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Dear Primary Care Clinician:

I am pleased to provide you with this copy of the Primary Care Clinician (PCC) Plan Provider Handbook.

The goal of the Handbook is to give you quick access to important information about the PCC Plan.

The Handbook is made up of six major sections. Each section provides you with key points you need to know to make it easier for you to work with the PCC Plan and with MassHealth. The Handbook also provides you with referral phone numbers, e-mail addresses, and mailing addresses where you can get more detailed information when you need it.

MassHealth operates the PCC Plan as a managed-care option for MassHealth members who are eligible to enroll in managed care. Upon enrollment into the PCC Plan, members choose from among the 1200 PCCs that participate in the PCC Plan provider network. Most medical care for PCC Plan members is provided by the PCC. If necessary, the PCC refers the member to another MassHealth provider for further care. PCCs receive an enhanced rate for providing certain health-care services to their enrolled PCC Plan members. 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 behavioral health carve-out contractor is the Massachusetts Behavioral Health Partnership (MBHP).

To assist contracted PCCs in fulfilling their roles and responsibilities as PCCs, the PCC Plan offers a number of supports. These supports include PCC Performance Improvement Management Services (PIMS) activities, as well as operational and clinical support from PCC Plan staff, the MassHealth Office of Clinical Affairs, and the MassHealth pharmacy program. PCC PIMS activities include PCC profiling, site visits, and support for quality improvement by PCC Plan Regional Network Managers, a PCC Plan Hotline, and educational forums for PCCs. Assistance with outreach to enrolled members is also available to PCCs. Additionally, PCCs can access other services available through MassHealth, such as billing training. More information about all of these services is available in the Handbook.

Remember, if you have a question and don't know where to go for an answer, you can always call the PCC Plan Hotline at 1-800-495-0086.

I hope you find this Handbook useful in your daily practice.

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

Sincerely,

A handwritten signature in black ink that reads "Louise Bannister". The signature is written in a cursive, flowing style.

Louise Bannister, Director  
PCC Plan



# Part 1 Membership Information

## Member Enrollment

### *Managed-Care Enrollment*

Some individuals who become eligible for MassHealth are required to enroll in a managed-care plan. Others may enroll voluntarily. In general, managed-care-eligible MassHealth members may enroll in either the Primary Care Clinician (PCC) Plan or a MassHealth-contracted managed-care organization (MCO). Customer Service Representatives (CSRs) at MassHealth Customer Service educate and enroll MassHealth members into a health plan available to them.

If a member enrolls in the PCC Plan, he or she selects a PCC or is assigned one by MassHealth. MassHealth sends both the member and the PCC a letter confirming this selection or assignment. If a member selects or is assigned a PCC that is a group practice, community health center, hospital-licensed health center, or hospital outpatient department, the PCC practice site must assign the new member to an individual clinician within the PCC practice site who meets the requirements to be a PCC. MassHealth will only assign members at the site level and not at the individual provider level within larger PCC practice types.

CSRs provide members with information about managed care and help them choose a health plan and a PCC. MassHealth assigns members who do not choose a health plan to either the PCC Plan or an MCO. Health-plan enrollment becomes effective the next business day after the member makes a choice.

MassHealth Customer Service provides customer service for PCC Plan members. This includes a PCC Plan member hotline, as well as a variety of written materials, including information about managed-care enrollment options and the PCC Plan Member Handbook. If one of your members needs to have any of the materials sent to him or her by MassHealth Customer Service translated or provided in an alternative format, the member may call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

### *Automatic Reenrollment*

If a PCC Plan member loses MassHealth eligibility, but then regains eligibility within one year, MassHealth automatically reenrolls the member with the PCC with whom the member was most recently enrolled, if the member is still managed-care eligible.

### *Changing Managed-Care Plans and Providers*

PCC Plan members may transfer to a different managed-care plan (PCC Plan or MCO) at any time. Members enrolled in the PCC Plan may also select a new PCC at any time. To make these changes, members may call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss). A transfer to a new managed-care plan or provider becomes effective on the next business day.

## *Disenrollment Requests*

You may request that MassHealth disenroll a member from your panel. However, you may not request disenrollment because of an adverse change in a member's health status, utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from his or her mental capacity (except where his or her continued enrollment seriously impairs your ability to furnish services to either the particular member or other members).

To request that MassHealth disenroll a member from your panel, you must make your request in writing, and send it to the following address.

**MassHealth PCC Plan  
Attn: Member Operations Coordinator  
600 Washington Street  
Boston, MA 02110**

Your request 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.

PCC Plan staff review all such requests and will disenroll a member only if the request meets the conditions above. Through ongoing communication with your office, PCC Plan staff will determine if your request has met the criteria and will notify you when MassHealth has disenrolled the member from your panel. When MassHealth has enrolled that member into another panel, you must forward all relevant medical records to the new PCC.

You will need to continue to provide primary care and referral services to the member until you receive a letter from MassHealth indicating that the member has been disenrolled from your PCC practice. If MassHealth denies your request to disenroll a member, you must continue to provide primary care and referral services to that member, according to the terms of the PCC Plan Provider Contract.

## **PCC Plan Panel Report**

Your Panel Report is a monthly report listing all of your currently enrolled PCC Plan members, your new members, and your disenrolled members. Basic demographic information for each member is also included on the report.

The report is organized at the site level for PCCs that have more than one site.

The report is mailed at the beginning of each month to the corporate headquarters of the PCC. It is the responsibility of the PCC to distribute the report to each of the PCC sites, if applicable. Please contact your corporate office for additional copies of the Panel Report.

## **Orienting Your New Patients to the PCC Plan**

You must provide outreach by mail or phone within three weeks of enrollment to PCC Plan members who are new to your practice to orient them to the PCC Plan and your practice. You must also make an appointment for an initial visit available to your new PCC Plan members within four months of the date the member is enrolled in your PCC panel (see chart below for more information on the timing of the initial visit). If you are scheduling an initial appointment, you may orient the member to the PCC Plan at the time of the visit. For information about member orientation materials, call the PCC Plan Hotline at 1-800-495-0086.

Please document all attempts to make initial contact with the member in the member's medical record. If you are unable to reach a member after several attempts, call the PCC Plan Hotline at 1-800-495-0086 for member outreach assistance.

### *Contents of the PCC Plan Orientation*

The orientation you provide to PCC Plan members who are new to your practice must include the following.

#### 1. The Importance of Primary Care

Explain the importance of primary care, including preventive care and your role as the PCC in managing and providing that care. Also, explain that a member must have a referral from you for most specialty care.

#### 2. Services Not Requiring a Referral

Explain that some services do not require a referral. Some examples of services that do not require a referral are:

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

See page 31 of this Handbook for a more comprehensive list of services that do not require a PCC referral. See 130 CMR 450.118(J) for the most current list.

#### 3. Member Complaints and Grievances

Explain that, as a PCC, you will attempt to address most member concerns. However, members may also call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) and a customer-service representative (CSR) can assist them with a particular issue. If neither you nor a CSR can resolve a member's concern, the member may file a formal grievance with MassHealth at the following address.

**Executive Office of Health and Human Services  
Office of Medicaid  
ATTN: Director, MassHealth Operations  
600 Washington Street  
Boston, MA 02111**

4. Emergency and Urgent Care

Tell members to call 911 or go to the nearest emergency department (ED) or emergency-services program (ESP) for a medical or behavioral-health condition that the member believes is serious enough to require immediate attention. Encourage members to call you for follow-up care after they have been seen by an ED or an ESP and also to call their behavioral-health provider for follow-up care if they are experiencing a behavioral-health emergency.

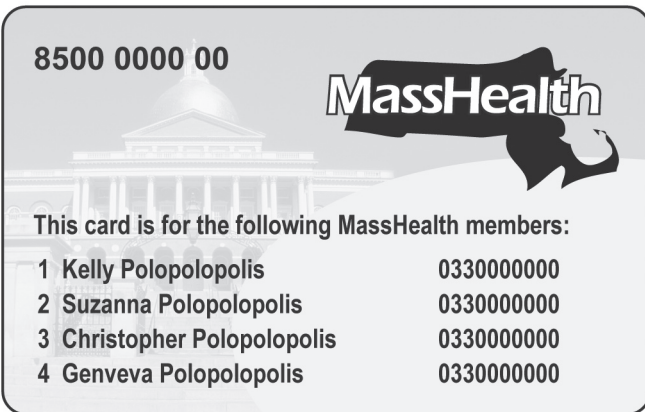
Also, encourage members to call you about urgent conditions. An urgent condition is any health problem that the member believes is serious but not an emergency.

5. PCC Plan Member Handbook

Inform members that the PCC Plan Member Handbook can assist them to understand PCC Plan rules. If the member needs a copy of the member handbook, he or she can call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

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

Explain to members the importance of keeping you and MassHealth updated about any change in their address or phone number.

8. PCC Practice Specifics

Tell members about:

- 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”);
- appointment cancellation procedures;
- alternate phone numbers; and
- procedures for contacting your office after normal business hours, including whom to contact, who will call the member back, and how long the member should expect to wait for a return call (for more information, see “Hours of Operation and Appointments”).

9. Helpful Telephone Numbers for Enrollees

Give members other helpful phone numbers, including:

- MassHealth Customer Service; and
- MBHP Customer Service.

### Initial Visit

During an initial visit, you must take a full medical history and perform a comprehensive physical examination.

You are required to conduct an initial visit for most members enrolled to your panel. Timelines are listed in the chart below.

Type of member	Initial visit required?	Timeline for conducting initial visit
Member is new to your practice	yes	within four months of enrollment
Member is over 21 and is not new to your practice	no	
Member is a pregnant woman (new or not new to your practice)	yes	as soon as possible or, alternatively, ensure that a relationship with an obstetric provider has been established
Member is under age 21 (new or not new to your practice)	yes	within four months but sooner if a visit is required by the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Periodicity Schedule (For more information, see “Health Care for Children, Adolescents, and Young Adults” on page 14 of this Handbook.)

You are not required to conduct an initial visit for members over 21 who are not new to your practice. However, you must complete a physical examination if you have not performed one within the last 12 months. Also, you must complete physical exams as needed to provide clinically appropriate primary and preventive care.

For children under age 21, the initial visit must include all age-appropriate well-child care, as required by the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Periodicity Schedule (see “Health Care for Children, Adolescents, and Young Adults” on page 14 of this Handbook).

## Member Eligibility

### *Recipient Eligibility Verification System (REVS)*

The Recipient Eligibility Verification System (REVS) is the MassHealth system that contains information about members’ eligibility, coverage type, PCC Plan or MCO enrollment status, and third-party coverage from the current day back through the previous six months. You may access the system in the following ways.

1. If you have Internet access with a high-speed connection:
  - WebREVS Internet site; and
  - PC software.
  
2. If you have Internet access with a dial-up modem:
  - PC software;
  - Remote Access Server; and
  - Point of Service (POS) device.
  
3. By telephone:
  - Automated Voice Response (AVR) system; and
  - eligibility operator.

For more information about any of these access methods, call the REVS Help Desk at 1-800-462-7738. You may also review the REVS user guides at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on the Providers tab at the top of your screen. Click on Information for MassHealth providers. Click on MassHealth Recipient Eligibility Verification System (REVS). Click on REVS User Guides.

For PCC Plan members, the REVS message includes the name and telephone number of the member’s PCC and indicates that members can access behavioral-health services through the Massachusetts Behavioral Health Partnership.

### *Check REVS Regularly*

Verify member information both when scheduling an appointment and when the member arrives for services. Checking REVS before the date of service may help you to avoid billing problems later, because you will learn whether a member is still enrolled in your panel (and not enrolled with another PCC or MCO) and whether a member is still eligible for MassHealth.

**Checking REVS is important as a member’s enrollment and eligibility may change from day to day.**

Having a MassHealth card does not guarantee eligibility.

## **Special Managed-Care Rules for Newborns**

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

The following managed-care enrollment rules apply for newborns.

### *Mother Is Enrolled in a Managed-Care Organization (MCO)*

If a child's mother is enrolled in an MCO, the child will be enrolled automatically in her MCO as soon as the child is enrolled in MassHealth. The date of enrollment with the MCO will be retroactive to the baby's date of birth.

A provider in that MCO network should see the child. If you are part of that MCO network, you can bill the MCO for visits with the child. If you are not part of that MCO network, you should instruct the mother that the newborn should be seen by a provider in the MCO network or instruct the mother to call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4846 for people with partial or total hearing loss) if she wishes to change the baby's health plan to a plan in which you participate.

Please note that you can be reimbursed if you see the newborn in your office, even if you are not part of the MCO network, if the newborn's REVS message did not indicate that the newborn was enrolled in the MCO on the date of service. You can contact MassHealth Customer Service at 1-800-841-2900 for information on how to seek reimbursement from the MCO.

### *Mother Is Enrolled in the PCC Plan*

If a child's mother belongs to the PCC Plan, the baby will not be enrolled automatically with the PCC Plan. Instead, the mother will be asked to choose a PCC or MCO for her baby.

If she does not choose within the allotted time, the baby will be assigned to a PCC or an MCO. The mother should call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4846 for people with partial or total hearing loss) to enroll her child with a PCC or an MCO.

Until the baby is enrolled with a PCC or MCO, any MassHealth provider can see the child. Information about the managed-care enrollment status of the baby will be found on REVS. It is important to check REVS at each visit to avoid potential billing issues.

## **Member Outreach and Care Coordination**

You are required to provide outreach to the members of your panel when they first join your panel and on an ongoing basis. There are services available to assist you in contacting your members.

### *New Member Outreach*

You must contact all PCC Plan members who are new to your practice within three weeks of enrollment by mail or phone to orient them to the PCC Plan and your practice. The contents of this orientation are described in "Orienting Your New Patients to the PCC Plan."

If, after making reasonable attempts, you are unable to reach a PCC Plan member who is new to your panel, you can get assistance from the PCC Hotline at 1-800-495-0086. The PCC Hotline will process your request and a Customer Service Representative (CSR) from MassHealth Customer Service will provide outreach to the member.

### *Targeted Outreach Provided by Local Community Support Programs (CSPs)*

You may have trouble following up with an established member because the member is experiencing the following:

- behavioral-health (mental health or substance abuse) problems;
- transportation problems;
- child-care problems; or
- language or cultural obstacles.

You can help reach these members by referring them to a Community Service Provider (CSP) for Targeted Outreach services. The CSP will outreach to these members and provide the necessary intervention.

To get information on the CSP in your area, and to obtain information on how to make a referral to a CSP, call the Massachusetts Behavioral Health Partnership's Assessment Unit at 1-800-495-0086.

### *Care Management*

The PCC Plan offers several care-management programs to PCC Plan members.

After you have referred a member to a Community Service Provider, the CSP may collaborate with a Care Coordinator to manage the member's care. Care coordination is one level of care management. It is intended for intermittent support and medium-intensity coordination to improve the use of appropriate behavioral-health and medical services.

Care managers from MassHealth care-management programs may contact you to request your assistance in coordinating the care for MassHealth members on your panel. Individual Care Plan (ICP) Reports will be mailed to you for your records and to assist you in coordinating care and improving service delivery and outcomes. As part of the ICP Report, you will receive a postcard you must sign to acknowledge your receipt of the ICP Report.

You should refer members for assessment by the Massachusetts Behavioral Health Partnership's Assessment Unit if you think that care management would assist them to manage their medical or behavioral-health conditions or to access other services they might need. Please contact the Assessment Unit at 1-800-495-0086, extension 5633, to inquire about the types of care-management services available to PCC Plan members.

## **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 member handbook by calling MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

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

- A PCC cannot refuse to give a member medically necessary treatment, but a PCC may refer a member to a specialist for treatment.
- The employees of the PCC Plan and a member's providers must treat members with respect and dignity.

- The PCC Plan and a member's providers must keep a member's health information and records private. They must not give other people information about a member unless the member gives permission or the law says they must.
- A member's providers must tell the member in advance—in a manner the member understands—about any treatments and alternatives that the providers think should be considered.
- A member's providers must make the member part of decisions about the member's health care. A member can refuse treatment if he or she wants to (as far as the law allows). A member should also understand what might happen if he or she refuses treatment.
- A member can talk about his or her health-care records with the member's providers, and get copies of all the member's records. A member can also ask for changes to the records as the law allows.
- If a member speaks a language other than English, the member can ask for an interpreter when the member calls MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-496-4748 for people with partial or total hearing loss).
- If a member reads a language other than English, the member can get printed materials about the PCC Plan read aloud in the member's language by calling MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-496-4748 for people with partial or total hearing loss).
- If a member has trouble seeing or reading, the member can get MBHP materials read aloud by calling the MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-496-4748 for people with partial or total hearing loss).
- Members can choose their own PCC, and members can change their PCC at any time. Some members may be able to leave the PCC Plan and change to another MassHealth plan. To change PCCs or health plans, members must call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-496-4748 for people with partial or total hearing loss).
- Members must get health care within the time frames described in "Hours of Operation and Appointments" on page 10. If a member does not get behavioral-health care when he or she should, the member can file an appeal with MBHP. If a member does not get medical care when he or she should, the member can file a grievance with MassHealth.
- Members can file a grievance with MassHealth Customer Service. Members can also appeal to the Board of Hearings and request a fair hearing if the member disagrees with certain actions or inactions by MassHealth or MBHP.
- The PCC Plan must tell members about all benefits, services, rights, and responsibilities members have under MassHealth.
- Members can ask for a second opinion from another MassHealth provider.
- Member can get emergency care 24 hours a day, seven days a week.
- No one can physically hold a member, or keep a member away from other people, or do anything to force a member to accept treatment.
- Members can do anything on this list without worrying that PCC Plan providers will treat them differently because of it.

# Part 2 Service Delivery

## Hours of Operation and Appointments

You must provide the members on your panel with a telephone number where they can contact you 24 hours a day, seven days a week, even if your office is not open. You must respond to all member calls within one hour. If you are unavailable for a period of time, you must arrange for another MassHealth participating provider to deliver health-care services to members in your absence.

Also, you must provide care or appointments to your members within the following time frames.

- **Emergency care.** You must instruct the member to go to the nearest emergency room, to call 911, or (for a behavioral-health emergency) to call the Emergency Service Program (ESP) in the area, as appropriate.
- **Poststabilization care.** You must provide any necessary referrals for poststabilization care upon request.
- **Urgent care.** You must provide care within 48 hours of the member's request.
- **Primary care (non-urgent, symptomatic care).** You must provide care within 10 calendar days of the member's request.
- **Primary care (routine, nonsymptomatic care).** You must provide care within 45 calendar days of the member's request unless otherwise mandated by the EPSDT Periodicity Schedule in Appendix W of your MassHealth provider manual.
- **Care for children in the care or custody of the Department of Social Services (DSS).** If there is a child on your panel who has been newly placed in the care or custody of DSS, you must:
  - give the child a health-care screening within seven calendar days after the parent or a DSS worker asks for it; and
  - give the child a full medical exam within 30 calendar days after the parent or a DSS worker asks for it unless a shorter time frame is required by the EPSDT Periodicity Schedule. This medical exam must be conducted, if applicable, in accordance with the EPSDT Periodicity Schedule.

## Referrals

### *Making a Referral*

As a PCC, you are responsible for providing primary care and referring your members for MassHealth-reimbursable services, when medically appropriate, such as specialty care and certain ancillary services.

Many services covered by MassHealth require a referral. See page 31 of this Handbook for a list of services that do not require a PCC referral. All other services require a referral. Please keep in mind that the services requiring referral change from time to time. Check MassHealth regulations at 130 CMR 450.118(J) for the most current list of services that do not require a PCC referral.

When making referrals, consider the member's prior relationship with a specialist, patient choice, location, and whether the specialist is a MassHealth provider. MassHealth will not pay for the services unless they are provided by a 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 compromise in quality of care. For information on available MassHealth specialty providers, you can contact the PCC Plan Hotline at 1-800-495-0086.

When referring a member to another provider, always tell the provider why you are making the referral and how many visits you are prescribing.

### *The PCC Referral Number*

Your MassHealth provider number also serves as your PCC referral number. This number must be entered on all claims submitted by the referred-to provider when the service requires a PCC referral. Without it, MassHealth will not pay the claim.

For a group practice, community health center, hospital-licensed health center, or hospital outpatient department, the referral number is your practice's provider number, rather than your individual MassHealth provider number.

Even if you have a National Provider Identifier (NPI) number, you should still use your MassHealth provider number as your referral number.

### *Three Ways to Make a Referral*

You can make a referral by:

- telephone;
- using the MassHealth Referral Form (see page 33 of this Handbook); or
- using your own referral form that includes information equivalent to that included on the MassHealth Referral Form.

### *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 from the specialist for a retroactive referral.

## **Prior Authorization (PA) and Other Authorizations**

### *Prior Authorization (PA)*

Some services require prior authorization (PA) from MassHealth or from MassHealth's behavioral-health contractor, the Massachusetts Behavioral Health Partnership, if the service is a behavioral-health service. The process for submitting PA requests differs according to the service being requested and the type of provider delivering the service. It is the responsibility of the provider delivering the service to seek the required PA before delivering the service.

Some examples of services that may require PA include:

- durable medical equipment;
- home-health services;
- therapies, including physical therapy, occupational therapy, and speech and language therapy;
- nonemergency transportation services; and
- pharmacy services.

If one of your PCC Plan members needs a service that requires PA, you should request PA for the services you plan to provide yourself or refer the member to a MassHealth provider who delivers any services you do not plan to provide. If you need assistance in identifying an appropriate provider, contact MassHealth Customer Service at 1-800-841-2900. The provider to whom you make the referral will decide whether to submit the request for PA. This provider may ask you for your PCC referral number (see the “Referrals” section on page 10 of this Handbook) or for documentation to support the request for PA.

For information on PAs for EPSDT services, see the section on Health Care for Children, Adolescents, and Young Adults on page 14.

To submit a PA request to MassHealth, you can access the Automated Prior Authorization System (APAS) at [www.masshealth-apas.com](http://www.masshealth-apas.com) or mail a written request to the following address.

**MassHealth**  
**Attn.: Prior-Authorization Unit**  
**600 Washington Street**  
**Boston, MA 02111**

To submit a PA request to MBHP, please call MBHP at 1-800-495-0086 and someone will assist you.

Members have the right to appeal any decision by MassHealth or MBHP to not approve the services requested, to approve only some of the services requested, or to not approve the full amount, time period, or scope of services requested. Members can also appeal if MassHealth or MBHP does not act on the PA request within certain time frames. These rights are described in MassHealth regulations at 130 CMR 508.000 and 610.000 and in the PCC Plan Member Handbook.

You cannot get paid for providing a service that requires PA if PA was not obtained.

### *Other Authorizations*

Some services require other types of authorizations. For more information, see the sections below on “Hospitalizations” and “Non-emergency Transportation Services.”

## **Emergency and Urgent Care**

You should instruct your members to seek emergency care whenever they are experiencing a serious health-care problem that they think needs to be treated right away. However, as the PCC, you have the authority and responsibility to manage your members’ care. You should personally provide the member’s primary and preventive care. You must provide a referral for services you think are medically necessary and deny requests for referrals for services that you do not think are medically necessary.



You also must provide urgent care within 48 hours of a request by a member. However, other providers, including emergency departments (EDs) and emergency service programs (ESPs), may also provide urgent care.

Emergency and PCC services delivered to PCC Plan members in an ED or ESP do not require a PCC referral or prior authorization. When services are delivered to PCC Plan members in the ED or ESP, the hospital or ESP must notify you of the visit within 48 hours. Members are also encouraged to call you to notify you of the visit. You should provide follow-up care, as appropriate.

## **Hospitalizations**

### *Hospital Admissions*

Hospitals are not required to obtain a referral from you for either elective or nonelective admissions for a PCC Plan member. It is, however, the hospital's responsibility to notify you either by telephone or in writing within 48 hours of the admission.

### *Preadmission Screening*

MassHealth performs preadmission screening for all elective inpatient medical and surgical admissions when MassHealth is the primary insurance. MassHealth will notify you of the results of all preadmission screenings. You should direct any questions about preadmission screening to the MassHealth Preadmission Screening Unit at 1-800-732-7337.

## **Non-emergency Transportation Services**

### *Authorization*

MassHealth Standard and CommonHealth members are eligible for transportation to and from providers of MassHealth services when the care is medically necessary. Transportation is by land ambulance, taxi, or chair-van. MassHealth approves requests for nonemergency transportation when personal transportation resources are unavailable and public transportation is either unavailable or not suitable to the member's health condition.

MassHealth Family Assistance, Basic, and Essential are eligible for transportation to and from providers of MassHealth services when the care is medically necessary. Transportation is by land ambulance or chair-van. MassHealth approves requests for nonemergency transportation when personal transportation resources are unavailable and public transportation is either unavailable or not suitable to the member's health condition.

To arrange for nonemergency transportation, you must request authorization in advance by submitting a completed Prescription for Transportation (PT-1) form to the MassHealth Transportation Authorization Unit. If you would like a supply of PT-1 forms, please submit a request in writing to the following address or fax number.

**MassHealth Customer Service  
Provider Enrollment and Credentialing  
P.O. Box 9118  
Hingham, MA 02043  
1-800-841-2900  
617-988-8974 (fax)**

You may also find the PT-1 form on the the MassHealth Web site at: [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on “More” under Online Services. Then click on click on “Request Transportation for a Member.”

### *Questions*

You may call the Transportation Authorization Unit at MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) with questions and information about transportation services.

## **Pregnancy and Family-Planning Services**

Members are encouraged to make an appointment with their PCC, obstetrician/gynecologist (OB/GYN), or nurse midwife when planning to get pregnant, to talk about their health and ways to have a healthy birth. As soon as you know that a member is pregnant, encourage her to make an appointment with an OB/GYN or a nurse-midwife. Members do not need a PCC referral to see an OB/GYN or nurse-midwife if pregnant.

Members can get family-planning services from you or from any MassHealth family-planning provider. Members do not need a PCC referral to see a family-planning provider.

## **Health Care for Children, Adolescents, and Young Adults**

### *Introduction*

MassHealth has established a program of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for MassHealth Standard and CommonHealth members under the age of 21. EPSDT includes screening and diagnosis services and treatment services. MassHealth has also established a program of preventive health-care screening and diagnosis (PPHSD) services for MassHealth members under age 21 who are enrolled in MassHealth Prenatal, Basic, Essential, and Family Assistance. Preventive health care includes screening and diagnosis services.

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

### *Well-Child Visits/Screening Services*

MassHealth pays PCCs to perform checkups on MassHealth members who are under age 21 even when they are well. As part of a these checkups, PCCs must perform screenings to find out if there are any health problems. These screenings include health, vision, dental, hearing, behavioral health, developmental, and immunization-status screenings. You must make treatment recommendations or give referrals as a result of these screenings.

The EPSDT Periodicity Schedule in **Appendix W** of your MassHealth provider manual sets 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 — children should visit their primary-care provider once a year.

MassHealth also pays PCCs to perform checkups any time it is medically necessary, even if it is not time for a regular checkup. This means that whenever you have a concern about a child's medical, emotional, or behavioral health, or when or a parent, guardian, or other clinician brings one to your attention, you must screen the child in accordance with the EPSDT Periodicity Schedule.

More information about the schedule for checkups, recommended screenings, and resources can be found in the EPSDT Periodicity Schedule.

You must document the results of the screens in the child's medical record. Any time you cannot perform one of the screens according the EPSDT Periodicity Schedule for a child on your panel, you must refer the child to another MassHealth provider to perform the screen. When you do this, you must obtain and document the results of the screen in the child's medical record. If a child has a documented prior screen from another provider, you do not need to repeat that screen unless it is required for the member's next age-appropriate visit or unless you feel that a screen is medically necessary.

You must arrange for any follow-up treatment the child may need. This means that you must provide or refer children to diagnosis and treatment services whenever there is a positive screen.

You must offer to use one of the following approved, standardized behavioral health screening tools when you perform the behavioral-health screening. You must choose a clinically appropriate tool from this list.

- ASQ: SE Ages and Stages Questionnaires: Social-Emotional
- BITSEA Brief Infant and Toddler Social and Emotional Assessment
- CBCL Achenbach System: Child Behavior Checklist
- YSR Achenbach System: Youth Self-Report
- ASR Achenbach System: Adult Self- Report
- CRAFFT Car, Relax, Alone, Forget, Friends, Trouble (screening for substance abuse)
- M-CHAT Modified Checklist for Autism in Toddlers (screening for autism)
- PEDS Parents' Evaluation of Developmental Status
- PHQ-9 Patient Health Questionnaire-9 (screening for depression)
- PSC Pediatric Symptom Checklist
- Y-PSC Pediatric Symptom Checklist-Youth Report

You must discuss the responses from the completed tool with the child or his or her parent(s). The discussion about the completed screening tool will help you decide if a child needs further assessment by a behavioral-health provider or other medical professional. You must provide or refer any child who requires behavioral-health treatment services to those services. If you decide that a child needs to see a behavioral-health provider, you can get 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 1-800-495-0086.

### *Diagnosis and Treatment Services*

Whenever a screen indicates that a child needs further diagnosis or treatment (whether you performed the screen yourself or it was performed by another MassHealth provider to whom you referred the child for the screen), you must either diagnose and treat the child yourself or refer the child to another provider for these services. If you refer a child, you must inform the child's parent or guardian how and where to obtain the services.

When a child is diagnosed with a health condition, MassHealth pays for required treatment services as follows.

- **Further treatment through Preventive Pediatric Health-Care Screening and Diagnosis (PPHSD) services for children enrolled in MassHealth Basic, Essential, Prenatal, and Family Assistance.**  
For children who are under age 21 and enrolled in MassHealth Basic, Essential, Prenatal, or Family Assistance, MassHealth pays for all medically necessary services covered under the child's coverage type. This means that when you (or any other clinician) discover a health condition, MassHealth pays for any medically necessary treatment that is included in the child's coverage type if it is prescribed by a provider who is qualified and willing to provide the service.
- **Further treatment through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services program for children enrolled in MassHealth Standard or CommonHealth.**  
For children who are under age 21 and enrolled in MassHealth Standard or CommonHealth, MassHealth pays for all medically necessary services that are covered by federal Medicaid law, even if the services are not provided by the PCC Plan or 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. When you (or any other clinician) discover a health condition, MassHealth pays for any medically necessary treatment covered under Medicaid law, if it is delivered by a provider who is qualified and willing to provide the service and a MassHealth-enrolled physician, nurse practitioner, or nurse-midwife supports in writing the medical necessity of the service. You can seek assistance from MassHealth to determine which provider may be available to provide these services and how members can use services outside of the network, if necessary.

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 who will be delivering the service can ask MassHealth for prior authorization (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. You can access the Automated Prior Authorization System (APAS) at [www.masshealth-apas.com](http://www.masshealth-apas.com) or mail a written request to the following address.

**MassHealth  
Attn.: Prior Authorization Unit  
600 Washington Street  
Boston, MA 02111  
1-800-862-8341**

### *Dental Services*

You must perform dental exams at well-child checkups according to the EPSDT Periodicity Schedule. If you discover any problems with a child's teeth or oral health, you must refer the child to a dentist. When a child turns three years old, you should also recommend that the child visit a dentist at least twice a year. Children do not need a referral to see a MassHealth dentist.

When children go for routine dental checkups, the dentist gives a full dental exam, teeth cleaning, and fluoride treatment. It is important to make sure that children get the following dental care:

- a dental checkup every six months starting no later than age three;
- a dental cleaning every six months starting no later than age three; and
- other dental treatments needed, **even before age three**, if you find problems with a child's teeth or oral health.

When you or a dentist find problems with a child's teeth or oral health, MassHealth pays for treatment services as follows.

- Children who are under age 21 and enrolled in MassHealth Standard or CommonHealth can get all medically necessary treatment covered under Medicaid law, including dental treatment, even if the service is not otherwise covered by MassHealth.
- Children who are under age 21 and enrolled in MassHealth Basic, Essential, Prenatal, or Family Assistance can get all medically necessary services covered under their coverage type, including dental treatment.

### *School-Based Health Centers*

To increase access to primary-care services, you may refer school-age members to a MassHealth-participating school-based health center (SBHC) in your geographic area. SBHCs, which are located in some elementary, middle, and high schools, require a PCC referral to deliver most services and are expected to provide prompt information to you about the care they have provided to the member. If you would like a current list of SBHCs, please call or write the Department of Public Health (DPH) at the following address and phone number.

**Department of Public Health  
Bureau of Family and Community Health  
School-Based Health Center Program  
250 Washington Street  
Boston, MA 02108  
617-624-6015  
617-624-6062 (fax)  
[www.mass.gov/dph](http://www.mass.gov/dph)**

# Part 3 Administration

## Billing

### *Introduction*

All statutes, regulations, rules, billing instructions, and provider bulletins governing MassHealth claims submission apply to the PCC Plan. Please see your MassHealth provider manual for additional information on billing. Please note that you may not bill MassHealth members for services covered by MassHealth.

### *PCC Enhancement*

MassHealth pays PCCs who are physicians, nurse practitioners, and acute-hospital outpatient departments an enhanced rate for most office and home visits provided to their PCC Plan members. As a PCC, you will receive a \$10 enhancement for certain types of primary- and preventive-care visits. Your enhancement will be added to your visit rate. Please refer to your 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 Periodicity 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 according to the EPSDT Periodicity Schedule when these PCCs use the appropriate service codes and billing modifiers. Correctly billing for these visits is important because it allows MassHealth to accurately track well-child care provided to members and ensures you receive these enhanced rates.

A brief description about how to bill for checkups and screens performed according to the EPSDT Periodicity Schedule billing appears below. For more detailed information, please review the EPSDT Periodicity Schedule and the special billing guideline about well-child care called “Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services and Preventive Pediatric Health-care Screening and Diagnosis (PPHSD) Services Billing Guidelines for MassHealth Physicians and Mid-level Providers.” This guide is now available online at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on MassHealth Provider Forms on the right side of the screen and then click on “Billing Guidelines for MassHealth Physicians and Mid-level Providers,” which is listed on the Forms Used by Multiple Sites menu. You can also request a copy of this guideline by sending a request to the following address.

**MassHealth Customer Service  
Provider Enrollment and Credentialing  
P.O. Box 9118  
Hingham, MA 02043  
1-800-841-2900  
617-988-8974 (fax)**

In general, PCCs submit claims for checkups and screens performed according to the EPSDT Periodicity Schedule according to the general administrative and billing instructions in Subchapter 5 of your MassHealth provider manual. However, if a member has third-party liability (TPL), PCCs may use paper claim form no. 4 to submit claims for well-child checkups and screens performed according

to the EPSDT Periodicity Schedule (including laboratory services, hearing tests, and vision tests). For more information about claim form no. 4, please refer to “Paper Billing Instructions for Claim Form No. 4.” You can obtain a copy on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on MassHealth Regulations and other Publications, then on Provider Library, then on MassHealth Provider Manuals, and then on Physician Manual. Once there, click on MassHealth Billing Guides for Paper Claim submitters under Subchapter 5: Administrative and Billing Instructions.

1. Enhanced Fee for Well-Child Care Checkups

When PCCs who are physicians, nurse practitioners, or acute-hospital outpatient departments provide checkups and screens to members under age 21 in accordance with the EPSDT Periodicity Schedule and 130 CMR 450.140 through 450.150, they will receive an EPSDT enhanced rate in addition to the rate for the well-child care visit if they bill those visits following applicable billing instructions. To bill for the enhancement, be sure to include the add-on code (S0302) in addition to the visit code when you bill for the visit. The rates for these services can be found in the Division of Health Care Finance and Policy (DHCFP) regulations at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp).

2. Fee for Behavioral Health Screens

The EPSDT Periodicity Schedule requires a behavioral-health screen to be included at every well-child care visit. When you provide a behavioral-health screen, using a standardized behavioral-health screening tool in accordance with the EPSDT Periodicity Schedule, you will receive a separate payment in addition to the rate for the visit.

Appendix Z of your MassHealth provider manual lists the code for the behavioral-health screen. When your office performs these screens, you should bill using this code. The payment rate for this code can be found in the DHCFP regulations at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp).

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

Sometimes the EPSDT Periodicity Schedule requires laboratory services, an audiometric hearing test, and a bilateral test of visual acuity to be included in a visit. When you provide laboratory services, an audiometric hearing test, or a bilateral test of visual acuity in accordance with the EPSDT Periodicity Schedule, they are payable in addition to the visit.

Appendix Z of your MassHealth provider manual lists the codes for these services. When your office performs and interprets these services, you should bill using these codes. The rates for these services can be found in the DHCFP regulations at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp).

*Special Billing for Diagnosis and Treatment Services Provided to Children in Accordance with the EPSDT Periodicity Schedule*

In general, MassHealth pays PCCs for diagnosis and treatment services performed in accordance with the EPSDT Periodicity Schedule according to the general administrative and billing instructions in Subchapter 5 of your MassHealth provider manual. You can obtain a copy on the MassHealth Web site at [www.gov/masshealth](http://www.gov/masshealth). Click on MassHealth Regulations and other Publications, then on Provider Library, then on MassHealth Provider Manuals, and then on Physician Manual. Once there, click on MassHealth Billing Guides for Paper Claim submitters under Subchapter 5: Administrative and Billing Instructions.

If you will be providing a treatment service that is not otherwise covered by MassHealth (and for which there is no established fee) to a member who is enrolled in MassHealth Standard or CommonHealth, and MassHealth has provided prior authorization for the service, MassHealth



will establish the appropriate payment rate for such service on an individual-consideration basis in accordance with 130 CMR 450.271.

### *Billing After Hours*

MassHealth pays PCCs a payment in addition to the basic service payment for urgent care provided in their office “after hours.” This payment is to encourage PCCs to provide urgent, after-hours care in their office so that members do not need to visit a hospital emergency department or an Emergency Services Program.

PCCs should use Subchapter 6 of their provider manual, in conjunction with the American Medical Association Current Procedural Terminology (CPT) code book, to locate the appropriate “after-hours” service code. The rates for these services can be found in the DHCFP regulations at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp).

For billing assistance, please visit the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on the Providers tab at the top of your screen. Then click on MassHealth under the heading Insurance (including MassHealth). Click on MassHealth Claims Submission.

### *Questions*

For answers to billing and claims payment questions, call MassHealth Customer Service at 1-800-841-2900, send a fax to 617-988-8974, or e-mail [providersupport@masshealth.net](mailto:providersupport@masshealth.net).

## **Electronic Funds Transfer**

Electronic funds transfer (EFT) offers direct deposit of claim payments to providers.

The benefits of using EFT are that:

- payments are deposited to your account every Monday;
- you will experience fewer problems concerning lost, stolen, or misdirected checks;
- you will no longer have problems with undeliverable mail; and
- you will benefit from the cost efficiency.

For more information about EFT, please visit the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on the providers tab at the top of your screen. Then click on MassHealth Services under Billing and Payment.

## **Prospective Interim Payments**

If you choose to receive a Prospective Interim Payment (PIP), you will receive a monthly cash advance based on a percentage of your claims.

To open or close your PIP account, you must notify MassHealth Provider Enrollment and Credentialing in writing. Requests must include your MassHealth provider number and tax identification number. Send your written request to the following address.



**MassHealth Customer Service  
Provider Enrollment and Credentialing  
P.O. Box 9118  
Hingham, MA 02043**

or hand-deliver it via courier, UPS, or FedEx to:

**MassHealth Customer Service  
Provider Enrollment and Credentialing  
75 Sgt. William BV Terry Drive  
Hingham, MA 02043.**

For answers to PIP questions, call MassHealth Customer Service at 1-800-841-2900, send a fax to 617-988-8974, or e-mail [providersupport@masshealth.net](mailto:providersupport@masshealth.net).

## **PCC Changes**

### *PCC Plan Provider Types*

As a PCC, you enrolled with the PCC Plan as one of the following provider types:

- individual physician;
- independent nurse practitioner;
- group physician;
- community health center;
- hospital-licensed health center; or
- outpatient department.

### *Changing Your Provider Type*

You must notify Provider Enrollment and Credentialing if there is any change in your provider type (for example, from an individual PCC to a group PCC). You must notify them, in writing at the addresses listed below, at least 14 days before the change is scheduled to occur. Additionally, group PCCs must notify MassHealth when accepting into or removing from their PCC provider panel an individual practitioner or a nurse practitioner. Send notices to the following address:

**MassHealth Customer Service  
Provider Enrollment and Credentialing  
P.O. Box 9118  
Hingham, MA 02043**

or hand-deliver them via courier, UPS, or FedEx to

**MassHealth Customer Service  
Provider Enrollment and Credentialing  
75 Sgt. William BV Terry Drive  
Hingham, MA 02043.**

### *Other PCC Status Changes*

As a PCC, you are required to notify MassHealth of any changes with respect to your status as a PCC, including, but not limited to, the following:

- voluntarily withdrawing from the PCC Plan or MassHealth for any reason;
- changing any information contained in the PCC Plan Provider Application or any other application submitted by the PCC to Executive Office of Health and Human Services (EOHHS);
- changing your address;
- changing your managed-care contact; and
- changing your hours of operation or designation of PCC specialty.

You must notify Provider Enrollment and Credentialing of these changes, in writing at the addresses listed above, at least 14 days before any change is made.

### *Notifying Your Members About PCC Changes*

Whenever you undergo a provider-type change or other status change as a PCC, you are expected to notify your members appropriately.

Your PCC Plan members will not automatically be transferred to your new PCC practice when you undergo a provider-type or ownership change. Please call Provider Enrollment and Credentialing at 1-800-841-2900 to determine when and if your current PCC Plan members can be transferred to your new practice.

MassHealth will work with you on a plan for notifying your members about these changes, as necessary. You should not notify members about changes before consulting with MassHealth.

## **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*

Any questions about changes to your provider information should be directed to Provider Enrollment and Credentialing at 1-800-841-2900.

# Part 4 Quality-Management Services

## PCC Plan Quality Management

The PCC Plan undertakes quality improvement and measurement projects to assess and improve the quality of care provided through the PCC Plan. The PCC Plan works with clinical subcommittees, which include PCCs, to identify measures for specific health indicators, develop interventions, and evaluate the indicators to determine if the interventions were successful.

If you would like more information or would like to participate on the clinical subcommittees, please call the PCC Plan Hotline at 1-800-495-0086.

### *Current Quality-Improvement Topics*

Some areas currently targeted by the PCC Plan for quality-improvement projects are

- asthma management;
- breast-cancer screening;
- cervical-cancer screening;
- diabetes management;
- emergency-department services;
- pediatric behavioral health;
- perinatal care; and
- well-child health-care services for children and adolescents.

### *Health Plan Employer Data and Information Set (HEDIS)*

The Health Plan Employer Data and Information Set (HEDIS), issued by the National Committee for Quality Assurance (NCQA), is a set of health-plan performance measures that standardize 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, and well-care visits for children and adolescents. HEDIS uses claims and medical records in calculating its measures. The PCC Plan uses HEDIS measures on an annual basis as one of its measurement activities to identify opportunities for improvement.

PCCs can help the PCC Plan by responding promptly to all requests from MassHealth for medical records. HEDIS results for the PCC Plan and other MassHealth plans can be accessed online at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on the Researchers tab at the top of the screen. Click on the Insurance (including MassHealth) category and select MassHealth Annual Reports.

### *Member Surveys*

Every other year, MassHealth conducts a MassHealth Managed-Care Member Survey for the purpose of soliciting member feedback (both adult and adults responding for their children) in a number of areas, including availability and access to services, utilization, experience with health-care services, and member satisfaction with the services delivered by their health plan or provider. The survey results are used to identify and develop opportunities for improvement. The survey is administered in English and Spanish.

# Part 5 Performance Improvement Management Services (PIMS)

## Introduction

Performance Improvement Management Services (PIMS) is a comprehensive, clinically focused management system that monitors, measures, and analyzes health-care delivery by PCCs. The major goal of PIMS is to support PCCs in managing their PCC Plan members' care to improve health outcomes.

PIMS responsibilities include the following.

- **PCC Plan Hotline** — The PCC Plan Hotline at 1-800-495-0086 assists PCCs with questions, concerns, member outreach, and health-education materials.
- **Provider Satisfaction Survey** — The biennial survey measures PCC satisfaction with the various components of the PCC Plan, including provider enrollment, ease of finding specialists, and use of PIMS. 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 Quarterly 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 Catalog** — The catalog provides current health-education materials for PCCs and PCC Plan members. PCCs can call the PCC Plan Hotline at 1-800-495-0086 to order materials from the catalog free of charge.
- **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. Also, 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 Web site** — The MBHP Web site contains information and materials of interest to PCCs. Visit the MBHP Web site at [www.masspartnership.com](http://www.masspartnership.com), and click on the tab “For PCCs.” You can also find a list of behavioral-health providers in the MBHP provider network that are available to serve your Plan members.

### *PCC Reminder Report*

Reminder systems improve patient compliance with a variety of scheduled health visits and procedures. Studies have shown that members prefer to receive reminders from their primary-care provider rather than their health plan. The PCC Reminder Report provides you with data on members in your panel who may be in need of selected preventive services such as well-child care and women's cancer screening. The Reminder Report lists the most currently available addresses and telephone numbers to assist you in providing outreach to those members who may be in need of a particular service.

### *PCC Care Monitoring Registry*

The PCC Care Monitoring Registry provides you with the most current data available on members in your panel with the chronic conditions of asthma and diabetes, members with high pharmacy utilization, and members with two or more visits to the emergency department (ED) in a six-month period. This information is provided to help you monitor and manage the treatment of these members in accordance with applicable guidelines and to support your efforts in making sure members get care in the most appropriate setting. The Care Monitoring Registry lists the most currently available member addresses and telephone numbers to assist you in providing outreach to those members who may be in need of service.

### *PCC Profile Report*

The PCC Profile Report provides information on selected clinical measures, such as pediatric behavioral health, well-child care, and women's cancer screening, that you can use to improve health-care delivery and, ultimately, the health outcomes of your PCC Plan members. Most of the profile measures display rates of performance for your PCC practice and for the PCC Plan as a whole. Prior rates for your PCC practice and the PCC Plan are also presented to show trended rates for these clinical indicators. Summary data are provided to help you identify barriers to care.

### *Site Visits*

A site visit is provided to selected PCCs, including all of those with 200 or more members. Regional Network Managers (RNMs), covering each geographic area of the state, perform these visits in order to review the Profile Report, the Reminder Report, and the Care Monitoring Registries with the PCC. By reviewing the reports and discussing how rates reflect the PCC practice's performance, the RNM can help the practice to identify areas for improvement and to develop an action plan to improve performance and the delivery of high-quality health care to members. The RNM is available as a resource to respond to PCC's concerns, assist in resolving issues, and inform and educate clinicians and their staff on PCC Plan policies and procedures.

# Part 6 Behavioral-Health Services

## *The Massachusetts Behavioral Health Partnership (MBHP)*

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

### *Covered Services*

PCC Plan members receive inpatient services, outpatient services, outpatient day services, diversionary services, emergency-services-program services, and emergency behavioral-health services through a network of MBHP providers including, but not limited to, hospitals, acute residential programs, outpatient clinics, psychiatrists, psychologists, day-treatment programs, detoxification facilities, and emergency-services programs (ESP). Covered services include crisis counseling, substance-abuse services, medication-management services, and community-support services.

In addition, PCC Plan members who are under 21 can currently receive a number of behavioral-health services when they are medically necessary. These services include family-stabilization-team (FST) services, community-based acute treatment (CBAT), community-support programs, crisis stabilization, and various specialized assessments. Additional services are being developed by MassHealth. Information about these new services will be provided to you as they become available to members.

PCC Plan members may also be eligible for enrollment in care-management programs such as Intensive Care Management, Care Coordination, or Targeted Outreach. For more information about these programs, see "Member Outreach and Care Coordination."

For more information about the behavioral-health services covered by MBHP, call MBHP at 1-800-495-0086 or visit MBHP at [www.masspartnership.com](http://www.masspartnership.com).

### *Your Role as the PCC*

Members do not need a PCC referral to access behavioral-health services. However, you should assist members to access the behavioral-health services they need by contacting MBHP. PCC Plan members may also arrange for services by calling MBHP directly. Either the PCC or the member may call 1-800-495-0086 to locate an appropriate behavioral-health provider in their area.

Although a PCC does not need to authorize behavioral-health services, it is important for the PCC to screen for behavioral-health conditions, discuss treatment with their patients when appropriate, inquire about prescription medication, and ensure that all care is coordinated.

### *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

- all specialists;
- home-health agencies;
- state agency case managers;

- care or disease managers;
- school-based health centers;
- local educational authorities; and
- discharge planners.

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

### *Referring Children Under Age 21 to Behavioral Health Providers*

You must provide or refer children to behavioral-health diagnosis and treatment services in accordance with the EPSDT Periodicity Schedule whenever there is a positive screen. For more information about well-child visits and screens, and coverage of diagnosis and treatment services, see page 18 of this Handbook.

### *Questions*

For more information or questions about accessing behavioral-health services for PCC Plan members, call 1-800-495-0086 or visit the Partnership at [www.masspartnership.com](http://www.masspartnership.com).





# Part 7    Supplements

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## **PCC Plan 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)(2) take precedence.

- abortion services
- anesthesia services
- any service provided under home- and community-based services waiver
- behavioral-health (mental health and substance abuse) services, including inpatient and outpatient psychiatric services
- clinical laboratory services
- dental care
- drugs (legend and nonlegend) and diabetic supplies
- family-planning services and supplies for members of childbearing age
- HIV pre- and post-test counseling services provided by community health centers
- HIV testing
- hospice services
- hospitalization, including elective admissions and non-elective admissions
- nursing facility services
- obstetric services for pregnant and postpartum members up to the end of the month in which the 60-day period following the termination of pregnancy ends
- services delivered to a homeless member outside of the PCC office when such services are provided by a PCC in a location where medical services are not usually or customarily delivered
- services to treat an emergency condition or emergency department screening services
- sexually transmitted-disease diagnosis and treatment when provided by entities that contract with the Massachusetts Department of Public Health
- sterilization when performed for family planning
- surgical pathology services
- transportation to reimbursable medical care
- vision care in the following categories: visual analysis, frames, single-vision prescriptions, bifocal prescriptions, and repairs





# MassHealth Referral Form

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**To be completed by the referring provider.**

Member's name: \_\_\_\_\_ Member's ID #: \_\_\_\_\_

Referring provider: \_\_\_\_\_ Telephone: \_\_\_\_\_

Is referring provider the primary care clinician (PCC)?  Yes  No

PCC's name (if other than referring provider): \_\_\_\_\_

PCC's MassHealth provider no.: \_\_\_\_\_ PCC's telephone no.: \_\_\_\_\_

Reason for referral:  
.....  
.....  
.....

Services requested: \_\_\_\_\_

Number of visits or services authorized: \_\_\_\_\_ Duration of referral: \_\_\_\_\_

---

**To be completed by the provider of the referral services, and returned to the referring provider:**

Findings: (physical exam, treatment, recommendation)  
.....  
.....  
.....

Date(s) of service:  
.....  
.....  
.....

Signature of the provider of the referral services \_\_\_\_\_ Date \_\_\_\_\_





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### Notification of Incorrect Assignment

Occasionally, a member is incorrectly assigned to a Primary Care Clinician's (PCC) panel. If you believe that this has happened and you would like to request that the member be transferred to another PCC, please complete this form and fax it to the PCC Hotline at the fax number below. When MassHealth has determined that the member was incorrectly assigned, the member will be transferred to another PCC.

You will be informed of the result of your request within 30 days.

Date: \_\_\_\_\_

I believe that \_\_\_\_\_  
(member name) (member RID) (member phone number if available)

has been incorrectly assigned to my PCC panel, for the following reason (please check one):

- adult assigned to pediatrician
- child assigned to internal-medicine practice
- current patients only (restriction currently in place)
- no new enrollees (restriction currently in place)
- male patient assigned to an OB/ GYN specialty practice
- other \_\_\_\_\_

Please follow-up with \_\_\_\_\_ at \_\_\_\_\_  
(contact name) (provider/site name)

about this request. My phone number is \_\_\_\_\_. My provider number is \_\_\_\_\_.

I have attached a copy of the member's Notification of Enrollment letter. Yes  No

Thank you for your assistance.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

Please return this form to

PCC Hotline  
150 Federal Street, 3<sup>rd</sup> Floor  
Boston, MA 02110  
Fax: 617-790-4138







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### Primary Care Clinician (PCC) Plan Community Support Program Referral Form

The *Community Support Program (CSP)* is a group of community-based agencies that provide expertise in engaging members in treatment and resolving barriers to care. The CSP provides member-focused, in-person intervention that focuses on short-term problem resolution to help PCC Plan members access the health care they need. CSP services are most effective for established members who are not complying with their treatment plan and, as a result, are putting themselves at risk.

To make a referral, complete all of the information below and call the MBHP Assessment Unit at 1-800-495-0086 to get the name of a CSP in your area. Send the completed form to that CSP, to the attention of the contact person. The CSP will contact your office within five business days to confirm receipt of the referral and to gather any additional information. The CSP will contact the member by telephone and seek consent from the member to provide these services. They will coordinate with your office and provide periodic updates with the member's permission.

#### Section I. PCC Information

#### Section II. Member Information

PCC and  
practice name: \_\_\_\_\_

Name: \_\_\_\_\_

PCC provider number: \_\_\_\_\_

RID: \_\_\_\_\_

Office contact  
person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

\_\_\_\_\_

Referral date: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender M  F

Primary language: \_\_\_\_\_

#### Section III. Reason for referral:

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For PCC Use Only

### Primary Care Clinician (PCC) Plan Member Outreach Form

Member outreach is a service for PCCs who are experiencing difficulty contacting a new or existing member. The PCC Hotline can help facilitate member outreach through the MassHealth Customer Service Center. PCCs may request Member Outreach by calling the PCC Hotline at 1-800-495-0086. PCCs can also complete the following information and fax this form to 617-790-4138 or mail it to the address below. The PCC Hotline staff will contact the PCC to indicate if the attempts by the MassHealth Customer Service Center were successful.

#### Section I. Primary Care Clinician Information

Name of contact at PCC office:  
\_\_\_\_\_

Telephone no. of contact: \_\_\_\_\_

PCC name: \_\_\_\_\_

PCC provider number: \_\_\_\_\_

Date of REVS check: \_\_\_\_\_

#### Section II. Member Information

Name: \_\_\_\_\_  
If a family, attach sheet w/additional names and RIDs.

RID: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone no.: \_\_\_\_\_

#### Section III. Reason for referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to:

PCC Hotline  
150 Federal Street, 3<sup>rd</sup> Floor  
Boston, MA 02110  
Fax: 617-790-4138.

For MBHP Use Only  
  
Inquiry Number:





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## Request for Provider Training

MassHealth Customer Services is dedicated to offering billing training to MassHealth providers throughout Massachusetts. To help us better evaluate your training needs, please answer the questions below and send this form by fax or mail to the attention of MassHealth Customer Services.

Date: \_\_\_\_\_

Provider name: \_\_\_\_\_

Address: \_\_\_\_\_

MassHealth/PCC provider number: \_\_\_\_\_

Contact name: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

Describe your billing problem: \_\_\_\_\_

Are you a Medicare provider?  Yes  No

If yes, what is your Medicare number? \_\_\_\_\_

Are you currently submitting your MassHealth claims electronically?  Yes  No

Please indicate the date and time that you are available to meet with training staff.

\_\_\_\_\_

---

Thank you for your request. MassHealth Customer Services will contact you shortly to discuss your billing issues and schedule training. We look forward to assisting you with all of your MassHealth billing needs.

**Fax completed request to:  
MassHealth Provider Outreach at 617-988-8974**

**or mail to:  
MassHealth  
ATTN: MassHealth Customer Services  
P.O. Box 9118  
Hingham, MA 02043.**

**Visit the MassHealth Web site at  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth).**





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## Request for Assistance with Billing Issues

MassHealth Customer Service is dedicated to offering billing assistance to MassHealth providers throughout Massachusetts. To help us evaluate your billing concerns, please complete this form when you are unable to resolve a billing issue after reviewing the billing manual or calling the Customer Service Center at 1-800-841-2900. Please send the form by fax or mail to the attention of MassHealth Customer Services. *Please note that this form is a request for assistance only; do not use this form to check the status of claims.*

Date: \_\_\_\_\_

Provider name: \_\_\_\_\_

Address: \_\_\_\_\_

MassHealth/PCC provider number: \_\_\_\_\_

Contact name: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

Describe your billing problem (Please give the member's RID, the date of service, and as much detail about the problem as possible.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you currently billing MassHealth electronically?  Yes  No

Please indicate the best time to contact you: \_\_\_\_\_

MassHealth Customer Services will contact you regarding your billing issue(s). We look forward to assisting you.

**Fax the completed request to:  
MassHealth Customer Services at 617-988-8974**

**or mail to:**

**MassHealth  
ATTN: MassHealth Customer Services  
P.O. Box 9118  
Hingham, MA 02043.**

**Visit the MassHealth Web site at  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth).**

