



Date: January 15, 2018

Subject: Provider Directory Requirements

Dear Health Care Provider:

Centers for Medicare & Medicaid Services (CMS), MassHealth, the National Committee for Quality Assurance (NCQA), and provisions of the Affordable Care Act (ACA) include requirements that health plans engage providers in reviewing and maintaining up-to-date provider directory information. The regulations are designed to ensure health care consumers have accurate provider demographic information when accessing health care services.



As a result, all health plans are required by regulation to contact providers to verify and update his/her information quarterly. Health plans began outreach efforts to providers and their office staffs this year and will continue to do so on an ongoing basis to meet the new requirements. In accordance with participating providers' contractual obligations to adhere to Plan policies and procedures, providers are asked to review the following information\*, including, but not limited to:

1. Provider office locations, addresses and phone numbers
2. Institutional affiliations
3. Specialty
4. Panel status
5. Languages spoken
6. Accommodations for disabilities (Medicaid only)

Massachusetts health plans are working together through HCAS to develop a long term business solution designed to minimize the administrative burden of data collection efforts. We are also working with the provider community including the Massachusetts Collaborative and other participants in the health care industry as we work to comply with the new industry requirements.

As we work towards a long term solution, health plans will continue outreach efforts to the provider community quarterly. Providers are asked to review directory information of each health plan in which you participate and submit revisions. Page 2 of this communication includes links to each health plan's website where directory information can be viewed (and instructions on how to submit revisions).

HCAS and our participating health plans appreciate your compliance with these requirements that will ensure consumers and your patients have accurate provider directory information.

Directory Submission Information		
<p><b>Boston Medical Center HealthNet Plan</b>            Submit changes to:            Provider Processing Center            529 Main Street, Suite 500            Charlestown, MA 02129  <a href="mailto:BMCHP.providerprocessingcenter@bmchp.org">BMCHP.providerprocessingcenter@bmchp.org</a>  <b>Provider Processing Center:</b>            Fax: (617) 897-0818</p>	<p><b>CeltiCare Health</b>            Check directory information:  <b>Ambetter:</b>  <a href="https://providersearch.ambetterhealth.com/">https://providersearch.ambetterhealth.com/</a>  <b>Medicaid:</b>  <a href="https://providersearch.celticarehealthplan.com/">https://providersearch.celticarehealthplan.com/</a>            Submit changes to:  <b>Address:</b> 200 West Street, Suite 250            Waltham, MA 02451  <b>Fax:</b> 866-585-7130  <b>Email:</b> <a href="mailto:ProviderUpdatesMA@centene.com">ProviderUpdatesMA@centene.com</a>  <b>Provider Service Center:</b> 1-855-678-6975</p>	<p><b>Fallon Health</b>            Validation and Submission Process:  <a href="#">Changing Provider Information</a>            One Chestnut Place            10 Chestnut Street            Worcester, MA 01608  <b>Fax:</b> 508-368-9902  <b>Email:</b> <a href="mailto:Askfchp@fallonhealth.org">Askfchp@fallonhealth.org</a>  <b>Provider Services:</b> 866-275-3247,            Option 4</p>
<p><b>Harvard Pilgrim Health Care</b>            Harvard Pilgrim's online directory:  <a href="#">Provider Directory</a>            Submission Form and Information:  <a href="#">Changing Provider Enrollment Information</a>            Submit changes to:            Attn: Provider Processing Center            1600 Crown Colony Drive, 2<sup>nd</sup> Floor            Quincy, MA 02169  <b>Fax:</b> 866-884-3843  <b>Email:</b> <a href="mailto:PPC@harvardpilgrim.org">PPC@harvardpilgrim.org</a>  <b>Provider Service Center:</b> 800-708-4414</p>	<p><b>Health New England</b>            Provider Enrollment Department            One Monarch Place Suite 1500            Springfield, MA 01144  <b>Fax:</b> 413-233-2665  <b>Email:</b> <a href="mailto:penrollment@hne.com">penrollment@hne.com</a>  <b>Phone:</b> 800-842-4464, ext. 3344</p>	<p><b>Neighborhood Health Plan</b>            Submit changes to:            399 Revolution Drive            Suite 810            Somerville, MA 02145  <b>Fax:</b> 617-526-1982  <b>Email:</b> <a href="mailto:pec@nhp.org">pec@nhp.org</a>  <b>Provider Service Center:</b>            855-444-4647 (4NHP)</p>
<p><b>New Hampshire Healthy Families</b>            Check directory information:  <b>Ambetter:</b>  <a href="https://providersearch.ambetterhealth.com/">https://providersearch.ambetterhealth.com/</a>  <b>Medicaid:</b>  <a href="https://providersearch.nhhealthyfamilies.com/">https://providersearch.nhhealthyfamilies.com/</a>            Submit changes to:  <b>Address:</b> 2 Executive Park Drive            Bedford, NH 03110  <b>Fax:</b> 844-678-5766  <b>Email:</b> <a href="mailto:ProviderUpdatesNH@centene.com">ProviderUpdatesNH@centene.com</a>  <b>Provider Service Center:</b> 866-769-3085</p>	<p><b>Tufts Health Plan</b>            Submit changes to:            Provider Information Department            705 Mt Auburn Street, 6<sup>th</sup> Floor            Watertown, MA 02472  <b>Fax:</b> 617-972-9044  <b>Email:</b> <a href="mailto:provider_information_dept@tufts-health.com">provider_information_dept@tufts-health.com</a>  <b>Website:</b> <a href="https://tuftshealthplan.com/provider">tuftshealthplan.com/provider</a>  <b>Phone:</b> 888-306-6307</p>	<p><b>Tufts Health Public Plans</b>            Tufts Health Plan            Attn: Provider Information Department            705 Mt. Auburn St.            Watertown, MA 02472            Fax: 781-393-2656  <b>Email:</b> <a href="mailto:provider_data_request@tufts-health.com">provider_data_request@tufts-health.com</a></p>

To access a standard demographic change form created by The Massachusetts Collaborative follow this [link](#). This form also includes contact information for additional Collaborative members such as Senior Whole Health and Unicare. Please submit changes to health plans that you do business with using the contact information above.