

March 8, 2018

MassHealth has asked Mass Senior Care Association to send to membership a reminder [message](#) about billing procedures for MassHealth members receiving services as skilled nursing facilities. MassHealth-contracted Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs) are required to cover 100 days of services, for all levels of care, at a skilled nursing facility, per Contract Year for each enrollee. For enrollees under or at this 100 day limit, skilled nursing facility providers should bill the ACO or MCO listed in the eligibility verification system (EVS) and that ACO or MCO must pay the provider for up to and including 100 days.

Nursing facility providers should bill MassHealth directly for MassHealth Fee For Service (FFS) members including CarePlus, Primary Care Clinician Plan (PCCP) members, and Primary Care ACOs who are not enrolled in an ACO/MCO. Providers should resubmit to MassHealth any claims previously submitted for members not enrolled in an MCO that were not successfully processed. The system has been corrected to ensure timely payment of these claims. If facilities have questions or concerns about a member's FFS or managed care enrollment, please contact [MHPP.OPS@state.ma.us](mailto:MHPP.OPS@state.ma.us).