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

MassHealth

Transmittal Letter ALL-243

June 2023

 **TO:** All Providers Participating in MassHealth

 **FROM:** Mike Levine, Assistant Secretary for MassHealth

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

**Background**

This letter transmits an update to Appendix A of all provider manuals. This change is to align with the CMS Home Health Manual Guidance updates for the Advanced Beneficiary Notice (ABN) Form and subsequent amendments to the *Home Health Agency Provider Manual*.

1. **Revised Appendix**

MassHealth is making the following revisions to all provider manuals:

Appendix A Directory

* Appendix A is being amended to update the physical mailing address for providers. Home Health Section (A-19) is being revised to instruct providers on submitting Explanation of Benefits (EOB) at the request of MassHealth.

**MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth-transmittal-letters](http://www.mass.gov/masshealth-transmittal-letters).

[Sign up](https://www.mass.gov/forms/email-notifications-for-masshealth-provider-bulletins-and-transmittal-letters) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

**Questions**

If you have any questions about the information in this transmittal letter, please contact

the MassHealth Customer Service Center at (800) 841-2900 or email your inquiry to provider@masshealthquestions.com.

NEW MATERIAL

(The pages listed here contain new or revised language.)

All Provider Manuals

Pages i, 1-37, and 1-38

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

All Provider Manuals

Page i — transmitted by Transmittal Letter ALL-231

Pages 1-37 and 1-38 — transmitted by Transmittal Letter ALL-234

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

This directory is organized alphabetically by function.

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# **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.

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| DentaQuest Customer Service | MassHealth Dental12121 N. Corporate Parkway Mequon, WI 53092 [www.masshealth-dental.net](http://www.masshealth-dental.net/) 1-800-207-5019 |
| Verify ***member eligibility, provider customer service, questions about benefits, enrollment, credentialing, training, and complaints***: | 1-800-207-50191-800-466-7566 (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***: | 1-800-207-5019Hours: 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 1-800-207-5019Hours: Monday-Friday, excluding holidays, 8:00 a.m. – 6:00 p.m. |
| Send all ***90-day waiver*** requests to: | MassHealth90-Day Waiver Department 465 Medford StreetP.O. Box 9708Boston, MA 02144-97081-800-207-5019 |
| Contact the DentaQuest Final Deadline Appeals Department if you have questions about ***final deadline appeals*** for dental claims. | MassHealthFinal Deadline Appeal Department 465 Medford StreetP.O. Box 9708Boston, MA 02144-97081-800-207-5019 |

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# **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.

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| MassHealth Customer Services Center:: | MassHealthATTN: Customer ServicesP.O. Box 9152 Canton, MA 02021 |
| If you have questions about ***claims or MassHealth policy***, or want to request a paper remittance advice | 1-800-841-2900Hours: 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****:* | 1-800-841-2900Hours: Monday-Friday, excluding holidays, 8:00 a.m.–5:00 p.m.[www.mass.gov/masshealthproviderservicecenter](http://www.mass.gov/masshealthproviderservicecenter) |
| If you have questions about policies and procedures for submitting ***electronic claims, technical support, or testing for HIPAA claims transactions****:* | 1-800-841-2900Hours: 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](http://www.mass.gov/masshealthproviderservicecenter) |
| If you are an approved paper-waiver provider, send***original paper*** claims to: | MassHealthATTN: Original Paper Claims SubmissionP.O. Box 9152 Canton, MA 02021 |
| Send ***paper adjustments*** of all paid claims to: | MassHealthATTN: Claims Operations Adjustments 100 Hancock Street, 6th FloorQuincy, MA 02171 |
| Send ***voids*** of all claims paid in error to: | MassHealthP.O. Box 9152 Canton, MA 02021 |
| Send all paper ***90-day waiver*** requests to: | MassHealthATTN: Claims Operations 90-Day Waivers 100 Hancock Street, 6th FloorQuincy, MA 02171 |

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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.

MassHealth

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

Quincy, MA 02171

617-847-3115

fdeappeals@state.ma.us

# **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.

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| If you have questions about billing and claims including questions about ***90-day waiver*** requests | Xerox Technical Help Desk 1-866-246-850324 hours a day, seven days a week |
| Fax the completed ***90-day waiver*** form and any pertinent documentation to: | 1-866-556-9315 (fax) |
| For all other assistance with billing and claims: | Xerox Provider Relations Masshealth.provider@xerox.com |
| If you have questions about member eligibility: | MassHealth Customer Services Center 1-800-841-2900Automated Voice Response (AVR): 1-800-554-0042 |
| E-mail questions related to claims or MassHealth policy to: | XeroxATTN: MassHealth Masshealth.provider@xerox.com |

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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

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| 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 1-800-841-2900Hours: 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.

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| **ASAP** | **Service Area** |
| BayPath Elder Services, Inc. 33 Boston Post Road West Marlborough, MA 017521-800-287-7284 or 508-573-7200508-872-5012 (TTY) | Ashland, Dover, Framingham, Holliston, Hopkinton, Hudson, Marlborough, Natick, Northborough, Sherborn, Southborough, Sudbury, Wayland, Westborough |
| Boston Senior Home Care Lincoln Plaza89 South Street, 5th Floor Boston, MA 02111617-451-6400617-451-6631 (fax)617-695-0437 (TTD) | Beacon Hill (West End), Charlestown, Chinatown, Columbia Point, Dorchester, East Boston, East Mattapan, North End, South Boston |

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| **ASAP** | **Service Area** |
| Bristol Elder Services, Inc.1 Father DeValles Blvd, Unit 8 Fall River, MA 02723508-675-2101508-646-9704 (TTY)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 StreetBoston, MA 02119617-277-7416 or 617-277-7818617-277-2005 (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 10P.O. Box 6427Chelsea, MA 02150-0008617-884-2500617-884-7988 (fax)1-800-432-2370 (TTY) | Chelsea, Revere, Winthrop |
| Coastline Elderly Services, Inc. 1646 Purchase StreetNew Bedford, MA 02740 508-999-6400508-993-6510 (fax)508-994-4265 (TDD) | Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, New Bedford, North Dartmouth, Rochester |
| Elder Services of Berkshire County, Inc. 877 South Street, Suite 4EPittsfield, MA 012011-800-544-5242 or 413-499-0524413-442-6443 (fax)413-499-9764 (TTY) | 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 |
| Elder Services of Cape Cod & the Islands, Inc.68 Route 134South Dennis, MA 02660-3774 1-800-244-4630 (on Cape Cod)1-800-442-4492 (off Cape Cod) 508-394-4630508-394-3712 (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 |

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| **ASAP** | **Service Area** |
| Elder Services of Merrimack Valley, Inc. 360 Merrimack StreetRiverwalk, Building 5Lawrence, MA 01843-17401-800-892-0890 or 978-683-7747978-687-1067 (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 StreetWorcester, MA 016021-800-243-5111 or 508-756-1545508-754-7771 (fax)508-792-4541 (TDD) | Auburn, Barre, Boylston, Grafton, Hardwick, Holden, Leicester, New Braintree, Oakham, Paxton, Rutland Shrewsbury, West Boylston, Worcester |
| Element Care 37 Friend StreetLynn, MA 01902877-803-5564877-0752-2388 (TTY)781-715-6608ETHOS555 Amory StreetJamaica Plain, MA 02130-2672 617-522-6700617-524-2899 (fax)617-524-2687 (TDD) | Beverly, Gloucester, Lowell, Lawrence, Lynn, MethuenHyde Park, Roslindale, South Jamaica Plain, West Mattapan, West Roxbury |
| Franklin County Home Care Corporation 330 Montague City Road, Suite 1 Turners Falls, MA 01373-25301-800-732-4636 or 413-773-5555413-772-1084 (fax)413-772-6566 (TDD) | 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 |
| Greater Lynn Senior Services 8 Silbee StreetLynn, MA 019011-800-594-5164 or 781-599-0110781-592-7540 (fax)781-477-9632 (TDD) | Lynn, Lynnfield, Nahant, Saugus, Swampscott |
| Greater Springfield Senior Services, Inc. 66 Industry AvenueSpringfield, MA 01104-42431-800-649-3641 or 413-781-8800413-781-0632 (fax)413-272-0399 (TTY) | Agawam, Brimfield, East Longmeadow, Hampden, Holland, Longmeadow, Monson, Palmer, Springfield, Wales, West Springfield, Wilbraham |

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#### ASAP Service Area

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)

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

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)

Ashburnham, Ashby, Ayer, Berlin, Bolton, Clinton, Fitchburg, Gardner, Groton, Hubbardston, Lancaster, Leominster, Lunenburg, Pepperell, Princeton, Shirley, Sterling, Templeton, Townsend, Westminster, Winchendon

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)

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

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| **ASAP** | **Service Area** |
| Somerville-Cambridge Elder Services 61 Medford StreetSomerville, MA 02143-3429617-628-2601 or 617-628-2602617-628-1085 (fax)617-628-1705 (TDD) | Cambridge, Somerville |
| South Shore Elder Services, Inc. 159 Bay State DriveBraintree, MA 02184781-848-3910, 781-383-9790, and781-749-6832781-843-8279 (fax)781-356-1992 (TDD) | Braintree, Cohasset, Hingham, Holbrook, Hull, Milton, Norwell, Quincy, Randolph, Scituate, Weymouth |
| Springwell125 Walnut StreetWatertown, MA 02472617-926-4100617-926-9897 (fax)617-923-1562 (TTY) | Belmont, Brookline, Needham, Newton, Waltham, Watertown, Wellesley, Weston |
| Tri-Valley Elder Services, Inc. 10 Mill StreetDudley, MA 015711-800-286-6640 or 508-949-6640508-949-6651 (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 01040Hotline: 1-800-462-2301 or 413-538-9020413-538-6258 (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.

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#### 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)

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| 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 1-800-841-2900Hours: 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 021161-888-566-0008617-897-0830 (fax)Hours: 8:30 a.m.–5:00 p.m. [www.bmchp.org](http://www.bmchp.org/)Fallon Community Health Plan (FCHP) 10 Chestnut StreetWorcester, MA 01608 Provider Customer Service 1-866-275-3247, prompt 4508-368-9902 (fax)Hours: Monday-Friday, 8:30 a.m. – 5:00 p.m.[www.fchp.org](http://www.fchp.org/)Health New England (HNE) One Monarch Place Springfield, MA 01144413-233-3313413-233-2727 (fax)Hours: 8:00 a.m. – 4:30 p.m. [www.hne.com](http://www.hne.com/)Neighborhood Health Plan (NHP) 253 Summer St. Boston, MA 02210800-462-5449617-526-1985 (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](http://www.nhp.org/)Network Health101 Station Landing, 4th Floor Medford, MA 02155888-257-1985888-391-5535 (TTY)781-393-3530 (fax)Hours: 8:30 a.m.–5:00 p.m. [www.network-health.org](http://www.network-health.org/) |

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**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.

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| ***Automated Voice Response (AVR):*** | 1-800-554-0042 |
| ***MassHealth Customer Services*** answers questions about:* EVS access methods (EVS and use of EVS PC software)
* MassHealth cards
* availability of EVS
* how to verify eligibility
 | 1-800-841-2900Hours: Monday – Friday, excluding holidays 8:00 a.m. – 5:00 p.m. |
| ***MMIS Help Desk*** answers questions about installation of EVSpc software | [www.mass.gov/masshealthproviderservicecenter](http://www.mass.gov/masshealthproviderservicecenter) |
| If ***members have questions*** about MassHealth, they should call MassHealth Customer Services at: | 1-800-841-29001-800-497-4648 (TTY) |

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**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.](http://www.mass.gov/masshealth) Click on MassHealth Provider Forms in the lower-right panel on our home page.

Your EFT request will not be approved unless you have a W-9 form on file. The W-9 form can also be downloaded from the Web according to the above instructions.

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| Send the ***completed*** EFT form (and W-9 form, if applicable) to: | MassHealth Customer Services Center Attn: Provider Enrollment and CredentialingP.O. Box 9162Canton, MA 02021-5213 |
| If you have questions about ***W-9 or EFT form*** completion: | 1-800-841-2900617-988-8974 (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](http://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- Hours: Monday-Friday, excluding Dental and Non-pharmacy Services holidays

pa@masshealth-dental.net

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| If you have questions about ***PAs***: | 1-800-207-5019 |
| Submit electronic PA requests to: | [www.masshealth-dental.net](http://www.masshealth-dental.net/) |
| Mail all paper PA requests to: | MassHealth Dental – PA 12121 N. Corporate Parkway Mequon, WI 53092 |

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# **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.

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| Submit all electronic PA requests using the Provider Online Service Center at: | [www.mass.gov/masshealthproviderserv](http://www.mass.gov/masshealthproviderservicecenter) [icecenter](http://www.mass.gov/masshealthproviderservicecenter) |
| Mail paper PA requests to: | MassHealthATTN: 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/masshealthproviderserv](http://www.mass.gov/masshealthproviderservicecenter)[icecenter](http://www.mass.gov/masshealthproviderservicecenter) |
| To inquire about the status of any PA request, call MassHealth Customer Service at: | 1-800-841-2900 |
| To inquire 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.](http://www.mass.gov/masshealth) Click on MassHealth Drug List.

Other claims will be denied because of certain drug utilization review (DUR) edits. When appropriate, the pharmacist should discuss the medical necessity of prescribing such drugs with the prescriber before calling for DUR certification. Use the following 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.

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| If you have questions about prior authorization: | University of Massachusetts Medical SchoolDrug Utilization Review Program Commonwealth Medicine333 South StreetShrewsbury, MA 01545-78071-800-745-73181-877-208-7428 (fax) |
| Send requests for all drugs that require PA to: | MassHealth Drug Utilization Review ProgramP.O. Box 2586Worcester, MA 01613-25861-800-745-73181-877-208-7428 (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.

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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.](http://www.mass.gov/osc)

To notify Provider Enrollment and Credentialing of any change in licensure, certifications, and qualifications or data that may affect participation in MassHealth, or to participate in the Primary Care Clinician Plan (PCCP), you must request a PCC Plan enrollment and credentialing application from

MassHealth

Provider Enrollment and Credentialing

P.O. Box 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

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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:

To schedule a training or individual consultation about billing for MassHealth ***dental*** 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

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

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| ***PA forms (excluding dental), and other forms and publications***Requests must be made in writing. Include your providernumber, address, telephone number, and the exact title of the form. | MassHealthATTN: Forms DistributionP.O. Box 9152 Canton, MA 02021 617-988-8973 (fax) |
| ***Fee schedules***It is helpful if you know the Code of MassachusettsRegulations (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-](http://www.mass.gov/eohhs/gov/laws-regs/hhs/provider-payment-rates.html) [regs/hhs/provider-payment-rates.html](http://www.mass.gov/eohhs/gov/laws-regs/hhs/provider-payment-rates.html) |
| Please contact the State Bookstore if you cannot access the Internet. | State BookstoreState House, Room 116 Boston, MA 02133617-727-2834 |

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***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 Identification Unit

The Schrafft Center

529 Main Street, 3rd Floor Charlestown, MA 02129

617-886-8295 (fax)

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#### Home Health Services

Home Health Agency providers must retain all coverage determinations from the primary insurer for all claims submitted to MassHealth. Providers must submit the insurer’s EOB to MassHealth ***within 10 days*** upon request of the agency.

Mail or fax a copy of the EOB to: MassHealth

Third Party Appeals Unit MA

UMass Chan Medical School

333 South Street

Shrewsbury, MA 01545-4169

877-533-4381

508-421-8990 (fax)

# **Utilization Management**

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| If you have questions about the **Acute Hospital Utilization Management Program**: | Permedion HMS Government Services 510 Rutherford Avenue, 1st Floor Charlestown, MA 02129617-398-1000617-398-1428 (fax) |
| For **Acute Preadmission** Clinical Eligibility Assessment: | 1-877-735-74161-877-735-7415 (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**: | MassHealth100 Hancock Street, 6th Floor Quincy, MA 02171-17451-800-554-51271-800-752-6334 (fax) |
| For **Chronic/Rehabilitation Preadmission, Clinical Eligibility Assessment Conversion Eligibility Assessment**, and **Concurrent Review**: | 1-800-554-51271-800-752-6334 (fax) |
| For **Chronic/Rehabilitation Postpayment Reviews**: | 1-800-752-6334 (fax) |

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**Vision-Care Materials**

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| All completed order forms for vision-care materials must be either mailed or faxed to: | MassCor Optical LaboratoriesP.O. Box 466 Gardner, MA 01440 1-888-482-73311-888-698-2020 (fax)1-888-420-2047 (fax) |
| To check the status of an order for vision-care materials: | MassCor Optical Laboratories 1-888-482-73311-888-420-2047 (fax)Hours: Monday-Friday: 9:00 a.m. – 4:00 p.m. |