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June 5, 2026

THIS LETTER WAS SENT VIA EMAIL
programintegrity@cms.hhs.gov

Dr. Mehmet Oz, Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Oz,

Enclosed is MassHealth's two-year provider revalidation strategy, submitted in response to your letters of April 23, 2026, to State Medicaid Directors and to Governor Maura Healey. Our strategy prioritizes high-risk providers, enhances accuracy of provider enrollment data, and establishes a structured framework for ongoing collaboration with the Centers for Medicare and Medicaid Services (CMS) on program integrity. MassHealth remains committed to working with CMS to protect the integrity of the Medicaid program while maintaining access to critical services for MassHealth's 1.9 million members.

Sincerely,

Mike Levine

Michael Levine
Undersecretary for MassHealth
1 Ashburton Place, 11th Floor
Boston, MA 02108

Enclosure

cc:

The Honorable Maura Healey
Governor
Commonwealth of Massachusetts
Massachusetts State House
24 Beacon Street
Boston, MA 02133

Dr. Kiame J Mahaniah, MD
Secretary
Executive Office of Health and Human Services
1 Ashburton Place, 11th Floor
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Executive Summary

In response to the April 23, 2026 letter from the Center for Medicare and Medicaid Services (CMS) to State Medicaid Directors, MassHealth submits this two-year provider revalidation strategy designed to strengthen Medicaid program integrity through targeted revalidation of high-risk providers and enhanced accuracy of provider enrollment data.

MassHealth's strategy builds upon its existing robust provider screening, enrollment, and revalidation processes consistent with federal requirements. This includes risk-based screening, routine provider monitoring and exclusion checks, site visits, fingerprint-based criminal background checks for high-risk providers, and routine revalidation activities.

Consistent with CMS guidance, MassHealth's two-year strategy focuses on three principal initiatives:

1. Conducting expedited, off-cycle revalidation of approximately 800 high-risk fee-for-service providers and directing managed care entities to perform corresponding revalidations within their provider networks;
2. Requiring approximately 60,000 Personal Care Attendants and approximately 400 directly billing 1915(c) Home and Community Based Services (HCBS) waiver providers to obtain National Provider Identifiers (NPIs) and complete updated screening and revalidation activities; and
3. Continuing standard revalidation operations for all other providers in accordance with federal and state requirements.

The strategy is intentionally targeted to focus oversight efforts where they are most needed, while minimizing provider burden and maximizing program integrity impact. MassHealth estimates that approximately 61,000 providers will be impacted. To support accountability and transparency, MassHealth will provide CMS with quarterly progress reports beginning in September 2026. MassHealth intends to complete all off-cycle revalidation activities by June 2028.

The strategy reflects MassHealth's commitment to strengthening oversight of high-risk providers, improving accountability for providers without NPIs, maintaining accurate provider enrollment data, and advancing shared federal and state goals for Medicaid program integrity in collaboration with CMS.

I. Introduction

Per the Center for Medicare and Medicaid Services' (CMS's) request in its letter dated April 23, 2026, the Massachusetts Executive Office of Health and Human Services (EOHHS), serving as the Single State Agency responsible for administering the Medicaid program and Children's Health Insurance Program, collectively known in Massachusetts as the MassHealth program, is pleased to present its two-year provider revalidation strategy. As responsible stewards of taxpayer funds, EOHHS and MassHealth (herein referred to together as MassHealth) continuously ensures program integrity and the prevention of fraud, waste, and abuse (FWA). We recognize provider screening and revalidation as a critical tool in this effort. Through the implementation of this provider revalidation strategy, MassHealth will reverify the accuracy of provider enrollment information and reaffirm that providers participating within MassHealth's network are appropriately qualified and in good standing.

MassHealth's provider revalidation strategy includes:

- Revalidate high-risk fee-for-service (FFS) providers as defined by 42 CFR 455.450 through an expedited, off-cycle revalidation;
- Direct MassHealth's managed care entities (MCEs) to perform off-cycle revalidations for high-risk providers outside of MassHealth's FFS network; and
- Require all Personal Care Attendants and 1915(c) Home and Community Based Service Waiver providers that bill MassHealth directly to acquire a National Provider Identifier (NPI).

Within this document, MassHealth outlines:

- Our existing robust provider screening, enrollment, and revalidation processes;
- Our approach and timeline for performing off-cycle provider revalidations and addressing providers without NPIs that bill MassHealth directly;
- Our maintenance and validation of provider information, including in public provider directories, in between revalidations;
- The performance measures MassHealth intends to track and report to CMS;
- Our public reporting of provider enrollment and revalidation information; and
- MassHealth's collaboration with law enforcement as it intersects with provider revalidation.

MassHealth looks forward to pursuing this provider revalidation strategy in close partnership with CMS as well as the provider community, MCEs, law enforcement, and other external stakeholders.

II. MassHealth's Existing Screening, Enrollment, and Revalidation Operations

MassHealth implements provider screening, enrollment, and revalidation operations consistent with 42 CFR Part 455, Subpart B. This section describes how these functions are performed across MassHealth's fee-for-service (FFS) and managed care programs.

A. Risk Categorization of Providers

As required by 42 CFR 455.450, MassHealth designates providers as high, moderate, or limited risk levels based on provider type as well as individual provider behavior that indicates previous engagement in fraud, waste, and abuse (FWA).

1. Categorical Definition of High-Risk Providers

MassHealth utilizes the risk levels that are assigned by Medicare for programs and provider types. Risk levels for provider types that are only enrolled in Medicaid are assessed by MassHealth directly on an ongoing basis. Provider types may be:

- Classified as high risk at enrollment and for ongoing revalidation (i.e., Group Adult Foster Care Providers, Adult Foster Care Providers).
- Classified as high risk at enrollment and moderate risk for ongoing revalidation (i.e., Continuous Skilled Nursing Agencies, Durable Medical Equipment Providers, Home Health Agencies, Hospice Care Providers, Nursing Facilities, Orthotics Providers, Oxygen and Respiratory Therapy Equipment Providers, Prosthetics Providers). Providers are moved from high-risk to moderate risk upon revalidation.

MassHealth continuously assesses provider type risk levels based on findings from program integrity activities (such as provider audits and pre-pay denials) as well as national trends in provider FWA. Please refer to **Appendix A**: *Provider Types and Risk Levels* for the state's current Medicaid provider types classified by screening risk level.

2. Behavioral Definition of High-Risk Providers

In addition, MassHealth identifies individual providers as high risk under certain scenarios including:

- Providers who had payment suspensions based on a credible allegation of fraud, waste, or abuse;
- Providers with Office of Inspector General (OIG) or other state Medicaid program exclusions within the past 10 years;
- Providers with qualified overpayments who are enrolled or revalidated[1]; and
- Any newly enrolling MassHealth provider in a provider type previously subject to an enrollment moratorium who applies to enroll during the first 6 months after the moratorium is lifted.

B. Provider Screening and Enrollment Procedures

Providers seeking to enroll with MassHealth must submit a completed enrollment application that includes National Provider Identifier (NPI) information[2], tax identification details, licensure documentation, and disclosure of ownership and managing employee information. Once an application is received, a series of database verification steps are conducted before enrollment is approved. These include cross-referencing the applicant against the United States Health and Human Services (HHS) Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), the General Services Administration (GSA) System for Award Management (SAM) exclusion database, the Social Security Administration (SSA) Death Master File, and applicable state licensure boards to confirm that provider credentials are current and in good standing.

For moderate- and high-risk providers, MassHealth conducts unannounced or scheduled site visits to verify that the provider's physical location exists and is operational. For high-risk provider types, MassHealth conducts fingerprint criminal background checks as a condition of enrollment. Site visit and fingerprinting activities are conducted as a condition of enrollment (if the provider is categorically defined as one of these risk categories), immediately (upon identification of a credible allegation of FWA or excluded from another state Medicaid program), or upon revalidation (if the provider has a qualified overpayment).

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[1] Overpayments that result in a provider's classification as high risk must total over $1,500, are more than 30 days old, have not been repaid at the time of revalidation, and are not subject to a MassHealth-approved extended repayment schedule.

[2] See **Section II.D** regarding the subset of MassHealth providers without NPIs.

Applications that cannot be verified, that disclose disqualifying ownership or criminal history, or that involve a provider previously terminated from MassHealth or another state's Medicaid program are subject to denial under both state procedures and the federal mandatory denial provisions under 42 CFR § 455.416. Approved providers are assigned a MassHealth provider number and become subject to ongoing compliance obligations as a condition of continued enrollment.

C. Revalidation for Fee-For-Service Providers

MassHealth conducts revalidation on a cycle consistent with the federal requirement of every five years under 42 CFR § 455.414, or consistent with the guidance CMS provided during the COVID-19 Public Health Emergency. Between revalidation cycles, MassHealth routinely terminates providers when informed of engagement in FWA or when monthly validations against multiple databases identify that they no longer meet provider eligibility requirements. Further, providers are required to report material changes – including changes in ownership, location, licensure status, or the addition of managing employees – within thirty days of the change; failure to report in a timely manner can constitute grounds for sanctions or termination of enrollment.

MassHealth requires ongoing screening for providers at enrollment, reenrollment, and revalidation as described in **Table 1**.

Additional state screening is performed for providers who are subject to licensing certification or accreditation oversight. MassHealth verifies this information with respective oversight authorities to ensure valid and active documentation. These include, but are not limited to, the Massachusetts Department of Public Health's (DPH's) Board of Registration in Medicine (BORIM) and the Bureau of Health Professions Licensure (BHPL).

All enrolled providers are subject to continuous, monthly database checks, as applicable; these are detailed in **Table 2**. While a subset of checks are federally required, MassHealth supplements these with additional state-specific database checks, including several regarding licensure and professional certification.

Table 1: MassHealth's Current Approach for Revalidating Providers by Risk Level

Activity	Relevant Provider Risk Level
Collection of federally required disclosures from providers and associated entities	All
Monthly screening of providers and disclosed individuals/entities against required federal and state sanction and exclusion databases (see **Table 2** for list of databases checks)	All
Flagging of providers with disciplinary actions on their professional licenses and taking necessary remedial actions	All
Flagging of providers with disclosed criminal convictions, sanctions, or pending legal/disciplinary proceedings	All
Verification of Medicare enrollment status through the Provider Enrollment, Chain, and Ownership System	All
Site visits	Moderate/High
Fingerprint-based criminal background checks[3]	High

Table 2: Continuous Monitoring Activities on Enrolled Providers

Federally-Required Database Checks
CMS MedFile
GSA SAM
National Plan and Provider Enumeration System
HHS OIG LEIE
Provider Enrollment Crosswalk States Files
SSA Death Master File
Additional State-Specific Database Checks
American Speech-Language-Hearing Association
Division of Health Professionals License
Division of Professional Licensure
Excluded or Suspended MassHealth Providers
Massachusetts DIA Debarment List
Massachusetts DPH BHPL
Massachusetts DPH Board of Registration in Dentistry
Massachusetts DPH BORIM
MA Division of Professional Licensure
National Board for Certification in Occupational Therapy
Secretary of Commerce – Corporations Division
State Board Actions

[3] This applies to the individual provider or any person with a 5 percent or greater direct or indirect ownership interest in the provider.

D. Revalidation for Providers without National Provider Identifiers

There are two subsets of self-directed services providers without NPIs who work regularly with MassHealth members: Personal Care Attendants (PCAs) and certain self-directed 1915(c) Home and Community Based Services (HCBS) waiver services providers.

MassHealth contracts with a fiscal intermediary (FI) for screening and enrollment activities of providers for self-directed State Plan PCA services, as well as self-directed 1915(c) HCBS waiver services. In self-directed arrangements, the MassHealth member serves as the employer and the FI bills MassHealth for services rendered. The FI enrolls both PCA providers and self-directed providers participating in HCBS waiver services, the latter of which are known as direct care workers (DCWs). The FI also collects and reviews all DCW enrollment documents consistent with the process used for state plan PCA program enrollment.

Non-self-directed HCBS waiver service providers are enrolled and screened by other state partners (e.g., Department of Developmental Services, MassAbility, local Aging Services Access Points, and University of Massachusetts Chan Medical School) who are directed to conduct a robust recredentialing process. Most HCBS waiver providers are revalidated every two years as outlined in their contracts for each approved waiver; please see **Appendix B**: *HCBS Waiver Provider Recredentialing Requirements* for an example.

E. Revalidation for Managed Care Entity Providers

MassHealth's contracts with managed care entities (MCEs), including Managed Care Organizations (MCOs), Accountable Care Partnership Plans, the Massachusetts Behavioral Health Vendor, One Care Plans, and Senior Care Options Plans, require the MCEs to implement screening, enrollment, credentialing, recredentialing, validation, and revalidation processes for the providers in the MCEs' provider networks consistent with applicable state and federal statutes and regulations, including but not limited to 42 CFR 438.214, 438.602, and 438.608, as well as 42 CFR Part 455 Subparts B and E. These requirements include the validation and revalidation of all MCE network providers, site visits in accordance with recognized managed care industry standards and relevant federal regulations, the collection of Federally Required Disclosure Forms, requirements related to provider enrollment and exclusion, and other standards such as those set forth by the National Committee on Quality Assurance and the Massachusetts DPH BORIM. Providers who participate both in FFS and managed care must follow the requirements set forth in the FFS and managed care contracts, including completing revalidations with each of the entities and maintaining up to date information.

The MCEs conduct ongoing monitoring at defined intervals (e.g., monthly, weekly, or as otherwise required depending on the data source), including checks of exclusion lists, licensure status, and other indicators of provider eligibility. These processes are applied consistently across provider types and support timely identification and resolution of changes in provider status.

III. MassHealth's Two-Year Provider Revalidation Strategy

MassHealth intends to pursue additional revalidation activities to supplement the robust operational framework described in **Section II**. Specifically, MassHealth's two-year revalidation strategy will include implementing the following key initiatives:

- Perform a one-time off-cycle revalidation for high-risk providers as defined by MassHealth's provider risk categorization, including fee-for-service (FFS) providers and providers within managed care networks, including ordering, referring, and prescribing (ORP) providers.
- Ensure all Personal Care Attendants (PCAs) and Home and Community Based Service (HCBS) Waiver providers within MassHealth's network that bill MassHealth directly, as defined further in **Section III.B**, acquire National Provider Identifiers (NPIs).
- Conduct revalidation activities for all other providers in accordance with federal and state law and operations commensurate with their risk level.

MassHealth will target approximately 61,000 providers in total through this strategy, including high-risk providers, PCAs, and HCBS Waiver providers within both FFS and managed care networks. More information on the timeline for conducting these one-time revalidation activities can be found in **Section V**.

A. Revalidation Strategy for High-Risk Providers

MassHealth intends to perform the following activities to complete a revalidation of all high-risk providers. This approach was designed to perform these revalidations as quickly as possible while limiting providers' administrative burden from undergoing multiple revalidations within a short timeframe.

1. Fee-for-Service High-Risk Providers

MassHealth will revalidate roughly 750 high-risk FFS providers as part of this strategy. This includes providers that are categorically determined to be high risk or elevated to high risk under the scenarios described in **Section II.A**.

MassHealth will apply the following exclusions to the population of providers receiving off-cycle revalidation:

- MassHealth will consider revalidation within the last 12 months to meet the requirements of this off-cycle validation and will not separately revalidate these providers. Approximately 160 high-risk providers fall into this category. MassHealth will report on the revalidation outcomes for these providers in its performance reporting, described further in **Section IV**.
- Of the remaining high-risk providers, for those dually enrolled in Medicaid and Medicare, MassHealth will collect the Federally Required Disclosures Form from these providers and otherwise rely on Medicare's screening, fingerprinting, and enrollment oversight. Approximately 340 high-risk providers fall into this group.

For all high-risk providers, the revalidation process will be consistent with established and robust revalidation procedures as required by MassHealth and CMS. These include all activities detailed in **Table 1** for high-risk providers, such as fingerprint-based criminal background checks and site visits.

2. High-Risk Providers Within Managed Care Networks

As part of this effort, MassHealth will also direct managed care entities (MCEs) to perform off-cycle revalidation of high-risk providers within their network according to the same timeline as MassHealth FFS and consistent with state and federal requirements as specified in their contracts with MassHealth. To prevent providers from being subject to multiple revalidations from both MassHealth and its MCEs, MassHealth will share a list of providers being revalidated through MassHealth's FFS process that MCEs may exclude from their off-cycle revalidation. MassHealth will share the outcomes of the revalidation process reported by MCEs as noted in **Section IV**.

B. Revalidation Strategy for Providers without National Provider Identifiers

MassHealth will perform additional revalidation activities for providers without NPIs. MassHealth has two provider types who have not historically obtained NPIs to serve members: self-directed PCAs and HCBS waiver providers.

1. Personal Care Attendants

MassHealth's PCA program uses a self-directed model, as described in **Section II.D**. MassHealth will revalidate approximately 60,000 PCAs who serve approximately 50,000 members. This process will include reverifying identity and work authorization, requiring PCAs without an NPI number to obtain one and report it to MassHealth, screening against federal databases (e.g., Office of Inspector General List of Excluded Individuals and Entities), and requiring the providers to sign an updated PCA agreement form.

2. HCBS Waiver Providers

In certain waivers, HCBS waiver service providers are enrolled and screened by other state agencies who are directed to conduct a robust revalidation process consistent with the approved waiver, as described in **Section II.D**. For the purposes of this revalidation strategy, MassHealth will focus on HCBS waiver providers who bill MassHealth directly and exclude those who bill through other constituent agencies of Massachusetts Executive Office of Health and Human Services. For the 400 waiver providers that bill MassHealth directly, they will be required to obtain NPIs and report them to MassHealth. Further, all providers in this category will be revalidated in the next two years, using the processes described in **Appendix B**: *HCBS Wavier Provider Recredentialing Requirements*.

C. Revalidation Strategy for All Other Providers

Providers that do not fall into the high-risk category or that do not have NPIs will be revalidated in accordance with federal and state law and operations commensurate with their risk level, as described in **Section II**. There are approximately 45,000 FFS providers who have been revalidated in the last 12 months or will be revalidated in the next two years in accordance with MassHealth's routine revalidation procedures.

IV. Performance Measures and Reporting Framework

MassHealth will leverage its existing revalidation systems and established reporting mechanisms to collect and analyze performance for the two-year provider revalidation strategy and provide CMS with quarterly reports on progress and outcomes.

MassHealth will measure progress through the collection and reporting of outcomes for all provider types included in this two-year revalidation strategy. These performance measures, outlined in **Table 3**, aim to balance accountability and transparency with operational feasibility of data collection and reporting. These measures are focused on outcomes specific to this off-cycle revalidation strategy, enabling MassHealth to identify patterns unique to this exercise as compared to those stemming from ongoing provider revalidation activities.

Table 3: Quarterly Performance Measures to Evaluate MassHealth's Two-Year Provider Revalidation Strategy

Measure Name	Description
High-Risk Provider Revalidation Completion Rate	Denominator: total number of high-risk providers identified for off-cycle revalidation by MassHealth Numerator: number of high-risk providers in the denominator for whom MassHealth has completed off-cycle revalidation
National Provider Identifier (NPI) Acquisition Rate	Denominator: total number of providers without NPIs identified by MassHealth as needing to acquire NPIs Numerator: number of providers in the denominator who have acquired NPIs
Disenrollment Rate	Denominator: total number of providers identified for off-cycle revalidation by MassHealth, stratified by provider type Numerator: number of providers disenrolled as a result of the off-cycle revalidation process, stratified by provider type and reason for disenrollment
Number of Fraud Referrals	Number of providers referred to the Massachusetts Attorney General's Medicaid Fraud Control Unit or other law enforcement partners as a result of the revalidation process

MassHealth intends to report on these outcomes on a quarterly basis over the off-cycle revalidation period, with the first report delivered in September 2026 and final report delivered in June 2028. These reports will include a narrative update on the ongoing exercises as well as the performance measures described in **Table 3**.

V. Key Activities, Milestones, and Completion Dates

MassHealth's provider revalidation strategy activities will begin in June 2026 following the submission of MassHealth's strategy to CMS, with the intention to complete off-cycle revalidation by June 2028. Milestones are identified throughout the duration of this exercise in **Table 4**. Please note that this timeline is subject to change based on ongoing discussions with vendors responsible for performing provider revalidation activities.

Table 4: Key Milestones in MassHealth's Two-Year Provider Revalidation Strategy

Provider Category	Target Month	Milestone
High-Risk Providers	Aug 2026	Execute updates to Fee-For-Service (FFS) provider enrollment vendor contracts, as needed, to perform off-cycle high risk provider revalidation.
	Sep 2026	Finalize guidance to managed care entities (MCEs) to perform high-risk provider validations not captured under MassHealth's FFS high-risk provider revalidation.
	Feb 2028	Complete off-cycle revalidation of high-risk FFS providers. Direct MCEs to complete high-risk provider revalidation.
	Apr 2028	Direct MCEs to report revalidation results to MassHealth.
Providers without National Provider Identifiers (NPIs)	Jan 2027	Establish necessary regulatory and contractual language to require Personal Care Attendants (PCAs) and Home and Community Based Services (HCBS) waiver providers that bill MassHealth directly to acquire NPIs.
	Apr 2027	Release guidance for providers acquiring NPIs.
	May 2028	Complete off-cycle revalidation activities for providers without NPIs.
	Jun 2028	Report to CMS on NPI adoption amongst PCAs and HCBS Waiver Providers.
All	Sep 2026	Submit quarterly reports to CMS detailing provider revalidation strategy progress.
	Dec 2026	
	Mar 2027	
	Jun 2027	
	Sep 2027	
	Dec 2027	
	Mar 2028	
	Jun 2028	Submit final report to CMS that includes provider revalidation strategy outcomes and process.

VI. Maintenance of Provider Data

MassHealth follows all federal regulations regarding provider data and directory accuracy and intends to continue to do so while moving through the revalidation activities described in this strategy. All vendors and subcontracted entities who manage provider data, including third-party administrators, credentialing vendors, and managed care entities (MCEs), are required to establish processes to regularly review the accuracy of the data in their systems, replace outdated or incorrect information, and provide tools and procedures to allow providers to maintain accurate information. The processes detailed in this section provide an overview of the current and ongoing solutions which allow for easy maintenance of provider data across the agency. These solutions will be leveraged throughout the revalidation process to ensure ongoing accuracy of databases across the MassHealth ecosystem in compliance with federal and state regulations.

A. Fee-For-Service Providers

MassHealth's publicly available provider directory is updated at enrollment, revalidation, and as providers submit and attest to updates. Changes are processed in a timely manner to ensure the directory remains current and accurate. MassHealth also has provider portals with access to enrollment information, enabling comprehensive self-service for provider applications, enrollments, revalidations and profile updates. Portals are user friendly and include links to resources such as provider guidance, job aids, and relevant regulations.

Additionally, MassHealth provides ongoing education and outreach regarding the updated CMS provider directory requirements, activities which began in advance of the July 1, 2025 effective date. These efforts include multi-channel communications, direct account meetings with large provider organizations, and dissemination of information through quarterly Provider Association Forum meetings. MassHealth and its vendors also offer monthly trainings focused on enrollment and revalidation processes, providing direct education and an opportunity for providers to ask questions and clarify requirements. These activities support provider awareness, promote compliance, and reinforce timely and accurate directory data submission and maintenance.

During revalidation, information such as revalidation status, time to completion, and outstanding actions is shared with provider contacts via rosters, emails, and letters at regular intervals. This process supports program integrity by allowing MassHealth an opportunity to disenroll providers who are no longer practicing and/or no longer meet

participatory requirements, ensuring the timely removal of these providers from the network.

B. Managed Care Entity Providers

MCEs are contractually responsible for maintaining provider data and directory accuracy in alignment with federal regulations, including 42 CFR 438.10. MCEs maintain their own provider portals and processes to enable providers to update the information in their systems; as part of the recredentialing processes, MCEs also review system information accuracy. Additionally, MassHealth works with the external quality review organization and the MCEs to regularly review the accuracy of the information presented in provider directories as well as that which is used to determine network adequacy. These activities inform updates to provider data required in each MCE's systems.

VII. Public Reporting

Table 5 contains details on public-facing and provider-facing reports and resources which support transparency and provider awareness related to enrollment and revalidation. Many of these resources are federally required and further demonstrate MassHealth's compliance-focused and provider-centered approach to these activities.

Table 5: Public-Facing Resources to Support Provider Revalidation

Category	Name and Hyperlink
Public-Facing Reports and Resources	Provider Directory
	Revalidation for Fee-For-Service Providers
	Revalidation for Ordering, Referring, and Prescribing (ORP) Providers
	Revalidation Requirements Reference Guide
	List of Suspended or Excluded MassHealth Providers
Learning Management System Resources	Electronic Fee-for-Service Revalidation Process (Course)
	MassHealth New Provider Overview (Course)

VIII. Collaboration with Law Enforcement

In any instance where MassHealth's revalidation activities uncover a credible allegation of fraud, MassHealth does and will refer those allegations to the Commonwealth of Massachusetts' federally certified Medicaid Fraud Control Unit, the Medicaid Fraud Division (MFD) within the Massachusetts Attorney General's Office. MassHealth identifies potential fraud through a variety of program integrity mechanisms, including provider revalidations, as well as allegations of fraud reported internally by front-line staff and external referrals from the public, managed care entities, providers, and others. In order to maintain clear lines of communication and coordination with MFD, MassHealth has a designated Audit Response and Fraud Enforcement team that is responsible for receiving credible allegations of fraud from MassHealth staff and external stakeholders, submitting referrals to MFD, serving as the single point of contact for MFD, and keeping MassHealth leadership informed of referrals made to MFD. Following a referral, MassHealth coordinates closely with MFD to support their investigation and enforcement efforts. This coordination includes regular information sharing, including provider audit findings and other pertinent information, coordination on implementation of payment suspensions, and ongoing communication regarding matters under investigation, as requested by MFD.

IX. Conclusion

MassHealth shares CMS's commitment to maintaining strong provider oversight and ensuring that provider enrollment information remains accurate and up to date. In support of these shared goals, we are proposing a robust process to expedite the revalidation of high-risk providers in addition to our standard provider revalidation processes. We appreciate the opportunity to continue collaborating with CMS on these important efforts and look forward to our continued partnership in support of a strong and accountable Medicaid program.

X. Appendices

A. Provider Types and Risk Levels

PROVIDER TYPE	Risk Level: L - Limited, M - Moderate, H - High
ACUPUNCTURIST	L
ACUTE INPATIENT HOSPITAL	L
ACUTE OUTPATIENT HOSPITAL	L
ADULT DAY HEALTH	L
ADULT FOSTER CARE	H
AGING SERVICES ACCESS POINTS	L
AMBULATORY SURGERY CENTER	L
AUDIOLOGIST	L
BIRTHING CENTER	L
CBHI (CHILDRENS BEHAVIORAL HEALTH INITIATIVE) MCE ONLY	L
CERTIFIED INDEPENDENT LABORATORY	M
CERTIFIED REGISTERED NURSE ANESTHETISTS	L
CHIROPRACTOR	L
CHRONIC INPATIENT HOSPITAL	L

PROVIDER TYPE	Risk Level: L - Limited, M - Moderate, H - High
CHRONIC OUTPATIENT HOSPITAL	L
CLINICAL NURSE SPECIALIST (CNS)	L
COMMUNITY BEHAVIORAL HEALTH CENTER (CBHC)	L
COMMUNITY HEALTH CENTER (CHC)	L
COMMUNITY SUPPORT PROGRAM (CSP)	L
CONTINUOUS SKILLED NURSING AGENCY	Once Enrolled = M Newly Enrolling = H
DAY HABILITATION	L
DENTAL CLINIC	L
DENTAL SCHOOL CLINIC GRADUATE	L
DENTAL SCHOOL CLINIC UNDERGRADUATE	L
DENTIST	L
DIETICIAN MCE ONLY	L
DIVERSIONARY SERVICES 24 HR MCE ONLY	L
DIVERSIONARY SERVICES NON 24 HR MCE ONLY	L
DOULA PROVIDER	L
DURABLE MEDICAL EQUIPMENT	Once Enrolled = M Newly Enrolling = H

PROVIDER TYPE	Risk Level: L - Limited, M - Moderate, H - High
EARLY INTERVENTION	L
FAMILY PLANNING AGENCY	L
GROUP ADULT FOSTER CARE (GAFC)	H
GROUP PRACTICE ORGANIZATION	Group Practices without Physical Therapists = L Physical Therapists = M
HEARING INSTRUMENT SPECIALIST	L
HOME HEALTH AGENCY	Once Enrolled = M Newly Enrolling = H
HOSPICE CARE	Once Enrolled = M Newly Enrolling = H
HOSPITAL LICENSED HEALTH CENTER (HLHC)	L
HEALTH-RELATED SOCIAL NEEDS (HRSN) MCE ONLY	L
INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF-IDD)	L
INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF)	M
INDEPENDENT NURSE	L
INDIAN HEALTH SERVICES	L
INTENSIVE RESIDENTIAL TREATMENT PROGRAM (IRTP)	L
LICENSED MENTAL HEALTH COUNSELORS AND LICENSED MARRIAGE AND FAMILY THERAPISTS	L
LICENSED INDEPENDENT CLINICAL SOCIAL WORKER	L

PROVIDER TYPE	Risk Level: L - Limited, M - Moderate, H - High
LIMITED SERVICES CLINICS	L
MENTAL HEALTH CENTER	M
NURSE MIDWIFE	L
NURSE PRACTITIONER	L
NURSING FACILITY	Once Enrolled= M Newly Enrolling = H
OCULARIST	L
OPTICIAN	L
OPTOMETRIST	L
ORTHOTICS	Once Enrolled = M Newly Enrolling = H
OXYGEN AND RESPIRATORY THERAPY EQUIPMENT	Once Enrolled = M Newly Enrolling = H
PEER SUPPORT MCE ONLY	L
PHARMACIST	L
PHARMACY	L
PHYSICIAN	L
PHYSICIAN ASSISTANT	L
PODIATRIST	L

PROVIDER TYPE	Risk Level: L - Limited, M - Moderate, H - High
PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)	L
PROSTHETICS	Once Enrolled = M Newly Enrolling = H
PSYCHIATRIC CLINICAL NURSE SPECIALISTS (PCNS)	L
PSYCHIATRIC DAY TREATMENT	L
PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES)	L
PSYCHIATRIC OUTPATIENT HOSPITAL	L
PSYCHOLOGIST	L
PUBLIC HEALTH DENTAL HYGIENIST	L
RADIATION ONCOLOGY TREATMENT CENTERS	L
REHABILITATION CENTER	L
RENAL DIALYSIS CLINIC	L
SCHOOL-BASED MEDICAID	L
SPECIAL PROGRAMS – such as: Certified Mastectomy Fitter (CMF) Wig Provider	L
SPEECH AND HEARING CENTER	L
STATE AGENCY SERVICES	L
STERILIZATION CLINIC	L

PROVIDER TYPE	Risk Level: L - Limited, M - Moderate, H - High
SUBSTANCE ADDICTION DISORDER INPATIENT HOSPITAL	L
SUBSTANCE ADDICTION DISORDER OUTPATIENT HOSPITAL	L
SUBSTANCE USE DISORDER TREATMENT	L
THERAPIST	Physical Therapy = M Speech Therapy = L Occupational Therapy = L
TRANSPORTATION	Ambulance = M Transportation Brokers = L
URGENT CARE CLINIC	L
VISION VOLUME PURCHASER	L

B. HCBS Waiver Provider Recredentialing Requirements

Excerpt from Office of the Comptroller Interdepartmental Service Agreement (ISA) Form – Attachment A: Terms of Performance and Conditions – between MassHealth and University of Massachusetts Chan Medical School (UMass Chan), regarding UMass Chan's administration of two MassHealth Acquired Brain Injury (ABI) Waivers and two MassHealth Moving Forward Plan (MFP) waivers.

III. PROVIDER NETWORK ADMINISTRATION

Provider Network Administration involves a set of administrative activities designed to promote efficient administration of the MassHealth program and the MFP Demonstration by facilitating the enrollment of HCBS Waiver Providers and certain MFP Demonstration Providers who are qualified and willing to provide services and supports. These administrative activities, including provider enrollment, credentialing and recredentialing, claims processing support and performance management, are undertaken as part of the proper and efficient administration of the ABI Waivers and MFP Waivers and the MFP Demonstration.

A. IT System

UMass Chan shall maintain the current IT system to include:

1. A system that meets all Information Security and accessibility requirements required by applicable federal, state, and local law, including without limitation HIPAA;
2. A system that fully supports the application process including clinical and financial eligibility checks;
3. Scheduling optimization;
4. Distinct Workflows, including:
    a. New waiver application reviews;
    b. Applicant/Participant Appeals;
    c. Leave of Absences;
    d. Waiver transfers;

e. Clinical determinations and redetermination;

5. Ability for external parties to upload supporting documentation directly into the system;
6. Enhancements to Provider Network activities, including the provider application and billing processes, claim submission, maintenance to plan of cares and reconciliation;
7. Supports for timely and transparent provider recredentialing; and
8. Dashboard development to facilitate work efficiencies.

The ABI/MFP IT system supports UMass Chan's requirements related to Provider Network Administration, and in particular, responsibilities involving maintenance of the Waiver Provider Record and Claims Administration and Processing.

B. Waiver Provider Network Access

1. Network Capacity: UMass Chan shall make documented and demonstrable efforts to ensure that the MassHealth network of HCBS Waiver Providers is sufficient to provide ABI and MFP Waiver Services to ABI and MFP Waiver Participants and MFP Demonstration Participants statewide.
2. Waiver Provider Directories: UMass Chan shall establish and maintain a directory of all ABI and MFP Waiver Providers and a directory of all MFP Demonstration providers. The complete directories shall be publicly available, upon request.
   The ABI and MFP Waiver Provider directory shall initially include, at a minimum, the following information:
   a. ABI and MFP Waiver Provider's name;
   b. Site address(es) including ZIP code and county;
   c. ABI and MFP Waiver Provider's service(s) type; and
   d. ABI and MFP Waiver Provider's telephone number.
3. UMass Chan shall coordinate with DDS, MBY, and EOHHS and will receive from MBY and EOHHS information for inclusion in the directories noted in subsection A.2 above, related to providers of the following ABI or MFP Waiver Services: residential habilitation, shared living 24-hour supports, home

accessibility adaptations, vehicle modifications and transitional assistance services.

4. UMass Chan shall periodically update the ABI and MFP Waiver Provider and MFP Demonstration Provider directories in a timely manner with new information obtained through credentialing and recredentialing processes and, as relates to residential habilitation, shared living 24-hour supports, home accessibility adaptations, vehicle modifications and transitional assistance services, from MBY and DDS.

5. MFP Demonstration Provider Directory: UMass Chan shall establish and maintain a directory of MFP Demonstration Assistive Technology and Community Engagement Navigation Providers, and other MFP Demonstration providers as requested by EOHHS. The MFP Demonstration directory shall be updated periodically and shall be made available to MFP Demonstration Participants and to Case Managers serving MFP Demonstration Participants.

   The MFP Demonstration Provider directory shall initially include, at a minimum, the following information:

   a. MFP Demonstration Provider's name;

   b. Site address(es) including ZIP code and county;

   c. MFP Demonstration Provider's service(s) type; and

   d. MFP Demonstration Provider's telephone number.

C. Waiver Provider Recruitment, Outreach and Marketing

UMass Chan shall work with EOHHS, DDS and MBY to support their recruitment and marketing to providers as follows:

1. Recruitment and Outreach: UMass Chan shall conduct outreach to service providers to encourage them to enroll as ABI/MFP Waiver Providers and MFP Demonstration Providers in the MassHealth program.

2. Materials Development: UMass Chan shall develop, for approval by EOHHS, DDS and MBY, provider materials including recruitment materials explaining the ABI and MFP Waivers, ABI/MFP Waiver Provider requirements and MFP Demonstration Provider requirements.

D. Credentialing

UMass Chan shall perform credentialing of HCBS Waiver Providers and HCBS Waiver Provider applicants – excluding providers of residential habilitation, shared living 24-hour supports, home accessibility adaptations, vehicle modifications and transitional assistance services, which shall be credentialed by MBY and DDS. UMass Chan shall also perform credentialing of MFP Demonstration providers. Credentialing shall be performed as follows:

1. Credentialing Process: UMass Chan shall utilize credentialing criteria approved by EOHHS, DDS and MBY to develop Waiver Provider credentialing forms, formats, and processes, in order to ensure that ABI/MFP Waiver Providers are qualified to provide the appropriate waiver services in Massachusetts and that there is an open process for enrolling all willing and qualified providers in the MassHealth program. UMass Chan shall utilize a similar process approved by EOHHS for credentialing of MFP Demonstration Providers.

2. New Waiver Provider and MFP Demonstration Provider Applicants: UMass Chan shall apply the approved credentialing criteria and processes to each new Provider applicant prior to approving such applicant for enrollment in MassHealth.

3. Excluded Providers: UMass Chan shall not credential providers who have been excluded from participation in the Medicare and/or Medicaid programs pursuant to Section 1128 or 1156 of the Social Security Act or who are not in good standing with EOHHS.

4. List of Excluded Individuals/Entities (LEIE): UMass Chan shall use the LEIE of the federal Office of Inspector General (OIG) and other applicable screening tools to screen all applicants and Waiver Providers to determine if OIG has excluded them from participation in federal health care programs, both upon initial application or contracting, upon recredentialing or after any change in ownership of a provider that requires disclosure.

5. CORI: UMass Chan shall require that Waiver Providers and MFP Demonstration Providers have policies and procedures to conduct Criminal Offender Record (CORI) Checks on personnel who will have direct contact with Participants, and verify that such checks are conducted by the Waiver and MFP Demonstration providers.

6. Reporting of Serious Deficiencies: UMass Chan shall inform EOHHS, DDS and MBY in writing of the name and provider number of any Waiver Provider or MFP Demonstration Provider with serious quality deficiencies or who, for any reason, no longer meets credentialing/recredentialing criteria, within one business day of making the determination, and take all necessary actions
7. EOHHS, DDS or MBY may direct the Management of Credentialing Documents. UMass Chan shall:
    a. Maintain a file on each provider including all relevant credentials and determinations; and
    b. Make such files available to EOHHS, DDS or MBY upon request.
8. Credentialing Policies and Procedures: UMass Chan shall have in place written policies and procedures for the credentialing process, which shall include a description of the processes it uses for initial credentialing and subsequent recredentialing of Waiver and MFP Demonstration providers.
9. Modifications to Credentialing Criteria. UMass Chan shall:
    a. Make recommendations to EOHHS regarding modifications to the credentialing criteria to increase the efficiency or quality of the credentialing process;
    b. Submit any recommended modifications to the credentialing criteria to EOHHS and, upon EOHHS approval, implement all updates; and
    c. Update the credentialing criteria as required to maintain compliance with changes in applicable State or Federal requirements.
10. Staff Training: UMass Chan shall ensure that staff who perform enrollment and credentialing are appropriately trained and apply the correct criteria for each application being processed. UMass Chan shall retrain staff periodically, including at least once a year and whenever the credentialing criteria and enrollment requirements are updated.

E. Recredentialing

UMass Chan shall perform recredentialing of HCBS Waiver and MFP Demonstration Providers as follows:

1. Recredentialing Process: UMass Chan shall utilize EOHHS-approved recredentialing criteria for ensuring that Waiver Providers and MFP Demonstration Providers continue to be qualified to perform their duties in Massachusetts, including:

    a. Verifying, at least every twelve (12) months or twenty-four (24) months as specified in the credentialing requirements approved by MBY, DDS and EOHHS, and any other time UMass Chan has reason to believe a Waiver Provider no longer meets recredentialing requirements, that:

        i. Each HCBS Waiver Provider continues to meet the credentialing criteria and other MassHealth requirements for participation as an ABI/MFP Waiver Provider, or MFP Demonstration Provider, as applicable;

        ii. All the Waiver or MFP Demonstration Providers' required credentials are current; and

        iii. The Waiver or MFP Demonstration Providers are compliant with state and federal law based on EOHHS-approved criteria.

    b. Obtaining from MBY and DDS the results of on-site reviews and verifications of physical plant compliance with all applicable requirements for Waiver Providers.

    c. exclusive of residential habilitation providers, that provide center-based or on-site services.

    d. Updating all Waiver Provider and MFP Demonstration Provider files and relevant databases at the time of the recredentialing process.

    e. Submitting any proposed changes to the recredentialing process or criteria to EOHHS for approval before implementing the change.

2. Management of Recredentialing Documents: UMass Chan shall maintain all recredentialing documentation it receives in provider-specific files.

F. Waiver Provider and MFP Demonstration Provider Enrollment/Disenrollment

1. Provider Applications Materials

    a. Availability: UMass Chan shall make all Waiver Provider application materials available to prospective HCBS Waiver Providers, make all

MFP Demonstration Provider applications available to prospective MFP Demonstration Providers and assist provider applicants in completing all required forms as necessary.

b. Modification of Application Materials: As needed, UMass Chan shall submit to EOHHS for review and approval proposed updates to the application in an effort to streamline and/or improve processes.

c. Application Submission Instructions: UMass Chan shall include a cover letter with each application packet and to accompany all online application materials that informs applicants to return the completed and signed applications and all other relevant documentation related to provider enrollment to UMass Chan.

d. UMass Chan shall assist MFP Demonstration Providers qualified by EOHHS with the completion of all forms required for filing of electronic claims with MassHealth for the providers' provision of MFP Demonstration Services. This shall include reviewing potential providers for exclusion as outlined in Section III. C. Items 3 and 4 above. Records of MFP Demonstration Provider information shall be maintained as outlined in Section III. C. Item 7, above, and Section III. I below.

2. Application Review and Processing

a. Application Review: UMass Chan shall have a process for reviewing all Waiver Provider and MFP Demonstration Provider enrollment packages submitted by applicants to ensure they have been completed in accordance with EOHHS approved policies and procedures, and that they are complete, accurate, and appropriate. UMass Chan shall validate credentials according to the credentialing process approved by EOHHS (see Section III.C). UMass Chan shall not be responsible for validation of credentials for MFP Demonstration providers qualified by EOHHS, but shall be responsible for reviewing enrollments forms to ensure that they are completed in accordance with EOHHS approved policies and procedures, and that they are complete, accurate, and appropriate.

b. Enrollment Processing Time: UMass Chan shall process, error-free and to completion, all MassHealth Waiver Provider and MFP Demonstration provider applications that appropriately meet provider

enrollment requirements within fifteen (15) business days of receipt and forward all necessary information regarding the enrollment of the provider to Optum or any successor EOHHS Business Support Services vendor immediately.

c. Missing Information: Whenever UMass Chan determines that documentation necessary to complete review of the provider application is missing or incomplete UMass Chan shall inform the applicant and identify the information that is missing or incomplete. UMass Chan shall return to Waiver Provider and/or MFP Demonstration Provider applicants any hard-copy application materials that remain incomplete after the applicant has had 10 business days following notification from UMass Chan to submit the missing or incomplete documentation, including with the return an appropriate cover letter.

d. Disposition: UMass Chan shall approve or deny each application, subject to the following requirements:

    i. Make a determination as to whether the Waiver Provider or MFP Demonstration Providers applicant meets the applicable EOHHS-approved Provider enrollment requirements; and

    ii. Track all Waiver Provider and MFP Demonstration Providers disposition information.

    iii. Inactive Waiver and MFP Demonstration Providers. UMass Chan shall:

        A. As relevant, identify ABI and MFP Waiver Providers, or MFP Demonstration Providers, who have not submitted a claim for Waiver Services in the current or previous year;

        B. If determined appropriate for capacity development, create and maintain a process to contact Waiver Providers and MFP Demonstration Providers in inactive status to encourage them to begin serving Members again, or to otherwise address any concerns that prevent them from so doing. UMass Chan shall instruct any Waiver Provider, or MFP Demonstration Provider who wishes to voluntarily disenroll to send such request in writing to UMass Chan;

C. Submit to EOHHS the names, provider numbers, and reason for disenrollment of any inactive Waiver Providers, or MFP Demonstration Providers, who choose to disenroll from MassHealth, and take all necessary actions as directed by EOHHS; and

D. Document its attempts to reach Waiver Providers and MFP Demonstration Providers in inactive status. Any follow-up notification to such Waiver Providers must be approved by EOHHS.

iv. Waiver Provider Disenrollment: UMass Chan shall notify EOHHS and Optum or any successor EOHHS Business Support Services Vendor in writing on a monthly basis of the name, provider number, and reason for disenrollment of any Waiver Provider, or MFP Demonstration Provider, who withdraws from the MassHealth program or the MFP Demonstration as applicable, or who is no longer doing business in Massachusetts.

v. Maintaining Updated Provider Information: UMass Chan shall coordinate Waiver Provider and MFP Demonstration Provider information updates and disenrollments with other EOHHS vendors and other state agencies or their vendors, as appropriate and directed by EOHHS or MBY.

vi. Sanctioned, Suspended or Terminated Providers: Using information sent to the MassHealth program by federal and other licensing boards, or obtained from news, research, government agencies or Member Complaints, UMass Chan shall identify Waiver Providers and MFP Demonstration Providers, who may no longer meet MassHealth Waiver provider or as applicable, MFP Demonstration, participation requirements due to disciplinary activities, including but not limited to license suspension or termination. UMass Chan shall notify EOHHS and EOHHS-designated entities of such disciplinary actions or suspended licenses, and take all necessary actions as directed by EOHHS.

vii. Quality Control: UMass Chan shall implement appropriate quality control processes to ensure that UMass Chan's enrollment and disenrollment processes function appropriately.

viii. Change in Ownership: UMass Chan shall develop and maintain written protocols to identify Waiver Providers, and MFP Demonstration Providers, who have had a change of ownership or a change in corporate structure, and track such changes in provider files. If a change in ownership occurs, UMass Chan shall confirm that the new owners are in good standing and meet all provider enrollment requirements, including credentialing requirements described in Section III.C, above.

G. Provider Requirements Compliance

1. UMass Chan shall monitor MassHealth Provider Communications and applicable federal rules and regulations and identify any necessary changes to the credentialing or recredentialing standards and processes, for Waiver Providers and MFP Demonstration Providers, or to claims requirements, and/or other MassHealth requirements.
2. UMass Chan shall communicate any such changes and resulting requirements to Waiver Providers and MFP Demonstration Providers in a timely manner.
3. UMass Chan shall identify, plan for and conduct any appropriate training for providers that results from such changes.

H. Provider Training and Education

1. Provider Education and Training Plan: UMass Chan shall establish and maintain a Waiver Provider training program to ensure all Waiver Providers and MFP Demonstration providers receive up-to-date information on such topics as claim form completion, electronic billing, and EVV requirements.
2. New Provider Training: UMass Chan shall develop and implement a Waiver Provider orientation/training program for newly enrolled Waiver Providers and MFP Demonstration Providers. UMass Chan shall:

i. Contact and assist all newly eligible providers within 10 business days of their enrollment as Waiver Providers or MFP Demonstration Providers to offer training, including all tasks relevant to electronic invoice and claims submission;

ii. Conduct such training, if requested, prior to the delivery of services by such provider; and

iii. Track the successful completion of this orientation/training.

3. Refresher Training: UMass Chan shall provide continuing education for Waiver Providers and MFP Demonstration Providers to ensure that all such providers have the opportunity to refresh and enhance their knowledge about EOHHS policies and procedures concerning claim submission, billing processes, and EVV.

4. EOHHS Policies: UMass Chan shall ensure that educational materials contain information on policies and procedures regarding:

    i. Identification and reporting of any suspected Waiver or MFP Demonstration Provider or Member fraud, abuse or misconduct;

    ii. Requirements for checking the LEIE; and

    iii. MBY and DDS standards and policies and procedures related to operation of ABI or MFP Waiver Services and MFP Demonstration Services.

5. Training Evaluation: UMass Chan shall ensure that all who participate in Waiver and MFP Demonstration Provider training sessions are provided the opportunity to complete an evaluation of each training session attended.

6. Follow-up: UMass Chan shall follow up on issues raised at any education/training session, including contacting Waiver Providers and MFP Demonstration Providers with updated information, and updating future training protocols and materials.

I. Provider Relations

UMass Chan shall serve as a liaison between EOHHS, MBY, DDS and Waiver/MFP Demonstration Providers, to ensure that relevant provider requirements, policies, processes, are communicated in a timely, accurate and positive manner.

J. Waiver Provider Record

UMass Chan shall:

1. Develop a system for maintaining a single, centralized, comprehensive, integrated Waiver Provider Record for each Waiver Provider and MFP Demonstration Provider applicant that includes, as is relevant, but is not limited to:
    i. Provider application form for relevant services;
    ii. Records related to the review, credentialing and recredentialing of the Waiver/MFP Demonstration Provider's application;
    iii. LEIE verification;
    iv. CORI verification;
    v. Massachusetts Substitute W-9 form, the Request for Taxpayer Identification Number and Certification and documentation from the Internal Revenue Service (IRS) verifying the provider's tax identification number;
    vi. Provider Agreement/Contract;
    vii. Disclosure of Ownership and Control Interest Statement;
    viii. Authorization form for Electronic Funds Transfer (if applicable);
    ix. Data Collection form;
    x. Trading Partner Agreement (TPA);
    xi. Provider-specific performance management or corrective action plans; and
    xii. Communication log in accordance with subsection I.2, following.

2. Develop and maintain a communications log to be kept in each Waiver/MFP Demonstration Provider Record and make appropriate and timely entries in such log that document, at a minimum, the following:

    i. All communications made by or with the Waiver/MFP Demonstration Provider;

    ii. The date of each contact;

    iii. The reason for the contact;

    iv. The name of the person initiating the contact;

    v. The results of each contact; and

    vi. The initials of the UMass Chan staff person making the entry into the communications log.

3. Ensure that all Waiver/MFP Demonstration Provider Records, whether paper or electronic, are maintained in accordance with this ISA and any standards as may be established from time to time by EOHHS and MBY.

4. Ensure that all Waiver/MFP Demonstration Provider Records, whether paper or electronic, are maintained in a manner that is current, detailed, and organized.

5. Provide EOHHS, DDS or MBY with a copy of Waiver/MFP Demonstration Provider Records, within 10 days of a request.

6. In the event of termination or expiration of the ISA, or Provider termination from the ABI/MFP Waiver or MFP Demonstration, transfer all Waiver/MFP Demonstration Provider Records and other relevant information to EOHHS or another agency or party identified by EOHHS, in a format specified by EOHHS.