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

MassHealth
All Provider Bulletin 383
December 2023

TO: All Providers Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth

RE: **Reminder of Billing Responsibilities and Billing for Retroactively Reinstated Members**

Background

As MassHealth continues the unwinding of the COVID-19 public health emergency, we would like to remind providers of their obligation to bill MassHealth, not MassHealth members, for services payable by MassHealth.

MassHealth is actively working to renew eligibility for all MassHealth members. Because many eligibility updates are occurring during this unwinding period, providers must remember to check the Electronic Verification System (EVS) before issuing bills to MassHealth members or sending bills to a collection agency. Sometimes a member may not appear to be eligible for MassHealth on the day a service is provided but may be retroactively reinstated by the time a provider bills for the service or sends a bill to collections. To meet their obligations under state and federal law, providers must ensure they do not bill MassHealth members for services payable by MassHealth.

In particular, when MassHealth cannot renew a member's coverage during the unwinding period, the person enters a 90-day reconsideration period. The 90-day reconsideration period gives individuals an additional opportunity to submit information to MassHealth to confirm their eligibility for benefits. If a person provides sufficient information to confirm their eligibility during the 90-day reconsideration period, their coverage is retroactively reinstated as of the date it was terminated—that is, they will have no gap in coverage. In some limited circumstances, a member's eligibility may also be reinstated more than 90 days after the date of service.

Additionally, MassHealth recently reinstated some members due to new guidance from the Centers for Medicare & Medicaid Services (CMS). These members were retroactively reinstated as of the date their coverage was terminated. In some cases, members may have been reinstated more than 90 days after a date of service.

What This Means for Providers

Providers are responsible for checking EVS through the Provider Online Service Center, and other sources for MassHealth eligibility, to determine whether a patient was insured on the date a service was provided. Providers who participate in MassHealth must accept payment from MassHealth as payment in full. Providers may not solicit, charge, receive, or accept payment from MassHealth members for any services payable by MassHealth. Please see 130 CMR 450.203; M.G.L. c. 118E, s. 36(3); and 42 CFR § 447.15 for more information. As soon as a provider learns an individual was a MassHealth member at the time a service was provided, the provider must immediately return any sums solicited, charged, received, or accepted from the member and must bill MassHealth (130 CMR 450.203(B)).

In addition, for services rendered to members in MassHealth's fee-for-service program, the Primary Care Clinician (PCC) Plan, or a Primary Care Accountable Care Organization, MassHealth must receive claims within 90 days from the date of service (130 CMR 450.309(A); M.G.L. c. 118E, § 38). However, even if a member's eligibility is reinstated more than 90 days after a date of service, and the provider already billed the member or sent the bill to collections, the provider is still obligated to bill MassHealth for the service and may not solicit, charge, receive, or accept payment from the member. In this situation, the provider must check EVS to confirm that the member had MassHealth coverage on the date of service, and if so, the provider must void any bill sent to the member or work with the collection agency to remove the member's account from collections. Providers may then bill MassHealth for the service but will need to request a waiver of the 90-day deadline to submit a claim. Providers can request this waiver in order to submit a claim for medical services "provided to a person who was not a member on the date of service but was later enrolled as a member for a period that includes the date of service." (130 CMR 450.309(B)(1).) Providers should include a copy of the bill sent to the member to support the 90-day waiver request. For more information, please see All Provider Bulletin 233 on how to request a 90-day waiver, All Provider Bulletin 232 on final deadline appeal procedures, or contact MassHealth.

Individuals who regain eligibility during the 90-day reconsideration period and who were enrolled in an Accountable Care Partnership Plan (ACPP), Managed Care Organization (MCO), One Care plan, Senior Care Options (SCO) plan, or with the Behavioral Health Vendor or a PACE organization at the time they lost coverage may be automatically re-enrolled into that plan upon regaining eligibility. The start date for the reenrollment may vary by individual. Providers must bill the entity that aligns with the member's enrollment for the date of service as indicated on EVS.

MassHealth Website

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Questions

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Email: support@masshealthltss.com
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Mail: MassHealth LTSS, PO Box 159108, Boston, MA 02215
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All Other Provider Types

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