



MassHealth Electronic Revalidation Overview

Executive Office of Health & Human Services

Electronic Revalidation Overview

MassHealth is introducing the following electronic automation to help Providers manage their revalidation and submit electronic FRDFs. To this purpose, MassHealth will now:

- Implement an electronic survey to confirm revalidation intent and contact info
- Transition all revalidation communication from letters to emails
- Implement an online electronic Federally Required Disclosure Form (FRDF)
- Allow e-signature and electronic form submission

Revalidation Requirement

Section 6401 of the Affordable Care Act established a requirement for Medicare and Medicaid to revalidate enrollment information for all FFS and Ordering, Referring, and Prescribing (ORP) providers, regardless of provider type. MassHealth providers need to update their enrollment screening criteria at least every five years.

As part of the required revalidation process, MassHealth must revalidate the enrollment information of all enrolled providers and site locations. Other information, such as a Federally Required Disclosures Form (FDRF), may be required. See Section 6401 of the Affordable Care Act, 42 CFR 455.414 and 42 CFR 455.104(c) (l) (iii).

Providers who do not want to continue their participation in the MassHealth program, and therefore do not want to complete revalidation, are required to submit notice to MassHealth with the requested termination date of their participation.

Note: Massachusetts state law requires certain types of providers to participate as non-billing providers to obtain and maintain state licensure. Go [here](#) for more information.

The Purpose of Revalidation



- Providers enrolled in MassHealth are required to revalidate their relationship with MassHealth every 5 years, based on the date of their enrollment
- Each Provider is required to maintain their provider file information to minimize fraud, waste, and abuse and ensure you remain in good standing*
- Starting in May 2024, it will be possible to complete the MassHealth revalidation requirement online (without using fax or postal mail to submit any needed documents)
- When it is time for the provider to revalidate an email notification will be sent to the email on file
- All communications, forms, and submission methods for this new process will be entirely online

“What Will This Mean For Me?”



- MassHealth plans to select Individual Fee-For-Service Providers not linked to any group practices or healthcare entities each month for revalidation based on date of enrollment or last revalidation date
- Selected Providers will receive an email from revalidation@mahealth.net informing them that it is time to revalidate.
- You will need to click the link to the questionnaire in the notification email in order to either revalidate, change to ORP status, or opt out and leave the MassHealth program
- Providers who opt in to revalidate will be sent a follow-up email with a link to access the necessary online documents
- Up to three follow-up emails will be send until the survey is completed

Ensuring MassHealth Has A Valid Email Address for the Provider



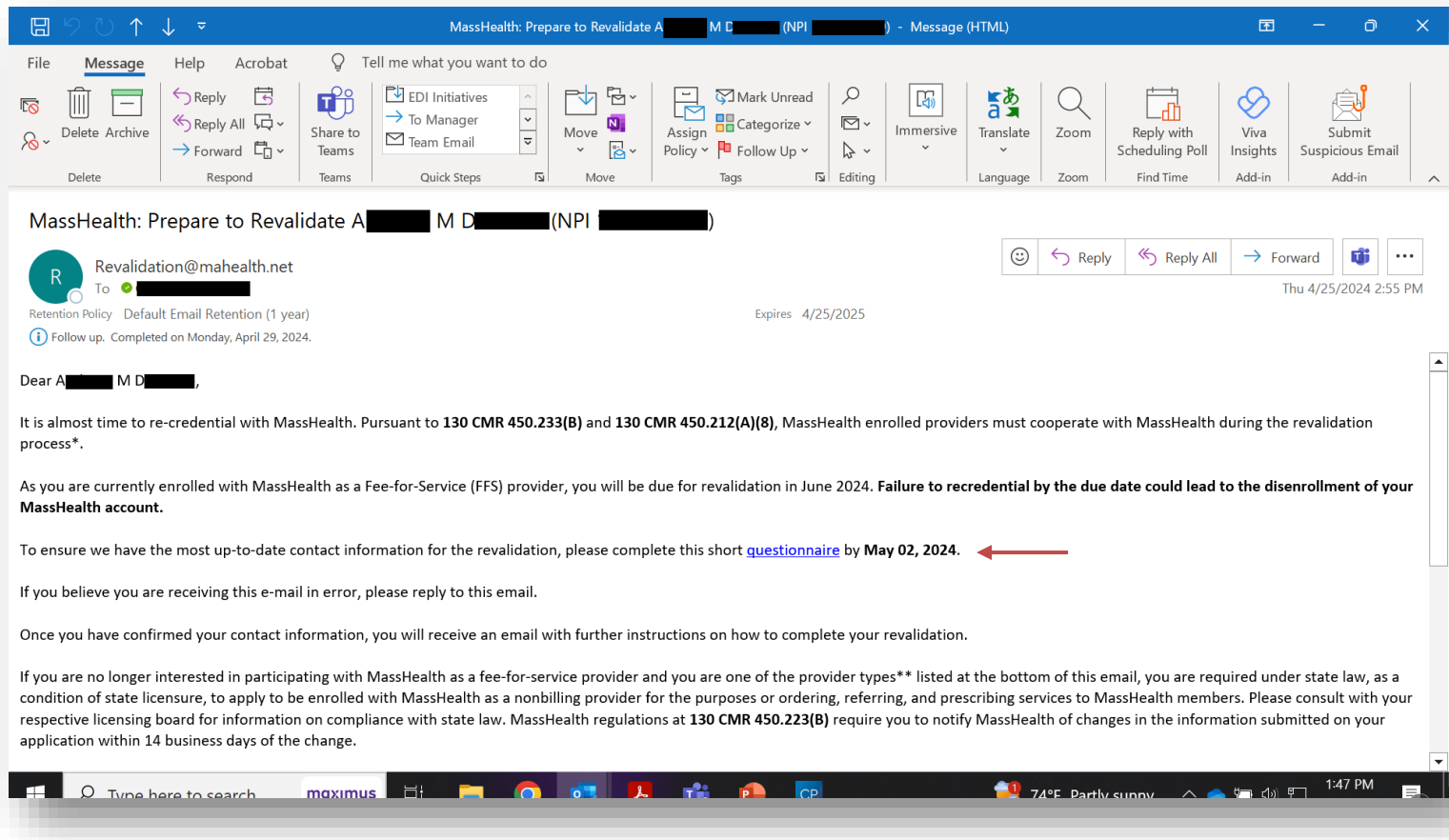
- Prior to sending a revalidation notice, attempts will be made to locate and establish contact with the provider to determine if they will opt-in to revalidation
- Outreach consists of both emails and phone calls to establish the Provider's contact info prior to dispatching the revalidation questionnaire
- Providers that aren't also actively enrolled with Medicare must also log into their provider account on the Provider Online Service Center (POSC) and submit an online attestation to the information on their enrollment profile

“What if MassHealth Can’t Find Me?”



- It might happen that the BSS staff cannot find a Provider who is scheduled to revalidate and so will not know what email to send the revalidation questionnaire to
- This may be due to the Provider not updating their contact information with MassHealth, or the BSS staff were unable to find current contact info on publicly available sources
- If the revalidation team exhausts all their attempts to locate the Provider, then the Provider will be withdrawn from revalidation and removed from the MassHealth automated process and a letter will be sent to the provider
- Questions should be directed to revalidation@mahealth.net

Revalidation Email Example



You must click the “questionnaire” link in the email to confirm that you received the email and indicate your intent for revalidation. You can also update the contact information for revalidation purposes.

Initial Questionnaire



- You will be asked to choose one of the options for revalidation
- If you choose to revalidate you will be asked to confirm the email of the individual that will be completing the process. This could be yourself or a person you designate
- If you choose one of the other you will be provided additional information about your choice and asked to confirm your choice

The screenshot displays two sequential screens of the MassHealth initial questionnaire. Both screens feature the MassHealth logo at the top left and an "EXIT" link at the top right.

Top Screen: The text reads: "* Please choose one of the for provider Provider Name, Provider NPI :". Below this are three radio button options:

- ☐ I intend to revalidate my FFS provider status with MassHealth
- ☐ I intend to convert from a FFS provider to an ORP provider
- ☐ I intend to withdraw as a participating FFS provider with MassHealth

At the bottom are two green buttons: "Back" and "Next".

Bottom Screen: The text reads: "Your selection: I intend to revalidate my FFS status with MassHealth". Below this is the question: "Should the documents required for my FFS Revalidation be sent to @maximus.com?". There are two radio button options:

- ☐ Yes
- ☐ No; the documents should be sent to a different email address

At the bottom are two green buttons: "Back" and "Next".

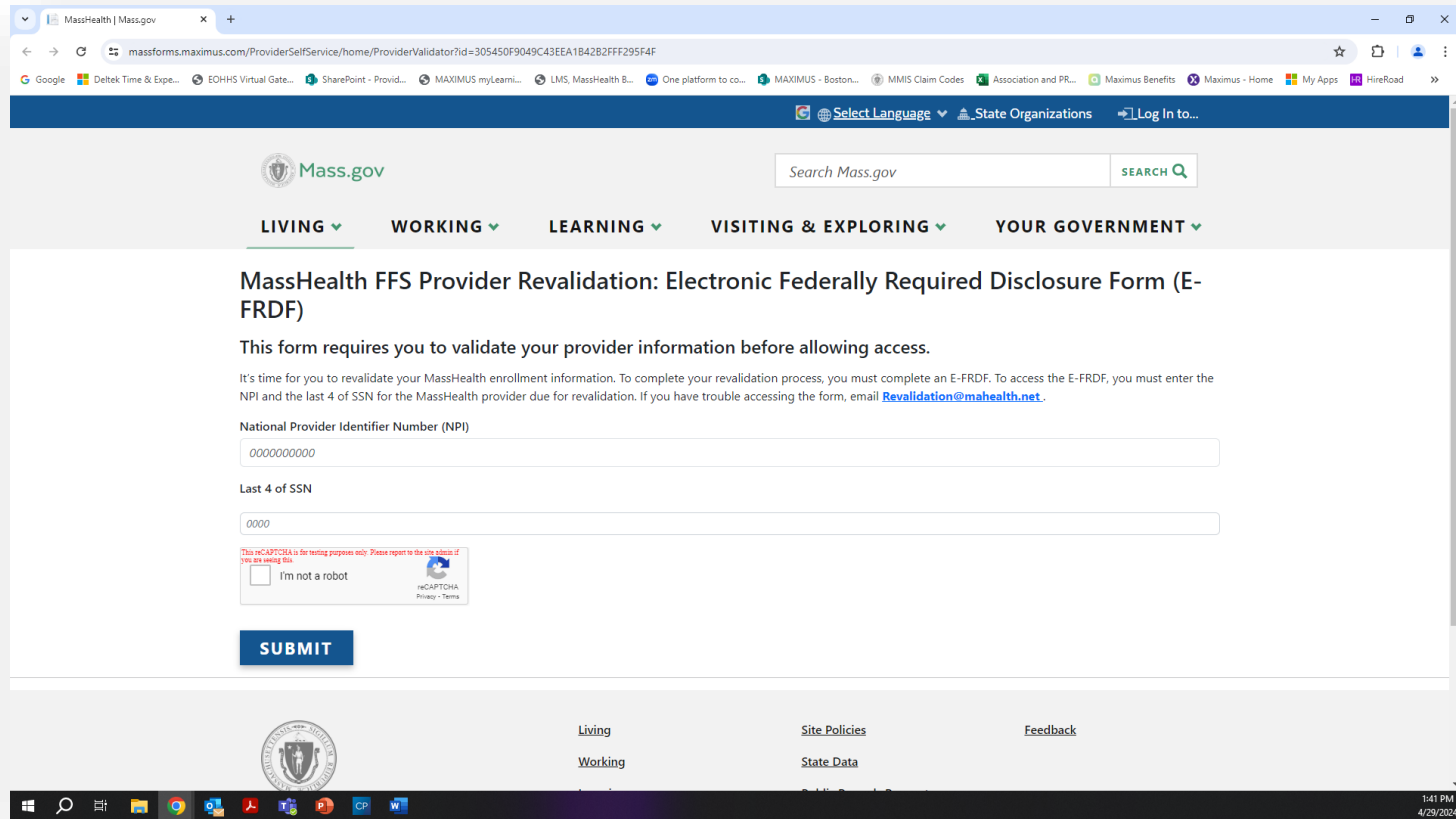
Follow-up email



- The revalidating Individual Provider will receive an email confirming the selection made on the survey and providing next steps
- A revalidating Individual Provider will receive an email from revalidation@mahealth.net informing them that it is time to revalidate.
- The email will contain a link to access the Electronic Federally Required Disclosure Form (E-FRDF) from their web browser

The Electronic Federally Required Disclosures Form (E-FRDF)

Provider Identification



MassHealth | Mass.gov

massforms.maximus.com/ProviderSelfService/home/ProviderValidator?id=305450F9049C43EEA1B4282FF295F4F

Select Language State Organizations Log In to...

Search Mass.gov

LIVING WORKING LEARNING VISITING & EXPLORING YOUR GOVERNMENT

MassHealth FFS Provider Revalidation: Electronic Federally Required Disclosure Form (E-FRDF)

This form requires you to validate your provider information before allowing access.

It's time for you to revalidate your MassHealth enrollment information. To complete your revalidation process, you must complete an E-FRDF. To access the E-FRDF, you must enter the NPI and the last 4 of SSN for the MassHealth provider due for revalidation. If you have trouble accessing the form, email Revalidation@mahealth.net.

National Provider Identifier Number (NPI)

0000000000

Last 4 of SSN

0000

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☐ I'm not a robot

reCAPTCHA Privacy - Terms

SUBMIT

Living Site Policies Feedback

Working State Data

1:41 PM 4/29/2024

The email link will take you to this page, where you will need to enter the revalidating Provider's full National Provider Identification (NPI) number and the last 4 digits of their SSN. Once you click the CAPTCHA and click Submit, you will be taken to the E-FRDF.

Overview of The FRDF – Section 1

SECTION 1: PRACTITIONER INFORMATION

Legal Name of Practitioner: Last

[REDACTED]

First

[REDACTED]

Middle Initial

[REDACTED]

Date of Birth

[REDACTED]



National Provider Identifier Number (NPI)

[REDACTED]

SSN

[REDACTED]

Home Street Address

[REDACTED]

Review the pre-filled information and update any missing or inaccurate information in Section 1 of the E-FRDF with the revalidating Provider's basic information

- Full legal name (L/F/M)
- DOB
- NPI
- Full SSN
- Residential Home Address (PO Boxes are NOT acceptable)

Overview of The FRDF – Section 1 (Cont.)



City
[Redacted]

State Zip Plus 4
MA [Redacted] [Redacted]

Tel.
[Redacted]

Fax
[Redacted]

Email
[Redacted]

Preferred Contact Name (if different than above)
[Redacted]

Preferred Contact Email (if different than above)
[Redacted]

Preferred Contact Tel. (if different than above)
[Redacted]

Continue your review of information in Section 1 by verifying:

- The City, State, Zip Code, and Zip+4 for the Provider's legal home address
- Provider's home telephone and personal email
- The contract info for the Provider's contact person

Overview of The FRDF – Section 2

SECTION 2: PRIMARY SERVICE LOCATION (PSL) INFORMATION

DBA Name (Primarily applies to individuals who are sole proprietors and NOT to entities separately completing PE-FRD)

☐ NONE

☐ Is PSL address same as home address in Section 1?

Address (Home Address if Individual; Business Address if Entity)

City

State

Zip

Plus 4

MA

Tel.

Fax

Email

Section 2 should indicate your primary service location address telephone, fax and email

Any missing information should be entered when appropriate

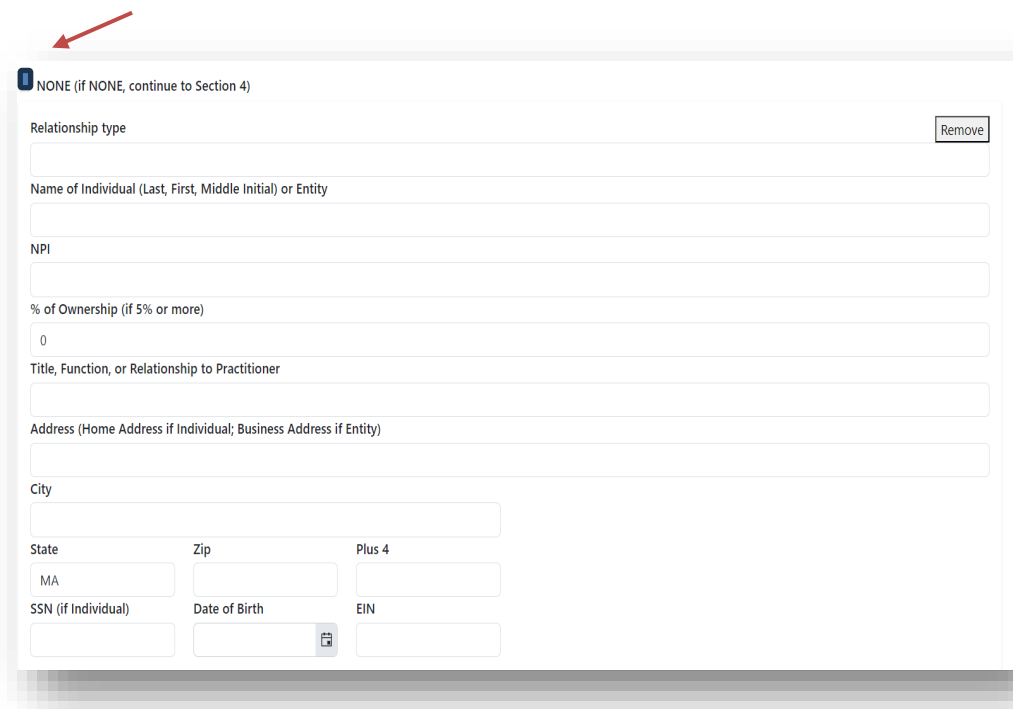
- Doing Business As (DBA) name and street address including City, State, Zip, and Zip+4
- Telephone, fax number, and email associated with the address
- If the Provider has no DBA then check of the box labeled NONE, do not leave Section 2 blank

Overview of The FRDF – Section 3

You must disclose any business relationships described in Section 3

Do NOT leave Section 3 blank. If there are no relationships to disclose, check the box labeled “NONE”

- If you have a relationship to disclose, then list that person’s:
 - Full Name
 - NPI (if applicable)
 - % of Ownership stake
 - Title
 - Residential Home Address/Business address (as appropriate)
 - Full SSN or EIN
 - DOB (if applicable)



☐ NONE (if NONE, continue to Section 4)

Relationship type Remove

Name of Individual (Last, First, Middle Initial) or Entity

NPI

% of Ownership (if 5% or more)

0

Title, Function, or Relationship to Practitioner

Address (Home Address if Individual; Business Address if Entity)

City

State Zip Plus 4

MA

SSN (if Individual) Date of Birth EIN

- If you need to add additional relationships click the “Add” button and an additional panel will be inserted
- You can remove a relationship by clicking the “remove” button

Overview of The FRDF – Section 4

In Section 4, disclose any convictions or sanctions to which the Provider or any of the persons/entities listed in Section 3 may be subject.

Do NOT leave this section blank; If there are no disclosures to be made, click “No” for each question.

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.

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

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

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

Have any of the individuals/entities had civil money penalties or assessments imposed under section 1128A of the Social Security Act?

☐ Yes ☐ No

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

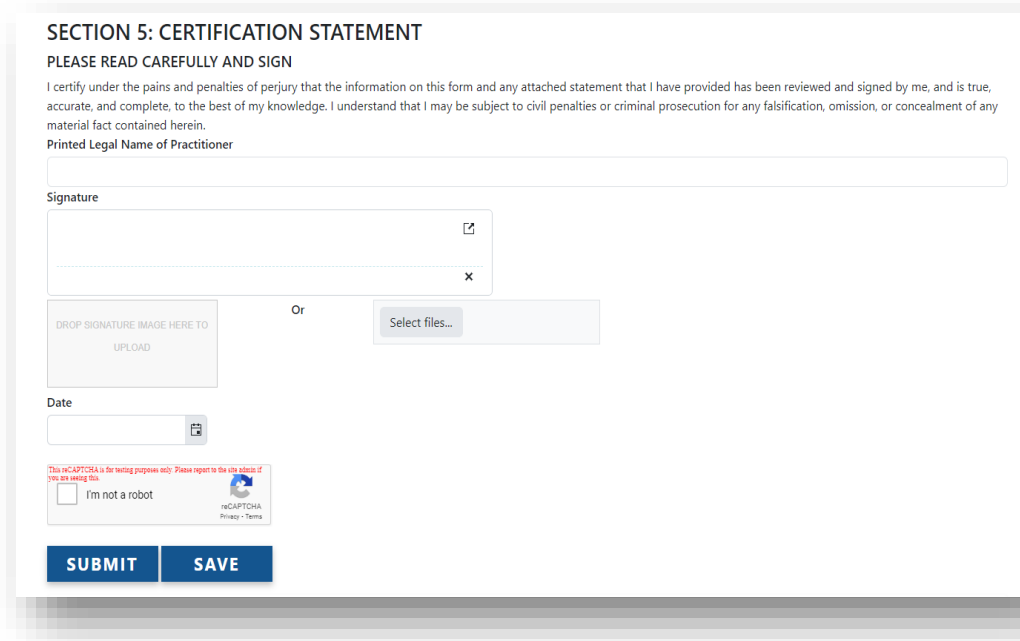
Is there currently pending any proceeding(s) that could result in a conviction, sanction, or other action reportable in the immediately preceding questions 1–5?

☐ Yes ☐ No

4B. ADDITIONAL EXPLANATION

If you answered “Yes” to any question in Section 4A, you must provide a detailed explanation in the following space, including the name of the individual/entity; nature, date, and forum of the action; and any case or record number. Attach additional pages if necessary.

Overview of The FRDF – Section 5



SECTION 5: CERTIFICATION STATEMENT

PLEASE READ CAREFULLY AND SIGN

I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Printed Legal Name of Practitioner

Signature

Or

DROP SIGNATURE IMAGE HERE TO UPLOAD

Select files...

Date

(This reCAPTCHA is for testing purposes only. Please report to the site administrator if you are seeing this.)

☐ I'm not a robot

reCAPTCHA

Privacy - Terms

SUBMIT **SAVE**

Complete the FRDF by signing the Certification Statement in Section 5. The Statement must be signed by the Provider (using a mouse/touchpad to draw their signature in the appropriate field), but the printed legal name and date of signature can be added by another person.

The Signer will have the option of adding a digital image of the Provider's signature in lieu of signing the E-FRDF if the Signature field.

The signer will also need to click on the CAPCHA at the bottom of Section 5 before clicking the Submit button.

Overview of The FRDF – Section 5 (Cont.)



If you need to Delegate this form to someone else, enter their email address then click below.

Email

DELEGATE

At the bottom of the E-FRDF you will find a field where you can enter the email of another person who would be better suited to sign it

This option exists to allow someone other than the revalidating Provider to fill out the E-FRDF and then designate the Provider's email so that the E-FRDF will be sent to the Provider to sign

Follow Up/Next Steps

- The MassHealth Outreach team will continue to send communications to Providers who are scheduled for revalidation until we receive a response or 45 calendar days elapse after receipt of the email containing the link to the E-FRDF.
- Providers who do not revalidate within the appropriate timeframe will be automatically disenrolled from MassHealth.
- Providers who wish to remain enrolled in MassHealth but who do not revalidate when scheduled will be required to fully re-enroll
- Re-enrollment would involve submitting a full enrolment package
- MassHealth will not back date the effective date of the enrollment to the date of termination

MassHealth Resources

- For additional information, including the All-Provider Bulletin 242 and the Revalidation Job Aid, please visit the MassHealth Revalidation Web Page at <https://www.mass.gov/service-details/masshealth-provider-revalidation>
- Provider Online Service Center (POSC)
(www.mass.gov/masshealth/providerservicecenter)
 - One Point access for member eligibility requests, prior authorizations, PCC referrals, claim submission and status requests, provider information maintenance and administration of accounts. <https://newmmis-portal.ehs.state.ma.us/EHSProviderPortal/providerLanding/providerLanding.jsf>
 - POSC Job Aids are “guides” that correspond with specific functions of the MMIS and are available under the “Need Additional Information or Training” link. <https://www.mass.gov/service-details/job-aids-for-the-provider-online-service-center-posc>

Reminders

- Once the FRDF is completed you will receive a confirmation email
- Throughout the process you will receive several emails and email reminders from revalidation@mahealth.net to help you stay on track and complete the process successfully
- 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 MassHealth needs any additional information from you a representative will reach out to you
- Questions should be directed to MAHealthRevalidation@maximus.com
- You can find additional information about the revalidation requirement on Mass.gov, [Revalidation for Fee-for-Service \(FFS\) Providers](#)

Acronyms & Definitions

- **FFS – Fee-for-Service**
 - A type of billing enrollment for providers and provider group practices that render covered services to an eligible MassHealth member and are paid directly by MassHealth for each of those covered services
- **ORP – Ordering, Referring, & Prescribing (ORP)**
 - A type of non-billing enrollment for providers only seeking to comply with ACA ordering, referring, & prescribing requirements, 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 is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers
- **DBA – Doing Business As**
 - A DBA is any registered name/address that a business operates under that is not the legal business name/address