



Payment Amount Per Episode (PAPE) Frequently Asked Questions

- 1. Q. Has billing for an episode changed under the PAPE system?**
A. There are no changes to how an outpatient claim is submitted to MassHealth.
- 2. Q. Have there been any changes to how claims are paid?**
A. No. Any episode (defined as all outpatient PAPE-covered services provided in a single calendar day) that has at least one claim line that adjudicates to a pay status will continue to be paid a PAPE, regardless of the number or type of services provided to a member.
- 3. Q. Are lab services to be bundled into the PAPE payment?**
A. Only surgical pathology services are bundled into the PAPE payment. For claims with dates of service on or after October 1, 2003, all lab services except surgical pathology (88300-88399), are paid according to the fee schedule of the Division of Health Care Finance and Policy's Clinical Laboratory Services. If these services are provided during an episode, they are reimbursed separate from the PAPE.
- 4. Q. Are there any other outpatient services not paid under the acute outpatient hospital program?**
A. Yes. Providers should refer to the current Acute Hospital Request for Application or Subchapter 6 of the Acute Outpatient Hospital Manual to determine services covered or not covered under the acute outpatient hospital program.
- 5. Q. Have there been any changes to the remittance advice?**
A. No. The format of the remittance advice has not changed.
- 6. Q. Since only one payment per episode is being paid under the PAPE methodology, does the hospital need to resubmit denied claim lines within an episode for which payment has been received?**
A. Yes. It is extremely important that hospitals resubmit claim lines that denied even though the PAPE has been paid. As the PAPE for future rate years will be calculated using historical paid claims data, it is critical that hospitals resubmit all denied claim lines that may be reconsidered. Failure to resubmit these claims will significantly impact a future year PAPE.
- 7. Q. How can a provider void a PAPE payment?**
A. In order to void a PAPE payment, the provider needs to void all of its claim submissions that are a part of that episode. MMIS will internally void the associated bundled PAPE claim.