



**OFFICE OF THE  
INSPECTOR GENERAL**  
**MASSACHUSETTS**

# **2025 Annual Report on MassHealth and the Health Safety Net**

**An Analysis of Health Safety Net  
Patients, Providers, and Services**

**March 3, 2025**

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**Office of the Inspector General**  
**Commonwealth of Massachusetts**

March 3, 2025

Via Electronic Mail

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**Re: An Analysis of Health Safety Net Patients, Providers, and Services**

Dear Governor Healey and Commonwealth Leaders:

Pursuant to Chapter 12A of the Massachusetts General Laws and Section 231 of Chapter 140 of the Acts of 2024, enclosed please find the Office of the Inspector General's (OIG) 2025 annual report on public healthcare, *An Analysis of Health Safety Net Patients, Providers, and Services*.

Over the past year, the OIG's Healthcare Division (HCD) has taken a deep dive into the Commonwealth's Health Safety Net (HSN) program. In this report, you will find a wealth of demographic and statistical information on HSN patients, providers, and services rendered from 2019 through 2023. Why did the HCD collect and analyze this data? For a simple reason: to show policymakers and the public how the hundreds of millions of dollars spent annually on HSN services are actually allocated.

Beyond demonstrating how the money is spent, the numbers presented herein also inform foundational elements of the HSN program. The data speaks to questions that stakeholders, including program sponsors and funders, should be asking, such as:

1. Is the HSN program serving the right individuals?
2. Are HSN patients receiving the right services?
3. Does the HSN program deliver those services at a reasonable cost?
4. Is the HSN program achieving expected outcomes?

This report draws upon the expertise of the OIG's data analytics team, which aggregated the HSN data into the comprehensive format set forth in the following pages. While data on virtually any topic is readily available in 2025, it is only helpful when it is organized in easily accessible ways. The HCD believes that the tables and charts produced in this report are approachable and digestible. I am confident that these visualizations can provide insight into a host of matters related to the HSN and its future direction.

I created the HCD in 2023 to examine Massachusetts Medicaid (MassHealth) and the HSN program, as well as to review a wide range of public healthcare policy, delivery, and access issues. Through its oversight role, the HCD identifies potential programmatic vulnerabilities within MassHealth and the HSN and develops recommendations for improving internal controls and practices. This work furthers the HCD's mission of preventing fraud, waste, and abuse of public funds in these public healthcare systems.

In years past, the HCD issued one annual report summarizing its work for the year. Going forward, the HCD will issue reports as its work is completed so that our conclusions and recommendations can be disseminated to stakeholders sooner. We will continue to mine data and present it in constructive ways to communicate our findings.

For now, I encourage stakeholders, including the Executive Office of Health and Human Services and its child agencies, to take advantage of the information in this report. The data can serve as a valuable tool as the Commonwealth works to allocate limited resources in ways that provide impact and effectively deliver intended results.

I want to thank the many contributors to this report, especially Gregory Matthews, Director of the Healthcare Division. I also extend my appreciation to Deputy Inspector General Susanne O'Neil; OIG Legal Counsel Eugenia Carris; Alyssa Tasha, Elizabeth Lazar, and Stephen Gerry of the OIG's Data Analytics Division; senior executive assistant Nataliya Urciuoli; and the OIG's communications and publications teams.

Please contact the HCD Director, Gregory Matthews, or me if you have any questions about this report or the OIG's Healthcare Division. I look forward to a continuing dialogue on the optimal use of our healthcare dollars.

Sincerely,

A handwritten signature in blue ink, appearing to read 'J S Shapiro', is positioned above the printed name.

Jeffrey S. Shapiro, Esq., CIG  
Inspector General

cc (via email):

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# TABLE OF CONTENTS

<b>7</b>	<b>Executive Summary</b>
<b>9</b>	<b>Report in Brief</b>
<b>10</b>	<b>Background</b>
<b>14</b>	<b>Methodology</b>
<b>16</b>	<b>Results</b>
<b>16</b>	<b>Recipient Characteristics</b>
<b>19</b>	<b>Utilization of HSN Services</b>
<b>21</b>	<b>Medical Claims</b>
<b>32</b>	<b>Dental Service Claims</b>
<b>38</b>	<b>Pharmaceutical Claims</b>
<b>42</b>	<b>Super-Utilizers</b>
<b>46</b>	<b>Conclusions and Recommendations</b>
<b>47</b>	<b>Appendix A: Eligible HSN Services</b>
<b>51</b>	<b>Appendix B: Community Health Center Provider Locations in Massachusetts</b>
<b>52</b>	<b>Appendix C: Yearly HSN Claims By Member Demographics</b>
<b>55</b>	<b>Appendix D: Yearly HSN Payments By Member Demographics</b>

## EXECUTIVE SUMMARY

The Commonwealth's Health Safety Net (HSN) pays for medically necessary services provided by Massachusetts community health centers (CHCs) and acute hospitals (AHs) to uninsured or underinsured Massachusetts residents with a modified adjusted gross income (MAGI) at or below 300% of the federal poverty level, regardless of citizenship or immigration status.<sup>1</sup> AHs are hospitals "licensed under M.G.L. c. 111, § 51 that contain a majority of medical-surgical, pediatric, obstetric, and maternity beds, as defined by the Department of Public Health [DPH]."<sup>2</sup> CHCs are licensed as freestanding clinics by DPH and operate in conformance with federal law, providing primary health services such as family medicine, internal medicine, pediatrics, obstetrics, gynecology, diagnostic laboratory and radiologic services, preventive health services, emergency medical services, and pharmaceutical services.<sup>3</sup> CHCs also provide referrals to medical and health-related services, patient case management, and services that enable individuals to use the health center, such as outreach and transportation services.

The mission of the OIG's Healthcare Division (HCD) is to identify programmatic vulnerabilities within the HSN and MassHealth and develop recommendations for improving internal controls and practices to prevent fraud, waste, and abuse of public funds in these public healthcare systems.

For the HCD to effectively fulfill its oversight responsibilities for the HSN program and to conduct future HSN reviews on issues such as potential vulnerabilities, funding and provider reimbursements, access to services, accuracy of surcharge payments, and hospital bad debt, it is necessary to first understand the scope and utilization of the HSN program. The OIG's HCD therefore initiated an extensive review of the HSN program to examine the demographic composition of the low-income patient population who received medical, dental, and pharmaceutical services from 2019 through 2023. As reflected in this report, this analysis provides insights on longitudinal trends in HSN services and utilization patterns for different types and frequencies of services. Within this scope, the HCD identified how HSN funds are used to pay for medical, dental, and pharmaceutical services rendered to uninsured or underinsured Massachusetts residents who are eligible for HSN coverage.

The OIG's review of the HSN program found that the demographic characteristics of age and gender cohorts remained stable over the five years examined. However, during that period there was a sharp increase of approximately 20% in the number of Massachusetts residents whose care is paid for by

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<sup>1</sup> EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES, *Member Booklet for Health and Dental Coverage*, available at <https://www.mass.gov/doc/member-booklet-for-health-and-dental-coverage-and-help-paying-costs-0/download> (last visited February 25, 2025).

<sup>2</sup> 101 CMR 613.02.

<sup>3</sup> *Id.* This regulation defines a community health center as "a health center operating in conformance with the requirements of §330 of United States Public Law 95-626, including a Community Health Center that files a cost report as requested by the Center for Health Information and Analysis." The regulation specifies that such a health center must (1) be licensed as a freestanding clinic by the Massachusetts DPH pursuant to M.G.L. c. 111, § 51; (2) meet the qualifications for certification (or provisional certification) by MassHealth and enter into a provider agreement pursuant to 130 CMR 405.000; and (3) operate in conformance with the requirements of 42 U.S.C. § 254b.

the HSN and who have fallen into the lowest income level measured by federal poverty levels. The review also visually identifies regions with the highest concentration of residents who utilize the HSN for healthcare services. This data can be cross-referenced with the number of HSN providers by region, service location, and service type to aid healthcare policymakers in determining where additional resources may be needed to ensure access to healthcare for low-income, uninsured, or underinsured individuals.

The HSN review identified the most prevalent medical and dental services and procedure codes, as well as the most common diagnosis codes for the five-year review period by gender and age. The HCD also highlighted claim volumes and HSN payment expenditures for each category. For dental services, the review underscored the importance of CHCs as primary providers of dental care for vulnerable low-income residents, while also indicating areas in Massachusetts that may lack sufficient numbers of HSN dental providers to meet the needs of residents who rely on the HSN.

The assessment of HSN pharmaceutical claims revealed that, while the majority of claims were for cardiovascular medications, the bulk of payments were for antihyperglycemic medications, with a notable rise in payments from 2021 and a sharper increase in 2023.

Additionally, the HCD identified 279 HSN recipients with high volumes of medical claims and chronic conditions (“super-utilizers”). This report’s data on super-utilizers is crucial to gaining a comprehensive understanding of the medical needs of this subgroup of HSN recipients and developing cost-effective methods of delivering care through alternative services and programs.

The OIG believes that this in-depth review of the HSN will aid policymakers in better understanding the needs of residents who rely on the HSN. The comprehensive overview of HSN expenditures over the review period will also prove useful. With this report, the Executive Office of Health and Human Services, the Health Safety Net Office, CHCs, and officials with AHs will have a valuable demographic analysis that can guide future health delivery and program funding decisions. The OIG will also use the findings of this report as a foundation to conduct future HSN program reviews.



## REPORT IN BRIEF

### An Analysis of Health Safety Net Patients, Providers, and Services

<b>Why the OIG Conducted a Review of the Health Safety Net Program</b> <p>The Commonwealth's Health Safety Net (HSN), established by Chapter 58 of the Acts of 2006, reimburses acute hospitals and community health centers for services provided to low-income, uninsured, and underinsured Massachusetts residents. HSN payment rates for most services are based on Medicare payment principles, ensuring that rates follow the same guidelines and adjustments as Medicare payments. In Fiscal Year 2023, the total funding for the HSN was \$346,617,348.</p> <p>This report summarizes the findings of the OIG's analysis of the HSN program from 2019 through 2023. One goal of cumulating this data is to provide healthcare policymakers with a clear understanding of HSN utilization patterns and trends. This information can offer valuable insight into healthcare funding and the delivery of services to the Commonwealth's most vulnerable low-income, uninsured, and underinsured citizens. The report serves as an initial step to future OIG reviews and oversight of the HSN program.</p>	<b>Highlighted Findings</b> <p>The OIG's review of the HSN program:</p> <ul style="list-style-type: none"><li>• Found stability in the age and gender of recipients during the review period.</li><li>• Found an approximate 20% increase in the number of residents who rely on HSN who have fallen into the lowest income level.</li><li>• Identified regions with high concentrations of low-income, uninsured, or underinsured HSN users.</li><li>• Identified the most common medical and dental services, procedures, and diagnosis codes, emphasizing the extensive role of community health centers in providing dental care.</li><li>• Found that cardiovascular medications had the highest pharmaceutical claim volume, while antihyperglycemic medications accounted for the majority of HSN pharmacy payments that increased from 2021 to 2023.</li><li>• Identified 279 "super-utilizers" with high medical claim volumes and chronic conditions.</li></ul>
<b>OIG Methodology</b> <p>The OIG analyzed Medicaid enrollment and HSN claims for medical, dental, and pharmaceutical services from 2019 through 2023, focusing on eligible recipients with adjudicated claims and active Medicaid IDs. The primary metrics included the annual number of individuals with claims, claim volume, and total HSN payments. The OIG examined demographic features such as age, race, gender, disability status, income level, and insurance status, and analyzed monthly and longitudinal trends, along with geographic data to identify regions with high concentrations of HSN recipients. The analysis also identified a subset of "super-utilizers" with high volumes of medical claims, focusing on their demographic makeup and medical needs.</p>	<b>Conclusions</b> <p>HSN recipients represent vulnerable low-income, uninsured, and underinsured residents with broad healthcare needs in an environment that is struggling to control healthcare costs and provide access to medical, dental, and pharmaceutical care.</p> <p>Through this in-depth review of the HSN program, the OIG has provided healthcare policymakers with critical insights into the needs of residents who rely on the HSN, including "super-utilizers." This report gives a comprehensive overview of HSN expenditures and trends over the review period. This report delivers essential demographic analyses to the Executive Office of Health and Human Services, the Health Safety Net Office, community health centers, and acute hospital officials, empowering them to make informed decisions regarding health delivery and program funding. The OIG will leverage these findings to refine and enhance future reviews of the HSN program.</p>

## BACKGROUND

### I. The Office of the Inspector General

The Office of the Inspector General for the Commonwealth of Massachusetts (OIG) is a nonpartisan, independent state agency charged with preventing and detecting fraud, waste, and abuse of public funds and assets. Legislators created the OIG in 1981 as the first state inspector general's office in the country. The OIG is led by an Inspector General who is appointed by a majority vote of the Governor, Attorney General, and State Auditor for a term of five years.<sup>4</sup>

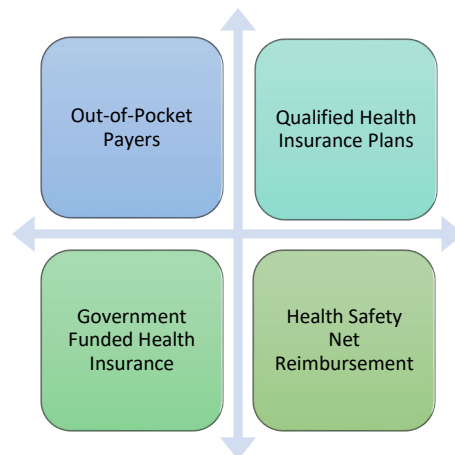
In keeping with its broad statutory mandate, the OIG investigates allegations of fraud, waste, and abuse in government spending. As one of its core functions, the OIG reviews programs and practices in state agencies and municipalities to identify systemic vulnerabilities and opportunities for improvement in the stewardship of public assets.

The OIG has a budget of approximately \$10 million and a staff of around 90 employees. The OIG has oversight of more than \$120 billion in spending and the work of over 300,000 public employees across all state and municipal public entities throughout the Commonwealth, plus suppliers, vendors, contractors, and nonprofits that receive public funds.

### II. Massachusetts Health Safety Net Program

Healthcare providers are traditionally reimbursed or paid for services by (1) out-of-pocket payments; (2) qualified health insurance plans or individual, group, or other plans providing coverage for healthcare services issued by an insurance company; (3) government funded insurance (*e.g.*, Medicaid and Medicare, or programs offered through the Massachusetts Health Connector); or (4) the Health Safety Net program that covers the costs of medical services provided to low-income, uninsured, or underinsured patients (*see* Figure 1 below).

**Figure 1. Sources of Healthcare Reimbursements.**



<sup>4</sup> See M.G.L. c. 12A, § 2.

In 1985, the Massachusetts Legislature created the uncompensated care pool (UCP) with the goal of “more equitably distributing the burden of financing uncompensated acute hospital services across all acute hospitals . . . .”<sup>5</sup> The purpose of the UCP was to pay for medically necessary services that acute hospitals (AHs)<sup>6</sup> and community health centers (CHCs)<sup>7</sup> provided to eligible low-income, uninsured, and underinsured patients. In addition, the UCP made reimbursements for bad debts that hospitals were unable to recover from patients.

In 2006, the Legislature replaced the UCP with the Health Safety Net (HSN) program, funded by the Health Safety Net Trust Fund. The purpose of the HSN program is to “maintain a healthcare safety net by reimbursing hospitals and community health centers for a portion of the cost of reimbursable health services provided to low-income, uninsured or underinsured residents.”<sup>8</sup> The Division of Healthcare Finance and Policy initially managed the HSN program, but in 2012 the Legislature transferred that responsibility to the Office of Medicaid (MassHealth) within the Executive Office of Health and Human Services. MassHealth created the Health Safety Net Office to oversee the HSN program.

HSN funding for provider reimbursements is derived from four sources:

1. Assessments on charges of AHs (\$165 million);
2. Surcharges on payments made to institutional surcharge payers (*e.g.*, entities and individuals, including managed care organizations and persons enrolled in ConnectorCare, that make payments to AHs and ambulatory surgical centers for the purchase of healthcare services, equal to \$160 million plus 50% of administration costs of the HSN program (\$165 million));
3. Commonwealth General Fund appropriation (\$16 million); and
4. Offset funding for uncompensated care from the Medical Assistance Trust Fund (\$70 million).<sup>9</sup>

## **A. HSN Eligibility**

The U.S. Department of Health and Human Services (DHHS) calculates the federal poverty level (FPL), an annual measure of income used to determine eligibility for various federal and state assistance programs.<sup>10</sup> The FPL is based on household size (*see* Figure 2 below). It is used to assess economic needs and is integral to the allocation of resources for healthcare, housing, food assistance, and other essential services. The HSN program pays Massachusetts AHs and CHCs for healthcare services rendered to low-income Massachusetts residents with household incomes at or below 300% of the FPL. Eligibility for the

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<sup>5</sup> M.G.L. c. 6A, § 75 (repealed 1988).

<sup>6</sup> An acute hospital is a hospital “licensed under M.G.L. c. 111, § 51 that contains a majority of medical-surgical, pediatric, obstetric, and maternity beds, as defined by the Department of Public Health.” 101 CMR 613.02.

<sup>7</sup> Community health centers, which provide a local, more accessible option than emergency rooms for the uninsured to manage their overall care, are licensed as freestanding clinics by the Department of Public Health. 101 CMR 613.02.

<sup>8</sup> M.G.L. c. 118E, § 66(a)(i).

<sup>9</sup> *Health Safety Net Annual Report, Fiscal Year 2023*, <https://www.mass.gov/doc/hsn-annual-report-november-2024-0/download> (last visited February 25, 2025).

<sup>10</sup> The FPL is adjusted yearly for inflation.

HSN program is determined by MassHealth.<sup>11</sup> To qualify for the HSN program, recipients must be Massachusetts residents who are either uninsured or underinsured.<sup>12</sup>

**Figure 2. 2024 Federal Poverty Level.<sup>13</sup>**

Household/ Family Size	25%	50%	75%	100%	150%	200%	300%
<b>1</b>	3,765.00	7,530.00	11,295.00	15,060.00	22,590.00	30,120.00	45,180.00
<b>2</b>	5,110.00	10,220.00	15,330.00	20,440.00	30,660.00	40,880.00	61,320.00
<b>3</b>	6,455.00	12,910.00	19,365.00	25,820.00	38,730.00	51,640.00	77,460.00
<b>4</b>	7,800.00	15,600.00	23,400.00	31,200.00	46,800.00	62,400.00	93,600.00
<b>5</b>	9,145.00	18,290.00	27,435.00	36,580.00	54,870.00	73,160.00	109,740.00
<b>6</b>	10,490.00	20,980.00	31,470.00	41,960.00	62,940.00	83,920.00	125,880.00
<b>7</b>	11,835.00	23,670.00	35,505.00	47,340.00	71,010.00	94,680.00	142,020.00
<b>8</b>	13,180.00	26,360.00	39,540.00	52,720.00	79,080.00	105,440.00	158,160.00
<b>Add for each additional person</b>	1,345.00	2,690.00	4,035.00	5,380.00	8,070.00	10,760.00	16,140.00

## B. HSN Coverage

The HSN program covers medically necessary services provided by Massachusetts AHs or CHCs.<sup>14</sup> Services must align with those covered by MassHealth Standard.<sup>15</sup> For recipients with a MAGI between 150% and 300% of the FPL, an annual deductible may apply. The deductible represents the portion of healthcare costs that HSN recipients are responsible for. Both paid and unpaid bills count toward the deductible, but only services covered by HSN contribute to it. Bills from private doctors, labs, or radiology services do not count, even if provided within a hospital setting.<sup>16</sup> A detailed list of eligible HSN services provided by AHs and CHCs can be found in Appendix A.

<sup>11</sup> EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES, *Member Booklet for Health and Dental Coverage*, at 4, 24, <https://www.mass.gov/doc/member-booklet-for-health-and-dental-coverage-and-help-paying-costs-0/download> (last visited February 25, 2025).

<sup>12</sup> “Underinsured” individuals’ available health insurance does not cover all medically necessary services.

<sup>13</sup> This information is derived from data compiled by DHHS’s Office of the Assistant Secretary for Planning and Evaluation, available at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references> (last visited February 25, 2025).

<sup>14</sup> 101 CMR 613.03.

<sup>15</sup> MassHealth Standard is the most comprehensive of the insurance programs offered by MassHealth. See <https://www.mass.gov/info-details/masshealth-coverage-types-for-seniors-and-people-who-need-long-term-care-services>.

<sup>16</sup> EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES, *Member Booklet for Health and Dental Coverage*, at 4, 24, <https://www.mass.gov/doc/member-booklet-for-health-and-dental-coverage-and-help-paying-costs-0/download> (last visited February 25, 2025).

The HSN program does not cover the following services<sup>17</sup>:

1. Physicians not employed by the hospital;
2. Ambulance services;
3. Lab charges not billed by an AH or CHC;
4. Radiology services not billed by an AH or CHC;
5. Durable medical equipment, except for crutches and canes provided during a medical visit;
6. Nonmedical services (social, educational, vocational);
7. Nonmedically necessary services; or
8. Experimental or unproven services.

### **C. HSN Deductible Amounts**

For HSN applicants with a MAGI above 150% of the FPL, the HSN deductible is determined based on income. The deductible amount is either the current annual cost of the lowest ConnectorCare monthly premium (\$588 as of the 2024 Member Booklet publication) or 40% of the difference between the lowest MAGI in the applicant's Premium Billing Family Group and 200% of the FPL, whichever is higher.<sup>18</sup>

### **D. HSN Medical Hardship Assistance**

"Medical hardship" is a type of HSN coverage that provides assistance to residents at any income level whose allowable medical expenses exceed a certain percentage of an individual's or family's income and have become unmanageable.<sup>19</sup> A medical hardship determination is a one-time determination and not an ongoing eligibility category. Individuals can apply for medical hardship no more than twice within a 12-month period. If an individual has exhausted the two HSN medical hardships within a year, they can still receive care through (1) standard HSN coverage for eligible services; (2) MassHealth, if eligible; (3) CHCs that provide care on a sliding scale based on income, regardless of ability to pay; or (4) hospitals with financial assistance programs that help cover the cost of care for patients with limited incomes.

By providing financial assistance, the HSN program aims to ensure access to medically necessary services for uninsured and underinsured low-income residents of Massachusetts, improving overall healthcare outcomes and support for these communities.

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<sup>17</sup> *Id.* at 24-25.

<sup>18</sup> *Id.* at 25.

<sup>19</sup> 101 CMR 613.05(1)(c).



## METHODOLOGY

For this report, the OIG extracted Medicaid enrollment and HSN claims for medical, dental, and pharmaceutical services from the MassHealth Data Warehouse<sup>20</sup> for eligible recipients, defined as those with:

1. Adjudicated HSN claims (original or adjusted) with initial service dates between January 1, 2019, and December 31, 2023; and
2. An active Medicaid ID during the time of service.

The primary metrics of interest include the annual number of individuals with claims, the volume of claims, and total HSN payments from 2019 through 2023. In the case of duplicate records for a claim, the OIG selected the most recently adjudicated version. The OIG also excluded 1,017 medical claims that did not have service provider information.

The number of HSN recipients, claim volume, and total HSN payments were tabulated by the following recipient demographics: age (years), race, gender, disability status, calculated percentage above federal poverty level, and insurance status. The OIG defined non-static demographic features (*i.e.*, income and insurance status) based on member history data corresponding to the date of service for claim level analyses, and the OIG summarized these characteristics over the observation year for recipient-level analyses (*see* Figure 3). Due to the significant proportion of unknown responses for race status, the OIG adjudicated these responses using data from current member/eligibility tables, and summarized race status based on the most frequently used designation for each recipient. In addition, the analysis categorized recipients according to which types of HSN services (medical, dental, pharmaceutical) they received per year.

The OIG tabulated and plotted monthly, longitudinal trends for the number of Medicaid recipients with HSN claims, total claim volume, and total HSN payments from 2019 through 2023. Descriptive analyses of claim data were conducted separately by claim type (medical, dental, pharmaceutical) across all years. For each claim type, the OIG summarized claim volume and total HSN payments by the following factors: provider type, service location, primary medical diagnoses (most common), dental services/common procedures, and treatment/medications (most common). Additionally, the OIG's analysis evaluated trends in HSN claim volume and payments for specific subgroups of providers, services, and service locations, and identified the most prevalent medical diagnoses within subgroups of gender and age.

The OIG explored geographical data to determine which regions in Massachusetts have the highest concentration of HSN recipients, using recipients' distinct mailing city and state as a proxy for geographical location. This approach introduces some limitations, as mailing addresses do not always correspond to where individuals permanently reside and addresses may not be current. In addition, the recipient city and town data were imperfect due to missing values and incomplete or erroneous municipality names. In a few cases, the OIG randomly assigned a city or town for Massachusetts villages

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<sup>20</sup> The Executive Office of Health and Human Services maintains the MassHealth Data Warehouse, which contains MassHealth and HSN records, documents, information, and member data.

spanning more than one municipality. The analysis excluded roughly 0.05% of distinct claims with Massachusetts mailing addresses due to missing or inaccurate city or town information. The OIG used mailing addresses of Massachusetts medical and dental providers with at least one HSN claim from 2019 through 2023 to map their locations across the state.

Finally, the OIG identified a subset of HSN recipients with chronically high volumes of HSN medical claims (referred to herein as “super-utilizers”) and conducted exploratory analyses to better understand the demographic makeup of this cohort and their medical needs. The OIG classified super-utilizers as having 25 or more medical claims per year for at least 3 consecutive years. The OIG opted to focus solely on medical services and selected an annual claims threshold of 25 or more that was above the top 1% or 99th percentile based on the distribution of recipient HSN medical claims per year. Given the intent was to target recipients with longstanding conditions, the OIG expanded the definition to require more than 25 medical claims per year over a period of 3 or more consecutive years to exclude individuals with acute or transitory conditions.

## RESULTS

### I. Recipient Characteristics

From 2019 through 2023, the distribution of recipients by age group remained fairly consistent. Similarly, utilization by gender also remained consistent during the review period. Overall, slightly more than half of HSN recipients were female and the average age was approximately 41.3 years.

As for the race of HSN recipients, on average, roughly 49% of individuals did not indicate a race or ethnicity classification. Concerning the data related to HSN recipients' "access to insurance" (defined as an individual's potential to access insurance or maintain any type of insurance other than Medicare), the OIG's review shows that 74.1% of HSN recipients had at least one annual period where their insurance status was unknown. The recipients of HSN represented in the "unknown" category may represent a blind spot for stakeholders and policy experts whose healthcare policy decisions may be informed by knowing the type of insurance coverage or level of access to insurance that HSN recipients had before becoming HSN-eligible.

The OIG reviewed HSN recipients' federal poverty level (FPL), the inflation-adjusted annual measure of income used to determine eligibility for federal and state assistance programs like healthcare. The OIG's review of income data reflecting the FPL highlights a negative trend over the review period: namely, that the percentage of individuals at the 0% FPL (lowest level for the date of service year) has increased by nearly 20% since 2020.

Figure 3 displays the demographic characteristics of individuals receiving HSN services for the years 2019 through 2023.

**Figure 3. Demographic Characteristics of HSN Recipients by Year of Service.**

Demographic Factors	2019	2020	2021	2022	2023
<b>Age Group<sup>21</sup></b>					
0 to 17	16,156 (8.4%)	10,450 (7.3%)	14,432 (9.9%)	18,183 (11.6%)	18,870 (10.4%)
18 to 34	58,837 (30.8%)	43,365 (30.3%)	41,113 (28.1%)	42,013 (26.8%)	51,652 (28.4%)
35 to 49	57,826 (30.2%)	45,827 (32.0%)	47,904 (32.7%)	51,961 (33.1%)	60,547 (33.3%)
50 to 64	38,142 (19.9%)	28,436 (19.9%)	27,674 (18.9%)	28,755 (18.3%)	33,232 (18.3%)
65 and older	20,348 (10.6%)	15,173 (10.6%)	15,377 (10.5%)	16,061 (10.2%)	17,432 (9.6%)

<sup>21</sup> Fourteen recipients were excluded due to erroneous dates of birth.

Demographic Factors	2019	2020	2021	2022	2023
<b>Disability Status<sup>22</sup></b>					
Disability	7,495 (3.9%)	5,113 (3.6%)	3,730 (2.5%)	3,054 (1.9%)	1,999 (1.1%)
None/Unreported	183,818 (96.1%)	138,141 (96.4%)	142,774 (97.5%)	153,922 (98.1%)	179,734 (98.9%)
<b>Gender</b>					
Female	108,194 (56.6%)	80,981 (56.5%)	83,064 (56.7%)	87,664 (55.8%)	102,083 (56.2%)
Male	83,119 (43.4%)	62,273 (43.5%)	63,440 (43.3%)	69,312 (44.2%)	79,650 (43.8%)
<b>Percent FPL (Minimum)<sup>23</sup></b>					
0%	93,649 (49.0%)	72,008 (50.3%)	91,796 (62.7%)	113,213 (72.1%)	124,717 (68.6%)
Between 0% and 150%	53,449 (27.9%)	38,858 (27.1%)	28,137 (19.2%)	21,568 (13.7%)	25,553 (14.1%)
Between 150% and 300%	43,221 (22.6%)	31,548 (22.0%)	25,003 (17.1%)	20,442 (13.0%)	28,641 (15.8%)
More than 300%	994 (0.5%)	840 (0.6%)	1,568 (1.1%)	1,753 (1.1%)	2,822 (1.6%)
<b>Race Category<sup>24</sup></b>					
Asian	9,267 (4.8%)	5,826 (4.1%)	5,688 (3.9%)	5,447 (3.5%)	5,885 (3.2%)
Black/African American	25,060 (13.1%)	17,426 (12.2%)	16,722 (11.4%)	15,995 (10.2%)	19,001 (10.5%)
Chose Not To Answer	2,737 (1.4%)	2,289 (1.6%)	2,650 (1.8%)	3,301 (2.1%)	5,555 (3.1%)
Hispanic	9,601 (5.0%)	6,901 (4.8%)	6,026 (4.1%)	5,520 (3.5%)	5,907 (3.3%)
Other	22,528 (11.8%)	19,105 (13.3%)	21,938 (15.0%)	24,600 (15.7%)	28,645 (15.8%)
Unknown/Don't Know	87,772 (45.9%)	67,238 (46.9%)	72,257 (49.3%)	82,385 (52.5%)	94,341 (51.9%)
White	34,348 (18.0%)	24,469 (17.1%)	21,223 (14.5%)	19,728 (12.6%)	22,399 (12.3%)

<sup>22</sup> Classification of a disability was based on whether a disability code was listed (*i.e.*, “Blind,” “Federally Certified Blind,” “CommonHealth,” “Kaileigh Mulligan,” “SSA determined disability,” or “DES determined disability”).

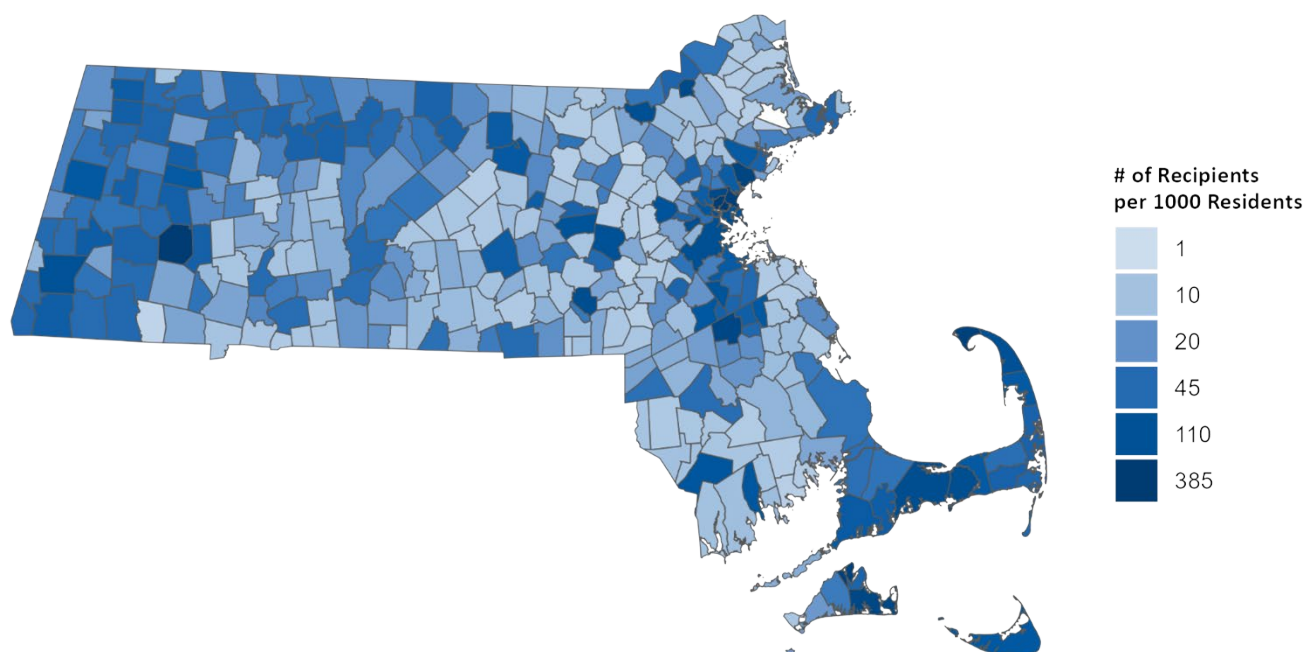
<sup>23</sup>Percent FPL was defined based on the lowest percent FPL for the year of service.

<sup>24</sup> Subgroups with small samples sizes were combined with the “Other” race category and include the following: American Indian/Alaskan American, Native Hawaiian/Other Pacific Islander, and Interracial.

Demographic Factors	2019	2020	2021	2022	2023
<b>TPL Coverage<sup>25</sup></b>					
Gained/Lost Insurance Access	30 (0.0%)	25 (0.0%)	28 (0.0%)	21 (0.0%)	22 (0.0%)
Insurance Access	52,330 (27.4%)	35,899 (25.1%)	32,862 (22.4%)	31,644 (20.2%)	37,637 (20.7%)
Medicare	13,612 (7.1%)	10,796 (7.5%)	9,155 (6.2%)	8,296 (5.3%)	8,205 (4.5%)
No Insurance	223 (0.1%)	212 (0.1%)	189 (0.1%)	181 (0.1%)	268 (0.1%)
Unknown	125,118 (65.4%)	96,322 (67.2%)	104,270 (71.2%)	116,834 (74.4%)	135,601 (74.6%)

Figure 4 below displays the concentration of HSN recipients (individuals with at least one HSN claim from 2019 through 2023) per 1,000 residents by Massachusetts municipality. The gradients of shading on the map reflect the varying proportions of HSN recipients within each municipality across the state; darker colors indicate that a region has a larger proportion of residents receiving HSN services. Areas with the highest concentration of HSN recipients include municipalities in the Boston metro area, Cape Cod and the islands, and Western Massachusetts.

**Figure 4. Residents with HSN Services by Municipality (2019 – 2023).**

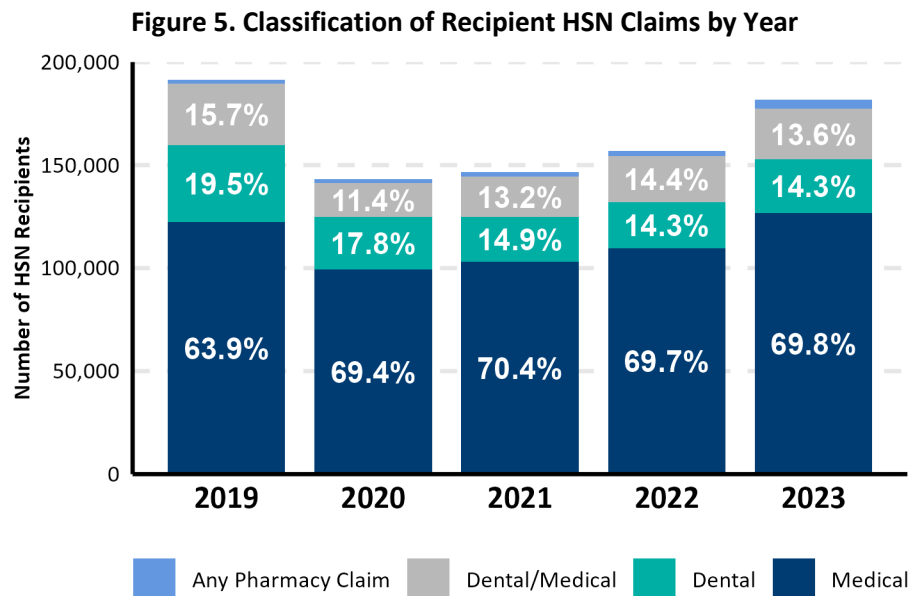


The number of recipients per 1000 residents was based on 2020 population data.

<sup>25</sup> Insurance access was defined as having the potential to access insurance or having any type of insurance other than Medicare.



As shown in Figure 5 below, the OIG categorized HSN recipients according to the types of service claims (medical, dental, pharmaceutical) they received per year from 2019 through 2023. Overall, 79% of HSN recipients had only medical claims for at least one year while roughly 33% of individuals had HSN claims for dental services alone or in combination with other types of services.



'Any Pharmacy Claims' includes HSN pharmacy claims alone or with other claim types.

## II. Utilization of HSN Services

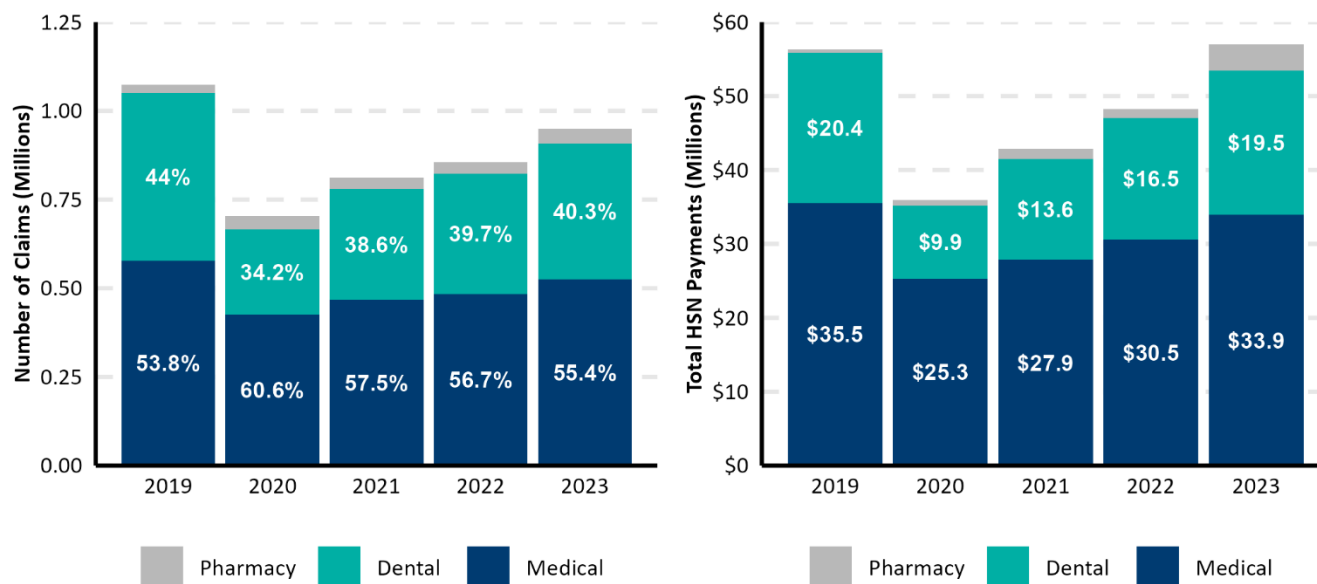
Figure 6 below displays the annual number of Medicaid-enrolled HSN recipients with claims, the total number of HSN claims, and total HSN payment amounts by year from 2019 through 2023.

**Figure 6. Annual HSN Member Claims and Payments (2019 – 2023).**

Year	# of HSN recipients with claims	Total # of claims	Median # of claims per recipient	Total payment amount	Median payment amount per recipient
2019	191,313	1,074,247	3	\$56,262,944.44	\$156.28
2020	143,254	702,844	3	\$35,948,689.37	\$134.49
2021	146,504	812,122	3	\$42,886,451.45	\$147.82
2022	156,976	854,628	3	\$48,197,504.48	\$153.80
2023	181,733	948,499	3	\$56,965,742.13	\$147.00

When broken down by claim type, medical services comprised more than half of all HSN claims and the majority of HSN payments per year, as shown in Figure 7 below.

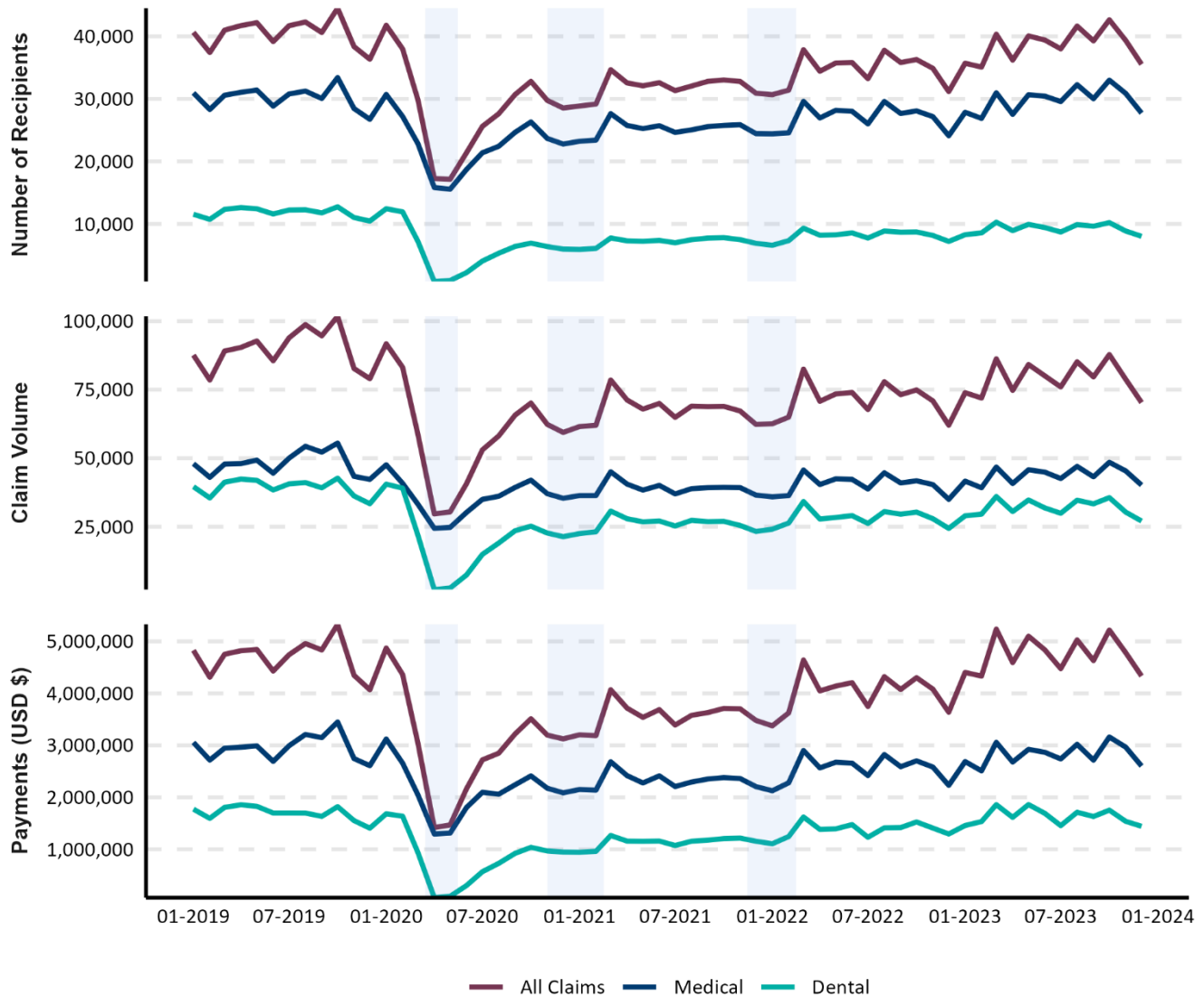
**Figure 7. Total Annual HSN Claim Volume and Payments by Claim Type (2019 – 2023).**



As shown in Figures 6 and 7, in 2020 there was a prominent reduction in the number of Medicaid members receiving HSN services, along with the volume of claims and HSN payment amounts across all claims and by claim type (medical, dental, pharmaceutical). Figure 8 below shows how the onset of this sharp decline occurred in mid-to-late-March 2020 (corresponding to the onset of the COVID-19 pandemic) and continued in a downward trajectory until May 2020. Following this decline, all measures steadily rebounded during the remainder of 2020, with less prominent decreases during periods of increased COVID-19 infection rates. Despite the upward trajectory in claim measures since early 2020, the total monthly volume has remained below pre-COVID-19 levels across all claim types as of December 2023, as shown in Figure 8. The reason for this trend is not readily apparent from the data reviewed; however, the OIG can speculate that following the COVID-19 health emergency, more people qualified for MassHealth eligibility or other forms of insurance, resulting in a reduction in HSN utilization.<sup>26</sup>

<sup>26</sup> The Massachusetts Taxpayers Foundation found that “[p]rior to the pandemic, an average of 1.76 million individuals were enrolled in the MassHealth program each month. By April 2023, enrollment in MassHealth had grown to 2.42 million individuals, an increase of 659,000 (38 percent).” See *MassHealth Enrollment Trends: The End of Continuous Coverage & Redetermination*, <https://www.masstaxpayers.org/masshealth-enrollment-trends-end-continuous-coverage-redetermination> (last visited Feb. 26, 2025).

**Figure 8. Monthly Volume of HSN Recipients, Claims, and Payments (2019 – 2023).**



'All Claims' includes medical, dental and pharmacy claims.

### III. Medical Claims

Figure 9 below presents the number of provider types and service locations with HSN medical claims, along with the total volume of medical claims and payments, over the five-year period from 2019 through 2023. Among all provider types, CHCs had the largest number of HSN claims and total payments, followed by physicians. Outpatient hospitals and physician offices had the highest HSN claim volume and payments for medical services as compared to other types of facility and service modalities.

**Figure 9. HSN Medical Claims and Payments by Provider Type and Service Location (2019 – 2023).**

Provider/Service Location	# Providers (# Sites) <sup>27</sup>	Claim Volume	Total Payments
<b>Provider Type<sup>28</sup></b>			
Community Health Center	35 (68)	1,142,875	\$73,727,454.78
Physician	4,264 (4,195)	656,616	\$43,789,144.60
Hospital Licensed Health Center	3 (6)	282,215	\$13,444,761.26
Acute Outpatient Hospital	20 (21)	265,042	\$15,061,455.01
Nurse Practitioner	733 (731)	62,004	\$2,842,871.31
Physician Assistant	313 (305)	19,055	\$975,255.44
Acute Inpatient Hospital	12 (12)	14,172	\$857,073.61
Podiatrist	39 (39)	13,029	\$669,725.72
Optometrist	39 (39)	11,558	\$672,361.56
Certified Registered Nurse Anesthetists	116 (113)	9,678	\$984,086.81
Psychologist	70 (69)	1,947	\$21,226.51
Nurse Midwife	55 (54)	940	\$73,856.37
Licensed Independent Clinical Social Worker	80 (80)	769	\$11,471.72
Psychiatric Clinical Nurse Specialists	14 (14)	532	\$16,257.79
Other	34 (34)	340	\$17,077.89
<b>Service Location<sup>29</sup></b>			
Outpatient Hospital	4,611 (4,562)	944,279	\$55,222,712.48
Office	288 (321)	884,289	\$59,018,010.30
Telehealth	593 (622)	324,963	\$17,822,680.27
Emergency Room	1,326 (1,297)	211,817	\$11,562,329.03
Inpatient Hospital	2,086 (2,043)	108,746	\$9,188,943.78
School	9 (11)	4,048	\$178,534.81
Urgent Care Facility	19 (18)	2,637	\$120,655.67
Other	17 (18)	990	\$50,214.04

<sup>27</sup> The number of providers is defined using the unique Medicaid provider ID, while the number of sites reflects distinct provider locations based on provider name and address. Note that the unique Medicaid identifier does not distinguish between provider types; a unique ID may be assigned to an individual or healthcare network with multiple site locations. In addition, some physicians may provide HSN medical services at more than one site.

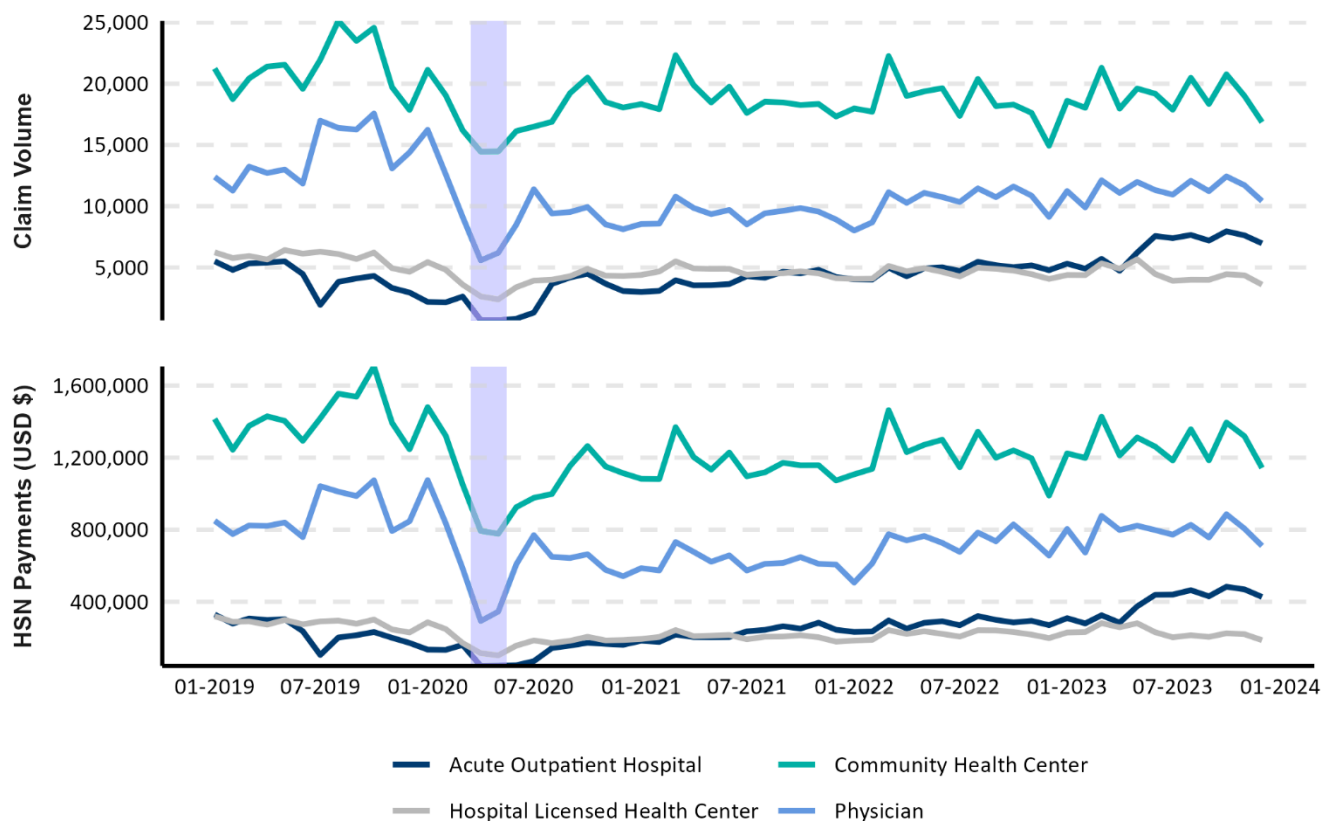
<sup>28</sup> Provider types with smaller claim volumes (less than 500) were collapsed into the “Other” category and include Qualified Medicare Beneficiary (QMB)-only providers, dentists, audiologists, and chiropractors.

<sup>29</sup> Service locations with smaller claim volumes (less than 1,000 claims) were collapsed into the “Other” category and include federally qualified health centers, homes, pharmacies, homeless shelters, skilled nursing home facilities, mobile units, and nursing facilities.

Figures 10 and 11 below display the monthly, longitudinal trends in HSN claim volume and total payments for various types of providers and service locations with the highest number of medical claims. In general, there was a significant reduction in the volume of HSN medical claims and total payments coinciding with the onset of the COVID-19 pandemic from mid-March through May 2020. While this temporal reduction in HSN claims and payments is evident across the top provider categories, as shown in Figure 10, this is not necessarily true for the provider locations and service modalities, as shown in Figure 11. The onset of the COVID-19 pandemic had a minimal effect on the volume of inpatient hospital HSN claims. However, the volume of medical claims and HSN payments for telehealth appointments simultaneously rose dramatically during this period and became the predominate method for providing services during the initial months of the pandemic. Although the volume of telehealth medical claims and payment amounts declined in subsequent years (coinciding with the resurgence of office and outpatient hospital claims), these metrics are still higher than the pre-COVID-19 period.

While monthly HSN claim volume and payments for medical services gradually increased following the onset of the COVID-19 pandemic, these measures have remained below their pre-COVID-19 peak values for most types of providers and service locations and modalities.

**Figure 10. Monthly Medical HSN Claims and Payments by Provider Type (2019 – 2023).**





**Figure 11. Monthly Medical HSN Claims and Payments by Service Location (2019 – 2023).**

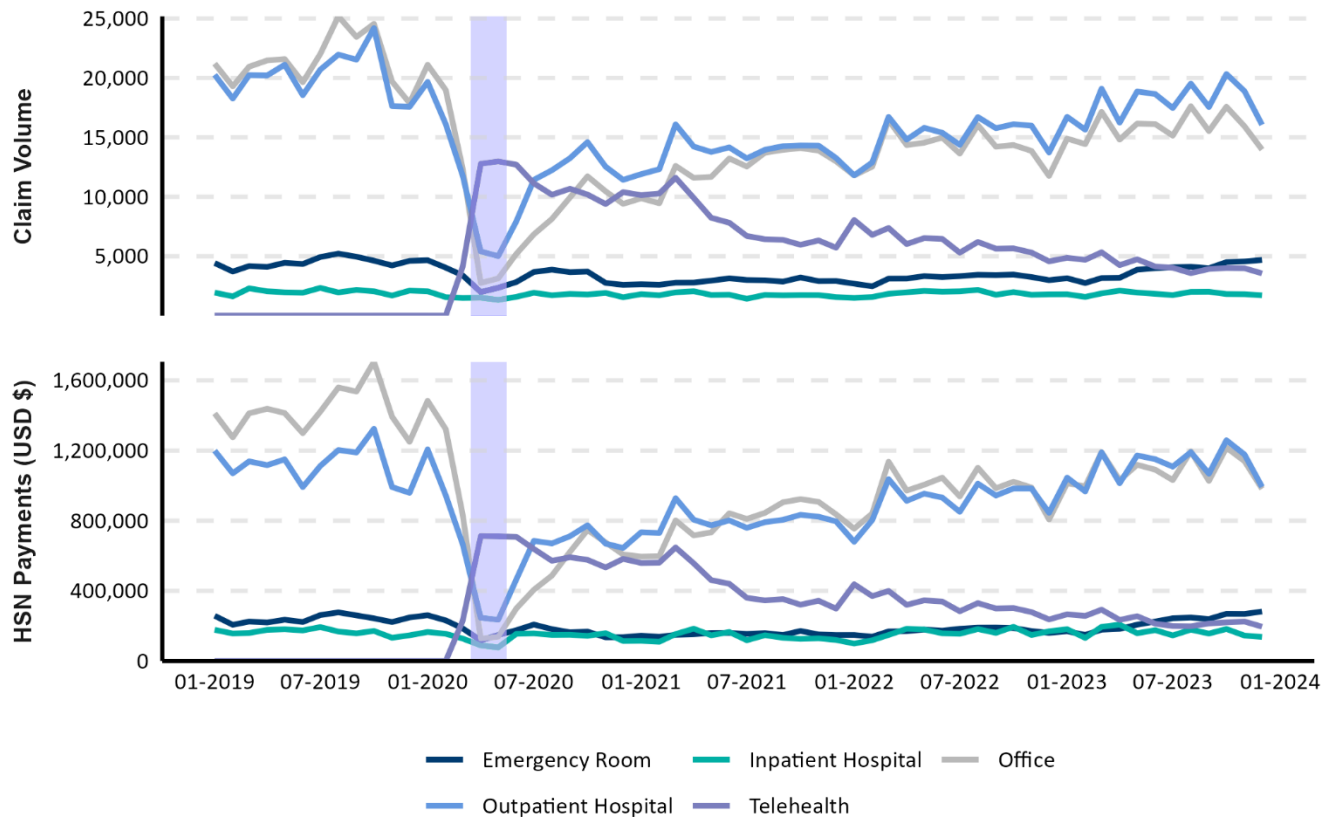
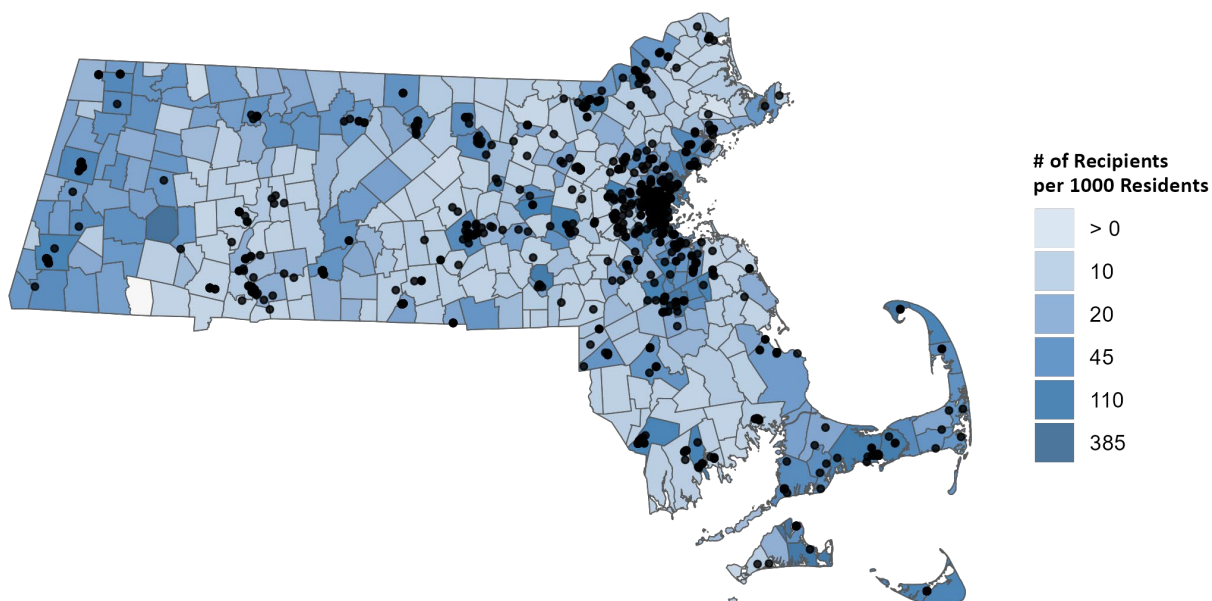


Figure 12 below displays the service locations of Massachusetts physicians and service providers associated with at least one HSN medical claim from 2019 through 2023, represented by the dark blue dots on the map. The shaded areas reflect the distribution of HSN recipients across Massachusetts municipalities, defined by the number of HSN recipients per 1,000 residents who had at least one medical claim from 2019 through 2023.

As shown in Figure 12, the densely populated Boston metro area had the highest concentration of HSN medical service providers and recipients, while other regions with similarly high rates of HSN recipients had fewer service providers. This was particularly evident in Berkshire and Franklin counties in western Massachusetts. Those counties had significantly fewer local medical professionals and facilities associated with paid HSN services. In addition, there were widespread areas in Franklin, Hampshire, Hampden, and Worcester counties with no local medical professionals available to serve HSN recipients.

**Figure 12. Location of HSN Medical Providers and Recipients in Massachusetts (2019 – 2023).**



The number of recipients per 1000 residents was based on 2020 population data.

Figure 13 below lists the top 25 medical professionals and facilities in Massachusetts with the highest volume of HSN medical claims. More than half of these providers are in Boston, which is consistent with the geographical distribution of HSN medical professionals and facilities as illustrated in Figure 12.

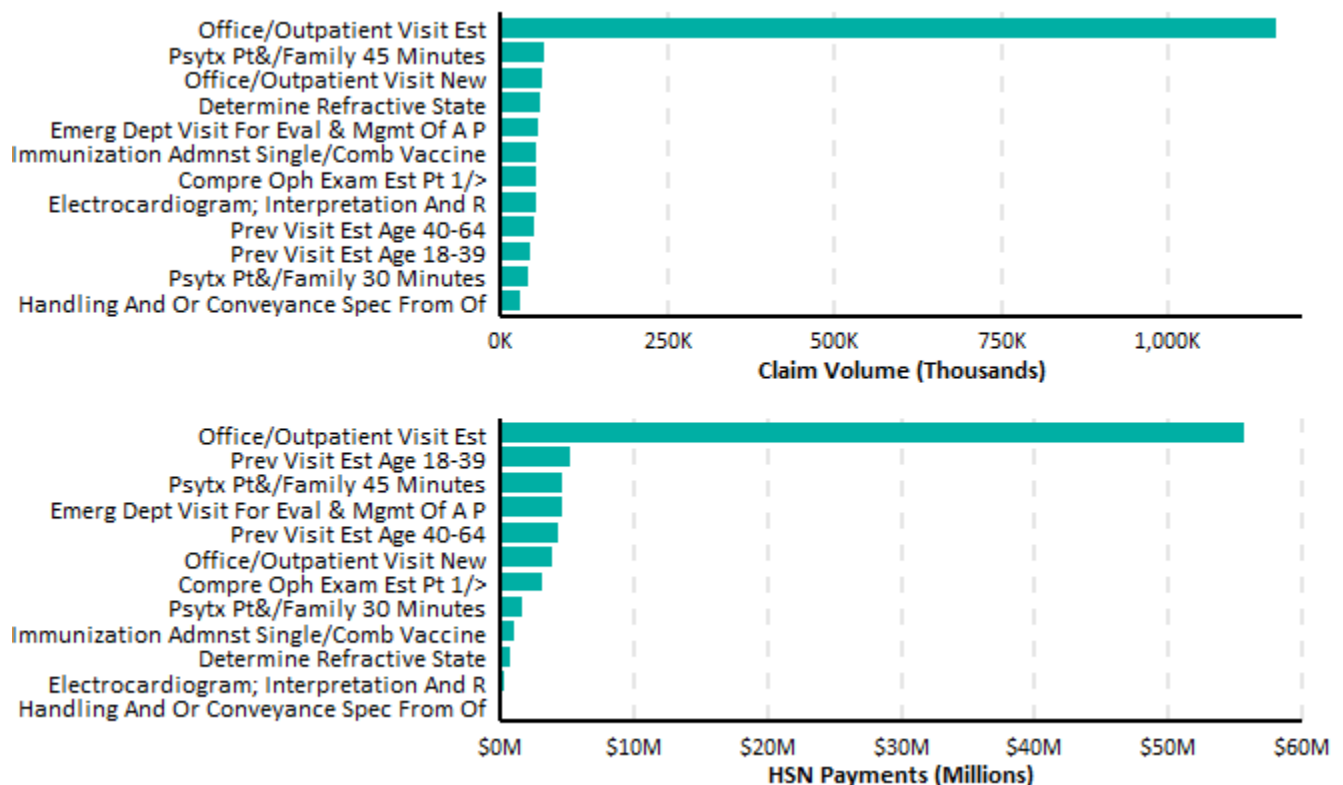
**Figure 13. Top 25 HSN Medical Service Facilities (2019 – 2023).**

Service Provider Location	Claim Volume	HSN Payments
Cambridge Health Alliance 1493 Cambridge Street, Cambridge, Massachusetts, 02139	257,472	\$14,460,789.21
East Boston Neighborhood Health Center 10 Gove Street, East Boston, Massachusetts, 02128	217,477	\$10,768,671.44
Brockton Neighborhood Health Center 63 Main Street, Brockton, Massachusetts, 02301	214,091	\$12,139,074.48
Lowell Comm Health Center 161 Jackson Street, Lowell, Massachusetts, 01852	97,152	\$7,624,955.10
Lynn Community Health 269 Union Street, Lynn, Massachusetts, 01901	88,794	\$5,500,377.69
Greater Lawrence Health Center 34 Haverhill Street, Lawrence, Massachusetts, 01841	83,217	\$5,832,054.07
Edward M Kennedy CHC, Inc. 19 Tacoma Street, Worcester, Massachusetts, 01605	50,850	\$3,453,310.82
Family Health & Social 26 Queen Street, Worcester, Massachusetts, 01610	41,914	\$2,693,742.29
Greater New Bedford CHC 874 Purchase Street, New Bedford, Massachusetts, 02740	40,986	\$2,554,349.01
Edward M Kennedy Comm Health Center, Inc. 354 Waverly Street, Framingham, Massachusetts, 01702	38,635	\$2,984,689.53
Charles River Community Health 495 Western Avenue, Brighton, Massachusetts, 02135	35,869	\$2,850,093.42
North Shore Comm Health Center 47 Congress Street, Salem, Massachusetts, 01970	35,143	\$2,263,355.99
Harbor Community Health Center Hyannis 735 Attucks Lane, Hyannis, Massachusetts, 02601	32,820	\$1,897,779.61
Healthfirst Family Care Center, Inc. 387 Quarry Street, Fall River, Massachusetts, 02723	32,773	\$2,189,788.10
Whittier St Neighborhood Health Center 1290 Tremont Street, Roxbury Crossing, Massachusetts, 02120	28,533	\$1,663,324.15
Edward M Kennedy Community Health Center, Inc. 42 Cape Road, Milford, Massachusetts, 01757	26,108	\$1,724,298.07
Codman Square Health Center 637 Washington Street, Dorchester Center, Massachusetts, 02124	25,312	\$1,099,728.80
Charles River Community Health, Inc. 43 Foundry Avenue, Waltham, Massachusetts, 02453	23,704	\$1,796,266.25
DotHouse Health 1353 Dorchester Avenue, Dorchester, Massachusetts, 02122	22,361	\$897,030.31

Service Provider Location	Claim Volume	HSN Payments
Uphams Corner Health Center 415 Columbia Road, Dorchester, Massachusetts, 02125	18,452	\$1,291,958.34
Harvard St Neighborhood, Inc. 632 Blue Hill Avenue, Dorchester, Massachusetts, 02121	18,385	\$1,475,370.91
Dimock Comm Health Center 45 Dimock Street, Roxbury, Massachusetts, 02119	17,310	\$1,212,030.84
McInnis Health Group 780 Albany Street, Boston, Massachusetts, 02118	17,307	\$636,599.52
Community Health Connections 326 Nichols Road, Fitchburg, Massachusetts, 01420	16,167	\$1,161,406.67
Community Health Ctr Cape Cod 107 Commercial Street, Mashpee, Massachusetts, 02649	15,769	\$790,419.45

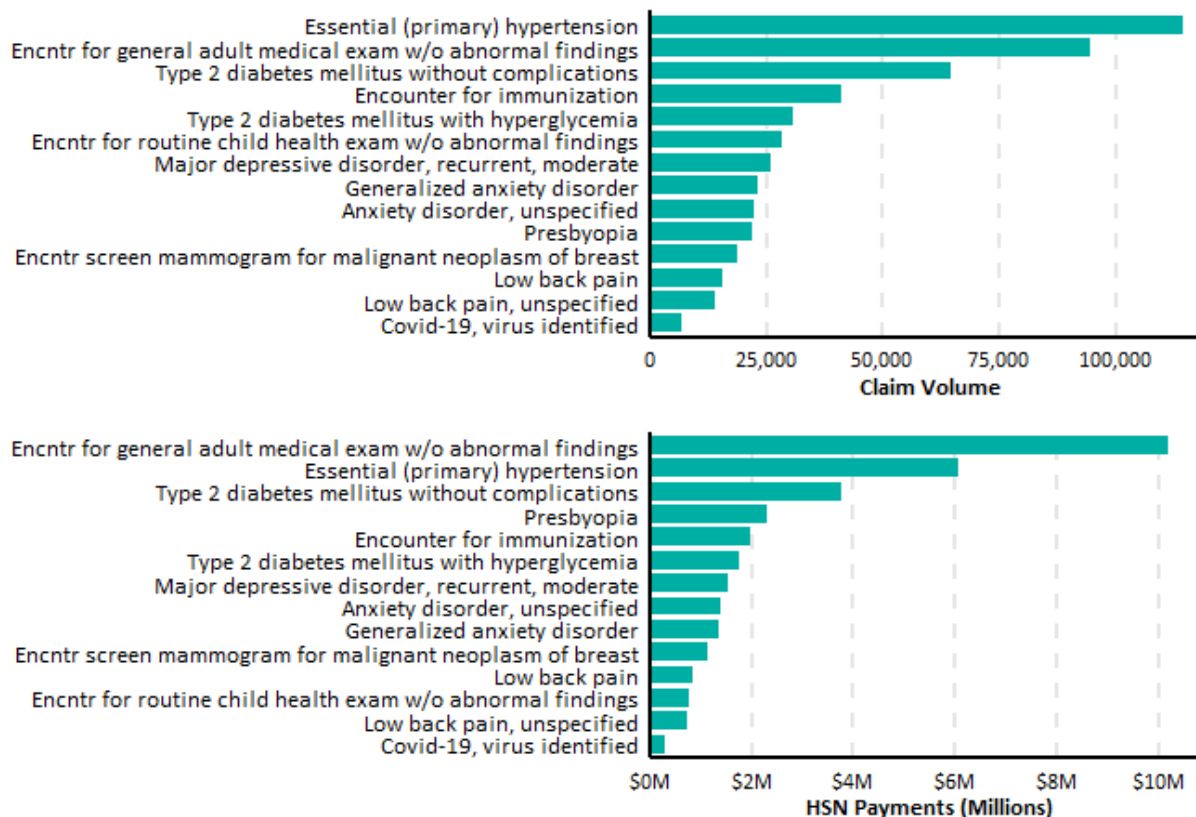
As shown in Figure 14 below, established patient office and outpatient visits were the predominate type of rendered medical service or procedure for HSN recipient claims from 2019 through 2023, with 1.16 million claims. In general, the most common types of rendered services were specific to routine outpatient exams or screening and psychotherapy treatment sessions.

**Figure 14. Most Prevalent Medical Services/Procedures by Claims and HSN Payments (2019 – 2023).**



The images below summarize the most common primary diagnoses for HSN members from 2019 through 2023. As shown in Figure 15, a significant proportion of medical claims were for chronic conditions such as hypertension and type 2 diabetes, followed by healthcare exams, immunizations, and mental health conditions. These diagnoses were consistently the most prevalent codes across each year, with the exception of COVID-19 testing and diagnosis.

**Figure 15. Most Common Primary Diagnoses (2019 – 2023).**





Figures 16 and 17 below summarize the top diagnosis codes by gender (top 10) and age (top 5). Some observations include:

1. Routine health exams appear for each demographic group.
2. Chronic conditions such as hypertension and type 2 diabetes were prevalent for both males and females.
3. Differences between males and females were typically related to gender-specific care and health conditions.
4. Young adults and children had more claims for routine screenings and exams, bilateral myopia, and immunizations.
5. Older adults had more claims for chronic diseases, such as hypertension, type 2 diabetes, and malignant neoplasms.
6. Claims for mental health conditions were more common in adults aged 18 to 49. Treatment for anxiety disorders (generalized or unspecified) were prevalent among young adults aged 18 to 34. Major depressive disorder (recurrent and moderate) claims were common in adults aged 35 to 49.

**Figure 16. Most Common Medical Diagnoses by Gender (2019 – 2023).**

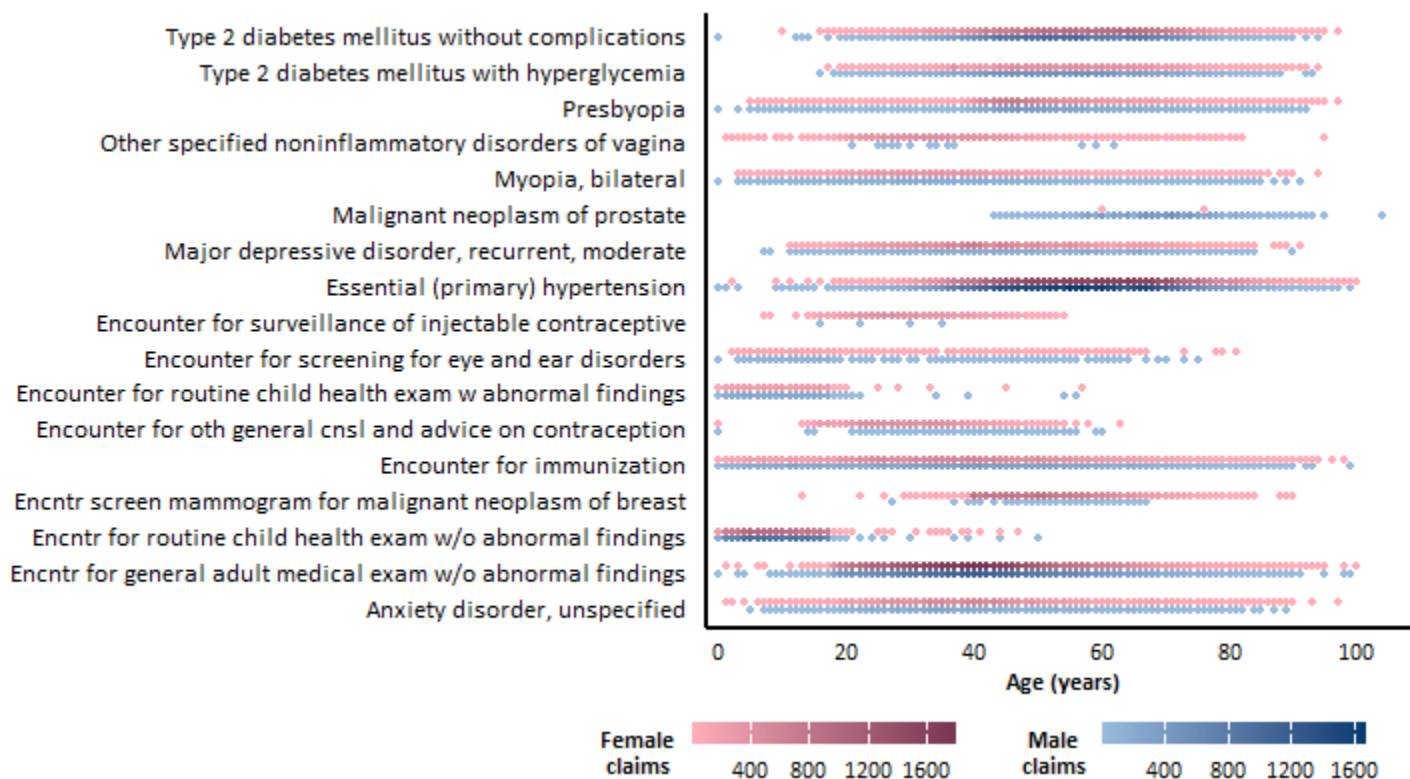
Diagnosis	Claim Volume	Payments
<b>Female</b>		
Essential (primary) hypertension	57,906	\$3,118,501.32
Encntr for general adult medical exam w/o abnormal findings	57,334	\$6,189,497.61
Type 2 diabetes mellitus without complications	32,262	\$1,914,761.75
Encounter for immunization	23,707	\$1,118,936.53
Major depressive disorder, recurrent, moderate	18,837	\$1,147,657.84
Encntr screen mammogram for malignant neoplasm of breast	18,762	\$1,138,590.28
Generalized anxiety disorder	15,799	\$954,806.03
Anxiety disorder, unspecified	15,636	\$962,421.66
Encntr for gyn exam (general) (routine) w/o abn findings	14,798	\$1,548,055.69
Type 2 diabetes mellitus with hyperglycemia	14,210	\$816,148.19
<b>Male</b>		
Essential (primary) hypertension	56,618	\$2,953,687.02
Encntr for general adult medical exam w/o abnormal findings	37,058	\$4,022,280.12
Type 2 diabetes mellitus without complications	32,320	\$1,848,071.71
Encounter for immunization	17,222	\$839,284.07
Type 2 diabetes mellitus with hyperglycemia	16,464	\$943,640.80
Encntr for routine child health exam w/o abnormal findings	14,364	\$399,329.70
Presbyopia	8,091	\$852,106.32
Malignant neoplasm of prostate	7,972	\$497,121.57
Chest pain, unspecified	7,354	\$206,952.26
Pain in right knee	7,335	\$333,373.37

**Figure 17. Most Common Medical Diagnoses by Age Group (2019 – 2023).**

Diagnosis	Claim Volume	Payments
<b>0 to 17</b>		
Encntr for routine child health exam w/o abnormal findings	28,206	\$774,552.13
Encounter for routine child health exam w abnormal findings	6,757	\$242,011.05
Encounter for immunization	6,248	\$201,207.00
Encounter for screening for eye and ear disorders	2,332	\$74,787.56
Myopia, bilateral	1,657	\$194,332.04
<b>18 to 34</b>		
Encntr for general adult medical exam w/o abnormal findings	29,217	\$3,513,274.24
Encounter for immunization	11,335	\$591,180.76
Anxiety disorder, unspecified	7,608	\$497,354.54
Myopia, bilateral	7,105	\$560,306.27
Generalized anxiety disorder	6,165	\$404,099.56
<b>35 to 49</b>		
Encntr for general adult medical exam w/o abnormal findings	39,374	\$4,175,763.63
Essential (primary) hypertension	30,471	\$1,752,882.83
Type 2 diabetes mellitus without complications	18,014	\$1,134,114.92
Encounter for immunization	12,313	\$635,816.73
Major depressive disorder, recurrent, moderate	10,522	\$689,786.54
<b>50 to 64</b>		
Essential (primary) hypertension	45,239	\$2,547,313.90
Type 2 diabetes mellitus without complications	26,207	\$1,606,291.90
Encntr for general adult medical exam w/o abnormal findings	19,578	\$1,866,904.42
Type 2 diabetes mellitus with hyperglycemia	12,721	\$760,050.66
Encntr screen mammogram for malignant neoplasm of breast	9,146	\$551,707.67
<b>65 and older</b>		
Essential (primary) hypertension	34,559	\$1,519,221.29
Type 2 diabetes mellitus without complications	17,259	\$834,078.36
Type 2 diabetes mellitus with hyperglycemia	6,467	\$288,038.03
Encntr for general adult medical exam w/o abnormal findings	6,118	\$652,740.06
Malignant neoplasm of prostate	5,518	\$275,525.88

Figure 18 below lists the most common diagnosis codes for each gender and age group combination (e.g., “female, 18 to 39 years old”) and displays the claim volume for each code across all ages by gender with the transparency of the dot representing claim volume. For females, darker pink dots indicate higher volumes of claims. For males, darker blue dots represent higher volumes of claims.

**Figure 18. Top Primary Diagnoses by Gender and Age (2019 – 2023).**



## IV. Dental Service Claims

Figure 19 below presents the number of providers and sites with HSN dental claims, along with the total volume of HSN dental claims and payments over the five-year period (from 2019 through 2023) by type of provider, service, and service location. CHCs were by far the largest providers of HSN dental services, and most of these services were administered in an office setting. Most dental claims were for “other” types of services, followed by diagnostic services, restorative care, and preventative treatments.

**Figure 19. Total HSN Dental Claims and Payments by Provider Type/Service (2019 – 2023).**

Provider/Service Location	# Providers (# Sites) <sup>30</sup>	Claim Volume	Total Payments
<b>Provider Type</b>			
Community Health Center	28 (53)	1,575,397	\$72,017,930.35
Hospital Licensed Health Center	4 (7)	169,506	\$7,834,345.34
Acute Outpatient Hospital	3 (3)	2,777	\$75,951.60
<b>Service<sup>31</sup></b>			
Other Services	33 (61)	607,717	\$9,762,759.21
Diagnostic Services	34 (61)	483,411	\$13,657,432.30
Restorative Services	33 (60)	280,706	\$22,191,115.02
Preventive Services	34 (59)	207,283	\$8,282,678.18
Unknown	34 (53)	64,162	\$4,727,410.14
Exodontic Services	33 (54)	37,408	\$2,987,044.14
Periodontic Services	32 (53)	34,215	\$3,706,215.85
Prosthodontic Services	33 (54)	22,423	\$9,836,148.82
Endodontic Services	30 (48)	10,355	\$4,777,423.63
<b>Service Location<sup>32</sup></b>			
Office	33 (60)	1,606,352	\$73,754,287.98
Outpatient Hospital	6 (9)	79,310	\$3,441,707.18
Other	30 (52)	58,438	\$2,608,749.85
Community Mental Health Center	7 (9)	3,580	\$123,482.28

<sup>30</sup> The number of providers is defined using the unique Medicaid provider ID, while the number of sites reflects distinct provider locations based on provider name and address. Note that the unique Medicaid identifier does not distinguish between provider types; a unique ID may be assigned to an individual or healthcare network with multiple site locations. In addition, some dental professionals may provide HSN dental services at more than one site.

<sup>31</sup> Orthodontic services, with a claim volume of less than 500, was included in “Other” services.

<sup>32</sup> Service locations with smaller claim volumes (less than 1,000 claims) were collapsed into the “Other” category and include inpatient hospitals, inpatient psychiatric facilities, state or local public health clinics, psychiatric facilities-partial hospitalization, skilled nursing facilities, and ambulatory surgical centers.

Figure 20 below displays the monthly longitudinal trends seen in HSN dental claims and payments for the most common types of dental services from 2019 through 2023. Consistent with overall trends in HSN claims, there was a steep decline in HSN claim volume and payments during the onset of the COVID-19 pandemic (from mid-March 2020 to May 2020) followed by a steady increase in these measures over subsequent years. This trend was similar across each of the most common types of dental services (as seen in Figure 19 above). Despite the upward trajectory of these trends since the pandemic, as of December 2023, the monthly claim volume and total payments remained below peak pre-COVID-19 levels, as shown for the most common types of dental services.

**Figure 20. Monthly Dental HSN Claims and Payments for Common Services (2019 – 2023).**

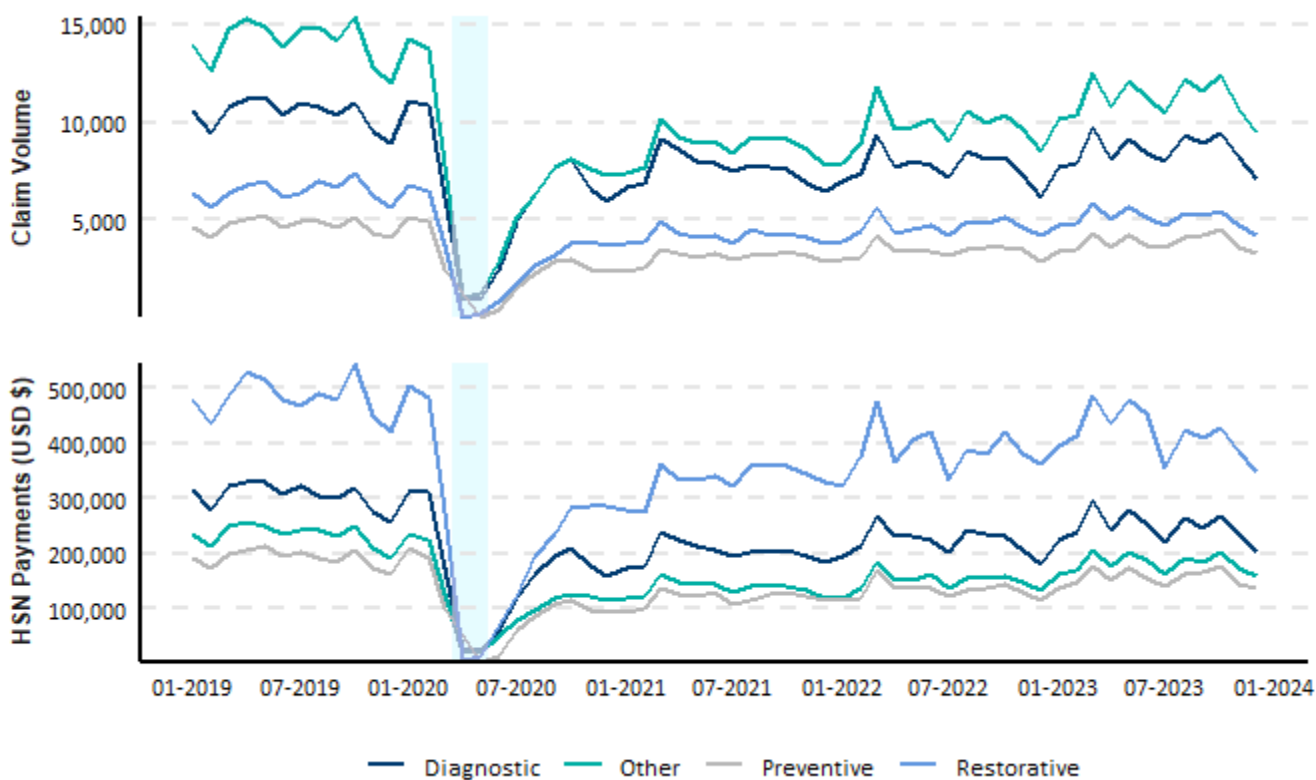
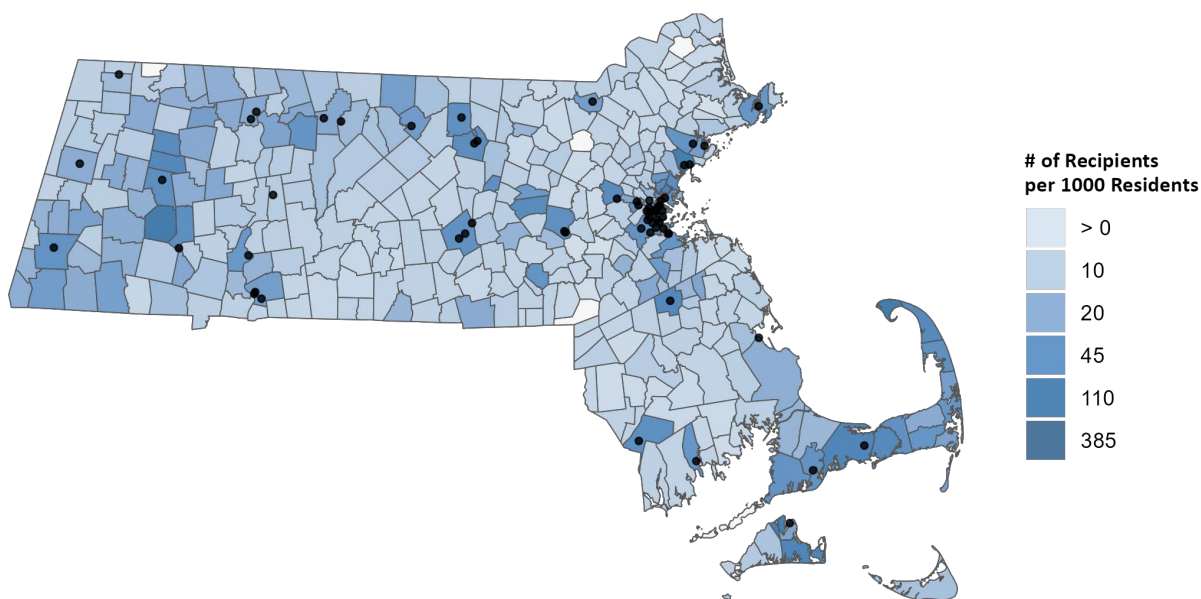


Figure 21 below displays the locations of Massachusetts service providers that had at least one HSN dental claim from 2019 through 2023, represented by the dark blue dots on the map. The shaded areas reflect the distribution of HSN recipients across Massachusetts municipalities as defined by the number of recipients per 1,000 residents with at least one dental claim from 2019 through 2023.

As compared to medical providers, there were significantly fewer providers with HSN dental claims across the state. As shown in Figure 21, the densely populated Boston metro area had the highest concentration of HSN dental service providers and recipients, while regions with similarly high rates of HSN recipients had a much sparser distribution of local dental providers. This was particularly evident in the Western Massachusetts counties (Berkshire, Franklin, Hampshire, and Hampden) and Southeastern Massachusetts (Plymouth, Cape Cod, and the islands), which are experiencing dental provider shortages. See Figure 22.

As stated by a 2021 report by the Massachusetts Health Policy Commission, “[w]hile there are 78 dentists per 100,000 population in Massachusetts, higher than the national average, only 44% of Massachusetts dentists report that they accept patients covered by MassHealth.”<sup>33</sup> Although the HPC study reflects the low percentage of MassHealth dental providers that accept MassHealth, it is likely that dentists similarly do not provide services reimbursed by the HSN.

**Figure 21. Location of HSN Dental Providers and Recipients in Massachusetts.**



The number of recipients per 1000 residents was based on 2020 population data.

<sup>33</sup> MASSACHUSETTS HEALTH POLICY COMMISSION, *Oral Health Access and Equity in the Commonwealth*, <https://masshpc.gov/publications/datapoints-series/issue-20-oral-health-access-and-equity-commonwealth> (last visited Feb. 26, 2025).



**Figure 22. Dental Provider Shortage by County.<sup>34</sup>**

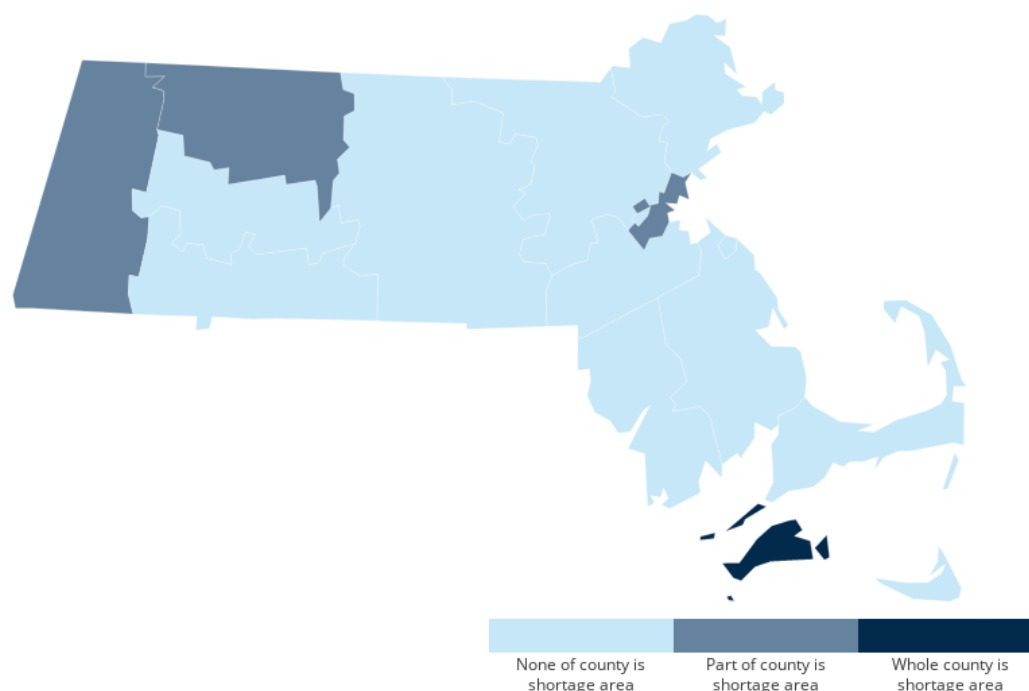


Figure 23 below lists the 25 dental professionals and facilities in Massachusetts with the highest volume of HSN dental claims. Nine of the 25 providers are located in Boston, which is consistent with the geographical distribution of HSN dental professionals and facilities shown in Figure 21.

**Figure 23. Top 25 HSN Dental Service Facilities (2019 – 2023).**

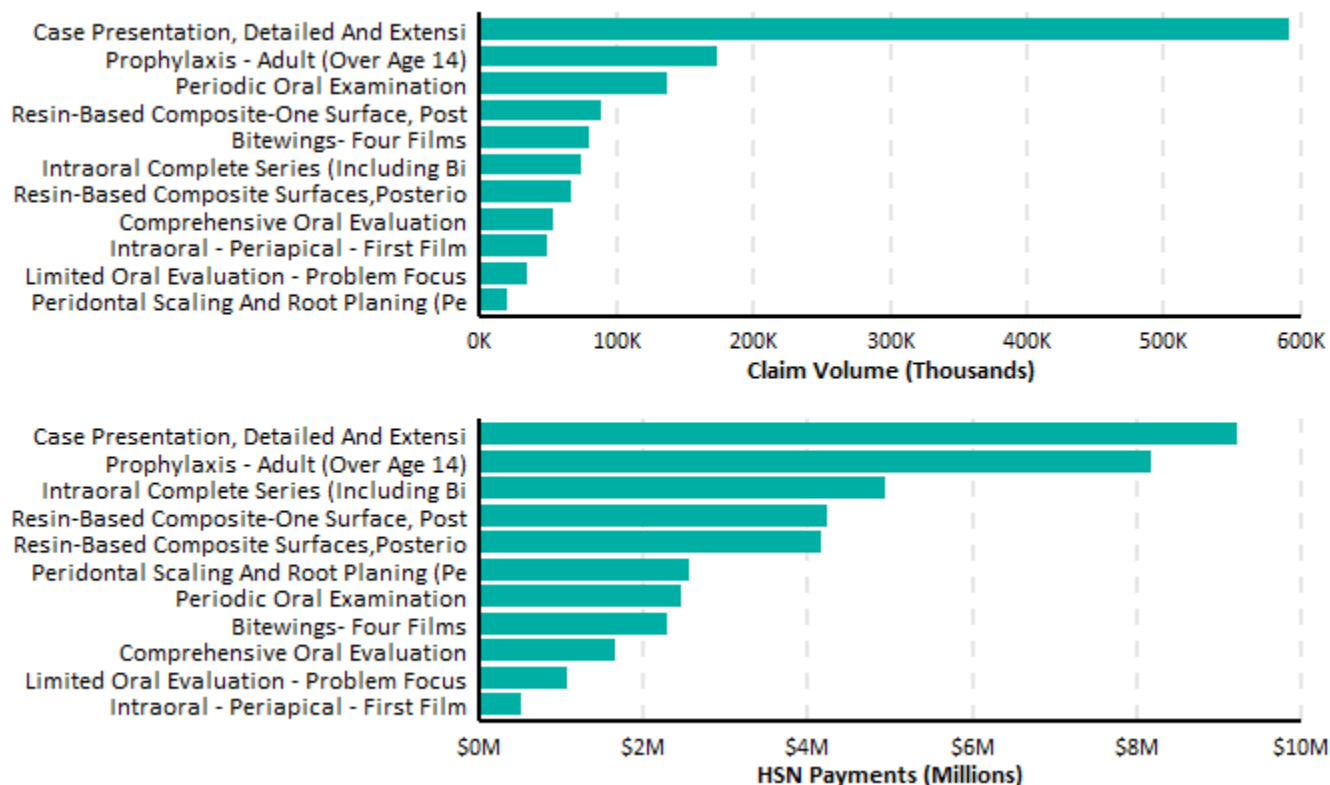
Service Provider Location	Claim Volume	HSN Payments
Lynn Community Health 269 Union Street, Lynn, Massachusetts, 01901	185,838	\$9,046,365.17
Edward M Kennedy CHC, Inc. 19 Tacoma Street, Worcester, Massachusetts, 01605	101,024	\$4,861,139.95
Brockton Neighborhood Health Center 63 Main Street, Brockton, Massachusetts, 02301	95,719	\$4,967,887.87
Harbor Community Health Center Hyannis 735 Attucks Lane, Hyannis, Massachusetts, 02601	81,637	\$3,219,984.51
Community Health Connections 326 Nichols Road, Fitchburg, Massachusetts, 01420	74,047	\$3,696,517.20
Family Health & Social 26 Queen Street, Worcester, Massachusetts, 01610	69,347	\$2,673,541.80
Charles River Community Health 495 Western Avenue, Brighton, Massachusetts, 02135	61,280	\$2,517,161.91

<sup>34</sup> This image is reproduced from the Rural Health Information Hub, which provides county-level data on dental health professional shortage areas (HPSAs). See <https://www.ruralhealthinfo.org/charts/9?state=MA> (last visited February 26, 2025).

Service Provider Location	Claim Volume	HSN Payments
Harvard St Neighborhood, Inc. 632 Blue Hill Avenue, Dorchester, Massachusetts, 02121	58,723	\$2,384,076.35
HealthFirst Family Care Center, Inc. 387 Quarry Street, Fall River, Massachusetts, 02723	58,251	\$2,020,492.83
Whittier St Neighborhood Health Center 1290 Tremont Street, Roxbury Crossing, Massachusetts, 02120	58,046	\$3,118,170.68
Community Health Ctr Cape Cod 107 Commercial Street, Mashpee, Massachusetts, 02649	57,380	\$2,571,197.15
Holyoke Health Center, Inc. 230 Maple Street, Holyoke, Massachusetts, 01040	54,620	\$3,202,817.67
Greater New Bedford CHC 874 Purchase Street, New Bedford, Massachusetts, 02740	47,105	\$1,598,130.30
Edward M Kennedy Comm Health Center, Inc. 354 Waverly Street, Framingham, Massachusetts, 01702	44,738	\$2,194,378.06
East Boston Neighborhood Health Center 10 Gove Street, East Boston, Massachusetts, 02128	44,483	\$1,688,793.36
Lowell Comm Health Center 161 Jackson Street, Lowell, Massachusetts, 01852	39,946	\$1,347,688.36
North End Community Health, Inc. 332 Hanover Street, Boston, Massachusetts, 02113	34,089	\$2,032,615.72
Charles River Community Health, Inc. 43 Foundry Avenue, Waltham, Massachusetts, 02453	33,748	\$1,186,199.01
DotHouse Health 1353 Dorchester Avenue, Dorchester, Massachusetts, 02122	33,467	\$1,490,119.05
Caring Health Center, Inc. 1049 Main Street, Springfield, Massachusetts, 01103	32,687	\$1,593,030.50
CHA Windsor Street Care Center 119 Windsor Street, Cambridge, Massachusetts, 02139	31,924	\$1,950,364.12
Uphams Corner Health Center 415 Columbia Road, Dorchester, Massachusetts, 02125	31,428	\$1,385,227.72
Dimock Community Health Center 45 Dimock Street, Roxbury, Massachusetts, 02119	30,633	\$1,695,364.36
South Cove Comm Health Center 435 Hancock Street, Quincy, Massachusetts, 02171	29,166	\$1,192,558.81
Geiger-Gibson CHC 250 Mount Vernon Street, Dorchester, Massachusetts, 02125	27,226	\$1,350,142.80

Figure 24 below summarizes the total volume of HSN claims and payments for the most common types of dental procedures from 2019 through 2023. Most of these dental procedures are typically performed during routine oral health evaluations, dental cleanings and prophylaxis, and tooth repair and restoration, which is consistent with the types of dental services having the highest claim volume, as shown in Figure 19.

**Figure 24. Most Prevalent Dental Procedures and Payments (2019 – 2023).**



## V. Pharmaceutical Claims

Figure 25 below presents the total volume of HSN pharmaceutical claims and payments over the five-year period from 2019 through 2023, listed by pharmacy.

**Figure 25. Total HSN Claim Volume and Payment Amount Per Pharmacy.**

Pharmacy	Claim Volume	HSN Payments
Leominster Community Health Center 14 Manning Ave # 402, 01453, Leominster, MA	54,331	\$1,892,584.50
Market Square Family Health 29 Market Square, 01905, Lynn, MA	51,356	\$2,810,432.32
Community Health Connections 326 Nichols Rd, 01420, Fitchburg, MA	43,157	\$1,904,711.71
Greater Gardner Community Health Center 175 Connors St, 01440, Gardner, MA	12,445	\$337,809.28
Island Health Care 245 Vineyard Haven, 02539, Edgartown, MA	2,682	\$223,486.39

As shown in Figure 26 below, most HSN pharmaceutical claims for treatments and medications were prescribed by nurse practitioners and physicians. Based on the volume of HSN pharmaceutical claims, cardiovascular drugs, antihyperglycemics, psychotherapeutic drugs, and gastrointestinal treatments were the most prescribed drugs and therapeutics from 2019 through 2023.

**Figure 26. Pharmaceutical Provider Types, Drugs and Therapeutics Prescribed, and HSN Total Payments (2019 – 2023).**

Prescriber/Drug Class	Claim Volume	Total Payments
<b>Prescriber<sup>35</sup></b>		
Nurse Practitioner	72,596	\$3,085,662.81
Physician	69,292	\$3,459,211.16
Physician Assistant	15,243	\$507,364.33
Psychiatric Clinical Nurse Specialists	2,592	\$38,926.03
Dentist	1,686	\$17,618.39
Optometrist	1,010	\$20,816.46
Unknown	963	\$24,255.90
Other	589	\$15,169.12
<b>Generic Drug Classification<sup>36</sup></b>		
Cardiovascular	27,409	\$364,852.25
Antihyperglycemics	17,658	\$3,260,325.92

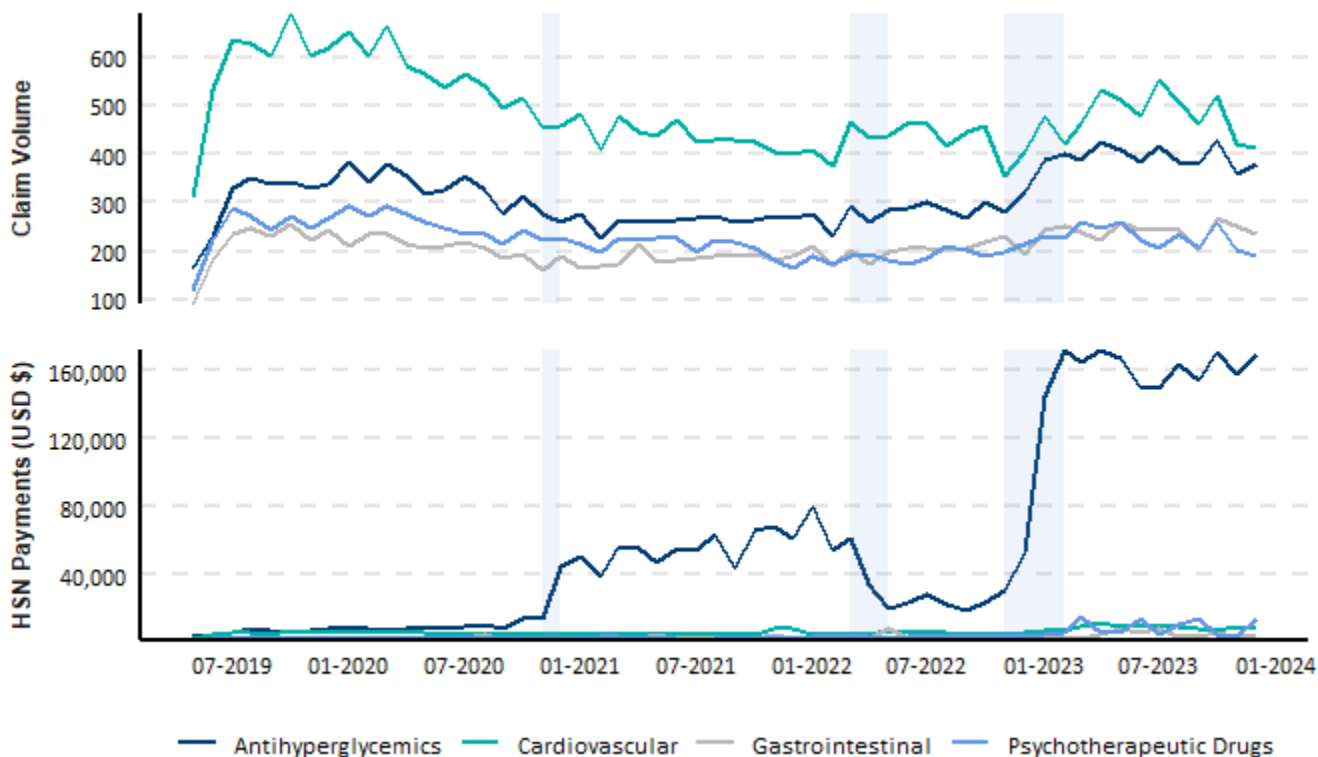
<sup>35</sup> Prescribers with smaller claim volumes (less than 500) were collapsed into the “Other” category and include podiatrists, nurse midwives, clinical nurse specialists, Qualified Medicare Beneficiary (QMB)-only providers, and pharmacists.

<sup>36</sup> Generic drug classes with smaller claim volumes (less than 1,000 claims) are not listed.

Prescriber/Drug Class	Claim Volume	Total Payments
Psychotherapeutic Drugs	12,536	\$243,678.34
Gastrointestinal	11,731	\$185,287.93
Antiarthritics	7,410	\$85,850.58
Antiasthmatics	6,261	\$397,956.67
Cardiac Drugs	6,239	\$67,438.82
Antibiotics	5,839	\$146,070.28
Diuretics	5,183	\$57,128.65
Vitamins	5,163	\$54,558.44
Antihistamines	4,927	\$54,846.44
EENT Preps	4,924	\$88,004.02
Skin Preps	4,726	\$74,166.59
CNS Drugs	4,703	\$72,875.78
Analgesics	4,333	\$63,621.61
Contraceptives	3,522	\$155,685.57
Thyroid Preps	3,227	\$39,970.68
Diagnostic	2,915	\$301,049.48
Unclassified Drug Products	2,909	\$85,120.86
Elect/Caloric/H2O	2,857	\$118,914.25
Miscellaneous Medical Supplies, Devices, Non-Drug	2,594	\$50,134.68
Antifungals	2,499	\$33,316.67
Hormones	2,444	\$33,209.99
Antiplatelet Drugs	2,355	\$36,299.54
Muscle Relaxants	1,928	\$17,953.22
Anticoagulants	1,555	\$231,063.50
Antivirals	1,022	\$628,912.83

While the largest number of HSN pharmaceutical claims were for cardiovascular drugs and therapeutics, the bulk of HSN payments were specific to antihyperglycemic treatments, as shown in Figure 26 above and Figure 27 below. Starting in 2021, there was a substantive rise in HSN payments for antihyperglycemic drugs, which was followed by a temporary decline in mid-2022. Payments began to soar in late 2022, reaching a threefold increase by early 2023. Payments began to

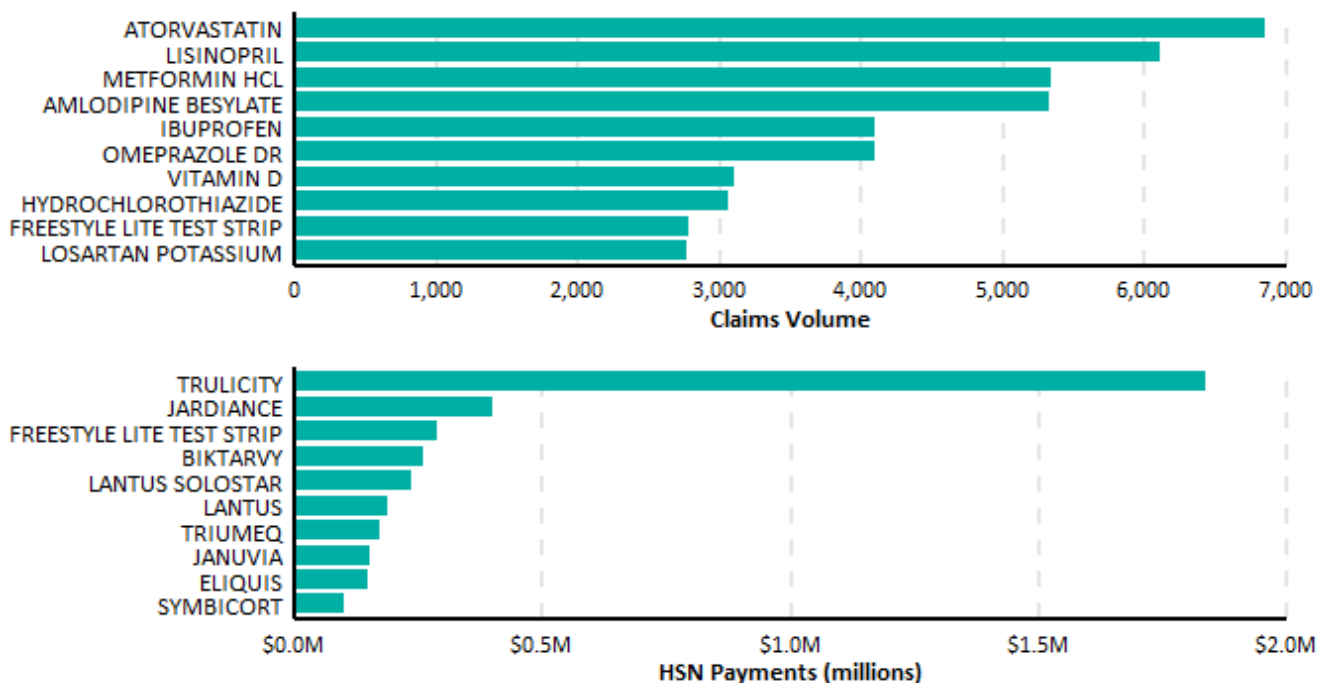
**Figure 27. Monthly Pharmaceutical HSN Claims and Payments (2019 – 2023).**





While cardiovascular medications comprised the largest volume of HSN pharmaceutical claims, nearly three-fourths of HSN pharmaceutical payments from 2019 through 2023 were attributed to a single antihyperglycemic treatment, Trulicity (\$1.84 million), which may account for the sharp rise in pharmaceutical payments observed in Figure 27. In fact, the vast majority of HSN payments were for antihyperglycemic products, as shown in Figure 28 below.

**Figure 28. Most Prevalent Medications/Therapies (2019 – 2023).**

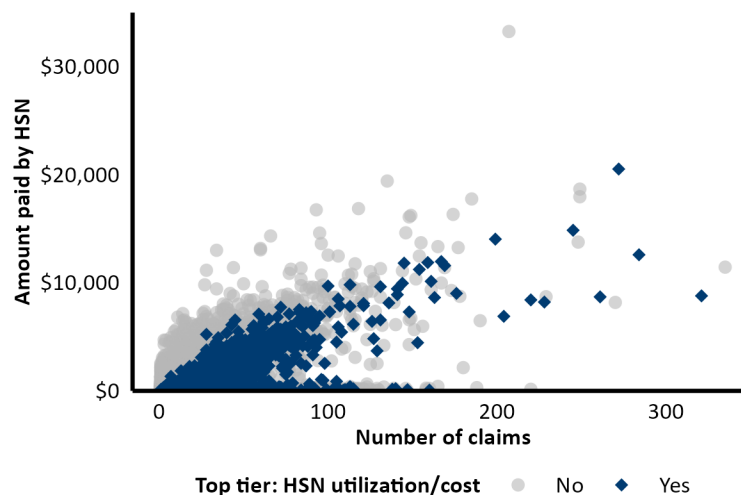


## VI. Super-Utilizers

Within the population of HSN recipients with at least one HSN service from 2019 through 2023, the OIG identified a small subset of 279 individuals with a chronically high volume of medical claims (25 or more medical claims per year for at least 3 consecutive years).

Figure 29 below displays the relationship between the annual volume of HSN medical claims and the corresponding annual payment amounts per recipient for individuals with at least one HSN medical claim in the period from 2019 through 2023. The dark blue, diamond-shaped observations represent annual claims data from HSN recipients classified as super-utilizers, while the gray circles correspond to annual claims data from all other recipients. For each recipient, the analysis included data from all available years with HSN medical claims, regardless of utilization status.

**Figure 29. HSN Member Utilization (2019 –2023).**



The proportion of males to females was evenly distributed within the super-utilizer cohort, with females representing 49.8% of the cohort and males representing 50.2%. Roughly 70.3% of recipients were at least 50 years old, and 34.8% were 65 years or older. In addition, a higher proportion (25.1%) of super-utilizers were classified as having a disability at any point, and approximately 31.2% had Medicare coverage. More than half of recipients had a household income at the 0% federal poverty level.

Like the overall population of HSN recipients, CHCs and physicians were the most prevalent types of medical providers among super-utilizers, as shown in Figure 30 below. Physician offices had the highest HSN claim volume and payments for medical services, followed by outpatient and inpatient hospital locations.

**Figure 30. ‘Super-Utilizers’ Total Medical HSN Claims and Payments by Provider Type/Services (2019 – 2023).**

Provider/Service Location	# Providers (# Sites) <sup>37</sup>	Claim Volume	Total Payments
<b>Provider Type<sup>38</sup></b>			
Community Health Center	27 (42)	25,488	\$1,195,344.20
Physician	1,199 (1,182)	18,003	\$900,345.99
Hospital Licensed Health Center	2 (4)	2,506	\$58,360.92
Acute Outpatient Hospital	4 (4)	2,297	\$68,023.06
Nurse Practitioner	174 (174)	1,943	\$77,450.80
Physician Assistant	74 (74)	554	\$22,754.15
Acute Inpatient Hospital	2 (2)	417	\$17,602.96
Psychologist	9 (9)	417	\$1,164.37
Podiatrist	13 (13)	342	\$18,774.88
Optometrist	12 (12)	165	\$7,716.72
Certified Registered Nurse Anesthetists	40 (40)	143	\$11,431.02
Licensed Independent Clinical Social Worker	8 (8)	123	\$1,210.81
Other	2 (2)	2	\$4.96
<b>Service Location<sup>39</sup></b>			
Office	63 (78)	18,153	\$741,516.45
Outpatient Hospital	1,077 (1,070)	15,154	\$620,701.81
Telehealth	46 (62)	8,296	\$476,041.28
Inpatient Hospital	783 (772)	7,907	\$437,463.57
Emergency Room	257 (256)	2,798	\$93,193.36
Other	6 (6)	124	\$11,268.37

Figure 31 below lists the top 20 medical professionals and facilities in Massachusetts with the highest volume of HSN medical claims for super-utilizers from 2019 through 2023. More than half of these providers are located in Boston, which is consistent with the findings of the overall population of HSN recipients.

<sup>37</sup> The number of providers is defined using the unique Medicaid provider ID, while the number of sites reflects distinct provider locations based on provider name and address. Note that the unique Medicaid identifier does not distinguish between provider types; a unique ID may be assigned to an individual or healthcare network with multiple site locations. In addition, some physicians may provide HSN medical services at more than one site.

<sup>38</sup> Provider types with smaller claim volumes of less than 100 were collapsed into the “Other” category and include psychiatric clinical nurse specialists.

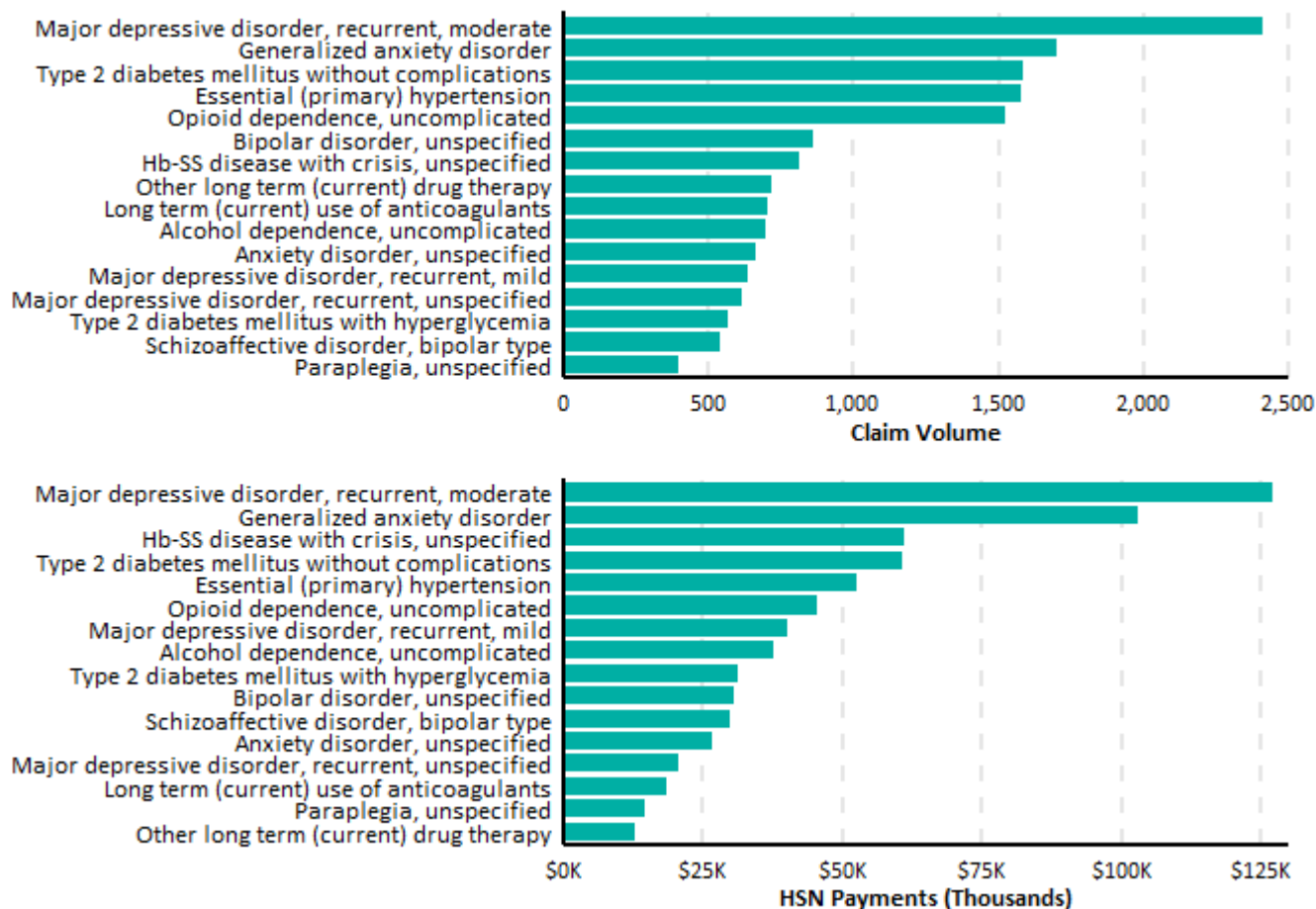
<sup>39</sup> Service locations with smaller claim volumes of less than 100 were collapsed into the “Other” category and include urgent care facilities.

**Figure 31. Top 20 HSN Medical Providers Serving 'Super-Utilizers' (2019 – 2023).**

Service Provider Location	Claim Volume	Total Payments
Brockton Neighborhood Health Center 63 Main Street, Brockton, Massachusetts, 02301	5,905	\$271,119.15
McInnis Health Group 780 Albany Street, Boston, Massachusetts, 02118	4,032	\$127,495.11
Barbara McInnis House 780 Albany Street, Boston, Massachusetts, 02118	3,734	\$161,425.75
Cambridge Health Alliance 1493 Cambridge Street, Cambridge, Massachusetts, 02139	2,577	\$84,089.15
Lynn Community Health 269 Union Street, Lynn, Massachusetts, 01901	2,269	\$97,090.96
East Boston Neighborhood Health Center 10 Gove Street, East Boston, Massachusetts, 02128	1,332	\$40,262.08
Edward M Kennedy CHC, Inc. 19 Tacoma Street, Worcester, Massachusetts, 01605	1,004	\$46,276.58
Dimock Community Health Center 45 Dimock Street, Roxbury, Massachusetts, 02119	929	\$64,686.67
Uphams Corner Health Center 415 Columbia Road, Dorchester, Massachusetts, 02125	913	\$38,126.27
South Cove Comm Health Center 435 Hancock Street, Quincy, Massachusetts, 02171	702	\$53,123.54
Edward M Kennedy Comm Health Center, Inc. 354 Waverly Street, Framingham, Massachusetts, 01702	634	\$45,098.53
Community Health Center Cape Cod 107 Commercial Street, Mashpee, Massachusetts, 02649	587	\$3,265.72
South Boston CHC 409 W Broadway, South Boston, Massachusetts, 02127	579	\$7,280.07
Kevin M Monahan Boston Medical Center PI	558	\$3,231.85
North End Community Health, Inc. 332 Hanover Street, Boston, Massachusetts, 02113	510	\$40,425.43
Fenway Health 1340 Boylston Street, Boston, Massachusetts, 02215	483	\$9,831.51
Community Health Connections 326 Nichols Road, Fitchburg, Massachusetts, 01420	479	\$28,821.89
Michael D Klein Boston Medical Center PI	454	\$2,384.82
Lowell Comm Health Center 161 Jackson Street, Lowell, Massachusetts, 01852	437	\$31,202.86
South Cove Comm Health Center 145 South Street, Boston, Massachusetts, 02111	387	\$31,334.66

Among super-utilizers, the most common types of primary diagnoses were chronic diseases, mental health and psychiatric disorders, and alcohol dependence and substance use disorders, as shown in Figure 32 below. While there was some overlap in primary medical diagnoses between super-utilizers and the overall population of HSN recipients, as shown in Figure 15, psychiatric disorders and substance use disorders accounted for a higher percentage of HSN claims among super-utilizers. Unlike the overall population, HSN claims for routine medical exams and screenings and immunizations were not included among the most prevalent diagnoses and procedures for super-utilizers.

**Figure 32. Most Prevalent Primary Diagnoses for ‘Super-Utilizers’ (2019 – 2023).**



## CONCLUSIONS AND RECOMMENDATIONS

Following a review of available HSN annual reports, the HCD aimed to better understand the HSN program's healthcare service expenditures by provider type, focusing on broad demographic categories of healthcare consumers receiving services reimbursed by HSN. The HCD conducted a five-year review to assess trends related to the demographic makeup of individuals whose care is funded by the HSN program, along with a detailed review of services by provider type and location. This analysis also offers insights into the impacts of the public health emergency on low-income, uninsured, or underinsured patients and their utilization of the HSN program.

The HCD's review provides crucial information on how hundreds of millions of dollars are spent to provide healthcare access to the Commonwealth's most vulnerable patients. The report highlights stable age and gender demographics during the five-year review period, but notes a 20% increase in residents falling into the lowest federal income level and relying on HSN for medical care. The review also identifies regions with high concentrations of HSN users and areas with low levels of dental providers, which should aid policymakers in future resource allocations. The analysis underscores the significant role of community health centers (CHCs) in providing dental care. The review's information on the most prevalent diagnoses and services provided over the review period suggests opportunities for improved healthcare delivery to patients with chronic illnesses.

This robust demographic analysis of HSN patients, providers, and services equips policymakers with essential information on healthcare spending, the impact of funding on service providers, the needs of low-income patients by region, and the prevalent recipient diagnoses and services. The review is particularly timely given the collapse of the Steward Health Care System and the increased pressure on remaining hospitals and CHCs, which have seen a surge in patient demand.

Given the increasing financial strains faced by acute hospitals and CHCs, a comprehensive evaluation of the Commonwealth's HSN program is imperative for policymakers and stakeholders to:

1. Ensure adequate resources for healthcare service providers;
2. Identify regions facing provider shortages that impact access to care (*e.g.*, HSN dental provider shortages);
3. Identify patient healthcare trends and chronic medical conditions to recommend cost-effective healthcare delivery methods; and
4. Develop collaborative and innovative solutions to guarantee adequate access to medical, mental health, and dental services for Massachusetts's low-income, uninsured, and underinsured populations.

The HCD's future oversight efforts will focus on identifying vulnerabilities within the HSN program and its internal controls to prevent fraud, waste, and abuse, thereby ensuring continued access to healthcare for eligible Massachusetts residents. Building on the findings on this report, the HCD will conduct future oversight work to achieve these objectives.



## APPENDIX A: ELIGIBLE HSN SERVICES

The Health Safety Net (HSN) program pays for the following reimbursable health services provided by acute hospitals (AHs).<sup>40</sup>

1. **Abortion Services** (HSN pays for abortion services performed in accordance with the applicable provisions of 130 CMR 410.434.)
2. **Administrative Days** (HSN pays for administrative days meeting the requirements set forth in 130 CMR 415.415 and 130 CMR 415.416.)
3. **Ambulatory Surgery Services**
4. **Audiologist Services**
5. **Chiropractic Services**
6. **Dental Services** (HSN pays only for dental services identified in Subchapter 6 of the *MassHealth Dental Manual* and for adult dental services not covered by MassHealth. Certain dental services may be subject to prior authorization, as specified by the Health Safety Net Office in billing instructions, administrative bulletins, or other written issuances.)
7. **Durable Medical Equipment** (HSN pays only for crutches and canes provided during a hospital visit.)
8. **Family Planning Services**
9. **Hearing Instrument Services**
10. **Inpatient Hospice Services**
11. **Inpatient Services**
12. **Inpatient Psychiatric** (HSN pays only for services provided in a Medicare-certified psychiatric unit.)
13. **Laboratory Services** (HSN does not pay separately for routine specimen collection and preparation for the purpose of clinical laboratory analysis. Specimen collection and preparation is considered part of the laboratory service.)
14. **Medical Supplies** (HSN pays for medical supplies used in the delivery of inpatient and outpatient care. It also pays for spacers used with metered dose inhalers, nebulizers, diabetic supplies, home glucose monitors, and portable peak flow monitors.)
15. **Mental Health Services** (HSN pays for mental health services except for noncovered services in 101 CMR 613.03(2)(e). HSN pays only for mental health services that meet the requirements in the *MassHealth Acute Outpatient Hospital Manual* at 130 CMR 410.471 through 130 CMR 410.475, and 130 CMR 410.479(A).)

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<sup>40</sup> 101 CMR 613.03(3)(a).

**16. Nurse Midwife Services**

**17. Nurse Practitioner Services**

**18. Observation Services** (These are outpatient hospital services provided anywhere in an AH, to evaluate a patient's medical condition and determine the need for an inpatient admission. Observation services are provided under order of a physician, consist of the use of a bed and intermittent monitoring by professional licensed clinical staff, and may be provided for more than 24 hours.)

**19. Orthotic Services**

**20. Outpatient Services** (These are services provided by AH outpatient departments and by hospital licensed health centers or other satellite clinics. Such services include, but are not limited to, emergency services, primary or elective care, observation services, ancillary services, and day-surgery services.)

**21. Outpatient Psychiatric Services**

**22. Pharmacy Services**

**23. Physician Services** (HSN pays only for services provided at AH sites by AH-based physicians who are employed or contracted by the AH and who receive payment from the AH for their services.)

**24. Podiatrist Services**

**25. Prosthetic Services**

**26. Radiology Services**

**27. Rehabilitation Services** (For inpatient rehabilitation, HSN pays only for services provided in a Medicare-certified rehabilitation unit.)

**28. Renal Dialysis Services**

**29. Speech and Hearing Services**

**30. Sterilization Services**

**31. Substance Use Disorder Services** (These include methadone treatment as described in 130 CMR 418.000, except for noncovered services in 101 CMR 613.03(2)(e).)

**32. Therapy Services** (HSN pays only for therapy services as defined in the *MassHealth Acute Outpatient Hospital Manual*, at 130 CMR 410.451(A) and (B). Before therapy is initiated, there must be a comprehensive evaluation of the patient's medical condition, disability, and level of functioning to determine the need for treatment and, when treatment is indicated, to develop a treatment plan.)

**33. Tobacco Cessation** (HSN pays only for services as defined by Subchapter 6 of the *MassHealth Acute Hospital Outpatient Manual*.)

**34. Vision Care Services** (HSN pays only for services as defined in 130 CMR 410.481.)

The Health Safety Net (HSN) program pays for the following reimbursable health services provided by community health centers (CHCs).<sup>41</sup>

1. **Audiology Services** (HSN pays for audiology services if the services were provided at the written request of a physician, nurse practitioner, or physician assistant who has found some indication of a hearing problem. Documentation of the request and of the hearing problem must be kept in the patient's medical record.)
2. **Behavioral Health Services**
3. **Cardiovascular and Pulmonary Diagnostic Services**
4. **Dental Services** (HSN pays for dental services identified in Subchapter 6 of the *MassHealth Dental Manual* and for adult dental services not covered by MassHealth. Certain dental services may be subject to prior authorization, as specified by the Health Safety Net Office in billing instructions, administrative bulletins, or other written issuances.)
5. **Diabetes Self-Management Training** (HSN pays for diabetes self-management training services as defined by Subchapter 6 of the *MassHealth Community Health Center Manual*.)
6. **Electrocardiogram (EKG) Services** (HSN pays for EKG services only when the service is provided at the written request of a CHC staff physician who will interpret or review the interpretation of the EKG. Documentation of the physician's request must be kept in the patient's medical record. A CHC may claim payment for EKG services only when the CHC owns or rents its own EKG equipment and the EKG is taken at the CHC.)
7. **Family Planning Services** (HSN pays for family planning counseling, prescribed drugs, family planning supplies, and laboratory tests.)
8. **Individual Medical Visits** (HSN pays for face-to-face meetings at a CHC between a patient and a physician, physician assistant, nurse practitioner, nurse midwife, registered nurse, or paraprofessional for medical examination, diagnosis, or treatment.)
9. **Laboratory Services** (HSN pays only for laboratory services when a written request for that service from an authorized subscriber is present in the patient's medical record. HSN does not pay for routine specimen collection and preparation for the purpose of clinical laboratory analysis such as venipunctures, urine, fecal, and sputum samples; Pap smears; cultures; and swabbing and scraping for removal of tissue. HSN does not pay for laboratory tests associated with treatment of male or female infertility, but does pay for the diagnosis of male and female infertility. HSN does not pay for red cell indices, A/G ratio, creatinine clearance, and those ratios calculated as part of a profile. HSN does not pay a CHC for a laboratory service when the CHC bills separately for the professional component of that service.)
10. **Medical Nutrition Therapy** (HSN pays for medical nutrition therapy services as defined by Subchapter 6 of the *MassHealth Community Health Center Manual*. Medical nutrition therapy does not include enteral therapy.)

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<sup>41</sup> 101 CMR 613.03(4)(b).

**11. Obstetrical Services**

**12. Pharmacy Services**

**13. Podiatry Services**

**14. Radiology Services** (HSN pays for radiology services only when the services are provided at the written request of a licensed physician or dentist. The professional component of a radiology service is the component for interpreting a diagnostic test or image. The technical component of a radiology service is the component for the cost of rent, equipment, utilities, supplies, administrative and technical supplies and benefits, and other overhead expenses.)

**15. Surgery Services**

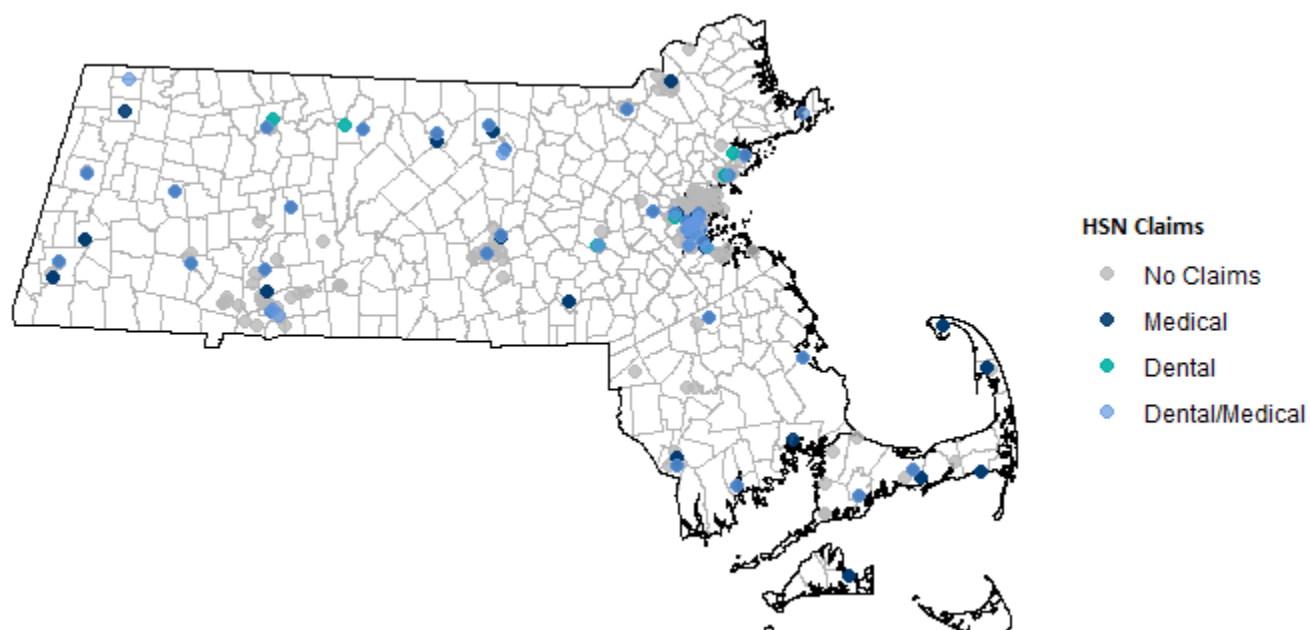
**16. Tobacco Cessation Services** (HSN pays for tobacco cessation services as defined by Subchapter 6 of the *MassHealth Community Health Center Manual*.)

**17. Vision Care Services**

**18. Immunization Visits and Vaccines**

## APPENDIX B: COMMUNITY HEALTH CENTER PROVIDER LOCATIONS IN MASSACHUSETTS

The map below displays the locations of community health center (CHC) locations across Massachusetts, excluding CHC providers operating in mobile and portable units. In addition to the CHC sites with HSN claims from 2019 through 2023, the map includes the Massachusetts locations of care providers that are partners with or members of the Massachusetts League of Community Health Centers (MassLeague).



## APPENDIX C: YEARLY HSN CLAIMS BY MEMBER DEMOGRAPHICS

Factor	Demographic category	N <sup>42</sup>	2019			2020			2021			2022			2023		
			Sum	Med	N	Sum	Med	N	Sum	Med	N	Sum	Med	N	Sum	Med	
Age Group <sup>43</sup>																	
	0 to 17	16,156	69,183	2	10,450	38,877	2	14,432	57,714	2.0	18,183	77,101	2	18,870	77,595	2.0	
	18 to 34	58,837	262,264	2	43,365	166,266	2	41,113	178,464	2.0	42,013	176,754	2	51,652	211,935	2.0	
	35 to 49	57,826	333,248	4	45,827	225,296	3	47,904	268,382	3.0	51,961	287,955	3	60,547	327,733	3.0	
	50 to 64	38,142	247,789	4	28,436	170,151	3	27,674	190,411	4.0	28,755	194,004	4	33,232	208,210	4.0	
	65 and older	20,348	161,755	5	15,173	102,249	4	15,377	117,145	5.0	16,061	118,811	4	17,432	123,026	4.0	
Disability Status <sup>44</sup>																	
	Disability	7,495	58,572	4	5,113	41,542	4	3,730	36,545	5.0	3,054	28,386	5	1,999	14,458	4.0	
	None/Unreported	183,818	1,015,675	3	138,141	661,302	3	142,774	775,577	3.0	153,922	826,242	3	179,734	934,041	3.0	
Gender																	
	Female	108,194	621,714	3	80,981	408,307	3	83,064	477,404	3.0	87,664	494,670	3	102,083	550,486	3.0	
	Male	83,119	452,533	3	62,273	294,537	3	63,440	334,718	3.0	69,312	359,958	3	79,650	398,013	3.0	
Percent FPL (Minimum) <sup>45</sup>																	

<sup>42</sup> For each year, “N” represents the number of distinct recipients (based on the Medicaid ID). “Sum” represents the total number of claims for each category. “Med” represents the median number of claims per recipient.

<sup>43</sup> Fourteen recipients (40 claims) were excluded due to erroneous dates of birth.

<sup>44</sup> Classification of a disability was based on whether a disability code (*i.e.*, “Blind,” “Federally Certified Blind,” “CommonHealth,” “Kaileigh Mulligan,” “SSA determined disability,” or “DES determined disability”) was listed.

<sup>45</sup> The Percent FPL (Minimum) is defined based on the lowest FPL for the year of service.

Factor	Demographic category	N <sup>42</sup>	2019			2020			2021			2022			2023	
			Sum	Med	N	Sum	Med	N	Sum	Med	N	Sum	Med	N	Sum	Med
	0%	93,649	539,993	3	72,008	354,016	3	91,796	507,647	3.0	113,213	607,063	3	124,717	659,165	3.0
	Between 0% and 150%	53,449	306,288	4	38,858	193,698	3	28,137	154,554	3.0	21,568	127,443	4	25,553	143,495	3.0
	Between 150% and 300%	43,221	225,989	3	31,548	153,100	3	25,003	144,137	3.0	20,442	113,851	3	28,641	135,866	3.0
	More than 300%	994	1,977	1	840	2,030	1	1,568	5,784	2.0	1,753	6,271	2	2,822	9,973	2.0
<b>Race Category<sup>46</sup></b>																
	Asian	9,267	52,914	4	5,826	28,855	3	5,688	33,687	4.0	5,447	30,576	4	5,885	31,394	4.0
	Black/African American	25,060	142,541	3	17,426	87,684	3	16,722	97,510	3.0	15,995	93,104	3	19,001	98,913	3.0
	Chose Not To Answer	2,737	15,815	3	2,289	11,385	3	2,650	14,076	3.0	3,301	17,371	3	5,555	24,836	2.0
	Hispanic	9,601	55,398	3	6,901	35,879	3	6,026	38,528	4.0	5,520	34,231	4	5,907	34,751	3.0
	Other	22,528	126,674	3	19,105	89,314	3	21,938	113,035	3.0	24,600	129,679	3	28,645	147,911	3.0
	Unknown/Don't Know	87,772	492,917	3	67,238	324,335	3	72,257	383,678	3.0	82,385	433,727	3	94,341	492,736	3.0
	White	34,348	187,988	3	24,469	125,392	3	21,223	131,608	3.0	19,728	115,940	3	22,399	117,958	3.0
<b>TPL Coverage<sup>47</sup></b>																
	Gained/Lost Insurance Access	30	313	9	25	245	5	28	251	7.5	21	289	9	22	190	7.5

<sup>46</sup> Subgroups with small sample sizes were combined with the “Other” race category and include American Indian/Alaskan American, Native Hawaiian/Other Pacific Islander, and Interracial.

<sup>47</sup> Insurance access is defined as having the potential to access insurance or having any type of insurance other than Medicare.



Factor	Demographic category	N <sup>42</sup>	2019			2020			2021			2022			2023	
			Sum	Med	N	Sum	Med	N	Sum	Med	N	Sum	Med	N	Sum	Med
	Insurance Access	52,330	286,338	3	35,899	172,426	3	32,862	189,969	4.0	31,644	178,948	4	37,637	204,698	3.0
	Medicare	13,612	114,649	5	10,796	75,443	4	9,155	74,395	5.0	8,296	63,923	5	8,205	59,447	4.0
	No Insurance	223	1,063	3	212	827	2	189	979	3.0	181	947	4	268	1,124	2.0
	Unknown	125,118	671,884	3	96,322	453,903	3	104,270	546,528	3.0	116,834	610,521	3	135,601	683,040	3.0

## APPENDIX D: YEARLY HSN PAYMENTS BY MEMBER DEMOGRAPHICS

Factor	Demographic category	2019			2020			2021			2022			2023		
		N <sup>48</sup>	Sum	Med	N	Sum	Med	N	Sum	Med	N	Sum	Med	N	Sum	Med
Age Group <sup>49</sup>																
	0 to 17	16,156	\$1.22M	\$41.29	10,450	\$0.66M	\$32.05	14,432	\$0.88M	\$32.05	18,183	\$1.54M	\$32.24	18,870	\$1.57M	\$22.51
	18 to 34	58,837	\$15.34M	\$151.20	43,365	\$9.55M	\$130.61	41,113	\$10.41M	\$141.07	42,013	\$11.00M	\$144.15	51,652	\$13.51M	\$137.67
	35 to 49	57,826	\$19.00M	\$193.50	45,827	\$12.64M	\$157.39	47,904	\$15.63M	\$183.83	51,961	\$17.95M	\$192.00	60,547	\$21.22M	\$186.00
	50 to 64	38,142	\$13.77M	\$191.75	28,436	\$8.88M	\$162.17	27,674	\$10.72M	\$201.73	28,755	\$11.86M	\$213.65	33,232	\$14.07M	\$202.93
	65 and older	20,348	\$6.94M	\$149.00	15,173	\$4.21M	\$122.32	15,377	\$5.25M	\$152.44	16,061	\$5.85M	\$162.87	17,432	\$6.59M	\$148.80
Disability Status <sup>50</sup>																
	Disability	7,495	\$2.21M	\$103.00	5,113	\$1.45M	\$95.16	3,730	\$1.39M	\$125.00	3,054	\$1.13M	\$130.40	1,999	\$0.79M	\$126.00
	None/Unreported	183,818	\$54.06M	\$158.00	138,141	\$34.50M	\$134.49	142,774	\$41.49M	\$148.80	153,922	\$47.07M	\$154.49	179,734	\$56.18M	\$147.29
Gender																
	Female	108,194	\$33.37M	\$170.44	80,981	\$21.22M	\$143.50	83,064	\$25.61M	\$166.88	87,664	\$28.54M	\$172.38	102,083	\$33.49M	\$163.29
	Male	83,119	\$22.89M	\$137.31	62,273	\$14.73M	\$121.00	63,440	\$17.27M	\$130.61	69,312	\$19.65M	\$134.49	79,650	\$23.47M	\$134.00
Percent FPL																

<sup>48</sup> For each year, “N” represents the number of distinct recipients (based on the Medicaid ID). “Sum” represents the total HSN payment amounts for each category. “Med” represents the median payment amount per recipient.

<sup>49</sup> Fourteen recipients (40 claims) were excluded due to erroneous dates of birth.

<sup>50</sup> Classification of a disability was based on whether a disability code (*i.e.*, “Blind,” “Federally Certified Blind,” “CommonHealth,” “Kaileigh Mulligan,” “SSA determined disability,” or “DES determined disability”) was listed.

Factor	Demographic category	2019			2020			2021			2022			2023		
		N <sup>48</sup>	Sum	Med	N	Sum	Med	N	Sum	Med	N	Sum	Med	N	Sum	Med
(Minimum) <sup>51</sup>																
	0%	93,649	\$30.99M	\$172.91	72,008	\$19.81M	\$140.91	91,796	\$28.69M	\$159.63	113,213	\$36.04M	\$160.40	124,717	\$41.19M	\$158.53
	Between 0% and 150%	53,449	\$15.36M	\$162.70	38,858	\$9.59M	\$135.00	28,137	\$7.87M	\$146.00	21,568	\$6.65M	\$159.26	25,553	\$8.11M	\$150.12
	Between 150% and 300%	43,221	\$9.79M	\$129.02	31,548	\$6.44M	\$117.97	25,003	\$6.03M	\$130.61	20,442	\$5.17M	\$133.00	28,641	\$7.07M	\$126.95
	More than 300%	994	\$0.12M	\$87.39	840	\$0.11M	\$88.63	1,568	\$0.29M	\$101.78	1,753	\$0.34M	\$102.76	2,822	\$0.59M	\$102.40
Race Category <sup>52</sup>																
	Asian	9,267	\$2.61M	\$181.38	5,826	\$1.44M	\$142.00	5,688	\$1.70M	\$171.28	5,447	\$1.64M	\$172.48	5,885	\$1.72M	\$158.97
	Black/African American	25,060	\$7.58M	\$146.94	17,426	\$4.51M	\$134.51	16,722	\$5.03M	\$151.18	15,995	\$5.18M	\$160.18	19,001	\$5.85M	\$143.72
	Chose Not To Answer	2,737	\$0.83M	\$172.90	2,289	\$0.60M	\$134.51	2,650	\$0.73M	\$152.06	3,301	\$0.98M	\$149.00	5,555	\$1.56M	\$129.48
	Hispanic	9,601	\$2.96M	\$154.89	6,901	\$1.83M	\$134.49	6,026	\$2.12M	\$170.54	5,520	\$1.95M	\$169.57	5,907	\$2.18M	\$161.00
	Other	22,528	\$7.08M	\$180.69	19,105	\$4.76M	\$140.00	21,938	\$6.36M	\$157.96	24,600	\$7.77M	\$165.02	28,645	\$9.22M	\$161.02
	Unknown/Don't Know	87,772	\$26.13M	\$159.66	67,238	\$16.94M	\$134.51	72,257	\$20.46M	\$144.15	82,385	\$24.63M	\$148.00	94,341	\$29.69M	\$150.00
	White	34,348	\$9.08M	\$130.61	24,469	\$5.87M	\$121.00	21,223	\$6.48M	\$142.52	19,728	\$6.05M	\$143.46	22,399	\$6.75M	\$132.51

TPL

<sup>51</sup> Percent FPL (Minimum) is defined based on the lowest percent FPL for the year of service.

<sup>52</sup> Subgroups with small sample sizes were combined with the "Other" race category and include American Indian/Alaskan American, Native Hawaiian/Other Pacific Islander, and Interracial.

Factor	Demographic category	2019			2020			2021			2022			2023		
		N <sup>48</sup>	Sum	Med	N	Sum	Med	N	Sum	Med	N	Sum	Med	N	Sum	Med
Coverage <sup>53</sup>																
	Gained/Lost Insurance Access	30	\$0.01M	\$266.82	25	\$0.01M	\$226.42	28	\$0.01M	\$260.76	21	\$0.02M	\$558.93	22	\$0.01M	\$279.50
	Insurance Access	52,330	\$14.29M	\$158.00	35,899	\$8.40M	\$134.51	32,862	\$9.51M	\$158.13	31,644	\$9.54M	\$162.40	37,637	\$11.70M	\$153.43
	Medicare	13,612	\$3.59M	\$97.30	10,796	\$2.32M	\$87.73	9,155	\$2.48M	\$103.85	8,296	\$2.27M	\$100.64	8,205	\$2.37M	\$91.62
	No Insurance	223	\$0.05M	\$109.55	212	\$0.04M	\$88.63	189	\$0.04M	\$128.00	181	\$0.05M	\$135.40	268	\$0.06M	\$116.90
	Unknown	125,118	\$38.32M	\$161.00	96,322	\$25.18M	\$136.15	104,270	\$30.84M	\$149.08	116,834	\$36.32M	\$156.05	135,601	\$42.83M	\$149.00

<sup>53</sup> Insurance access was defined as having the potential to access insurance or having any type of insurance other than Medicare.



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