



Electronic Claims Waiver Request

Applicant Information

Provider Name

Address

Street Address

City

State

ZIP

Contact Name

Contact Number ()

MMIS PID/SL (List all individual service locations if applicable.)

NPI

Fax ()

E-mail (if available)

Waiver Request Information

This is a request for an electronic claims waiver that will be reviewed by MassHealth. This waiver does not apply to claims submitted on the current American Dental Association claim form.

Please check all the reasons that are preventing you from submitting electronic claims.

- | | |
|---|--|
| <input type="checkbox"/> Low volume of claims (20 or fewer per month) | <input type="checkbox"/> Natural disaster |
| <input type="checkbox"/> Provider software | <input type="checkbox"/> Reasonable accommodation |
| <input type="checkbox"/> MMIS issues | <input type="checkbox"/> Other extenuating circumstances |
| <input type="checkbox"/> Lack of Internet access | |

Please provide more information below so that we can make electronic claim submission easier for you in the future.

Authorized Signature

Date

Print Name

Title

Please return the completed waiver request form to
 MassHealth Customer Services Center, P.O. Box 9162, Canton, MA 02021.
 Fax to 617-988-8910, or e-mail to providersupport@mahealth.net.

MassHealth Claims Submission Policy and Waiver

To reduce costs and to promote environmental responsibility, MassHealth does not accept paper claim submissions from providers unless they are approved for a waiver. This policy does not apply to claims submitted on the current American Dental Association claim form.

MassHealth providers may apply for an exception to the mandatory electronic claim submission policy. The waiver process allows providers who meet certain criteria to continue to submit paper claims for one year.

The criteria to determine eligibility for the waiver include the following.

1. Low volume of claims – Fewer than an average of 20 claims per month over the previous 12 months
2. Provider software – Temporary technical difficulties related to upgrading a current system or installing a new system
3. MMIS issues – Temporary technical difficulties related to testing or interfacing with MMIS
4. Lack of Internet access – Providers who do not have Internet access or a computer
5. Natural disaster – Temporary disruption in service, of at least five business days, caused by natural disaster or utility work
6. Reasonable accommodation – Provider's staff responsible for claims submission have a disability that prevents the submission of electronic claims that cannot be easily mitigated with reasonable accommodation
7. Other extenuating circumstances – Any situation in which complying with this policy would impede the ability of the provider to participate in MassHealth

The approved waiver will expire after 12 months of issuance. If you need to apply for an extension, you must apply with a new form at least 30 days before the expiration date. There is no charge for the waiver for the first year. For every subsequent year for which a waiver is requested, the provider may be charged an administrative fee based on paper claim volume.

MassHealth will respond to your request within 30 calendar days of receipt.

If you have any questions, please contact the MassHealth Customer Services Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) or at providersupport@mahealth.net.