



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid, Health Safety Net  
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**\*\*\*Important Health Safety Net Billing Updates\*\*\***

**Behavioral Health Medication Management at CHC's:** Effective January 1<sup>st</sup> 2018, the Health Safety Net has adopted a new HCPC code to be used for the purposes of reporting behavioral health medication management visits. For dates of service January 1<sup>st</sup> 2018 and forward, providers can submit claims to the Health Safety Net for behavioral health medication management services using the new 99484 HCPC code.

**HSN Eligibility Denials in December and January:** HSN is aware that some providers may have received eligibility denials on claims in December and January, for patients that were HSN eligible in the MMIS EVS system. A system fix has been implemented and the claims system has now been updated to reflect these eligibilities. If providers have claims they have identified that were impacted by this issue they need to send in these claims again to HSN as a new claim (xx1). If the individual was eligible on the date of service, those claims will now pass. If the individual was not eligible, due to failure to enroll in a Health Connector plan, providers will get an appropriate denial.

**CAS Code 167 and \$0 payments:** HSN has noted that for MH Limited 837I & 837P claims containing CAS Code 167, claims received a \$0.00 payment on the HSN remit (HSN claim adjudicated, no additional reimbursement calculated). During the interim payment period, HSN will review the \$0.00 paid claims that were received at HSN with this CAS code for payment on a future remit.

**HSN 837I Partial Claims:** For 837I claims, providers should report remaining HSN Deductible Amount that has yet to be paid by a patient using Value Code D3. If a patient has met their HSN deductible, Value Code D3 should be reported as 0. Any Patient Paid Amount should be reported using Value Code FC.

**HSN 837P Partial Claims:** For 837P claims, providers should report remaining HSN Deductible Amount that has yet to be paid by a patient on the K3 segment using MAHSN20 D\$(Dollar value).(cents). If a patient has met their HSN deductible, please report only as HSN100.

**MassHealth Prime, HSN Secondary Claims:** Please note that for the lines that were paid by MassHealth because of payment limitations will not be considered for payment by HSN.



**Community Health Center Covered Codes:** Please note that an updated list of CHC Covered Codes is available at: <https://www.mass.gov/doc/hsn-chc-billable-procedure-codes/download>

**HSN Helpdesk requests for “Claim Status”:** HSN has received a large number of “claim status” inquiries from both providers and billing intermediaries. HSN will no longer supply “claim status” information unless an issue has been clearly identified by the facility. In reviewing such “claim status” inquiries, the claim has paid or denied at either MassHealth or HSN. MassHealth denials and payments can be found on the MMIS 835/EOB. The HSN payment (Remits) and denials (Validation Reports) can both be found on INET.

Providers that utilize Billing Intermediaries must ensure that any claim requests sent to HSN must come from the facility/provider via email. Email should include the providers must indicate for any claim inquiry what the exact issue is for the request.

### **Reminders!**

**HSN Interim Payments:** Providers are reminded that HSN will be making calculated interim payments in March, April and May 2018 while some of the HSN infrastructure/servers that are housed at the Executive Office of Technology Services and Security (EOTSS) are updated. Claims processing is NOT affected during this time, and providers should continue to submit HSN claims as part of their normal process.

### **IMPORTANT: HSN Remits**

- A. HSN remits will be posted regularly to INET during this time. Your remit will be based on actual claims data and will not reconcile to the interim payment you are receiving.
- B. In June 2018, HSN will post 2 remits. One remit will be a consolidated summary of the March, April and May remits; the second remit will contain only those claims that are processed for the payment in June.

**Facilities should choose the method that is best for their facility. HSN Emphasizes: PLEASE DO NOT DOUBLE POST BY IMPLEMENTING BOTH ABOVE MENTIONED REMIT METHODS.**

**FY 2016 Closing:** Providers are reminded that FY16 will be closing September 30, 2018. Any claims or corrections for FY16 must be completed before the Fiscal Year is closed. Any claims trying to process after the FY close will be denied.

**HSN Secondary Claims:** Providers are reminded that for HSN to process payment on a claim that HSN is secondary or tertiary, HSN requires both the Remaining Patient Liability Amount and Patient Responsibility (PR) segments that indicate HSN patient covered services.

Please contact Health Safety Net for any questions or concerns. 800-609-7232 or [HSNHelpdesk@state.ma.us](mailto:HSNHelpdesk@state.ma.us)