Health Safety Net (HSN) Updates

Massachusetts Health Care Training Forum
January/February 2019
HSN Updates – Agenda

• Billing Updates and Reminders
  – HSN Interim Payments concluded for HSN FY2019 Payment Cycle
    ▪ HSN Server Project
    ▪ Interim Payment Recovery
  – Carrier Codes for HSN Claims
  – Partial Requirements for HSN Claims
  – FY 2017 Closing
  – HSN Dental INET System Closing

• HSN–Connector Care Eligibility
HSN Updates and Reminders – 2003 Server Project

• The HSN Server Project concluded at the end of the 2018 calendar year

• The HSN will be reconciling payments to account for the variance in the actual Reimbursable Health Services (RHS) accumulated over the three Interim Payment months (October, November, and December) during the January HSN FY19 Cycle payment

• In January 2019, HSN will post two remits:
  – First remit will be a consolidated summary of the Oct, Nov, and Dec remits
  – Second remit will contain only those claims that are processed for payment in January (November submission month)
HSN Updates and Reminders – Interim Payment Recovery

• During the interim payment recovery period, a provider’s monthly payment will be reduced by the interim payment recovery to reflect the actual payments made during the interim payment period
  – For Acute Hospitals, all recoupments will be complete by the April payment cycle
  – For CHCs, the HSN will continue with the recovery formula until the entire interim payment balance has been recovered

• Billers should contact their finance team at their facilities with any questions regarding interim payment recovery
HSN Updates and Reminders – Carrier Codes for HSN Claims

• Carrier Code requirement update for secondary and tertiary claims has been moved out to begin for claims submitted on or after April 1, 2019
  – Any claims submitted after this date without a carrier code will receive a fatal edit and will not be considered for HSN payment
  – All seven characters or digits are necessary for the carrier code to pass

• Due to feedback from providers having difficulty with using a specific naming convention for prior Carrier Codes, HSN will implement the following new Carrier Codes for MassHealth claims:
  1. **Carrier Code DMA7384**: This carrier code should be used to report any MassHealth Comprehensive coverage (i.e. MassHealth Standard or other comprehensive plans)
  2. **Carrier Code 0007001**: This carrier code should be used to report any MassHealth Non-comprehensive coverage (i.e. MassHealth Limited or other non-comprehensive plans)
  3. **Carrier Code 0007002**: This carrier code should be used to report CMSP (only) that has been processed by MMIS

• Using the above carrier codes will eliminate the use of naming conventions and no longer effect whether a claim is paid by HSN (or delay payment of claims due to naming convention)
HSN Updates and Reminders – 837I Partial Clarification

• 837I Partial Data Elements can be found in the last Billing Update: [https://www.mass.gov/service-details/information-about-hsn-provider-guides-and-billing-updates](https://www.mass.gov/service-details/information-about-hsn-provider-guides-and-billing-updates)

• For 837I claims, providers should to the best of their ability report remaining HSN Deductible Amount that has yet to be incurred by a patient using Value Code D3. If a patient has met their HSN deductible, Value Code D3 should be reported as 0

• Any Patient Paid Amount should be reported using Value Code FC

• Denial and Warning Edit message: Partial Claim missing required reporting data elements
  – Edit will move to fatal beginning April 1, 2019
HSN Updates and Reminders – 837P Partial Clarification

• 837P Partial Data Elements can be found in the last Billing Update: https://www.mass.gov/service-details/information-about-hsn-provider-guides-and-billing-updates

• For 837P claims, providers should to the best of their ability report remaining HSN Deductible Amount that has yet to be incurred by a patient on the Terms Discount (Loop 2300 K3) segment using the following:
  – If patient has not met their HSN deductible, please report: MAHSN20$####.##
  – If a patient has met their HSN deductible, please report MAHSN100. No dollar amount necessary

• Denial and Warning Edit message: Partial Claim missing required reporting data elements
  – Edit will move to fatal beginning April 1, 2019
HSN Updates and Reminders – HSN Fiscal Year 2017 (FY17) Closing

• **FY 2017 Closing**: Providers are reminded that FY17 will be closing on September 30, 2019
  – Any claims or corrections for FY17 must be completed before the FY is closed
  – Any claims trying to process after the FY close will be denied by HSN

• If providers have questions regarding the FY17 closing, please contact the HSN Helpdesk at [hsnhelpdesk@state.ma.us](mailto:hsnhelpdesk@state.ma.us)
HSN Updates and Reminders – Closure of HSN Dental

• HSN implemented using DentaQuest to process all dental claims on 1/1/2017

• HSN’s dental INET system will be closed effective 1/31/2019

• If providers have dental claims that process through INET that continue to be of concern, these claims must be resolved prior to the system closing 1/31/2019

• Please note, any HSN Dental claims with Dates of Service 1/1/2017 forward will continue to be processed by DentaQuest
HSN–ConnectorCare Eligibility

• If a person is within their **first 100 days of eligibility**, HSN will assist with and can be billed for eligible medical and dental services
  - The 100 days refers to 90 days from the date of their determination + 10 days retro to give a full 100 days
    - Allows the person to have time to enroll and pay the premium (if required) because ConnectorCare coverage is prospective

• EVS’s messages during this time will indicate that **temporary HSN is available**
1527/677 Temporary HSN medical and dental are available. Member Eligible for ConnectorCare. If member is unenrolled visit MAhealthconnector.org for more information.
HSN–ConnectorCare Eligibility

• After the 100 days, the HSN coverage changes to being eligible for Dental only (no medical), regardless of whether the individual enrolled in a ConnectorCare plan.

Please Note:

• **ConnectorCare Plans do not display in EVS's.** Providers should check other insurance verification systems for enrollment in these plans.

• Individuals only get a new 100 days of HSN if their last determination was ineligible for MassHealth or un-sub QHP.
  
  – If an individual remains eligible for ConnectorCare but fails to enroll, a new 100 days of HSN is not granted if that individual remains eligible.

  – EVS message will show when an individual is eligible for HSN dental only (as seen on the next slide).
1566/ Partial HSN Dental Available. Member eligible for ConnectorCare. If member is unenrolled, visit MAhealthconnector.org for more information.
QUESTIONS?