Lynn Community Health Center

Credit & Collection Policies

Policy #: 10.5

Date Approved: 04/01/2010, 8/11/2014, 4/15/2015
Date Reviewed/Revised: July 11, 2016
Approved by: [Signature], CEO

Lynn Community Health, Inc. agrees to comply with the requirements of:

1. 101 CMR 613.00: Criteria effective October 1, 2015 for determining the services for which hospitals and community health centers may be paid from the Health Safety Net Office, including the types of services that will be paid by the Office and the criteria to determine Low Income Patient status.

2. 101 CMR 613.03: Eligible Service Requirements – Three Categories of services eligible for payment from the Health Safety Net Office – Primary, Secondary and Partial Services.

3. 101 CMR 613.05: Medical Hardship Services

4. 101 CMR 613.06: Bad Debt

These policies apply uniformly to all persons regardless of race, color, national origin, alienage, creed, sex, sexual preference, and age for persons beyond the age of majority, or handicap.
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1. **General Filing Requirement 613.08(1)(c)**

1.1 The Lynn Community Health Center will electronically file its Credit & Collection Policy with the Health Safety Net (HSN) Office within 90 days of adoption of amendments to this regulation that would require a change in the Credit & Collection Policy; when Lynn Community Health Center changes its Credit & Collection Policy; or when requested by the HSN Office.

2. **General Definitions 613.02**

2.1 **Emergency Services**
Medically necessary services provided after the sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity, including severe pain, which a prudent lay person would reasonably believe is an immediate threat to life or has a high risk of serious damage to the individual's health. Conditions include, but are not limited to those, which may result in jeopardizing the patient's health, serious impairment to bodily functions, serious dysfunction of any bodily organ or part, or active labor in women. Examination or treatment for emergency medical conditions or any such other services rendered to the extent required in section 1867 (e) (1) (B) of the Social Security Act, 42 U.S.C. 1395dd(e)(1)(B).

2.2 **The Urgent Care Services Definition used to determine allowable Bad Debt under 613.06 is:** Medically necessary services provided in a Hospital or community health center after the sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent lay person would believe that the absence of medical attention within 24 hours could reasonably expect to result in: placing a patient’s health in jeopardy; impairment to bodily function; or dysfunction of any bodily organ or part. Urgent care services are provided for conditions that are not life threatening and do not pose a high risk of serious damage to an individual’s health. Urgent care services do not include elective or primary care.

3. **General Collection Policies & Procedures 613.08(1)(c)2 and 613.04(6)(c)3**

3.1 **Standard Collection Policies and Procedures for patients 613.08(1)(c)2a**
(a) Lynn Community Health Center makes reasonable efforts prior to or during treatment to obtain the financial information necessary to determine responsibility for payment of the bill from the patient or guarantor. The center’s staff provides all first-time patients with a registration questionnaire which includes questions on the patient’s insurance status, residency status, and financial status, and provides assistance, as needed, to the patient in completing the form.

A patient who states that they are insured will be requested to provide evidence of insurance sufficient to enable the center to bill the insurer. Health center staff ask returning patients, at the time of visit, whether there have been any changes in their income or insurance coverage status. If there has been a change, the new information is recorded in the center’s practice management system and the patient advised or assisted to inform MassHealth of the change. Registration Staff will verify the information for the day of service via EVS or other applicable websites.

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(b) Lynn Community Health Center undertakes the following reasonable collection efforts for patients who have not provided complete eligibility documentation, or for whom insurance payment may be available:

1. an initial bill is sent to the party responsible for the patient's financial obligations;
2. subsequent billings, telephone calls, Registration Alerts and any subsequent notification method that constitute a genuine effort to contact the party which is consonant with patient confidentiality are sent;
3. efforts to locate the patient or the correct address on mail returned as an incorrect address are documented, and
4. a final notice is sent by certified mail for balances over $1000, where notices have not been returned as an incorrect address or as undeliverable.

(c) Cost Sharing Requirements. Health center staff inform patients who are responsible for paying co-payments in accordance with 101 CMR 613.04 (6)(b) and deductibles in accordance with 101 CMR 613.04(6)(c), that they will be responsible for these co-pays.

(d) Low Income Patient Co-Payment Requirements. Lynn Community Health Center requests co-payments of $1 for antihyperglycemic, antihypertensive, and antihyperlipidemic generic prescription and $3.65 for generic and brand-name drugs from all patients over the age of 18, with the exception of pregnant or postpartum women, up to a maximum pharmacy co-payment of $250 per year.

(e) Health Safety Net - Partial Deductibles/Sliding Fees: For Health Safety Net - Partial Patients with MassHealth MAGI Household income or Medical Hardship Family Countable Income between 150.1% and 300% of the FPL, Lynn Community Health Center determines their deductible (40% of the difference between the lowest MassHealth MAGI Household income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), in the applicant's Premium Billing Family Group (PBFG) and 200% of the FPL). If any member of the PBFG has an FPL below 150.1% there is no deductible for any member of the PBFG. The Patient is responsible for 20% of the HSN payment for all services, with the exception of pharmacy services, provided up to this Deductible amount. Once the Patient has incurred the Deductible, the patient is no longer required to pay 20% of the payment. Only one Deductible is allowed per PBFG approval period.

3.2 Policies & Procedures for Collection Financial Information from patients 613.08(1)(c)2b

All patients who wish to apply for HSN or other public coverage are required to complete and submit a MassHealth/Connector Care Application using the eligibility procedures and requirements applicable to MassHealth Care applications under 130 CMR 502.000 or 130 CMR 515.000. Certified Application Counselors will assist patients with on-line and paper applications.

(a) Determination Notice. The Office of Medicaid or the Commonwealth Health Insurance Connector will notify the individual of his or her eligibility determination for MassHealth, Commonwealth Care, or Low Income Patient status.

(b) The Division's Electronic Free Care Application issued under 101 CMR 613.04(2)(b)(3) may be used for the following special application types:

a. Minors receiving services may apply to be determined a Low Income Patient using their own income information and using the Division's Electronic Free Care Application. If a minor is determined to be a Low Income Patient, Lynn Community Health
Center will submit claims for Confidential Services when no other source of funding is available to pay for the services confidentially. For all other services, minors are subject to the standard Low Income Patient Determination process. 613.04(3)a

b. An individual seeking eligible services who has been battered or abused, or who has a reasonable fear of abuse or continued abuse, may apply for Low Income Patient status using his or her own income information. Said individual is not required to report his or her primary address. 613.04(3)b

Presumptive Determination. An individual may be determined to be a Low Income Patient for a limited period of time, if on the basis of attested information submitted to Lynn Community Health Center on the form specified by the Health Safety Net Office, the Provider determines the individual is presumptively a Low Income Patient, Lynn Community Health Center will submit claims for Reimbursable Health Services provided to individuals with time-limited presumptive Low Income Patient determinations for dates of service beginning on the date on which the Provider makes the presumptive determination and continuing until the earlier of: a. The end of the month following the month in which the Provider made the presumptive determination if the individual has not submitted a complete Application, or b. The date of the determination notice described in 101 CMR 613.04(2)(a) related to the individual’s Application. 613.04 (4)

3.3 Emergency Care Classification
Medically necessary services provided after the sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity, including severe pain, which a prudent lay person would reasonably believe is an immediate threat to life or has a high risk of serious damage to the individual’s health. Conditions include, but are not limited to those, which may result in jeopardizing the patient's health, serious impairment to bodily functions, serious dysfunction of any bodily organ or part, or active labor in women. Examination or treatment for emergency medical conditions or any such other services rendered to the extent required in section 1867 (c) (1) (B) of the Social Security Act, 42 U.S.C. 1395dd(e)(1)(B).

3.4 Policy for Deposits and Payment Plans 613.08(1)(c)2d
Lynn Community Health Center’s billing department provides and monitors Deposits and Payment Plans as described in Section 5 of this policy for qualified patients as described in 101 CMR 613.08. Each payment plan must be authorized by the Billing Manager or the Controller.

Deposits
No deposits will be required from individuals that are determined to be low income patients pursuant to 114.6 CMR 13.04 or require Emergency Care.

A deposit may be requested from patients eligible for Medical Hardship. Deposits would be limited to 20% of the Medical Hardship contribution up to $1,000.00.

Payment Plans
Patients with balances will be offered a payment plan of a monthly minimum payment of $20.00 and up to 36 months of payments.
3.5 **Copies of Billing Invoices and Notices of Assistance 613.08(1)(c)2e**
(a) Billing Invoices: The following language is used in billing statements sent to low income patients: “If you are unable to pay this bill, please call the Enrollment Department for Assistance.”

(b) Notices: Lynn Community Health Center provides all applicants with notices of the availability of financial assistance programs, including MassHealth, subsidized Health Connector Programs, HSN and Medical Hardship, for coverage of services exclusive of personal convenience items or services, which may not be paid in full by third party coverage. All applicants will be provided with individual notice of approval for Health Safety Net or denial of Health Safety Net once this has been determined from the Department of Medicaid. The following language is used billing statements sent to all patients: “If you are unable to pay this bill, please call the Enrollment Department for assistance”. Lynn Community Health Center will notify the patient that the Provider offers a payment plan if the patient is determined to be a Low Income Patient or qualifies for Medical Hardship.

(c) Signs: Lynn Community Health Center posts signs in the clinic and registration areas, in business office areas and Waiting Rooms that are customarily used by patients that conspicuously inform patients of the availability of financial assistance and programs of public assistance and the Enrollment Department’s Locations, Hours and Contact Information at which to apply for such programs. Signs will be large enough to be clearly visible and legible by patients visiting these areas. Patient financial assistance information and signage will be available in English and Spanish. Financial counselors are also available to translate in Khmer and Russian.

3.6 **Discount/Charity Programs for the Uninsured 613.08(1)(c)2f**
Lynn Community Health Center offers Sliding Fee Discounts to patients who are ineligible for the Health Safety Net. For these patients, Lynn Community Health Center offers full discount to patients under 100% of the Federal Poverty Income Guidelines (FPIG) and Sliding Fee Discounts to patients with incomes between 101% and 200% of the FPIG.

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<th>Percentage of Poverty</th>
<th>Over 200%</th>
<th>100% or less</th>
<th>101% - 125%</th>
<th>126% - 150%</th>
<th>151% - 175%</th>
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**Lynn Community Health Center**

Federal Sliding Fee Scale
1/1/2016

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<th>Percentage of Poverty</th>
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Summary: A schedule of sliding fees and discounts is applied to the health center’s fee schedule for patients who are determined to be at or below 200% of the federal poverty guidelines as published annually by the U.S. Department of Health and Human Services. The sliding fee schedule and corresponding discounts are designed to comply with the Health Center Program authorized in section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b) to promote and ensure access to health care services for vulnerable, medically underserved populations by minimizing financial barriers to care.

Board of Directors The Board of Directors shall be responsible for approving and periodically updating a sliding fee discount schedule which promotes access to health care services based on an individual’s ability or inability to pay for such services.

Approval Process

A. Patient eligibility for sliding fee discounts shall be determined based on family size and income. Income shall be determined using the federal poverty guidelines published annually by the U.S. Department of Health and Human Services (“DHHS”).

B. Patient eligibility for sliding fee discounts shall be re-evaluated and determined on no less than an annual basis. Patients who elect not to participate or comply with annual renewal/determination process will be considered ineligible for a sliding fee discount.

C. Services eligible for a sliding fee discount shall be limited to only those services provided under the health center’s scope of service as approved by the Health Resources and Services Administration.

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Eligibility

A. Patients determined to be at or below 100% of the federal poverty guidelines shall receive a full discount of the health center’s established fees for services rendered, excluding the reasonable cost to purchase supplies and equipment such as durable medical equipment, prescription drugs, dental labs, and eyewear from third party sources. Fees which include the cost of such supplies and equipment shall only be discounted to an amount sufficient to recover the health center’s acquisition costs.

B. The health center does not charge a nominal fee for patients eligible for the Federal Sliding Fee Discount Program.

C. Patients determined to be between 101% and 125% of the federal poverty guidelines shall receive a discount equal to 80% of the health center’s established fees for services rendered, excluding the reasonable cost to purchase supplies and equipment such as durable medical equipment, prescriptions drug, dental labs, and eyewear from third party sources as more fully expanded in section A. Patients unable to pay the discounted fee will not be denied services.

D. Patients determined to be between 126% and 150% of the federal poverty guidelines shall receive a discount equal to 60% of the health center’s established fees for services rendered, excluding the reasonable cost to purchase supplies and equipment such as durable medical equipment, prescriptions drug, dental labs, and eyewear from third party sources as more fully expanded in section A. Patients unable to pay the discounted fee will not be denied services.

E. Patients determined to be between 151% and 175% of the federal poverty guidelines shall receive a discount equal to 40% of the health center’s established fees for services rendered, excluding the reasonable cost to purchase supplies and equipment such as durable medical equipment, prescriptions drug, dental labs, and eyewear from third party sources as more fully expanded in section A. Patients unable to pay the discounted fee will not be denied services.

F. Patients determined to be between 176% and 200% of the federal poverty guidelines shall receive a discount equal to 20% of the health center’s established fees for services rendered, excluding the reasonable cost to purchase supplies and equipment such as durable medical equipment, prescriptions drug, dental labs, and eyewear from third party sources as more fully expanded in section A. Patients unable to pay the discounted fee will not be denied services.

G. Patients eligible for a sliding fee discount for services covered and reimbursed by a program of public assistance or private insurance...
shall be subject to the regulatory or contractual requirements of such payer for purposes of determining a patient’s responsibility for payment or non-payment of a portion of the health center’s fee.

**Procedures**

A. Enrollment Coordinators will assist patients in completing the appropriate application for coverage that may include but not limited to Federal Sliding Fee Scale, MassHealth, ConnectorCare or Health Safety Net.

B. Upon assignment and eligibility approval the information will be documented in the Health Center’s Practice Management System by any of the following staff, but not limited to, Enrollment Coordinators, Receptionists, Call center staff, Office Assistants and Billing personnel.

3.9 **Community Health Center (CHC) charge of 20% of deductible per visit to all partial HSN patients 613.04(6)(c)5a**

Lynn Community Health Center charges HSN-Partial Low Income Patients 20% of the HSN payment for each visit, to be applied to the amount of the Patient’s annual Deductible until the patient meets the Deductible.

3.10 **Direct Website where the provider’s Federal Sliding Fee Discount Program and LCHC financial assistance information is posted**

http://www.lchenet.org

Select: “Getting info” and, then, Select: Insurance Information

4. **Collection of Financial Information 613.06(1)(a)**

4.1 **Inpatient, Emergency, Outpatient & CHC Services: 613.06(1)(a)**

Lynn Community Health Center makes reasonable efforts, as soon as reasonably possible, to obtain the financial information necessary to determine responsibility for payment of the bill from the patient or guarantor.

4.2 **Inpatient Verification - NA**

4.3 **Outpatient/CHC Financial Verification 613.06(1)(a)2b**

Lynn Community Health Center makes reasonable efforts to verify patient-supplied information at the time the patient receives the services. The verification of patient-supplied information may occur at the time the patient receives the services or during the collection process as defined below:

1. Verification of gross monthly-earned income is mandatory. When possible this is done through electronic data matching using the eligibility procedures and requirements under 130 CMR 502 or 516. If the information received is not compatible or is unavailable, the following are required:
   a. Two recent pay stubs;
   b. A signed statement from the employer; or

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c. The most recent U.S. tax return.
2. Verification of gross monthly-earned income is mandatory and shall include, but not be limited to, the following:
   a. A copy of a recent check or pay stub showing gross income from the source;
   b. A statement from the income source, where matching is not available;
   c. The most recent U.S. Tax Return.
3. Verification of gross monthly income may also include any other reliable evidence of the applicant's earned or unearned income.

5. **Deposits and Payment Plans** 613.08(1)(f)

5.1 Lynn Community Health Center does not require pre-treatment deposits from Low Income patients. 613.08(1)(g)1

5.2 Deposit Requests for Low Income Patients: Lynn Community Health Center may request a deposit from Low Income Patients limited to 20% of the deductible amount, up to $500. 613.08(1)(g)2

5.3 Deposit Requirement for Medical Hardship Patients: Lynn Community Health Center may request a deposit from Patients eligible for Medical Hardship limited to 20% of the Medical Hardship contribution up to $1,000. 613.08(1)(g)3

5.4 Interest Free Payment Plans on Balances less than, and greater than, $1000 Lynn Community Health Center will offer payment plans to Low Income and Medical Hardship patients with balances interest-free payment plans with monthly payments of no more than $20. If the balance is less than $1000, this will be for one year; if it is greater than $1,000 it will be for three years. 613.08(1)(g)4

6. **Populations Exempt from Collection Action** 613.08(3) & 613.05(2)

6.1 MassHealth, Emergency Aid to the Elderly, Disabled, and Children EAEDC enrollees: Lynn Community Health Center does not bill patients enrolled in MassHealth, patients receiving governmental benefits under the Emergency Aid to the Elderly, Disabled and Children program, except that Lynn Community Health Center may bill patients for any required co-payments and deductibles. Lynn Community Health Center 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, Lynn Community Health Center will cease its collection activities. 613.08(3)(a)

6.2 Participants in Children’s Medical Security Plan (CMSP) with Modified Adjusted Gross Income (MAGI) under 300% FPL: are also exempt from Collection Action. Lynn Community Health Center 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, Lynn Community Health Center will cease all collection activities. 613.08(3)(b)

6.3 Low Income Patients except Dental-only Low Income Patients.

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Low Income Patients with MassHealth MAGI Household income or Medical Hardship
Family Countable Income equal or less than 150.1% of the FPL, are exempt from Collection
Action for any Eligible Services rendered by Lynn Community Health Center during the
period for which they have been determined Low Income Patients, except for co-payments
and deductibles. Lynn Community Health Center 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. 613.08(3)(c)

6.4 Low Income Patients with HSN Partial
Low Income Patients with MassHealth MAGI Household income or Medical Hardship
Family Countable Income between 200.1% and 300.1% of the FPL are exempt from
Collection Action for the portion of their bill that exceeds the Deductible and may be billed
for co-payments and deductibles as set forth in 101 CMR 13.04(6)(b) and (c). Lynn
Community Health Center 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. 613.08(3)(d)

6.5 Low Income Patient Consent to billing for non-reimbursable services: Lynn
Community Health Center may bill Low Income Patients for services other than Eligible
Services provided at the request of the patient and for which the patient has agreed in
writing to be responsible. 613.08(3)(e)

6.6 Low Income Patient Consent Exclusion for Medical Errors, including Serious
Reportable Events (SRE)
Lynn Community Health Center will not bill low income patients for claims related to
medical errors occurring on Lynn Community Health Center’s premises. 613.08(3)(e)1

6.7 Low Income Patient Consent Exclusion for Administrative or Billing Errors Lynn
Community Health Center will not bill Low Income Patients for claims denied by the
patient’s primary insurer due to an administrative or billing error. 613.08(3)(e)2

6.8 Low income Patient Consent for CommonHealth one-time deductible billing. At
the request of the patient, Lynn Community Health Center 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. 613.08(3)(f) 6.9 Medical Hardship Patient &
Emergency Bad Debt Eligible for Medical Hardship: Lynn Community Health Center
will 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. 613.08(3)(g).

6.9 - Medical Hardship Patient & ERBD Eligible for Medical Hardship: The Health
center will 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. 613.08(3)(g).
6.10 Provider Fails to Timely Submit Medical Hardship Application
Lynn Community Health Center will not undertake a collection action against any individual who has qualified for Medical Hardship with respect to any bills that would have been eligible for HSN payment in the event that Lynn Community Health Center has not submitted the patient’s Medical Hardship documentation within 5 days.
613.05(2).

7. Minimum Collection Action on Hospital Emergency Bad Debt & CHC Bad Debt 613.06(1)(2)(3) and (4)
Lynn Community Health Center makes the same effort to collect accounts for Uninsured Patients as it does to collect accounts from any other patient classifications.
A notice regarding the availability of Financial Assistance programs availability will be included on the initial and subsequent written collection actions. All collection statements will include the language “If you have no insurance, please contact the Enrollment Department at 781-596-2502 as you may qualify for financial assistance”.

Lynn Community Health Center shall undertake the following reasonable collection efforts for patients who have not provided complete eligibility documentation, or for whom insurance payment may be available:

The minimum requirements before writing off an account to the Health Safety Net include:

7.1 Initial Bill: Lynn Community Health Center sends an initial bill to the patient or to the party responsible for the patient’s personal financial obligations. 613.06(1)(a)3bi

7.2 Collection action subsequent to Initial Bill: Lynn Community Health Center will use subsequent bills, phone calls, collection letters, personal contact notices, and any other notification methods that constitute a genuine effort to contact the party responsible for the bill. 613.06(1)(a)3bii

7.3 Documentation of alternative collection action efforts: Lynn Community Health Center will document alternative efforts to locate the party responsible or the correct address on any bills returned by the USPS as “incorrect address” or “undeliverable.” Lynn Community Health Center will document efforts to locate the patient or the correct address on mail returned as “incorrect address or undeliverable”. Documentation of continuous Collection Action undertaken on a regular, frequent basis will be recorded in the practice management system. 613.06(1)(a)3biii

7.4 Final Notice by Certified Mail: Lynn Community Health Center will send a final notice by certified mail for balances over $1,000 where notices have not been returned as “incorrect address” or “undeliverable” 613.06(1)(a)3biv

7.5 Continuous Collection Action with no gap exceeding 120 days: Lynn Community Health Center will document that the required collection action has been undertaken on a regular basis and, to the extent possible, does not allow a gap in this action greater than 120 days. If, after reasonable attempts to collect a bill, the debt for an Uninsured Patient remains
unpaid for more than 120 days, Lynn Community Health Center may deem the bill to be uncollectible and bill it to the Health Safety Net Office. 613.06(1)(a)3bv

7.6 Collection Action File Lynn Community Health Center maintains a patient file which includes documentation of the collection effort including copies of the bill(s), follow-up letters, reports of telephone and personal contact, and any other effort made. 613.06(1)(a)3d

7.7 Emergency Bad Debt Claim and EVS Check – NA
Lynn Community Health Center will check the eligibility status using the ERVS system to determine that a patient is not eligible as a Low Income Patient before it submits a claim to the Health Safety Net Office for Emergency or Urgent Care Bad Debt.

7.9 CHC Bad Debt Claim and EVS Check: Lynn Community Health Center may submit a claim for Urgent Care Bad Debt for Urgent Care Services if:
(a) The services were provided to:
   1. An uninsured individual who is not a Low Income Patient. Lynn Community Health Center will not submit a claim for a deductible or the coinsurance portion of a claim for which an insured patient is responsible. Lynn Community Health Center will not submit a claim unless it has checked the REVS system to determine if the patient has filed an application for MassHealth; or
   2. An uninsured individual whom Lynn Community Health Center assists in completing a MassHealth application and who is subsequently determined into a category exempt from collection action. In this case, the above collection actions will not be required in order to file.
(b) Lynn Community Health Center provided Urgent Services as defined in 101 CMR 613.02 to the patient. Lynn Community Health Center may submit a claim for all Eligible Services provided during the Urgent Care visit, including ancillary services provided on site.
(c) The responsible provider determined that the patient required Urgent Services. Lynn Community Health Center will submit a claim only for urgent care services provided during the visit.
(d) Lynn Community Health Center undertook the required Collection Action as defined in 101 CMR 613.06(1)(a) and submitted the information required in 101 CMR 613.06(1)(b) for the account; and
(e) The bill remains unpaid after a period of 120 days. 613-06(4)

8. Available Third Party Resources 613.03(1)(c)3
8.1 Diligent efforts to identify & obtain payment from all liable parties: Lynn Community Health Center will make diligent efforts to identify and obtain payment from all liable parties. 613.03(1)(c)3

8.2 Determining the existence of insurance, including when applicable motor vehicle liability:
In the event that a patient seeks care for an injury, Lynn Community Health Center will inquire as to whether the injury was the result of a motor vehicle accident; and if so, whether the patient or the owner of the other motor vehicle had a liability policy. Lynn Community Health Center will retain evidence of efforts to obtain third party payer information. 613.03(1)(c)3a

8.3 Verification of patient’s other health insurance coverage: At the time of application, and when presenting for visits, patients will be asked whether they have
private insurance. Lynn Community Health Center will verify, through EVS, or any other health insurance resource available to Lynn Community Health Center, on each date of service and at the time of billing. 613.03(1)(c)3b

8.4 Submission of claims to all insurers: In the event that a patient has identified that they have private insurance, Lynn Community Health Center will make reasonable efforts to obtain sufficient information to file claims with that insurer; and file such claims. 613.03(1)(c)3c

8.5 Compliance with insurer’s billing and authorization requirements: Lynn Community Health Center will comply with the insurer’s billing and authorization requirements. 613.03(1)(c)3d

8.6 Appeal of denied claim. Lynn Community Health Center will appeal denied claims when the stated purpose of the denial does not appear to support the denial. 613.03(1)(c)3e

8.7 Return of HSN payments upon availability of 3rd-party resource: For motor vehicle accidents and all other recoveries on claims previously billed to the Health Safety Net, Lynn Community Health Center will promptly report the recovery to the HSN. 613.03(1)(c)3f

9. Serious Reportable Events (SRE) 613.03(1)(d)

9.1 Billing & collection for services provided as a result of SRE: Lynn Community Health Center will not charge, bill, or otherwise seek payment from the HSN, a patient, or any other payer as required by 105 CMR 130.332 for services provided as a result of a SRE occurring on premises covered by a provider’s license, if the provider determines that the SRE was: a. Preventable; b. Within the provider’s control; and c. Unambiguously the result of a system failure as required by 105 CMR 130.332 (B) and (c). 613.03(1)(d)1

9.2 Billing & collection for services that cause or remedy SRE: Lynn Community Health Center will not charge, bill, or otherwise seek payment from the HSN, a patient, or any other payer as required by 105 CMR 120.332 for services directly related to: a. The occurrence of the SRE; b. The correction or remediation of the event; or c. Subsequent complications arising from the event as determined by the Health Safety Net office on a case-by-case basis. 613.03(1)(d)2

9.3 Billing and collection by provider not associated with SRE for SRE-related services: Lynn Community Health Center will submit claims for services it provides that result from an SRE that did not occur on its premises 613.03(1)(d)3

9.4 Billing & collection for readmission or follow-up on SRE associated with provider: Follow-up Care provided by Lynn Community Health Center is not billable if the services are associated with the SRE as described above. 613.03(1)(d)4

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13.5 Sample of Posted Signs –attached [attach] 613.08(I)(f)

CHC NAME: Lynn Community Health, Inc.

Contact Name: Kim MacLeod Title: Chief Financial Officer Contact
Phone: 781-596-2502 X2709 Email: kimm@lchenet.org

Approved by the Board of Directors of:

CHC Name: Lynn Community Health, Inc.

Date: 7-12-2016

Authorized Signature: [Signature]

Title: [Title]