




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Transmittal Letter ALL-210
September 2014

TO: All Providers Participating in MassHealth

FROM: Kristin L. Thorn, Medicaid Director 

RE: *All Provider Manuals (Revised Appendix A)*

This letter transmits a revised Appendix A for all MassHealth provider manuals. The revised appendix is effective immediately. 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.

In addition, this transmittal letter obsoletes Appendix B. Please remove Appendix B from your provider manual.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

Questions

If you have any questions about the information in this transmittal letter, please contact MassHealth Customer Services 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-20

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(The pages listed here are no longer in effect.)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-188

Pages B-1 through B-20 — transmitted by Transmittal Letter ALL-191

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-1
	Transmittal Letter ALL-210	Date 10/01/14

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 website 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-5
Fraud Hotline.....	A-10
Hearings.....	A-10
Managed Care Information about MassHealth Members.....	A-10
Senior Care Options	A-12
Member Eligibility	A-12
Payments.....	A-13
Prior Authorization: Dental Services.....	A-13
Prior Authorization: Non-dental and Non-pharmacy Services.....	A-14
Prior Authorization: Pharmacy Services	A-14
Provider Enrollment and Credentialing	A-15
Provider Training.....	A-16
Publications	A-17
Third-Party Liability.....	A-18
Utilization Management	A-19
Vision-Care Materials.....	A-20

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-2
	Transmittal Letter ALL-210	Date 10/01/14

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 that 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
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@masshealth-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

claims@masshealth-dental.net
1-800-207-5019
Hours: Monday-Friday, excluding
holidays, 8:00 a.m. – 6:00 p.m.

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	Page A-3
	Transmittal Letter ALL-210	Date 10/01/14

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 Services Center:

:

MassHealth
ATTN: Customer Services
P.O. Box 9152
Canton, MA 02021

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
www.mass.gov/masshealthproviderservicecenter

After you are approved to submit claims electronically, upload your HIPAA-compliant *electronic claims* to the Web-Based Transactions page at:

If you are an approved paper-waiver provider, send *original paper* claims to:

MassHealth
ATTN: Original Paper Claims Submission
P.O. Box 9152
Canton, MA 02021

Send *paper adjustments* of all paid claims to:

MassHealth
ATTN: Claims Operations Adjustments
100 Hancock Street, 6th Floor
Quincy, MA 02171

Send *voids* of all claims paid in error to:

MassHealth
P.O. Box 9152
Canton, MA 02021

Send all paper *90-day waiver* requests to:

MassHealth
ATTN: Claims Operations 90-Day Waivers
100 Hancock Street, 6th Floor
Quincy, MA 02171

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-4
	Transmittal Letter ALL-210	Date 10/01/14

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 Xerox 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

Xerox Technical Help Desk
1-866-246-8503
24 hours a day, seven days a week
1-866-556-9315 (fax)

Fax the completed *90-day waiver* form and any pertinent documentation to:

For all other assistance with billing and claims:

Xerox Provider Relations
Masshealth.provider@xerox.com
MassHealth Customer Services Center
1-800-841-2900
Automated Voice Response (AVR):
1-800-554-0042

If you have questions about member eligibility:

E-mail questions related to claims or MassHealth policy to:

Xerox
ATTN: MassHealth
Masshealth.provider@xerox.com

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-5
	Transmittal Letter ALL-210	Date 10/01/14

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 02171-1745
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:

MassHealth Customer Services Center
1-800-841-2900
Hours: Monday-Friday, excluding
holidays, 8:00 a.m.–5:00 p.m.
providersupport@mahealth.net

Clinical Eligibility Assessment for Long-Term-Care Services

The following Aging Services Access Points (ASAPs) have been 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 that serves 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)

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

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

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

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-6
	Transmittal Letter ALL-210	Date 10/01/14

ASAP

Bristol Elder Services, Inc.
1 Father DeValles Blvd, Unit 8
Fall River, MA 02723
508-675-2101
508-646-9704 (TTY)
508-679-0320 (fax)

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

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

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

Elder Services of Berkshire County, Inc.
877 South Street, Suite 4E
Pittsfield, MA 01201
1-800-544-5242 or 413-499-0524
413-442-6443 (fax)
413-499-9764 (TTY)

Elder Services of Cape Cod & the Islands,
Inc.
68 Route 134
South Dennis, MA 02660-3774
1-800-244-4630 (on Cape Cod)
1-800-442-4492 (off Cape Cod)
508-394-4630
508-394-3712 (fax)
508-394-8691 (TDD/TTY)

Service Area

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

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

Chelsea, Revere, Winthrop

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

Adams, Alford, Becket, Cheshire, Clarksburg, Dalton,
Egremont, Florida, Great Barrington, Hancock, Hinsdale,
Lanesborough, Lee, Lenox, Monterey, Mount Washington,
New Ashford, New Marlborough, North Adams, Otis, Peru,
Pittsfield, Richmond, Sandisfield, Savoy, Sheffield,
Stockbridge, Tyringham, Washington, West Stockbridge

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

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-7
	Transmittal Letter ALL-210	Date 10/01/14

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)

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)

Element Care
37 Friend Street
Lynn, MA 01902
877-803-5564
877-0752-2388 (TTY)
781-715-6608

ETHOS

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

Franklin County 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)

Service Area

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

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

Beverly, Gloucester, Lowell, Lawrence, Lynn, Methuen

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

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

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-8
	Transmittal Letter ALL-210	Date 10/01/14

ASAP

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

Minuteman Senior Services
24 Third Avenue
Burlington, MA 01803
1-888-222-6171 or 781-272-7177
781-229-6190 (fax)
781-275-1285 (TTY)

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)
978-514-8841 (TDD)

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 (TTY)

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

Old Colony Elder Services, Inc.
144 Main Street
Brockton, MA 02301-4099
1-800-242-0246 or 508-584-1561
508-897-0031 (fax)
508-587-0280 (TTY)

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 (TTD)

Service Area

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

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

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

Danvers, Marblehead, Middleton, Peabody, Salem

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

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

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-9
	Transmittal Letter ALL-210	Date 10/01/14

ASAP

Service Area

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
781-843-8279 (fax)
781-356-1992 (TDD)

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

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

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

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)

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

WestMass Elder Care, Inc.
4 Valley Mill Road
Holyoke, MA 01040
Hotline: 1-800-462-2301 or 413-538-9020
413-538-6258 (fax)
1-800-875-0287 (TTY)

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
1-866-274-1643
508-993-6510 (fax)
508-994-4265 (TDD)

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 All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-10
	Transmittal Letter ALL-210	Date 10/01/14

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 developmental 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.

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.)

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 02171-1745

617-847-1200

1-800-655-0338

TTY: 1-800-497-4648 (TTY)

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

617-790-4130 (TTY)

617-790-4138 (fax)

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-11
	Transmittal Letter ALL-210	Date 10/01/14

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 Services Center
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 listed here.

Boston Medical Center HealthNet Plan (BMCHP)
Two Copley Place, Suite 600
Boston, MA 02116
1-888-566-0008
617-897-0830 (fax)
Hours: 8:30 a.m.–5:00 p.m.
www.bmchp.org

Fallon Community Health Plan (FCHP)
10 Chestnut Street
Worcester, MA 01608
Provider Customer Service
1-866-275-3247, prompt 4
508-368-9902 (fax)
Hours: Monday-Friday, 8:30 a.m. –
5:00 p.m.
www.fchp.org

Health New England (HNE)
One Monarch Place
Springfield, MA 01144
413-233-3313
413-233-2727 (fax)
Hours: 8:00 a.m. – 4:30 p.m.
www.hne.com

Neighborhood Health Plan (NHP)
253 Summer St. Boston, MA 02210
800-462-5449
617-526-1985 (fax)
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
888-257-1985
888-391-5535 (TTY)
781-393-3530 (fax)
Hours: 8:30 a.m.–5:00 p.m.
www.network-health.org

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-12
	Transmittal Letter ALL-210	Date 10/01/14

Senior Care Options

The MassHealth Office of Long-Term Care manages the Senior Care Options program. The office is located at One Ashburton Place, 5th Floor, Boston, MA 02108. If you have questions about service authorization or claims for members aged 65 or older enrolled in MassHealth Senior Care Options (SCO), contact the SCO Hotline at:

1-888-885-0484

Hours: Monday-Friday, excluding holidays, 9:00 a.m.–5:00 p.m.

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 Services answers questions about: 1-800-841-2900

- EVS access methods (EVS and use of EVS PC software) Hours: Monday – Friday, excluding holidays 8:00 a.m. – 5:00 p.m.
- MassHealth cards
- availability of EVS
- how to verify eligibility

MMIS Help Desk answers questions about installation of EVSpc software www.mass.gov/masshealthproviderservicecenter

If **members have questions** about MassHealth, they should call MassHealth Customer Services at: 1-800-841-2900
1-800-497-4648 (TTY)

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-13
	Transmittal Letter ALL-210	Date 10/01/14

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 website 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 Customer Services Center
Attn: Provider Enrollment and
Credentialing
P.O. Box 9162
Canton, MA 02021-5213

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.

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

Hours: Monday-Friday, excluding
holidays
pa@masshealth-dental.net

If you have questions about **PAs**:

1-800-207-5019

Submit electronic PA requests to:

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	Page A-14
	Transmittal Letter ALL-210	Date 10/01/14

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
ATTN: Prior Authorization
100 Hancock Street, 6th Floor
Quincy, MA 02171-1745

Use the Provider Online Service Center, fax, phone, or mail paper PA requests **for community case management (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 confidentially about PA for home health skilled nursing visits:

617-847-3778

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 the MassHealth Customer Services Center 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.

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-15
	Transmittal Letter ALL-210	Date 10/01/14

If you have questions about prior authorization:

University of Massachusetts Medical
School
Drug Utilization Review Program
Commonwealth Medicine
333 South Street
Shrewsbury, MA 01545-7807
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)

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.

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-16
	Transmittal Letter ALL-210	Date 10/01/14

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 9162
Canton, MA 02021
1-800-841-2900
617-988-8973 (fax)
617-988-8974 (fax)
Hours: Monday-Friday, excluding holidays, 8:00 a.m.–5:00 p.m.
publications@mahealth.net

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.

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

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-17
	Transmittal Letter ALL-210	Date 10/01/14

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

Publications

The following is a list of sources where requests may 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 9152
Canton, MA 02021
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..

www.mass.gov/eohhs/gov/laws-regs/hhs/provider-payment-rates.html

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

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

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-18
	Transmittal Letter ALL-210	Date 10/01/14

ICD, CPT, and HCPCS Code Books are available from the following sources:

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

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

American Medical Association
Order Department
P.O. Box 930876
Atlanta, GA 31193-0876
1-800-621-8335
312-464-5600 (fax)

Third-Party Liability Other Health Insurance

MassHealth's TPL Unit maintains the file that identifies other health insurance that a member may have. Other insurance information comes from various sources. If you receive written evidence (such as an explanation of benefits or a letter from an employer) that a member has other health insurance 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 Schrafft Center
529 Main Street, 3rd Floor
Charlestown, MA 02129
617-886-8133 (fax)

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-19
	Transmittal Letter ALL-210	Date 10/01/14

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
877-533-4381
508-421-8990 (fax)

Utilization Management

If you have questions about the **Acute Hospital Utilization Management Program**:

Permedion HMS Government Services
510 Rutherford Avenue, 1st Floor
Charlestown, MA 02129
617-398-1000
617-398-1428 (fax)

For **Acute Preadmission Clinical Eligibility Assessment**:

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

For **Acute Prepayment and Postpayment reviews**:

617-398-1407 617-398-1428 (fax)

For reconsideration requests:

1-617-398-1422 (fax)

If you have questions about the **Chronic Disease and Rehabilitation Hospital Utilization Management Program**:

MassHealth
100 Hancock Street, 6th Floor
Quincy, MA 02171-1745
1-800-554-5127
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)

Commonwealth of Massachusetts MassHealth Provider Manual Series All Provider Manuals	Subchapter Number and Title Appendix A. Directory	Page A-20
	Transmittal Letter ALL-210	Date 10/01/14

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.