



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
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MassHealth
School-Based Medicaid Bulletin 19
October 2010

TO: School-Based Medicaid Providers Participating in MassHealth
FROM: Terence G. Dougherty, Medicaid Director *TGD*
RE: Updates on School-Based Medicaid Programs

90-Day Claiming Period Claims for interim direct-service payments must be submitted within 90 days of the date of service. During FY2010, the MassHealth claims-processing system did not automatically deny claims submitted after the 90-day period. However, the system will automatically deny claims with dates of service on or after July 1, 2010, if they are not submitted within 90 days.

MassHealth will assign a rate of \$0.00 to claims for dates of service on or before June 30, 2010, that adjudicate after September 30, 2010, to ensure proper reconciliation with the cost report. For further explanation about the cost-report reconciliation process, see the *School-Based Medicaid Program User Guide*. MassHealth may also void any claims for dates of service on or before June 30, 2010, that adjudicate after September 30, 2010.

AAC Claims for Summer Quarter For Administrative Activity Claiming (AAC) claims for activities occurring in the 2009 summer quarter (July 1, 2009, to September 30, 2009), school-based Medicaid providers must include in the *Quarterly Detailed Expenditure Report* section of the claim *only* information related to staff members who were included in the Random Moment Time Study (RMTS) participant list for one or more of the quarters ending December 2009, March 2010, and June 2010. This additional guidance applies only for the AAC claims for the 2009 summer quarter. For guidance on calculating and submitting AAC claims, please refer to the school-based Medicaid program's *Instruction Guide for Massachusetts School-Based Medicaid Administrative Claims*, dated July 1, 2010.

CANS Certification Section 8 of the *School-Based Medicaid Program User Guide* erroneously states that certain mental health professionals need to be certified in Child and Adolescent Needs and Strengths (CANS) in order to claim reimbursement. Since individuals providing services through the School-Based Medicaid Program do not administer the CANS, they do not need to be certified in CANS.

Questions

If you have any questions about the information in this bulletin, please contact UMMS at 1-508-856-7640 or e-mail your inquiry to schoolbasedclaiming@umassmed.edu.
