Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

www.mass.gov/masshealth

MassHealth

Transmittal Letter ALL-188

January 2012

TO: All Providers Participating in MassHealth

FROM: Julian J. Harris, M.D., Medicaid Director

RE: All Provider Manuals (Revised Appendix A to Reflect Changes in Phone and Fax

Information for Some MassHealth Business Units)

Periodically, MassHealth reissues Appendix A to reflect revisions incorporated since its previous

publication. Notable revisions in this reissuance include the addition of contact information for

the MassHealth managed care organizations (MCOs), a new telephone number for questions

about training for pharmacy billing, and new fax numbers for the Utilization Management Unit.

These revisions are effective immediately.

MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at

www.mass.gov/masshealth.

Questions

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-22

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

All Provider Manuals

Pages A-1 through A-22 — transmitted by Transmittal Letter ALL-181

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-1

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

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 or different insurance than what is listed on the file, or no longer has health insurance coverage, please send the information to the TPL Unit.

Mail or fax the insurance information to:

(Please enclose copies of written evidence, if possible.)

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, 3rd Floor

Charlestown, MA 02129

617-886-8133 (fax)

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

Third-Party Appeals

Medicare Appeals Unit

100 Century Drive

Worcester, MA 01606

1-877-533-4381

508-421-8990 (fax)

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-2

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

Claims Submission and Resolution: Dental Claims

MassHealth has contracted with Dental Services of Massachusetts, Inc. (DSM) to serve as the dental third-party administrator. DentaQuest is the subcontractor to DSM who will receive MassHealth dental (Current Dental Terminology (CDT)) claims and answer providers’ and members’ questions about the dental program. For information about dental prior-authorization requests that will be billed with a CDT code, see the section about Prior Authorization.

Oral and maxillofacial surgeons submitting claims or prior-authorization requests with Current ProceduralTerminology (CPT) codes must follow the guidelines under the section Claims Submission and Resolution:

Non-dental and Non-pharmacy Claims and Prior Authorization: Non-Dental and Non-pharmacy Services.

DentaQuest Customer Service:

MassHealth Dental

12121 N. Corporate Parkway

Mequon, WI 53092

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

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

Submit electronic claims (837 transactions) at www.masshealthdental-

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

Send all 90-day waiver requests to:

MassHealth

90-Day Waiver Department

465 Medford Street

P.O. Box 9708

Boston, MA 02144-9708

1-800-207-5019

Contact the DentaQuest Final Deadline Appeals Department 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

1-800-207-5019

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-3

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

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

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

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, 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/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

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-4

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

Send all 90-day waiver requests to:

MassHealth

ATTN: 90-Day Waivers

P.O. Box 9118

Hingham, MA 02043

Providers may file an appeal of the final deadline for an

erroneously denied or underpaid claim only if the service date on

the claim exceeds 12 months (or 18 months if another insurer is

involved), and the claim has received a final deadline exceeded

error code (0853 or 0855). See 130 CMR 450.323. Submit your

appeal package within 30 days of the remittance advice containing

the final deadline exceeded error code to:

MassHealth

ATTN: Final Deadline Appeals Board

100 Hancock Street, 6th Floor

Quincy, MA 02171

617-847-3115

fdeappeals@state.ma.us

If you need to confirm receipt of your final deadline appeal or

have a question about the status of a final deadline appeal, you

may e-mail your inquiry. Note: MassHealth does not accept final

deadline appeals via e-mail.

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 Prior Authorization: Pharmacy Services section.

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)

For all other assistance with billing and claims:

ACS Provider Relations

MassHealth@Providerrelations@acsinc.

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@acsinc.

Com

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-5

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

Providers may file an appeal of the final deadline for an

erroneously denied or underpaid claim only if the service date on

the claim exceeds 12 months (or 18 months if another insurer is

involved), and the claim has received a final deadline exceeded

error code (0853 or 0855). See 130 CMR 450.323. Submit your

appeal package within 30 days of the remittance advice

containing the final deadline exceeded error code to:

MassHealth

ATTN: Final Deadline Appeals Board

100 Hancock Street, 6th Floor

Quincy, MA 02171

617-847-3115

If you need to confirm receipt of your final deadline appeal or

have a question about the status of a final deadline appeal, you

may e-mail your inquiry. Note: MassHealth does not accept final

deadline appeals via e-mail.

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

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-6

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

Clinical Eligibility Assessment for Long-Term-Care Services

The following Aging Services 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 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.

33 Boston Post Road West

Marlborough, MA 01752

1-800-287-7284 or 508-573-7200

508-872-5012 (TTY)

Service Area

Ashland, Dover, Framingham, Holliston, Hopkinton,

Hudson, Marlborough, Natick, Northborough, Sherborn,

Southborough, Sudbury, Wayland, Westborough

ASAP

Boston Senior Home Care

Lincoln Plaza

89 South Street, 5th Floor

Boston, MA 02111

617-451-6400

617-451-6631 (fax)

617-695-0437 (TTD)

Service Area

Beacon Hill (West End), Charlestown, Chinatown, Columbia

Point, Dorchester, East Boston, East Mattapan, North End,

South Boston

ASAP

Bristol Elder Services, Inc.

1 Father DeValles Blvd, Unit 8

Fall River, MA 02723

1-800-427-2101 or 508-675-2101

508-679-0320 (fax)

Service Area

Attleboro, Berkley, Dighton, Fall River, Freetown,

Mansfield, Norton, Raynham, Rehobeth, Seekonk, Somerset,

Swansea, Taunton, Westport

ASAP

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)

Service Area

Allston, Back Bay, Brighton, Fenway, Jamaica Plain, North

Dorchester, Parker Hill, Roxbury

ASAP

Chelsea/Revere/Winthrop Home Care

Center, Inc.

100 Everett Avenue, Unit 10

P.O. Box 6427

Chelsea, MA 02150-0008

617-884-2500

617-884-7988 (fax)

1-800-432-2370 (TTY)

Service Area

Chelsea, Revere, Winthrop

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-7

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

ASAP

Coastline Elderly Services, Inc.

1646 Purchase Street

New Bedford, MA 02740

508-999-6400

508-993-6510 (fax)

508-994-4265 (TDD)

Service Area

Acushnet, Dartmouth, Fairhaven, Gosnold, Marion,

Mattapoisett, New Bedford, North Dartmouth, Rochester

ASAP

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)

Service Area

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

ASAP

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)

Service Area

Aquinnah, Barnstable, Bourne, Brewster, Buzzards Bay,

Centerville, Chatham, Chilmark, Dennis, Eastham,

Edgartown, Falmouth, Harwich, Hyannis, Mashpee,

Nantucket, Oak Bluffs, Orleans, Provincetown, Sandwich,

Tisbury, Truro, Vineyard Haven, Wellfleet, West Tisbury,

Yarmouth

ASAP

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)

Service Area

Amesbury, Andover, Billerica, Boxford, Chelmsford,

Dracut, Dunstable, Georgetown, Groveland, Haverhill,

Lawrence, Lowell, Merrimack, Methuen, Newbury, Rowley,

Salisbury, Tewksbury, Tyngsborough, Westford, West

Newbury

ASAP

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)

Service Area

Auburn, Barre, Boylston, Grafton, Hardwick, Holden,

Leicester, New Braintree, Oakham, Paxton, Rutland

Shrewsbury, West Boylston, Worcester

ASAP

ETHOS

555 Amory Street

Jamaica Plain, MA 02130-2672

617-522-6700

617-524-2899 (fax)

617-524-2687 (TDD)

Service Area

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-8

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

ASAP

Franklin Country Home Care Corporation

330 Montague City Road, Suite 1

Turners Falls, MA 01373-2530

1-800-732-4636 or 413-773-5555

413-772-1084 (fax)

413-772-6566 (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

ASAP

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)

Service Area

Lynn, Lynnfield, Nahant, Saugus, Swampscott

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)

Agawam, Brimfield, East Longmeadow, Hampden, Holland,

Longmeadow, Monson, Palmer, Springfield, Wales, West

Springfield, Wilbraham

ASAP

HESSCO Elder Services

One Merchant Street

Sharon, MA 02067-1662

1-800-462-5221 or 781-784-4944

781-784-4922 (fax)

Service Area

Canton, Dedham, Foxborough, Medfield, Millis, Norfolk,

Norwood, Plainville, Sharon, Walpole, Westwood,

Wrentham

ASAP

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)

Service Area

Amherst, Blandford, Chesterfield, Chester, Cummington,

Easthampton, Goshen, Granville, Hadley, Hatfield,

Huntington, Middlefield, Montgomery, Northampton,

Pelham, Plainfield, Russell, Southampton, Southwick,

Tolland, Westfield, Westhampton, Williamsburg,

Worthington

ASAP

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)

Service Area

Acton, Arlington, Bedford, Boxborough, Burlington,

Carlisle, Concord, Harvard, Lexington, Lincoln, Littleton,

Maynard, Stow, Wilmington, Winchester, Woburn

ASAP

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

Ashburnham, Ashby, Ayer, Berlin, Bolton, Clinton,

Fitchburg, Gardner, Groton, Hubbardston, Lancaster,

Leominster, Lunenburg, Pepperell, Princeton, Shirley,

Sterling, Templeton, Townsend, Westminster, Winchendon

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-9

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

ASAP

Mystic Valley Elder Services

Riverview Business Park

300 Commercial Street, Suite No. 19

Malden, MA 02148-7312

781-324-7705

781-324-1369 (fax)

781-321-8880 (TDD)

Service Area

Everett, Malden, Medford, Melrose, North Reading,

Reading, Stoneham

ASAP

North Shore Elder Services

152 Sylvan Street

Danvers, MA 01923

978-750-4540

978-750-8053 (fax)

978-624-2244 (TDD)

Service Area

Danvers, Marblehead, Middleton, Peabody, Salem

ASAP

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)

Service Area

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

ASAP

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)

Service Area

Beverly, Essex, Gloucester, Hamilton, Ipswich, Manchester,

Rockport, Topsfield, Wenham

ASAP

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)

Service Area

Cambridge, Somerville

ASAP

South Shore Elder Services, Inc.

159 Bay State Drive

Braintree, MA 02184

781-848-3910, 781-383-9790, and

781-749-6832

617-843-8279 (fax)

781-356-1992 (TDD)

Service Area

Braintree, Cohasset, Hingham, Holbrook, Hull, Milton,

Norwell, Quincy, Randolph, Scituate, Weymouth

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-10

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

ASAP

Springwell

125 Walnut Street

Watertown, MA 02472

617-926-4100

617-926-9897 (fax)

617-923-1562 (TTY)

Service Area

Belmont, Brookline, Needham, Newton, Waltham,

Watertown, Wellesley, Weston

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)

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

ASAP

WestMass Elder Care, Inc.

4 Valley Mill Road

Holyoke, MA 01040

Hot Line: 1-800-462-2301 or 413-538-9020

413-538-6258 (fax)

1-800-462-2301 (TDD)

Service Area

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 the following address.

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.

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-11

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

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 978-524-7100, Ext. 106.

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 in the following manner.

Referrals: 1-800-649-9378

To report admission: 1-800-649-9378 (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.)

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-12

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

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

100 Hancock Street, 6th Floor

Quincy, MA 02171

617-847-1200

1-800-655-0338

617-847-1204 (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

If you have questions about Managed Care Organization (MCO)

claims, referrals, payments, denials, or any other provider

network issues for MCO enrollees, contact the specific MCO:

Boston Medical Center HealthNet Plan

(BMCHP)

Two Copley Place, Suite 600

Boston, MA 02116

Tel: 1-888-566-0008

Fax: 1-617-897-0830

Hours: 8:30 A.M. – 5:00 P.M.

www.bmchp.org

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-13

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

Fallon Community Health Plan (FCHP)

10 Chestnut Street

Worcester, MA 01608

Provider Customer Service

Tel: 1-866-275-3247, prompt 4

Fax: 508-368-9902

Hours: Monday-Friday, 8:30 A.M. –

5:00 P.M.

www.fchp.org

Health New England (HNE)

One Monarch Place

Springfield, MA 01144

Tel: 413-233-3313

Fax: 413-233-2727

Hours: 8:00 A.M. – 4:30 P.M.

www.hne.com

Neighborhood Health Plan (NHP)

253 Summer St. Boston, MA 02210

Tel: 800-462-5449

Fax: 617-526-1985

Hours: Monday, Tuesday, Wednesday,

and Friday, 8:00 A.M. – 6:00 P.M.,

Thursday.8:00 A.M. – 8:00 P.M.

www.nhp.org

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:

Network Health

101 Station Landing, 4th Floor

Medford, MA 02155

Tel: 888-257-1985

TTY: 888-391-5535 (for people with

partial or total hearing loss)

Fax: 781-393-3530

Hours: 8:30 A.M. – 5:00 P.M.

www.network-health.org

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

Page

A-14

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

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 DentaQuest system.

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

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

1-800-841-2900

Hours: Monday – Friday, excluding holidays

8:00 A.M. – 5:00 P.M.

MMIS Help Desk 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)

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-15

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

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 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.

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.

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 PAs: 1-800-207-5019

For non-dental PA, see the section Prior Authorization: Non-dental and Non-pharmacy Services

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

Mequon, WI 53092

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-16

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

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 PA electronically.

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

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

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

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, phone, 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

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:

617-847-3778

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-17

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

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

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 PA requests 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. 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 phone and fax numbers to request DUR certification or to check on the status of your 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.

If you have questions about prior authorization:

University of Massachusetts Medical School

Drug Utilization Review Program

Commonwealth Medicine

333 South Street

Shrewsbury, MA 01545

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)

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-18

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

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 (if applicable), 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 check mailing/remit address, you must include a signed Massachusetts Substitute W-9 Form, located at 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

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-19

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

For Dental Providers

MassHealth has contracted with DSM/DentaQuest 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.

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

 providersupport@mahealth.net

For pharmacy providers, MassHealth has contracted with ACS, a Xerox company, to perform provider services, including training.

To schedule a training or individual consultation about

billing for MassHealth pharmacy services:

ACS State Healthcare

ATTN: MassHealth

260 Franklin St., Suite 1020

Boston, MA 02110

617-423-9841

617-423-9846 (fax)

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

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-20

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

Publications

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

Most forms, all current MassHealth regulations, provider manuals, transmittal letters, and all recent bulletins are available on the MassHealth Web site at www.mass.gov/masshealthpubs. Click on Provider Library.

PA 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

Please contact the State Bookstore 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:

Ingenix

13931 Willard Road

Chantilly, VA 20151

1-800-765-6588

801-536-1009 (fax)

(Have your credit card ready. In addition, ICD-9-CM Code

Books are available from some bookstores.)

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

Subchapter Number and Title

Appendix A. Directory

Page

A-21

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

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 or different insurance than what is listed on the file, or no longer has health insurance coverage, please send the information to the TPL Unit.

Mail or fax the insurance information to:

(Please enclose copies of written evidence, if possible.)

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, 3rd Floor

Charlestown, MA 02129

617-886-8133 (fax)

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, 3rd Floor

Charlestown, MA 02129

617-886-8252 (fax)

Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Subchapter Number and Title

Appendix A. Directory

Page

A-22

All Provider Manuals

Transmittal Letter

ALL-188

Date

1/01/12

Utilization Management

If you have questions about the Acute Hospital Utilization

Management Program:

Permedion HMS Government Services

510 Rutherford Avenue, 3rd Floor

Charlestown, MA 02129

1-877-735-7416

1-877-735-7415 (fax)

For Acute Preadmission Clinical Eligibility

Assessment only:

1-877-735-7416

1-877-735-7415 (fax)

For Acute Prepayment and Postpayment reviews:

1-877-735-7416

1-877-735-7415 (fax)

For reconsideration requests

1-617-398-1422 (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

1-800-752-6334 (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:

1-800-752-6334 (fax)

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)

Hours: Monday-Friday: 9:00 A.M. – 4:00 P.M.