

Technical Assistance Reference Document

Provider Application Request

National Provider Identifier (NPI)

Before a school district can enroll as a School-Based Medicaid Program (SBMP) provider with MassHealth, the district must first obtain a National Provider Identifier (NPI).

The NPI is a unique 10-digit identification number issued to health care providers by the Centers for Medicare & Medicaid Services (CMS). This number is required for provider enrollment, claims submission and ongoing participation in the Medicaid program.

If your district does not already have an organizational NPI for School-Based Medicaid services, this must be completed before moving forward with the MassHealth provider application.

Please refer to the (insert link for NPI Technical Assistance doc.) for step-by-step instructions on how to apply for and obtain an NPI.

Once the NPI has been obtained, the district can move forward with the MassHealth provider enrollment application.

Provider Application Request

- [Access the provider application](#)

Provider Application Request

Fee-for-Service (FFS) providers should use this form to submit a request for a MassHealth provider application.

To become a fully participating provider, the application package must be completed in its entirety and submitted to MassHealth for review and approval.

MassHealth will notify you in writing of its decision about your application. Payment will not be made for any claims submitted for services, care or supplies furnished before the enrollment date authorized by MassHealth.

For MassHealth Dental or Long-Term Services & Supports (LTSS), visit:

- [Dental Program](#)
- [Long-Term Services & Support \(LTSS\) Provider Portal](#)

Before submitting a request, applicants should review the MassHealth [regulations](#) and [provider manuals](#) for their provider type to ensure the requested application package is appropriate.

Applicants can also [register for trainings](#) on how to complete the forms once they receive their application.

* indicates a required field

NPI *

SEARCH



- Enter the school district NPI number at the bottom of the screen, then select search.
- Confirm your Provider Information is accurate

Provider Info

NPI	Provider Name

- Select the Provider Type

* indicates a required field

Select Provider Type *

☐	Renal Dialysis Clinic
☐	Rest Home
☒	School-Based Medicaid
☐	Special Programs
☐	State Agency Services

- Select Next

NEXT	CANCEL
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- Provide your contact information

For this application type we are required to gather contact information for outreach.

* indicates a required field

Contact first name *

Contact last name *

Contact email *

Contact phone *

NEXT	CANCEL
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- Select Next

Once the application is complete, you will get a notification that your application has been accepted.

Your Request 24506522 has been accepted and will be reviewed by Provider Enrollment and Credentialing (PEC). We will get in touch with you shortly. For questions, please email PEC@maximus.com

RESTART

You will receive an email from MAHealthPublications@maximus.com with further instructions.

Below is a sample of the email.

 PT-89 State Municipalities (S...
Saved

Dear Applicant,

Attached is the application you requested on the mass.gov webpage.

Please complete the application packet and **MAIL** or **FAX** the application to:

MAIL:

MassHealth Provider Enrollment
PO BOX 278
Quincy MA, 02171

FAX: 617-988-8974

PLEASE NOTE We will NOT accept these applications via e-mail. This email box is not monitored for replies or application submissions so please make sure you ONLY mail or fax your application back to MassHealth.

If you have any questions, please contact the MassHealth Provider Service Center at: 1-800-841-2900 or via email at: provider@masshealthquestions.com

Thanks!

MassHealth