



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

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Health Safety Net (HSN) Claim Update Subscriber vs Patient Hierarchical Level

This HSN billing update is related to claims submitted on 837I, 837P and 837D

Effective February 1, 2017, providers must insure that the following claim file requirements are met for claim payment consideration from HSN:

HSN requires that providers do not invoke the patient Hierarchical Level segment. This insures that only one patient is associated to a unique MMIS ID:

- Destination Payer's Subscriber segment must contain the Individual relationship Code equal to 18.
- Claims submitted without the Individual Relationship Code of 18 at the Destination Payer's Subscriber Level will be denied by HSN and not eligible for payment consideration.
- Claims denied at HSN for Individual Relationship Code missing can be corrected. Providers should void the claim passed at MMIS and resubmit a new original claim with all corrections on the new original.

