

Health Safety Net (HSN) 2016 Credit and Collection (C&C) Policy Cross Reference Index

CONTACT INFORMATION

Provider Name:			
Contact Name:		Title:	
Contact #:		Contact Email:	
CFO Name:		CFO Email:	

The descriptions below are for convenience only -- please refer to the applicable provisions of 101 CMR 613.00 for the actual requirement.

Part #	Exceptions	Reference	CC/FAP Page # (or N/A)	101 CMR 613.00 Credit & Collection Regulatory Requirements
1. General Filing Requirements - Section 613.08(1)(c)				
1-1		613.08(1)(c)		Electronic Filing with Table of Contents
2. General Definitions of Emergency Care and Urgent Care - Section 613.02				
2-1	Hospitals Only	613.02		Emergency Services definition to be used in determining Allowable Bad Debt under § 613.06
2-2		613.02		Urgent Care Services definition to be used in determining Allowable Bad Debt under § 613.06
3. General Collection Policies & Procedures - Sections 613.08(1)(c)2 and 613.04(6)(c)3				
3-1		613.08(1)(c)2a		Standard collection policies and procedures for patients
3-2		613.08(1)(c)2b		Policies and procedures for collecting financial information from patients
3-3	Hospitals Only	613.08(1)(c)2c		Emergency Care classification; elective or scheduled services differentiated
3-4		613.08(1)(c)2d		Policy for deposits and payment plans
3-5		613.08(1)(c)2e		Copies of billing invoices and notification of assistance
3-6		613.08(1)(c)2f		Description of any discount or charity program for the uninsured
3-7	Hospitals Only	613.08(1)(c)2g		Acute hospital's deductible payment option at each HLHC, satellite, and/or student health center (specified in Part 3-8)
3-8	Hospitals Only	613.04(6)(c)5a		Full or 20% deductible payment option for all partial HSN patients at HLHC, satellite, and/or student health center
3-9	CHCs Only	613.04(6)(c)5a		Community Health Center (CHC) charge of 20% of deductible per visit to all partial HSN patients
3-10		613.08(1)(c)2h		Direct Website(s) or URL(s) where the Provider's Credit and Collection Policy, Provider Affiliate List (if applicable), and other financial assistance policies are posted
3-11	Hospitals Only	613.08(1)(d)		Provider Affiliate List, effective the first day of the Acute Hospital's fiscal year beginning after December 31, 2016
4. Collection of Financial Information - Section 613.06(1)(a)				
4-1		613.06(1)(a)1		Inpatient, Emergency, Outpatient, & CHC Services
4-2	Hospitals Only	613.06(1)(a)2a		Inpatient Verification
4-3		613.06(1)(a)2b		Outpatient/CHC Verification
5. Deposits & Payment Plans - Section 613.08(1)(f)				
5-1		613.08(1)(g)1		Deposits may not be required for Emergency Services or Low Income Patients
5-2		613.08(1)(g)2		Deposits requests from Low Income Patients
5-3		613.08(1)(g)3		Deposits requirement from Medical Hardship patient
5-4		613.08(1)(g)4		Interest-free payment plans on balances less than, and greater than, \$1000
6. Populations Exempt From Collection Action - Section 613.08(3) and 613.05(2)				
6-1		613.08(3)(a)		MassHealth and Emergency Aid to the Elderly, Disabled, and Children (EAEDC) enrollees
6-2		613.08(3)(b)		Participants in the Children's Medical Security Plan (CMSP) with Modified Adjusted Gross Income (MAGI) income equal to or less than 300% FPL
6-3		613.08(3)(c)		Low Income Patients, except Dental-Only Low Income Patients
6-4		613.08(3)(d)		Low Income Patient with HSN Partial
6-5		613.08(3)(e)		Low Income Patient consent on billing for non-Reimbursable Health Services
6-6		613.08(3)(e)1		Low Income Patient consent exclusion for medical errors including Serious Reportable Events (SREs)
6-7		613.08(3)(e)2		Low Income Patient consent exclusion for administrative or billing errors
6-8		613.08(3)(f)		Low Income Patient consent for CommonHealth one-time deductible billing
6-9		613.08(3)(g)		Medical Hardship patient & Emergency Bad Debt eligible for Medical Hardship
6-10		613.05(2)		Provider fails to timely submit Medical Hardship application
7. Minimum Collection Action on Hospital Emergency Bad Debt & CHC Bad Debt - Section 613.06(1)(2)(3) and (4)				
7-1		613.06(1)(a)3bi		Initial Bill
7-2		613.06(1)(a)3bii		Collection action subsequent to Initial Bill
7-3		613.06(1)(a)3biii		Documentation of alternative collection action efforts
7-4		613.06(1)(a)3biv		Final Notice by Certified Mail
7-5		613.06(1)(a)3bv		Continuous collection action with no gap exceeding 120 days
7-6		613.06(1)(a)3d		Collection action file
7-7	Hospitals Only	613.06(2)		Emergency Bad Debt claim and Eligibility Verification System (EVS) check
7-8	Hospitals Only	613.06(3)		HLHC Bad Debt claim and EVS check
7-9	CHCs only	613.06(4)		CHC Bad Debt claim and EVS check
8. Available Third Party Resources - Section 613.03(1)(c)3				
8-1		613.03(1)(c)3		Diligent efforts to identify and obtain payment from all liable parties
8-2		613.03(1)(c)3a		Determining the existence of insurance including, when applicable, motor vehicle liability insurance
8-3		613.03(1)(c)3b		Verification of patient's other health insurance coverage
8-4		613.03(1)(c)3c		Submission of claims to all insurers
8-5		613.03(1)(c)3d		Compliance with insurer's billing and authorization requirements
8-6		613.03(1)(c)3e		Appeal of denied claim
8-7		613.03(1)(c)3f		Return of HSN payments upon availability of third party resource
9. Serious Reportable Events - Section 613.03(1)(d)				
9-1		613.03(1)(d)1		Billing & collection for services provided as a result of SRE
9-2		613.03(1)(d)2		Billing & collection for services that cause or remedy SRE
9-3		613.03(1)(d)3		Billing & collection by provider not associated with SRE for SRE-related services
9-4		613.03(1)(d)4		Billing & collection for readmission or follow-up on SRE associated with provider
10. Provider Responsibilities - Section 613.08(1)(a)(b)(h)				
10-1		613.08(1)(a)		Nondiscrimination
10-2		613.08(1)(b)		Board approval for legal execution against patient home or motor vehicle
10-3		613.08(1)(h)		Provider responsibility to advise patient on duties and responsibilities
11. Patient Rights and Responsibilities - Section 613.08(1)(2)				
11-1		613.08(2)(a)1		Provider responsibility to advise patient on right to apply for MassHealth, Health Connector programs, HSN, Medical Hardship
11-2		613.08(2)(e)2a		Provider responsibility to provide individual notice of Eligible Services and programs of public assistance during the Patient's initial registration with the Provider
11-3		613.08(2)(e)2c		Provider responsibility to provide individual notice of Eligible Services and programs of public assistance when a Provider becomes aware of a change in the Patient's eligibility or health insurance coverage
11-4		613.08(2)(a)2		Provider responsibility to advise patient of the right to a payment plan
11-5		613.08(2)(b)1		Provider responsibility to advise patient on duty to provide all required documentation
11-6		613.08(2)(b)2		Provider responsibility to advise patient on duty to inform of change in eligibility status & available Third Party Liability (TPL)
11-7		613.08(2)(b)3		Provider responsibility to advise patient on duty to track patient deductible
11-8		613.08(2)(b)4		Provider responsibility to advise patient on duty to inform HSN/MassHealth of any TPL claim/lawsuit
11-9		613.08(2)(b)4a		Provider responsibility to advise patient on duty to file TPL claim on accident, injury or loss
11-10		613.08(2)(b)4bi		Provider responsibility to advise patient on assigning right to recover HSN payments from TPL claim proceeds
11-11		613.08(2)(b)4bii		Provider responsibility to advise patient on duty to provide TPL claim or proceeding information
11-12		613.08(2)(b)4biii		Provider responsibility to advise patient on duty to notify HSN/MassHealth within ten days of filing TPL claim/lawsuit
11-13		613.08(2)(b)4biv		Provider responsibility to advise patient on duty to repay HSN for Eligible Services from TPL proceeds
11-14		613.08(1)(e)1a		Provider responsibility to provide individual notice of financial assistance during the Patient's initial registration with the Provider
11-15		613.08(1)(e)1c		Provider responsibility to provide individual notice of financial assistance when a Provider becomes aware of a change in the Patient's eligibility or health insurance coverage
11-16		613.08(2)(c)		Provider responsibility to advise patient of HSN limit on recovery of TPL claim proceeds
12. Distribution of Financial Assistance Program Information - Section 613.08(1)(f)				
12-1		613.08(1)(f)1		Location of the signs
12-2		613.08(1)(f)1		Size of the signs
12-3		613.08(1)(f)1		Multi-lingual signs when applicable
12-4		613.08(1)(f)1		Wording in signs
12-5		613.08(1)(f)2		Providers must make their Credit and Collection Policy and Provider Affiliate List (if applicable) available on the Provider's website
13. Sample Documents & Notices on Availability of Assistance - Section 613.08(1)(e)(f)				
13-1		613.08(1)(e)1b		Sample of assistance notice on billing invoice
13-2		613.08(1)(e)2b		Sample of Eligible Services and programs of assistance notice on billing invoice
13-3		613.08(1)(e)3		Sample of assistance notice in collection actions (billing invoices)
13-4		613.08(1)(e)4		Sample of payment plan notice to Low Income or Medical Hardship patients
13-5		613.08(1)(f)		Sample of posted Signs