



Health Safety Net

Information and Updates

April and May 2025

Agenda – Health Safety Net



- Covered Code List and New PPS Rates
- 2025 Hospital Rates
- New Dental Administrator
- Anti-Obesity Medication Changes
- Health Safety Net Updates
- Special Circumstances
 - Medical Hardship
 - Bad Debt
- General Information
- Questions

2025 Prospective Payment System (PPS) Rates



Community Healthcare Centers covered code list can be found with the link below:

[Payment Information for CHCs | Mass.gov](#)

Patient Type	Rest of Massachusetts	Metro Boston
New Patient	\$282.21	\$303.14
Established Patient	\$210.35	\$225.95

Prospective Payment System

2025 HOSPITAL



ACUTE CARE HOSPITALS

The updated non-covered procedure code list for Acute Outpatient Hospitals can be found in the below link:

[HSN Information for Hospitals | Mass.gov](#)

The updated 2025 Hospital Rates for Outpatient Primary, Outpatient Bad Debt, as well as the Payment on Account Factor ratio:

[Hospital Payment Information | Mass.gov](#)

New Dental Administrator

The Executive Office of Health and Human Services has transitioned to a new administrator for dental services starting on April 1, 2025. BeneCare Dental Plans will provide as the third-party administrator for MassHealth, the Children's Medical Security Plan (CMSP), and the Health Safety Net (HSN) dental services. DentaQuest, which was the Third-Party Administrator (TPA), has transitioned on March 31, 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 1, 2025, please visit massdhp.org, call 844-MH-DENTL, (844) 643-3685, or email providerrelations@massdhp.com for your MassHealth dental program needs. To receive future messages from BeneCare and the MassHealth Dental Program, please subscribe at FAQ.massdhp.org.

Anti-Obesity Medication Changes



Health Safety Net Program Changes to Management of Anti-Obesity Medications

In accordance with Health Safety Net (HSN) regulations at 101 CMR 613.03(2)(e), the HSN does not pay for drugs used for the treatment of obesity. Effective April 15, 2025, the following drugs will no longer be payable for HSN patients for weight loss. Existing prior authorizations will be payable through May 15, 2025.

Impacted Anti-Obesity Agents

- benzphetamine
 - diethylpropion, diethylpropion extended-release
 - Saxenda® (liraglutide)
 - Xenical (orlistat)
 - phendimetrazine, phendimetrazine extended-release
 - Lomaira®, Adipex-P® (phentermine capsule, tablet)
 - Wegovy® (semaglutide)
 - Zepbound® (tirzepatide)
-
- Any drug being used off-label for weight loss is not payable for HSN patients.
 - HSN patients 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 15, 2025.
 - Wegovy® (semaglutide) and Zepbound® (tirzepatide) 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® (liraglutide) 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.

Providers should work with patients to transition to alternative therapies where appropriate.

MassHealth Drug List can be found using the following link: <http://www.mass.gov/masshealth/pharmacy>

- **Inpatient Hospital Claim Reprocessing**
 - HSN's February remits and payments include two significant claim reprocessing efforts. HSN has adjusted all primary inpatient claims, for HSNFY23, HSNFY24, and YTD HSNFY25 to pay at the Medicare Severity Diagnostic Related Group (MS-DRG) payment rate through the 3M/Solventum pricing grouper. In addition, HSN adjusted FY24 primary outpatient claims to pay at their FY24 payment rates. For facilities who utilize Billing Intermediaries, please notify your BI that there will be additional remits for FY23, FY24 and FY25.
- **CHC Resolved Denial Remits for Pay Periods 202410 and 202411**
 - Through INET, facilities may find two postings of the October 2024 and November 2024 CHC Resolved Denial Remits. Due to an internal issue, HSN identified the CHC Resolved Denial Remits dated 12.12.2024 (October remits) and 01.14.2025 (November remits) may not have included all information needed for facilities to post payments accurately.
 - HSN has updated the remits with dates of 02.12.2025 and 02.19.2025. Please notify your BI they should download the most up to date CHC Resolved Denial remits (dated 02.12.2025 and 02.19.2025) to you have the most up to date payment information.

Special Circumstances

Medical Hardship Assistance



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 101 CMR 613.05(1)(c). A determination of Medical Hardship is a onetime determination and not an ongoing eligibility category. An applicant may submit no more than two Medical Hardship applications within a 12-month period.

Income Level FPL	Percentage of Countable Income
0 – 205%	10%
205.1 – 305%	15%
305.1 – 405%	20%
405.1 – 605%	30%
>605.1%	40%

Special Circumstances

Bad Debt



Bad Debt is an account receivable based on services furnished to a Patient that is:

- (a) regarded as uncollectible, following reasonable collection efforts consistent with the requirements in 101 CMR 613.06;
 - (b) charged as a credit loss;
 - (c) not the obligation of a governmental unit or the federal government or any agency thereof; and
 - d) not a Reimbursable Health Service
- Providers are charged with making reasonable attempts in obtaining and verifying the patient's or guarantors 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 101 CMR 613.000, 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)



Patient Identifiers:

- Name
- Address
- Phone#
- DOB
- SSN#
- TCN
- Med Record#
- MassHealth# (RID and/or RHN)
- Date of Service
- Total Charge for Services
- Net Charge submitted to Health Safety Net

Evidence of Reasonable Collection Efforts:

- Date of Initial Bill
- Date of Second Bill
- Date of Third Bill
- Date of Fourth Bill
- Date of Returned Mail
- Date of Certified Letter for accounts over \$1,000
- Date of Initial Phone Contact
- Date of Follow up Phone Contact
- Dates of Other Efforts (other phone calls, letters to Patient, attorney or referral to collection agency)
- Date Account was submitted to Health Safety Net Office

General Information

- Health Safety Net eligible service regulations can be found at: <https://www.mass.gov/regulations/101-CMR-61300-health-safety-net-eligible-services>
- Health Safety Net eligible payment and funding regulations can be found at: <https://www.mass.gov/regulations/101-CMR-61400-health-safety-net-payments-and-funding>
- Health Safety Net Reimbursable Services located at: <https://www.mass.gov/doc/hsn-chc-billable-procedure-codes/download>
- Health Safety Net INET located at: [Learn about HSN-INET | Mass.gov](#)
- Billing updates are posted and can be found at: [Information about HSN Provider Guides and Billing Updates | Mass.gov](#)
- The Health Safety Net is working on internal claims editing, code, and payment rate updates. HSN will instruct providers through billing update of any necessary payment resweeps due to these updates.

HSN Help Desk



- Health Safety Net Help Desk inquiries should be addressed to HSNHelpDesk@massmail.state.ma.us and not an individual member of the Help Desk team.
- If you feel the matter remains unresolved, please contact the Help Desk Supervisor for assistance.



MassHealth Updates

Agenda - MassHealth



- Updates to the MassHealth Applications (ACA-3 and SACA-2)
- MassHealth Health Plan Update: Tufts Health Together MCO Plan
- MassHealth plus Medicare Savings Program (MSP) Update

MassHealth 2025 Income Standards and Federal Poverty Guide



- On March 1, 2025, the Federal Poverty Level (FPL) standards increased
 - 100% FPL for one individual is \$1,305
 - The 2025 FPL chart: [2025 MassHealth Income Standards and Federal Poverty Guidelines](#)

- Note: The FPL percentages in the online application at MAhealthconnector.org will be updated for MassHealth purposes

2025 MassHealth Income Standards and Federal Poverty Guidelines, Effective March 1, 2025

Family Size	MassHealth Income Standards		100% Federal Poverty Level		133% Federal Poverty Level		150% Federal Poverty Level		190% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$522	\$6,264	\$1,305	\$15,660	\$1,735	\$20,820	\$1,957	\$23,484	\$2,478	\$29,736
2	\$650	\$7,800	\$1,763	\$21,156	\$2,345	\$28,140	\$2,644	\$31,728	\$3,349	\$40,188
3	\$775	\$9,300	\$2,221	\$26,652	\$2,954	\$35,448	\$3,332	\$39,984		
4	\$891	\$10,692	\$2,680	\$32,160	\$3,564	\$42,768	\$4,019	\$48,228		
5	\$1,016	\$12,192	\$3,138	\$37,656	\$4,173	\$50,076	\$4,707	\$56,484		
6	\$1,141	\$13,692	\$3,596	\$43,152	\$4,783	\$57,396	\$5,394	\$64,728		
7	\$1,266	\$15,192	\$4,055	\$48,660	\$5,393	\$64,716	\$6,082	\$72,984		
8	\$1,383	\$16,596	\$4,513	\$54,156	\$6,002	\$72,024	\$6,769	\$81,228		
For each additional person, add	\$133	\$1,596	\$459	\$5,508	\$610	\$7,320	\$688	\$8,256		

These figures are rounded and may not reflect the figures used in program determination. The Institutional Income Standard is \$72.80.

Family Size	200% Federal Poverty Level		225% Federal Poverty Level		250% Federal Poverty Level		300% Federal Poverty Level		400% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$2,609	\$31,308	\$2,935	\$35,220	\$3,261	\$39,132	\$3,913	\$46,956	\$5,217	\$62,604
2	\$3,525	\$42,300	\$3,966	\$47,592	\$4,407	\$52,884	\$5,288	\$63,456	\$7,050	\$84,600
3	\$4,442	\$53,304			\$5,553	\$66,636	\$6,663	\$79,956	\$8,884	\$106,608
4	\$5,359	\$64,308			\$6,698	\$80,376	\$8,038	\$96,456	\$10,717	\$128,604
5	\$6,275	\$75,300			\$7,844	\$94,128	\$9,413	\$112,956	\$12,550	\$150,600
6	\$7,192	\$86,304			\$8,990	\$107,880	\$10,788	\$129,456	\$14,384	\$172,608
7	\$8,109	\$97,308			\$10,136	\$121,632	\$12,163	\$145,956	\$16,217	\$194,604
8	\$9,025	\$108,300			\$11,282	\$135,384	\$13,538	\$162,456	\$18,050	\$216,600
For each additional person, add	\$917	\$11,004			\$1,146	\$13,752	\$1,375	\$16,500	\$1,834	\$22,008

These figures are rounded and may not reflect the figures used in program determination. The Institutional Income Standard is \$72.80.

ACA-3 and SACA-2 Application Updates



- The [Massachusetts Application for Health and Dental Coverage and Help Paying Cost \(ACA-3\)](#) & [Application for Health Coverage for Seniors and People Needing Long-Term-Care Services \(SACA-2\)](#) applications and [member booklet](#) have been updated
 - Updates reflect the 2025 Federal Poverty Level (FPL) guidelines

Massachusetts Application for Health and Dental Coverage and Help Paying Costs

HOW TO APPLY

You can submit your application in any of the following ways.

- Sign on to your account at MAhealthconnector.org. You can create an online account if you do not already have one. **Applying online may be a faster way for you to get coverage than mailing a paper application.**
- Mail your filled-out, signed application to:
Health Insurance Processing Center
PO Box 4405
Taunton, MA 02780.
- Fax your filled-out, signed application to (857) 323-8300.
- Call us at (800) 841-2900 (TTY: (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled) or (877) MA ENROLL ((877) 623-6765).
- Visit a MassHealth Enrollment Center (MEC) to apply in person. See the **Member Booklet for Help with Health and Dental Coverage and Help Paying Costs** for a list of MEC addresses.

USE THIS APPLICATION TO SEE WHAT COVERAGE CHOICES YOU MAY QUALIFY FOR.

- Affordable coverage from MassHealth, the Health Safety Net (HSN), the Children's Medical Security Plan (CMSPL), or the Health Connector. You may qualify for one of these programs, even if you earn as much as \$106,008 a year (for a household of four).
- Affordable private health insurance plans that offer comprehensive coverage to help you stay well
- A tax credit that can help pay your premiums for health coverage right away

WHO CAN USE THIS APPLICATION?

This application is for people who need health or dental coverage and help paying for it, and who

- live in Massachusetts;
- are not living in or not about to go into a nursing facility; and
- are younger than age 65.

This application may also be used by people of **any age** who are

- parents of children younger than age 19, or
- adult relatives living with and taking care of children younger than age 19 when neither parent is living in the home.

If this application is not for you, call us at (800) 841-2900, TTY: (800) 497-4648. This application is available in Spanish. Please call the number above to request one. Apply even if you or your child already has health coverage including coverage from MassHealth and the Health Connector. You could qualify for coverage. We need to know about all members of your household to make a decision on your eligibility. If someone is helping you fill out this application, you may need to fill out a separate form that gives that person permission to act on your behalf. See the **Authorized Representative Designation Form** at the end of this application.

Massachusetts Health Connector

supplements that apply. If you Security number at the top of under the program or programs

Massachusetts Health Connector Medicare, you will not be reductions or Advance Premium Connector, and you cannot in the Health Connector, unless Health Connector plan when are. The only time you should grams if you have Medicare is if re yet but would have to pay for . In this case, you may be eligible h Connector, which may include and ConnectorCare plans.

are for the Elderly (PACE) be eligible to enroll in the ccess to a wide range of wellness services through a of the Senior Guide for more

ood each month.

to serve as an application for o proceed with the application.

in 7 days.

STEP 1 Person 1 (YOU)—Tell us about YOURSELF.

We need one adult in the household to be the contact person for your application. This person should be someone who appears on the application, not a third party who wishes to serve as a contact for the applicant(s). See the **Authorized Representative Designation (ARD)** at the end of this application to establish a third-party contact.

1. First name, middle name, last name, and suffix		2. Date of birth (mm/dd/yyyy)	
3. Street address <input type="checkbox"/> Check this box if homeless. You must provide a mailing address.		4. Apartment or unit number	
5. City	6. State	7. ZIP code	8. County

Page 1 | SACA-2-0325

SACA-2-0325

Changes in the ACA-3



- Changes in the March 2025 version of the ACA-3:
 - Updated SNAP checkbox language to facilitate processing
 - Updated language on question 11 to conform to the online application
 - Added language to Step 5: “Your Household’s Health Coverage” about information sharing requirements
 - Removed language about a state employee benefit plan that is no longer available
 - Added new language about estate recovery to numbers 10 and 11 of Step 8 (signature page)
 - Added new language about information sharing to number 13 of Step 8 (signature page)
 - Updated immigration document types to conform to the online application

Changes in the SACA-2



- Changes in the March 2025 version of the SACA-2:
 - Removed questions regarding Third Party Recovery
 - Updated the Immigration Documents list
 - Updated the Department of Transitional Assistance Rights and Responsibilities language for the SNAP program and the applicable checkbox
 - Updated language on Step 9 regarding Breast and Cervical Cancer
 - Added language to Step 5: “Your Household’s Health Coverage” about information sharing requirements
 - Added new language about estate recovery to number 12 of Step 8 (signature page)

ACA-3 and SACA-2 Application Updates



- March 2024 versions of ACA-3 and SACA-2 applications will be accepted.
- ACA-1 and SACA-1 booklets available in Arabic, Brazilian Portuguese, Chinese, Haitian Creole, Khmer, Russian, Vietnamese, or in Braille.

Ordering Materials:

- Call: 1-800-841-2900
- Fax a request: 617-988-8973

Social Security Fairness Act



Social Security Fairness Act & Retroactive, Lump sum Social Security Payments

- The Social Security Fairness Act ended the Windfall Elimination Provision (WEP), and Government Pension Offset (GPO)
 - Many beneficiaries will receive a one-time, retroactive, lump-sum payment. It is anticipated that many of these payments will be received by the end of March 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 continue to be noncountable 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.

MassHealth regulation at [130 CMR 520.007\(H\): Countable Assets: Retroactive SSI and RSDI Benefit Payments](#)

MASSHEALTH HEALTH PLAN UPDATE: TUFTS HEALTH TOGETHER MCO PLAN

Tufts Health Together MCO Plan



Point32Health has decided to no longer offer the Tufts Health Together MCO Plan (Tufts MCO), effective Jan. 1, 2026.

- This **does not impact** any of the other Tufts Health Together plans. Tufts will continue to operate both of its Accountable Care Organizations (ACOs), Tufts - Cambridge Health Alliance (Tufts-CHA) and Tufts – UMass Memorial Health (Tufts-UMMH), as well as its One Care plan and Senior Care Options plan.
- The Tufts MCO will continue to serve members until December 31, 2025. MassHealth members can continue to see their Tufts MCO primary care provider and receive services from the Tufts MCO.
- **Point32Health and MassHealth's highest priority is maintaining member relationships with their primary care providers and member access to current services and benefits.**

Transition Timeline and Process



- **April 2025:** Communications to MassHealth members about this transition will follow the initial notifications to the provider network.
- **MassHealth members do not need to take any action at this time and can continue seeing their current providers.**
- **Fall 2025:** MassHealth will work with Tufts MCO and the MassHealth member's future health plan to coordinate transitions of care including sharing of active prior authorizations of services, care management enrollments, etc.

MASSHEALTH PLUS MEDICARE SAVINGS PROGRAM (MSP) UPDATE

Medicare Savings Program (MSP)



- Medicare Savings Programs (MSP) are programs that pay for some or all of Medicare beneficiaries' premiums, deductibles, copays, and co-insurance.
MSPs are not health insurance plans.
 - Enrollment in any of the MSPs also automatically provides drug coverage with low copays through Medicare 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 level of benefits an applicant can get depends only on their countable income and Medicare eligibility. There is no asset limit or asset check.
- **Program Types**
 - **Qualified Medicare Beneficiary (QMB)** (formerly known as MassHealth Senior Buy-In):
 - Pays for the Medicare Part A premium, if they have one, and the Medicare Part B premium and cost sharing.

MSP Types: QMB



- Comes with Health Safety Net (HSN) coverage at acute care hospitals and community health centers.
- **If a member has QMB, medical providers are not permitted to bill the for Medicare copays and deductibles.** However, QMB members may still be charged for pharmacy copays.
- QMB members receive a MassHealth card.
- The QMB start date is the first day of the calendar month following the date of the MassHealth eligibility determination.

Type	If applicant is	And monthly income is*
QMB	Single or a married couple	Less than or equal to 190% of FPL

MSP Types: SLMB and QI



- **Specified Low-Income Medicare Beneficiary and Qualifying Individual (QI):** MassHealth pays for the Medicare Part B premium, helps with prescription drug costs by automatically enrolling members in Medicare Part D Extra Help, and comes with Health Safety Net (HSN) coverage at acute care hospitals and community health centers.
 - There is no MassHealth card.
 - SLMB and QI coverage begins with the month of application and may be retroactive up to three calendar months before the month of application.

Type	If applicant is*	And monthly income is
SLMB	Single or a married couple	Above 190% of FPL and less than or equal to 210% of FPL
QI	Single or a married couple	Above 210% of FPL and less than or equal to 225% of FPL

* Income limits change yearly

MassHealth plus MSP



- An applicant or member may be able to get both an MSP and Standard coverage if:
 - countable income and assets (if applicable) are under the MassHealth limits for the program they are applying for
- **AND**
 - their countable income is also within the MSP program limits
- **How to Apply**
 - Submit a SACA-2 or ACA-3 application

CommonHealth plus MSP



- An applicant or member may be able to get both an MSP and CommonHealth coverage if:
 - they are eligible for Medicare
- **AND**
 - their income is less than or equal to 225% of FPL
- MassHealth CommonHealth members will receive benefits from the MSP program that aligns with their FPL: 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 appropriate start date.
- If MassHealth members exceed the 225% FPL limit, they will receive a notice informing them they are not eligible for MSP with a termination date.

Thank You!

