

Question	Answer
Can a PA request be done retroactively? If so, is there a limit on the number/type of prior visits/days allowed on the PA?	Yes, you can do them retroactively, but call the PA unit to let them know. We are allowing this on a temporary basis.
What is the course of action if a member exceeded the requirements before March 1st, and a PA was submitted and denied?	The 90 day look back period started on 3/1. No visits prior to 3/1 are being counted.
What is the Face to Face requirement for well-baby visits?	We will be releasing more information regarding F2F requirements.
Will med box prefills continue to be covered when there is no teachable caregiver?	Please review the medical necessity guidelines for details on this
Do all of these regulations have to be met when a patient is being billed to Mass Health on a Secondary basis	The primary insurer has to be billed first. If you believe that this will not be covered, you may submit a PA.
Why do we need a separate verbal order signed by the physician when the verbal order date is listed on the 485?	A verbal order is temporary. This has to be signed by the MD within a certain period of time - see MH Home Health regulations.
Do we need to get a prior auth for patients who have Masshealth as secondary BCBS is prime payment is made and a balance is due to copays,deductibles,etc	You don't need a PA for co-pays and deductibles.
For the question are other members receiving skilled service, would this be only your agency? How are we to know if they are receiving elsewhere? Isn't asking a HIPPA violation?	You can call customer service who can inform you if another agency has seen the member. No Patient privacy information is shared.
If home health aide hours were submitted as visits how do we rectify?	Call the PAU to rectify.
How do I submit a new Auth. for a patient	Please see FAQ's, Job Aides, review the Webinar, and POSC training guides.
We do not require the Weight and Height on our documents, is this acceptable to leave blank?	Height and Weight is required on the R&J form.
For Care Plus, they need to go thru POSC? Current process was to email them, please advise.	Follow the same process for CarePlus that you have been doing
what if nursing is in home to fill planner, order meds, etc. because client not cognitively able to BUT does receive some assistance from family members. for instance nurses fill med planner and administer a.m. meds but family member/friend calls and reminds to take pm meds. could one visit per day be authorized?	All PA's are reviewed on an individual basis. Please review the Medical Necessity Criteria document for further information.
If a client is being seen for med management (secondary to cognitive development) and nursing packs meds 2X a day but gives client meds during the visit and family member or friend calls for reminder to take meds can nursing be paid for first visit as client is unable to take meds w/o being cued?	All PA's are reviewed on an individual basis. Please review the Medical Necessity Criteria document for further information.
what if we don't have name of case manager, etc. for Medicare client. this client would be covered under Medicaid though bc non home bound	Include any such information on the R& form
how far back do we have to go to see if another agency provided services?	If you believe another agency has seen the member please call the customer service number. If the member has already been seen for 30 nursing visits, a PA is needed. The PA trigger is based on the number of visits or units (for HH aide) and not time. Please refer to the Home Health Regulations.
can R&J be signed by a LPN	Yes
New admissions who do not have 2 weeks of document, do we just complete the R&J form and submit 485/Verbal order?	Yes
On section III is it appropriate to document, see attached document? instead of documenting in the R& J form	Please feel out the R&J as completely as possible. If you have attachments limit the number of pages and summarize as much as possible. You can attach the summary page of the OASIS as documentation.
Does medication administration from a locked box require skilled nursing or can a Home Health Aide open the box and cue the patient to take the medication?	HH aides can only cue a member on self-administered medications.
Can an MD decide on HHA hours	An MD needs to sign the plan of care on any home health aide services
when does the counting of visits or units start? Do we start counting from March 1st?	Yes

does the visit count for skilled nursing restart after 90 days?	Yes
do we need still need to obtain a PCC referral if a patient has a PCC assigned?	Yes
Hello. If a PA is denied, do you get paid for services already provided?	If you have continued to provide services while awaiting a PA decision, you will be paid for the claims.
If you admit a new patient on 03/16, do you send a PA requesting services 03/16 to 06/16?	You would need to submit a PA if the member requires more than the outlined number of skilled nursing visits or home health aide visits as defined in the regulations in a 90 day period.
is it legal in MA for a home health aide to fill a medication box, do CBS or administer insulin and other injections?	No
can a relative be a home health aide?	Yes
what does deferral mean	If you have not submitted complete documentation your PA will be in a deferred status until you submit the documentation
Are these notifications sent via USPS mail or via the POSC web?	You will receive it via mail, and can also see it on the POSC after 24 hours (see manage correspondence section)
what is considered a hha unit?	1 unit = 15 minutes
Do we need to add both LPN and RN codes if a client sees both? If yes, do we list specific # of units for each?	You can list both on the POSC and the PA approval will cover both types of service. You do not need to list the units separately.
In the Other Insurance Agency section, when asking for case manager name does this refer to the case manager at my agency or for the other insurance provider?	Case manager of other insurer
For PCC clients who have prior authorization, do we need to provide the authorization number?	No. The PCC referral and visits allowed by the PCC is separate from the MassHealth PA process.
what if we have received an auth for nursing and you now determine you need HHA VISITS	Must submit a new PA if the HHA visits will exceed the number of visits listed in the home health regulations in the 90 day period.
Can you go further into a family member providing care?	Please review guidelines for medical necessity on family availability of providing services
If a family member can care for a loved one do they not qualify for a Home Health Aide?	HH aide need to be certified as HH aides and need to be working for a HH agency.
If we do not receive an authorization within 30 days of the R&J submission, should we be requesting services for the next 30days by submitting another R&J?	You should call the PAU if you do not hear back in 30 days.
Do the bill rates still go down after 60 days?	Yes, after 60 calendar days of providing HH services.
What documents do we submit when we have not admitted a patient to our services because we are waiting to see if we get auth	You do not need a PA to begin services with a member. Please review the home health regulations regarding when a PA is required.
Do we list the services the member is receiving or is going to receive by us?	The R&J form asks you for this information
Would HIPAA allow another agency to talk to us about a patient regarding visits they did?	The customer service center can provide you with number of units that a member has already received. If speaking with another agency must follow HIPAA rules and obtain release of information.
must the entire process be done either by mail or online, not both forms for one submission?	Please use the POSC system for all submissions.
Can an e-signature be used on the R & J?	Yes
please clarify on whether Relatives to the patient can be a HHA	Yes
how long will they approve the PA for?	The PA unit will do this on a case-by-case basis and on medical justification submitted on time frame.
HHA services is 240 units for 90 days correct?	Yes
if agency has clients already receiving SN and HHA before PA program started, when is PA required	30 SNV and 240 HH aide units
Is there a code for the different rehab disciplines?	See subchapter 6: PT: G0151; OT: G0152; ST: G0153
What phone number should patients call with concerns about decrease in their visit frequencies	Call the PAU unit - see FAQs
Will electronic physician signatures be accepted	Yes
Do PT/OT 20 visits start on Jan 1, 2016 or March 1, 2016	20 visits in 12 calendar months starting from first visit.
page 28 says to go to the prior auth search screen and choose deferred in the status drop down list then click search, i can not see deferred in a drop down list	You need to check under "Manage correspondence" If you do not have access to this, call the MH customer service number
is it 20 pt/ot visits in 30days?	20 visits in 12 calendar months starting from first visit. No change in the therapy PA process.
do we have to submit sn and HHA PAs with the PT/'OT PAs	There are separate forms for SNV/HH aides and Therapy services

Are providers able to submit a retro request?	Yes
We are unable to attach the clinical summary on another page? if so the R&J does not give enough room to enter in the clinical summary	You should be able to submit clinical summaries as an attachment.
Is there a form that we can type on? The only form that is on the website is a PDF and we are unable to type on it.	You can save the R&J and then fill it out.
Are providers able to submit a retro authorization request? If so, how far back?	Yes, but call the PA unit.
Can the clinician type in their name instead of signing it manually?	Signature can be electronic or wet
Does the visit count start March 1st?	Yes
When we get a patient from the Hospital we have 24 hrs to get them services. You have said in other communication that you shall expedite the PA on these case with a turnaround of about two days. We do not want this patient to wait for two days as this might make their case worse. Would you consider giving say six visits authorization straight on a phone call?	You do not need a PA for the first 30 SNV and the first 240 HH aide visits.
Do you have a Face to Face form?	No. F2F documentation is done on the 485 or plan of care
Does that mean that we shall not have to do the TPLs?	No changes in the TPL process at this time.
Can we use UD and no UD on the same request?	You can fill out separate line items if the PA request is for non-UD to begin with and then UD after the 60 calendar day period.
You have indicated that the first 30 SN visit in 90 days do not need an Authorization. Does that mean that after every 90 days we have 30 visits that do not need Authorization? And can we use these visits to cover any time within the 90 days. For example between Authorization we might miss a day or due documentation periods with the nurses on the field. Since you cannot back date an Authorization for those two three days Can we use part of the 30 days auto Authorization?	The 30 visits can be covered any time during the 90 day period.
HHA LIMITS THE HOURS...24HRS ESPECILLY FOR DEMENTIA....ALZHEIMER CASE	Your justification of the medical necessity should back-up your need for what services are needed.
Due to very short notice, what happens when the PA dept does not reply to the Prio Auth on time and the visits have exceeded the threshold allowed?	The PA unit will respond to your questions within a reasonable time frame.
Is the HHA limited (240 units) beginning on March 1st, or will this also count towards visits prior to March 1st?	Starts from March 1
when will there be a webinar or further education on the face to face questions?	Please call us with any questions.
Please clarify CMS start date for face-to-face encounter requirement	MH start date is March 1, 2016
Can the LPN fill out the R&J form	Yes
Who can enter the prior auth in virtual gateway	Authorization given by your administrator.
If the submitted R&J forms aren't complete should we resubmit them or is this going forward must be completed	You may be given a provisional approval, but will have to submit complete R&J per PAU time frame.
We put See Attachment in the section under patient assessment and included a written summary - section II will that be deferred	Check with PAU
Section 1 under case manger and contact number is that for the home health agency or insurance case manager?	For the insurer case manager.
Will the first 30 days out of the 90 be "automatically" authorized for all Daily patients	Yes
It sounds like you are saying that the home health agency will need to call Customer Service for all patients to make sure another agency is not involved?	If you believe a member has been seen by another agency as of March 1, 2016, then call the Customer Service number
In MA only PCA can administer medications. Home Health Aides,AFC, GAFC or any person working for an agency can not administer medications per Nurse Practice Act.	Correct. HH aides can verbally cue for self-administered medicated (see HH regulations).
Can we submit additional paperwork such as the 485 orders on a different date then when the original request was submitted?	If your 485 has been signed later, submit it when you have the signature and attach to the same PA

Will the first 30 days out of the 90 days be "automatically" authorized for all Daily SN patients?	The first 30 visits will not need a PA
Can we submit additional paperwork such as the 485 on a different date from the day the origin request was submitted. This is not related to Appeals, this is for the original request.	The 485 has to cover the days that you are requesting the PA for
Will the first 30 days out of the 90 day authorization be "automatically" authorized for all Daily SN patients?	First 30 visits do not need PA
Can we submit the Verbal Order with the original request and submit it on another day?	Signed 485 can be submitted later once you receive the signature
can Mass Health give us a count of visits what if other agencies provide incorrect count?	Yes, call the customer service number
Can a PT SIGN FOR ot REQUEST	No
Our medical director is also pcp to many of our patients, is this a conflict?	Yes
I had submitted a HHA auth request separately from SN per instruction of the prior auth unit. The SN visits did not exceed 30 but the HHA did exceed 240 units. How should this be done going forward when nursing does not exceed the 30 visits but does exceed HHA?"	You have to submit the nursing and HH aide PA if any of the two are up for PA.
will both approvals and denials be shown in POSC. or denials be only mailed?	Both will show on the POSC and both types of letters will go out
the Masshealth portal is rejecting "UD" modifier	Call the customer service line for any issues on the POSC system
Should the 90 day period start on 3/1/2016 or the day the limits are exceeded?	The 90 day period starts on March 1, 2016
If the information is more than the space provided in a section, can you attach the rest of the info?	Yes
If patient has been on service for more than 6 months the initial nursing/admission can we use the progress note from the recertification OASIS?	Yes
Is the start date the date the limit is reached?	See HH regulations on limitations on SN visits and HH aide units.
Should the 90 day period start on 3/1/2016 or the day the limits are exceeded?	Starts on March 1.
If patient has been on service for more than 6 months the initial nursing/admission can we use the progress note from the recertification OASIS?	Yes
if patient is seen 5 days a week will the "UD" modifier be necessary since that is not consecutive?	The UD modifier is used after the member receives HH services for 60 calendar days. Please review home health regulations for the change of consecutive to calendar.
IF A PA IS REQUESTED DOES THAT MEAN WE SHOULD PUT THE PT. ON HOLD UNTIL THE PA COMES IN	No, do not stop services.
if the patient was on service before March 1 do these prior days count	No
does t+A125he pa expire once the patient is admitted to hospital or other in patient facility	The PA will not expire, but if the member needs have changed, you may need to resubmit a new PA.
What do you do when you run out of room , when entering names of "other members in the home who also receive skilled nursing visits? Where do we list the overflow names and numbers???	Use an attachment
When calling in for another agency. What if we do not know the other agency?	The customer service line can let you know how many visits/units the member has received
Request and justification form can be signed by nurse: is that primary nurse or must be RN?	An LPN can sign the form
Will face to face form from hospital be accepted or only from member's PCP	Upon discharge a hospiltalist signature is sufficient.
If patient is hospitalized during the time indicated on PA request, does a new PA need to be requested upon discharge from hospital? or is the original PA sufficient	You can use the same PA- but if member had a change in need perhaps you might need less or more services for member and could need to submit a new PA.
Slide 24 - please define "continuous"	More than 2 hours of continuous nursing
Slide 24 - to consider potential 14 day turnaround, how far in advance can PA request be submitted?	You can submit as soon as you know that you will need more than the 30 visits in 90 days.
Can you explain what the regulations are regarding family members being the assigned HHA?	HH aides need to be certified and work for certified home health agencies.

Do we need a new PA when there is an increase/decrease in the amount of visits or HHA hours?	Yes, if the medical necessity changes, you need to submit another request with updated justifications. You can use the same PA approval number?
What if you have a member that does not require PA for SNV but does require for HHA?	You need to submit a PA for all of the services (even if just HH aide is needed).
Does the count reset after 90 days?	Yes
Would a patient who is seen 3x a week, with a medication planner that is prepared by the skilled nurse be covered under mass health criteria if they have no able caregiver and demonstrate poor insight in medication management	Please review guidelines for medical necessity
Do we need verbal orders for all unsigned 485 ?	Yes
What happens to the PA that were submitted "see attached documents", will they be deferred?	You can submit attachments. Please fill out the R&J as completely as possible for medical assessment and you may submit a summary page of the OASIS for this.
Would Mass health deny HHA but approve skilled nursing?	Yes
Would Mass health deny HHA services but approve skilled nursing?	Each PA is reviewed individually for Medical Necessity
The online portal does not have the same question form as the R&J form, should we still fill up the form and scan it in for attachment?	You need to submit the information on the POSC as well as submit the required attachments.
Are we able to modify a prior PA request submitted?	As long as the PA is not "under review" you can modify any information.
If we have already filed a request for HHA only, how do we modify the request?	If the PA has been approved, you may modify the original request. If it is under review, you cannot modify. It.
If a pt is coming from the hospital can we go see them right away or do we need to get a PA for eval	No PA needed for first 30 nursing visits. Or first 240 HH aide units.
The justification form says that the justification note can be completed on an attached form or continued on an attached form is that not true?	Yes the Request and Justification forms can be attached.
Can you submit for the same pt for OT and SN in different submissions?	You have separate forms for SNV and Therapies. You can submit on the same PA request.
For clients who have been on service prior to March 1st do we count visits starting march 1st or are they exempt from this?	Starts March 1
Does the R & J Sheet need to be submitted if we are using the POSC online authorization submission?	Yes
If there is a delay in authorization process from masshealth will patient care be compromised	No, please continue services. Claims will be paid.
Can face to face be done by the referring physician or must it be signed by physician signing 485	Referring physician can also do it.
If Case manager on pg 2 not provided but is on last page will auth be deferred?	Please let the PAU know
If we submitted to mass health Skilled Nursing and not Home Health will request for auth be deferred	No.
What Happens to the auth when a client transfers to the hospital and comes back. Do we continue with their current PA or get a new one?	You can continue with the same PA
what about coverage for clients in a group home	Please call the PA unit.
Is PA required on Visit #30, OR VISIT #31?	After 30 visits
If I don't have any 485 signed what will happen?	Provide verbal order documentation
so you are telling us that we are given 30 sn visits before an auth? and 60 hours of hha before an auth is needed?	Yes
what happens when we only need an auth for hha and not rn since the rn is only going out 2 times a week?	PA is needed any time a service is triggered (for either nursing or HH aide)
what documents are required for the auth ?	See the webinar/regulations/guidelines
when entering the auth i have been told to use two different sections of the POSC is this true or can we enter the auth request on only one under the PA auth request section?	POSC training review

why is there a separation between careplus and the other	Review the regulations.
Does a PA only need to be filled out when 30 RN visits or 240 HHA units in 90 days is reached? If an agency is seeing a patient monthly then a PA should not need to be filled out?	Yes
Now that PA is required for SN/HHA visits, does this replace the PCC Referral process or is it in addition to the PA requirement?	In addition
If MassHealth may take up to 14 to 21 days to act on a request, how far in advance does the PA request have to be submitted?	As soon as you know that the member will need more than 30 visits or 240 HH aide units.
Do we have to hold services until the PA request is approved, if the service is not deemed urgent?	Do not hold services. Your claims will be paid
How do we obtain information about other providers?	Call the customer service line
do we need to specify RN or LPN visits frequency for G0299/G0300 if so, what happens if RN visits exceed LPN or vice versa during actual visits	Through the POSC you can ask for both types of services.
Will there be a different rate amount when billing using code G0300?	No
could you please clarify...are we doing separate requests per discipline or one request for all of them.	The R&J forms are separate for nursing/HH aides and Therapies/HH aides. You can add separate line items on each service for the same member on the same PA
Does the patient need to be homebound	No
When a PCC referral is required upon admission, are we still able to get that initial auth?	The PCC referral process is separate from the PA process.
If we only need an HHA PA, how many SN visits do we request if they are not needed because the SN visits are less than the 30.	Only submit a PA if you believe the member will need more than 30 visits in a 90 day period.
is there a report that will tell you the one that have been denied or approved instead of looking at each one	You can look at all of your PA requests. This was discussed during the POSC training.
Are PTA and OTA allowed?	Yes
are the F2F requirements the same as Medicare?	Yes
if home health aide hours were submitted as visits how do we rectify?	Call the PA unit.
What is the maximum length/duration that a PA can be granted?	Varies depending on medical necessity
If all documented submitted needs to be typed, does HHA time card need to be typed?	No
Can R&J be handwritten or it's only typed?	Can be hand written
Is the attachment only linked as a one document. only?	You can attach as one document or separate documents