

# Frequently Asked Questions

## MassHealth Personal Care Attendant (PCA) Program Fee Reimbursement Attestation Form

*Updated October 2022*

### What fees will EOHHS reimburse?

For dates of service on or after July 1, 2022, EOHHS will reimburse eligible PCAs for certain late fees and/or overdraft fees, if their pay is delayed because of a Tempus FI administrative issue. To be eligible for payment, the following conditions must be met:

- The PCA submitted their timesheet on time, before the deadline
- The timesheet was received by Tempus Fiscal Intermediary (FI) on time, before the deadline
- The timesheet did not contain errors, mistakes, or missing information that prevented Tempus from being able to make a payment
- The timesheet was otherwise payable, according to program rules
- The PCA was not paid on time because of an administrative issue caused by Tempus FI
- As a result of the delay, the PCA was charged late fees or overdraft fees
- The late fees or overdraft fees were reasonable and unavoidable
- The PCA requesting reimbursement filled out a Certain Fee Reimbursement Attestation Form (“attestation form”) and meets all requirements listed on the form

### What fees will EOHHS NOT reimburse?

EOHHS will not pay for fees that are unrelated to a Tempus FI administrative issue. For instance, PCAs will not be paid back for late fees if their paychecks were delayed due to timesheet errors (such as lack of signature, no times listed, not submitted on time, etc.).

PCAs will not be paid back for fees that were charged before July 1, 2022. EOHHS will not pay for fees that are considered unreasonable or avoidable.

EOHHS will only reimburse PCAs who meet the requirements on the attached attestation form and submit a completed attestation form to Tempus FI. PCAs who do not meet these requirements will **not** have their fees reimbursed.

## **How do I request reimbursement?**

PCAs who are eligible for reimbursement must complete an attestation form (attached) and return it to Tempus Unlimited by email at [LateFees@tempusunlimited.org](mailto:LateFees@tempusunlimited.org) as soon as possible.

Please make sure that your form is complete and legible. Tempus will not be able to process attestation forms that are missing information or where the information is not legible.

**By signing and submitting an attestation form to Tempus, you are agreeing that you meet all of the requirements on the attestation form.**

**PERSONAL CARE ATTENDANT (PCA)  
CERTAIN FEE REIMBURSEMENT ATTESTATION FORM**

*Updated October 2022*

**By signing below, I attest to the following, under the pains and penalties of perjury:**

1. I am a PCA in the MassHealth PCA program.
2. I provided MassHealth-covered PCA services on or after July 1, 2022.
3. I submitted a timesheet for the work performed providing MassHealth-covered PCA services described above (my “timesheet”).

*Please fill out ALL information below:*

- a. **The timesheet’s pay period start date:** \_\_\_\_\_
- b. **The timesheet’s pay period end date:** \_\_\_\_\_
4. To the best of my knowledge, my timesheet was payable. Additionally:
  - a. It did not contain any errors; and
  - b. It was submitted on time, according to program rules.
5. My timesheet was not paid by the date I reasonably expected.

*Please fill out ALL information below:*

- a. **The date I expected to receive payment from Tempus FI:** \_\_\_\_\_
- b. **The date I was actually paid by Tempus FI:** \_\_\_\_\_
6. Because my timesheet was paid later than expected, I was charged a reasonable and unavoidable overdraft or late fee on or after July 1, 2022.

*Please fill out ALL information below. If you are requesting reimbursement for more than one fee, please complete this information for each fee. You may attach additional pages if needed:*

- a. **The type of fee:** \_\_\_\_\_
- b. **The reason for the fee:** \_\_\_\_\_
- c. **Who issued the fee:** \_\_\_\_\_

- d. **The amount of the fee:** \_\_\_\_\_
- e. **The date I was charged the fee:** \_\_\_\_\_
7. I understand that this fee may be reimbursable only if my timesheet was paid late due to an issue *caused by a Tempus Fiscal Intermediary administrative issue*.
- a. If my timesheet was paid late for a reason *unrelated* to a Tempus FI administrative issue, I will not be reimbursed for the fee.
  - b. Examples of issues that are not related to a Tempus FI administrative issue could include:
    - i. **Timesheet errors:** such as a lack of signature(s), or illegible writing;
    - ii. **Prior authorization issues:** such as no PCA hours remaining on my Consumer-employer’s prior authorization from MassHealth;
    - iii. **Other issues:** such as having provided services not covered by the PCA program.
8. I understand that I may be asked to provide written proof of the above-mentioned fee, and that this request may come from the Executive Office of Health and Human Services (EOHHS), the PCA Quality Home Care Workforce Council (the “Council”), the Fiscal Intermediary, or other entity on behalf of EOHHS or the Council. I agree to cooperate with any requests to provide proof of the fee, as described above.
9. I understand that, to be eligible for reimbursement, this fee must have been incurred on or after July 1, 2022.
- 10. I understand that to request reimbursement, I must send a copy of my completed and signed attestation form, via email, to Tempus Unlimited at [LateFees@tempusunlimited.org](mailto:LateFees@tempusunlimited.org).**

I, the undersigned PCA Provider, declare under pains and penalties of perjury that the foregoing is true and correct.

\_\_\_\_\_  
PCA Provider Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
PCA Provider (Printed Name)