# School-Based Medicaid Program Guidance for Submitting a 90-day Waiver Request During the COVID-19 State of Emergency

Updated July 7, 2021, effective June 15,2021

Please note the instructions have been updated significantly. Please review the document and Q&A in full.

School-Based Medicaid Program (SBMP) providers that missed the 90-day filing limit during the period of the COVID-19 public health emergency, which ended on June 15, 2021, are able to submit a 90-day filing limit waiver request for interim claims with dates of service within FY2021 that were during the state of emergency (7/1/2020-6/14/2021). 90-day waiver requests must be submitted within 12 months of the date of service or by October 15, 2021, whichever is earlier. Dates of service on or after 6/15/2021 must be submitted within the normal 90-day filing limit and are not eligible for the waiver.

**Note:** The following instructions are for the COVID-19 state of emergency waiver only. Normal 90-day waiver requests require more information.

A copy of the form may be downloaded from [www.mass.gov/how-to/submit-a-90-day-claim-waiver-request-form](http://www.mass.gov/how-to/submit-a-90-day-claim-waiver-request-form)

## Completing the form

Be sure to complete all required fields exactly as specified below:

* **Date of Request**: Date submitting the claim(s) for which an override is requested
* **Provider Name**: Name of the SBMP LEA (school district)
* **Provider Address**: LEA’s legal address as submitted with the provider contract
* **MassHealth Provider ID/Service Location**: 10-character MassHealth provider ID for the LEA, typically beginning with 1100 and ending with an alphabetic character (e.g. 110012345A)
* **Reason for Request**: Select “Other” and enter “Due to COVID-19 state of emergency” in the explanation field

For waiver requests related to the COVID-19 state of emergency, no additional supporting documentation explaining the circumstances is needed. Specifically, there is no need to attach copies of remittance advices for previously denied claims, etc.

## Submitting the claims with the waiver form

There are two options for requesting a waiver. For either option, please submit a **new** claim, even if a claim has previously been denied for failing to meet the filing limit.

1. **Direct Data Entry (DDE)** for individual claims.
2. **Batch processing** for multiple claims.

## Directions for DDE Option

On the Provider Online Service Center (POSC), follow the normal procedure for entering a claim directly under “Enter Single Claim.” Then, complete these additional steps to submit the 90-day waiver with the claim:

* On the “Extended Services” tab
  + Enter “Delay Reason code” 8 (delay in eligibility determination)
* On the “Attachments” tab, Attachment detail section, enter
  + Report Type = “OZ” - Support data for claim
  + Transmission code = “EL” – electronically only
  + Control Number: leave blank
  + Browse for your waiver file saved on your computer then upload
* On the “Confirmation” page - The claim will suspend for 90-day waiver under review. Once reviewed, the claim will be released from suspense with the appropriate 90-day override. The claim will be suspended for one to three business days before it is adjudicated as either paid or denied. The claim can still deny for any other issues with the claim.

## Directions for Batch File Option

A provider can submit the 90 Day Waiver Request with the batch claim file(s) by first submitting an email to the EDI unit at MassHealth with the waiver form and supporting letter(s), then, upon receiving an approval to do so from the EDI unit, the claims can be submitted to the EDI unit for special handling and processing.

**Step 1:** Send an email to [edi@mahealth.net](mailto:edi@mahealth.net) to request the 90-day waiver(s). The following documents must be submitted with the 90-Day waiver request:

* One 90 Day Waiver Request Form that is completely filled out as described above;
* A letter on LEA letterhead stating:
  + Reason for the 90-day waiver request (“Due to COVID-19 state of emergency”)
  + LEA’s Provider ID/service location
  + Number of claims for which the waiver is requested
  + Total dollar amount of all claims for which the waiver is requested
  + The date of service range of the claims to be waived

**Step 2:** After receiving approval of the 90-day waiver request via email, send a single ANSI X12 format 5010 compliant 837P claim file containing only claims for which the 90-day waiver is being requested to the MassHealth EDI department. The file may be sent via secure email, or via email in a password protected file with the password sent in a separate email, or by mailing a disk, flash drive, or zip drive to:

MassHealth Customer Service Center

Attn: EDI / 90-Day Waiver

55 Summer Street

Boston, MA 02110

Note: It is allowable to submit electronic batch claims from multiple PIDSLs in a single file.

After receipt of the above information, all claims for which the waiver has been approved (based on the service date range and total claim count and total dollars billed indicated with your waiver letter) will process through MMIS without being stopped for the 90-day edit. Claims in excess of the amounts indicated or for PIDSLs without an approved waiver will still be subjected to the 90-day edit.

**FAQs**

**Please note Questions and Answers that have been updated for the revised process effective 6/15/21 are indicated with an asterisk.**

**Q\*:** Will the submitter be notified of approval by email?

**A\*:** Yes, for batch request, EDI will follow up with the decision via email. For DDE Submissions: No, the claim will appear on a subsequent remittance advice.

**Q:** What if claims have already been submitted and denied for failure to meet the filing limit?

**A\*:** A **new** claim must be submitted with the waiver form (if submitting through DDE) or following the procedure outlined above for batches of claims.

**Q:** Can a billing vendor submit 90 Day Waiver Requests for multiple providers (LEAs) at once?

**A\*:**  Yes. However, the waiver form and letterhead are provider-specific, so the request paperwork must be provider-specific. If a billing vendor sends an electronic claim file after receiving approval from the EDI unit to do so, it is allowable to include 90-day waiver claims from multiple PIDSLs (LEAs) on a single claim file.

**Q:** Can a billing vendor submit a batch of claims from multiple providers (LEAs)?

**A\*:**  Yes, vendors may submit claims from multiple providers once EDI has approved the waivers, following the process described above.

**Q:** Does the batch need to be a clean batch of only those claims related to the requested waiver? That is, the file cannot be mixed with regular business new claims submitted within filing limit.

**A\*:** Yes, only claims where the 90-day waiver is requested, and as supported by the waiver form and letter(s) should be included in the batch claim file sent to the EDI unit following approval for the waiver.

**Q:** Is there a deadline by which 90-day waiver requests must be submitted?

**A:** For claims with dates of service within FY2021 (7/1/2020-6/14/2021), 90-day waiver requests must be submitted within 12 months of the date of service or by October 15,2021, whichever is earlier.

**Q:** Is there a limit to the number of claims in a batch with a waiver attached?

**A:** The limit is the same number of claims as on any 837P file.  837P EDI files have a 5,000 claim limit.

**Reminder:** Approval of a 90-day waiver does not waive other claiming requirements, so claims could still be denied for other valid reasons, such as the member not enrolled or an invalid procedure code, etc.

Once a claim is submitted and approved for the 90-day waiver, if the claim denies for another reason and the claim needs to be resubmitted with a correction, the replace/resubmit option should be used to correct the claim. MMIS retains the 90-day waiver approval information for the claim, so a second waiver form would not be needed with a claim correction.