

This is an excerpt of **114.6 CMR 13.04(6)**. 114.6 CMR 13.04(6)(a)(2)(b) is in red text.
The complete regulations for "Health Safety Net Eligible Services" are available at:
www.mass.gov/Eeohhs2/docs/dhcfp/g/regs/114_6_13.pdf

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114.6 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
MEDICAL SECURITY BUREAU

114.6 CMR 13.00: HEALTH SAFETY NET ELIGIBLE SERVICES

13.04 Eligible Services to Low Income Patients.

(6) Low Income Patient Responsibilities.

(a) Cost Sharing Requirements. Low Income Patients are responsible for paying co-payments in accordance with 114.6 CMR 13.04 (6) (b) and deductibles in accordance with 114.6 CMR 13.04 (6) (c).

1. There are no co-payments if:

- a. Family Income is between 0 and 100% of the FPL, except for co-payments for prescription drugs.
- b. Family Income is between 201% and 400% of the FPL, except for co-payments for prescription drugs.
- c. There are no co-payments for Reimbursable Services provided to children aged 18 and under.
- d. There are no co-payments for services provided at Community Health Centers, Hospitals Licensed Health Centers, or Hospitals exempt from the Critical Access Services provision, except for co-payments for prescription drugs.

2. Low Income Patient Co Payment Requirements. Effective December 1, 2007, Low Income Patients are responsible for copayments as follows:

a. Pharmacy. All Low Income Patients over the age of 18 are responsible for a co-payment of \$1 for generic drugs and \$3 for single source drugs.

b. **Low Income Patients with Family Income between 101% and 200% of the FPL are responsible for co-payments for the following services:**

\$5 Outpatient routine visit at a hospital subject to the Critical Access provision

\$50 Inpatient Admission

\$50 Emergency Room visit - waived if admitted

c. A Low Income Patient with income between 0 and 200% of the FPL is responsible for an annual maximum of \$250 in copayments.

d. There is no co-payment for an ancillary service visit that is solely for the purpose of a test or treatment that does not involve a face to face visit with a medical clinician.

(c) Health Safety Net - Partial Deductibles. For Health Safety Net - Partial patients with Family Income between 201% and 400% of the FPL, there is an annual Deductible equal to 40% of the difference between the applicant's Family Income and 201% of the FPL. The patient is responsible for payment for all services provided up to this Deductible amount. Once the patient has incurred the Deductible, a Provider may submit claims for Eligible Services in excess of the Deductible.

- (a) There is only one Deductible per Family per approval period.
- (b) Deductible Tracking. The annual Deductible is applied to all Eligible Services provided to a Low Income Patient or Family member during the Eligibility Period. Each Family member must be determined a Low Income Patient in order for his or her expenses for Eligible Services to be applied to the Deductible. The Provider must track the patient's Eligible Service expenses until the patient meets the Deductible. If more than one Family member is determined to be a Low Income Patient, or if the patient or Family members receive services from more than one Provider, it is the patient's responsibility to track the Deductible and provide documentation to the Provider that the Deductible has been reached.

(c) Hospitals. The patient must incur expenses for Eligible Services in excess of the Annual Deductible before the Provider may submit a claim for Eligible Services. Once the patient has incurred the Deductible, the Provider may submit a claim for the remaining balance of Eligible Service expenses. The Hospital may require a deposit and/or a payment plan in accordance with 114.6 CMR 13.08.

(d) Community Health Centers. A Low Income Patient must pay a percentage of the bill based on a sliding fee scale until the patient meets the Deductible. Once the patient has paid the required percentage of the bill, the Provider may submit a claim for the remaining balance of each bill and for all additional services rendered during the Eligibility Period. Co-Payments for Community Health Center services may not be applied to the patient's deductible.

The sliding fee scale appears below:

Income as a Percentage of Federal Poverty Income Guidelines	Percentage of Bill Paid by Patient
201% to 250%	20%
251% to 300%	40%
301% to 350%	60%
351% to 400%	80%