Commonwealth of Massachusetts

Executive Office of Health and Human Services

Health Safety Net Updates

Massachusetts Health Care Training Forum

January 2013

Agenda-Health Safety Net Updates

- HSN Transition to the Office of Medicaid
- HSN Eligibility Overview
- EVS Provider Messaging
- MMIS Transition

HSN Transition to the Office of Medicaid

- On November 5, 2012, the next phase of Massachusetts health care reform (Chapter 224 of the Acts of 2012) went into effect, dissolving the Division of Health Care Finance and Policy (DHCFP) and establishing the Center for Health Information and Analysis (CHIA). Some of the current functions of DHCFP transferred to other agencies. Among these functions is the administration of the Health Safety Net (HSN) program, which became the responsibility of MassHealth.

- HSN applicants and those currently receiving HSN will experience no changes. The telephone numbers, application forms, and requirements will all remain the same. HSN patient and provider information can now be found at http://www.mass.gov/chia/provider/client-eligibility/health-safety-net/HSN providers. Providers (hospitals and community health centers) should not see significant changes to program operations.

- HSN regulations will be integrated with MassHealth regulations. However, the text of the regulations will remain the same. We are working with the Secretary of State's office to make the transition smooth, efficient, and transparent. The regulations are currently available on the new website for CHIA (www.mass.gov/chia).

Eligibility Overview

Health Safety Net Eligibility Overview

- The HSN is available to uninsured and underinsured Massachusetts Residents whose family income is up to 400% of the Federal Poverty Level (FPL).
- HSN Eligibility Categories:
  - HSN Primary: 0-200% FPL with no other health insurance coverage
  - HSN Partial: 201-400% FPL: Must pay an HSN deductible based on family income
  - HSN is secondary to other insurance coverage at any income level.

HSN Eligibility Rules and Other Insurance Coverage

- Private insurance, Medicare, certain MassHealth programs (Limited, EAEDC, Prenatal, Healthy Start, CMSP, MH Buy-In, and Family Assistance/Premium Assistance), or no other insurance (HSN Only):
  - HSN Primary, Secondary, or Partial
  - All eligible services are available as long as they are not covered by another payer
  - Six months retroactive HSN eligibility
- Commonwealth Care:
  - HSN available 10 days before, and up to 90 days after date of application
  - HSN also available between managed care enrollment and start date, if enrollment occurs after first 90 days
  - After enrollment, HSN available only for dental services not covered by Commonwealth Care

HSN Eligibility Rules and Other Insurance Coverage

- MassHealth Basic and Essential:
  - HSN available 10 days before date of application until managed care enrollment date
  - After enrollment, adults are eligible for certain dental services, and for outlier days (the portion of an inpatient hospital stay exceeding 20 days)

- Other Comprehensive MassHealth Programs (Standard, CommonHealth, Family Assistance/Direct Coverage):
  - Adults are eligible for certain dental services, and for outlier days

HSN Application Process

- The HSN uses the same Medical Benefit Request (MBR) application used by MassHealth and Commonwealth Care.
- MassHealth processes applications and notifies applicants of their determination.
- Confidential applications may be submitted directly to the HSN in the following circumstances:
  - Minors may apply confidentially to receive services related to family planning and the treatment of sexually transmitted infections
  - Battered or abused individuals may apply confidentially to receive all HSN eligible services
- Confidential application information available online at:
  - http://www.mass.gov/chia/provider/client-eligibility/health-safety-net/providers/special-circumstances.html

HSN Cost Sharing

- The HSN has co-pays for pharmacy services
  - $1 for generic antihyperglycemics, antihypertensives, and antihyperlipidemics
  - $3.65 for all other generic drugs
  - $3.65 for brand-name drugs
- HSN Partial patients are responsible for a family deductible amount for HSN services.
  - The HSN Partial deductible is equal to 40% of difference between a family's income and 200% of the FPL for the family size.
  - At hospitals, patients must incur expenses in excess of the deductible amount before the provider may submit claims for the patients services.
  - At CHCs, patients are responsible for 20% of the payment amount for their services until they meets the deductible amount.

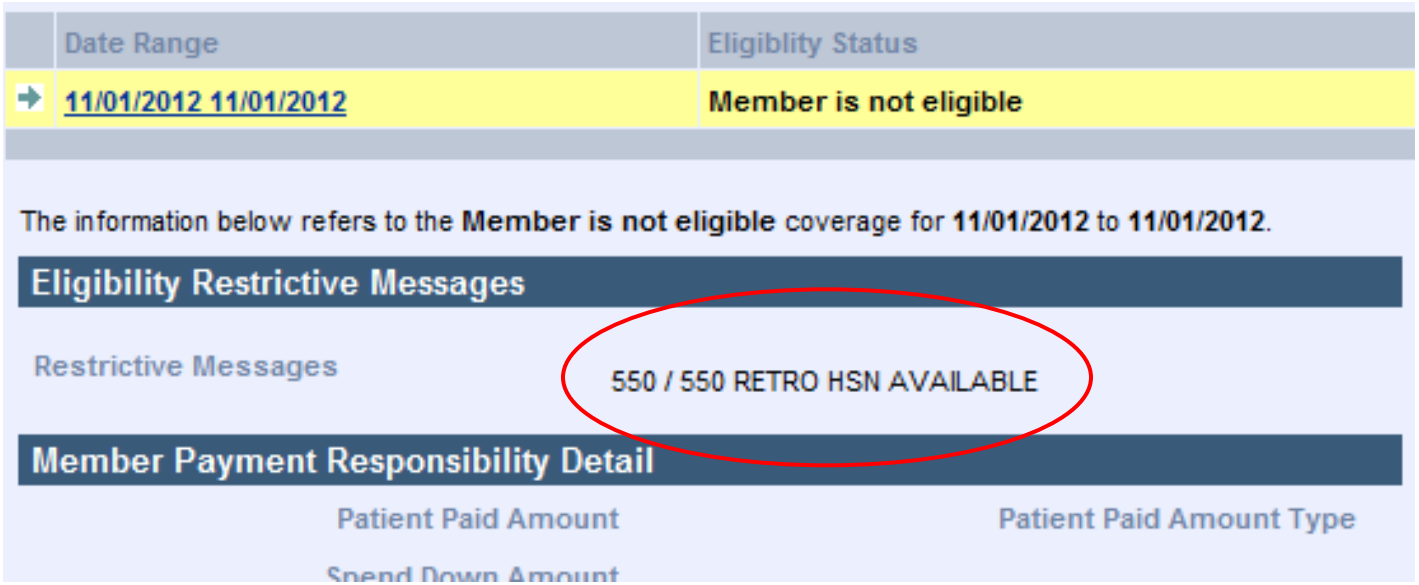
Summary of Health Safety Net Eligible Services

- The HSN pays for the same services that MassHealth Standard covers when they are provided and billed by a Massachusetts acute hospital or CHC.
- Additionally, the HSN covers certain adult dental services and outlier days, which are no longer covered by MassHealth.
- Patients should be aware that physicians at hospitals often bill separately. The HSN cannot pay for services that are not billed directly by the hospital.
- Patients should always contact a provider to confirm whether a service that is covered by the HSN is offered by that provider.
- Patient questions should be referred to the HSN Helpdesk at 877-910-2100.
- See attachment for specific information on dental, pharmacy, and behavioral health services available through the HSN.

EVS Provider Messaging

Reminder: Retroactive HSN Messaging in EVS

- Retroactive HSN eligibility information appears in a restrictive message in EVS.
- Patients eligible for Retro HSN will have an eligibility status of "Member Not Eligible".
- Click the date range next to this eligibility status to see messages indicating "Retro HSN Available" or "Retro Partial HSN Available."
- These messages will not be visible in EVS until the patient's eligibility has been determined.



HSN Eligibility during the Commonwealth Care Enrollment Process

- For Commonwealth Care-eligible patients, HSN is available for 10 days before, and up to 90 days after the application date.
- A restrictive message saying “HSN available” should display during this period. Sometimes this message does not display correctly.
- Two ways around this issue until it is resolved:
  - PSI holders can look up the Commonwealth Care begin date in My Account Page. If the date of service is 100 days or less from the begin date and the patient is not enrolled in managed care on the date of service, HSN is available.
  - The HSN helpdesk ((800) 609-7232 or hsnhelpdesk@state.ma.us) can confirm the patient's eligibility.

MMIS Transition

HSN Claim Denial Review

- HSN providers are responsible for conducting an initial review of denied claims. Claims should only be submitted to the HSN after a provider has thoroughly reviewed them and is unable to determine the cause for denial.
- An Excel spreadsheet must be submitted to hsnhelpdesk@state.ma.us. Providers must ensure that the spreadsheet is formatted to allow leading zeros. The spreadsheet must be submitted in a password protected file with the password submitted in a separate email. The spreadsheet must include the following
  - Identification of claims as 837I, 837P or 837D.
  - TCN (837D)
  - ICN & TCN (837I & 837P)
  - Member ID
  - Site Org ID
  - Date(s) Of Service
  - Reason for Denial (eligibility, billing deadlines, covered services)
- Claim packages should be broken out by claim types (837I, 837P, 837D)

NOTE: Copies of EVS print outs are no longer be required for eligibility denial reviews. For 837I & 837P claims, providers should submit review requests for eligibility denials only.

Bad Debt Application & Referred Eligibility

- The HSN's Special Circumstances Application (SCA) has been updated so that providers may now submit bad debt applications for individuals without an MMIS ID.
- Assignment of a referred eligibility record for an individual receiving bad debt services is still available via claim submission as noted in the HSN 837I billing guide. Use of the bad debt application within the SCA provides another mechanism for creating an eligibility record.
- Duplicate entries (SCA & claim submission) should never be submitted for an individual.
- Referred eligibility records are only needed where an individual does not have an MMIS ID.
- Use of the SCA allows for the submission of multiple bad debt applications via a "batch upload" function.
- The SCA also allows for creation of a referred eligibility record where providers are unable to obtain contact information for a patient.
  - Extremely rare instances
  - Can only occur via the SCA (837I claims submissions is not available)
  - Submission of batch files is not allowed
  - Providers must insure that due diligence has been performed and that all available means of attempting to gather patient information have been exhausted prior to submitting an application. Proof of this "due diligence" may be requested at any time by the HSN.
  - Providers must code ERBD claims with patient information assigned via the SCA and should never submit an HSN bad debt claim for these cases unless an application has been submitted via the SCA.

HSN Claim Updates

- HSN Site Org IDs
  - Providers **must** report site of service information on all HSN claims. Providers must code Loop 2310E; REF02 segment with the HSN assigned Site Org ID.
    - *Note:* MMIS assigned provider ids / service locations should not be reported in this field.
  - Only HSN assigned site org ids will be allowed.
  - Claims will be not be processed for payment if the HSN Site Org ID is not provided or if the Site Org ID is invalid per the HSN's filing hierarchy.
  - Claims denied for missing an HSN Site Org ID must be resubmitted as adjustments to MMIS.
- Billing Deadlines
  - Billing deadlines will be based on current MassHealth rules governing timely filing for HSN Prime, Secondary and Partial claims. HSN billing deadline requirements for Bad Debt (BD) claims will remain such that BD claims cannot be submitted earlier than 120 days from the date of service.
  - Billing deadlines will be waived for medical and professional claims through March 1, 2013. Claims submitted after February 28, 2013 will be adjudicated based on customary billing deadline edits.
- Health Safety Net Estimated Amount Due (HSNEAD)
  - For 837I & 837P claims processing, the HSN will derive an estimated amount due based on submitted claims data. Providers are strongly encouraged to review posted HSN 837I & 837P Billing Guides that outline how the HSNEAD is calculated as well as other HSN requirements with 837I & 837P claim submissions.

Health Safety Net & MMIS Reports

- Claims and Remittance Advices (RA's) from MassHealth will not be combined with HSN claims as RA's / 835s at the Provider ID/SL will be different.
- MMIS Reports
  - 835 & Remittance Advice (**do not** use for posting payment; use for identification and correction of claim errors).
  - Downloaded from POSC (similar to reports for MassHealth claims)
- HSN Reports
  - Validation Report outlines HSN edits
  - Remittance Advice outlines HSN claims based reimbursement amounts.
- HSN Reports will remain in the same format
  - Validation Report… csv and word format
  - Remittance Advice… excel format.
- HSN Reports must be downloaded from INET (not the POSC)
  - SENDS not needed
  - Vendor or Billing "Entity" submits files

Health Safety Net Payments

- Providers received interim payments based on historical claim value during the transition to MMIS claims submission.
- The first claims-based 837I & 837P payments were processed in December for January payment.
- Recovery of interim payments made from July though December will begin in January.
- Monthly recovery amount will depend on monthly claim value.

Health Safety Net Interim Payment Recovery Calculation

If monthly claims demand is less than twice the interim payment amount, then the recovery is half of the monthly demand.

- Example: A provider's interim payment amount is $5 million, and claims submitted through November are worth $6 million. $3 million will be recovered in January, leaving $3 million in demand to be paid.

If monthly claims demand is greater than or equal to twice the interim payment amount, then the recovery will be any amount exceeding the interim payment amount.

- Example: The above provider's claims submitted in December are worth $15 million. $10 million will be recovered in February, leaving $5 million in demand to be paid.

This calculation will continue until all interim payments are recovered. Any remaining balance will be recovered in September 2013, the last month of the 2013 fiscal year.

Health Safety Net Interim Payment Adjustment – CHC

		CHC ORG ID	
		COMMUNITY HEALTH CENTER	
DATA	1	Payment Reporting Form (PRF)	-
	2	PRF (Dental only)	
	3	837 P Claims	
	4	837 D Claims	
	5	Urgent Care Bad Debt Claims	
	6	Pharmacy Claims (POPS)	
	7	**Average Monthly Interim 837P payment**	
	8	**Monthly Interim 837P Reversal Adjustment**	
	9	OTHER	-
	10	Subtotal (Sum Lines 1-8)	-
	11	Penalty	
Round		Round	-
Round	12	Current Month's Total (Sum L9 + L10)	-

NOTE: A full interim payment and recovery history will be available in an additional insert; Line 8 represents the current month

Health Safety Net Interim Payment Adjustment – Hospital

Health Safety Net
HSN Payment Calculation System
Monthly Calculation Report

Fiscal Year :
Payment Month:

Hospital Name
Org ID

L7 Monthly Allowable Reimbursable Health Services (RHS SUM(L7a+L7b+L7c+L7d))	0
L7a Medical Services (837 I)	0
L7b Professional Services (837 P)	0
L7c Dental Services (837 D)	0
L7d Monthly Allowable POPS (Rx)	0
L7e Monthly FC - Endowment Income	0
L7f Monthly ER Bad Debt Recoveries	0
L8 Offset	0
L8a - Other monthly Offsets	
Average Monthly Interim RHS	

Monthly Interim Recovery Amount will appear on L8a

NOTE: A full interim payment and recovery history will be available in an additional insert; Line 8a represents the current month

HSN Claims Support

- Providers should contact MassHealth's CST at (800) 841-2900 or ProviderSupport@mahealth.net except as noted below –
  - Eligibility, Payment & Policy
    - Inquiries should be forwarded to the HSN help desk at (800) 609-7232 or hsnhelpdesk@state.ma.us
    - On November 5, 2012, the email address for the HSN help desk was changed from dhcfphelpdesk@state.ma.us to hsnhelpdesk@state.ma.us.
    - Emails to the dhcfphelpdesk@state.ma.us address were automatically forwarded to the HSN address. Effective January 1, 2013, the dhcfphelpdesk@state.ma.us address will no longer be valid.
- Mailings to the Health Safety Net should be addressed to:

  Health Safety Net

  Two Boylston Street, 5th Floor

  Boston, MA 02116

Health Safety Net Updates

Questions?