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

MassHealth
All Provider Bulletin 329
November 2021

TO: All Providers Participating in MassHealth

FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth

RE: Changes to the Retroactive Medicare Recovery Project (RMRP)

Background

The Retroactive Medicare Recovery Project (RMRP) is an ongoing MassHealth project which implements 130 CMR 450.316(A)(6) and 130 CMR 450.316(F). Through the RMRP, MassHealth notifies providers of retroactive Medicare entitlement for dually eligible (Medicare/MassHealth) members for paid MassHealth claims when the following criteria is met:

1. MassHealth was the primary claims payor at the time when services were rendered;
2. Medicare coverage is identified retroactively after the date MassHealth paid the claim, but no more than 36 months after such claim's date of service; and
3. the service rendered is a Medicare-covered service (RMRP-Eligible Claims).

Over the last several years, MassHealth implemented a system of demand billing to recoup RMRP-Eligible Claims, directing providers to submit any such RMRP-Eligible Claim for Medicare-covered services to Medicare and then recouping such claim payment systematically through MMIS claim void transactions after Medicare reimbursed the provider.

The Massachusetts Supreme Judicial Court's recent decision in *Atlanticare Medical Ctr. v. Div. of Med. Assistance*, 485 Mass. 233 (2020) (*Atlanticare)*, however, permits MassHealth to streamline this process for any RMRP-Eligible Claim with a date of service on or after July 22, 2020, allowing MassHealth to void any such claim before the provider bills Medicare for such claim. Pursuant to this authority, MassHealth may void such an RMRP-Eligible Claim and require the provider to bill Medicare before resubmitting a new claim to MassHealth for any remaining patient responsibility amount after Medicare has adjudicated the claim.

The remainder of this bulletin describes MassHealth's post-*Atlanticare* RMRP process.

Changes to RMRP Process

When MassHealth determines that a provider has submitted and received payment for one or more RMRP-Eligible Claims with a date of service on or after July 22, 2020, MassHealth will, before voiding each such claim, issue that provider a courtesy RMRP notice, with an accompanying list that identifies each such claim submitted by that provider (RMRP Notice).

This RMRP Notice and claim listing will assist providers with billing Medicare for such claims. The RMRP Notice also gives providers 30 days from the date of that notice to disagree with any of MassHealth's identification of some or all of the claims on the claim listing as RMRP-Eligible.

Unless the provider responds within 30 days from the date of the RMRP Notice, MassHealth will void the RMRP-Eligible Claims identified in that notice and recover the amount paid for such claims through that provider's future claim payments (or through other appropriate means, as necessary and as described in MassHealth's regulations). If a provider disagrees that some or all of such claims are RMRP-Eligible, the provider must notify the RMRP unit within 30 days from the date of notice, in accordance with the instructions set forth in the RMRP Notice and described below. If a provider disagrees with some, but not all of MassHealth's identification of the provider's RMRP-Eligible Claims in the RMRP Notice, MassHealth will void the remaining claims (as to which there is no disagreement) and recover the amount paid through the process described above.

Provider Process

MassHealth will mail the RMRP Notice with accompanying claims report to the provider's Doing Business As (DBA) address on file with MassHealth.

- Providers must review the DBA address information contained on the MassHealth provider file and update any information that is out-of-date, inaccurate, or incomplete to avoid undeliverable mail.

- Providers must review the RMRP Notice with enclosed claims report to determine the accuracy of the selected claim data. The information on the enclosed MassHealth claims report will help providers prepare claims for billing to Medicare.

- Providers must submit claims to Medicare following Medicare's billing regulations and guidelines. As part of this claims submission process, Medicare may ask providers to submit documentation that demonstrates that MassHealth voided such claims.

- If after review of the RMRP Notice and claims report, the provider agrees with MassHealth's identification, no further action is needed. MassHealth will void the claims identified in the RMRP Notice 30 days after the date of that notice and recover the amount paid for such claims through that provider's future claim payments (or through other appropriate means, as necessary and as described in MassHealth's regulations).

- After Medicare has adjudicated the claim, providers may resubmit the claim to MassHealth only in the following situations:
  - Medicare has denied the service for reasons other than a correctable error; or
  - There is a remaining patient responsibility after Medicare paid the claim.

In accordance with MassHealth billing regulations and guidelines, providers must accurately report the Coordination of Benefits (COB) adjudication information as it appears on the Medicare EOB (explanation of benefits) on the claim submission to MassHealth.

- If after review of the RMRP Notice and claims report, the provider disagrees with MassHealth's findings, the provider must reply to the RMRP unit within 30 days from the date of the RMRP Notice, in accordance with the instructions set forth in the RMRP Notice. The RMRP Notice will contain detailed instructions as well as the RMRP unit's contact information. Following its review of any such reply, MassHealth will:
  - Void any claim as to which MassHealth disagrees with the provider's contention that such claim is not RMRP-eligible and recover the amount paid through the process described above; and
  - Not void any claim as to which MassHealth agrees with the provider's contention that such claim is not RMRP-eligible.

Even in the absence of an RMRP Notice, providers must adhere to MassHealth regulations at 130 CMR 450.316(A)(6), by returning any payment it received from the MassHealth agency if a third-party resource is identified after the provider received payment. The provider must bill all available third-party resources before resubmitting a claim to MassHealth.

Additional Information

For more information about Medicare timely filing limits and exceptions, please reference the Medicare Claims Processing Manual, General Billing Requirements. Medicare timely filing information is also outlined in CMS Medicare Learning Network (MLN), MLN Matters MM7270 Revised Release Date: January 21, 2011.

COB Claims Billing References

Providers should refer to the following MassHealth regulations and guides located in the provider manual when submitting COB claims:

- MassHealth Administrative and Billing Regulations at 130 CMR 450.316 through 450.318; and
- Sub Chapter 5: Administrative and Billing Instructions, Part 7. Other Insurance.

To download Provider Online Service Center (POSC) Job Aids for COB claims submissions, go to www.mass.gov/service-details/job-aids-for-the-provider-online-service-center-posc

To request a copy of any of the MassHealth Companion Guides, please contact MassHealth Customer Service at (800) 841-2900.

MassHealth Website

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Questions

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