



MA Health Care Training Forum Winter 2026 Meeting

Health Safety Net Transcription

[Health Safety Net Information and Updates]

(Sue Kane): Good afternoon, and welcome to the Health Safety Net Updates meeting. Thank you for joining us today. I'm Sue Kane from the Massachusetts Health Care Training Forum team, and I'll be facilitating today's meeting, and I'd like to introduce our first presenter, Benjamin Burwood. He's a Senior Policy Analyst at the Health Safety Net.

(Benjamin Burwood): Thank you, Sue, and welcome to this MTF covering Health Safety Net for the winter 2026. We have a few agenda items.

[Agenda]

We will go over our dental updates and a few Health Safety Net policy updates, as well as fiscal year 2026. We will also turn it over to Caitlin Meyer to go over some Health Safety Net pharmacy formulary updates. We also will provide some general information and have time for questions.

[New Dental Third-Party Administrator]

Health Safety Net has a new dental third-party administrator. The Executive Office of Health and Human Services has already transitioned third-party administrators on February 1st, so five days ago, Health Safety Net and MassHealth and the Children's Medical Security Plan have already transitioned to the to the new third-party administrator for dental services. This will not affect members' eligibility nor the rates set for dental services. If you have any need for any other additional information, please see the link below in the slide.

[HSN Dental Prior Authorization Waiver]

Health Safety Net Dental Prior Authorization Waiver. There was a temporary suspension for prior authorization from October 1, 2025, through February 28, 2026. This was announced in a Administrative Bulletin 25-24 that does have the link in this slide, but as of March 1, 2026, which is in a few weeks, prior authorizations will be required for dental services. Again, prior authorizations for dental services will be necessary as of March 1, 2026.

[HSN Updates: Resweeps]

Health Safety Net has a few updates. Health Safety Net has identified claims billed with procedure codes that needed to be reswept and reprocessed. Claims with the following codes were reprocessed for community health centers, and payments should be seen in January's remits.

The following codes in this slide were among the codes that were reprocessed and should be seen in those payments.

[HSN Updates: CARC Codes]

Health Safety Net and the CARC Codes. As a reminder, Health Safety Net has made updates and is no longer allowing claims with certain CARC codes, which are Claim Adjustment Reason Codes to be reimbursable.

CARC codes corresponding to administrative reasons for denial from the primary payer will no longer be reimbursable. The Health Safety Net does not pay for, and Providers may not submit claims for, services for which the primary insurer has denied payment because of a technical billing error, because of the Patient obtained out of network services, because the Patient failed to obtain required - required prior authorization for services, or because of other administrative reasons. The Health Safety Net Office continually monitors these codes to ensure compliance with Health Safety Net regulations.

[Fiscal Year 2026 Hospital Rates]

Fiscal Year 2026 Hospital Rates. Health Safety Net has released the hospital-specific outpatient rates for Fiscal Year 2026, which did previously start on October 1, 2025, and will continue until September 30, 2026. Please note that the hospital outpatient rate calculations do still contain the 25% DSH/non-teaching hospital add-on, if applicable.

The rates were emailed to the lead financial contacts at each hospital facility to be reviewed. There was a deadline date of January 21, 2026. If there was any discrepancies or corrections or requests associated with those rates, that date has passed, so if there were to be any questions of those rates, they were to see that they were to be submitted to the email address listed, but again, the deadline date has passed.

[PPS Rates Updates]

The Prospective Payment System Rates, which is the PPS rates for Community Health Centers, has been updated for the Calendar Year 2026. The rates are effective for dates

of service beginning January 1, 2026. Rates are calculated based on the Federally Qualified Health Center base rate, which include enhancements based on location of facility as well as new patient as opposed to established patient rates. The rates are linked in - or in this slide and displayed as such.

[Changes to Health Safety Net (HSN) Pharmacy Reimbursable Services]

I will turn it over to Caitlin Meyer so she can review the Pharmacy Reimbursable Services.

(Caitlyn Meyer): Thanks, Ben. All right.

[Health Safety Net (HSN): Pharmacy Changes]

So, I'm a clinical pharmacist with the MassHealth/HSN team, and today I'll be discussing some changes that went into effect on January 12th. So, historically, reimbursable HSN pharmacy services matched what MassHealth covers, and that's available on the MassHealth Drug List. However, almost a month ago now, reimbursable services no longer match the MassHealth Drug List. Reimbursable medications are now largely generic, with the intent to allow the Commonwealth to maintain access to cost-effective care while also ensuring the long-term sustainability of the program.

So, when we looked at pharmacy expenditures, they had been growing at an unsustainable rate, so our goal with these formulary changes is minimize impact and make sure we're maintaining access to cost-effective care to help ensure the sustainability of the program.

Next slide, please.

[Health Safety Net (HSN): Recent Pharmacy Changes]

So, what the new formulary looks like, and I'll start on the left-hand side of this slide, is that generic medications are generally reimbursable without prior authorization, and that includes unbranded biosimilars. There are some brand name medications that are available without PA, and those include most drugs that are on the MassHealth Brand Preferred Over Generic List or BOGL and then brand antiretrovirals that have no generic equivalent.

Also reimbursable without PA include select non-drug products. So, these are generally things that you need to help administer drugs, so alcohol swabs, lancets, needles, syringes.

And then we also have our preferred diabetes test strips within quantity limits available without PA, along with vaccines.

Turning to what requires PA are preferred non-drug products. So, these are your continuous glucose monitors, and your insulin infusion devices require PA. These have required PA in the past, and no changes to the criteria were made.

The big one is brand medications that are not on the MassHealth BOGL require prior authorization, and then there are some circumstances, like high-dose generic opioids, where there is a safety reason to require prior authorization.

And I want to emphasize that when we made these changes, we tried to be really intentional and minimize impact, so over 80% of historical claims would have been reimbursable and paid without PA under this new formulary.

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[HSN Pharmacy Coverage: Branded Products]

Okay. So, if you have a patient who's on a brand medication that's not on the MassHealth BOGL, here's what our prior authorization criteria is looking for. The first is that patients have exhausted alternative funding opportunities. So, that could be either a manufacturer does not offer a patient assistance program, or for some reason, a patient is ineligible for a patient assistance program, and if that is the case where they're ineligible, we just need high-level documentation of why, whether that's income, residency status. We just want to make sure that whatever is being documented is actually a requirement for that patient assistance program. So that's one way to meet this requirement.

The second is you've submitted to a prior - or a patient assistance program, but that manufacturer is still deciding on whether or not they'll cover that medication. So, we would cover that medication in the interim and allow for up to one month's approvals at a time.

And then the last one, if somebody gets denied from a patient assistance program, that would also meet this criteria.

So, any of those three options are a way to meet that requirement.

We also require an appropriate diagnosis and then documentation that there's been a trial with all clinically appropriate reimbursable alternatives available without PA, so

generics, unbranded biosimilars, and then medical necessity for use of branded agents over reimbursable alternatives is also a reason to meet criteria number three.

So, like I said, in the interim, while applying to patient assistance programs, if you've documented that you have, we will give up to one-month approvals up to three times. If a patient meets all three of these criteria, they get a six-month approval, and when that PA comes back to us after six months, what we're looking for is that they've tried all reimbursable alternatives. So, a new generic may have entered the market, a new unbranded biosimilar, and that's why we're looking at recertification as well.

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[Helpful Resources]

So, we realize that these are pretty large changes, so we tried to make a lot of resources available. The first that I will point this group to is that there is a new HSN Formulary Page on the MassHealth Drug List.

Couple documents you should be aware of is that there's an HSN specific PA form. Please share this PA form with your provider groups. This is really specific to this HSN criteria, so that we don't have to deny patients just because we didn't get the information that we needed on the PA form.

There's also a one-page summary outlining all of the changes I just talked about. There's a list of medications for our top therapeutic classes that are available without PA, and there's also a patient assistance program tool for the top 20 or so manufacturers.

We also communicated these changes in a few different ways, so if you want to point to something that's publicly available, we have three Pharmacy Facts and two Prescriber e-Letters that went out regarding these changes. That's all I have.

[General Information]

No audio.

[Thank you]

(Sue Kane): Okay. Thank you, Benjamin, and Caitlin. Well, that ends our program for today. Thank you, everybody, for being with us. Have a great rest of your day, and we will see you in April. Thank you for joining us today. Bye-bye.