



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



CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary
October 2017

DANIEL TSAI
Assistant Secretary for
MassHealth

www.mass.gov/eohhs

*****Important Health Safety Net Billing Updates*****

MassHealth Carrier Codes: Beginning January 1, 2018 Health Safety Net will be utilizing the MassHealth Appendix C Third-Party-Liability Codes for all secondary/tertiary claims. Provider should begin now to plan for this transition. Failure to use the correct carrier codes on claims after January 1, 2018 will result in a denial at HSN. More detailed information on using these codes will be sent to providers.

HSN Claim Adjustment Codes: Providers may notice on their HSN Remit that there are new “Claim Adjustment Reason Codes”, which have been implemented to assist providers in understanding claim final disposition. Providers should take the time to review any claims on which these new codes have posted and address any corrections that may be needed.

New messages include:

- **Claim Missing Prior Adjudication Information** (provider must send all prior payer adjudication information for HSN to price claim, including PR and EAF)
- **Bad Debt Evidence is either “Not Passed” in INET or Missing** (provider must enter evidence for BD claim to price. If not passed, and correction to evidence is needed please contact the HSN helpdesk.)
- **MassHealth processed claim with Status of “D”** (HSN claim received from MassHealth as denied. Please refer to the MassHealth remit or contact MassHealth for additional information)
- **0.00 Pricing from MassHealth ex.** Original and Void in same cycle (If provider is trying to correct a claim, please contact the HSN Helpdesk for assistance.)
- **No additional reimbursement calculated** (claim is paid in full by previous payer, or segments given to HSN do not calculate to any payment)
- **HSN Secondary Claim Review, Claim will be processed on future** remit (HSN will further review the claim for payment calculation. Final determination will be indicated on a future remit)
- **HSN Claim Adjudication Denial, Call HSN for detail** (claim appears to have missing or incorrect segments causing HSN to be unable to calculate payment. Provider will need to review the claim and correct as needed)

Billing MassHealth Limited: Providers must not bill HSN for contractual adjustments or pricing adjustments where MH Limited has made a payment as the primary payer. Any provider that has billed HSN for a contractual and or a pricing adjustment should immediately contact the HSN Helpdesk for assistance.



Additionally, when MassHealth has covered an HSN individual's inpatient stay, providers should not bill HSN for any services that were inclusive of the inpatient stay. As per MassHealth regulation 450.203 the payment from MassHealth is considered payment in full under this circumstance.

When billing HSN for outpatient visits, where MassHealth has covered some services , HSN may only be billed for those services that were adjudicated as non-covered by MassHealth. In such instances providers should indicate the services that were not covered by MassHealth by using an appropriate PR code(s) and EAF.

Reminders!

HSN Partial: When reporting HSN Partial amounts on a claim the information is to be reported in the "AMT F3" segment.

Billing HSN for Deductibles; Co-Insurance or Co-payments: Providers are reminded that HSN uses the PR segments and EAF to determine if HSN should be making a payment after insurance.

Providers are reminded that HSN only covers non-covered services, co-insurance, deductibles and co-pays for Medicare eligible individuals. For individuals with private insurance (Commercial), HSN will only reimburse providers for non-covered services, co-insurance and deductibles due. Co-payments are not covered for private insurance.

Reporting Patient Paid Amounts on claim: When reporting patient paid amounts, providers are reminded that the amount should be captured in the "AMT F5" segment of the claim.

Payments greater than total charges: HSN claims where the payment expected amount calculations are greater than the total charges listed on the claim will not be paid. Providers should review the claim and make any corrections needed to prior payer information.

Zero Payments related to "Claim missing Prior Adjudication Information: Providers must, when submitting claims to HSN show all prior payer payments and adjustments. Providers must show on the claim the balance being sent to HSN, using the appropriate PR and EAF segments.

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