



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

One Ashburton Place, Room 1109

Boston, Massachusetts 02108



CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

DANIEL TSAI  
Assistant Secretary for  
MassHealth

Tel: (617) 573-1600  
Fax: (617) 573-1891  
[www.mass.gov/eohhs](http://www.mass.gov/eohhs)

## **AMENDED: MassHealth Guidance to Providers and Carriers Regarding Transition to Commercial Coverage of Intermediate Services for Youth**

November 5, 2020

AMENDMENT: In order to facilitate a smooth transition to commercial coverage for intermediate services for youth MassHealth members with third party insurance (TPL) and to promote continuity of care, **EOHHS is extending the transition period end date from 12/31/20 6/30/2021**. Effective July 1, 2021, all MBHP contracted Family Support and Training (FS&T) and Therapeutic Mentor (TM) providers will be required to provide a primary insurance Explanation of Benefits (EOB) for TPL members when submitting claims to MBHP.

1. Pursuant to Federal and State law, Medicaid is the payer of last resort and as such is obliged to ensure it does not pay for services that primary insurance carriers are obligated to cover for Behavioral Health for Children and Adolescents (BHCA) services.
  - a. In order to enforce the payer of last resort obligation, MassHealth requires its contractor for Behavioral Health, MBHP, to coordinate benefits with primary insurance carriers.
  - b. MBHP may coordinate benefits up front by avoiding payment until the primary insurance carrier's explanation of benefits is provided to allow proper adjudication of claims; OR
  - c. MassHealth has a right of subrogation against all liable commercial carriers pursuant to state law. Accordingly, MBHP may pay claims received from providers and submit bills to recover from primary insurance carriers after the fact.
  - d. MBHP generally requires the EOB prior to paying any claims whenever a service is covered under both primary health coverage and MassHealth.
2. In order to facilitate the transition to commercial coverage of intermediate services for youth, known under the MassHealth benefit as "CBHI services," **BETWEEN 1/1/21 AND 6/30/21**, MBHP will continue to pay FS&T and TM services claims submitted for MassHealth members with third party insurance ("TPL Members"). Other CBHI services claims (i.e., Intensive Care Coordination (ICC), In-Home Therapy (IHT), and In-Home Behavioral Services (IHBS)) for TPL Members may not be submitted to MBHP without an EOB from the member's primary insurer.



3. Rather than require providers to collect an EOB prior to receiving payment for FS&T and TM services, **BETWEEN 1/1/21 and 6/30/21**, MBHP will submit a bill to the commercial insurance carrier listed as the primary insurance carrier in the MassHealth eligibility system for any TPL Member for whom it has paid FS&T or TM claims during this period.
  - a. The primary insurance carrier will be required to provide the EOB for the member/s for whom MBHP bills the insurance carrier.
  - b. The primary insurance carrier will be asked to reimburse MBHP the amount of the claim for which the primary insurance carrier is liable under a BHCA benefit, as appropriate based on the EOB.
  - c. Because MBHP will continue to pay providers' TPL Members' claims during the transition period, and when applicable will be recovering retrospectively from the primary insurance carrier, it will not be necessary to separately adjudicate member cost share payments between 1/1/21 and 6/30/21.
4. **EFFECTIVE JULY 1021, ALL MBHP CONTRACTED FS&T AND TM PROVIDERS WILL BE REQUIRED TO PROVIDE A PRIMARY INSURANCE EOB OR AN EOB EQUIVALENT DOCUMENT SUCH AS A VERIFYING LETTER FROM THE INSURANCE CARRIER FOR TPL MEMBERS WHEN SUBMITTING FS&T AND TM CLAIMS TO MBHP. AS OF JULY 1, 2021, CLAIMS FOR TPL MEMBERS WILL BE PENDED UNTIL THE EOB OR EOB EQUIVALENT IS SUBMITTED.**
5. Providers and primary insurance carriers are encouraged to execute contracts for all products subject to the DOI bulletin prior to January 1, 2021 or as soon as possible thereafter so as to maximize providers' ability to know at the point of care for which services and commercial products they must bill the primary insurance carrier.
  - a. During the transition period and thereafter all providers who contract with commercial insurance carriers for the coverage of BHCA intermediate services required under Bulletin 2018-07 should follow the insurance carrier's administrative procedures and first submit claims directly to the primary insurance carrier for any members enrolled with the insurance carrier who also have MassHealth.
  - b. If member cost share applies to services covered by and billed to the primary insurance carrier under the provider's contract with the insurance carrier, only then should the provider request authorization from MBHP to cover the member cost share under the MassHealth supplemental benefit. MBHP will pay providers for the cost share segment, provided the intermediate services rendered meet MBHP coverage criteria and an EOB is provided.
6. During the transition period and thereafter, if a MassHealth TPL Member whose commercial plan is DOI regulated is denied authorization for BHCA intermediate services by the primary insurance carrier, the Member should appeal the adverse determination with the primary insurance carrier, and if denied on that appeal, should go through an external appeal coordinated by the Office of Patient Protection within the Health Policy Commission.
  - a. Providers may submit requests for authorization to MBHP in instances where the primary insurance carrier has refused to authorize services.
  - b. In order to ensure Medicaid is payer of last resort, MBHP may seek recovery from the commercial insurance carrier for services authorized and paid for under the MassHealth supplemental benefit following a denial by the primary insurance carrier. MBHP can pursue an appeal on behalf of the member pursuant to MassHealth's right of subrogation and may pursue any such appeals even if the Member does not.

7. During the transition period, FS&T and TM providers should continue to provide treatment to members who have been receiving services. If a provider is serving TPL Members entitled to coverage for BHCA services covered by the commercial plan, then in circumstances where the provider is not in-network for the commercial plan, the provider should make every effort to obtain a single case agreement or contract with the primary insurance carrier prior to billing MBHP. If the provider is unable to enter into a single case agreement with the commercial plan, the provider must begin working to transition the member to a provider that is in-network for the member's commercial plan.
8. FS&T and TM providers are required to submit spreadsheets reflecting member-transition updates on the 1<sup>st</sup> and 15<sup>th</sup> day of each month to MBHP for members who are currently receiving FS&T or TM services. Updates should be provided on the attached spreadsheet and must include any activity towards transition since the previous update.
9. Consistent with Division of Insurance (DOI) guidance, commercial insurance carriers will continue to be required to submit monthly BHCA network updates to DOI, with any network providers that have been added or removed since the previous update. Providers should use these materials to help members find in-network providers.
10. For MassHealth members newly seeking treatment who have BHCA coverage through a primary commercial plan, whenever possible members should be referred to their plan to initiate treatment with an in-network provider. Commercial plan BHCA contacts and networks can be accessed using the attached list and should be contacted to help their members access an in-network provider.