

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.

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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.