



Dear Home and Community-Based Services Providers,

Home and Community-Based Services (HCBS) providers may now see Universal Aid Code "MH" associated with some Waiver Benefit Plans for eligible members when they check a member's eligibility in the [Provider Web Portal](#). The new MH Universal Aid Code replaces thirteen (13) prior aid codes, beginning March 1, 2024.

Waiver Benefit Plans for eligible members may be missing from their Benefits Details list due to a known delay by the counties in determining the benefit plans. Some claims may be denied for EOB 4758 "Billing Provider Type/Specialty Restriction on Procedure Coverage Rule" due to a missing benefit plan in the member's eligibility record.

Members must show a benefit plan as well as the MH code for claims to process correctly. If the benefit plan is missing, HCBS providers may submit [a request via this form](#) to update a benefit plan.

**HCBS providers should not contact the county or the case manager to update the benefit plan.**

Thank you,

Department of Health Care Policy & Financing