

### **Health Safety Net (HSN) Updates**

Massachusetts Health Care Training Forum October 2018



#### **HSN Updates – Agenda**

- Billing Updates and Reminders
  - HSN Interim Payments began for HSN FY2019 Payment Cycle
    - HSN Server Project
    - Interim Payment Recovery
  - Carrier Codes for HSN Claims
  - Partial Requirements for HSN Claims
  - Billing Reminders for HSN Secondary Claims
  - FY 2016 Closing
- Presumptive Eligibility Reminders



#### **HSN Updates and Reminders – Interim Payments**

- HSN FY2019 cycle Interim Payments for October, November, and December began
- The HSN is utilizing the same process as the last Interim Payment period:
  - The HSN will post monthly payments based on the claims submitted and passed in the HSN
    - Individual monthly postings may be delayed from the usual posting schedule but individual remits will be posted
  - At the end of the Interim Payment period the HSN will post two remits
    - One remit will be a consolidated summary of Oct/Nov/Dec remits
    - Second remit will contain only those claims that are processed for the payment in January (month of submission November)



## HSN Updates and Reminders – Interim Payments (continued)

- Individual facilities will choose to post using one of the two methods below:
  - Continue to post remits on a monthly basis and ignore the summarized remit (October-December)

#### OR

- Use the summarized remit to post for Oct/Nov/Dec when the remit becomes available in January 2019
- REMINDER: Facilities should choose ONE method of posting remits that is best suited for their facility
  - HSN emphasizes: PLEASE DO NOT DOUBLE POST BY IMPLEMENTING BOTH METHODS
- If you have any questions regarding the Interim Payments or posting methods please refer back to your facilities finance team
- For HSN questions regarding Interim Payments please contact the HSN Help Desk at <a href="https://hsnhelpdesk@state.ma.us">hsnhelpdesk@state.ma.us</a> or 1 (800)-609-7232

#### **HSN Updates and Reminders – 2003 Server Project**

- The HSN Server Project will continue throughout the 2018 calendar year
- As updates are made that affect the HSN's ability to make payments or provide information to providers, we will continue to update providers about what systems/functionality is affected
  - Updates will be sent out via email to providers

# HSN Updates and Reminders – Interim Payment Recovery

- The HSN continues to reconcile outstanding payments to account for the variance in the actual Reimbursable Health Services (RHS) accumulated over the prior Interim Payment period
- 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 and invoices have been completed by the end of the September 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 January 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
- 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. <u>Carrier Code DMA7384</u>: This carrier code should be used to report any MassHealth Comprehensive coverage (i.e. MassHealth Standard or other comprehensive plans)
  - 2. <u>Carrier Code 0007001</u>: This carrier code should be used to report any MassHealth Non-comprehensive coverage (i.e. MassHealth Limited or other non-comprehensive plans)
  - 3. <u>Carrier Code 0007002</u>: 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. <a href="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</a>
- For 837I claims, providers should report <u>remaining HSN Deductible</u>
   <u>Amount that has yet to be incurred</u> by a patient using **Value Code** 
   D3. If a patient has met their HSN deductible, **Value Code D3** should be reported as 0
- Any <u>Patient Paid Amount</u> 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 January 1, 2019



#### **HSN Updates and Reminders – 837P Partial Clarification**

- 837P Partial Data Elements can be found in the last Billing Update. <a href="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</a>
- For 837P claims, providers should report remaining HSN
  Deductible Amount <u>that has yet to be incurred</u> 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 January 1, 2019

### **HSN Updates and Reminders – HSN Secondary Claims**

- Providers are reminded that in order for HSN to process payment on a secondary or tertiary claim, HSN requires:
  - Remaining Patient Liability Amount and Patient Responsibility (PR) segments that indicate HSN patient covered services
  - EAF amount that equals the PR segments to be indicated
- Failure to include both EAF and PR amounts that are equal will result in a \$0 or null payment on the remit

# HSN Updates and Reminders – HSN Fiscal Year (FY16) Closing

- <u>FY 2016 Closing:</u> Providers are reminded that FY16 was closed on September 30, 2018. Any claims trying to process after the FY close will be denied
- If providers have questions on the FY16 closing, please contact the HSN Helpdesk at <a href="https://hsnhelpdesk@state.ma.us">hsnhelpdesk@state.ma.us</a>

#### **HSN Presumptive Eligibility Reminders**

- HSN Presumptive Eligibility (HSN-PD) is an optional process available to HSN-authorized providers in order to make a patient eligibility determination based on self-attested information
  - ONLY used in the event that a full application cannot be submitted on the date of service
- Qualified HSN patients that are unable to complete a full application on the day of service may fill out a HSN-PD application IF the patient:
  - is a Massachusetts resident and has a self-attested household income at or below 300% FPL
  - Does not have any subsidized benefits through MassHealth, CMSP, the Health Connector, or another HSN determination
    - Patients eligible for (but not enrolled in) a subsidized Connector plan that have submitted a full application and received a determination cannot qualify for HSN-PD
  - Has not received HSN-PD within the past 12 months



#### **HSN Presumptive Eligibility Reminders** (cont.)

- Trained Facility Representatives (FRs) may submit HSN-PD applications at HSN-authorized provider locations
  - Facilities must ensure that FRs are trained on the HSN-PD process prior to the FR assisting patients with the application process
  - FRs assisting with HSN-PD applications must be authorized to check EVS to ensure the patient does not have existing eligibility
- The FR must accept self-attestation for all information requested in the HSN-PD application
  - No verification requests are sent from HSN to the individual patient
  - ALL information must be collected from the patient <u>prior</u> to the patient signing and dating the HSN-PD application
- If the applicant does not qualify for HSN-PD:
  - Do NOT fax the application to MassHealth
  - Give applicant the form letter supplied by MassHealth with facility-specific information filled in
  - Encourage applicant to submit the full application in the future

For more information and training materials regarding HSN-PD please visit: <a href="https://www.mass.gov/service-details/health-safety-net-presumptive-determinations-hsn-pd-information">https://www.mass.gov/service-details/health-safety-net-presumptive-determinations-hsn-pd-information</a>



### **QUESTIONS?**

