




MassHealth
Transmittal Letter ALL-191
February 2012

TO: All Providers Participating in MassHealth
FROM: Julian J. Harris, M.D., Medicaid Director 
RE: All Provider Manuals (Revised Appendix B: Enrollment Centers)

January 20, 2012, was the last day of business for the MassHealth Enrollment Center (MEC) located in Revere. The MEC has moved to Chelsea. The new MEC address is:

MassHealth Enrollment Center
45-47 Spruce Street
Chelsea, MA 02150.

This letter transmits a revised Appendix B for all provider manuals. Appendix B lists the name, address, telephone and fax numbers, and responsibilities for the MassHealth Enrollment Centers (MEC). MassHealth is updating this appendix to reflect the move to Chelsea, as well as to provide up-to-date information about the Springfield, Taunton, and Tewksbury MECs.

Mailing Address and Telephone/Fax Numbers

When submitting or inquiring about a Senior Medical Benefit Request (SMBR) and associated documentation for new applicants residing in a nursing or rehabilitation facility serviced by the Chelsea MEC, please use the following address, telephone, TTY, and/or fax numbers.

MassHealth Enrollment Center
45-47 Spruce Street
Chelsea, MA 02150
Telephone: 1-888-665-9993
TTY: 1-888-665-9997 (for people with partial or total hearing loss)
Fax: 617-889-3285

Although the following situations and associated addresses and telephone and fax numbers have been issued in previous publications, the information is being repeated for your convenience.

Other Addresses and Telephone/Fax Numbers

When submitting MassHealth Medical Benefit Requests (MBRs) or SMBRs for applicants residing in the community (including any community waiver programs, such as Frail Elder, PACE, and Kaleigh Mulligan), MassHealth Buy-In applications, and any documentation associated with these applications, please continue using the following address and/or fax number.

EOHHS
Central Processing Unit (CPU)
PO Box 290794
Charlestown, MA 02129
Fax: 617-887-8799

When submitting annual reviews (including those for nursing facility and rehabilitation center residents), the documentation associated with the reviews, and any documentation necessary for updating or maintaining case record information for the Chelsea, Springfield, Taunton, and Tewksbury MECs, please continue using the following address, telephone, TTY, and/or fax numbers.

MassHealth Enrollment Center
P.O. Box 1231
Taunton, MA 02780
Tel.: 1-888-665-9993
TTY: 1-888-665-9997 (for people with partial or total hearing loss)
Fax: 617-887-8777

Forms Updates

The SMBR, the MassHealth and You Guide, and all manual and systems-generated notices are being updated with the appropriate information.

Reissued Pages

Transmittal Letter ALL-187 was issued in December 2011, and included pages 3-1 and 3-2 of the administrative and billing regulations. Because page 3-2 contained a small typographical error at 130 CMR 450.302(A)(5), we are attaching the corrected pages so that you can update your provider manual.

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 Manual

Pages 3-1, 3-2, and B-1 through B-20

OBSOLETE MATERIAL

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

All Provider Manual

Pages 3-1 and 3-2—transmitted by Transmittal Letter ALL-187

Pages B-1 through B-22—transmitted by Transmittal Letter ALL-133

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title 3. Billing Regulations	Page 3-1
	Transmittal Letter ALL-191	Date 01/01/12

450.301: Claims

(A) Except as provided in other program regulations, a claim for a medical service may be submitted only by the provider that provided the service. In the absence of a specific exception or qualification, 130 CMR 450.301(A) and (B) apply.

(1) An individual practitioner may not claim payment under his or her own name and provider number for services actually provided by another individual, whether or not the individual who provided the service is also a participating provider, or is an associate, partner, or employee of the individual practitioner.

(2) An individual practitioner may not claim payment under his or her own name and provider number for medical services provided by the individual practitioner and for which the practitioner is paid by another entity (for example, hospital, clinic, long-term-care facility, pharmacy, home health agency, health maintenance organization, community health center, psychiatric day treatment program, day habilitation center, and adult day care center). In such cases, payment may be claimed only by the institution or facility.

(B) A provider may submit claims only where:

(1) the payment for the services claimed is not otherwise claimed by any other MassHealth provider; and

(2) payment or any other compensation for the delivery of such services is not received by any provider from any other source.

450.302: Claim Submission

(A) (1) Electronic Claims. All claims submitted to the MassHealth agency for payment must be submitted electronically in a format designated by the MassHealth agency, unless the provider has been approved for an electronic claim submission waiver.

(2) Paper Claims.

(a) Any paper claims submitted by a provider who does not have an approved electronic claim submission waiver, pursuant to 130 CMR 450.302(A)(3), are denied.

(b) Any paper claims submitted by a provider who has an approved electronic claim submission waiver must be submitted on the claim form designated by the MassHealth agency and according to its administrative and billing instructions.

(3) Waiver Criteria. The MassHealth agency grants a provider an electronic claim submission waiver if any of the following criteria apply.

(a) The provider has submitted an average of fewer than 20 claims per month over the previous 12 months.

(b) The provider is experiencing temporary technical difficulties related to upgrading their current billing system or installing a new one.

(c) The provider is experiencing temporary technical difficulties related to testing or interfacing with the MassHealth agency's claims processing system.

(d) The provider does not have Internet access or a computer.

(e) The provider is experiencing temporary disruption in service, for at least five business days, caused by a natural disaster or utility work.

(f) The provider attests to the MassHealth agency that its staff responsible for claims submission have a disability that prevents the submission of electronic claims that cannot be easily mitigated with reasonable accommodation.

(g) The provider has an extenuating circumstance in which submitting electronic claims would impede the provider's ability to participate in MassHealth.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 3. Billing Regulations	Page 3-2
	Transmittal Letter ALL-191	Date 01/01/12
All Provider Manuals		

(4) Waiver Duration. An electronic claim submission waiver is valid for 12 months from the date of issue. Providers who continue to experience circumstances that necessitate a waiver must apply for another waiver at least 30 days before the expiration of their current waiver, in order to avoid a possible interruption in payment.

(5) Waiver Fee. There is no fee for the first electronic claim submission waiver. The MassHealth agency may assess an administrative fee based on paper claim volume for any subsequent electronic claim submission waiver granted to a provider.

(6) Waiver Request Review Process. After review of a provider's request for an electronic claim submission waiver, the MassHealth agency notifies the provider in writing of its decision. If the waiver request is incomplete, the MassHealth agency asks the provider for more information. If the provider does not submit the requested information to the MassHealth agency within 30 days of the request, the MassHealth agency denies the waiver request. A provider may reapply for an electronic claim submission waiver with new or additional information.

(B) All claims submitted by a group practice must clearly identify by provider number the individual practitioner who actually provided the services being claimed.

(C) A group practice may submit claims only for services provided by individual practitioners who are MassHealth providers and who have been enrolled and approved by the MassHealth agency as a participant in the group.

450.303: Prior Authorization

In certain instances, the MassHealth agency requires providers to obtain prior authorization to provide medical services. These instances are identified in the billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances from the MassHealth agency. Such information, including but not limited to the MassHealth Drug List, may be available on the MassHealth Web site, and copies may be obtained upon request. The provider must submit all prior-authorization requests in accordance with the MassHealth agency's instructions. Prior authorization determines only the medical necessity of the authorized service, and does not establish or waive any other prerequisites for payment, such as member eligibility or resort to health-insurance payment.

(A) The MassHealth agency acts on appropriately completed and submitted requests for prior authorization within the following time periods.

(1) For pharmacy services—by telephone or other telecommunication device within 24 hours of the request for prior authorization. The MassHealth agency will authorize at least a 72-hour supply of a prescription drug to the extent required by federal law. (See 42 U.S.C. 1396r-8(d)(5).)

(2) For transportation to medical services—within seven calendar days after a request for service, or the number of days, if less than seven, necessary to avoid any serious and imminent risk to the health or safety of the member that might arise if the MassHealth agency did not act before the full seven days have elapsed.

(3) For private duty nursing services—within 14 calendar days after a request for service.

(4) For durable medical equipment—within 15 calendar days after a request for service.

(5) For all other MassHealth services—within 21 calendar days after a request for service.

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-1
	Transmittal Letter ALL-191	Date 02/01/12

This appendix lists the name, address, telephone and fax numbers, and the responsibilities for the MassHealth Enrollment Centers (MECs).

This appendix is also available on the MassHealth Web site at www.mass.gov/masshealthpubs.

MassHealth Enrollment Center in Chelsea

45-47 Spruce Street

Chelsea, MA 02150

Tel.: 1-888-665-9993

Fax: 617-889-3285 (for applications and associated documentation for nursing facility or rehabilitation center residents)

Fax: 617-887-8777 (for reviews and any documentation necessary for maintaining current members' records)

TTY: 1-888-665-9997 (for people with partial or total hearing loss)

Responsibilities:

- Accept and process Senior MBRs for individuals residing in nursing or rehabilitation facilities located in their area of responsibility (see towns listed below).
- Process Senior MBRs for individuals residing in the community.
- Process Buy-In Applications (for qualifying individuals).
- Maintain ongoing cases, regardless of age.
- Make short-term-care placements.
- Handle Refugee Resettlement Program and Title IV-E cases.

Towns:

Zip Code	Town	MEC Location
02134	Allston	Chelsea
02466	Auburndale	Chelsea
02478	Belmont	Chelsea
02101	Boston	Chelsea
02102	Boston	Chelsea
02103	Boston	Chelsea
02104	Boston	Chelsea
02105	Boston	Chelsea
02106	Boston	Chelsea
02107	Boston	Chelsea
02108	Boston	Chelsea
02109	Boston	Chelsea
02110	Boston	Chelsea
02111	Boston	Chelsea
02112	Boston	Chelsea
02113	Boston	Chelsea
02114	Boston	Chelsea
02115	Boston	Chelsea
02116	Boston	Chelsea
02117	Boston	Chelsea
02123	Boston	Chelsea

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-2
	Transmittal Letter ALL-191	Date 02/01/12

Zip Code	Town	MEC Location
02133	Boston	Chelsea
02163	Boston	Chelsea
02196	Boston	Chelsea
02199	Boston	Chelsea
02201	Boston	Chelsea
02203	Boston	Chelsea
02204	Boston	Chelsea
02205	Boston	Chelsea
02206	Boston	Chelsea
02207	Boston	Chelsea
02208	Boston	Chelsea
02209	Boston	Chelsea
02210	Boston	Chelsea
02211	Boston	Chelsea
02212	Boston	Chelsea
02215	Boston	Chelsea
02216	Boston	Chelsea
02217	Boston	Chelsea
02222	Boston	Chelsea
02241	Boston	Chelsea
02266	Boston	Chelsea
02283	Boston	Chelsea
02284	Boston	Chelsea
02293	Boston	Chelsea
02295	Boston	Chelsea
02297	Boston	Chelsea
02135	Brighton	Chelsea
02445	Brookline	Chelsea
02446	Brookline	Chelsea
02447	Brookline Village	Chelsea
02138	Cambridge	Chelsea
02139	Cambridge	Chelsea
02140	Cambridge	Chelsea
02141	Cambridge	Chelsea
02142	Cambridge	Chelsea
02238	Cambridge (PO)	Chelsea
02239	Cambridge	Chelsea
02129	Charlestown	Chelsea
02150	Chelsea	Chelsea
02467	Chestnut Hill	Chelsea
02121	Dorchester	Chelsea
02122	Dorchester	Chelsea
02124	Dorchester	Chelsea
02125	Dorchester	Chelsea
02128	East Boston	Chelsea
02228	East Boston	Chelsea
02149	Everett	Chelsea
02136	Hyde Park	Chelsea

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-3
	Transmittal Letter ALL-191	Date 02/01/12

Zip Code	Town	MEC Location
02137	Hyde Park	Chelsea
02130	Jamaica Plain	Chelsea
01901	Lynn	Chelsea
01902	Lynn	Chelsea
01903	Lynn	Chelsea
01904	Lynn	Chelsea
01905	Lynn	Chelsea
01910	Lynn	Chelsea
02126	Mattapan	Chelsea
01908	Nahant	Chelsea
02456	Newton	Chelsea
02458	Newton	Chelsea
02459	Newton	Chelsea
02460	Newton	Chelsea
02461	Newton	Chelsea
02462	Newton	Chelsea
02464	Newton	Chelsea
02465	Newton	Chelsea
02495	Newton	Chelsea
02151	Revere	Chelsea
02131	Roslindale	Chelsea
02118	Roxbury	Chelsea
02119	Roxbury	Chelsea
02120	Roxbury	Chelsea
01906	Saugus	Chelsea
02143	Somerville	Chelsea
02144	Somerville	Chelsea
02145	Somerville	Chelsea
02127	South Boston	Chelsea
02468	Waban	Chelsea
02471	Watertown	Chelsea
02472	Watertown	Chelsea
02477	Watertown	Chelsea
02479	Waverley	Chelsea
02132	West Roxbury	Chelsea
02152	Winthrop	Chelsea

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-4
	Transmittal Letter ALL-191	Date 02/01/12

MassHealth Enrollment Center in Springfield

333 Bridge Street
Springfield, MA 01103
Tel.: 888-665-9993

Fax: 413-785-4107 (for applications and associated documentation for nursing facility or rehabilitation center residents)

Fax: 617-887-8777 (for reviews and any documentation necessary for maintaining current members' records)

TTY: 1-888-665-9997 (for people with partial or total hearing loss)

Responsibilities:

- Accept and process Senior MBRs for individuals residing in nursing or rehabilitation facilities located in their area of responsibility (see towns listed below).
- Process Senior MBRs for individuals residing in the community.
- Process Buy-In Applications (for Qualifying Individuals).
- Maintain ongoing cases, regardless of age.

Towns:

Zip Code	Town	MEC Location
01220	Adams	Springfield
01001	Agawam	Springfield
01003	Amherst	Springfield
01004	Amherst	Springfield
01430	Ashburnham	Springfield
01431	Ashby	Springfield
01330	Ashfield	Springfield
01222	Ashley Falls	Springfield
01331	Athol	Springfield
01501	Auburn	Springfield
01436	Baldwinville	Springfield
01005	Barre	Springfield
01223	Becket	Springfield
01007	Belchertown	Springfield
01224	Berkshire	Springfield
01337	Bernardston	Springfield
01008	Blandford	Springfield
01010	Brimfield	Springfield
01506	Brookfield	Springfield
01338	Buckland	Springfield
01339	Charlemont	Springfield
01507	Charlton	Springfield
01508	Charlton City	Springfield
01509	Charlton Depot	Springfield
01611	Cherry Valley	Springfield
01225	Cheshire	Springfield
01011	Chester	Springfield
01012	Chesterfield	Springfield
01013	Chicopee	Springfield

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-5
	Transmittal Letter ALL-191	Date 02/01/12

Zip Code	Town	MEC Location
01014	Chicopee	Springfield
01020	Chicopee	Springfield
01021	Chicopee	Springfield
01022	Chicopee	Springfield
01340	Colrain	Springfield
01341	Conway	Springfield
01026	Cummington	Springfield
01227	Dalton	Springfield
01342	Deerfield	Springfield
01343	Drury	Springfield
01571	Dudley	Springfield
01515	East Brookfield	Springfield
01028	East Longmeadow	Springfield
01116	East Longmeadow	Springfield
01029	East Otis	Springfield
01517	East Princeton	Springfield
01438	East Templeton	Springfield
01027	East Hampton	Springfield
01344	Erving	Springfield
01030	Feeding Hills	Springfield
01518	Fiskdale	Springfield
01420	Fitchburg	Springfield
01440	Gardner	Springfield
01031	Gilbertville	Springfield
01229	Glendale	Springfield
01032	Goshen	Springfield
01230	Great Barrington	Springfield
01033	Granby	Springfield
01034	Granville	Springfield
01301	Greenfield	Springfield
01302	Greenfield	Springfield
01035	Hadley	Springfield
01036	Hampden	Springfield
01237	Hancock	Springfield
01037	Hardwick	Springfield
01038	Hatfield	Springfield
01039	Haydenville	Springfield
01346	Heath	Springfield
01235	Hinsdale	Springfield
01520	Holden	Springfield
01521	Holland	Springfield
01040	Holyoke	Springfield
01041	Holyoke	Springfield
01236	Housatonic	Springfield
01452	Hubbardston	Springfield
01050	Huntington	Springfield
01522	Jefferson	Springfield
01347	Lake Pleasant	Springfield

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-6
	Transmittal Letter ALL-191	Date 02/01/12

Zip Code	Town	MEC Location
01238	Lee	Springfield
01053	Leeds	Springfield
01524	Leicester	Springfield
01240	Lenox	Springfield
01242	Lenox Dale	Springfield
01054	Leverett	Springfield
01106	Longmeadow	Springfield
01056	Ludlow	Springfield
01243	Middlefield	Springfield
01244	Mill River	Springfield
01349	Millers Falls	Springfield
01057	Monson	Springfield
01351	Montague	Springfield
01245	Monterey	Springfield
01354	Mount Hermon	Springfield
01350	Munroe	Springfield
01531	New Braintree	Springfield
01355	New Salem	Springfield
01247	North Adams	Springfield
01059	North Amherst	Springfield
01535	North Brookfield	Springfield
01252	North Egremont	Springfield
01066	North Hatfield	Springfield
01537	North Oxford	Springfield
01060	Northampton	Springfield
01061	Northampton	Springfield
01062	Northampton	Springfield
01063	Northampton	Springfield
01360	Northfield	Springfield
01068	Oakham	Springfield
01364	Orange	Springfield
01253	Otis	Springfield
01540	Oxford	Springfield
01009	Palmer	Springfield
01069	Palmer	Springfield
01612	Paxton	Springfield
01002	Pelham	Springfield
01366	Petersham	Springfield
01201	Pittsfield	Springfield
01202	Pittsfield	Springfield
01203	Pittsfield	Springfield
01070	Plainfield	Springfield
01541	Princeton	Springfield
01254	Richmond	Springfield
01542	Rochdale	Springfield
01367	Rowe	Springfield
01368	Royalston	Springfield
01071	Russell	Springfield

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-7
	Transmittal Letter ALL-191	Date 02/01/12

Zip Code	Town	MEC Location
01543	Rutland	Springfield
01255	Sandisfield	Springfield
01256	Savoy	Springfield
01257	Sheffield	Springfield
01370	Shelburne Falls	Springfield
01072	Shutesbury	Springfield
01074	South Barre	Springfield
01373	South Deerfield	Springfield
01258	South Egremont	Springfield
01075	South Hadley	Springfield
01260	South Lee	Springfield
01073	Southampton	Springfield
01550	Southbridge	Springfield
01259	Southfield	Springfield
01077	Southwick	Springfield
01562	Spencer	Springfield
01101	Springfield	Springfield
01102	Springfield	Springfield
01103	Springfield	Springfield
01104	Springfield	Springfield
01105	Springfield	Springfield
01107	Springfield	Springfield
01108	Springfield	Springfield
01109	Springfield	Springfield
01111	Springfield	Springfield
01114	Springfield	Springfield
01115	Springfield	Springfield
01118	Springfield	Springfield
01119	Springfield	Springfield
01128	Springfield	Springfield
01129	Springfield	Springfield
01133	Springfield	Springfield
01138	Springfield	Springfield
01139	Springfield	Springfield
01144	Springfield	Springfield
01151	Springfield	Springfield
01152	Springfield	Springfield
01195	Springfield	Springfield
01199	Springfield	Springfield
01262	Stockbridge	Springfield
01263	Stockbridge	Springfield
01566	Sturbridge	Springfield
01375	Sunderland	Springfield
01468	Templeton	Springfield
01079	Thorndike	Springfield
01080	Three Rivers	Springfield
01376	Turners Falls	Springfield
01264	Tyringham	Springfield

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-8
	Transmittal Letter ALL-191	Date 02/01/12

Zip Code	Town	MEC Location
01081	Wales	Springfield
01082	Ware	Springfield
01083	Warren	Springfield
01378	Warwick	Springfield
01570	Webster	Springfield
01379	Wendell	Springfield
01380	Wendell Depot	Springfield
01583	West Boylston	Springfield
01585	West Brookfield	Springfield
01084	West Chesterfield	Springfield
01088	West Hatfield	Springfield
01089	West Springfield	Springfield
01090	West Springfield	Springfield
01266	West Stockbridge	Springfield
01092	West Warren	Springfield
01085	Westfield	Springfield
01086	Westfield	Springfield
01441	Westminster	Springfield
01473	Westminster	Springfield
01093	Whately	Springfield
01094	Wheelwright	Springfield
01095	Wilbraham	Springfield
01096	Williamsburg	Springfield
01267	Williamstown	Springfield
01475	Winchendon	Springfield
01477	Winchendon Springs	Springfield
01270	Windsor	Springfield
01601	Worcester	Springfield
01602	Worcester	Springfield
01603	Worcester	Springfield
01604	Worcester	Springfield
01605	Worcester	Springfield
01606	Worcester	Springfield
01607	Worcester	Springfield
01608	Worcester	Springfield
01609	Worcester	Springfield
01610	Worcester	Springfield
01613	Worcester	Springfield
01614	Worcester	Springfield
01615	Worcester	Springfield
01653	Worcester	Springfield
01654	Worcester	Springfield
01655	Worcester	Springfield
01097	Woronoco	Springfield
01098	Worthington	Springfield

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-9
	Transmittal Letter ALL-191	Date 02/01/12

MassHealth Enrollment Center in Taunton

21 Spring Street, Suite 4

Taunton, MA 02780-0711

Tel.: 1-888-665-9993

Fax: 508-828-4634 (for applications and associated documentation for nursing facility or rehabilitation center residents)

Fax: 617-887-8777 (for reviews and any documentation necessary for maintaining current members' records)

TTY: 1-888-665-9997 (for people with partial or total hearing loss)

Responsibilities:

- Accept and process Senior MBRs for individuals residing in nursing or rehabilitation facilities located in their area of responsibility (see towns listed below).
- Process Senior MBRs for individuals residing in the community.
- Process Buy-In Applications (for Qualifying Individuals).
- Maintain ongoing cases, regardless of age.

Towns:

Zip Code	Town	MEC Location
02351	Abington	Taunton
02018	Accord	Taunton
02743	Acushnet	Taunton
01721	Ashland	Taunton
02702	Assonet	Taunton
02703	Attleboro	Taunton
02322	Avon	Taunton
02457	Babson Park	Taunton
02630	Barnstable	Taunton
02019	Bellingham	Taunton
02779	Berkeley	Taunton
01504	Blackstone	Taunton
02532	Bourne	Taunton
02184	Braintree	Taunton
02185	Braintree	Taunton
02020	Brant Rock	Taunton
02631	Brewster	Taunton
02324	Bridgewater	Taunton
02325	Bridgewater	Taunton
02301	Brockton	Taunton
02302	Brockton	Taunton
02303	Brockton	Taunton
02304	Brockton	Taunton
02305	Brockton	Taunton
02327	Bryantville	Taunton
02021	Canton	Taunton
02330	Carver	Taunton
02534	Cataumet	Taunton
02632	Centerville	Taunton

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-10
	Transmittal Letter ALL-191	Date 02/01/12

Zip Code	Town	MEC Location
02634	Centerville	Taunton
02636	Centerville	Taunton
02712	Chartley	Taunton
02633	Chatham	Taunton
02535	Chilmark	Taunton
02025	Cohasset	Taunton
02635	Cotuit	Taunton
02637	Cummaquid	Taunton
02713	Cuttyhunk	Taunton
02714	Dartmouth	Taunton
02026	Dedham	Taunton
02027	Dedham	Taunton
02638	Dennis	Taunton
02639	Dennisport	Taunton
02715	Dighton	Taunton
02030	Dover	Taunton
02331	Duxbury	Taunton
02332	Duxbury	Taunton
02333	East Bridgewater	Taunton
02641	East Dennis	Taunton
01516	East Douglas	Taunton
02536	East Falmouth	Taunton
02717	East Freetown	Taunton
02031	East Mansfield	Taunton
02643	East Orleans	Taunton
02537	East Sandwich	Taunton
02032	East Walpole	Taunton
02538	East Wareham	Taunton
02189	East Weymouth	Taunton
02642	Eastham	Taunton
02334	Easton	Taunton
02539	Edgartown	Taunton
02337	Elmwood	Taunton
02719	Fairhaven	Taunton
02720	Fall River	Taunton
02721	Fall River	Taunton
02722	Fall River	Taunton
02723	Fall River	Taunton
02724	Fall River	Taunton
02540	Falmouth	Taunton
02541	Falmouth	Taunton
01745	Fayville	Taunton
02644	Forestdale	Taunton
02035	Foxboro	Taunton
02038	Franklin	Taunton
01519	Grafton	Taunton
02041	Green Harbor	Taunton
02040	Greenbush	Taunton

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-11
	Transmittal Letter ALL-191	Date 02/01/12

Zip Code	Town	MEC Location
02338	Halifax	Taunton
02339	Hanover	Taunton
02340	Hanover	Taunton
02341	Hanson	Taunton
02645	Harwich	Taunton
02646	Harwichport	Taunton
02043	Hingham	Taunton
02044	Hingham	Taunton
02343	Holbrook	Taunton
01746	Holliston	Taunton
01747	Hopedale	Taunton
01748	Hopkinton	Taunton
02045	Hull	Taunton
02047	Humarock	Taunton
02601	Hyannis	Taunton
02647	Hyannisport	Taunton
02364	Kingston	Taunton
02347	Lakeville	Taunton
01525	Linwood	Taunton
01526	Manchaug	Taunton
02345	Manomet	Taunton
02048	Mansfield	Taunton
02738	Marion	Taunton
02050	Marshfield	Taunton
02051	Marshfield	Taunton
02065	Marshfield	Taunton
02648	Marstons Mills	Taunton
02649	Mashpee	Taunton
02739	Mattapoisett	Taunton
02052	Medfield	Taunton
02053	Medway	Taunton
01756	Mendon	Taunton
02552	Menemsha	Taunton
02344	Middleboro	Taunton
02349	Middleboro	Taunton
02346	Middleboro	Taunton
02348	Middleboro	Taunton
01757	Milford	Taunton
01527	Millbury	Taunton
02054	Millis	Taunton
01529	Millville	Taunton
02186	Milton	Taunton
02187	Milton	Taunton
02055	Minot	Taunton
02350	Monponsett	Taunton
02553	Monument Beach	Taunton
02554	Nantucket	Taunton
02584	Nantucket	Taunton

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-12
	Transmittal Letter ALL-191	Date 02/01/12

Zip Code	Town	MEC Location
01760	Natick	Taunton
02492	Needham	Taunton
02494	Needham Heights	Taunton
02740	New Bedford	Taunton
02741	New Bedford	Taunton
02742	New Bedford	Taunton
02744	New Bedford	Taunton
02745	New Bedford	Taunton
02746	New Bedford	Taunton
02056	Norfolk	Taunton
02760	North Attleboro	Taunton
02761	North Attleboro	Taunton
02763	North Attleboro	Taunton
02355	North Carver	Taunton
02650	North Chatham	Taunton
02747	North Dartmouth	Taunton
02764	North Dighton	Taunton
02651	North Eastham	Taunton
02356	North Easton	Taunton
02357	North Easton	Taunton
02556	North Falmouth	Taunton
01536	North Grafton	Taunton
02059	North Marshfield	Taunton
02358	North Pembroke	Taunton
02060	North Scituate	Taunton
02652	North Truro	Taunton
01538	North Uxbridge	Taunton
01534	Northbridge	Taunton
02766	Norton	Taunton
02061	Norwell	Taunton
02062	Norwood	Taunton
02557	Oak Bluffs	Taunton
02558	Onset	Taunton
02653	Orleans	Taunton
02655	Osterville	Taunton
02542	Otis Air Force Base	Taunton
02359	Pembroke	Taunton
02762	Plainville	Taunton
02360	Plymouth	Taunton
02361	Plymouth	Taunton
02362	Plymouth	Taunton
02367	Plympton	Taunton
02559	Pocasset	Taunton
02657	Provincetown	Taunton
02169	Quincy	Taunton
02170	Quincy	Taunton
02171	Quincy	Taunton
02269	Quincy	Taunton

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-13
	Transmittal Letter ALL-191	Date 02/01/12

Zip Code	Town	MEC Location
02368	Randolph	Taunton
02767	Raynham	Taunton
02768	Raynham	Taunton
02769	Rehoboth	Taunton
02770	Rochester	Taunton
02370	Rockland	Taunton
02561	Sagamore	Taunton
02562	Sagamore	Taunton
02563	Sandwich	Taunton
02066	Scituate	Taunton
02771	Seekonk	Taunton
02067	Sharon	Taunton
02070	Sheldonville	Taunton
01770	Sherborn	Taunton
02564	Siasconset	Taunton
02565	Silver Beach	Taunton
02725	Somerset	Taunton
02726	Somerset	Taunton
02366	South Carver	Taunton
02659	South Chatham	Taunton
02748	South Dartmouth	Taunton
02660	South Dennis	Taunton
02375	South Easton	Taunton
01560	South Grafton	Taunton
02661	South Harwich	Taunton
02662	South Orleans	Taunton
02071	South Walpole	Taunton
02663	South Wellfleet	Taunton
02190	South Weymouth	Taunton
02664	South Yarmouth	Taunton
01772	Southborough	Taunton
02072	Stoughton	Taunton
01590	Sutton	Taunton
02777	Swansea	Taunton
02718	Taunton	Taunton
02780	Taunton	Taunton
02783	Taunton	Taunton
02666	Truro	Taunton
01568	Upton	Taunton
01569	Uxbridge	Taunton
02568	Vineyard Haven	Taunton
02081	Walpole	Taunton
02571	Wareham	Taunton
02482	Wellesley	Taunton
02481	Wellesley Hills	Taunton
02667	Wellfleet	Taunton
02668	West Barnstable	Taunton
02379	West Bridgewater	Taunton

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-14
	Transmittal Letter ALL-191	Date 02/01/12

Zip Code	Town	MEC Location
02573	West Chop	Taunton
02669	West Chatham	Taunton
02670	West Dennis	Taunton
02574	West Falmouth	Taunton
02671	West Harwich	Taunton
02672	West Hyannisport	Taunton
01586	West Millbury	Taunton
02575	West Tisbury	Taunton
02576	West Wareham	Taunton
02673	West Yarmouth	Taunton
01580	Westborough	Taunton
01581	Westborough	Taunton
01582	Westborough	Taunton
02790	Westport	Taunton
02791	Westport Point	Taunton
02090	Westwood	Taunton
02188	Weymouth	Taunton
02191	Weymouth	Taunton
02381	White Horse Beach	Taunton
01588	Whitinsville	Taunton
02382	Whitman	Taunton
02543	Woods Hole	Taunton
01784	Woodville	Taunton
02093	Wrentham	Taunton
02675	Yarmouthport	Taunton

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-15
	Transmittal Letter ALL-191	Date 02/01/12

MassHealth Enrollment Center in Tewksbury

367 East Street

Tewksbury, MA 01876-1957

Tel.: 1-888-665-9993

Fax: 978-863-9231 (for applications and associated documentation for nursing facility or rehabilitation center residents)

617-887-8777 (for reviews and any documentation necessary for maintaining current members' records)

TTY: 1-888-665-9997 (for people with partial or total hearing loss)

Responsibilities:

- Accept and process Senior MBRs for individuals residing in nursing or rehabilitation facilities located in their area of responsibility (see towns listed below).
- Process Senior MBRs for individuals residing in the community.
- Process Buy-In Applications (for Qualifying Individuals).
- Maintain ongoing cases, regardless of age.
- Enroll members into the Kaileigh Mulligan Program and PACE On-Lok Programs, as appropriate.

Towns:

Zip Code	Town	MEC Location
01718	Acton	Tewksbury
01720	Acton	Tewksbury
01913	Amesbury	Tewksbury
01810	Andover	Tewksbury
01812	Andover	Tewksbury
05501	Andover	Tewksbury
05544	Andover	Tewksbury
01899	Andover (IRS)	Tewksbury
02474	Arlington	Tewksbury
02476	Arlington	Tewksbury
02475	Arlington Heights	Tewksbury
01432	Ayer	Tewksbury
01730	Bedford	Tewksbury
01503	Berlin	Tewksbury
01915	Beverly	Tewksbury
01821	Billerica	Tewksbury
01822	Billerica	Tewksbury
01740	Bolton	Tewksbury
01719	Boxboro	Tewksbury
01921	Boxford	Tewksbury
01505	Boylston	Tewksbury
01803	Burlington	Tewksbury
01805	Burlington	Tewksbury
01922	Byfield	Tewksbury
01741	Carlisle	Tewksbury
01824	Chelmsford	Tewksbury
01510	Clinton	Tewksbury

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-16
	Transmittal Letter ALL-191	Date 02/01/12

Zip Code	Town	MEC Location
01742	Concord	Tewksbury
01923	Danvers	Tewksbury
01434	Devens	Tewksbury
01826	Dracut	Tewksbury
01827	Dunstable	Tewksbury
01929	Essex	Tewksbury
01701	Framingham	Tewksbury
01702	Framingham	Tewksbury
01703	Framingham	Tewksbury
01704	Framingham	Tewksbury
01705	Framingham	Tewksbury
01833	Georgetown	Tewksbury
01930	Gloucester	Tewksbury
01931	Gloucester	Tewksbury
01450	Groton	Tewksbury
01470	Groton	Tewksbury
01471	Groton	Tewksbury
01834	Groveland	Tewksbury
01936	Hamilton	Tewksbury
01731	Hanscom Air Force Base	Tewksbury
01451	Harvard	Tewksbury
01937	Hathorne	Tewksbury
01830	Haverhill	Tewksbury
01831	Haverhill	Tewksbury
01832	Haverhill	Tewksbury
01835	Haverhill	Tewksbury
01749	Hudson	Tewksbury
01938	Ipswich	Tewksbury
01523	Lancaster	Tewksbury
01840	Lawrence	Tewksbury
01841	Lawrence	Tewksbury
01842	Lawrence	Tewksbury
01843	Lawrence	Tewksbury
01453	Leominster	Tewksbury
02420	Lexington	Tewksbury
02421	Lexington	Tewksbury
01773	Lincoln	Tewksbury
01460	Littleton	Tewksbury
01850	Lowell	Tewksbury
01851	Lowell	Tewksbury
01852	Lowell	Tewksbury
01853	Lowell	Tewksbury
01854	Lowell	Tewksbury
01462	Lunenburg	Tewksbury
01940	Lynnfield	Tewksbury
02148	Malden	Tewksbury
01944	Manchester	Tewksbury

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-17
	Transmittal Letter ALL-191	Date 02/01/12

Zip Code	Town	MEC Location
01945	Marblehead	Tewksbury
01752	Marlborough	Tewksbury
01754	Maynard	Tewksbury
02153	Medford	Tewksbury
02155	Medford	Tewksbury
02176	Melrose	Tewksbury
01860	Merrimac	Tewksbury
01844	Methuen	Tewksbury
01949	Middleton	Tewksbury
01951	Newbury	Tewksbury
01950	Newburyport	Tewksbury
01845	North Andover	Tewksbury
01862	North Billerica	Tewksbury
01863	North Chelmsford	Tewksbury
01864	North Reading	Tewksbury
02455	North Waltham	Tewksbury
01532	Northborough	Tewksbury
01865	Nutting Lake	Tewksbury
01960	Peabody	Tewksbury
01961	Peabody	Tewksbury
01463	Pepperell	Tewksbury
01866	Pinehurst	Tewksbury
01965	Prides Crossing	Tewksbury
01867	Reading	Tewksbury
01966	Rockport	Tewksbury
01969	Rowley	Tewksbury
01970	Salem	Tewksbury
01971	Salem	Tewksbury
01952	Salisbury	Tewksbury
01464	Shirley	Tewksbury
01545	Shrewsbury	Tewksbury
01546	Shrewsbury	Tewksbury
01982	South Hamilton	Tewksbury
01561	South Lancaster	Tewksbury
01564	Sterling	Tewksbury
01467	Still River	Tewksbury
02180	Stoneham	Tewksbury
01775	Stow	Tewksbury
01776	Sudbury	Tewksbury
01907	Swampscott	Tewksbury
01876	Tewksbury	Tewksbury
01983	Topsfield	Tewksbury
01469	Townsend	Tewksbury
01879	Tyngsboro	Tewksbury
01880	Wakefield	Tewksbury
02451	Waltham	Tewksbury
02452	Waltham	Tewksbury
02453	Waltham	Tewksbury

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-18
	Transmittal Letter ALL-191	Date 02/01/12

Zip Code	Town	MEC Location
02454	Waltham	Tewksbury
01778	Wayland	Tewksbury
01984	Wenham	Tewksbury
01885	West Boxford	Tewksbury
01472	West Groton	Tewksbury
01256	West Medford	Tewksbury
01985	West Newbury	Tewksbury
01474	West Townsend	Tewksbury
01886	Westford	Tewksbury
02493	Weston	Tewksbury
01887	Wilmington	Tewksbury
01890	Winchester	Tewksbury
01801	Woburn	Tewksbury
01806	Woburn	Tewksbury
01807	Woburn	Tewksbury
01808	Woburn	Tewksbury
01813	Woburn	Tewksbury
01815	Woburn	Tewksbury
01888	Woburn	Tewksbury
01889	Woburn	Tewksbury

<p align="center">Commonwealth of Massachusetts MassHealth Provider Manual Series</p>	<p align="center">Subchapter Number and Title Appendix B. Enrollment Centers</p>	<p align="center">Page B-19</p>
<p align="center">All Provider Manuals</p>	<p align="center">Transmittal Letter ALL-191</p>	<p align="center">Date 02/01/12</p>

Electronic Document Management Center

P.O. Box 1231
Taunton, MA 02780
Fax: 617-887-8777

Responsibilities:

- Accept, scan, and electronically store the following information (includes information for members residing in nursing homes and rehabilitation centers).
 - annual reviews and any documentation associated with the reviews; and
 - any documentation necessary for case maintenance of ongoing cases, regardless of age.

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix B. Enrollment Centers	Page B-20
	Transmittal Letter ALL-191	Date 02/01/12

This page is reserved.