

Primary Care Clinician Plan



PROVIDER HANDBOOK

MassHealth
PCC Plan

Dear Primary Care Clinician:

MassHealth is pleased to provide you with a copy of the *Primary Care Clinician (PCC) Plan Provider Handbook*. The *Handbook* provides quick access to important information about the PCC Plan, a managed care option for managed care eligible enrollees. We hope you will find the information contained in the *Handbook* useful.

Upon enrollment into the PCC Plan, members may select a service location and an individual health care provider from among MassHealth-participating PCC Plan network providers. The member's PCC is responsible for providing and/or coordinating most of the member's medical care and, as necessary, referring the member to other MassHealth providers for nonprimary care services.

PCC Plan members are also enrolled with a behavioral health care plan that provides and manages all behavioral health care services for enrolled members. The current behavioral health contractor is the Massachusetts Behavioral Health Partnership (MBHP).

MassHealth offers a number of supports to assist PCCs in fulfilling their roles and responsibilities. These supports include

- PCC Plan Management Support Service activities, which include site visits, support for member participation in the Plan, practice-based care management program, and support for integration of medical and behavioral health services from PCC support managers;
- operational and clinical support from PCC Plan staff, the MassHealth Office of Clinical Affairs (OCA), and the MassHealth pharmacy program;
- educational forums for PCCs; and
- assistance with outreach to enrolled members.

Additionally, PCCs can access services available through the MassHealth Virtual Gateway and Provider Online Service Center (POSC).

The *Handbook* comprises seven major sections. Each section provides an overview of key points to assist with coordination and collaboration with the PCC Plan and MassHealth.

If you have a question about the PCC Plan, you can contact MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711 for assistance.

If you are new to the PCC Plan, welcome! If you are not new, thank you for your ongoing participation in the PCC Plan provider network.

Sincerely,

Primary Care Clinician Plan (PCC Plan)

Part 1	Membership Information	2
	Member Enrollment	2
	Changing Managed Care Providers and Plans	2
	Welcoming PCC Plan Members to Your Practice	4
	Orienting PCC Plan Members	4
	Initial Visit	6
	Member Eligibility	7
	Managed Care Rules for Newborns	8
	Member Outreach and Care Coordination	8
	Member Rights	9
PART 2	Service Delivery	11
	Hours of Operation and Appointments	11
	Referrals	11
	Authorizations	13
	Emergency and Urgent Care	14
	Hospitalizations	14
	Nonemergency Transportation Services	14
	Pregnancy and Family Planning Services	15
	Health Care for Children, Adolescents, and Young Adults	15
PART 3	Administration	20
	Billing	20
	Prospective Interim Payments	22
	PCC Changes	23
	Credentialing	23
PART 4	Quality Management and Reporting	24
	PCC Plan Management Support Services Program	24
	Reporting	25
PART 5	Behavioral Health Services	26
	The Massachusetts Behavioral Health Partnership (MBHP)	26
Part 6	MassHealth Pharmacy	28
	MassHealth Prescriber Resources	30
Appendix		32
	Services That Do Not Require a Referral	32

Part 1 Membership Information

Member Enrollment

Managed Care Enrollment

MassHealth enrollees who are under 65 and managed care eligible are required to enroll in a managed care plan. Members who do not select a plan within the required time frames are assigned to a health plan in their service area, in accordance with the auto-assignment policy in place at the time of enrollment. MassHealth instructs members to contact MassHealth Customer Service to speak to a customer service representative (CSR), who help with the Plan Selection Period. Members can reach MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711, Monday to Friday from 8:00 a.m. to 5:00 p.m.

Members who select the PCC Plan are required to also select a PCC. If a member does not select a PCC, one will be assigned to the member. All members receive written notification of their selected or assigned PCC.

If the member selects or is assigned to a group practice, community health center, hospital licensed health center, or hospital outpatient department, the PCC service location is required to assign the member to a qualified primary care practitioner at that practice. PCCs at their practice location can view their respective monthly enrollment roster via the Provider Online Service Center (POSC) described later in this handbook.

Automatic Reenrollment

If a PCC Plan member loses MassHealth eligibility but regains eligibility within one year and is still managed care eligible, MassHealth will automatically reassign the member to the PCC with whom the member was most recently enrolled.

Changing Managed Care Providers and Plans

Changing a PCC

PCC Plan members may select a different PCC at any time. To make these changes, members may call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711. The transfer to a new PCC becomes effective on the same business day.

Changing Health Plans

PCC Plan members may also transfer to a different health plan at any time. To make these changes, members may call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.

A member or a provider, with the member's permission, may use an online change form to initiate this change. The form can be found on the MassHealth Choices website on the page titled Changing Your Plan. When members select a new health plan, they are allowed the Plan Selection Period for 90 days to finalize their decision to enroll. Upon the expiration of that Selection Period, members start their Fixed Enrollment Period and will only be able to change plans for certain reasons. To learn more, please visit the Fixed Enrollment Period website. All members will have a Plan Selection Period annually.

Disenrollment Requests

A PCC may submit a request to disenroll a member from his or her panel. All such requests must be made in writing and submitted to the following address:

MassHealth PCC Plan
Attn: Member Operations Coordinator
100 Hancock Street, 6th floor
Quincy, MA 02171

Please note: PCCs may not request disenrollment of a member for the following reasons:

- an adverse change in a member's health status;
- utilization of medical services;
- diminished mental capacity; or
- uncooperative or disruptive behavior resulting from a member's special needs (except where his or her continued enrollment seriously impairs your ability to furnish services to either the particular member or other members).

Submitted requests must demonstrate that:

- the member has a pattern of noncompliant or disruptive behavior that is not the result of the member's special needs;
- the continued enrollment of the member seriously impairs your ability to furnish services to either this particular member or other members; or
- you are unable to meet the medical needs of the member.

Submitted requests are reviewed against the criteria listed above. If warranted, MassHealth may request additional information. It is MassHealth's expectation that the PCC will continue to provide primary care and referrals as appropriate while the review is conducted. If it is determined that the request is warranted, MassHealth will provide notification about the approval and the effective date of the disenrollment. PCCs are required to forward all relevant medical records to the new PCC.

If MassHealth denies your request to disenroll a member, you must continue to provide primary care and referral services to that member in accordance with the terms and conditions outlined in the *PCC Plan Provider Contract*.

Welcoming PCC Plan Members to Your Practice

PCC Plan Enrollment Roster

The PCC Plan Enrollment Roster is a report specific to your practice. It shows the following information:

- all new PCC Plan members
- current PCC Plan members
- any PCC Plan members who have been disenrolled from your practice
- a four-month outreach report of those members who have not been seen within the first four months of enrollment in your practice

These reports can be accessed through the [Provider Online Service Center](#) (POSC).

Orienting PCC Plan Members

PCCs are required to provide outreach and orientation to all new enrollees by mail or phone within three weeks of enrollment. For new members with no prior history with a practice, PCCs are required to provide an initial visit within four months of the date of the member's enrollment into the PCC's panel. (See the chart on page 6 for more information on the timing of the initial visit.) The member orientation activities may be combined with the initial appointment.

In the member's medical record, please document all attempts to make initial contact with the member. If you are unable to reach a member after several attempts, please call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711 for member-outreach assistance.

Contents of the PCC Plan Orientation

PCC orientation for new members must include the following emphases.

1. The Importance of Primary Care

Explain the importance of primary care, including preventive care, and communicate that, as the PCC, you will provide and coordinate access for needed care. Also, explain that the member will need a PCC referral for most specialty care.

2. Referral Requirements

Members should be notified that, while most specialty services will require a PCC referral, there are certain exceptions to that rule. Pages 32 and 33 of this *Handbook* provide a list of services that do not require a PCC referral.

Examples of services not requiring a referral include the following:

- behavioral health (mental health and substance-use disorder) services
- clinical laboratory services
- emergency services
- family-planning services
- all elective and nonelective hospital admissions
- HIV testing and counseling
- obstetric services for pregnant and postpartum members

See 130 CMR 450.118(J) for the most current list.

3. Member Complaints and Grievances

PCCs are required to make an attempt to address most member concerns. However, members may also call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711, where a customer service representative can assist them with a particular issue. If neither of those options provides a satisfactory resolution of the member's complaint, the member may file a formal grievance with MassHealth at the following address:

Executive Office of Health and Human Services
MassHealth
ATTN: Director, MassHealth Member and Provider Services
100 Hancock Street, 6th floor
Quincy, MA 02171

4. Emergency and Urgent Care

Members should be informed that, in the event of an emergency for either a medical or behavioral health condition, they should call 911, go to the nearest emergency department (ED), or call their local behavioral health emergency services program (ESP) at (877) 382-1609. Members should be encouraged to contact their PCC for follow-up care after they have been seen by an ED or an ESP. If the emergency service was for a behavioral health condition, the members should also be encouraged to contact their behavioral health provider for follow-up care.

For urgent conditions, members should be instructed to contact their PCC to receive care. An urgent condition may be defined as any health problem that the member believes is serious but not an emergency.

5. PCC Plan Member Handbook

PCCs should provide members with an overview of the *PCC Plan Member Handbook*, informing them that the *Handbook* is a valuable tool that can assist them to understand PCC Plan rules. If the member needs a copy, he or she should be instructed to call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.

6. MassHealth Card

Encourage members to carry their MassHealth card with them whenever they seek medical care. You may also want to keep a photocopy of the member's MassHealth card on file.



7. Updating Enrollee Information

PCCs should emphasize the importance of providing updated address, telephone numbers, and other contact information to MassHealth. Remind members that failure to do so could result in a loss of eligibility if MassHealth is unable to contact them.

8. PCC Practice Specifics

PCCs should provide members with basic information about their respective practices, including, at a minimum, the following information:

- the days and hours that your practice is open
- how long members should expect to wait for an appointment for primary and urgent care. (For more information, see “Hours of Operation and Appointments” on page 11.)
- appointment cancellation procedures
- alternate phone numbers
- procedures for contacting the practice after normal business hours, including whom to contact; who will call the member back; and how long members should expect to wait for a return call (For more information, see “Hours of Operation and Appointments” on page 11.)

9. Helpful Telephone Numbers for Enrollees

Provide members with other helpful telephone numbers, including numbers for the following:

- MassHealth Customer Service: (800) 841-2900, TDD/TTY: 711
- The MBHP Customer Service for behavioral health services: (800) 495-0086; TTY: (877) 509 6981

Initial Visit

PCCs are required to conduct an initial visit for most members at enrollment. During an initial visit, PCCs are required to take a full medical history and perform a comprehensive physical examination. Recommended timelines for the initial visit are listed below.

Type of member	Initial visit required?	Timeline for conducting initial visit
Member is new to your practice.	Yes	Contact the member within three weeks of enrollment to schedule an initial visit within four months of enrollment in the PCC practice.
Member is over 21 and is not new to your practice.	No, if a physical exam has been provided in the last 12 months	None required.
Member is a pregnant woman (new or not new to your practice).	Yes	Contact the member within seven days of the PCC’s learning of the member’s pregnancy to ensure that a relationship with an obstetric provider has been established.
Member is under age 21 (new or not new to your practice).	Yes	Contact the member within the period described in the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Appendix W: EPSDT Services: Medical and Dental Protocols and Periodicity Schedules (for more information, see “Health Care for Children, Adolescents, and Young Adults” on page 15 of this Handbook).

Member Eligibility

Eligibility Verification System (EVS)

The Eligibility Verification System (EVS) is the MassHealth system that gives you easy access to current and complete member eligibility information on the date or date range in which services are provided. It is available 24 hours a day, seven days a week. If you do not verify a member's eligibility before providing services, you might not be paid for those services. By verifying eligibility, you learn

- the member's eligibility status;
- the member's MassHealth coverage type;
- managed care information, if applicable (the EVS message for PCC Plan members includes the name and telephone number of the member's PCC and indicates that members can access behavioral health services through the behavioral health contractor, currently the Massachusetts Behavioral Health Partnership);
- coverage restrictions, if applicable;
- other insurance information, if applicable;
- long-term-care information, if applicable; and
- the member's local office identification number, if applicable.

PCCs must verify each member's health care coverage and PCC Plan enrollment before providing services.

There are several ways to access EVS, all of which require providers to have a user ID and password. These include the following.

- The POSC (Provider Online Service Center) can be found at <https://newmmis-portal.ehs.state.ma.us/EHSProviderPortal/appmanager/provider/desktop>.
- The Automated Voice Response (AVR) system phone number is (800) 554-0042.
- Job aids for eligibility inquiries may be accessed through the MassHealth Get Trained web page.

Check EVS Regularly

Possession of a MassHealth card does not guarantee eligibility. Checking EVS is important, as a member's enrollment and eligibility may change from day to day. PCCs should verify member information when scheduling an appointment and again on the day of the appointment. Doing so will minimize billing problems later, because you will learn if a member is still eligible for MassHealth or still enrolled in your panel (and not enrolled with another plan).

Managed Care Rules for Newborns

Newborns of MassHealth eligible mothers are automatically eligible for MassHealth from birth until the child is one year old.

The following managed care enrollment rules apply for newborns.

Mother Is Enrolled in the PCC Plan

If a mother is enrolled in the PCC Plan, she will be asked to choose a PCC or a different health plan for her baby. Failure to do so within the allotted time will result in MassHealth assigning the baby to a health plan. The mother should call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711 to enroll her child in her plan of choice.

Until the baby who was born to a mother in the PCC Plan is enrolled with a plan, any MassHealth provider can see the child. Information about the plan enrollment status of the baby can be found on EVS. It is important to check EVS at each visit to avoid potential billing issues.

Newborns

You may be able to provide care to the newborn if you are a contracted provider with the mother's plan. If you are not part of that plan's network, you should instruct the mother to contact her plan call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711 to select a managed care plan in which you participate.

Please note that MassHealth plans are contractually required to reimburse in- and out-of-network providers for newborn services until the child's enrollment is established.

Member Outreach and Care Coordination

PCCs are required to provide outreach to newly assigned members as previously described in the "Orienting Your New Patients to the PCC Plan" section of this *Handbook*, and to other members on an ongoing basis. MassHealth offers services to PCCs to assist with this requirement. If, after making reasonable attempts, a PCC is unable to reach a new enrollee, the PCC may contact MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711 and request assistance. A CSR from MassHealth Customer Service will attempt to provide outreach to the member.

Outreach Provided by Local Community Support Programs (CSPs)

PCCs may refer members to a community support program (CSP) for services to facilitate access to care or services to address the following services or issues:

- access to behavioral health services (mental health or substance-use disorder)
- transportation difficulties
- child care problems
- language or cultural obstacles

To obtain additional information on the CSP providers available in your service area and to obtain information on how to make a referral to a CSP, call the MBHP Assessment Unit at 1-800-495-0086.

Care Management Program

The PCC Plan offers care management to PCC Plan members through MBHP. Care managers from MBHP may contact a PCC to request assistance with coordinating care for MassHealth members; may provide reports on high-risk members empaneled with a PCC; and may provide for those members participating in the CMP a copy of the member's individual care plan (ICP). These communications are tools to assist PCCs to coordinate care and improve both service delivery and a member's health outcomes.

PCCs may refer members to MBHP (1-800-495-0086, extension 3) if they believe that the care management services provided by MBHP may assist with the management of a member's medical or behavioral health conditions.

Member Rights

The PCC Plan provides all enrolled members with a *PCC Plan Member Handbook* to help them understand their rights. Members can get an additional copy of the handbook by calling MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.

The *PCC Plan Member Handbook* informs members that they have the following rights:

- A PCC cannot refuse to provide medically necessary treatment, but a PCC may refer a member to a specialist for treatment.
- Employees of the PCC Plan and providers must treat members with respect and dignity.
- The PCC Plan and all participating providers must keep a member's health information and records private. They may not share a member's protected health information with another party unless the member gives consent or the provider is required to do so by the law.
- Members must be informed, in a manner that the member understands, in advance of all treatment and alternatives that should be considered.
- Providers must include members in the decision-making processes about the member's health care. A member may refuse treatment (as far as the law allows). A member must be notified of the any potential consequences if he or she decides to refuse recommended care and treatment.
- A member may request and be provided copies of his or her medical records and may request changes to the records as the law allows. Medical records must be made available without cost to the member.
- Members who speak a language other than English may request an interpreter when calling MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.
- Members who read a language other than English may request that the information be read to them in their respective language by calling MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.
- Sight-impaired members may request services for materials provided by MBHP by calling the MassHealth Customer Service Center.
- Members have the right to select their own primary care clinician (PCC) and change their PCC at any time. Members may also switch to another health plan. To change PCCs or health plans, members must call MassHealth Customer Service.

- Members must be provided access to health care within the time frames described in “Hours of Operation and Appointments” on page 11. If a member does not get behavioral health care when he or she should, the member may file an appeal with MBHP. If a member does not get other medical care when he or she should, the member may file a grievance with MassHealth.
- Members may file a grievance with MassHealth Customer Service or appeal to the MassHealth Board of Hearings and request a fair hearing if the member disagrees with certain actions or inactions by MassHealth or MBHP.
- Members must be notified of all benefits, services, rights, and responsibilities that they have under MassHealth.
- Members may request a second opinion from another provider.
- Members have the right to emergency care 24 hours a day, seven days a week.
- Members may not be physically held, kept away from other people, or forced to accept treatment.
- Members should not be treated differently by providers because they choose to assert their rights or make care decisions in accordance with their rights.

PART 2 Service Delivery

Hours of Operation and Appointments

PCCs must provide assigned members telephone access 24 hours a day, seven days a week, even if their office is not open. Members' calls to that number must be responded to within an hour. If a PCC is unavailable for a period of time, arrangements must be made for another MassHealth participating provider to deliver health care services in the PCC's absence.

Below is a list of services and the time frames within which they must be provided to members.

- **Emergency care.** Instruct the member to go to the nearest emergency department, call 911, or (for a behavioral health emergency) call the Emergency Service Program (ESP) in the area, as appropriate.
- **Post-stabilization care.** PCCs are required to provide any necessary referrals for post-stabilization care upon request.
- **Urgent care.** These services must be provided within 48 hours of the member's request.
- **Primary care (nonurgent, symptomatic).** These services must be provided within 10 calendar days of the member's request.
- **Primary care (routine, asymptomatic care).** PCCs must provide care within 45 calendar days of the member's request unless the EPSDT Schedule requires a shorter time frame. (See [Appendix W](#) of your MassHealth provider manual for EPSDT information.)
- **Care for children in the care or custody of the Department of Children and Families (DCF).** For children newly placed in the care or custody of DCF, PCCs are required to do the following.
 - » Perform a health care screening within seven calendar days after the parent or a DCF worker asks for it.
 - » Give the child a full medical exam within 30 calendar days after the parent or a DCF worker asks for it unless the EPSDT Schedule requires a shorter time frame.

Referrals

Making a Referral

PCCs are responsible for providing primary care and referring members to MassHealth covered reimbursable services when medically appropriate, such as specialty care and certain ancillary services.

Many services covered by MassHealth require a referral while others do not. Check MassHealth regulations at 130 CMR 450.118(J) for the most current list of services that do not require a PCC referral. (As a quick reference, see pages 32 and 33 of this *Handbook* for a list of services that do not require a PCC referral.) Services that are not on this list require a referral. Please keep in mind that the services requiring a referral may change.

When making referrals, consider the member's prior relationship with a specialist; the member's choice; the member's location; and whether the specialist is a MassHealth provider. MassHealth will not pay for the services unless they are provided by a contracted MassHealth provider.

Please document all referrals in the member's medical record. Also include a copy of any medical report received from the referred to provider in the member's medical record.

Referrals to a sufficient number of physicians and other practitioners enrolled in MassHealth will ensure that MassHealth covered services can be furnished to members promptly and without compromising quality of care. For information on available MassHealth specialty providers, you can access the list of specialty providers contracted with the [MassHealth PCC Plan](#) or contact MassHealth Customer Service.

When referring a member to another provider, always inform the provider of the reason for the referral and the number of visits prescribed.

How to Make a Referral

Job aids on submitting, updating, or inquiring about referrals may be accessed by entering the search term “get trained” on the [MassHealth website](#).

From the [MassHealth POSC home page](#): Select “Manage Service Authorizations” and then “Referrals.”

Then select “Enter New Referral.” (The referral information panel is displayed.)

The screenshot shows the 'Referral Information' form in the MassHealth Provider Online Service Center. The form is divided into several sections by horizontal dashed lines. At the top, there is a header bar with the text 'MassHealth Provider Online Service Center' and a help icon. Below the header, the form fields are as follows:

- Member ID ***: A text input field.
- Referring Provider ***: A dropdown menu.
- An Individual Referring Provider must be selected if the Referring Provider is an Organization.**: A note.
- Individual Referring Provider**: A text input field with a search icon and a close button (X).
- You must select a Service Provider.**: A note.
- Service Provider ***: A text input field with a search icon and a close button (X).
- Assignment ***: A dropdown menu.
- Diagnosis Code**: A text input field with a search icon.
- Reason for Referral**: A large text area.
- Procedure Code**: A text input field with a search icon.
- Modifier 1**: A text input field with a search icon.
- Modifier 2**: A text input field with a search icon.
- Thru Code**: A text input field with a search icon.
- Modifier 3**: A text input field with a search icon.
- Modifier 4**: A text input field with a search icon.
- Effective Date ***: A date input field with a calendar icon.
- End Date ***: A date input field with a calendar icon.
- Visits ***: A text input field with a close button (X).
- Service Description**: A large text area.

At the bottom of the form, there are two buttons: 'Cancel Service' on the left and 'Submit' on the right.

Retroactive Referrals

If a PCC Plan member sees a specialist without seeking a referral, and the specialist has already provided care to the member, you, as the PCC, have the right to approve or disapprove a request for a retroactive referral.

Authorizations

Prior Authorization (PA)

Some services require PA from MassHealth or from MBHP. The process for submitting PA requests differs according to the services requested and the type of provider delivering the service. It is the responsibility of the servicing provider to obtain a PA before delivering the service.

MassHealth PA Request

PCCs should familiarize themselves with all services requiring PA and, if required, obtain PA before providing the service or refer the member to a participating provider for nonprimary care and other specialty services.

PCCs may obtain assistance from MassHealth to identify an appropriate provider by contacting the MassHealth Prior Authorization Unit at (800) 862-8341. The provider to whom the referral was made is responsible for obtaining PA if required.

MBHP PA Request

PCCs should submit a request to MBHP for a behavioral health service that requires PA. MBHP may be contacted at (800) 495-0086; TTY (877) 509-6981.

Please note: Members have the right to appeal any services denied by MassHealth or MBHP. Members may also appeal if MassHealth or MBHP does not act on the PA request within noted time frames for certain services. Members' appeal rights are fully described in MassHealth's regulations and in the *PCC Plan Member Handbook*.

For additional information on MassHealth's PA process, please refer to your MassHealth provider manual. Failure to obtain PA for required services will result in a denial of payment for furnished services.

Other Authorizations

Some services require other types of authorizations. See below for authorization requirements for "Hospitalizations" and "Non-Emergency Transportation Services."

Emergency and Urgent Care

Members should be instructed to seek emergency care whenever they experience a serious health care problem that they think needs to be treated right away. However, PCCs have the authority and responsibility to provide and manage care for all assigned members. PCCs are personally responsible for the provision of a member's primary and preventive care and to coordinate and refer members for other medically necessary nonprimary and preventive care services. PCCs may deny requests for referrals to services that they believe are not medically necessary.

Emergency and PCC services delivered to PCC Plan members in an ED or by an ESP provider do not require a PCC referral or PA. When services are delivered to PCC Plan members in the ED, including services delivered by an ESP provider, hospitals are required to notify the PCC of the visit within 48 hours. Members are also encouraged to notify their PCC of all ED visits. PCCs are required to provide follow-up care, as appropriate, including the coordination and tracking of referrals for recommended physical or behavioral health services.

Hospitalizations

Hospital Admissions

Hospitals are not required to obtain a referral from a member's PCC for elective or nonelective admissions for a PCC Plan member. However, for all PCC Plan members, hospitals must notify the member's PCC within 48 hours after providing emergency department services. The hospital must also notify the member's PCC within 48 hours of the member's discharge from an inpatient admission, per MassHealth's agreement governing payment for hospital services.

Preadmission Screening (PAS)

MassHealth performs PAS for all elective inpatient medical and surgical admissions when MassHealth is the primary insurance. PAS requests are reviewed by MassHealth's vendor, Permedion. Permedion notifies the member's PCC of the results of all PAS requests. If you have questions about PAS, call Permedion at (877) 735-7416.

Nonemergency Transportation Services

Authorization

MassHealth Standard and CommonHealth members are eligible for transportation to and from MassHealth-contracted providers for medically necessary services. Transportation is by land ambulance, taxi, or wheelchair van. MassHealth will approve a request for nonemergency transportation when personal transportation resources are unavailable and public transportation is either unavailable or not suitable to the member's health condition.

PCC referrals are not required for transportation services. To arrange for nonemergency transportation, PCCs are required to request authorization in advance by submitting a completed *Prescription for Transportation* (PT-1) form to the MassHealth Transportation

Authorization Unit. The PT-1 form may be completed electronically. A copy of the form is also available for download from the [MassHealth website](#).

Instructions to complete the form electronically can be found at [How to Complete and Submit the PT-1 Online](#).

If a provider does not have access to the Internet, a paper copy of the PT-1 may be requested by calling MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.

If you have questions about the process for authorization, call the MassHealth Transportation Authorization Unit at MassHealth Customer Service Center.

Pregnancy and Family Planning Services

Members are encouraged to make an appointment with their PCC, obstetrician/gynecologist (OB/GYN), or nurse midwife when planning a pregnancy to discuss their health status and the steps necessary to have a healthy birth. PCCs should encourage pregnant members to make an appointment with an OB/GYN or a nurse midwife as soon as they become aware of a pregnancy. When MassHealth knows about a member's pregnancy, and the member has consented to share the information with their PCC, MassHealth will provide notice via the *MassHealth Health Needs Referral* form. If the member is pregnant and has consented to share the information with her PCC, she does not need a PCC referral to see an OB/GYN or nurse midwife.

Members may obtain family planning services from their PCC or any MassHealth family planning provider. Members do not need a PCC referral to see a family planning service provider.

Health Care for Children, Adolescents, and Young Adults

Background

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for MassHealth Standard and CommonHealth members under the age of 21

EPSDT includes screening and diagnostic services and treatment services. MassHealth has also established a program of preventive pediatric health care screening and diagnostic (PPHSD) services for MassHealth members under the age of 21 who are enrolled in MassHealth's Family Assistance. Preventive health care includes screening, diagnostic services, and covered treatment services.

For more information, please see the regulations at 130 CMR 450.140 through 450.150 found in your MassHealth provider manual.

Well-Child Visits/Screening Services

PCCs are required to perform well-child visits and screenings for all enrolled MassHealth members under the age of 21. Screenings assist with the identification of health problems. These screenings include health, vision, dental, hearing, behavioral health, developmental, and immunization-status screenings. As appropriate, PCCs are required to make treatment recommendations or make referrals to other providers as applicable.

Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedules (the EPSDT Schedule) in all MassHealth provider manuals lists the ages at which you must conduct well-child visits.

The ages are as follows.

- one-to-two weeks
- one month
- two months
- four months
- six months
- nine months
- 12 months
- 15 months
- 18 months
- ages two through 20, annually

PCCs may perform medically necessary checkups at any time, even if they fall outside of the usual and customary periodicity schedule. This allows PCCs to provide care whenever there is a concern about a child’s medical or behavioral health or when a parent, guardian, or other clinician identifies a concern. Additional information about the schedule for checkups, recommended screenings, and resources can be found in the EPSDT Schedule.

PCCs are required to document the results of the screens in the child’s medical record. If a PCC is unable to perform any screenings according the EPSDT Schedule, the PCC must refer the child to another MassHealth provider to perform the screen. Results of such referred screenings are to be obtained and included in the child’s medical record. If a child has a documented prior screen from another provider, PCCs should not repeat that screen unless it is required for the member’s next age-appropriate visit or there is a medically necessary reason to repeat the screening. It is the PCC’s responsibility to arrange for necessary follow-up care. Required follow-up treatment may be provided by the PCC or a referral made to other providers as clinically indicated.

Behavioral Health Screenings

PCCs are required to use one of the approved, standardized behavioral health screening tools listed in the EPSDT Schedule to perform behavioral health screens. Responses and results from the behavioral health (BH) screening tools are to be shared and discussed with the child or his or her parent(s). The results of the BH screenings should be used to determine if a child needs further assessment by a behavioral health provider or other medical professional.

PCCs should consider enrolling with the Massachusetts Child Psychiatry Access Project (MCPAP), a DMH-funded service managed by MBHP that provides telephone consultation with a child psychiatrist within 30 minutes of a call. PCCs can enroll for this free service through the MCPAP website. In addition to this site, there is also a MCPAP for Moms web site.

Children identified as having a potential need for behavioral health treatment services must be referred for necessary BH services. PCCs may obtain additional information on how to access behavioral health services or find a behavioral health provider by contacting the PCC Plan’s behavioral health contractor, the Massachusetts Behavioral Health Partnership (MBHP) at (800) 495-0086.

For more information on the screening tools, go to MassHealth Children’s Behavioral Health Initiative (CBHI).

Diagnosis and Treatment Services

If a screen indicates that a child has a potential need for further diagnosis or treatment, the PCC is required to diagnose and treat the child or refer the child to an appropriate provider for treatment.

MassHealth covers required and medically necessary services for diagnosed health conditions as follows:

- Further treatment through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program for children enrolled in MassHealth Standard or CommonHealth.
- For children who are under the age of 21 and enrolled in MassHealth Standard or CommonHealth, all medically necessary services that are covered by federal Medicaid law, even if the services are not provided by the PCC Plan or the MBHP. This coverage includes health care, diagnostic services, treatment, and other measures needed to correct or improve defects and physical and mental illnesses and conditions.
- For any medically necessary treatment covered under Medicaid law, a MassHealth enrolled physician, nurse practitioner, physician assistant, or nurse midwife must support the medical necessity in writing. PCCs may seek assistance from MassHealth to identify providers who may be available to provide these services and assist members to obtain the services outside of the network, if necessary.
- Further treatment for children enrolled in MassHealth Family Assistance.

For children under the age of 21 and enrolled in MassHealth Family Assistance, MassHealth pays for all medically necessary services covered under the child's coverage type. This means that when the child's PCC (or any other clinician) discovers a health condition, MassHealth will pay for any medically necessary treatment that is included in the child's coverage type and delivered by a qualified MassHealth provider.

Most of the time, these services are covered by the child's MassHealth coverage type. If the service is not already covered, the clinician or provider delivering the service may contact MassHealth to request a PA for the service. MassHealth uses this process to determine if the service is medically necessary. The procedure for requesting such a service follows the same procedure as any other PA request. Access the web location at [Automated Prior Authorization System](#) (APAS) or call the PA Unit at 1-800-862-8341, or send a written request to the following address:

MassHealth
Attn.: Prior Authorization Unit
100 Hancock Street, 6th floor
Quincy, MA 02171

Dental Services

PCCs are required to perform a dental assessment at well-child checkups according to the EPSDT Schedule. Detected problems with a child's teeth or oral health must be referred to a dentist. PCCs should also recommend that the child visit a dentist at least twice a year when the first tooth erupts, but no later than 12 months of age. Children do not need a referral to see a MassHealth dentist.

During a routine dental appointment, the dentist will provide a full dental exam, teeth cleaning, and fluoride treatment. It is important to review and emphasize the need for children to get the following dental care:

- a dental checkup every six months
- a dental cleaning every six months
- any other dental treatments needed if you find problems with a child's teeth or oral health

MassHealth covers additional and medically necessary dentals for children who are under the age of 21 and

- enrolled in MassHealth Standard or CommonHealth and whose coverage under Medicaid law includes all medically necessary treatment, including dental treatment even if the service is not covered by MassHealth; or
- enrolled in Family Assistance with a coverage type that includes all medically necessary services, including dental treatments.

Fluoride Varnish Program—Training for Health Care Professionals

In an effort to prevent early childhood caries in children at moderate-to-high risk for dental caries, the application of fluoride varnish is recommended. Physicians and qualified personnel, including nurse practitioners, registered nurses, licensed practical nurses, physician assistants, and medical assistants seeking to apply fluoride varnish to MassHealth children under the age of 21 are required to complete a MassHealth-approved training program.

Physicians and qualified personnel have the option of completing

- a MassHealth-approved office-based training; or
- a MassHealth-approved self-administered Web-based training.

Physicians and qualified personnel must maintain proof of completion of the training (CME credit documentation or certificate—see below) and provide such documentation to MassHealth upon request.

MassHealth Dental Training Options

MassHealth has approved the following training programs for physicians and qualified personnel to apply fluoride varnish to eligible MassHealth members:

Office-Based Training

From the [First Tooth](#), a pediatric oral health initiative promoting the oral health of infants, toddlers, and preschool children in primary care, has collaborated with the MassHealth Dental program to provide training that uses the Smiles for Life curriculum. Smiles for Life is a national oral health program that is endorsed by the Society of Teachers of Family Medicine. Trainees in the program receive hands on training to learn about office and billing procedures and apply fluoride varnish. One Continue Medical Education (CME) credit is available upon completion of the Smiles for Life training through the American Academy of Family Physicians (AAFP). Contact the DentaQuest/MassHealth Dental Program's outreach coordinator at (617) 886-1797.

Web-Based Training

Smiles for Life provides online training. The web-based training includes a course titled “Caries Risk Assessment, Fluoride Varnish and Counseling.” It is course number 6 in their series. No official application is necessary. Upon completion of the training, participants must retain a copy of the Smiles for Life certificate of completion. Physicians and qualified personnel are expected to self-report.

The American Academy of Pediatrics (AAP) Oral Health Risk Assessment Training for Pediatricians and Other Child Health Professionals (one CME credit available) includes an online presentation and requires the completion of a post-presentation test to receive AAP CME credit.

For questions about either training modality, please contact the DentaQuest/MassHealth Dental Program’s outreach coordinator at (617) 886-1797.

School-Based Health Centers

To increase access to primary care services, PCCs may refer school-age members to a MassHealth-participating school-based health center (SBHC) in the PCC’s geographic area. SBHCs are located in some elementary, middle, and high schools, and require a PCC referral to deliver most services. SBHCs are expected to provide prompt information about the care and services provided to the member’s PCC. For a current list of contracted SBHCs, please call or write the Department of Public Health (DPH) at the following address:

Department of Public Health
Bureau of Family and Community Health
School-Based Health Center Program
250 Washington Street
Boston, MA 02108

Call: (617) 624-6015

Fax: (617) 624-6062

Website: [Department of Public Health](#)

PART 3 Administration

Billing

Introduction

All MassHealth statutes, regulations, rules, billing instructions, and provider bulletins governing claim submissions apply to PCCs. Please consult your MassHealth provider manual for additional billing information. Please note that providers may not bill MassHealth members for services covered by MassHealth.

Requesting Training

Training programs are designed to meet your needs and current level of understanding of the MassHealth program. We strongly encourage providers who are interested in receiving training to contact

MassHealth Provider Training
Email: pr@maximus.com

MassHealth Dental
12121 N. Corporate Parkway
Mequon, WI 53092
Email: inquiries@masshealth-dental.net
Call: (800) 685-9971

PCC Enhancement

MassHealth pays PCCs an enhanced rate of \$10 for certain types of primary and preventive care visits. The enhanced fee will be added to the visit rate. Please refer to the PCC Plan Provider Contract for a list of codes that are eligible for the PCC enhancement.

Special Billing for Screening Services/Well-Child Care Provided in Accordance with the EPSDT Schedule

MassHealth pays PCCs who are physicians, nurse practitioners, and acute-hospital outpatient departments an enhanced rate plus certain additional payments for checkups and screens performed when the appropriate service codes and billing modifiers are submitted. Correctly billing for these visits is important because it allows MassHealth to accurately track the provision of well-child care and ensures that PCCs receive the enhanced rates when applicable.

For more detailed information on Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services and Preventive Pediatric Healthcare Screening and Diagnosis (PPHSD) billing guidelines for MassHealth physicians and mid-level providers, please review the EPSDT

Schedule and the special billing guidelines about well-child care. Providers can find this information at www.mass.gov/service-details/epsdt-and-pphsd-information-and-resources.

1. Enhanced Fee for Well-Child Care Checkups

PCCs who are physicians, nurse practitioners, physician assistants, and acute-hospital outpatient departments are paid an enhanced fee in addition to the published rate for the well-child care visit when the services are delivered to members under the age of 21 in accordance with the EPSDT Schedule and regulations at 130 CMR 450.140 through 150. To obtain reimbursement for the enhanced fee, PCCs must submit a claim for the visit in accordance with the applicable billing instructions and include the add-on code (S0302) in addition to the visit code. Current rates for these services are published by the Executive Office of Health and Human Services (the chapter title is 101 CMR 317.00: Medicine), and can be found at the [101 CMR 317.00: Medicine](#) page.

2. Fee for Fluoride Varnish Application

Physicians and independent nurse practitioners may submit claims for fluoride varnish services when directly applied by these providers to a MassHealth member. These are the only MassHealth provider types who may bill for this service independently. PCCs may bill for an office visit, in addition to the fluoride varnish application, only if fluoride varnish was not the sole service, treatment, or procedure provided during the visit.

PCCs may also submit claims for fluoride varnish services that are provided by other qualified personnel under the supervision of the PCC, such as nurse practitioners, registered nurses, licensed practical nurses, physician assistants, and medical assistants. Services provided by such qualified personnel should be submitted with Service Code D1206 on the MassHealth claim.

Please note: Physicians should not use the mid-level modifiers (SA, SB, or HN) when submitting a claim for fluoride varnish services provided by qualified personnel.

3. Fee for Behavioral Health Screens

The EPSDT Schedule requires a behavioral health screen at every well-child care visit. MassHealth pays for the administration and scoring of the standardized behavioral health-screening tool in addition to the office visit when claims are submitted using service code 96110 and the appropriate “U” modifier. The billing modifier depends on the type of provider conducting the screen and the disposition of the screen. Clinicians must exercise their professional judgment as to whether the screen identifies a potential behavioral health need. PCCs can find information in [Appendix Z of the all provider manuals](#).

4. Fee for Laboratory Services, Audiometric Hearing Tests, and Bilateral Tests of Visual Acuity

For certain services, the EPSDT Schedule requires laboratory services. (For example, an audiometric hearing test or a bilateral test of visual acuity is included in a visit.) When these services are provided in accordance with the EPSDT Schedule, they are payable in addition to the visit.

The current rates for these services can be found on the state website at [Provider Payment Rates](#).

Special Billing for Diagnostic and Treatment Services Provided to Children in Accordance with the EPSDT Schedule

In general, MassHealth reimburses PCCs for diagnostic and treatment services performed in accordance with the EPSDT Schedule and as described in the general administrative and billing regulations in your MassHealth provider manual. Providers may obtain a copy on the [MassHealth website](#).

MassHealth will cover treatment for some services not otherwise covered by MassHealth (and for which there is no established fee) when provided to a member enrolled in MassHealth Standard or CommonHealth, and for which MassHealth has issued a prior authorization (PA). For circumstances like these, MassHealth will establish the appropriate payment rate for such services on an individual-consideration basis in accordance with [130 CMR 450.271](#).

Billing after Hours

MassHealth will pay PCCs an additional fee for urgent care provided in at the PCC's practice after hours. This payment is to encourage PCCs to provide extended hours for urgent care, thereby diminishing the member's need to visit a hospital emergency department or an emergency services program.

PCCs should use Subchapter 6 of the MassHealth provider manual in conjunction with the American Medical Association Current Procedural Terminology (CPT) code book to locate the appropriate "after-hours" service code. The current rates for these services can be found in [101 CMR 317.00: Medicine at Executive Office of Health and Human Services Regulations and Bulletins](#). For additional billing assistance, please visit the [MMIS and POSC](#) page.

Questions

For answers to billing and claims payment questions, call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711; send a fax to (617) 988-8974; or send an email to provider@masshealthquestions.com.

Prospective Interim Payments

Providers may choose to receive a Prospective Interim Payment (PIP), with the option for providers to receive a monthly cash advance based on a percentage of submitted claims.

To open or close a PIP account, providers must notify MassHealth Provider Enrollment and Credentialing in writing. Requests must include the provider's MassHealth provider ID and tax identification number. Send written request to the following address:

MassHealth Provider Enrollment and Credentialing
PO Box 278
Quincy, MA 02171-0278

Fax: (617) 988-8974

For additional information on the PIP questions option, call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711; send a fax to (617) 988-8974; or send an email to provider@masshealthquestions.com.

PCC Changes

PCCs are required to notify MassHealth of any changes to their status as a PCC, including, but not limited to, the following:

- Voluntary withdrawal from the PCC Plan or MassHealth for any reason
- Changes to information contained in the PCC Plan Provider Application or any other application submitted by the PCC to the Executive Office of Health and Human Services (EOHHS)
- Changes to address and other demographic information
- Changes to the managed care contact
- Changes to hours of operation or designation of PCC specialty

Notification of changes must be sent in writing and at least 14 days in advance of such changes to the MassHealth Provider Enrollment and Credentialing unit at the following address.

MassHealth Provider Enrollment and Credentialing
PO Box 278
Quincy, MA 02171-0278
Fax: (617) 988-8974
Call: (800) 841-2900, TDD/TTY: 711

Notifying Your Members about PCC Changes

You must notify members of changes that will impact their access to care and services, such as changes to location, hours of operation, or other PCC status changes, with exceptions noted for changes to provider type or ownership.

Changes to provider type or ownership will not result in an automatic transfer of current PCC Plan members to a PCC's new practice. Please note that PCCs should not discuss with or notify members about these changes before consulting with MassHealth Provider Enrollment and Credentialing mabospcc-acob@maximus.com to determine if current PCC Plan members may be transferred to a new practice. MassHealth will work with PCCs on a plan for notifying current members if changes will impact their continued enrollment with the PCC.

Credentialing

Credentialing is the process by which MassHealth determines that a provider meets the criteria established to participate in the MassHealth PCC Plan. A provider must meet the criteria set for the specific provider type in which the provider wishes to enroll. Providers participating in the PCC Plan must meet not only the MassHealth provider credentialing criteria, but also the eligibility criteria set for the PCC Plan.

Questions

If you have additional questions about changes to provider information, call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.

PART 4 Quality Management and Reporting

The PCC Plan supports quality improvement initiatives undertaken by PCCs in an effort to improve the quality of care provided to members. The PCC Plan works with the MassHealth Office of Clinical Affairs, the Massachusetts Behavioral Health Partnership (MBHP, currently the PCC Plan's network management vendor), and clinical advisory committees, which include PCCs, to identify specific clinical and utilization measures for evaluation and reporting.

PCC Plan Management Support Services Program

Introduction

The PCC Plan contracts with MBHP to provide PCC Plan Management Support Services. The major goals of support services are to support PCCs in their efforts to improve the quality of services and increase integration of physical and behavioral health care for PCC Plan members. Responsibilities of support services include the following:

- **PCC Plan Support.** PCCs can contact the PCC Plan Management Support Services Program with questions or concerns by calling (800) 495-0086. (If you would like to bypass the introduction to the message, press 1 for the English menu or 2 for the Spanish menu; then 3 followed by 1.) PCC Plan Support is available Monday through Thursday, 8:00 a.m. to 5:00 p.m. and Fridays from 9:30 a.m. to 5:00 p.m.
- **Provider Satisfaction Survey.** The survey measures PCC satisfaction with the various components of the PCC Plan, including provider enrollment, ease of finding specialists, and overall satisfaction with the PCC Plan Management Support Services program. The purpose of the survey is to identify areas in need of improvement and to develop plan-wide improvement goals.
- **PCC Plan Quarterly Newsletter.** The PCC Plan *Provider Connection* online newsletter informs PCCs of the latest policy updates and contains articles about medical and behavioral health integration issues. The newsletter includes stakeholder viewpoint columns from consumers, providers, trade associations, and public agencies, as well as clinical information on best practices and current research from medical journals.
- **PCC Plan Health Highlights Newsletter.** The *Health Highlights* newsletter is mailed twice a year to all PCC Plan members. This newsletter includes health information, illness prevention, and other topics conveying key concepts and messages of importance to the PCC Plan.
- **PCC Plan Health-Education Materials.** Current health education materials for PCCs and PCC Plan members can be found on the [MBHP website](#).
- **Quality Forums.** The PCC Plan conducts quality forums for PCCs on an ongoing basis to promote improvement in the provision of health care services and the improvement goals of the PCC Plan. Additionally, quality forums on topics related to integrating behavioral and medical health care services are offered to both PCC and behavioral health providers.
- **Provider Contract Compliance.** The PCC Plan monitors PCC compliance with contractual requirements on an annual basis.

- **MBHP website.** The MBHP website contains information and materials of interest to PCCs. Visit the [MBHP website](#) and then click on the tab for “PCC Plan Providers.” The website also lists MBHP’s behavioral health network providers who are available to serve PCC Plan members.
- **PCC Site Visits.** A site visit is provided to new and established PCCs based on the number of PCC Plan members in the provider panel. Regional PCC support managers (SMs) perform these visits. The regional SMs are available as a resource to respond to PCC concerns, assist in resolving issues, and inform and educate clinicians and staff on PCC Plan policies and procedures.

Reporting

Healthcare Effectiveness Data and Information Set (HEDIS)

HEDIS, issued by the National Committee for Quality Assurance (NCQA), is a set of health plan performance measures that standardizes the way health plans collect and report information on health care quality and service utilization. Examples of measures contained in HEDIS include breast and cervical cancer screening; childhood immunization; adolescent immunization; weight assessment, nutrition, and physical activity counseling; and well-care visits for children and youth under the age of 21. HEDIS uses claims and medical records in calculating the measures. The PCC Plan uses the performance results to identify opportunities for improvement.

PCCs can help the PCC Plan by responding promptly to all requests from MassHealth either directly or via a HEDIS vendor for medical records. HEDIS results for the PCC Plan and other MassHealth plans can be accessed online at the [MassHealth Data and Reports page](#).

Member Surveys

Every other year, MassHealth conducts a member survey to capture the experience of adult and pediatric members with their primary care practitioners. MassHealth is interested in the following dimensions of care:

- 1) Quality of doctor-patient interactions:
 - communication (how well doctors communicate with patients);
 - integration of care (how well doctors work with other providers in furnishing care to patients);
 - knowledge of the patient (how well doctors know their patients); and
 - health promotion (how well doctors give preventive care and advice).
- 2) Organizational features of care:
 - organizational access (whether patients get timely appointments, care, and information);
 - visit-based continuity (whether patients see their own doctor);
 - clinical team (whether patients receive quality care from other doctors and nurses in the office); and
 - office staff (whether patients receive quality care from staff in the doctor’s office).

The survey results may be used to identify and develop opportunities for improvement in the primary care setting.

PART 5 Behavioral Health Services

The Massachusetts Behavioral Health Partnership (MBHP)

Behavioral health (mental health and substance-use disorder) services are provided to PCC Plan members through the Massachusetts Behavioral Health Partnership (MBHP). The MBHP is the PCC Plan's behavioral health services contractor.

Covered Services

PCC Plan members can receive, when medically necessary, acute inpatient services, outpatient services, outpatient day services, diversionary services and emergency behavioral health services through the Emergency Services Program (ESP). ESP services are provided in community-based settings, such as schools, homes, and hospital emergency departments.

In addition, PCC Plan members who are under 21 can currently receive a number of “community-based” and “home-based” behavioral health services when medically necessary. These services include Intensive Care Coordination (ICC) (for Standard, CommonHealth and Family Assistance members), Family Support and Training (FS&T), In-Home Behavioral Services, Therapeutic Mentoring (TM), In-Home Therapy Services (IHT), Community-Based Acute Treatment (CBAT), and Mobile Crisis Intervention.

PCC Plan members may also be eligible for enrollment in care management programs such as Integrated Care Management Program or Plan Based Care Management. For more information about these programs and the behavioral health services covered by MBHP, call MBHP at (800) 495-0086 or visit the [MBHP website](#).

The PCC's Role

Members do not need a PCC referral to access behavioral health services. However, PCCs should (1) conduct appropriate behavioral health screening, and (2) assist members to access needed behavioral health services. If a patient is in acute crisis and needs evaluation urgently, the PCC may call for an evaluation in the office or community by calling the emergency services program (ESP).

PCC Plan members may also arrange for services by calling MBHP directly. Either the PCC or the member may call (800) 495-0086 to locate an appropriate behavioral health provider in their area. It is important for the PCC to screen for behavioral health conditions, suggest appropriate behavioral health services, inquire about prescription medication, and encourage members to discuss their behavioral health treatment and coordinate care with the member's treatment team.

Communicating with Behavioral Health Providers

PCCs and behavioral health providers are encouraged to communicate and coordinate as appropriate and applicable with any provider delivering behavioral health services to your PCC members, including the following:

- All specialists
- Home health agencies
- State agency case managers
- Care or disease managers
- School-based health centers
- Local educational authorities
- Discharge planners

Behavioral health providers are encouraged to use the *Combined MCE Behavioral Health Provider/Primary Care Provider Communication Form*, which can be downloaded at <https://www.masspartnership.com/pdf/CombinedMCEBHPProvidertwo-wayform.pdf>.

The use of this form is intended to increase the frequency and the quality of the content of communication between behavioral health providers and primary care clinicians.

Coordination also includes the review and acknowledgement of an individual care plan (ICP) from the behavioral health contractor upon receipt of the ICP.

Referring Children under the Age of 21 to Behavioral Health Providers

PCCs are required to provide or refer children for behavioral health diagnostic and treatment services in accordance with the EPSDT Schedule whenever there is a potential need identified. For more information about well-child visits and screens and coverage of diagnostic and treatment services, see page 15 of this Handbook.

Questions

For more information or questions about accessing behavioral health services for PCC Plan members, call (800) 495-0086 or visit the [MBHP website](#).

Part 6 MassHealth Pharmacy

MassHealth Prescriber Resources

MassHealth Drug List

The MassHealth Drug List (MHDL) is an alphabetical list of commonly prescribed drugs and therapeutic class tables. The MHDL specifies which drugs need prior authorization (PA) when prescribed for MassHealth members. The PA requirements specified in the drug list reflect MassHealth's policy described in the pharmacy regulations and other communications from MassHealth, as well as MassHealth's and the Drug Utilization Review (DUR) Board's review of drugs within certain therapeutic classes. The MHDL also specifies the generic over-the-counter drugs that are payable under MassHealth. The MHDL Therapeutic Class Tables provide a view of drugs within their respective therapeutic classes, along with PA requirements and clinical information about the drug. The tables may not include all medications, dosage forms, and combination products within that therapeutic class. The criteria for PA identify the clinical information MassHealth considers when determining medical necessity for selected medications. The criteria are based upon generally accepted standards of practice, review of the medical literature, federal and state policies, and laws applicable to the Massachusetts Medicaid Program.

Pharmacy PA

Drugs may require PA for a variety of reasons. MassHealth determines the PA status of drugs on the MHDL on the basis of the following criteria:

- MassHealth program requirements
- Ongoing evaluation of the drugs' utilization, therapeutic efficacy, safety, and cost

Drugs are evaluated first on safety and effectiveness, and second on cost. Some drugs require PA because MassHealth and the DUR Board have concluded that there are more cost-effective alternatives. With regard to all such drugs, MassHealth also has concluded that the more costly drugs have no significant clinically meaningful therapeutic advantage in terms of safety, therapeutic efficacy, or clinical outcome compared to those less costly drugs used to treat the same condition.

Evaluation of a drug includes a thorough review by physicians and pharmacists using medical literature and consulting with specialists, other physicians, or both. References used may include AHFS Drug Information; *Drug Facts and Comparisons*; Micromedex; National Comprehensive Cancer Network (NCCN); literature from peer-reviewed medical journals; *Drug Topics Red Book*; *Approved Drug Products with Therapeutic Equivalence Evaluations* (also known as the "Orange Book"); the Massachusetts List of Interchangeable Drug Products; and manufacturers' product information.

To meet federal regulations that require Medicaid plans to respond to all PA requests within 24 hours and allow for a minimum 72-hour emergency supply, MassHealth notifies prescribers by telephone or fax within the 24-hour window.

MassHealth may impose PA requirements in therapeutic classes in which it has designated a preferred product on the MassHealth Brand Name Preferred Over Generic Drug List or the MassHealth Supplemental Rebate/Preferred Drug List pursuant to the supplemental rebate agreement and preferred brand-name policies described above.

Preferred Drug List

As part of the state's efforts to promote clinically appropriate alternatives that are the most cost effective in each class, MassHealth has entered into supplemental rebate agreements with drug manufacturers for certain drug classes. These drugs are listed on the MassHealth Supplemental Rebate/Preferred Drug List. Please note that MassHealth may still require PA for clinical reasons.

Preferred Brand Name Medications

In general, MassHealth strongly advocates the use of generic drugs. However, in some circumstances, generic drugs may cost more than their brand-name equivalents. For this reason, MassHealth is implementing a policy allowing MassHealth to prefer selected brand-name drugs over generic drugs when the net cost of the brand-name drug adjusted for rebates is lower than the net cost of the generic equivalent. These preferred brand-name drugs are found on the MassHealth Brand Name Preferred Over Generic Drug List.

Quantity and Dose Limits

Quantity limits and/or dose limits have been implemented on certain medications to ensure the safe and appropriate use of the medications. These limits have been approved by the Pharmacy Policy committee. Please see the MHDL for more details.

Appeals

Members are notified via mail of the decision on any PA. Members can appeal a PA decision up to 30 days from the date of the denial. Members can initiate the appeal by completing the form on the PA notice. All appeals must be initiated by the member.

Prescription Coverage

Health care providers must write or call in a prescription for all medications, including over-the-counter medications. The only medications that are excluded from this requirement are those where the pharmacy has a standing order (e.g., naloxone, vaccines, etc.).

Member Copayments

Copayments are \$1 for generic medications and \$3.65 for brand-name medications. Certain populations do not have copayments. Members are entitled to their medications even when they cannot afford a copayment. For more information, please see the *PCC Member Handbook* or call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711. The Customer Service Center is open Monday through Friday, 8:00 a.m. to 5:00 p.m.

White Bagging

“White bagging” refers to the dispensation of medication by a pharmacy directly to a provider, hospital, or clinic for administration. While there are concerns about waste with this method of medication delivery (e.g., members not showing up for appointments or changes in doses before administration), the risk of damage to a medication may be significantly reduced compared to “brown bagging.” White bagging maintains the professional chain of custody of the medication.

Brown Bagging

“Brown bagging” refers to the dispensation of medication from a pharmacy directly to a member who carries the medication to a provider’s office or hospital for administration. While MassHealth understands that this process may alleviate a prescriber from buying and subsequently billing for a medication, the risks to our members and liability to our providers may be high. In addition to potential concerns about both the timing of medication delivery to the member and subsequent appointments, there is also the potential for inadvertent damage (e.g., handling or storage) to the product while it is in the member’s hands. MassHealth discourages the practice of brown bagging.

Controlled Substance Management Program

The Controlled Substance Management Program (CSMP) was established to restrict and monitor members who overutilize or improperly utilize prescribed drugs. Members enrolled in the CSMP are restricted to obtaining prescribed drugs only from the provider that the MassHealth agency designates as the member’s primary pharmacy. MassHealth may enroll a member in the CSMP when they meet one of more of the following criteria.

- 1) Members who MassHealth determines have overutilized or improperly utilized medications in certain therapeutic classes, received duplicate therapy from multiple physicians, or frequently visited the emergency room seeking pain medications. The MassHealth DUR Program and Pharmacy Policy committee has identified these criteria, which are listed in the MHDL.
- 2) Members who were enrolled in the CSMP of a MassHealth-contracted Managed Care Organization (MCO) at the time the member disenrolled from the MCO.

MassHealth Prescriber Resources

Go to the [MassHealth Drug List](#) (MHDL) to access the following information:

- Covered Over-the-Counter (OTC) Medications
- Medication Coverage
- Office-administered drugs (i.e., injectable or infused medications) that require prior authorization
- Preferred Brand Name Medications
- Preferred Drug List
- Prior Authorization Requirements

- Prior Authorization Forms
- The MassHealth Drug List Upcoming and Recent Updates

Prescriber Letter

MassHealth highlights key clinical information and updates to the MassHealth Drug List directed to prescribers through its MassHealth Prescriber e-Letter. Send an email to join-masshealth-drug-list@listserv.state.ma.us to sign up.

Controlled Substances Management Program

For questions about the management of controlled substances, access [Controlled Substances Management Program \(CSMP\)](#).

MassHealth Pharmacy Publications and Notices for Prescribers and Providers

For pharmacy publications and notices for prescribers and providers, go to [MassHealth Pharmacy Publications and Notices for Prescribers and Other Providers](#)

Pharmacy Facts' Publication

MassHealth uses [Pharmacy Facts](#) to communicate important changes to the Pharmacy Program.

Regulations

For regulations (pharmacy and provider), go to [MassHealth Pharmacy Regulations](#).

Appendix

Services That Do Not Require a Referral

The following is a list of the currently available MassHealth reimbursable services *that do not require a referral* from a PCC. Please keep in mind that MassHealth services and benefits requiring a referral from a PCC change from time to time. This list is for your general information only. MassHealth's regulations at 130 CMR 450.118(J)(5) take precedence,

- Abortion services
- Annual gynecological exams
- Clinical laboratory services
- Diabetic supplies
- Durable medical equipment (items, supplies, and equipment) described in the durable medical equipment regulations at 130 CMR 409.000)
- Fiscal intermediary services as described in 130 CMR 422.419(B)
- Fluoride varnish administered by a physician or other qualified personnel as described in 130 CMR 433.449(B)
- Functional-skills training provided by a MassHealth personal care management agency as described in 130 CMR 422.421(B)
- HIV pre- and post-test counseling services
- HIV testing
- Hospitalization
 - » Elective admissions (All elective admissions are exempt from the PCC referral requirement and are subject to the MassHealth agency'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.)
 - » Nonelective admissions. The hospital must notify the member's PCC within 48 hours following a nonelective admission.
- Obstetric services for pregnant and postpartum members provided up to the end of the month in which the 60-day period following the termination of pregnancy ends
- Oxygen and respiratory therapy equipment
- Pharmacy services (prescription and over-the-counter drugs)
- Radiology and other imaging services with the exception of magnetic resonance imaging (MRI), computed tomography (CT) scans, positron emission tomography (PET) scans, and imaging services conducted at an independent diagnostic testing facility (IDTF), which do require a referral
- Services delivered by a behavioral health (mental health and substance-use disorder) provider (including inpatient and outpatient psychiatric services)
- Services delivered by a dentist
- Services delivered by a family planning service provider, for members of childbearing age
- Services delivered by a hospice provider
- Services delivered by a limited service clinic

- Services delivered in a nursing facility
- Services delivered by an anesthesiologist
- Services delivered in an intermediate care facility
- Services delivered to a homeless member outside of the PCC office pursuant to 130 CMR 450.118(K)
- Services delivered to diagnose and treat sexually transmitted diseases
- Services delivered to treat an emergency condition
- Services provided under a home- and community-based services waiver
- Sterilization services when performed for family planning services
- Surgical pathology services
- Tobacco-cessation counseling services
- Transportation to covered care
- Vision care in the following categories (see Subchapter 6 of the *Vision Care Manual*):
visual analysis frames, single-vision prescriptions, bifocal prescriptions, and repairs



MMassHealth Customer Service: (800) 841-2900, TDD/TTY: 711
provider@masshealthquestions.com

MBHP Customer Service for behavioral health services: (800) 495-0086;
TTY: (877) 509-6981