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

CONTACT INFORMATION

Provider Name:

Contact Name:

Contact Email:

Part # Exceptions Reference

1 613.06(2)

Emergency exception to state in a hospital setting: Hospital Self-pay Patient

2 613.08(2)(b)4bi

Examples of patient overpayment (but not limited to): On a paper or electronic form provided by the covered entity or covered entity request

3 613.08(2)(b)4biv

Examples of patient overpayment (but not limited to): On a paper or electronic form provided by the covered entity or covered entity request

4 613.08(1)(d)

Patient has a right to be informed of the provider'surl on the provider's website

5 613.08(1)(g)2

Patient has the right to be informed if the provider's website does not contain a detailed web link

6 613.08(1)(g)3

Provider responsibility to inform patient of a right to a payment plan

7 613.08(1)(c)2d

Provider responsibility to inform patient on duty to provide all required documentation

8 613.03(1)(c)3

Provider responsibility to advise patient on duty to track patient deductible

9 613.03(1)(d)

Provider responsibility to advise patient on duty to inform HSN/MassHealth of any TPL claim/lawsuit

10 613.03(1)(d)4

Provider responsibility to advise patient on duty to inform of change in eligibility status & available Third Party Liability (TPL)

11 613.03(1)(c)3c

Provider responsibility to provide individual notice of Eligible Services and programs of public assistance during the Patient's initial registration with the Provider

12 613.03(1)(c)3d

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

13 613.04(6)(c)3

Provider responsibility to advise patient on duty to notify HSN/MassHealth within ten days of filing TPL claim/lawsuit

14 613.08(3)(c)

Provider responsibility to advise patient on duty to notify HSN/MassHealth of any TPL claim/lawsuit

15 613.08(3)(e)1b

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

16 613.08(3)(e)2

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

17 613.08(3)(g)

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

18 613.08(3)(h)

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

19 613.08(2)(b)4bi

Examples of patient overpayment (but not limited to): On a paper or electronic form provided by the covered entity or covered entity request

20 613.08(1)(f)2

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

21 613.08(1)(f)3

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

22 613.08(1)(g)2

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

23 613.08(1)(g)3

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

24 613.08(2)(a)1

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

25 613.08(1)(c)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

26 613.08(1)(e)1b

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

27 613.08(1)(e)2b

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

28 613.08(1)(e)2

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

29 101 CMR 613.00 Credit & Collection Regulatory Requirements

Nondiscrimination

Billing & collection by provider not associated with SRE for SRE-related services

Appeal of denied claim

Submission of claims to all insurers

Determining the existence of insurance including, when applicable, motor vehicle liability insurance

Diligent efforts to identify and obtain payment from all liable parties

CHC Bad Debt claim and EVS check

Emergency Bad Debt claim and Eligibility Verification System (EVS) check

Continuous collection action with no gap exceeding 120 days

Low Income Patient consent for CommonHealth one-time deductible billing

Low Income Patient consent exclusion for administrative or billing errors

Low Income Patient consent on billing for non-Reimbursable Health Services

Low Income Patient with HSN Partial

Deposits requests from Low Income Patients

Inpatient Verification

Inpatient, Emergency, Outpatient, & CHC Services

Provider Affiliate List, effective the first day of the Acute Hospital's fiscal year beginning after December 31, 2016

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

Full or 20% deductible payment option for all partial HSN patients at HLHC, satellite, and/or student health center

Acute hospital's deductible payment option at each HLHC, satellite, and/or student health center (specified in Part 3-8)

Emergency Care classification; elective or scheduled services differentiated

Emergency Services definition to be used in determining Allowable Bad Debt under § 613.06