



MassHealth New Provider Overview and Resource Guide

Executive Office of Health & Human Services

Welcome to MassHealth!

We are excited to have you as part of our provider community.

The purpose of this presentation is to deliver a high-level overview of the MassHealth Program and to educate the Provider community on better understanding their roles and responsibilities as a new MassHealth provider as we begin to work together.

Our goal is to assist you by providing the tools to help you navigate the MassHealth program and be more self sufficient in addressing your questions and concerns. We will work together to strive to improve the health outcomes of our diverse members, their families and their communities, by strengthening access to integrated health care services that sustainably promote health, well-being, independence, and quality of life.

Thank you,

Provider Relations Team

Agenda

- MassHealth Introduction
- Provider Responsibilities
- Recommended Resources
- Mass.gov/MassHealth
- MassHealth Provider Manual
- MassHealth PIDSL
- Recordkeeping Requirements
- Sanction: General
- Provider File Integrity
- Provider Online Service Center
- MassHealth Member
- Claims
- Resources

MASSHEALTH INTRODUCTION

MassHealth Introduction



- In Massachusetts, Medicaid and the Children's Health Insurance Program (CHIP) are combined into one program called MassHealth
- MassHealth pays for health care for certain low and medium-income people living in Massachusetts by a contracted network of providers
- MassHealth offers different types of coverage based on the members age, whether they are a parent, pregnant, disabled, HIV positive or have breast or cervical cancer, and whether they work for a small employer
- For more information MassHealth program, please visit www.mass.gov/masshealth

Provider Responsibilities

Provider Responsibilities

- Review and comply with MassHealth Program and Billing Regulations, Program 130 CMR 400.00 through 499.000 available at: <https://www.mass.gov/service-details/masshealth-provider-regulations>
- Verify member's MassHealth eligibility and coverage prior to and on date of service
- Enrolled providers may not refuse to see a member as stated in [130 CMR 450.202](#)
- Providers may not bill a member or guardian for MassHealth covered services as stated in [130 CMR 450.203](#)
- Develop, maintain, and adhere to required documentation for recordkeeping as outlined in Subchapter 2 Administrative Regulations 130 CMR 450.205
- Maintaining the information on your provider profile including:
 1. Service location address, including enrolling new locations
 2. Tax ID and legal address
 3. Information submitted on the Federally Required Disclosure Form (FRDF)
 4. Member of a group practice that will be billed as rendering providers

Recommended Resources

Recommended Resources to keep updated on MassHealth

- Use [Information for MassHealth Providers](#)
- Register to receive MassHealth e-mail alerts by registering on Mass.gov:
<https://www.mass.gov/forms/email-notifications-for-masshealth-provider-bulletins-and-transmittal-letters>
- [MassHealth Provider Handbook](#) is a tool meant to provide MassHealth network providers a basic understanding of topics such as member eligibility, claims, provider regulations and integrity expectations that will aid providers in conducting business with MassHealth


MASS.GOV/MASSHEALTH

Mass.gov/MassHealth Information for MassHealth Providers



[Information for MassHealth Providers](#) is the primary resource created to help providers answer questions, access regulations, and important documents.

The provider page (displayed on the right) was created as a specific resource for providers.

 **Mass.gov**


Search Mass.gov

[MassHealth](#)

OFFERED BY [MassHealth](#)

Information for MassHealth Providers

Start here to find necessary provider resources on Mass.gov



All existing and applying providers should familiarize themselves with [MassHealth's regulations](#) to ensure they understand the program requirements.

Non-Dental and Non-LTSS Providers

[New Provider \(Not Enrolled\) +](#)[Existing Provider \(Enrolled\) +](#)

LTSS and Dental Providers

[Long Term Services and Supports \(LTSS\) Providers +](#)[Dental Providers +](#)

[Collapse all](#)

Provider Resources


(4) —

- [Regulations/Manuals +](#)
- [Library +](#)
- [Bulletins +](#)
- [Publications +](#)

Mass.gov/MassHealth Provider Publications



[Menu](#) [Select Language](#) [State Organizations](#) [Log In to...](#)

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[PART OF MassHealth for Providers](#) [OFFERED BY MassHealth](#)

Provider publications

Providers can find regulations, bulletins, manuals, forms, and other information they might need as MassHealth-participating providers.

TABLE OF CONTENTS

- ✓ [MassHealth Provider Regulations](#)
- ✓ [Provider Bulletins](#)
- ✓ [MassHealth Provider Manuals](#)
- ✓ [MassHealth Provider Forms](#)
- ✓ [Transmittal Letters](#)
- ✓ [MassHealth Companion Guides](#)
- ✓ [MassHealth Billing Guides for Paper Claim Submitters](#)
- ✓ [MassHealth Service Codes and Descriptions](#)
- ✓ [Managed Care Entity Recoupment Job Aids](#)
- ✓ [List of Explanation of Benefit Codes Appearing on the Remittance Advice](#)
- ✓ [MassHealth All Provider Manual Appendices](#)
- ✓ [Remittance Advice Message Text](#)
- ✓ [MassHealth Guidelines for Medical Necessity Determination](#)
- ✓ [Clinical Practice Guidelines for MassHealth Providers](#)
- ✓ [MassHealth Payment and Coverage Guideline Tools](#)

The Provider Library has links to important information and updates

- [MassHealth Provider Regulations](#)
- [Provider Bulletins](#)
- [MassHealth Provider Forms](#)
- [Transmittal Letters](#)
- [MassHealth Billing Guides](#)
- [MassHealth Service Codes and Descriptions](#)
- [List of EOB Codes appearing on Remittance Advice](#)
- [MassHealth Provider Manuals](#)
- [Remittance Advice Message Text](#)

Along with other topics of interest to providers

MASSHEALTH PROVIDER MANUAL

MassHealth Provider Manual

The Provider Manual is a tool that providers should reference for the compliance of MassHealth regulations, to understand administrative and billing instructions, to confirm covered service codes, and gain an understanding of the MassHealth processes. You can find a list of MassHealth provider manuals online.

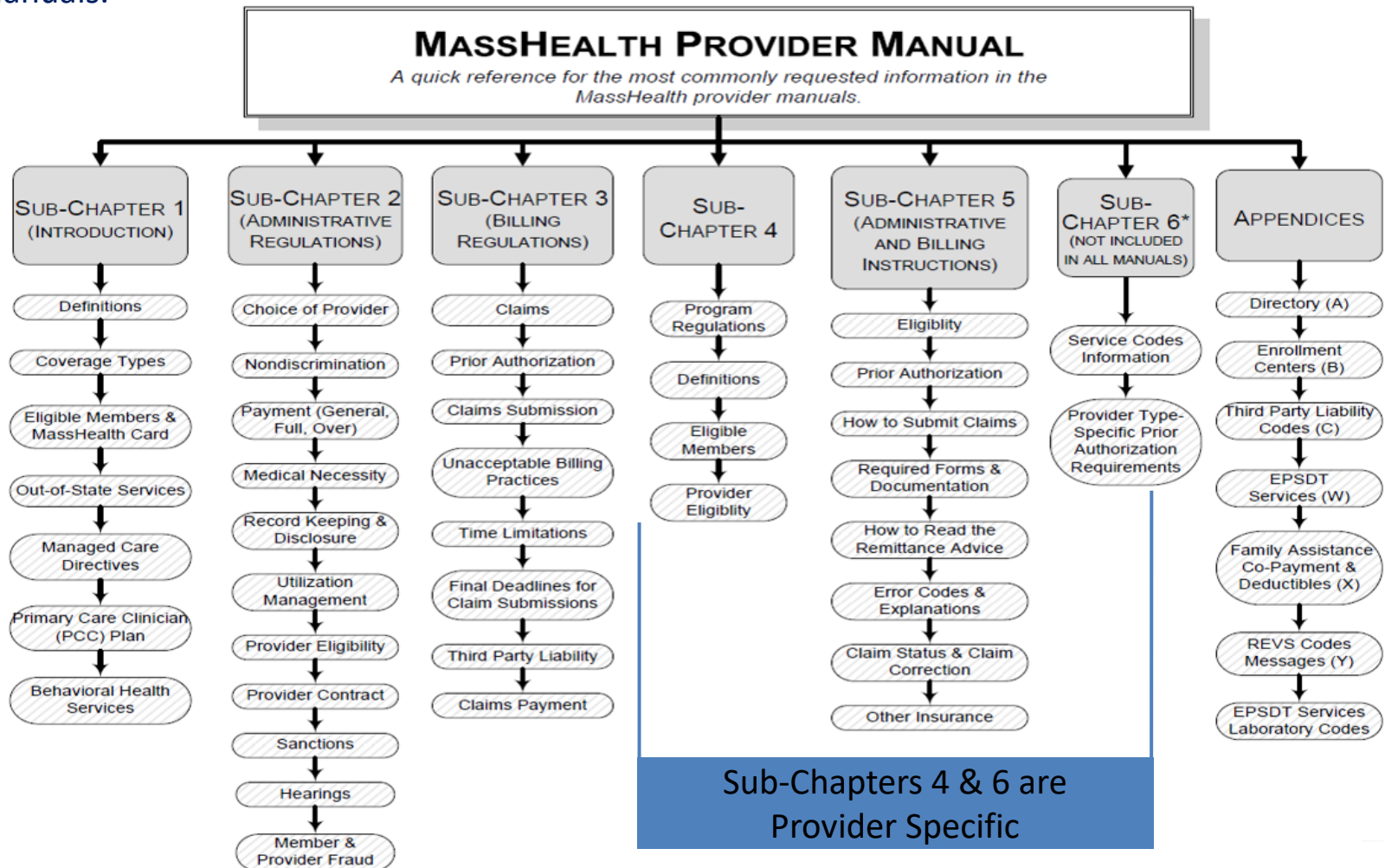
The provider manuals may be accessed at the following <https://www.mass.gov/lists/masshealth-provider-manuals#how-to-read-your-provider-manual->

The Executive Office of Health and Human Services (EOHHS) establishes rates for MassHealth services, which may be found at <https://www.mass.gov/service-details/eohhs-regulations>.

MassHealth Provider Manual Chart



Below is a resource describing the elements contained in each section of the provider manuals.



MASSHEALTH PID/SL

MassHealth PID/SL

- **PID/SL** – Provider Identification/Service Location
- Number issued to each provider according to their service location and/or provider type. It is 10 characters with 9 digits and an alpha at the end (110123456A).
- These IDs are assigned to MassHealth providers once they are enrolled. They are used in multiple systems to uniquely identify each provider.
- PID/SLs authorize providers in the POSC to conduct transactions such as member eligibility verification, claim processing, and submission of referrals and PAs.
- PID/SLs represent each of the provider's location/provider type. A single PID/SL may not be used for multiple provider offices/locations.

RECORDKEEPING REQUIREMENTS

Recordkeeping Requirements

Recordkeeping Requirements [Subchapter 2 \(130 CMR 450.205 \(A\)-\(I\)\)](#)

- The MassHealth agency will not pay a provider for services if the provider does not have adequate documentation to substantiate the provision of services payable under MassHealth. All providers must keep such records, including medical records, as are necessary to disclose fully the extent and medical necessity of services provided to, or prescribed for, members and must provide them to the MassHealth agency and the Attorney General's Medicaid Fraud Division, the State Auditor and the United States Department of Health and Human Services on request such information and any other information about payments claimed by the provider for providing services or otherwise described in 130 CMR 450.205 (See e.g; , 42 U.S.C 1396a(a)(27)).
- All providers must maintain complete patient account records.
- A provider must maintain and disclose any and all financial, statistical, and other information as may be required by the **MassHealth** agency, the Center for Health Information and Analysis, or any other agency described in 130 CMR 450.205(C).

Recordkeeping Requirements 2

Recordkeeping Requirements [Subchapter 2 \(130 CMR 450.205 \(A\)-\(I\)\)](#)

- All records, including but not limited to those containing signatures of medical professionals authorizing services, such as prescriptions, must, at a minimum, be legible and comply with generally accepted standards for recordkeeping within the applicable provider type 130 CMR 450.205(D). (See definitions in Subchapter 4 specific to that provider type).
- Notwithstanding any regulatory or contractual provisions that may provide for a shorter retention period, all records described in 130 CMR 450.204 and 450.205 must be kept for at least six years after the date of medical services for which claims are made or the date services were prescribed, or for such length of time as may be dictated by the generally accepted standards for recordkeeping within the applicable provider type, whichever period is longer 130 CMR 450.205(G).
- In no event may any provider destroy any records while any review, audit, or administrative or judicial action involving such records is pending.

Recordkeeping Requirements 3

Recordkeeping Requirements [Subchapter 2 \(130 CMR 450.205 \(A\)-\(I\)\)](#)

- In cases where audits or other reviews reveal provider noncompliance with 130 CMR 450.204 and 450.205, the MassHealth agency may seek to pursue recovery of overpayments and to impose sanctions in accordance with the provisions of 130 CMR 450.000 130 CMR 450.205(H).
- The provider, as holder of personal data under M.G.L.c 66A, must comply with all regulatory and statutory requirements applicable to such a holder, including those set forth in M.G.L. c 66A, and must inform each of its employees having access to such personal data of such requirements and ensure compliance by each employee with such requirements 130 CMR 450.205(I)(1)
- Billing provider must download and maintain the MassHealth remittance advices (RA) posted to the POSC weekly from the Provider Online Service Center (POSC). The RA is generated as PDF.

SANCTION: GENERAL

Sanction: General

[Sanctions: General \(130 CMR 450.238 \(A\)\)](#)

- All providers are subject to the rules, regulations, standards, and laws governing MassHealth. The regulations at 130 CMR 450.238 through 450.240 set forth the MassHealth agency's procedures for imposing sanctions for violations of those rules, regulation, standards, and laws. Such sanctions may include, but are not limited to, administrative fines and suspensions or termination from participation in MassHealth. The MassHealth agency determines the amount of any fine and may consider the circumstances of the violation. The MassHealth agency may assess an administrative fine whether overpayments have been identified based on the same set of facts.

PROVIDER FILE INTEGRITY

Provider File Integrity

- Any change in your relationship with MassHealth must be communicated in writing 14 days prior to the change
- Failure to do so constitutes a breach of the provider contract (see [130 CMR 450.223\(B\)](#)) and may result in an administrative fine
- Providers are required to revalidate every five years per federal mandate
- Keep all information accurate, including:
 - Addresses, including service location and legal
 - Telephone numbers
 - Licensure and certifications
 - Members of a group practice
 - Ownership
- All updates must be submitted using the POSC system at <https://www.mass.gov/mmis-and-posc-information-for-masshealth-providers>
- Or in writing (Include your MassHealth provider number or NPI on all correspondence):

MassHealth
ATTN: Provider Enrollment and Credentialing
PO BOX 278
Quincy, MA 02171- 0278
- Or faxed to 617-988-8974 (must have a cover sheet with: ATTN: Provider Enrollment and Credentialing)
- [MassHealth forms](#) are posted to mass.gov

PROVIDER ONLINE SERVICE CENTER (POSC)

POSC Overview Goals and Benefits

Provider Online Service Center (POSC): A web-based portal that is available to MassHealth providers, business partners, and relationship entities to view information, submit and receive transactions, and effectively conduct business with MassHealth online. Providers, business partners and relationship entities must be enrolled in and/or registered to use the POSC (www.mass.gov/masshealth/providerservicecenter).

Goals and Benefits

- “Provider Online Service Center” – One Stop Shopping
 - Log on to the POSC using you User ID & Password
 - Contact the Virtual Gateway Helpdesk for primary user password reset at 800-421-0938. All other password resets should be done by the primary user
- Automate manual processes

POSC Overview

Provider Online Service Center Home Page

Health and Human Services

Mass.gov

October 12, 2021

HOME

CONSUMERS

PROVIDERS

RESEARCHERS

GOVERNMENT

[Collapse Services](#)

[Mass.Gov Home](#)
[State Agencies](#)
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Provider Services

[Home](#)
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[Manage Batch Files](#)
[Manage Service Authorizations](#)
[Manage Correspondence and Reporting](#)
[Manage Members](#)
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[Manage Provider Information](#)
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MassHealth Provider Online Service Center



The Provider Online Service Center gives you the tools to effectively manage your business with MassHealth electronically. Use these services to enroll as a MassHealth provider, manage your profile information, and submit and retrieve transactions.

Enter data directly and modify individual transactions (ie. claims submission, eligibility verification, MMQ, Prior Authorization, Pre-Admission Screening, Referrals, and EHR Incentive Program).

View your notifications, contracts, reports, metrics, and financial data. Download most MassHealth forms and publications.

If you suspect that the security of your account has been compromised, please contact the MassHealth Customer Service Center at 1-800-841-2900.

You will need a Username and password to access many of the services listed on the left. If you are currently a MassHealth provider but do not know your Username and password, please contact the Customer Service Center at 1-800-841-2900.

Registered User?

Would like to enroll as a provider?

Need more information?

Login

Enroll Now

FAQs

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[Accessibility](#)
[Feedback](#)
[Site Policies](#)
[Contact Us](#)
[Help](#)
[Site Map](#)

POSC Overview

Check POSC Broadcast Messages for critical system updates and other MassHealth related information.



[Collapse Services](#) Welcome [Mass.Gov Home](#) [State Agencies](#) [State Online Services](#)

[Provider Services](#) [View Broadcast messages](#)

[Home](#)
[Manage Service Authorizations](#)
[Manage Correspondence and Reporting](#)
 [View Broadcast Messages](#)
[View Notifications](#)
[View Metrics/Reports](#)
[Inquire Financial Data](#)
[View Contracts and Documents](#)
[Submit Feedback](#)
[Manage Members](#)
[Manage Claims and Payments](#)
[Manage Provider Information](#)
[Administer Account](#)
[Reference Publications](#)
[Set-up Security Access](#)

Click on the subject to view the message.
 Priority 5 messages are the highest priority.

Date	Subject	Priority
07/17/2009	MassHealth has posted an additional UB-04 TPL paper billing	5
07/16/2009	Update from MassHealth About NewMMIS and Prior Approvals	5
07/10/2009	Please Hold Claims Adjustments	5
07/10/2009	A Typical Providers billing with the NewMMIS Provider ID Service Location (PID SL)	5
07/10/2009	Direct Data ENTRY cannot be used for billing National Drug Codes (NDC)	5
07/09/2009	Use NPI only if you bill with NPI	5
07/09/2009	Update provider profile information	5
07/09/2009	TPL claim submissions for Medicare NonCertified Clinicians	5
07/09/2009	Community Health Centers (CHCs) - Incorrect Payments on CHC claims	5
07/09/2009	Paper claims that denied for EOB code 3120-Referral Required on Claim	5

Multiple pages; Make sure to page forward 1 2 3

POSC Overview

Highlights:

- Many provider information updates can be submitted on the POSC, and you may include attachments with the update requests
- POSC provides the most current member eligibility information
- Real-Time DDE claims processing provides an immediate disposition of the claim upon submission
 - Denied claims may be corrected and resubmitted as soon as they are adjudicated
- Direct Data Entry (DDE) for claims, Service Authorizations, (Prior Authorizations & Referrals) and Eligibility
- Real-Time receipt acknowledgements that Service Authorizations were received
- You can access the [Job aids for the Provider Online Service Center](#) for all the POSC functions

POSC Key Term Glossary

- **Provider ID/Service Location (PID/SL)** - Number assigned to every provider identifying them according to their service location. It is 10 characters with 9 digits and an alpha at the end (110156789A). PID/SLs cannot be shared by different locations or provider types.
- **Member ID (MID) number** is the identification number assigned to the MassHealth member. It is made up of 12-digits (123456789012). It is used to identify the member on claim submissions, eligibility inquiries and other systems where you need to identify the member.
- **Remittance Advice (RA)** - MassHealth generates an electronic 835 HIPAA file and a MassHealth PDF Remittance Advice (RA) for providers to view, download or print from the web
- **Provider Online Service Center (POSC)** – The web portal through which MassHealth providers should conduct all transactions such as:
 - Provider enrollment, provider file updates, claims submissions, eligibility verification, claims status inquiry, prior authorization requests, & financial earnings and claim reports, RA

POSC Key Term Glossary

- **Eligibility Verification System (EVS)** – Is part of the POSC. All providers should use the POSC to verify the member’s eligibility prior to rendering care.
- **MassHealth Authorizations**
 - **Prior Authorization (PA)** – MassHealth approval of certain services before they are delivered
 - **Pre-Admission Screenings (PAS)** - Request is to authorize elective/non-emergency acute or chronic hospital stays
 - **Referrals** – For providers and members enrolled in the Primary Care Clinician (PCC) Plan or a Primary Care Accountable Care Organization (PCACO or ACO B), all services need a referral except those rendered by the member’s PCC Plan or PCACO provider
- **POSC Primary User** - The person identified by a given provider to manage access to that POSC.

POSC Security Management

- The POSC was designed with security protocols that allow access to a provider's information by authorized individuals. This process is accomplished with the assignment of a primary user for each provider. The primary user then has the responsibility to grant subordinate permissions to provider staff for the functions they need. The primary user is also required to maintain user IDs by removing access for those who should no longer have access. Please refer to the MassHealth [Primary User Policy](#) for additional information.
- Maintaining subordinate access is highly recommended to avoid unauthorized users access to sensitive information
- If a primary user no longer has that role, the provider must assign a new primary user and remove the previous user's access, as necessary by submitting a new Data Collection Form (DCF) and selecting "Change Primary User"
- Provider staff **may not share User IDs**. Each user must have their own User ID and password. MassHealth may suspend User IDs if they are shared.
- Providers should audit their primary user(s) and subordinate(s) regularly to be certain they are up-to-date

POSC Security Management 2

- MassHealth requires that all MassHealth providers, business partners, and relationship entities, hereafter referred to as organizations, obtain approval from MassHealth to use Robotics Processing Automation (RPA) tools (bots) on MassHealth's Medicaid Management Information System (MMIS) Provider Online Service Center (POSC) before the implementation of any bot.
- Providers must follow the MassHealth "bot" policy
- You may access information about the [MassHealth Robotics Processing Automation \(RPA\) Policy](#) here.

MASSHEALTH MEMBER

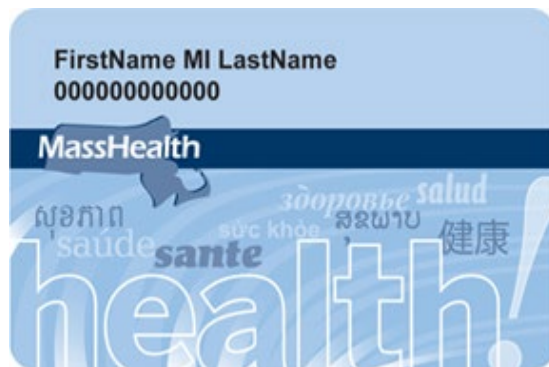
MassHealth Member



In Massachusetts, Medicaid and the Children's Health Insurance Program (CHIP) are combined into one program called MassHealth. MassHealth members may be able to get doctors visits, prescription drugs, hospital stays, and many other important services.

For additional information you may refer to <https://www.mass.gov/topics/information-for-masshealth-members>

Each member is issued a MassHealth ID card, which includes the individual and their system-generated 12-digit ID number.



Full List of MassHealth Health Plan Options

Effective April 1, 2023



Accountable Care Partnership Plans (ACPP)

Fallon Health - Atrius Health Care Collaborative

Berkshire Fallon Health Collaborative

Fallon 365 Care

BeHealthy Partnership Plan

Wellsense Beth Israel Lahey Health (BILH) Performance Network ACO

Wellsense Community Alliance

Wellsense Boston Children's ACO

East Boston Neighborhood health Wellsense Alliance

Wellsense Mercy Alliance

Wellsense Signature Alliance

Wellsense Southcoast Alliance

Wellsense Care Alliance

Mass General Brigham Health Plan with Mass General Brigham ACO

Tufts Health Together with Cambridge Health Alliance (CHA)

Tufts Health Together with UMass Memorial Health

One Care Plans

Community Care Alliance

Tufts Health Unity

UnitedHealthcare Connected

Primary Care ACO Plans (PCACO)

Community Care Cooperative (C3)

Steward Health Choice

Managed Care Organizations (MCO)

Wellsense Essential MCO

Tufts Health Together

Primary Care Clinician PCC Plan

Behavioral Health: Managed Care vs. Fee-for-Service



Managed Care

Members enrolled in the following plans will have their Behavioral Health services covered by the **Massachusetts Behavioral Health Partnership (MBHP)**:

- Primary Care Clinician (PCC) Plan
- Primary Care ACO Plans:
 - Community Care Cooperative (C3)
 - Steward Health Choice

Services covered by MBHP are not payable by MassHealth and must be billed to MBHP.

Fee-for-Service (FFS)

Members that are not enrolled into a managed care plan will receive their Behavioral Health services covered on a fee-for-service basis. This includes:

- Members aged 65+
- Members with other insurance, including Medicare
- Members that are not enrolled on the date of service

Eligibility Verification



The Check Member Eligibility page can be accessed by clicking *Manage Members* from the menu then click *Verify Member Eligibility*.

For details on how to check member eligibility, refer to the [Job Aids for the Provider Online Service Center](#) and select Eligibility Verification from the Table of Contents.

Job aids for the Provider Online Service Center

MassHealth has prepared a number of job aids as part of the Provider Online Service Center (POSC) e-Learning courses.

Beneath the name of each functional area listed below are links to the job aids associated with processes within those functional areas.

Important Note: The information on this page applies to all providers, except dental providers who are not oral or maxillofacial surgeons. Dental providers who are not oral or maxillofacial surgeons must contact the MassHealth Dental Customer Service Center at (800) 207-5019 if they have any questions about MassHealth.

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- ✓ Claims Submission
- ✓ Eligibility Verification
- ✓ Health Safety Net (HSN)
- ✓ Management Minutes Questionnaire (MMQ)
- ✓ Pharmacy Claims Submission
- ✓ Preadmission Screening
- ✓ Prior Authorization
- ✓ Provider Information & Navigation
- ✓ Provider Security
- ✓ Referrals

For more information on EVS codes:

- [EVS Codes and Restrictive Messages for Managed Care Health Plans](#)
- [Appendix Y EVS Codes/Messages](#)

CLAIMS

Providers should refer to the [Administrative and Billing regulations](#) for details on claim requirements.

- All claims submitted to the MassHealth must be submitted electronically.
- All claims must be received by the MassHealth agency within 90 days from the date of service or the date of the explanation of benefits from another insurer. You may refer to the [Billing timeline and appeal procedures](#), [Submit a 90-day Claim Waiver Request Form](#), and [Billing timelines and appeal procedures](#) for more details.
- Claim files are processed at several points during the day. Providers may check the status of a claim within 24 hours of submission using HIPAA 276/277 transactions.
- Paid claims are reported back in the 835 Electronic Remittance Advice and MassHealth remittance advice. Both files would be downloaded from the [POSC](#).

RESOURCES

Provider Education LMS



MassHealth is excited to introduce enhancements to the Provider LMS for Non-OLTSS providers.

The Provider LMS delivers:

- Previous live training presentations
- New on demand training courses
- Resources
- Course surveys



Users that were enrolled in the previous version of the LMS were sent an e-mail notification in October and November announcing the change and providing important login information.

New Users can create a profile and begin using the system immediately.

Visit: <https://masshealth.inquisiqlms.com/Default.aspx>

OLTSS and Dental providers should visit their respective vendor site for training opportunities

Provider Education LMS (Continued)



- It is recommended that providers take the Introduction to Inquisiq course as an introduction to the system upon initial login
- Other available courses include:
 - Claim Denial Reasons and Resolution – 1945 Edit
 - Customer Web Portal (PT-1)
 - Claim Submission by Direct Data Entry
- New Trainings will be added regularly
- Provider feedback is important for each training – Surveys provide valuable information that helps us continually improve your experience
- Visit: <https://masshealth.inquisiqlms.com/Default.aspx>

OLTSS and Dental providers should visit their respective vendor site for training opportunities

MassHealth Resources

- MassHealth Website (www.mass.gov/masshealth)
 - Provider Publications: Is a library of resources for providers. You can find regulations specific to all provider types such as administrative and billing instructions, and service codes.
<https://www.mass.gov/lists/provider-publications>
 - The Executive Office of Health Human Services (EOHHS) establishes rates for MassHealth services grouped under the Provider Payment Rates (by provider type)
<https://www.mass.gov/service-details/eohhs-regulations>
 - All Provider Bulletins: issued by MassHealth as needed to communicate procedures, reminders and other information to MassHealth Providers.
<http://www.mass.gov/eohhs/gov/laws-regs/masshealth/provider-library/provider-bulletins/>
- Provider Online Service Center (POSC) (www.mass.gov/masshealth/provider-service-center)
 - One Point access for member eligibility requests, prior authorizations, PCC referrals, claim submission and status requests, provider information maintenance and administration of accounts. <https://newmmis-portal.ehs.state.ma.us/EHSPortals/providerLanding/providerLanding.jsf>

MassHealth Resources

- MassHealth POSC Website (www.mass.gov/masshealth/newmmis) Information is available, specific to the MMIS system, on this website
 - POSC Job Aids are “guides” that correspond with specific functions of the MMIS and are available under the “Need Additional Information or Training” link.
<https://www.mass.gov/service-details/job-aids-for-the-provider-online-service-center-posc>
 - MMIS Notices by function are available through the “Important. Please read MMIS messages – By Function” link. <https://www.mass.gov/masshealth-provider-remittance-advice-message-text>
- **MassHealth Customer Service:**
<http://www.mass.gov/eohhs/provider/insurance/masshealth/claims/customer-services/business-hours-voice-menu.html>
 - Call Customer support **1-800-841-2900**
 - Most questions can be resolved by the customer support team
 - Or e-mail us at provider@masshealthquestions.com
 - If your question is not urgent or more complex you can e-mail your question along with any supporting claim numbers or documentation.
 - Email our EDI team: edi@mahealth.net
- **Sign up for E-mail Alerts:** <https://www.mass.gov/forms/email-notifications-for-masshealth-provider-bulletins-and-transmittal-letters>

QUESTIONS?