

Talking Points: Health Safety Net

Eligibility

- The HSN is available to uninsured or underinsured Massachusetts Residents whose family income is under 400% of the Federal Poverty Level (FPL).
- Patients with income over 200% of the FPL are eligible for HSN Partial, which means they are responsible for a deductible.
- The HSN acts as a secondary payer for patients who are otherwise HSN-eligible but have other insurance.

Providers and Services

- The HSN can only make payments to acute care hospitals and community health centers.
 - Private physician groups working in a hospital are not eligible to be paid by the HSN.
- The HSN generally pays for the same set of services covered by MassHealth Standard, as long as they are provided under a Massachusetts acute hospital or community health center license.
- For patients with private insurance (including non-ConnectorCare QHPs purchased through the Health Connector), HSN Secondary will pay for:
 - Eligible services not covered by primary insurance
 - Deductibles and coinsurance
 - Copays, deductibles, and coinsurance for Medicare patients

Application and Renewal Process

- The HSN uses the same application used by MassHealth. Applicants can apply online, or fill out a paper application. HSN applications are processed by the hCentive system.
- Post-ACA renewals for HSN-only households have not yet begun. They will start in early 2016.

Viewing HSN Eligibility

- HSN eligibility can be viewed in MMIS/EVS
- In many cases, retroactive HSN is available for up to six months before the patient's application date.
- If a patient is HSN-eligible, EVS will display HSN eligibility in the "Eligibility Status" field in most cases. However, if the patient is eligible for retroactive HSN, EVS will display an eligibility status of "Member is not eligible" on the date of service.

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- A restrictive message will appear indicating retroactive HSN eligibility. To see this message, click the date range displayed in MMIS/EVS next to the patient’s eligibility status.
- If the patient has other insurance known to the system, this information will also be displayed on this screen under “List of Other Insurance Plans.”

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HSN and ConnectorCare

- HSN policy is to provide ten days of retro and up to 90 days of eligibility going forward to a patient determined eligible for ConnectorCare who also meets HSN eligibility requirements. After the patient is enrolled in ConnectorCare, the HSN will only pay for eligible dental services.
- MMIS does not currently receive Connector eligibility or enrollment information. As a result, patients who are eligible for ConnectorCare and the HSN will appear the same as patients who are eligible for the HSN only.
- Patients with HSN and ConnectorCare will show up in EVS with an eligibility status of HSN or Partial HSN.
- Providers should continue to ask patients about their insurance enrollment, and to check EVS and any third-party systems available to them to look for private insurance coverage. In EVS, Connector plans that are known to MMIS will appear in the TPL panel. However, it is possible for a patient's Connector plan enrollment not to be known to MMIS.
- If the provider determines that the patient is uninsured after making diligent efforts to identify insurance, and EVS shows the patient does not have any TPL coverage, the provider may consider the patient eligible for HSN Primary or Partial Primary.
- There are currently systems issues affecting how EVS displays eligibility for patients eligible for both the HSN and ConnectorCare. Until this is resolved, providers should continue to use EVS as the system of record and assume the patient has HSN eligibility if EVS says they do. Providers should save a copy of the EVS screen shot for their records.
- Not all ConnectorCare-eligible patients also receive HSN. If the provider believes the patient should be eligible for the HSN and does not see HSN in EVS then they may call the HSN Provider Help Desk to confirm coverage.

Deductibles:

- Providers should continue to check EVS for deductible information.
- hCentive is not currently able to calculate deductibles in all cases. If there is no deductible amount listed for an HSN Partial patient, then the provider should consider the deductible to be met and bill the HSN accordingly. The patient is not responsible for a deductible in these cases.
- Providers and patients should NOT attempt to calculate the deductible themselves.
- The HSN has no plans to retroactively apply a deductible to patients who are currently eligible with no deductible listed.
- Providers should save a copy of the EVS screenshot of EVS for their records.