MassHealth Update

July 2026

MA Healthcare Training Forum (MTF)

Agenda

- Federal Changes to Eligibility Rules for Immigrants.
- MassHealth Health Plans.
- Updates to the Permission to Share Information (PSI) Form.
- Member Forms in Adobe Sign.

Federal Changes to Eligibility Rules for Immigrants

Changes to Eligibility Rules for Immigrants

- **There are federal changes to eligibility that will impact certain immigrants, effective October 1, 2026.**

- The following immigration categories **<u>will continue to be eligible for their existing MassHealth coverage</u>** after October 1, 2026:
    - U.S. Citizens.
    - Lawfully permanent residents (green card holders) after completing the five-year bar.
    - Cuban/ Haitian entrants.
    - People from Compact of Free Association (COFA) nations residing in the U.S.

Impacted Immigration Categories

- As a result of the federal changes, the following immigration categories **may lose** their current level of coverage, effective October 1, 2026:
  - Refugees
  - Asylees
  - Parolees
  - Certain victims of abuse and trafficking

- These changes will impact approximately 7,300 members.

Note: Children, pregnant and postpartum individuals with the above immigration statuses will **not** be impacted by these changes.

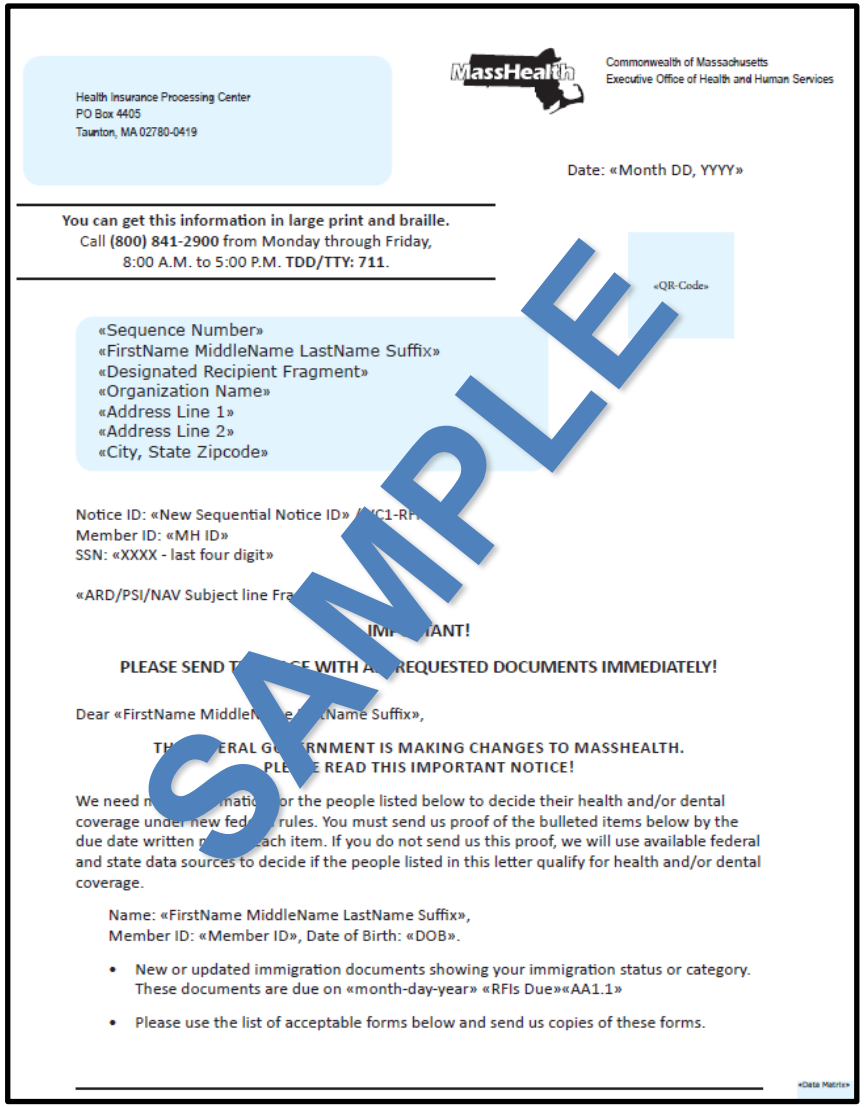
Coverage Changes for Impacted Members

Impacted members may lose their current level of coverage because the federal government will stop providing funding. MassHealth expects affected members' coverage to change as follows:

- ***Adults age 65 or older*** will move to MassHealth Family Assistance.
- ***Disabled adults ages 19 through 64*** will move to MassHealth Family Assistance.
- ***Non-disabled Adults ages 19 through 64*** will move to emergency coverage (MassHealth Limited and Health Safety Net).
- Some individuals impacted by these changes with income between 100 and 400% FPL may become eligible for ConnectorCare through the end of 2026 but would only be eligible for a Qualified Health Plan without financial assistance in 2027.

Note: Children, pregnant and postpartum individuals with the above immigration statuses will not be impacted by these changes.

Sample MassHealth Notice (page 1)



Health Insurance Processing Center
PO Box 4405
Taunton, MA 02780-0419

MassHealth

Commonwealth of Massachusetts
Executive Office of Health and Human Services

Date: «Month DD, YYYY»

You can get this information in large print and braille.
Call **(800) 841-2900** from Monday through Friday,
8:00 A.M. to 5:00 P.M. **TDD/TTY: 711**.

«QR-Code»

«Sequence Number»
«FirstName MiddleName LastName Suffix»
«Designated Recipient Fragment»
«Organization Name»
«Address Line 1»
«Address Line 2»
«City, State Zipcode»

Notice ID: «New Sequential Notice ID» /YC1-RF
Member ID: «MH ID»
SSN: «XXXX - last four digit»

«ARD/PSI/NAV Subject line Fra

IMP ANT!

PLEASE SEND T CE WITH A REQUESTED DOCUMENTS IMMEDIATELY!

Dear «FirstName Middle e Name Suffix»,

TH ERAL G RNMENT IS MAKING CHANGES TO MASSHEALTH.
PL E READ THIS IMPORTANT NOTICE!

We need n mati or the people listed below to decide their health and/or dental coverage under new fed rules. You must send us proof of the bulleted items below by the due date written n each item. If you do not send us this proof, we will use available federal and state data sources to decide if the people listed in this letter qualify for health and/or dental coverage.

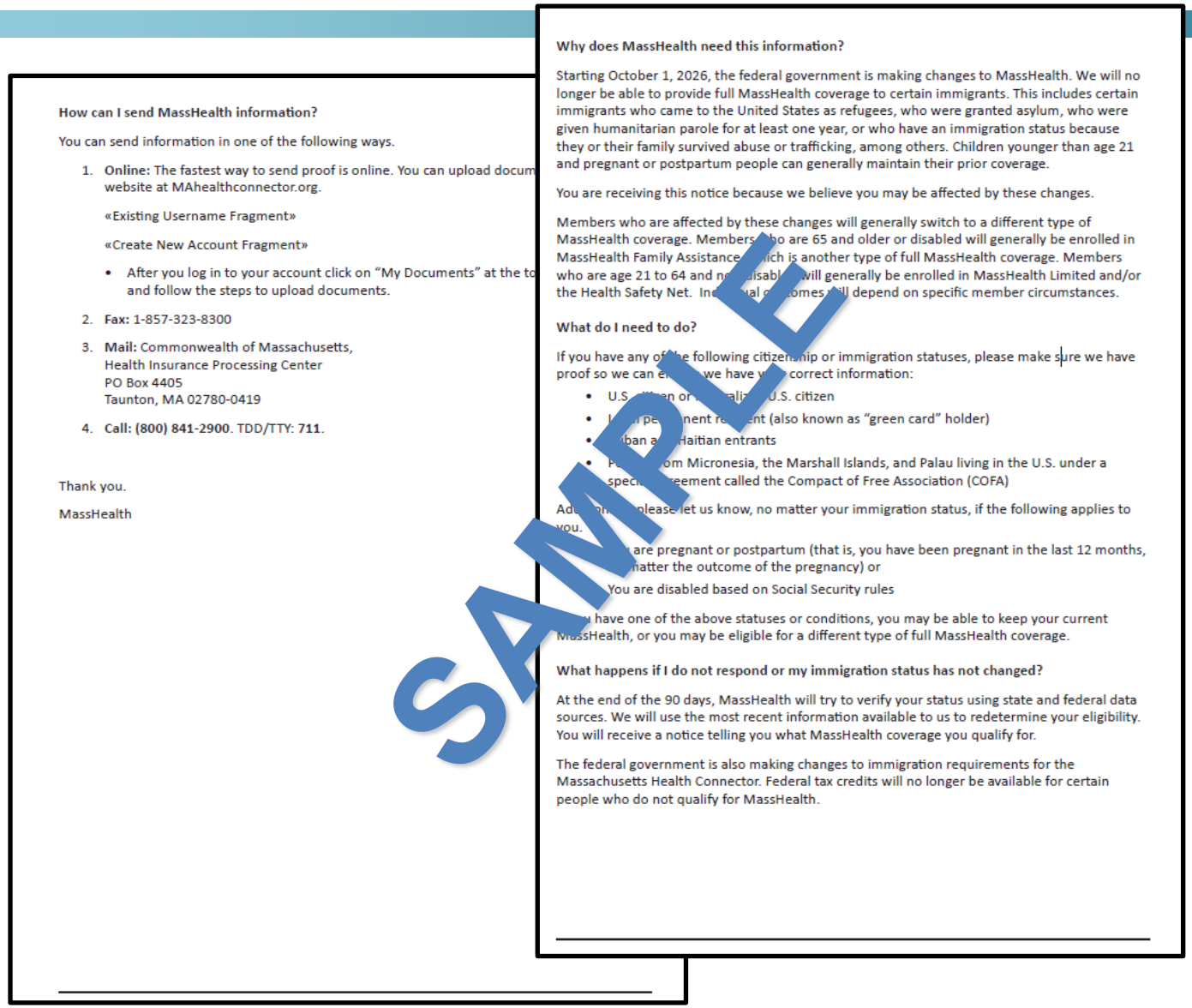
Name: «FirstName MiddleName LastName Suffix»,
Member ID: «Member ID», Date of Birth: «DOB».

- New or updated immigration documents showing your immigration status or category. These documents are due on «month-day-year» «RFIs Due»«AA1.1»
- Please use the list of acceptable forms below and send us copies of these forms.

«Data Matrix»

SAMPLE

Sample MassHealth Notice (page 2)



How can I send MassHealth information?

You can send information in one of the following ways.

1. **Online:** The fastest way to send proof is online. You can upload docum
website at MAhealthconnector.org.

   «Existing Username Fragment»

   «Create New Account Fragment»

   - After you log in to your account click on "My Documents" at the to
   and follow the steps to upload documents.

2. **Fax:** 1-857-323-8300
3. **Mail:** Commonwealth of Massachusetts,
   Health Insurance Processing Center
   PO Box 4405
   Taunton, MA 02780-0419
4. **Call: (800) 841-2900**. TDD/TTY: **711**.

Thank you.

MassHealth

Why does MassHealth need this information?

Starting October 1, 2026, the federal government is making changes to MassHealth. We will no longer be able to provide full MassHealth coverage to certain immigrants. This includes certain immigrants who came to the United States as refugees, who were granted asylum, who were given humanitarian parole for at least one year, or who have an immigration status because they or their family survived abuse or trafficking, among others. Children younger than age 21 and pregnant or postpartum people can generally maintain their prior coverage.

You are receiving this notice because we believe you may be affected by these changes.

Members who are affected by these changes will generally switch to a different type of MassHealth coverage. Members who are 65 and older or disabled will generally be enrolled in MassHealth Family Assistance, which is another type of full MassHealth coverage. Members who are age 21 to 64 and not disabled will generally be enrolled in MassHealth Limited and/or the Health Safety Net. Individual outcomes will depend on specific member circumstances.

What do I need to do?

If you have any of the following citizenship or immigration statuses, please make sure we have proof so we can ensure we have your correct information:

- U.S. citizen or qualified U.S. citizen
- Lawful permanent resident (also known as "green card" holder)
- Cuban and Haitian entrants
- People from Micronesia, the Marshall Islands, and Palau living in the U.S. under a special agreement called the Compact of Free Association (COFA)

Additionally, please let us know, no matter your immigration status, if the following applies to you.

- You are pregnant or postpartum (that is, you have been pregnant in the last 12 months, no matter the outcome of the pregnancy) or
- You are disabled based on Social Security rules

If you have one of the above statuses or conditions, you may be able to keep your current MassHealth, or you may be eligible for a different type of full MassHealth coverage.

What happens if I do not respond or my immigration status has not changed?

At the end of the 90 days, MassHealth will try to verify your status using state and federal data sources. We will use the most recent information available to us to redetermine your eligibility. You will receive a notice telling you what MassHealth coverage you qualify for.

The federal government is also making changes to immigration requirements for the Massachusetts Health Connector. Federal tax credits will no longer be available for certain people who do not qualify for MassHealth.

What Do Members Need to Do?

Make sure we have your current information.
Tell us if you move, get a new number, are pregnant, or have another change that could affect your coverage.

Always read and reply to letters or messages from MassHealth.
Create a MyServices account to see eligibility notices, and be on the lookout for more information this Summer.

If you have questions or need help, contact us!
Call us at (800) 841-2900, TDD/TTY: 711, visit a MassHealth Enrollment Center, or find an Assister near you.

MassHealth Health Plans Update

Reminder of Managed Care Enrollment Regulation Updates and Impact

- MassHealth has updated its managed care enrollment rules. Under these changes, approximately 15,000 members will have their MassHealth benefits provided through the fee-for-service (FFS) delivery system instead of through managed care.
- Members' MassHealth eligibility will not change. These updates are focused on the delivery system through which members get their services.
- MassHealth is transitioning members by January 1, 2027.
- Members impacted by this transition will receive a notice from MassHealth informing them of when they will transition to FFS.
- Receiving care through MassHealth FFS means that services will be covered directly by MassHealth instead of a health plan.
  - MassHealth works with many providers and can help members find doctors that are right for them.
  - Members may continue to see their providers if they are a MassHealth FFS provider.

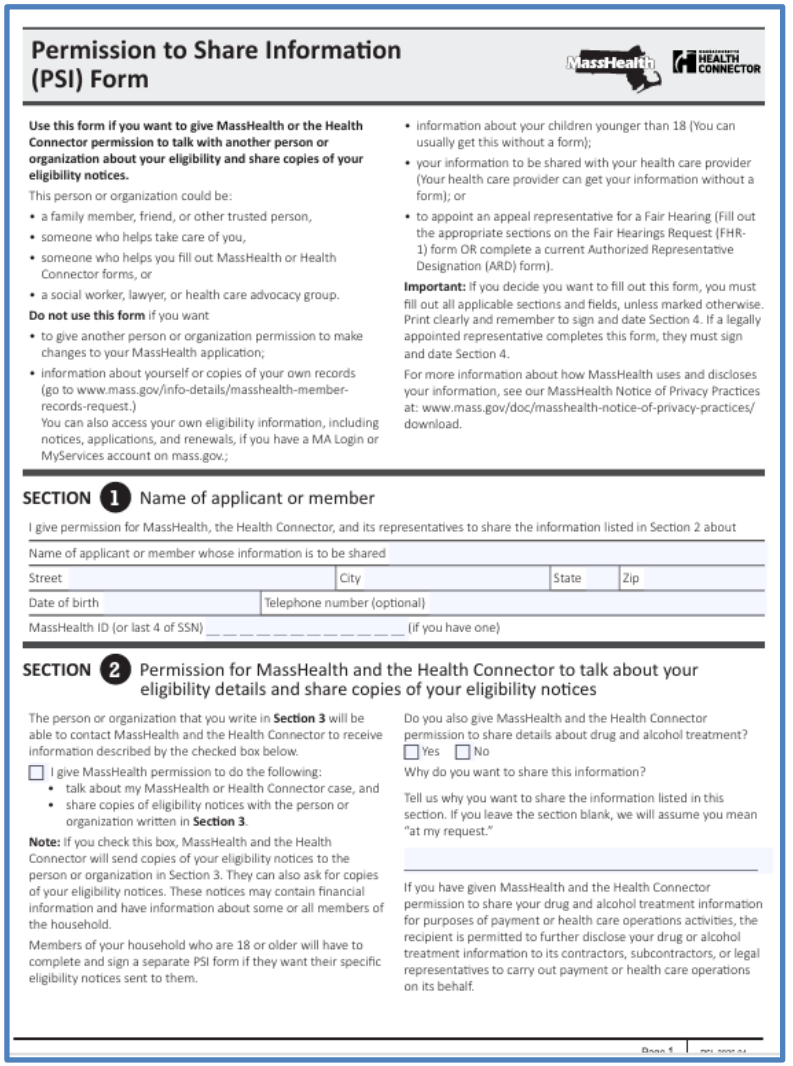
Permission to Share Information (PSI) Form

Permission to Share Information Form

- The Permission to Share Information (PSI) Form **allows MassHealth and the Health Connector** to share a member's eligibility information or eligibility notices with another person or organization identified by the individual.
  - For example, a friend, relative, caregiver, someone who helps them fill out MassHealth or Health Connector forms, or a social worker, lawyer, or health care advocacy group.
- Individuals may give MassHealth and the Health Connector permission to:
  - Talk to another person or organization about their eligibility.
  - Share copies of eligibility notices with another person or organization.

Changes to the PSI Form

- The revised PSI form removes the member records request section and directs members and their authorized representatives to the Privacy Office to request past records or by completing the new Authorization to Release MassHealth or Health Connector Records.
- The PSI Form is now co-branded with the Massachusetts Health Connector for the same uses and authorities.



Permission to Share Information (PSI) Form

Use this form if you want to give MassHealth or the Health Connector permission to talk with another person or organization about your eligibility and share copies of your eligibility notices.

This person or organization could be:

- a family member, friend, or other trusted person,
- someone who helps take care of you,
- someone who helps you fill out MassHealth or Health Connector forms, or
- a social worker, lawyer, or health care advocacy group.

Do not use this form if you want

- to give another person or organization permission to make changes to your MassHealth application;
- information about yourself or copies of your own records (go to www.mass.gov/info-details/masshealth-member-records-request.)
  You can also access your own eligibility information, including notices, applications, and renewals, if you have a MA Login or MyServices account on mass.gov.;
- information about your children younger than 18 (You can usually get this without a form);
- your information to be shared with your health care provider (Your health care provider can get your information without a form); or
- to appoint an appeal representative for a Fair Hearing (Fill out the appropriate sections on the Fair Hearings Request (FHR-1) form OR complete a current Authorized Representative Designation (ARD) form).

Important: If you decide you want to fill out this form, you must fill out all applicable sections and fields, unless marked otherwise. Print clearly and remember to sign and date Section 4. If a legally appointed representative completes this form, they must sign and date Section 4.

For more information about how MassHealth uses and discloses your information, see our MassHealth Notice of Privacy Practices at: www.mass.gov/doc/masshealth-notice-of-privacy-practices/download.

SECTION 1 Name of applicant or member

I give permission for MassHealth, the Health Connector, and its representatives to share the information listed in Section 2 about

Name of applicant or member whose information is to be shared

Street | City | State | Zip

Date of birth | Telephone number (optional)

MassHealth ID (or last 4 of SSN) _____ (if you have one)

SECTION 2 Permission for MassHealth and the Health Connector to talk about your eligibility details and share copies of your eligibility notices

The person or organization that you write in **Section 3** will be able to contact MassHealth and the Health Connector to receive information described by the checked box below.

☐ I give MassHealth permission to do the following:
- talk about my MassHealth or Health Connector case, and
- share copies of eligibility notices with the person or organization written in **Section 3**.

Note: If you check this box, MassHealth and the Health Connector will send copies of your eligibility notices to the person or organization in Section 3. They can also ask for copies of your eligibility notices. These notices may contain financial information and have information about some or all members of the household.

Members of your household who are 18 or older will have to complete and sign a separate PSI form if they want their specific eligibility notices sent to them.

Do you also give MassHealth and the Health Connector permission to share details about drug and alcohol treatment?
☐ Yes ☐ No

Why do you want to share this information?

Tell us why you want to share the information listed in this section. If you leave the section blank, we will assume you mean "at my request."

If you have given MassHealth and the Health Connector permission to share your drug and alcohol treatment information for purposes of payment or health care operations activities, the recipient is permitted to further disclose your drug or alcohol treatment information to its contractors, subcontractors, or legal representatives to carry out payment or health care operations on its behalf.

How to Request Release of Records

- Members and applicants have a right to access their information or can grant another person access to their information under federal and state law.
- Member records are defined as anything associated with the member or applicant's eligibility, benefits, claims, and any related case information or activity.
- The **new** Authorization to Release MassHealth or Health Connector Records:
  - Gives permission for MassHealth and the Health Connector to share written copies of records, this includes:
    - claims summaries, past MassHealth applications and related documentation, past MassHealth notices, copies of drug and alcohol treatment information or other specific information.

How to Cancel the PSI Form

- The PSI and Authorization to Release MassHealth and Health Connector Records forms will **automatically expire 12 months from the date the form was signed**, unless a different date is provided.
- The member can also cancel the PSI at any time by contacting MassHealth:
  - By phone: 1-800-841-2900; TTY 711
  - By mail to: Health Insurance Processing Center

    PO Box 4405
    Taunton, MA 02780
  - Include: member's name, MassHealth ID, and the name of the PSI
- Members and applicants can cancel the **Authorization to Release MassHealth and Health Connector Records** at any time by sending an email or letter to: MassHealth Privacy Office at privacy.officer@mass.gov or

  MassHealth Privacy Office
  One Ashburton Place, 11th Floor
  Boston, MA 02108

Forms in Additional Languages

- The PSI Form is available in multiple languages, as well as a web (an Adobe Acrobat) format. Available in:
  - English
  - Brazilian Portuguese
  - Haitian Creole
  - Simplified Chinese
  - Spanish, and
  - Vietnamese

Member Forms in Adobe Sign

Forms in Adobe Sign

- Medicare Savings Program (MSP) Application
  - Massachusetts resident on Medicare with limited income, may qualify for help paying Medicare costs through Medicare Savings Programs (MSPs).
- Permission to Share Information (PSI) Form
  - Complete and submit this form if you would like MassHealth to share your eligibility information and notices with another person or organization.
- Noncustodial Parent (NCP) Form | Mass.gov
  - Use to provide MassHealth information regarding the other parent that does not live in the household.
- MassHealth Disability Supplement (Coming Soon!)
  - Child Disability Form and Adult Disability Form.
  - Use the Disability Supplement form if you are applying for MassHealth based on your disability.

THANK YOU!