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

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1. Pursuant to Federal and State law, Medicaid is the payer of last resort and as such is obliged to ensure MassHealth 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 7/1/19 AND 12/31/19**, MBHP will continue to pay CBHI claims submitted for MassHealth members with third party insurance ("TPL Members")
3. Rather than require providers to collect an explanation of benefits (EOB) prior to receiving payment for CBHI services, **BETWEEN 7/1/19 and 12/31/19**, 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 CBHI 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 7/1/19 and 12/31/19.

4. **EFFECTIVE ON JANUARY 1, 2020 ALL MBHP CONTRACTED CBHI PROVIDERS WILL BE REQUIRED TO PROVIDE A PRIMARY INSURANCE EXPLANATION OF BENEFITS (EOB) FOR TPL MEMBERS WHEN SUBMITTING CLAIMS TO MBHP. AS OF JANUARY 1, 2020 CLAIMS FOR TPL MEMBERS WILL BE PENDED UNTIL THE EOB IS SUBMITTED.**
5. Providers and primary insurance carriers are encouraged to execute contracts for all products subject to the DOI bulletin prior to July 1, 2019 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. After 12/31/19 providers serving TPL Members entitled to coverage for BHCA services covered by the commercial plan when 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.