



# **Health Safety Net**

## **Information and Updates**

### **October 2024**

# Agenda

- Claims Reprocessing
  - MMIS System
  - HSN System
- August Remittance Correction
- Health Connector Notices
- Inpatient Claims Pricing at Zero
- Special Circumstances
  - Medical Hardship
  - Bad Debt
- General Information
- Questions

# Resweeps of Procedure Codes

## **MMIS Claims Re-processing**

The following codes were inappropriately denied in MMIS as a non-covered procedure code for the Health Safety Net benefit plan(s). The following codes have recently reprocessed in MMIS for adjudication and potential adjudication/payment through the Health Safety Net payment systems.

- 90671 (For Dates of Services through 1/1/2023)
- 90677 (For Dates of Services through 1/1/2023)
- 19325 (For Dates of Services through 1/1/2023- Hospital Only Claims)
- 49591 (For Dates of Services through 1/1/2023- Hospital Only Claims)
- 73522 (For Dates of Services through 1/1/2023- Hospital Only Claims)
- 95708 (For Dates of Services through 1/1/2023- Hospital Only Claims)
- G2066 (For Dates of Services through 1/1/2023- Hospital Only Claims)

## **HSN Claims Resweep**

Claims billed with Procedure code 99211 were inappropriately paid at a \$0.00 rate for Community Health Center providers in the Health Safety Net system. HSN has identified impacted claims and have reprocess claims in the HSN system for payment at the PPS rate in the September remits.

# August 2024 Remittance Advice Corrections



The Health Safety Net has discovered an internal problem with the August 2024 837P remittance advice for the pay period June 2024 currently posted in INET. The issue pertains to the adjustment reasons which had been truncated resulting in report users not able to view the full report content.

Our IT team has now corrected the issue and recreated these remittance reports. The Health Safety Net recommends that your facility access INET and download the latest remit so you will have the updated copy available for your use.

Please note, do not post these payments as this updated report has only been reloaded to provide the complete adjustment reason language for your use. As a reminder, if your facility utilizes a Billing Intermediary, please ensure that you have communicated the above issue and the updated remittances available within INET.

# Health Connector Redetermination Notices



If recipients have been determined eligible for the Health Connector's plan, they have 90 days of HSN medical eligibility, starting on the date of application, to enroll in a ConnectorCare plan.

- If recipients do not enroll within this time period, they will no longer be eligible for HSN medical services.
- Failure to pay ConnectorCare premiums will result in ineligibility for HSN medical service reimbursement. Recipients may be able to work out a payment plan with the Health Connector, even after termination.
- ConnectorCare recipients may still be eligible for allowable dental services from an eligible HSN provider.

Any questions related to the ConnectorCare should be directed to the Health Connector at 1-877-MA-ENROLL for more information.

# Special Circumstances Medical Hardship Assistance



A Massachusetts Resident at any Countable Income level may qualify for Medical Hardship if allowable medical expenses exceed a certain percentage of his or her Countable Income as specified in 101 CMR 613.05(1)(c). A determination of Medical Hardship is a onetime determination and not an ongoing eligibility category. An applicant may submit no more than two Medical Hardship applications within a 12-month period.

Income Level FPL	Percentage of Countable Income
0 - 205%	10%
205.1 – 305%	15%
305.1 – 405%	20%
405.1 – 605%	30%
>605.1%	40%

# Special Circumstances

## Bad Debt



Bad Debt is an account receivable based on services furnished to a Patient that is:

- (a) regarded as uncollectible, following reasonable collection efforts consistent with the requirements in 101 CMR 613.06;
  - (b) charged as a credit loss;
  - (c) not the obligation of a governmental unit or the federal government or any agency thereof; and
  - d) not a Reimbursable Health Service
- Providers are charged with making reasonable attempts in obtaining and verifying the patient's or guarantor's supplied and financial information.
  - Reasonable collection efforts must be taken before a bad debt claim can be made which would include documentation of billings, calls, notices and any other notifications.
  - The bad debt must be unpaid after a period of 120 days of continuous collection action.

# Special Circumstances Bad Debt (continued)



## Patient Identifiers:

- Name
- Address
- Phone#
- DOB
- SSN#
- TCN
- Med Record#
- MassHealth# (RID and/or RHN)
- Date of Service
- Total Charge for Services
- Net Charge submitted to Health Safety Net

## Evidence of Reasonable Collection Efforts:

- Date of Initial Bill
- Date of Second Bill
- Date of Third Bill
- Date of Fourth Bill
- Date of Returned Mail
- Date of Certified Letter for accounts over \$1,000
- Date of Initial Phone Contact
- Date of Follow up Phone Contact
- Dates of Other Efforts (other phone calls, letters to Patient, attorney or referral to collection agency)
- Date Account was submitted to Health Safety Net Office



# Inpatient Claims Pricing at Zero

The Health Safety Net continues to work with providers during the transition of Inpatient Pricing Grouper vendors. Inpatient claims billed without a valid DRG that have priced at zero will remain as such until HSN has fully transitioned. Once the Grouper transition is complete, remaining claims will be reprocessed and priced accordingly.

Inpatient claims which were billed with a valid DRG continue to be priced at the National Average Payment (NAP). Once HSN has fully transitioned vendors, affected claims will be reprocessed through the grouper for appropriate reimbursement.

Providers that wish to rebill their inpatient claims priced at zero and initially billed without a DRG, may resubmit their claims with a Type of Bill (TOB) code 07 (for replacement) and add a valid DRG for pricing at the National Average Payment (NAP). These claims will also be reprocessed and repriced once the transition is complete.

# General Information

- Health Safety Net eligible service regulations can be found at:  
<https://www.mass.gov/regulations/101-CMR-61300-health-safety-net-eligible-services>
- Health Safety Net eligible payment and funding regulations can be found at:  
<https://www.mass.gov/regulations/101-CMR-61400-health-safety-net-payments-and-funding>
- Health Safety Net Reimbursable Services located at:  
<https://www.mass.gov/doc/hsn-chc-billable-procedure-codes/download>
- Health Safety Net INET located at:  
[Learn about HSN-INET | Mass.gov](#)
- Billing updates are posted and can be found at:  
[Information about HSN Provider Guides and Billing Updates | Mass.gov](#)
- The Health Safety Net is working on internal claims editing, code, and payment rate updates. HSN will instruct providers through billing update of any necessary payment resweeps due to these updates.

# HSN Help Desk

- Health Safety Net Help Desk inquiries should be addressed to [HSNHelpDesk@massmail.state.ma.us](mailto:HSNHelpDesk@massmail.state.ma.us) and not an individual member of the Help Desk team.
- If you feel the matter remains unresolved, please contact the Help Desk Supervisor for assistance.

# Questions?



# MassHealth

## October 2024

Revised 10/24

# Agenda



- New MassHealth Premium Billing Provider
- Update: MassHealth Health Plans
- MassHealth Covered Benefits

# **New MassHealth Premium Billing Provider**

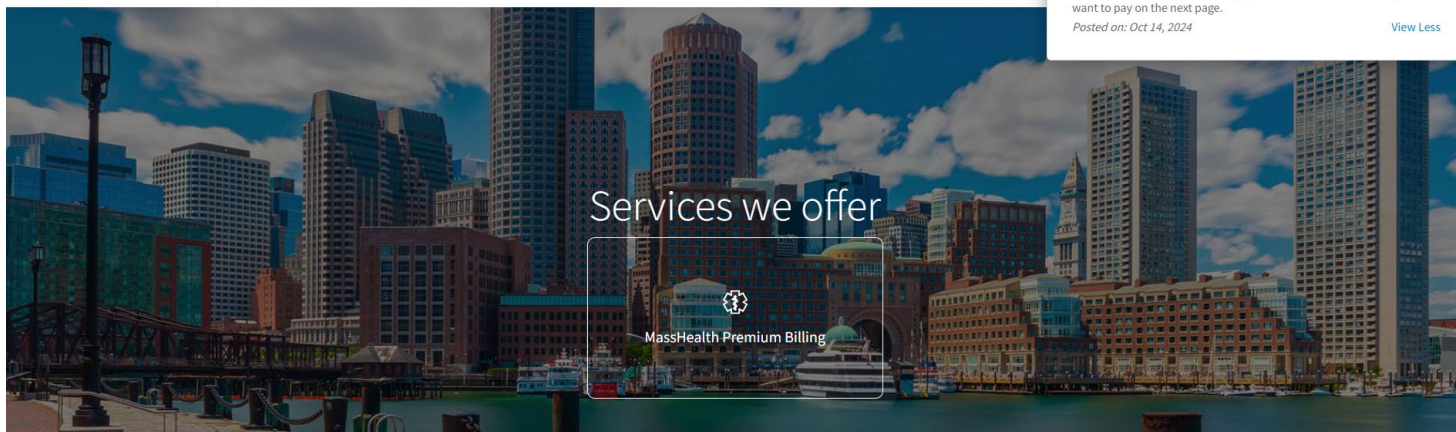
# Important Changes to MassHealth Premium Bill Payment Options



- On October 23<sup>rd</sup>, the website to pay MassHealth premiums changed to: <https://govhub.com/ma/premium-billing>
- Login with your MassHealth Premium Billing (MHPB) account number and zip code
  - Members do not need to create a login to use the new bill pay site
  - Once logged in, members will be directed to set up automated payments with their banks or financial institutions



MassHealth Premium Billing





# How to Pay a MassHealth Premium Bill



## How to Pay

- Credit Card
- Check or Money Order
- Debit Card
- **NEW:** Pay Pal
- **NEW:** Apple Pay
- **NEW:** Google Pay
- Call MassHealth:
  - 866-421-7484 (English)
  - 866- 481-1067 (Spanish)
- Mail:
  - Commonwealth of Massachusetts MassHealth Lockbox,  
PO Box 414745  
Boston, MA 02241

Learn about [MassHealth Premium Information – For Members | Mass.gov](#)

# MassHealth Health Plans

# Polling Question 1

## Who's eligible to enroll in MassHealth ACOs, MCO, or PCC health plans?

- a) Members younger than 65, no third-party liability (TPL) (including Medicare)
- b) Members who lives in the community (for example, not in a nursing facility).
- c) Members eligible for one of MassHealth's comprehensive coverage types.
- d) Seniors over age 65.
- e) Member is Dually eligible for MassHealth and Medicare.
- f) None of the above
- g) A to C
- h) I don't know

# Polling Answer 1

**Who's eligible to enroll in MassHealth ACOs, MCO, or PCC health plans?**

**Answer: G: A to C**

- a) Members younger than 65, no third-party liability (TPL) (including Medicare)
- b) Members who lives in the community (for example, not in a nursing facility).
- c) Members eligible for one of MassHealth's comprehensive coverage types.

# Polling Question 2

MassHealth members can change health plans (ACO or MCO) for any reason during their:

- a) Open enrollment period
- b) Plan selection period
- c) Fixed enrollment period
- d) At anytime of the year
- e) None of the above
- f) I don't know

# Polling Answer 2

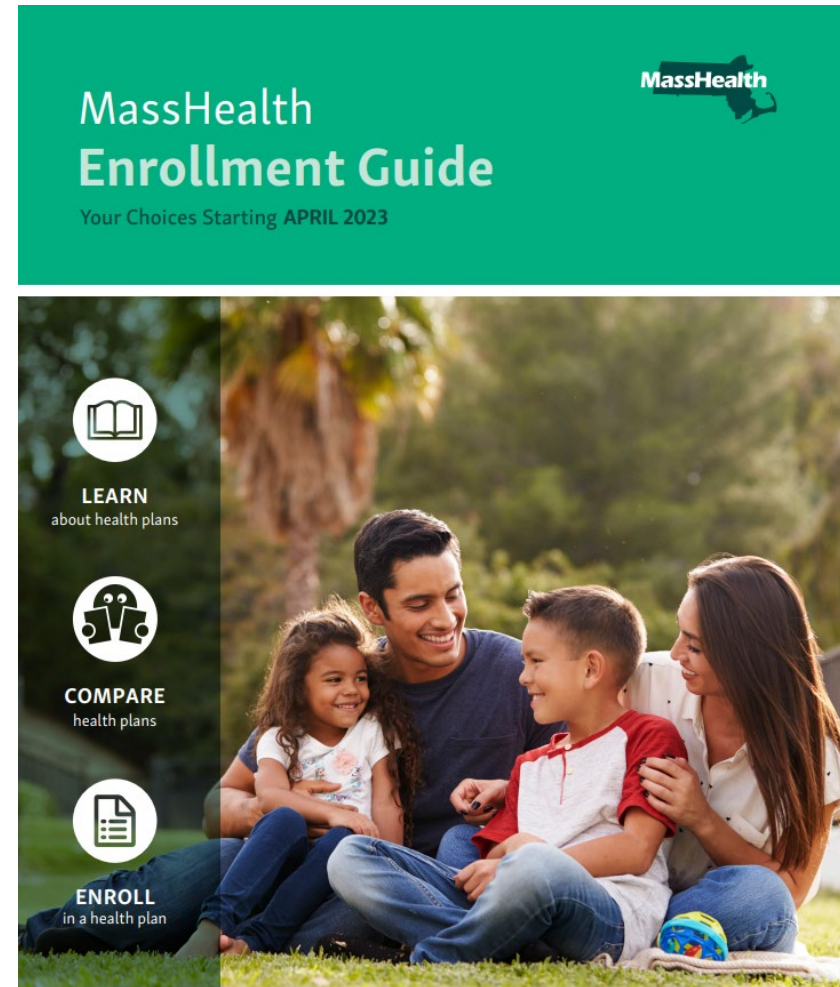
**MassHealth members can change health plans (ACO or MCO) for any reason during their:**

**Answer: B: Plan selection period**

# Who's Eligible to Enroll

MassHealth members eligible to enroll in a MassHealth ACO, MCO, or the PCC Plan:

- Under 65, no third-party liability (TPL) (including Medicare)
- Live in the community (for example, not in a nursing facility)
- In the following MassHealth coverage types:
  - MassHealth Standard
  - MassHealth CommonHealth
  - MassHealth CarePlus
  - MassHealth Family Assistance
- For additional details see 130 CMR 508.001-002



# ACO Changes for 1/1/2025

## Service Area Changes

- WellSense Care Alliance will no longer be offered in the following service areas starting January 1, 2025:
  - Quincy
  - Framingham

## Provider Changes

- As of January 1, 2025, 19 providers are joining or moving in the MassHealth ACO program, which will affect approximately 11,000 members.

## Hospital Changes

- As of January 1, 15 ACOs will make changes to their hospital network
- \* Note: In an emergency, members can go to any hospital



# ACO Hospital Network Changes as of 1/1/2025



Plan Name	will add the following hospitals
Fallon Health - Atrius Health Care Collaborative	Baystate Medical Center (Baystate Health) Brockton Hospital (Signature Healthcare) Cape Cod Hospital Dana-Farber Cancer Institute Falmouth Hospital (Cape Cod Healthcare)
Berkshire Fallon Health Collaborative	North Adams Regional
Fallon 365 Care	Athol Hospital (Heywood Healthcare)
Be Healthy Partnership Plan	Cooley Dickenson Health Care (Partners Healthcare) Heywood Hospital
WellSense Health Plan– all ACO plans and the MCO plan	Milford Regional Medical Center North Adams Regional
Tufts Health Together (MCO)	North Adams Regional

# ACO Hospital Network Changes as of 1/1/2025 (continued)



Plan Name	will add the following hospitals
<p>Mass General Brigham Health Plan with Mass General Brigham ACO</p>	<p>Baystate Medical Center (Baystate Health)                      Baystate Wing Hospital                      Brockton Hospital (Signature Healthcare)                      Cape Cod Hospital                      Falmouth Hospital (Cape Cod Healthcare)                      Franklin Medical Center (Baystate Health)                      Holyoke Medical Center                      Lawrence General Hospital                      Noble Hospital (Baystate)                      Shriners Hospital for Children-Boston                      Shriners Hospital for Children-Springfield                      South Shore Hospital</p>

# ACO Hospital Network Changes and Continuity of Care Period



Plan Name	will remove the following hospitals
Mass General Brigham Health Plan with Mass General Brigham ACO	Lowell General Hospital

## Continuity of Care Period

- 30-days of Continuity of Care period: from January 1, 2025, to January 30, 2025

# Plan Selection and Fixed Enrollment Period



## Plan Selection Period

- Members enrolled in a MassHealth MCO or ACO health plan will have a 90-day Plan Selection Period every year
- During this time, members can enroll or switch their health plans for any reason
- If members are happy with their current health plan, they do not need to take action. They will remain in their current plan

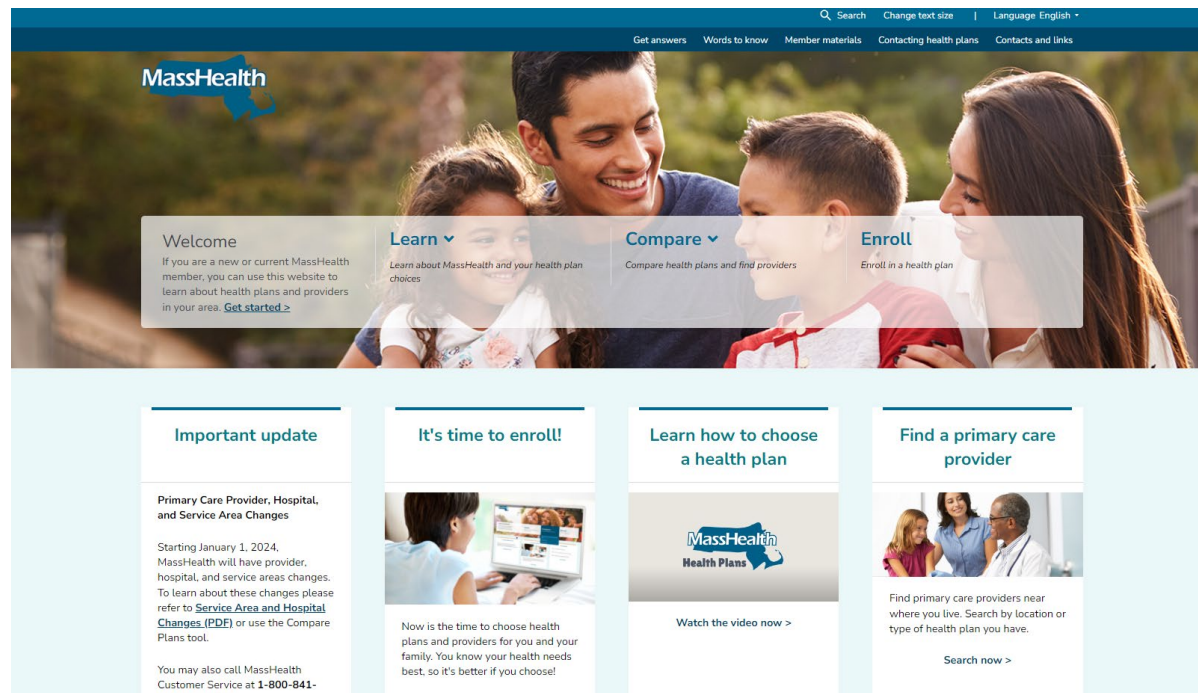
## Fixed Enrollment Period

- After the 90-day Plan Selection Period has ended, members will enter a Fixed Enrollment Period
- Once in their Fixed Enrollment Period, the member cannot move to another health plan until the next Plan Selection Period, unless MassHealth determines that one of the [fixed enrollment period exceptions](#) applies
- Members can always call MassHealth for more information about their Plan selection Period and Fixed Enrollment Period

# Resources



- Learn, Compare, Enroll at [MassHealthChoices.com](https://www.masshealthchoices.com)
- MassHealth Enrollment Guide 2025
- Call MassHealth at (800) 841-2900; TTY: 711



# Covered services and benefits:



- Health Related Social Needs Services
- Remote Patient Monitoring
- Non-Emergency Medical Transportation
- MBTA's Income-Eligible Reduced Fare Program

# Health Related Social Needs Services (HRSN) Update



## Current State:

- Flexible Services Program (FSP): MassHealth ACO members may receive supports for their Health Related Social Needs (HRSN)s through the FSP. FSP was launched in January 2020 to provide housing, and nutrition supports to a subset of their eligible ACO enrollees based on certain criteria. Flexible Services are not traditional covered services; they are covered separately by ACOs.
- Specialized Community Supports Programs (Specialized CSP): In April 2023, MassHealth implemented three (Specialized CSPs) for homeless individuals (CSP-HI), housing instability (CSP Tenancy Preservation Program (CSP-TPP)), and individuals with justice involvement (CSP-JI). Services are provided to eligible managed care and MassHealth fee-for-service members with behavioral health diagnoses.

# Health Related Social Needs Services (HRSN) for 1/1/2025



## Future State (January 2025 and Beyond):

- In September 2022, the Centers for Medicare & Medicaid Services (CMS) approved MassHealth's 1115 demonstration waiver renewal, which included re-authorization and changes to both FSP and Specialized CSP. As approved in this waiver:
  - FSP will be ending on 12/31/2024. Beginning in January 2025, eligible MassHealth ACO members will be able to receive HRSN Nutrition and Housing Supplemental Services as covered services.
  - Specialized CSP-TPP and CSP-HI will expand to include members with a qualifying Health Needs Based Criteria (HNBC). Specialized CSP-HI and CSP-TPP will continue to be available to eligible managed care and MassHealth fee-for-service members with a Behavioral Health condition.
  - Specialized CSP-Justice Involved (CSP-JI) will continue to be available to eligible managed care and MassHealth fee-for-service members with a valid Behavioral Health condition.



# Remote Patient Monitoring

- Effective August 1, 2024, MassHealth members who meet certain clinical criteria has access to [remote patient monitoring \(RPM\) coverage](#)
- RPM is defined as the use of select medical devices that transmit digital personal health information in a synchronous or asynchronous manner from an at-risk patient to a treating provider at a distant location. The information is generated so the provider can respond to the patient and manage their condition.
- Technology Criteria
  - Devices used for RPM may include, but are not limited to, devices that monitor blood pressure, oxygenation, and weight.
  - Devices must be capable of automatic reporting compatible with Medicare requirements (for example, the device automatically transmits biomonitored data to the provider) without the member needing to manually report the data.
  - Some providers may use RPM through a vendor who assists with management of RPM devices.

# Non-Emergent Medical Transport (NEMT)



- MassHealth covers transportation of a child's parent, family member, or caregiver that is necessary to the child's care, so long as that child is otherwise eligible for transportation.
- For example, if an eligible child is receiving residential or facility-based care (in an inpatient hospital, neonatal intensive care unit [NICU], intensive residential treatment program [IRTP], nursing facility, etc.) and the presence of the parent, family member, or caregiver is needed for them to actively participate in treatment or intervention for the direct benefit of the child, MassHealth will pay for transportation for the parent, family member, or caregiver to ensure the child's medically necessary services are provided.
- Examples of necessary services include breastfeeding or providing breast milk, participating in family therapy, making medical decisions, consenting to surgery, and other similar activities.
- Learn more at: <https://www.mass.gov/doc/transportation-bulletin-21-updates-regarding-transportation-for-the-direct-benefit-of-children-under-21-and-for-wheelchair-repair-0/download>

# MBTA's Income-Eligible Reduced Fare Program



- The MBTA's income-eligible reduced fare program offers reduced fares to riders between the ages of 18 – 64 who are enrolled in an approved state assistance program.
- **Qualifications:**
  - Massachusetts resident
  - Have a government-issued ID
  - Are between the ages of 18 – 64
  - Are enrolled in one of the following state assistance programs:
    - Emergency Aid to the Elderly, Disabled & Children (EAEDC)
    - MASSGrant
    - MassHealth (Standard, CarePlus, Family Assistance, Limited)
    - Supplemental Nutrition Assistance Program (SNAP)
    - Transitional Aid to Families with Dependent Children (TAFDC)
- Learn more at [Income-Eligible Reduced Fare Program | Reduced Fares](#)



**Thank you!**

