

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

[Health Safety Net Information and Updates]

[Agenda]

(SUE KANE): Good morning, everyone. It is ten o'clock. Let's get started with our MassHealth and Health Safety Net updates meeting. Thank you for joining us today. I'm Sue Kane from the Massachusetts Healthcare Training Forum team, and I'll be facilitating today's meeting. Our presenters today are Benjamin Burwood, Senior Policy Analyst at the Health Safety Net, and Kara Chiev, Manager of the MassHealth External Training and Communications. Now, I'm going to turn it over to Benjamin from Health Safety Net, and we will bring up those slides to share with everybody. Thank you.

(BENJAMIN BURWOOD): Thank you, and good morning. Thank you for joining us this summer morning. My name is Benjamin Burwood. I'm a senior policy analyst with Health Safety Net. I would like to go over some information and updates from Health Safety Net for you today.

Next slide.

[Agenda]

Our agenda includes going over the new dental administrator, a few changes in the anti-obesity medication, and some updates for Health Safety Net that include inpatient hospital claims, then CPT code 99211 resweep, a June 2025 duplicate pharmacy claims adjustment, and July 2025 interim dental RHS payments. We will have time for questions and some general information.

Next slide.

[New Dental Administrator]

The Executive Office of Health and Human Services has transitioned to a new administrator for dental services. This was to begin on April 1st, 2025. BeneCare Dental Plans has taken over as the third-party administrator for MassHealth Children's Medical

Security Plan and the Health Safety Net. DentaQuest, which was replaced as a third-party administrator, has transitioned away on March 31st, 2025. This does not affect anybody's members' eligibility, nor the rates set for dental services.

For participating providers and members, there's no action is needed at this time, and there's no immediate changes in MassHealth dental operations. There is more information about this in a later slide because there are some issues, but as of April 1st, please visit massdhp.org or the email provided if you have any questions or need any answers at the Frequently Asked website.

Next slide.

[Anti-Obesity Medication Changes (slide 1 of 2)]

There was a change with the anti-obesity medication. In accordance with Health Safety Net regulations, the Health Safety Net does not pay for drugs used for the treatment of obesity. Effective April 15th, the following drugs will no longer be payable for HSN patients for weight loss. Existing prior authorizations will be paid through May 15th, 2025. A list of anti-obesity medication is listed below.

[Anti-Obesity Medication Changes (slide 2 of 2)]

HSN patients stable on any anti-obesity agent, including patients with existing prior authorizations for anti-obesity agents, will be able to continue getting the medication through May 15th, 2025. Patients with diabetes may be switched to other medications which is available without prior authorization. That medication is Victoza. Prior authorization status and criteria for other diabetic GLP-1 medication can be found on the MassHealth drug list. Wegovy and Zepbound may still be payable for other medically accepted indications. A new prior authorization will be required to review for medical necessity. Any drug being used for off-label for weight loss is not payable for HSN patients.

Next slide.

[HSN Updates (slide 1 of 2)]

A few HSN updates. Inpatient Hospital Claim Reprocessing. Health Safety Net's February remits and payments include two significant claim reprocessing efforts. HSN 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, which is initiated MS-DRG. That's the payment rate through 3M/Solventum pricing grouper. In addition, HSN adjusted fiscal year '24 primary outpatient claims to pay at their fiscal year '24 payment rates. For facilities who use a billing intermediary, please notify your billing intermediary that there will be additional remits for fiscal years '23, '24, and '25.

Health Safety Net has identified certain claims that, with procedure code 99211, inadvertently denied at HSN for dates of service of fiscal year 2023 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.

Next slide.

[HSN Updates (slide 2 of 2)]

June remits and potential duplicate dental claim payments. Health Safety Net 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.

There is interim dental payments beginning in July. Beginning in July, Health Safety Net will be setting dental RHS for community health centers at their average monthly fiscal '24 payment amount. Health Safety Net will be sending payment agreements to each impacted community health center with their proposed interim dental payment amount. Health Safety Net will continue with the interim dental payments until its dental administrator is able to process outstanding Health Safety Net dental claims.

Next slide.

[General Information]

We have included some general information and some websites if you need to be redirected about where INET, billing updates, the regulations, things like that. We will include it in this slide, and I will direct you to our website.

[MassHealth Updates]

(SUE): Thank you, Benjamin. That concludes the HSN presentation portion of the meeting. All right. Now we're going to move on to Kara Chiev, and she's going to provide us with the MassHealth updates. Kara?

(KARA CHIEV): Thank you, Sue. Hi, everyone. Great to see you for this quarter's MassHealth update session. My name is Sokmeakara Chiev. I also go by Kara, so if you see my long name, still me. I'm going to go over this quarter's update. For those attending today, again, thank you for joining us. If you're newer to this platform, just know that the information that you're going to hear from me is related to our members and their experience.

If you are a MassHealth provider and you'd like more information about specific provider regulations, projects that's coming up, things that MassHealth wants our provider community to be aware of for this quarter, we do have the MassHealth provider updates webinar. I think their sessions are next week. You can still sign up if you're interested.

[Agenda]

Going on to today's agenda, I'll talk about the discontinuation of certain MassHealth flexibilities that was authorized by the Center of Medicare & Medicaid or CMS during the unwinding of the public health emergency and redetermination of Medicaid members last year. These flexibilities were offered to states as optional, a way to help eligible members keep their health coverage during that period.

The next update is new MassHealth eligibility start date rules. Currently, applicants determined eligible for MassHealth, their benefit starts 10 days before the date of the application received. We'll look at the new rules and when it will roll out in mid-August.

Following that is an update related to MassHealth health plans. These are health plans that's only available to MassHealth members in MassHealth Standard, CarePlus, CommonHealth, and Family Assistance. These members are all under 65. MassHealth is their primary insurance, and they are not living in a nursing facility. They're living in the community. Here's a quick update for our MassHealth provider community.

Next is information about an initiative to enroll Qualified Medicare Beneficiaries or QMB-eligible members into Medicare. Last quarter, I received a few requests and questions related to the updated estate recovery policy. Here, I'll highlight the key updates of that policy and note that MassHealth Estate Recovery website has been updated with that information, and I'd encourage folks to review those webpages.

Lastly, there are some operational updates I want to highlight in addition to answering a few questions that was submitted and received prior to this event, before we get into Q&As.

[Discontinuation of Certain MassHealth Flexibilities]

Going on to the next slide, during the public health emergency, the federal government enabled states' Medicaid programs to maintain and protect residents' coverage and access to needed care.

During the unwinding of those protections, there were certain flexibilities Medicaid programs like MassHealth took to further support our members' access to coverage, including permanent flexibilities like the elimination of pharmacy copays for all members, including HSN, that's the Health Safety Net, and the Children's Medical Security Plan members. Certain flexibilities were not extended.

The following flexibilities expired as of June 30th, 2025. That includes the reconsideration period, streamlining asset determinations, and the authorized representative designation for Certified Application Counselors or our CACs.

[Discontinuation of Certain Flexibilities: Reconsideration Period]

MassHealth's Reconsideration Period. This was a period, it was a 90-day period where members can submit their renewal after their coverage was terminated for not

submitting the renewal form, or they didn't respond to verification requests related to that renewal by the original due date.

[Please Note the Correction Below]

Please Note: In the next statement the audio and ASL video contain the word reconciliation, and it should have been reconsideration.

[Discontinuation of Certain Flexibilities: Reconsideration Period]

A renewal submitted during the reconciliation period ensured members didn't experience a gap in coverage if they remain eligible.

If the member submits the renewal within 90 days, they would be reinstated back to the date of termination if they continue to be eligible once the renewal and any verification or proofs related to that renewal were complete.

This flexibility was not made permanent, and it ended as of June 30th.

[Streamline Asset Determinations and Temporary ARD for CACs]

The next flexibility is the streamlined asset determination. During the unwinding period, states were permitted to renew Medicaid eligibility without regard to the asset test for non-modified adjusted gross income beneficiaries who were successfully renewed through an ex parte, that's a data matching process.

After June 30th, ex parte renewals for non-MAGI members will include the asset test for those who are subject to one.

Lastly, the temporary ARD for Certified Application Counselors. During the unwinding period, states were permitted to allow beneficiaries to designate an authorized representative to sign their application or their renewal form over the phone without a signed designation form from the applicant or beneficiary. For this process, Certified Application Counselors or CACs, followed a process that enabled them to support individuals over the phone with their applications and the renewals.

Unfortunately, this flexibility was also not extended, and after June 30th, the applicant's or beneficiary's signature must be included on their application or renewal.

[Please Note the Correction Below]

In the next slide for the second bullet the audio and ASL video say, "Effective August 12, 2025", and the correct date as written on the slide is August 18, 2025.

[MassHealth Start Date Rule]

Moving on to the next set of updates, MassHealth's new start date rule. Currently, MassHealth eligibility start date is 10 days retroactive to the date of the application received date.

Moving forward, effective August 12th, MassHealth's 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, which means that if they were first eligible for, say, MassHealth CarePlus, six months in, they updated their income and they're now eligible for MassHealth Standard. That's what the richer benefit means, is that they're able to get a benefit richer than what they currently were determined eligible for.

For this scenario, we have Jenny. She's 36 years old. She submitted an ACA-3 application on 8/12. She is eligible and is approved for MassHealth benefits on 8/24. Her coverage start date is 8/1, so it's the beginning of the month. Just to note that this rule is really just the eligibility start date. For everything related to proofs and RFIs, when those get submitted and they're becoming eligible for coverage, those rules are not changing.

[MassHealth Three-Month Retroactive Eligibility]

MassHealth's three-month retro eligibility. This will now apply for all of our members. Currently, for those younger than 65, it really was supporting our pregnant moms, and those younger than 19 were able to request three-month retro eligibility coverage. Moving forward, effective August 12th, 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 do this by completing on both, either the paper application or the online application, completing the question of do you or anyone on this application have bills for medical services that you're getting 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 information is part of the question.

This policy does not, however, apply to those eligible for the Health Safety Net, that's HSN, the Children's Medical Security Plan, CMSP, or the Massachusetts Health Connector program and plans.

[MassHealth Health Plan Update]

Moving on to the next set of updates, this is also related to the flexibilities CMS provided states, and MassHealth implemented.

During the public health emergency, MassHealth suspended referral requirements, but this flexibility will end on August 1st. MassHealth will reinstate referral requirements for services provided to members enrolled in the Primary Care Clinician or PCC Plan, or they're enrolled in the Primary Care ACO plan.

An All-Provider Bulletin 403 was published, and a link is provided for you in the chat as well as here on the slide.

Additionally, if you are newer to how referrals work, there are job aids available on the MassHealth website that will walk you through this process.

[Enrolling QMB-Eligible MassHealth Members into Medicare]

The next set of updates is an initiative to help qualified Medicare beneficiary eligible members enroll into Medicare.

[Background]

To give some background of this initiative, MassHealth is the payer of last resort and pays for health care and related services only when no other sources of payment is available, except when required by federal law. Every applicant and member must obtain and maintain health insurance that's available to them at no additional cost, including Medicare. If they fail to do that, they may lose or be denied eligibility.

Qualified Medicare Beneficiaries or 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. In this effort, MassHealth partners with UMass' Medicare Outreach and Enrollment Initiative team to help members enroll in Medicare.

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

What's changing? To ensure that MassHealth is the payer 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 only applies to QMB eligible members that's 65 and older, which includes members with no premiums or premiums where MassHealth would pay 100% on their behalf.

A support system will be put in place to ensure that members can successfully enroll in Medicare.

That support includes individualized help from UMass to assist with scheduling SSA appointments,

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

outreach attempts to these members, that includes multiple notices, at least one live phone call, and a text to their phone if they opted to receive text messaging from MassHealth.

If, after multiple rounds of outreach, a member chooses not to apply for Medicare, they will lose their MassHealth coverage.

However, the member can rejoin MassHealth coverage once they call UMass to schedule an appointment with the Social Security Administration to apply for Medicare.

[Outreach Strategies: Initial Outreach (slide 1 of 2)]

Going on to the next slide, let's dive a little deeper into the outreach strategies. MassHealth did develop a multi-pronged approach to outreach in support of these members.

The initial outreach notice will go out from UMass. Multiple letters will go out over the course of 60 days explaining that the member may be eligible for Medicare and that they are required to make an appointment to apply for Medicare.

These notices will be sent in a yellow envelope, and in addition to the notice, the UMass team will call the member at least once to answer any of their questions and offer to call SSA on their behalf to make an appointment.

[Outreach Strategies: Initial Outreach (slide 2 of 2)]

Members who prefer to schedule their own appointment must follow up with UMass and verify that they initiated the application process, and they should provide the date of their SSA appointment to the UMass team.

Individuals who report that they were denied Medicare must provide UMass a copy of their denial letter. They can send it by email, mail, or they can fax it to the UMass team.

For those members that were denied Medicare and never received a letter, they can call their local SSA office and request a copy of that denial letter.

Once a proof of denial is received, the member will be removed from future outreach attempts and maintain their MassHealth coverage.

[Outreach Strategies: Reminders and Follow-Up, (slide 1 of 2)]

Now, what happens after UMass is provided the member's SSA appointment date?

Around a week before the scheduled SSA appointment, the UMass team will call the member to help remind them of that appointment and post appointment, a week after the scheduled SSA appointment, UMass will call the member to ask for an update. Six months out after the scheduled SSA appointment, MassHealth will do a data match. We'll check with the Medicare enrollment database to confirm whether the member has been enrolled in Medicare.

If the member has enrolled in Medicare, UMass will remove them from future outreach, and the member will not need to take any additional action.

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

If the data match indicates the member is not yet enrolled in Medicare, UMass will send a follow-up notice asking the member to contact them.

A quick 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 additional assistance if needed.

If the member is denied for Medicare, UMass will ask them to provide proof of their denial. After verifying that information, the member will be removed from the list of outreach and will not need to take any further action.

At least nine months after the scheduled SSA appointment, UMass may attempt another round of communication to those members for whom we have or we were unable to confirm successful enrollment or ineligibility.

[Outreach Strategies (slides 1 of 2 and 2 of 2)]

This next slide is a visual of the multi-outreach strategy. We want to get this information out to our members, and we are also asking for your partnership. If you are working or seeing these members, let them know they should contact the UMass Medicare Outreach and Enrollment team if they receive a notice in a yellow envelope.

[Member Communication: Sample Yellow Envelope]

Going on to the next slide, here is a sample of the yellow outreach envelope. It is a 6 x 9.5 yellow envelope. It is only going to these members for which we are trying to outreach to help them enroll in Medicare.

[Member Communications: Sample Outreach Notice]

Here is a sample of the outreach letter. For those members that we have information of their preferred written language, if it is one of the top six languages that we are translating our notice to, they will receive their notice in their preferred language. The languages are English, Simplified Chinese, Haitian Creole, Brazilian Portuguese, Spanish, and Vietnamese.

[Member Communication: Text Message]

Here is the text message. If you are working with any of our members and they receive this message, do let them know that this is a message from us. We do want to contact them and to alert them to the yellow envelope.

This is not spam. This is really to make sure that you are also able to help us get that message out that this text message is not spam or phishing.

[Member Communication: Sample Notice]

Here is a sample of the termination notice. Individuals who are closed after 60 days for failure to apply for Medicare will be sent an eligibility termination notice from MassHealth.

This is an appealable notice. It will also be sent to the members' ARDS and those that have a signed PSI.

For MassHealth members that has access to their MyServices member portal account, they will also be able to see this termination notice there. The outreach notices will not be in MyServices, but the termination notice will be available for them to view.

[Outreach to Member by Additional Stakeholders]

Which other stakeholders are helping to support this outreach?

In addition to UMass's outreach, MassHealth is partnering with SCO. That's the Senior Option Plans, PACE organizations, and other stakeholders to contact members and help them navigate through this process.

SCO plans, PACE organizations, and nursing facilities began outreaching to their members this spring.

If members have received communications from their SCO, PACE, or nursing facility, they should contact the person who sent the letter for assistance with Medicare enrollment.

At this time, the UMass Medicare Enrollment Support Project team will only provide 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. It's only members who are outreached by the UMass Medicare Outreach and Enrollment Project team that will lose eligibility if they fail to apply within 60 days.

[Member Communication by Stakeholders: Sample Outreach Letter]

Here is a sample of the notice that the members who are in SCO, PACE, or at a nursing facility will get. As you can see, it is different from the notice that UMass is sending them.

[Customer Service]

Lastly, customer service support. This slide provides really the difference with which team members should contact if they need support.

Members that received their notice in the yellow envelope should use the 877-935-1280 UMass Customer Service line. The UMass team can help them answer any questions related to their notice.

The member can get help setting up an appointment with SSA to apply for Medicare. They can call this line to ask for help rescheduling a missed or canceled appointment. They should also use this line to inform UMass that they've already made an appointment with SSA or tell us that they've been denied Medicare. They can also ask for help answering questions about Medicare coverage versus our MassHealth Customer Service line at 800-841-2900.

Our customer service team for that number, members can ask about their MassHealth eligibility and the Medicare Savings Program, including questions about start and end dates for coverage and eligibility-related questions. They can also report any eligibility changes, such as new income, assets, or a change in address.

[Estate Recovery]

Now moving on to estate recovery.

[Overview]

Last quarter, I received a lot of questions, and folks wanted updates related to the estate recovery policy.

As many of you know, federal and state law requires MassHealth to have an estate recovery program. The 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, and it seeks to obtain repayments of the cost of certain services once the member has passed away.

Most members are not impacted by estate recovery. Only MassHealth members age 55 or older and members of any age who receives 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)]

The Estate Recovery and the Act to Improve Quality and Oversight of Long-Term Care, or the LTC Act, was signed by Governor Healey back in September of 2024. This act changed the scope of estate recovery for MassHealth members who died on or after August 1st of 2024.

[Estate Recovery and the LTC Act (slide 2 of 2)]

This slide shows you the estate recovery policy before the act and the key components of the LTC Act.

Before the LTC Act, state law required MassHealth to go beyond the federal minimum of estate recovery. It required MassHealth to recover all medical assistance paid for members 55 and older 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 Paid Amount.

Now, with the LTC Act, the new state law limits estate recovery to the federal minimum. For members that have passed away on or after 8/1/24, MassHealth may only recover the cost for which MassHealth is federally required to recover. That's only the cost associated with Long-Term Care Services and Supports, or LTSS, for members 55 plus 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 Paid Amount. That's it as far as the estate recovery.

[MassHealth Operations]

Now, lastly, MassHealth operations updates.

[New MassHealth Webpages]

Some great news. Our team has really been working to update our website and the information available on our website. One of those updates is specifically geared toward our providers who are caring for pregnant and postpartum MassHealth members, such as OB/GYNs, midwives, primary care providers, pediatricians, and many more.

The updates to the website includes detailed information and resources across several topics. That includes eligibility and covered services, managed care information and supports, MassHealth doula benefits, behavioral health benefits, information about breast pumps and lactation support, as well as family planning. There's prenatal screening, diagnosis, and vaccine information on that page as well, information about social determinants of health, and a lot of patient or member-facing materials that can be printed out.

[New Flyers for Pregnant Members]

Moving on to the next slide, here are some of the new flyers with checklists that was recently created. The new flyers with checklists has important actions for our MassHealth pregnant members. The flyers are linked here, and they're available for download and print in several languages. That includes English, Brazilian Portuguese, Haitian Creole, Simplified Chinese, Spanish, and Vietnamese.

[MassHealth Member Customer Service Center Hours]

Moving on to customer service hours.

MassHealth members and Assisters can call our customer service Monday through Friday, now from 8:00 AM to 5:00 PM. They can get help with eligibility, completing an application. If they want to understand their MassHealth benefits, they can request a replacement of their MassHealth card, enroll in a MassHealth health plan, or get a copy of an application.

They can also update their information with our customer service team and get information about their MassHealth and/or Children's Medical Security Plan premiums.

Aside from a live customer service rep, members can use self-service. It's available 24/7, 24 hours a day, 7 days a week in English and Spanish. That's the main MassHealth Customer Service line at 800-841-2900.

[MassHealth Appointment Reminders]

I just want to let you know that there's robocalls to MassHealth members happening, just alerting them that if they did get this robocall, it is from MassHealth.

Many folks can schedule an appointment, set up an appointment with a MassHealth staff. We've realized, we've recognized that many are traveling across the state to the Springfield MEC for these in-person appointments. We really want to make sure that they know there are, there may be MECs closer to them that they can seek assistance at, and they won't need to travel to Springfield.

On July 14th, MassHealth began robocall to let these individuals who have signed up for an in-person appointment at the Springfield MEC, reminding them of their appointment and letting them know that there are additional enrollment centers across the state. Maybe there is a center that is closest to them that they'd want to go to instead of traveling to Springfield.

With this call, they were given instructions on how to cancel their appointment if they needed to. They can always go for walk-ins at any of the MEC that's closest to them. The robocall is in the top six languages and will be sent the business day immediately following when the appointment was booked. If we know of the preferred spoken language, specifically the top six languages, the robocall will be in their preferred language.

[MassHealth Appointment Reminders: Message]

This is the message. The message is, "Hello, this is MassHealth calling with a reminder that the individual's name is scheduled for an in-person appointment at the MassHealth Springfield Enrollment Center on," there'll be a date and time stamp. "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 go to our website. That's mass.gov/mhappointment with your confirmation number and cancel your scheduled appointment." Again, this is really to let you know that this outreach is happening and to make sure that members are aware that this is not spam or a phishing attempt.

[How to Report a Change: Including Updating an Email Address]

Another question that was sent prior to this meeting was how to report a change, really updating, how to update an email address.

To update your address, that includes your email address, your physical address, your home phone number, income, or you want to add or remove a household member. Through the report a change process, that can happen. We ask members to do it 10 days from the date of change or as soon as possible. This can happen in a number of different ways.

If they have access to their online account at mahealthconnector.org, they're under 65, they can do that online through the report a change process. If they're over 65, they can fill out a MassHealth Report a Change form that's online or mail or fax the form to MassHealth.

Members can also call MassHealth customer service to make that update. They can also let us know by mail or by faxing a document or a handwritten note to MassHealth.

There's a specific MassHealth fax line for this. That's 857-323-8300.

They can also go in person to any of our local MEC, the MassHealth Enrollment Center, or schedule an appointment. They can also seek assistance from a Certified Assister that's closest to them.

[Questions:]

I also received a couple of questions related to our Senior Care Options. The SCO plan. Can members enroll online?

Currently, for SCO plan members, they can enroll with MassHealth Customer Service. They can call us and let us know, or the individual or with the individual SCO plan organization. They can check out any of the SCO plans, learn about which plan is best for them, and request enrollment through that SCO plan. There is not an online option at the moment.

Just to also note that I also received a question related to SCO going away for MassHealth only members. If they enroll in Medicare, will MassHealth cover the MCR Part A and B premiums through the MSP program?

The SCO plan, the Senior Care Options program, and plans, they have always been available for our duly eligible MassHealth and Medicare members. That's not changing. Medicare beneficiaries can complete the Medicare Savings Program application if they need help paying their premiums, deductibles, or other Medicare cost share.

This is an alert for next quarter. There will be SCO and OneCare plan updates for next quarter in October. Please make sure to register for that event.

Also, I want to acknowledge I did receive a number of questions related to the Big Beautiful Bill and how it will affect members. President Trump did sign the Federal Reconciliation Bill into law on July 4th of 2025. That new law includes significant policy changes to Medicaid and healthcare marketplace across the country. That really impacts our MassHealth program and the Massachusetts Health Connector here in Massachusetts.

These changes will result in up to 300,000 Massachusetts residents losing healthcare coverage and approximately \$3.5 billion in federal funding for healthcare stripped annually from Massachusetts. Right now, we are waiting for implementation and regulatory guidance from the federal government, specifically the Centers for Medicare and Medicaid, or CMS, before changes are enacted. MassHealth has not paused or stopped any programs or payment to providers, plans, or payees. We'll keep our MassHealth members, our provider community, and other stakeholders informed as we learn more.

We may set up additional MTF meetings, if needed, to make sure that you're aware of these upcoming changes. MassHealth members and providers shouldn't panic. They should keep getting services. Providers should continue to deliver care. Nothing about their care is changing today just because a bill got signed in Washington.

As always, our mission remains focused on helping our members access the healthcare they need. Cuts of this magnitude will be very difficult to manage through in the coming months and years.

Massachusetts has the best healthcare in the country because we have a track record of coming together and making the system work for all of our residents. We need to do that again.

[Thank You!]

(SUE): Thank you, Kara. I want to thank everybody for joining us today. We really appreciate your spending some time with us to get all these updates. I want to thank Benjamin and Kara for presenting all this information to us today. Again, I hope you have a great rest of your day. Stay cool and hydrated out there. Thank you. We hope to see you at another meeting in the near future. Bye-bye.