

SECTION 6 SPECIFIC PROVIDER INFORMATION

- Extended Care Facility Services
- Assisted Living Facilities
- Behavioral Health
- Durable Medical Equipment & Supplies
- Dental
- Vision

The purpose of this section is to describe Commonwealth Care Alliance's protocols regarding non-acute care facilities and ancillary providers including covered services, exclusions, clinical conditions and criteria, authorizations and operational expectations.

All services provided must be approved by the member's Commonwealth Care Alliance designated primary care physician/primary care team (PCP/PCT). Prior authorization is required and shall be granted from Commonwealth Care Alliance's designated PCP/PCT authorizing the provider to render specified covered services to a Commonwealth Care Alliance member.

Payment to facility for covered services requiring prior authorization is contingent upon the provider receiving prior authorization before services are rendered. [Click here](#) to view the Covered Services and Prior Authorization grid. Additionally, if the provider offers Durable Medical Equipment (DME) or vision services, please visit [6-4 Durable Medical Equipment & Supplies](#) and [6-6 Vision](#) of the Provider Manual for specific authorizations requirements.

Eligibility must be confirmed on a frequent and regular basis, even if the prior authorization covers a longer period. Eligibility may be confirmed by utilizing the current MassHealth Provider Online Service Center.

6-1 Extended Care Facility Services Covered Services

Those extended care facility services to which a member is entitled and which are consistent with provider training, licensure, and scope of business.

Extended Care Facility Services

Services are defined as nursing, medical social work, assistance with activities of daily living, therapies, nutrition, and over the counter drugs provided at a skilled nursing facility or other nursing facility. Services shall include, at a minimum, room with customary furnishings and equipment (one or more beds per room), meals (including special diets and nutritional supplements as medically necessary), general nursing care, and recreational services.

For covered services provided to Commonwealth Care Alliance members, facility will be paid according to the member's level of care needs that corresponds to the sub-acute, skilled nursing, or custodial care category described below, as determined by Commonwealth Care Alliance's care management team.

Sub-Acute Care Inclusions

Room and board, skilled nursing care, rehabilitation services, laboratory, x-ray, medical & surgical supplies, oxygen and associated supplies, standard DME, medications. *For billing purposes, please use Revenue Code 192.*

Exclusions

Physician services (professional component only), dialysis, ambulance (covered only as part of admit and discharge from skilled nursing facility), emergency room.

Conditions & Criteria for the Assignment of Sub-Acute Level of Care Conditions

There has been a determination by the Commonwealth Care Alliance care team that a short term, goal oriented treatment plan is necessary; patient care needs requiring sub acute nursing care and/or skilled rehabilitation; the patient requires a greater number of primary care physician (PCP)/nurse practitioner (NP) visits, skilled nursing care hours, or rehabilitation services than are normally provided at a basic skilled level of care; there is active management of the treatment plan by the care team to stabilize the patient.

Criteria

Care is at a sub-acute level when the following criteria are met:

1. Presence of serious injury or illness that requires inpatient treatment but not acute hospital care.
2. Active management of the treatment plan by the care team to stabilize the patient.
3. Sub-acute nursing care to manage complex medical issues:
 - Frequent assessment
 - Complex IV regimens
 - Respiratory care
 - Complex pain management
4. Rehabilitation therapy services (PT, OT, ST) 2 or more hours of direct care daily occurring 6 or 7 times per week as part of a treatment plan that is goal oriented, measurable, and designed to promote recovery (dependent upon patient's individual condition, rehabilitation therapy services may or may not be present as part of the sub-acute level plan of care, but if present, the patient must have the ability to participate in this level of therapy intensity, or level of care will be subject to change).
5. Skilled days, whether at a sub-acute

level or skilled level shall be limited to 100 days per benefit period. [Click here](#) for information on Benefit Exhaustion of Sub-Acute Care and Skilled Care.

Skilled Care Inclusions

Room and board, skilled nursing care, rehabilitation service, laboratory, x-ray, medical & surgical supplies, oxygen & associated supplies, standard DME, medications. *For billing purposes, please use Revenue Code 191.*

Exclusions

Physician services (professional component only), dialysis, ambulance (covered only as part of admit and discharge from skilled nursing facility), emergency room.

Conditions & Criteria for the Assignment of Skilled Nursing Level of Care Conditions

There has been a determination by the Commonwealth Care Alliance care team that a goal oriented treatment plan is necessary and that the patient cannot, as a practical matter, be treated in a community based setting; patient care needs requiring skilled nursing care and/or skilled rehabilitation; such care is needed on a daily basis, at least five days per week.

Criteria

Care is at a skilled nursing level when the following criteria are met:

1. Less medically complex illnesses or injuries
2. Availability of skilled nursing care 24 hours a day
3. Daily skilled nursing care:
 - Assessment
 - Skilled observation
 - Simple IV therapies and injection needs
 - Dressing changes
4. Rehabilitation therapy services (PT, OT, Speech Therapy) up to 2 hours a day, 5

times a week as part of a treatment plan that is goal oriented, measurable, and designed to promote recovery (dependent upon patient's individual condition, rehabilitation therapy services may or may not be present as part of the skilled nursing level plan of care, but if present, the patient must have the ability to participate in this level of therapy intensity, or level of care will be subject to change).

5. Skilled days, whether at a sub-acute level or skilled level shall be limited to 100 days per benefit period. [Click here](#) for information on Benefit Exhaustion of Sub-Acute Care and Skilled Care.

Custodial Care Inclusions

Room and board, skilled nursing care, laboratory, x-ray, medical & surgical supplies, oxygen & associated supplies and standard DME are included services. *For billing purposes, please use Revenue Code 120.*

Exclusions

Physician services (professional component only), dialysis, ambulance (covered only as part of admit and discharge from skilled nursing facility), and emergency room. Medications may be excluded and billed separately through Express Scripts Inc. (ESI).

Conditions & Criteria for the Assignment of Custodial Care Level of Care

Conditions

There has been a determination by the Commonwealth Care Alliance care team that there is an absence of a defined skilled need or treatment goal that the patient is expected to achieve; the patient's functional or cognitive status is such that the support of a facility setting is necessary, as patient cannot be safely managed in the community with long term care supports.

Criteria

Care is at a custodial care level when the following criteria are met:

1. Less than daily skilled needs.
2. Stable medical status.
3. Care is not goal directed, focus is to maintain status:
 - Assist with ADLs
 - Administration of routine medications

Benefit Exhaustion of Sub-Acute Care and Skilled Care

If during an admission the exhaustion of a member's Medicare skilled nursing benefit occurs, Commonwealth Care Alliance reimbursement shall default to provider's usual and customary Medicaid reimbursed MMQ rates, based on the member's MMQ score, for skilled nursing facility placement less the applicable MassHealth determined monthly patient paid amount.

Readmissions

Member readmission to facility after formal discharge shall require re-establishing a member's admitting level of care by Commonwealth Care Alliance nursing staff and/or those designated and authorized by Commonwealth Care Alliance to direct patient care.

Level of Care Determinations

All level of care determinations prior to, and during Commonwealth Care Alliance a member's admission to a facility are made at the discretion of Commonwealth Care Alliance nursing staff and/or those designated and authorized by Commonwealth Care Alliance to direct patient care.

Medical Leave of Absence (MLOA) days and Non- Medical Leave of Absence (NMLOA) days will be paid an amount equal to the provider's current Medicaid reimbursement rate for up to 10 days with the prior approval of the member's Commonwealth Care Alliance contracted PCP/PCT. It is further understood, and agreed, that a bed is guaranteed for the member if s/he returns to the facility during the 1st day through the 10th day after

transfer out of the facility. If the member returns after this period, his/her admission shall be accommodated upon the availability of a bed, unless otherwise arranged. *For billing purposes of Custodial MLOA, please use Revenue Code 185. For billing purposes of Custodial NMLOA, please use Revenue Code 183.*

Service Specifications

The extended care facility services provider shall:

1. Maintain 24 hours a day, 7 days a week availability to provide extended care facility services in accordance with state and federal regulations, and be accessible by phone, directly, at all times.
2. Upon request, provide admission for extended care facility services within 24 hours of the request subject to bed availability and with the prior authorization of Commonwealth Care Alliance nursing staff and/or those designated and authorized by Commonwealth Care Alliance to direct patient care.
3. The provider agrees to maintain and respect the rights of members at all times.
4. Inform Commonwealth Care Alliance nursing staff and/or those designated and authorized by Commonwealth Care Alliance to direct patient care as to the availability of beds upon their request.
5. Ensure that personnel providing services under this agreement meet current applicable federal, state, and local licensing standards for the provision of health care services, and are fully Massachusetts state credentialed health care providers; provider agrees to notify Commonwealth Care Alliance of changes in status that would disqualify provider(s) from meeting above standards.
6. Provider is responsible for delivering the Notice of Medicare Non-Coverage (NOMNC) on behalf of Commonwealth Care Alliance no later than 2 days before a member's level of care is changed from skilled to custodial or covered services end (discharge) in accordance with Medicare requirements.
7. Provide extended care facility services to members in conformance and full cooperation with the treatment plan developed by the PCP/PCT. Facility agrees to allow the member's PCP or designee to continue as the member's physician of record.
8. Contact the PCP/PCT immediately, upon notice of significant changes and/or relevant findings concerning the status of the member.
9. Conform to Commonwealth Care Alliance's protocols for timely updates and submissions of SC1, MDS, MMQ and medications list forms upon Commonwealth Care Alliance request; provide the PCT and/or Commonwealth Care Alliance with timely clinical updates appropriate to the member's status in a mutually agreed upon format and frequency.
10. Agree to meet with PCT clinical staff as needed.

Event Triggers and Required Forms Admissions and Discharges from Nursing Facilities

When a SCO community enrollee is admitted to a nursing facility, nursing facility must submit a [Status Change Form \(SC-1\)](#) to Commonwealth Care Alliance and the appropriate member enrollment center with "SCO Member" clearly indicated on the form. Additional requirements can be found on the following page.

| Event Triggers | Required Forms | Where to Send Information |
|--|--|---|
| Intended Short Term Stay — Upon Admission (less than 3 months)** | a) MDS 2.0 with current Medication Administration Record and Request for Service Form | a) Submit via fax: Commonwealth Care Alliance (617) 507-0416 |
| | b) Status Change Form (SC-1) with “SCO Member” clearly identified on form; box should be checked | b) Revere Enrollment Center 300 Ocean Ave, Suite 4000 Revere, MA 02151 and send copy via fax: Commonwealth Care Alliance (617) 830-0534 |
| ** Short term Stay approved by Commonwealth Care Alliance to go longer than 3 months (send when stay is approaching 90 days) | c) Case Mix Data (MMQ) | c) Electronic submission of MMQ to Division of Medical Assistance and send copy via fax: Commonwealth Care Alliance (617) 830-0534 |
| At Discharge for Short Term Stay | Status Change Form (SC-1) | Revere Enrollment Center 300 Ocean Ave, Suite 4000 Revere, MA 02151 and send copy via fax: Commonwealth Care Alliance (617) 830-0534 |
| Change of Status When a Short Term Stay is approved by Commonwealth Care Alliance to be converted to a Long Term Stay | a) MDS 2.0 with current Medication Administration Record and Request for Service Form | a) Submit via fax: Commonwealth Care Alliance (617) 830-0534 |
| | b) Status Change Form (SC-1) with “SCO Member” clearly identified on form | b) Appropriate Regional Enrollment Center* and send copy via fax: Commonwealth Care Alliance (617) 830-0534 |
| | c) Case Mix Data (MMQ) | c) Electronic submission of MMQ to Division of Medical Assistance, Casemix Unit 600 Washington Street Boston, MA 02111 and send copy via fax to: Commonwealth Care Alliance (617) 830-0534 |
| Intended Long Term Stay — Upon Admission (6 months or longer) | a) MDS 2.0 with current Medication Administration Record and Request for Service Form | a) Submit via fax: Commonwealth Care Alliance (617) 830-0534 |

| Event Triggers | Required Forms | Where to Send Information |
|--|---|---|
| | b) Status Change Form (SC-1) with “SCO member” clearly identified on form | b) Appropriate Regional Enrollment Center* and send copy via fax: Commonwealth Care Alliance (617) 830-0534 |
| | c) Case Mix Data (MMQ) | c) Electronic submission of MMQ to Division of Medical Assistance, Casemix Unit 600 Washington Street Boston, MA 02111 and send copy via fax: Commonwealth Care Alliance (617) 830-0534 |
| At Discharge for Long Term Stay | Status Change Form (SC-1) | Appropriate Regional Enrollment Center* and send copy via fax: Commonwealth Care Alliance (617) 830-0534 |

Special Case Scenarios

For Mass Commission of Blind Members

All SC-1 forms need to be submitted to:

Mass Commission of the Blind, Medical Assistance Department
 48 Boylston Street
 Boston, MA 02116

Member Enrollment Centers

300 Ocean Avenue, Suite 4000
 Revere, MA 02151
 Toll free 1-800-322-1448

333 Bridge Street
 Springfield, MA 01103
 Toll free 1-800-332-5545

21 Spring Street, Suite 4
 Taunton, MA 02780
 Toll free 1-800-242-1340

367 East Street
 Tewksbury, MA 01876
 Toll free 1-800-408-1253

6-2 Assisted Living Facilities: Specialized Personal Assistant (SPA)

Covered Services

Assisted living facilities provide in tandem with the member's housing and include:

- Meals
- Breakfast, lunch and dinner daily in common area
- Self-managed special diets (e.g. sodium restricted, low fat, sugar restricted)
- Tray service for short-term illness as determined by the housing service provider RN
- Housekeeping/laundry
 - Weekly housekeeping including bed linen change
 - Weekly laundry of towels and linens
 - Weekly personal laundry
- Personal care
 - Personal assistance with activities of daily living (e.g. grooming, dressing, bathing, transferring, etc.)
- Personal emergency response alert button
- Self-administered medication management*
- On-site clinical oversight by SPA nursing/social work team

*A member's ability to self-manage medication will be assessed as part of the initial assessment and a plan then will be developed inclusive of prescription and over the counter medication.

Specialized Personal Assistant Specifications

The assisted living facility specialized personal assistant shall:

1. Upon admission to the program, provide a visit to the member within the first 3 days to ensure smooth transition to assisted living services.
2. Work in collaboration with the member's primary care team in completing necessary assessment information,

inclusive of specified data in the assessment forms, performing care and service planning, and in documenting services provided in a progress note on at least a monthly basis.

3. Ensure that necessary documentation is available in the member's centralized enrollee record (CER) in a timely manner.
4. Provide regular clinical liaison services to Commonwealth Care Alliance and the PCT with regard to, at a minimum, changes in member's health status and necessary medication refills.
5. Ensure that any incident reports are documented and provided to the PCT in a timely manner; such documentation should also be available in the CER.
6. Follow Commonwealth Care Alliance protocol with regard to after hours' coverage and notification of Commonwealth Care Alliance on-call staff when after hours medical issues including urgent care are necessary.
7. In collaboration with the PCT, provide covered services in a manner allowing for up to 30-day medical leave of absence (MLOA) per calendar year with no one MLOA stay to exceed 30 consecutive MLOA days.
8. In collaboration with the PCT, provide covered services in a manner allowing for up to 15-day non-medical leave of absence days.
9. Collaborate with Commonwealth Care Alliance to successfully market the SCO program to nursing home eligible individuals who voluntarily elect to enroll with Commonwealth Care Alliance.
10. Ensure that all resident care aides are trained in accordance with 651 CMR 12.07(6) which defines the required training for resident care aides who work

in assisted living, including self-administered medication management.

6-3 Behavioral Health

Commonwealth Care Alliance in collaboration with the primary care team (PCT) is responsible to ensure that members have access to covered mental health services. Behavioral health problems are identified and addressed by the PCT using appropriate mental health screening tools. The PCT is required to refer members promptly for specialized behavioral health services. Members with serious and persistent mental health illness must have access to ongoing medication review and monitoring.

Covered Services

For Senior Care Options (SCO) members, covered behavioral health services fall into five categories as described below and are covered when authorized by the PCT:

- Inpatient Services
- Diversionary Services
- Emergency Services
- Outpatient Services
- Special Procedures

Inpatient Services

24-hour services that provide medical intervention for mental health or substance abuse diagnoses, or both, including:

Inpatient Mental Health Services

Hospital services to stabilize an acute psychiatric condition that 1) has a relatively sudden onset; 2) has a short, severe course; 3) poses a significant danger to self or other; or 4) has resulted in marked psychosocial dysfunction or grave mental disability.

Detoxification

Inpatient substance abuse services that provide short term medical treatment for substance abuse withdrawal, individual medical assessment, evaluation, intervention, substance-abuse counseling,

and post-detoxification referrals. These services may be provided in licensed freestanding or hospital-based programs.

Diversionary Services

Behavioral health services that are provided as alternatives to inpatient services including:

Community Support

Services provided in a community setting, which are used to prevent hospitalization, and designed to respond to the needs of members whose pattern of utilization of services or clinical profile indicates high risk of readmission into 24-hour treatment settings.

Crisis Stabilization

Services to provide an alternative to hospitalization, which provides short term psychiatric treatment in structured, community based therapeutic environments. Crisis stabilization provides continuous 24-hour observation and supervision for individuals who do not require the intensive medical treatment of hospital level of care.

Observation/Holding Beds

Services to provide hospital level care for up to 24 hours to provide time for assessment, stabilization, and identification of appropriate resources for individuals.

Partial Hospitalization

An alternative to inpatient mental health services, which offers short term day mental health programming available seven days per week consisting of therapeutically intensive acute treatment within a stable therapeutic milieu and including daily psychiatric management.

Psychiatric Day Treatment

Services that constitute a program of a planned combination of diagnostic, treatment, and rehabilitative services provided to mentally or emotionally disturbed persons who need more active or inclusive treatment than is typically available

through a weekly visit to a mental health center, individual provider's office, or hospital outpatient department, but who do not need full-time hospitalization or institutionalization.

Residential Substance Abuse Treatment
Short term 24-hour therapeutically planned treatment and learning situation that provides continuity of care after detoxification for individuals engaging in recovery.

Structured Outpatient Addiction Programs
Short term clinically intensive structured day or evening substance-abuse services. Such a program can serve as a step-down service in the continuum of care for individuals being discharged from detoxification or can be utilized by individuals whose symptoms indicate a need for structured outpatient treatment beyond the standard outpatient benefit.

Emergency Services

Medically necessary services are available seven days per week, 24 hours per day to provide treatment of any member who is experiencing a mental health or substance abuse problem, or both, including:

Emergency Screening Services
A face-to-face assessment, conducted by appropriate clinical personnel, of an individual presenting with an emergency in a home, residential program, clinic, hospital emergency room, police station, and other settings.

Medication Management Services
Assessment for and prescribing of medication by qualified personnel as a component of emergency services.

Short Term Crisis Counseling
Provision of individual therapy as a component of emergency services.

Short Term Crisis Stabilization Services
Any or all of the following: 1) crisis

stabilization; 2) observation/holding beds; 3) specializing services; 4) medication management services; and 5) short term crisis counseling.

Specializing Services

Therapeutic services provided to an individual, in a variety of settings, on a one-to-one basis to maintain the individual's safety as a component of emergency services.

Outpatient Services

Services provided in an ambulatory care setting, such as a mental health or substance abuse clinic, hospital outpatient department, community health center, or provider's office, including:

Mental Health

- Evaluation
- Treatment
- Medication
- Consultation

Substance Abuse Services

- Counseling
- Diagnostic evaluation
- Medication visit

Special Procedures

Electro-Convulsive Therapy (ECT)
Service that initiates seizure activity with an electric impulse while the member is under anesthesia. It is administered in a hospital facility that is licensed to provide this service by the Department of Mental Health.

Psychological Neuropsychological Testing
The use of standardized test instruments when indicated for behavioral or physical health reasons to evaluate aspects of a member's functioning, including but not limited to cognitive processes, emotional conflicts, and type and degree of psychopathology.

Service Specifications

The behavioral health provider shall:

- 1) Maintain 24 hours a day, 7 days a week availability to provide services and be accessible by phone, directly or by coverage, at all times.
- 2) Maintain formal arrangements with staff to ensure adequate staffing to meet the clinical needs of all Commonwealth Care Alliance members for whom services are provided.
- 3) Ensure that personnel providing services under this agreement meet current applicable federal, state and local licensing standards for the provision of behavioral health services.
- 4) Follow administrative policies and procedures as outlined in the behavioral health provider manual.
- 5) Obtain clinical referrals and authorizations from the member's PCP for any non-emergency services.
- 6) Notify an emergency service provider (ESP) in the event that a member requires inpatient behavioral health hospital services and the ESP shall arrange for such admission as appropriate. The behavioral health provider must communicate this information with the member's PCP.
- 7) Provide the PCP with clinical updates appropriate to the member's status in a mutually agreed upon format and frequency.
- 8) Agree to meet with PCP clinical staff and as needed.
- 9) Request the written consent, from each member to release information regarding substance abuse to the member's PCP.
- 10) Participate in the use of the information

technology associated with the SCO program, the Centralized Enrollee Record (CER) to record, collect and maintain current and updated clinical and demographic information on enrollees. Psychotherapeutic session notes must not be recorded in the CER.

6-4 Durable Medical Equipment & Supplies

Covered Services

Those durable medical equipment and medical/surgical supplies which a member is entitled to and which are consistent with provider training, licensure and scope of business:

Durable Medical Equipment

Products that are a) fabricated primarily and customarily to fulfill a medical purpose; b) generally not useful in the absence of illness or injury; c) able to withstand repeated use over an extended period time; and d) appropriate for home use. Includes but is not limited to the purchase of medical equipment, replacement parts, and repairs for such items such as canes, crutches, wheelchairs (manual, motorized, custom fitted, and rentals), walkers, commodes, special beds, monitoring equipment, orthotic and prosthetic devices, and the rental of personal emergency response systems (PERS). Coverage includes related supplies, repair, and replacement of the equipment.

Medical/Surgical Supplies

Medical/treatment products that a) are fabricated primarily and customarily to fulfill a medical or surgical purpose; b) are used in the treatment of a specific medical condition; and c) are non-reusable and disposable. Includes but is not limited to items such as urinary catheters, wound dressings, glucose monitors, and diapers.

All services provided must be approved by the member's PCT. Certain equipment and supplies may require prior authorization.

For all other services prior authorization is required and shall be either a verbal or written authorization from Commonwealth Care Alliance's contracted primary care sites authorizing a provider to render specified covered services to a Commonwealth Care Alliance member. Payment to providers for those covered services requiring prior authorization is contingent upon the provider receiving prior authorization before services are rendered.

Eligibility must be confirmed on a regular and frequent basis, even if the prior authorization covers a longer period. Eligibility may be confirmed by utilizing the current MassHealth Provider Online Service Center.

Service Specifications for Durable Medical Equipment (DME)

Commonwealth Care Alliance DME providers are responsible for meeting specified standards for hours of service and accessibility, repairs, and equipment. The standards are listed below:

Emergently needed supplies are defined as services or equipment includes that which malfunctions or absence presents an immediate life-threatening situation.

For example, oxygen and respiratory services and equipment are emergently needed supplies.

Hours of Service and Accessibility

1. Maintain 24 hours a day, 7 days a week availability to provide services, and be accessible by phone directly by on call coverage at all times.
2. Provide all emergently needed supplies, services or equipment within 2 hours of receiving the request. Emergently needed services or equipment shall include that which malfunctions or

absence presents an immediate life-threatening situation to the member. These include, but are not limited to, oxygen, respiratory services and equipment, if applicable.

3. Provide all other needed supplies, services or equipment including wheelchairs and wheelchair repairs within 24 hours of receiving request and notify the primary care site at the time of request, of any anticipated delay or back order in the provision of supplies, services, and/or equipment.
4. Make every effort to fill a same day order if requested.
5. Provide the closest available substitute wheelchair on loan, free of charge, for the duration of any wheelchair repair service.
6. Designate a liaison to accept requests and coordinate supplies, services, and equipment for Commonwealth Care Alliance members.

Repairs

1. Make every effort to complete repair with one service call. Provider shall contact the primary care site prior to subsequent visits if a repair requires more than one service call.
2. Notify primary care site in writing, if rebuilt parts are used in a repair.
3. Provide primary care site with expected life of consumables such as batteries and provide warranties, serial or model numbers for equipment such as wheelchairs, batteries, beds, lifts, etc.

Equipment

1. Contact Commonwealth Care Alliance member to make arrangements for delivery of wheelchairs.
2. Fit all equipment properly to the

member's specifications at the time of delivery.

3. Instruct member or caretaker in the safe and proper use of equipment (i.e. lifts, walkers, oxygen concentrators, etc.)

Rentals

1. Remove any rental items within 48 hours of notification.

6-5 Dental

Covered Services

Those dental services to which a member is entitled and which are consistent with provider training, licensure and the specific scope and conditions of covered services as referenced in the Provider Manual:

Dental Services

Including, but not limited to, emergency care visits, including x-rays; extractions; dentures; and oral surgery.

Services Specifications

The dentist shall:

1. Maintain 24 hours a day, 7 days a week availability to provide dental services, and be accessible by phone, directly or by coverage, at all times.
2. Maintain adequate staffing to meet the dental needs of all members.
3. Provide all emergently needed supplies, services or prostheses within 24 hours of receiving the request. Emergently needed services or prostheses shall include that which malfunctions or whose absence presents an immediate life-threatening situation to the member.
4. Provide all other needed services within 24 hours of receiving the request and notify the primary care site at the time of request of any anticipated delay or back order in the provision of supplies, services, and/or prostheses.
5. Instruct member or caretaker in the safe

and proper use of prostheses.

6. Contact the PCP immediately, upon notice of significant changes and/or relevant findings in regards to the status of the patient, patient's environment, or other pertinent information.
7. Provide the PCP/NP with clinical updates appropriate to the member's status in a mutually agreed upon format and frequency.
8. Agree to meet with PCP clinical staff as needed.
9. Participate in the use of the information technology associated with the SCO program (the CER) to record, collect, and maintain current and updated clinical and demographic information on enrollees.
10. Ensure that timely and appropriate entries are made in the CER describing:
 - Care and medication provided
 - Documentation of service provided, including date of service, name of servicing provider and contact information
 - Documentation of any contacts with family and persons giving informal support

6-6 Vision

Covered Services

Those optometry/optician and vision supply services to which a member is entitled and which are consistent with provider training, licensure and specific scope and conditions of covered services as referenced in the Provider Manual.

Optometry/Optician and Vision Supply Services

Include the provision of prescriptive glasses and contact lenses, which may result from the receipt of professional care of the eyes for purposes of diagnosing and treating all pathological conditions through procedures such as eye examinations, vision training.

All the services provided must be approved by the member's PCT. Prior authorization is required for Optometry/Optician and Vision Care.

Services including but not limited to glasses and contact lenses and services related to the care and maintenance of glasses and contact lenses, and shall be granted by the member's Commonwealth Care Alliance's contracted PCS authorizing a provider to render specified covered services to a Commonwealth Care Alliance member.

Payment to providers for covered services requiring prior authorization is contingent upon the provider receiving prior authorization before services are rendered.

Eligibility must be confirmed on a frequent and regular basis, even if the prior authorization covers a longer period. Eligibility may be confirmed by utilizing the current MassHealth Provider Online Service Center.

Service Specifications

Hours of service and accessibility:

1. Provide all needed vision supplies, services and lenses/frames within one week of receiving request and notify the PCP at the time of request of any anticipated delay or back order in the provision of supplies, services and/or lenses/frames.
2. Make every effort to fill a same day order if requested.
3. Designate a liaison to accept requests and coordinate supplies, services and lenses/frames for Commonwealth Care Alliance members.

Repairs

1. Make every effort to complete repair with one service call. Provider shall contact the PCS prior to subsequent visits if a repair requires more than one service call.

2. Notify primary care site in writing if rebuilt parts are used in a repair.
3. Provide PCS with expected life of consumables, and provide warranties, serial or model numbers for materials, etc.

Lenses/Frames

1. Contact Commonwealth Care Alliance Member to make arrangements for delivery of lenses/frames.
2. Fit all glasses properly to the member's specifications at the time of delivery.
3. Instruct member or caretaker in the safe and proper use of glasses/lenses, etc.

Documentation

1. Participate in the use of the information technology associated with the SCO program (the CER) to record, collect, and maintain current and updated clinical and demographic information on enrollees.
2. Ensure that timely and appropriate entries are made in the CER describing:
 - Documentation of service provided, including date of service, name of servicing provider, and contact information
 - Documentation of any contacts with family and persons giving informal support