

**MTF April 2020 Meeting  
Health Safety Net (HSN) Updates - Q&A  
April 23 & April 28, 2020**

**Applications**

- **For someone who has had HSN coverage in the past, can they only now get HSN presumptive coverage if they are COVID-19 patients?**
  - Applications do not indicate whether someone is specifically getting the presumptive for COVID-19 related services. It is for everyone.
  
- **Can we do another HSN Presumptive Determination (HSN-PD) if someone qualifies and they had HSN in the past? For example, if someone had pneumonia 5-6 months ago, and they're coming back in now with a sore throat.**
  - If the patient does not have active HSN or MassHealth, they can fill out an application assuming that they meet the other eligibility criteria.
  
- **The patients who are COVID-19, are we able to sign the applications on their behalf?**
  - If the Facility Representative is providing assistance via telephone, the Facility Representative may sign this application with the applicant's verbal consent received via telephone. The Facility Representative should sign his or her name on the signature line below with a notation that documents the consent as follows: "Facility Representative name is signing for individual's name based on authorization provided by individual's name over the phone on (xx/xx/2020) at (timestamp)."
  
- **Is the Health Safety Net HPE fax cover sheet attached to the [link](#) also Used for MassHealth HPE?**
  - The link provided here is only for HSN HPE. For MassHealth HPE you need to use the MassHealth HPE specific fax cover sheet.

**Deductibles**

- **Will HSN waive all deductibles as of March 12, 2020?**
  - Effective for dates of service beginning March 12, 2020, and notwithstanding the requirement at 101 CMR 613.04(8), 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% and less than or equal to 300% of the FPL to make payments towards their annual deductible.
  
- **If deductibles posted in MMIS are not applicable during COVID-19, is there a time frame where we start applying those deductibles again?**
  - For the period of COVID-19, we will not be collecting the deductible. Once the emergency is over, we will likely be re-assessing this policy change.

- **Is the actual start date the date of service or when it is billed?**
  - It applies for a date of service for time period beginning March 12, 2020.
- **For patients paying HSN partial for deductibles, does it have to be a COVID-19 related diagnosis?**
  - No, we are not collecting any deductibles; regardless of diagnosis or service rendered.
- **Are you collecting the deductible if HSN is secondary?**
  - No, we will not be collecting the deductible for any types of claims where there are any number of prior payers.
- **Should we still report any prior payments before March 12<sup>th</sup> that a patient paid toward their deductible?**
  - Yes, please report any payments before March 12<sup>th</sup>.
- **For people who have partial HSN with a deductible and they were billed after March 12<sup>th</sup>, do we reimburse them?**
  - You do not need to reimburse the money that was already collected. Moving forward, please do not collect.
- **For several bills prior to March 12<sup>th</sup>, I reported the total amount the patient paid from the beginning of the period and the claim wasn't paid. Do I resubmit?**
  - No, you do not resubmit. For any claim with date of service prior to March 12<sup>th</sup>, the deductible still needs to be collected. If you're having a claim specific issue, please contact the HSN Helpdesk.

### COVID-19 Coverage

- **If COVID-19 testing will be covered under HSN as long as it pertains to a patient's diagnosis, but some labs can't bill HSN, which labs will be covered, and can we bill them?**
  - The 87635 code was given to us by CMS for COVID-19 lab testing. If the labs are associated with a HSN facility, they should be able to bill.
- **If HSN is covering COVID-19 testing but doesn't reimburse the provider for specimen or acquisition fees, is that fee being picked up by MassHealth or Department of Public Health, or is the member responsible for that?**
  - Unsure if that is being picked up by anyone else, but this policy is specific to state labs.
- **What agency will pay for and reimburse COVID-19 diagnostic testing for individuals with no insurance?**
  - Please refer to the following link for information regarding billing for treatment and testing for uninsured Covid-19 patients: <https://www.mass.gov/doc/all-provider-bulletin-292-billing->

[policies-for-coronavirus-disease-2019-covid-19-testing-and/download](#). More about the federal portal can be found at the following link: <https://www.hrsa.gov/coviduninsuredclaim>.

- **Does cost sharing pertain to all Partial HSN members even if they are not in a hospital?**
  - Yes, for everyone who is eligible for HSN reimbursement at either a hospital or Community Health Center (CHC), everything is included, no matter if it is COVID related or not.
- **If a patient used the pharmacy at a hospital but then needs to go to a Community Health Center, can they go back and forth between the pharmacies even if they are not affiliated with that Community Health Center?**
  - Yes, as long as the pharmacy participates in HSN.

### Telehealth

- **Is the Health Safety Net requiring a modifier for telehealth visits?**
  - No, the HSN is not requiring any modifiers for telehealth billing.
- **We can't find the revenue code on the MassHealth website specifically for telehealth. If we are billing an institutional claim for telehealth medicine, should we use the 0780 code?**
  - APB 289 and APB 291 do not have any reference for revenue codes for telehealth. That being said, providers must include Place of Service Code 02 when submitting a claim for services delivered via telehealth.
- **When HSN is secondary to Medicare, and Medicare is not covering audio-only visits, are those claims being paid by HSN?**
  - For Low Income Patients enrolled in Medicare (including Medicare Advantage), including MassHealth members eligible for Medicare Buy-In and Senior Buy-In, the Health Safety Net pays for Reimbursable Health Services not covered by the patient's insurance, and for copayments, coinsurance, and deductibles required by the patient's insurance. Thus, if a service is not covered by Medicare and receives a denial for a service that HSN would cover, then HSN would reimburse for such services.

### ConnectorCare & HSN Dental

- **If a person has a plan through the Connector and a partial dental plan through HSN, are we collecting their deductible?**
  - No, we are not collecting a deductible for all HSN partial claims; including dental.
- **For a patient that has HSN Dental but didn't join ConnectorCare yet, can we bill HSN?**
  - You can bill HSN for the dental portion.

- **For a patient who was eligible for ConnectorCare (CC) back in November and had the HSN wrap through February but did not enroll in a CC plan during this time, and now they have just "Dental Only", would this patient be eligible for HSN if hospitalized?**
  - Under the current guidance, we are not placing any time limit on when a person can enroll into a ConnectorCare plan, nor is there a limit on the number of days HSN will pay. However, it sounds like the person would not currently be eligible as the dates of service was after March 12, 2020.
  
- **In the scenario above, is a Medical Hardship application the only coverage option for this patient? What if they need Pharmacy or follow up services?**
  - On the dates of service, if the patient was eligible for ConnectorCare, but did not enroll, they can submit the medical hardship for the dates of service for HSN hospitals and community health centers medical services.
  
- **Where is the information for the HSN dental portion on the MassHealth website?**
  - Under Coronavirus, go to Providers → Table of Contents → Guidance for HSN and choose the first bullet (PDF or Word document).
  
- **Regarding the extended eligibility for unenrolled ConnectorCare members, the dates of service after March 12th can be submitted to HSN as if they had medical?**
  - They can only be submitted to the HSN if the patient has one of the following messages in EVS.

EVS Generated Message #	Restrictive Message Text
1509	Temporary Full HSN medical and dental are available. Member Eligible for ConnectorCare.
1527	Temporary Partial HSN medical and dental are available. Member Eligible for ConnectorCare.

- **We do see patients that have Connector Care, but only HSN dental. Will the patient not need to pay for HSN dental with ConnectorCare?**
  - If the individual has ConnectorCare, then HSN is the source of their dental coverage. Hospitals and CHCs are reimbursed for providing the applicable covered services to those patients.