



Health Safety Net

Information and Updates

Winter 2025

Agenda



- Claims Reprocessing
 - MMIS System
 - HSN System
- Covered Code List and New Rates
- HSN Reminders
- New Dental Administrator
- Health Connector Notices
- Special Circumstances
 - Medical Hardship
 - Bad Debt
- General Information
- Questions

Resweeps of Procedure Codes

MMIS Claims Re-processing

The following codes were inappropriately denied in MMIS as a non-covered procedure code for the Health Safety Net benefit plan(s). The following codes have recently reprocessed in MMIS for adjudication and potential adjudication/payment through the Health Safety Net payment systems.

- 90671 (For Dates of Services through 1/1/2023)
- 90677 (For Dates of Services through 1/1/2023)
- 19325 (For Dates of Services through 1/1/2023- Hospital Only Claims)
- 49591 (For Dates of Services through 1/1/2023- Hospital Only Claims)
- 73522 (For Dates of Services through 1/1/2023- Hospital Only Claims)
- 95708 (For Dates of Services through 1/1/2023- Hospital Only Claims)
- G2066 (For Dates of Services through 1/1/2023- Hospital Only Claims)

HSN Claims Resweep

Claims billed with Procedure code 99211 were inappropriately paid at a \$0.00 rate for Community Health Center providers in the Health Safety Net system. HSN has identified impacted claims and have reprocess claims in the HSN system for payment at the PPS rate in the September remits.

2025 PPS Rates



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

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

	Rest of Massachusetts	Metro Boston*
New Patient	\$270.52	\$290.63
Established Patient	\$201.64	\$216.63

* Metro Boston refers to Middlesex, Norfolk, and Suffolk Counties only.

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](#)

HSN Reminders

Duplicate claims

- Under no circumstances should duplicate claims ever be submitted. Resubmission of previously paid claims should always be submitted as an adjustment, never as an original claim, and should occur only when a change to submitted claims data is warranted.

Frequency Codes

- HSN claims will only be accepted and processed based on the following claim frequency codes. Use of other codes will result in claims being denied.
- XX1 = Original Claim
- XX7 = Replacement Claim
- XX8 = Void Claim 5

HSN Reminders (part II)

TCN/Patient Account Number

- As a reminder, providers must not enumerate the reported TCN/Patient Account Number when correcting claims. Any billing system enumeration should be suppressed. Additionally, when sending information or claim reviews to HSN, Providers must send in the entire TCN/Patient Account Number, including any leading zeroes and any prefix or suffix that is part of that identifier.
- Include the corresponding ICN for the claim in question.

HSN Secondary Claims

- Providers MUST when sending HSN secondary claims include all service lines that are part of the total charges. No service lines should be deleted. Additionally, Providers must give HSN the information on any prior payments, denials, or contractual adjustments. This includes any Mass Health payments, other government payers and commercial payers etc.
- Reports available to assist in follow-up for claim status
- MassHealth/MMIS RA's 835
- HSN validation/error reports
- HSN remits

HSN Reminders (part III)

Remediated Remits in INET

- Please note that your facility may have more than one payment remit in INET due to HSN processing claims from prior years. Going forward, HSN will continue to process current year's remits as well as previous year's dates of service. For facilities who utilize Billing Intermediaries, please notify your BI that going forward, there may be multiple remits for your facility.

New Dental Administrator

Due to unforeseen MassHealth technical issues, the transition to the new dental administrator, BeneCare, is delayed and is no longer February 1, 2025. The new anticipated operational start date will be announced in the coming weeks.

- For more information on the delayed start date, please see [Dental Bulletin 51](#).
- *For participating providers and members:*
 - No action is needed at this time and there are no immediate changes in MassHealth Dental operations
 - Please continue to contact MassHealth DentaQuest Customer Service at 800-207-5019 for questions or support until the transition to BeneCare (new start date TBD).

HSN and Health Connector Redetermination Notices



If recipients have been determined eligible for ConnectorCare, they have 90 days of HSN medical eligibility, starting on the date of application, to enroll in a ConnectorCare plan.

- If recipients do not enroll within this time period, they will no longer be eligible for HSN medical services.
- Failure to pay ConnectorCare premiums will result in ineligibility for HSN medical service reimbursement. Recipients may be able to work out a payment plan with the Health Connector, even after termination.
- ConnectorCare recipients may still be eligible for allowable dental services from an eligible HSN provider.

Any questions related to the ConnectorCare should be directed to the Health Connector at 1-877-MA-ENROLL for more 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 guarantor's supplied and financial information.
 - Reasonable collection efforts must be taken before a bad debt claim can be made which would include documentation of billings, calls, notices and any other notifications.
 - The bad debt must be unpaid after a period of 120 days of continuous collection action.

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.

Questions?



MassHealth Updates

Agenda



- MassHealth Redetermination and Renewal
- Children's Medical Security Plan Elimination of Premiums and Copays
- MassHealth Dental Provider Update
- 2025 CAC Recertification

MassHealth Redetermination and Renewal Update

MassHealth Redetermination and Renewal Process



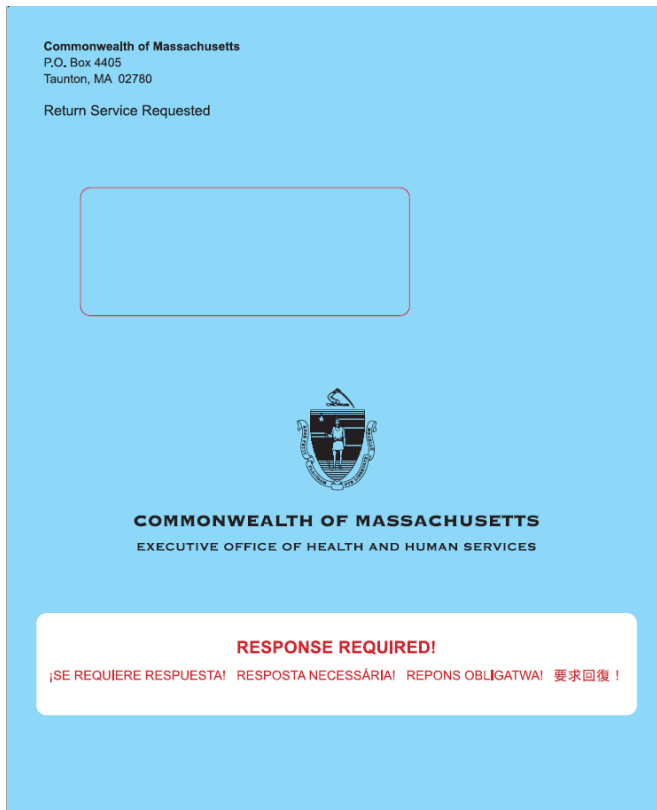
MassHealth is federally required to renew members annually.

- Automatic and prepopulated renewals may be completed for eligible members
- Before January of 2025, MassHealth renewed members at the household level
- Clarifying guidance from the Center for Medicare and Medicaid (CMS): **Effective January 2025**, MassHealth must conduct renewals at the **individual level**
- What does this mean?
 - This will result in changes to the member renewal experience
 - This applies to **ALL** members

Non-Auto Renewals: Renewal Blue Envelope



Content of the blue envelope:



- Renewal form
- Cover letter
- Babel sheet (translation information)
- Declination form
- Voter registration

Renewal Notice



- Cover notice is mailed to the head of household
- Each household member will be identified if they need to complete their annual renewal

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

You can get this information in large print through Friday, 8:00 A.M. to 5:00 P.M. TDD/TTY: 800-841-2900.

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Date: August 09, 2024
Notice ID: [REDACTED] / NON AUTO-RENEWAL
Member ID: [REDACTED]
SSN: [REDACTED]

Important Notice about Renewal

Dear [REDACTED],

You and members of your household must provide this information to renew your health coverage with MassHealth, the Children's Medical Security Fund, or the Massachusetts Health Connector.

IMPACT

Your household must re-enroll with MassHealth, CMSP, or HSN.

We tried to renew health coverage for you and your household using federal and state data sources. **But, we didn't get the information we needed.** See the section "People Who Must Renew Now" for more information.

People Who Must Renew Now

- We could not renew coverage using federal data.

Commonwealth of Massachusetts
Executive Office of Health and Human Services

Name: [REDACTED], Member ID: [REDACTED], Date of Birth: [REDACTED]
Name: [REDACTED], Member ID: [REDACTED], Date of Birth: [REDACTED]

We could not verify the person's income.

What do you need to do?

Please complete your annual eligibility renewal by doing one of the following:

- **Online:** The fastest way to renew health coverage for your household is online through our website at Mahealthconnector.org. Your username is [REDACTED]. Go to the My Eligibility section of the website and follow the instructions listed there. Renewing your household's information online is the only way to get a real-time, automatic decision to see if you still qualify.

OR

- **Paper:** Please review and follow the instructions on the attached form called the *Massachusetts Renewal Application for Health and Health Care Coverage and Help Paying Costs* included with this letter.

Fax all pages to 1-857-323-8300.

OR

Mail all pages to:
Commonwealth of Massachusetts
Health Insurance Processing Center
PO Box 4405
Taunton, MA 02780

OR

- **Phone:** Call us at (800) 841-2900. TDD/TTY: 711. We can help you complete your household renewal over the phone.

OR

- **In person:** Call us at (800) 841-2900. TDD/TTY: 711 to find a MassHealth Enrollment Center (MEC) near you. You can also look in the Member Booklet for a list of MEC addresses.

What happens next?

We will continue your household's **current** coverage for up to 45 days from the date of this notice.

Questions? Visit MAhealthconnector.org or call (800) 841-2900. TDD/TTY: 711.

Questions? Visit MAhealthconnector.org or call (800) 841-2900. TDD/TTY: 711.

SAMPLE

Renewing via MAhealthconnector.org



- **Enhancements:** On January 30, 2025, the online application at MAhealthconnector.org available to applicants younger than 65, will renew for **each member** of the household instead of the combined household
 - New banner messages showing renewal information will specify which household members are in a renewal period
 - Individual members may have different renewal dates

The screenshot displays the user dashboard on MAhealthconnector.org. At the top, there are navigation links for Accessibility, Get Assistance, and English. Below this is a menu with Dashboard, Applications, Plans, Documents, Assisters, Appeals, and Enrollment and Notices. The main content area shows a 'Welcome' message with a RefID field. A blue banner message states: 'The due date to complete the renewal application for [redacted] is February 28, 2025. Go to the 'Next Steps' section for more information'. Below this, the 'Next Steps' section for 'Year 2025' is highlighted with a purple box. It contains a task 'Complete Renewal' and a 'Due Date: February 28th, 2025 36 Days Left' with a refresh icon. A red arrow points to the 'Due Date' text, and another red arrow points to the 'Complete Renewal' button. To the right, a 'Renewal Due Date' box is overlaid on the page. Below the 'Next Steps' section, there is a 'Report Changes to your Application' section with a list of reportable changes: Income/Health insurance, Home address, Adding member/Change to applying, Removing member/Change to not applying, and Status. The page number '23' is visible in the bottom right corner.

SCENARIO

Scenario: MassHealth Members



Joanna

Mark

Joanna (age 29) and Mark (age 30), are married and file their taxes jointly. Mark is the head of household. Joanna is pregnant and both submitted their application in March of 2024. They are both under the MassHealth income threshold.

- Program determination:
 - » Joanna is determined eligible for Standard and continuous eligibility
 - » Mark is eligible for CarePlus

Scenario: MassHealth Member Renewals



Joanna

Mark

- One year later: March 2025, Joanna and Mark are up for renewal
- **Qualified member:** Individual members selected for MassHealth's renewal process
 - Joanna and Mark are **qualified members** as they both are selected for renewal
 - MassHealth pings state and federal data sources to verify information
 - **Results:**
 - Household income for Joanna and Mark is at 175% FPL

Scenario #1



Joanna

Mark

- Joanna was auto-renewed:
 - she is pregnant
 - income threshold is under 200% FPL
 - Continues to be eligible for MassHealth Standard

Joanna

Mark

- Mark was not auto-renewed
 - income went up, above CarePlus' threshold

Question



Mark receives the blue renewal package from MassHealth, from what you already know, who will need to complete the renewal?

- a) Both, Mark and Joanna need to complete their renewal
- b) Only Joanna
- c) Only Mark
- d) They do not need to complete a renewal as they were auto-renewed for coverage
- e) I'm not sure

Answer



Mark receives the blue renewal package from MassHealth, from what you already know, who will need to complete the renewal?

- a) Both, Mark and Joanna need to complete their renewal
- b) Only Joanna
- c) Only Mark
- d) They do not need to complete a renewal as they were auto-renewed for coverage
- e) I'm not sure

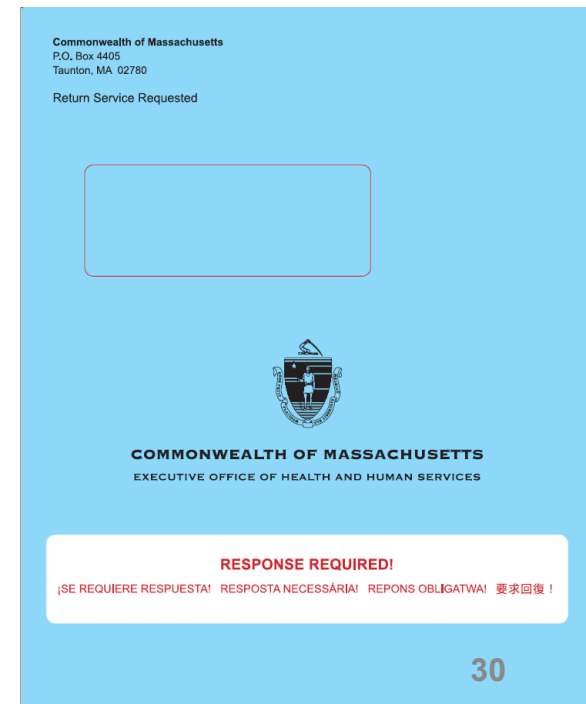
Scenario #1: Possible Outcome #1



Joanna

Mark

- As head of household Mark will be mailed the blue renewal notice
 - Renewal notice will state:
 - Joanna was auto-renewed and eligible for MassHealth Standard
 - Mark needs to complete his renewal
 - » Mark responds to his renewal on time where he restates their original pre-renewal self-attested income and no other changes are reported
 - » Mark is sent an RFI for income and responds
 - **Result:** Joanna remains on Standard and Mark remains on CarePlus



Scenario #1: Possible Outcome #2



Joanna

Mark

Mark **did not respond** to his renewal on time:

- **Result:** Joanna remains eligible for Standard
 - » Using the information matched for Mark through data sources, Mark is determined eligible for the Health Connector (depending on income: ConnectorCare or QHP with HSN)
 - Mark will receive a notice from the Health Connector and a denial notice from MassHealth
- New Renewal Dates:
 - » Joanna's renewal date will be March 2026
 - » Mark selects and pays the Health Connector plan premium, he will be renewed during the next Health Connector's renewal process in the fall of 2025

Scenario #1: Possible Outcome #3



Joanna

Mark

Joanna was auto-renewed, and Mark is a QHP member. It is fall 2025 and Mark is up for renewal through the Health Connector's renewal process

– **What we know:**






- Joanna will continue to be eligible for MassHealth Standard as she's continuously eligible and her next renewal is March 2026
- Mark will receive his renewal notice from the Health Connector and will need to respond and can pick a plan during Open Enrollment for 1/1/2026 effective date

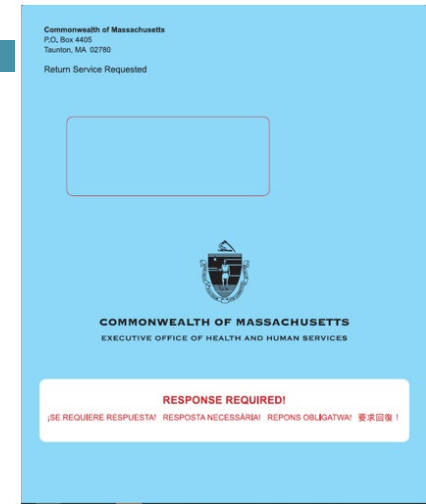
Key Takeaways

- Renewals will no longer be completed at the household level
- Renewals will now happen individually via autorenewals or pre-populated forms (PPF) or a SACA renewal form
- Members of the same household may have different renewal dates
- There will be new notice language reflecting these changes
- RAC or changes in circumstances submitted by a household member could affect other household members not up for renewal



Ways to Renew Benefits

-  Online at <http://www.MAhealthconnector.org> for those **younger than 65 years of age**
-  By phone: (800)841-2900; TDD/TTY: 711
 - Monday – Friday: 8:00 am – 5:00 pm
-  Fax or Mail: Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780
-  In person at a [local MassHealth Enrollment Center \(MEC\)](#) or go to www.mass.gov/masshealth/appointment to schedule a phone or video appointment or scan the QR code
-  [E-Submission](#) – Certain members 65 and older, the renewal notice may have an e-Submission number
 - **Resource:** [Renew your MassHealth coverage](#)



CHILDREN'S MEDICAL SECURITY PLAN (CHIP) PREMIUMS AND COPAYS

Elimination of Premiums and Copays



- **Effective January 1, 2025**, MassHealth eliminated premiums charged to children enrolled in the Children's Medical Security Plan (CMSP) **up to 300%** of the Federal Poverty Level (FPL)
- MassHealth is also eliminating **copays** for all children enrolled in CMSP, regardless of household income
- Since April 1, 2024, MassHealth eliminated copays for MassHealth members and Health Safety Net patients
- Learn more about [MassHealth Copay](#)



MASSHEALTH DENTAL PROVIDER UPDATE

MassHealth Dental Provider Update



MassHealth will be transitioning to a new dental third-party administrator for MassHealth, the Children’s Medical Security Plan, and Health Safety Net.

- The anticipated operational start date for the new dental administrator, BeneCare, is delayed and is no longer February 1, 2025. The new anticipated operational start date will be announced in the coming weeks.
- The current MassHealth dental administrator, DentaQuest, will continue until the transition to BeneCare.
- For more information on the delayed start date, please see [Dental Bulletin 51](#).

For Participating Providers and Members



- For participating providers and members:
 - No action is needed at this time and there are no immediate changes in MassHealth dental operations
 - Please continue to contact MassHealth DentaQuest Customer Service at 800-207-5019 for questions or support until the transition to BeneCare (new start date TBD).
- How can I find out more about the upcoming MassHealth dental administrator transition?
 - An initial list of frequently asked questions about the upcoming transition to BeneCare is available at FAQ.massdhp.org
 - The FAQs will continue to be updated as more information is available.

How to Stay Updated

- How can I sign up to receive future email updates about the MassHealth dental administrator transition?
 - Sign up for the transition email list at: <https://survey.massdhp.org/>
 - Please note that individuals and parties who are interested in transition updates but are not providers are also welcome to sign up for the email list. Please use the same sign-up form and enter your organization or n/a under “Dental Practice Name”.
- For questions regarding the upcoming MassHealth dental administrator transition, please email the MassHealth Dental Provider Relations team, supported by BeneCare, at providerrelations@massdhp.com.
- For general information about the dental services available to MassHealth adults and kids, please visit [Learn about MassHealth dental benefits | Mass.gov](#).

2025 CAC RECERTIFICATION

2025 CAC Recertification



- **Current certificates are set to expire April 30, 2025**
- Recertification period will begin **March 1st** and run to **April 30th**
- Recertification will include an exam along with the other required courses:
 - *Revised:* MassHealth Redetermination and Renewal and MassHealth and Disability
- Failure to recertify will result in losing access to the LMS, Assister Portal, and Assister Line

Thank You!

