Agenda

- Update: MassHealth 2023-2024 Redetermination Outreach Campaign
- NEW MassHealth Continuous Eligibility Coverage
- MassHealth Health Plans (ACOs/MCOs)
- MassHealth Perinatal and Maternal Health Updates
- 2024 Cost of Living Adjustment (COLA)
- New E-submission and Adobe Sign Forms to Report Changes
- Medicare Savings Program (MSP): QMB Balance Billing
- Apply for SNAP through MassHealth Check Box
UPDATE: MASSHEALTH 2023-2024 REDETERMINATION OUTREACH CAMPAIGN
Outreach Campaign

- Mid-December, MassHealth began robocalls in six languages (English, Spanish, Haitian Creole, Portuguese, Vietnamese, and Chinese-Mandarin and Cantonese)

- This effort is to inform members:
  - to complete their renewal
  - they will receive a Request for Information (RFI) or VC (verification request)
  - they may lose coverage because they have not returned their renewal package or RFI/VC
  - their mail was returned, and they need to contact MassHealth to update their address

- Depending on phone carrier, the incoming call should appear as MassHealth on the caller ID, or it may not display as MassHealth
  - MassHealth is working to ensure caller ID will display MassHealth for all carriers
MASSHEALTH CONTINUOUS ELIGIBILITY COVERAGE
Benefits of Continuous Eligibility (CE)

- Continuous eligibility (CE) means that members retain coverage for the appointed period even if they experience changes in their circumstances that would otherwise affect eligibility.
- Continuous Eligibility (CE) is a valuable tool that helps states ensure that certain populations stay enrolled in the health coverage for which they are eligible and have consistent access to needed health care services.
- CE promotes health equity by limiting gaps in coverage for low-income children and adults.
- We are excited to extend CE to three important populations:
  - Members released from jail or prison
  - Individuals verified chronically homeless
  - Children under the age of 19

Benefits of Continuous Eligibility
- Drives more efficient health care spending
- Improves health status and wellbeing in the short and longer term
- Mitigates the impact of income volatility on families
- Promotes health equity
- Reduces administrative burden and costs
- Enhances the ability to fully measure the quality of care
- Provides states with better tools to hold health plans accountable for quality and improved health outcomes
Continuous Eligibility Populations

- **Members released from jail or prison (April 2023)**
  - Provides 12-months continuous eligibility to adults under age 65 upon release from public institution for the first year they return to the community

Verifies Chronically Homeless Adults (December 2023)
  - Provides 24-months continuous eligibility to adults who are verified homeless under age 65

- **Children (January 2024)**
  - Provides 12-months continuous eligibility to children under age 19

- **Reasons for possible ineligibility for CE:**
  - Ages out
  - Moves out of state
  - Voluntarily withdraws
  - Deceased
  - Erroneous initial eligibility
Continuous Eligibility: How it Applies

- The CE period for **new applicants** begins on the effective date of eligibility
  - Note: Chronically homeless needs to be verified from the state system, therefore the CE date will happen post eligibility
- Renewal and Redetermination: MassHealth will apply continuous eligibility for the appropriate time periods when a member is renewed
- Regardless of change(s) in circumstance, members with CE will not lose coverage during the designation time period
- CE is unique to the individual within the household and does not apply to the entire household
- Household members without CE still need to report changes, respond to RFIs, and complete renewals or they will risk losing coverage

- **Continuous Eligibility for children under the age of 19**
  - As of January 1, 2024, all children have had CE applied to their eligibility
  - Start date of their CE aligns with their last redetermination
**CE Scenarios (slide 1 of 2)**

**Children**
- **Feb 2024**: Family applies (mother and son) and determined eligible.
  - CE begins for son.
- **May 2024**: Mom reports change of income.
- **Feb 2025**: One year after CE began, son is up for renewal. Son determined eligible, CE restarts.
- **May 2025**: One year after Mom’s RAC, Mom is up for renewal.

**Released**
- **Apr 2024**: Applicant is due to be released from correctional facility in 30 days, CAC assists with application and deemed eligible.
- **May 2024**: Member is released from CF, coverage with CE begins.
- **May 2025**: Member is up for renewal, CE has ended, proceeds as usual.
Applies for MassHealth and deemed eligible, coverage begins

MH receives report that member has been experiencing homeless for >6 months, CE is applied

One year after CE initial eligibility, renewal is sent (changes will not affect CE)

CE ends
UPDATES: MASSHEALTH HEALTH PLAN (ACO PLANS)
Who’s Eligible to Enroll?

MassHealth members eligible to enroll in a MassHealth ACO, MCO, or the PCC Plan:

- Under 65, no Third-Party Liability (TPL) (including Medicare)
- Live in the community (for example, not in a nursing facility)
- In the following MassHealth coverage types:
  - MassHealth Standard
  - MassHealth CommonHealth
  - MassHealth CarePlus
  - MassHealth Family Assistance

Note: For additional details see 130 CMR 508.001-002
MassHealth Health Plan (ACOs) Updates for 1/1/24

• Hospital Changes
  – Fallon 365 Care will no longer include Harrington Hospital in its provider network as of January 1, 2024

• Provider Changes
  – As of January 1, 2024, nine providers joined or moved in the MassHealth ACO program
  – The provider moves affected approximately 5,000 members

• Changes to MassHealth’s Accountable Care Organizations on January 1, 2024
### Service Area Update on 1/1/24

#### The following new service areas will be offered by MassHealth starting on January 1, 2024

<table>
<thead>
<tr>
<th>WellSense Health Plan</th>
<th>Will be in the following service area</th>
</tr>
</thead>
<tbody>
<tr>
<td>WellSense Community Alliance</td>
<td>Oak Bluffs</td>
</tr>
<tr>
<td>Boston Children’s ACO</td>
<td>Athol, Gloucester, Greenfield, and Pittsfield</td>
</tr>
<tr>
<td>East Boston Neighborhood Health</td>
<td></td>
</tr>
<tr>
<td>WellSense Alliance</td>
<td>Lynnh</td>
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</tbody>
</table>

#### The following health plan will no longer be offered by MassHealth in the following service area starting on January 1, 2024

<table>
<thead>
<tr>
<th>WellSense Health Plan</th>
<th>Will no longer be in the following service area</th>
</tr>
</thead>
<tbody>
<tr>
<td>WellSense Care Alliance</td>
<td>Wareham</td>
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</table>
MASSHEALTH PERINATAL AND MATERNAL HEALTH UPDATES
Background on MassHealth Pregnant and Birthing Members

- MassHealth covers about 40% of births in Massachusetts (roughly 25,000 births annually)

- About 85% of pregnant MassHealth members are in either an accountable care organization (ACO) or managed care organization (MCO)

- Pregnant MassHealth members are eligible for full benefits throughout their pregnancy, labor and delivery, and through 12 months postpartum
  - Members should self-report their pregnancy status to MassHealth to ensure full coverage
  - 12-month postpartum coverage is inclusive of all pregnancy outcomes (e.g., live births, stillbirths, abortions, miscarriages)
  - Immigration or citizenship status does NOT impact eligibility for pregnant members

- MassHealth aims to improve the health outcomes of our diverse pregnant and birthing members and their infants by providing equitable access to high quality health care services and supports
Information for Pregnant MassHealth Members

- MassHealth recently launched a webpage for pregnant members available in English, Spanish, Portuguese, Haitian Creole, Chinese, and Vietnamese: mass.gov/masshealthpregnancy
  - Find important information related to eligibility and coverage for pregnant members
  - Checklist with key activities (e.g., notifying MassHealth about pregnancy, scheduling prenatal care, enrolling with WIC, contacting their health plan)
  - Examples of MassHealth covered services
  - Information about MassHealth coverage for infants
  - Community resources and supports
    - Behavioral health (mental health and substance use disorder)
    - Home visiting programs
    - Social services
Doula Provider Enrollment

- As of December 8, 2023, MassHealth now covers doula services, subject to MassHealth coverage limitations, for MassHealth members while they are pregnant, during delivery, and up to 12 months after delivery.

- In order to become a MassHealth doula provider, doulas need to meet the eligibility criteria outlined in 130 CMR 463.000 and submit a complete application package to MassHealth.

- Over 200 Doula providers attended training sessions offered to introduce them to the MassHealth program.

- IMPORTANT: While MassHealth doula coverage began on December 8, 2023, enrolling a network of MassHealth doula providers to meet the needs of members will take time. We anticipate that MassHealth doula providers will begin to enroll and be added to the MassHealth provider directory starting in Q1 2024 and that the network of MassHealth doula providers will continue to grow over time.
MassHealth Webpage For Doulas

This webpage has important information for doulas including:

• Overview of the MassHealth doula program
• Summary of eligibility requirements for doulas
• Step-by-step instructions for enrolling as a MassHealth doula provider
• Links to important doula-related regulations
• Resources: MassHealth Doula Services Program: Information for Doulas
• The regulations have been promulgated and are publicly available:
  • 130 CMR 463.000: Doula Services
  • 101 CMR 319.00: Rates for Doula Services
2024 COST OF LIVING ADJUSTMENT (COLA)
Cost of Living Adjustment (COLA) 2024

- The Social Security Administration announced on October 12, 2023, that beneficiaries would be receiving an 3.2% COLA increase for 2024
  - On average, Social Security benefits will increase by more than $50 per month as of January

<table>
<thead>
<tr>
<th>2024</th>
<th>Individual</th>
<th>Couple</th>
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</thead>
<tbody>
<tr>
<td>MassHealth asset limit</td>
<td>$2,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>Medicare Part B premium (per month)</td>
<td>$174.70</td>
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</tr>
</tbody>
</table>

Eligibility Figures for Community Residents Age 65

- Updated eligibility figures for: [Eligibility Figures for Community Residents Age 65 or Older, Figures Used to Determine Minimum-Monthly-Maintenance-Needs Allowance (MMMNA)]

* Note, federal poverty guidelines (FPL) changes in March
NEW E-SUBMISSION AND ADOBE SIGN FORMS TO REPORT CHANGES
How to Report Changes

Members must notify of certain changes **within 10 days of the changes** or as soon as possible to MassHealth. These include: changes in income, household size, employment, disability status, health insurance, and address.

Ways to submit a Report a Change

- **NEW** Online form using Adobe Sign
  - The form is available at [Report changes to MassHealth](#)
  - Note: A **valid email address** is **required** to complete the form and verify your submission

- Online system at [MAhealthconnector.org](#) for members younger than 64, or

- Forms available at [MassHealth Member Forms](#)
MEDICARE SAVINGS PROGRAM: QUALIFIED MEDICARE BENEFICIARIES (QMB)
The Medicare Savings Program (also known as MassHealth Buy-In) helps pay some of the out-of-pocket costs of Medicare. The MSP programs can also help get Medicare Part B for members who only have Medicare Part A. If members are in an MSP program, they will also be automatically enrolled in the Medicare Part D Extra Help program, which can help with pharmacy costs.

Programs:

- **Qualified Medicare Beneficiaries (QMB) (formerly MassHealth Senior Buy-In)**
  - May pay for Part B Medicare premiums (and for Part A premiums for those who have one) and for the deductibles and coinsurance under Part A and Part B

- **Specified Low Income Medicare Beneficiaries (SLMB)**
  - Helps pay for Part B premiums (must have both Part A and B to qualify)

- **Qualifying Individuals (QI-1)**
  - Helps pay for Part B premiums (must have both Part A and B to qualify)
MSP Renewal

- MSP members who applied with a Medicare Savings Programs Application (MHBI) will be renewed starting January 29, 2024
  - Members selected will receive a newly created renewal form, Renewal Application for the Medicare Savings Programs (MHBI-R), and cover letter
  - Option to submit renewal via E-submission
- Cover letter will have the E-submission URL and reference number
Illegal Billing of Qualified Medicare Beneficiary Members (slide 1 of 2)

- Formerly known as MassHealth Senior Buy-In, the Medicare Savings QMB program pays Medicare Part A and B premiums, deductibles, copays, and coinsurance. This protects individuals in the QMB program from cost sharing for Medicare covered services or items.

- Under federal law, it is illegal for Medicare providers and suppliers—even those that do not accept Medicaid (MassHealth)—to bill Qualified Medicare Beneficiary (QMB) beneficiaries for Medicare cost sharing for any Medicare Part A and B covered services.

• CMS also says that providers and suppliers that have mistakenly billed a person who is enrolled in the QMB program must recall the charges (including referrals to collection agencies) and refund the charges paid

• Providers who violate these requirements may be subject to state or federal prosecution, including by the Massachusetts Attorney General and the U.S. Attorney

• QMB program billing protections apply regardless of whether a person is enrolled in Medicare fee-for-service or a Medicare Advantage Plan

Billing MassHealth

• Providers who serve QMB beneficiaries are responsible for billing the state MassHealth for any Medicare cost sharing amounts the state is responsible for covering

• Providers should check the eligibility verification system (EVS), the Medicare Provider Remittance Advice, and other sources for MSP eligibility, to determine whether a patient had MSP on the date a service was provided

• For more information, go to the All Provider Bulletin 386: MassHealth Medicare Savings Program
APPLY FOR SNAP THROUGH MASSHEALTH CHECK BOX

SNAP Outreach Unit, Department of Transitional Assistance
How to Apply for SNAP Benefits through MassHealth Application

- Applicants and members can begin their apply for SNAP benefit by checking the SNAP check box on either their application
- If the box is checked, MassHealth will send the application to the Department of Transitional Assistance (DTA)

<table>
<thead>
<tr>
<th>Application for Health Coverage for Seniors and People Needing Long-Term-Care Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Print Clearly. Be sure to answer all questions. Fill out all parts of the application, along with all supplements that apply. If you need more space, attach a separate piece of paper to the application. Put Person 1's name and social security number at the top of any attached paper. For each member in your household, please put the name(s) of the individual(s) under the program or programs they want to apply for. Please see the Senior Guide to learn more about coverage under these programs.</td>
</tr>
<tr>
<td>Please list the names of everyone who is applying for health coverage on this application.</td>
</tr>
<tr>
<td>□ MassHealth or the Health Safety Net (hsN) (If living at home, or in a rest home, an assisted living facility, a continuing care retirement community, or life care community, fill out this application and any supplements that apply to you or any household member.) MassHealth will check if anyone applying for health coverage on this application is eligible for MassHealth or the hSN.</td>
</tr>
<tr>
<td>Your:</td>
</tr>
<tr>
<td>Spouse:</td>
</tr>
<tr>
<td>□ Long-Term Care and/or</td>
</tr>
<tr>
<td>□ Home- and Community-Based Services Waiver</td>
</tr>
<tr>
<td>(If applying for or getting long-term care services at home under an HCBS Waiver, or in a nursing home or chronic hospital, fill out this application and any supplements that apply to you or any household member, including all or part of the Long-Term Care Supplement.)</td>
</tr>
<tr>
<td>You:</td>
</tr>
<tr>
<td>□ Health Connector Programs</td>
</tr>
<tr>
<td>Health coverage through the Massachusetts Health Connector is not MassHealth. If you have Medicare, you will not be eligible for any cost sharing or Advance Premium Tax Credits, and you cannot purchase a plan through the Health Connector, unless you were enrolled in a Health Connector plan when you became eligible for Medicare. The only time you should apply for Health Connector programs if you have Medicare is if you are not enrolled in Medicare yet but would have to pay for your Medicare Part A premium. In this case, you may be eligible for a Health Connector plan.</td>
</tr>
<tr>
<td>Your:</td>
</tr>
<tr>
<td>Spouse:</td>
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</table>

**Supplemental Nutrition Assistance Program (SNAP)**

- The Supplemental Nutrition Assistance Program (SNAP) is a federal program that helps you buy healthy food each month.
- Check this box if you want this application to be sent to the Department of Transitional Assistance to serve as an application for SNAP benefits. You must read the rights and responsibilities on page 23 and sign on page 26 to proceed with the application.

**Medicare Savings Programs Application for people who are eligible for Medicare**

- Individuals of any age who are receiving Medicare and are only seeking help with payment of their Medicare premiums and cost sharing.
- If you want to apply for other MassHealth benefits, or for assistance with Medicare costs, you can call MassHealth Customer Service at (800) 844-2000 (TTY/TDD: 711) for people who are deaf or hard of hearing or have a speech disability, to ask for a different application. Or you can download the appropriate application at [www.mass.gov/infoapplic](http://www.mass.gov/infoapplic) .

**General Information**

- Who is applying? □ you □ you and your spouse

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**MassHealth Application for Health and Dental Coverage and Help Paying Costs**

- Supplemental Nutrition Assistance Program (SNAP) is a federal program that helps you buy healthy food each month.
- □ Check this box if you want this application to be sent to the Department of Transitional Assistance to serve as an application for SNAP benefits. You must read the rights and responsibilities on pages 23-25 and sign on page 26 to proceed with the application.
- □ Long Term Care and/or
- □ Home and Community-Based Services Waiver
- □ Check this box if you want this application to be sent to the Department of Transitional Assistance to serve as an application for SNAP benefits. You must read the rights and responsibilities on pages 18-23 and sign on page 24 to proceed with the application.
What is SNAP?

The Supplemental Nutritional Assistance Program (SNAP) can help clients expand their healthy food budget and explore opportunities to support their well-being and education and employment goals.

SNAP benefits include:

- Monthly funds on an EBT card to buy food
- $40, $60 or $80 a month put back on your EBT card when you use SNAP to buy local produce via the Healthy Incentives Program (HIP)
- SNAP Path to Work free education and training opportunities
- Free nutrition education classes and resources
- Connections to other kinds of help, like utility discounts, free school meals and discounted admissions to many Commonwealth museums and cultural institutions via EBT Card to Culture
Hi, my name is Kate, I’m here to help you with your MassHealth application. To get started, I also wanted to check and see if you want to apply for SNAP, formerly known as the food stamp program.

Response: Yes, I would like to apply for SNAP.

Kate: Okay, great, I’m going to check off the box at the beginning of the MassHealth application, then we’ll go over your rights and responsibilities for SNAP at the end of this application. Once I submit your application, you can expect a call from the Department of Transitional Assistance (DTA) within 1-2 days. DTA is the state agency that runs SNAP. DTA will call you to complete an interview. If they don’t reach you with the cold call, they will schedule a time for an interview, and you will receive a notice in the mail with the date and time. You may have to submit some verifications, such as pay stubs or medical expenses. Once you have completed the phone interview and submitted any mandatory verifications, DTA will make a determination, typically within 30-60 days. DTA will send your EBT card in the mail. Do you have any questions?
SNAP Application

- The client’s SNAP will start from the date DTA receives the MassHealth application.
- MassHealth data that is shared with DTA*:
  - Name
  - Gender
  - DOB
  - SSN
  - Address
  - Phone number
  - Race & Ethnicity
  - Language
  - Household size

*Not a comprehensive list
SNAP Check Box

To avoid submitting a duplicate SNAP application:

• Ask your client “do you receive SNAP (Supplemental Nutrition Assistance Program) formerly known as Food Stamps?”

• If they are not sure:
  – Ask if they have an EBT card, they can call the number on the back of the card to see if it is active, and if there is a balance
  – They may need to re-pin the card, to assist: mass.gov/info-details/steps-to-re-pin-your-ebt-card

• Applications submitted online should show up in our Beacon system next day

• Paper applications may take 1-2 days to show up in Beacon
SNAP Application: Next Steps

- DTA worker receives MH SNAP application
- Worker will make 3 cold calls to client to complete interview
- If client is unavailable, worker will schedule an interview and send out interview request notice
- Once interview is completed, a request for verifications (VC-1) is sent to the client
- Client submits verifications either through DTA Connect, fax, mail or in person
- DTA worker reviews verifications, wraps up case, issues Approval or Denial Notice to client

Frequently requested verifications:
- Pay stubs
- Medical expenses (if 60+ or disabled)
- Proof of child support payment
- Noncitizen status
  - Permanent Resident Card,
  - Employment Authorization Card,
  - Temporary Resident Card,
  - Arrival-Departure Record
  - or other written documentation from USCIS.
SNAP Income Guidelines

SNAP Gross Income Limits/Benefit Amount
Gross Monthly Categorical Eligibility Income Standards as referenced at:
106 CMR 364.976 – Effective 2/1/2024

<table>
<thead>
<tr>
<th>Assistance Unit Size</th>
<th>200% of Federal Poverty Level</th>
<th>Maximum SNAP Allotment Effective 10/1/23-9/30/24</th>
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<tbody>
<tr>
<td>1</td>
<td>$2510</td>
<td>$291</td>
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<tr>
<td>2</td>
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<td>8</td>
<td>$8787</td>
<td>$1751</td>
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<tr>
<td>For each additional member add:</td>
<td>$897</td>
<td>$219</td>
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# Additional Support: SNAP

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<thead>
<tr>
<th>Submitting Verifications:</th>
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<tbody>
<tr>
<td>Clients can submit their verifications:</td>
</tr>
<tr>
<td>Via Fax: DTA Document Processing Center (617) 887-8765</td>
</tr>
<tr>
<td>Mail:</td>
</tr>
<tr>
<td>• DTA Document Processing Center PO Box 4406 Taunton, MA 02780</td>
</tr>
<tr>
<td>Online:</td>
</tr>
<tr>
<td>• Upload in DTA Connect: mass.gov/info-details/help-using-dta-connect</td>
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<table>
<thead>
<tr>
<th>For Help with their Case:</th>
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<tbody>
<tr>
<td>• Go to: mass.gov/info-details/snap-outreach-partners for a list of outreach partners</td>
</tr>
<tr>
<td>• Call the DTA assistance line: 877-382-2363</td>
</tr>
<tr>
<td>• Go in person to their local office: mass.gov/orgs/department-of-transitional-assistance/locations</td>
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</table>
Thank You!