

# Health Safety Net Updates

Massachusetts Health Care Training Forum  
April 2018



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# HSN Updates – Agenda

- Billing Updates/Reminders
  - Carrier Codes
  - Additional HSN Billing Updates and Information
  - ICN vs. TCN
- 2003 Server Upgrade Project



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# HSN Billing Updates – Carrier Codes

- For any HSN Secondary Claims submitted on or after August 15<sup>th</sup> 2018, regardless of date of service on the claim, providers are required to report the seven-digit carrier code of the prior payer(s) on the claim.
- This is the same listing of carrier codes that providers use to report on MassHealth claims.
- Failure to report a carrier code on any HSN Secondary Claim will result in claim denial.
- Please refer to the Billing Update sent to providers.  
<https://www.mass.gov/service-details/information-about-hsn-provider-guides-and-billing-updates>

**\*IMPORTANT: Providers can submit Carrier Codes on HSN claims using this guidance immediately. It will not impact claim processing or payments. Providers are highly encouraged to implement carrier code updates in your systems as soon as possible.**



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# HSN Billing Updates – Carrier Codes cont.

- A complete listing of the carrier codes is provided by MassHealth in the All Provider Manual under Transmittal Letter ALL-213 dated 11/01/2014; see Section II, page C-2.

<http://www.mass.gov/eohhs/docs/masshealth/providermanual/appx-c-all.pdf>

- If a primary payer is not represented within the Transmittal Letter, providers are advised to submit a Third Party Carrier Code Request form to MassHealth via Fax: 617-886-8134 Form available at:

<https://www.mass.gov/files/documents/2017/11/24/tpccr.pdf>



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# Reporting MassHealth or CMSP as Primary Payer

- For claims submitted on or after August 15<sup>th</sup> 2018, providers are required to report the new seven-digit Carrier Code of **DMA7384**.
- Providers may use this new MassHealth/CMSP Carrier Code in addition to the previously defined 0007001 during the transition period prior to August 15<sup>th</sup> or replace it immediately with no change in HSN adjudication process.
- Failure to report **DMA7384** after August 15<sup>th</sup> 2018 on any HSN Secondary Claim where MassHealth or CMSP is reported as the Primary Payer will result in claim denials.



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# Additional HSN Billing Updates

- **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).
  - Exe: MAHSN20 D\$152.34
  - If a patient has met their HSN deductible, please report only as MAHSN100.



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# Additional HSN Information

- **Community Health Center (CHC) Covered Codes:** Please note that an updated list of CHC Covered Codes is available on the HSN website at: <https://www.mass.gov/doc/hsn-chc-billable-procedure-codes/download>
- **Behavioral Health Medication Management at CHC's:** 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.



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# Billing Reminders

## What is the difference – ICN vs. TCN

- An ICN is assigned to a claim by MassHealth.
- Each time a claim is submitted to MassHealth, a new ICN is assigned.
- New ICN's are assigned whenever a provider submits an original, replacement or a void claim.
- The first 2 digits of an ICN may change, depending on the type of submission of the claim. Providers need to always be aware of the last ICN assigned.
- Some examples of the first 2 digits (which HSN can process) include:
  - 20 (Electronic claims with no attachments)
  - 59 (Internet/Electronic Voids or Adjustments)
  - 84 (Internal (MMIS) reprocessed claim)





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# Billing Reminders

## What is the difference – ICN vs. TCN

- The TCN (transaction control number), also called the “patient account number) is assigned by the providers billing system.
- HSN uses the TCN to identify claims in the HSN system.
- The **TCN should not enumerate or be changed**, when sending in claims (i.e. replacement claims void claims etc.).
- Please refer to the December 2016 Billing Reminders which states:
  - TCN/Patient Account Number: As a reminder, providers must not enumerate the reported TCN/Patient Account Number when correcting claims. Any billing system enumeration should be suppressed.
  - Additionally, when sending information or claim reviews to HSN, Providers must send in the entire TCN/Patient Account Number, including any leading zero’s and any prefix or suffix that is part of that identifier.



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# 2003 Server Upgrade Project

- The HSN must update its servers to comply with the Massachusetts Executive Office of Technology Services and Security requirements by the end of 2018.
- This operational process will occur over several months which began in March 2018.
- During this time, both HSN payment processes and the INET system will be affected at various times.
- All facilities should continue to submit all 837I, 837P, 837D, and POPS claims to HSN. In addition, if applicable to the facility continue to submit Emergency Room Bad Debt (ERBD) recoveries and Free Care Endowment Income.
- Providers should monitor the HSN website for future communications of server upgrade details, and any changes you should expect.



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# 2003 Server Upgrade Project - Remits

- HSN will post to INET individual remits for the months of March, April and May 2018.
  - 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.
  - To avoid duplicate posting, individual facilities should refer back to your facilities finance team if you have any questions regarding how to post .
- \*\* As a reminder during the month of March, April, and May, facilities will still be receiving interim payments. Remits will be based on actual claims data and will not reconcile to the interim payment you are receiving.



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# QUESTIONS?

