

**MTF July 2020 Meeting
Health Safety Net Call Q&A
July 21 & 30, 2020**

Q1. Medicare doesn't cover audio only telehealth services. MassHealth released a rule stating providers may submit claims directly to them without first submitting to Medicare for Medicare primary MassHealth secondary patients receiving audio only telehealth services. Will HSN mirror this policy?

A1. As the payer of last resort, HSN needs to have all of the denials from the primary payer on the 837 file in order to pay accordingly. Thus, we are not allowing telehealth claims to by-pass Medicare or MassHealth.

Q2. Are commercial copays for MassHealth or HSNO exempt from collection action and would these be considered low income write offs?

A2. As mentioned during the MTF, I would direct you to our regulations; specifically, to 101 CMR 613.08(3) Populations Exempt from Collection Action. Here are some passages that might be relevant to your situation and I would encourage you to read the entire regulation to see what applies to the patient you might be working with:

A Provider must not bill Patients enrolled in MassHealth and Patients receiving governmental benefits under the Emergency Aid to the Elderly, Disabled and Children program except that the Provider may bill Patients for any required copayments and deductibles.

Low Income Patients, other than Dental-only low-income patients, are exempt from Collection Action for any Reimbursable Health Services rendered by a Provider receiving payments from the Health Safety Net for services received during the period for which they have been determined Low Income Patients, except for copayments and deductibles. Providers may continue to bill Low Income Patients for Eligible Services rendered prior to their determination as low-income patients after their low-income patient status has expired or otherwise been terminated.

Q3. For MassHealth Limited and HSN members, if a claim denies by HSN as non-covered, can a provider bill patient? This is for a non-Covid related service.

A3. Please review 101 CMR 613.08(3) Populations Exempt from Collection Action. This regulation lists very specific instances when a HSN patient can be billed. Information about Populations Exempt from Collection action can also be found in the July 2020 HSN Billing Reminders and Updates; available at: <https://www.mass.gov/doc/july-2020-hsn-billing-reminders-and-updates-0/download>.

Q4. Is there any instance when a provider may collect / bill HSN eligible patients?

A4. Please review 101 CMR 613.08(3) Populations Exempt from Collection Action. This regulation lists very specific instances when a HSN patient can be billed. Information about Populations Exempt from Collection action can also be found in the July 2020 HSN Billing Reminders and Updates; available at: <https://www.mass.gov/doc/july-2020-hsn-billing-reminders-and-updates-0/download>.

Q5. If the patient does not send the RFI for ConnectorCare, will he keep HSN temp since this is a MH product, and MH does not end until the pandemic ends?

A5. During Emergency period, they will stay in HSN temporary until the emergency order is over. If the claims are before then, then the old rules would apply.