



Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
600 Washington Street  
Boston, MA 02111  
www.mass.gov/masshealth



**MassHealth  
Home Health Agency Bulletin 46  
January 2009**

**TO:** Home Health Agencies Participating in MassHealth  
**FROM:** Tom Dehner, Medicaid Director   
**RE:** New Home Health Coverage Determination Form

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**Background**

MassHealth is implementing a new Home Health Coverage Determination Form. This form is accessible and is fillable online on the MassHealth Web site. This form must accompany all commercial coverage determinations, or Explanations of Benefits (EOBs), submitted to MassHealth. For more information, please refer to Transmittal Letter HHA-33 (June 2002) and Home Health Agency Bulletin 41 (November 2003). Please note that this bulletin transmits modifications to the qualifying event definitions. For members that have both commercial insurance and MassHealth, providers must submit a coverage determination from the primary insurer any time the member's medical condition, resulting in a change of skilled services in the plan of care, or health-insurance-coverage status changes.

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**Submitting Claims to MassHealth**

MassHealth does not accept annual EOBs for services denied by the commercial insurer. MassHealth is always the payer of last resort. Home health providers must bill, obtain, and send an EOB from the primary insurer whenever the member has a qualifying event. Providers must submit a copy of the EOB to MassHealth *within 10 days* of receiving notification of denial from the insurer. Providers must continue to submit paper coverage determinations for all qualifying events, whether billing electronically or on paper.

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**Third-Party Liability Requirements**

Billing requirements are contained in MassHealth's third-party liability (TPL) regulations at 130 CMR 450.316 and 450.317.

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**Qualifying Event**

A qualifying event is defined as any change in a member's condition or circumstances, including a change in health insurance plans that may trigger a change in insurance coverage. The following list includes some examples of qualifying events that require a provider to request coverage and obtain an Explanation of Benefits (EOB) from a commercial insurer.

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**Qualifying Event**  
*(cont.)*

Qualifying/triggering events include, but are not limited to the following:

- a new admission to a home health agency (HHA);
  - a readmission to HHA after a discharge from an inpatient hospital or skilled facility stay; resulting in a change of skilled services in the plan of care;
  - cessation of commercial insurance coverage or change of insurance (Complete and submit a TPLI form with the EOB and new Home Health Coverage Determination Form.);
  - exhaustion of annual commercial insurance coverage or other periodic benefit(s);
  - reinstatement of insurance benefits;
  - change in the patient's medical condition resulting in a change of skilled services in the plan of care.
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**Submitting Home Health Coverage Determination Forms**

Submit a completed Home Health Coverage Form with every coverage determination. It can be faxed to 617-886-8133 *or* mailed to the following address.

MassHealth  
Home Health Claims  
The Schrafft's Center  
529 Main Street, 3<sup>rd</sup> Floor  
Charlestown, MA 02129

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**MassHealth's Right to Appeal and Audit**

MassHealth reserves the right to appeal any insurer's denial of coverage if it determines that the service may be covered under the member's insurance policy. Providers must, at MassHealth's request, submit the claim and related clinical or service documentation to MassHealth or to an insurance carrier, or both, if MassHealth determines that the provider's submission is needed for MassHealth to exercise this right of appeal. MassHealth also reserves the right to perform audits to ensure compliance with all TPL regulations. Providers must, at MassHealth's request, submit the requested documentation to MassHealth in order to substantiate the service(s) provided to the member, in accordance with 130 CMR 450.205.

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***Requesting a  
Supply***

A copy of the Home Health Coverage Determination Form is attached. It is accessible on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth) by clicking on the link for MassHealth Provider Forms in the lower right corner of the page.

Requests for paper copies of this form must be submitted in writing and faxed to 617-988-8973 or mailed to the following address.

MassHealth  
ATTN: Forms Distribution  
P.O. Box 9118  
Hingham, MA 02043

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***Questions***

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

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# Home Health Coverage Determination Form

(Attach EOB from primary insurer to this form.)

Provider Name: _____	<b>Send to: MassHealth Home Health Claims The Schraffts Center 529 Main Street, 3rd Floor Charlestown, MA 02129 Fax: 617-886-8133</b>
Provider Address: _____	
Branch Address: _____	
Contact Name: _____	
Contact Phone/Fax No.: _____	
MassHealth Provider No.: _____	
NPI: _____	

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

**Services Provided (Check all that apply.):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Skilled Nursing      | <input type="checkbox"/> Continuous Skilled Nursing | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech/Language Pathology  | <input type="checkbox"/> Home Health Aide |

**Qualifying/Triggering Event (Check one.):**

- New admission to a home health agency (HHA)
- A readmission to an HHA after a discharge from an inpatient hospital or skilled facility stay; resulting in a change of skilled services in the plan of care
- Cessation of commercial insurance coverage or a change of insurance (attach a completed TPLI form)
- Exhaustion of annual commercial insurance coverage or other periodic benefit(s)
- Reinstatement of insurance benefits
- Change in the patient's medical condition resulting in a change of skilled services in the plan of care

Please provide a brief description of change:

**Is this a personal injury protection (PIP) case?**     yes     no

**Are you covending?**     yes     no

If yes, name of covendor: \_\_\_\_\_

## **Purpose of Home Health Coverage Determination (HHCD) Form**

The MassHealth HHCD Form is used by home health agencies to show compliance with MassHealth's third-party liability (TPL) regulations (130 CMR 450.316 and 450.317). For members with commercial insurance in addition to MassHealth, providers must submit claims to the commercial insurer for a coverage determination before submitting the claim to MassHealth. Coverage determinations and explanations of benefits (EOBs) must be obtained whenever a member has a qualifying event. The HHCD Form must accompany the coverage determination and/or EOB to MassHealth within 10 days of the provider's receipt of the EOB. Home health providers must continue to submit paper coverage determinations for all qualifying events whether billing electronically or on paper.

## **Instructions for Completing the HHCD Form**

### **Provider Information:**

Fill in your provider name, branch address, and contact's phone and fax numbers.

### **MassHealth Provider No.:**

Fill in your MassHealth provider number.

### **NPI:**

Fill in your national provider identifier (NPI) number.

### **Date:**

Fill in the date you are sending the form and accompanying EOB to MassHealth.

### **Member Name:**

Fill in the member's name.

### **Member ID:**

Fill in the member's ID number.

### **Diagnosis:**

Fill in the diagnosis/diagnoses; ICD-9 codes are not necessary.

### **Dates of Service:**

Fill in the dates you want MassHealth to start and end payment. If there is no end date, enter a start date and indicate "ongoing."

### **Services Provided:**

Check off all services the agency is providing to the member.

### **Qualifying/Triggering Event:**

Check off the reason the provider obtained the initial EOB or new EOB. If you are notifying us of a change in insurance, please complete both the HHCD Form and the TPLI form and send both with the EOB. Both forms are accessible from the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth) by clicking on the link for MassHealth Provider Forms in the lower right corner of the page.

### **Description of Change:**

Indicate why the primary insurance company was billed.