



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MASSHEALTH
TRANSMITTAL LETTER ALL-136
November 2005

TO: All Providers Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: All Provider Manuals (Revised Appendix A)

This letter transmits a revised Appendix A for all provider manuals. Appendix A is a directory of MassHealth-related addresses, phone numbers, fax numbers, and e-mail addresses.

Appendix A is also available on the MassHealth Web site at www.mass.gov/masshealthpubs. Click on "Provider Library," then on "Provider Manual Appendices."

If you have any questions about the information in this transmittal letter please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

All Provider Manuals

Pages A-1 through A-16

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

All Provider Manuals

Pages A-1 through A-16 — transmitted by Transmittal Letter ALL-134

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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 MassHealth. This appendix is also available on the MassHealth Web site at www.mass.gov/masshealthpubs. Click on “Provider Library,” then on “Provider Manual Appendices.”

This directory is organized alphabetically by function.

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Benefit Plans and Utilization Management

MassHealth 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: 617-790-4130 for people with partial or total hearing loss)
 617-790-4138 (fax)

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

1-800-495-0086
 617-790-4185 (fax)

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

MassPRO
 235 Wyman Street
 Waltham, MA 02451-1231
 781-890-0011 and 781-419-2700

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

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:

MassPRO
 235 Wyman Street
 Waltham, MA 02451-1231
 781-890-0011 and 781-419-2700

- admission screening
- prepayment review
- postpayment review

For ***preadmission screening; conversion screening; and concurrent review***:

1-800-554-5127
 1-800-752-6334 (fax)

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Claims Submission and Resolution

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

MassHealth Customer Services:

MassHealth
 ATTN: Customer Service
 P.O. Box 9118
 Hingham, MA 02043

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

1-800-841-2900
 Hours: Mon. – Fri., excluding holidays
 8:00 A.M. – 5:00 P.M.
providersupport@mahealth.net

If you have a question about the *status of a claim*

1-800-841-2900
 Hours: Mon. – Fri., excluding holidays
 8:00 A.M. – 5:00 P.M.
www.massrevs.eds.com

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

1-800-841-2900
 Hours: Mon. – Fri., excluding holidays
hipaasupport@mahealth.net

After you are approved to submit claims electronically, upload your HIPAA-compliant *electronic claims* to the Web-Based Transactions page at:

www.mass.gov/masshealth

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

1-800-841-2900
 Hours: Mon. – Fri., excluding holidays
 8:00 A.M. – 5:00 P.M.
providersupport@masshealth.net

Send *original paper* claims to:

MassHealth
 ATTN: Originals
 P.O. Box 9118
 Hingham, MA 02043

Send *paper adjustments* of all paid claims to:

MassHealth
 ATTN: Adjustments
 P.O. Box 9118
 Hingham, MA 02043

Send *paper resubmittals* of all denied claims to:

MassHealth
 ATTN: Resubmittals
 P.O. Box 9118
 Hingham, MA 02043

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

MassHealth
 ATTN: Voids
 P.O. Box 9118
 Hingham, MA 02043

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

MassHealth
 ATTN: Crossover Claims
 P.O. Box 9118
 Hingham, MA 02043

Send all *90-day waiver* requests:
 (except pharmacy claims)

MassHealth
 ATTN: 90-Day Waivers
 P.O. Box 9118
 Hingham, MA 02043

For questions about *final deadline appeals*, contact the Final Deadline Appeals Unit at:

MassHealth
 ATTN: Final Deadline Appeals
 600 Washington Street
 Boston, MA 02111
 617-210-5538
fdeappeals@state.ma.us

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

ACS Help Desk:

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

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

ACS Help Desk
 1-866-246-8503

Fax the completed form and any pertinent documentation to:

1-866-556-9315 (fax)

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

ACS State Healthcare
 ATTN: MassHealth
 260 Franklin St Suite 1020
 Boston, MA 02110
masshealth.providerrelations@acs-inc.com

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Final Deadline Appeals

If the service date on the claim exceeds 12 months (or 18 months, if another insurer is involved), and has received a final deadline exceeded edit (888), submit your *appeal* to:

MassHealth
ATTN: Final Deadline Appeals
Unit
600 Washington Street
Boston, MA 02111
617-210-5538
fdeappeals@state.ma.us

Hearings

If you are an applicant, member and/or appeal representative and have questions about a fair hearing, or you are a provider with questions about an adjudicatory hearing, submit your questions to:

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

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Member Eligibility

MassHealth 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 12 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 Online 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.

WebREVS

www.massrevs.eds.com

Automated Voice Response (AVR):

1-800-554-0042

Eligibility Operator (24-hour eligibility operator):

1-800-833-7582

REVS Help Desk:

1-800-462-7738

Answers questions about:

Hours: Mon.– Fri., excluding holidays
8:00 A.M. – 5:00 P.M.

REVSHelpDesk@eds.com

- REVS access methods (WebREVS, point-of-service, PC software, and automated-voice-response systems)
- MassHealth cards
- REVS Provider Manual
- availability of REVS
- how to verify eligibility

Send correspondence to:

EDS MassHealth
155 Federal Street, 6th 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)

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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. The authorization form is available for download from our Web site at www.mass.gov/masshealth (click on “Information For MassHealth Providers”, and then “MassHealth Provider Forms.”)

Your EFT request will not be approved unless you have a W-9 form on file. The W-9 form can also be downloaded from the Web according to the above guidelines.

Send the **completed** EFT form (and W-9 form, if applicable) to:

MassHealth
Provider Enrollment and Credentialing
P.O. Box 9118
Hingham, MA 02043
1-800-841-2900
617-988-8974 (fax)
providersupport@mahealth.net

If you have questions about **W-9 or EFT form** completion:

617-210-5072

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

MassHealth payment information is available online. 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. Go to “VendorWeb” and follow the instructions.

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Prior Authorization (pharmacy services)

Claims for certain drugs submitted through the Pharmacy Online Processing System (POPS) require prior authorization (PA). Please see Subchapter 4 of your provider manual and the MassHealth Drug List on the MassHealth Web site at www.mass.gov/masshealth. Click on “MassHealth Drug List.”

Other claims will be denied because of certain drug utilization review (DUR) edits. Where appropriate, the pharmacist should discuss the medical necessity of prescribing such drugs with the prescriber before calling for DUR certification. Use the following telephone and fax numbers to request DUR certification or to check on the status of your pharmacy PA request if you have not received a response within 24 hours. If you have not received a response within 24 hours, the pharmacist may provide a 72-hour supply of a requested covered drug.

University of Massachusetts Medical Center:

1-800-745-7318
1-877-208-7428 (fax)

Send requests for all drugs that require PA to:

MassHealth Drug Utilization Review
Program
P.O. Box 2586
Worcester, MA 01613-2586
1-800-745-7318
1-877-208-7428 (fax)

Note: Telephone requests for PA will be accepted only in the case of a medical emergency.

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Prior Authorization (non-pharmacy services)

Some services need prior authorization (PA). These items are identified in Subchapters 4 and 6 of your provider manual.

Submit electronic PA requests using the Automated Prior Authorization System (APAS) at:

www.masshealth-apas.com

APAS technical support and training:

1-866-378-3789

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

MassHealth
 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 (unless member is age 22 or over), and oxygen and respiratory therapy services to:

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

Mail PA requests for *PERS* to:

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

Mail PA requests for Community Case Management members for nursing, home health aide, physical, occupational, and speech therapies, personal care attendant, durable medical equipment, oxygen and respiratory equipment to:

Community Case Management
 P.O. Box 2586
 100 Century Drive
 Worcester, MA 01613-2586

You may call the MassHealth PA Unit, CCM, ASAP or MCB, as applicable, to ask about the status of a PA request sent to one of the above addresses. Please wait the times specified in 130 CMR 450.303 before calling.

PA requests not sent to CCM or MCB:

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

Community Case Management:

1-800-863-6068

PA for home health skilled nursing visits for MassHealth Basic members:

617-451-7132

MCB PA Unit:

617-727-5550

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Provider Enrollment and Credentialing

MassHealth has contracted with MAXIMUS 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.

You may 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 9118

Hingham, MA 02043
 1-800-841-2900
 Hours: Mon. – Fri., excluding holidays
 8:00 A.M.-5:00 P.M.
providersupport@mahealth.net

You must 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; or
- report a change in ownership.

MassHealth
 Provider Enrollment and Credentialing
 P.O. Box 9118
 Hingham, MA 02043
 1-800-841-2900
 Hours: Mon. – Fri., excluding holidays
 8:00 A.M.-5:00 P.M.
providersupport@mahealth.net

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 9118
 Hingham, MA 02043
 1-800-841-2900
 617-988-8974 (fax)
 Hours: Mon. – Fri., excluding holidays
 8:00 A.M. – 5:00 P.M.
providersupport@mahealth.net

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To participate in the Primary Care Clinician plan (PCC), you must request a PCC plan enrollment and credentialing application from:

MassHealth
 Provider Enrollment and Credentialing
 P.O. Box 9118
 Hingham, MA 02043
 1-800-841-2900
 617-988-8974 (fax)
 Hours: Mon. – Fri., excluding holidays
 8:45 A.M. – 5:00 P.M.
providersupport@mahealth.net

Provider Training

For all providers, *except pharmacy* providers, MassHealth has contracted with MAXIMUS 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 9118
 Hingham, MA 02043
 617-988-8974 (fax)
providersupport@mahealth.net

For *pharmacy providers*, MassHealth 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, 4th Floor
 Boston, MA 02111
 617-423-1237
 617-423-9846 (fax)
masshealth.providerrelations@acs-inc.com

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Publications

The following is a list of sources where requests can be directed for various MassHealth publications.

Please submit written request on your company letterhead and include your provider number, tax identification number, and street address. Please note that the first replacement copy of a provider manual is provided free of charge. There will be a charge for additional copies.

All current MassHealth regulations and bulletins are available for viewing on the MassHealth Web site at www.mass.gov/masshealthpubs. These regulations can also be found in Subchapter 6 (Service Codes) of provider manuals, where available.

Provider manuals

MassHealth
 Provider Enrollment and Credentialing
 P.O. Box 9118
 Hingham, MA 02043
 1-800-841-2900
 617-988-8974 (fax)
 Hours: Mon.– Fri., excluding holidays
 8:00 A.M.-5:00 P.M.
providersupport@mahealth.net

REVS provider manuals

To download a copy:

WebREVS
www.massrevs.eds.com

POPS payer sheets

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

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

Available on line at www.mass.gov or
 by writing to:

****Billing instructions are currently not available on line.***

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
 ATTN: Publications
 P.O. Box 9118
 Hingham, MA 02043
 617-988-8973 (fax)
providersupport@mahealth.net

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

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

MassHealth
 ATTN: Forms Distribution
 P.O. Box 9118
 Hingham, MA 02043
 617-988-8974 (fax)

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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. DHCFP also has the regulations available on disk.

Please write to the State Bookstore address if you cannot access the Internet.

Division of Health Care Finance and Policy (DHCFP)
 2 Boylston Street
 Boston, MA 02116
 617-988-3100
www.mass.gov/dhcfp

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

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)

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Third-Party Liability

Medicare/Senior Plan Updates

MassHealth'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, 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.)

MassHealth
Medicare Unit
600 Washington Street
Boston, MA 02111
617-210-5249 (fax)

Other Health Insurance

MassHealth'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, 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.)

MassHealth
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 MassHealth 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 MassHealth ***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:

MassHealth
Kim Roussin LSW
Home Health Claims
600 Washington Street
Boston, MA 02111
617-210-5080 (fax)

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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
 1-888-323-5995
 1-888-698-2020 (fax)

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