



MassHealth Premium Assistance Student Health Insurance Plan Premium Assistance (SHIP PA)

Coordination of Benefits

February 2017

Agenda

- **Background**
- **MassHealth Premium Assistance**
 - Student Health Insurance Program (SHIP)
- **MassHealth and Other Health Insurance**
- **Coordination of Benefits**
- **Third Party Liability Regulations**
- **SHIP Premium Assistance Wrap**
 - What are wrap benefits?
 - How do wrap benefits work?

MassHealth Premium Assistance

- Designed to provide MassHealth a cost effective way of delivering benefits to MassHealth members who have access to comprehensive, affordable health insurance by assisting with premium payments.
- Eligibility is based on a combination of
 - Individual's MassHealth coverage type
 - Type of private health insurance the individual has access to
- Wrap benefits are provided for services covered by MassHealth but not covered under the other insurance plan, and to provide cost sharing for MassHealth member copayments and deductibles when the provider participates with both insurers.

Student Health Insurance Program Premium Assistance (SHIP PA)

- New Premium Assistance program specifically for MassHealth members who are full time students who have access to SHIP plans. Program has been piloted since June 2016 at Massachusetts public colleges and universities.
- Differences from Traditional PA
 - Students enroll once in the fall semester and keep the plan for the entire policy year.
 - Payments are made directly to the broker and not to the student
 - Provides direct member reimbursement or provider payments to reimburse out of pocket costs associated with MassHealth covered services provided by a non-MassHealth provider who is in the student health insurance plan network.

The Important Role of Other Insurance Coverage

Identifying health insurance and purchasing private insurance plans increases the number of MassHealth members with other insurance and provides:

- ❑ Significant cost savings to the MassHealth Program and Commonwealth
- ❑ MassHealth members with a more comprehensive benefit package by having two insurers
- ❑ Higher reimbursement to providers. Frequently, private insurers and Medicare offer higher reimbursement to providers than MassHealth

Other Health Insurance Information

- Approximately $\frac{1}{4}$ of the MassHealth population has other health insurance including Medicare coverage.
 - Approximately 10% of the MassHealth population is enrolled in private commercial health insurance plans
- MassHealth Members with other insurance are provided MassHealth benefits through a fee for service (FFS) model and are not enrolled in a Managed Care Plan
- MassHealth provides service and cost sharing wrap benefits to the majority of members with other health insurance
- Once other insurance is identified and verified, it is added to the MassHealth claims payment system (MMIS). Providers can access a members eligibility and insurance information in the MassHealth eligibility verification system (EVS)
- Providers are required to notify MassHealth of any insurance policies not known to MassHealth and of any changes to a members' other insurance coverage.

Coordinating MH Benefits with Other Insurance

Members

- Members should always show BOTH their MassHealth card and any other health insurance card(s)



- Members should always ask their provider if s/he accepts MassHealth and the SHIP plan when scheduling appointments.
- When transitioning onto a new SHIP plan, members may need to contact their providers to determine if new prior approvals need to be obtained from the new SHIP plan for things like prescriptions or upcoming medical procedures.
- Members can call 1-855-273-5903 with questions

Coordinating MH Benefits with Other Insurance, Cont.

MassHealth Providers

- MassHealth providers must check EVS for MassHealth eligibility and any other health insurance information or restrictive messages
- MassHealth providers must bill all other insurance plans first, and members must use other insurance, according to the insurer's billing and plan rules, prior to accessing MassHealth*
- Claims submitted to MassHealth for members with other insurance, must contain the adjudication information from the primary insurer.

*Except when accessing a service covered only by MassHealth and not covered
By the other insurance plan

Third Party Liability Regulations

Member Regulations 130 CMR 503.007 and 130 CMR 505

MassHealth is the payor of last resort and pays for health care and related services only when no other source of payment is available. Every member must obtain and maintain available health insurance, and failure to do so may result in loss or denial of eligibility (with exceptions).

Provider Regulations 130 CMR 450.316

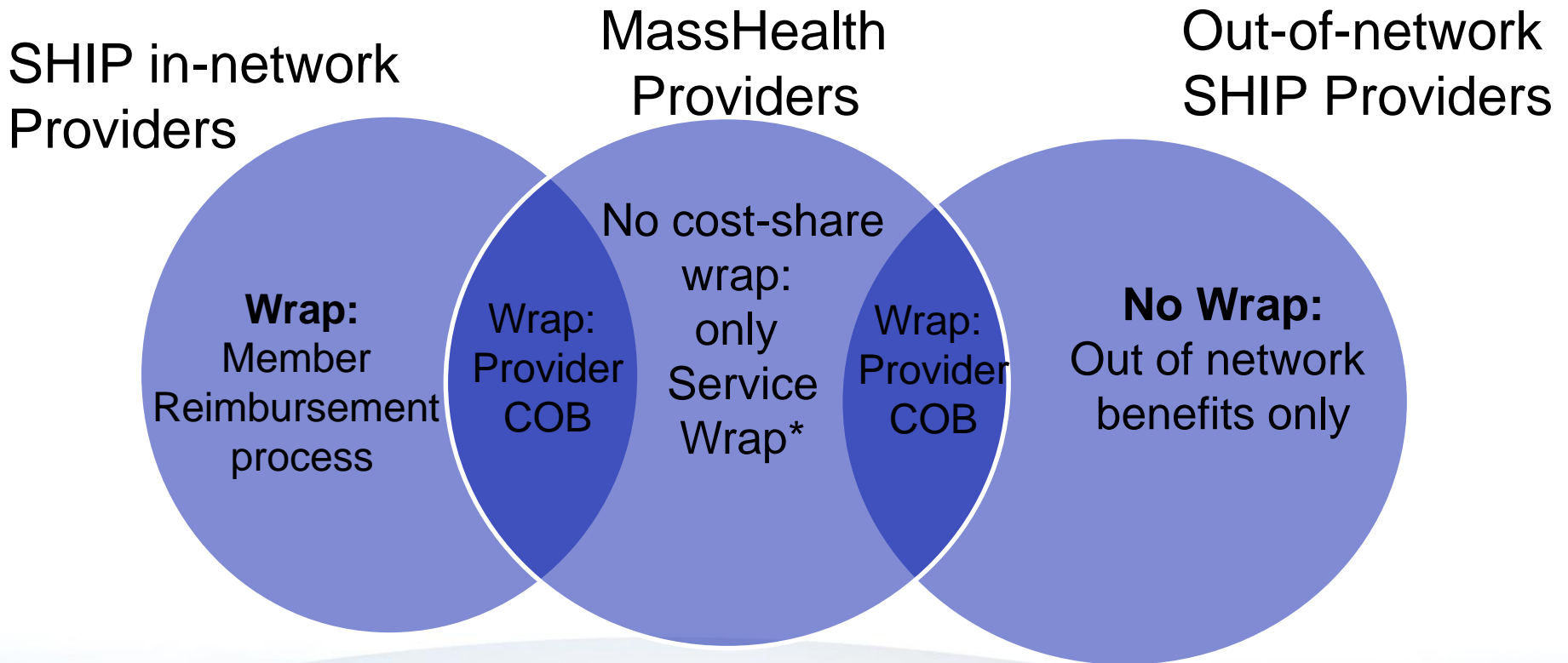
All resources available to a member, including but not limited to all health insurance, must be coordinated and applied to the cost of medical services provided by MassHealth. Providers must make diligent efforts to obtain payment first from other resources, so that MassHealth will be the payer of last resort. MassHealth will not pay a provider and will recover any payments to a provider if it determines that, among other things, the provider has not made such diligent efforts. Under no circumstances may a provider bill a member for any amount for a MassHealth-covered service, except as provided by 130 CMR 450.130.

SHIP PA:

Two Types of MassHealth Wrap Available

- 1. Service Wrap** – when there is a service not covered under the SHIP plan but covered by MassHealth
 - Example: MassHealth covers transportation but the SHIP Plan does not. Member can obtain transportation service from any MassHealth transportation provider.
- 2. Cost Sharing Wrap** – when MassHealth covers the difference between the SHIP plan member responsibility and the MassHealth member responsibility, to ensure the member does not have to pay more than what he would otherwise have to on MassHealth only.
 - Example. SHIP Plan has \$100 inpt copay and MassHealth's inpt copay is \$3. MassHealth pays any remaining member responsibility up to the MassHealth rate, so that it is considered paid in full and the member would not have to pay more than a \$3 copay.

SHIP PA Cost Share Wrap for MassHealth Covered Services



NOTE: Members should always use SHIP plan benefits first and try to use SHIP in-network providers

*Can use MassHealth-only providers only when covered by MassHealth and not covered by SHIP in or out-of-network

UMass Center for Health Care Financing

How to Determine Wrap

Questions to Ask:

First: Is it a MassHealth Covered Service?

- **MassHealth only provides wrap if the service provided is a MassHealth covered service. If not, no wrap of any kind is available.**

Second: What provider networks is the provider part of?

- **Members with other insurance should always use that other insurance, unless the services being sought is only covered under MassHealth.**

- **Is the provider in both the MassHealth and SHIP networks?**
 - **If YES, The member will be responsible for no more than any copays associated with their MassHealth coverage (\$3 for inpt stays or \$1-\$3.65 for pharmacy). The member just needs to show both their MassHealth card and SHIP card and the provider will know to coordinate benefits and bill both SHIP and MassHealth.**

How to Determine Wrap, Cont.

- **Is the provider an in-network SHIP provider but NOT a MassHealth provider?**
 - If YES, then MassHealth will provide cost-share wrap for MassHealth covered services, BUT the member will need to submit documentation to receive reimbursement.
- **Is the provider a SHIP out-of-network provider but a MassHealth network provider?**
 - If yes, then SHIP will cover the service at the out-of-network rate (if there out-of-network coverage for the service), and MassHealth will provide cost share wrap for covered services.
- **Is the provider a MassHealth-only provider?**
 - Members cannot see this provider unless it is a service only covered by MassHealth and not SHIP. Members otherwise must first use SHIP network providers.
- **Is the provider in neither the MassHealth nor SHIP network?**
 - If so, there is no MassHealth wrap. SHIP will cover at the out-of-network rate if there is out of network coverage for the service.

Member Reimbursement Process

MassHealth will provide wrap benefits to SHIP PA members for costs incurred for MassHealth covered services from providers who are not in the MassHealth network but are in-network providers in their SHIP plan.

- Reimbursement wrap benefits are available to any SHIP PA member effective from when s/he became active on a SHIP plan in 2016 through 12/31/17.
- To receive these wrap benefits, the member must submit documentation and request reimbursement no later than 90 days of the claim being processed by the SHIP plan .

Member Reimbursement Process, Cont.

- The following critical information is required in order to provide reimbursement:
 - Date of service
 - Provider name and address
 - Service received
 - Member responsibility
 - Where the member wants payment sent (member address or provider address)
 - Provider receipt or EOB
- Reimbursement requests can be sent via:
 - **Email:** MassHealthSHIPPA @umassmed.edu
 - **Mail:** Premium Assistance Program P.O. Box 120068, Boston, MA 02112 ATTN: SHIP
 - **Fax:** [617-886-8400](tel:617-886-8400) Subject Line: SHIP PA

Wrap Benefit Examples: Sample Plan Summaries

SHIP Plan Summary of Benefits

Covered Service	In-Network	Out of Network
Inpt	\$100 copay	50% coin
Outpt Doctor	\$25 copay	20% coin
OT/ST/PT	\$10 copay	20% coin
IVF	\$100	50% coin
Pharmacy	\$10 gen/\$50 brand	Not covered

MassHealth Benefits

Covered Service	Member Resp.
Inpt	\$3
Outpt Doctor	\$0
OT/ST/PT	\$0
Transportation	\$0
Pharmacy	\$1 gen/\$3 brand

Case Examples

1. Bob is a SHIP PA member on MassHealth Standard, and needs a ride to get to the doctor.

- Non-emergency transportation is not covered under the SHIP plan. MassHealth Standard does covers it. MassHealth would provide a service wrap. Bob can use any MassHealth transportation provider.

2. Sue needs IVF in order to become pregnant.

- MassHealth does not cover IVF. The SHIP plan does cover IVF. Sue can obtain IVF using her SHIP plan benefits and is responsible for the IVF \$100 copay. MassHealth pays nothing because it is not a MassHealth covered service.

3. Sue is pregnant and needs to deliver her baby. She goes to a hospital that is both a MassHealth provider, and a SHIP plan in-network provider.

- SHIP covers all but the member copay of \$100. Because the provider is a MassHealth provider, the provider will coordinate benefits and submit the bill for the \$100 member responsibility to MassHealth and Sue does not need to do any more. Sue's responsibility will only be \$3, the MassHealth inpt copay amount.

4. Sue goes to her OB for follow up after her delivery. She sees a provider who is a SHIP in-network provider but NOT a MassHealth provider.

- SHIP covers all but her \$25 copay. This is a MassHealth covered service, so MassHealth will provide wrap, but Sue will need to submit documentation and request reimbursement because the provider is not a MassHealth provider.

Case Examples Continued

5. Bob hurts his elbow playing flag football with his kids. He really wants to see the same physical therapist (PT) his neighbor used when he hurt his elbow. The PT is not a SHIP in-network provider, but is a MassHealth provider.

- The SHIP plan pays at the out of network rate of 80%, and Bob's responsibility is 20%. The provider submits the remaining 20% charge to MassHealth. Bob has to do nothing more and should have no member responsibility.

6. Bob's elbow still hurts and the PT has not been helping. He now wants to see the same PT Gronkowski used when he hurts his shoulder. The PT is neither a SHIP in-network provider nor a MassHealth provider.

- The SHIP plan pays at the out of network rate of 80%, and Bob's responsibility is 20%. Bob is responsible for the 20% member responsibility. MassHealth will not reimburse him the 20% because he did not see a SHIP network provider.

7. Jean is a 20 year old student who needs to see a mental health therapist to help her deal with the stress of final exams. She really wants to see the same provider she saw when she was on her MassHealth Neighborhood Health Plan, who is a SHIP network provider, but is not a MassHealth FFS provider. The provider is a MBHP provider.

- The SHIP plan will cover up to the \$25 member responsibility. Because Jean is under age 21, MBHP will wrap the \$25 member copay. Jean has no more to do and has no member responsibility.

Case Examples Continued

8. Jean turns 21. She's still having anxiety and wants to continue seeing the same mental health provider.

- The SHIP plan will cover up to the \$25 member responsibility. However, now that she is age 21 MBHP no longer provides wrap. Jean will need to submit a request for reimbursement for the \$25 member cost share to SHIP PA. Jean will have no member responsibility.

9. Joe is a 30 year old student who has PTSD and needs to continue seeing his mental health provider on a regular basis. His provider was covered under his MassHealth BMC HealthNet plan, but now he's being told the provider is not in the SHIP plan network or in the MassHealth network.

- Bob could use his SHIP plan out-of-network benefits to cover 80% of the visit. MassHealth would not wrap the 20% member cost share because the provider is not in the SHIP network.

10. Bob goes to Montreal to watch the Bruins play the Canadiens. While in Montreal he's running on the snowy sidewalk to catch a bus falls and sprains his ankle. He goes to a close by urgent care clinic. The urgent care center is a SHIP in-network provider.

- SHIP will cover the visit up to a \$25 member copay. MassHealth will not wrap the \$25 cost share because the service was out of the country and MassHealth does not cover services outside the US.