MA Health Care Training Forum Fall 2024 Meeting
MassHealth & Health Safety Net Updates Transcription

[Health Safety Net, Information and Updates, October 2024]

Sue Kane: Welcome to the MassHealth Health Safety Net Updates meeting. Thank you for joining us today. My name is Sue Kane from the Massachusetts Health Care Training Forum team, and I'll be facilitating today's meeting. Our presenters today are Lydia Sweetser, Policy Analyst at the Health Safety Net. Health Safety Net subject matter experts will join Lydia during the Q&A portion of the meeting following the Health Safety Net presentation. Also joining will be representatives from DentaQuest. Kara Chiev, Manager of MassHealth External Training and Communications will provide us with the MassHealth updates. Subject matter experts from MassHealth will join her during the MassHealth Q&A portion of the meeting. I will ask all subject matter experts to introduce themselves prior to answering any questions. Now I'm going to turn it over to Lydia to start us off with updates.

Lydia Sweetser: Thank you, Sue. Hi everybody, my name is Lydia Sweetser, and I am a Health Policy Analyst for the Health Safety Net. I will be presenting today a few updates for the MTF.

[Agenda]

This is an outlook on our agenda for today. I will be going over Claims Reprocessing, the August Remittance Correction, Health Connector Notices, Inpatient Claims Pricing at Zero, Special Circumstances, General Information and we'll leave time for questions.

[Resweeps of Procedure Codes]

This first slide outlines different resweeps of procedure codes that were done recently. In MMIS, the following codes were inappropriately denied as non- covered procedure codes for the Health Safety Net benefit plan(s). They have recently been reprocessed in MMIS for adjudication and potential adjudication/payment through the Health Safety Net Payment systems. These codes are 90671, 90677, 19325, 49591, 73522, 95708, and G2066. Additionally, in the Health Safety Net, we have reswept claims billed with

procedure code 99211 that were inappropriately paid at a zero rate for Community Health Center providers in the Health Safety Net system.

We have identified impacted claims and reprocessed them in the system for payment at the PPS rate in the September remits. I will add, we are aware that claims with 99211 billed with ancillary services are still being identified and worked on to be reswept at a later date.

[August 2024 Remittance Advice Corrections]

The August 2024 Remittance Advice Corrections. The Health Safety Net has discovered an internal problem with the August 2024 837P remittance advice for the pay period June 2024 currently posted in INET.

The issue pertains to the adjustment reasons which had been truncated, resulting in report users not being able to view the full report content. Our IT team has now corrected the issue and recreated these remittance reports. We recommend that your facility accesses INET and downloads the latest remit, so you have the updated copy available for your use. Please note to not post these payments, as the updated report has only been reloaded to provide the complete adjustment reason language for your use.

And as a reminder, if your facility uses a billing intermediary, please ensure that you have communicated the above issue and updated remittances available within INET.

[Health Connector Redetermination Notices]

We have also included a Health Connector Redetermination notice. If recipients have been determined eligible for the Health Connector's plan, they have 90 days of Health Safety Net medical eligibility starting on the date of application to enroll in a ConnectorCare plan. If recipients do not enroll within this time period, they will no longer be eligible for Health Safety Net medical services.

Failure to pay ConnectorCare premiums will result in eligibility for Health Safety Net medical service reimbursement. Recipients may be able to work out a payment plan with the Health Connector even after termination.

ConnectorCare recipients may still be eligible for allowable dental services from an eligible HSN provider. Any questions related to ConnectorCare should be directed to the Health Connector at that phone number for more information.

[Special Circumstances Medical Hardship Assistance]

We also wanted to post a reminder for Special Circumstances Medical Hardship Assistance.

A Massachusetts resident at any countable income level may qualify for Medical Hardship if their allowable medical expenses exceed a certain percentage of his or her countable income, as specified in the regulations.

A determination of Medical Hardship is a onetime determination and not an ongoing eligibility category. An applicant may submit no more than two Medical Hardship applications within a 12-month period.

[Special Circumstances Bad Debt]

Bad Debt is: an account receivable based on services furnished to a Patient that is: regarded as uncollectible following reasonable collection efforts consistent with the requirements; charged as a credit loss; not the obligation of a governmental unit or the federal government or any agency thereof; and not a Reimbursable Health Service.

Providers are charged with making reasonable attempts in obtaining and verifying the patients or guarantors supplied and financial information.

Reasonable collection efforts must be taken before a bad debt claim can be made, which would include documentation of billings, calls, notices and any other notifications.

The bad debt must be unpaid after a period of 120 days of continuous collection action.

[Special Circumstances Bad Debt (continued)]

This slide outlines information that we collect for bad dept applications, as well as outlines the evidence of reasonable collection efforts, including date of initial bill,

date of second bill, and so on.

Please note that for accounts over $1,000, you need to include a date of a Certified Letter.

[Inpatient Claims Pricing at Zero]

For Inpatient Claims Pricing at Zero. The Health Safety Net continues to work with providers during the transition of the Inpatient Pricing Grouper vendors. Inpatient claims billed without a valid DRG that have priced at zero will remain as such until the Health Safety Net has fully transitioned. Once the Grouper transition is complete, remaining claims will be reprocessed and priced accordingly.

Inpatient claims that were billed with a valid DRG continue to be priced at the National Average Payment. Once the Health Safety Net has fully transitioned vendors, affected claims will be reprocessed through the grouper for appropriate reimbursement.

Providers that wish to rebuild their inpatient claims, priced at zero and initially billed without a DRG, may resubmit their claims with a type of bill, code 07 and add a valid DRG for pricing at the National Average Payment. These claims will also be reprocessed and repriced once the transition is complete.

[General Information]

On this slide, we have added links to general information that we think will be most helpful to you all, including Health Safety Net eligible service regulations, our eligible payment and funding regulations, a list of reimbursable services, a link to learn about INET, as well as a link to find our latest information and billing updates where they are regularly posted.

Important to note, we are working on internal claims editing, code, and payment rate updates. The Health Safety Net will be instructing providers through our billing updates of any necessary payment resweeps due to these changes. So that last link will be important as we update it regularly.

[HSN Help Desk]

If you do have any other questions, please feel free to email the Health Safety Net Help desk and that's their email address right there. Thank you.

Sue Kane: Thank you. Well thank you to the Health Safety Net team. We are now going to turn it over to MassHealth, Kara is going to start the MassHealth presentation.

[MassHealth, October 2024 (Revised 10/24)]

Kara Chiev: Thanks Sue. Glad to see you for this quarter's MTF, the MassHealth Updates portion of the webinar. So, for those joining us for the first time, I want to welcome you.

The information you will hear today applies to MassHealth applicants and members. If you are a MassHealth provider and you want additional information specific to our provider community like billing, submitting claims to MassHealth, the policy specific to MassHealth providers, don't forget to sign up and join the MassHealth Provider Updates events. Those are happening next week.

[Agenda]

Going on to the agenda for this quarter, as you saw, I have some MassHealth Premium Billing Provider Updates; Updates to the MassHealth Health Plans for January 1st of 2025; and MassHealth covered benefits.

[New MassHealth Premium Billing Provider]

So, we do have important updates related to Premium Billing Payment Options.

[Important Changes to MassHealth Premium Bill Payment Options]

For those newer to MassHealth and this work, premium is the amount that a person may need to pay each month for their health coverage. MassHealth members may have a premium if they are receiving MassHealth Standard, CommonHealth, Family Assistance, and have an income above 150% of the federal poverty level, or are a member of the Children’s Medical Security Plan and have income at or above

200% of the federal poverty level.

If members need to pay a premium, MassHealth will send a notice with the amount and send the bill every month. Earlier this week, the website to pay MassHealth premiums changed to govhub.com/ma/premium-billing. So here is a screenshot of that new landing page. To login, Members can use their MassHealth Premium Billing Account number and their zip code.

Members do not need to create a login to use the new bill pay site. Once logged in, members will be directed to set up automated payments with their banks or financial institution.

[How to Pay a MassHealth Premium Bill]

How to Pay a MassHealth Premium Bill. Great news. Members will be able to pay their bill using new apps or apps are currently available, that's Apple Pay, Google Pay and PayPal.

So those are the newest app. They can also submit and pay by credit card, debit card, check or money order; they can call MassHealth; and to mail in their payment, they can send it to the Commonwealth of Massachusetts MassHealth Lockbox, P.O. Box 414745. That's in Boston.

Here you also have a link to MassHealth Premium Information, for those that want to learn a little bit more about MassHealth premiums.

I just want to note that MassHealth Premium and MassHealth Premium Assistance program, those are two separate programs. The Premium Assistance Program helps members pay for their ESI, that's Employer Sponsored Insurance, where MassHealth Premium bill is for those members that have a MassHealth premium, and they need to pay that bill.

[MassHealth Health Plans]

Moving on to the next update, Health Plans. We have two polls for you. Before we get into the core of the information.

[Polling Question 1]

The first question. Who's eligible to enroll in a MassHealth ACO, that's the Accountable Care Organization; MCO, that's the Managed Care Organization or the Primary Care Clinician plans?

Are they members younger than 65 with no third-party liability, that includes Medicare; Are they members who live in the community, for example, they're not in a nursing facility; Are they members eligible for one of MassHealth's comprehensive coverage types; Are they seniors over the age of 65; Are they members that are dually eligible for MassHealth and Medicare; The option F, says none of the above; The option G, includes A through C; and the last option is, I don't know.

[Polling Answer 1]

The correct answer is G. It is A to C. So, members that are eligible to enroll in MassHealth's ACO, MCO or the PCC plans includes those that are younger than 65. MassHealth is their primary insurance. Members who live in the community, so they are not in a nursing facility, and those members that are eligible for one of our comprehensive coverage type that includes MassHealth Standard, CommonHealth, CarePlus and Family Assistance.

Go on to the next one.

[Polling Question 2]

So, the next question is, MassHealth members can change health plans specifically their ACO or MCO plan for any reason during their: a) Open enrollment period; b) Plan selection period; c) Fixed enrollment period; d) At any time of the year; e) None of the above; or f) I don't know?

[Polling Answer 2]

MassHealth does not have an Open Enrollment Period. Members, Applicants can apply for MassHealth when they are seeking coverage, they need coverage. So, there is not

that Open Enrollment Period that is similar to private insurance. They can apply at any time.

The correct answer is B., it is during their Plan Selection Period, this is the time where members can switch their health plan for any reason. And we'll go over this in a little bit.

Their Fixed Enrollment Period is after that Plan Selection Period, so during that time, they would not be able to switch out of their health plan unless they meet an exception.

At any time of the year for them to apply for coverage, yes, that is true, they can apply to see if they're eligible for MassHealth at any time of the year when they need coverage.

However, for specific health plans, it is during their Plan Selection Period for when they can switch plans.

[Who's Eligible to Enroll]

Now, here is the slide that reviews those members that are eligible to enroll in a MassHealth ACO, MCO, or the PCC plan. As I mentioned, they are those members that are younger than 65, MassHealth is their primary insurance, they are in the community, they're not in a nursing facility, and they are found eligible for one of MassHealth's comprehensive coverage types here.

[ACO Changes for 1/1/2025]

For January 1st of 2025. There will be some changes and updates to service areas, provider changes and hospital changes. As far as service area changes come January 1st, WellSense Care Alliance will no longer be offered in Quincy or Framingham.

As of January 1st, 19 providers are joining or moving in the MassHealth ACO program, which will affect approximately 11,000 members. So, these members will receive a notice letting them know that their provider is moving into an ACO plan, and they'll be moving with their provider to that ACO. If the member wants to switch health plans,

they can absolutely do it at that at this time when they get their notice, they can look at different providers, to see if which health plans they are connected with and switch to that health plan. But if they are happy with their provider and the new health plan, they don't need to do anything. They don't need to contact MassHealth. They can continue to seek services.

Now, as far as hospital changes. As of January 1st, 15 ACOs will make changes to their hospital network. I want to note, in any emergency, members can go to any hospital to seek services.

[ACO Hospital Network Changes as of 1/1/2025]

So, the next two slides will list for you the new networks to the health plans come January 1st of 2025. So, these hospitals listed here will be in network to the health plan on your left.

[ACO Hospital Network Changes as of 1/1/2025 (continued)]

And the same here. A number of hospitals will be now connected to Mass General Brigham Health Plan with Mass General Brigham ACO come January 1st.

[ACO Hospital Network Changes and Continuity of Care Period]

There's only one hospital facility, for which will now be out of network for Mass General Brigham Health Plan with Mass General Brigham ACO and that's Lowell General Hospital.

As for Continuity of Care Period members will have a 30 day Continuity of Care Period from January 1st to January 30th.

[Plan Selection and Fixed Enrollment Period]

Each health plan will have an escalation process in place for any access to care issues for members regarding pharmacy and specialty network issues during this period.

So, all of that information the provider updated, which plan they'll be in network with, as well as the hospital, that will be available at MassHealth Choices.com come January

1st of 2025.

So, as we looked at that second polling question, Plan Selection and Fixed Enrollment Period, for members enrolled in a MassHealth MCO or ACO, they have a 90-day Plan Selection Period for every year.

So, during this time, members can enroll or switch their health plans for any reason.

Again, if they are happy with their plan, those members that are moving to a new plan come January 1st, they don't need to do anything. They can remain in their current plan and continue to seek services. But if they want to try out a new health plan, they absolutely can switch out of their, the plan that we put them in, or they were to move in with their new provider and try out that plan.

Now, as far as Fixed Enrollment Period. After the 90-day Plan Selection Period has ended, members will enter in into a Fixed Enrollment Period.

Once in their Fixed Enrollment Period, the member cannot move into another health plan until the next Plan Selection Period, unless they meet one of the Fixed Enrollment Period exceptions.

Members can always call MassHealth for more information about their Plan Selection Period, and their Fixed Enrollment Period.

[Resources]

Resources. Again, members can go to MassHealthChoices.com. That is our provider directory to learn, compare, as well as enroll in one of the health plans.

MassHealth Enrollment Guide will be updated for 2025 that will be available on the MassHealth website, as well as MassHealthChoices.com.

Again, members can call MassHealth to also select a health plan or switch their health plan.

[Covered Services and Benefits]

Now moving forward, some exciting news and benefits for our members. The following are new covered services and benefits. That includes Health Related Social Needs Services, Remote Patient Monitoring, Non-Emergency Medical Transportation and through the MBTA, their Income-Eligible Reduced Fare Program.

[Health Related Social Needs Services (HRSN) Update]

When MassHealth launched, first launched, the Accountable Care Organization or ACO, we also launched the Flexible Services Program for which MassHealth ACO members were able to receive supports for their Health Related Social Needs through the Flexible Services Program. The Flexible Services Program provided housing and nutritional supports to a subset of their eligible ACO enrollees based on certain criterias. Flexible services are not traditional covered, are not traditionally covered. They are covered separately by ACOs.

In April of 2023, MassHealth implemented three programs, that's the Specialized Community Supports Program, it's for homeless individuals: housing instability, and individuals with justice involvement. These services are provided to eligible managed care and MassHealth fee-for-service members with behavioral health diagnoses.

So, this is the current state right now. These programs and services are available. Now going on to the next slide.

[Health Related Social Needs Services (HRSN) for 1/1/2025]

Looking at January 1st of 2025, here are what's being updated and changing.

In September of 2022, the Centers for Medicare and Medicaid Services, CMS, approved

MassHealth 1115 demonstration waiver renewal, which included reauthorization and changes to both the Flexible Service Program and Specialized CSP program. As approved in this waiver, FSP, that's the Flexible Service Program, will end the end of this year, that's December 31st. So, beginning January of 2025, eligible MassHealth ACO members

will be able to receive HRSN Nutrition and Housing Supplemental Services as covered services.

The Specialized CSP-TPP and CSP-HI will expand to include members with a qualifying Health Needs Based Criteria, Specialized CSP-HI and CSP-TPP will continue to be available to eligible managed care and MassHealth fee-for-service members with a Behavioral Health condition.

And lastly, a Specialized CSP-Justice Involved or JI will continue to be available to eligible managed care and MassHealth fee-for-service members with a valid Behavioral Health condition.

MassHealth has been working with the ACOs and potential HRSN providers to prepare for the delivery of these services come January 1st. More information about HRSN services and how to evaluate whether a member meets criteria to receive HRSN services, will be shared in a webinar, in December. Be on the lookout for a flier for that webinar.

[Remote Patient Monitoring]

Remote Patient Monitoring. As of August 1st, MassHealth members who meet certain clinical criteria has access to remote patient monitoring coverage, or another acronym RPM.

RPM is defined as the use of select medical devices that transmit digital personal health information in a synchronous or asynchronous manner, from an at-risk patient to a treatment provider at a distant location. The information is generated so the provider can respond to the patient and manage their condition.

Here's a list of the technology criteria that includes, devices used for RPM may include,

but not limited to devices that monitor blood pressure, oxygenation, and weight.

Devices must be capable of automatic reporting, compatible with Medicare requirements. For example, the device automatically transmits biomonitoring data to

the provider without the member needing to manually report that data.

Some providers may use RPM through a vendor who assist with management of RPM devices.

[Non-Emergent Medical Transport (NEMT)]

Non-Emergent and Medical Transportation. MassHealth covers or will cover transportation of a child's parent, family, family member, or caregiver that is necessary to the child's care so as so long as that child is otherwise eligible for transportation.

For example, if an eligible child is receiving residential or facility-based care and having the parent, family member or caregiver is needed for them to actively participate in treatment or interventions for the direct benefit of the child. MassHealth will pay for their transportation to ensure the child's medically necessary services are provided.

Examples of necessary services include breastfeeding or providing breastmilk, participating in family therapy, making medical decisions, consenting to surgery and other similar activities.

You can learn more about this bulletin here at the link below.

[MBTA’s Income-Eligible Reduced Fare Program]

Looking at the last benefit MBTA's Income-Eligible Reduced Fare Program. This is a great benefit for many residents. The MBTA's Income Eligible Reduced Fare Program offers reduced fares to riders between the ages of 18 to 64 who are enrolled in an approved state assistance program.

Looking at their qualification, that includes Massachusetts residency, so they are a Massachusetts resident, have a government issued ID, are enrolled in one of the following state assistance program that could include Emergency Aid to the Elderly, Disabled and Children, MASSGrant, MassHealth members, members or clients that are receiving Supplemental Nutrition Assistance Program that’s SNAP, or those members that are in the Transitional Aid to Families with Dependent Children, TAFDC through the

DTA program. To learn more, you can go to Income-Eligible Reduced Fare Program that's off of the MBTA's web page.

I want to thank everyone for joining us for this quarter and keep your eye out for the flier for the HRSN webinar, which will dive deeper into the new benefits and services.

[Thank You!]

Sue Kane: I want to thank Lydia and Kara for presenting this information and all the subject matter experts from Health Safety Net for answering the questions.

I hope everybody has a wonderful rest of the day. Thank you. Bye-bye