



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-138
May 2006

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. MassHealth has revised the address and fax number to which home health agencies must send explanations of benefits (EOB) when a member's services have been denied by a commercial insurer. This revision is located on page A-19 of the attached directory, under the heading entitled Commercial Explanation of Benefits (EOB). In addition, MassHealth has added a new section entitled Clinical Screenings (Long-Term-Care Services). This section begins on page A-5 and lists the contact information and service areas for the Aging Service Access Points (ASAPs) that perform clinical assessment activities on behalf of MassHealth.

Appendix A is also available on the MassHealth Web site at www.mass.gov/masshealthpubs. Click on Provider Library, then on MassHealth 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-20

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(The pages listed here are no longer in effect.)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-136

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-1
	Transmittal Letter ALL-138	Date 05/01/06

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 MassHealth Provider Manual Appendices.

This directory is organized alphabetically by function.

Contents

Benefit Plans and Utilization Management	A-2
Claims Submission and Resolution	A-3
Clinical Screenings for Long-Term-Care Services.....	A-5
Final Deadline Appeals	A-10
Hearings.....	A-10
Member Eligibility	A-11
Payments.....	A-12
Prior Authorization (pharmacy services).....	A-13
Prior Authorization (non-pharmacy services)	A-14
Provider Enrollment and Credentialing	A-15
Provider Training.....	A-16
Publications	A-17
Third-Party Liability.....	A-19
Vision-Care Materials.....	A-20

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-2
	Transmittal Letter ALL-138	Date 05/01/06

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:

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

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

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:

- admission screening;
- prepayment review; and
- postpayment review:

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

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

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

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-3
	Transmittal Letter ALL-138	Date 05/01/06

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 Service:

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

<p align="center">Commonwealth of Massachusetts MassHealth Provider Manual Series</p> <p align="center">All Provider Manuals</p>	<p align="center">Subchapter Number and Title</p> <p align="center">Appendix A. Directory</p>	<p align="center">Page</p> <p align="center">A-4</p>
	<p align="center">Transmittal Letter</p> <p align="center">ALL-138</p>	<p align="center">Date</p> <p align="center">05/01/06</p>

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) to:

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

If you have 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 **90-day waiver** 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

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-5
	Transmittal Letter ALL-138	Date 05/01/06

Clinical Screenings for Long-Term-Care Services

The following Aging Service Access Points (ASAPs) perform clinical eligibility screening activities for certain long-term-care services and programs (adult day health, home health, nursing facility, and Program of All-inclusive Care for the Elderly (PACE)) and review prior-authorization (PA) requests for personal emergency response systems (PERS) for MassHealth members of all ages. Please send the applicable clinical documentation or PA request to the ASAP serving the town in which the member lives. Clinical eligibility screening requests must be reviewed by the applicable ASAP before a MassHealth member can be served by the community long-term-care programs identified above. Clinical approval is a prerequisite for MassHealth payment.

ASAP

Service Area

BayPath Elder Services, Inc.
354 Waverly Street
Framingham, MA 01702
1-800-287-7284 or 508-872-1866
Fax: 508-872-3325

Ashland, Dover, Framingham, Holliston, Hopkinton,
Hudson, Marlborough, Natick, Northborough, Sherborn,
Southborough, Sudbury, Wayland, Westborough

Boston Senior Home Care
110 Chauncy Street
Boston, MA 02111
617-451-6400
Fax: 617-451-6631

Beacon Hill (West End), Charlestown, Chinatown,
Columbia Point, Dorchester, East Boston, East Mattapan,
North End, South Boston

Bristol Elder Services, Inc.
182 North Main Street
Fall River, MA 02720
508-675-2105
Fax: 508-679-0320

Attleboro, Berkley, Dighton, Fall River, Freetown,
Mansfield, Norton, Raynham, Rehobeth, Seekonk,
Somerset, Swansea, Taunton, Westport

Central Boston Elder Services
2315 Washington Street
Boston, MA 02119
617-277-4641
Fax: 617-277-2005

Allston, Back Bay, Brighton, Fenway, Jamaica Plain,
North Dorchester, Parker Hill, Roxbury

Chelsea/Revere/Winthrop Elder Services
100 Everett Ave, #10
Chelsea, MA 02150
617-884-2500
Fax: 617-884-7988

Chelsea, Revere, Winthrop

Coastline Elderly Services
1646 Purchase Street
New Bedford, MA 02740
508-999-6400
Fax: 508-993-6510

Acushnet, Dartmouth, Fairhaven, Gosnold, Marion,
Mattapoisett, New Bedford, North Dartmouth, Rochester

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-6
	Transmittal Letter ALL-138	Date 05/01/06

ASAP

Service Area

Elder Services of Berkshire County, Inc.
66 Wendell Avenue
Pittsfield, MA 01201
413-499-0524
Fax: 413-442-6443

Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyingham, Washington, West Stockbridge

Elder Services of Cape Cod & the Islands
68 Route 134
South Dennis, MA 02660
1-800-244-4630 (on Cape Cod)
1-800-442-4492 (off Cape Cod)
508-394-4630
Fax: 508-394-3712

Barnstable, Bourne, Brewster, Buzzards Bay, Centerville, Chatham, Chilmark, Dennis, Eastham, Edgartown, Falmouth, Gay Head, Harwich, Hyannis, Mashpee, Nantucket, Oak Bluffs, Orleans, Provincetown, Sandwich, Tisbury, Truro, Vineyard Haven, Wellfleet, West Tisbury, Yarmouth

Elder Services of Merrimack Valley, Inc.
360 Merrimack Street
Building 5
Lawrence, MA 01843-1740
1-800-892-0890 or 978-683-7747
Fax: 978-687-1067

Amesbury, Andover, Billerica, Boxford, Chelmsford, Dracut, Dunstable, Georgetown, Groveland, Haverhill, Lawrence, Lowell, Merrimack, Methuen, Newbury, Rowley, Salisbury, Tewksbury, Tyngsborough, Westford, West Newbury

Elder Services of Worcester Area, Inc.
411 Chandler Street
Worcester, MA 01602
1-800-243-5111 or 508-756-1545
Fax: 508-754-7771

Auburn, Barre, Boylston, Grafton, Hardwick, Holden, Leicester, New Braintree, Oakham, Paxton, Rutland Shrewsbury, West Boylston, Worcester

ETHOS
555 Amory Street
Jamaica Plain, MA 02130-2672
617-522-6700
Fax: 617-524-2899

Hyde Park, Roslindale, South Jamaica Plain, West Mattapan, West Roxbury

Franklin Country Home Care Corporation
330 Montague City Road, Suite 1
Turners Falls, MA 01376-2530
1-800-732-4636 or 413-773-5555
Fax: 413-772-1084

Ashfield, Athol, Benardston, Buckland, Charlemont, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Hawley, Heath, Leverett, Leyden, Monroe, Montague, New Salem, Northfield, Orange, Petersham, Phillipston, Rowe, Royalston, Shelburn, Warwick, Wendell, Whately

Greater Lynn Senior Services
8 Silbee Street
Lynn, MA 01901
1-800-594-5164 or 781-599-0110
Fax: 781-592-7540

Lynnfield, Lynn, Nahant, Saugus, Swampscott

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-7
	Transmittal Letter ALL-138	Date 05/01/06

ASAP

Service Area

Greater Springfield Senior Services, Inc.
66 Industry Avenue
Springfield, MA 01104-4243
1-800-649-3641 or 413-781-0632
Fax: 413-781-0632

Agawam, Brimfield, East Longmeadow, Hampden, Holland, Longmeadow, Monson, Palmer, Springfield, Wales, West Springfield, Wilbraham

HESSCO Elder Services
One Merchant Street
Sharon, MA 02067-1662
781-784-4944
Fax: 781-784-4922

Canton, Dedham, Foxborough, Medfield, Millis, Norfolk, Norwood, Plainville, Sharon, Walpole, Westwood, Wrentham

Highland Valley Elder Services, Inc.
320 Riverside Drive, Suite B
Florence, MA 01062
1-800-322-0551 or 413-586-2000
Fax: 413-584-7076

Amherst, Blandford, Chesterfield, Chester, Cummington, Easthampton, Goshen, Granville, Hadley, Hatfield, Huntington, Middlefield, Montgomery, Northampton, Pelham, Plainfield, Russell, Southampton, Southwick, Tolland, Westfield, Westhampton, Williamsburg, Worthington

Minuteman Senior Services
24 Third Avenue
Burlington, MA 01803
781-272-7177
Fax: 781-229-6190

Acton, Arlington, Bedford, Boxborough, Burlington, Carlisle, Concord, Harvard, Lexington, Lincoln, Littleton, Maynard, Stow, Wilmington, Winchester, Woburn

Montachusett Home Care Corporation
680 Mechanic Street, S-120
Leominster, MA 01453-4402
1-800-734-7312 or 978-537-7411
Fax: 978-537-9843

Ashburnham, Ashby, Ayer, Berlin, Bolton, Clinton, Fitchburg, Gardner, Groton, Hubbardston, Lancaster, Leominster, Lunenburg, Pepperell, Princeton, Shirley, Sterling, Templeton, Townsend, Westminster, Winchendon

Mystic Valley Elder Services
19 Riverview Business Park
300 Commercial Street
Malden, MA 02148-7312
781-324-7705
Fax: 781-324-1369

Everett, Malden, Medford, Melrose, North Reading, Reading Stoneham

North Shore Elder Services
152 Sylvan Street
Danvers, MA 01923
978-750-4540
Fax: 978-750-8053

Danvers, Marblehead, Middleton, Peabody, Salem

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-8
	Transmittal Letter ALL-138	Date 05/01/06

ASAP

Service Area

Old Colony Elderly Services, Inc.
144 Main Street
Brockton, MA 02301-4099
1-800-242-0246 or 508-584-1561
Fax: 508-584-6005

Abington, Avon, Bridgewater, Brockton, Carver, Duxbury,
East Bridgewater, Easton, Halifax, Kingston, Pembroke,
Hanover, Hanson, Lakeville, Marshfield, Middleborough,
North Easton, Plymouth, Plympton, Rockland, Stoughton,
Wareham, West Bridgewater, Whitman

Senior Care, Inc.
5 Blackburn Center
Gloucester, MA 01930-2259
978-281-1750
Fax: 978-281-1753

Beverly, Essex, Gloucester, Hamilton, Ipswich, Manchester,
Rockport, Topsfield, Wenham

Somerville-Cambridge Elder Services
61 Medford Street
Somerville, MA 02143-3429
617-628-2601
Fax: 617-628-1085

Cambridge, Somerville

South Shore Elder Services
159 Bay State Drive
Braintree, MA 02184
781-848-3910 or 718-749-6832
Fax: 617-843-8279

Braintree, Cohasset, Hingham, Holbrook, Hull, Milton,
Norwell, Quincy, Randolph, Scituate, Weymouth

Springwell
125 Walnut Street
Watertown, MA 02472
617-926-4100
Fax: 617-926-9897

Belmont, Brookline, Needham, Newton, Weston, Waltham,
Watertown, Wellesley

Tri-Valley Elder Services, Inc.
10 Mill Street
Dudley, MA 01571
1-800-286-6640
Fax: 508-949-6651

Bellingham, Blackstone, Brookfield, Charlton, Douglas,
Dudley, East Brookfield, East Douglas, Franklin, Hopedale,
Medway, Mendon, Milford, Millville, Northbridge, North
Brookfield, Oxford, Southbridge, Spencer, Sturbridge,
Sutton, Upton, Uxbridge, Warren, Webster, West
Brookfield, Whitinsville

WestMass Elder Care, Inc.
4 Valley Mill Road
Holyoke, MA 01040
1-800-462-2301 or 413-538-9020
Fax: 413-538-6258

Belchertown, Chicopee, Granby, Holyoke, Ludlow, South
Hadley, Ware

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-9
	Transmittal Letter ALL-138	Date 05/01/06

Adult Foster Care and Group Adult Foster Care Services

The following ASAP performs clinical eligibility screening activities for the Adult Foster Care (AFC) and Group Adult Foster Care (GAFC) programs. Please send the applicable clinical documentation for all members seeking these services to:

Coastline Elderly Services
1646 Purchase Street
New Bedford, MA 02740
508-999-6400
Fax: 508-993-6510

Clinical eligibility screening requests must be reviewed by Coastline Elderly Services before a MassHealth member can be served by an AFC or GAFC program. Clinical approval is a prerequisite for MassHealth payment.

Nursing Facility Services

For all individuals seeking admission to a nursing facility, regardless of payor, who have a diagnosis of, or are suspected of having, mental illness, mental retardation, and/or development disability, a Level II Preadmission Screening (PAS) is required before admission to a nursing facility.

For MassHealth members or applicants who have a mental illness and are seeking admission to a nursing facility call the Department of Mental Health's designee, HES at:

HES
978-745-2440, Ext. 126

For MassHealth members or applicants who have mental retardation and/or developmental disabilities, and are seeking admission to a nursing facility, contact the Department of Mental Retardation for the Level II Preadmission Screening and Annual Resident Review (PASARR):

Referrals: 1-800-649-9378
To report admission: 617-624-7796 (Must be done on day of admission.)
Fax page 1 of Level II PAS to: 617-624-7557 (Must be done within 48 hours of admission.)

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-10
	Transmittal Letter ALL-138	Date 05/01/06

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 error code (888), submit your *appeal* to:

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

Hearings

Applicants, members, and/or appeal representatives with questions about a fair hearing, and providers with questions about an adjudicatory hearing, should contact:

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

<p align="center">Commonwealth of Massachusetts MassHealth Provider Manual Series</p> <p align="center">All Provider Manuals</p>	<p align="center">Subchapter Number and Title</p> <p align="center">Appendix A. Directory</p>	<p align="center">Page</p> <p align="center">A-11</p>
	<p align="center">Transmittal Letter</p> <p align="center">ALL-138</p>	<p align="center">Date</p> <p align="center">05/01/06</p>

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 that is available through REVS. Therefore, it is not necessary for retail pharmacists to separately validate member eligibility for pharmacy claims through REVS.

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.

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

REVSHelpDesk@eds.com

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 MassHealth Customer Service at:

1-800-841-2900
(TTY: 1-800-497-4648 for people with partial or total hearing loss)

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-12
	Transmittal Letter ALL-138	Date 05/01/06

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 form. 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

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

1-800-841-2900
617-988-8974 (fax)
providersupport@mahealth.net

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

617-210-5072

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.

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-13
	Transmittal Letter ALL-138	Date 05/01/06

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. When 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

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

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

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-14
	Transmittal Letter ALL-138	Date 05/01/06

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 aged 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 Page A-5 of
this appendix.

Mail PA requests for CCM members for nursing, home health aide, physical therapy, occupational therapy, speech therapy, personal care attendant, durable medical equipment, and oxygen and respiratory therapy 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

CCM:

1-800-863-6068

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

617-451-7132

MCB PA Unit:

617-727-5550

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-15
	Transmittal Letter ALL-138	Date 05/01/06

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.

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.

To notify Provider Enrollment and Credentialing of any change in licensure, certifications, and qualifications or data that may affect participation in MassHealth, or to participate in the Primary Care Clinician Plan (PCCP), 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
8:00 A.M. – 5:00 P.M.
providersupport@mahealth.net

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-16
	Transmittal Letter ALL-138	Date 05/01/06

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

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-17
	Transmittal Letter ALL-138	Date 05/01/06

Publications

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

Please submit a 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.

Provider manuals

Available online at www.mass.gov/masshealth or by contacting:
MassHealth
Provider Enrollment and Credentialing
P.O. Box 9118
Hingham, MA 02043
1-800-841-2900
617-988-8973 (fax)
Hours: Mon. - Fri., excluding holidays
8:00 A.M. - 5:00 P.M.
providersupport@mahealth.net

REVS user guides

Available online at www.mass.gov/masshealth or by contacting:
REVS Helpdesk
1-800-462-7738
Hours: Mon. - Fri., excluding holidays
8:00 A.M. - 5:00 P.M.
REVSHelpdesk@eds.com

POPS payer sheets

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

Transmittal letters and provider bulletins

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.

Available online at www.mass.gov/masshealth or by writing to:
MassHealth
ATTN: Publications
P.O. Box 9118
Hingham, MA 02043
617-988-8973 (fax)
providersupport@mahealth.net

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-18
	Transmittal Letter ALL-138	Date 05/01/06

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
617-988-8973 (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. DHCFP also has the regulations available on disk.

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

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

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)

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-19
	Transmittal Letter ALL-138	Date 05/01/06

Third-Party Liability

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)

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. It applies 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
The Schraffts Center
529 Main Street, 3rd Floor
Charlestown, MA 02129
617-886-8133 (fax)

Home Health Services

Home health agency providers 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 may not send MassHealth a single annual EOB for services denied by a commercial insurer. 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
Home Health Claims
The Schraffts Center
529 Main Street 3rd Floor
Charlestown, MA 02129
617-210-5080 (fax)

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-20
	Transmittal Letter ALL-138	Date 05/01/06

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)