



Primary Care Clinician (PCC) Plan Paper Referral Form For NewMMIS

Member Information

Member ID no: _____ Member date of birth: _____

Last name: _____ First name: _____

Referring Provider

Business name: _____ Provider no. (PID/SL): _____

Last name: _____ First name: _____

Fax no.: _____

Servicing Provider

Business name: _____ Provider no.: (PID/SL) _____

Last name: _____ First name: _____

City: _____ State: _____ Zip code: _____

Provider ID/service location or NPI: _____

Specialty: _____ Provider type: _____

Fax no.: _____ Number of visits: _____

Referral Details

Assignment (check one): Consult Consult and test Consult, test, and treat

Reason for referral: _____

Effective date: _____ End date: _____

Referral submitted by: _____ PCC no: _____

Phone: _____ Date: _____

If you have received this fax in error, please notify MassHealth Customer Service at 1-800-841-2900. Anyone other than the intended recipient is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

Primary Care Clinician (PCC) Plan Paper Referral Form for NewMMIS Instructions for Use

This paper referral form has been created to assist PCC Plan offices that do not currently have the ability to submit referrals through the Provider Online Service Center (POSC). You can access this form at www.mass.gov/masshealth. Click on MassHealth Provider Forms in the lower right panel on our home page.

When to Use This Form

You should use the Provider Online Service Center (POSC) when referrals are required for specialty care for members enrolled in a PCC Plan. If you cannot issue referrals through the POSC because you do not have access to the Internet, you may request a waiver from MassHealth that will enable you to use this referral form to effect the issuance of referrals for your enrolled members. In the event of a technical problem with the POSC, you may also be instructed by MassHealth to use this form.

Please Note: If you do not have Internet access in your office, please contact MassHealth Customer Service at 1-800-841-2900 for instructions for the use of this paper referral form.

How to Use This Form

Fill in the information requested on the paper referral form.

Once we receive the form we will enter the information in our system on your behalf. Please note that we will not make a determination for referrals as we do not do this presently. We are merely entering the referral information for you.

Where to Send This Form

Once you fill in the paper referral form, you may mail it to the following address.

MassHealth Customer Service
Attn: PCC Referrals
P.O. Box 9162
Canton, MA 02021

You may also fax it to 617-988-8924.

Once the referral form is entered into NewMMIS, you will be notified of the referral number. If you have any questions, please call MassHealth Customer Service at 1-800-841-2900.

Please Note: Referrals may be submitted by the PCC office at any time using the Provider Online Service Center at www.mass.gov/masshealth.