

## Massachusetts Health Care Training Forum July 2014 Questions & Answers

**\*\* Please Be Advised \*\***

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

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### **MASSHEALTH UPDATES**

**For over 65 applications, do we need to call MEC or MH customer service to make sure that the under 65 spouse gets coverage?**

*Coverage should be determined for both spouses if both are included as applicants on the SACA-2 application.*

**In regards to ACA-12C, will someone else claim you as a dependent on his or her tax return? We filled out an application for a patient; MassHealth called us back and said that the person claiming her must do an ACA to add the applicant to their case as long as the person doing the taxes has a MassHealth case.**

*Yes, if the applicant is claimed as a dependent on someone else's taxes they must apply for coverage under the tax filer's application.*

**Is MassHealth going to continue to subsidize private insurance for disabled?**

*Yes, certain disabled applicants with private insurance may be able to get coverage or premium assistance if they qualify for assistance according to program rules.*

**I have two pay stubs to send to the MEC (not a new applicant), what fax cover sheet should be used? The existing bar code sheet seems not to apply.**

*When faxing documentation use the updated two-page Health Care Mail/Fax Coversheet found at [www.Mass.gov/masshealth](http://www.Mass.gov/masshealth) under provider forms. For the barcode to work, the sheet with the barcode must be an original and not a photocopy. Always mail or fax verifications to the address or fax on the letter requesting the verifications. If you are not sure where to mail or fax contact MassHealth Customer Service Center at 1-800-841-2900.*

**For mixed households (applicants under and over 65), which application should be submitted? ACA-2 or SACA-2?**

*The SACA-2 application should be used.*

**An individual, age 61 on ComCare is getting SSA disability. Medicare is effective 8.1.14 and will lose ComCare on 7.31.14. When will they convert to HSN or MH based on income; automatically? Is this true?**

*Yes, once the changes are put into the system a new determination will be made, if appropriate.*

**The ACA-2 has been the application for those over 65 working disabled. MassHealth is rejecting them stating they need to fill out a SACA-2. Is this correct?**

*The ACA-2 application is for certain disabled individuals that are aged 65 or older and meet the requirements below:*

- *are disabled and working 40 or more hours a month, or*
- *are currently working and have worked at least 240 hours in the six months immediately before the month of the application, and not living with your spouse aged 65 years or older.*

**For a family member not applying, we fill out the information according to the instructions on the application. Do you know why that application is sent for MCD? Some representatives are not accepting information missing on the application in member's absence, even when the CAC form was included with the application.**

*Even if a household member is not applying, we still may need information about them in order to complete an eligibility determination for other household members.*

**If a child has premium assistance for a Connector unsubsidized plan for ABA services, and the child is disabled thru MassHealth, and then the mom gets a job and is offered insurance, can the mom be eligible for continue premium assistance for employer sponsored insurance if the new application is done with update and if apps are not being processed?**

*It is possible if all eligibility criteria are met to continue receiving premium assistance. The premium assistance unit will make the determination. They can be contacted at 1-800-862-4840 for application assistance.*

**It is being reinforced to return all forms that are sent to clients. If forms do not pertain to clients should they still be sending them back? Ex.: Absent parent forms when both parents live in the same household; senior ERV's when clients are all under 65.**

*Contact MassHealth Customer Service (1-800-841-2900) for clarification.*

**How do we cancel BCBS / OneCare / SCO or any insurance, if the patient has called to cancel and it still appears on MMIS?**

*Contact Customer Assistance and they can assist with getting the cancellation.*

**Can you clarify the best practice / timeline for submitting the child disability supplement to the disability evaluation unit?**

*A supplement can be completed for disability at application, review or anytime as soon as the child has become disabled.*

**Can patients over 65 receive disability?**

*MassHealth does provide coverage for eligible disabled persons who are over 65.*

**I have reported to MassHealth that members have primary insurance using TPL form and faxing to MassHealth but MassHealth does not update POSC. How long does it take to update POSC?**

*Timelines for changing a member's information: A member will be added to the system within 24 hours following the receipt of required documentation by the MassHealth Enrollment Center (MEC).*

*When a provider has evidence that a MassHealth member's third-party (TPL) health insurance information differs from what appears in the Eligibility Verification System (EVS) record, the provider should inform the Third-Party Liability Unit of the changes. To ensure the member's file is updated to reflect current information, providers should submit the Third-Party Liability Indicator (TPLI) form with acceptable documentation, verifying the change in coverage, to:*

*MassHealth, Third Party Liability Unit  
FAX: 617-357-7604*

*Mailing Address:  
PO Box 9212  
Chelsea, MA, 02150*

*Acceptable documentation for updating a member's TPL health insurance information includes an explanation of benefits (EOB) from the insurer, a letter of termination or new coverage notice from an employer or health insurance carrier, or a copy of the health insurance identification card.*

**NOTE:** *TPLI form or notice of change to insurance status should not be submitted with claims. The Third-Party Liability Indicator (TPLI) form is available for download.*

*[Third Party Liability Indicator \[TPLI-MH\]](#)  *

*To request forms contact MassHealth Customer Service:*

*FAX: 617-988-8973*

*Mailing address:*

*MassHealth Forms Distribution*

*P.O. Box 9162*

*Canton, MA 02021*

**Can MassHealth simplify the insurance applications by having one for an individual and one for a family, which is the one we use now? Otherwise, for an individual applicant, there are unnecessary pages to go through and unnecessary pages to fax to MassHealth?**

*Stayed tuned, we are in the process of application revision and should have a simplified application ready this fall 2014.*

**Who can we contact when a supervisor or manager from MassHealth doesn't return a call? Or we need to complain?**

*We are committed to providing excellent customer support to you and your feedback is important to us. If you would like to share comments on your experience with us, please e-mail [providersupport@mahealth.net](mailto:providersupport@mahealth.net).*

**How are referrals to specialists done when the member has MassHealth temporary?**

*Individuals with temporary coverage may receive services from providers in the MassHealth network. MassHealth has an extensive network of participating providers, including all of the hospitals in Massachusetts, thousands of physicians who provide primary care and specialty services and a statewide network of pharmacies. Individuals can find out if a provider participates with MassHealth by contacting the provider and asking if they accept MassHealth or by calling MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648).*

**What services will be covered?** *Temporary coverage will cover a broad array of health care services that are at least as comprehensive as what applicants would receive if they were enrolled in a Health Connector plan or MassHealth. These services include doctor and clinic visits, hospital stays, prescription medicines, mental health, family planning and laboratory services. Visit [bettermahealthconnector.org/temporary-coverage](http://bettermahealthconnector.org/temporary-coverage) for a complete list of covered services for individuals receiving temporary coverage.*

*Clients should be advised to bring their MassHealth letter showing their temporary coverage anytime they see a health care provider, including a doctor, hospital or pharmacy. Their letter will display their temporary Member ID number.*

**When the review form process resumes will only the changes be retroactive?**

*Some of the review processes are currently being resumed. If there is a change in coverage type or eligibility ends, the changes will not take place retroactively. The member will get a letter explaining the change and the effective future date of that change.*

**When will SACA's be accepted online?**

*The SACA is not currently available through the online system. More details will be shared, as they become available.*

**Transition from LTC, community MassHealth can take a long time. Is there any way to expedite the process?**

*Yes call customer service to see if all documentation has been sent in. The MEC staff may be able to expedite the process if all documentation is in or they can help with explaining what is needed to make the conversion happen.*

**Will asset limit for FEW (2k) be changed anytime soon?**

*There have been no changes to the asset limit for the Frail Elder Waiver.*

**We are still seeing SMBR's; should we have an applicant redo the correct form?**

*Yes, the current application for seniors to use is the SACA-2. It is available for download at the MassHealth website [www.mass.gov/masshealth](http://www.mass.gov/masshealth)*

**On over 65 applications there is only 1 signature line, would there be a way to add an additional line for a spouse to sign?**

*Yes, we will bring that suggestion back to see if an additional signature line can be added for a spouse.*

**There have been MANY issues regarding the "Faxing" or applications. Too many clients are being told by MassHealth that the application did not go through.**

*A call into customer service should be made if this happens. Be prepared to have a copy of the application and proof that the fax transmission went through.*

**Can Applications for an individual apply "Alone" be made? Can more gender options be made available on the application?**

*Generally an applicant applies alone when they live alone and no one else resides in the same household. Yes we will bring that suggestion back to see if more gender options can be added to the application.*

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## **MASSHEALTH PROVIDER SERVICES**

**Are members allowed one (1) well visit per day? We were told this by a representative.**

*Yes, well visits should be limited to 1 per days. Providers should follow the recommended well visit schedule for their patients. This is not regulated by MassHealth.*

**Who can we contact for information on billing deductibles to MassHealth? Tricare DDE is not paying deductible.**

*MassHealth payment methodology governs how a claim pays. For the most part, MassHealth will not pay a deductible if the prior payer has paid more than the MassHealth allowable for a service. MassHealth pays as follows:*

*When a COB claim comes in, MH will pay either the difference of the MassHealth allowed amount from what the prior payers paid OR the member's responsibility, whichever is less. In most cases a prior payer's paid amount is more than the MH allowed so the claim pays at zero.*

*These questions can be directed to MassHealth Provider Customer service @ 1-800-841-2900.*

**When we perform a well visit for DCF and the child already has a well visit less than one year ago, how do we get the claim paid?**

*Submit your claim as usual and correct any denials. MassHealth does not deny claims for well visits if it is less than one year.*

**What happens if the application is faxed without the cover sheet?**

*We encourage providers to use the fax cover sheet for more efficient processing and indexing. If we receive an application without a cover sheet, as long as the application is complete and all pages are received, it will be processed.*

**Is totally disabled over 65 year old eligible for CommonHealth if they work 40 hours per month?**

*Yes, if they meet the program guidelines.*

**Is HPE only for persons with no insurance?**

*No, anyone who meets the eligibility criteria can apply for HPE. However, it is the client's responsibility to let the provider know of any third party coverage.*

**Are seniors unable to apply for this because of Medicare?**

*Who is eligible for HPE?*

- *The individual must be under age 65 unless a parent or caretaker relative.*
- *Be a citizen or meet satisfactory immigration status requirements.*
- *Be a Massachusetts resident and meet certain income criteria.*

**When a member's Revs program status displays QHP what does this mean?**

*QHP stands for Qualified Health Plan. These are ACA coverage types that are handled by the Health Connector and are not MassHealth coverage types. Member should have a card with a health plan if they have enrolled into one.*

**I have submitted applications for people who have a primary commercial insurance. I always fill out the health insurance supplement to the application, these clients are receiving temporary coverage, but with the temporary coverage there is usually no TPL information listed on eligibility for these clients. MassHealth's billing personnel are telling me they cannot bill the secondary claims to MassHealth. The claims are being denied, billers telling me they require "carrier code" that is listed on TPL information. No TPL info; no carrier code.**

*MassHealth regulations state that a provider must make all efforts to obtain payment from TPL before any claim is sent to MassHealth. MassHealth is the payer of last resort. While AA temporary members do not get TPL carrier codes added to their file, they can still bill a secondary claim to MassHealth. Appendix C of the provider manuals found on the MH website contains a list of TPL carrier codes.*

*Please contact MassHealth Customer Service at 1-800-841-2900 with any questions.*

**Contact/process of Benefit Plan is incorrect or LOC/MMQ panel is not consistent; which is it?**

*If a member's benefit plan is incorrect, the member should contact MassHealth customer service to settle any eligibility issues. As far as MMQ issues are concerned, please contact MH customer service at 1-800-841-2900.*

**A patient was seen in the office, eligibility checked, and was MassHealth Standard (temporary coverage). However, when the claim was processed it was denied stating the patient had MCO plan. Checked eligibility and patient had CarePlus. We are not providers, will claims be paid or not?**

*No, if CarePlus is on file and they have enrolled into an MCO then claims must go to the MCO. This is an unusual situation; please contact customer service at 1-800-841-2900 to resolve issues like these.*

**Can non-providers have access to EVS, old REVS? For example Community Action agency?**  
*No. EVS is restricted to providers who are enrolled in MassHealth. They need a PID/SL and access to the POSC (Provider Online Service Center) to check eligibility.*

**Should temporary MassHealth members update changes in the household etc.? If so, where and can they be faxed?**

*Yes, members must report changes to their household and they should contact the MassHealth Customer Service Center at 1-800-841-2900.*

**What is the easiest method to submit/receive 207/271 EDIS Verification files to MassHealth (Batch)?**

*270/271s can be submitted by vendor software or through the POSC.*

**What are QHP plans? Where to send claims? When REVS only specify “QHP Plan”?**

*Qualified Health Plans are ACA health plans through the connector. Direct your claim questions to the member’s health plan.*

**Will Mass Health Standard cover skilled Nursing Facility Rehab stay? And if yes, is coverage for up to six months? If yes, does the person have to have a continued Skilled need for continued coverage a person who is done with rehab and has become “Custodial Care”?**

*Please see your MassHealth provider manual – Subchapter 4. Go online to:*

*<http://www.mass.gov/eohhs/gov/laws-regs/masshealth/provider-library/>. Click on “Provider Manuals.” Then click on “Nursing Facilities”.*

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## **HEALTH SAFETY NET**

**How does MMIS (or how do we bill) for patient who has retro HSN? What is the process?**

**Does MassHealth recognize that the patient has retro HSN?**

**Does CHC presumptive eligibility still exist?**

*Retro HSN claims are billed the same way as other HSN claims. A 90-day waiver may need to be requested if the claim is being billed more than 90 days after the date of service. The claims processing system is set up to recognize that a patient has retro HSN. There is no CHC presumptive eligibility for the HSN.*

**Can we get a list of members information, MMIS #, name, address, EV form, SS #, so that we can look them up; get phone number?**

*HSN cannot provide this information.*

**Patients with HSN that are going to MWMC are receiving surcharge bills. Is HSN going to cover those bills? Should we send our patients to UMass?**

*Further details are needed to answer this question. However, self-pay patients with bills over \$10,000 may be subject to the HSN surcharge on payments to hospitals and ambulatory surgical centers. Patients should not be charged for an HSN surcharge on services paid by the HSN. The patient should ask MWMC for clarification regarding why they have received a surcharge bill, and can also call the HSN helpdesk for more information.*

**Can a person with temporary insurance apply for medical hardship?**

*HSN Medical Hardship does not pay for services received while a member had temporary MassHealth coverage. However, a member who currently has temporary MassHealth coverage may apply for Medical Hardship for assistance with bills from services received before their temporary coverage began.*

*Although Medical Hardship is generally for the uninsured or persons with very high medical bills, individuals at any income level may apply for medical hardship. Medical expenses from health care providers have to be incurred within one year before the date that the application is submitted. Individuals may seek assistance at acute care hospitals and community health centers.*

**Are seniors currently able to receive HSN if they qualify?**

*Yes, seniors may receive HSN eligibility if they are Massachusetts residents below 400% of the FPL and do not qualify for other programs. The HSN also acts as a secondary payer to other programs that some seniors may qualify for, such as Buy-In, Senior Buy-In, and MassHealth Limited.*

**Is anyone receiving HSN if they qualify?**

*Yes. 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).*

**When will HSN update their CPT codes to match Medicare's? Ex.: the office visit codes have changed for Medicare.**

*HSN regularly reviews covered and non-covered codes. CPT updates are made after reviews are completed.*

**Can HSN claim status be verified in MMIS? Will HSN claim status be available in MMIS?**

*At this time direct data entry is not available in MMIS. Providers should be using MMIS reports to verify status of claims.*

**Does HSN accept 1500 claims?**

*HSN does not accept paper claims. All claims need to be HIPPA compliant in the 837 format.*

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**ONECARE (DUAL SYSTEMS)**

**Client wanted to change providers for OneCare, MassHealth representative said OneCare was being phased out. Today your presentation contradicted this. What is correct?**

*One Care is a three-year demonstration (i.e., pilot) program that launched October 1, 2013. The initial demonstration period will run through December 31, 2016. A CMS evaluation conducted during the initial period will inform whether One Care may continue or be updated.*

**For OneCare programs, are we required to bill and collect personal paid amount (PPA)? One Care states we can't bill coins, etc. If we don't bill patient may become over-assetted.**

*Nursing facilities are responsible for assessing personal paid amounts (PPA) and collecting payment from members. Members must stay current on their PPA to ensure continuous eligibility for MassHealth. Note that each of the One Care plans has contracted for their own network of providers. Nursing facilities, chronic hospitals, and other inpatient facilities with MassHealth*



*members enrolled in a One Care plan should be sure to bill the plan for services, rather than MassHealth or Medicare. If you are serving a One Care enrollee and do not have a contract with their One Care plan, you should connect with the plan to determine options for joining the network or otherwise contracting for services.*

**Providers who are having trouble taking state trainings for OneCare. They have emailed and no responses.**

*We encourage providers to visit the One Care Provider Learning website (<https://onecarelearning.ehs.state.ma.us/>) to learn more about training opportunities or contact their One Care plans for more information about One Care trainings.*

*Providers can also email [Learning.OneCare@umassmed.edu](mailto:Learning.OneCare@umassmed.edu) with questions about the trainings.*

**Is One Care a type "C" Plan? Is Care One coverage considered Medicare Part 'C'?**

*No. Medicare Part C plans, also called Medicare Advantage plans, only provide Medicare benefits. One Care covers all MassHealth and Medicare benefits together in a single plan. As a demonstration, One Care is also testing simplified administrative processes, including for appeals and enrollment.*

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