Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

Transmittal Letter ALL-248

DATE: August 2024

TO: All Providers Participating in MassHealth

FROM: Zhao Zhang, Deputy Medicaid Director

RE: **Updates to *Subchapter 5: Administrative and Billing Instructions, Part 7: Other Insurance* of All Provider Manuals**

Background

This letter transmits revisions to *Part 7: Other Insurance* of *Subchapter 5: Administrative and Billing Instructions* in all provider manuals.

The regulation for administrative and billing instructions is 130 CMR 450.000.

MassHealth is revising this section of Subchapter 5 to:

- Clarify requirements for submitting claims when a member retroactively obtains Medicare benefits;
- Clarify requirements for submitting casualty payer claims;
- Update links to documents within the MassHealth website that pertain to billing Coordination of Benefits (COB) claims; and
- Remove outdated information.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth-transmittal-letters.

Sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

Questions?

- Call the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711, or
- Email us at provider@masshealthquestions.com.

New Material

The pages listed here contain new or revised language.

All Provider Manuals

Pages 5.7-1 through 5.7-4

Obsolete Material

The pages listed here are no longer in effect.

All Provider Manuals

Pages 5.7-1 through 5.7-4 — transmitted by Transmittal Letter ALL-217

Part 7. Other Insurance

Background

This part contains billing instructions for services provided to members who have other health insurance, such as Medicare, Medicare Advantage, Medicare Supplement, or commercial insurance in addition to MassHealth. It also includes instructions for submitting a casualty payer claim.

The MassHealth regulations at 130 CMR 450.316: *Third-party Liability: Requirements* require providers to make "diligent efforts" to identify and obtain payment from all other liable parties, including health insurers and casualty payers. The regulation defines "diligent efforts" as making every effort to identify and obtain payment from all other liable parties, and includes, but is not limited to:

- determining the existence of health insurance by asking the member if they have other insurance and by using insurance databases available to the provider; and
- verifying the member's other health insurance coverage, currently known to MassHealth through its Eligibility Verification System (EVS), on each date of service and at the time of billing. See Part 1 for instructions on using EVS.

For additional information about third-party liability requirements, see MassHealth regulations at 130 CMR 450.316 through 450.321.

Updating Other Insurance Information

If you have evidence that a member's other health insurance information differs from what appears on EVS, you must fax or mail a Third-Party Liability Indicator (TPLI) form to the TPL Unit according to MassHealth regulations at 130 CMR 450.316(E). In addition to the TPLI form, please submit acceptable documentation verifying the coverage change to ensure that the member's file is updated to reflect current information. Acceptable documentation for updating member's insurance information includes an explanation of benefits (EOB), a letter from an employer or health insurance carrier, and a copy of the health insurance card for any new insurance.

If you have questions, contact the TPL Unit at (888) 628-7526, TTY: (617) 886-8102.

Member Has Other Health Insurance

Before billing MassHealth, you must submit the claim to all other payers according to their billing guidelines. You may submit the claim to MassHealth if there is a remaining patient responsibility after all other payers have adjudicated the claim. When submitting Coordination of Benefits (COB) claims to MassHealth, you must adhere to the guidelines outlined in the HIPAA 837 implementation guides and MassHealth HIPAA companion guides. Additionally, you are required to include all other payer adjudication details MassHealth needs to comply with its regulations. This includes other payer payments, HIPAA Claim Adjustment Group Codes (CAGCs), Claim Adjustment Reason Codes (CARCs) and corresponding amounts as they appear on the EOB or 835.

If the claim submitted to MassHealth was denied by the other payer, MassHealth will evaluate the CAGC and CARC to determine if the claim is payable by MassHealth. You may not submit the claim to MassHealth if the other payer denied the claim for noncompliance with any one of its billing and authorization requirements, or if the other payer has assigned financial liability for the claim to the provider.

Additionally, MassHealth will review claims adjudication information from other payers to ensure other liable parties paid first, and MassHealth is the payer of last resort. This review includes making sure that other payer adjudication details are reported on a claim submitted to MassHealth if the member has other health insurance. Failure to report other payer information may result in a denial.

Medicare/Medicaid Crossover Claims

After Medicare has made a payment or applied the charge to the deductible, the Benefits Coordination and Recovery Center (BCRC) will automatically transmit claims for dual-eligible (Medicare and MassHealth) members to MassHealth for adjudication. This is called a Medicare/Medicaid crossover claim. The claim must contain at least one Medicare-approved service line for the entire claim to be forwarded automatically to MassHealth.

Providers may submit electronic claims for dual-eligible members directly to MassHealth using the 837 transaction or through the Provider Online Service Center (POSC) if there is a remaining patient responsibility and one of the following statements is true:

- Medicare denied all services on the claim;
- Medicare voided or adjusted the claim after the initial submission;
- The member has other health insurance in addition to Medicare and MassHealth; or
- The claim has not appeared on a MassHealth crossover remittance advice or it cannot be located in POSC during a claim status inquiry.

Retroactive Medicare Coverage

Providers are responsible for billing claims to Medicare if the member is enrolled in Medicare retroactively after claims were reimbursed by MassHealth. Through MassHealth’s Retroactive Medicare Recovery Project (RMRP), providers will receive a letter notifying them of selected claims to be voided by MassHealth. MassHealth will void the identified claims after 30 days from the date of the notification letter. Error code 9307 (“Dual eligible member – bill Medicare first”) will appear on the claim to indicate the claims were voided by RMRP. Providers are responsible for billing the claims to Medicare as the primary payer and may subsequently bill MassHealth as the payer of last resort if there is any remaining patient responsibility.

Adjusting a COB Claim

When the primary payer (Medicare or other insurance) voids or adjusts a claim that was previously paid by MassHealth, providers must submit an adjustment claim to MassHealth including the revised COB information on the claim. Refer to *Part 6: Claim Status and Correction* for instructions on how to submit an adjustment claim to MassHealth.

Casualty Payer Claims

Providers must bill applicable services to the casualty payer before billing MassHealth. After the casualty payer adjudicates the claim, you may submit the claim to MassHealth. Report the casualty payer adjudication information as the primary payer only in the claim header and do not repeat this information in the detail line.

Preventive Pediatric Care

Providers are not required to bill other payers for preventive pediatric care services before billing MassHealth. For additional information, see the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Preventive Pediatric Health-care Screening and Diagnosis (PPHSD) Billing Guidelines for MassHealth Physicians and Mid-level Providers.

Dependent Has Other Insurance through a Noncustodial Parent

Providers may bill services to MassHealth as the primary payer if **both** of the following conditions are true:

- The dependent has insurance through a noncustodial parent against whom child support enforcement is being carried out by the State Title IV-D agency (Department of Revenue); and
- The provider has billed the other payer and has not received payment or a response for 30 days after billing.

Providers should include the correct carrier code and the noncovered amount in their claim submission.

Supplemental Instructions

Please refer to the appendix titled *Supplemental Instructions for Claims with Other Insurance* (Appendix D or G, depending on provider type) in your MassHealth provider manual for additional instructions on claims involving other insurance that may apply to your provider type.

Coordination of Benefits (COB) Claim Submission

837 Transaction

All MassHealth claims must be submitted electronically unless a provider has been approved for a temporary electronic claim submission waiver. Refer to *All Provider Bulletin 223* (February 2012).

Providers may submit COB claims to MassHealth following instructions found in the HIPAA 837 implementation guides and MassHealth HIPAA companion guides. Include the other payer's adjudication information in the transaction as outlined in the guides.

To start submitting claims electronically

- Contact MassHealth at (800) 841-2900, TDD/TTY: 711
- Email your inquiry to EDI@mahealth.net, or
- Fax your inquiry to (617) 988-8974.

Provider Online Service Center (POSC) Direct Data Entry (DDE) Claim

You can use the POSC at www.mass.gov/masshealth/providerservicecenter to submit COB claims to MassHealth using direct data entry (DDE). Job aids are available to assist providers with COB claim submissions at www.mass.gov/lists/job-aids-for-the-provider-online-service-center

If you have questions about DDE claim submission, contact MassHealth using the contact information listed above.

Additional Resources

For more information about MassHealth third-party liability (TPL), see MassHealth regulations 130 CMR 450.316 through 450.321 at www.mass.gov/regulations/130-CMR-450000-administrative-and-billing-regulations.

For information about coordination of benefits for MassHealth providers, visit www.mass.gov/info-details/coordination-of-benefits-for-masshealth-providers.

You can find more TPL information at www.mass.gov/info-details/masshealth-and-private-health-insurance-also-known-as-third-party-liability-tpl.