

Health Safety Net Updates

Massachusetts Health Care Training Forum
January 2018



HSN Updates – Agenda

- Updates to HSN Regulations
- Billing Updates
 - MassHealth Carrier Codes
 - Occupational Therapy Codes
 - Span Dates on Claims
 - Reporting Patient Paid Amounts and HSN Deductible amounts on 837I claims
- Billing Reminders
 - HSN Fiscal Year Closings
 - HSN and Billing Intermediary (BI) Changes
 - HSN Waiver Requests
- Medical Hardship
 - Eligibility
 - Provider requirements



Updates to HSN Eligibility Regulations (101 CMR 613)

- Scheduled to go in effect no sooner than February 1, 2018.
Proposed changes include:
 - No longer requiring 340B providers to carve in MassHealth in order to be paid by the HSN for drugs provided to HSN patient
 - Allowing the HSN to pay for certain 340B drugs that may be excluded from coverage through the 340B Drug Pricing Program for MassHealth members under anticipated MassHealth regulations
 - Requiring providers to give 90 day written notice requiring their intent to discontinue providing outpatient pharmacy services to Health Safety Net patients



Updates to HSN Eligibility Regulations (101 CMR 613)

- Scheduled to go in effect no sooner than February 1, 2018.
Proposed changes include:
 - Clarifying current HSN rule regarding asset reporting. Under these proposed regulations, if MassHealth requests a verification of assets from an applicant for health coverage, the individual must comply with the request in order to continue to qualify for HSN
 - Allowing providers to bill a patient to allow the patient to meet both the CommonHealth one-time deductible and MassHealth spend down requirements outlined by MassHealth
- A public hearing about these proposed regulations was held on January 10th, 2018



Billing Update: MassHealth Carrier Codes

- Providers should continue to plan to transition to utilizing the MassHealth Carrier Codes for all secondary/tertiary claims
- Once implemented, failure to use the correct carrier codes on a claim will result in a denial
- More detailed information about using these codes, MassHealth and CMSP codes, and the effective implementation date will be sent to providers in the future

Billing Update: Occupational Therapy Codes

- Acute Outpatient Hospital Providers that submitted the new OT codes - **97165, 97166, 97167** - and received a denial at MMIS should submit these denied claims as new original claims



Billing Update: Span Dates on Claims

- HSN will accept span dates of services on one claim, effective for dates of services 12/1/2016 forward – the same effective date as MassHealth guidance
- If submitting span dates on one claim, providers must be sure that each date is indicated for services at the line level

Billing Update: Reporting Patient Paid Amounts and HSN Deductible Amounts on 837I Hospital Claims

- Any remaining HSN Deductible Amount that has yet to be paid by a patient should begin to be reported using Value Code D3 on 837I claims. If a patient has met their HSN deductible, this should be reported as 0
- Any Patient Paid Amount should be reported using Value Code FC on 837I claims



Billing Reminder: Fiscal Year Closings

HSN FY16

- HSN FY 2016 Scheduled Closing: Providers are reminded that HSN FY16 is scheduled to close as of September 30, 2018

HSN FY15

- HSN FY15 Closed: Providers are reminded that HSN FY15 is closed as of September 30, 2017
- Any FY15 claims trying to process beyond this date will be denied
- If providers have questions on the FY15 closing, please contact the HSN Helpdesk at hsnhelpdesk@state.ma.us



Billing Reminder: Billing Intermediary (BI) Changes

When a facility uses a billing intermediary for claim submission, please note the following:

- HSN claim questions from a BI will be redirected to the facility due to the facility retaining a contract with the BI
- The BI is the only entity that has access to download Validation Reports from INET (HSN denial reports)-facilities that require claim information from Validation reports will need to speak to their BI
- Facilities can contact HSN regarding claim billing questions or claim payments

****Please note**** Facilities utilizing a BI for the first time or changing a BI must notify MassHealth EDI; must also notify HSN via email in addition to filling out an HSN Business Partner Agreement located in INET



Billing Reminder: Using a Billing Intermediary and How to Request with HSN

- When a facility utilizes a billing intermediary for submission of HSN claims, the following steps are necessary to ensure claim adjudication within MassHealth and HSN:

MassHealth Notification –

Notification to MassHealth containing the BI information via email at:

EDI@MAHealth.net

- BI information consists of the following:
 - On their signed letterhead please mention that this is for an HSN provider
 - Facility ID
 - Name of BI/ MassHealth Submitter ID
 - 835 and/or 837 files
 - MassHealth PIDSL(s) (including HSN PID/SL)



Billing Reminder: Using a Billing Intermediary and How to Request with HSN

- **HSN Notification** –

Notification to HSN containing the BI information via email should also include a completed HSN Business Partner Agreement located on the HSN website:

<http://www.mass.gov/eohhs/consumer/insurance/more-programs/health-safety-net/providers/hsn-inet-information.html>

- BI information consist of the following:

- Name of BI
- Start date - claim submission of BI
- Type of claims – 837I; 837P
- HSN PIDSL(s)
- ORG ID(s)

- The notification email along with the completed HSN Business Partner Agreement should be sent via email to HSN Helpdesk at:

HSNhelpdesk@.state.ma.us



Billing Reminder: HSN Waiver Requests

- HSN has started to follow the process that MassHealth uses for billing waiver requests
- HSN will no longer consider any three year billing waiver requests
- Providers requesting 1 year, or 90 day requests, should contact HSN Manager of Operations, Angela Gizzi, (Angela.Gizzi@state.ma.us) for instructions on requesting and processing of claims

Billing Reminder: 90 Day Waiver Requests

- Providers are reminded that when requesting a 90 day waiver, due to a prior payer, that all EOB information must be completed and submitted along with any additional documentation to EHSN@state.ma.us



HSN Medical Hardship Eligibility

- Individual must be a Massachusetts Resident
- Allowable medical expenses include paid and unpaid bills for services provided up to 12 months prior to the date of the Medical Hardship application for which the Patient is responsible
- Applicant contribution amount is calculated based on medical expenses, family size and the family income
- Individual medical expenses must exceed a specified percentage of family's income. Individuals with income < 400% of Federal Poverty Level must complete an application (Massachusetts Application for Dental Coverage and Health Paying for Costs)

<u>Income level</u>	<u>Percentage</u>
0-200% FPL	10%
201-300% FPL	15%
301-400% FPL	20%
401-600% FPL	30%
>601% FPL	40%



HSN Medical Hardship (cont'd)

- Hospital and CHC Providers must
 - Assist in completing application
 - Assist and review all documentation
 - Residency
 - Income
 - Detail itemized Medical Bills Invoices (Including those of any other providers)
 - The INET application is sent electronically
 - Submit package in hard copies with signed application and supporting Category B documentation to:
 - HSN: Medical Hardship
 - 100 Hancock Street, 6th Floor
 - Quincy, MA 02171
- HSN will notify the applicant and relevant providers of the determination, including services that HSN cannot assist (i.e. physician's office fees)
 - Submit claims to HSN after approval notification of the Medical Hardship application has been received
 - Claims must submitted using 837 format



QUESTIONS?

