



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MassHealth  
Transmittal Letter ALL-174  
November 2009

**TO:** All Providers Participating in MassHealth

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

**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. A change has been made to the appendix as described below.

The contact information for purchasing ICD-9-CM, CPT, and HCPCS code books has changed as follows.

**Old address**

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

**New address**

Ingenix  
[www.shopingenix.com](http://www.shopingenix.com)

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

*American Medical Association's Unified  
Service Center*  
1-800-621-8335  
[www.amabookstore.com](http://www.amabookstore.com)

**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 [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974. You can also view, print, or download Appendix A from the MassHealth Web site at [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs). 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(The pages listed here are no longer in effect.)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 Transmittal Letter ALL-173

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-1
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

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 [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs). Click on Provider Library, then on MassHealth Provider Manual Appendices.

This directory is organized alphabetically by function.

## Contents

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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-2
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

## Claims Submission and Resolution: Dental Claims

MassHealth has contracted with Dental Services of Massachusetts, Inc. (DSM) to serve as the dental third-party 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  
[www.masshealth-dental.net](http://www.masshealth-dental.net)  
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](mailto:inquiries@mahealth-dental.net)

If you have questions about *paper claims submission, claims inquiry, or claim status*:

1-800-207-5019  
Hours: Monday-Friday, excluding holidays, 8:00 A.M. – 6:00 P.M.  
[claims@masshealth-dental.net](mailto:claims@masshealth-dental.net)

Submit electronic claims (837 transactions) at [www.masshealth-dental-net](http://www.masshealth-dental-net) or through clearinghouse payer ID CKMA1

1-800-207-5019  
Hours: Monday-Friday, excluding holidays, 8:00 A.M. – 6:00 P.M.  
[eclaims@masshealth-dental.net](mailto:eclaims@masshealth-dental.net)

Contact the Final Deadline Appeals Board if you have questions about *final deadline appeals* 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 *claims or MassHealth policy*, 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](mailto:providersupport@mahealth.net)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-3
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

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

1-800-841-2900  
Hours: Monday-Friday, excluding holidays, 8:00 A.M. – 5:00 P.M.  
[www.mass.gov/masshealthproviderservicecenter](http://www.mass.gov/masshealthproviderservicecenter)

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: Monday-Friday, excluding holidays, [hiasupport@mahealth.net](mailto:hiasupport@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/masshealthproviderservicecenter](http://www.mass.gov/masshealthproviderservicecenter)

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

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 to:

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

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

[fdeappeals@state.ma.us](mailto:fdeappeals@state.ma.us)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-4
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

## 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 *90-day waiver* requests

ACS Technical Help Desk  
1-866-246-8503  
24 hours a day, seven days a week

Fax the completed *90-day waiver* 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  
[MassHealth@Providerrelations@acs-inc.com](mailto:MassHealth@Providerrelations@acs-inc.com)

If you have questions about member eligibility:

MassHealth Customer Service  
1-800-841-2900  
Automated Voice Response (AVR):  
1-800-554-0042

Send *written* questions related to claims or MassHealth policy to:

ACS State Healthcare  
ATTN: MassHealth  
260 Franklin Street, Suite 1020  
Boston, MA 02110  
[masshealth.providerrelations@acs-inc.com](mailto:masshealth.providerrelations@acs-inc.com)

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  
[fdeappeals@state.ma.us](mailto:fdeappeals@state.ma.us)

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](mailto:providersupport@mahealth.net)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-5
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

## **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 MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-6
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

## ASAP

Coastline Elderly Services, Inc.  
1646 Purchase Street  
New Bedford, MA 02740  
508-999-6400  
508-993-6510 (fax)  
508-994-4265 (TDD)

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)

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  
508-394-3712 (fax)  
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)

## Service Area

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

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



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-7
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

## 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, Lunenburg, Pepperell, Princeton, Shirley,  
Sterling, Templeton, Townsend, Westminster, Winchendon

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-8
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

**ASAP**

**Service Area**

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)

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

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

Danvers, Marblehead, Middleton, Peabody, Salem

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)

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

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)

Cambridge, Somerville

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)

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

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

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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-9
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

## 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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-10
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

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 MassHealth fraud. Leave a message on the voicemail box on weekends, holidays, and evenings.

1-800-437-2830

Hours: Monday-Friday, excluding 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 **PCC Plan** 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 **PCC Plan** 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](mailto: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.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-11
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

## 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).

Dental providers should validate member eligibility through the Doral system.

**Automated Voice Response (AVR):** 1-800-554-0042

**MassHealth Customer Service** answers questions about: 1-800-841-2900  
Hours: Mon. – Fri., excluding holidays  
8:00 A.M. – 5:00 P.M.

- 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](http://www.mass.gov/masshealthproviderservicecenter)

- 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 [www.mass.gov/masshealth](http://www.mass.gov/masshealth). 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.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-12
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

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](mailto: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](http://www.mass.gov/massfinance). 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 *prior authorizations*: 1-800-207-5019  
For non-dental PA see the section on Prior Authorization. Hours: Monday-Friday, excluding holidays  
[pa@masshealth-dental.net](mailto:pa@masshealth-dental.net)

Submit electronic PA requests at: [www.masshealth-dental.net](http://www.masshealth-dental.net)

Mail all paper PA requests to: MassHealth Dental – PA  
12121 N. Corporate Parkway  
Mequon, WI 53092

### **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: [www.mass.gov/masshealthproviderservicecenter](http://www.mass.gov/masshealthproviderservicecenter)

Mail paper PA requests to: 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

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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-13
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

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

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 a CCM PA request call 1-800-863-6068.

CCM fax number: 508-421-5905

[www.mass.gov/masshealthproviderservicecenter](http://www.mass.gov/masshealthproviderservicecenter)

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

1-800-841-2900

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

617-451-7132

***Efax Customer Support***

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

[corporatesupport@mail.efax.com](mailto:corporatesupport@mail.efax.com)  
1-800-810-2641

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:

1-800-841-2900

**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](http://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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-14
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

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

If you have questions about prior authorization:

University of Massachusetts Medical  
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  
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.

## 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



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-15
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

check mailing/remit address, you must include a signed Massachusetts Substitute W-9 Form, located at [www.mass.gov/osc](http://www.mass.gov/osc).

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](mailto: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.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-16
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

## 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](mailto: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)  
[masshealth.providerrelations@acs-inc.com](mailto:masshealth.providerrelations@acs-inc.com)

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](mailto: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 [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs). Click on Provider Library.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-17
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

***Provider manuals***

[www.mass.gov/masshealthpubs](http://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](mailto:providersupport@mahealth.net)

***EVS user guides***

[www.mass.gov/masshealthpubs](http://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](mailto:EVSHelpdesk@eds.com)

***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.

[www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs)  
MassHealth  
ATTN: Publications  
P.O. Box 9118  
Hingham, MA 02043  
617-988-8973 (fax)  
[providersupport@mahealth.net](mailto:providersupport@mahealth.net)

***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.

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. Fee schedules are available free of charge online. There is a charge for paper copies. 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](http://www.mass.gov/dhcfp)

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

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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-18
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

*ICD-9-CM, CPT, and HCPCS Code Books* are available from the following sources:

Ingenix  
[www.shopingenix.com](http://www.shopingenix.com)

(Have your credit card ready. In addition, ICD-9-CM Code Books are available from some bookstores.)

American Medical Association's Unified Service Center  
1-800-621-8335  
[www.amabookstore.com](http://www.amabookstore.com)

### **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 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)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-19
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

### 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 **Acute Preadmission** 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 **Chronic Disease and Rehabilitation Hospital Utilization Management Program**:

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)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix A. Directory	<b>Page</b> A-20
	<b>Transmittal Letter</b> ALL-174	<b>Date</b> 11/25/09

### **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.