carelon | **MBHP** Massachusetts Behavioral Health Partnership
A Carelon Behavioral Health Company

Claim Review Form

Complete all information requested. Incomplete submissions will be returned unprocessed.

If multiple Members are impacted by the same issue, please use the Add Members form to report additional Members.

MBHP In-Network Provider Information: Click link to find MHBP Provider Manual, Provider *Alerts*, performance specifications, Benefit Grid, etc.

Provider Information

Provider name:		Contact person:	
Provider NPI:		Contact phone #:	
MBHP Provider ID:		Contact email:	
Contact address:			

Member Information

Member name:		Date of birth:	
MassHealth ID#: *12 digits, begins with 100*		Type of Service:	

Dates of Service	Claim Number	Dates of Service	Claim Number
Was the original claim submitted within TF limits?		Is an authorization on file?	

Review Type

	Adjustment/Reversal: used to correct a prior incorrect payment for any dates of service. A copy of the corrected claim form must be included with this form. Please specify the adjustment in the comments section below.
	Timely Filing Waiver: used to ask MBHP to reconsider claims which were specifically denied due to not meeting the timely filing limits of 90 days from the date of service, 90 days from the date of a primary insurance Explanation of Benefits (EOB), or 90 days from the date of denial for a resubmission.
	Request for Retroactive Authorization: Please note that a formal letter explaining the reasons for the review must be attached to this form along with any documentation that supports the request. This may include: clinical rationale, EVS printouts obtained on the dates in question, notes/reference numbers from conversations with MBHP employees, authorization letters, remittance invoices, or other important materials to substantiate your request.
	Other:
	Comments:

* By signing herein, I certify the information I provided on and in connection with this form is true and correct to the best of my knowledge.	*Signing will lock/save this document, preventing further edits.*	Today's Date

Mail using exact address: MBHP, ATTN: Claim Review Coordinator, PO Box 55871, Boston, MA 02205-55871