***Commonwealth of Massachusetts***

***Executive Office of Health and Human Services***

## Office of Medicaid

*www.mass.gov/masshealth*

**MassHealth**

**All Provider Bulletin 271**

**September 2017**



**TO:** All Providers Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth

**RE: New Mailing Address for MassHealth Provider and Claims Documents**

**Announcement**

Effective immediately, MassHealth has established two new Post Office (P.O.) boxes that MassHealth providers must use for mail correspondence. These providers include non-billing providers who order, refer, and prescribe services.

**What Is Changing: New Post Office Boxes**

**Beginning immediately, please use the addresses below.**

MassHealth Provider Enrollment and Credentialing — for completed applications, licenses, certifications, changes of address, site location update, and any other qualifications or data that may affect participation in MassHealth, send to the following address:

**MassHealth Customer Service Center**

**Attn: Provider Enrollment and Credentialing**

**P.O. Box 121205**

**Boston, MA 02112-1205**

MassHealth Claims — for claims and correspondence from providers who are approved to submit paper claims, send to the following address:

**MassHealth Customer Service Center**

**Attn: Claims**

**P.O. Box 120010**

**Boston, MA 02112-0010**

MassHealth will continue to receive and process documentation mailed to the previous post office boxes in Canton, MA until February 1, 2018. We encourage all providers and applicants to start using the new address.

*(continued on next page*)

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**What Is Not Changing: Long Term Services and Supports (LTSS) and Dental Providers**

Long term services and supports (LTSS) providers will continue to use the addresses outlined for LTSS correspondence. The addresses and the full list of LTSS providers can be found in [All Provider Bulletin 270](http://www.mass.gov/eohhs/docs/masshealth/bull-2017/all-270.pdf). The only exception is LTSS providers approved to submit paper claims. These providers should use the new Claims P.O. box listed above.

Dental providers will continue to use the addresses for enrollment and claims outlined in the *MassHealth Dental Program Reference Manual*. The DentaQuest provider manual contains a quick reference directory for all addresses.

**Attachment**

Please find attached a Quick Reference Directory showing the correct addresses to use.

**Questions**

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at 1-800-841-2900, email your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617‑988‑8974.

**LTSS and dental providers:** Please contact the appropriate customer service numbers in the quick reference directory.

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**Attachment**

**Quick Reference Directory**

**New P.O. Box Addresses**

|  |  |  |  |
| --- | --- | --- | --- |
| **Correspondence Type** | **Provider Type** | **New P.O. Box Address** | **Excludes** |
| MassHealth Provider Enrollment and Credentialing | MassHealth providers including non-billing providers who order, refer, and prescribe services | MassHealth Customer Service Center  Attn: Provider Enrollment and Credentialing  P.O. Box 121205  Boston, MA 02112-1205 | Long Term Services and Supports (LTSS) and dental providers |
| MassHealth Claims related *(paper waiver approved only)* | MassHealth providers **and** LTSS providers | MassHealth Customer Service Center  Attn: Claims  P.O. Box 120010  Boston, MA 02112-0010 | Dental providers |

**Addresses remaining the same (LTSS and dental providers)**

**LTSS providers**

Please refer to [All Provider Bulletin 270](http://www.mass.gov/eohhs/docs/masshealth/bull-2017/all-270.pdf) for a full list of LTSS provider types, addresses, and services.

|  |  |
| --- | --- |
| MassHealth Provider Enrollment and Credentialing correspondence | MassHealth LTSS  P.O. Box 159108  Boston, MA 02215 |
| LTSS provider questions | 1-844-368-5184  support@masshealthltss.com |

**MassHealth dental providers**

Please refer to the *MassHealth Dental Program Reference Manual* for a full list of addresses and services.

|  |  |
| --- | --- |
| MassHealth Dental Provider Enrollment and Credentialing correspondence | MassHealth Dental-PEC  P.O. Box 2906  Milwaukee, WI 53201-2906 |
| MassHealth Dental Claims correspondence | MassHealth Dental-Claims  P.O. Box 2906  Milwaukee, WI 53201-2906 |
| MassHealth dental provider questions | 1-800-207-5019  inquiries@masshealth-dental.net |