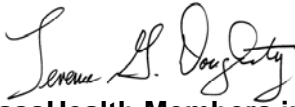




**MassHealth
Long Term Care Facility Bulletin 102
October 2010**

TO: Nursing Facilities, Chronic Disease and Rehabilitation Inpatient Hospitals, and Psychiatric Inpatient Hospitals Participating in MassHealth

FROM: Terence G. Dougherty, Medicaid Director 

RE: **Patient-Paid-Amount Adjustments for MassHealth Members in Nursing Facilities, Chronic Disease and Rehabilitation Inpatient Hospitals, and Psychiatric Inpatient Hospitals, Including Adjustments for Adult Dental Expenses Not Covered by MassHealth as of July 1, 2010**

Background

The purpose of this bulletin is to provide clarification on MassHealth's existing procedures for adjustment of the member's patient-paid amount (PPA). The PPA adjustment procedures allow a member receiving services in certain long term care facility settings to account for the cost of incurred noncovered expenses, including adult dental services, in computing the member's contribution to the costs of care. These rules apply to members who are residing in nursing facilities or who are inpatients in chronic disease and rehabilitation (CDR) hospitals or psychiatric hospitals.

Effective July 1, 2010, MassHealth eliminated coverage for certain adult dental services for certain MassHealth members aged 21 and older. Information about these changes can be found in MassHealth regulation 130 CMR 420.000, and in MassHealth Transmittal Letter DEN-84, dated July 2010.

As a result of these changes, the member's adult dental expenses for services that are no longer covered by MassHealth may be allowed as a deduction in determining the member's PPA. The reduction to the PPA is made prospectively. Expenses incurred for adult dental services provided before July 1, 2010, may not be allowed as a deduction in determining the member's PPA.

**Prospective
Adjustment to the
Patient-Paid Amount**

MassHealth's regulations at 130 CMR 520.026(E)(2) specify that a deduction for a member's necessary medical or remedial-care expenses may be applied in determining a member's financial eligibility, including any patient-paid amount. To be counted as a deduction, necessary medical or remedial-care expenses must be for services not payable by a third party and not covered by MassHealth.

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**Prospective
Adjustment to the
Patient-Paid Amount**
(cont.)

Additionally, a member's necessary medical or remedial-care expenses must

- not be covered by the MassHealth payment rate paid to the nursing facility, chronic disease and rehabilitation hospital, or psychiatric hospital;
- be certified by a treating physician or other medical provider as being medically necessary;
- not be payable by MassHealth or by any other health insurance or other liable third-party coverage;
- be reasonable, and
- be the responsibility of the member.

Reminder: Nursing facilities, chronic disease and rehabilitation hospitals, and psychiatric hospitals **are not allowed** to deduct noncovered medical or remedial-care expenses from a member's personal needs allowance (PNA) unless explicitly directed to do so by a member.

**PPA Adjustments for
Multiple Months**

If a medical expense exceeds the amount of the PPA determined by MassHealth for a particular month, MassHealth may allow an adjustment to the PPA for the next month and any subsequent month to account for the total necessary medical expenses incurred by a member in a particular month.

**Rules for Accepting
Incurred Medical or
Remedial Care
Expenses**

In determining an adjustment to the PPA, a member's necessary medical or remedial expenses

- must not have been used to become eligible for MassHealth under 130 CMR 520.004 (asset reduction) or 520.032 (income deductible); and
 - must be documented to the MassHealth Enrollment Center (MEC), on a **legible** claim, or receipt, from the dental provider for the service. Paid bills may be used as documentation only if paid by the member after July 1, 2010. Documentation must include the following.
 - name and address of the MassHealth member;
 - name and address of the dental provider;
 - description of the service provided;
 - cost of the service provided; and
 - date the service was provided to the member.
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Questions

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.
