




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

MassHealth
Hospice Provider Bulletin 11
August 2014

TO: Hospice Providers Participating in MassHealth
FROM: Kristin L. Thorn, Medicaid Director 
RE: **Change in Fax Number for MassHealth Hospice Election Forms**

Overview

Effective immediately, providers must use a new fax number when submitting Hospice Election Forms on behalf of any MassHealth member who elects to receive hospice services, revoke or disenroll from hospice services, or change hospice providers.

Pursuant to 130 CMR 437.412(C), hospice providers must complete the MassHealth Hospice Election form according to the instructions on the form, and submit it to the MassHealth Hospice Unit.

Accessing the Form

The Hospice Election form is available online at www.mass.gov/eohhs/docs/masshealth/provider-services/forms/hos-1.pdf.

Providers can also obtain the form by calling the MassHealth Customer Services Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

Submitting the Form

Hospice Election forms must be completed fully and submitted separately for each member to

- 1) The new fax number: 617-886-8402, or
- 2) The mailing address: MassHealth Hospice Unit, UMMS-CHCF, 529 Main St., Suite 320, Charlestown, MA 02129.

Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Services Center at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.