




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

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MASSHEALTH  
TRANSMITTAL LETTER ALL-109  
November 2002

**TO:** All Providers Participating in MassHealth  
**FROM:** Wendy E. Warring, Commissioner   
**RE:** *All Provider Manuals* (Authority to Implement and Comply with Certain HIPAA Requirements through Subregulatory Issuances)

This letter transmits an amendment to the administrative and billing regulations at 130 CMR 450.103 that establishes the Division's authority to implement and comply with certain requirements of the federal Health Insurance Portability and Accountability Act (HIPAA) through the issuance of billing instructions, provider bulletins, or other subregulatory materials.

These regulations are effective November 22, 2002.

NEW MATERIAL

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

All Provider Manuals

Pages 1-5 and 1-6

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

All Provider Manuals

Pages 1-5 and 1-6 — transmitted by Transmittal Letter ALL-95

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  ALL PROVIDER MANUALS	<b>SUBCHAPTER NUMBER AND TITLE</b> 1 INTRODUCTION (130 CMR 450.000)	<b>PAGE</b> 1-5
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Provider Agreement – a contract between the Division and a contractor for the medical services of a provider.

Provider Type – the classification in which a provider is or may be enrolled as a participating provider, which denotes and limits the kinds of medical services for which the provider may be reimbursed under MassHealth. Provider application forms, eligibility criteria, and conditions of participation are specific to each provider type.

Provider under Common Ownership – two or more providers in which a person or corporation has or had, at any time, an ownership or control interest, whether concurrently, sequentially, or otherwise. See 130 CMR 450.221(A)(9)(a), (b), (c), or (f).

Recipient – see “Member.”

Recipient Eligibility Verification System (REVS) – the on-line member eligibility verification system accessible to providers participating in MassHealth.

Sanction – an administrative penalty imposed by the Division pursuant to M.G.L. c. 118E, § 37 against a provider or imposed against a billing intermediary found to have violated laws or regulations governing MassHealth. Sanctions may include, but are not limited to, administrative fines and suspension or termination from participation in MassHealth. See 130 CMR 450.238.

Statutory Prerequisite – any license, certificate, permit, or other requirement imposed by Massachusetts or federal law or regulation as a precondition to the practice of any profession or to the operation of any business or institution in or by which medical services are furnished. Statutory prerequisites include, but are not limited to, licenses required by the Massachusetts Department of Public Health or the Massachusetts Department of Mental Health, certificates issued by the several Massachusetts boards of registration, and certificates required by the Massachusetts Department of Public Safety.

Transitional Aid to Families with Dependent Children (TAFDC) – a federally funded program administered by the Massachusetts Department of Transitional Assistance that provides cash assistance to certain low-income families.

Urgent Care – medical services that are not primary care, and are needed to treat a medical condition that is not an emergency medical condition.

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450.102: Purpose of 130 CMR Chapters 400 through 499

Chapters 400 through 499 of Title 130 of the Code of Massachusetts Regulations (CMR) contain the Division's regulations specific to provider participation in and the medical services and benefits available under MassHealth and the Emergency Aid to the Elderly, Disabled and Children Program. The regulations in 130 CMR 450.000 et seq. apply to all MassHealth providers and services. The Division also promulgates other regulations, and publishes other documents affecting these programs, including other chapters in Title 130 CMR, statements of policy and procedure, conditions of participation, guidelines, and other documents referenced in Title 130 CMR. In addition, the regulations in Title 130 CMR frequently refer to federal regulations, to regulations of the Massachusetts Department of Public Health and other agencies, and to rates and fee schedules established by the Massachusetts Division of Health Care Finance and Policy.

450.103: Promulgation of Regulations

(A) All regulations of the Division are promulgated in accordance with M.G.L. c. 30A. In the event of any conflict between the Division's regulations and applicable federal laws and regulations, the Division's regulations shall be construed so far as possible to make them consistent with such federal laws and regulations.

(B) Without limiting the generality of 130 CMR 450.103(A), the Division's regulations shall be construed so far as possible to make them consistent with the federal Health Insurance Portability and Accountability Act, including federal regulations promulgated thereunder (HIPAA). To implement and comply with HIPAA, the Division, from time to time, may issue billing instructions, provider bulletins, or other materials, which shall be effective and controlling notwithstanding any Division regulations to the contrary.

(130 CMR 450.104 Reserved)