

# Medicaid Fee Schedule Adjustment Payment Policy

## Applicability

This Policy applies to the following Fallon Health products:

- Fallon Medicare Plus, Fallon Medicare Plus Central (Medicare Advantage)
- MassHealth ACO
- NaviCare HMO SNP
- NaviCare SCO (Medicaid-only)
- Summit Eldercare PACE
- Fallon Health Weinberg PACE
- Fallon Health Weinberg Managed Long-Term Care
- Community Care (Commercial/Exchange)

## Policy

The Plan follows MassHealth coding and payment guidelines as listed in the respective MassHealth Provider Manual(s). This policy addresses retrospective rate changes and code changes made by MassHealth.

Retroactive adjustments (payments or retractions) may be required to adhere to the dates of implementation required by MassHealth. This includes, but is not limited to claims for professional, ancillary, hospital inpatient and outpatient services, and SNF services.

## Reimbursement

Reimbursement for MassHealth ACO covered services generally follows MassHealth reimbursement methodology.

Should Executive Offices of Health and Human Services (EOHHS) or MassHealth notify the Plan of any retrospective rate changes or code changes the Plan will update code configuration and adjust claims accordingly.

The Plan may retrospectively adjust claims up to one year from the notice date of the change or the effective date whichever is sooner. Should the effective date of the change be prior to the MassHealth ACO encounter data claims submission deadline, as defined by MassHealth, claims may be adjusted back to the encounter data claims submission deadline.

## Place of service

This policy applies to services rendered in all settings.

## Policy history

Origination date: 12/01/2023  
Connection date & details: October 2023 (policy origination)

*The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply, and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.*