



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Transmittal Letter All-208
August 2014

TO: All Providers Participating in MassHealth
FROM: Kristin L. Thorn, Medicaid Director
RE: *All Provider Manuals (Site Visits)*

These amendments incorporate provisions of the federal Affordable Care Act and explicitly require that providers permit the Centers for Medicare & Medicaid Services, its agents, its designated contractors, or the MassHealth agency to conduct unannounced on-site inspections. They also require that providers cooperate with the MassHealth agency during any application, revalidation or other review process, including permitting and facilitating site visits. These regulations are effective August 29, 2014.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

Questions

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Services Center at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

All Provider Manuals

Pages 2-11, 2-12, 2-17, and 2-18

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

All Provider Manual

Pages 2-11 and 2-12 — transmitted by Transmittal Letter ALL-175

Pages 2-17 and 2-18 — transmitted by Transmittal Letter ALL-186

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 2. Administrative Regulations	Page 2-11
	Transmittal Letter ALL-208	Date 08/29/14
All Provider Manuals		

450.212: Provider Eligibility: Eligibility Criteria

- (A) To be eligible to participate in MassHealth as any provider type, a provider must
- (1) meet all statutory requirements applicable to such provider type;
 - (2) meet all conditions of participation applicable to such provider type under Titles XVIII and XIX of the Social Security Act and regulations promulgated thereunder;
 - (3) meet all conditions of participation applicable to such provider type. Program regulations applicable to specific provider types appear in 130 CMR 400.000 through 499.000;
 - (4) be fully licensed, certified, or registered as an active practitioner by the agency or board overseeing the specific provider type;
 - (5) be registered with appropriate state and federal agencies to prescribe controlled substances, for any provider type that is legally authorized to write prescriptions for medications and biologicals;
 - (6) never have been subject to any disciplinary action, sanction, or other limitation or restriction of any nature imposed with or without the consent of the provider, by any state or federal agency or board, including but not limited to, revocation, suspension, reprimand, censure, admonishment, fine, probation agreement, practice limitation, practice monitoring, or remedial training or other educational or public service activities;
 - (7) cooperate with the MassHealth agency during any application, revalidation of enrollment, or other review process, which shall include, but not be limited to, permitting and facilitating, site visits, as determined by the MassHealth agency; and
 - (8) if the provider is a group practice, ensure that all individual practitioners comprising the group obtain an individual MassHealth provider number, and meet all the requirements of 130 CMR 450.212(A)(1) through (6). In addition, for a group practice to participate in MassHealth, it must file a group practice provider application with the MassHealth agency, and meet all of the following requirements.
 - (a) It must be a recognized legal entity (for example, partnership, corporation, or trust). A sole proprietorship may not be a group practice.
 - (b) It must satisfy at least one of the following:
 - (i) all of the beneficial interest in the group practice must be held by individual practitioners who are members of the group practice serviced by the group practice; or
 - (ii) all members of the group practice must be employees or contractors of the group practice.
 - (c) It must not be currently or have previously been suspended from MassHealth participation due to violations of applicable laws, rules, or regulations or have common parties in interest with any provider that is currently under suspension or has been suspended, if such common parties in interest own 50 percent or more of the beneficial interest in both the applicant and the suspended group practice.
- (B) A provider who does not meet the requirements of 130 CMR 450.212(A)(6) may, at the MassHealth agency's discretion, participate in MassHealth only if, in the judgment of the MassHealth agency, such participation would neither
- (1) threaten the health, welfare, or safety of members; nor
 - (2) compromise the integrity of MassHealth.
- (C) A provider who does not meet the requirements of 130 CMR 450.212(A) is not entitled to a hearing on the issue of eligibility.
- (D) A Qualified Medicare Beneficiaries (QMB)-only provider is a provider who provides medical services only to those MassHealth members who are MassHealth Senior Buy-In

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 2. Administrative Regulations	Page 2-12
	Transmittal Letter ALL-208	Date 08/29/14
All Provider Manuals		

described in 130 CMR 450.105(D) and certain MassHealth Standard members described in 130 CMR 450.105(A), and submits claims only for the benefits described in 130 CMR 450.105(D). QMB-only providers are subject to all regulations pertaining to providers participating in MassHealth except as provided in 130 CMR 450.212(D)(1) through (3) or as otherwise specified in 130 CMR 450.000.

(1) QMB-only providers may not bill for medical services other than those specified in 130 CMR 519.010(B): *MassHealth Coverage Types: MassHealth Senior Buy-In*.

(2) QMB-only providers may bill for providing benefits specified in 130 CMR 519.010(B): *MassHealth Coverage Types: MassHealth Senior Buy-In* whether or not the associated medical services are specified in 130 CMR 400.000 through 499.000.

(3) QMB-only providers may bill only for benefits pertaining to medical services that are payable under Title XVIII of the Social Security Act (Medicare).

(E) All individual practitioners comprising the group and the group practice entity are jointly and severally liable for any overpayments owed and are subject to sanctions imposed as a result of any violation of any statute or regulation committed by the individual practitioner that provided the service.

450.213: Provider Eligibility: Termination of Participation for Ineligibility

When a provider fails or ceases to meet any one or more of the eligibility criteria applicable to such provider, the provider's participation in MassHealth may be terminated, subject to 130 CMR 450.212(B) and 450.216. If such termination is based upon a finding, ruling, decision, order, notification, or statement of any nature (including an agreement with the provider) by any federal, state, or quasi-public board, department (other than the MassHealth agency), or other agency that revokes, voids, suspends, or denies the issuance, renewal, or extension of a license, certificate, or other statement of qualification that constitutes a statutory prerequisite or other eligibility criterion, or that takes any action of the nature set forth in 130 CMR 450.212(A)(6), the correctness or validity of the action taken by the issuing agency will be presumed, the termination will be effective as of the earliest date on which the provider failed or ceased to meet any of such criteria, and the MassHealth agency will not afford a hearing as to the correctness or validity of such action. If such termination is based solely upon a determination of ineligibility by the MassHealth agency, the provider will be afforded notice and an opportunity for hearing in substantially the manner set forth in 130 CMR 450.241 through 450.248, and any termination will be effective as of the date of receipt of notice thereof.

450.214: Provider Eligibility: Suspension of Participation Pursuant to U.S. Department of Health and Human Services Order

When a provider is the subject of a notice by the U.S. Department of Health and Human Services (DHHS) requiring the provider's suspension or the denial, termination, or refusal to renew a provider contract pursuant to §1902(a)(39) (42 U.S.C. 1396a(a)(39)) or any other section of the Social Security Act, the provider's participation in MassHealth will be suspended or its provider contract will be denied, terminated, or not renewed in accordance with the DHHS notice, subject, however, to the provisions of 130 CMR 450.216. The MassHealth agency will not afford a hearing to the provider as to the correctness or validity of the action taken by DHHS.

450.215: Provider Eligibility: Notification of Potential Changes in Eligibility

(A) The provider must notify the MassHealth agency in writing, within 14 calendar days of receipt, of any written communication from an issuing agency that expresses an intention, conditionally or otherwise, to alter, revoke, void, suspend, or deny the issuance, renewal, or extension of any license, certificate, or other statement of qualification that constitutes a provider eligibility criterion, or take any action of the nature set forth in 130 CMR 450.212(A)(6).

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title 2. Administrative Regulations	Page 2-17
	Transmittal Letter ALL-208	Date 08/29/14

(3) to keep for such period as may be required by 130 CMR 450.205 such records as are necessary to disclose fully the extent and medical necessity of services provided to or prescribed for members and on request to provide the MassHealth agency or the Attorney General's Medicaid Fraud Control Unit with such information and any other information regarding payments claimed by the provider for providing services (see 42 U.S.C. 1396a(a)(27) and the regulations thereunder);

(4) that the contract may be terminated by the MassHealth agency if the provider fails or ceases to satisfy all applicable criteria for eligibility as a participating provider;

(5) to submit, within 35 days after the date of a request by the Secretary or the MassHealth agency, full and complete information about:

(a) the ownership of any subcontractor with whom the provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request;

(b) any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor, during the five-year period ending on the date of the request; and

(c) any information necessary to update fully and accurately any information that the provider has previously delivered to the MassHealth agency or to the Massachusetts Department of Public Health;

(6) that the MassHealth agency may recoup any sums payable by reason of a retroactive rate increase for any period during which the provider owned or operated part or all of a facility against any sums due the MassHealth agency by reason of a retroactive rate decrease for any periods;

(7) to comply with all federal requirements for employee education about false claims laws under 42 U.S.C. 1396a(a)(68) if the provider is an entity that received or made at least \$5 million in Medicaid payments during the prior federal fiscal year;

(8) to furnish to the MassHealth agency its national provider identifier (NPI), if eligible for an NPI, and include its NPI on all claims submitted under MassHealth; and

(9) to permit the Centers for Medicare & Medicaid Services (CMS) and the MassHealth agency, and their agents and designated contractors to conduct unannounced on-site inspections of any and all provider locations.

(D) The provider must terminate a provider contract only by written notice to the MassHealth agency and such termination will be effective no earlier than 30 days after the date on which the MassHealth agency actually receives such notice, unless the MassHealth agency explicitly specifies or agrees to an earlier effective date. Any provision allowing for termination upon written notice does not constitute the MassHealth agency's specification of or agreement to an earlier effective date.

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title 2. Administrative Regulations	Page 2-18
	Transmittal Letter ALL-208	Date 08/29/14

450.224: Provider Contract: Exclusion and Ineligibility of Convicted Parties

The MassHealth agency may terminate, or refuse to enter into or to renew a provider contract if:

(A) the provider, any party in interest in such provider, an agent or managing employee of such provider, or in the case of a group practice, any individual practitioner enrolled as a member of the group, has been convicted of a criminal offense relating to that person's involvement in any program established under Title XVIII, XIX, or XXI of the Social Security Act, or of a crime of such a nature that, in the judgment of the MassHealth agency, the participation of such provider will compromise the integrity of MassHealth; or

(B) the provider or an individual practitioner enrolled as a member of a group practice 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 XXI of the Social Security Act, or of a crime of such a nature that, in the judgment of the MassHealth agency, the participation of such provider will compromise the integrity of MassHealth.

(130 CMR 450.225 Reserved)