manage Service Authorizations](#)
- [Pharmacy Prior Authorization](#)
- [Manage Correspondence and Reporting](#)
- [Manage Members](#)
- [Manage Claims and Payments](#)
- [Manage Provider Information](#)
- [Administer Account](#)
- [Reference Publications](#)
- [EHR Incentive Program](#)
- [News & Updates](#)
- [Related Links](#)

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?

[FAQs](#)

©2005 Commonwealth of Massachusetts

[Accessibility](#)

[Feedback](#)

[Site Policies](#)

[Contact Us](#)

[Help](#)

[Site Map](#)

Electronic Submission of Prior Authorization (PA) – POSC (cont.)

- When creating a PA, Home Health Agency selects the Basic Medical Assignment
- Then from the dropdown, provider chooses the appropriate assignment type
 - For SNV and HH Aide services, the assignment type is *Home Health*
 - For **CAREPLUS** SNV and HH Aide services, the assignment type is *Skilled Nursing*

Electronic Submission of Prior Authorization (PA) – POSC (cont.)

The screenshot shows the MassHealth Provider Online Service Center (POSC) interface. The page title is "Health and Human Services" with the "Mass.gov" logo. The date is "March 7, 2016". The navigation menu includes "HOME", "CONSUMERS", "PROVIDERS", "RESEARCHERS", "GOVERNMENT", and "Logout". The user is logged in as "wzucker". The breadcrumb trail is "Mass.Gov Home > State Agencies > State Online Services". The main content area is titled "Prior Authorization Templates" and contains the instruction: "Please select the type of Prior Authorization you want to enter. You may choose only one Assignment." There are three dropdown menus: "Basic Medical Assignment" (selected: HOME HEALTH), "Durable Medical Equipment Assignment", and "Therapy Services Assignment". A red arrow points to the "Basic Medical Assignment" dropdown. A green circle highlights the "Continue" button. The footer contains copyright information for the Commonwealth of Massachusetts and links for Accessibility, Feedback, Site Policies, Contact Us, Help, and Site Map.

Electronic Submission of Prior Authorization (PA) – POSC (cont.)

The screenshot displays the 'MassHealth Provider Online Service Center' interface. The 'Confirmation' tab is selected and circled in green. The main content area shows a confirmation message: 'You are about to submit a Prior Authorization request for Member: 100036924321 for the following procedures. Please verify the data and then click "Submit".' Below this, it indicates 'PA Assignment HOME HEALTH'. A table lists the 'Service Provider' and 'Procedure Codes'. The 'Submit' button is highlighted with a red arrow.

Health and Human Services Mass.gov

March 7, 2016 HOME CONSUMERS PROVIDERS RESEARCHERS GOVERNMENT Logout

« Collapse Services Welcome wzucker » Mass.Gov Home » State Agencies » State Online Services

Provider Services MassHealth Provider Online Service Center

[PA Information](#) | [Line Items](#) | [Attachments](#) | **[Confirmation](#)**

Confirmation

You are about to submit a Prior Authorization request for Member: 100036924321 for the following procedures. Please verify the data and then click "Submit".

PA Assignment HOME HEALTH

Service Provider	Procedure Codes
	G0299

[Cancel Service](#) [Submit](#) [Save](#)

©2005 Commonwealth of Massachusetts [Accessibility](#) [Feedback](#) [Site Policies](#) [Contact Us](#) [Help](#) [Site Map](#)

Electronic Submission of Prior Authorization (PA) – POSC (cont.)

Health and Human Services Mass.Gov

March 1, 2016 [HOME](#) [CONSUMERS](#) [PROVIDERS](#) [RESEARCHERS](#) [GOVERNMENT](#) [Logout](#)

◀ Collapse Services Welcome wzucker [Mass.Gov Home](#) [State Agencies](#) [State Online Services](#)

➤ [Provider Services](#) [MassHealth Provider Online Service Center](#) ?

Prior Authorization Response

You have successfully submitted the Prior Authorization request for [REDACTED]

The following tracking number should be retained in your records.

Tracking # 107970192

PA # PA # will be assigned once a decision has been made.

Note: Please use the tracking number above for all additional information that is sent separately.

Disclaimer: MassHealth reviews request for prior authorization on the basis of medical necessity only. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. MassHealth will notify the provider and member of its decision.

If you require assistance or support related to this request, please contact Customer Support at 1-800-841-2900.

[Request Another Prior Authorization](#)

©2005 Commonwealth of Massachusetts [Accessibility](#) [Feedback](#) [Site Policies](#) [Contact Us](#) [Help](#) [Site Map](#)

Electronic Submission of Prior Authorization (PA) – POSC (cont.)

Health and Human Services Mass.gov 

March 8, 2016 HOME CONSUMERS PROVIDERS RESEARCHERS GOVERNMENT Logout

◀ Collapse Services Welcome, [Provider](#) ▶ [Mass.gov Home](#) ▶ [State Agencies](#) ▶ [State Online Services](#)

▶ **Provider Services**

- > Home
- > [Manage Service Authorizations](#)
- > [Pharmacy Prior Authorization](#)
- > [Manage Correspondence and Reporting](#)
- > [View Broadcast Messages](#)
- > **[View Notifications](#)**
- > [View Metrics/Reports](#)
- > [Inquire Financial Data](#)
- > [View Contracts and Documents](#)
- > [Submit Feedback](#)
- > [Manage Members](#)
- > [Manage Claims and Payments](#)
- > [Manage Provider Information](#)
- > [Administer Account](#)
- > [Reference Publications](#)
- > [EHR Incentive Program](#)
- > [News & Updates](#)
- > [Related Links](#)

MassHealth Provider Online Service Center ?

Provider Search

Provider ID Search

Notifications

No Records Found

©2005 Commonwealth of Massachusetts [Accessibility](#) [Feedback](#) [Site Policies](#) [Contact Us](#) [Help](#) [Site Map](#)

Community Resources - MassOptions

- MassOptions is a free resource linking elders, individuals with disabilities, caregivers, and family members to services that help with independent living in the setting of their choice
- MassOptions helps 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)
 - Partners include:
 - Aging & Disability Resource Centers (ADRC) Network (Aging Service Access Points (ASAPs) and Independent Living Centers (ILCs))
 - Executive Office of Elder Affairs (EOEA), MassHealth, Department of Developmental Services (DDS), Mass Rehab Commission (MRC), Department of Mental Health (DMH) and other EOHHS agencies
 - Other Community Agencies such as: Council on Aging, Veteran's Services, Massachusetts Association for Community Action (MASSCAP)

Community Resources – MassOptions (cont.)

- Please let your members know about MassOptions
- Centralized access point for individuals of all ages and disabilities
- Available 7 days a week from 8:00 am to 8:00 pm at 1-844-422-6277
- Online chat:
<https://www.massoptions.org/massoptions/>
- Easy Referral form:
<https://www.massoptions.org/forms/easyreferralform.aspx>

Polling Question: Contact PAU

Contact Information

- MH Customer Service

(Information regarding POSC, member questions):

1-800-841-2900

- Prior Authorization

(Provider contact regarding **existing PA**):

1-800-862-8341

priorauthorization@umassmed.edu

Questions

Polling Question: Feedback on Webinar

Thank You