



# Health Safety Net (HSN) Updates

**Massachusetts Health Care Training Forum (MTF)  
April 2022**

# Health Resources and Services Administration



- The Uninsured Program has stopped accepting claims for testing and treatment due to lack of sufficient funds. Confirmation of receipt of your claim submission does not mean the claim will be paid. No claims submitted after March 22, 2022 at 11:59 pm ET for **testing or treatment** will be processed for adjudication/payment
- On April 5, 2022 at 11:59 pm ET, the Uninsured Program will also stop accepting vaccination claims due to a lack of sufficient funds
- \*Submitted claims will be paid subject to the availability of funds
- The Health Safety Net will reimburse for allowable COVID-19 testing, treatment, and vaccine services that were not reimbursed through HRSA due to its depletion of funds, for HSN eligible recipients subject to all limitations described in 101 CMR 613.000 and 614.00
- HSN would like to remind providers to verify eligibility on the Provider Online Service Center for potential reimbursement

# Available Services – Special Circumstances



- Confidential - Minor/Family Planning/Domestic Violence
- Confidential Services. Services for the treatment of sexually transmitted diseases provided under M.G.L. c. 112, § 12F and family planning services provided under M.G.L. c. 111, § 24E
- The Health Safety Net Office's Application for Health Safety Net Confidential Services may be used for the following special application types. For these application types, five percentage points of the current FPL are subtracted from the applicable total Countable Income to determine the applicant's eligibility for Low Income Patient status. An individual seeking these services is not required to report his or her primary address

# Who can access these services?



- Minors receiving Confidential Services may apply to be determined a Low Income Patient using their own Countable Income information and using the Office's application for Health Safety Net Confidential Services. If a minor is determined to be a Low Income Patient, the Provider may submit claims for Confidential Services when no other source of funding is available to pay for the services confidentially. For all other services, Minors are subject to the standard Low Income Patient determination process
- An individual who has been a victim of domestic violence, or who has a reasonable fear of domestic violence or continued domestic violence, may apply for Low Income Patient status

# Special Circumstances (continued)



- 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

<b>Income Level FPL</b>	<b>Percentage of Countable Income</b>
<b>0 - 205%</b>	<b>10%</b>
<b>205.1 - 305%</b>	<b>15%</b>
<b>305.1 – 405%</b>	<b>20%</b>
<b>405.1 - 605%</b>	<b>30%</b>
<b>&gt;605.1%</b>	<b>40%</b>

# Community Health Center G Code Update



- At the previous MTF, the Health Safety Net advised providers to bill using the most appropriate evaluation and management code(s) in relation to services previously billed to Medicare using G2025 since this is not a payable HSN service code
- The Health Safety Net understands some claims previously billed to Medicare using G2025 were for allowable HSN services such as medical nutrition therapy or behavioral health visits which are not billed using an evaluation and management code
- Providers are advised to bill using the most appropriate allowable HSN service code when billing for claims previously billed to Medicare using G2025

# Reimbursable Health Services



- The HSN Procedure Code Guide lists all reimbursable codes. The list is broken into the following service categories:

Community Health Center Procedure Codes	
Medical Visits	Urgent Care/After Hours
Home Health Procedures	Telephonic
Surgery	Vision Care
Cardiology and Pulmonology	Vaccines, Drugs and Supplies
Behavioral Health	Physical Therapy
Telephonic Assessment	Laboratory
Radiology and Gynecology	Wellness
Obstetrics	Dental

# Separately Payable Services from an Individual Medical Visit



Type of Service	Payment Rules
Medical Visit – Urgent Care (code 99051)	Cardiology Diagnostic (technical component only)
Obstetrical Services	Behavioral Health
Radiology	Clinical Laboratory
Dental	340B Pharmacy Services
Vision Care (dispensing and repair)	Preventive Services/Risk Factor Reduction
Family Planning Services	Vaccines Not Included in the Individual Medical Visit or Supplied by the Department of Public Health

# General Information



- Health Safety Net regulations can be found at:  
<https://www.mass.gov/lists/health-safety-net-regulations>
- Health Safety Net Reimbursable Services located at:  
<https://www.mass.gov/doc/hsn-chc-billable-procedure-codes/download>
- Billing updates are posted and can be found at:  
<https://www.mass.gov/service-details/information-about-hsn-provider-guides-and-billing-updates>
- FY 2020 Closing fiscal year of 2020 (FY20) will be closing on September 30, 2022
  - Providers need to submit their FY20 claims prior to the close date
- For more information, please contact (800) 609-7232 or [hsnhelpdesk@state.ma.us](mailto:hsnhelpdesk@state.ma.us)

**QUESTIONS?**



# MassHealth

**Massachusetts Health Care  
Training Forum (MTF)  
April 2022**

# Agenda



- MassHealth's Response to COVID-19 Update
- MassHealth Income Standards and Federal Poverty Guide 2022
- ACA-3 and SACA-2 Application and Member Booklet Update
- MassHealth Postpartum Coverage
- MassHealth Transportation (PT-1) Program Update
- Health Equity for Data Completeness (for Race, Ethnicity, and Language) Update
- MassHealth Health Plan Update
- EVS System Update
- Resource

# MassHealth's Response to COVID-19

# Response to COVID-19 Health Emergency



**The COVID-19 national public health emergency declaration was extended, effective April 16, 2022. This extension is for 90 days.**

- MassHealth will maintain coverage for most individuals who have health coverage as of March 18, 2020, and for all individuals newly approved for health coverage during the COVID-19 Federal Public Health Emergency (FPHE), through the end of the month in which the FPHE ends
- These individuals will not lose coverage, except for limited circumstances. For example, coverage will end if an individual\*:
  - requests termination of eligibility
  - is no longer a resident of Massachusetts, or
  - is deceased

\*Note: Not an exhaustive list. For more information, go to [Updated MassHealth Response to COVID-19](#)

# **MassHealth 2022 Income Standards and Federal Poverty Guide**

# MassHealth 2022 Income Standards and Federal Poverty Guide

- On March 1, 2022, the Federal Poverty Level (FPL) standards increased

- 100% FPL for one individual went from \$1,074 to \$1,133

- The 2022 FPL chart:

<https://www.mass.gov/doc/2022-masshealth-income-standards-and-federal-poverty-guidelines-0/download>

- Note: The FPL percentages in the online application at [MAhealthconnector.org](https://MAhealthconnector.org) will be updated for MassHealth purposes

2022 MassHealth Income Standards and Federal Poverty Guidelines

Family Size	MassHealth Income Standards		100% Federal Poverty Level		130% Federal Poverty Level		133% Federal Poverty Level		150% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$522	\$6,264	\$1,133	\$13,596	\$1,473	\$17,676	\$1,507	\$18,084	\$1,699	\$20,388
2	\$650	\$7,800	\$1,526	\$18,312	\$1,984	\$23,808	\$2,030	\$24,360	\$2,289	\$27,468
3	\$775	\$9,300	\$1,920	\$23,040			\$2,553	\$30,636	\$2,879	\$34,548
4	\$891	\$10,692	\$2,313	\$27,756			\$3,076	\$36,912	\$3,469	\$41,628
5	\$1,016	\$12,192	\$2,706	\$32,472			\$3,599	\$43,188	\$4,059	\$48,708
6	\$1,141	\$13,692	\$3,100	\$37,200			\$4,122	\$49,464	\$4,649	\$55,788
7	\$1,266	\$15,192	\$3,493	\$41,916			\$4,646	\$55,752	\$5,239	\$62,868
8	\$1,383	\$16,596	\$3,886	\$46,632			\$5,169	\$62,028	\$5,829	\$69,948
For each additional person add	\$133	\$1,596	\$394	\$4,728			\$524	\$6,288	\$590	\$7,080

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

Family Size	165% Federal Poverty Level		200% Federal Poverty Level		250% Federal Poverty Level		300% Federal Poverty Level		400% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$1,869	\$22,428	\$2,265	\$27,180	\$2,832	\$33,984	\$3,398	\$40,776	\$4,530	\$54,360
2	\$2,518	\$30,216	\$3,052	\$36,624	\$3,815	\$45,780	\$4,578	\$54,936	\$6,104	\$73,248
3			\$3,839	\$46,068	\$4,798	\$57,576	\$5,758	\$69,096	\$7,677	\$92,124
4			\$4,625	\$55,500	\$5,782	\$69,384	\$6,938	\$83,256	\$9,250	\$111,000
5			\$5,412	\$64,944	\$6,765	\$81,180	\$8,118	\$97,416	\$10,824	\$129,888
6			\$6,199	\$74,388	\$7,748	\$92,976	\$9,298	\$111,576	\$12,397	\$148,764
7			\$6,985	\$83,820	\$8,732	\$104,784	\$10,478	\$125,736	\$13,970	\$167,640
8			\$7,772	\$93,264	\$9,715	\$116,580	\$11,658	\$139,896	\$15,544	\$186,528
For each additional person add			\$787	\$9,444	\$984	\$11,808	\$1,180	\$14,160	\$1,574	\$18,888

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

# ACA-3 and SACA-2



- The [ACA-3](#) & [SACA-2](#) applications have been updated
  - Updates reflect the 2022 Federal Poverty Level (FPL) guidelines
  - Updates language, added the question to Other Income (Question 25) about lottery and gambling winnings for each person
  - Updated language on How to Apply
  - Added “choose not to answer” to the Race and Ethnicity option

**Massachusetts Application for Health and Dental Insurance**

### Application for Health Coverage for Seniors and People Needing Long-Term-Care Services

**HOW TO APPLY**

Please identify which program each household member is applying for on page 1 of the application.

Mail or fax your filled-out, signed application to:  
MassHealth Enrollment Center  
PO Box 290794  
Charlestown, MA 02129-0214  
Fax: (617) 887-8799

Visit a MassHealth Enrollment Center (MEC).  
To apply in person or to schedule an appointment with a MassHealth representative, go to [www.mass.gov/masshealth/appointment](http://www.mass.gov/masshealth/appointment).

In order to get any benefits you are entitled to as quickly as possible, you may send us any documentation you have that verifies all household income and assets.

You can use this application to apply for the Supplemental Nutrition Assistance Program (SNAP). SNAP is a federal program that helps you buy food each month. If you are interested, check the box on page 1 then read and sign the SNAP rights and responsibilities on pages 17-23. Your application will then be sent automatically to the Department of Transitional Assistance. You do not have to apply for the SNAP Program to be considered for MassHealth.

#### MASSHEALTH and the HEALTH SAFETY NET | Who Can Use This Application

This is your application for health coverage if you live in Massachusetts and are:

- an individual 65 years of age or older and living at home and
  - not the parent of a child under 19 years of age who lives with you; or
  - not an adult relative living with and taking care of a child younger than 19 years of age when neither parent is living in the home; or
  - disabled and are either working 40 or more hours a month or are currently working and have worked at least 240 hours in the six months immediately before the month of the application;
- an individual of any age and need long-term-care services in a medical institution or nursing facility; or
- an individual who is eligible under certain programs to get long-term-care services to live at home; or
- a member of a married couple living with your spouse, and
  - both you and your spouse are applying for health coverage;
  - there are no children under 19 years of age living with you; and
  - one spouse is 65 years of age or older and the other spouse is under 65 years of age. (Please see Step 9 of the application.)

If you meet any of the following exceptions, you should complete the Application for Health Coverage for Seniors and People Needing Long-Term Care Services (SACA 2). To obtain a copy of this application, call us at (800) 841-2900 (TTY: (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled).

- You are the parent of a child under 19 years of age who lives with you, or
- You are an adult relative living with and taking care of a child younger than 19 years of age when neither parent is living in the home.

You will also need to fill out a Long-Term-Care Supplement if you are:

- in an institution, such as a nursing home, chronic hospital, or other medical institution (You may have to pay a monthly payment, called a patient-paid amount, to the long-term-care facility. For more information, see page 13 in the Senior Guide.);
- in an acute hospital waiting for placement in a long-term-care facility; or
- living in your home and applying for or getting long-term-care services under a Home- and Community-Based Services Waiver.

If someone is helping you fill out this application, you may need to fill out a separate form that gives that person permission to act on your behalf. See Authorized Representative Designation Form at the end of this application.

#### MASSACHUSETTS HEALTH CONNECTOR | Who Can Use This Application

This is your application for health coverage if you live in Massachusetts, and you:

- are 65 years of age or older;
- are not otherwise eligible for MassHealth;
- are not getting Medicare; and
- do not have access to an affordable health plan that meets the minimum value requirement.\*

\*Minimum value requirement means that the health insurance plan pays at least 60% of the total health insurance costs of the average enrollee. The Health Connector uses Modified Adjusted Gross Income (MAGI) rules to determine eligibility.

ACA-2-0322

SACA-2-0322

# ACA-3 and SACA-2 (continued)



- The July 2021 and March 2022 version will be accepted through December 31, 2022

## Ordering Materials:

- Call: 1-800-841-2900
- Fax a request: 617-988-8973
- Email a request: [publications@mahealth.net](mailto:publications@mahealth.net)

# MassHealth Postpartum Coverage

# Extension of Postpartum Coverage



- On April 1<sup>st</sup>, MassHealth extended the postpartum coverage period to provide 12 months of coverage. The postpartum period will end on the last day of the 12<sup>th</sup> month
  - Regardless of immigration status
  - Individuals with **income up to 200% of FPL**
- **Eligibility Criteria**
  - An individual must declare they are pregnant during their pregnancy
  - Individuals with attested MAGI between 200-300% of FPL who declare they are pregnant during their pregnancy will retain a Family Assistance benefit and receive 12 months of postpartum coverage following the end of the pregnancy

# MassHealth Transportation (PT-1) Program Update

# MassHealth Transportation Customer Web Portal (CWP)



<https://masshealth.ehs.state.ma.us/CWP/Index>

## MassHealth Transportation Customer Web Portal (CWP)

### MassHealth Member PT-1 Status

If you are a MassHealth Member who has a PT-1, use this tool to check the status of your PT-1.

[Check the status of your PT-1 →](#)

[Frequently Asked Questions \(FAQ\) →](#)

### MassHealth Provider PT-1 Portal →

The Provider Transportation information for MassHealth Members. This Portal is for MassHealth Providers ONLY.

[Provider Login →](#)

**Landing Page for member and provider CWP**

# Member CWP – Secure Authentication



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WORKING ▾

LEARNING ▾

VISITING & EXPLORING ▾

YOUR GOVERNMENT ▾

## MassHealth Transportation Customer Web Portal (CWP) - Member PT-1 Status

To check the status of your PT-1, complete the fields below. For questions on Service Center at 1-800-841-2900. If you are completing the form on behalf of

MassHealth Member ID (12 digits)

First Name

Last Name

Last 4 of your Social Security Number (Optional)

Date of Birth

This reCAPTCHA is for testing purposes only. Please report to the site admin if you are seeing this.

I'm not a robot



SEARCH

Home

1. Secure authentication
2. Only 3 out of 4 PHI must match
3. ReCaptcha for security purposes
4. Link to FAQ
5. The following member are not able to use the PT-1 CWP:
  - Member is a DCF case
  - Member is a Domestic Violence case
  - SCO /PACE members
6. Members who have lapsed in coverage can still see their PT-1s

# Member CWP – PT-1 Status



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## MassHealth Transportation Customer Web Portal (CWP) - Member PT-1 Status

the status of your PT-1. If you have questions about a denied PT-1 or an upcoming PT-1 expiration, visit the  
n broker or MassHealth Customer Service Center at 1-800-841-2900

	Treater Address	Treater City	Treater Zip Code	Status	Expiration	Broker Contact
	3300 Main Street	Springfield	01109	Authorized	05/27/2022	800-854-9928
	269 Locust Street	Florence	01062	Authorized	05/19/2022	800-854-9928
	269 Locust Street	Florence	01062	Authorized	10/27/2021	800-854-9928
Community Health Of New p	175 Carew St Ste 110	Springfield	01104	Authorized	05/25/2022	800-854-9928
	8 Burnham St	Turners Falls	01376	Authorized	05/25/2022	800-854-9928

Today MassHealth member receive letter notifications when the status of a PT-1 changes. If you would like to also receive email notification, enter your email below:

Email

I authorize Business Support Services (BSS) to send to the email address provided the status of my PT-1 visit and the treater's name. I understand I can opt out of receiving these emails at any time via a link in the email or by contacting the MassHealth Customer Service Center.

Opt-in

1. Added in PT-1 Number, Treater info, PT-1 Status, PT-1 Expiration, and Broker Contact
2. Email Notification opt-in

# Member CWP – Email Opt-in



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## MassHealth Transportation Customer Web Portal (CWP) - Member PT-1 Status

Use the information below to check the status of your PT-1. If you have questions about a denied PT-1 or an upcoming PT-1 expiration, visit the [FAQ](#) page or call your transportation broker or MassHealth Customer Service Center at 1-800-841-2900

PT-1 Number	Treater Name	Treater Address	Treater City	Treater Zip Code	Status	Expiration	Broker Contact
			l River	02721	Authorized	07/28/2022	800-431-1713
			l River	02721	Authorized	05/12/2022	800-431-1713
			rth rtmouth	02747	Authorized	05/06/2022	800-431-1713
			rtmouth	02747	Authorized	04/16/2022	800-431-1713
			l River	02721	Authorized	10/28/2021	800-431-1713
			Fall River	02721	Authorized	10/08/2021	800-431-1713

301

Thank you for opting-in to PT-1 email notifications.

[Home](#)

Message confirming with member they have been opted-in to email notifications.

Thank you for opting-in to PT-1 email notifications.

# Member CWP – PT-1 Status Email Notification



MassHealth Transportation

 MassHealth Transportation Authorization Unit <noreply@mtau.com>  
To ● Hamilton, Georgia

Retention Policy Default Email Retention (1 year) Expires 9/24/2022

 We could not verify the identity of the sender. Click here to learn more.

Reply Reply All

Hello,

The MassHealth Transportation Authorization Unit has approved the following Provider Request for Transportation (PT-1):

Member ID	Member name

, 9/23/2021 12:00:00 AM, 1 times a Month,

Your transportation services will be provided by  
800-431-1713

Please allow up 24 hours to schedule a ride with the vendor.

This is a system generated email, please do not reply.

Thank you,

MassHealth Transportation Authorization Unit

If you wish to not receive email updates on PT-1s [Click Here](#)

**Email notifying member of a  
PT-1 approval**

# **Health Equity Data**

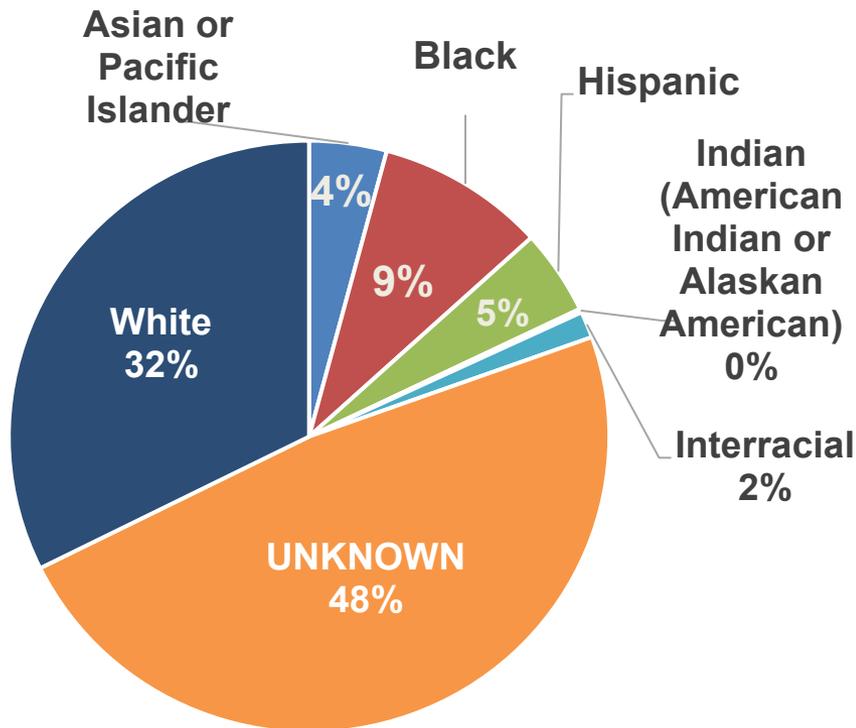
## **(Including Race, Ethnicity & Language)**

# Health Equity Data (Including Race, Ethnicity & Language)



- MassHealth continues to be dedicated to improving data collection of social risk factors including race, ethnicity, language and disability.
- Data collection helps MassHealth make informed policy and operational decisions to provide equitable access to health coverage for members and tailor services to meet members' needs.
- In 2023, MassHealth plans to begin enhanced efforts to identify, track, and close disparities in quality performance along social risk factor lines. Improved data for social risk factors is a key component of these efforts.

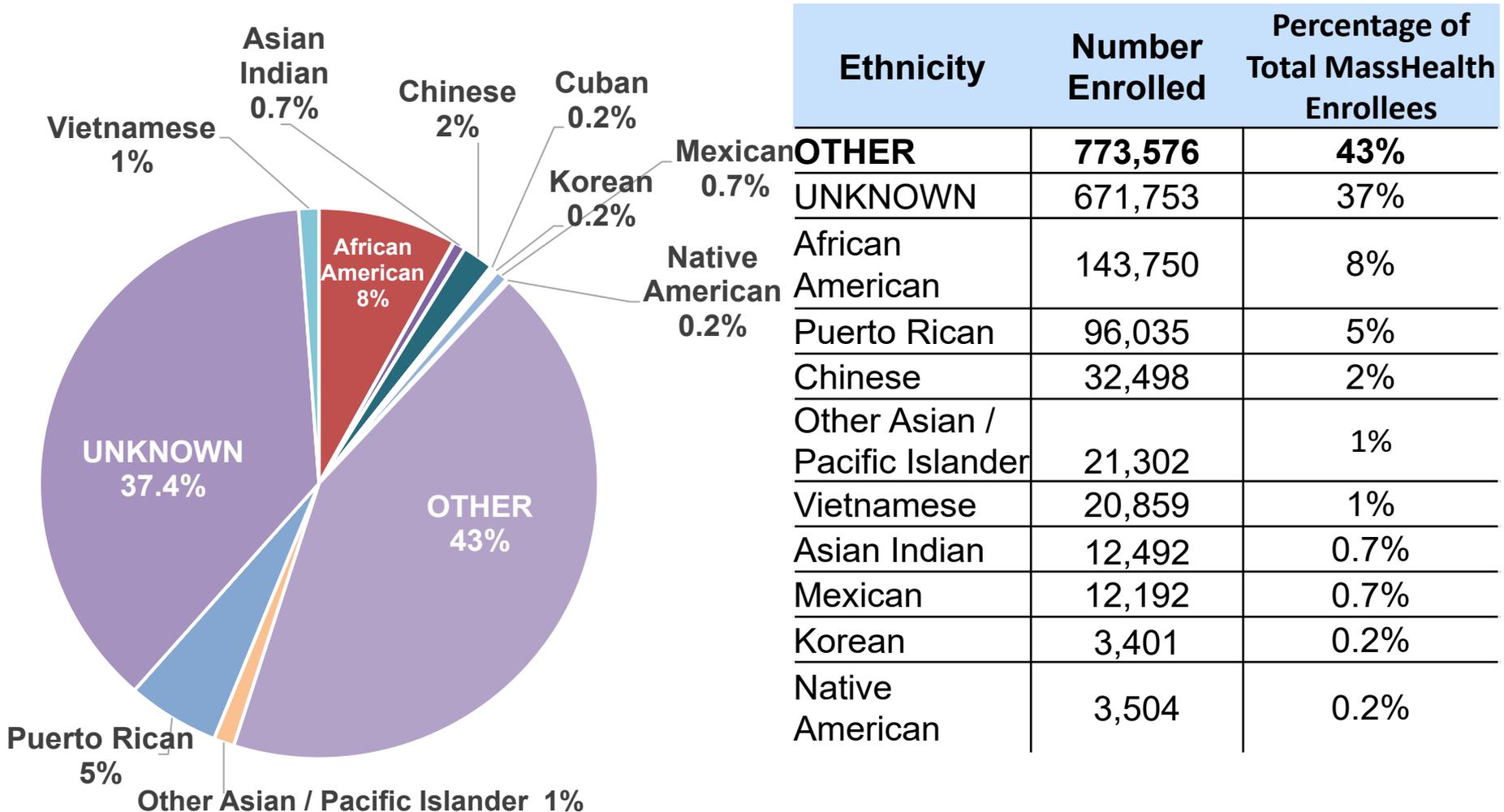
# MassHealth Members: Race



Self-Reported Race	Number Enrolled	Percentage of Total MassHealth Enrollees
<b>UNKNOWN</b>	<b>856,212</b>	<b>48%</b>
White	581,282	32%
Black	163,400	9%
Hispanic	83,317	5%
Asian or Pacific Islander	75,008	4%
Interracial	25,921	2%
American Indian/ Alaskan American	3,679	0%

Source: MMIS. The above data represents MassHealth membership among active members for February 2022.

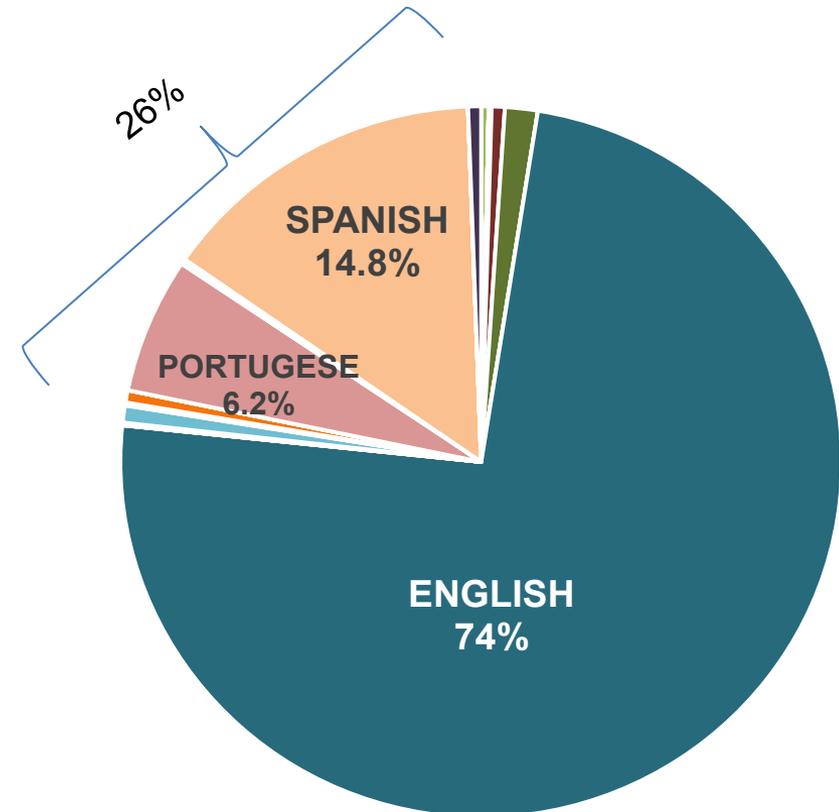
# MassHealth Member: Ethnicity



# MassHealth Members: Language



Language	Number Enrolled	Percentage of Total MassHealth Enrollees
<b>English</b>	<b>1,332,722</b>	<b>74%</b>
<b>Language Other Than English</b>		<b>26%</b>
Spanish	265,513	14.8%
Portuguese	110,981	6.2%
Chinese/ Cantonese/ Mandarin/ Toisanese	26,341	1.5%
Haitian Creole	13,935	0.8%
Cape Verdean	10,576	0.6%
Vietnamese	10,479	0.6%
OTHER	9,959	0.6%
Arabic	5,996	0.3%
Khmer	2,245	0.1%
French	1,756	0.1%



Source: MMIS. The above data represents MassHealth membership among active members for February 2022.

# MassHealth Health Plan Update

# BMCHP Rebranding

- Mid-May 2022, BMC HealthNet Plan (BMCHP) will be WellSense Health Plan
- BMCHP members will receive notification as well as a new member ID card in late 2022 to early 2023
- ACO Partners under WellSense Health Plans:
  - WellSense Community Alliance
  - WellSense Mercy Alliance
  - WellSense Signature Alliance
  - WellSense Southcoast Alliance
- No changes to member benefits
- No changes to provider networks



# My Ombudsman Program Update



- The My Ombudsman program has expanded to serve members who receive their care via Fee For Service (FFS)
  - My Ombudsman is now able to assist any MassHealth member with questions or challenges accessing MassHealth covered benefits or services

- **Contact Information**

Phone: 855-781-9898

Videophone: 339-224-6831

Email: [info@myombudsman.org](mailto:info@myombudsman.org)



## My Ombudsman

MassHealth Health Plans

- Available language support (in-house staff): American Sign Language (ASL), Haitian-Creole, Portuguese, and Spanish. Interpreter services for other languages available as needed

For more information about My Ombudsman, visit: <https://www.myombudsman.org/>

# **EVS (Eligibility Verification System) Update**

# EVS (Eligibility Verification System) Update



On March 21, 2022, MassHealth updated its Eligibility Verification System (EVS) available on the Provider Online Service Center (POSC) and the HIPAA Health Care Eligibility Benefit Inquiry and Response (270/271) transaction to include the additional benefit plans:

- CMSP
- Limited
- HSN
- Coverage types will first be displayed in hierarchical order regarding plan coverage (richest plan listed first) then by date

# Eligibility Verification System (EVS)

## Update: Sample 1

Please enter "From Date of Service" or date of service range within a 31 calendar day span:

From Date of Service: 12/01/2021 To Date of Service: 12/31/2021

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Verify Member Eligibility

Member Information Eligibility

### Dates of Eligibility

Click on the Date Range to view Eligibility information for Member ID [REDACTED]

Date Range	Eligibility Status
<a href="#">12/01/2021 12/25/2021</a>	MASHEALTH STANDARD
<a href="#">12/02/2021 12/16/2021</a>	HEALTH SAFETY NET
<a href="#">12/17/2021 12/25/2021</a>	PARTIAL HEALTH SAFETY NET
<a href="#">12/26/2021 12/30/2021</a>	PARTIAL HEALTH SAFETY NET
<a href="#">12/31/2021 12/31/2021</a>	Member is not eligible

The information below refers to the MASHEALTH STANDARD coverage for 12/01/2021 to 12/25/2021.

### List of Managed Care Data (for MCO/ACO)

Name	NPI	Phone	Date Range
<a href="#">TUFTS HEALTH TOGETHER</a>		(888) 257-1985	12/01/2021 12/25/2021

The member may have multiple overlapping benefit plans over a selected date range

- Select the date or date range you want to check and click "Submit"
- Coverage types will first be displayed in hierarchical order regarding plan coverage (richest plan listed first) then by date
- Providers are reminded to pay attention to date range for each coverage type listed

*Note:* For list of MassHealth coverages types and covered services please refer to [130 CMR 450.105: Coverage Types](#)

# Eligibility Verification System (EVS) Update: Sample 2



All the applicable benefit plans will display when the member has an aid category that contains multiple benefit plans from LIMITED, CMSP, and/or HSN and the displaying order for the benefit plans is based on the MMIS benefit plan hierarchy.

The screenshot shows the "Human Services" section of the Mass.Gov website. The navigation bar includes links for HOME, CONSUMERS, PROVIDERS, RESEARCHERS, GOVERNMENT, and Logout. The user is logged in as "mhughes". The breadcrumb trail is: Mass.Gov Home > State Agencies > State Online Services > Verify Member Eligibility. The "Verify Member Eligibility" page has two tabs: "Member Information" and "Eligibility". The "Eligibility" tab is active, showing a section titled "Dates of Eligibility". Below this title, there is a prompt: "Click on the Date Range to view Eligibility information for Member ID [REDACTED]". A table displays the eligibility data:

Date Range	Eligibility Status
<a href="#">06/01/2021 06/30/2021</a>	LIMITED PLUS CMSP
<a href="#">06/01/2021 06/30/2021</a>	CHILDRENS MEDICAL SECURITY PLAN

At the bottom of the page, there are two buttons: "Close" and "Perform Another Eligibility Check".

# Eligibility Verification System (EVS) Update: Sample 3



Each of the primary plans will display along with any supplemental plans in accordance with the date range for the primary date range. In this example none of the supplemental plans overlap with each other, therefore each primary plan will show a single member benefit plan overlap.

**Health and Human Services** Mass.gov

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**Provider Services**

- Home
- Provider Search
- Manage Batch Files
- Manage Service Authorizations
- Manage Correspondence and Reporting
- Manage Members
  - Eligibility
    - Verify Member Eligibility**
    - Inquire Eligibility Request
  - Enrollment
  - Long Term Care
- Manage Claims and Payments
- Manage Provider Information
- Administer Account
- Reference Publications
- EHR Incentive Program
- News & Updates
- Related Links

**Dates of Eligibility**

Click on the Date Range to view Eligibility information for Member ID [REDACTED]

Date Range	Eligibility Status
<a href="#">12/01/2021 12/15/2021</a>	MASSHEALTH STANDARD ← <b>Primary</b>
<a href="#">12/10/2021 12/13/2021</a>	PARTIAL HEALTH SAFETY NET ← <b>Secondary</b>
<a href="#">12/16/2021 12/31/2021</a>	SENIOR BUYIN ← <b>Primary</b>
<a href="#">12/19/2021 12/21/2021</a>	HEALTH SAFETY NET ← <b>Secondary</b>

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# Resources

## 2022 MassHealth Income Standards and Federal Poverty Guidelines

Family Size	MassHealth Income Standards		100% Federal Poverty Level		130% Federal Poverty Level		133% Federal Poverty Level		150% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$522	\$6,264	\$1,133	\$13,596	\$1,473	\$17,676	\$1,507	\$18,084	\$1,699	\$20,388
2	\$650	\$7,800	\$1,526	\$18,312	\$1,984	\$23,808	\$2,030	\$24,360	\$2,289	\$27,468
3	\$775	\$9,300	\$1,920	\$23,040			\$2,553	\$30,636	\$2,879	\$34,548
4	\$891	\$10,692	\$2,313	\$27,756			\$3,076	\$36,912	\$3,469	\$41,628
5	\$1,016	\$12,192	\$2,706	\$32,472			\$3,599	\$43,188	\$4,059	\$48,708
6	\$1,141	\$13,692	\$3,100	\$37,200			\$4,122	\$49,464	\$4,649	\$55,788
7	\$1,266	\$15,192	\$3,493	\$41,916			\$4,646	\$55,752	\$5,239	\$62,868
8	\$1,383	\$16,596	\$3,886	\$46,632			\$5,169	\$62,028	\$5,829	\$69,948
For each additional person add	\$133	\$1,596	\$394	\$4,728			\$524	\$6,288	\$590	\$7,080

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

Family Size	165% Federal Poverty Level		200% Federal Poverty Level		250% Federal Poverty Level		300% Federal Poverty Level		400% Federal Poverty Level			
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly		
1	\$1,869	\$22,428	\$2,265	\$27,180	\$2,832	\$33,984	\$3,398	\$40,776	\$4,530	\$54,360		
2	\$2,518	\$30,216	\$3,052	\$36,624	\$3,815	\$45,780	\$4,578	\$54,936	\$6,104	\$73,248		
3			\$3,839	\$46,068	\$4,798	\$57,576	\$5,758	\$69,096	\$7,677	\$92,124		
4			\$4,625	\$55,500	\$5,782	\$69,384	\$6,938	\$83,256	\$9,250	\$111,000		
5			\$5,412	\$64,944	\$6,765	\$81,180	\$8,118	\$97,416	\$10,824	\$129,888		
6			\$6,199	\$74,388	\$7,748	\$92,976	\$9,298	\$111,576	\$12,397	\$148,764		
7			\$6,985	\$83,820	\$8,732	\$104,784	\$10,478	\$125,736	\$13,970	\$167,640		
8			\$7,772	\$93,264	\$9,715	\$116,580	\$11,658	\$139,896	\$15,544	\$186,528		
For each additional person add					\$787	\$9,444	\$984	\$11,808	\$1,180	\$14,160	\$1,574	\$18,888

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

# New Member Webpage



- Learn About MassHealth Dental Benefits: <https://www.mass.gov/info-details/learn-about-masshealth-dental-benefits>
- Learn About Non-Emergency Medical Transportation for MassHealth Members: <https://www.mass.gov/info-details/learn-about-non-emergency-medical-transportation-for-masshealth-members>
- Learn About MassHealth Vision Care Services: <https://www.mass.gov/info-details/learn-about-masshealth-vision-care-services>

A large, dense pile of colorful paper scraps, each featuring a black question mark. The colors include red, blue, green, yellow, pink, and white. The word "QUESTIONS" is written in a large, white, serif font across the center of the image. The background is white, and the pile of question marks is the main focus.

# QUESTIONS