



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MassHealth
Transmittal Letter STR-16
May 2009

TO: Sterilization Clinics Participating in MassHealth
FROM: Tom Dehner, Medicaid Director TD
RE: *Sterilization Clinic Manual* (Appendix E)

Appendix E of the *Sterilization Clinic Manual* contains information required from providers for admission screening. This information has been revised, and this transmittal letter issues those changes.

The instructions in Appendix E are effective only upon implementation of NewMMIS on May 26, 2009.

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

NEW MATERIAL

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

Sterilization Clinic Manual

Pages E-1 and E-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Sterilization Clinic Manual

Page E-1 and E-2 – transmitted by Transmittal Letter STR-12

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Information Required for Admission Screening

The following is a list of basic information required for all hospital reviews. Additional information may be requested according to the type of review being conducted and in response to the details of any particular case. Refer to Appendix A in your MassHealth provider manual for contact information about the Utilization Management Program.

- the recipient's name;
- the recipient's sex;
- the recipient's date of birth;
- the recipient's Medicaid identification number;
- the recipient's address;
- the guardian's name and address, if applicable;
- if the recipient has a primary care clinician (PCC), the name of the PCC and one of the following is required:
 - the telephone number of the PCC;
 - the provider number of the PCC; or
 - the address of the PCC;
- the expected or actual dates of admission and discharge;
- the number of preoperative days, if applicable;
- the name of the attending physician;
- the name of the hospital;
- the primary and secondary diagnoses;
- the primary and secondary procedures, if applicable;
- the ICD-9-CM codes for both the diagnoses and procedures, if available;
- other information relevant to the assessment of the appropriateness of the treatment site; and
- length of stay (for example, available support services and restrictive home environment).

For the concurrent review component, the following information must ALSO be provided.

- relevant clinical and patient-history information;
- a list of the identified or potential barriers to discharge; and
- the name and telephone number of the person responsible for the discharge planning.

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