Goal: Increase understanding of...

MassHealth

Regulations

PA Process

Documentation

MassHealth Provider Online Service Center

The Provider Online Service Center gives you the tools to effectively manage your business with MassHealth electronically. Use these services to enroll as a MassHealth provider, manage your profile information, and submit and retrieve transactions. Enter data directly and modify individual...
Outline of Presentation

MassHealth
Regulations
Guidelines
PA process

Submission Requirements
Documentation Requirements
R & J form
General Information

MassHealth
Regulations
Guidelines
PA process
MassHealth Regulations


- 130 CMR 450.000- All Provider Regulations – Applies to all provider types
- 130 CMR 432.000- Therapist Regulations (group and individual practices)
- 130 CMR 410.000- Chronic Disease and Rehabilitation Outpatient Hospital Regulations
- 130 CMR 410.000- Acute Outpatient Hospital Regulations
- 130 CMR 403.000- Home Health Agency Regulations
- 130 CMR 433.000- Physician Regulations (group practice)
- 130 CMR 430.000 –Rehabilitation Centers
- 130 CMR 413.000 –Speech and Hearing Centers
MassHealth Guidelines


• Guidelines for Medical Necessity Determination for Occupational Therapy

• Guidelines for Medical Necessity Determination for Physical Therapy

• Guidelines for Medical Necessity Determination for Speech and Language Therapy
Prior Authorization Reviews – Therapy Services

Therapy reviews are completed by Massachusetts Licensed/Registered:

- Physical therapists
- Occupational therapists
- Speech-Language therapists
MassHealth Therapy Services
Overview

• A member is allowed 2 comprehensive evaluations per 12-month period without prior authorization.

• For all therapy services, the 12-month period begins on the date of first treatment visit after the initial evaluation and continues through that same date the following calendar year.

- Transmittal Letter THP-22
MassHealth Therapy Services – Overview (cont.)

Physical Therapy/Occupational Therapy:
- Prior Authorization (PA) is required if more than 20 skilled treatments are required in a 12-month period
- Treatments include group therapy sessions
  - 130 CMR 432.417 (A) (1)

Speech-Language Therapy:
- PA is required if more than 35 skilled treatments are required in a 12-month period
- Treatments include group therapy sessions
  - 130 CMR 432.417 (A) (2)
MassHealth Therapy Services Example

- Initial evaluation for PT was conducted on 10/15/2013, for a MH member with an acute diagnosis of post operative rotator cuff repair.

- The member was seen over a 6 week period and has used all 20 treatments from 10/16/2013- 11/29/2013.

- The PT felt it was medically necessary that the member continue skilled PT 3x/week for an additional 4 weeks (or 12 more treatments); therefore, a prior authorization request would be needed for the additional 12 treatments.
MassHealth Therapy Services
Overview (cont.)

MassHealth acts on appropriately completed and submitted requests for therapy services within 21 calendar days after a request for service is received by the MassHealth agency.

- 130 CMR 450.303 (A) (5)
Prior Authorization Review

- MassHealth reviews for medical necessity of continued services based on submitted documentation and projected outcomes of treatment.

- MassHealth reviews to ensure there are no duplications of services across multiple treatment settings (e.g. academic settings, early intervention, day habilitation settings)
After thorough review of all documentation, consideration of MassHealth regulations, MassHealth Guidelines for Medical Necessity Determination for Therapy Services and additional information received, a decision is rendered via Medicaid Management Information System (MMIS).

Once the decision is entered into MMIS, the requesting provider can see the decision immediately, via the Provider On-Line Service Center (POSC).

Decision adjudication letter will generate at midnight and be mailed the following business day to the member and provider.
Notice of Approval:

- For all approved PA requests a written notice is sent to the member and the requesting provider with the frequency, duration, and intensity of care authorized, along with dates of authorizations.
  - 130 CMR 432.417 (C) (1)

Notice of Denial or Modification:

- For all denied or modified PA requests a written notice is sent to the member and the requesting provider with the reason for denial or modification, along with the Right to Fair Hearing form.
  - 130 CMR 432.417 (C) (2) (a)
Right to Fair Hearing

• The member will receive information regarding the Right to a Fair Hearing and the appeal procedure with all denials or modifications of PA requests.

• A member may request a fair hearing from the MassHealth agency in writing within 30 days after date of receipt of notice of denial or modification.

- 130 CMR 432.417 (C)
Questions
Detailed Information

Submission Requirements
Documentation Requirements
R & J form
Required Documentation Overview

- For POSC submissions – Provider completes Member Identification Number field and uploads documentation
- MassHealth Request and Justification for Therapy Services (R&J) Required for all Therapy PA submissions. This form can be located at: [http://www.mass.gov/eohhs/gov/laws-regs/masshealth/provider-library/masshealth-provider-forms.html](http://www.mass.gov/eohhs/gov/laws-regs/masshealth/provider-library/masshealth-provider-forms.html)
- Initial evaluation
- Treatment notes
- Referral
Required Documentation – PA-1 Form/POSC

Prior Authorization Request (PA-1 Form or POSC submission):

Completion of the PA-1 Form is not required if submitting a PA request via the POSC

• PA-1 form - Required with all paper submissions, and must be filled out in its entirety in order for a Prior Authorization to be entered into MMIS.

• Provider is responsible for sections 1-21.

• Units under “services requested” must equal the number of units of treatment requested on page 2 of the R&J form.
MassHealth Request and Justification for Therapy Services (R&J)

- All sections must be filled out.
- “See attached documentation” is not acceptable for the completion of a section.
- Documentation must be legible

- 130 CMR 450.205(D)

- Delay in processing time or denial of services may occur, if all required information is not provided.
Required Documentation - R&J (cont.)

As noted on the R&J -

First request for continued therapy services:

- Must include a copy of your initial evaluation.

All subsequent requests for continued therapy service:

- The initial evaluation or most recent evaluation AND
- A copy of the last two evaluations/progress notes with updated plan of care
- Medical necessity section—clarify the medical necessity for the skilled intervention currently being requested.
Initial Evaluation:

- Must include, at a minimum, for PA review:
  - In-depth assessment of a member's medical condition, disability, and level of function to determine the need for treatment, and when treatment is indicated, to develop a treatment plan
  - Member’s name and address
  - Name of the referring physician or nurse practitioner
  - Detailed treatment plan prescribing the type, amount, frequency, and duration of therapy and indicating the diagnosis, prognosis, anticipated goals, and location where therapy will take place
  - Therapist's signature and the date of the evaluation

130 CMR 432.416
Required Documentation - Clinical (cont.)

Initial Evaluation (cont.):

• Speech-language therapy only:
  (1) Assessments of articulation, stimulability, voice, fluency, and receptive and expressive language;
  (2) Documentation of the member’s cognitive functioning; and
  (3) Description of the member’s communication needs and motivation for treatment

• Physical or occupational therapy only:
  – Description of the member’s physical limitations

130 CMR 432.416
Last two evaluations (progress notes/updated plan of care) must include:

- Objective, functional, measureable data
- Updated function specific goals
- Clear documentation of skilled need for continued treatment and frequency requested
Required Documentation - Referral

- The MassHealth agency pays for only those treatments and evaluations for which the therapist has obtained written referral from a licensed physician or a licensed nurse practitioner.

- The referral must include the following information, at a minimum, for PA review:
  - A complete diagnosis of the member;
  - The date of onset of the disability for which therapy is recommended
  - The reason for the referral
  - The date of referral and
  - The physician's or nurse practitioner’s signature and address

- The referral must be renewed in writing, every 60 days, for prior authorization review.
Submitted documentation for children must include:

• Documentation of all other therapy services being provided to the child, including location and payer source

• If therapy is being provided at another location, documentation must include how your goals differ from other therapy services being provided.
Questions
Acceptable Completion of R&J

MassHealth
Commonwealth of Massachusetts
Executive Office of Health and Human Services

Request and Justification for Therapy Services
When requesting prior authorization for physical, occupational, or speech/language therapy, complete this form and attach it to the request for authorization, whether the request for prior authorization is submitted on paper or using MassHealth’s Provider Online Service Center (POSC). If using the POSC, providers can either download this form from the POSC, or complete it online and submit it electronically as part of the request.

I. Provider information

<table>
<thead>
<tr>
<th>Provider name</th>
<th>Massachusetts Best Hospital</th>
<th>Group provider ID/SL</th>
<th>1234567890</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider address</td>
<td>333 South St, Shrewsbury, Ma</td>
<td>Provider telephone no.</td>
<td>(508) 999-9999</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual provider ID/SL</td>
<td>123456789A</td>
</tr>
</tbody>
</table>

II. Member information

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>MI</th>
<th>MassHealth member ID no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe</td>
<td>Jane</td>
<td></td>
<td>10001000100</td>
</tr>
</tbody>
</table>
Acceptable Completion of R&J

MassHealth is the payer of last resort. The provider must use diligent efforts to verify whether other insurance exists and to obtain payment first from the other insurance.

III. Other insurance information

- Other insurance carrier: Best Private Insurance
- Policyholder’s name: Jane Doe
- Policy no.: 0987654321
- Has the insurance carrier changed since the last prior-authorization request? No
- Why is the requested service not covered by this insurance? Benefits exhausted

IV. Physician referral

- Referring physician: Dr. Full Physician Name
- Address: Main St, Shrewsbury, MA
- Primary medical diagnosis name and ICD-9-CM diagnosis code: 343.9 Infantile Cerebral Palsy
- Secondary medical diagnosis name and ICD-9-CM diagnosis code: 728.87 Muscle weakness (generalized)
- Date of onset: Birth
- Date of referral: 10/10/13
- Precautions: Standard
- Reason for referral: Muscle weakness and lack of coordination due to CP
Acceptable Completion of R&J

V. Health-related services currently provided to the member

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency and payer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult day health</td>
<td>1x/ week direct PT/OT/SP</td>
</tr>
<tr>
<td>Chapter 766/School-based Medicaid</td>
<td>1x/week consultative PT/OT/SP</td>
</tr>
<tr>
<td>Day habilitation</td>
<td></td>
</tr>
<tr>
<td>Early intervention services</td>
<td></td>
</tr>
<tr>
<td>Home health aide</td>
<td></td>
</tr>
<tr>
<td>Hospice</td>
<td></td>
</tr>
<tr>
<td>Nursing services</td>
<td></td>
</tr>
<tr>
<td>Occupational therapy</td>
<td></td>
</tr>
<tr>
<td>Personal care attendant</td>
<td>24 hours PCA/ week provided by MH</td>
</tr>
<tr>
<td>Physical therapy</td>
<td></td>
</tr>
<tr>
<td>Speech/language therapy</td>
<td></td>
</tr>
<tr>
<td>Other: (specify)</td>
<td></td>
</tr>
</tbody>
</table>

THP-2 (Rev. 10/09)
Acceptable Completion of R&J

VI. Requested services

Location of service delivery: ☒ home  ☐ outpatient hospital department  ☐ physician’s office  ☐ rehabilitation center  ☒ therapist’s office

☐ other (specify) ________________________________________________________________

Date of initial evaluation: 10/11/2013

Rehabilitation potential: Good

Has (or will) the member use all of the visits allowed without prior authorization as part of the current treatment plan? ☒ yes  ☐ no

If yes, estimate the number of additional visits that will be needed to achieve treatment goals. 16 visits

How do your goals differ from the other therapy services currently being provided? School goals are working on improving FMC with alternative writing utensils, adaptive forms of communication/submit homework. (wide paper, IPAD).

What other therapy services has the member received in the past 12 months? School OT/PT/SP and Outpatient OT/PT

Who will be responsible for the carryover of the home exercise program, if applicable? Patient/ Caregiver

If other than the member, is this person able to attend therapy sessions on a regular basis to obtain training? ☒ yes  ☐ no

If yes, has the member been compliant with the home exercise program to date? ☒ yes  ☐ no

Please indicate the type, frequency, duration, and length of visit per day that you are requesting.

<table>
<thead>
<tr>
<th>Type</th>
<th>Frequency per week (i.e., number of visits)</th>
<th>Estimated duration (i.e., weeks, months)</th>
<th>Length of visit per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>1x</td>
<td>8 weeks</td>
<td>45 min</td>
</tr>
<tr>
<td>Speech/language therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Commonwealth Medicine
Acceptable Completion of R&J

VII. Medical necessity

Although most therapy can be viewed as beneficial, MassHealth does not pay for therapy services unless they are medically necessary as specified in 130 CMR 450.204, and meet the applicable MassHealth Guidelines for Medical Necessity.* Providers should address how the services
- provide specific, effective, and reasonable treatment of the member’s diagnosis and physical condition;
- are directly and specifically related to an active treatment regimen;
- are of a level of complexity and sophistication that the judgment, knowledge, and skills of a licensed therapist are required;
- can achieve a specific diagnosis-related goal; and
- are reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in illness or infirmity.

Provide a brief summary below of the medical necessity for the treatment you are proposing, including individual therapies and therapeutic activities. **This field must be completed.**

Jane has continued to show steady progress over the past authorization period. She has consistently attended all scheduled appointments with the exception of 1 due to illness. Jane and her parents are motivated to continue to improve her independence within her home and community. Jane continues to require education and changes to be made to her current HEP. Skilled OT in the outpatient setting continues to be medically necessary to adapt and modify HEP as Jane progresses as well as evaluate and assess for adaptive equipment/DME to improve her ADL/IADL status. Plan for discharge in 8 weeks.

**Important:** You must attach a copy of the current physician’s referral for all requests in addition to completing this section. For first requests, you must also attach a copy of your initial evaluation. For subsequent requests, you must also attach a copy of the last two evaluations.
Acceptable Completion of R&J

*Please refer to the MassHealth Guidelines for Medical Necessity Determination for Physical Therapy, the MassHealth Guidelines for Medical Necessity Determination for Occupational Therapy, or the MassHealth Guidelines for Medical Necessity Determination for Speech and Language Therapy, as applicable, for additional information. These MassHealth guidelines are located on the MassHealth Web site at www.mass.gov/masshealth/guidelines.

Signature

Please print name on this line with credentials

Therapist’s name and title

Signature with credentials

Therapist’s signature

Date completed (a newly completed and update R&J must be submitted with each PA request)

Date
### Unacceptable Completion of R&J

**MassHealth**
Commonwealth of Massachusetts
Executive Office of Health and Human Services

#### Request and Justification for Therapy Services

When requesting prior authorization for physical, occupational, or speech/language therapy, complete this form and attach it to the request for authorization, whether the request for prior authorization is submitted on paper or using MassHealth’s Provider Online Service Center (POSC). If using the POSC, providers can either download this form from the POSC or complete it online and submit it electronically as part of the request.

### I. Provider Information

<table>
<thead>
<tr>
<th>Provider name</th>
<th>Group provider ID/SL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massachusetts Rehabilitation Hospital</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider address</th>
<th>Individual provider ID/SL</th>
</tr>
</thead>
<tbody>
<tr>
<td>333 South St Shrewsbury, MA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider telephone no.</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>( )</td>
<td></td>
</tr>
</tbody>
</table>

### II. Member Information

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<tbody>
<tr>
<td>Doe</td>
<td>Jane</td>
<td></td>
<td>10001000100</td>
</tr>
</tbody>
</table>

University of Massachusetts Medical School
umassmed.edu
### Unacceptable Completion of R&J

#### III. Other Insurance Information

<table>
<thead>
<tr>
<th>Other insurance carrier</th>
<th>Policyholder’s name</th>
<th>Policy no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

Has the insurance carrier changed since the last prior-authorization request? □ yes □ no

Why is the requested service not covered by this insurance?

---

#### IV. Physician referral

<table>
<thead>
<tr>
<th>Referring physician</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Jacobson</td>
<td>Worcester, Ma</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary medical diagnosis name and ICD-9-CM diagnosis code</th>
<th>Secondary medical diagnosis name and ICD-9-CM diagnosis code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of onset</th>
<th>Date of referral</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eval and Treat</td>
<td></td>
</tr>
</tbody>
</table>
Unacceptable Completion of R&J

V. Health-related services currently provided to the member

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency and payer</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Chapter 766/School-based Medicaid</td>
<td>2x/week</td>
</tr>
<tr>
<td>☐ Adult day health</td>
<td></td>
</tr>
<tr>
<td>☐ Day habilitation</td>
<td></td>
</tr>
<tr>
<td>☐ Early intervention services</td>
<td></td>
</tr>
<tr>
<td>☐ Home health aide</td>
<td></td>
</tr>
<tr>
<td>☐ Hospice</td>
<td></td>
</tr>
<tr>
<td>☐ Nursing services</td>
<td></td>
</tr>
<tr>
<td>☒ Occupational therapy</td>
<td></td>
</tr>
<tr>
<td>☐ Personal care attendant</td>
<td></td>
</tr>
<tr>
<td>☐ Physical therapy</td>
<td></td>
</tr>
<tr>
<td>☐ Speech/language therapy</td>
<td></td>
</tr>
<tr>
<td>☐ Other: (specify)</td>
<td></td>
</tr>
</tbody>
</table>

THP-2 (Rev. 10/09)
Unacceptable Completion of R&J

VI. Requested services

<table>
<thead>
<tr>
<th>Location of service delivery:</th>
<th>Home</th>
<th>Outpatient hospital department</th>
<th>Physician's office</th>
<th>Rehabilitation center</th>
<th>Therapist's office</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of initial evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6/29/2012</td>
</tr>
<tr>
<td>Rehabilitation potential</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Good</td>
</tr>
<tr>
<td>Has (or will) the member use all of the visits allowed without prior authorization as part of the current treatment plan?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, estimate the number of additional visits that will be needed to achieve treatment goals:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do your goals differ from the other therapy services currently being provided?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What other therapy services has the member received in the past 12 months?</td>
<td>PT/OT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who will be responsible for the carryover of the home exercise program, if applicable?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If other than the member, is this person able to attend therapy sessions on a regular basis to obtain training?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, has the member been compliant with the home exercise program to date?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Frequency per week (i.e., number of visits)</th>
<th>Estimated duration (i.e., weeks, months)</th>
<th>Length of visit per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical therapy</td>
<td>1x</td>
<td>16 weeks</td>
<td>45-60 min</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech/language therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

School based vs Medical based
### VII. Medical necessity

Although most therapy can be viewed as beneficial, MassHealth does not pay for therapy services unless they are medically necessary as specified in 130 CMR 450.204, and meet the applicable MassHealth Guidelines for Medical Necessity. Providers should address how the services:

- provide specific, effective, and reasonable treatment of the member’s diagnosis and physical condition;
- are directly and specifically related to an active treatment regimen;
- are of a level of complexity and sophistication that the judgment, knowledge, and skills of a licensed therapist are required;
- can achieve a specific diagnosis-related goal; and
- are reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in illness or infirmity.

Provide a brief summary below of the medical necessity for the treatment you are proposing, including individual therapies and therapeutic activities. **This field must be completed.**

<table>
<thead>
<tr>
<th>What are the objective measures you have used to chart progress toward the stated goals? <strong>This field must be completed.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>See Attached</td>
</tr>
</tbody>
</table>

**Important:** You must attach a copy of the current physician’s referral for all requests in addition to completing this section. For first requests, you must also attach a copy of your initial evaluation. For subsequent requests, you must also attach a copy of the last two evaluations.
Unacceptable Completion of R&J

*Please refer to the MassHealth Guidelines for Medical Necessity Determination for Physical Therapy, the MassHealth Guidelines for Medical Necessity Determination for Occupational Therapy, or the MassHealth Guidelines for Medical Necessity Determination for Speech and Language Therapy, as applicable, for additional information. These MassHealth guidelines are located on the MassHealth Web site at www.mass.gov/masshealth/guidelines.

**Signature**

<table>
<thead>
<tr>
<th>Therapist’s name and title</th>
<th>Therapist’s signature</th>
<th>Date</th>
</tr>
</thead>
</table>
Calculating Units /Procedure Codes

• Most codes are 1 unit = 15 minutes
• Some codes are 1 unit = full treatment session
  – 15 minute increment – Codes
    • 1 Unit = 15 minutes
    • For a 60 minute treatment – request 4 units
  – 1 Unit = entire treatment, regardless of length of treatment
Questions
Registering for the Provider Online Service Center (POSC)

- POSC Set-up and Assistance:
  - Providers who do not have scanning capability can inquire about an eFax account. Contact eFax Customer Support by e-mail at corporatesupport@mails.efax.com or call 800-810-2641. eFax works like an ancillary scanner, preparing documents for electronic submission.
How to Submit a Prior Authorization (PA) Request  - POSC

MassHealth has prepared a number of step-by-step job aids to assist with the POSC submission process including:

• Create a Prior Authorization Request
• Complete a Saved Prior Authorization
• Inquire on a Prior Authorization Request
• View Status & Paid Claims

This information can be found on the mass.gov website:

Electronic Submission of Prior Authorization (PA) - POSC

MassHealth Provider Online Service Center

The Provider Online Service Center gives you the tools to effectively manage your business with MassHealth electronically. Use these services to enroll as a MassHealth provider, manage your profile information, and submit and retrieve transactions. Enter data directly and modify individual transactions (i.e., claims submission, eligibility verification, MCO, Prior Authorization, Pre-Admission Screening, Referrals, and EHR Incentive Program).

View your notifications, contracts, reports, metrics, and financial data. Download most MassHealth forms and publications.

You will need a Username and password to access many of the services listed on the left. If you are currently a MassHealth provider but do not know your Username and password, please contact the Customer Service Center at 1-800-341-2900.

Registered User?

Login

Would like to enroll as a provider?

Enroll Now

Need more information?

FAQs
How to Submit a Prior Authorization (PA) Request - Paper

• Paper PA requests (PA-1 form) can be found on the mass.gov website at:
  www.mass.gov/eohhs/docs/masshealth/provider-services/forms/prior-authorization-request

• Paper PA request and attachments submitted should be mailed to:
  MassHealth  
  Attn: Prior Authorization  
  100 Hancock St., 6th FL  
  Quincy, MA 02171
Contact Information:

- MH Customer Service
  (for information regarding POSC, member questions):
  1-800-841-2900
- Prior Authorization
  (Provider contact regarding existing PA):
  1-800-862-8341
- priorauthorization@umassmed.edu
Thank You