



MassHealth Payment Reform: Technical Guidance

March 8, 2018

RE: 834 Managed Care Enrollment/Dis-Enrollments

Situation Summary

On Monday, March 5th, MassHealth identified a defect in MMIS that caused a significant number of dis-enrollment and re-enrollment 834 transactions to be issued to ACOs/MCOs between March 1st and March 5th. MassHealth identified the root cause of the defect, and implemented a fix on the evening of March 6th. This issue only impacted certain member enrollments with managed care plans, and did not impact any member's overall MassHealth eligibility. MassHealth is taking proactive steps to ensure that there will be no impact to member care, provider payments or managed care compensation.

Issue Description

In the ordinary course of business, MassHealth ran three batch cycles on March 1st, 2nd, and 5th to process managed care enrollments in MMIS. During these cycles, a large number of members were inadvertently dis-enrolled from their plans due to a system defect, and then subsequently re-enrolled. Most affected members were automatically re-enrolled into the same plan over a two-day period (March 2nd and 5th). For a small number of members who were not re-enrolled into the same plan, it was for expected reasons (e.g. member choice, loss of managed care eligibility).

Of those members re-enrolled, more than 50% had no gap in enrollment with their managed care plan. However, a subset of members landed in MassHealth's (FFS) program for a period of time between March 2nd and March 10th. These dates of service represent the only dates of service which will be impacted by this defect. This happened because of enrollment transaction lag times in the MMIS system.

MassHealth's Eligibility Verification System (EVS) was not impacted by this defect, and continues to be the source of truth for a member's enrollment. Thus, for any period where a member was in FFS instead of a managed care, it will be reflected in EVS (see additional eligibility verification guidance below).

Guidance for ACOs and MCOs

- All plans should process 834 files in the order they were received from MassHealth, subject to the following considerations:
 - If your plan sends disenrollment notices to members, please do not mail out these notices to members who were inadvertently dis-enrolled and re-enrolled.
 - If there any impacts on continuity of care (e.g. prior authorization processing) that will come from processing these 834 transactions, those impacts should be mitigated first. If you have specific concerns, please raise with MassHealth
- Due to these complications with MMIS data, the Weekly Roster Supplement (WRS) files scheduled for 3/8/2018 will be postponed. The next WRS release will occur on 3/15/2018, when these MMIS concerns have been corrected and WRS can again be accurately produced.

Guidance for ACOs/MCOs and Providers Related to Medical Services

- ACO/MCOs need to process a high volume of 834 transactions related to this issue, and as such, there will likely be discrepancies between an MCO’s eligibility verification system and EVS for at least the next week. **Providers and plans should use MassHealth’s EVS as their sole source of truth for medical and pharmacy services.**
 - Any prior authorizations that are required should come from the plan of record on the date of service as indicated in EVS.
 - Claims should be filed with the plan of record on the date of service as indicated in EVS.

Guidance for ACOs/MCOs and Providers Related to Behavioral Health (BH) Services

- Certain critical Behavioral Health services are not payable through MassHealth FFS. It is important members for whom there was a FFS gap due to this systems problem be able to access all MassHealth-covered BH services during any gap in managed care enrollment. As such, **plans must cover** members impacted by this 834 issue who receive care from behavioral health services between March 2nd and March 10th.
 - The list of applicable providers/services is at the bottom of this message.
 - If EVS displays FFS for a member for a date of service between March 2nd and March 10th, BH providers should provide the service, and then bill the plan displayed on EVS as of March 15th. This will provide time for plan information to catch up to MMIS information.
 - **MassHealth will make MCOs/ACOs whole** for any coverage of behavioral health services/providers on the list below with dates of service from 3/2/2018 until the member was permanently re-enrolled in their new plan (as late as March 10th).
 - BH providers should be reassured by plans that behavioral health claims can be billed to the health plan. Members should therefore be able to access behavioral health providers without interruption.
 - It is important that plans monitor and record services paid for individual members during this period. MassHealth will provide instructions for how MassHealth will retroactively backdate plan enrollments for these members.

MassHealth will provide a follow-up communication regarding this issue when more information becomes available. Please contact your Contract Manager with any questions on this topic or any other issues you encounter.

Thank you.

Below are Behavioral Health services not payable via MassHealth FFS. Must be approved and paid by plans. MH will reconcile enrollment to ensure plans receive appropriate capitation payments.

Service	CPT, HCPCS, Revenue Codes HIPAA Compliant Description	
Diversionsary Services		
24-Hour Diversionsary Services		
Community Based Acute Treatment CBAT - Child or Adolescent Residential Psychiatric	1001	Residential treatment-Psychiatric per diem.
Transitional Care Unit (TCU)	0513	Transition Visit

Non-24-Hour Diversionary Services		
Community Support Program (CSP)	H2015	Comprehensive community support services, per 15 minutes
Structured Outpatient Addiction Program (SOAP)	H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
Program for Assertive Community Treatment	H0040	Assertive community treatment program, per diem
Outpatient Services		
Standard Outpatient Services		
Inpatient-Outpatient Bridge Visit	H0032	Mental health service plan development by non-physician
Collateral Contact	H0046	Mental Health Services, not otherwise specified provided on behalf of the client to someone other than the client (Collateral relationship)
Ambulatory Detoxification (Level 2.d)	H0014	Alcohol and/or drug services; ambulatory detoxification
CBHI and ABA Services		
CSA/FP day rate	H0023-HT	Targeted case management and self-help/peer services (parent-caregiver peer-to-peer support service provided by a family partner) per day
Family Support & Training	H0038	Self Help/Peer Services Per 15 minutes (parent-caregiver peer-to-peer support service provided by a family partner)
In Home Behavioral Services	T2014-HN	Skills Training and Development, Per 15 minutes (behavior management monitoring provided by a bachelor-level clinician)
In Home Behavioral Services	T2014-HO	Skills Training and Development, Per 15 minutes (behavior management therapy provided by a master-level clinician)
In-Home Therapy - Therapeutic Training & Support	H2019-HN	Therapeutic Behavioral Services, per 15 minutes (therapeutic training and support services provided by a bachelor-level clinician)
Direct instruction by a paraprofessional	H2019-U2	Therapeutic Behavioral Services, per 15 minutes
Intensive Care Coordination	T1017-HN	Targeted case management, each 15 minutes (service provided by a bachelor-level care manager)
Therapeutic Mentoring	T1027-EP	Family Training and Counseling for child development (therapeutic mentoring service)
Assessment and case planning for home services by a BCBA	H0031-U2	Mental Health Assessment, by non-physician
Supervisor for home services by a BCBA	H0032-U2	Mental Health Service plan development by a non-physician
Direct instruction by a BCBA/parent training for home services	H2012-U2	Behavioral health day treatment, per hour
CSA/FP day rate	H0023-HT	Targeted case management and self-help/peer services (parent-caregiver peer-to-peer support service provided by a family

partner) per day

Independently Licensed Practitioners Who Should Bill to the New Plan on Record

LICSW

LMHC

LMFT

LADC I

Psychologist