



# Acupuncture Provider Enrollment

November 2021

# Agenda

- Provider Eligibility
- Enrollment
- Provider File Record Keeping and Maintenance
- MassHealth Plans
- Provider Online Service Center
- Service and Billing Requirements
- Mass.Gov Resources

# Acupuncture

## New Provider Type



MassHealth is introducing acupuncturist as a new provider type. MassHealth Plans to begin enrolling acupuncturist November 2021 with a tentative effective date of January 22<sup>nd</sup> , 2022

### **Acupuncturists must meet the following eligibility requirements.**

- (1) In State: Must be licensed as a provider of acupuncture by the Massachusetts Board of Registration in Medicine under *The Practice of Acupuncture*; or
- (2) Out of State: Must be currently licensed as an acupuncturist in his or her own state, or for an acupuncturist in a state that does not license acupuncturists, be legally authorized to perform the services of an acupuncturist in that state and Participate in its state's Medicaid program or the equivalent and
- (3) Must meet all other regulatory conditions.

# Enrollment

# Enrollment Options

## Acupuncturists can:

- Enroll as an independent provider
- Enroll as part of a group practice
- or both.

## Plan Participation

- Acupuncturists can enroll as a Fee For Service only provider and see members enrolled in any MassHealth administered plan.
- To enroll and or participate in one or more of the managed care plans administered by other vendors please contact the plan (more information about plans will appear in later slides)

To request an enrollment packet, call the customer support center **1-800-841-2900**.

# Provider Enrollment

## Fee For Service (FFS)

### Billing

*Definition:* A provider who will submit claims to MassHealth and receive payments

*Required Documents:* FFS application, FFS contract, FRDF, DCF, Electronic Funds Transfer Form (EFT), Massachusetts Substitute W-9, Trading Partner Agreement (TPA), Electronic Remittance Advice Form (ERA)

### NonBilling

*Definition:* Individual Practitioners who are enrolled as part of a group practice and will not be submitting claims as a billing provider

*Required Documents:* FFS application, FFS contract, Federally Required Disclosure Form (FRDF), Data Collection Form (DCF)

# What you will need



- Social Security Number (SSN) or individual Employer Identification Number
- National Provider Identifier (NPI)
- License

PROVIDER REQUIRED FORMS	All	Pay Provider Only
Medical Practitioner Application (PE-MP)	X	
Provider Contract for Individuals (GEN-15)	X	
Federally Required Disclosures for Individual Practitioners (PE-FRD-IN)	X	
Data Collection Form (POSC-DC)	X	
Trading Partner Agreement (TPA)		X
Massachusetts Substitute W-9 Form (MA W-9)		X
Electronic Funds Transfer/Modification Form (EFT-1)		X
Electronic Remittance Advice Enrollment/Modification Form (ERA-1)		X

\* Additional forms may be required and will be supplied if needed.

# Tips for Completing Applications

- Request the application forms packet by calling the MassHealth Customer Service Center at 1-800-841-2900 to ensure that you have the most up to date forms
- Make sure all sections of the application forms are complete; especially any sections addressing “Disclosures”
- Legal Address = Home Address for individual practitioners; any address other than a residential home is not accepted (PO Boxes are also unacceptable)
- Provider’s information (home address, primary service location, and provider name must be consistent across all forms)
- Please ensure that the provider’s SSN submitted on the application is correct. We have had issues with the correct information being submitted and have had to reenroll providers because of the mistakes.
- To ensure that a provider is successfully enrolled for a desired effective date, please submit the application at least 30 days in advance of that date and include a letter of intent stating the desired effective date

**Note: A provider is NOT an approved MassHealth Provider until they receive a MassHealth Welcome Letter with a Provider ID (PID/SL) and an effective date. Claims will not be paid for dates prior to the effective date. MassHealth does not backdate application effective dates.**



# Top Application Errors



FFS Provider Application	Provider Contract	FRDF for Individuals
Application has inconsistent page versions. Be sure you are using the application that is sent to you in your packet.	Contract has provider's signature on the wrong side (signature on EOHHS side)	Address in Section 1 does not match home address in Section 1.2 of Billing Application
The group that is the provider's PSL is not listed first on Section 3 of the application	Contract signature date not within 90 days of MassHealth receiving the application	PSL street address in Section 2 does not match the address of the first group listed in Section 3.1 of Billing Application
Group is enrolling concurrently with individual but no group application was submitted	Contract has cross outs	"DBA Name" in Section 2 is blank (should be "NONE")
All or some of the three questions in Section 4 (Applicant Disclosures) are blank	Name on Contract does not match the name on the provider's license	If provider is linking to a group, Section 3 does not reflect all of the tax-IDs that the provider is requesting to link to in Section 3.1 of Billing application as "Agent"
		Section 4A is blank or is not consistent with the answers given in Section 4 of the Billing application

# Waiting for Information / Outreach

We will reach out to the contact information name listed on the application or other documents if we have any questions. Please ensure that this staff member is able to answer all questions about the application or update.

If a provider cannot be enrolled due to missing, or incorrect, information, the Provider Services staff conducts the following outreach:

1. The Provider Enrollment and Credentialing (PEC) Specialist outreaches to the contact name listed on the application via phone, email, and a letter
2. If no response is received within 5 days, we will outreach via phone and an email to the contact person on the application or update
3. If no response is received in two days, the staff repeats the call and sends another email

The 2-day outreach process continues until the application reaches day 60, or the issue is resolved

**Note: The faster a provider responds to an outreach request, the faster the application can be processed.**

**Questions?**

# **Provider File Record Keeping and Maintenance**

# PID/SL and Security Maintenance

## PID/SL – Provider Identification / Service Location

- Number assigned to each provider identifying them according to their service location. It is 10 characters with 9 digits and an alpha at the end (110156789A)
- These IDs are assigned to MassHealth providers once they are credentialed. They are used in multiple systems to uniquely identify each provider
- PID/SLs are used for transactions such as member eligibility verification, claim processing, and submission of referrals and PAs

# Recordkeeping Requirements

## Recordkeeping Requirements Subchapter 2 (130 CMR 450.205 (A)-(I))

- The MassHealth agency will not pay a provider for services if the provider does not have adequate documentation to substantiate the provision of services payable under MassHealth. All providers must keep such records, including medical records, as are necessary to disclose fully the extent and medical necessity of services provided to, or prescribed for, members and must provide them to the MassHealth agency and the Attorney General's Medicaid Fraud Division, the State Auditor and the United States Department of Health and Human Services on request such information and any other information about payments claimed by the provider for providing services or otherwise described in 130 CMR 450.205 (See e.g; , 42 U.S.C 1396a(a)(27)).
- All providers must maintain complete patient account records.
- A provider must maintain and disclose any and all financial, statistical, and other information as may be required by the **MassHealth** agency, the Center for Health Information and Analysis, or any other agency described in 130 CMR 450.205(C).
- All records, including but not limited to those containing signatures of medical professionals authorizing services, such as prescriptions, must, at a minimum, be legible and comply with generally accepted standards for recordkeeping within the applicable provider type 130 CMR 450.205(D). (See definitions in Subchapter 4 specific to that provider type).

# Recordkeeping Requirements

## Sanctions: General (130 CMR 450.205 (A)-(I))

- Notwithstanding any regulatory or contractual provisions that may provide for a shorter retention period, all records described in 130 CMR 450.204 and 450.205 must be kept for at least six years after the date of medical services for which claims are made or the date services were prescribed, or for such length of time as may be dictated by the generally accepted standards for recordkeeping within the applicable provider type, whichever period is longer 130 CMR 450.205(G).
- In no event may any provider destroy any records while any review, audit, or administrative or judicial action involving such records is pending
- In cases where audits or other reviews reveal provider noncompliance with 130 CMR 450.204 and 450.205, the MassHealth agency may seek to pursue recovery of overpayments and to impose sanctions in accordance with the provisions of 130 CMR 450.000 130 CMR 450.205(H).
- The provider, as holder of personal data under M.G.L.c 66A, must comply with all regulatory and statutory requirements applicable to such a holder, including those set forth in M.G.L. c 66A, and must inform each of its employees having access to such personal data of such requirements and ensure compliance by each employee with such requirements 130 CMR 450.205(I)(1)

# Sanction: General

## Sanctions: General (130 CMR 450.238 (A))

- All providers are subject to the rules, regulations, standards, and laws governing MassHealth. The regulations at 130 CMR 450.238 through 450.240 set forth the MassHealth agency's procedures for imposing sanctions for violations of those rules, regulation, standards, and laws. Such sanctions may include, but are not limited to, administrative fines and suspensions or termination from participation in MassHealth. The MassHealth agency determines the amount of any fine and may consider the circumstances of the violation. The MassHealth agency may assess an administrative fine whether overpayments have been identified based on the same set of facts.



# Provider File Integrity

- Any change in your relationship with MassHealth must be communicated in writing 14 days prior to any change.
- Failure to do so constitute a breach of the provider contract (see 130 CMR 450.223(B)) and may result in an administrative fine
- Providers are required to revalidate every five years per federal mandate
- Keep all information accurate, including:
  - Addresses
  - Telephone numbers
  - Licensure and certifications
  - Members of a group practice
  - Ownership
- All updates must be submitted using the POSC system at <https://www.mass.gov/mmis-and-posc-information-for-masshealth-providers>
- or in writing (Include your MassHealth provider number or NPI on all correspondence):

MassHealth  
ATTN: Provider Enrollment and Credentialing  
PO BOX 121205  
Boston, MA 02112-1205

Emailed to: [docmgmtcdf@maximus.com](mailto:docmgmtcdf@maximus.com) or faxed to 617-988-8974 (must have a cover sheet with: ATTN: Provider Enrollment and Credentialing)

**Questions?**

# MassHealth Plans

# Managed Care Health Plans



- **Accountable Care Organizations (ACOs) Plan:** groups of doctors, hospitals and other health care providers who come together to give coordinated, high-quality care to MassHealth members. This way, MassHealth members get the right care at the right time. MassHealth will reward ACOs for the quality, efficiency and experience of member care, so they are accountable to members
  - Accountable Care Partnership Plans
  - Primary Care ACO Plans
  
- **Managed Care Organizations (MCOs) Plan** *(one or two options, depending on region):* MCOs provide care through their own provider network that includes PCPs, specialists, behavioral health providers, and hospitals. Care coordinators are employed by the MCO
  
- **Primary Care Clinician (PCC) Plan** (with a PCC in their area): The primary care providers are called primary care clinicians (PCCs). The MassHealth network of PCCs, specialists, and hospitals delivers services

# MassHealth Health Plan Options Effective January 1, 2021



Accountable Care Partnership Plans (Model A)
Be Healthy Partnership - Baystate Health Care Alliance with Health New England
Berkshire Fallon Health Collaborative - Health Collaborative of the Berkshires with Fallon Health
BMC HealthNet Plan Signature Alliance - Signature Healthcare with BMC HealthNet Plan
BMC HealthNet Plan Community Alliance - Boston Accountable Care Organization with BMC HealthNet Plan
BMC HealthNet Plan Mercy Alliance - Mercy Medical Center with BMC HealthNet Plan
BMC HealthNet Plan Southcoast Alliance - Southcoast Health with BMC HealthNet Plan
Fallon 365 Care - Reliant Medical Group with Fallon Health
My Care Family - Merrimack Valley ACO in partnership with Allways Health Partners (formally “Neighborhood Health Plan”)
Tufts Health Together with Atrius Health - Atrius Health with Tufts Health Plan (THP)
Tufts Health Together with BIDCO - Beth Israel Deaconess Care Organization (BIDCO) with Tufts Health Plan (THP)
Tufts Health Together with Boston Children's ACO – Boston Children’s ACO with Tufts Health Plan (THP)
Tufts Health Together with CHA - Cambridge Health Alliance (CHA) with Tufts Health Plan (THP)
Wellforce Care Plan - Wellforce with Fallon Health

MCOs
Boston Medical Center (BMC) HealthNet Plan
Tufts Health Together

PCC Plan	Primary Care ACO Plans (Model B)
Primary care Providers in the MassHealth Network	Community Care Cooperative (C3)
	Mass General Brigham ACO* (Formerly Partners HealthCare Choice)
	Steward Health Choice

Visit [Masshealthchoices.com](https://www.masshealthchoices.com) for more plan information

# Managed Care Health Plans



If you are already enrolled with one or more of the MCO's or Accountable Care Partnership plans and you do not want to participate in the MassHealth administrated plans you do not need to enroll. The MCO will have a special form for you to complete that will let us know you are seeing MassHealth members on their plan

If you enroll as a Fee for service provider with MassHealth you will be in the MassHealth Network of providers and be able to see members enrolled in the PCC plan and any of the Primary Care ACO plans in addition to all fee for service members

You are strongly encouraged to check member eligibility to verify coverage and pan information for each date of service

Once enrolled new providers will be contacted regarding training opportunities to learn more about the provider online service center, checking eligibility, and billing

**Questions?**

# Provider Online Service Center



# POSC Overview Goals and Benefits

**Provider Online Service Center (POSC)**: A web-based portal that is available to MassHealth providers, business partners, and relationship entities to view information, submit and receive transactions, and effectively conduct business with MassHealth online. Providers, business partners and relationship entities must be enrolled in and/or registered to use the POSC ([www.mass.gov/masshealth/provider-service-center](http://www.mass.gov/masshealth/provider-service-center)).

## **Goals and Benefits**

- “Provider Online Service Center” – One Stop Shopping
  - Log on to the POSC using your User ID & Password
  - Contact the Virtual Gateway Helpdesk for password reset at 800-421-0938 (primary user only)
- Automate manual processes
- Real-time Direct Data Entry (*DDE*) claims processing

High volume providers may want to consider filing claims using an electronic data interface option for batch transactions. Contact the EDI department for more information

- MassHealth Customer Service Center – EDI Department
  - Email: [edi@mahealth.net](mailto:edi@mahealth.net)
  - Phone: 1-800-841-2900

# POSC Overview

## Provider Online Service Center Home Page

Health and Human Services



November 30, 2016
[HOME](#)
[CONSUMERS](#)
[PROVIDERS](#)
[RESEARCHERS](#)
[GOVERNMENT](#)

◀ [Collapse Services](#)

➤ [Provider Services](#)

- [Home](#)
- [Manage Service Authorizations](#)
- [Manage Correspondence and Reporting](#)
- [Manage Members](#)
- [Manage Claims and Payments](#)
- [Manage Provider Information](#)
- [Administer Account](#)
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- [EHR Incentive Program](#)
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▶ [Mass.Gov Home](#) ▶ [State Agencies](#) ▶ [State Online Services](#)

➤ [MassHealth Provider Online Service Center](#)

### 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.

You will need a Username and password to access many of the services listed on the left. If you are currently a MassHealth provider but do not know your Username and password, please contact the Customer Service Center at 1-800-841-2900.

Registered User?

[Login](#)

Would like to enroll as a provider?

[Enroll Now](#)

Need more information?

[FAQs](#)

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# MassHealth User ID/MMIS Access



**Providers, Trading Partners, and Relationship Entities must not share MassHealth User IDs and passwords used to access MassHealth systems with anyone**

Each user attests to the Virtual Gateway (VG) Terms and Conditions upon initial sign-on to any VG hosted application (e.g., POSC). All MassHealth providers, trading partners and relationship entities that have been assigned a User ID and Password to access the Provider Online Service Center (POSC) and MassHealth connectivity methods (*e.g., IVR, point to point*) are solely responsible for the use of that user ID and must NOT share it with any other individual.

Sharing user IDs is a violation of the policy. Every user within an organization that accesses the POSC or MassHealth connectivity methods must be assigned their own user ID

MassHealth monitors shared user ID activity on a regular basis. The user ID of any user that violates the VG Terms and Conditions may be subject to termination.

# Billing and Service Requirements

# Billing and Service Requirements



## Covered Services

- A. The MassHealth agency pays for medically necessary acupuncture for the treatment of pain and for use for detoxification as described in 130 CMR 418.406(D)(4): Acupuncture Detoxification. Services must address the patient's condition and if no clinical benefit is appreciated after four sessions, then the treatment plan must be re-evaluated. Further acupuncture treatment is not considered medically necessary if the patient does not demonstrate meaningful improvement in symptoms.
- B. The MassHealth agency will pay for one office visit per member every four weeks. A provider may bill the MassHealth agency for both an office visit and acupuncture treatment rendered to a member on the same day in accordance with these regulations.
- C. The MassHealth agency limits payment for acupuncture treatment to a total of 20 treatments per member per calendar year, without prior authorization.

# Billing and Service Requirements



## Noncovered Services

The MassHealth agency does not pay for the following:

- (A) dry needling;
- (B) acupuncture for purposes other than those identified in 130 CMR 447.413(A);
- (C) performing, administering, or dispensing any experimental, unproven, cosmetic, or otherwise medically unnecessary procedure or treatment; (
- (D) the treatment of male or female infertility (including, but not limited to, laboratory tests, drugs, and procedures associated with such treatment); or
- (E) otherwise payable service codes when those codes are used to bill for circumstances that are not payable under 130 CMR 447.414.

## Limitations

The MassHealth agency limits payment for acupuncture services to a total of 20 treatments per member per calendar year, without prior authorization. Acupuncture treatments above these limits require prior authorization in accordance with 130 CMR 447.416.

## Rates

101 CMR 317.00 governs the payment rates used by all governmental units for medical services provided to publicly aided patients. You can find this information on Mass.gov:

<https://www.mass.gov/doc/101-cmr-317-rates-for-medicine-services>

# Billing and Service Requirements



## Prior Authorization Requirement

- (A) The MassHealth agency requires that the acupuncturist obtain prior authorization as a prerequisite to payment for more than 20 treatments per member per calendar year.
- (B) Submission Requirement. The acupuncturist must submit all prior authorization requests in accordance with the billing instructions in Subchapter 5 of the Acupuncture Manual. Prior authorization determines only the medical necessity of the authorized service, and does not establish or waive any other prerequisites for payment, such as member eligibility, or resort to health insurance payment. See 130 CMR 450.303: Prior Authorization for additional information about prior authorization.
- (C) Notice of Approval or Denial of Prior Authorization.
  - (1) Notice of Approval. For all approved prior authorization requests for acupuncture services, the MassHealth agency sends written notice to the member and the acupuncturist about the frequency, duration, and intensity of care authorized, and the effective date of authorization.
  - (2) Notice of Denial or Modification and Right of Appeal.
    - (a) For all denied or modified prior authorization requests, the MassHealth agency notifies both the member and the acupuncturist of the denial or modification and the reason. In addition, the member will receive information about the member's right to appeal and the appeal procedure.
    - (b) A member may request a fair hearing from the MassHealth agency if it denies or modifies a prior authorization request. The member must request a fair hearing in writing within 30 days after the date of receipt of the notice of denial or modification. The MassHealth Board of Hearings will conduct the hearing in accordance with 130 CMR 610.000: MassHealth<sup>g1</sup> Fair Hearing Rules.

# Billing and Service Requirements



## Other Requirements:

### Record keeping Requirements

Federal and state regulations require that all MassHealth providers maintain complete written medical records of all patients who are MassHealth members. Medical records must comply with the provisions of 233 CMR 4.04.

Be sure to review the requirements found in the Acupuncture Provider Manual 447.417

### Reporting Requirements

Acupuncturists who furnish services to MassHealth members must report the results of these services to the member's primary care provider or Primary Care Clinician (PCC) in writing. The acupuncturist may report the results of treatment initially by telephone, but he or she must then submit a written report of the initial consultation and subsequent periodic re-evaluations.



**Questions?**

# Mass.gov Resources

# Resources

## MassHealth Website

MassHealth bulletins are all available on: <http://www.mass.gov/masshealth-provider-bulletins>

Providers can find regulations, bulletins, manuals, forms, and other information they may need on the provider publications page. <https://www.mass.gov/lists/provider-publications>

## MassHealth Customer Service:

Phone: (800) 841-2900; TTY: (800) 497-4648

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

Fax: (617) 988-8974

## Provider Email Alerts

- Sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to [join-masshealth-provider-pubs@listserv.state.ma.us](mailto:join-masshealth-provider-pubs@listserv.state.ma.us). No text in the body or subject line is needed.

**Questions?**