



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**

600 Washington Street  
Boston, MA 02111  
[www.mass.gov/dma](http://www.mass.gov/dma)

MASSHEALTH  
TRANSMITTAL LETTER ALL-120  
October 2003

**TO:** All Providers Participating in MassHealth  
**FROM:** Beth Waldman, Acting Commissioner *Beth Waldman*  
**RE:** *All Provider Manuals* (Revisions to Appendix A)

This letter transmits revisions to Appendix A in all provider manuals. Appendix A is a directory of MassHealth-related addresses, phone numbers, fax numbers, and e-mail addresses. The appendix is organized by function. Appendix A is also available on the Division's Web site at [www.mass.gov/dma](http://www.mass.gov/dma).

These revisions are effective October 1, 2003.

If you have any questions about this transmittal letter, please contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

**NEW MATERIAL**

(The pages listed here contain new or revised language.)

**All Provider Manuals**

Pages A-1 through A-14

**OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

**All Provider Manuals**

Pages A-1 through A-14 — transmitted by Transmittal Letter ALL-104

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  ALL PROVIDER MANUALS	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX A: DIRECTORY	<b>PAGE</b> A-1
	<b>TRANSMITTAL LETTER</b> ALL-120	<b>DATE</b> 10/01/03

This appendix contains the names, addresses, and telephone numbers of units, agencies, and contractors that you may need to contact in the course of doing business with the Division of Medical Assistance. This appendix is also available on the Division's Web site at [www.mass.gov/dma](http://www.mass.gov/dma). Click on "DMA Publications," then on "Provider Manual Appendices."

## Benefit Plans and Utilization Management

The Division has entered into agreements with various entities to manage and review the quality and appropriateness of care.

If you have questions about the **PCC Plan**, PCC Plan Network Management Services, or referral requirements:

PCC Plan Hotline  
 1-800-495-0086  
 (TTY: 617-790-4132 for people with partial or total hearing loss)  
 1-800-790-4138 (fax)

If you have questions about service authorization or claims for members enrolled in the **Behavioral Health Program**:

1-800-495-0086  
 617-790-4815 (fax)

If you have questions about the **Acute Hospital Utilization Management Program**, including:

- admission screening;
- prepayment review;
- OPD PCC review; and
- postpayment review

MassPRO  
 235 Wyman Street  
 Waltham, MA 02451-1231  
 781-890-0011

for **admission screening** only:

1-800-732-7337  
 1-800-752-6334 (fax)

for **prepayment review** only:

781-290-5784 (fax)

If you have questions about the **Chronic Disease and Rehabilitation Hospital Utilization Management Program**, including:

- preadmission screening;
- conversion screening;
- concurrent review; and
- postpayment review

MassPRO  
 235 Wyman Street  
 Waltham, MA 02451-1231  
 781-890-0011  
 1-800-554-5127  
 1-800-752-6334 (fax)

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  ALL PROVIDER MANUALS	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX A: DIRECTORY	<b>PAGE</b> A-2
	<b>TRANSMITTAL LETTER</b> ALL-120	<b>DATE</b> 10/01/03

## Claims Submission and Resolution

The Division has contracted with Unisys to receive MassHealth claims, *except for pharmacy claims*, and to answer providers' questions about the payment of services covered by MassHealth.

MassHealth Provider Services:

MassHealth  
 Provider Services  
 P.O. Box 9101  
 Somerville, MA 02145

If you have questions about *claims or MassHealth policy*, or want to request a replacement remittance advice:

617-628-4141  
 1-800-325-5231  
 Hours: Mon.-Fri.  
 8:45 A.M.-5:00 P.M.  
[mainquiries@unisys.com](mailto:mainquiries@unisys.com)

If you have a question about the *status of a claim* (limit of three inquiries per call and three calls per day):

1-877-382-8890  
 Hours: Mon.-Fri.  
 9:00 A.M.-12:00 Noon  
 1:00 P.M.-4:00 P.M.

If you have questions about policies and procedures for submitting *electronic claims, technical support*, or testing for HIPAA claims transactions:

MassHealth  
 HIPAA Support Center  
 P.O. Box 9101  
 Somerville, MA 02145  
[mahipaasupport@unisys.com](mailto:mahipaasupport@unisys.com)

After you are approved to submit claims electronically, send your *electronic claims* to:

MassHealth  
 ATTN: Production Control  
 5 Middlesex Avenue  
 Somerville, MA 02145

If you have questions about *Provider Claim Submission Software (PCSS)*:

1-888-848-5068

Send *original paper* claims to:

MassHealth  
 ATTN: Originals  
 P.O. Box 9101  
 Somerville, MA 02145

Send *paper adjustments* of all paid claims to:

MassHealth  
 ATTN: Adjustments  
 P.O. Box 9101  
 Somerville, MA 02145

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  ALL PROVIDER MANUALS	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX A: DIRECTORY	<b>PAGE</b> A-3
	<b>TRANSMITTAL LETTER</b> ALL-120	<b>DATE</b> 10/01/03

Send *paper resubmittals* of all denied claims to:

MassHealth  
 ATTN: Resubmittals  
 P.O. Box 9101  
 Somerville, MA 02145

Send *voids* of all claims paid in error to:

MassHealth  
 ATTN: Voids  
 P.O. Box 9101  
 Somerville, MA 02145

If you have *Medicare/MassHealth claims* that do not cross over systematically, send paper crossover claims to:

MassHealth  
 ATTN: Crossover Claims  
 P.O. Box 9101  
 Somerville, MA 02145

Send *90-day waiver* requests for inpatient UB-92 hospital claims only:

Division of Medical Assistance  
 ATTN: 90-Day Waivers, Inpatient  
 600 Washington Street  
 Boston, MA 02111

for all other claims:

MassHealth  
 ATTN: 90-Day Waivers  
 P.O. Box 9101  
 Somerville, MA 02145

If you have questions about *final deadline appeals* before the Final Deadline Appeals Unit:

Division of Medical Assistance  
 ATTN: Final Deadline Appeals  
 600 Washington Street  
 Boston, MA 02111  
 617-210-5538  
[fdeappeals@nt.dma.state.ma.us](mailto:fdeappeals@nt.dma.state.ma.us)

The Division has contracted with ACS State Healthcare (ACS) to receive MassHealth *pharmacy claims* and answer providers' questions about the Pharmacy On-line Processing System (POPS).

**ACS Help Desk:**

1-866-246-8503  
 24 hours a day, seven days a week

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  ALL PROVIDER MANUALS	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX A: DIRECTORY	<b>PAGE</b> A-4
	<b>TRANSMITTAL LETTER</b> ALL-120	<b>DATE</b> 10/01/03

If you have questions about **90-day waiver** requests for pharmacy claims:

ACS Help Desk  
1-866-246-8503

Send the completed form and any pertinent documentation to:

ACS State Healthcare  
ATTN: MassHealth-  
90 Day Waivers  
365 Northridge Center 1  
Suite 400  
Atlanta, GA 30350  
1-866-556-9314 (fax)

Send **written questions** related to claims, MassHealth policy, registration for electronic remits, or replacement of a remittance advice to:

ACS State Healthcare  
ATTN: MassHealth  
131 Tremont Street, 4<sup>th</sup> Floor  
Boston, MA 02111  
[masshealth.providerrelations@acs-inc.com](mailto:masshealth.providerrelations@acs-inc.com)

If the service date on the claims exceeds 12 months (or 18 months, if another insurer is involved), submit your **appeal** to:

Division of Medical Assistance  
ATTN: Final Deadline Appeals  
Unit  
600 Washington Street  
Boston, MA 02111  
617-210-5538  
[fdeappeals@nt.dma.state.ma.us](mailto:fdeappeals@nt.dma.state.ma.us)

## Hearings

If you have questions about a fair hearing or an adjudicatory hearing:

Division of Medical Assistance  
Board of Hearings  
2 Boylston Street  
Boston, MA 02116  
617-210-5800  
1-800-655-0338  
617-210-5820 (fax)

<b>Commonwealth of Massachusetts</b> <b>Division of Medical Assistance</b> <b>Provider Manual Series</b>  ALL PROVIDER MANUALS	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX A: DIRECTORY	<b>PAGE</b> A-5
	<b>TRANSMITTAL LETTER</b> ALL-120	<b>DATE</b> 10/01/03

## Member Eligibility

The Division has contracted with Electronic Data Systems (EDS) to maintain and monitor the MassHealth Recipient Eligibility Verification System (REVS). This system provides 24-hour access to member eligibility information for the previous six months. Be sure to have the member's card, MassHealth identification number, or name and date of birth when making eligibility inquiries. REVS access methods require a user ID and password. If you have not submitted a Trading Partner Agreement, you cannot access REVS.

ACS, the contractor responsible for operating the Pharmacy On-line Processing System (POPS), receives the same MassHealth member eligibility information as EDS. The pharmacy claim-adjudication process at ACS includes the same eligibility verification as is available through REVS. Therefore, it is not necessary for retail pharmacists to separately validate through REVS member eligibility for pharmacy claims.

***Automated Voice Response (AVR):*** 1-800-554-0042  
(Limit five inquiries per call during business hours.)

***Eligibility Operator*** (24-hour eligibility operator): 1-800-833-7582

***REVS Help Desk:*** 1-800-462-7738  
Hours: Mon.-Fri., excluding holidays  
8:00 A.M.-5:00 P.M.

- Answers questions about:
- REVS access methods (point-of-service, PC software, and automated-voice-response systems)
  - MassHealth cards
  - REVS Provider Manual
  - availability of REVS
  - how to verify eligibility
  - purchasing a point-of-service (POS) device and printer

Send correspondence, POS, or REVS-related forms or equipment to: EDS MassHealth  
155 Federal Street, 6<sup>th</sup> Floor  
Boston, MA 02110  
617-350-8180 (fax)

If ***members have questions*** about MassHealth, they should call the MassHealth Customer Service Center: 1-800-841-2900  
(TTY: 1-800-497-4648 for people with partial or total hearing loss)  
Note: Providers should **not** call this number.

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  ALL PROVIDER MANUALS	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX A: DIRECTORY	<b>PAGE</b> A-6
	<b>TRANSMITTAL LETTER</b> ALL-120	<b>DATE</b> 10/01/03

## Payments

Providers are encouraged to receive MassHealth payments by electronic funds transfer (EFT).

To receive payments by EFT, you must complete the Authorization for Electronic Funds Transfer (EFT) of MassHealth Payments.

Send the **completed form** to:

Division of Medical Assistance  
ATTN: EFT Unit, Finance  
600 Washington Street  
Boston, MA 02111

Your EFT request will not be approved unless you have a W-9 form on file.

If you have questions about **W-9 form** completion and all other changes:

MassHealth  
Provider Enrollment and Credentialing  
P.O. Box 9101  
Somerville, MA 02145  
617-576-4424  
1-800-322-2909  
703-917-4933 (fax)  
[maproviderupdates@unisys.com](mailto:maproviderupdates@unisys.com)

For replacement of a **lost or damaged check**:

617-210-5072

MassHealth payment information is available on-line. You may access the amount of your check or EFT by going to the Office of the State Comptroller's Web site at [www.mass.gov/massfinance](http://www.mass.gov/massfinance). Go to "VendorWeb" and follow the instructions.





<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  ALL PROVIDER MANUALS	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX A: DIRECTORY	<b>PAGE</b> A-8
	<b>TRANSMITTAL LETTER</b> ALL-120	<b>DATE</b> 10/01/03

### **Prior Authorization (non-pharmacy services)**

Some services need PA before you can provide them. These items are identified in Subchapters 4 and 6 of your provider manual.

Mail all PA requests, except those for personal emergency response systems (PERS) and those listed below for Massachusetts Commission for the Blind (MCB) members to:

Division of Medical Assistance  
 ATTN: Prior Authorization Unit  
*(include name of program area)*  
 600 Washington Street  
 Boston, MA 02111

Mail PA requests for **MCB members** for durable medical equipment, personal care attendant, private duty nursing, and oxygen and respiratory therapy services to:

Massachusetts Commission for  
 the Blind  
 48 Boylston Street  
 Boston, MA 02116

Mail PA requests for **independent nurse, personal care attendant, and PERS** to:

The member's local aging service  
 access point (see Appendix D in  
 the *Durable Medical Equipment  
 Manual*)

You may call the Division's PA Unit or MCB, as applicable, to ask about the status of a PA request sent to one of the above addresses. Please wait the specified time before calling.

PA Unit (after 15 days for durable medical equipment and 21 days for all other services):

617-451-7000  
 1-800-862-8341

PA for independent nurse (after 14 days):

617-451-7176

PA for skilled nursing for MassHealth Basic members (after 21 days):

617-451-7132

MCB PA Unit (after 14 to 21 days, depending on the service):

617-727-5550

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  ALL PROVIDER MANUALS	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX A: DIRECTORY	<b>PAGE</b> A-9
	<b>TRANSMITTAL LETTER</b> ALL-120	<b>DATE</b> 10/01/03

## Provider Enrollment and Credentialing

The Division has contracted with Unisys to manage provider enrollment and credentialing activities. Provider Enrollment and Credentialing establishes and maintains a file on every MassHealth provider.

You **must** contact Provider Enrollment and Credentialing to report any changes in:

- your licensure and certification;
- Medicare provider status;
- ownership information; or
- any other qualifications that may affect your participation in MassHealth.

Contact Provider Enrollment and Credentialing by telephone to:

- request a provider application;
- ask about the status of your provider application;
- verify your participation status; or
- verify the information in your provider file.

MassHealth  
 Provider Enrollment and Credentialing  
 P.O. Box 9101  
 Somerville, MA 02145  
 617-576-4424  
 1-800-322-2909  
 703-917-4931 (fax)  
 Hours: Mon.-Fri.  
 8:45 A.M.-5:00 P.M.  
[maproviderenrollment@unisys.com](mailto:maproviderenrollment@unisys.com)

Write to Provider Enrollment and Credentialing on your letterhead stationery and include your MassHealth provider number and tax identification number to:

- report changes in information, such as your provider name and address;
- change or add your Medicare provider number to your MassHealth provider file.

MassHealth  
 Provider Enrollment and Credentialing  
 P.O. Box 9101  
 Somerville, MA 02145  
 617-576-4424  
 1-800-322-2909  
 703-917-4933 (fax)  
 Hours: Mon.-Fri.  
 8:45 A.M.-5:00 P.M.  
[maproviderupdates@unisys.com](mailto:maproviderupdates@unisys.com)

- report a change in ownership:

703-917-4936 (fax)  
[maproviderupdates@unisys.com](mailto:maproviderupdates@unisys.com)

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  ALL PROVIDER MANUALS	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX A: DIRECTORY	<b>PAGE</b> A-10
	<b>TRANSMITTAL LETTER</b> ALL-120	<b>DATE</b> 10/01/03

To notify Provider Enrollment and Credentialing of any change in licensure, certifications, and qualifications or data that may affect participation in MassHealth:

MassHealth  
 Provider Enrollment and Credentialing  
 P.O. Box 9101  
 Somerville, MA 02145  
 617-576-4424  
 1-800-322-2909  
 703-917-4934 (fax)  
 Hours: Mon.-Fri.  
 8:45 A.M.-5:00 P.M.  
[maprovidercredentialing@unisys.com](mailto:maprovidercredentialing@unisys.com)

To apply for managed care or to change your managed care information:

MassHealth  
 Provider Enrollment and Credentialing  
 P.O. Box 9101  
 Somerville, MA 02145  
 617-576-4424  
 1-800-322-2909  
 703-917-4935 (fax)  
 Hours: Mon.-Fri.  
 8:45 A.M.-5:00 P.M.  
[mamanagedcare@unisys.com](mailto:mamanagedcare@unisys.com)

### Provider Training

For all providers, *except pharmacy* providers, the Division has contracted with Unisys to perform provider services, including *training*.

To schedule a training or an individual consultation about billing for MassHealth services:

MassHealth  
 Provider Training  
 P.O. Box 9101  
 Somerville, MA 02145  
 617-576-4487 (fax) or 703-917-4942  
 (e-fax)  
[maproviders@unisys.com](mailto:maproviders@unisys.com)

For *pharmacy providers*, the Division has contracted with ACS to perform provider services, including training.

To schedule a training or individual consultation about billing for MassHealth pharmacy services:

ACS State Healthcare  
 ATTN: MassHealth  
 131 Tremont Street, 4<sup>th</sup> Floor  
 Boston, MA 02111  
 617-423-1237  
 617-423-9846 (fax)  
[masshealth.providerrelations@acs-inc.com](mailto:masshealth.providerrelations@acs-inc.com)

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  ALL PROVIDER MANUALS	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX A: DIRECTORY	<b>PAGE</b> A-11
	<b>TRANSMITTAL LETTER</b> ALL-120	<b>DATE</b> 10/01/03

## Publications

The following is a list of sources for publications you may need.

The first replacement of a provider manual is provided free of charge. You will be charged for all others. Submit your request in writing on your letterhead stationery. Include your provider number, tax identification number, and a street address.

All current Division regulations, Subchapters 6 (service codes) of provider manuals that have them, and bulletins are available on the Division's Web site at [www.mass.gov/dma](http://www.mass.gov/dma). Additional publications and forms are available at [www.mahealthweb.com](http://www.mahealthweb.com).

### *Provider manuals*

MassHealth  
 Provider Enrollment and Credentialing  
 P.O. Box 9101  
 Somerville, MA 02145  
 617-576-4424  
 1-800-322-2909  
 703-917-4931 (fax)  
 Hours: Mon.-Fri.  
 8:45 A.M.-5:00 P.M.  
[maproviderenrollment@unisys.com](mailto:maproviderenrollment@unisys.com)

### *REVS provider manuals*

EDS MassHealth  
 ATTN: Provider Services  
 155 Federal Street, 6<sup>th</sup> floor  
 Boston, MA 02110

### *POPS payer sheets*

ACS State Healthcare  
 ATTN: MassHealth  
 365 Northridge Center 1  
 Suite 400  
 Atlanta, GA 30350

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  ALL PROVIDER MANUALS	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX A: DIRECTORY	<b>PAGE</b> A-12
	<b>TRANSMITTAL LETTER</b> ALL-120	<b>DATE</b> 10/01/03

***Transmittal letters, provider bulletins, and billing instructions***

Requests must be made in writing. Include your provider number, address, telephone number, the exact title of the publication, and the date of the issuance.

MassHealth  
Publications  
P.O. Box 9101  
Somerville, MA 02145  
617-576-4487 (fax)  
703-917-4943 (fax)  
[mapublications@unisys.com](mailto:mapublications@unisys.com)

***Claim forms, prior authorization forms (including pharmacy), and other forms and publications***

Requests must be made in writing. Include your provider number, address, and telephone number, and the exact title of the form.

MassHealth  
Forms Distribution  
P.O. Box 9101  
Somerville, MA 02145  
617-576-4087 (fax)  
703-917-4937 (fax)

***Fee schedules***

It is helpful if you know the Code of Massachusetts Regulations (CMR) citation that applies to your provider type. There is a charge for each publication. DHC FP also has the regulations available on disk.

State Bookstore  
State House, Room 116  
Boston, MA 02133  
617-727-2834

Division of Health Care Finance and Policy (DHC FP)  
2 Boylston Street  
Boston, MA 02116  
617-988-3100  
[www.mass.gov/dhcfp](http://www.mass.gov/dhcfp)

***ICD-9-CM, CPT, and HCPCS Code Books*** are available from the following sources:  
*(Have your credit card ready. In addition, ICD-9-CM Code Books are available from some bookstores.)*

Ingenix  
13931 Willard Road  
Chantilly, VA 20151  
1-800-765-6588  
801-536-1009 (fax)

American Medical Association  
Order Department  
P.O. Box 930876  
Atlanta, GA 31193-0876  
1-800-771-7199  
863-582-6845 (fax)

<b>Commonwealth of Massachusetts</b> <b>Division of Medical Assistance</b> <b>Provider Manual Series</b>  ALL PROVIDER MANUALS	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX A: DIRECTORY	<b>PAGE</b> A-13
	<b>TRANSMITTAL LETTER</b> ALL-120	<b>DATE</b> 10/01/03

## **Third-Party Liability**

### **Medicare/Senior Plan Updates**

The Division's Medicare Unit maintains the file that identifies Medicare or a Third-Party Liability (TPL) Senior Plan that a member may have. If you receive written evidence (such as a health insurance card) that a member has Medicare or a Senior Plan/Medicare Replacement Policy or has a different insurance than what is listed on the file or no longer has insurance coverage, please send the information to the Medicare Unit. This does not apply to a member whose benefits have been exhausted, only to members who have terminated their enrollment, or transferred to another senior plan.

Mail or fax the insurance information to:  
Please enclose copies of written evidence, if possible.

Division of Medical Assistance  
Medicare Unit  
600 Washington Street  
Boston, MA 02111  
617-210-5080 (fax)

### **Other Health Insurance**

The Division's TPL Unit maintains the file that identifies other health insurance that a member may have. Other insurance information comes from various sources. If you receive written evidence (such as an explanation of benefits or a letter from an employer) that a member has other health insurance or different insurance than what is listed on the file, or no longer has health insurance coverage, please send the information to the TPL Unit.

Mail or fax the insurance information to:  
Please enclose copies of written evidence, if possible.

Division of Medical Assistance  
TPL Unit  
P.O. Box 9209  
Boston, MA 02209  
617-357-7604 (fax)

### **Commercial Explanation of Benefits (EOB)**

Home health providers may **no longer** send the Division a single annual EOB for services denied by a commercial insurer. They must obtain and send an EOB whenever a member with commercial health insurance has a change in medical condition or health-insurance-coverage status. Providers must submit the EOB to the Division **within 10 days** of receiving notification of denial from the insurer. The EOB must include the member's MassHealth identification number.

Mail or fax a copy of the EOB to:

Division of Medical Assistance  
Benefit Coordination and Recovery  
Home Health Claims  
600 Washington Street  
Boston, MA 02111  
617-210-5080 (fax)

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  ALL PROVIDER MANUALS	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX A: DIRECTORY	<b>PAGE</b> A-14
	<b>TRANSMITTAL LETTER</b> ALL-120	<b>DATE</b> 10/01/03

### Vision Care Materials

If you are a vision-care provider and need to check the status of an order for *vision-care materials*:

MassCor Optical Labs  
 P.O. Box 466  
 Gardner, MA 01440  
 1-888-482-7331  
 1-888-420-2047 (fax)