




**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

**MassHealth**  
**Managed Care Entity Bulletin 27**  
**May 2020**

**TO:** One Care Plans and Senior Care Organizations Participating in MassHealth

**FROM:** Amanda Cassel Kraft, Acting Medicaid Director 

**RE:** **Temporary Retainer Payments Due to COVID-19 National Emergency**

**Background**

MassHealth's mission is to improve the health outcomes of our diverse members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence, and quality of life. In support of that mission, MassHealth provides broad coverage of medically necessary health care services to its members. MassHealth partners with a wide variety of service providers, including vital safety net providers, in order to offer its members access.

In light of the state of emergency declared in the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, MassHealth is disbursing critical stabilization funding to support health care providers impacted by and responding to COVID-19. These providers are on the front lines of caring for MassHealth members.

The COVID-19 public health emergency has required the temporary closure of adult day health program sites and forced providers of adult day health services to modify both the manner in which they deliver services and the hours and scope of their services. These changes in modality are not contemplated in the current rate methodologies and structures for adult day health services provided to members through MassHealth fee-for-service. Accordingly, EOHHS has established additional fee-for-service provisions that address fixed costs, retention of staff, and the changes in modality associated with the delivery of ADH services as a result of the COVID-19 emergency in order to ensure the continued delivery of these critical services. Additionally, through this bulletin, MassHealth is directing One Care plans and Senior Care Organizations (SCOs) (referred to herein collectively as "integrated care plans") to institute temporary payments in the form of retainer payments as set forth in this bulletin. These retainer payments will ensure that providers receive this crucial stabilization funding for serving members enrolled in integrated care plans.

This bulletin is not applicable to Program of All-Inclusive Care for the Elderly (PACE) organizations.

**Temporary Retainer Payments for Adult Day Health Providers**

MassHealth is directing integrated care plans to modify their payment methodologies to make retainer payments to providers of adult day health services temporarily as set forth below. MassHealth will amend the plans' contracts as needed to reflect these payment requirements.

## **Provider Eligibility for Retainer Payments**

To qualify for a retainer payment, an ADH provider must engage with a member at a minimum of once per week. The plan shall ensure that the provider retains sufficient staff to fulfill this requirement. Provider engagement with members should ensure the ongoing health and safety of members in their homes and minimize risk of decompensation and emergency-service utilization. At the discretion of the plans, such member engagements may include, but are not limited to:

- checking for COVID-19 symptoms and triaging, as needed;
- identifying and addressing any nutritional needs or deficiencies;
- appropriately monitoring, managing, and refilling member medications;
- coordinating care and activities of daily living (ADL), as well as instrumental activities of daily living (IADL), for members without formal supports at home;
- providing members and their families with language and interpretation supports;
- conducting mental and emotional wellness checks and supports;
- employing interventions to promote member orientation of person, place, and time; and
- providing caregiver support, especially for informal caregivers supporting members with dementia.

The plans must require providers to develop or amend individual care plans to meet the members' needs while they remain home. The members' care plans must identify the type of engagements being provided by ADH staff to the member during the COVID-19 public health emergency.

The plan shall ensure that the provider retains sufficient staff to fulfill these requirements.

## **Retainer Payment Methodology**

Integrated care plans must make retainer payments to ADH providers on a per-member, per-day basis at 100% of the plan's current per diem rate for ADH services where the provider has met the eligibility criteria for retainer payments as described above. The plans may not make retainer payments for ADH claims for transportation services.

In order to receive retainer payments, providers must submit a per diem claim for a member for each day on which that member would have been scheduled to attend the provider's ADH program. Integrated care plans must require that claims be submitted using the modifier U6 (see Appendix A). For example, if a member was scheduled to attend a provider's ADH program on Mondays, Wednesdays, and Fridays, the eligible provider should submit a per diem claim for each Monday, Wednesday, and Friday using the U6 modifier. However, eligible providers may not submit a per diem claim for a member for any day on which the member received inpatient hospital services or other institutional care.

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Integrated care plans should configure their systems to accept claims submitted using the U6 modifier, and reject claims submitted without the U6 modifier, for the period of time during which ADH programs remain ordered closed. Integrated care plans should pay claims using modifier U6 with dates of service from April 1, 2020–June 30, 2020, provided the eligibility criteria have been met.

If an integrated care plan has sub-capitated or other Alternative Payment Methodology (APM) arrangements with providers, including pass-through claiming arrangements with Aging Services Access Points (ASAPs), those payments to providers shall also be made in accordance with the plan's eligibility criteria and the payment methodology outlined in this bulletin. Plans shall not subject the required retainer payments to any withhold arrangement with providers; the plans shall ensure that providers receive the full daily rate payments as described in this bulletin.

### **Additional Requirements for Temporary Retainer Payments**

Plans must implement these changes and begin issuing payments to providers by May 20, 2020. All encounter file claim paid amounts with dates of service between April 1, 2020, and June 30, 2020, must reflect the specified retainer payments no later than July 2020.

Integrated care plans shall certify on a monthly basis in a form and format specified by MassHealth to compliance with the payment requirements described in this bulletin. Such certification shall include certification that the plan has made timely payments as outlined in this bulletin, with no offsets to provider payments through withholds, sub-capitated payment arrangements, or other APMs.

### **MassHealth Website**

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

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### **Questions**

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to (617) 988-8974.

**Appendix A**  
**Codes for Certain Home Health Services**

<b>Code</b>	<b>Modifier</b>	<b>Description</b>
S5102	TG U6	Complex level of care (per diem)
S5102	U6	Basic level of care (per diem)