



# **Health Safety Net Information and Updates**

**July 2025**

# Agenda



- New Dental Administrator
- Anti-Obesity Medication Changes
- Health Safety Net Updates
  - Inpatient Hospital Claims Pricing Adjustment
  - 99211 Claims Resweep
  - June 2025 Duplicate Pharmacy Claims
  - July 2025 Interim Dental RHS (Reimbursable Health Services)
- General Information
- Questions

# 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](https://massdhp.org), call 844-MH-DENTL ((844) 643-3685), or email [providerrelations@massdhp.com](mailto: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](https://FAQ.massdhp.org).

# Anti-Obesity Medication Changes (slide 1 of 2)



## **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)

# Anti-Obesity Medication Changes (slide 2 of 2)



- 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>

# HSN Updates (slide 1 of 2)

- **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.
- **99211 Resweep**
  - The Health Safety Net identified certain claims billed with procedure code 99211 inadvertently denied at HSN for dates of service FY2023 through 2024. HSN has identified the impacted claims and will reprocess these claims for re-adjudication. These claims are anticipated to be included in either the July or August payment remits.

# HSN Updates (slide 2 of 2)

- **June Remits- Potential Duplicate Dental Claims Payments**
  - HSN has identified an issue where certain providers were paid twice for the same dental service. HSN is identifying the extent of the issue and will be working on recovering potential duplicate payments. More information will be provided in an upcoming billing update.
- **Interim Dental RHS**
  - Beginning with the July payments, the Health Safety Net will be setting dental RHS for Community Health Centers at their average monthly FY24 payment amount. HSN will be sending payment agreements to each impacted community health center with their proposed interim dental RHS. HSN will continue with interim dental RHS until it's dental administrator is able to process outstanding Health Safety Net dental claims.

# 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](#)





# MassHealth Updates

# Agenda



- Discontinuation of Certain Flexibilities
- MassHealth Eligibility Start Date Rule
- MassHealth Health Plan Update
- Enrolling QMB-Eligible Members into Medicare
- Estate Recovery Update
- Update: MassHealth Operations

# **DISCONTINUATION OF CERTAIN MASSHEALTH FLEXIBILITIES**

# Discontinuation of Certain MassHealth Flexibilities



- During the COVID-19 public health emergency unwinding period, certain flexibilities under Section 1902(e)(14)(A) of the Social Security Act were offered to states as optional ways to help eligible members keep their health coverage during this period.
- Some waiver strategies were meant to be longstanding under other federal authorities, such as the elimination of pharmacy copays for all members, including HSN and CMSP. However, the following flexibilities expired as of June 30, 2025:
  - Reconsideration Period
  - Streamlining Asset Determinations
  - Authorized Representative Designation (ARD) for Certified Application Counselors (CACs)

# Discontinuation of Certain Flexibilities: Reconsideration Period



- Reconsideration period: a 90-day period where members could submit their renewal after their coverage was terminated for not submitting the renewal form or did not respond to a verification request related to a renewal by the original due date.
  - Submitted renewals within 90 days would have reinstate the member back to the date of termination if they continue to be eligible once the renewal and any Request for Verification (VCs/RFIs) related to that renewal were complete.
- This flexibility ended as of June 30, 2025

# Streamline Asset Determinations and Temporary ARD for CACs



## Streamline Asset Determinations

- During the unwinding period, states were permitted to renew Medicaid eligibility without regard to the asset test for nonmodified adjusted gross income (non-MAGI) beneficiaries who were successfully renewed through ex parte (electronic data matching).
- After June 30, 2025, ex parte renewals for non-MAGI members will include the asset test for those who are subject to one.

## Temporary ARD for CACs

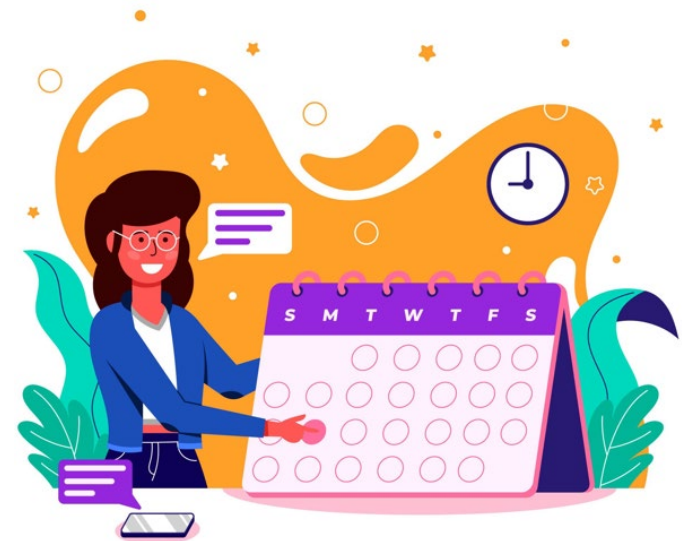
- During the unwinding period, states were permitted to allow beneficiaries to designate an authorized representative to sign their application or renewal form over the telephone without a signed designation from the applicant or beneficiary.
- After June 30, 2025, the applicant's or beneficiary's signature must be included in order for an authorized representative to sign an application on their behalf.

# **RETROACTIVE ELIGIBILITY FOR APPLICANTS YOUNGER THAN 65**

# MassHealth Start Date Rule



- Currently, MassHealth eligibility start date is 10 days retroactive to the date of the application receive date.
- **Effective August 12, 2025**, MassHealth eligibility start date will be the first of the month in which the eligibility determination is made – including approval and when a member is eligible for a richer benefit.
- Scenario: Jenny, age 36, submitted an Massachusetts Application for Health and Dental Coverage and Help Paying Costs (ACA-3) application on 8/15. She is eligible and approved for MassHealth benefits on 8/24. Her coverage start date is 8/1.





# MassHealth Three-Month Retroactive Eligibility



- **Effective August 12, 2025**, all applicants for comprehensive MassHealth coverage have the option to request retroactive coverage for up to three months prior to their date of application.
- Applicants can request three-month retro by answering the application question: *Do you or anyone on this application have bills for medical services they got in the three months before submitting this application?*
  - *If YES, MassHealth may be able to pay for these bills if you were eligible during the requested time period. You may need to give MassHealth proof of income, family size, address, disability, or health insurance during the requested time period.*
- This **does not apply to**:
  - Health Safety Net (HSN)
  - Children's Medical Security Plan (CMSP), or
  - the MA Health Connector



# MassHealth Health Plan Update



## Ending the Suspension of Primary Care Clinician (PCC) Plan & Primary Care ACO Referrals

**On August 1, 2025**, MassHealth **will reinstate referral requirements** for services provided to members enrolled in the PCC plan or a Primary Care ACO, as outlined in 130 CMR 450.118(J): Referral for Services and 130 CMR 450.119(I): Referral for Services.

- Read on at All Provider Bulletin 403: [Ending the Suspension of Primary Care Clinician Plan & Primary Care ACO Referrals and Updating Referral Requirements for Urgent Care Services.](#)
- Find job aids on how to submit, update, or inquire on a referral at: [Job aids for the Provider Online Service Center | Mass.gov.](#)

# **ENROLLING QMB-ELIGIBLE MASSHEALTH MEMBERS INTO MEDICARE**

# Background



- MassHealth is the payer of last resort and pays for health care and related services only when no other source of payment is available, except when required by federal law
- Every applicant and member must obtain and maintain health insurance available to them at no additional cost, including Medicare, in accordance with 130 CMR 517.008. Failure to do so may result in loss or denial of eligibility
- **Qualified Medicare Beneficiaries (QMB)\* are eligible to enroll in Medicare at no cost to them.** They are also allowed to enroll outside of the usual enrollment periods and have late enrollment penalties waived
- Today, MassHealth asks QMB members to enroll in Medicare if they are eligible to do so at no additional cost. MassHealth partners with UMass' Medicare Outreach and Enrollment Initiative to help members enroll

*\*QMB stands for Qualified Medicare Beneficiary, which is a tier within the Medicare Savings Program (MSP). Individuals must have income at or below 190% FPL and there is no asset test. QMB is not subject to estate recovery.*

# What's Changing for QMB Members (slide 1 of 2)



- To ensure that MassHealth is the payor of last resort, MassHealth will begin enforcing the requirement for members to enroll in Medicare if they can do so at no additional cost
  - **This will only apply to QMB-eligible\* members 65 and older**, which includes individuals with no premiums or premiums where MassHealth would pay 100% on their behalf
- MassHealth is putting supports in place to ensure that members can successfully enroll in Medicare. Supports include:
  - Individualized help from UMass, including UMass assisting with scheduling Social Security Administration (SSA) appointments

*\*QMB stands for Qualified Medicare Beneficiary, which is a tier within the Medicare Savings Program (MSP). Individuals must have income at or below 190% FPL and there is no asset test. QMB is not subject to estate recovery.*

# What's Changing for QMB Members (slide 2 of 2)



- Multiple outreach attempts, including multiple notices, at least one live phone call, and a text
- If, after multiple rounds of outreach by MassHealth, a member chooses not to apply for Medicare, they will lose their MassHealth coverage
  - However, **the member can re-join MassHealth coverage once they call UMass** to schedule an appointment with the SSA to apply for Medicare

# Outreach Strategies: Initial Outreach (slide 1 of 2)



- MassHealth members who are QMB-eligible will receive letters in a yellow envelope from the UMass Medicare Outreach and Enrollment Project team, explaining that they may be eligible for Medicare and that they are required to make an appointment to apply for Medicare
- As part of its outreach, UMass will:
  - Send each member **three notices over the course of 60 days**; and
  - **Make at least one initial outbound call.**
- Members who receive a notice in a yellow envelope will be instructed to call UMass directly. When members speak with UMass, they will be offered application support, as well as general information about applying for Medicare
  - UMass will offer to call the SSA on behalf of the member to make an appointment

# Outreach Strategies: Initial Outreach (slide 2 of 2)



Continued...

- Members who prefer to schedule appointments on their own must follow up with UMass and verify that they initiated the application process and provide the date of their SSA appointment
- Individuals who report that they were denied Medicare must provide UMass a copy of their denial letter via email, mail, or fax
  - Members can call their local SSA office and request a copy of their denial letter.
  - Once proof of denial is received, the member will be removed from additional project outreach

**Note: To keep their MassHealth coverage, members must call UMass within 60 days to set up an appointment to apply for Medicare.**



# Outreach Strategies: Reminders and Follow-Up (slide 1 of 2)



- **~1 Week before scheduled SSA appointment**, UMass will call the member to help remind them of the appointment
- **~1 Week after scheduled SSA appointment**, UMass will call the member to ask for an update
- **6 months after the scheduled SSA appointment**, MassHealth will check Medicare enrollment databases to confirm whether the member has been enrolled in Medicare
  - This enrollment confirmation relies on available databases and requires no action from the member
  - If the member has enrolled in Medicare, UMass will remove them from the list and the member will not need to take any further action

# Outreach Strategies: Reminders and Follow-Up (slide 2 of 2)



Continued...

- If the member is not yet enrolled in Medicare, UMass will send a follow-up notice asking the member to contact them
  - Note, if a member fails to respond to this notice, their coverage will not change at this time; however, UMass will use this follow-up as an opportunity to offer the member assistance, if needed
  - If a member is denied for Medicare, they will be asked to provide proof of their denial. After verifying that they are not eligible for Medicare, the member will be removed from the list and the member will not need to take any further action
- At least **9 months after the scheduled SSA appointment**, UMass may attempt another round of communication to members for whom we are unable to confirm successful enrollment or ineligibility

# Outreach Strategies (slide 1 of 2)



**Initial Outreach, requiring members to schedule SSA appointment through UMass over 60 days**



**3 notices sent over 60 days**



**1<sup>st</sup> Notice (Day 1)  
sent to eligible  
members, ARDs, PSIs\***

**2<sup>nd</sup> Notice (Day 25)  
sent to eligible  
members, ARDs, PSIs**

**3<sup>rd</sup> Notice (Day 45)  
sent to eligible  
members, ARDs, PSIs**



**At least one outreach call attempted over 60 days**



**Text campaign**

**Reminders and follow-up after SSA appointment scheduled**



**Outreach call attempted around SSA appointment date**

**~1 week before  
appointment  
Reminder phone call**

**~1 week after  
appointment  
Status update**

**\* ARD – Authorized Representative Designee; PSI – Permission to Share Information**

# Outreach Strategies (slide 2 of 2)



## If no Medicare enrollment 6 months after SSA appointment



Notice sent to ask for status update

Notice sent to  
members, ARDs, PSIs



No earlier than 9 months after SSA  
appointment,  
Cycle may restart

## If failure to apply after 60 days



Eligibility termination for failure to comply

Termination Notice  
sent to eligible members, ARDs, PSIs

- Notice contains appeal rights
- Members can return to MassHealth if they take action to apply

Individuals who report that they were denied and provide proof of denial will not be terminated and will be removed from additional project outreach

# Member Communication: Sample Yellow Envelope



All outreach from the UMass Medicare Outreach and Enrollment Project will be sent in a 6x9.5 yellow envelope

Commonwealth of Massachusetts  
PO Box 4405  
Taunton, MA 02780-0419

Sam Sample  
1234 Main Street  
Anytown, US 01234-5678



**RESPONSE REQUIRED!**

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ENV-2A

# Member Communications: Sample Outreach Notice



All outreach notices sent by UMass will be sent to members in their preferred written language: 6 languages (English + Top 5 languages)

Commonwealth of Massachusetts  
PO Box 4405  
Taunton, MA 02780-0419

Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
MassHealth

Date: «Month DD, YYYY»  
Member ID: «ID\_MEDICAID»

«NAM\_FIRST» «NAM\_MID\_INIT» «NAM\_LAST»  
«ADR\_MAIL\_STRT1» «ADR\_MAIL\_STRT2»  
«ADR\_MAIL\_CITY» «ADR\_MAIL\_STATE» «ADR\_MAIL\_ZIP»

**ACTION REQUIRED:**  
PLEASE CALL THE MEDICARE ENROLLMENT SUPPORT PROJECT AT (877) 935-1280

Dear «NAM\_FIRST» «NAM\_MID\_INIT» «NAM\_LAST»,  
MassHealth has determined that you may qualify for Medicare health insurance at no extra cost. Medicare is a federal health insurance program for people 65 and older and some people younger than 65 with disabilities. As a Qualified Medicare Beneficiary (QMB), if you enroll in Medicare, MassHealth will pay for your premiums and cost-sharing. You will keep your MassHealth benefits and have Medicare benefits too. Call us today at (877) 935-1280, TDD/TTY: 711 to get help enrolling in Medicare.  
MassHealth members must enroll in Medicare if it is available to them at no extra cost. See MassHealth regulations at 130 CMR 517.008.  
This notice applies to the following person:  
➤ Name: «NAM\_FIRST» «NAM\_MID\_INIT» «NAM\_LAST», Member ID: «ID\_MEDICAID»

You must take action to enroll in Medicare. If you do not take action to enroll in Medicare, your MassHealth benefits may end. You must call us at (877) 935-1280, TDD/TTY: 711 to do one of the following by «60 Day Deadline» to keep your MassHealth coverage.

1. Ask for help to make an appointment. We can help you make an appointment with your local Social Security Administration office to apply for Medicare.
2. Ask for help to reschedule a missed or cancelled appointment.

3. Tell us that you've scheduled your own appointment with your local Social Security Administration office. If you do this, you need to tell us so we can update your MassHealth record so your MassHealth benefits won't end.
4. Tell us that you've been denied Medicare. Keep your denial letter and call us for help. If you're ineligible for Medicare and let us know, you will not lose your MassHealth coverage.

#### Will I have to pay for Medicare?

No. MassHealth will pay your Medicare premiums. This will continue as long as you remain eligible for the same type of MassHealth coverage you have now.

#### What is Medicare?

Medicare is a federal health insurance program for people 65 or older, and for certain people under the age of 65 with disabilities. Medicare pays for many hospital and doctor services, medical supplies, and prescription drugs. You might also be able to see more health care providers when you have both Medicare and MassHealth.

If you have questions about Medicare, call us at (877) 935-1280, TDD/TTY: 711.

#### If I enroll in Medicare, what will happen to my MassHealth coverage?

Medicare and MassHealth will work together to make sure you continue to get the same benefits and services. Some benefits will be paid by Medicare, others will still be paid for by MassHealth.

#### I'm a Lawful Permanent Resident – can I get Medicare?

Yes, permanent residents are eligible for Medicare if they have resided in the U.S. continuously for 5 years before the month they apply for Medicare. If you were denied Medicare, please call the Medicare Enrollment Support Project at (877) 935-1280, TDD/TTY: 711 for help.

#### What if I have questions?

If you have questions or need more information, call the Medicare Enrollment Support Project at (877) 935-1280, TDD/TTY: 711.

Thank you,

MassHealth Medicare Enrollment Support Project

#### MassHealth and Medicare – Information for Qualified Medicare Beneficiaries

##### What do I need to do?

MassHealth members who are eligible for Medicare at no additional cost, including Qualified Medicare Beneficiaries, are required to enroll in Medicare. If you are reading this, you must apply for Medicare to keep your MassHealth benefits.

Please call the MassHealth Medicare Enrollment Support Project at (877) 925-1280, TDD/TTY: 711 for help setting up your Medicare application appointment with your local Social Security Office. If you do not call the Medicare Enrollment Support Project to set up a Medicare application appointment within 60 days from the date of this notice, you could lose your MassHealth benefits. You can attend your Medicare appointment in person or over the phone.

Even if you set up your own Medicare appointment, it is important that you call the Medicare Enrollment Support Project. Your MassHealth benefits are not impacted.

When you go to your Medicare application appointment, the Social Security Office the attached "Information for the Social Security Office" explains that you are a Qualified Medicare Beneficiary. This will help them process your application correctly. If you have an appointment over the phone, you should tell them you are a Qualified Medicare Beneficiary.

##### What is Medicare?

Medicare is the federal health insurance program for people 65 and older, and for certain people younger than 65 with certain disabilities. MassHealth can have both Medicare and MassHealth at the same time. Medicare pays for many hospital and doctor services, medical supplies, and prescription drugs. You might also be able to see more health care providers when you have both Medicare and MassHealth.

##### What is the Medicare Savings Program?

The Medicare Savings Program (MSP) helps cover Medicare costs for people who are eligible for MSP. This means MassHealth will pay for your Medicare premiums. You can also be on Medicare without paying any Medicare premiums.

You will also automatically get Extra Help, the federal prescription drug (Part D) plan costs.

#### Information for the Social Security Office

##### To Whom It May Concern:

MassHealth requires that I apply for Medicare as a Qualified Medicare Beneficiary (QMB).

Below is a citation from the Social Security Administration's Program Operations Manual (POMS) regarding Part A Enrollments for QMBs:

- HI 00801.140 Premium-Part A Enrollments for Qualified Medicare Beneficiaries (QMBs) – Part A Buy-In States and Group Payer States

##### A. Background Part A and Part B Enrollments

The Qualified Medicare Beneficiary (QMB) group is a Medicaid eligibility group through which states covers [sic] Medicare Part A (Hospital Insurance) and Part B premiums (Medical Insurance) and cost-sharing for low-income Medicare beneficiaries. For more information on the QMB group and other related Medicare Savings Programs (MSPs), see [HI 00801.139](#) and [HI 00815.024](#).

Medicare State Buy-in agreements facilitate the payment of Medicare premiums by States on behalf of their Medicaid recipients by removing enrollment period restrictions and any late premium enrollment penalties. As outlined in [HI 00815.001](#), these agreements permit States to automatically enroll eligible individuals into Medicare Part B. All State Buy-in agreements include Part B for QMBs.

**Note: Outreach notices will not be visible on MyServices.**

# Member Communication: Text Message



- A text from MassHealth will be sent to members with a cell phone
- Text message language

***MASSHEALTH: This is a notice from MassHealth of the Commonwealth of Massachusetts. Check your mail for a notice from us in a yellow envelope. You must apply for Medicare within 60 days. For help call (877) 925-1280 TDD/TTY:711.***



# Member Communication: Sample Notice



- Individuals who are closed **after 60 days for failure to apply for Medicare** will be sent an Eligibility Termination Notice from MassHealth
- The appealable notice will be sent to members and their ARDs and PSIs
- Termination notice will be in member's MyServices account

Dear [Salutation Name],

**Important!** This notice tells you about your eligibility for certain health-care benefits. Please read the whole notice to find out about your health-care benefits.

**MassHealth Community-Based Services**

MassHealth is ending coverage for the following MassHealth member because of the reasons listed below.

➤ **Name:** [Member Name], **Member ID:** [Member MMIS ID], **Date of Birth:** [Member DOB]

This coverage is ending on [Coverage End Date].

They do not qualify for the following reason(s):

- You didn't apply for health insurance that's available to you at no cost from Medicare (See MassHealth regulations at 130 CMR 517.008).

You can still call us to get help enrolling in Medicare. If you call the Medicare Enrollment Project Hotline at (877) 935-1280 and apply for Medicare, you may qualify for MassHealth again.

If you've taken steps to apply for and enroll in Medicare through your local Social Security office, call the Medicare Enrollment Project Hotline at (877) 935-1280.



# Outreach to Member by Additional Stakeholders



- MassHealth has partnered with Senior Care Options (SCO) plans, Program of All-Inclusive Care for the Elderly (PACE) orgs, and other stakeholders to contact members and help them navigate the process.
- SCO plans, PACE orgs, and nursing facilities began outreaching members this spring
- If members have received communications from their SCO, PACE, or nursing facility, they should contact the person who sent the communication for assistance with Medicare enrollment
- **At this time, the Medicare Enrollment Support Project team only provides support for members receiving letters in a yellow envelope from MassHealth**
- Members who are only outreached by their SCO, PACE, or nursing facility to enroll in Medicare will not lose eligibility for MassHealth
  - Only members who are outreached by the UMass Medicare Outreach and Enrollment Project team will lose eligibility if they fail to apply within 60 days

# Member Communication by Stakeholders: Sample Outreach Letter



- Members and their contacts may be outreached to by their SCO, PACE organization, or nursing facility

[Member Name]  
[Address]  
[City, State Zip]

Date: [Date]

## **IMPORTANT: PLEASE ENROLL IN MEDICARE**

Dear [Member Name],

MassHealth has determined you may qualify for Medicare health insurance at **no extra cost**. Medicare is a federal health insurance program for people 65 or older and some people younger than 65 with disabilities. **As a Qualified Medicare Beneficiary (QMB), MassHealth will pay for your premiums and cost-sharing if you enroll in Medicare.**

MassHealth members must enroll in Medicare if it is available to them at no extra cost. See the MassHealth regulations at 130 CMR 517.008.

**You must take action to enroll in Medicare. If you do not take action to enroll in Medicare, your MassHealth benefits may end. Contact us at [insert phone number or webpage] so we can help you make a Medicare appointment with your local Social Security Administration office and update your MassHealth record.**

If you apply for Medicare but are not eligible, you will still keep your MassHealth coverage. MassHealth will send you instructions about how to keep your coverage if you are not eligible for Medicare.

If you have questions or need more information, **call us at [insert phone number].**

Thank you,

[Insert SCO plan/PACE organization name]

Questions? We can help answer your questions about Medicare, call us at [insert phone number].

# Customer Service



## UMass Medicare Outreach and Enrollment Project

**877-935-1280**

*Members and their ARDs and PSIs may call to:*

- Ask about Medicare Enrollment Support Project for individuals who have been outreached by Medicare Outreach and Enrollment Project (received a yellow envelope)
- Get help making an appointment with SSA to apply for Medicare
- Ask for help to reschedule a missed or cancelled appointment
- Inform us if they have already made an appointment with SSA
- Tell us they have been denied Medicare
- Ask for help questions about Medicare coverage

## MassHealth Customer Service

**800-841-2900**

*Members and their ARDs and PSIs may call to:*

- Ask about eligibility for MassHealth and MSP programs, including questions about start and end dates for coverage and eligibility requirements
- Report an eligibility change , such as new income, assets, or a change of address

# ESTATE RECOVERY UPDATE

# Overview



- Federal and state law require MassHealth to have an estate recovery program. The estate recovery program requires MassHealth to seek recovery from the estates of certain MassHealth members after their death, unless exceptions apply
- Estate recovery only occurs after the death of a MassHealth member
- Estate Recovery seeks to obtain repayment of the cost of certain services once a MassHealth member dies
- Most members are not impacted by estate recovery. Only MassHealth members age 55 or older, and members of any age who receive long-term care in a nursing home or other medical institution may be impacted by estate recovery

# Estate Recovery and the LTC Act (slide 1 of 2)



- In September 2024, Governor Healey signed into law an Act to Improve Quality and Oversight of Long-Term Care (the “LTC Act”)
- The LTC Act changed the scope of [Estate Recovery for MassHealth members](#) who died on or after August 1, 2024



# Estate Recovery and the LTC Act (slide 2 of 2)



## Pre-LTC Act Policy

State law required MassHealth to go beyond the federal minimum\*

MassHealth was required to recover:

- All medical assistance paid for members 55+; and
- All medical assistance paid for members of any age who were in LTC facility for a period long enough that they were assessed a Patient Pay Amount (PPA)



## LTC Act16

New state law limits Estate Recovery to federal minimum\*

For members dying on/after 8/1/24, MassHealth may only recover costs for which MassHealth is federally required to recover:

- *Only costs associated with Long-Term Services and Supports (LTSS) for members 55+; and*
- All medical assistance for members of any age who were in LTC facility for a period long enough that they were assessed a Patient Pay Amount (PPA)

**LTC Act limits the scope of Estate Recovery for individuals 55+**

\*Federal law (42 U.S. Code § 1396p) requires states to seek recovery from probate estates for the cost of Long-Term Services and Supports (LTSS) provided to members age 55 and older or institutionalized.

# MASSHEALTH OPERATIONS



# New MassHealth Webpages



**New webpage for Providers caring for pregnant and postpartum MassHealth members, such as OB/GYNs, midwives, primary care providers, pediatricians, and others.**

- Includes detailed information and resources across several topics:
  - Eligibility and covered services
  - Managed care information and supports
  - MassHealth doula benefit
  - Behavioral health
  - Breast pumps and lactation support
  - Family planning
  - Prenatal screening/diagnosis and vaccines
  - Social determinants of health (SDOH)
  - Patient-facing materials



Go to: [Mass.gov/perinatalproviders](https://www.mass.gov/perinatalproviders)

# New Flyers for Pregnant Members



New flyers with a checklist of important actions for MassHealth pregnant members. The flyers are linked below and available to download and print in several languages at [Providers caring for pregnant and postpartum MassHealth members | Mass.gov](#):

- [English](#)
- [Brazilian Portuguese](#)
- [Haitian Creole](#)
- [Simplified Chinese](#)
- [Spanish](#)
- [Vietnamese](#)



# MassHealth Member Customer Service Center Hours



## Contact us if you need help with:

- Eligibility
  - MassHealth benefits
  - Replacing your MassHealth card
  - Enrolling in a health plan
  - Getting a MassHealth application
  - Update your information
  - MassHealth and Children's Medical Security Plan premiums
- Hours: Self-service available 24 hours a day/7 days a week in English and Spanish
  - Other services available **Mon-Fri 8 a.m. to 5 p.m.**; Interpreter service available



**(800) 841-2900, TDD/TTY: 711**

# MassHealth Appointment Reminders



## Schedule an appointment with a MassHealth representative

- Appointment Reminder Outreach: **Robocall**: On July 14<sup>th</sup>, MassHealth began robocall to outreach to individuals who have signed up for an **in-person appointment at the Springfield MassHealth Enrollment Center (MEC)** reminding them of their appointment and informing them that they can also walk into any of the other enrollment centers
  - Recipients are instructed to cancel their appointment online using their confirmation number (which was emailed to them) if they would like to walk into a MEC closer to their location
- This robocall will be in the top six languages and will be sent the business day immediately following when the appointment was booked

# MassHealth Appointment Reminders: Message



## The message will read as follows:

- *Hello, this is MassHealth calling with a reminder that [Name] is scheduled for an in-person appointment at the MassHealth Springfield Enrollment Center on [date] at [time]. As a reminder, all of our enrollment centers are open without an appointment. We have offices in Charlestown, Chelsea, Quincy, Taunton, Tewksbury, and Worcester. If you would like to visit an enrollment center closer to your home without an appointment, please visit [mass.gov/mhappointment](https://mass.gov/mhappointment) with your confirmation number and cancel your scheduled appointment.*

# How to Report a Change: Including Updating an Email Address



To update your: address, email address, phone number, income, add or remove a new household member. Report changes as soon as possible but no later than 10 days from the date of the change.

- **Online:** If you are younger than 65 years old, go to [MAhealthconnector.org](https://MAhealthconnector.org) to access your online account. You can also update your preference to be contacted by text, or email.
  - If you are 65 or older, fill out a [MassHealth Report a Change Form](#) online or mail or fax the form
- **Phone:** Call MassHealth customer service
- **Mail:** Commonwealth of Massachusetts  
Health Insurance Processing Center  
PO Box 4405  
Taunton, MA 02780
- **Fax:** By faxing a document or handwritten note to 857-323-8300
- **In-Person:** Local MassHealth Enrollment Center (MEC) or [video appointment](#) or with a [Certified Assister](#)

# Questions:



- How to enroll in a Senior Care Option (SCO) Plan? Can members enroll online?
  - The [SCO program](#) **currently** provides seniors with the option to enroll in one of six Senior Care Organizations
  - [To enroll](#), members can contact MassHealth Customer Service or the individual Senior Care Organization to learn about which plan is best for them and to request enrollment

**Thank You!**