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Administrative Bulletin 21-15

101 CMR 613.00: Health Safety Net Eligible Services

101 CMR 614.00: Health Safety Net Payments and Funding

Effective June 15, 2021

Health Safety Net Service and Reimbursement Policy Flexibilities Related to the 2019 Novel Coronavirus Disease 2019 (COVID-19)

Background

The Health Safety Net program serves as the payer of last resort for health care services provided by acute care hospitals and community health centers to qualified uninsured and underinsured residents of Massachusetts. Following the March 2020 state of emergency declared in the Commonwealth due to the 2019 novel Coronavirus disease (COVID-19) outbreak, the Health Safety Net published [Administrative Bulletins 20-49](#), [20-76](#), and [20-80](#) to introduce flexibilities for HSN service delivery, payments, and billing related to COVID-19. By the terms of these administrative bulletins, the flexibilities described therein terminated at the conclusion of the March 2020 declaration of emergency in the Commonwealth due to COVID-19.

The state of emergency in the Commonwealth, declared March 2020, is terminating at 12:01a.m. on June 15, 2021. Accordingly, Administrative Bulletins 20-49, 20-76, and 20-80 expire at that time. The Health Safety Net has elected to retain certain flexibilities described in those bulletins beyond June 15, 2021. Those flexibilities, described below, are intended to be generally consistent with the corresponding MassHealth flexibilities set forth in [MassHealth All Provider Bulletin 314](#) and [MassHealth All Provider Bulletin 319](#).

This administrative bulletin, effective for dates of service beginning June 15, 2021, describes the flexibilities implemented by the Health Safety Net in response to COVID-19, and restates or updates the flexibilities and requirements laid out in Administrative Bulletins 20-49, 20-76, and 20-80. It applies to acute care hospitals and community health centers that are Health Safety Net providers.



Presumptive Determinations

Notwithstanding 101 CMR 613.04(4): *Presumptive Determination*, 101 CMR 613.04(7): *Eligibility Period*, and Eligibility Operations Memo 18-02, the Health Safety Net will allow an individual to have up to two Health Safety Net presumptive determinations of low-income patient status within a 12-month period. Providers should continue to use the [Application for Health Safety Net \(HSN\) Presumptive Determination](#). Each individual Health Safety Net presumptive determination approval for reimbursable health services will end according to standard Health Safety Net presumptive determination rules under 101 CMR 613.04(4): *Presumptive Determination*.

Billing for COVID-19 Diagnostic Laboratory Services

The Health Safety Net pays providers for medically necessary clinical diagnostic laboratory tests when ordered by a qualified clinician. Health Safety Net providers may bill the Health Safety Net for medically necessary, clinically appropriate COVID-19 lab tests using CPT code 87635 which describes 2019-nCoV Coronavirus, SARA-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes. Providers have been able to bill the Health Safety Net for this code since April 1, 2020, for dates of service on or after March 12, 2020. The Health Safety Net adopted the MassHealth rate for this code.

In addition, notwithstanding 101 CMR 613.03(3)(a)13: *Laboratory Services* and 101 CMR 613.03(4)(b)9: *Laboratory Services*, Health Safety Net providers may also bill the Health Safety Net for these additional codes for the dates of service indicated in the following table, payable at the MassHealth rate:

Code and Description	Effective for dates of service
G2023: Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source	March 12, 2020 – September 15, 2021
G2024: Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source	March 12, 2020 – September 15, 2021
G2023 CG: Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source. [Used when provider 1) has a qualified ordering clinician present at the specimen collection site available to order medically necessary COVID-19 diagnostic tests; and 2) ensures the test results are provided to the patient (along with any initial follow-up counseling, as appropriate), either directly or through the patient’s ordering clinician.]	May 22, 2020 – September 15, 2021

Code and Description	Effective for dates of service
G2024 CG: Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source. [Used when provider 1) has a qualified ordering clinician present at the specimen collection site available to order medically necessary COVID-19 diagnostic tests; and 2) ensures the test results are provided to the patient (along with any initial follow-up counseling, as appropriate), either directly or through the patient’s ordering clinician.]	May 22, 2020 – September 15, 2021
U0002: 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets).	Beginning March 12, 2020
U0003: Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R.	Beginning March 18, 2020
U0004: 2019 nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R	Beginning March 18, 2020
87426: Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])	Beginning August 1, 2020

For questions about testing, specimen transport, or control measures, contact the Massachusetts Department of Public Health (DPH) (24/7) at (617) 983-6800. Further information on testing can be found at DPH’s [website](#).

Billing Requirements for Services Delivered via Telehealth

The Health Safety Net is committed to enabling Health Safety Net patients to obtain health services in the safest and most appropriate and most accessible modality possible. To that end, applicable through September 15, 2021, three months after the last day of the March 2020 declaration of emergency in the Commonwealth due to COVID-19, the Health Safety Net will permit qualified providers to deliver clinically appropriate, medically necessary Health Safety Net-covered services to Health Safety Net-eligible patients via telehealth (including telephone and live video) in accordance with the standards set forth in Appendix A of this administrative bulletin and notwithstanding any regulation to the contrary. The Health Safety Net Office intends to issue additional guidance for ongoing or updated telehealth policies that will be in effect after September 15, 2021. The Health Safety Net will rely on each eligible provider’s clinical judgment that a

medically necessary service may appropriately be delivered via telehealth in a manner consistent with all relevant licensure and program regulations.

The Health Safety Net is not imposing specific requirements for technologies used to deliver services via telehealth and will allow payment for Health Safety Net-covered services delivered through telehealth so long as such services are medically necessary and clinically appropriate and comport with the guidelines set forth in Appendix A of this administrative bulletin. Providers are encouraged to use appropriate technologies to communicate with individuals and should, to the extent feasible, ensure the same rights to confidentiality and security as provided in face-to-face services. Providers must inform patients of any relevant privacy considerations.

Important note: Although the Health Safety Net allows payment for the delivery of certain services through telehealth for Health Safety Net providers as described in this administrative bulletin, the Health Safety Net does not require providers to deliver services via telehealth.

Billing and Payment Rates for Services Delivered via Telehealth

Rates of payment for services delivered via telehealth will be the same as rates of payment for services delivered via traditional (i.e., in-person) methods set forth in the applicable regulations.

All providers must include place of service code 02 when submitting a claim for services delivered via telehealth. Providers billing under an 837I/UB-04 form must include the modifier “GT” when submitting claims for services delivered via telehealth. The Health Safety Net is adding the modifier “GT” to its list of available coding options for Health Safety Net providers.

Providers must ensure that, in all other respects, they select the service code that most accurately describes the service rendered and must comply in all respects with all other applicable laws, regulations, and subregulatory guidance.

The telehealth flexibilities described here apply through September 15, 2021, three months after the last day of the March 2020 declaration of emergency in the Commonwealth due to COVID-19. The Health Safety Net Office intends to issue additional guidance for ongoing or updated telehealth policies that will be in effect after September 15, 2021.

Telehealth and the Prescription of Controlled Substances

When clinically appropriate, Health Safety Net will permit qualified Health Safety Net providers to prescribe controlled substances (schedule II-V) to members using telehealth modalities without an in-person visit. Any such prescriber must comply with all applicable state and federal statutes, regulations, and subregulatory guidance, including, but not limited to, paragraph 1 of the “Additional Requirements for Prescribing” section of Appendix A of this administrative bulletin, the Department of Public Health’s Alert Regarding Use of Telemedicine during Public Health Emergency-COVID-19, and guidance from the federal Drug Enforcement Administration. The telehealth flexibilities described here apply through September 15, 2021, three months after the last day of the March 2020 declaration of emergency in the Commonwealth due to COVID-19. The Health Safety Net Office intends to issue additional guidance for ongoing or updated telehealth policies that will be in effect after September 15, 2021.

Additional Limited Billing Flexibility Applicable to Health Safety Net Providers Rendering Services Delivered via Telehealth

To facilitate the implementation of this telehealth policy, and notwithstanding any Health Safety Net requirement to the contrary, Health Safety Net will permit providers to submit claims to Health Safety Net for services delivered via telehealth in accordance with this administrative bulletin without regard to any references within a service code description to the means by which a service is delivered (e.g., in-person, through live-video telehealth, or via telephone) when identifying the appropriate service code. The telehealth flexibilities described here apply through September 15, 2021, three months after the last day of the March 2020 declaration of emergency in the Commonwealth due to COVID-19. The Health Safety Net Office intends to issue additional guidance for ongoing or updated telehealth policies that will be in effect after September 15, 2021.

Providers must ensure that, in all other respects, they select the service code that most accurately describes the service rendered, and that they comply in all respects with all other applicable laws, regulations, and subregulatory guidance.

To avoid doubt, providers may not use this limited flexibility to convert a non-reimbursable service into a reimbursable service. The following examples illustrate this general rule.

1. CPT code 99212 describes the following service.
“Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.”

The flexibilities described above permit providers to render this service via telehealth (i.e., without a face-to-face interaction). That said, those flexibilities do not permit a provider to bill this code if the provider did not engage in the type of back-and-forth interaction that typically would occur during a face-to-face meeting.

2. Similarly, CPT code 99050 describes the following service.
“Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g., holidays, Saturday or Sunday), in addition to basic service.” Subchapter 6 of the MassHealth Physician Manual further limits the use of this code, stating that it “may be used only for urgent care provided in the office after hours, in addition to the basic service.” See MassHealth Physician Manual, Subchapter 6, § 603; see also MassHealth Community Health Center Manual, Subchapter 6, § 603 (limiting use of this code “for urgent care Monday through Friday from 5:00 p.m. to 6:59 a.m., and Saturday 7:00 a.m. to Monday 6:59 a.m.”).

As previously explained, the flexibilities described above permit providers to render this service via telehealth (i.e., without the member traveling to the provider’s office). Those flexibilities, however, do not permit a provider to bill this code when rendering services that do not constitute “urgent care.”

Services Delivered to Individuals Eligible for Medicare via Audio-Only Telehealth

As explained above, the Health Safety Net’s telehealth policy permits providers to render all clinically appropriate, medically necessary Health Safety Net services through telehealth, either through live video or through audio-only (telephone) communication. By contrast, Medicare’s coverage of services rendered via audio-only telehealth is limited to certain services. Providers should reference the latest CMS guidance for Medicare coverage of audio-only telehealth services prior to billing the Health Safety Net.

As the payer of last resort, the Health Safety Net will not permit providers to submit directly to the Health Safety Net, without prior submission to Medicare, claims for clinically appropriate and medically necessary services rendered to dually eligible members via audio-only telehealth that are not coverable by Medicare.

Billing for Preventive Visits via Telehealth

The Health Safety Net recognizes the challenges being faced by primary care providers during the COVID-19 pandemic, especially as it relates to completing important preventive visits for children and adults. Under the telehealth policy described in this administrative bulletin, the Health Safety Net allows, but does not require, providers to render preventive visits via telehealth when clinically appropriate. Pursuant to that policy, the Health Safety Net will pay claims for such services, as long as the claim identifies the place of service as “02.” The Health Safety Net encourages providers to adhere to recommendations from the American Academy of Pediatrics on delivery of preventive services during the federal COVID-19 emergency, including the recommendation to prioritize in-person newborn care and well visits and immunization of infants and young children (through 24 months of age) whenever possible.

For those preventive visits that are completed via telehealth, the Health Safety Net is aware that there might be medically necessary components of those visits that cannot be completed via telehealth modalities. The Health Safety Net recommends that providers complete the unperformed components of those visits as soon as possible after the preventative telehealth visit.

Therefore, the Health Safety Net anticipates that some providers will need to conduct in-person, follow-up visits to complete those medically necessary, yet unperformed components of a preventive visit conducted via telehealth. To address this need, the Health Safety Net permits the following.

- For a preventive visit conducted via telehealth, providers may bill:
 - An appropriate preventive visit code plus “02” for place of service;
 - Any additional codes applicable to the service provided (e.g., developmental screening, health risk assessment, behavioral/emotional assessment); and
 - Separately for vaccines administered on the same date as the telehealth visit, as the vaccine administration and the telehealth visit do not occur in the same location. Providers may not use place of service code “02” when submitting claims for such same-day vaccine administrations.
- For an in-person follow-up visit to complete medically necessary components of the preventive visit, not performed on the same day as the preventive visit, providers may bill:
 - A single E&M visit at level 1, 2, or 3 (appropriate to complexity of visit); and
 - Any additional codes applicable to the service provided (e.g., laboratory, hearing/vision screening).

Providers must document all required components of all visits, including preventive visits. Documentation of preventive visits conducted via telehealth must indicate that the visit was completed via telehealth due to COVID-19, note any limitations of the visit, and include a plan to follow up any medically necessary components deferred due to those limitations.

The telehealth flexibilities described here apply through September 15, 2021, three months after the last day of the March 2020 declaration of emergency in the Commonwealth due to COVID-19. The Health Safety Net Office intends to issue additional guidance for ongoing or updated telehealth policies that will be in effect after September 15, 2021.

Billing for Telephonic Visits and Home Visits Related to COVID-19

Notwithstanding 101 CMR 613.03(2)(e): *Noncovered Services* or any regulation to the contrary, the Health Safety Net will pay providers for clinically appropriate, medically necessary telephone evaluations through the following CPT codes when delivered by physicians: 99441, 99442, 99443; and when delivered by qualified non-physicians: 98966, 98967, 98968.

Providers are able to bill the Health Safety Net for these telephonic codes for dates of service on or after March 12, 2020.

Hospitals and community health centers that are Health Safety Net providers may submit claims to the Health Safety Net for clinically appropriate, medically necessary home visits using the following codes: 99500, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99509, 99511, 99512, and 99600. For hospitals, these codes will be paid as outpatient services in accordance with 101 CMR 614.06(3): *Pricing for Outpatient Services*. For community health centers, these codes will be paid at a Prospective Payment System (PPS) Rate in accordance with 101 CMR 614.00. The Health Safety Net will also add these codes to the community health center covered code list available on the [HSN Information for Community Health Centers' website](#). Providers are able to bill the Health Safety Net for these codes for dates of service on or after March 12, 2020.

The telehealth flexibilities described here apply through September 15, 2021, three months after the last day of the March 2020 declaration of emergency in the Commonwealth due to COVID-19. The Health Safety Net Office intends to issue additional guidance for ongoing or updated telehealth policies that will be in effect after September 15, 2021.

Updates related to Prescribed Drug Policies

For COVID-19-related updates to the Health Safety Net prescribed drug policies and procedures, including billing and rate information, please reference [Pharmacy Facts 141](#) and any subsequent Pharmacy Facts providing, updating, or amending prescription drug guidance, policies, and flexibilities in response to COVID-19. The Health Safety Net incorporates by reference all COVID-19-related updates to prescribed drugs policies and procedures included in such Pharmacy Facts, including those reflecting or incorporating by reference new or updated rates, new billing instructions, or new codes available to MassHealth providers, provided that 1) such flexibilities are not disallowed by Health Safety Net regulations 101 CMR 613.00: *Health Safety Net Eligible Services* or 101 CMR 614.00: *Health Safety Net Payments and Funding*, and 2) such Pharmacy Facts or any separate guidance issued by the Health Safety Net does not specifically exclude the Health Safety Net from the policy or procedure's application.

Temporary Flexibilities for Certain 340B Providers

As a result of COVID-19, Health Safety Net patients may be forced to relocate due to a COVID-19 diagnosis or face new obstacles to obtaining care through their typical provider location.

In order to facilitate continued access to pharmacy services for Health Safety Net patients during the federal Public Health Emergency declared due to COVID-19, the Health Safety Net will temporarily ease certain limits on acute care hospitals and community health centers that operate a 340B pharmacy, known as “340B providers,” that directly operate both a 340B pharmacy and retail pharmacy. Specifically, for dates of service beginning April 13, 2020, until the end of the federal Public Health Emergency declared in response to COVID-19, and notwithstanding 101 CMR 613.03(2)(c): *340B Pharmacies*, the Health Safety Net will temporarily remove the limit on the number of times a 340B provider may fill prescriptions **from its retail stock** for Health Safety Net patients who are not the 340B provider’s regular patients. The 340B provider may bill the Health Safety Net for these medications at the retail rate, and subject to all other applicable requirements of 101 CMR 613.00: *Health Safety Net Eligible Services* and 101 CMR 614.00: *Health Safety Net Payments and Funding*.

340B providers are advised that the federal statutory prohibition on dispensing drugs from 340B stock to anyone other than eligible patients of the provider remains in effect. Providers should review [HRSA guidance](#) in effect for the federal Public Health Emergency with respect to who may qualify as an eligible patient for purposes of 340B.

Flexibilities regarding Non-340B Prescriptions

Many Health Safety Net providers, including acute care hospitals and community health centers, that do not operate their own 340B pharmacy, but contract with third party pharmacies to provide pharmacy services, are facing barriers to obtaining certain drugs through the 340B drug pricing program due to recent changes occurring across the pharmaceutical industry. Therefore, notwithstanding 101 CMR 613.03(2), and in order to facilitate continued access to pharmacy services for Health Safety Net patients, the Health Safety Net will allow Health Safety Net providers’ contract pharmacies to utilize retail stock to fill prescriptions for their Health Safety Net patients for drugs that are 340B-eligible but that are no longer available for purchase by the contract pharmacy through the 340B drug pricing program.

Such retail stock must be billed to the Health Safety Net at Actual Acquisition Cost, as defined in 101 CMR 331.02: *General Definitions*. For calculation of the total amount for reimbursable health services, as defined in 101 CMR 614.02: *Definitions*, the claim will be priced at the Actual Acquisition Cost plus the appropriate dispensing fee set forth in 101 CMR 331.00: *Prescribed Drugs*.

However, 340B providers who operate their own 340B pharmacy may submit Health Safety Net claims only for outpatient pharmacy services provided through the provider's 340B pharmacy, except as described in 101 CMR 613.03(2)(c) or as otherwise described in this administrative bulletin. Additionally, Health Safety Net contract pharmacies must continue to utilize 340B drugs that are in stock or available for purchase through the 340B drug pricing program when filling prescriptions for Health Safety Net patients. Finally, a 340B provider that operates both a 340B

pharmacy and retail pharmacy may continue to fill prescriptions for any Health Safety Net patient through 340B stock, according to the requirements described in this bulletin.

At its discretion, and with reasonable notice to Providers, the Health Safety Net may rescind, modify, or update this policy through additional guidance.

Other Considerations

Please note that all providers must make diligent efforts to obtain payment first from other resources, including MassHealth, so that the Health Safety Net will be the payer of last resort for Health Safety Net providers.

Additional Information

For the latest MA-specific information, visit the following link:

<https://www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19>.

The latest Centers for Disease Control and Prevention (CDC) guidance for healthcare professionals is available at the following link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>.

Questions

If you have any questions about the information in this administrative bulletin, please contact the Health Safety Net at (800) 609-7232, or email your inquiry to HSNHelpdesk@state.ma.us.

Appendix A

Guidelines for Use of Telehealth to Deliver Covered Services

Terminology

For the purposes of this administrative bulletin, the following terms are used as defined below.

Distant site is the site where the practitioner providing the service is located at the time the service is provided. While all applicable licensure and programmatic requirements apply to the delivery of the service, there are no additional geographic or facility restrictions on distant sites for services delivered via telehealth.

Originating site is the location of the member at the time the service is being provided. There are no geographic or facility restrictions on originating sites.

Billing and Payment Rates for Services

All providers must include place of service code 02 when submitting a claim for services delivered via telehealth. Providers billing under an 837I/UB-04 form must include the modifier “GT” when submitting claims for services delivered via telehealth. Rates of payment for services delivered via telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations.

Providers may not bill the Health Safety Net a facility fee for originating sites.

Additional Requirements for Prescribing

A provider may prescribe medications via telehealth as otherwise described in this administrative bulletin and in accordance with the following requirements.

1. Providers must comply with all applicable state and federal statutes and regulations governing medication management and prescribing services when delivering these services via telehealth.
2. Providers who deliver prescribing services via telehealth must maintain policies for providing patients with timely and accurate prescriptions by use of mail, phone, e-prescribing, and/or fax. Providers must document prescriptions in the patient’s medical record consistent with in-person care.

Requirements for Telehealth Encounters

Providers must adhere to and document the following best practices when delivering services via telehealth.

1. Providers must properly identify the patient using, at a minimum, the patient’s name, date of birth, and place of residence. If the patient has a MassHealth ID, providers should obtain that, as well.

2. Providers must disclose and validate the provider's identity and credentials, such as the provider's license, title, and, if applicable, specialty and board certifications.
3. For an initial appointment with a new patient, the provider must review the patient's relevant medical history and any available medical records with the patient before initiating the delivery of the service.
4. For existing provider-patient relationships, the provider must review the patient's medical history and any available medical records with the patient during the service.
5. Prior to each patient appointment, the provider must ensure that the provider is able to deliver the service to the same standard of care and in compliance with licensure regulations and requirements, programmatic regulations, and performance specifications related to the service (e.g., accessibility and communication access) using telehealth as is applicable to the delivery of the services in person. If the provider cannot meet this standard of care or other requirements, the provider must direct the patient to seek in-person care. The provider must make this determination prior to the delivery of each service.
6. To the extent feasible, providers must ensure the same rights to confidentiality and security as provided in face-to-face services. Providers must inform members of any relevant privacy considerations.
7. Providers must follow consent and patient information protocol consistent with those followed during in person visits.
8. Providers must inform patients of the location of the provider rendering services via telehealth (i.e., distant site) and obtain the location of the patient (i.e., originating site).
9. The provider must inform the patient of how the patient can see a clinician in person in the event of an emergency or as otherwise needed.

Documentation and Recordkeeping

Providers delivering services via telehealth must meet all health records standards required by the applicable licensing body as well as any applicable regulatory and program specifications required by the Health Safety Net. This includes storage, access, and disposal of records.

In addition to complying with all applicable Health Safety Net regulations pertaining to documentation of services, providers must include a notation in the medical record that indicates that the service was provided via telehealth, the technology used, and the physical location of the distant and the originating sites.

The Health Safety Net may audit provider records for compliance with all regulatory requirements, including recordkeeping and documentation requirements, and may apply appropriate sanctions to providers who fail to comply.