



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid, Health Safety Net
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www.mass.gov/eohhs

*****July 2020 HSN Billing Reminders & Updates*****

Populations Exempt from Collection Action

The Health Safety Net (HSN) exempts certain populations from collection action as described in 101 CMR 613.08(3). Below is a summary of the populations exempt and not exempt from collection action.

- Patients Enrolled in MassHealth and patients receiving governmental benefits under the Emergency Aid to the Elderly, Disabled and Children program are exempt from collection action, except that the provider may bill patients for any required copayments and deductibles.
- Note: Providers 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 whose MAGI income is less than or equal to 300% FPL.
- Note: 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 HSN for services received during the period for which they have been determined low-income patients, except for copayments and deductibles.
- Note: 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 is 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 deductible.
- Note: 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.
- 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.



- Providers may not bill low-income patients for claims related to medical errors
- Providers may not bill low-income patients for claims denied by the patient’s primary insurer due to an administrative or billing error.
- At the request of the Patient, a Provider may bill 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.
- A provider may not undertake a collection action against an individual who has 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.

CHC Rate Update

The Health Safety Net has adjusted the Community Health Center rate for procedure codes: J7296, J7297, J798, and J1050. Additionally, J7301 will no longer be a covered procedure code. The updated rates are listed below, along with the respective implementation dates.

Updated Procedure Codes and Rates

Code	Rate	Effective for dates of service
J7296	\$240.60	January 1, 2020
J7297	\$59.62	January 1, 2020
J7298	\$295.78	January 1, 2020
J1050	\$0.56	January 1, 2020

Please note that claims with the incorrect rates will be reprocessed.

Please contact Health Safety Net for any questions or concerns. 800-609-7232 or HSNHelpdesk@state.ma.us

FY 2018 Closing

Providers are reminded that FY18 will be closing on September 30, 2020. Any claims or corrections for FY18 must be completed before the Fiscal Year is closed.

Any claims or corrections for FY18 must be completed before the FY is closed. Any claims submitted for processing after the FY closes, will be denied by HSN, for submitting after the FY closure date.

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COVID-19 Interim Payment

Providers will continue to see an interim payment for the month of July (May processed claims). Also note that your facility can retrieve the July payment remit from INET.

For the August’s payment cycle, HSN will be off interim payments and will begin the reconciliation period for hospital’s and CHC’s.

If you have any questions, please feel free to contact Tim Flaherty, HSN Fiscal Operations Supervisor Phone (617) 786-4415; Email: Timothy.Flaherty@MassMail.state.ma.us or Jim Clougher, HSN Fiscal Operations Manager Phone (617) 786-4347 Email: James.Clougher@MassMail.state.ma.us