

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-173 November 2009

TO: All Providers Participating in MassHealth

**FROM:** Terence G. Dougherty, Interim Medicaid Director

**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. Two main changes have been made to the appendix, as described below.

 Permedion Inc., a subsidiary of Health Management Systems, will assume operations as the MassHealth acute Utilization Management Program (UMP) subcontractor on November 2, 2009. Starting November 2, all preadmission screening requests should be submitted to Permedion via the phone or fax numbers below or via the Provider Online Service Center (POSC). Masspro will continue to process any preadmission calls and requests received through October 30, 2009. Permedion will begin conducting prepayment reviews starting the week of November 2, 2009. Permedion postpayment review sampling will begin in November and Permedion will provide peer reviewer representation at hearings.

Permedion HMS Government Services 510 Rutherford Ave. Charlestown, MA 02129

**Permedion Phone:** 1-877-735-7416 **Permedion Fax:** 1-877-735-7415

As a result of this change, the Preadmission Screening Form (PAS-A) used for preadmission screening for elective admissions has also been revised. This form is available on the MassHealth Website at http://www.mass.gov/Eeohhs2/docs/masshealth/provider\_services/forms/pas-a.pdf.

 The fax number for sending home health claims to the MassHealth Enrollment Center (MEC) in Charlestown has changed. No other numbers at the Charlestown MEC have changed.

### Current

MassHealth Home Health Claims The Schraffts Center 529 Main Street, 3rd Floor Charlestown, MA 02129 617-886-8133 (fax)

### New

MassHealth Home Health Claims The Schraffts Center 529 Main Street, 3rd Floor Charlestown, MA 02129 617-886-8252 (fax)

MassHealth Transmittal Letter ALL-173 November 2009 Page 2

A few changes have also been made to the following sections in the appendix.

- Claims Submission and Resolution: Non-dental and Non-pharmacy Claims
- Claims Submission and Resolution: Pharmacy Claims
- Nursing Facility Services
- Prior Authorization: Non-dental and Non-pharmacy Services

**Please Note:** We will update Appendix A on our Web site as needed to keep it current. We do not send updates for Appendix A to providers unless requested.

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 <u>providersupport@mahealth.net</u>, or fax your inquiry to 617-988-8974. You can also view, print, or download Appendix A from the MassHealth Web site at <u>www.mass.gov/masshealthpubs</u>. Click on Provider Library, then on MassHealth Provider Manual Appendices. The downloadable version of Appendix A is searchable, a significant advantage over the printed version.

### 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-20 - transmitted by TL ALL-166

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix A. Directory	Page A-1
All Provider Manuals	Transmittal Letter ALL-173	<b>Date</b> 11/01/09

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 <u>www.mass.gov/masshealthpubs</u>. Click on Provider Library, then on MassHealth Provider Manual Appendices.

This directory is organized alphabetically by function.

# Contents

Claims Submission and Resolution: Dental Claims	2
Claims Submission and Resolution: Non-dental and Non-pharmacy Claims	2
Claims Submission and Resolution: Pharmacy Claims	4
Clinical Eligibility Assessment for Long-Term-Care Services	5
Fraud Hotline	10
Hearings	
Managed Care Information About MassHealth Members	10
Member Eligibility	11
Payments	11
Prior Authorization: Dental Services	12
Prior Authorization: Non-dental and Non-pharmacy Services	12
Prior Authorization: Pharmacy Services	13
Provider Enrollment and Credentialing	14
Provider Training	16
Publications	16
Third-Party Liability	18
Utilization Management	19
Vision-Care Materials	20

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix A. Directory	Page A-2
All Provider Manuals	Transmittal Letter ALL-173	<b>Date</b> 11/01/09

### **Claims Submission and Resolution: Dental Claims**

MassHealth has contracted with Dental Services of Massachusetts, Inc. (DSM) to serve as the dental thirdparty administrator. Doral Dental USA, LLC, is the subcontractor to DSM who will receive MassHealth *dental claims* and answer providers' questions about the dental program. For information about dental prior authorization requests, see the section about Prior Authorization.

Doral Customer Service:	MassHealth Dental 12121 N. Corporate Parkway Mequon, WI 53092 <u>www.masshealth-dental.net</u> 1-800-207-5019
Verify member eligibility, provider customer service, questions about benefits, enrollment, credentialing, training, and complaints:	1-800-207-5019 1-800-466-7566 (TTY) Hours: Monday-Friday, excluding holidays, 8:00 A.M. – 6:00 P.M.
Intervention Services: Member education, member appointment coordination, broken appointments assistance, and customer service for members:	inquiries@mahealth-dental.net
If you have questions about <i>paper claims submission, claims inquiry, or claim status</i> :	1-800-207-5019 Hours: Monday-Friday, excluding holidays, 8:00 A.M. – 6:00 P.M. <u>claims@masshealth-dental.net</u>
Submit electronic claims (837 transactions) at <u>www.masshealth-</u> <u>dental-net</u> or through clearinghouse payer ID CKMA1	1-800-207-5019 Hours: Monday-Friday, excluding holidays, 8:00 A.M. – 6:00 P.M. <u>eclaims@masshealth-dental.net</u>
Contact the Final Deadline Appeals Board if you have questions about <i>final deadline appeals</i> for dental claims.	MassHealth Final Deadline Appeal Department 465 Medford Street P.O. Box 9708 Boston, MA 02144-9708

## **Claims Submission and Resolution: Non-dental and Non-pharmacy Claims**

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

MassHealth Customer Service:

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

If you have questions about <i>claims or MassHealth policy</i> , or	
want to request a paper remittance advice:	

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	•	umber and Title A. Directory	Page A-3
	Transmi	ttal Letter	Date
All Provider Manuals	ALI	173	11/01/09
f you have a question about the <i>status of a cla</i>	im:	1-800-841-2900 Hours: Monday-Frid holidays, 8:00 A.M. www.mass.gov/mass	
f you have questions about policies and proce- ubmitting <i>electronic claims, technical suppor</i> for HIPAA claims transactions:		1-800-841-2900 Hours: Monday-Frid holidays, <u>hiaasuppor</u>	lay, excluding
After you are approved to submit claims electr upload your HIPAA-compliant <i>electronic claim</i> Web-Based Transactions page at:		www.mass.gov/mass	shealthproviderservice
Send <i>original paper</i> claims to:		MassHealth ATTN: Originals P.O. Box 9118 Hingham, MA 0204	3
Send <i>paper adjustments</i> of all paid claims to:		MassHealth ATTN: Adjustments P.O. Box 9118 Hingham, MA 0204	
Send <i>paper resubmittals</i> of all denied claims to:		MassHealth ATTN: Resubmittal P.O. Box 9118 Hingham, MA 0204	
Send <i>voids</i> of all claims paid in error to:		MassHealth ATTN: Voids P.O. Box 9118 Hingham, MA 0204	43
If you have <i>Medicare/MassHealth claims</i> that do not cross over systematically, send paper crossover claims to:		MassHealth ATTN: Crossover ( P.O. Box 9118 Hingham, MA 0204	
Send all <i>90-day waiver</i> requests to:		MassHealth ATTN: 90-Day Wa P.O. Box 9118 Hingham, MA 0204	
Contact the Final Deadline Appeals Board if y about a pending final deadline appeal, or if the claim exceeds 12 months (or 18 months, if and involved), and have received a final deadline e (0853 or 0855). Submit your appeal to:	e service date on the other insurer is	MassHealth ATTN: Final Deadli 600 Washington Str Boston, MA 02111 617-210-5538	
		fdeappeals@state.m	<u>a.us</u>

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix A. Directory	Page A-4
All Provider Manuals	Transmittal Letter ALL-173	<b>Date</b> 11/01/09

### **Claims Submission and Resolution: Pharmacy Claims**

MassHealth has contracted with ACS State Healthcare (ACS) to receive MassHealth *pharmacy claims* and answer providers' questions about the Pharmacy Online Processing System (POPS). For information about pharmacy prior authorization, see the section about Prior Authorization.

If you have questions about billing and claims including questions about <i>90-day waiver</i> requests	ACS Technical Help Desk 1-866-246-8503 24 hours a day, seven days a week
Fax the completed <i>90-day waiver</i> form and any pertinent documentation to:	1-866-556-9315 (fax)
If you need ID Card Request forms:	1-866-556-9313 (fax)
For all other assistance with billing and claims:	ACS Provider Relations <u>MassHealth@Providerrelations@acs-</u> <u>inc.com</u>
If you have questions about member eligibility:	MassHealth Customer Service 1-800-841-2900 Automated Voice Response (AVR): 1-800-554-0042
Send <i>written</i> questions related to claims or MassHealth policy to:	ACS State Healthcare ATTN: MassHealth 260 Franklin Street, Suite 1020 Boston, MA 02110 <u>masshealth.providerrelations@acs-</u> <u>inc.com</u>
Contact the Final Deadline Appeals Board if you have questions about a pending final deadline appeal, or if the service date on the claim exceeds 12 months (or 18 months, if another insurer is involved), and have received a final deadline exceeded error code (0853 or 0855). Submit your appeal to:	MassHealth ATTN: Final Deadline Appeals Board 600 Washington Street Boston, MA 02111 617-210-5538 <u>fdeappeals@state.ma.us</u>

If you have questions about registering for electronic remittance advice, or need a paper copy of your remittance advice: 1-800-841-2900

Hours: Monday-Friday, excluding holidays, 8:00 A.M. – 5:00 P.M.

providersupport@mahealth.net

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix A. Directory	Page A-5
All Provider Manuals	Transmittal Letter ALL-173	<b>Date</b> 11/01/09

## **Clinical Eligibility Assessment for Long-Term-Care Services**

The following Aging Service Access Points (ASAPs) are designated by MassHealth to perform clinical eligibility assessment activities for certain long-term-care services and programs (adult day health, nursing facility, and Program of All-inclusive Care for the Elderly (PACE)) for MassHealth members of all ages. Please send the necessary clinical documentation or PA request to the ASAP serving the town in which the member lives. Requests must be reviewed and approved by the ASAP before MassHealth will pay for a MassHealth member to receive the long-term-services and programs identified above. Clinical approval is a prerequisite for MassHealth payment. For assistance in locating the ASAP serving the member's city or town, call 1-800-AGE-INFO.

### ASAP

BayPath Elder Services, Inc. 354 Waverly Street Framingham, MA 01702 1-800-287-7284 or 508-872-1866 508-872-3325 (fax) 508-872-5012 (TTY)

Boston Senior Home Care 110 Chauncy Street Boston, MA 02111 617-451-6400 617-451-6631 (fax) 617-695-0437 (TTY)

Bristol Elder Services, Inc. 182 North Main Street Fall River, MA 02720 1-800-427-2101 or 508-675-2101 508-679-0320 (fax)

Central Boston Elder Services, Inc. 2315 Washington Street Boston, MA 02119 617-277-7416 or 617-277-7818 617-277-2005 (fax) 617-277-6691 (TTD)

Chelsea/Revere/Winthrop Home Care Center, Inc. 100 Everett Ave, Unit 10 P.O. Box 6427 Chelsea, MA 02150-0008 617-884-2500 617-884-7988 (fax) 1-800-432-2370 (TTY)

#### Service Area

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

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

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

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

Chelsea, Revere, Winthrop

<b>Commonwealth of Massachusetts</b>
MassHealth
Provider Manual Series

A-6

All Provider Manuals

# Transmittal Letter

ALL-173

**Date** 11/01/09

### ASAP

Service Area

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

Elder Services of Berkshire County, Inc. 66 Wendell Avenue Pittsfield, MA 01201 1-800-544-5242 or 413-499-0524 413-442-6443 (fax) 413-499-9764 (TTY)

Coastline Elderly Services, Inc.

1646 Purchase Street

508-999-6400 508-993-6510 (fax) 508-994-4265 (TDD)

New Bedford, MA 02740

Elder Services of Cape Cod & the Islands, Inc. 68 Route 134 South Dennis, MA 02660-3774 1-800-244-4630 (on Cape Cod) 1-800-442-4492 (off Cape Cod) 508-394-4630 508-394-4630 508-394-8691 (TDD/TTY)

Elder Services of Merrimack Valley, Inc. 360 Merrimack Street Riverwalk, Building 5 Lawrence, MA 01843-1740 1-800-892-0890 or 978-683-7747 978-687-1067 (fax) 1-800-924-4222 (TTY)

Elder Services of Worcester Area, Inc. 411 Chandler Street Worcester, MA 01602 1-800-243-5111 or 508-756-1545 508-754-7771 (fax) 508-792-4541 (TDD)

### ETHOS

555 Amory Street Jamaica Plain, MA 02130-2672 617-522-6700 617-524-2899 (fax) 617-524-2687 (TDD) 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, Tyringham, Washington, West Stockbridge

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

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

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

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix A. Directory	Page A-7
All Provider Manuals	Transmittal Letter ALL-173	<b>Date</b> 11/01/09

#### ASAP

Franklin Country Home Care Corporation 330 Montague City Road, Suite 1 Turners Falls, MA 01376-2530 1-800-732-4636 or 413-773-5555 413-772-1084 (fax) 413-772-6566 (TDD)

Greater Lynn Senior Services 8 Silbee Street Lynn, MA 01901 1-800-594-5164 or 781-599-0110 781-592-7540 (fax) 781-477-9632 (TDD)

Greater Springfield Senior Services, Inc. 66 Industry Avenue Springfield, MA 01104-4243 1-800-649-3641 or 413-781-8800 413-781-0632 (fax) 413-272-0399 (TTY)

HESSCO Elder Services One Merchant Street Sharon, MA 02067-1662 1-800-462-5221 or 781-784-4944 781-784-4922 (fax)

Highland Valley Elder Services, Inc. 320 Riverside Drive, Suite B Florence, MA 01062-2700 1-800-322-0551 or 413-586-2000 413-584-7076 (fax) 413-585-8160 (TDD)

Minuteman Senior Services 24 Third Avenue Burlington, MA 01803 1-888-222-6171 or 781-272-7177 781-229-6190 (fax) 781-273-3114 (TDD)

Montachusett Home Care Corporation Crossroads Office Park 680 Mechanic Street Leominster, MA 01453-4402 1-800-734-7312 or 978-537-7411 978-537-9843 (fax) 978-534-6273 (TDD)

### Service Area

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, Shelburne, Warwick, Wendell, Whately

Lynn, Lynnfield, Nahant, Saugus, Swampscott

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

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

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

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

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

Commonwealth of Massachusetts
MassHealth
Provider Manual Series

A-8

	Transmittal Letter	Date
All Provider Manuals	ALL-173	11/01/09

### ASAP

Mystic Valley Elder Services 19 Riverview Business Park 300 Commercial Street Malden, MA 02148-7312 781-324-7705 781-324-1369 (fax) 781-321-8880 (TDD)

North Shore Elder Services 152 Sylvan Street Danvers, MA 01923 978-750-4540 978-750-8053 (fax) 978-624-2244 (TDD)

Old Colony Elderly Services, Inc. 144 Main Street Brockton, MA 02301-4099 1-800-242-0246 or 508-584-1561 508-897-0031 (fax) 508-587-0280 (TDD) Senior Care, Inc. 5 Blackburn Center Gloucester, MA 01930-2259 1-866-927-1050 or 978-281-1750 978-281-1753 (fax) 978-282-1836 (TTY)

Somerville-Cambridge Elder Services 61 Medford Street Somerville, MA 02143-3429 617-628-2601 or 617-628-2602 617-628-1085 (fax) 617-628-1705 (TDD)

South Shore Elder Services, Inc. 159 Bay State Drive Braintree, MA 02184 781-848-3910 or 718-749-6832 617-843-8279 (fax) 781-356-1992 (TDD)

Springwell 125 Walnut Street Watertown, MA 02472 617-926-4100 617-926-9897 (fax) 617-923-1562 (TTY)

#### **Service Area**

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

Danvers, Marblehead, Middleton, Peabody, Salem

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

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

Cambridge, Somerville

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

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix A. Directory	Page A-9
All Provider Manuals	Transmittal Letter ALL-173	<b>Date</b> 11/01/09

### ASAP

Tri-Valley Elder Services, Inc. 10 Mill Street Dudley, MA 01571 1-800-286-6640 or 508-949-6640 508-949-6651 (fax) 508-949-6654 (TDD)

WestMass Elder Care, Inc. 4 Valley Mill Road Holyoke, MA 01040 1-800-462-2301 or 413-538-9020 413-538-6258 (fax) 1-800-462-2301 (TDD)

### Service Area

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

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

### **Adult Foster Care and Group Adult Foster Care Services**

The following ASAP performs clinical eligibility assessment 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 508-993-6510 (fax)

Clinical eligibility assessment 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**

All individuals seeking admission to a nursing facility, regardless of payer, who have a diagnosis of, or are suspected of having, mental illness, mental retardation, and/or development disability, are required to undergo a Level II Preadmission Screening and Resident Review (PASRR).

For individuals who have or are suspected of having mental illness and who are seeking admission to a nursing facility, the Level II PASRR is conducted by the Department of Mental Health's designee, Health and Education Services (HES). HES can be contacted at:

HES 978-524-7100, Ext. 106

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix A. Directory	<b>Page</b> A-10
All Provider Manuals	Transmittal Letter ALL-173	<b>Date</b> 11/01/09

For individuals who have, or are suspected of having mental retardation, and/or developmental disabilities, and who are seeking admission to a nursing facility, the Level II PASRR is conducted by the Department of Developmental Services (DDS). DDS can be contacted at:

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

## **Fraud Hotline**

Call the MassHealth Fraud Hotline to report all types of suspected	1-800-437-2830
MassHealth fraud. Leave a message on the voicemail box on	Hours: Monday-Friday, excluding
weekends, holidays, and evenings.	holidays, 8:00 A.M. – 5:00 P.M.

# Hearings

Applicants, members, and appeal representatives with questions about a fair hearing, and providers with questions about an adjudicatory hearing, should contact: Office of Medicaid Board of Hearings 2 Boylston Street Boston, MA 02116 617-210-5800 1-800-655-0338 617-210-5820 (fax)

# Managed Care Information About MassHealth Members

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

If you have questions about the <i>PCC Plan</i> or PCC Plan Network Management Services:	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 <i>PCC Plan</i> claims, referrals, PIP payments, provider enrollment and credentialing, or any new and existing referrals from PCCs:	MassHealth Customer Service 1-800-841-2900 Hours: Monday-Friday, excluding holidays, 8:00 A.M. – 5:00 P.M. providersupport@mahealth.net
If you have questions about service authorization or claims for members aged 65 or older enrolled in MassHealth Senior Care Options (SCO), contact the SCO Hotline at:	1-888-885-0484 Hours: Monday-Friday, excluding holidays, 9:00 A.M. – 5:00 P.M

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix A. Directory	<b>Page</b> A-11
All Provider Manuals	Transmittal Letter ALL-173	<b>Date</b> 11/01/09

# **Member Eligibility**

The Eligibility Verification System (EVS) provides 24-hour access to member eligibility information for the previous four years, from current date of service. Be sure to have the member's MassHealth identification number, social security number, or name, gender, and date of birth when making eligibility inquiries. EVS access methods require a user ID and password. If you have not submitted a Trading Partner Agreement, you cannot access EVS through the Provider Online Service Center (POSC).

The pharmacy claim-adjudication process at ACS includes the same eligibility verification that is available through EVS. Therefore, it is not necessary for retail pharmacists to separately validate member eligibility for pharmacy claims through EVS, through the Provider Online Service Center (POSC).

1-800-554-0042

1-800-841-2900

8:00 A.M. - 5:00 P.M.

Dental providers should validate member eligibility through the Doral system.

#### Automated Voice Response (AVR):

MassHealth Customer Service answers questions about:

- EVS access methods (EVS and use of EVS PC software)
- MassHealth cards
- availability of EVS
- how to verify eligibility

### NewMMIS Help Desk

www.mass.gov/masshealthproviderservicecenter

Hours: Mon. - Fri., excluding holidays

- Answers questions about installation of EVSpc software.
- 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)

# **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 <a href="http://www.mass.gov/masshealth">www.mass.gov/masshealth</a>. Click on MassHealth Provider Forms in the lower-right panel on our home page.

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 instructions.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix A. Directory	<b>Page</b> A-12
All Provider Manuals	Transmittal Letter ALL-173	<b>Date</b> 11/01/09

Send the <i>completed</i> 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 <i>W-9 or EFT form</i> completion:	1-800-841-2900 617-988-8974 (fax) providersupport@mahealth.net
For replacement of a <i>lost or damaged check</i> :	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 <u>www.mass.gov/massfinance</u>. Go to VendorWeb and follow the instructions.

## **Prior Authorization: Dental Services**

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

If you have questions about <i>prior authorizations</i> : For non-dental PA see the section on Prior Authorization.	1-800-207-5019 Hours: Monday-Friday, excluding holidays pa@masshealth-dental.net
Submit electronic PA requests at:	www.masshealth-dental.net
Mail all paper PA requests to:	MassHealth Dental – PA 12121 N. Corporate Parkway

# Prior Authorization: Non-dental and Non-pharmacy Services

Some services require prior authorization (PA). These items are identified in Subchapters 4 and 6 of your MassHealth provider manual. Providers are encouraged to submit requests for prior authorization electronically.

Submit all electronic PA requests using the Provider Online Service Center at:

Mail paper PA requests to:

**Please note:** There is a separate P.O. Box number for paper PA requests for Community Case Management (CCM) members.

www.mass.gov/masshealthproviderservicecenter

Mequon, WI 53092

MassHealth Customer Service P.O. Box 9154 Hingham, MA 02043 1-800-841-2900 PA Unit: 1-800-862-8341 PA Unit: 1-617-451-7017

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix A. Directory	<b>Page</b> A-13
All Provider Manuals	Transmittal Letter ALL-173	<b>Date</b> 11/01/09

Use the Provider Online Service Center or mail paper PA requests *except* those for Community Case Management (CCM) members to:

MassHealth Customer Service Include name of program area:

For Boston region use: P.O. Box 9154 Hingham, MA 02043 For Western region use: P.O. Box 9153 Hingham, MA 02043 For CCM use: P.O. Box 9152 Hingham, MA 02043

To inquire about a CCM PA request call 1-800-863-6068.

CCM fax number: 508-421-5905

www.mass.gov/masshealthproviderservicecenter

1-800-841-2900

617-451-7132

corporatesupport@mail.efax.com
1-800-810-2641

1-800-841-2900

### Use the Provider Online Service Center, fax, telephone, or mail paper PA requests for **CCM members** for the following services. Nursing, home health aide, physical therapy, occupational therapy, speech therapy, personal care attendant, durable medical equipment, orthotics, prosthetics, and oxygen and respiratory therapy equipment

To inquire about the status of any PA request, call MassHealth Customer Service at:

To inquire about PA for home health skilled nursing visits for MassHealth Basic members:

### Efax Customer Support

If you have any questions or need technical assistance with your eFax account, contact eFax Customer Support by e-mail at:

If you have questions about your password other than changing your password, or questions about a change in your enrollment status or questions about submitting prior authorizations to MassHealth, call MassHealth Customer Service at:

## **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 <u>www.mass.gov/masshealth</u>. 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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix A. Directory	<b>Page</b> A-14
All Provider Manuals	Transmittal Letter ALL-173	<b>Date</b> 11/01/09

not received a response within 24 hours, the pharmacist may provide a 72-hour supply of a requested covered drug.

University of Massachusetts Medical

If you have questions about prior authorization:

	School
	Drug Utilization Review Program
	Commonwealth Medicine
	100 Century Drive
	Worcester, MA 01606
	1-800-745-7318
	1-877-208-7428 (fax)
Send requests for all drugs that require PA to:	MassHealth Drug Utilization Review
	Program
<i>Note:</i> Telephone requests for PA will be accepted only in the	P.O. Box 2586
case of a medical emergency.	Worcester, MA 01613-2586
	1-800-745-7318
	1-877-208-7428 (fax)

# **Provider Enrollment and Credentialing**

### For All Providers Except Dental

MassHealth has contracted with MAXIMUS to manage provider enrollment and credentialing activities, except for dental providers. 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 information submitted in your application.

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 ID/service location, NPI, and tax identification number to

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

When you notify Provider Enrollment and Credentialing of a change in your Medicare provider ID/service location, you must include a copy of your Medicare Welcome Letter.

When you notify Provider Enrollment and Credentialing of a change in your legal name, legal address and/or

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix A. Directory	<b>Page</b> A-15
All Provider Manuals	Transmittal Letter ALL-173	<b>Date</b> 11/01/09

check mailing/remit address, you must include a signed Massachusetts Substitute W-9 Form, located at <u>www.mass.gov/osc</u>.

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: Monday-Friday, excluding holidays 8:00 A.M. – 5:00 P.M. providersupport@mahealth.net

### **For Dental Providers**

MassHealth has contracted with DSM/Doral to manage provider enrollment and credentialing activities *for dental providers*. Provider Enrollment and Credentialing establishes and maintains a file on every MassHealth dental provider.

To inquire about enrollment and credentialing for dental providers:

MassHealth Dental 12121 N. Corporate Parkway Mequon, WI 53092 1-800-207-5019 1-800-466-7566 (TTY) Hours: Monday-Friday, excluding holidays, 8:00 A.M. – 6:00 P.M.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix A. Directory	<b>Page</b> A-16
All Provider Manuals	Transmittal Letter ALL-173	<b>Date</b> 11/01/09

# **Provider Training**

For all providers, *except pharmacy and dental* 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 (*except pharmacy and dental*):

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, 4<sup>th</sup> Floor Boston, MA 02111 617-423-1237 617-423-9846 (fax) <u>masshealth.providerrelations@acsinc.com</u>

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

MassHealth Dental 12121 N. Corporate Parkway Mequon, WI. 53092 1-800-207-5019 1-800-466-7566 TTY Hours: Monday-Friday, excluding Holidays 8:00 A.M. – 6:00 P.M. inquiries@masshealth-dental.net

## **Publications**

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

Written requests must be on your company letterhead and must include your provider ID/service location, 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.

Most forms, all current MassHealth regulations, and all recent bulletins are available on the MassHealth Web site at <u>www.mass.gov/masshealthpubs</u>. Click on Provider Library.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix A. Directory	<b>Page</b> A-17
All Provider Manuals	Transmittal Letter	Date
	ALL-173	11/01/09

### **Provider manuals**

#### www.mass.gov/masshealthpubs

MassHealth Provider Enrollment and Credentialing P.O. Box 9118 Hingham, MA 02043 1-800-841-2900 617-988-8973 (fax) Hours: Monday-Friday, excluding holidays 8:00 A.M. - 5:00 P.M. providersupport@mahealth.net

### EVS user guides

### Transmittal letters and provider bulletins

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

# *Prior authorization forms (excluding dental), 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.

#### Fee schedules

It is helpful if you know the Code of Massachusetts Regulations (CMR) citation that applies to your provider type. Fee schedules are available free of charge online. There is a charge for paper copies. DHCFP also has the regulations available on disk.

Please contact the State Bookstore if you cannot access the Internet.

# www.mass.gov/masshealthpubs

EVS Helpdesk 1-800-462-7738 Hours: Monday-Friday, excluding holidays 8:00 A.M. - 5:00 P.M. EVSHelpdesk@eds.com

#### www.mass.gov/masshealthpubs

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

### MassHealth

ATTN: Forms Distribution P.O. Box 9118 Hingham, MA 02043 617-988-8973 (fax)

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix A. Directory	<b>Page</b> A-18
All Provider Manuals	Transmittal Letter ALL-173	<b>Date</b> 11/01/09

*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)

## **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:	MassHealth
(Please enclose copies of written evidence, if possible.)	TPL Unit
	P.O. Box 9212
	Chelsea, MA 02150
	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, 3 <sup>rd</sup> Floor Charlestown, MA 02129 617-886-8133 (fax)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix A. Directory	<b>Page</b> A-19
All Provider Manuals	Transmittal Letter ALL-173	<b>Date</b> 11/01/09

### **Home Health Services**

Home health agency providers must submit a coverage determination from the primary insurer any time the member's medical condition results in a change of skilled services in the plan of care, or when health insurance-coverage status, changes. Providers must submit the insurer's EOB to MassHealth *within 10 days* of receiving notification of denial from the insurer. The EOB must include the member's MassHealth identification number and accompany the Home Health Coverage Determination form.

Mail or fax a copy of the EOB to:

MassHealth Home Health Claims The Schraffts Center 529 Main Street, 3<sup>rd</sup> Floor Charlestown, MA 02129 617-886-8252 (fax)

# **Utilization Management**

If you have questions about the Acute Hospital Utilization Management Program:	Permedion HMS Government Services 510 Rutherford Ave. Charlestown, MA 02129 1-877-735-7416 1-877-735-7415 (fax)
For <b>Acute Preadmission</b> Clinical Eligibility Assessment only:	11-877-735-7416 1-877-735-7415 (fax)
For Acute Prepayment and Postpayment reviews:	1-877-735-7416 1-877-735-7415 (fax)
If you have questions about the <b>Chronic Disease and</b> <b>Rehabilitation Hospital Utilization Management</b> <b>Program</b> :	Masspro 245 Winter Street Waltham, MA 02451-1231 781-890-0011 781-890-5485 (fax)
For Chronic/Rehabilitation Preadmission, Clinical Eligibility Assessment Conversion Eligibility Assessment, and Concurrent Review:	1-800-554-5127 1-800-752-6334 (fax)
For Chronic/Rehabilitation Postpayment Reviews:	781-290-5784 (fax)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Appendix A. Directory	<b>Page</b> A-20
All Provider Manuals	Transmittal Letter ALL-173	<b>Date</b> 11/01/09

# **Vision-Care Materials**

All completed order forms for vision care materials must be either mailed or faxed to:

MassCor Optical Laboratories P.O. Box 466 Gardner, MA 01440 1-888-482-7331 1-888-698-2020 (fax) 1-888-420-2047 (fax)

To check the status of an order for vision care materials:

MassCor Optical Laboratories 1-888-482-7331 1-888-420-2047 (fax) Monday-Friday: 9:00 A.M. – 4:00 P.M.