

MassHealth Standard and Primary Care ACO's Nebulizer In-Service

MassHealth Standard, Community Care Cooperative, Partners Healthcare Choice or Steward Health Choice

Fax 866-221-0676 or email respiratory@acelleron.com

Training Date: _____ **Acct Manager/Trainer Name:** _____

Facility #: _____ **Facility Name:** _____

- Received and understand MassHealth Nebulizer Policy (MassHealth DME Bulletin 20 Oxygen and Respiratory Therapy Equipment Bulletin 16 Aug 2018)**
- Received and understand MassHealth 130 CMR 427.408 Prescription Requirement**
- Received and understand Dispensing a Nebulizer Workflow**
 - **Prescription**
Use MassHealth DME Prescription or office letterhead/ RX pad with all required elements.
 - **Delivery Ticket**
Sign and dated by patient/guardian when nebulizer kit is dispensed.
 - **Face to Face/Patient Visit Encounter Note**
Medical records supporting medical necessity of nebulizer kit.
 - **Fax prescription, delivery ticket and F2F/Patient notes to 866-221-0676**
 - **Provide Nebulizer Kit**
Provide and train patient/guardian on proper use on nebulizer kit.
 - **Return Original Paperwork**
Place original MassHealth paperwork in Acelleron folder for pickup or mail using business reply envelop provided.

Trained on how to reorder nebulizers online, if applicable (acelleron.com/reorder)

**By signing below, I certify that I have received an in-service on dispensing a nebulizer for Medicaid (MassHealth) patients as noted above. All questions have been answered by my Acelleron Account Manager at this time, however I will contact Acelleron should any questions arise.*

Print Name	Signature	Title/Position	Date