

Health Safety Net Medical Hardship Application Guidelines

Medical Hardship¹ is a type of assistance available from the Health Safety Net (HSN) through which a one-time payment is made to Providers on behalf of eligible Patients whose Allowable Medical Expenses exceed an established percentage of their Countable Income (see 101 CMR 613.05(1) for specific eligibility requirements). Individual Patients may not submit Medical Hardship applications on their own; rather Providers' financial counselors or other authorized representatives must complete the online application in conjunction with the Patient. (If the Patient is deceased, the Provider may complete the application in conjunction with an authorized family member or representative of the estate.)

An approved Medical Hardship application results in a one-time payment from the HSN to an HSN Provider or Providers for the eligible Patient's Allowable Medical Expenses for services already rendered to the Patient. It is not an ongoing eligibility category. A financial contribution from the Patient may be required based on the Patient's income level, as described in 101 CMR 613.05(5). Providers may submit only two applications per applicant per year, and may submit applications only on behalf of Patients to whom the Provider has rendered services.²

Application Process

- Once a Patient has decided that he or she would like to apply for Medical Hardship assistance, the Provider must begin the application process through the online application system in [INET](#). If the Patient's income is below 405% of the Federal Poverty Level (FPL), the Provider must advise the Patient to apply for programs of public assistance, including MassHealth, at the same time the Patient applies for Medical Hardship. The Health Safety Net will not finalize processing of the Medical Hardship application for a Patient with income below 405% FPL until the Patient has documented an eligibility determination from MassHealth and other applicable programs.
- There are two general categories of information and documentation Providers and Patients must submit to the HSN in order to complete a Medical Hardship application and receive a determination, as described below.
 - A. Information necessary to complete and submit an online application in INET (*Category A*). *Category A* information includes
 - general information about the Patient (and Patient's family, if applicable), including name, address, and other demographic information;
 - the Patient's household income (earned, unearned, and rental incomes); and
 - information about the Patients' medical expenses.
 - B. Documentation that must be received by the HSN before a determination can be made (*Category B*). *Category B* documentation includes
 - documentation of Countable Income for both the Patient and his/her family members (including the head of household), if applicable. This includes current earned income, unearned income, and rental income;
 - proof of Massachusetts residency;
 - detailed, itemized documents for all applicable medical expenses; and
 - any additional information that the HSN deems relevant to the application.

¹ Capitalized terms used herein shall have the meanings ascribed to them in 101 CMR 613.00.

² Applications may, however, include Allowable Medical Expenses for services rendered to the Patient by Providers other than the submitting Provider, and approved applications may result in payment to the rendering Provider(s).

- Once the Patient has supplied all of the required *Category A* information and the Provider has completed all of the required fields of the online application, the Provider may submit the application in INET. Please note that to submit the application, the Provider must hit the “**Submit**” button. Hitting “Save” does not submit the application, even if the application is complete.
- The Provider must submit the Medical Hardship application in INET within five business days from the date the Patient supplies the required *Category A* information. Providers should maintain a detailed record of Patient contact and dates when Patients provide information.
- The Provider must also print the entire application and request that the Patient sign and date the signature page. The Provider may not sign the application on behalf of the Patient.
- After the application is submitted, the paper copy of the signed Medical Hardship application and any supporting *Category B* documentation that the Patient has already supplied to the Provider must be mailed by the Provider to the following address.

HSN: Medical Hardship
100 Hancock Street, 6th Floor
Quincy, MA 02171

- While the HSN must receive the *Category B* documentation listed above and the Patient must receive a determination of eligibility for other programs (if applicable) before the HSN will render a Medical Hardship determination, Providers should not wait for this information before submitting the online application in INET. The INET submission date is the Medical Hardship application date for purposes of 101 CMR 613.05(3).
- If the HSN does not receive all required documentation within 14 days after the application is submitted, the HSN will send a written notice to the Patient, copying the Provider, indicating that documentation is outstanding. The Patient must respond within 30 calendar days of the date of this notice, or the application will be denied.
- Providers must keep a copy of the application and all relevant proofs and documentation for their records pursuant to 101 CMR 613.07(1)(b).

Application Troubleshooting

- Before moving on to each successive page of the application, the Provider should run an error check on the application and hit “Save” to ensure that all information is correctly entered and to avoid loss of progress.
- If you reach the end of the application and the “**Submit**” button does not appear, run an error check on the application and make sure all income and demographic information is entered correctly.
- If the “**Submit**” button does not appear after an error check, be sure that you have clicked the “**Facility Calculation**” button.
- If the “**Submit**” button still does not appear, contact the HSN Help Desk at 1-800-609-7232 or hsnhelpdesk@state.ma.us.