

Health Safety Net Updates

Massachusetts Health Care Training Forum
January 2016



Health Safety Net Updates

Agenda

- 1) HSN Regulation Updates

- 2) HSN Reminders
 - INET Agreements
 - HSN Billing Intermediaries
 - Billing the HSN for services provided to MassHealth Limited members



HSN Updates

HSN Regulations

- The Payments and Funding Regulation (101 CMR 614) was final adopted without any changes since the October MTF
- The Eligible Services Regulation (101 CMR 613) changed before final adoption:
 - Facility's credit and collection policies and Provider Affiliate List must be posted online by the first day of the hospital's fiscal new year starting after 12/31/16
 - This is a new requirement; the date was unspecified in the October MTF.
 - In the following circumstances, a provider or its designee must provide notice about eligible services and programs of public assistance:
 - On all billing invoices (pre-existing requirement)
 - *During the patient's initial registration with the provider*
 - *When a provider becomes aware of a change in health insurance coverage*
 - Medical Hardship applications may include bills for services provided up to 12 months prior to the application date
 - A new exception allows bills to be submitted after the 12 month deadline if an initial bill was not received by the patient within 9 months of when the service was provided.



HSN Reminders

New Staff? Let the HSN Know & Fill Out a New INET Agreement

- The HSN maintains lists of contacts for each facility. Please notify the HSN of any relevant new hires and their contact information.
- Like other systems that give access to protected health information (PHI), INET Agreements are at the staff member-level (not organization-level).
- When a new staff member needs INET access, they must fill out the Agreement (fillable form) and email or fax the completed form to the HSN Help Desk.
 - The form can be found on the HSN website at mass.gov/eohhs/docs/masshealth/hsn/hsn-user-agreement.pdf
- As a reminder, the HSN Provider Help Desk may be contacted via email at (HSNHelpdesk@state.ma.us), phone at 800-609-7232, or fax at 617-786-4380.



HSN Reminders

Procedure for New HSN Billing Intermediary

- Providers who use a billing intermediary must have the intermediary sign a Business Partner Agreement **prior** to the intermediary submitting claims.
 - The fillable form is available on the HSN website at mass.gov/eohhs/docs/masshealth/hsn/hsn-business-partner-security-agreement.pdf
- The billing intermediary must agree to download HSN validation/denial reports on behalf of the provider. If providers have any issues or questions regarding these reports, they should contact their billing intermediary directly.
- Providers are also responsible for contacting Maximus/MassHealth by emailing (EDI@masshealth.net) or faxing (617-988-8971) a note on their letterhead with the following information:
 - MassHealth Provider ID
 - Name and MassHealth ID of the HSN Billing intermediary



HSN Reminders

Billing the HSN for Services Provided to MassHealth Limited Members

- 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**).
- 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 for MassHealth Limited patients 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. The claim still must be billed to MassHealth first in order to receive the initial denial.
 - Providers must be able to produce evidence that the services provided were not emergency services.

