Final Deadline Appeal

Frequently Asked Questions (FAQs)

Overview of the Request for Claim Review Form

MassHealth has worked with several statewide health plans to develop a

consolidated claim review form for final deadline appeal requests authorized

pursuant to MassHealth regulations at 130 CMR 450.323(A). Effective June 1,

2012, MassHealth will adopt the use of the Request for Claim Review

Form.

The resulting Request for Claim Review Form was adopted in July 2011 by private

health plans in Massachusetts to ease administrative burdens for providers in

managing different appeal forms with different payers.

An accompanying Request for Review Form Reference Guide acts as a provider

resource for submission criteria and respective documentation requirements for

each health plan.

What is the effective date?

Effective June 1, 2012.

Does MassHealth require providers to use the form when submitting a final

deadline appeal request?

Effective June 1, 2012, MassHealth providers submitting a request for a final

deadline appeal are strongly encouraged to use the Request for Claim Review

Form.

Should I use the form if I am submitting an electronic final deadline appeal via

direct data entry (DDE)?

The Request for Claim Review Form should be used to submit electronic final

deadline appeal requests to MassHealth. Please note that final deadline appeals

submitted on paper should also include the Request for Claim Review Form.

Do I still need to provide accompanying documentation?

Yes. You must submit the documentation with each claim for which you are

requesting a final deadline appeal, pursuant to MassHealth regulations at 130

CMR 450.323(B). This includes, but is not limited to

a statement outlining the nature of the appeal, including a description of the

MassHealth error that resulted in the denial or underpayment of the claim;

a copy of the applicable page of each remittance advice on which the claim has

appeared, including the one on which the claim was denied for "Final Deadline

Exceeded;"

any other documentation supporting your appeal; and

a legible and accurately completed paper claim form, if applicable.

Is MassHealth changing the criteria for the final deadline appeal process?

No. MassHealth is NOT changing the final deadline appeal process. However, the

process was recently automated to accommodate electronic submitters. Providers

must continue to meet the criteria outlined in MassHealth regulations and in

final deadline appeal procedures. For more information, please see 130 CMR

450.323: Appeals of Erroneously Denied or Underpaid Claims and All Provider

Bulletin 221, dated December 2011.

Where can I get a copy of the Request for Claim Review Form?

A copy of the form and reference guide is located at the HealthCare

Administrative Solutions, Inc. (HCAS) Web site at www.hcasma.org/index.html

Whom should I contact if I have questions or need assistance filling out the

form?

If you have any questions about the information in this document, please contact

MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to

providersupport@mahealth.net, or fax your inquiry to 617-988-8974.