



Electronic Claims Waiver Request

Applicant Information (All fields must be completed or the request may be denied.)

Provider Name _____

Address _____

Street Address

City

State

ZIP

Contact Name _____ Contact Number _____

Provider ID/Service Location (PIDSL) _____

NPI	Fax	Email
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Waiver Request Information

This is a request for an electronic claims waiver that will be reviewed by MassHealth. This waiver does not apply to claims submitted on the current American Dental Association claim form.

Please check all the reasons that are preventing you from submitting electronic claims.

- Low volume of claims (20 or fewer per month)
- Reasonable accommodation
- MMIS issues
- Other extenuating circumstances
- Natural disaster

You must provide more information below so that we can make electronic claim submission easier for you in the future.

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Authorized Signature _____ Date _____

Print Name _____ Title _____

Please return the completed waiver request form to
 MassHealth Customer Services Center, Attn. Claims P.O. Box 7, Quincy, MA 02182-0007.
 Fax to (617) 988-8910, or email to providersupport@mahealth.net.

MassHealth Claims Submission Policy and Waiver

To reduce costs and to promote environmental responsibility, MassHealth does not accept paper claim submissions from providers unless they are approved for a waiver. This policy does not apply to claims submitted on the current American Dental Association claim form.

MassHealth providers may apply for an exception to the mandatory electronic claim submission policy. The waiver process allows providers who meet certain criteria to continue to submit paper claims for up to one year.

The criteria to determine eligibility for the waiver include the following.

1. Low volume of claims — Fewer than an average of 20 claims per month over the previous 12 months
2. MMIS issues — Temporary technical difficulties related to testing or interfacing with MMIS
3. Natural disaster — Temporary disruption in service, of at least five business days, caused by natural disaster or utility work
4. Reasonable accommodation — Provider's staff responsible for claims submission have a disability that prevents the submission of electronic claims that cannot be easily mitigated with reasonable accommodation
5. Other extenuating circumstances — Any situation in which complying with this policy would impede the ability of the provider to participate in MassHealth

The approved waiver will automatically expire after the approval time frame granted.

Providers will be required to seek alternative means for electronic submission, i.e. Direct Data Entry or billing intermediary assistance.

Should an additional waiver be requested, providers may be charged an administrative fee based on paper claim volume.

MassHealth will respond to your request within 30 calendar days of receipt.

If you have any questions, please contact the MassHealth Customer Services Center via email at providersupport@mahealth.net or at (800) 841-2900 (TTY: (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled) or at providersupport@mahealth.net.