

MA Health Care Training Forum Spring 2025 Meeting Health Safety Net and MassHealth Transcription

Health Safety Net Information and Updates April and May 2025

DEBBIE RAYMOND: I want to welcome everybody this morning to the MassHealth and Health Safety Nets meeting and thank you for joining us today. I'm Debbie Raymond from the Massachusetts Healthcare Training Forum team, and I will facilitate the meeting this morning. Our presenters today are Lydia Sweetser, Policy Analyst at the Health Safety Net, and Kara Chiev, Manager of MassHealth External Training and Communications.

LYDIA SWEETSER: Hi, everybody. My name is Lydia Sweetser, and I'm a Policy Analyst at the Health Safety Net, and I'm going to be providing you with our updates today.

[Agenda]

This is just an overlook of our agenda. We'll go over the covered code list and new PPS rates, 2025 hospital rates, information on our new dental administrator, information on anti-obesity medications, any Health Safety Net updates we have, more information on special circumstances applications, general information, and then we'll have time for questions.

[2025 Prospective Payment System (PPS) Rates]

As you can see on the slide here, we have our 2025 Prospective Payment System rates, or PPS rates. Those are listed here for the rest of Massachusetts, as well as Metro Boston, for new patient and established patients. Along with our covered code list and codes that are paid with our PPS rate, you can find those linked there, and we'll have that at the end of our presentation linked as well.

[2025 Hospital]

2025 hospital rates for acute care hospitals, those are now updated on our website as well. We have our non-covered procedure code list and 2025 Hospital rates for

outpatient primary, outpatient bad debt, and the payment on account factor ratio. Those are both linked on our website.

[New Dental Administrator]

We have here information on our new dental administrator. The Executive Office of Health and Human Services has transitioned to a new administrator for dental services starting on April 1st, 2025. BeneCare Dental Plans will provide as the third-party administrator for MassHealth, the Children's Medical Security Plan, and the Health Safety Net Dental Services. DentaQuest, which was the third-party administrator, has transitioned on March 31st, 2025, for dental services. This will not affect members' eligibility, nor the rates set for dental services. For participating providers and members, no action is needed at this time, and there are no immediate changes in MassHealth Dental operations. As of April 1st, 2025, you can go ahead and visit the massdhp.org website or call the phone number on the screen if you have any questions.

[Anti-Obesity Medication Changes]

You can see here information on anti-obesity medication changes. In accordance with the Health Safety Net regulations at 101 CMR 613.03(2)(e), the Health Safety Net does not pay for drugs used for the treatment of obesity. Effective April 15th, 2025, the following drugs will no longer be payable for Health Safety Net patients for weight loss. Existing prior authorizations will be payable through May 15th, 2025. The agents impacted are listed below. Any drug being used off-label for weight loss is not payable for Health Safety Net patients.

Health Safety Net patients that are stable on an anti-obesity agent, including patients with existing prior authorizations for anti-obesity agents, will be able to continue getting the drug through May 15th, 2025. Wegovy and Zepbound may still be payable for other medically accepted indications. A new prior authorization will be required to review for medical necessity. Patients with diabetes may be switched to Victoza, which is available without prior authorization. Prior authorization status and criteria for other diabetic GLP-1 medications can be found on the MassHealth drug list, which we've linked at the bottom of this slide as well.

[HSN Updates]

Just some updates from us at the Health Safety Net. Health Safety Net's February remits and payments include two significant claim reprocessing efforts. The Health Safety Net has adjusted all primary inpatient claims for fiscal year '23, fiscal year '24, and year-to-date fiscal year '25 to pay at the Medicare severity diagnostic-related group payment rate through the 3M/Solventum pricing grouper. In addition, the Health Safety Net adjusted fiscal year '24 primary outpatient claims to pay at their fiscal year '24 payment rates.

For facilities who utilize billing intermediaries, please notify your billing intermediary that there will be additional remits for fiscal year '23, '24, and '25. For community health centers, we have some resolved denial remits for pay periods 2024-10, 2024-11, so October and November 2024. Through INET, facilities may find two postings of the October 2024 and November 2024 Community Health Center Resolved Denial Remits. Due to an internal issue, the Health Safety Net identified these resolved denial remits dated December 12th, 2024, that's for the October remits, and January 14th, 2025, for the November remits.

They have not included all information needed for facilities to post payments properly. We've updated the remits with the dates of February 12th and February 19th. Please notify your billing intermediary. They should download the most up-to-date Community Health Center Resolved Denial Remits to have the most up-to-date payment information.

[Special Circumstances Medical Hardship Assistance]

We wanted to bring back some more information about special circumstances applications.

As always, a Massachusetts resident at any countable income level may qualify for medical hardship if allowable medical expenses exceed a certain percentage of his or her countable income as specified in our regulations. A determination of medical hardship is a one-time determination and not an ongoing eligibility category. An applicant may submit no more than two medical hardship applications within a 12-

month period. You can see in the graph below what would be considered their percentage of countable income we would be calculating in that application.

[Special Circumstances Bad Debt]

Bad debt. Bad debt is an account receivable based on services furnished to a patient that is regarded as uncollectible following reasonable collection efforts consistent with the requirements in our regulations. It's charged as a credit loss. It's not the obligation of a governmental unit or the federal government, or any agency thereof, and not a reimbursable health service. Providers are charged with making reasonable attempts in obtaining and verifying the patient's or guarantor's supplied and financial information. Reasonable collection efforts must be taken before a bad debt claim can be made, which would include documentation of billings, calls, notices, and any other notifications.

The bad debt must be unpaid after a period of 120 days of continuous collection action. In accordance with our regulations, a recipient can continue to be billed if the date of service is outside of the eligibility period for low-income patient status. These bills can be submitted as evidence to satisfy bad debt application requirements.

[Special Circumstances Bad Debt (continued)]

On this slide, we have information that would go on the bad debt application and a list of what is required as evidence of reasonable collection efforts.

[General Information]

Finally, we have our slide with some general information and links that were linked earlier in our presentation and can be found here as well for your ease.

[HSN Help Desk]

Lastly, we have always for you as a resource, the Health Safety Net help desk. Inquiries should be addressed to this email address listed on the slide and not to an individual member of the help desk team. If you feel that your matter, your question remains

unresolved, you can contact the help desk supervisor for assistance. That's all. Thank you so much.

[MassHealth Updates]

DEBBIE: At this point, I would like to turn it over to Kara Chiev, and she can present on MassHealth updates.

SOKMEAKARA CHIEV: Good morning, everyone, and happy Friday. Thanks for joining us for this quarter's MassHealth update session. For those newer to our community and attending for the first time, the information you will hear today applies to MassHealth applicants and members. If you're looking for additional details or have questions about how to bill MassHealth or information regarding claims and provider regulations, please remember to sign up for the MassHealth provider services events next quarter. You can also review their information the presentation they provided this quarter on the MTF website. Their presentation will be posted shortly.

As Deb mentioned, my name is Sokmeakara Chiev. I also go by Kara, and I am with our training and communications unit.

[Agenda]

Moving into today's agenda, for this quarter, updates will include information about the latest revised MassHealth applications, which includes the Massachusetts Application for Health and Dental Coverage and Help Paying Costs, or commonly known as the ACA-3 application, and the Application for Health Coverage for Seniors and People Needing Long-term Care Services, most commonly known as the SACA-2 or the Senior Application.

The next update is related to MassHealth's Tufts Health Together MCO Plan. Lastly, before questions, is an update on MassHealth's Plus QMB program.

[MassHealth 2025 Income Standards and Federal Poverty Guide]

To start, MassHealth updates the federal poverty level standards chart yearly, and it is published on the MassHealth website on the 1st of March, as of the 1st of March. The

2025 FPL standards increased for an individual at 100% of FPL. That's now \$1,305 a month. It was \$1,255 in 2024. The FPL chart has been updated. Again, it is posted on the MassHealth website.

I also want to make you aware that the FPL percentages have been updated in the online application at mahealthconnector.org or HIX, and it will be used for MassHealth purposes only. The Health Connector will update the FPL and use the 2025 FPL percentages in the fall.

[ACA-3 and SACA-2 Application Updates]

Moving on to the application, both MassHealth applications, that's the ACA-3 and SACA-2 applications, have been revised since March. The latest version is available on the MTF website, along with the member booklet.

[Changes in the ACA-3]

Going on to the next slide, changes made to the ACA-3 in March include updated information about the applicant, what applicant can expect as next steps after checking the SNAP checkbox, updated language on question 11, and the immigration document types to align with the online ACA-3 application at mahealthconnector.org. There's updated language about information sharing requirements. We removed language about estate employee benefit plan that is no longer available, in addition to new languages in the signature page section of the application.

[Changes in the SACA-2]

Moving on to the next slide, here's the changes for the SACA-2. Updates made were two questions regarding third-party recovery. That's been removed. The updates also included updated information, immigration document lists, and what happens next after checking the SNAP checkbox, and added new language in the signature page related to estate recovery.

[ACA-3 and SACA-2 Application Updates]

Again, the March 2025 version of both the ACA-3 and SACA-2 are available online for download and print in six different languages. That includes English, Simplified Chinese, Haitian Creole, Portuguese, Brazilian Portuguese, Spanish, and Vietnamese.

Just for folks that would like to order materials, you can order materials by calling our main customer service line, that's 800-841-2900, or faxing in your request. For these versions of the application, you don't need to recycle any of the older version if you have a good supply of the March 2024 version. We will still accept that version of the ACA-3 or the SACA-2, but I always encourage folks to use the latest version of our forms and applications when you're helping an applicant or a member with their MassHealth application. If you still have a healthy supply, you can still use the last version of both applications to help an applicant submit.

[Social Security Fairness Act]

The Social Security Fairness Act and Retroactive Lump-sum Social Security Payments. The Social Security Fairness Act ended the Windfall Elimination Provision and Government Pension Offset. Because of this act, many beneficiaries will receive a one-time retroactive lump sum payment. This lump sum will be deposited into the bank account the beneficiaries have on file with Social Security, where their monthly income is or will be deposited. Many of these folks will also start to receive monthly income payments or a higher monthly income amount. The new or higher income amount should first be received in the benefit payments they receive in April of 2025.

People who will benefit from the new law include some teachers, firefighters, and police officers in many states, federal employees covered by the civil service retirement system, and people whose work had been covered by a foreign Social Security system.

[Social Security Fairness Act (continued)]

These retroactive lump sum payments are not countable in an asset calculation in the month of receipt and continues to be non-countable assets for nine months after the month of receipt. The lump sum funds must be identifiable and verified as retro SSA payments and must be deposited into a separately identifiable account.

If the funds are co-mingled with other funds and cannot be separately identified, they would be considered part of the member or applicant's countable assets. If you want more information about the countable assets regulation, you can find it at 130 CMR 520.

[MassHealth Health Plan Update: Tufts Health Together MCO Plan]

The next update is for our MassHealth members that are younger than 65, they have access to our ACO, that's the Accountable Care Organization Plan, or MCO, that's the Managed Care Organization Plan, and the PCC Plan, that's the Primary Care Clinician Plan. These members are younger than 65, and for this next information,

[Tufts Health Together MCO Plan]

it is specifically related to Tufts Health Together MCO Plan.

Point32Health has decided to no longer offer the Tufts Health Together MCO Plan, effective January 1st of 2026. This only impacts the Tufts Health Together MCO. It does not impact any of the other Tufts Health Together plans. Tufts will continue to operate both of its Accountable Care Organizations, that's the ACO plans, those are Tufts Cambridge Health Alliance and Tufts UMass Memorial Health, as well as its One Care Plan and the Senior Care Options Plan. The Tufts MCO will continue to serve members until the end of the year, that's December 31st, so members can continue to see their Tufts MCO Primary Care Providers, or PCP, and receive services from the Tufts MCO.

Point32Health and MassHealth's highest priority is maintaining member relationship with their PCP, and members' access to current services and benefits.

[Transition Timeline and Process]

Looking at timelines, MassHealth Tufts MCO members were sent a letter letting them know about this transition back in April. At this time, these members do not need to take any action, they can continue seeing their current providers.

As we move into the fall, MassHealth will continue to work with Tufts MCO and the members' future health plan to coordinate transitions of care, including sharing of

active prior authorizations of services, care management enrollments, in addition to other information in support of the members' continuity of care.

[MassHealth Plus Medicare Savings Program (MSP) Update]

This next update is related to MassHealth's Plus Medicare Savings Program, or MSP.

[MassHealth Plus Medicare Savings Program (MSP) Update]

Just to level-set for those in the audience that's less familiar with the Medicare Savings Program, or MSP, MSP are programs that pay for some or all of Medicare beneficiaries' premiums, deductibles, co-pays, and coinsurance.

The Medicare Savings Program are not health insurance plans. In Massachusetts, MassHealth runs the MSP programs. Eligible Medicare beneficiaries enrolled in any of the MSPs also automatically get drug coverage with low co-pays through Medicare's extra help program and lets Medicare beneficiaries sign up for Medicare Part B at any point in the year without paying any financial penalties for signing up late. The MSP program types include Qualified Medicare Beneficiaries, that's QMB, which was formerly known as MassHealth Senior Buy-in.

For QMB, MassHealth pays for the Medicare Part A premium, if there is one, and the Medicare Part B premium and cost sharing. QMB also includes Health Safety Net, HSN coverage at acute care hospitals, and community health centers. QMB members will receive a MassHealth card and should show all their health plan cards when they see their Medicare providers. This ensures that the providers are billing appropriately. QMB will start the first day of the calendar month following the date of the MassHealth eligibility determination. There is no retro for QMB members.

Under federal law, it is illegal for Medicare providers and suppliers, even those that do not accept Medicaid, and that's MassHealth in Massachusetts, to bill qualified Medicare beneficiaries for Medicare cost sharing for any Medicare Part A and B-covered services. However, QMB members may still be charged for pharmacy co-pays. The income threshold for QMB is less than or equal to 190% of the federal poverty level. The next

program under MSP is the Specified Low-income Medicare Beneficiary, or SLMB, S-L-M-B. The last is the Qualifying Individual, or QI.

Here, MassHealth pays for the Medicare Part B premium, helps with prescription drug costs by automatically enrolling members in Medicare Part D extra help, and it comes with Health Safety Net or HSN coverage at acute care hospitals and community health centers. SLMB and QI members do not get a MassHealth card. That information will be available in their notice. For these members, coverage start dates is the month of application and may be retroactive up to three calendar months before the month of application.

When we're looking at FPL, for SLMB, if the applicant is single or a married couple and their monthly income is above 190% of FPL and less than or equal to 10% of FPL, they'd be eligible for SLMB. For QI, if the applicant is single or a married couple and their monthly income is above 110% of FPL and less than or equal to 225% of FPL, they'd be eligible for coverage. Medicare beneficiaries who know they may not be eligible for MassHealth coverage types and only want to apply for MSP can use the MassHealth Buy-In or MHBI application, which is shorter, it's a page long, to request the program. That application does include the HSN wrap piece. When the applicant is applying for MSP, we're looking at the program, including the HSN wrap. For applicants or members that need additional coverage, they may be able to get both an MSP and MassHealth standard coverage if their countable income and assets, if it applies, are under the MassHealth limits for the program they are applying for, and their countable income is also within the MSP program limits. These folks may be able to access MassHealth Standard Plus, MSP. For these folks to apply, they should submit the SACA-2 application or the ACA-3 application.

As related to this slide here, an applicant or a member may be able to get both MSP and CommonHealth coverage if they're eligible for Medicare and their income is less than or equal to 225% of FPL. This is new information. MassHealth CommonHealth members will receive benefits from the MSP program that aligns with their FPL, either QMB, SLMB, or QI. These members do not need to take additional action or submit an MHBI application to receive an MSP benefit in addition to CommonHealth if their FPL is below 225%. Members will receive an approval notice with the appropriate start date.

If MassHealth members exceed the 225% FPL limit, they will receive an MSP closing notice with a termination date. We do have members that exceed the 225% FPL income limit, so they will be receiving a letter from MassHealth related to their MSP. That is all I have for this quarter's update.

[Thank You!]

DEBBIE: I want to thank you all for joining us today, and a special thanks to Lydia and Kara for the information provided. I hope you all have a great rest of your day. Bye-bye.