



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

MassHealth
Dental Bulletin 47 – UPDATED
June 2020

TO: Providers Participating in the MassHealth Dental Program
FROM: Amanda Cassel Kraft, Acting Medicaid Director
RE: Alternative Interim Payments

Background

In light of the state of emergency declared in the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, MassHealth is implementing measures to address funding shortfalls that providers enrolled in the MassHealth Dental Program are experiencing due to COVID-19. Specifically, MassHealth is implementing a new alternative interim payment option, in accordance with the eligibility criteria set forth in this bulletin and the methodology set forth in Administrative Bulletin 20-61. Note that all alternative interim payments are subject to the reconciliation process set forth in Administrative Bulletin 20-61. MassHealth urges providers to review both this bulletin and Administrative Bulletin 20-61 carefully before submitting a request for an alternative interim payment.

Providers meeting the eligibility criteria set forth below may request an alternative interim payment pursuant to this bulletin and Administrative Bulletin 20-61 by completing and submitting the Alternative Interim Payment Application and Attestation Form, attached to this bulletin as Appendix A, in accordance with the instructions that follow.

Eligibility for Alternative Interim Payments

Each provider requesting an interim payment pursuant to this bulletin and Administrative Bulletin 20-61 must establish eligibility to receive such a payment by attesting on the Alternative Interim Payment Application and Attestation Form that the provider:

- Is enrolled in MassHealth as provider type 10 (Dentist) or 97 (Group Practice);
- Holds an active MassHealth Provider ID Service Location (PIDSL) that:
 - received an average of at least \$10,000 per month in CY2019 rendering services covered under Subchapter 6 of the MassHealth Dental Manual;
 - billed at least 20% of the practice's total CY2019 charges (inclusive of charges to all payers, including Medicaid, other governmental payers, commercial payers, and private payers) to MassHealth; and
 - does not owe overpayments to MassHealth, has not been notified of overpayments by MassHealth, or is not otherwise indebted to MassHealth, in an amount that, collectively, exceeds \$10,000;
- Accepts, and agrees to comply with, the alternative interim payment methodology and reconciliation process set forth in Administrative Bulletin 20-61;
- Agrees to cooperate fully with any audits, inspections, or requests for information or documentation related to its compliance with the conditions of payment set forth in this bulletin and in Administrative Bulletin 20-61; and
- Agrees to produce, upon request by MassHealth, all information or documentation regarding its satisfaction of these criteria.

Requesting an Alternative Interim Payment

Each eligible provider seeking an interim payment pursuant to this provider bulletin and Administrative Bulletin 20-61 must identify its requested alternative interim payment amount on the Alternative Interim Payment Application and Attestation Form included as Appendix A. If the amount requested by a provider exceeds the maximum payment amount as determined in accordance with the methodology set forth in Administrative Bulletin 20-61, MassHealth will reduce the requested amount to the maximum amount allowed under that methodology. Additionally, all alternative interim payment requests, including those reduced pursuant to the preceding sentence, are subject to the pro rata reduction methodology set forth in Administrative Bulletin 20-61.

The following individuals may execute the Alternative Interim Payment Application and Attestation Form:

- The individual dentist-provider, in the case of an individual dentist (provider type 10); or
- A duly authorized representative, in the case of a group practice (provider type 97).

Providers seeking an alternative interim payment pursuant to this bulletin and Administrative Bulletin 20-61 must submit a complete and compliant Alternative Interim Payment Application and Attestation Form no later than 5:00 p.m. on June 25, 2020.¹ MassHealth will not accept requests for interim payments pursuant to this bulletin and Administrative Bulletin 20-61 received after that date.

Only those providers who submitted a timely and complete Alternative Interim Payment Application and Attestation Form accepted by MassHealth are eligible for alternative interim payments pursuant to this provider bulletin and Administrative Bulletin 20-61.

Distribution of Payments

MassHealth will notify eligible providers that they will receive an interim payment, and the amount of that interim payment (determined in accordance with Administrative Bulletin 20-61), via email. That email will also explain how MassHealth will dispense those interim payments.

Reconciliation

All alternative interim payments dispensed pursuant to this bulletin are subject to the reconciliation process described in Administrative Bulletin 20-61.

Enforcement

Each provider attesting to its compliance with the criteria established by this bulletin agrees to produce, upon request by MassHealth, all information or documentation regarding its satisfaction of those criteria. If MassHealth determines that such a provider did not satisfy any or all of those criteria, or any other state or federal requirements, as applying and in effect during the COVID-19 public health emergency, MassHealth may take appropriate administrative action under 130 CMR 450.000: *Administrative and Billing Regulations*. When appropriate, MassHealth will refer providers to the Medicaid Fraud Division at the Attorney General's Office.

¹ This is an update to the original version of this bulletin, which required providers seeking an alternative interim payment to submit a completed application and attestation form no later than 5:00 p.m. on June 23, 2020.

Additional Information

For the latest MA-specific information, visit www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19.

The latest CMS guidance is available at www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page.

MassHealth Website

This bulletin is available on the MassHealth website at www.mass.gov/masshealth-provider-bulletins. To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions

If you have any questions about the information in this bulletin, please contact MassHealth Dental Customer Service at (800) 207-5019, or email your inquiry to inquiries@masshealth-dental.net.

Appendix A

Alternative Interim Payment Application and Attestation Form

As explained in Dental Bulletin 47, individual dentists (provider type 10) and group practices (97) seeking an alternative interim payment pursuant to that bulletin and Administrative Bulletin 20-61 must complete, execute, and submit this Alternative Interim Payment Application and Attestation Form no later than June 25, 2020. MassHealth will not accept requests for alternative interim payments pursuant to Dental Bulletin 47 and Administrative Bulletin 20-61 received after that date.

Only those providers who submitted a timely and complete Alternative Interim Payment Application and Attestation Form accepted by MassHealth will be eligible for an alternative interim payment pursuant to Dental Bulletin 47 and Administrative Bulletin 20-61.

The following individuals may execute this Alternative Interim Payment Application and Attestation Form:

- The individual dentist-provider, in the case of an individual dentist (provider type 10); or
- A duly authorized representative, in the case of a group practice (provider type 97).

Pursuant to Dental Bulletin 47, in the event the alternative interim payment requested by a provider through this Alternative Interim Payment Application and Attestation Form exceeds the maximum payment amount as determined in accordance with the methodology set forth in Administrative Bulletin 20-61, MassHealth will reduce the requested payment amount to the maximum amount allowed under that methodology. Additionally, all interim payment requests including those reduced pursuant to the preceding sentence are subject to the pro rata reduction methodology set forth in Administrative Bulletin 20-61.

Eligibility and Attestation

I, _____, hereby certify under the pains and penalties of perjury that I am the dentist or other duly authorized officer or representative of _____, located at _____, with MassHealth Provider ID Service Location (PIDSL) _____, (hereinafter “provider”), who requests an alternative interim payment pursuant to Dental Bulletin 47 and Administrative Bulletin 20-61 in the amount of \$ _____. I attest that my dental office or group practice satisfies the eligibility criteria for receipt of an alternative interim payment set forth in Dental Bulletin 47 and Administrative Bulletin 20-61.

Specifically, I represent and warrant that I have actual knowledge that the provider requesting an alternative interim payment pursuant to this Dental Bulletin 47 and Administrative Bulletin 20-61:

- Is enrolled in MassHealth as provider type 10 (dentist) or 97 (group practice);
- Holds an active PIDSL that:
 - received an average of at least \$10,000 per month in CY2019 rendering services covered under subchapter 6 of the MassHealth Dental Manual;
 - billed at least 20% of its total CY2019 charges (inclusive of charges to all payers, including Medicaid, other governmental payers, commercial payers, and private payers) to MassHealth; and

- Does not owe overpayments to MassHealth, has not been notified of overpayments by MassHealth, or is not otherwise indebted to MassHealth, in an amount that, collectively, exceeds \$10,000;
- Accepts, and agrees to comply with, the alternative interim payment methodology and reconciliation process set forth in Administrative Bulletin 20-61;
- Agrees to cooperate fully with any audits, inspections, or requests for information or documentation related to its compliance with the conditions set forth in MassHealth Dental Bulletin 47 and Administrative Bulletin 20-61; and
- Agrees to produce, upon request by MassHealth, all information or documentation regarding its satisfaction of those criteria;

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Email: _____

Phone: _____

Please submit a scanned copy of the executed attestation via email to Tracy Chase Gilman at Tracy.Chase@greatdentalplans.com and Daniel Archambault at Daniel.Archambault@dentaquest.com.

The provider should maintain the original executed copy of the attestation in its files.