

Health Safety Net Updates

Massachusetts Health Care Training Forum
October 2015



Health Safety Net Updates

Agenda

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- Populations exempt from collection action
- HSN Provider and Patient Help Desks
- Billing the HSN for Services Provided to MassHealth Limited Members

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3) Community Health Centers Payment Methodology Updates



HSN Reminders

101 CMR 613.08(3): Populations Exempt from Collection Action

- HSN Providers may not bill MassHealth patients or Low Income Patients, including:
 - Patients enrolled in MassHealth
 - Patients eligible for the Health Safety Net
 - Patients who receive government benefits under Emergency Aid to the Elderly, Disabled and Children (EAEDC)
 - Participants in the Children's Medical Security Plan (CMSP) whose income is equal to or less than 400% of the FPL

Billing restriction includes bills accrued before the patient was determined to be a Low Income Patient.

- Exceptions:
 - Patients may agree to be billed in order to meet a MassHealth deductible or MassHealth spend-down
 - Patients may agree to be billed in order to receive a service that is not billable to the HSN



HSN Reminders

Help Desk Contact Information

- The Health Safety Net has a help desk *specifically for providers*
- For questions about HSN policy, INET, Dental, HSN remittances, eligibility and pricing on HSN claims, providers should contact the HSN Provider Help Desk via phone at 800-609-7232 or via email at HSNHelpdesk@state.ma.us.
 - Please be sure you are using the correct email address. Some emails have been sent to a different saved email address (HCF) and those emails do not reach the HSN.
- Other provider questions about HSN medical claims that are not related to eligibility, pricing, or payment should be directed to MassHealth Customer Service at 800-841-2900.
- To send information about Medical Hardship, HSN INET user agreements, Business Partner Agreements, or Serious Reportable events, providers should fax the HSN Help Desk Fax at 617-786-4380.
- Patients should call the HSN Patient Eligibility Line at 877-910-2100.



HSN Reminders

Billing the HSN for Services Provided to MassHealth Limited Members

- Effective September 1, 2015, MassHealth requires additional documentation to certify the treatment of an emergency medical condition before certain services will be paid for MassHealth Limited members (see MassHealth All-Provider Bulletin 251 for more information). Many MassHealth Limited members are also eligible for HSN Secondary.
- If emergency services were provided to an HSN-eligible individual and were denied by MassHealth Limited:
 - Providers may not bill the HSN without first appealing the MassHealth denial by submitting a Certification of Treatment of Emergency Medical Condition form.
 - If MassHealth denies some or all of the services on the claim after the appeal, the remaining HSN-eligible services may be billed to the HSN. The date of the final denial of the appeal may be coded as the EOB date.
 - Emergency services may NOT be billed to the HSN as an alternative to appealing the initial MassHealth denial.
- If no emergency services were provided:
 - The claim may be submitted to the HSN without appealing the initial MassHealth denial.
 - Note: in accordance with HSN regulations, the claim still must be billed to MassHealth first in order to receive the initial denial.
 - In accordance with the HSN's record-keeping requirements, the provider must be able to document that the services provided were not emergency services upon request.



HSN Regulatory Updates

Overview

- The HSN Office has two sets of regulations:
 - 101 CMR 613 Health Safety Net Eligible Services
 - 101 CMR 614 Health Safety Net Payments and Funding
- These regulations were emergency adopted on October 1, 2015, and a public hearing was held on October 2 to gather public feedback
 - They will be final adopted in the upcoming months
- Payment rules, including CHC payment methodology updates, are now in the payment regulation and not in the eligibility regulation
- The following slides highlight the most relevant changes. However, it is not an exhaustive list. For full changes see the regulations posted online.



HSN Regulatory Updates

101 CMR 613.08(1)(c): Credit and Collection Policies

- Submitted policies must be reflective of hospital and CHC practices
 - Must be posted online on providers' websites
- Providers must notify patients about public assistance programs that might be available to them
- Acute Hospital Provider Affiliate List
 - Acute Hospitals must establish and maintain a list of all providers and clearly delineate which providers are eligible for reimbursement by the HSN
 - Must be posted on the providers' websites
 - Additional guidance will be issued at a later date, including possible clarifications or updates to the effective date of the requirement



HSN CHC Payment Methodology Updates

Introduction

- The HSN pays community health centers (CHCs) using Medicare payment methodologies
- Over the last year, Medicare has been phasing in a prospective payment system (PPS) for CHCs
 - Effective for dates of service on or after October 1, 2015, the Health Safety Net will be transitioning to this new payment methodology
 - Please note: in most cases, claims submitted to the HSN will not have to be coded with the G codes required for Medicare claims
- Codes payable at the new PPS Rate are mostly codes that the HSN had previously bundled into the all-inclusive Medicare FQHC rate
 - Added codes payable at the PPS Rate include: tobacco cessation, diabetes self-management, and nutritional services
- Changes to the HSN PPS Rates will continue to reflect the changes in the Medicare rates which are updated annually on a calendar year basis



HSN CHC Payment Methodology Updates

Methodology

- The HSN will continue to pay for certain services once per patient, per day with the following exceptions:
 - If a medical and behavioral health visit are billed on the same day
 - In cases of subsequent illness or injury (must be indicated by modifier 59)
- A Geographic Adjustment Factor (GAF) will be used to determine rates for each CHC site location
 - There are two GAFs as determined by Medicare:
 - Metro Boston
 - Rest of Massachusetts
- New patient (medical and behavioral health) and wellness visits will be paid at an enhanced rate
 - As with Medicare, HSN patients are considered to be new if they have not received care at that CHC in the last 3 years
- Other services (including radiology, laboratory, etc.) will continue to be paid using current payment methodology
- A full list of covered services and how they are paid is available in the CHC Billable Procedure Code Guide on the HSN website



HSN CHC Payment Methodology Updates

Methodology

- The HSN will pay the lesser of the visit charges or the PPS Rate
 - Charges for all codes allowable under the PPS Rate methodology will be included in this calculation.
- Secondary Claims
 - Will continue to be paid either the lesser of the estimated amount due or what the HSN would have paid as the primary payer.
- Partial Claims
 - Will continue to be paid 80% of what the HSN would have otherwise paid, unless the claim is coded to indicate that the deductible has been met, in which case 100% of the rate will be paid.



HSN CHC Payment Methodology Updates

Billing Guidance

- Behavioral Health New Patient Visits
 - G0469 will be used to identify new patient behavioral health visits.
 - G0469 must be billed as an add-on code on the same claim as a behavioral health CPT code allowable under the PPS Rate
 - This add-on will pay the difference between a new patient behavioral health rate and an established patient rate, increasing the total payment to the enhanced new patient rate.
- For all other visits, the HSN is not requiring that all codes be billed on one claim. However, since charges are taken into account when determining the payment amount, the HSN can only guarantee the correct payment if all charges and codes for a visit are included on one claim.
- Only one new patient code is billable per patient
 - If more than one new patient code is billed for the same patient, even for the same day of service, a warning will appear on the validation report and the second new patient code will be paid \$0.
- Modifier 59 may not be added to a new patient CPT code. In these cases, the whole claim will deny.



HSN CHC Payment Methodology Updates

Examples

Medical Visit

Codes	Description	Charges	Region	Code Rate
99212	Established patient visit	\$103.00	Rest of MA	\$165.20
99407	Tobacco cessation	\$25.00	Rest of MA	\$165.20
	Total Charges	\$128.00	Rate Total	\$330.40

Visit Charges: \$128.00 (\$103.00 + \$25.00)

Visit PPS Rate: \$165.20

Payment Amount: \$128.00

Since these are both medical visit codes, the PPS Rate is only payable once per patient, per day. The charges for both codes, however, are included in the calculation. In this case, the total charges are less than the PPS Rate, so the HSN would pay the total charges for this patient.

Medical and Behavioral Health Visit

Codes	Description	Charges	Region	Code Rate
99213	Established patient visit	\$195.00	Metro Boston	\$172.35
90834	Psychotherapy, 45 min.	\$180.00	Metro Boston	\$172.35
	Total Charges	\$375.00	Rate Total	\$344.70

Medical Visit Charges: \$195.00

Medical Visit PPS Rate: \$172.35

Behavioral Health Visit Charges: \$180.00

Behavioral Health Visit PPS Rate: \$172.35

Payment Amount: \$344.70 (172.35+172.35)

Since one code is for a behavioral health visit and the other is for a medical visit, both codes are payable. In this case, the charges for each code are more than each code's PPS Rate. Therefore, the claim would be paid the sum of the PPS rates.



HSN CHC Payment Methodology Updates

Examples

New Patient Medical and Other Services

Codes	Description	Charges	Region	Code Rate
99201	New patient visit	\$134.00	Metro Boston	\$230.95
90672	Influenza vaccine	\$20.00	Metro Boston	\$25.74
	Total Charges	\$154.00	Rate Total	\$256.69

Visit Charges: \$134.00

Visit PPS Rate: \$230.95

Payment Amount: \$159.74 (\$134 + \$25.74)

Since other services, such as vaccines, are paid in addition to the code paid at the PPS Rate, neither the vaccine's charges nor its rate are included in the PPS calculation. The charges for the new patient visit are less than the PPS Rate so they will be included in the final payment amount. Vaccines are paid using the current MassHealth rates, regardless of their charges, so the total payment amount for this claim is the sum of the new patient visit charges and the influenza vaccine rate.

New Patient Behavioral Health Visit

Codes	Description	Charges	Region	Code Rate
90836	Psychotherapy, 45 min.	\$220.00	Metro Boston	\$172.35
G0469	Behavioral health, new patient	\$115.00	Metro Boston	\$58.60
	Total Charges	\$335.00	Rate Total	\$230.95

Behavioral Health Visit Charges: \$220.00

Behavioral Health Visit PPS Rate: \$172.35

G0469 Add-On Rate: \$58.60

Payment Amount: \$230.95 (\$172.35 + \$58.60)

The charges for the G code are not included in the calculation. Rather, the G code is an add-on code and is only used to determine whether a code should be paid at the new patient behavioral health rate and for what amount. Since the PPS Rate is lower than the charges, it will be paid, along with the rate for the G code. The combined total of these codes equals the overall new patient visit rate.

