




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

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MASSHEALTH  
TRANSMITTAL LETTER ALL-116  
August 2003

**TO:** All Providers Participating in MassHealth

**FROM:** Douglas S. Brown, Acting Commissioner 

**RE:** *All Provider Manuals* (Updated Primary Care Clinician Regulations)

This emergency update to the Primary Care Clinician (PCC) Plan regulation clarifies that PCCs must comply with the terms of the Division's most recent contract with its PCCs at all times. PCCs receive a copy of the PCC provider contract when they enroll as a PCC.

This regulation is effective August 13, 2003.

**NEW MATERIAL**

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

**All Provider Manuals**

Pages 1-21 and 1-22

**OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

**All Provider Manuals**

Pages 1-21 and 1-22 — transmitted by Transmittal Letter ALL-113

<b>Commonwealth of Massachusetts</b> <b>Division of Medical Assistance</b> <b>Provider Manual Series</b>  ALL PROVIDER MANUALS	<b>SUBCHAPTER NUMBER AND TITLE</b> 1 INTRODUCTION (130 CMR 450.000)	<b>PAGE</b> 1-21
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- (d) Behavioral health (mental health and substance abuse) services (including inpatient and outpatient psychiatric services).
- (e) Clinical laboratory services.
- (f) Dental care.
- (g) Drugs (legend and nonlegend) and diabetic supplies.
- (h) Family planning services and supplies for members of childbearing age.
- (i) HIV pre- and post-test counseling services provided by community health centers.
- (j) HIV testing.
- (k) Hospice services.
- (l) Hospitalization.
  - (i) Elective Admissions. All elective admissions are exempt from the PCC referral requirement and are subject to the Division's admission-screening requirements at 130 CMR 450.208(A). The hospital must notify the member's PCC within 48 hours following an elective admission.
  - (ii) Non-elective Admissions. Non-elective admissions are exempt from the PCC referral requirement. The hospital must notify the member's PCC within 48 hours following a non-elective admission.
- (m) Obstetric services for pregnant and postpartum members up to the end of the month in which the 60-day period following the termination of pregnancy ends.
- (n) Nursing-facility services.
- (o) Services delivered to a homeless member outside of the PCC office. Any covered service that is provided to a member with no residence or fixed address (that is, a homeless member) is exempt from the PCC referral requirement when such service is provided by a participating MassHealth provider who is also a PCC, according 130 CMR 450.118(B). The service must be provided at a location where medical services are not usually or customarily delivered (for example, a homeless shelter or a soup kitchen). The provider must attempt to contact the member's PCC within 72 hours after the delivery of care, in writing or by telephone, in order to notify the PCC of the date of service, the service provided, and the diagnosis. The provider must also maintain a written medical record for each member.
- (p) Services to treat an emergency condition or emergency department screening services.
- (q) Sexually transmitted disease diagnosis and treatment when provided by entities that have contracts with the Massachusetts Department of Public Health (DPH) pursuant to DPH's Request for Proposals for State-Cooperating Sexually Transmitted Disease Clinics and DPH's Request for Proposals for Community Health Networks.
- (r) State school intermediate care facilities for the mentally retarded.
- (s) Sterilization when performed for family planning.
- (t) Surgical pathology services.
- (u) Transportation to covered medical care.
- (v) Vision care in the following categories (see Subchapter 6 of the *Vision Care Manual*): visual analysis, frames, single-vision prescriptions, bifocal prescriptions, and repairs.

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(K) Services to Homeless Members. To provide services to homeless members according to 130 CMR 450.118(J)(2)(o), the provider must provide written evidence of demonstrated experience in delivering medical care in a nonmedical setting, and request, in writing, designation from the Division that the PCC is approved to provide services to homeless members. The Division retains the right to approve or disapprove such a request or revoke an approval of such a request at any time.

(L) Recordkeeping and Reporting.

(1) PCC Recordkeeping Requirement. The PCC must document all referrals in the member's medical record by recording the following:

- (a) the date of the referral;
- (b) the name of the provider to whom the member was referred;
- (c) the reason for the referral;
- (d) number of visits authorized; and
- (e) copies of the reports required by 130 CMR 450.118(J)(9).

(2) Reporting Requirements. The PCC who made the referral must obtain from the provider who provided the service the results of the referred visit by telephone and in writing whenever legally possible.

(M) Other Program Requirements. Payment for services provided to members enrolled with a MassHealth managed care provider is subject to all conditions and restrictions of MassHealth, including all applicable prerequisites for payment.

(N) PCC Contracts. Providers that are PCCs are bound by and liable for compliance with the terms of the most recent PCC contract issued by the Division, including amendments to the contract, as of the effective date specified in the PCC contract or amendment.

(130 CMR 450.119 through 450.123 Reserved)