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www.mass.gov/eohhs

February 2021 Billing Updates

COVID Vaccine, Testing and Treatment

Providers are urged to review All Provider Transmittal Letter 305 to review HSN's payment policy for the COVID vaccine, testing and treatment. https://www.mass.gov/doc/all-provider-bulletin-304-coverage-and-payment-for-coronavirus-disease-2019-covid-19-vaccine-0/download

As stated in all provider bulletin 305, providers are responsible for checking the Eligibility Verification System (EVS) for MassHealth eligibility and other sources to determine whether a patient is insured. Providers should bill the federal COVID-19 Uninsured Program portal for uninsured patients as defined by the Health Resources and Services Administration (HRSA). Individuals with MassHealth Limited and Health Safety Net patients without other coverage (MassHealth Limited is not considered coverage for purposes of this paragraph) are considered uninsured for purposes of COVID-19 vaccination. Providers should submit their claims for COVID-19 vaccine administration to the HRSA Portal for Uninsured Individuals at https://coviduninsuredclaim.linkhealth.com/

As previously noted, providers are responsible for checking the EVS for MassHealth eligibility and other sources to determine whether a patient is insured. Providers should bill the federal COVID-19 Uninsured Program portal for uninsured patients as defined by HRSA. COVID-19 testing and treatment services provided to an individual who is a Health Safety Net patient only and who does not have any coverage (including MassHealth Limited), should be billed to the federal portal. Likewise, COVID-19 testing and treatment services provided to an individual in the Children's Medical Security Plan only and who does not have any coverage (including MassHealth Limited) should be billed to the federal portal.

CHC Reprocessing

As directed in the December billing update, HSN will be conducting takebacks for the following in the March payments:

- Price adjustments for J7296, J7297, J7298, and J1050
- Removal of J7301



837P HSN Secondary/Tertiary Claims

Effective March 1, 2021, HSN will be activating "fatal edits" for 837P claims received that do not meet the necessary EAF requirements. In order for HSN to process payments on secondary or tertiary claims, HSN requires that the (EAF) Remaining Patient Liability Amount and (PR) Patient Responsibility segments are captured within the 837 files (if EAF contains \$0, no HSN payment will be produced). Failure to include both PR and EAF amounts will result in a \$0 or null payment on the remit.

**Please note HSN also requires that any reported CARC codes (paid or denied by previous payers) contain a dollar value for HSN to process secondary/tertiary claims accordingly.

FY 2019 Closing

Providers are reminded that 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 HSN for submitting after the FY closure date.

HSN Waiver Request

HSN has started to follow the process that MassHealth uses for billing waiver requests. HSN will no longer consider any 3 year billing waiver requests. Providers requesting 1 year, or 90 day requests, should contact HSN Manager of Operations Angela Gizzi for instructions on requesting and processing of claims. (Angela.Gizzi@state.ma.us)

Please contact Health Safety Net for any questions or concerns at 800-609-7232 or HSNHelpdesk@state.ma.us