

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

All Provider Bulletin 387

DATE: January 2024

TO: All Providers Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth

Wike Levie

RE: Ground Ambulance Medicare Crossover Claims

Introduction

This bulletin changes pricing for Medicare crossover claims for ground ambulance services, subject to federal approval, effective January 1, 2024. With respect to ground ambulance service, information in this bulletin supersedes information about the payment of Medicare Part B crossover claims in <u>All Provider Bulletin 114</u>, dated January 2002.

Ground Ambulance Medicare Part B Crossover Claims

MassHealth limits payment of Medicare-MassHealth crossover claims to MassHealth's maximum allowable amount less any Medicare payment, or the coinsurance and deductible amount, whichever is less. This is in accordance with the Balanced Budget Act of 1997, as well as MassHealth's third-party-liability regulations at <u>130 CMR 450.318</u>, which give MassHealth the authority to limit payment of Medicare-MassHealth crossover claims.

Effective January 1, 2024, and consistent with Chapter 54 of the Acts of 2023, this policy will change with respect to Medicare-MassHealth crossover claims for ground ambulance services. Subject to federal approval, all Medicare-MassHealth crossover claims for ground ambulance transportation provided to MassHealth members who are also Medicare eligible will be paid at the applicable Medicare rate. This rate will be the MassHealth agency's established rate for crossover payments for ground ambulance service under <u>130 CMR 450.318(D)(3)</u>. This means MassHealth will cover coinsurance and deductible amounts on Medicare-MassHealth crossover claims for ground ambulance service, unless they are not otherwise payable (for example, if the member has an additional insurer that is otherwise responsible for these amounts).

The existing policy for all other services remains in place for MassHealth; MassHealth limits payment of all other Medicare-MassHealth crossover claims to MassHealth's maximum allowable amount less any Medicare payment, or the coinsurance and deductible amount, whichever is less.

MassHealth ALL-387 January 2024

MassHealth Website

This bulletin is available on the <u>MassHealth Provider Bulletins</u> web page.

<u>Sign up</u> to receive email alerts when MassHealth issues new bulletins and transmittal letters.

Questions

If you have questions about the information in this bulletin, please contact:

Long-Term Services and Supports

Phone: (844) 368-5184 (toll free) Email: <u>support@masshealthltss.com</u> Portal: <u>MassHealthLTSS.com</u>

- Mail: MassHealth LTSS PO Box 159108 Boston, MA 02215
- Fax: (888) 832-3006

All Other Provider Types

Phone: (800) 841-2900, TDD/TTY: 711 Email: provider@masshealthquestions.com