

Commonwealth of Massachusetts Executive Office of Health and Human Services Division of Medical Assistance

600 Washington Street Boston, MA 02111 www.mass.gov/dma

> MASSHEALTH TRANSMITTAL LETTER ALL-107 October 2002

TO: All Providers Participating in MassHealth

FROM: Wendy E. Warring, Commissioner

RE: All Provider Manuals (Revision to Termination of Provider Agreement)

The regulations transmitted in Transmittal Letter ALL-105, dated August 2002, have been moved from 130 CMR 450.227(C) to 130 CMR 450.223(D). There are no substantive changes to these regulations.

These changes are effective October 25, 2002.

NEW MATERIAL

(The pages listed here contain new or revised language.)

All Provider Manuals

Pages 2-19 and 2-20

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

All Provider Manuals

Pages 2-19 and 2-20 — transmitted by Transmittal Letter ALL-105

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series

ALL PROVIDER MANUALS

SUBCHAPTER NUMBER AND TITLE 2 ADMINISTRATIVE REGULATIONS (122 CMR) 450 2000

(130 CMR 450.000)

TRANSMITTAL LETTER
ALL-107

PAGE

2-19

DATE 10/25/02

- (6) The contractor agrees that the Division may offset any sums payable by reason of a retroactive rate increase for any period during which the contractor owned or operated part or all of a facility against any sums due the Division by reason of a retroactive rate decrease for any periods.
- (D) The contractor may terminate a provider agreement only by written notice to the Division and such termination shall be effective no earlier than 30 days after the date on which the Division actually receives such notice, unless the Division explicitly specifies or agrees to an earlier effective date. Any provision allowing for termination upon written notice shall not constitute the Division's specification of or agreement to an earlier effective date.
- (E) The provisions of 130 CMR 450.222 and 450.223 shall apply to any provider agreement made on or after the effective date of this regulation, including any extension or renewal of a provider agreement made prior to such effective date.

450.224: Provider Agreement: Exclusion and Ineligibility of Convicted Providers and Parties in Interest, Managing Employees, and Agents of Convicted Providers

- (A) The Division may terminate, or refuse to enter into or to renew a provider agreement with any contractor on behalf of any provider if such provider, any party in interest in such provider, or an agent or managing employee of such provider, has been convicted of a criminal offense relating to that person's involvement in any program established under Title XVIII, XIX, or XX of the Social Security Act, or of a crime of such a nature that, in the judgment of the Division, the participation of such provider will compromise the integrity of MassHealth.
- (B) The Division may terminate, or refuse to enter into or to renew a provider agreement with any contractor on behalf of any provider if the provider has been a party in interest, a managing employee, or an agent of a provider that has been convicted of a criminal offense relating to that person's involvement in any program established under Title XVIII, XIX, or XX of the Social Security Act, or of a crime of such a nature that, in the judgment of the Division, the participation of such provider will compromise the integrity of MassHealth.

450.225: Provider Agreement: Individual Practitioners

- (A) An individual practitioner must personally execute a provider agreement as the contractor with respect to the furnishing of any medical services, excluding those services covered by 130 CMR 450.301(B). The intent of 130 CMR 450.225 is that any individual practitioner may be held personally accountable under the provisions of 130 CMR 450.234 through 450.238 and 450.241 through 450.248 for all medical services billed under his or her provider number.
- (B) Any individual practitioner who desires to bill the Division for services furnished by any other individual practitioner, and any other person or other legal entity that desires to bill the Division for services furnished by individual practitioners in accordance with the fee schedules applicable to individual practitioners, must submit an application in accordance with the provisions of 130 CMR 450.331 through 450.338.

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series

ALL PROVIDER MANUALS

SUBCHAPTER NUMBER AND TITLE 2 ADMINISTRATIVE REGULATIONS (120 CMR, 450 000)

(130 CMR 450.000)

PAGE

2-20

TRANSMITTAL LETTER

ALL-107

DATE 10/25/02

450.226: Provider Agreement: Issuance of Provider Numbers

- (A) Upon execution of the provider agreement, the Division will issue a provider number to be used to identify the provider that is the subject of the agreement in claim forms and other communications with the Division. Consistent with the definitions in 130 CMR 450.101, separate facilities or locations owned or operated by the same contractor may be the subject of separate provider agreements with the contractor, in which case each such facility or location may be issued a separate provider number for its exclusive use. Also, the Division may issue two or more provider numbers to a health maintenance organization (defined in 42 U.S.C. 1395mm(b) and 42 CFR 405.2001), a hospital, or a similar organization or institution when the administrative convenience of the Division is served by the issuance of more than one provider number. Except in the circumstances described in 130 CMR 450.226, no provider shall have or use more than one provider number in any one provider type.
- (B) For every case in which a contractor is assigned two or more provider numbers, the contractor must employ each provider number only in conjunction with the facility or location to which the number is assigned. In addition, the Division may condition the assignment of multiple provider numbers upon the express written agreement of the contractor that the Division may commence proceedings in accordance with the provisions of 130 CMR 450.234 through 450.248 against any or all of its provider numbers, regardless of the location or facility where the violation has been alleged to have occurred or the overpayment received.

450.227: Provider Agreement: Termination or Disapproval for Nondisclosure

- (A) The Division shall not approve a provider agreement, and must terminate an existing agreement, if the contractor fails to disclose any information in accordance with the provisions of 130 CMR 450.222(B)(4), (B)(5), and (D), or 450.223(C)(5)(c).
- (B) The Division may refuse to approve a provider agreement, and may terminate an existing agreement, if the contractor fails to disclose any information in accordance with the provisions of 130 CMR 450.223(C)(5)(a) and (C)(5)(b), or a request by the Secretary in accordance with federal regulations at 42 CFR 420.205.

450.228: Fiscal Agents: Disclosure of Information

- (A) Every fiscal agent must disclose to the Division the information described in 130 CMR 450.222(B)(4) and (5) before entering into a contract with the Division.
- (B) Within 35 days after the date of a written request by the Secretary or the Division, every fiscal agent must provide any information necessary to update fully and accurately, as of the date of the request, any information described in 130 CMR 450.228(A).
- (C) The Division shall not approve a contract with a fiscal agent, and must terminate an existing contract, if the fiscal agent fails to comply with the provisions of 130 CMR 450.228.

(130 CMR 450.229 and 450.230 Reserved)