

Health Safety Net Presumptive Determination Training

Thursday, May 26, 2016



Agenda

- Part One: HSN-PD Background and Requirements
- Part Two: How and When to Submit an Application
- Part Three: Next Steps Following Application Submission
- Part Four: Program Integrity
- Part Five: Where to Direct Questions

Glossary

- CAC: Certified Application Counselor
- CPU: MassHealth Central Processing Unit
- EVS: Eligibility Verification System (part of the Provider Online Service Center or POSC)
- FR: Facility Representative
- Full Application: ACA-3 or SACA-2 application
- HSN: Health Safety Net
- HSN-PD: HSN Presumptive Determination
- MA21: MassHealth legacy eligibility system

What is Temporary HSN Through a Presumptive Determination?

- Temporary HSN Through a Presumptive Determination (HSN-PD) is a new application process that was created in the HSN Eligible Services Regulation that was adopted on April 8, 2016 (101 CMR 613.04(2)(4)).
- HSN-PD is an optional process that will be available to HSN Providers (hospitals and CHCs) starting on June 1, 2016.
- HSN-PD allows providers to make a presumptive determination based on self-attested information in the event a full application cannot be submitted on the date of service.

Part One:

HSN-PD Background and Requirements

- In Part One, the following questions will be answered:
 - Why was HSN-PD created?
 - Who can apply?
 - Who can help patients apply?
 - What are the requirements for Facility Representatives helping patients apply?
 - What's the high level process?

Why was HSN-PD created?

- HSN-PD was created to
 - Offer an alternative channel to access the HSN on an immediate but temporary basis in cases where the patient cannot fill out a full application on the date of service.
 - Ensure that HSN providers will be able to bill for eligible services
 - Provide individuals a bridge to connect them to longer-term eligibility and coverage options
- The process is NOT intended to stand alone. Patients should return as soon as possible during the presumptive period to complete a full application (ACA-3 or SACA-2).

Who can apply?

- Patients who qualify for the HSN and who are unable to complete a full application on the day of service.
- In order to qualify, a patient must:
 - Be a Massachusetts resident
 - Have self-attested income at or below 300% FPL
 - Not currently have any subsidized benefits through MassHealth, CMSP, or the Health Connector, or another HSN determination
 - Patients who are eligible for, but not enrolled in, a subsidized Connector plan have submitted a full application and received a determination. They therefore cannot qualify for HSN-PD.
 - Not have received HSN-PD within the past 12 months
- One application is submitted per individual.

Who can help patients apply?

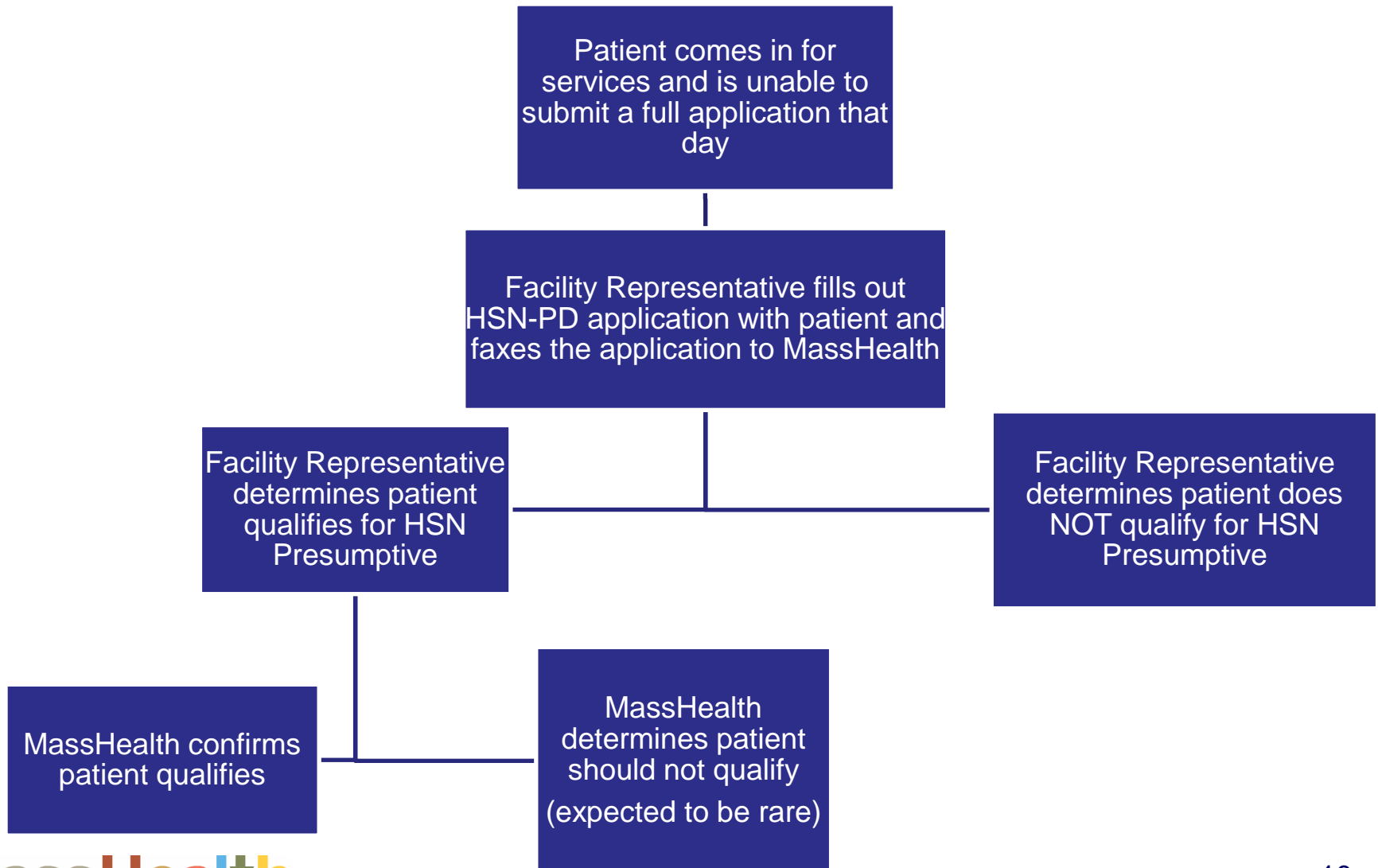
- Applications may be submitted by Facility Representatives (FRs) at HSN provider locations
 - Unlike MassHealth Hospital-Determined Presumptive Eligibility (HPE) applications, HSN-PD applications do not need to be submitted by a Certified Assister.
 - Facility Representatives assisting with HSN-PD applications must be authorized to check EVS to ensure patient does not have existing eligibility.

What are the requirements for FRs helping patients apply?

FR submitting HSN-PD applications must:

- Read and understand the instructions explaining the HSN-PD application and determination process.
- Not charge or accept compensation from individuals for any HSN-PD or MassHealth application assistance.
- Read and explain the patient's rights and responsibilities that are part of the HSN-PD application and receive verbal acknowledgement from the patient of their understanding of these rights and responsibilities.
- Offer to provide individuals with assistance to complete a full application
 - If the Facility Representative is not able to assist with the full application (e.g. not a Certified Assister), then they must refer the patient to a CAC or other individual who can assist them.

High Level Process



Part Two:

How and when to submit an application

- In Part Two, the following topics will be covered:
 - Collecting patient information for HSN-PD
 - How to complete the HSN-PD application
 - Facility letter to patient upon facility determination
 - Submitting the application with the fax cover sheet.
 - What to do if applicant does not qualify
- Please note: example materials are in draft form and are subject to change prior to implementation

Collecting Patient Information for HSN-PD

- The FR must accept self-attestation for all information requested in the HSN-PD application.
- Patients cannot be required to provide information that is not necessary to determine HSN-PD.
- No verification requests will be sent from HSN to the individual patient based on an HSN-PD application.

How to Complete Part A: Hospital/CHC Information

PART A: HOSPITAL /COMMUNITY HEALTH CENTER INFORMATION

Facility Name _____

Facility Site Name _____

Facility Representative Name _____

Facility Representative Phone No. _____

Health Safety Net Provider Organization ID (required) _____

Today's Date _____

By checking the box below, the Facility Representative filling out this application and whose name appears above, attests that he or she is trained and qualified to grant temporary Health Safety Net through a presumptive determination (HSN-PD); has the permission of the applicant to submit this application to MassHealth, receive limited information from MassHealth about this application, and contact the applicant on related matters; will read the Rights and Responsibilities in **Part E** to the applicant; and will not submit any information that the Facility Representative knows to be false.

☐ I, the Facility Representative, have read the information above and agree to the terms and conditions set forth in this application.

- HSN Provider Org ID # should be supplied to FRs by the facility
 - This is NOT the same as the MassHealth provider ID
 - CPU will check Facility Name and Provider Org ID to verify application is being submitted by the facility
 - May be pre-filled by facilities for FRs

How To Complete Part B: Applicant Information

PART B: APPLICANT INFORMATION

1. Basic Information

First Name _____ Last Name _____

Date of Birth _____ Gender _____ Social Security No. (if available) _____

Phone No. _____

2. Residential Address:

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip Code _____

3. Mailing Address – If the applicant's mailing address is different from their residential address please provide it below. If not, skip to question 4.

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip Code _____

4. Are you homeless? (optional) ____ Yes ____ No

- Q1-3 (basic information and addresses) should be completed in full
 - If SSN is unavailable, may be left blank
- Q4 (homelessness) is optional
 - Helpful for following up with the patient to submit a full application
 - Useful for MassHealth for data tracking

How To Complete Part B: Applicant Information (cont.)

PART B: APPLICANT INFORMATION

5. Residency: Are you living in Massachusetts and planning to stay? ____ Yes ____ No

6. Do you currently have subsidized benefits through MassHealth, the Children's Medical Security Plan, Health Safety Net, or the Massachusetts Health Connector? ____ Yes ____ No

Please check EVS and ask the applicant about their health insurance coverage to make sure applicant does not currently qualify for any of the above programs.

- Q5 (residency)– Ask the patient.
 - If “no” then the patient cannot qualify for HSN-PD.
- Q6 – Ask the patient if they are aware of any health coverage.
 - Check EVS to confirm the patient does not have any subsidized benefits per question 6.
 - If “yes” then the patient cannot qualify for HSN-PD.
 - If patients have insurance (such as Medicare or ESI) **they may apply for HSN-PD as long as EVS does not display other eligibility.**

How To Complete Part B: Applicant Information (cont.)

PART B: APPLICANT INFORMATION

7. Citizenship: Are you a U.S. Citizen, U.S. National? __ Yes __ No

8. Languages (optional) Preferred Written _____ Preferred Spoken _____

9. Parent/Guardian Information – If applicant is younger than age 19, please provide the custodial parent/guardian information below:

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Social Security No. (if available): _____

- Q7 (Citizenship) – Ask the patient.
 - In order for the patient to be entered into the system, the question must be answered. The answer will NOT impact the determination.
- Q8 (Language preferences) is optional.
- Q9 (Parent/Guardian information) is required if the applicant is under age 19.

How To Complete Part C: Household Size and Income

PART C: DETERMINE HOUSEHOLD SIZE AND INCOME

10. Household Size and Income

a) How many people are in your household (including yourself)?

This should include:

- Parents (natural, step, or adoptive) who lives together with a child under age 19, including parents who are mutually responsible for one or more children who live with them.
- Caretaker Relatives: Any adult who is the primary caregiver for a child and is related to the child by blood, adoption, or marriage and lives in the same home as that child. Neither parent may be living in the home.
- Children under age 19, including those who are absent from home to attend school.
- Siblings under age 19, including any of their children who live together, even if no adult is present.
- Any unborn children of any countable family member.

b) What is your household's total gross monthly income?

This should include:

- Earned Income: All income from employment for all family members.
- Non-Working Income: All income received from retirement, social security, or other income that is not from a job (**do not** count TAFDC, EAEDC, SSI income).
- Net Rental Income: Total amount of gross rental income received less any deductions.

- Q10a – ask the patient about parents, caretaker relatives, children, siblings, and pregnancy.

- Count household members accordingly.

- Q10b – ask the applicant about earned income, non-working income, and net rental income.

- Count total gross **monthly** income accordingly.

How To Complete Part D: HSN Presumptive Determination

PART D: HSN PRESUMPTIVE DETERMINATION

Use the applicant's household size and gross monthly income from questions 9a and 9b, and determine the applicant's FPL using the chart below.

2016 MassHealth Federal Poverty Levels		
Family Size	Household is less or equal to 150% Federal Poverty Level if monthly income is less than or equal to:	Household is less or equal to 300% Federal Poverty Level if monthly income is less than or equal to:
1	\$1,485	\$2,970
2	\$2,003	\$4,005
3	\$2,520	\$5,040
4	\$3,038	\$6,075
5	\$3,555	\$7,110
6	\$4,073	\$8,145
7	\$4,592	\$9,183
8	\$5,112	\$10,223
For each additional person add	\$520	\$1,040

Based on the information supplied by the applicant, the Facility Representative named on page 1 has determined the applicant can receive Temporary Health Safety Net through a Presumptive Determination (HSN-PD) because (check the applicable FPL below):

_____ Applicant's Family Size and Income is $\leq 150\%$ FPL

_____ Applicant's Family Size and Income $> 150\%$ FPL but $\leq 300\%$ FPL

- Using the answers to question 10 (household size and income) and the FPL chart, determine if monthly household income is:
 - Equal or less than 150% FPL
 - Equal or less than 300% FPL, and greater than 150% FPL
 - Over 300% FPL
 - Applicant does not qualify

How To Complete Part E: Rights and Responsibilities

PART E: RIGHTS AND RESPONSIBILITIES

Facility Representative will read and explain the following to the applicant before submitting the application. For purposes of this application, references to "MassHealth" means the Office of Medicaid, which contains the Health Safety Net Office.

Employers of eligible persons may be notified and billed in accordance with MassHealth regulations for any services that hospitals or community health centers provide to such persons that are paid for by the Health Safety Net.

MassHealth has the right to pursue and get money from third parties who may be obligated to pay for health services provided to eligible persons enrolled in MassHealth programs. These third parties may include other health insurers, spouses, or parents obligated to pay for medical support, or individuals obligated to pay under accident settlements. Eligible persons must cooperate with MassHealth in establishing third party support and obtaining third-party payments for themselves and anyone whose rights they can legally assign. Eligible persons may be exempted from this obligation if they believe and tell MassHealth that cooperation could result in harm to them or anyone whose rights they can legally assign.

Eligible persons who are injured in an accident, or in some other way, and get money from a third party because of that accident or injury must use that money to repay MassHealth for certain services provided.

Eligible persons must tell MassHealth, in writing, within 10 calendar days, or as soon as possible, about any insurance claims or lawsuits filed because of an accident or injury.

The status of this application may be shared with a hospital, community health center, other medical provider, or federal or state agencies when necessary for treatment, payment, operations, or the administration of the programs listed above.

MassHealth may obtain from eligible person's current and former health insurers all information about health insurance coverage for these persons. This includes, but is not limited to, information about policies, premiums, coinsurance, deductibles, and covered benefits that are, may be, or should have been available to these persons or members of their household.

MassHealth may get any records or data about persons listed on this application to document medical services claimed or provided to them. MassHealth will keep such information private and only use and disclose it in accordance with applicable law.

Under federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. The applicant can file a complaint of discrimination by going to www.hhs.gov/ocr/office/file.

- FR reads and reviews the rights and responsibilities to the applicant.
- Applicant (or parent/guardian) must sign for the application to be considered complete.

Applicant Signature

Date

Facility Letter to Patient upon Approval

3. To apply by phone (ACA-3 only): call 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

4. To apply in person: visit a MassHealth office or a community health center (ACA-3 or SACA-2). To work with a Certified Assister (ACA-3 or SACA-2), call 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) or go to mass.gov/masshealth and click on "Apply for Health Coverage" to download a paper application. Follow the instructions on the application (ACA-3 or SACA-2).

If you submit your application, you will receive a notice from MassHealth. You will receive from your hospital (if you qualify).

How does the Health Safety Net work?

The Health Safety Net is not for long-term care centers and acute hospitals.

IMPORTANT: In many hospitals, the Health Safety Net does not cover the cost of services when you get those services before you get services.

If the person approved on this letter, before the Health Safety Net, these charges directly to the patient.

Temporary Health Safety Net will end on this date, and services provided to you will not be eligible for payment by the Health Safety Net.

What happens next?


- MassHealth will send you a notice confirming your temporary Health Safety Net. It will be important for you to bring the notice to your hospital or community health center where you get medical services.
- Until you receive that notice from MassHealth, you can use this letter to show your hospital or community health center that you have temporary Health Safety Net. Because this determination is temporary, they will check MassHealth's records to make sure your determination is still effective on the date of service.
- Please send in the appropriate completed full application to determine if you can continue to receive medical services that can be paid for by the Health Safety Net, or if you qualify for any benefits through MassHealth or the Massachusetts Health Connector.

How can you get the full application?

- To apply online: Visit MAhealthconnector.org. Create an account if you don't have one already. (ACA-3 only)
- To obtain an ACA-3 or SACA-2 application, call 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) or go to mass.gov/masshealth and click on "Apply for Health Coverage" to download a paper application. Follow the instructions on the application (ACA-3 or SACA-2).

- If the facility finds the patient qualifies, then the FR must provide an approval letter, which must include the beginning and ending dates of the temporary HSN period:
 - The begin date is the date of the temporary HSN determination.
 - The end date is the last day of the month following the month in which the temporary HSN determination was made. For example, if a patient is determined on June 15, the end date is July 31.
- The letter must provide specific contact information for a Certified Assister who the patient can contact for assistance completing a full application.
- Patient may use this letter to seek services until MMIS is updated

Submitting the Application with the Fax Cover Sheet



Temporary HEALTH SAFETY NET – through a PRESUMPTIVE DETERMINATION
Fax Cover Sheet

Important Message
Do NOT photocopy the cover sheet containing the barcode. For barcodes to work, the sheet with the barcode must be an original, not a copy. Use a separate cover sheet for each HSN-PD Application. DO NOT use the same cover sheet to send items for more than one individual.
Fax the application with this cover sheet to:
Fax number: 617-887-8754

Please print clearly.

Applicant/Patient's Information	Hospital or Community Health Center
Name*: _____	Name*: _____
Soc. Sec. No. (if applicable): _____	Phone number*: _____
Date of birth*: (MM/DD/YYYY) _____	Name of facility*: _____
MassHealth ID no. (if applicable): _____	Number of Pages (including coversheet)*: _____
Date*: _____	Email*: _____

COMMENTS:

This facsimile transmittal may contain information that is privileged, confidential, or exempt from disclosure under applicable law. It is intended for the use of only the individual or department to which it is addressed. If you are not the recipient or the employee or the agent responsible for the delivery of this transmittal to the intended recipient, please notify the sender by telephone at the above number and destroy the attached documents. Anyone other than the intended recipient is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

HSNPD-CS 05/2016 *Indicates a mandatory field

- Fill in applicant and facility information.
 - If known, include the applicant's MassHealth ID number.
- Fax an **original** cover sheet to the number on the cover sheet ASAP, and at most, within **five days**.
 - Photocopies of the cover sheet will not work.
 - Each application should have its own cover sheet.

If the applicant does not qualify...

- Do NOT fax the application to MassHealth
- Give applicant form letter supplied by MassHealth with facility-specific information filled in (example on next slide)
- Encourage applicant to submit full application in the future if appropriate

Facility Letter to Patient upon Denial

- If denied, the FR must provide a denial letter, which must include the reason for the denial.
 - The letter explains the options of how to submit a full application.
- Because MassHealth will not receive applications that were denied at facilities, there will be no denial letter from MassHealth.

5. Work with a Certified Assister at our hospital or community health center to fill out a full application. (ACA-3 or SACA-2). To work with a Certified Assister at [Facility Name], please call [Assister Name] at [Assister Phone Number].

What if you have questions?
If you have questions, you can contact _____

[Staff Person Name and Contact Information for Hospital or CHC], or
Health Safety Net Customer Service Center at 1-877-910-2100. Not
Health Safety Net through a Presumptive Determination, including
be appealed. Please send in a completed application to be considered
coverage.

Thank you,

[Hospital or Community Health Center Name]

Dear _____
[Applicant First Name and Last Name]

[Facility Representative Name] at [Facility Name]

has determined that the person listed below does not qualify for temporary Health Safety Net through a Presumptive Determination.

[Applicant First and Last Name]

This is because:

☐ You are not a resident of Massachusetts.

☐ Your income is too high to qualify for temporary Health Safety Net through a Presumptive Determination.

☐ You have already had temporary Health Safety Net through a Presumptive Determination within the past 12 months.

Temporary Health Safety Net through a Presumptive Determination will only be granted to an individual once in a 12-month period.

Even though you do not qualify for temporary Health Safety Net, you may qualify for subsidized health care coverage. To see if you are eligible, please submit a completed Massachusetts Application for Health and Dental Coverage and Help Paying Cost (ACA-3) or an Application for Health Coverage for Seniors and People Needing Long-term Care Services (SACA-2).

How can you get the full application?

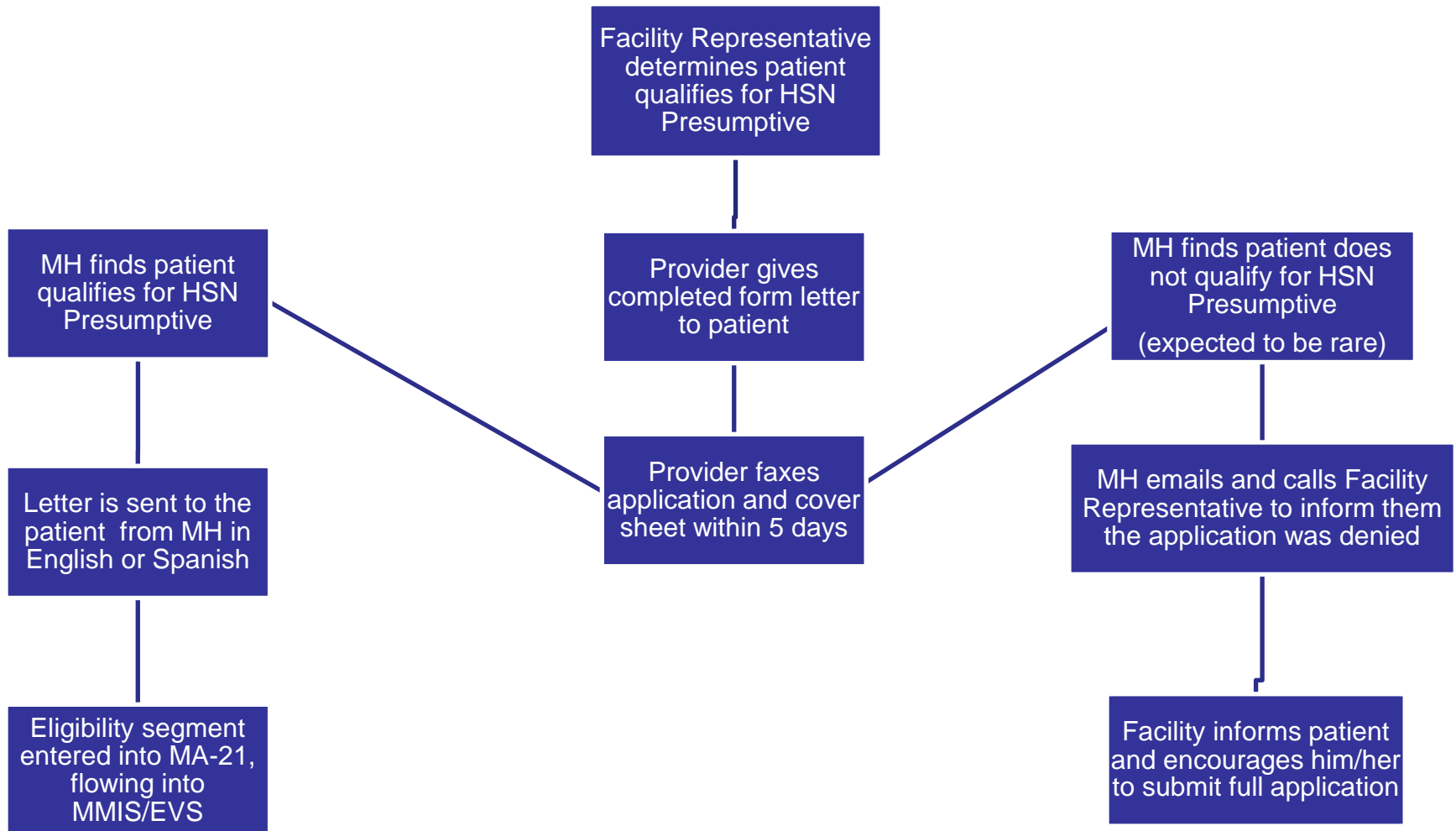
1. To apply online: Visit MAhealthconnector.org. Create an account if you don't have one already. (ACA-3 only)
2. To obtain an ACA-3 or SACA-2 application, call 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) or go to mass.gov/masshealth and click on "Apply for Health Coverage" to download a paper application. Follow the instruction on the application (ACA-3 or SACA-2).
3. To apply by phone (ACA-3 only): call 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) or 1-877-MA ENROLL (877-623-6765).
4. To apply in person: visit a MassHealth Enrollment Center to apply in person. (ACA-3 or SACA-2)

Part Three:

Next Steps Following Application Submission

- In Part Three, the following topics will be covered:
 - Process After a Qualifying Determination
 - MassHealth review of application

Process After a Qualifying Determination



MassHealth Review of Application

- Completed, faxed applications will be reviewed by MassHealth CPU.
- CPU will confirm qualification based on the patient not having current subsidized coverage, not having an HSN-PD within the past 12 months, and self-attested income, household size, and residency.
 - In most cases, facility approval will stand, eligibility segment entered in MA21. The determination will then be visible in EVS the next day and the patient will receive a MassHealth approval letter in English or Spanish.
 - In the rare event the applicant does not qualify, CPU will notify the Facility Representative by phone and email. The FR will inform the patient and encourage him/her to submit full application if appropriate.
 - Services rendered to patients who do not qualify for HSN-PD will not be reimbursable.

MassHealth Approval Letter

What if you have questions?

If you have questions or need more information, go to mass.gov/masshealth, or call the Health Safety Net Customer Service at 1-877-910-2100. Note that decisions about temporary Health Safety Net through Presumptive Determinations, including the start date and end date of such benefits, cannot be appealed. Please send in a completed full application to be considered for subsidized health care coverage.

Thank you,
MassHealth

This is according to Health Safety Net regulations at 101 CMR 613.04(2)(b)(4).

Temporary Health Safety Net through a Presumptive Determination will only be granted to an individual once in a 12-month period.

What happens next?

Please send us a completed ACA-3 already submitted a complete application to let you know what, if anything, we need.

- * Use this letter as proof of coverage at hospitals and community health centers.

How can you get the full application?

1. To apply online: Visit mass.gov/masshealth. If you don't have one already.
2. To obtain an ACA-3 or SACA-2, call 1-800-497-4648 for people who are disabled) or go to mass.gov/masshealth "Coverage" to download a full application. (ACA-3 or SACA-2)
3. To apply by phone (ACA-3 or SACA-2) call 1-800-497-4648 for people who are disabled) or 1-877-MA-HEALTH.
4. To apply in person: visit a community health center or a hospital. (ACA-3 or SACA-2)
5. Work with a Certified Health Care Worker at a community health center to fill out the application.

How does the Health Safety Net work?

The Health Safety Net is not a health insurance plan. It is a program that provides health care services to people who are uninsured. It is not a health insurance plan. It is a program that provides health care services to people who are uninsured.

IMPORTANT: In many hospitals, health care services are provided by hospital employees. The Health Safety Net does not cover health care services provided by hospital employees. Check to see if you are getting services.

If the person approved on this letter, they will receive health care services. There may be copays for health care services. Keep a copy of this letter.

Health Insurance Processing Center
P.O. Box 4405
TAUNTON MA 02780

Commonwealth of Massachusetts
Executive Office of Health
and Human Services
Office of Medicaid
www.mass.gov/masshealth

Tel: 800-408-1253
TTY: 888-665-9997
Fax: 978-863-9300

Medicaid ID : 123456789012

510/HSN-HPE *000001*
SUSAN JONES
c/o CITY HOSPITAL
123 MAIN STREET
BOSTON MA 021010

Attn: SUSAN JONES Re: Notice sent to VINCENT J SHEEHAN

Date: 05/01/2016 Notice: 120 SSN: XXX-XX-9999

Dear SHEEHAN, VINCENT J

You can get this information in large print and Braille. Call 1-800-841-2900 from Monday through Friday, 8:00 a.m. to 5:00 p.m. (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

A hospital or community health center recently helped the person below to qualify for temporary Health Safety Net through a Presumptive Determination. The temporary Health Safety Net starts on 05/01/2016 and ends either on 11/01/2016 or when this person gets a new determination based on their Massachusetts Application for Health and Dental Coverage and Help Paying Costs (ACA-3) or their Application for Health Coverage for Seniors and People Needing Long-term Care Services (SACA-2), whichever is earlier.

- * BERROA, CANDY I, Member ID: 123456789012, Date of Birth: 01/03/1930

IMPORTANT:

You must send us a completed full application, either ACA-3 or SACA-2, by 11/01/2016. Your Health Safety Net will end on this date, and services provided to you will no longer be eligible for payment by the Health Safety Net. You will not receive another notice when your temporary Health Safety Net ends.

continued...

Part Five:

Program Integrity

- MassHealth will be monitoring:
 - HSN-PD applications submitted by facility
 - How many submitted applications MassHealth finds do not qualify
 - How many HSN-PD patients are completing a full application during their presumptive period, and their ultimate determination
 - HSN demand for patients with a presumptive determination
 - Claims paid under HSN-PD that subsequently become eligible for MassHealth payment; a process will also be developed to ensure appropriate payment for these claims
- Additional measures are under development

Part Six:

Where to Direct Your Questions

For questions about the application process or submitted applications, please contact:

HSN Customer Service

877-910-2100

Questions