

Massachusetts Health Care Training Forum July 2013 Questions & Answers

This document supplement the presentations made during the Massachusetts Health Care Training Forum (MTF) meetings by offering Questions & Answers, and additional presenter comments if applicable.

All information within this document is organized in the order the presentations were given. The Questions and Answers are provided within this document.

**** Please Be Advised – The answers to these questions speak in general terms and are not intended to be case specific****

Click on any link below to access a Question and Answer section.

MTF Questions and Answers
MassHealth Updates
ACA Learning Series
Virtual Gateway Health Application Transition
HIX System Introduction
MassHealth Billing and Provider Services
Health Safety Net
One Care (Duals Demonstration)

MASSHEALTH UPDATES

Questions from the MTF July 2013 Roundtable Forms:

Patient has Medicare and MassHealth Commonwealth. She is under 65, husband un-enrolled her from his insurance in 2011. Somehow, she was re-enrolled in his plan and they began receiving premium assistance. Does she have to be on his health plan? How was she re-enrolled? The premium assistance does not cover the full cost of her share of the family plan. The husband is laid off 4 times per year. When he is laid off, the employer keeps him on the plan but the premium assistance ends. When he is laid off, Medicare becomes primary and when he goes back to work, it becomes secondary. Medicare said the wife (who is on a ventilator) has to notify Medicare every time the spouse is laid-off. How is she supposed to notify Medicare when she can't speak and Medicare won't talk to the husband even though he has P.O.A.? Husband is not in a Union.

Premium Assistance can pay for part or all of a health insurance premium if eligible. How she was re-enrolled in his plan is unbeknownst to us this should be addressed with the Human Resource division of the employer. Medicare issues need to be addressed through the Social Security Administration.

I've had at least 2 cases in which no MassHealth number has been given.

Please call MassHealth Enrollment Center to resolve

Where can I find information on "Money Follows the Person?"

The following link will bring you to a website which has lots of information on Money Follows the Person

<http://www.mass.gov/eohhs/consumer/disability-services/living-supports/community-first/money-follows-the-person-rebalancing-grant.html>

What do I do when a member has 2 or more MASSHEALTH ID's (cases) open?

Call the MEC to determine which one is correct and have the other case closed out.

ERD; what is the correct process?

Complete all of the questions; make sure the signatures are there and e-fax it back to MassHealth.

Eligibility renewal forms; Do they count weekends as within the 45 day process?

Yes, weekends are included in the time frame.

There have been a lot of provider retroactive recoupment's recently by Medicare for incarcerated individuals who neglected to change their Social Security file when released from prison. They received services but may no longer be in care and not available for providers to contact (to ask them to change). Is the incarceration status available on EVS? If not, can it be added? I am suspecting MassHealth was not aware of the incarceration status.

No, incarceration status is not available on EVS. MassHealth will rely on data matching to get incarceration status.

How can I ensure that patient amounts (PPA) are updated when I submit changes to benefits and wages? Many times the PPA changes are overlooked and not updated.

A call needs to be made to the MECS at 1-888-665-9993. They handle ongoing LTC cases and case maintenance.

Questions from the MTF July 2013 Evaluation

How MassHealth determine "the applicant's intention to stay in MA"?

This is a required question on the application to determine MA residency – an eligibility requirement for both MassHealth and Health Connector. If there is a question in regard to the residency the Integrity Unit does a follow up to determine residency.

How can I help a parent get a newborn on the MassHealth, if mom does not have MassHealth but dad does?

If the child does not live with the Dad then the Mom must apply for the child.

The hospital will complete a NOB-1 form and send it to MassHealth but the Mother should have applied as a pregnant woman to obtain prenatal benefits.

Can Commonwealth Care equivalents enroll at any time during the year?

As of right now, no they will not be able to enroll outside of open enrollment.

[Top](#)

ACA Learning Series

+ Questions from the MTF July 2013 Roundtable Forms

There are many levels of VA benefits; do they all exclude HIX/IES enrollment? This was slide 17, #6 of Eligibility criteria (GSI excludes).

No, not all VA benefits will exclude individuals from shopping on the HIX and being eligible for federal and state subsidies.

If someone goes on unemployment between 11/1/13 and 12/31/13; can they stay on Commonwealth Care and enroll in HIX for January 1st for QHP?

I believe this is asking, if an individual is unemployed during the last 3 months of the year can they be on Commonwealth Care, only if they are ineligible for MSP.

Will you be able to get Medical Security Program (MSP) through unemployment? Do those who are collecting unemployment need to apply for the ACA program in October but the Medical Security Program will still be in effect until 12/31/13?

Yes, individuals will still be able to get MSP through the end of the 2013. Yes, an individual should apply for coverage through the HIX for coverage starting on Jan. 1, 2014.

What are the ACA open enrollment dates?

During the first year Open Enrollment is from October 1, 2013- March 31, 2014.

Qualified Health Plans (QHPs); what's the start date; 1st of the month or as of approval?

The start date of health insurance coverage is the 1st day of the month following enrollment, provided payment has been received and processed.

If people need to apply before January 1, 2014, will they need to file 2012 taxes?

If someone is seeking subsidized coverage the system will look up the most current taxes. If they did not file, paper verification will most likely be asked for. If an individual ends receiving tax credits, they will need to file the following year or else they will not receive them again.

Someone comes in 4/1/14 and needs to purchase insurance; will they be able to do so on 4/1/14 or have to wait until open enrollment. If so, what coverage will be provided in the interim?

It depends on the individual case. If they have had a triggering event, marriage, divorce, loss of coverage, etc., then they would be able to shop for coverage and if eligible, receive federal and state subsidies. If they are shopping outside of open enrollment and do not have a triggering event then no, they would not be able to shop until the following open enrollment.

Will current Commonwealth Care member need to re-apply?

Those above 133% of the Federal Poverty Level will need to reapply.

Can Commonwealth Care equivalents enroll at any time during the year?

As of right now, no they will not be able to enroll outside of open enrollment.

[Top](#)

With the state open enrollment that is currently open now for 9/1/2013 start date; will those people who purchased plans have to re-enroll for the 1/1/2014 start? Most plans are giving member term dates of 3/31/14.

Those who purchased a health plan during the state Open Enrollment have a choice. They can shorten their plan coverage and shop in October for January 1st start date OR stay on the plan that they have chosen from now until the end of March. They will need to shop in February or March for a plan effective April 1, 2014.

It was mentioned that the Health Connector will be developing a Health Insurance for children; is this accurate? Please explain

Unlike Commonwealth Care, now families can shop for coverage all together. There is no specific plan for children under the Health Connector.

Will EVS show Qualified Health Plan (QHP) programs? (I.e. not eligible for ABP, Family Assist, Limited etc.) but eligible and/or enrolled in Qualified Health Plan (QHP)?

Eligibility for a QHP will be displayed in EVS, but no enrollment information will be available. There will also be new EVS messages for individuals who are eligible for QHP, MassHealth Limited, and the Health Safety Net.

Will you publish a list of road show events so we can coordinate our outreach/enrollment efforts in the same communities?

All our events are posted on our microsite, <http://www.bettermahealthconnector.org/>

Will educational promotional materials be available in bulk for community health centers outreach and enrollment programs to use?

You can find promotional pieces at <http://www.bettermahealthconnector.org/>. Other pieces will be forthcoming and in other languages.

Virtual Gateway Health Application Transition

🚦 Questions from the MTF July 2013 Roundtable Forms

Will there ever be a time when long term application will be done on the Virtual Gateway?

Since the health application portion of the Virtual Gateway will be phased out in December of this year as we transition to the new HIX, any Long Term Care online application feature, if it were to be introduced, would need to appear on the HIX. However, at this time, it is still TBD as to whether and/or when these types of applications can be placed on the HIX. Stay tuned for more information.

For people applying for 1/2014; will people need to have an email address to set up an account?

For now, the answer is “yes”, but the Connector and MassHealth are looking into whether this continues to be a requirement. Stay tuned.

Certified Application Counselor (CAC); how do we get certified or are we already as Gateway users?

For the full answer to this question, please refer to the Virtual Gateway PowerPoint presentation that was shared during the October, 2013 MTF sessions, and that will be posted on the MTF website. It contains a full summary of how an organization/individual becomes “certified.”

I am the only Virtual Gateway User in my organization but we have several insurance verifiers. Will they require some type of introduction to the HIX system? Will billers need HIX training too? Are all eligibility verification practices and billing practices changing with this?

Eligibility verification practices and billing practices are not changing with the introduction of the HIX and the Affordable Care Act. The HIX will still, much like the Virtual Gateway, focus on eligibility application-related activities and information, as well as plan shopping and plan enrollment. MMIS and EVS will still be the billing systems of record.

To become a Certified Application Counselor, do we have to take a test or just complete the course?

You do not need to pass a test to become a Certified Application Counselor (CAC) in Massachusetts. Stay tuned for further information about becoming a CAC. We will be contacting and training every VG user and organization during the fall.

Is MAP account going away?

The Virtual Gateway My Account Page feature will transition over to a similar feature on the new HIX in late December, 2013. Most information in the VG My Account Page as of the date of the transition to the new system would transition over to the “new” My Account feature on the HIX, and should be accessible from the new system effective 1/1/2014. The VG My Account Page will still remain for certain populations – more information about that soon. This will all be reviewed in upcoming training for current VG users. Stay tuned.

Will all Virtual Gateway community members receive HIX training? How/when do we register for this?

Yes, this will be happening throughout the fall. We will be reaching out to all VG users by email when training is available.

Is it possible to get “in house” training for my client services billing staff on MassHealth/Virtual Gateway to become an “educated” CAC?

There will be fairly robust online trainings you will be able to take when your scheduled permits on a wide variety of topics available soon, ranging from the new eligibility rules to how to help someone on the new HIX system. Stay tuned – these will be available in the fall. In the meantime, please check the MTF website for postings of trainings and conference calls already held for providers and VG users addressing these types of issues.

HIX SYSTEM INTRODUCTION

🚩 Questions from the MTF July 2013 Roundtable Forms:

Will HIX change EVS eligibility verifications?

HIX per se will not change your current practice of always checking EVS to make sure services you provide your patient/client are covered. However, because some of the eligibility rules will change with the introduction of the Affordable Care Act, some of the messages you now see on EVS will change. This will be communicated to you before these changes take place.

Will MCO’s have access to HIX after 12/15? If not, will we just be able to sit with someone and help them fill out the application?

The answer to this question is still being worked on.

How will organizations be set up with user names for the HIX?

Stay tuned for the answer to this question. We anticipate the new HIX Certified Application Counselor/Navigator Portal to be introduced in December. More information about user names and other login information will be provided during the fall as we get closer to the rollout of this new portal.

How long will the HIX training take?

For current Virtual Gateway users, training consists of two parts: An overview of the new Eligibility policy rules for all health programs, as well as a walkthrough of how to use the new HIX system. This training will be presented to all current Virtual Gateway users this fall. As for the exact timing, please stay tuned, as the training is currently being developed and refined.

From Oct. 1-Dec. 15th; before the Navigator's and CAC's are allowed to enroll with accounts on HIX, how will we be able to see reporting? Will it be at all possible since it will be through individual accounts, not organizations?

You are correct, during this period of time, there will be no formal reporting functions. You may, as always, if your client/patient agrees, sign and submit to MassHealth a Permission to Share Information for your patient, so that you will receive copies of the eligibility notices. This is in addition to the Certified Application Counselor Designation Form that you would need to submit in order to assist someone applying for coverage that starts January 1, 2014.

MASSHEALTH BILLING AND PROVIDER SERVICES

🚩 Questions from the MTF July 2013 Roundtable Forms:

Why MCR crossovers are not crossed over to the correct mental health Provider ID's?

Providers with specific issues/questions should contact CST at 1-800-841-2900 directly for further assistance.

Medicare crossover denials due to modifiers; can they be resubmitted through POSC or do they need to be rekeyed?

Providers with specific issues/questions should contact CST at 1-800-841-2900 directly for further assistance.

Where on the UB/electronic do you put the codes for "No other coverage" in the 1st 90 days of Skilled Nursing Facility?

Providers with TPL exceptions need to refer to the appendix G of the MassHealth Nursing Facility Manual for specific instructions.

Medicare crossover denials due to modifiers; can they be resubmitted through POSC or do they need to be rekeyed?

Providers with specific issues/questions should contact CST at 1-800-841-2900 directly for further assistance.

I am looking for instructions for billing Blue Cross Blue Shield (BCBS) coinsurance to MCD through POSC – billing ancillaries.

Please refer to the Third Party Liability (TPL) job aids on the NewMMIS website:

<http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/mmis-posc/first-time-user/get-trained.html>

[Top](#)

For Provider Profile Maintenance – Edit 1010 rendering provider not a member of the group. I keep getting error code 200. Unable to use provider profile; why? We have over 300 denials – all different doctors to reference. - 6/24/13 update MMIS update.

Providers with specific issues/questions should contact CST at 1-800-841-2900 directly for further assistance.

Medicare crossover denials due to modifiers; can they be resubmitted through POSC or do they need to be rekeyed?

Providers with specific issues/questions should contact CST at 1-800-841-2900 directly for further assistance.

MassHealth does not currently provide suspended or pending claims in ERA file. When will this information be included in the ERA?

Information will be communicated to providers as available.

HEALTH SAFETY NET

✚ Questions from the MTF July 2013 Roundtable Forms:

When will the next stage for HSN migration take place and will the online claim status be included in the next stage?

The timeline for the next phase of HSN claims migration to MMIS has not been determined. Checking of HSN claim status online is under consideration as a deliverable for the next phase.

If a “clean” claim is submitted on July 19th, should we expect a payment in the August HSN remit or September?

Claims submitted to MMIS on July 19 that pass MMIS and HSN adjudication edits would be paid in September. Providers should note that the HSN payment schedule did not change as a result of claims migration.

Do void claims process faster than a paid claim?

Timeline for processing of a void and paid claim is the same.

If I receive an MMIS time limit denial after August 2013, do we send the appeal to the HSN help desk?

Providers should follow the 90-Day Waiver & Final Deadline Appeal Procedures outlined in the HSN Billing Guides.

Will we still have medical hardships?

The Medical Hardship applications and eligibility determinations will still be accepted and processed by the Health Safety Net office. The eligibility requirements for Medical Hardship will not be changing.

[Top](#)

For HSN members; is it true they will need to provide an ID?

Section 266 of Chapter 224 of the Acts of 2012 requires the HSN to verify identity, age, residence, and eligibility prior to making payments. As of January 1st, 2014, applicants will need to provide proof of identity as a condition of HSN eligibility. An expanded list of documents will be accepted as proof of identity.

Are there issues in submitting voids and replacement claims to HSN?

Additional information is needed to respond to this question. Providers with questions regarding the submission of void and replacement HSN claims should contact the MassHealth CST at (800) 841-2900 or ProviderSupport@mahealth.net

We sent in appeals for our claims but we haven't received any information back and the deadline is at the end of this month. Who should we contact?

Providers must submit the claims appeal for initial review by the end of the month. If no response to resubmit has been received by that deadline, providers will be able to do so after the end of the month.

What do I do to find out why an HSN claim was not paid?

Providers should review their MMIS RA/835's & HSN validation reports to confirm that a claim has passed MMIS & HSN adjudication edits. If a claim has passed adjudication edits and has not been paid, providers should contact the HSN Help Desk at (800) 609-7232 or HSNHelpDesk@state.ma.us.

Will there still be 10 day retro eligibility?

Health Safety Net retroactive eligibility rules are not changing. Patients who are eligible for the HSN only or for HSN wrap to Limited, Buy-In, Senior Buy-In, CMSP, Family Assistance/Premium Assistance with no MassHealth wrap, and EAEDC/MH will continue to receive six months of retroactive HSN eligibility. Individuals who get temporary HSN while enrolling in a QHP or individuals who are eligible for comprehensive MassHealth programs will have retroactive HSN starting 10 days before the date of application.

ONE CARE (DUALS DEMONSTRATION)

+ Questions from the MTF July 2013 Roundtable Forms:

Where can I find the "Introduction to One Care" webinar?

Go to the One Care website, www.mass.gov/masshealth/onecare. Toward the right of the screen, under "Additional Information," you will find a link to the webinar.

Does the One Care plan replace clients having to select a Medicare Part D plan?

Yes. One Care plans provide a dual eligible member's Medicare Parts A, B and D benefits, MassHealth benefits, and additional services. A person who joins a One Care plan does not need to join a separate Part D plan.

How can I order public awareness materials about One Care, like posters, flyers, and the Introduction to One Care booklet?

An order form for One Care materials is available online. Go to www.mass.gov/masshealth/onecare and click on "One Care Booklet & Other Materials."

[Top](#)

Will One Care plans determine whether a person can get PCA services? If someone uses PCA now, what will happen if they join a One Care plan?

One Care plans cover Personal Assistance Services, including self-directed PCA for hands-on assistance and cueing and monitoring. A person who uses PCA services and joins a One Care plan is allowed to keep their current PCA employee(s), PCM agency for certain services such as skills training, and Fiscal Intermediary agency for employer

required obligations. One Care plans will work with their enrollees to do an evaluation of their Personal Assistance Services needs and authorize their use of these services, in the context of the enrollee's overall Personal Care Plan. One Care plans may use staff to perform the evaluation or contract with PCM agencies to complete the evaluation. If a One Care enrollee needs and wants Personal Assistance Services but does not want to self-direct these services or requires a surrogate and cannot locate one, the One Care plan must also provide the enrollee with the option of receiving these services through an agency provider as an alternative to the self-directed PCA option.

[Top](#)