

Health Safety Net Updates

Massachusetts Health Care Training Forum
January 2017



HSN Updates – Agenda

HSN Medicare Renewal

HSN Billing Updates and Reminders:

- Duplicate Lines vs. Differing Rendering Providers
- Zero (\$0) Charges and Total Charges
- Subscriber vs Patient Hierarchical Level
- Secondary Elements on HSN Secondary Claims
- HSN Claim Reminder: “Other” Identifier on Destination Payer’s Subscriber Level

DentaQuest – New HSN Dental Claims Administrator Started 1/1/17



HSN Medicare Renewal

In February, HSN will renew individuals with HSN who have Medicare and their family members. This renewal mailing will include:

- Some households with individuals over age 65, will need to submit a SACA-2.
- Some households with individuals all under age 65, will need to apply online at MAHealthConnector.org or submit an ACA-3.

Each household up for renewal will receive a letter (in English or Spanish) and the appropriate renewal application. These applications will not be pre-populated with information.

- These letters will include important contact information for SHINE counselors who can assist Medicare enrollees with their Medicare options.

Please pay close attention to assister communications in February for more information and important dates.



HSN Billing Updates

- At the end of December, the HSN sent out to all known HSN providers and their billing intermediaries important information about upcoming billing changes as well as reminders of common billing issues that facilities have had in the past.
- The information from these updates can be found on the MassHealth website at www.mass.gov/masshealth/healthsafetynet/providers
 - Today we will be reviewing the billing updates from that December email, but please visit the website above to review them in more detail and to review the billing reminders.
- The HSN will be sending through email ongoing billing updates and reminders, so please pay close attention to any emails coming for the HSN Helpdesk.
- If you did not receive the information and would like to be added to the HSN Helpdesk email list, please contact the HSN Helpdesk at HSNHelpdesk@state.ma.us.



Billing Updates: How to Find them on the HSN Website

From HSN Provider Homepage,
click “Provider Guides and
Information”

All Billing Updates are there

For Providers

The "For Providers" section contains hospital and community health center claims, billing and payment, and pharmacy services information; serious reportable events guidelines, the special circumstances application, and frequently asked questions.

[Hospitals: Health Safety Net Information](#)

[Community Health Centers: Health Safety Net Information](#)

[HSN-INET Information](#)

[Pharmacy Services](#)

[Serious Reportable Events Guidelines](#)

[Special Circumstances Application](#)





[HSN Regulations](#)

[Provider Guides and Information](#)

[Health Safety Net Presumptive Determinations \(HSN-PD\) Information](#)













Provider Guides and Information

User Guides

- [EBDEC Evidence File Specification](#)  
- [INET Web Application User Guide to: Hospital Emergent and CHC Urgent Care Bad Debt Evidence Collection](#)  
1MB

Billing Reminders and Updates

The HSN issues regular billing updates. Please review these updates **carefully**, as they may impact how your facility bills HSN now or in the future! Please share these updates with any and all individuals/entities that assist your facility in billing including your billing intermediaries. Each reminder or update indicates the effective date for these guidelines and which 837 category they impact (i.e. 837I, 837P, and/or 837D).

- [Important Health Safety Net Billing Updates and Reminders—December 2016](#)  
- [Duplicate Lines vs. Differing Rendering Providers—December 2016](#)  
- [“Other” Identifier on Destination Payer’s Subscriber Level—December 2016](#)  
- [Secondary Elements on HSN Secondary Claims—December 2016](#)  
- [Subscriber vs. Patient Hierarchical Level—December 2016](#)  
- [Zero Charges and Total Charges—December 2016](#)  

Frequently Asked Questions about Health Safety Net (HSN) Policy Changes

www.mass.gov/masshealth/healthsafetynet/providers



HSN Claim Update: Duplicate Lines vs. Differing Rendering Providers

This billing update is related to claims submitted on **837P and 837D**.

Effective March 1, 2017: HSN requires that providers submitting Professional and Dental claims where the same CPT/HCPCS/CDT code could be reported by different providers on the same patient for the same date of service be **separately identified at the Line Level**.

This will affect any dates of service going forward, as well as any dates of service where a claim is reprocessed.

Detailed steps are on the HSN website:

<http://www.mass.gov/eohhs/docs/masshealth/hsn/duplicate-lines-vs-differing-rendering-providers.pdf>



HSN Claim Update: Zero (\$0) Charges and Total Charges

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

Effective **February 1, 2017**: HSN requires the following of charges submitted on claims:

- Institutional (837I) claims must have a Monetary Amount greater than \$0 in the Claim Segment (Total Charges). All Revenue Code Lines with monetary amount populated must equal the Total Charge Amount in the Claim Segment when added together.
- Professional (837P) and Dental (837D) claims must have a Monetary Amount greater than \$0 in the Claim Segment (Total Charges). All Service Lines with Monetary Amount populated must equal the Total Charge Amount in the Claim Segment when added together.

Detailed steps are on the HSN website:

<http://www.mass.gov/eohhs/docs/masshealth/hsn/zero-charges-and-total-charges-dec-2016.pdf>



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.

Detailed steps are on the HSN website:

<http://www.mass.gov/eohhs/docs/masshealth/hsn/subscriber-vs-patient-hl.pdf>



HSN Claim Update: Secondary Elements on HSN Secondary Claims

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

Effective March 1, 2017: HSN requires that claims adjudicated (with payment) by a prior payer and submitted to the HSN for final payment consideration of coinsurances, copays, deductibles and/or non-covered **services have the necessary segments populated with correct and active reason codes from the prior payers' adjudication.**

The elements used to determine HSN Secondary Payments based on a “monetary amounts in alignment” logic is detailed on the HSN website: <http://www.mass.gov/eohhs/docs/masshealth/hsn/secondary-elements-on-hsn-secondary-claims.pdf>



HSN Claim Reminder: “Other” Identifier on Destination Payer’s Subscriber Level

This HSN billing reminder is related to claims submitted on **837I, 837P, and 837D** and has been a requirement as posted in HSN Billing Guidelines.

REMINDER! HSN requires that providers code the Destination Payer’s Subscriber Level Claim Filing Indicator Code as Mutually Defined. This clarification allows for appropriate claim editing and payment consideration:

- Destination Payer’s Subscriber segment must contain the Claim Filing Indicator Code of ZZ.
- Claims submitted with any other Claim Filing Indicator Code will be **denied** by HSN and not eligible for payment consideration.
- Claims denied at HSN for Incorrect Claim Filing Indicator Code can be corrected. Providers should void the paid claim in MMIS, and resubmit a new original claim with all corrections.

Detailed steps are on the HSN website:

<http://www.mass.gov/eohhs/docs/masshealth/hsn/other-identifier-destination-payer.pdf>



HSN Update: DentaQuest - Dental Third Party Administrator

Starting on January 1, 2017, DentaQuest (DQ) administers HSN Dental.

- **This does not change HSN eligibility or covered services.**

EDI Trainings for 837D electronic claims occurred in September and October.

- All clearinghouse/vendor questions should be sent to:
editeam@greatdentalplans.com

Staff Trainings were offered by DentaQuest in November and December.



Transitioning from HSNO to DQ For Dental Claims

Where should I submit claims and adjustments?

- For DOS **before 1/1/17** - submit to HSN using HSN 837 format.
- For DOS **on or after 1/1/17** - submit to DQ using 837 format outlined in the DQ/HSNO companion guide.

How should I submit claims that contain a span date prior to and beyond 1/1/17?

- The facility needs to create two separate 837D files:
 1. 837D file containing DOS **prior to 1/1/17** sent to HSNO.
 2. 837D file containing DOS **on or after 1/1/17** sent to DQ.

DQ/HSNO Companion Guide and Electronic Enrollment Request form can be found at:

www.masshealth-dental.net/MemberServices/BecomeAProvider.aspx



Where should I direct my dental claims questions?

**DentaQuest Customer
Service: 1-800-207-5019**

- **Claims**
- **Eligibility**
- **Covered Services**
- **Prior Authorizations**

**HSN Provider Helpdesk:
1-800-609-7232**

- **HSNO Remit questions**
- **Confidential questions**

**HSN Patient Customer
Service Center
1-877-910-2100**

