

**MTF Summer 2022 Meeting
Health Safety Net Q&As
July 19 & July 25, 2022**

Q1. Will there be detailed training offered on how to complete the application process for Special Circumstances?

A1. The link to the “Health Safety Net (HSN) Special Circumstances & Bad Debt Web Application User Guide” is found on the Health Safety Net website at the link below:

<https://www.mass.gov/service-details/hsn-claims-and-payment-information>

Also on the web page, links to the billing guides can be found. Within the 837I Billing Guide, information regarding Bad Debt Claims can be found on page 7. Information regarding Medical Hardship and Confidential Applications can be found on page 8.

Please note that Special Circumstances includes Bad Debt as well as Confidential Services and Medical Hardship which are described below:

Emergency Room Bad Debt is for uninsured patients who have no other source or payment.

Confidential Applications:

-**Confidential Services** can be accessed by individuals and or families of domestic abuse. This identifies confidential claims where a person or the family unit is fleeing a domestic abuse situation.

-**Confidential Minor Services** are reserved for minors seeking reproductive or sexual health services without involvement of their parents, or having services show up on a parental explanation of benefits. It keeps the services confidential.

Medical Hardship financial assistance is cited in HSN regulations. It is for situations where generated charges for medical services are beyond a patient’s financial means. The HSN could assist by paying a percentage of the incurred charges. If a patient has the Health Safety Net, they would NOT be eligible for medical hardship. Also, if they have any programs from the State of Massachusetts, they are denied for hardship.

The Health Safety Net regulation governing recipient eligibility can be found at: <https://www.mass.gov/regulations/101-CMR-61300-health-safety-net-eligible-services>

The Health Safety Net customer service team is available to answer questions you may have regarding the application process for Special Circumstances. They can be reached @ hsnhelpdesk@state.ma.us

Q2. Could you please provide more detail on how to process claims for bad debt? Also, a more detail information will be helpful on regards to what type of services would qualifies for bad debt.

A2. **Emergency Room Bad Debt** is for uninsured patients who have no other source or payment.

When a patient does not have an MMIS ID, a provider will use INET and click on the Health Safety Net Special Circumstances Application and then will create a Bad Debt Application. The BD Application goes to our IT department and eventually HSN sends a file to MassHealth to obtain a new MMIS ID which will be contained in a **Referred Eligibility Report (RER)**. The RER is then posted by the HSN staff to INET. The provider will then go to INET and download the Referred Eligibility Report and locates the MMIS ID on that report.

Once the MMIS ID is obtained, providers can submit the BD claim to HSN. Once a claim is Active and Passed in our claims system, the claim will be pulled into Evidence Collection in INET and the provider can then submit Evidence for all Inpatient Claims. Outpatient BD claims do not require Evidence Collection, but providers need to follow the same general rules. Once all required inpatient Evidence per HSN regulations are passed, the Bad Debt Claim can be approved.

Note, if you have an MMIS ID for a Bad Debt claim you do not have to submit a Bad Debt Claim Application, but you do need to complete the evidence collection process for Inpatient Claims.

The Health Safety Net regulation can be found at: <https://www.mass.gov/regulations/101-CMR-61300-health-safety-net-eligible-services> . The regulations governing Bad Debt Services can be found @ 101 CMR 613.06, which includes the regulations that establish the types of services eligible for Acute Hospital, HLHC, and CHC Bad Debt Claims.

Q3. Will there be any provider training on how to read/interpret and correct denials on the HSN validations reports as not everyone understands tech ease?

A3. If a facility requires assistance regarding HSN denials, they can reach out to the Operations Manager via email at Angela.Gizzi@mass.gov listing what topics your facility requires for training.

Q4. How is the deductible developed for someone eligible for partial HSN?

A4. Regulation 101 CMR 613.04(08)(C) (1) describes the formula used to establish annual deductibles. The regulation states as follows:

The annual deductible is equal to the greater of

- a. the lowest cost Premium Assistance Payment Program Operated by the Health Connector premium, adjusted for the size of the PBFPG proportionally to the MassHealth FPL income standards, as of the beginning of the calendar year; or

- b. 40% of the difference between the lowest MassHealth MAGI Household income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(2), in the applicant's Premium Billing Family Group (PBFG) and 200% of the FPL.

Premium Billing Family Group (PBFG) is defined in 101 CMR 613.02 as, “A group of persons who live together as defined in 130 CMR 501.001: Definition of Terms”.

Q5. HSN Medical hardship follow up question: A long time ago, maybe 10 years or so, we were told by HSN that in order to be able to apply for a Med Hardship, the patient needed a denial from MH. Even if they had Commercial Insurance. It seems that is not the case anymore.

A5. A MassHealth application determination is required for all hardship applications where the applicants' income is less than or equal to 405% FPL.

Per Medical Hardship Regulation 101.CMR 613.05(C(2), The Health Safety Net Office does not make a determination on Medical Hardship applications for individuals reporting Countable Income less than or equal to 405% of the FPL until the Patient has received a determination related to the Application. Family income over 405% FPL does not need to get determination for Health Safety Net to process the Medical Hardship Application. Family under 405% FPL may qualify Health Safety Net or Partial Health Safety Net or others MassHealth coverage as Secondary for any future medical expenses such as deductible and coinsurance that patient responsible even though patient has Commercial Insurance.

Q6. Bad debt = It appears on the 101 CMR that we CHC's could only bill for urgent care services. What will be the definition of the and urgent care visit? Does that mean that a physical or previously scheduled visit will not qualifies for bad debt?

A6. The regulations governing allowable services for community health center bad debt be found @ 101 CMR 613.06(B)(4).

For the purposes of the above regulation, “urgent care services” are defined in 101 CMR 613.02 as:

“Medically Necessary Services provided in an Acute Hospital or Community Health Center after the sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson would believe that the absence of medical attention within 24 hours could reasonably expect to result in placing a Patient's health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part. Urgent Care Services are provided for conditions that are not life threatening and do not pose a high risk of serious damage to an individual's health. Urgent Care Services do not include Primary or Elective Care”.

As defined above, urgent care services do not include routine physicals or scheduled elective care.

Q7. Does HSN cover Section 35 programs?

A7. HSN is limited to reimbursable health services provided at eligible acute care hospitals, hospital licensed health centers, and community health centers. Programs described in Massachusetts General Law 123, sec 35 are not eligible HSN provider types.

Q8. Patients cover by Medicare and HSN = If a patient is cover by Medicare but the provider is not contracted with Medicare because does not qualify based on the licensure level such as LMHC, could we bill HSN for these services? If so, do we need to bill Medicare first to receive a denial or could we submit directly to HSN as we do now with MassHealth?

A8. As stated in 101 CMR 613.03(1)(C), HSN does not reimburse for services denied by a primary payer for administrative reasons, including the recipient obtained out of network services, technical billing errors, and failure to obtain prior authorization.

Payable Medicare services provided by an out of network provider are not considered reimbursable health services for HSN.

Q9. Can I also get the answer regarding the previous INET question? Our hospital has been told on multiple occasions that an approval/denial is required to proceed with a hardship application.

A9. A MassHealth application determination is required for all hardship applications where they applicants' income is less than or equal to 405% FPL.

Per Medical Hardship Regulation 101.CMR 613.05(C(2)), The Health Safety Net Office does not make a determination on Medical Hardship applications for individuals reporting Countable Income less than or equal to 405% of the FPL until the Patient has received a determination related to the Application. Family income over 405% FPL does not need to get determination for Health Safety Net to process the Medical Hardship Application. Family under 405% FPL may qualify Health Safety Net or Partial Health Safety Net or others MassHealth coverage as Secondary for any future medical expenses such as deductible and coinsurance that patient responsible even though patient has Commercial Insurance.

Q10. Does HSN take any action to collect bad debts from the patient after it reimburses for bad debt? Some hospitals have agreements with their physician groups to not bill the hospital's HSN patients. Is there any centralized record by EOHHS or anyone else about these arrangements?

A10. As described in Allowable Bad Debt regulations at 101 CMR 613.06(5), "The Health Safety Net Office initiates a match with the Massachusetts Department of Revenue for individuals for whom a Provider has submitted a claim for Bad Debt. The Health Safety Net Office may request

that the Department of Revenue intercept payments to the individual up to an amount equal to the amount paid to the Provider for the Services.”

HSN does not pay for services within a physician group. HSN does not maintain a record of agreements HSN hospitals have made with outside physician groups to not bill their patients.

HSN has notices within the HSN website regarding low income patients. The following link lists HSN updates: <https://www.mass.gov/info-details/information-about-hsn-provider-guides-and-billing-updates>

See below notice distributed in August 2021 regarding low-income patients:

Populations Exempt from Collection Action

HSN would like to remind providers of the certain populations exempt from collection action as described in 101 CMR 613.08(3)(a-d). The populations exempt from collection action are summarized below:

- Patients enrolled in MassHealth and patients receiving governmental benefits under the Emergency Aid to the Elderly, Disabled and Children program are exempt from collection action. The provider may bill the patient for required copayments and deductibles.
- Participants in the Children’s Medical Security Plan whose MAGI income is less than or equal to 300% FPL are exempt from collection action.
- 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 HSN for services received during the period for which the patient has been determined low-income patient. The provider may bill the patient for required copayments and deductibles.
- Low-income patients, other than dental-only low-income patients, with MassHealth MAGI household income or medical hardship family countable income is greater than 150% and less than or equal to 300% of the FPL are exempt from collection action for the portion of the bill that exceeds the deductible. The provider may bill the patient for required copayments and deductibles.

Additional reminders regarding collection action are described below and can be found in 101 CMR 613.08(3)(e-g).

- Providers may bill low income patients for services other than reimbursable health services provided at the request of the patient and for which the patient has agreed to be responsible. Additional provider requirements are described below, and can be found in 101 CMR 613.08(3)(e)(1-2).
 - Providers must obtain the patient's written consent to be billed for the service.
 - Providers may not bill low-income patients for claims related to medical errors.

- Providers may not bill low-income patients for claims denied by the patient's primary insurer due to an administrative or billing error.
- At the request of the patient, a provider may bill a low income patient in order to allow the patient to meet the required CommonHealth one-time deductible as described in 130 CMR 506.009: The One-time Deductible, or the required MassHealth asset reduction defined in 130 CMR 520.004: Asset Reduction.
- A provider may not undertake a collection action against an individual who has qualified for medical hardship with respect to the amount of the bill that exceeds the medical hardship contribution. If a claim already submitted as Emergency Bad Debt becomes eligible for Medical Hardship payment from the Health Safety Net, the Provider must cease collection activity on the Patient for the services.

For more information regarding populations exempt from collection action, please review the [HSN Populations Exempt from Collection Action Bulletin](#).

Q11. Does HSN cover mail delivery meds?

A11. HSN covers mail order pharmacy requests when provided by an eligible HSN pharmacy provider.