



CCA Frequently Asked Questions

Nursing Facility Member-Specific Add-On Rates (101 CMR 206)

1. **Do I need to sign a contract or an amendment?**

No, Commonwealth Care Alliance (CCA) is simply following the MassHealth regulation and updating our payment systems accordingly.

2. **Where do I find the codes to use?**

Nursing facilities should reference the CCA Nursing Facility payment policy accessible online at commonwealthcarealliance.org/ma/providers/medical-policies/cca-payment-policies/.

3. **What do I need to do to receive the add-ons?**

Submit properly billed claims according to the CCA Nursing Facility payment policy accessible online at commonwealthcarealliance.org/ma/providers/medical-policies/cca-payment-policies/.

Please note the following:

For dates of service January 1, 2023, until June 30, 2023:

- Prior authorization *is not* required; however, nursing facilities 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.
- Claims with member-specific add-ons may be denied while the add-on codes are being added to the CCA payment 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.

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

- The nursing facility *is required* to submit the appropriate add-on codes with the initial prior authorization request.
- For members with existing prior authorizations where add-on codes were not on the original prior authorization request, the 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).

4. When can I start billing?

Nursing facilities can begin billing for member-specific add-ons that meet the criteria outlined in the CCA Nursing Facility payment policy for dates of service on and after January 1, 2023. It is possible that add-ons with dates of services in January – March 2023 may be denied while CCA is updating the payment system. After the payment system is updated, CCA will automatically review all incorrectly denied claims and issue appropriate payment.

Important: Nursing facilities *should not* hold off on billing for appropriate add-ons. To be reimbursed for the add-ons, nursing facilities must follow standard timely billing requirements.

5. Where do I send Claims?

Use your current set up; either electronic or paper and mail to:

Dates of Service January 1 – March 31, 2023	Dates of Service on or after April 1, 2023 - Onward
Mail: Commonwealth Care Alliance P.O. Box 548 Greenland, NH 03840-0548 Electronic Submission: Senior Care Options and One Care: Use payer ID 14315	Mail: Commonwealth Care Alliance Claims P.O. Box 3085 Scranton, PA 18505 Electronic Submission: Senior Care Options and One Care: Use payer ID A2793

6. Is there a filing limit on the add-ons submissions?

Follow the filing limit terms in your agreement.

7. What billing form do I use for the add-ons?

Nursing facilities can bill electronically or by paper on the UB04.

8. Do I bill the add-ons separately from the admission?

No, the services should not be billed separately. Do not separate add-ons from the admission.

9. Do I need to bill corrected claims for claims previously submitted without the add-ons?

Yes, you need to submit corrected claims with the add-ons in order to receive reimbursement.

10. Where do I send paper or electronic corrected claims?

Dates of Service January 1 – March 31, 2023	Dates of Service on or after April 1, 2023 - Onward
<p>Mail: Commonwealth Care Alliance P.O. Box 548 Greenland, NH 03840-0548</p> <p>Electronic Submission: Senior Care Options and One Care: Use Payer ID 14315</p>	<p>Mail: Commonwealth Care Alliance Claims P.O. Box 3085 Scranton, PA 18505</p> <p>Electronic Submission: Senior Care Options and One Care: Use payer ID A2793</p>

11. Do I need to submit a second prior authorization for the add-ons, if I have an approved authorization already for the original admission?

No, a second prior authorization is not required; however, nursing facilities must notify the CCA Transitions of Care department at 857-246-8822 to have appropriate add-on code(s) included on the relevant prior authorization(s). Nursing facilities must adhere to CCA’s Nursing Facility payment policy. CCA reserves the right to audit, recoup or deny payment for any claim where the criteria for the add-on reimbursement is not met.

12. What do I do if the reimbursement rate is not correct?

Nursing facilities can contact CCA Provider Services at 866-420-9332. Nursing facilities will need to complete a spreadsheet for claims review.

13. Does my Rhode Island facility receive the add-ons?

No, only Massachusetts nursing facilities are eligible to receive the add-ons for Senior Care Options and One Care plan members.

14. Are all CCA Plans included in the add-ons?

No, the add-ons only apply to Senior Care Options and One Care plans’ members. Please refer to the criteria outlined in the CCA Nursing Facility payment policy.

15. Will the add-ons end?

At this time, CCA will follow guidance issued by MassHealth.

16. Why are you not going back to October 1, 2022?

Funding to reimburse add-ons for Senior Care Options and One Care plans did not go into effect until January 1, 2023.

17. When will I get paid for the add-ons?

CCA is actively working to update the payment system to reimbursement for the member-specific add-ons. Nursing facilities will receive payment once the system is updated.

18. Is this part of the October 1, 2022, MMQ base rate update?

No, that is a separate project. Nursing facilities do not need to submit anything for the October 1, 2022, MMQ base rate update. CCA will be reprocessing submitted MMQ claims.

Resources:

- Massachusetts Executive Office of Health and Human Services (EOHHS) Regulation | 101 CMR 206.00: Standard Payments to Nursing Facilities
[mass.gov/regulations/101-CMR-20600-standard-payments-to-nursing-facilities](https://www.mass.gov/regulations/101-CMR-20600-standard-payments-to-nursing-facilities)
- Massachusetts Executive Office of Health and Human Services (EOHHS) | Nursing Facility Rate Add-ons Billing Guidance
[mass.gov/doc/nursing-facility-rate-add-ons-billing-guidance-effective-1012022-0/download](https://www.mass.gov/doc/nursing-facility-rate-add-ons-billing-guidance-effective-1012022-0/download)
- CCA's Payment Policies
commonwealthcarealliance.org/ma/providers/medical-policies/cca-payment-policies/