

# The Health Safety Net (HSN) under the Affordable Care Act (ACA)

Massachusetts Health Care Training Forum  
January 2014



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# Agenda

- General Eligibility Rules
- Secondary and Gap Eligibility
  - MassHealth
  - ConnectorCare
  - Other Qualified Health Plans
- Medical Hardship and Confidential Services
- Income Rules
  - Partial Deductible
- Identity Verification



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# General Eligibility Rules

- The Health Safety Net will continue to be available to uninsured and underinsured Massachusetts Residents whose income is up to 400% of the Federal Poverty Level (FPL).
- Overall HSN eligibility categories are not changing:
  - HSN Primary: 0-200% FPL with no other health insurance coverage
  - HSN Partial: 200.1-400% FPL: Must pay an HSN deductible based on family income
  - HSN is secondary to other insurance coverage at any income level



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# General Eligibility Rules

- HSN eligibility criteria will follow Medicaid guidelines. Examples of differences between Medicaid and Qualified Health Plan (QHP) rules include:
  - Income
    - Medicaid/HSN: current monthly income
    - QHP: projected annual income
  - Incarceration
    - Medicaid/HSN: Confined but not convicted is not eligible
    - QHP: Confined but not convicted may be eligible
  - Household Composition
    - Medicaid/HSN: Medicaid Modified Adjusted Gross Income (MAGI) Household with some exceptions based on relationships; Does not require tax filing
    - QHP: Premium Tax Credit/QHP uses Tax Household; Requires federal tax filing and married couples to file jointly



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# General Eligibility Rules

- Six months of retroactive eligibility for individuals eligible only for the HSN, and for individuals eligible for certain MassHealth programs.
- Provisional Eligibility will be granted once per year when an applicant appears to be HSN-eligible based on certain self-attested information, but further verification is required within 90 days for continued eligibility.



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# HSN Secondary

- Private insurance, Medicare, and certain MassHealth programs (Limited, Emergency Aid to Elders, Disabled and Children (EAEDC), Family Assistance Children\*, Buy-In, Senior Buy-In, Children's Medical Security Plan (CMSP)):
  - HSN Secondary or Partial depending on income level
  - HSN will pay for all eligible services as long as they are not covered by the primary
  - Six months retroactive HSN eligibility

\*Family Assistance/Premium Assistance Children – minors enrolled in Family Assistance/Premium Assistance who do not get MassHealth wrap to Family Assistance levels.

Note: Limited and CMSP do not require verification of identity. HSN secondary eligibility will only be available if the patient has provided verification of identity.



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# HSN Secondary

- Other Comprehensive MassHealth Programs (Standard, CommonHealth, CarePlus, all other Family Assistance):
  - HSN will pay for certain dental services, and for outlier days for adults.
- Enrolled in ConnectorCare and **otherwise HSN-eligible**
  - HSN will pay for dental services not covered by the ConnectorCare plan
- Enrolled in other QHP (subsidized or nonsubsidized) and **otherwise HSN-eligible**:
  - HSN will pay for eligible services not covered by the QHP



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# HSN Gap Eligibility

- Similar to Commonwealth Care and Commonwealth Choice today, ConnectorCare and Qualified Health Plan members will have access to HSN eligible services prior to enrollment, and to certain HSN eligible services after enrollment.
- ConnectorCare and QHP enrollment data and HSN gap eligibility information are not currently available in Eligibility Verification System (EVS).
  - Until this information is available, providers should make efforts to confirm whether the patient has enrolled before billing the Health Safety Net.
  - Updates will be communicated as soon as they become available.

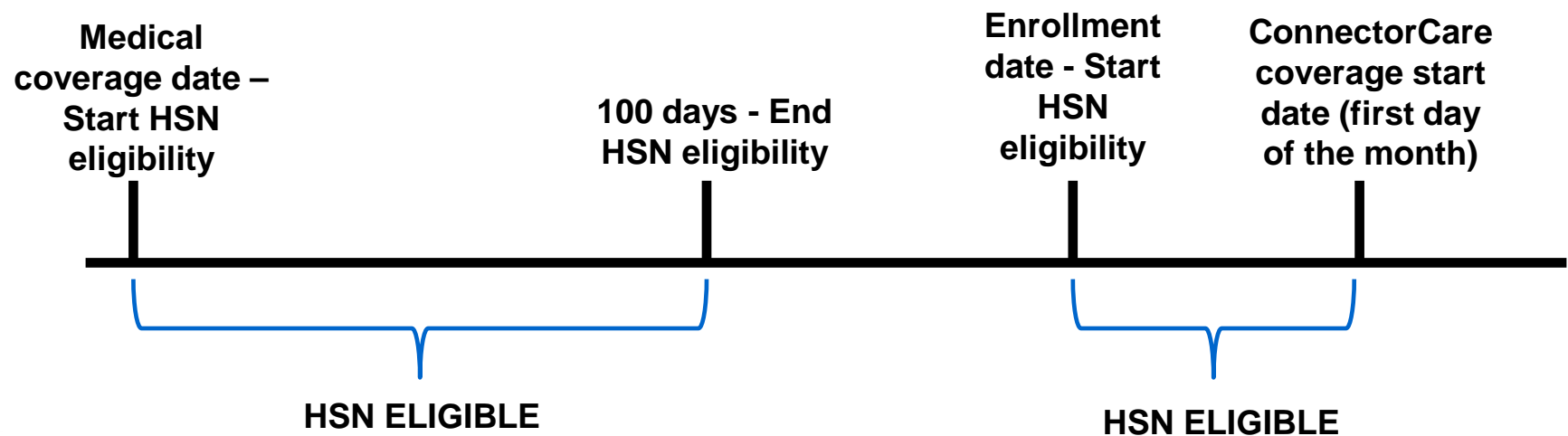




# HSN Gap Eligibility

## ConnectorCare:

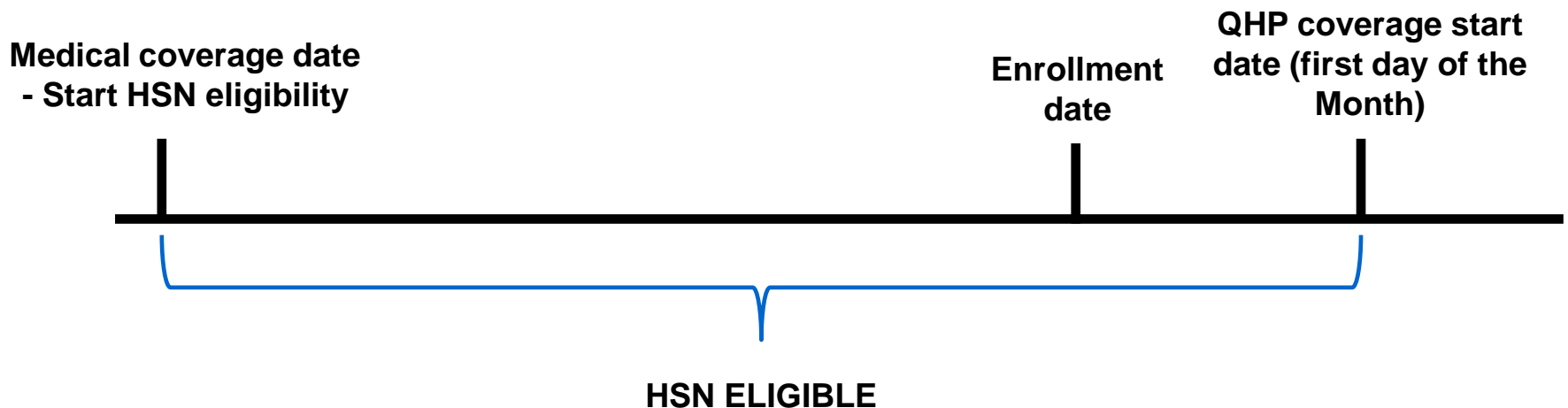
- Similar to Commonwealth Care today, the HSN will provide gap eligibility to applicants determined eligible for ConnectorCare prior to their coverage start date **if the member is otherwise eligible for the HSN.**
  - ConnectorCare eligible members will have HSN eligibility for up to 100 days after the medical coverage date (10 days before the date of application in most cases).
  - If the member has not enrolled after 100 days, HSN eligibility will end.
  - If the member enrolls after the 100<sup>th</sup> day, HSN will be available again between when the member enrolls and when their coverage begins.



# HSN Gap Eligibility

## Qualified Health Plans with Advance Premium Tax Credits (APTC) only:

- For applicants determined eligible to enroll in a QHP with APTC only, (300-400% of the FPL) the HSN will provide gap eligibility until their coverage start date **if the member is otherwise eligible for the HSN.**



# HSN Gap Eligibility

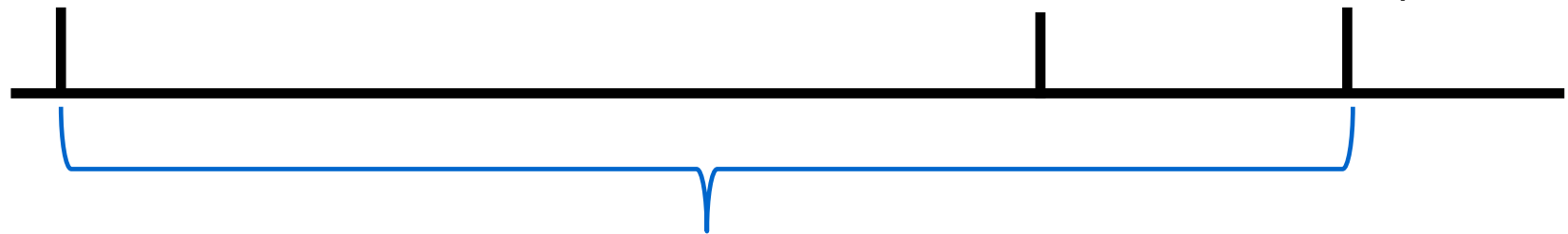
## Qualified Health Plans with no subsidies:

- For applicants determined eligible to enroll in an unsubsidized QHP who have income from 0-400% of the FPL, the HSN will provide gap eligibility until their coverage start date **if the member is otherwise eligible for the HSN.**

Medical coverage date  
- Start HSN eligibility

Enrollment  
date

QHP coverage start  
date (first day of the  
Month)



HSN ELIGIBLE



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# Medical Hardship and Confidential Services

- Medical Hardship and Confidential applications will continue to be received and processed by the Health Safety Net Office.
- The HSN will continue to use pre-ACA income and family composition rules for these applications. MAGI will not be used to calculate income for these individuals.



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# HSN Partial Deductible

- HSN Partial patients with incomes between 200% and 400% of the FPL will continue to have an annual family deductible.
- MAGI income is calculated at the individual level.
- Premium Billing Family Group (PBFG) rules will be used to determine a family deductible.
- The deductible will be equal to 40% of the difference between the lowest MAGI income in the applicant's PBFG and 200% of the FPL. If any member of the PBFG has an FPL below 200%, there is no deductible for any member of the PBFG.
  - This means someone could have HSN Partial and have no deductible, if a member of their PBFG has an FPL below 200%



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# Identity Verification

- Section 266 of Chapter 224 requires the HSN to verify identity, age, residence, and eligibility prior to making payments.
- Identity verification will be required for:
  - All new applicants
  - Any current HSN patient at their annual review date



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# Identity Verification

- The list of documents acceptable as proof of identity has been expanded. The list now includes, but is not limited to:
  - Utility bill, cell phone bill, credit card bill, doctor/hospital bill
  - Lease, homeowner's, renter's, or automobile insurance
  - Payroll or proof of employment from a current employer (not limited to a W-2)
  - Tuition or student loan bill
- A signed, non-notarized affidavit attesting to the individual's identity is also acceptable *if the applicant is not able to prove identity using any of the other acceptable documents.*
- See page 35 of the updated Member Booklet for a complete list of acceptable documents.



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# Health Safety Net and the ACA

Questions?

