



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid, Health Safety Net  
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## HSN Populations Exempt from Collection Action

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### **HSN would like to remind providers that they must not bill:**

- Patients enrolled in MassHealth and patients receiving governmental benefits under the Emergency Aid to the Elderly, Disabled and Children program except that the provider may bill patients for any required copayments and deductibles. The provider may initiate billing for a patient who alleges that he or she is a participant in any of these programs but fails to provide proof of such participation. Upon receipt of satisfactory proof that a patient is a participant in any of the above listed programs, and receipt of the signed application, the provider must cease its collection activities.
- Participants in the Children's Medical Security Plan, with MAGI of less than or equal to 300% of the FPL. The provider may initiate billing for a patient who alleges that he or she is a participant in the Children's Medical Security Plan but fails to provide proof of such participation. Upon receipt of satisfactory proof that a patient is a participant in the Children's Medical Security Plan, the provider must cease all collection activities.
- Low-income patients, other than dental-only low-income patients, are exempt from collection action for any reimbursable health services rendered by a provider receiving payments from the Health Safety Net for services received during the period for which they have been determined low-income patients, except for copayments and deductibles. Providers may continue to bill low-income patients for eligible services rendered prior to their determination as low-income patients after their low-income patient status has expired or otherwise been terminated.
- Low-income patients, other than dental-only low-income patients, with MassHealth MAGI household income or medical hardship family countable income, as described in 101 CMR 613.04(2), greater than 150% and less than or equal to 300% of the FPL are exempt from collection action for the portion of his or her provider bill that exceeds the deductible and may be billed for copayments and deductibles as set forth in 101 CMR 613.04(8)(b) and (c). Providers may continue to bill low-income patients for services rendered prior to their determination as low-income patients after their low-income patient status has expired or otherwise been terminated.



- Individuals who have qualified for medical hardship with respect to the amount of the bill that exceeds the medical hardship contribution. If a claim already submitted as emergency bad debt becomes eligible for medical hardship payment from the Health Safety Net, the provider must cease collection activity on the patient for the services.
- Low-income patients for claims related to medical errors including those described in 101 CMR 613.03(1)(d).
- Low-income patients for claims denied by the patient's primary insurer due to an administrative or billing error.

**However, providers may bill:**

- Low-income patients for services other than reimbursable health services provided at the request of the patient and for which the patient has agreed to be responsible, with the exception of those services described in 101 CMR 613.08(3)(e)1 and 2. Providers must obtain the patient's written consent to be billed for the service.
- At the request of a low-income patient, in order to allow the patient to meet the required CommonHealth one-time deductible as described in 130 CMR 506.009: The One-time Deductible or the required MassHealth asset reduction defined in 130 CMR 520.004: Asset Reduction.

Please contact Health Safety Net for any questions or concerns at 800-609-7232 or [HSNHelpdesk@state.ma.us](mailto:HSNHelpdesk@state.ma.us)