



Provider Enrollment Checklist

Please carefully review the following instructions and the MassHealth regulations to make sure that you have submitted all documentation needed to complete your application.

Before returning your application, refer to this list of items that you may need to include with your application. The list does not supersede any application requirements in MassHealth regulations. Submitting an incomplete application may result in the delay or denial of your application. All forms, except the Primary Care Clinician Plan Provider Application (APP-PCC), referenced on this checklist are available for download at www.mass.gov/eohhs/gov/newsroom/masshealth/providers/masshealth-provider-forms.html.

- ☐ A completed provider application
- ☐ A signed provider agreement/contract
- ☐ A signed Federally Required Disclosures form (PE-FRD)
- ☐ One of the below listed application fee materials, if you are one of the following provider types and therefore subject to this requirement: ICF-MR State School, Acute Inpatient Hospital, Chronic Inpatient Hospital, Skilled Nursing Facility, Psychiatric Inpatient Hospital, or a Semi-Acute Inpatient Hospital. (For more information, visit www.mass.gov/eohhs/provider/insurance/masshealth/provider-application-fees.html.)
 - Attestation of Application Fee Payment if paid to Medicare or another state's Medicaid program (PE-AAFP)
 - Verification of your payment of the \$560 application fee for Calendar Year 2017
 - Hardship Exception Request if you believe you are not able to pay the application fee (PE-HER)

Note: Providers who are enrolled in Medicare or another state's Medicaid program or the Children's Health Insurance Plan (CHIP), and who have paid the application fee to a Medicare contractor or another state's program are exempt from this requirement.

- ☐ A Massachusetts Substitute W-9 form, Request for Taxpayer Identification Number and Certification. (Refer to the W-9 Tips memo when completing this form.) MassHealth does not accept the federal W-9 form.
- ☐ A tax coupon, Notice of New Employer Identification Number Assigned, or other documentation from the Internal Revenue Service (IRS) verifying your tax identification number. Copies of tax returns do not satisfy this requirement. The verification of your tax identification number must be a document from the IRS.
- ☐ A completed Data Collection Form (DCF)
- ☐ A signed Trading Partner Agreement (TPA)
- ☐ An Electronic Funds Transfer (EFT) Enrollment/Modification Form (EFT-1), with required supporting documentation
- ☐ The following forms must have an original ink signature. Photocopies and stamps are not acceptable.
 - Massachusetts Substitute W-9 (MA-W9)
 - Provider Contract (GEN-16, GEN-17, CON-NF, QMB-1, depending on your provider type)
 - EFT form (pages 1 and 2) (EFT-1)
- ☐ The legal name on the following documents must be consistent across all documents and match what is filed with the IRS.
 - Application – Provider Certification Page
 - Massachusetts Substitute W-9 (MA-W9)
 - Electronic Funds Transfer form (EFT-1)
 - Federally Required Disclosures form (PE-FRD)
 - National Provider Identifier Supplement form (NPIS)

- Provider Contract (pages 1 and 2) (GEN-16, GEN-17, CON-NF, QMB-1, depending on your provider type)
- Trading Partner Agreement (pages 1 and 2) (TPA)
- ☐ An Electronic Remittance Advice (ERA) Enrollment/Modification Form (ERA-1) must be completed when enrolling in ERA or modifying an existing arrangement.
- ☐ Evidence of accreditation by an accrediting body that is acceptable to the Centers for Medicare & Medicaid Services (CMS)
- ☐ Applicants that are **durable medical equipment (DME) providers** must also submit the following.
 - A Letter of Intent (LOI-DME) located at www.mass.gov/eohhs/docs/masshealth/provider-services/forms/loi-dme.pdf that requires you to list DME services and equipment offered (In accordance with 130 CMR 409.404, you must submit the letter to MassHealth before receiving and completing a MassHealth provider application for DME.)
 - A list of the usual charges for the DME services offered
 - Names of the manufacturers from whom these products are purchased
 - Catalogs or price lists that indicate all retail and provider acquisition costs
 - Your Medicare number
 - Verification of business registration from the city or town where the business is located

Other provider types eligible to provide DME services, such as **pharmacies** and **prosthetics providers**, must submit similar documentation if they want to be approved to provide DME services.

- ☐ Applicants that are **imaging centers** or **portable X-ray providers** must also include a copy of their Department of Public Health (DPH) Determination of Need letter or clinic license. If the applicant is exempt from licensure or from a Determination of Need, the applicant must submit a copy of the notice from DPH exempting them from the licensure or determination-of-need requirements.
- ☐ Applicants that are **oxygen and respiratory therapy equipment providers** must also submit
 - documentation of Massachusetts licensure of at least one employee as a respiratory care practitioner; and
 - accreditation by one of the following:
 - ☐ Joint Commission on Accreditation of Healthcare Organizations (JCAHO);
 - ☐ Community Health Accreditation Program (CHAP); or
 - ☐ Accreditation Commission for Health Care (ACHC).

Other provider types eligible to be oxygen and respiratory therapy equipment providers, such as **pharmacy** and **durable medical equipment** providers, must submit the same documentation.

- ☐ Applicants that are **pharmacy providers** must also submit documentation of
 - state licensure;
 - Drug Enforcement Administration certification; and
 - if the pharmacy has not yet opened at the time the application is submitted, the opening date of the pharmacy.
- ☐ Applicants that are **transportation providers** must also submit
 - proof of insurance; and
 - if they provide ambulance services, documentation of Medicare certification and DPH licensure.
- ☐ The Primary Care Clinician Plan Provider Application (APP-PCC) is available from the MassHealth Customer Service Center upon request. (See below for contact information.)
- ☐ If you have any questions about the application packet, please contact the MassHealth Customer Service Center by e-mail at providersupport@mahealth.net or by phone at 1-800-841-2900 (TTY: 1-800-497-4648).