Division of Health Care Finance and Policy
Health Safety Net (HSN) Claim Update
October 18, 2011

- Beginning January 1, 2012, all Prime, Partial and Secondary claims submitted to the HSN will require a patient's 12 digit MMIS number as the HSN will only use the MMIS number to match for eligibility. Claims without a MMIS number will deny upon submission and will not undergo the second eligibility review that is part of the monthly payment process. Providers should note that this rule applies to all claim (4010 & 5010) submissions.

- Original claims (Type of Bill = xx1) submitted on or after January 1, 2012 must be in the 5010 format. Original claims submitted in the 4010 format on or after January 1, 2012 will be denied. Replacement (Type of Bill = xx7) and Void (Type of Bill = xx8) claims may be submitted in the 4010 format until March 30, 2012. Claims initially submitted in the 4010 may be resubmitted in the 5010 format (replacements & voids); however, TCN's must remain the same. Beginning April 1, 2012, all claims must be submitted in the 5010 claim format as 4010 claims will no longer be processed.

Questions regarding this notice should be forwarded to the Division's Claims Customer Support Center at (866) 697-6080 or HSNHelpLine@PublicSectorPartners.com.