



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MASSHEALTH
TRANSMITTAL LETTER ALL-134
July 2005

TO: All Providers Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: All Provider Manuals (Revised Appendix A)

Effective July 1, 2005, MassHealth has expanded and integrated MassHealth customer services for both providers and members. These expanded services, which include a range of new Web-based self-service options and a consolidated MassHealth Customer Service Center, will dramatically improve the delivery of administrative services to both providers and members.

This letter transmits a revised Appendix A for all provider manuals. Appendix A is a directory of MassHealth-related addresses, phone numbers, fax numbers, and e-mail addresses. The updated appendix provides the revised contact information for many MassHealth functions.

Appendix A is also available on the MassHealth Web site at www.mass.gov/masshealthpubs. Click on "Provider Library," then on "Provider Manual Appendices."

If you have any questions about the information in this transmittal letter 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.

NEW MATERIAL

(The pages listed here contain new or revised language.)

All Provider Manuals

Pages A-1 through A-16

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

All Provider Manuals

Pages A-1 through A-14 — transmitted by Transmittal Letter ALL-120

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This appendix contains the names, addresses, and telephone numbers of units, agencies, and contractors that you may need to contact in the course of doing business with MassHealth. This appendix is also available on the MassHealth Web site at www.mass.gov/masshealthpubs. Click on “Provider Library,” then on “Provider Manual Appendices.”

This directory is organized alphabetically by function.

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Benefit Plans and Utilization Management

MassHealth has entered into agreements with various entities to manage and review the quality and appropriateness of care.

If you have questions about the ***PCC Plan***, PCC Plan Network Management Services, or referral requirements:

PCC Plan Hotline
1-800-495-0086
(TTY: 617-790-4132 for people with partial or total hearing loss)
1-800-790-4138 (fax)

If you have questions about service authorization or claims for members enrolled in the ***Behavioral Health Program***:

1-800-495-0086
617-790-4815 (fax)

If you have questions about the ***Acute Hospital Utilization Management Program***, including:

- admission screening;
- prepayment review;
- OPD PCC review; and
- postpayment review

MassPRO
235 Wyman Street
Waltham, MA 02451-1231
781-890-0011

for ***admission screening*** only:

1-800-732-7337
1-800-752-6334 (fax)

for ***prepayment review*** only:

781-290-5784 (fax)

If you have questions about the ***Chronic Disease and Rehabilitation Hospital Utilization Management Program***, including:

- preadmission screening;
- conversion screening;
- concurrent review; and
- postpayment review

MassPRO
235 Wyman Street
Waltham, MA 02451-1231
781-890-0011
1-800-554-5127
1-800-752-6334 (fax)

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Claims Submission and Resolution

MassHealth has contracted with MAXIMUS to receive MassHealth claims, *except for pharmacy claims*, and to answer providers' questions about the payment of services covered by MassHealth.

MassHealth Customer Services:

MassHealth
Customer Service
P.O. Box 9118
Hingham, MA 02043
1-800-841-2900
Hours: Mon. – Fri., excluding holidays
8:00 A.M. – 5:00 P.M.
providersupport@mahealth.net

If you have questions about *claims or MassHealth policy*, or want to request a replacement remittance advice:

If you have a question about the *status of a claim*

1-800-841-2900
Hours: Mon. – Fri., excluding holidays
8:00 A.M. – 5:00 P.M.
www.massrevs.edcs.com

If you have questions about policies and procedures for submitting *electronic claims, technical support*, or testing for HIPAA claims transactions:

1-800-841-2900
Hours: Mon. – Fri., excluding holidays
hipaasupport@mahealth.net

After you are approved to submit claims electronically, upload your HIPAA-compliant *electronic claims* to the Web-Based Transactions page at:

www.mass.gov/masshealth

If you have questions about *Provider Claim Submission Software (PCSS)*:

1-800-841-2900

Send *original paper* claims to:

MassHealth
ATTN: Originals
P.O. Box 9118
Hingham, MA 02043

Send *paper adjustments* of all paid claims to:

MassHealth
ATTN: Adjustments
P.O. Box 9118
Hingham, MA 02043

Send *paper resubmittals* of all denied claims to:

MassHealth
ATTN: Resubmittals
P.O. Box 9118
Hingham, MA 02043

Send *voids* of all claims paid in error to:

MassHealth
ATTN: Voids
P.O. Box 9118
Hingham, MA 02043

If you have *Medicare/MassHealth claims* that do not

MassHealth

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cross over systematically, send paper crossover claims to:

ATTN: Crossover Claims
P.O. Box 9118
Hingham, MA 02043

Send **90-day waiver** requests
for inpatient UB-92 hospital claims only:

MassHealth
ATTN: 90-Day Waivers, Inpatient
600 Washington Street
Boston, MA 02111

Send **90-day waiver requests** for all other claims:

MassHealth
ATTN: 90-Day Waivers
P.O. Box 9118
Hingham, MA 02043

If you have questions about **final deadline appeals** before
the Final Deadline Appeals Unit:

MassHealth
ATTN: Final Deadline Appeals
600 Washington Street
Boston, MA 02111
617-210-5538
fdeappeals@state.ma.us

MassHealth has contracted with ACS State Healthcare (ACS) to receive MassHealth **pharmacy claims** and answer providers' questions about the Pharmacy Online Processing System (POPS).

ACS Help Desk:

1-866-246-8503
24 hours a day, seven days a week

If you have questions about **90-day waiver** requests for
pharmacy claims:

ACS Help Desk
1-866-246-8503

Send the completed form and any pertinent documentation to:

ACS State Healthcare
ATTN: MassHealth-
90-Day Waivers
365 Northridge Center 1
Suite 400
Atlanta, GA 30350
1-866-556-9314 (fax)

Send **written questions** related to claims, MassHealth
policy, registration for electronic remittance advices, or
replacement of a remittance advice to:

ACS State Healthcare
ATTN: MassHealth
131 Tremont Street, 4th Floor
Boston, MA 02111
masshealth.providerrelations@acs-inc.com

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If the service date on the claims exceeds 12 months (or 18 months, if another insurer is involved), submit your *appeal* to:

MassHealth
ATTN: Final Deadline Appeals
Unit
600 Washington Street
Boston, MA 02111
617-210-5538
fdeappeals@state.ma.us

Hearings

If you have questions about a fair hearing or an adjudicatory hearing:

MassHealth
Board of Hearings
2 Boylston Street
Boston, MA 02116
617-210-5800
1-800-655-0338
617-210-5820 (fax)

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Member Eligibility

MassHealth has contracted with Electronic Data Systems (EDS) to maintain and monitor the MassHealth Recipient Eligibility Verification System (REVS). This system provides 24-hour access to member eligibility information for the previous six months. Be sure to have the member's card, MassHealth identification number, or name and date of birth when making eligibility inquiries. REVS access methods require a user ID and password. If you have not submitted a Trading Partner Agreement, you cannot access REVS.

ACS, the contractor responsible for operating the Pharmacy Online Processing System (POPS), receives the same MassHealth member eligibility information as EDS. The pharmacy claim-adjudication process at ACS includes the same eligibility verification as is available through REVS. Therefore, it is not necessary for retail pharmacists to separately validate through REVS member eligibility for pharmacy claims.

WebREVS

www.massrevs.eds.com

Automated Voice Response (AVR):

1-800-554-0042

Eligibility Operator (24-hour eligibility operator):

1-800-833-7582

REVS Help Desk:

1-800-462-7738

Answers questions about:

Hours: Mon.– Fri., excluding holidays
8:00 A.M. – 5:00 P.M.

- REVS access methods (WebREVS, point-of-service, PC software, and automated-voice-response systems)
- MassHealth cards
- REVS Provider Manual
- availability of REVS
- how to verify eligibility

Send correspondence to:

EDS MassHealth
155 Federal Street, 6th Floor
Boston, MA 02110
617-350-8180 (fax)

If **members have questions** about MassHealth, they should call the MassHealth Customer Service Center:

1-800-841-2900
(TTY: 1-800-497-4648 for people with partial or total hearing loss)

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Payments

Providers are encouraged to receive MassHealth payments by electronic funds transfer (EFT).

To receive payments by EFT, you must complete the Authorization for Electronic Funds Transfer (EFT) of MassHealth Payments.

Send the **completed form** to:

MassHealth
ATTN: EFT Unit, Finance
600 Washington Street
Boston, MA 02111

Your EFT request will not be approved unless you have a W-9 form on file.

If you have questions about **W-9 form** completion and all other changes:

MassHealth
Provider Enrollment and Credentialing
P.O. Box 9118
Hingham, MA 02043
1-800-841-2900
617-988-8974 (fax)
providersupport@mahealth.net

For replacement of a **lost or damaged check**:

617-210-5072

MassHealth payment information is available online. You may access the amount of your check or EFT by going to the Office of the State Comptroller's Web site at www.mass.gov/massfinance. Go to "VendorWeb" and follow the instructions.

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Prior Authorization (pharmacy services)

Claims for certain drugs submitted through the Pharmacy Online Processing System (POPS) require prior authorization (PA). Please see Subchapter 4 of your provider manual and the MassHealth Drug List on the MassHealth Web site at www.mass.gov/masshealth. Click on "MassHealth Drug List."

Other claims will be denied because of certain drug utilization review (DUR) edits. Where appropriate, the pharmacist should discuss the medical necessity of prescribing such drugs with the prescriber before calling for DUR certification. Use the following telephone and fax numbers to request DUR certification or to check on the status of your pharmacy PA request if you have not received a response within 24 hours. If you have not received a response within 24 hours, the pharmacist may provide a 72-hour supply of a requested covered drug.

University of Massachusetts Medical Center:

1-800-745-7318
1-877-208-7428 (fax)

Send requests for all drugs that require PA to:

MassHealth Drug Utilization Review
Program

Note: Telephone requests for PA will be accepted only in the case of a medical emergency.

P.O. Box 2586
Worcester, MA 01613-2586
1-800-745-7318
1-877-208-7428 (fax)

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Prior Authorization (non-pharmacy services)

Some services need PA before you can provide them. These items are identified in Subchapters 4 and 6 of your provider manual.

Mail all PA requests, except those for personal emergency response systems (PERS) and those listed below for Massachusetts Commission for the Blind (MCB) members to:

MassHealth
ATTN: Prior Authorization Unit
(include name of program area)
600 Washington Street
Boston, MA 02111

Mail PA requests for **MCB members** for durable medical equipment, personal care attendant, private duty nursing, and oxygen and respiratory therapy services to:

Massachusetts Commission for
the Blind
48 Boylston Street
Boston, MA 02116

Mail PA requests for **independent nurse, personal care attendant, and PERS** to:

The member's local aging service
access point (see Appendix D in
the *Durable Medical Equipment
Manual*)

You may call the MassHealth PA Unit or MCB, as applicable, to ask about the status of a PA request sent to one of the above addresses. Please wait the specified time before calling.

PA Unit (after 15 days for durable medical equipment and 21 days for all other services):

617-451-7000
1-800-862-8341

PA for independent nurse (after 14 days):

617-451-7176

PA for skilled nursing for MassHealth Basic members (after 21 days):

617-451-7132

MCB PA Unit (after 14 to 21 days, depending on the service):

617-727-5550

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Provider Enrollment and Credentialing

MassHealth has contracted with MAXIMUS to manage provider enrollment and credentialing activities. Provider Enrollment and Credentialing establishes and maintains a file on every MassHealth provider.

You **must** contact Provider Enrollment and Credentialing to report any changes in:

- your licensure and certification;
- Medicare provider status;
- ownership information; or
- any other qualifications that may affect your participation in MassHealth.

You may contact Provider Enrollment and Credentialing by telephone to:

- request a provider application;
- ask about the status of your provider application;
- verify your participation status; or
- verify the information in your provider file.

MassHealth
Provider Enrollment and Credentialing
P.O. Box 9118
Hingham, MA 02043
1-800-841-2900
Hours: Mon. – Fri., excluding holidays
8:00 A.M.-5:00 P.M.
617-988-8974 (fax)
providersupport@mahealth.net

You must write to Provider Enrollment and Credentialing on your letterhead stationery and include your MassHealth provider number and tax identification number to:

- report changes in information, such as your provider name and address;
- change or add your Medicare provider number to your MassHealth provider file.
- report a change in ownership:

MassHealth
Provider Enrollment and Credentialing
P.O. Box 9118
Hingham, MA 02043
1-800-841-2900
Hours: Mon. – Fri., excluding
holidays
8:00 A.M.-5:00 P.M.
617-988-8974 (fax)
providersupport@mahealth.net

To notify Provider Enrollment and Credentialing of any change in licensure, certifications, and qualifications or data that may affect participation in MassHealth:

MassHealth
Provider Enrollment and Credentialing
P.O. Box 9118
Hingham, MA 02043
1-800-841-2900
617-988-8974 (fax)
Hours: Mon. – Fri., excluding holidays
8:00 A.M. – 5:00 P.M.
providersupport@mahealth.net

To apply for managed care or to change your managed care information:

MassHealth
Provider Enrollment and Credentialing
P.O. Box 9118
Hingham, MA 02043
1-800-841-2900
617-988-8974 (fax)
Hours: Mon. – Fri., excluding holidays
8:45 A.M. – 5:00 P.M.
providersupport@mahealth.net

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Provider Training

For all providers, *except pharmacy* providers, MassHealth has contracted with MAXIMUS to perform provider services, including *training*.

To schedule a training or an individual consultation about billing for MassHealth services:

MassHealth
 Provider Training
 P.O. Box 9118
 Hingham, MA 02043
 617-988-8974 (fax)
providersupport@mahealth.net

For *pharmacy providers*, MassHealth has contracted with ACS to perform provider services, including training.

To schedule a training or individual consultation about billing for MassHealth pharmacy services:

ACS State Healthcare
 ATTN: MassHealth
 131 Tremont Street, 4th Floor
 Boston, MA 02111
 617-423-1237
 617-423-9846 (fax)
masshealth.providerrelations@acs-inc.com

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Publications

The following is a list of sources for publications you may need.

The first replacement of a provider manual is provided free of charge. You will be charged for all others. Submit your request in writing on your letterhead stationery. Include your provider number, tax identification number, and a street address.

All current MassHealth regulations, Subchapter 6 (service codes) of provider manuals that have them, and bulletins are available on the MassHealth Web site at www.mass.gov/masshealthpubs.

Provider manuals

MassHealth
Provider Enrollment and Credentialing
P.O. Box 9118
Hingham, MA 02043
1-800-841-2900
617-988-8974 (fax)
Hours: Mon.– Fri., excluding holidays
8:00 A.M.-5:00 P.M.
providersupport@mahealth.net

REVS provider manuals

EDS MassHealth
ATTN: Provider Services
155 Federal Street, 6th floor
Boston, MA 02110

POPS payer sheets

ACS State Healthcare
ATTN: MassHealth
365 Northridge Center 1
Suite 400
Atlanta, GA 30350

Transmittal letters, provider bulletins, and billing instructions

Requests must be made in writing. Include your provider number, address, telephone number, the exact title of the publication, and the date of the issuance.

MassHealth
Publications
P.O. Box 9118
Hingham, MA 02043
617-988-8974 (fax)
providersupport@mahealth.net

Claim forms, prior authorization forms (including pharmacy), and other forms and publications

Requests must be made in writing. Include your provider number, address, and telephone number, and the exact title of the form.

MassHealth
Forms Distribution
P.O. Box 9118
Hingham, MA 02043
617-988-8974 (fax)

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Fee schedules

It is helpful if you know the Code of Massachusetts Regulations (CMR) citation that applies to your provider type. There is a charge for each publication. DHCFP also has the regulations available on disk.

State Bookstore
State House, Room 116
Boston, MA 02133
617-727-2834

Division of Health Care Finance and
Policy (DHCFP)
2 Boylston Street
Boston, MA 02116
617-988-3100
www.mass.gov/dhcfp

ICD-9-CM, CPT, and HCPCS Code Books are available from the following sources:
(Have your credit card ready. In addition, ICD-9-CM Code Books are available from some bookstores.)

Ingenix
13931 Willard Road
Chantilly, VA 20151
1-800-765-6588
801-536-1009 (fax)

American Medical Association
Order Department
P.O. Box 930876
Atlanta, GA 31193-0876
1-800-771-7199
863-582-6845 (fax)

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Third-Party Liability

Medicare/Senior Plan Updates

MassHealth's Medicare Unit maintains the file that identifies Medicare or a third-party liability (TPL) senior plan that a member may have. If you receive written evidence (such as a health insurance card) that a member has Medicare or a senior plan/Medicare replacement policy, has a different insurance than what is listed on the file, or no longer has insurance coverage, please send the information to the Medicare Unit. This does not apply to a member whose benefits have been exhausted, only to members who have terminated their enrollment, or transferred to another senior plan.

Mail or fax the insurance information to:
Please enclose copies of written evidence, if possible.

MassHealth
Medicare Unit
600 Washington Street
Boston, MA 02111
617-210-5080 (fax)

Other Health Insurance

MassHealth's TPL Unit maintains the file that identifies other health insurance that a member may have. Other insurance information comes from various sources. If you receive written evidence (such as an explanation of benefits or a letter from an employer) that a member has other health insurance, different insurance than what is listed on the file, or no longer has health insurance coverage, please send the information to the TPL Unit.

Mail or fax the insurance information to:
Please enclose copies of written evidence, if possible.

MassHealth
TPL Unit
P.O. Box 9209
Boston, MA 02209
617-357-7604 (fax)

Commercial Explanation of Benefits (EOB)

Home health providers may **no longer** send MassHealth a single annual EOB for services denied by a commercial insurer. They must obtain and send an EOB whenever a member with commercial health insurance has a change in medical condition or health-insurance-coverage status. Providers must submit the EOB to MassHealth **within 10 days** of receiving notification of denial from the insurer. The EOB must include the member's MassHealth identification number.

Mail or fax a copy of the EOB to:

MassHealth
Benefit Coordination and Recovery
Home Health Claims
600 Washington Street
Boston, MA 02111
617-210-5080 (fax)

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Vision Care Materials

If you are a vision-care provider and need to check the status of an order for *vision-care materials*:

MassCor Optical Labs
P.O. Box 466
Gardner, MA 01440
1-888-482-7331
1-888-420-2047 (fax)

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