



## Preadmission Screening (PAS) Waiver Request for Acute Inpatient Hospitals

### Applicant Information

Provider Name			
Address			
Street		City	State ZIP
Contact Name		Contact Tel. ( )	
MMIS PID/SL (List all individual service locations if applicable.)			
NPI	Fax ( )	Email	

### Waiver Request Information

This is a request to waive the MassHealth requirement that acute inpatient hospitals electronically submit preadmission screenings (PAS).

Please check all the reasons that are preventing you from submitting PAS requests electronically.

- ☐ Provider software   ☐ Incompatible   ☐ Out-of-date   ☐ Other \_\_\_\_\_
- ☐ MMIS issues – please describe. \_\_\_\_\_
- ☐ Lack of Internet access
- ☐ Natural disaster
- ☐ Accommodation
- ☐ Other circumstances. Please explain so that electronic submission would be possible for you in the future.

\_\_\_\_\_

\_\_\_\_\_

MassHealth will review this request. For more information on the waiver process, please see page two.

Authorized Signature	Date
Print Name	Title

Please send the completed waiver request to MassHealth Customer Service  
PO Box 278  
Quincy, MA 02171-0005

You may also submit your request by fax (617) 988-8910 or  
e-mail (pec@maximus.com).

# **Preadmission Screening (PAS) Waiver and Submission Policy for Acute Hospitals**

To reduce costs and promote environmental responsibility, MassHealth does not accept paper submissions from providers for acute hospital PAS. (See *Acute Inpatient Hospital Bulletin 153*, September 2015.)

In some instances, however, MassHealth providers may apply for an exception to the mandatory electronic submission policy. A waiver process allows providers who meet certain criteria to continue to submit paper PAS for an approved period.

Criteria to determine eligibility for the waiver include the following.

1. Provider software – temporary technical difficulties related to upgrading a current system or installing a new system
2. MMIS issues – temporary technical difficulties related to testing or interfacing with MMIS
3. Lack of Internet access – providers who do not have Internet access or a computer
4. Natural disaster – temporary (at least five business days) disruption in service, caused by natural disaster or utilities work
5. Accommodation – provider's staff responsible for claims submission have a disability that prevents the electronic submission of claims that cannot be easily mitigated with reasonable accommodation
6. Other extenuating circumstances – any situation in which complying with this policy would impede the ability of the provider to participate in MassHealth

The approved waiver will expire 12 months after issuance. If you need an extension, you will have to apply with a new form at least 30 days before the expiration date. There is no charge for the waiver, but the provider may be charged an administrative fee based on PAS paper volume.

MassHealth will respond to your request within 30 calendar days of receipt.

If you have any questions about the enrollment process, please email [PEC@Maximus.com](mailto:PEC@Maximus.com). For general questions, you may contact MassHealth by email at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com). Please note: These email boxes are only for general questions. They are not secure. Please do not send documents to these email boxes, or include any personal health information (PHI) or personally identifiable information (PII). You may also call (800) 841-2900, TDD/TTY: 711.