

Health Safety Net Updates

Massachusetts Health Care Training Forum
July 2016



HSN Updates – Agenda

- HSN Income Limits
- HSN Deductibles
- Retroactive Eligibility
- HSN Presumptive
- Exemptions from Collection Activities
- Friendly URLs



HSN Regulation Reminders

- Updates to 101 CMR 613.00, *Health Safety Net Eligible Services*, were adopted April 8, 2016.
- The updates apply to services provided on or after June 1, 2016.
- The updates include, but are not limited to:
 - Income eligibility
 - Deductible calculations
 - Retroactive eligibility
 - HSN Presumptive determinations



HSN Updates – Income Limits

HSN Primary/Secondary

- 0-150% FPL
- Patients are not responsible for a deductible
- If HSN Primary, patient is not enrolled in insurance
- If HSN Secondary, patient is enrolled in insurance such as MassHealth, a Connector plan, Medicare or Employer Sponsored Insurance (ESI)

HSN Primary/Secondary Partial

- >150% and \leq 300 % FPL
- Patients may be responsible for a deductible
- If HSN Primary, is not enrolled in insurance
- If HSN Secondary, patient is enrolled in insurance such as MassHealth, a Connector plan, Medicare or ESI



HSN Deductibles

- HSN Partial deductibles are equal to the greater of:
 - The annualized lowest cost ConnectorCare premium for plan type 2B adjusted for family size (currently \$516 for an individual, plus \$159 for each additional family member) and
 - 40% of difference between a family's income and 200% of the FPL for the family size
- If no deductible displays in EVS, then the patient is not responsible for a deductible. Providers should NOT calculate deductibles.
- On June 22, hCentive started calculating deductibles for new applicants and individuals who reported a change.
 - This information is viewable in EVS



Viewing HSN Deductibles: EVS

Dates of Eligibility

Click on the Date Range to view Eligibility information for Member ID [REDACTED]

Date Range	Eligibility Status
06/27/2016 06/27/2016	PARTIAL HEALTH SAFETY NET

The information below refers to the PARTIAL HEALTH SAFETY NET coverage for 06/27/2016 to 06/27/2016.

Eligibility Restrictive Messages

Restrictive Messages 770 / 648 HSN PHARMACY COPAYS MAY BE APPLICABLE
633 / 633 HSN IS FOR CERTAIN HOSPITAL AND CHC SERVICES ONLY. MEMBER IS NOT ELIGIBLE FOR MASSHEALTH. CALL 1-877-910-2100.

Member Payment Responsibility Detail

Patient Paid Amount	\$0.00	Patient Paid Amount Type	
Spend Down Amount	\$0.00		
Deductible Amount	\$516.00	Deductible Date	06/13/2016
Co-pay Status		Co-pay Cap Status	

Restrictive Messages

[Close](#) [Perform Another Eligibility Check](#)



HSN Updates – Retroactive Eligibility

- Starting with determinations made on June 1, 2016, the HSN's retroactive eligibility policy is consistent with MassHealth's retroactive eligibility policy.
 - All patients will receive 10 days of eligibility retroactive to the application date.
- Providers should be sure to utilize EVS or other eligibility systems to determine a patient's eligibility on the date of service.



HSN Updates – HSN Presumptive Determination

- As of **June 1**, HSN providers are able to determine patients eligible for the HSN on a presumptive basis **if a full application for health coverage cannot be completed on the day the person comes in for health services.**
- HSN Presumptive Determinations (HSN-PD) lasts until the **end of the next month** after the presumptive determination, or upon a subsequent determination related to the patient's full application, whichever is earlier.
- This process is similar to existing MassHealth processes for Hospital-Determined Presumptive Eligibility with exceptions:
 - The HSN-PD process will be available to both **hospitals and CHCs.**
 - HSN-PD applications must be submitted by a Facility Representative who understands the HSN-PD process and **has access to EVS**, but this individual is not required to be a Certified Assister.
- The training materials, and the application, approval letter and denial letter are all posted on the HSN website at www.mass.gov/masshealth/healthsafetynet/presumptive



Viewing HSN Presumptive in EVS

Member Information | **Eligibility**

Dates of Eligibility

Click on the Date Range to view Eligibility information for Member ID [REDACTED]

Date Range	Eligibility Status
07/07/2016 07/07/2016	HEALTH SAFETY NET

The information below refers to the HEALTH SAFETY NET coverage for 07/07/2016 to 07/07/2016.

Eligibility Restrictive Messages

Restrictive Messages: 1562 / 682 HSN determination is temporary based on a presumptive application. Patient must complete a full application for ongoing eligibility.

Member Payment Responsibility Detail

Patient Paid Amount	Patient Paid Amount Type
Spend Down Amount	
Deductible Amount	Deductible Date
Co-pay Status	Co-pay Cap Status

Restrictive Messages

[Close](#) [Perform Another Eligibility Check](#)



Upcoming HSN Renewals

- Certain HSN households that have not yet applied in the HIX system will need to submit a new application in order for MassHealth to determine if they still qualify for the HSN.
 - Households that use the SACA-2 will not receive this mailing
- In the late summer/early fall, households will receive a packet including a letter, ACA-3, and babel sheet.
 - Households that have indicated Spanish as their preferred written language will receive their information in Spanish. All other households will receive their information in English.
 - These households are NOT being sent a prepopulated renewal form because they will be new to the HIX system



HSN Reminders: Populations Exempt from Collection Action

- The following information is required under HSN regulations and must be found in each facility's credit and collection policy:
- 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 300% of the FPL
- Billing restriction includes bills accrued **before** the patient was determined to be a MassHealth or Low Income Patient.
- If a provider becomes aware someone they are currently billing is a MassHealth or Low Income Patient, then they must cease collection activity.
- Facilities are responsible for all billing activity, including from collection agencies.



Exceptions to Populations Exempt from Collection Action and Dental Only Low Income Patients

Providers may engage in collection activity in the following circumstances:

- If a patient agrees in writing to be billed in order to receive a service that is not billable to the HSN
- If a patient agrees in writing to be billed in order to meet a MassHealth deductible or MassHealth spend-down
- The patient is a Dental Only Low Income Patient

Dental Only Low Income Patients

- Are patients eligible for ConnectorCare + HSN who are uninsured after 90 days
- May apply for Medical Hardship
- Claims for Dental Only Low Income Patients may be submitted as Bad Debt after Bad Debt requirements have been met

For more information on Collection Exemptions see HSN Eligible Services Regulation 101 CMR 613.08(3) or your facility's credit and collection policy.



HSN Friendly URLs

- **HSN Homepage:** www.mass.gov/healthsafetynet
- **Provider resources:**
www.mass.gov/masshealth/healthsafetynet/providers
- **Patient resources:**
www.mass.gov/masshealth/healthsafetynet/patients
- **Presumptive:**
www.mass.gov/masshealth/healthsafetynet/presumptive

