



April 18, 2023

**RE: 101 CMR 206 Regulatory Change for Massachusetts Nursing Facilities**

Dear Participating Provider,

Commonwealth Care Alliance Massachusetts (CCA) is writing to inform you that CCA will implement certain member-specific add-on reimbursements in accordance with the Executive Office of Health and Human Service's 101 CMR 206 Standard Payments to Nursing Facilities ([mass.gov/regulations/101-CMR-20600-standard-payments-to-nursing-facilities-0](https://www.mass.gov/regulations/101-CMR-20600-standard-payments-to-nursing-facilities-0)) for Senior Care Options and One Care members.

Effective for dates of service on or after January 1, 2023, CCA will process claims with member-specific add-on reimbursement as described in CCA's Nursing Facility payment policy ([commonwealthcarealliance.org/ma/providers/medical-policies/cca-payment-policies/](https://www.commonwealthcarealliance.org/ma/providers/medical-policies/cca-payment-policies/)), which aligns with MassHealth Nursing Facility Rate Add-ons Billing Guidance.

**For dates of service January 1, 2023, through June 30, 2023:**

Prior authorization is not required for member-specific add-ons for claims with dates of service January 1, 2023 – June 30, 2023. The facility, however, should notify the CCA Transitions of Care department at 857-246-8822 of the add-ons that are being applied to claims for specific members. This notification process will help facilitate a smoother transition to the prior authorization requirement that will become effective for dates of service on and after July 1, 2023.

Please be advised that claims with member-specific add-ons may be denied while the codes are being added to the CCA claims system. After the codes are added, CCA will automatically review all incorrectly denied claims and issue appropriate payment. Nursing facilities are not required to resubmit corrected claims if the original claim included the add-on(s).

If a nursing facility wishes to be reimbursed for add-on payments on previously submitted claims that did not include the add-on codes, the nursing facility will need to submit corrected claims and include the proper coding. Please review and follow the corrected claims process as detailed in the CCA Senior Care Options and One Care Plans Provider Manual, Section 6: Claims and Billing Procedures. Please note all claims are subject to audit to ensure they comply with CCA's payment policy.

**For dates of service on or after July 1, 2023:**

Prior authorization is required. Nursing facilities are required to submit the appropriate add-on codes with the initial prior authorization request as described in the CCA Senior Care Options and One Care Plans Provider Manual.

For members with existing prior authorizations where add-on codes were not on the original prior authorization request, nursing facilities must notify the CCA Transitions of Care Department at 857-246-8822 to have appropriate add-on codes included on the relevant prior authorization(s).

As a CCA provider, the add-on reimbursement enhances your ability to care for your Senior Care Options and One Care plan patients and expands CCA's ability to continue providing quality care services to our members.

If you have any questions, please contact Provider Services at 866-420-9332. We, at CCA, look forward to a continued relationship with you as part of our Commonwealth Care Alliance Network.

Sincerely,

*Robert Tirimacco*

Robert Tirimacco  
Vice President, Network Strategy and Contracting