

MTF April 2020 Meeting Health Safety Net Updates Presentation Transcription

Introduction

Presenter: Scott Keays from Health Safety Net

PowerPoint for this presentation can be found on the MTF website www.masshealthmtf.org. Click: Meeting Information tab at the top, then Meeting Presentations, then April 2020 Meeting Materials, and the third presentation listed on the left-hand side is the Health Safety Net presentation.

Slide 1: Important!

There are a lot of updates going on right now and things are changing by the day, so I'd encourage everyone to go on the Health Safety Net (HSN) website, as well as MassHealth's website, for regular updates regarding our response to COVID-19 public health crisis. Just a quick reminder that the HSN is the payer of last resort for acute care hospitals and Community Health Centers (CHCs), and providers should continue to do their diligent efforts in order to collect payment from other sources before submitting a claim to the Health Safety Net. Providers are also encouraged to review our *Populations Exempt from Collection Actions* section of our Regulations and contact the Health Safety Net with any questions they might have.

Slide 2: HSN COVID-19 Response –Agenda

Our agenda for today is

- Interim Payments
- Eligibility
- Presumptive Determination
- Eligibility Period
- Billing Updates and Reminders
- Diagnostic Laboratory Services
- Covered Services Delivered via Telehealth
- Home Visits Billing for Services Related to COVID-19
- COVID-19 Quarantine in a Hospital
- 90-Day Supplies and Early Refills of Prescribed Drugs
- Prior Authorization
- Filling Prescriptions at Different Providers
- Emergency Overrides
- ProAir Inhalers
- Cost Sharing

Slide 3: Interim Payment Policies

Interim payments in quarterly periods for the quarter beginning in April 2020, the Health Safety Net will determine provider's monthly interim payments by calculating a provider's monthly average demand over two sampled date ranges and will utilize the higher of those two averages. So, demand in this case, it will equal the amount of a

provider's reimbursable health services, including pharmacy and dental services, as reimbursement according to the regulations. It's important to note that it's without application of the shortfall.

Slide 4: Interim Payment Acute Hospitals

The interim total allowable Reimbursable Health Services (RHS) will incorporate the payments for providers received on 837I, 837P, 837D, POPs, and DentaQuest claims, as well as, emergency room, bad debt recoveries, and free care endowment income. As I mentioned in the prior slide, the HSN will utilize the higher monthly average of RHS between two date ranges. Those being the 12 months of HSN fiscal year 2019, and all claims processed for providers in the HSN fiscal year 2020, that being October 2019 to September 2020.

Slide 5: Interim Payment Community Health Centers

The interim payments for CHCs will be calculated essentially the same way except without 837I claims being included into that calculation. Again, it will be the higher monthly average between FY19 versus FY20. It's important to note that these date ranges will be reviewed and analyzed quarterly. We're trying to be as flexible as possible and ensure that cash flow is coming into HSN facilities during this entire crisis response.

Slide 6: Interim Payment Recovery

At the end of the COVID-19 emergency we will have an interim payment recovery. So, if you're overpaid or underpaid for any reason during the interim payments, we will reconcile that then We will be reviewing the need for an interim payment on a quarterly basis and because we started in April, the first review will happen after June's payment cycle. During the interim recovery, a provider's monthly payment will be reduced by a calculated recovery amount to reflect the payments made during the interim payment periods.

Slide 7: Interim Payment Recovery Acute Hospitals

A few other notes, particularly for hospitals, that for each recovery month the interim payments recovery amount is determined by comparing a provider's monthly demand and their monthly interim payment balance. If the interim demand is less than two times the one-month interim payment amount, then the recovery will be equal to half of monthly demand, up to the amount of the remaining interim payment balance.

If monthly demand is greater than or equal to two times of the one-month interim payment amount, then the recovery will be equal to the monthly demand minus one-month interim payment amount, up to the amount of the remaining interim payment balance. The HSN will continue to use the recovery formula until the entire interim payment balance has been recovered.

Slide 8: Interim Payment Recovery Community Health Centers

For CHCs, we are doing the exact same calculation as we did for hospitals. It's important to know that the HSN will continue with recovery formula until the entire interim payment has been recovered. If individual facilities need to contact the HSN Finance Department for any reason about interim payment recovery, we can certainly arrange those meetings to make accommodations as necessary.

Slide 9: Presumptive Determination

During the COVID-19 outbreak, the HSN will accept presumptive determination of low-income patient status for a patient, even if the patient had previously received such a presumptive determination the last 12 months. So, in other words, the once a year standard that we used to have is no longer in effect during the COVID-19 response.

If you need more information, you can certainly go to presumptive determination form by going to the link on this slide. We will be making some updates to the presumptive determination instructions. We will no longer require that patient sign the eligibility form. This is in conjunction with MassHealth not requiring it during this time. Instead, CACs can sign on behalf of the member themselves.

Slide 10: Eligibility Period

The HSN will also not place limits on the number of days it will pay for services rendered to patients who are eligible, but not enrolled, in health insurance through the Health Connector. Previously, we had a 90-day window for people to enroll in the Health Connector, and then after that they would only have HSN as a dental wrap, but we are now suspending that rule indefinitely for dates of service beginning on March 12, 2020. I just want to emphasize that this policy is only for services delivered after March 12, 2020. If there is a situation prior to that, then the old 90-day standard is still in effect. I know that we've been receiving a few questions about that from facilities.

Slide 11: Billing for COVID-19 Diagnostic Laboratory Services

Anyone who is under investigation for COVID-19, there are laboratories that are participating with the HSN that will reimburse when a patient meets the clinical and epidemiological criteria. It's important to note the HSN does not reimburse providers for specimen acquisition fee, including testing supplies, or a specimen transportation fee for lab services rendered at the state's Public Health Laboratory. Providers may bill the HSN for medically necessary, clinically appropriate COVID-19 lab tests using CPT code 87635. That begins for dates of service starting on March 12, 2020. The Health Safety Net will be adopting the MassHealth rate for reimbursement on this code.

Slide 12: Billing for Covered Services Delivered via Telehealth

The Health Safety Net is also allowing for billing of covered services delivered by telehealth. We will permit qualified providers to deliver clinically appropriate, medically necessary HSN covered services to HSN eligible individuals via telehealth, including telephone and live video. Rates for payments of these services via telehealth will be the same as rates for services delivered in person, and these will be for dates of service beginning March 12, 2020.

Slide 13: Billing for Covered Services Delivered via Telehealth (cont'd)

These are essentially the services that we will be covering for telehealth. It's important to note, that these claims should have a Place of Service Code 02 when you submit them to HSN. When physicians deliver the telehealth codes, they are advised to using 99 series codes that are listed here. For hospitals, these codes will essentially be paid as outpatient services. For community health centers, these will be paid at the Prospective Payment System (PSS) rates, the normal visit rate. For services delivered by qualified non-physicians, we ask that you use the following 98 series codes. For hospitals, these will be normally paid at the outpatient rate, and for CHCs these will be paid in accordance with MassHealth rates, which can be found in the MassHealth regulation.

Slide 14: Home Visits Billing for Services Related to COVID-19

Hospitals, and CHCs can submit claims to the HSN for clinically appropriate, medically necessary home visits using the following 99 series codes. These will typically be reimbursed at the outpatient rate for hospitals, and at the PSS rates for community health centers. These are beginning for dates of service for March 12, 2020.

Slide 15: Billing for COVID-19 Quarantine in a Hospital

Instances in which hospitals will need to quarantine HSN individuals infected with COVID-19 for public health reasons or otherwise cannot safely discharge a member due to exposure or risk, even though the individual may no longer require an inpatient level care, HSN facilities may bill HSN for individuals by either keeping the member as inpatients, switching the member to administrative day status and billing accordingly, or discharging the member from inpatient care commencing observation services and billing accordingly. Inpatient hospitals rendering COVID-19 related services to HSN eligible individuals will be paid in accordance with the *Medicaid Inpatient Purpose Perspective Payment System* for non-psychiatric claims, and the *Inpatient Psychiatric Facility Prospective Payment System* for psychiatric claims for the current fiscal year.

Slide 16: 90-day Supplies and Early Refills of Prescribed Drugs

We're getting into some of the pharmacy changes that we've made. I just want to alert people to the fact that the date for these changes will typically be for dates of services beginning on March 14th rather than March 12th. This is to align our pharmacy policies with MassHealth's pharmacy policies. 90-day drug supplies is the topic of this slide. The HSN is allowing for additional exceptions to the 30-day supply limitation, effective for dates of services beginning March 14, 2020. HSN providers may dispense up to a 90-day supply of prescription drugs if requested by HSN individual or the individual's prescriber, as long as sufficient quantity remains on the prescription to support this quantity being filled. Please note, that this policy does not include drugs that require Prescription Monitoring Program reporting, antibiotics, IV medications, and other drugs designated by MassHealth.

Slide 17: 90-day Supplies and Early Refills of Prescribed Drugs (cont'd)

If a provider believes that dispensing a 90-day supply of a drug is not generally subject to this policy and it would be in the best interests of a Health Safety Net eligible patient, they may call the Drug Utilization Review program at the number listed there to request an override. Again, this is beginning on March 14th. The HSN will also allow early refills of existing prescription drugs as long as at least one refill remains on the prescription. If the provider receives a denial for early refill, the provider should place a "13" on the Submission Clarification field to override the denial. We're trying to be as flexible as possible to allow the most vulnerable patients to stay at home as much as possible and are trying to make our policies reflect that.

Slide 18: Prior Authorization

Effective for dates of services beginning March 20, 2020, the Health Safety Net is temporarily removing prior authorization (PA) requirements for the following drugs and drug classes, inhaled aminoglycoside agents, oral or injectable antibiotics, oral or injectable antifungals, oral or inhaled respiratory agents, and Sublocades. Accordingly, and notwithstanding, any contrary requirements in the MassHealth drug list, prescribers do not have to obtain PA for those drugs; and providers should fill and dispense these prescriptions without any PA requirement.

Slide 19: Filling Prescriptions at Different HSN Pharmacies

Effective for dates of services beginning on March 26, 2020 and notwithstanding our pharmacy regulation 340B Pharmacies, the Health Safety Net will allow pharmacies operated by HSN providers to fill prescriptions for patients of a different Health Safety Net provider.

The HSN will pay for such services without requiring that such patients become patients of the Health Safety Net provider providing the pharmacy service.

Please note, that this only applies for HSN Pharmacy locations. In other words, right now in our regulations that in order for somebody to fill a prescription they have to become a member of that provider's facility. What we're saying here is that person can take that HSN prescription and go to any HSN, CHC, or hospital and get their prescription filled without becoming a member of that provider.

Slide 20: Emergency Overrides

In order to ensure that HSN patients do not experience gaps in therapy, providers may utilize the emergency override if a claim or a medication is rejected due to lack of prior authorization. The HSN will pay the pharmacy for at least a 72-hour nonrefillable supply of the drug dispensed under these circumstances. To obtain emergency overrides, pharmacists should contact the DUR Program during normal business hours. If outside these hours, providers may submit an emergency override claim with a value of "03" for Level of Service, field 418. After the prescription is adjudicated, the provider should remove the "03" from the Level of Service field before the next fill.

Slide 21: ProAir Inhalers

Effective for dates of service beginning March 20, 2020, the Health Safety Net is temporarily removing the requirement to use the brand name ProAir when dispensing an albuterol inhaler. Claims for both branded ProAir inhalers and generic equivalents will be accepted. When dispensing either drug, the pharmacy should enter a DAW code of "0".

Slide 22: Cost Sharing

Effective for dates of service beginning on March 12, 2020, the Health Safety Net will not require partial low-income patients with MassHealth MAGI household income or Medical Hardship Family Countable Income greater than 150% FPL, and less than or equal to 300% FPL to make payments towards their annual deductible. This is for dates of service beginning on March 12, 2020. If the claim is prior to that, then the same claim logic in terms of reporting partial deductibles and collecting partial deductibles are in effect.

Slide 23: Cost Sharing (cont'd)

As the HSN is not requiring HSN Partial patients to currently meet their deductible, please report the following:

- For 837I Partial Hospital claims, providers should report remaining HSN Deductible Amount that has yet to be paid using Value Code D3. Currently, Code D3 should be reported as 0.
- For 837P Partial Hospital, and CHC claims, the HSN deductible amounts should be reported as MHASN100.
- And the Patient Paid Amount should be reported using the amount segment with Qualifier F5.

So, I just want to pause here. Essentially, we're just saying we are not requiring providers to track the deductible at this point and we're trying to make it so that vulnerable populations do not have to pay their deductible at this point. If the claim is for a day of service after March 12, 2020, please report it using the methodology described here. This is for any type of partial claim whether it be primary, secondary, or tertiary. We're asking you to use these reporting amount