

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(The pages listed here are no longer in effect.)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

This appendix contains the names, addresses, and telephone numbers of units, agencies, and contractors that you may need to contact in the course of doing business with MassHealth. This appendix is also available on the MassHealth Web site at www.mass.gov/masshealthpubs. Click on Provider Library, then on MassHealth Provider Manual Appendices.

This directory is organized alphabetically by function.

Contents

Claims Submission and Resolution: Dental Claims	A-2
Claims Submission and Resolution: Non-dental and Non-pharmacy Claims	A-3
Claims Submission and Resolution: Pharmacy Claims	A-4
Clinical Eligibility Assessment for Long-Term-Care Services	A-6
Fraud Hotline	A-12
Hearings	A-12
Managed Care Information About MassHealth Members	A-12
Member Eligibility	A-14
Payments	A-15
Prior Authorization: Dental Services	A-15
Prior Authorization: Non-dental and Non-pharmacy Services	A-16
Prior Authorization: Pharmacy Services	A-17
Provider Enrollment and Credentialing	A-18
Provider Training	
Publications	A-20
Third-Party Liability	A-21
Utilization Management	A-22
Vision-Care Materials	Δ-22

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals Subchapter Number and Title Appendix A. Directory A-2 Transmittal Letter ALL-188 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 Procedural Terminology (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

 $\underline{www.masshealth\text{-}dental.net}$

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.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

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 All Provider Manuals Subchapter Number and Title Appendix A. Directory A-3 Transmittal Letter ALL-188 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 1-800-841-2900

want to request a paper remittance advice:

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:

ATTN: Cross

ATTN: Crossover Claims

P.O. Box 9118

Hingham, MA 02043

Commonwealth of Massachusetts Subchapter Number and Title Page MassHealth Appendix A. Directory A-4 **Provider Manual Series Transmittal Letter** Date All Provider Manuals **ALL-188** 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 ACS Technical Help Desk

including questions about 90-day waiver requests 1-866-246-8503

24 hours a day, seven days a week

Fax the completed **90-day waiver** form and any pertinent 1-866-556-9315 (fax)

documentation to:

For all other assistance with billing and claims: **ACS Provider Relations**

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 **ACS State Healthcare**

policy to:

ATTN: MassHealth

260 Franklin Street, Suite 1020

Boston, MA 02110

masshealth.providerrelations@acs-

inc.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:

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.

If you have questions about registering for electronic remittance advice, or need a paper copy of your remittance advice:

MassHealth

ATTN: Final Deadline Appeals Board 100 Hancock Street, 6th Floor

Quincy, MA 02171 617-847-3115

fdeappeals@state.ma.us

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 Service Area

BayPath Elder Services, Inc. 33 Boston Post Road West Marlborough, MA 01752 1-800-287-7284 or 508-573-7200 508-872-5012 (TTY) Ashland, Dover, Framingham, Holliston, Hopkinton, Hudson, Marlborough, Natick, Northborough, Sherborn, Southborough, Sudbury, Wayland, Westborough

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

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

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

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) 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

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)

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

Adams, Alford, Becket, Cheshire, Clarksburg, Dalton,

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)

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

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

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

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

ETHOS

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

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

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals Subchapter Number and Title Appendix A. Directory A-9 Transmittal Letter ALL-188 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

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

Senior Care, Inc. 5 Blackburn Center Gloucester, MA 01930-2259 1-866-927-1050 or 978-281-1750 978-281-1753 (fax) 978-282-1836 (TTY) 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, 781-383-9790, and 781-749-6832 617-843-8279 (fax) 781-356-1992 (TDD) Braintree, Cohasset, Hingham, Holbrook, Hull, Milton, Norwell, Quincy, Randolph, Scituate, Weymouth

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals Subchapter Number and Title Appendix A. Directory Transmittal Letter ALL-188 ALL-188 Page A-10 Date

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

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 Hot Line: 1-800-462-2301 or 413-538-9020 413-538-6258 (fax) 1-800-462-2301 (TDD) 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 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 All Provider Manuals Subchapter Number and Title Appendix A. Directory Transmittal Letter ALL-188 ALL-188 Page A-13

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

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

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**:

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: 1-800-841-2900

• EVS access methods (EVS and use of EVS PC Hours: Monday – Friday, excluding holidays

software) 8:00 A.M. – 5:00 P.M.

• MassHealth cards

availability of EVS

• how to verify eligibility

MMIS Help Desk

 $\underline{www.mass.gov/masshealthproviderservicecenter}$

or total hearing loss)

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

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-Hours: Monday-Friday, excluding

Dental and Non-pharmacy Services 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 All Provider Manuals Subchapter Number and Title Appendix A. Directory A-16 Transmittal Letter ALL-188 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:

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 P.O. Box 9154 Hingham, MA 02043 1-800-841-2900 PA Unit: 1-800-862-8341

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 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:

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

617-847-3778

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals Subchapter Number and Title Appendix A. Directory Transmittal Letter ALL-188 ALL-188 Page A-17 Date

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 PA requests to MassHealth, call MassHealth Customer Service at:

corporatesupport@mail.efax.com

1-800-810-2641

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 All Provider Manuals Subchapter Number and Title Appendix A. Directory Transmittal Letter ALL-188 ALL-188 Page A-19

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

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. P.O. Box 9118

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.

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.)

MassHealth

ATTN: Forms Distribution

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

Ingenix

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

American Medical Association Order Department

P.O. Box 930876 Atlanta, GA 31193-0876

1-800-771-7199

863-582-6845 (fax)

Commonwealth of Massachusetts MassHealth Provider Manual Series	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 Third-Party Appeals Medicare Appeals Unit 100 Century Drive Worcester, MA 01606 1-877-533-4381 508-421-8990 (fax)

Commonwealth of Massachusetts Subchapter Number and Title Page MassHealth Appendix A. Directory A-22 **Provider Manual Series Transmittal Letter** Date All Provider Manuals **ALL-188** 1/01/12

Utilization Management

If you have questions about the **Acute Hospital Utilization** Permedion HMS Government Services

510 Rutherford Avenue, 3rd Floor **Management Program:**

Charlestown, MA 02129

1-877-735-7416 1-877-735-7415 (fax)

For Acute Preadmission Clinical Eligibility 1-877-735-7416 Assessment only: 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 Masspro

Rehabilitation Hospital Utilization Management 245 Winter Street

Program: Waltham, MA 02451-1231

781-890-0011

1-800-752-6334 (fax)

For Chronic/Rehabilitation Preadmission, 1-800-554-5127 Clinical Eligibility Assessment Conversion 1-800-752-6334 (fax)

Eligibility Assessment, and Concurrent Review:

1-800-752-6334 (fax)

For Chronic/Rehabilitation Postpayment Reviews:

Vision-Care Materials

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

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.