

Frequently Asked Questions about Health Safety Net Policy Changes

May 25, 2016

The Health Safety Net (HSN) Eligible Services regulation (101 CMR 613.00) was updated on April 8, 2016 with new policies that will be effective on June 1, 2016. The regulation includes the following updates:

- HSN determinations will be effective starting ten days before the date of application.
- The income limit for the HSN will be 300% of the FPL.
- Patients with income at or above 150% of the FPL will be responsible for a deductible.
- Hospitals and CHCs will be able to make presumptive HSN determinations if a full application for health coverage cannot be completed on the day the person receives health services.

This document provides answers to frequently asked questions about the upcoming policy changes and the implementation process. Please note that the process is still under development, and more information will be communicated as it becomes available.

Deductibles

1. How will HSN deductibles be assigned and communicated going forward?

Under updated HSN regulations, patients who qualify for the HSN and have income from 150-300% of the FPL will receive an HSN Partial determination. The Health Insurance Exchange (HIX) system will be updated in late June to start assigning deductibles to patients who qualify for HSN Partial. These deductibles will be noted in each patient's determination letter, and will display in EVS/POSC so patients and providers know the deductible amount.

2. What if a deductible doesn't show up for someone in EVS/POSC after the HIX is updated in late June?

If a deductible does not display in EVS/POSC, providers should assume the patient does not have a deductible and should bill the claim to the HSN as if the patient's deductible has been met. Providers should not attempt to calculate deductibles for patients when there is no deductible displayed in EVS/POSC.

3. How will deductibles be tracked going forward?

HSN deductible tracking will work the same way as it always has. Providers are responsible for tracking bills if a patient has no other family members and uses only one facility. Patients are responsible for tracking their own bills if more than one member of the family is using services eligible for payment by the HSN, and/or if patients are using more than one medical facility to receive their care.

4. If someone has HSN Partial when the system is updated in late June but doesn't get redetermined until later, will the deductible be applied retroactively?

No. Deductibles will only apply going forward, starting when the patient is redetermined to qualify for HSN Partial.

5. What happens when a patient who already has a deductible gets redetermined and the deductible increases mid-year?

Consistent with our current practice, the HSN deductible period starts when the patient first qualifies for HSN Partial. If the deductible increases mid-year, the patient will be responsible for the difference between the new deductible amount and what they have already paid, but the deductible anniversary date will remain the same as it was before the redetermination. The increased amount will only apply if the patient receives services after the redetermination. It will not apply retroactively to services received before the redetermination.

6. Medicare patients may have chosen their coverage based on the assumption that they would have access to the HSN as a wrap for their deductibles. Will there be any consideration for the fact that they won't be able to change Medicare plans until open enrollment?

MassHealth is currently reviewing what may be feasible and will take this into account when planning the redetermination process. In the meantime, we will do our best to inform individuals enrolled in Medicare about the upcoming changes so they can make appropriate plan selection choices based on their HSN eligibility.

Redeterminations

7. Will members who originally submitted paper applications receive information about how to access their account online when they were redetermined?

Yes, redetermination packages for patients whose cases are in the HIX system will include information about how the patient can access their account online, even if they applied on paper. This is the same process for MassHealth redeterminations.

8. What is the redetermination schedule?

Details are under development. MassHealth is in the process of determining the best way to approach this, taking into account the input we have received from stakeholders and other processes that may coincide with redetermination. More information will be communicated as it becomes available.

9. Some people affected by the new HSN income and deductible rules may have a regularly scheduled annual renewal period coming up shortly after the new rules are implemented in the HIX. Will any consideration be given for the fact that applying the new rules right away could result in multiple determinations within a short period of time?

MassHealth, in accordance with federal requirements, reviews the eligibility factors for members every 12 months. In order to simplify the process for patients and avoid sending out multiple notices, MassHealth is looking into the feasibility of postponing the application of the new rules to members of households that will be selected for their 12-month renewal in the near future. More details will be communicated as they become available.

HSN Presumptive Determinations (HSN-PD)

10. Will providers other than the provider that submitted a patient's HSN-PD application be able to see that the patient has an HSN-PD determination?

Yes, once this information is entered by the Central Processing Unit (CPU) into the MA-21 system, it will be available for providers to view in EVS/POSC the next day.

11. Will the provider need to determine a deductible for patients with income from 150-300% FPL?

No, this is not part of the application process.

12. Sometimes it is hard to get patients to follow up to provide more information. Will presumptive eligibility be retracted if the patient doesn't follow through and submit a full application?

No, presumptive determinations conducted in accordance with HSN regulations will not be retracted retroactively.

13. What happens if the provider can't get patients to provide enough information on the day services are provided to complete an HSN-PD application, for example if someone is in the ICU or has psychiatric issues preventing them from completing an application?

If it is not possible to submit an HSN-PD application or a full application on the date of service, providers should always have the patient complete a full application within ten days after the date of service if possible. Medical Hardship may be available from the HSN for cases where patients incur large medical expenses relative to their income but did not have an HSN determination or other eligibility on the date of service.

14. Can HSN-PD applications be used for seniors and other people with insurance?

Yes, HSN-PD applications can be submitted for people with insurance as long as the patient is NOT eligible for a Massachusetts subsidized health care program such as MassHealth or a subsidized Connector Plan, and does NOT currently have an HSN determination.

15. If MassHealth denies an application that a provider has approved, will services provided to the patient be covered under HSN-PD?

Services will not be covered under HSN-PD if MassHealth ultimately determines that the patient does not qualify for HSN-PD, but if the provider is following the HSN-PD instructions this should be a rare occurrence. MassHealth will follow up immediately with the provider by both phone and email if they determine the patient doesn't qualify.

16. Will providers be penalized if patients who received HSN-PD do not subsequently submit full applications?

No. However, providers are expected to give all HSN-PD applicants clear information on how to complete a full application. MassHealth will be monitoring the completion of full applications and will take additional actions if there is an outlier pattern of patients not submitting full applications.

17. Can HSN-PD applications be completed for people visiting from out of state or another country?

In order to qualify for HSN-PD, a patient must be a Massachusetts resident in accordance with the HSN regulations.