Revalidation for Non-Billing ORP Providers

Executive Office of Health & Human Services

Learning Objectives

Gain an understanding of:

- The revalidation requirement
- Completing the revalidation process
- Where to go for forms and additional assistance

Agenda

- Acronyms & Definitions
- ORP Background
- ORP Revalidation Process
- Sanction Notice
- Revalidation Questionnaire
  - Opting in
  - Opting out
  - Incorrect contact
- Revalidation Attestation and Disclosures Form
- Resources

Acronyms & Definitions

- **Non-Billing Ordering, Referring and Prescribing (ORP) Provider**
  - A provider that does not bill MassHealth who has enrolled in MassHealth for the limited purposes of ordering, referring or prescribing MassHealth covered services, for the purposes of satisfying requirements detailed at Section 6401(b) of the Affordable Care Act, including:
    - Providers whose only practice is on staff at Community Health Centers, Hospitals, Hospital Licensed Health Centers or any setting (except for Group Practices) that will not result in the individual provider's billing MassHealth directly
    - Providers who do not serve MassHealth members

- **PID/SL** – Provider Identification / Service Location
  - The MassHealth assigned 10-digit alpha-numeric identification number

- **NPI** – National Provider Identifier
  - The NPI is a unique identification number for covered health care providers. This is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard.

- **DBA** – Doing Business As
  - A DBA is any registered name/address that a business operates under that is not the legal business name/address

Non-Billing ORP Provider Revalidation Process

Revalidation

- If MassHealth requires that a service is ordered, referred or prescribed, Section 6401(b) of the Affordable Care Act (ACA) requires that the Billing provider include an authorized ORP provider's National Provider Identifier (NPI) on the claim, AND the ORP provider be enrolled with MassHealth as a fully participating provider or as a non-billing provider.

- Section 6401 of the ACA also established a requirement for Medicare and Medicaid to revalidate enrollment information for all enrolled providers, regardless of provider type, under new enrollment screening criteria at least every five years

- As part of this required revalidation process, MassHealth intends to revalidate the current enrollment information on file. Other information such as Revalidation Attestation and Disclosures form will be required along with other required documents. See Section 6401 of the Affordable Care Act, 42 CFR 455.414 and 42 CFR 455.104(c)(1)(iii)

    - Providers should not wait until it is time to revalidate to notify MassHealth of changes. MassHealth regulations require that all providers notify MassHealth within 14 days of any change in any of the information submitted in the application.
        - See 130 CMR 450.223(B)

- Pursuant to 130 CMR 450.233(B) and 130 CMR 450.212(A)(8), MassHealth enrolled providers must cooperate with MassHealth during the revalidation process. Failure to complete revalidation in a timely fashion may result in termination from the program and/or sanctions. *See* 130 CMR 450.238 through 450.240. If a provider is terminated, all terminated providers who intend to be re-enrolled in MassHealth must submit a new application. MassHealth will not back date the effective date of the enrollment to the date of termination.

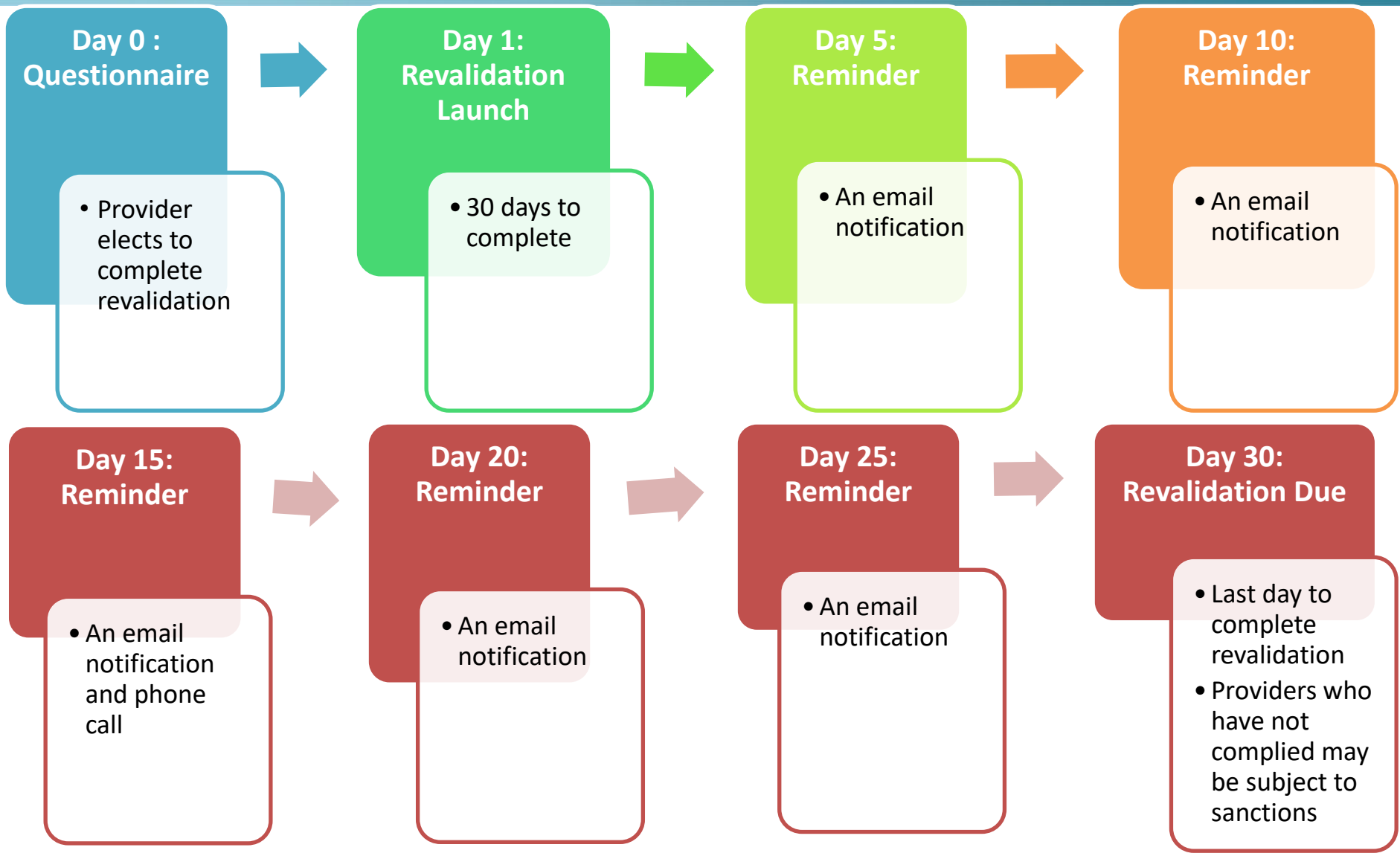
Revalidation Process (slide 1 of 2)

- MassHealth plans to select non-billing ORP providers each month for revalidation by date of enrollment or last revalidation date
  - The Non-Billing ORP Provider revalidation process will be electronic only
- In the revalidation process, an email with a questionnaire will be sent to the provider's credentialing contact on file for the provider
  - The purpose of this questionnaire is to determine if the provider intends to complete revalidation and, in the event the provider does not intend to complete revalidation, to have the provider attest that they meet the MassHealth ORP revalidation withdrawal criteria.
  - **IMPORTANT:** Please note that, under state law, certain provider types are required, as a condition of state licensure (see M.G.L. Ch. 112, Sec. 45), to apply to be enrolled with MassHealth as either billing providers or as non-billing providers for the purposes of ordering, referring, and prescribing services to MassHealth members. If you are in one of the relevant provider types and do not complete the revalidation process, then you must complete a non-billing provider application or a billing provider application. Failure to do so may prevent you from renewing your license to practice at a future date.

Revalidation Process (slide 2 of 2)

- Non-Billing ORP Providers that intend to revalidate will then be required to submit the ‘Revalidation Attestation and Disclosures Form’
  - An email will be sent to the provider’s credentialing contact. This email will contain a link so that the required form may be completed and submitted electronically
- MassHealth will process submitted forms and will notify the provider’s credentialing contact when completed

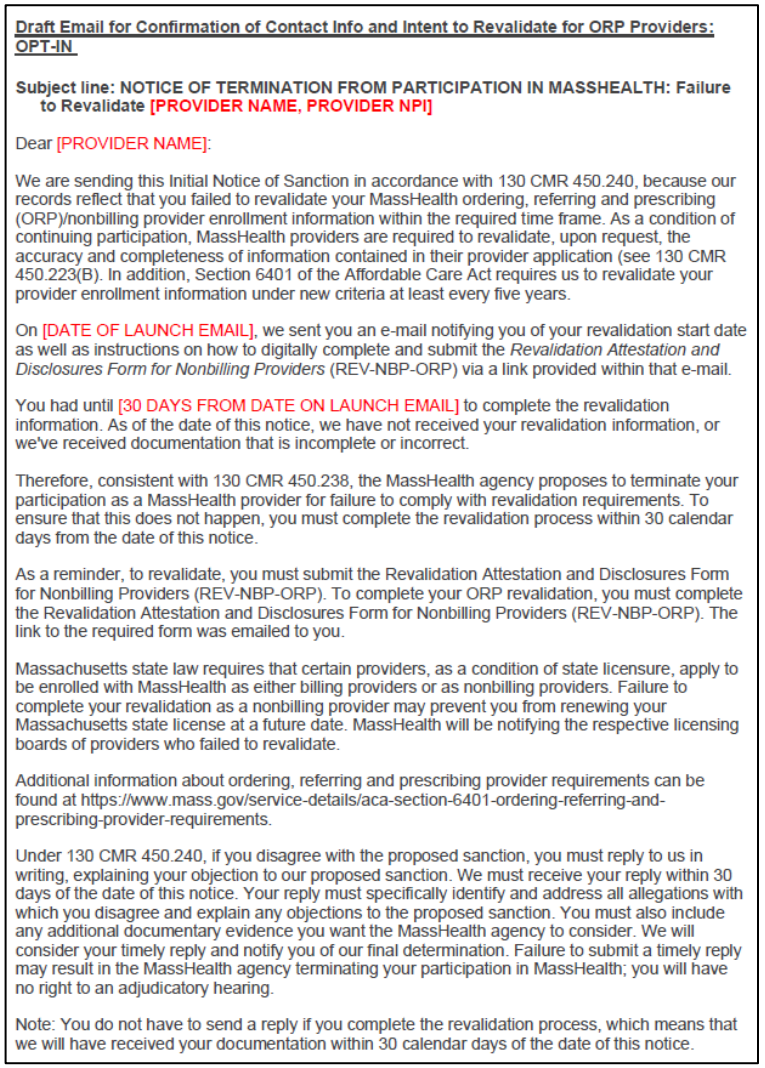
Revalidation Timeline



Sanction Notice and Process

Sanction Process

- Once revalidation is launched, providers will have 30 days to complete the Revalidation Attestation form
- **IMPORTANT: Be sure to complete revalidation within the 30 days**
- Failure to complete the required documentation within the 30 days will result in a sanction notice
- Failure to comply in a timely manner may result in unnecessary delays or issues



Draft Email for Confirmation of Contact Info and Intent to Revalidate for ORP Providers: OPT-IN

Subject line: NOTICE OF TERMINATION FROM PARTICIPATION IN MASSHEALTH: Failure to Revalidate [PROVIDER NAME, PROVIDER NPI]

Dear [PROVIDER NAME]:

We are sending this Initial Notice of Sanction in accordance with 130 CMR 450.240, because our records reflect that you failed to revalidate your MassHealth ordering, referring and prescribing (ORP)/nonbilling provider enrollment information within the required time frame. As a condition of continuing participation, MassHealth providers are required to revalidate, upon request, the accuracy and completeness of information contained in their provider application (see 130 CMR 450.223(B). In addition, Section 6401 of the Affordable Care Act requires us to revalidate your provider enrollment information under new criteria at least every five years.

On [DATE OF LAUNCH EMAIL], we sent you an e-mail notifying you of your revalidation start date as well as instructions on how to digitally complete and submit the *Revalidation Attestation and Disclosures Form for Nonbilling Providers* (REV-NBP-ORP) via a link provided within that e-mail.

You had until [30 DAYS FROM DATE ON LAUNCH EMAIL] to complete the revalidation information. As of the date of this notice, we have not received your revalidation information, or we've received documentation that is incomplete or incorrect.

Therefore, consistent with 130 CMR 450.238, the MassHealth agency proposes to terminate your participation as a MassHealth provider for failure to comply with revalidation requirements. To ensure that this does not happen, you must complete the revalidation process within 30 calendar days from the date of this notice.

As a reminder, to revalidate, you must submit the Revalidation Attestation and Disclosures Form for Nonbilling Providers (REV-NBP-ORP). To complete your ORP revalidation, you must complete the Revalidation Attestation and Disclosures Form for Nonbilling Providers (REV-NBP-ORP). The link to the required form was emailed to you.

Massachusetts state law requires that certain providers, as a condition of state licensure, apply to be enrolled with MassHealth as either billing providers or as nonbilling providers. Failure to complete your revalidation as a nonbilling provider may prevent you from renewing your Massachusetts state license at a future date. MassHealth will be notifying the respective licensing boards of providers who failed to revalidate.

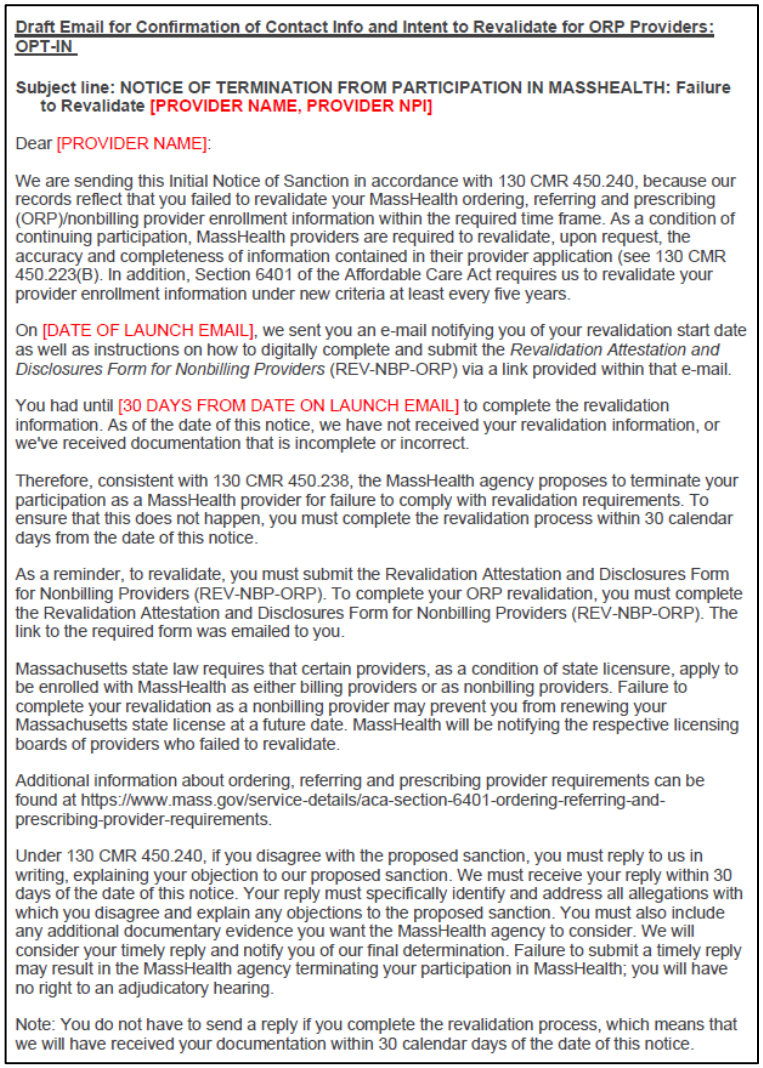
Additional information about ordering, referring and prescribing provider requirements can be found at https://www.mass.gov/service-details/aca-section-6401-ordering-referring-and-prescribing-provider-requirements.

Under 130 CMR 450.240, if you disagree with the proposed sanction, you must reply to us in writing, explaining your objection to our proposed sanction. We must receive your reply within 30 days of the date of this notice. Your reply must specifically identify and address all allegations with which you disagree and explain any objections to the proposed sanction. You must also include any additional documentary evidence you want the MassHealth agency to consider. We will consider your timely reply and notify you of our final determination. Failure to submit a timely reply may result in the MassHealth agency terminating your participation in MassHealth; you will have no right to an adjudicatory hearing.

Note: You do not have to send a reply if you complete the revalidation process, which means that we will have received your documentation within 30 calendar days of the date of this notice.

Sanction Notice

- If the provider fails to complete their revalidation in a timely manner, they will have 30 days from the sanction notice date to comply with their revalidation requirement
- After the 30 days, if the provider fails to complete the process, the provider will be disenrolled
- Providers who do not submit a timely reply to the initial sanction notice will have no right to an adjudicatory hearing
- Disenrolled providers will have to reapply



Draft Email for Confirmation of Contact Info and Intent to Revalidate for ORP Providers: OPT-IN

Subject line: NOTICE OF TERMINATION FROM PARTICIPATION IN MASSHEALTH: Failure to Revalidate [PROVIDER NAME, PROVIDER NPI]

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On [DATE OF LAUNCH EMAIL], we sent you an e-mail notifying you of your revalidation start date as well as instructions on how to digitally complete and submit the *Revalidation Attestation and Disclosures Form for Nonbilling Providers* (REV-NBP-ORP) via a link provided within that e-mail.

You had until [30 DAYS FROM DATE ON LAUNCH EMAIL] to complete the revalidation information. As of the date of this notice, we have not received your revalidation information, or we've received documentation that is incomplete or incorrect.

Therefore, consistent with 130 CMR 450.238, the MassHealth agency proposes to terminate your participation as a MassHealth provider for failure to comply with revalidation requirements. To ensure that this does not happen, you must complete the revalidation process within 30 calendar days from the date of this notice.

As a reminder, to revalidate, you must submit the Revalidation Attestation and Disclosures Form for Nonbilling Providers (REV-NBP-ORP). To complete your ORP revalidation, you must complete the Revalidation Attestation and Disclosures Form for Nonbilling Providers (REV-NBP-ORP). The link to the required form was emailed to you.

Massachusetts state law requires that certain providers, as a condition of state licensure, apply to be enrolled with MassHealth as either billing providers or as nonbilling providers. Failure to complete your revalidation as a nonbilling provider may prevent you from renewing your Massachusetts state license at a future date. MassHealth will be notifying the respective licensing boards of providers who failed to revalidate.

Additional information about ordering, referring and prescribing provider requirements can be found at https://www.mass.gov/service-details/aca-section-6401-ordering-referring-and-prescribing-provider-requirements.

Under 130 CMR 450.240, if you disagree with the proposed sanction, you must reply to us in writing, explaining your objection to our proposed sanction. We must receive your reply within 30 days of the date of this notice. Your reply must specifically identify and address all allegations with which you disagree and explain any objections to the proposed sanction. You must also include any additional documentary evidence you want the MassHealth agency to consider. We will consider your timely reply and notify you of our final determination. Failure to submit a timely reply may result in the MassHealth agency terminating your participation in MassHealth; you will have no right to an adjudicatory hearing.

Note: You do not have to send a reply if you complete the revalidation process, which means that we will have received your documentation within 30 calendar days of the date of this notice.

Revalidation Timeline for Non-Compliant Providers

Day 31: Initial Sanction Notice

- Additional 30 days to complete

Day 35: Reminder

- An email notification

Day 40: Reminder

- An email notification

Day 45: Reminder

- An email notification
- Final 15 Days to complete revalidation

Day 50: Reminder

- An email notification

Day 55: Final Reminder

- An email notification

Day 61: Disenrollment

- Day 60: Form expires
- Once disenrolled, will need to reapply

ORP Revalidation Questionnaire

Revalidation Questionnaire
(slide 1 of 2)

- A short questionnaire will be sent to the provider's credentialing contact on file to ensure that MassHealth has the most up to date contact information for revalidation
- The questionnaire will also capture if the provider intends to complete their revalidation or if they will be opting out from participating with MassHealth

Subject: MassHealth ORP Provider Revalidation Questionnaire: [PROVIDER NAME, PROVIDER NPI]

Hello,

It is time to re-credential with MassHealth. Currently, [PROVIDER NAME, PROVIDER NPI] is enrolled with MassHealth as a non-billing Ordering, Referring, and Prescribing Provider (ORP) and will be due for revalidation in **March 2023***. Pursuant to 130 CMR 450.233(B) and 130 CMR 450.212(A)(8), MassHealth enrolled providers must cooperate with MassHealth during the revalidation process.

To ensure we have the most up-to-date contact information for the revalidation, please complete this short questionnaire by **February 23, 2023**. If you do not intend to revalidate, you can use this questionnaire to officially withdraw from MassHealth ORP Revalidation. Withdrawal from the MassHealth ORP revalidation constitutes an attestation that you are a non-billing ORP provider that meets one of the following MassHealth ORP Revalidation Withdrawal Criteria:

MassHealth ORP Revalidation Withdrawal Criteria:

- The provider listed no longer practices in Massachusetts (MA) or has moved out of MA and does not or will not render any services to patients, including treating, ordering, prescribing, or referring for MassHealth members.
- The provider listed has an active MA license, but does not render any services including treating, ordering, prescribing, or referring for MassHealth members.

Please note, withdrawing from MassHealth ORP revalidation would result in the provider's disenrollment from participating with MassHealth as a non-billing ORP provider.

Please note that, under Massachusetts state law, certain provider types** are required, as a condition of state licensure, to apply to be enrolled with MassHealth as either billing providers or as non-billing providers for the purposes of ordering, referring, and prescribing services to MassHealth members. If you are in one of the relevant provider types** and do not complete the revalidation process, then you must complete a non-billing provider application or a billing provider application. Failure to do so may prevent you from renewing your license to practice at a future date. For additional information or to download a non-billing Provider Application, please visit https://www.mass.gov/service-details/aca-section-6401-ordering-referring-and-prescribing-provider-requirements. For additional information on how to apply to become a billing provider, please visit https://www.mass.gov/how-to/apply-to-become-a-masshealth-provider.

We appreciate your participation in this questionnaire!

Thank you,

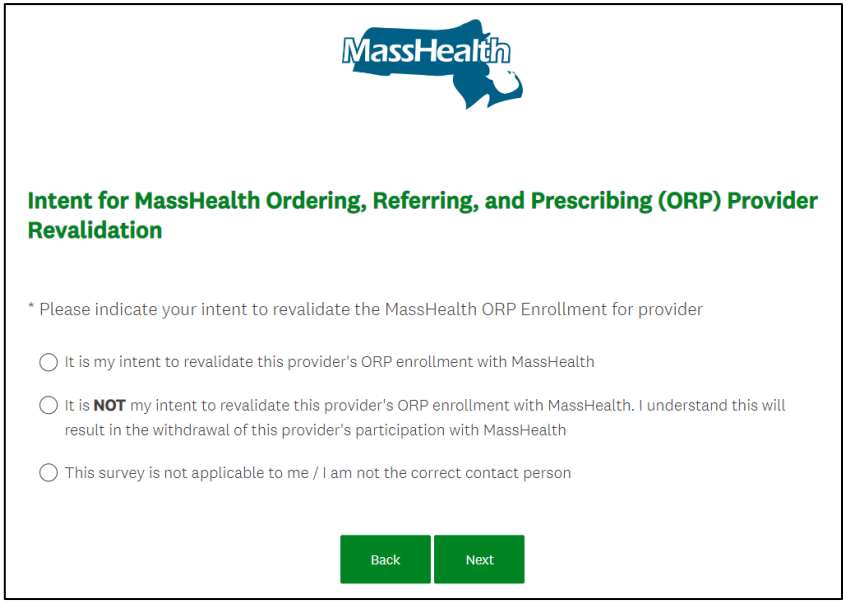
MassHealth Provider Revalidation Unit

*Section 6401 of the Affordable Care Act established a requirement for Medicare and Medicaid to revalidate enrollment information for all enrolled providers, regardless of provider type, under new enrollment screening criteria at least every 5 years (see Section 6401 of the Affordable Care Act, 42 CFR 455.414 and 42 CFR 455.104(c) (1) (iii)). Therefore, as a condition of continuing participation, pursuant to 130 CMR 450.233(B) and 130 CMR 450.212(A)(8), MassHealth requires the provider above to validate the accuracy and completeness of information contained in their provider application. Providers who do not meet the MassHealth ORP Revalidation Withdrawal Criteria are required to complete the MassHealth ORP revalidation process as a condition of continuing participation in MassHealth.

** Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist, Dentist, Licensed Independent Clinical Social Worker, Nurse Practitioner, Optometrist, Pharmacist (if authorized to prescribe), Physician, Physician Assistant, Podiatrist, Psychiatric Clinical Nurse Specialist, Psychologist.

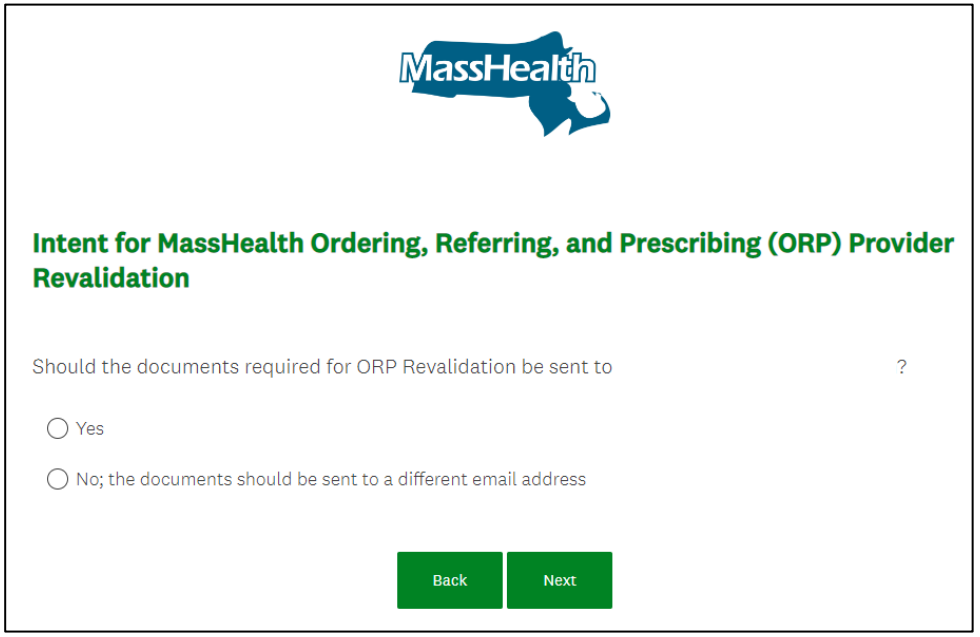
Revalidation Questionnaire
(slide 2 of 2)

- An email will be sent to the contact upon completion of the questionnaire confirming the decision to either opt-in or out of revalidation
- IMPORTANT: Please note that, under state law, certain provider types are required, as a condition of state licensure (see M.G.L. Ch. 112, Sec. 45), to apply to be enrolled with MassHealth as either billing providers or as non-billing providers for the purposes of ordering, referring, and prescribing services to MassHealth members. If you are in one of the relevant provider types and do not complete the revalidation process, then you must complete a non-billing provider application or a billing provider application. Failure to do so may prevent you from renewing your license to practice at a future date.



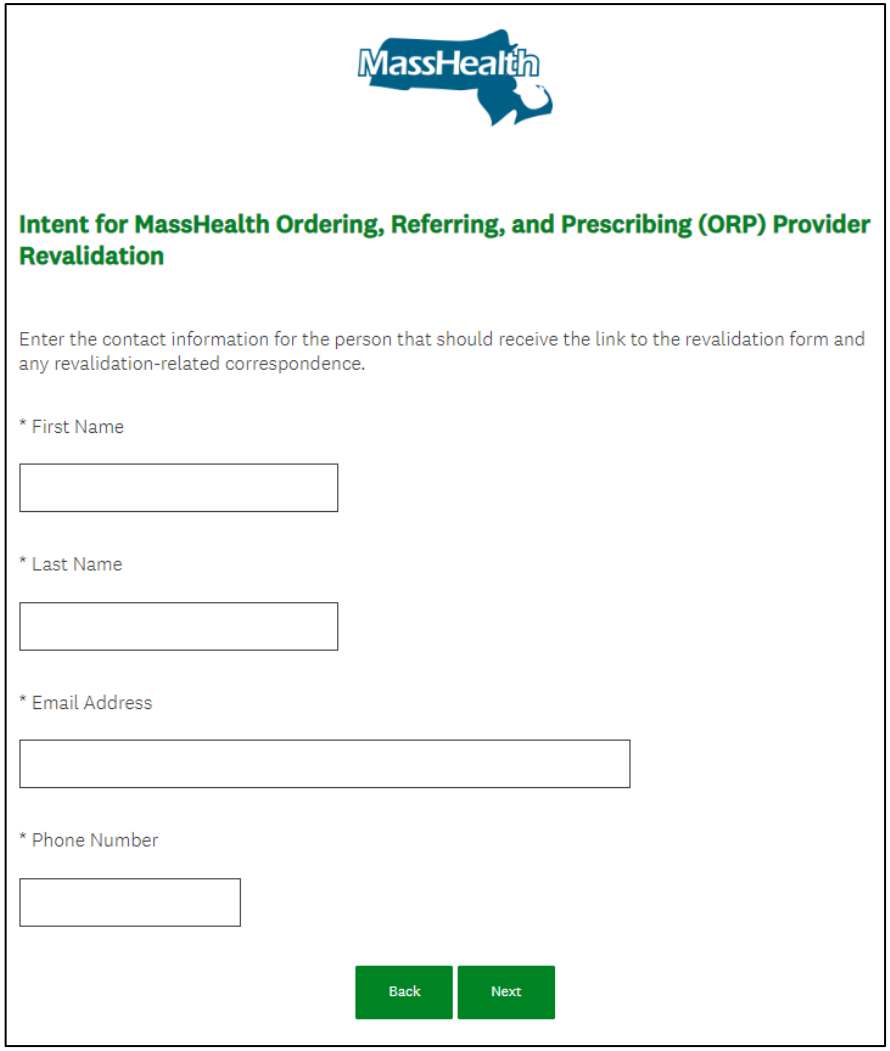
Opting In

- If the provider intends to revalidate, they will need to confirm the contact information that will be used for revalidation
  - Select Yes, to confirm you will be completing the revalidation
  - Select No, and you will be asked to supply the contact information for who will complete the revalidation



Alternate Contact

- If entering other contact information, please verify the information was entered correctly to avoid unnecessary delays or issues



Opt-In Email Confirmation

- An email will be sent to the contact upon completion of the questionnaire confirming the decision to either opt-in or out of revalidation
- The following business day, MassHealth will send an email to the contact which will contain the required revalidation document
- IMPORTANT: **the revalidation process will be electronic only**

Subject line: MassHealth ORP Provider, [PROVIDER NAME, PROVIDER NPI] Due for Revalidation Questionnaire: OPT-IN

Thank you for your participation in the Intent for MassHealth Ordering, Referring, and Prescribing (ORP) Provider questionnaire.

You have confirmed your intent to revalidate [PROVIDER NAME]'s Non-billing Ordering, Referring, & Prescribing (ORP) enrollment with MassHealth.

You will receive an e-mail within the next business day notifying you of their official revalidation start date along with instructions on how to complete those revalidation requirements. You will have 30 days from the date of that e-mail to satisfy the revalidation requirements or the provider will be terminated as an ORP provider from MassHealth

Pursuant to 130 CMR 450.233(B) and 130 CMR 450.212(A)(8), MassHealth enrolled providers must cooperate with MassHealth during the revalidation process*.

If you have questions about this email or the revalidation process, contact the MassHealth Customer Service Center by email at Revalidation@mahealth.net

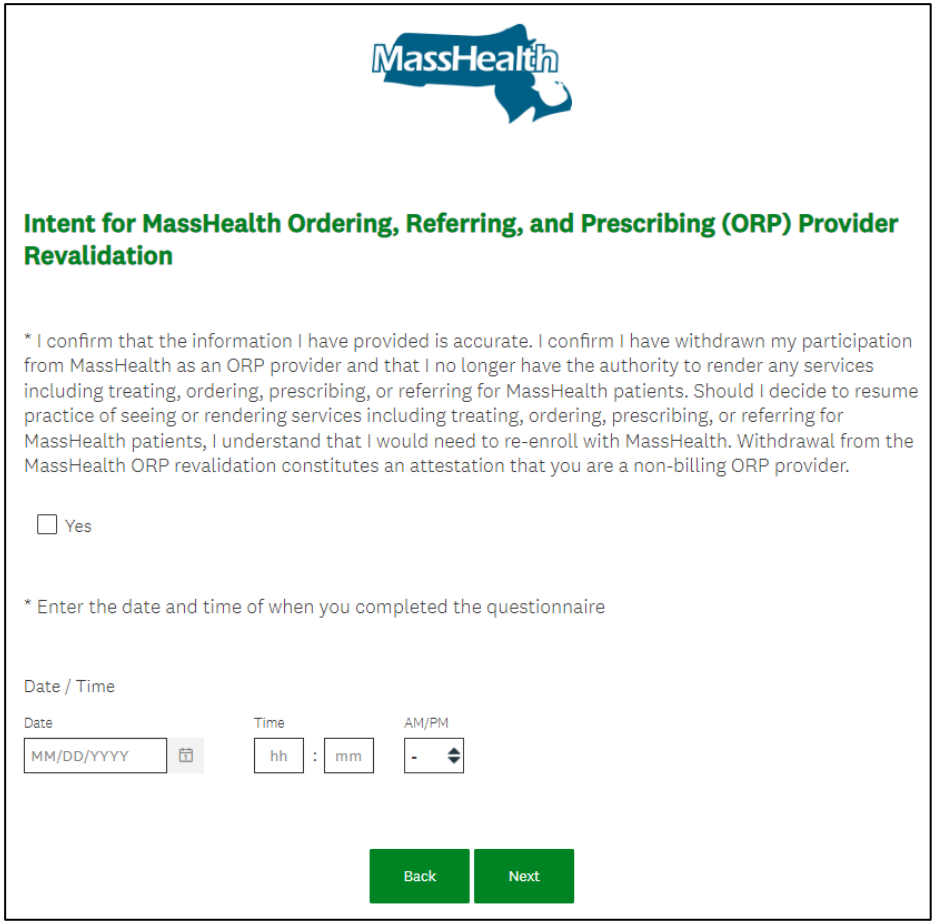
Thank you again for your participation in this questionnaire!

MassHealth

*Section 6401 of the Affordable Care Act established a requirement for Medicare and Medicaid to revalidate enrollment information for all enrolled providers, regardless of provider type, under new enrollment screening criteria at least every 5 years (see Section 6401 of the Affordable Care Act, 42 CFR 455.414 and 42 CFR 455.104(c) (l) (iii)). Therefore, as a condition of continuing participation, MassHealth requires the provider above to validate the accuracy and completeness of information contained in their provider application.

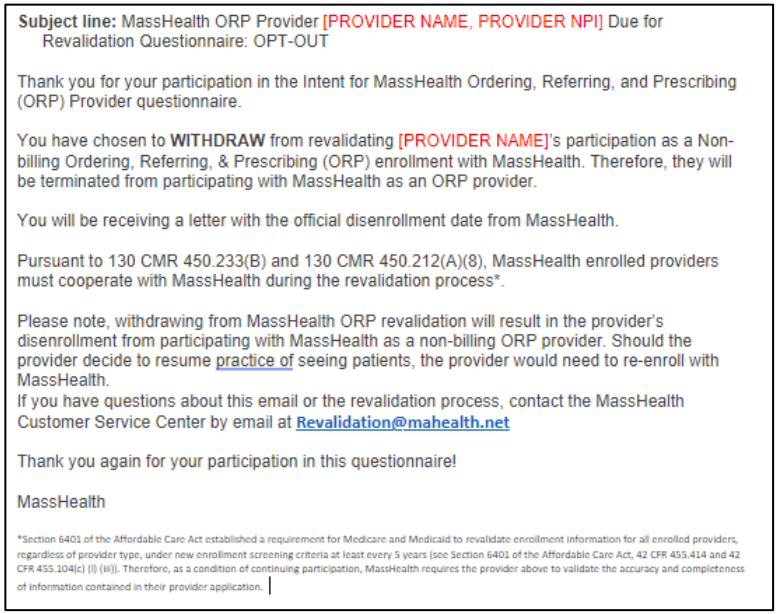
Opting Out

- If the provider does not intend to revalidate, they will need to attest accordingly on the questionnaire
- Additionally, contact information will be required so an official notice of termination can be sent
- IMPORTANT: Please note that, under state law, certain provider types are required, as a condition of state licensure (see M.G.L. Ch. 112, Sec. 45), to apply to be enrolled with MassHealth as either billing providers or as non-billing providers for the purposes of ordering, referring, and prescribing services to MassHealth members. If you are in one of the relevant provider types and do not complete the revalidation process, then you must complete a non-billing provider application or a billing provider application. Failure to do so may prevent you from renewing your license to practice at a future date.



Opt-Out Email Confirmation

- An email will be sent to the contact upon completion of the questionnaire confirming the decision to either opt-in or out of revalidation
- Please note that a separate termination notice will be sent to the address provided
- This letter will contain the effective end date of the provider's participation with MassHealth



Subject line: MassHealth ORP Provider [PROVIDER NAME, PROVIDER NPI] Due for Revalidation Questionnaire: OPT-OUT

Thank you for your participation in the Intent for MassHealth Ordering, Referring, and Prescribing (ORP) Provider questionnaire.

You have chosen to **WITHDRAW** from revalidating [PROVIDER NAME]'s participation as a Non-billing Ordering, Referring, & Prescribing (ORP) enrollment with MassHealth. Therefore, they will be terminated from participating with MassHealth as an ORP provider.

You will be receiving a letter with the official disenrollment date from MassHealth.

Pursuant to 130 CMR 450.233(B) and 130 CMR 450.212(A)(8), MassHealth enrolled providers must cooperate with MassHealth during the revalidation process*.

Please note, withdrawing from MassHealth ORP revalidation will result in the provider's disenrollment from participating with MassHealth as a non-billing ORP provider. Should the provider decide to resume practice of seeing patients, the provider would need to re-enroll with MassHealth.
If you have questions about this email or the revalidation process, contact the MassHealth Customer Service Center by email at Revalidation@mahealth.net

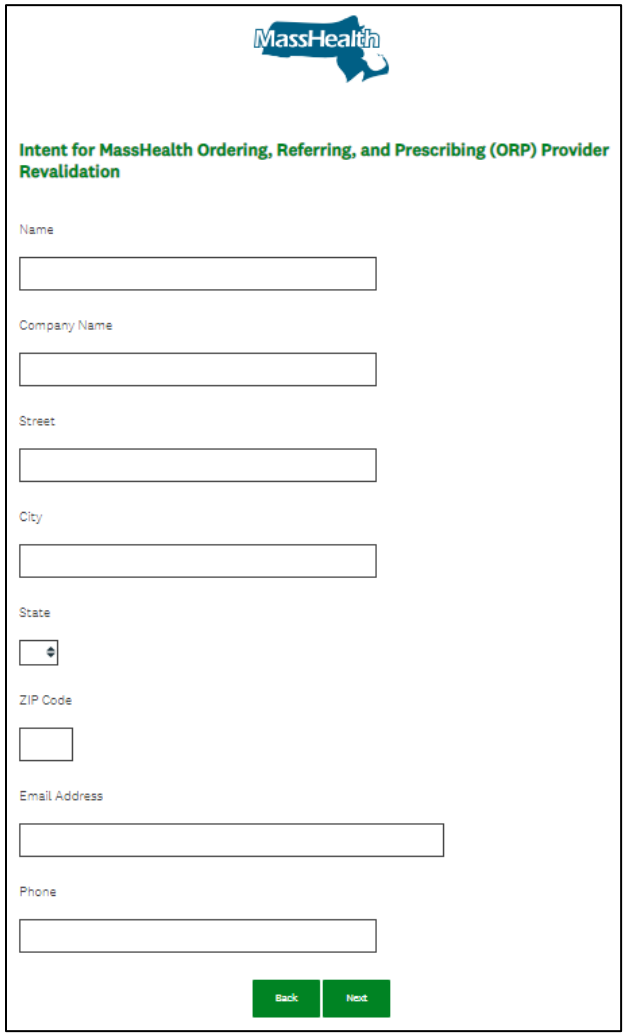
Thank you again for your participation in this questionnaire!

MassHealth

*Section 6401 of the Affordable Care Act established a requirement for Medicare and Medicaid to revalidate enrollment information for all enrolled providers, regardless of provider type, under new enrollment screening criteria at least every 5 years (see Section 6401 of the Affordable Care Act, 42 CFR 455.414 and 42 CFR 455.104(c) (i) (iii)). Therefore, as a condition of continuing participation, MassHealth requires the provider above to validate the accuracy and completeness of information contained in their provider application.

Incorrect Contact Person

- If you are not the contact person for the indicated provider, you will be asked if you have the correct contact information for the provider
- If you have the correct contact information, you will be asked to submit that information on the questionnaire
- A confirmation email will be sent to you once the questionnaire is completed



Revalidation Attestation and Disclosures

ORP Revalidation

- The MassHealth ORP revalidation process will be electronic only
- After confirming that the provider intends to revalidate, MassHealth will send an email to the contact that was indicated in the questionnaire
- This email will contain a link to complete the required documentation, the 'Revalidation Attestation and Disclosures' form
- The form is password protected
- To access the form, enter the provider's NPI and last 4 digits of their Social Security Number

Hello,

It is time for you to revalidate your MassHealth ordering, referring and prescribing (ORP)/nonbilling enrollment information.

Section 6401 of the Affordable Care Act established a requirement for Medicare and Medicaid to revalidate enrollment information for all enrolled providers, regardless of provider type.

To complete your ORP revalidation, you must complete the Revalidation Attestation and Disclosures Form for Nonbilling Providers (REV-NBP-ORP) linked above. You have until 45 days from the date of this email to complete this form.

Massachusetts state law requires that certain providers, as a condition of state licensure, apply to be enrolled with MassHealth as either billing providers or as nonbilling providers. Failure to complete your revalidation as a nonbilling provider may prevent you from renewing your Massachusetts state license at a future date. MassHealth will be notifying the respective licensing boards of providers who failed to revalidate.

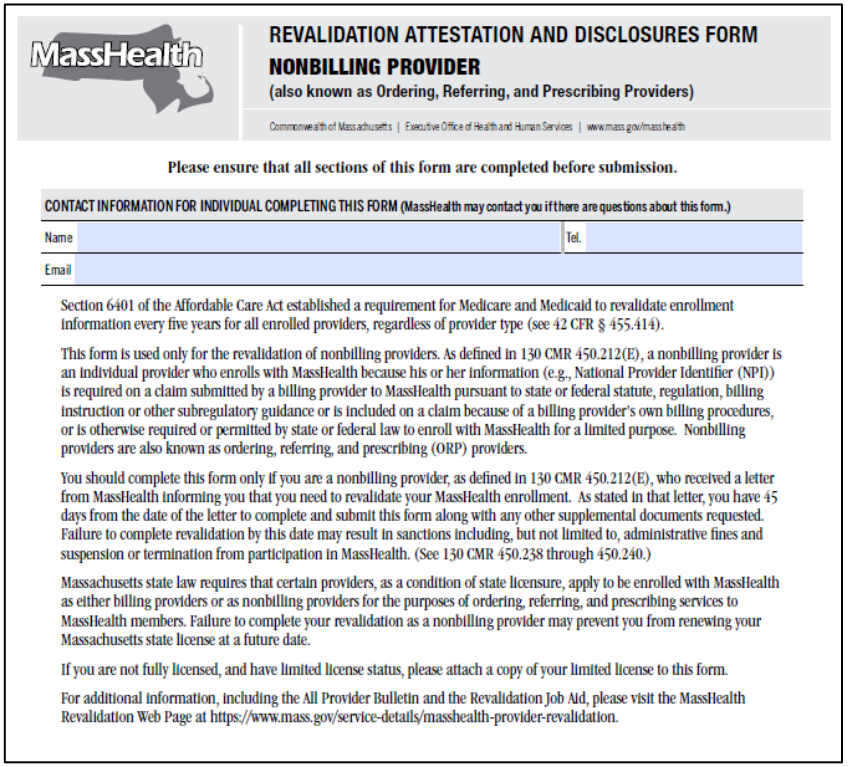
Additional information about ordering, referring and prescribing provider requirements can be found at https://www.mass.gov/service-details/aca-section-6401-ordering-referring-and-prescribing-provider-requirements.

If you have questions about this email or the revalidation process, contact the MassHealth Customer Service Center by email at Revalidation@mahealth.net or by phone at (800) 841-2900.

Sincerely,
MassHealth Provider Revalidation Unit

Revalidation Attestation and Disclosures

- Various fields on the form will be pre-populated with the provider's information on file
- Be sure to verify that all pre-populated information is correct
- Please update information as needed
- Required fields will have an asterisk (*) and be highlighted
- When given the options: 'Yes or No'
  - Be sure to select one. Do not leave blank



MassHealth

REVALIDATION ATTESTATION AND DISCLOSURES FORM
NONBILLING PROVIDER
(also known as Ordering, Referring, and Prescribing Providers)

Commonwealth of Massachusetts | Executive Office of Health and Human Services | www.mass.gov/masshealth

Please ensure that all sections of this form are completed before submission.

CONTACT INFORMATION FOR INDIVIDUAL COMPLETING THIS FORM (MassHealth may contact you if there are questions about this form.)

Name | Tel.

Email

Section 6401 of the Affordable Care Act established a requirement for Medicare and Medicaid to revalidate enrollment information every five years for all enrolled providers, regardless of provider type (see 42 CFR § 455.414).

This form is used only for the revalidation of nonbilling providers. As defined in 130 CMR 450.212(E), a nonbilling provider is an individual provider who enrolls with MassHealth because his or her information (e.g., National Provider Identifier (NPI)) is required on a claim submitted by a billing provider to MassHealth pursuant to state or federal statute, regulation, billing instruction or other subregulatory guidance or is included on a claim because of a billing provider's own billing procedures, or is otherwise required or permitted by state or federal law to enroll with MassHealth for a limited purpose. Nonbilling providers are also known as ordering, referring, and prescribing (ORP) providers.

You should complete this form only if you are a nonbilling provider, as defined in 130 CMR 450.212(E), who received a letter from MassHealth informing you that you need to revalidate your MassHealth enrollment. As stated in that letter, you have 45 days from the date of the letter to complete and submit this form along with any other supplemental documents requested. Failure to complete revalidation by this date may result in sanctions including, but not limited to, administrative fines and suspension or termination from participation in MassHealth. (See 130 CMR 450.238 through 450.240.)

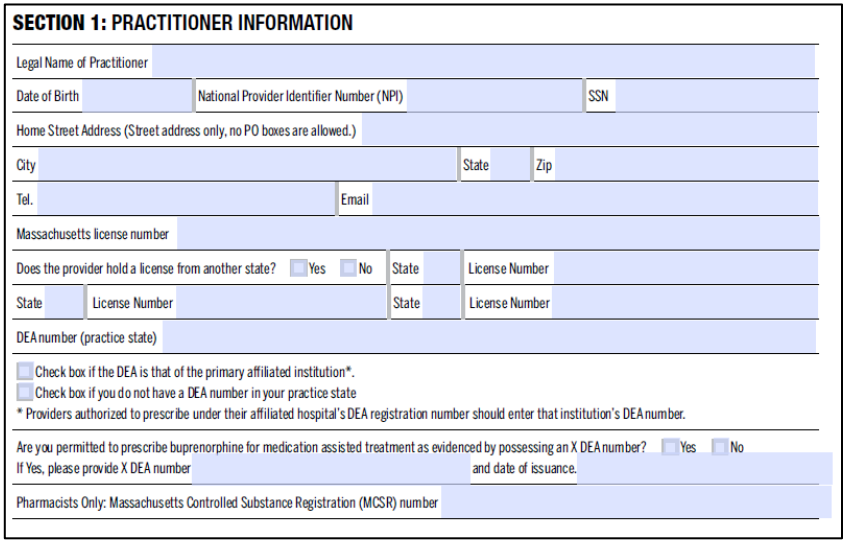
Massachusetts state law requires that certain providers, as a condition of state licensure, apply to be enrolled with MassHealth as either billing providers or as nonbilling providers for the purposes of ordering, referring, and prescribing services to MassHealth members. Failure to complete your revalidation as a nonbilling provider may prevent you from renewing your Massachusetts state license at a future date.

If you are not fully licensed, and have limited license status, please attach a copy of your limited license to this form.

For additional information, including the All Provider Bulletin and the Revalidation Job Aid, please visit the MassHealth Revalidation Web Page at https://www.mass.gov/service-details/masshealth-provider-revalidation.

Section 1: Practitioner Information

- This section should contain the individual practitioner's information and not the information of their service location
- Be sure to verify that all pre-populated information is correct
  - Update fields as needed
- Required fields will have an asterisk (*) and be highlighted



SECTION 1: PRACTITIONER INFORMATION

Legal Name of Practitioner

Date of Birth | National Provider Identifier Number (NPI) | SSN

Home Street Address (Street address only, no PO boxes are allowed.)

City | State | Zip

Tel. | Email

Massachusetts license number

Does the provider hold a license from another state? Yes No | State | License Number

State | License Number | State | License Number

DEA number (practice state)

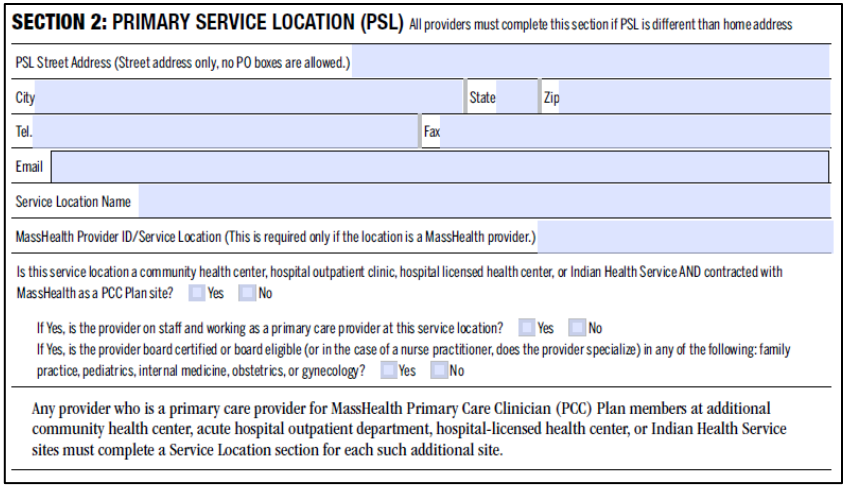
Check box if the DEA is that of the primary affiliated institution*.
Check box if you do not have a DEA number in your practice state
* Providers authorized to prescribe under their affiliated hospital's DEA registration number should enter that institution's DEA number.

Are you permitted to prescribe buprenorphine for medication assisted treatment as evidenced by possessing an X DEA number? Yes No
If Yes, please provide X DEA number | and date of issuance.

Pharmacists Only: Massachusetts Controlled Substance Registration (MCSR) number

Section 2: Primary Service Location

- This section should include information of the provider's primary service location
- The Service Location Name should be the DBA name
- If applicable, there is space on the form for additional service locations
- Be sure to verify that any pre-populated information is correct
  - Update fields as needed
- Required fields will have an asterisk (*) and be highlighted



SECTION 2: PRIMARY SERVICE LOCATION (PSL) All providers must complete this section if PSL is different than home address

PSL Street Address (Street address only, no PO boxes are allowed.)

City | State | Zip

Tel. | Fax

Email

Service Location Name

MassHealth Provider ID/Service Location (This is required only if the location is a MassHealth provider.)

Is this service location a community health center, hospital outpatient clinic, hospital licensed health center, or Indian Health Service AND contracted with MassHealth as a PCC Plan site? Yes No

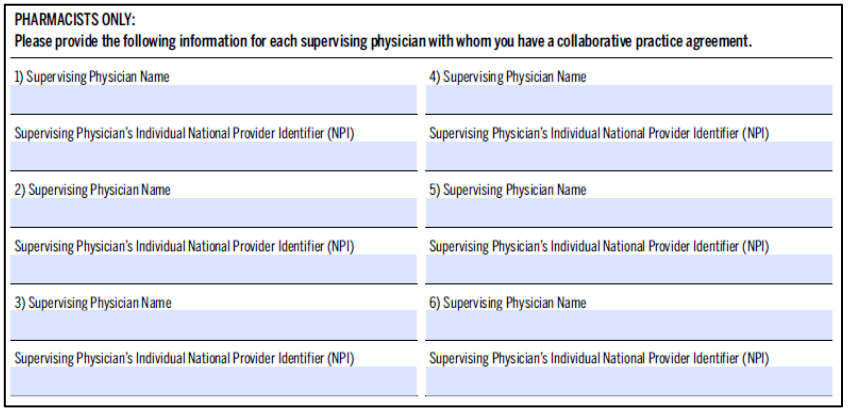
If Yes, is the provider on staff and working as a primary care provider at this service location? Yes No

If Yes, is the provider board certified or board eligible (or in the case of a nurse practitioner, does the provider specialize) in any of the following: family practice, pediatrics, internal medicine, obstetrics, or gynecology? Yes No

Any provider who is a primary care provider for MassHealth Primary Care Clinician (PCC) Plan members at additional community health center, acute hospital outpatient department, hospital-licensed health center, or Indian Health Service sites must complete a Service Location section for each such additional site.

Pharmacists Only

- This section only needs to be completed if the practitioner is a prescribing pharmacist



PHARMACISTS ONLY:
Please provide the following information for each supervising physician with whom you have a collaborative practice agreement.

1) Supervising Physician Name	4) Supervising Physician Name
Supervising Physician's Individual National Provider Identifier (NPI)	Supervising Physician's Individual National Provider Identifier (NPI)
2) Supervising Physician Name	5) Supervising Physician Name
Supervising Physician's Individual National Provider Identifier (NPI)	Supervising Physician's Individual National Provider Identifier (NPI)
3) Supervising Physician Name	6) Supervising Physician Name
Supervising Physician's Individual National Provider Identifier (NPI)	Supervising Physician's Individual National Provider Identifier (NPI)

Section 3: Individuals and Entities Related to Practitioner (slide 1 of 2)

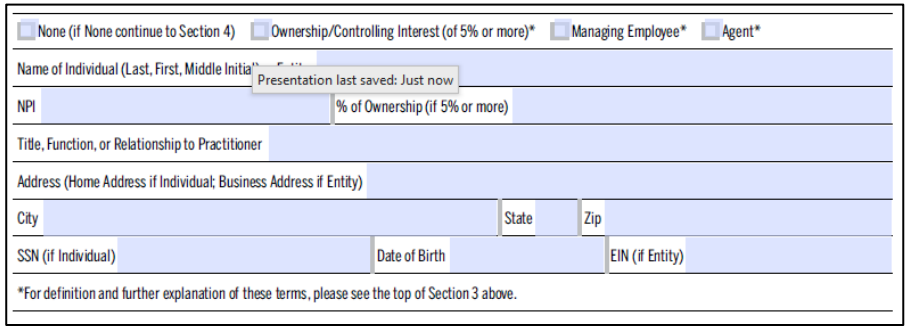
In this section, list any individual or entity with which the practitioner has one or more of the relationships described below:

- Has a direct or indirect ownership interest (or any combination thereof) of five percent or more in the provider;
- Is the owner of a whole or part interest in any mortgage, deed of trust, note, or other obligation secured (in whole or in part) by the provider or any of the property assets thereof, in which whole or part interest is equal to or exceeds five percent of the total property and assets of the provider;
- Is an officer or director of the provider, if the provider is organized as a corporation;
- Is partner in the provider, if the provider is organized as a partnership;
- Is an agent of the provider;
- Is a managing employee—that is, an individual (including a general manager, business manager, administrator, or director) who exercises operational or managerial control over the provider or part thereof, or directly or indirectly conducts the day-to-day operations of the provider or part thereof; or
- Was formerly described in i through vi of this section, but is no longer so described, because of a transfer of ownership or control interest to an immediate family member or a member of the person's household in anticipation of or following a conviction, assessment of a civil money penalty, or imposition of an exclusion.

Section 3: Individuals and Entities Related to Practitioner (slide 2 of 2)

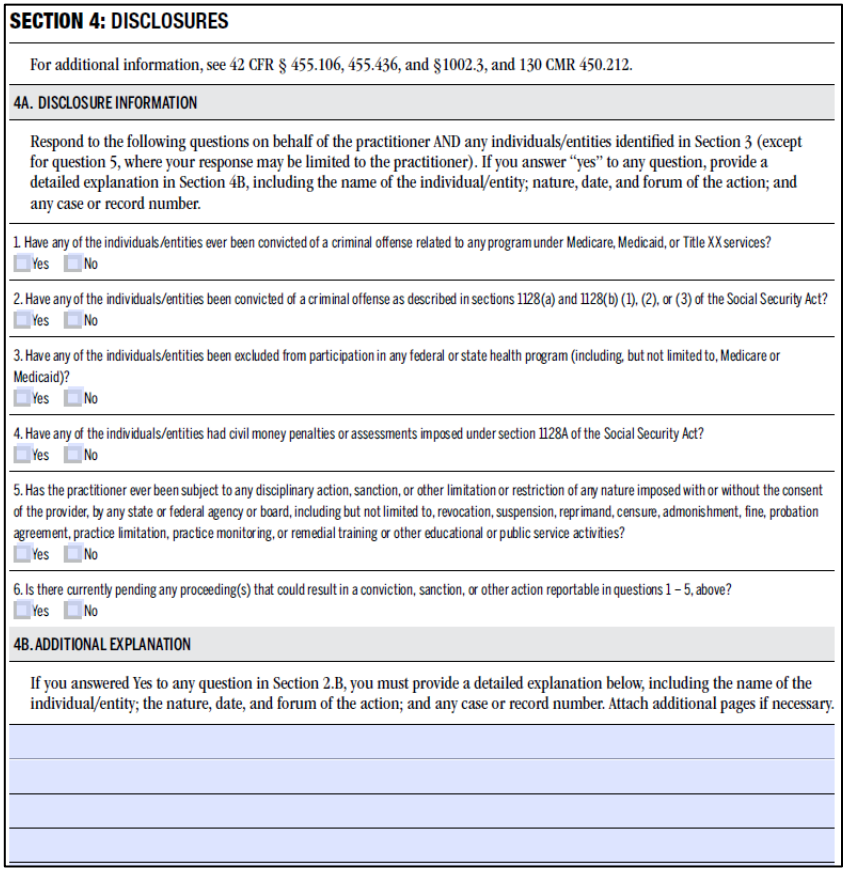
If there are no individuals or entities to list, please be sure to select 'NONE'.

- Verify that all pre-populated information is correct
  - Update fields as needed
- Required fields will have an asterisk (*) and be highlighted
- Please note that the actual form will have additional space for multiple entries, if needed



Section 4: Disclosures

- The questions in section 4.A are regarding the practitioner and any individual or entity that was listed in Section 3
- If answering 'Yes' to any of the questions listed here, you must provide a detailed explanation in section 4.B



SECTION 4: DISCLOSURES

For additional information, see 42 CFR § 455.106, 455.436, and §1002.3, and 130 CMR 450.212.

4A. DISCLOSURE INFORMATION

Respond to the following questions on behalf of the practitioner AND any individuals/entities identified in Section 3 (except for question 5, where your response may be limited to the practitioner). If you answer "yes" to any question, provide a detailed explanation in Section 4B, including the name of the individual/entity; nature, date, and forum of the action; and any case or record number.

1. Have any of the individuals/entities ever been convicted of a criminal offense related to any program under Medicare, Medicaid, or Title XX services?
☐ Yes ☐ No

2. Have any of the individuals/entities been convicted of a criminal offense as described in sections 1128(a) and 1128(b) (1), (2), or (3) of the Social Security Act?
☐ Yes ☐ No

3. Have any of the individuals/entities been excluded from participation in any federal or state health program (including, but not limited to, Medicare or Medicaid)?
☐ Yes ☐ No

4. Have any of the individuals/entities had civil money penalties or assessments imposed under section 1128A of the Social Security Act?
☐ Yes ☐ No

5. Has the practitioner ever been subject to any disciplinary action, sanction, or other limitation or restriction of any nature imposed with or without the consent of the provider, by any state or federal agency or board, including but not limited to, revocation, suspension, reprimand, censure, admonishment, fine, probation agreement, practice limitation, practice monitoring, or remedial training or other educational or public service activities?
☐ Yes ☐ No

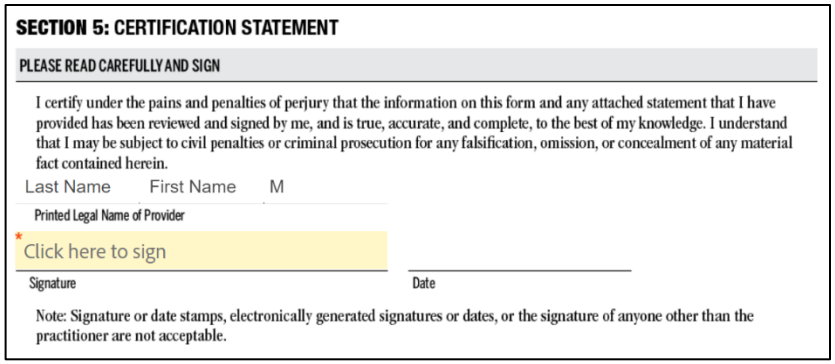
6. Is there currently pending any proceeding(s) that could result in a conviction, sanction, or other action reportable in questions 1 – 5, above?
☐ Yes ☐ No

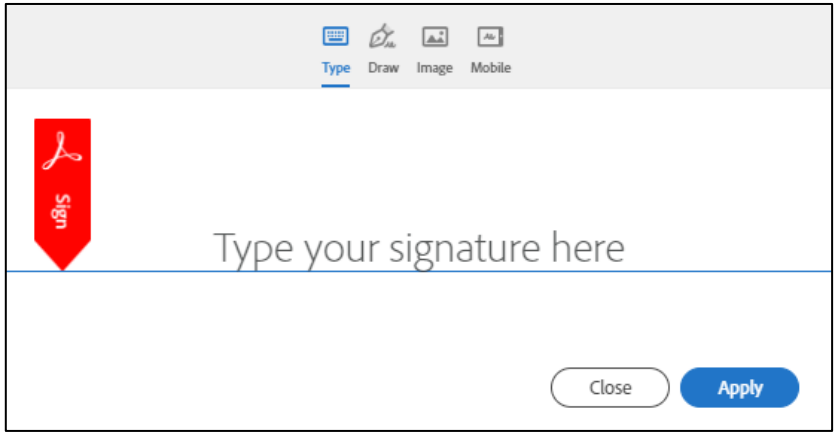
4B. ADDITIONAL EXPLANATION

If you answered Yes to any question in Section 2.B, you must provide a detailed explanation below, including the name of the individual/entity; the nature, date, and forum of the action; and any case or record number. Attach additional pages if necessary.

Section 5: Certification Statement

- Section 5 is an attestation that the information entered on the form is true, accurate, and complete, to the best of your knowledge
- The name and date fields will be auto-populated
- After selecting the signature field, a box will pop-up for you to enter the electronic signature
- Then select ‘Apply’





Resources

For more information on MassHealth Provider Revalidation

- https://www.mass.gov/service-details/masshealth-provider-revalidation

For more information on ACA ORP requirements

- https://www.mass.gov/the-aca-orp-requirements-for-masshealth-providers

For more information regarding regulatory requirements

- https://www.mass.gov/doc/administrative-and-billing-regulations-for-all-masshealth-providers-0/download#page=71

For questions, contact MassHealth

- revalidation@mahealth.net

Please note: If part of an organization/entity, there should be an individual within your organization/entity responsible for coordinating with MassHealth regarding provider enrollment, credentialing, and revalidation. If necessary, be sure to contact this individual before contacting MassHealth.