

Health Safety Net (HSN) Updates

Massachusetts Health Care Training Forum
October 2019



Agenda

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- 837I Partial Requirements
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Carrier Codes

- Carrier Code requirement update for secondary and tertiary claims were implemented for **claims submitted on or after September 1, 2019**
 - Any claims submitted after this date without a carrier code will receive a fatal edit and will not be considered for HSN payment
 - All seven characters or digits are necessary for the carrier code to pass
- HSN will be replacing the MassHealth Comprehensive Carrier Code **DMA7384** with **0007003**
 - This will allow for carrier codes to be assessed by MMIS
 - All other HSN specific carrier codes (i.e. 0007001 for MassHealth non-comprehensive and 0007002 for CMSP) will remain the same
 - Warnings for this change will begin to appear on January 1, 2020. Fatal edits will appear on April 1, 2020



837I Partial Requirements

- On **January 1, 2020**, HSN will implement their 837I Partial Edits. Providers should:
 - To the best of their ability report any remaining HSN Deductible Amount(s) that have yet to be incurred by a patient using **Value Code D3**. If a patient has met their HSN deductible, **Value Code D3** should be reported as 0
 - Report any Patient Paid Amount using **Value Code FC**
- Claims lacking these elements will receive the following Denial and Warning Edit message: Partial Claim missing required reporting data elements



HSN Regulation Updates

- HSN has made proposed changes to the 101 CMR 613.00 and 614.00 regulations
- Due to an extended public comment period, these regulations will not take effect until the December time period
 - More updates on a specific implementation date to come
- To see the proposed changes to the HSN Regulations, please go to:
<https://www.mass.gov/lists/health-safety-net-regulations>



HSN Regulations: Ordering, Referring, and Prescribing Requirements

- In addition to MassHealth, HSN will also be implementing the requirements related to Ordering, Referring, and Prescribing (ORP) providers. If MassHealth requires a service to be ordered, referred, or prescribed, then ACA section 6401(b) requires that:
 - The billing provider include the ORP provider's national provider identifier (NPI) on the claim; and
 - The ORP provider be actively enrolled with MassHealth as a fully participating provider or as a non-billing provider and be an authorized ORP provider
- For additional details, please see:
<https://www.mass.gov/lists/2019-masshealth-provider-bulletins#september->



Using a Billing Intermediary: How to Request and Notify MassHealth

- **MassHealth Notification** : When a facility utilizes a billing intermediary for submission of HSN claims, the following steps are necessary to ensure claim adjudication within MassHealth and HSN:
- BI information consist of the following:
 - On their signed letterhead, **please mention that this is for an HSN provider**
 - Facility ID
 - Name of BI/ MassHealth Submitter ID
 - 835 and/or 837 files
 - MassHealth PIDSL(s) (including HSN PID/SL)
- The notification to MassHealth containing the BI information should be sent via email: EDI@MAHealth.net



Using a Billing Intermediary: How to Request and Notify HSN

- **HSN Notification:** Notification to HSN containing the BI information via email should also include a completed HSN Business Partner Agreement located on the HSN website: <https://www.mass.gov/service-details/learn-about-hsn-inet>
- BI information must consist of the following:
 - Name of BI
 - Start date – claim submission of BI
 - Type of claims – 837I; 837P
 - HSN PIDSL(s)
 - ORG ID(s)
- The notification email along with the completed HSN Business Partner Agreement should be sent via email to the HSN Helpdesk at: HSNhelpdesk@state.ma.us



Using a Billing Intermediary: Changes

- When a facility uses a billing intermediary for claim submission, please note the following:
 - HSN claim questions from a BI will be redirected to the facility due to the facility retaining a contract with the BI
 - The BI is the only entity that has access to download Validation Reports from INET (HSN denial reports) facility that require claim information from Validation Reports will need to speak to their BI
 - Facilities can contact HSN regarding claim billing questions or claim payments

****Please note**** Facilities utilizing a BI for the first time or changing a BI must notify MassHealth EDI; must also notify HSN via email in addition to filling out an HSN Business Partner Agreement located in INET



HSN Waiver Requests

- HSN follows the process that MassHealth uses for billing waiver requests
- HSN no longer considers three year billing waiver requests
- Providers requesting one year or 90 day requests should contact HSN Manager of Operations (Angela.Gizzi@state.ma.us) for instructions on requesting and processing of claims



Billing Reminder: 90 Day Waiver Requests

- Providers are reminded that when requesting a 90 day waiver, due to a prior payer, that all EOB information must be completed and submitted along with any additional documentation to EHSN@state.ma.us



HSN Updates and Reminders – HSN Fiscal Year 2017 (FY17) Closing

- FY 2017 Closing: Providers are reminded that FY17 was closed on September 30, 2019
 - Any claims or corrections for FY17 must be completed before the FY is closed
 - Any claims submitted for processing after the FY closes, will be denied by HSN, for submitting after the FY closure date
- If providers have questions regarding the FY17 closing, please contact the HSN Helpdesk at hsnhelpdesk@state.ma.us



QUESTIONS?



APPENDIX



Ordering, Referring, and Prescribing Requirements

- In addition to MassHealth, HSN will also be implementing the requirements related to Ordering, Referring, and Prescribing (ORP) providers. If MassHealth requires a service to be ordered, referred, or prescribed, then ACA section 6401(b) requires that:
 1. The billing provider include the ORP Provider's National Provider Identifier (NPI) on the claim; and
 2. The ORP provider be actively enrolled with MassHealth as a fully participating provider or as a non-billing provider and be an authorized ORP provider, as described below:

The ORP requirements described in this bulletin apply to all claims submitted by providers for payment by the Executive Office of Health and Human Services, for services for which the MassHealth agency requires an order, referral, or prescription, including claims for secondary coverage, Medicare crossover claims, and Health Safety Net (HSN) and Children's Medical Security Plan¹ claims. ORP requirements do not apply to claims submitted to managed care entities.



Confidential Family – Now defined in HSN 613

(a) includes all individuals the applicant chooses to report on the Health Safety Net office's application for Health Safety Net confidential services including, at the applicant's discretion, any of the following individuals who live with the applicant:

1. A child or children 18 years of age or younger, any of their children, and their parents;
2. Siblings 18 years of age or younger and any of their children who live together even if no adult parent or caretaker relative is living in the home; or
3. A child or children 18 years of age or younger, any of their children, and their caretaker relative when no parent is living in the home

(b) A child who is absent from the applicant's home to attend school is considered as living in the home. A parent may be a natural, step, or adoptive parent. Two parents are members of the same family as long as they are both mutually responsible for one or more children that live with them.



Provider Types Authorized to Order, Refer, or Prescribe:

The following types of providers are the only provider types that may be included on a HSN claim as the ordering, referring, or prescribing provider, and are referred to in this bulletin as “authorized ORP providers”. Interns, residents, and other trainees in the provider types listed below who are authorized to order, refer, or prescribe services are also considered authorized ORP providers:

- * Certified nurse midwife
- * Certified registered nurse anesthetist
- * Clinical nurse specialist
- * Dentist
- * Licensed independent clinical social worker
- * Certified nurse practitioner
- * Optometrist
- * Pharmacist (if authorized to prescribe)
- * Physician
- * Physician assistant
- * Podiatrist
- * Psychiatric clinical nurse specialist
- * Psychologist



HSN Services that Require an Order, Referral, or Prescription:

The following services and supplies require an order, referral, or prescription from a provider in order for the billing provider to receive HSN payment for an otherwise reimbursable health service.

All references to MassHealth and HSN include the Children's Medical Security Plan. Any service that requires a primary care clinician (PCC) referral:

- * Labs and diagnostic tests
- * Adult day health
- * Medications
- * Adult foster care
- * Orthotics
- * Durable medical equipment and supplies (DME)
- * Oxygen/respiratory equipment
- * Eyeglasses
- * Prosthetics
- * Group adult foster care
- * Psychological testing
- * Home health



Claims Denials - MassHealth and the HSN have been using informational edits to help providers prepare for the full implementation of the ORP requirement.

By using staggered effective dates by provider type, MassHealth and the HSN will begin to deny claims for failure to comply with ORP requirements as follows.

For Phase 1 - Group 2 if:

the NPI of the ORP provider is not included on the claim, or

the NPI of the ORP provider is included on the claim but the ORP provider is not an authorized ORP provider

-For dates of service on or after 2/15/20, such claims will be denied for the following provider types (group 2):

- * Abortion/sterilization clinic
- * Acute outpatient hospital**
- * Community health center**
- * Family planning agency
- * Independent diagnostic testing facility
- * Pharmacy (for claims processed through MMIS*)
- * Renal dialysis center
- * Volume purchaser
- * Acute inpatient hospital**
- * Certified independent laboratory
- * Early intervention
- * Hospital-licensed health center**
- * Mental health center
- * Psychiatric outpatient hospital
- * Substance use disorder outpatient hospital

* note that all claims processed by the pharmacy online processing system (POPS) already require that the prescriber NPI be included on the claims and be eligible to prescribe.

**BOTH MASSHEALTH AND HSN BILLING PROVIDERS.

