

Job Aid: Update Provider Profile – Doing Business As (DBA) Address

This job aid describes how to update the provider DBA address via the MassHealth Provider Online Service Center (POSC).

 Update the provider DBA address via the MassHealth Provider Online Service Center (POSC).

This job aid is not intended for the following provider types.

- Long-Term Services & Supports (LTSS)
- Dentist
- Ordering, referring, and prescribing (ORP)

Updating Provider Address

Each MassHealth provider must notify MassHealth prior to or no later than the effective date of the change. Changes made via the POSC may still require the submission of paper documentation. For certain providers, a new application may be required when there is a change to the "doing business as" (DBA) address. To understand what documents are needed for certain types of address changes, please refer to the **Change of Address – Provider Requirements** webpage at <u>mass.gov/info-details/change-of-address-provider-requirements</u>.

Non-billing ordering, referring, and prescribing (ORP) providers must submit any update in writing. Address changes should be reported by submitting the <u>MassHealth Change of Address</u> form.

Long-Term Services and Supports (LTSS) providers cannot update via this portal. Please contact MassHealth LTSS Provider Services at <u>masshealthltss.com</u>.

Dentists cannot update via this portal. Please contact the MassHealth Customer Service for Dental Providers here at <u>masshealth-dental.net</u>.

Note: Fields with an asterisk are required fields and must be completed to proceed to the next panel.

Address Types

- Doing business as (DBA) Address –the service location address where services are rendered. For certain providers, a new application may be required when there is a change to the DBA address. Please review the <u>Change of Address – Provider</u> <u>Requirements</u>.
- Legal Entity Address Individual providers must list their home address in this section. For entities, you must list the address registered with the IRS for this FEIN. To request a change to this address, please submit the <u>MassHealth Provider Change of Address</u> Form.
- **Billing Address** The provider billing address must match DBA if the NPI is linked to more than one PID/SL.

- **Check Mailing Address** Listed as the Remittance Address on the MA-W-9. MassHealth requires all providers to accept payment via EFT. This address would be used to mail checks if there were EFT issues.
- Mailing Address no longer is use. •
- Remittance Address no longer is use. Provider must download their MassHealth remittance advices from the POSC.

Note: If the provider shares the NPI for multiple PID/SLs, you may be required to bill the service location address in the 2010AA and/or MassHealth assigned taxonomy in the 2000A PRV segments to avoid claim denials.

Access Update Your MassHealth Profile

From the **POSC** home page:

- 1. Click Manage Provider Information.
- 2. Click Maintain Profile.
- 3. Click Update Your MassHealth Profile to access the List of Providers panel.





MassHealth Provider Online Service Center

The Provider Online Service Center gives you the tools to effectively manage your business with MassHealth electronically. Use these services to enroll as a MassHealth provider, manage your profile information, and submit and retrieve transactions.

Enter data directly and modify individual transactions (ie. claims submission, eligibility verification, MMQ, Prior Authorization, Pre-Admission Screening, Referrals, and EHR Incentive Program).

View your notifications, contracts, reports, metrics, and financial data. Download most MassHealth forms and publications.

If you suspect that the security of your account has been compromised, please contact the MassHealth Customer Service Center at 1-800-841-2900.

Need more information?



4. Select the provider you wish to update. Reminder: Updates for LTSS, Dental, and/or ORP providers cannot be submitted via the Provider Online Service Center.

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viders of those services falli			List of Providers				
Providers of those services falling under Long-Term Services and Supports (LTSS) programs cannot update via this portal. Please contact MassHealth LTSS Provider Services here at www.masshealthltss.com or 844-368-5184. Please select the provider you wish to update.							
Name		Provider ID	City	State			
Provider Name		11000000	City	State			
	ase select the provider you w Name Provider Name	ase select the provider you wish to update. Name Provider Name	ase select the provider you wish to update. Name Provider ID Provider Name 110000000	ase select the provider you wish to update. Name Provider ID City Provider Name 110000000 City			

5. On the **Steps** panel, click **Service Locations** to open the **List of Locations** panel.

Provider Services	Update Your MassHealth Profil	e			?
> <u>Home</u> > <u>Provider Search</u>	Steps	Service Locations	;		
Manage Batch Files Manage Service Authorizations Manage Correspondence and	 > Legal Entity > Identification Info > Dentification Info 	DBA Name	Address	City	State
Reporting Manage Members	<u>Ownership and Control</u> <u>Business Transactions</u> Persons Convicted of a	Provider Name	DBA Address	City	State
Manage Claims and Payments Manage Provider Information Enrollment	Crime >				
 <u>Maintain Profile</u> <u>Update Your MassHealth</u> 	Excluded/Penalized/Convicted Persons - Information	Cancel Service			Submit
Profile > Inquire Profile Update	<u>Excluded/Penalized/Convicted</u> Persons				
 <u>Business Partners (non</u> Provider) 	<u>Attestation</u> Service Locations				
 > Administer Account > Reference Publications 	<u>Address Type</u> Provider Info				
> News & Updates > Related Links	Medicare Info Personal Info				
	Certified Specialty Info Information Specialty Info				
	<u>License Into</u> <u>Certification</u> Covering Practitioners				
	 > Primary Care Clinician (PCC) 				
	PCC Practitioners PCC Affiliations				
	Croup Practice Into Professional Affiliation Trading Partner Profile				
	 <u>Locum Tenums</u> <u>Attachments</u> 				

 Select the service location being updated from the List of Locations panel. You will see all the providers you have access to under your User ID. If you do not see the provider location you are looking for, contact the Primary User for that provider ID/service location (PID/SL). The Location Detail panel will display.

of Locations			
DBA Name	Address	City	State
Provider Name	DBA Address	City	State

7. On the **Location Detail** panel, update the DBA address information. Be sure to complete all fields marked with a red asterisk.

Location Det	tail					
Select a row ab	ove to 'Update' the Servic	e Location. To add a ne	w service location, please	e complete a new enrollm	ent.	
Organization	[]	OP		
Name	L] [UK .		
Last Name			First Name		Middle Initial	
Contact *	Service Location Conta	ct				
DBA	Address Line					
Address						
Line 2						
DBA City *	City		DBA State *	State 🗸		
DBA Zip	Zip Code		Email *	provider_email@domai	n.com	
Code *	<u> </u>			· -		
Phone	123-456-7890		Fax Number			
TDD/TTY *	● Yes ○ No					
Phone	[]				
Number		ļ				
Do you want	to use, or continue to	use, the services of a	a billing intermediary	• Yes • No		
		when submitting clai	ms to MassHealth? *	100 0 110		
Cancel Item						Update
Cancel Service						<u>Submit</u>

o. Select Opuale to return to the List of Locations par	8.	Select U	Jpdate to	return t	to the	List of	Locations	panel.
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Location Det	ail	
Select a row ab	ove to 'Update' the Service Location. To add a new service location	n, please complete a new enrollment.
Organization		
Name		OR
Last Name	First Na	me Middle Initial
Contact *	Service Location Contact	
DBA Address *	Address Line	
Address Line 2		
DBA City *	City DBA	State * State
DBA Zip Code *	Zip Code E	mail * provider_email@domain.com
Phone Number *	123-456-7890 Fax Nu	Imber
TDD/TTY *	• Yes O No	
Phone Number		
Do you want	to use, or continue to use, the services of a billing interm when submitting claims to MassHea	ediary alth?* • Yes · No
Cancel Item		Update
Cancel Service		Submit

9. On the List of Locations panel, select Submit. — Service Locations

List of Locations						
DBA Name	Address	City	State			
Provider Name	DBA Address	City	State			
Cancel Service			Submit			

Attestation

All update requests submitted via the POSC require a certification of agreement.

10. On the **Agreement** panel, click the indicated box to certify. Click **Submit** to submit the update request for processing.

Agreement	
I certify under the pains and penalties of perjury that thi and any attached statement that I have provided has bee and signed by me, and is true, accurate, and complete, t my knowledge. I understand that I may be subject to civ criminal prosecution for any falsification, omission, or c of any material fact contained herein.	s information en reviewed to the best of il penalties or oncealment
Cancel Service	Submit

Processing

All provider file update requests will be processed within 10 business days. A letter will be sent to the requesting provider's DBA address once the change request is processed.