



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

DANIEL TSAI
Assistant Secretary for
MassHealth

www.mass.gov/eohhs

November 2019 HSN Billing Reminders & Updates

****HSN 837I Partial Claims requirements effective January 1, 2020 ****

Required with Plan Name of Partial Data Elements of:

- Value Code Information Qualifier Code (Loop 2300 HI##-01) = BE and
- Value Code Information Code (Loop 2300 HI##-02) = FC and <-Patient Prior payments
- Value Code Information Amount (Loop 2300 HI##-05) \geq 0, and
- Value Code Information Qualifier Code (Loop 2300 HI##-01) = BE and
- Value Code Information Qualifier Code (Loop 2300 HI##-02) = D3 and <- Estimated Responsibility Patient
- Value Code Information Amount (Loop 2300 HI##-05) \geq 0

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.

Denial and Warning Edit will indicate the following message:

Partial Claim missing required reporting data elements

NOTE: This Billing Update is a clarification on Partial Elements that have been posted on the HSN Billing Guide Dated June 25, 2012.



****Carrier Code Update for MassHealth Comprehensive****

Please be advised that as of 9/1/2019, claims submitted to the HSN in which HSN is not the Primary Payer. Must have the correct seven digit carrier code (preceding zeros) on the claim or lack thereof could impact reimbursement.

****Update – Effective April 1, 2020 Carrier code DMA7384 for MassHealth Comprehensive is being changed to 0007003. Facilities will begin to receive warnings on 01.01.20 and fatal errors on 04.01.20. ****

All seven characters or digits are necessary for the carrier code to pass.

Providers are directed to use any of the below three carrier codes for the respective MassHealth product:

Carrier Code 0007003: This carrier code should be used to report any MassHealth Comprehensive coverage (i.e. MassHealth Standard or other comprehensive plans) – **effective April 1, 2020.**

Carrier Code 0007001: This carrier code should be used to report any MassHealth Non-comprehensive coverage (i.e. MassHealth Limited or other non-comprehensive plans)

Carrier Code 0007002: This carrier code should be used to report CMSP (only) that has been processed by MMIS

HSN and Billing Intermediary

When a facility utilizes a billing intermediary for claim submission, please note the following:

- **The BI is the only entity that has access to download Validation Reports from INET - (HSN Denial Reports)** – Facilities that require claim information from Validation Reports will need to speak to their BI.
- Facilities utilizing a BI for the first time or changing BI's must notify MassHealth EDI; must notify HSN via email in addition to filling out an HSN Business Partner Agreement and an HSN User Agreement form both located in INET.
- HSN claim questions from a BI will be redirected to the facility due to the facility retaining a contract with the BI.
- Facilities can contact HSN regarding claim billing questions or claim payments.

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