



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid, Health Safety Net  
100 Hancock Street, 6<sup>th</sup> Floor  
Quincy, Massachusetts 02171



CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

AMANDA CASSEL KRAFT  
Acting Assistant Secretary  
for MassHealth

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**\*\*\*August 2021 HSN Billing Reminders & Updates\*\*\***

**FY 2019 Closing**

Providers are reminded that the fiscal year of 2019 (FY19) will be closing on September 30, 2021. Any claims or corrections for FY19 must be completed before the fiscal year is closed. Any claims submitted for processing after the FY closes will be denied by the Health Safety Net (HSN) for submitting after the FY closure date.

**COVID-19 Counseling Codes**

Effective July 26, 2021, the following COVID-19 counseling codes will be billable for hospitals and community health centers: 99401, 99402, 99403, and 99404.

**Presumptive Determinations**

As stated in Administrative Bulletin 21-15, notwithstanding 101 CMR 613.04(4) and (7), and the Eligibility Operations Memo 18-02, the HSN will allow an individual a maximum of two presumptive determinations of low-income patient status within a 12-month period. Providers should continue to use the designated [Health Safety Net Presumptive Determination Application](#). Approved applications for presumptive determination will end according to standard Health Safety Net presumptive determination rules under 101 CMR 613.04(4): Presumptive Determination.

For more information regarding the presumptive eligibility process, please use the following link:  
[Health Safety Net Presumptive Determinations \(HSN-PD\) Information | Mass.gov](#)



## **Populations Exempt from Collection Action**

HSN would like to remind providers of the certain populations exempt from collection action as described in 101 CMR 613.08(3)(a-d). The populations exempt from collection action are summarized below:

- Patients enrolled in MassHealth and patients receiving governmental benefits under the Emergency Aid to the Elderly, Disabled and Children program are exempt from collection action. The provider may bill the patient for required copayments and deductibles.
- Participants in the Children's Medical Security Plan whose MAGI income is less than or equal to 300% FPL are exempt from collection action.
- Low-income patients, other than dental-only low-income patients, are exempt from collection action for any reimbursable health services rendered by a provider receiving payments from the HSN for services received during the period for which the patient has been determined low-income patient. The provider may bill the patient for required copayments and deductibles.
- Low-income patients, other than dental-only low-income patients, with MassHealth MAGI household income or medical hardship family countable income is greater than 150% and less than or equal to 300% of the FPL are exempt from collection action for the portion of the bill that exceeds the deductible. The provider may bill the patient for required copayments and deductibles.

Additional reminders regarding collection action are described below and can be found in 101 CMR 613.08(3)(e-g).

- Providers may bill low income patients for services other than reimbursable health services provided at the request of the patient and for which the patient has agreed to be responsible. Additional provider requirements are described below, and can be found in 101 CMR 613.08(3)(e)(1-2).
  - Providers must obtain the patient's written consent to be billed for the service.
  - Providers may not bill low-income patients for claims related to medical errors.
  - Providers may not bill low-income patients for claims denied by the patient's primary insurer due to an administrative or billing error.
- At the request of the patient, a provider may bill a low income patient in order to allow the patient to meet the required CommonHealth one-time deductible as described in 130 CMR 506.009: The One-time Deductible, or the required MassHealth asset reduction defined in 130 CMR 520.004: Asset Reduction.
- A provider may not undertake a collection action against an individual who has qualified for medical hardship with respect to the amount of the bill that exceeds the medical hardship contribution. If a claim already submitted as Emergency Bad Debt becomes eligible for Medical Hardship payment from the Health Safety Net, the Provider must cease collection activity on the Patient for the services.

For more information regarding populations exempt from collection action, please review the [HSN Populations Exempt from Collection Action Bulletin](#).

## **HSN 837 Partial Claims – Reporting Patient Deductible**

Due to the conclusion of state's public health emergency, effective for dates of service beginning June 15, 2021, HSN is reinstating the HSN Partial requirement at 101 CMR 613.08(3)(C). Providers are responsible for collecting and reporting deductibles for HSN Partial patients. Providers should resume reporting partial deductibles effective for dates of service beginning June 15, 2021, as follows.

- 837I Partial Deductible Institutional claims:
  - providers should resume reporting the HSN Partial Deductible amount(s) by using Value Code D3.

- 837P Partial Deductible Professional claims:
  - the remaining HSN Partial Deductible Amount must be coded with a prefix of “MAHSN” and must be followed by a terms discount value of “20” or “100.”
    - 20 = Partial deductible amount still due.
    - 100 = Partial deductible amount has been met.

Patient Paid Amounts should be reported using the Amount segment with Qualifier F5.

**If an HSN provider has any questions about this billing update, please contact the HSN customer service line at 800-609-7232 or [HSNHelpdesk@state.ma.us](mailto:HSNHelpdesk@state.ma.us).**