MassHealth Update

January 2026

MA Health Care Training Forum (MTF)

Agenda

- MassHealth Renewal
- MassHealth Premium Schedule
- End of Year Tax Filing Process for Tax Year 2025
- Medicare Savings Program (MSP)
- 2026 Cost of Living Adjustment (COLA)
- MassHealth's Systems and Tools: Updates and Reminders
  - CMS Interoperability for Members
  - My Account Page (MAP) Member Portal
  - MassHealth Eligibility Verification System (EVS)
- Recertification of Certified Application Counselors (CACs)

MassHealth Renewal

MassHealth Renewal Updates

- MassHealth is federally required to renew individual members annually.
- Prior to December 2025, MassHealth selected members eligible for renewal based on their next renewal date (typically 12 months from their initial application date or their last renewal).
- Due to updated federal guidance, MassHealth will now select members for their renewal and redetermination **60 days before their annual application renewal date.**
    - Including, members determined eligible for Qualified Health Plan (QHP) plus MassHealth Limited, CMSP, or HSN, regardless of their QHP enrollment status.

Example

- Jon, age 40 is a single, disabled adult who receives MassHealth Standard. Jon's next **renewal data is June 15, 2026**. On April 16, 2026, Jon's application is selected for the MassHealth renewal, and he is sent a pre-populated form with a due date of May 31, 2026. When Jon completes his renewal on May 15th, he was found to be no longer federally disabled, and so Jon is determined eligible for CarePlus, with his benefit starting May 1st.
- Since Jon's current renewal date was June 15, 2026, this is the standard end date for his coverage, and Jon's new or next renewal date is set for June 15, 2027.

MassHealth Premium Schedule

Update: MassHealth Premium

- Certain MassHealth members may be charged a monthly premium if they are:
  - MassHealth Standard, CommonHealth or Family Assistance members who have **income above 150% of the federal poverty level (FPL).**
- Calculation of premium amounts.
  - Premium amounts are calculated based on a member's household modified adjusted gross income (MAGI) **and** their household size **and** the premium billing family group (PBFG).
- **On January 1, 2026**, MassHealth increased monthly premium billing amounts by 10%.
  - MassHealth expects the increase is between $2 - $10 per month for members with countable income of over 150% FPL.

MassHealth Future Premium Increases

- **Starting in March of 2027**, MassHealth will increase premium billing amounts yearly by the same percentage that the annual FPL limits increases.
  - For example, the percentage increase between the annual 2024 and 2025 FPL rates was approximately 2.9%. So, under the new policy, MassHealth's premium billing amount would have also increased by 2.9%.
  - Members will have their premiums redetermined yearly. MassHealth will notify members in advance of their new amount.

Learn More

- Go to MassHealth Premium Schedule For Members for more information on how MassHealth premiums are calculated.

MassHealth: Financial Requirements Regulation

- MassHealth is updating the 130 CMR 506.000: MassHealth: Financial Requirements regulation effective January 30, 2026.
  - To comply with federal requirements, MassHealth will no longer impose a lock-out period for former members with an unpaid premium balance.
  - MassHealth will remove premium billing tables and required member contribution tables from the regulations.
    - MassHealth will update and publish these tables online annually, based on changes to the Federal Poverty Level.

End of Year Tax Filing Process for Tax Year 2025

Overview of Tax Forms

1095 – B	1099 – HC
Form 1095-B is a federal tax document	Form 1099-HC is a Massachusetts state tax document which is sent to members by their health insurance carriers.
The 1095-B form shows: • Which months during the calendar year members were enrolled in a health plan that meets the federal MEC requirements for at least 1 day	The 1099-HC form shows: • Which months during the calendar year members were enrolled in a health plan that meets the state's MCC requirements for at least 15 days
• Form 1095-B will be available for certain MassHealth members electronically and upon request	• Individual member had **income greater than 150% FPL** at any point in the 2025 calendar year

MassHealth Member Forms

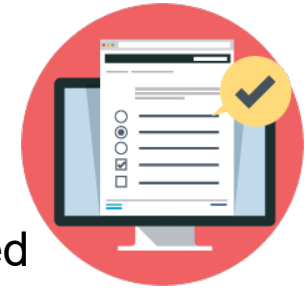
Members will receive a 1095-B and 1099-HC from MassHealth

Program	1095 Info	1099-HC Info
Standard	1095-B from MassHealth	1099-HC from MassHealth, unless member was 18 years or older and was <150% FPL all year
CarePlus	1095-B from MassHealth	1099-HC from MassHealth, unless member was <150% FPL all year
CommonHealth	1095-B from MassHealth	1099-HC from MassHealth, unless member was <150% FPL all year
Family Assistance (Direct Coverage)	1095-B from MassHealth	1099-HC from MassHealth, unless member was <150% FPL all year
Health Safety Net	No form – not MEC	No form – not MCC
Limited	No form – not MEC	No form – not MCC

For questions about why members received the Form MA 1099-HC or Form 1095-B from MassHealth, or if members want a **duplicate copy** of either form, contact the MassHealth Customer Service Center at (866) 682-6745, TTY: 711 for people who are deaf, hard of hearing, or speech disabled.

Getting 1095-B and 1099-HC Forms for MassHealth Members

- MassHealth will mail the Form 1095-B and 1099-HC to members **starting 1/29/26.**
- Members can get a duplicate of their forms:
  - Online at MassHealth | 1095-B Form Login, **after February 1, 2026** to view and print the Form or
  - Call MassHealth at 1-866-682-6745; TTY: 711 to request a duplicate hard copy
  - A separate Form 1095-B must be requested for each covered individual.



- Members with questions about why they received the Form MA 1099-HC, how to get their Form 1095- B from MassHealth, or if they need a duplicate copy for each individual member, should contact MassHealth at (866) 682-6745, TTY: 711 for people who are deaf, hard of hearing, or speech disabled.

Important Dates in 2026

Dates	Action
Mid-Late January	1095-A forms sent to all Health Connector members enrolled in a QHP (including ConnectorCare members).
Early February	MassHealth members can access their 1095-B Form by going to MassHealth | 1095-B Form Login or request a hard copy by calling MassHealth.
March 1st	Individuals are asked to report any corrections to 1095 or 1099-HC forms to the Health Connector and/or MassHealth and new forms to be sent out prior to the tax filing deadline.
April 15th	State and Federal Tax filing deadline.

Free Tax Assistance

VITA: The Volunteer Income Tax Assistance (VITA) program offers free tax help to people who generally make $69,000 or less, persons with disabilities and limited English speaking taxpayers who need assistance in preparing their own tax returns. IRS-certified volunteers provide free basic income tax return preparation with electronic filing to qualified individuals.

TCE: The Tax Counseling for the Elderly (TCE) program offers free tax help for all taxpayers, particularly those who are 60 years of age and older, specializing in questions about pensions and retirement-related issues unique to seniors. The IRS-certified volunteers who provide tax counseling are often retired individuals associated with non-profit organizations that receive grants from the IRS.

AARP Foundation Tax-Aide: offers free tax help to anyone especially for those age 50 and older who can't afford a tax preparation service. IRS-certified volunteers understand that retirement or other life changes may make tax filing a little more complicated. AARP membership is not required.

Medicare Savings Program (MSP)

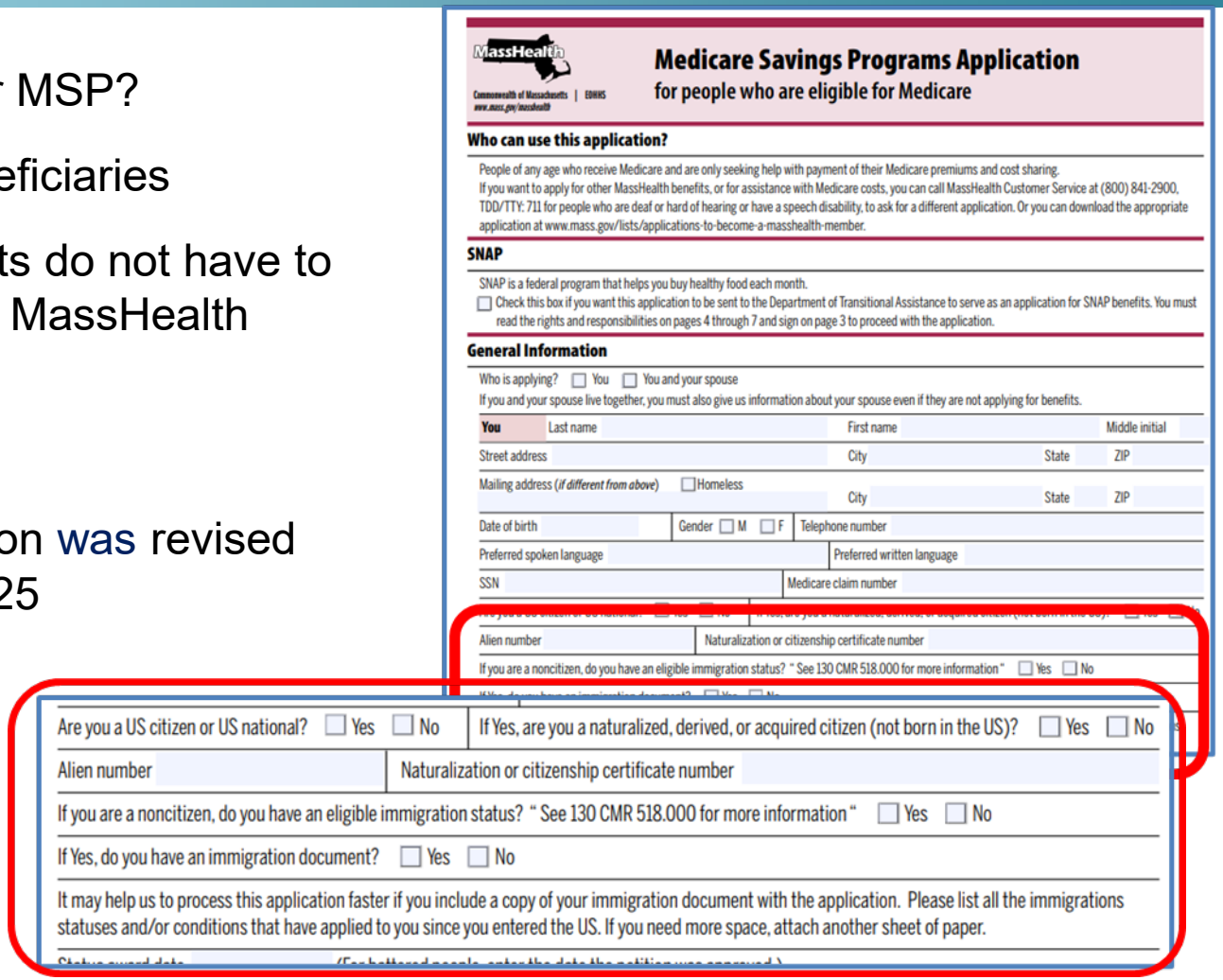
Medicare Savings Program (MSP) (continued)

MassHealth Medicare Savings Program helps pay some of the out-of-pocket costs of Medicare. The MSP programs can also help get Medicare Part B for members who only have Medicare Part A. If members are in an MSP program, they will also be automatically enrolled in the Medicare Part D Extra Help program, which can help with pharmacy costs.

- MSP is not insurance plans. MSPs are always combined with Medicare and do not offer any additional coverage or services that Medicare does not provide.
- ***What happens after a determination is made for MSP?***
  - MassHealth will notify Medicare when a member is eligible for MSP.
  - If the Part B premium is being deducted from the member's social security or retirement check, the member's benefits will be adjusted so that the Medicare premium is no longer being deducted.
  - If members are not yet paying for Part B or if paying the Part B premium in some other way, such as getting a quarterly bill, MassHealth will start paying the bill.

Revised MSP Application

- Who can apply for MSP?
  - Medicare beneficiaries
  - MSP applicants do not have to be an existing MassHealth member
- MSP Application
  - MSP application was revised December 2025



MassHealth

Commonwealth of Massachusetts | EOHHS
www.mass.gov/masshealth

Medicare Savings Programs Application
for people who are eligible for Medicare

Who can use this application?

People of any age who receive Medicare and are only seeking help with payment of their Medicare premiums and cost sharing.
If you want to apply for other MassHealth benefits, or for assistance with Medicare costs, you can call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711 for people who are deaf or hard of hearing or have a speech disability, to ask for a different application. Or you can download the appropriate application at www.mass.gov/lists/applications-to-become-a-masshealth-member.

SNAP

SNAP is a federal program that helps you buy healthy food each month.
☐ Check this box if you want this application to be sent to the Department of Transitional Assistance to serve as an application for SNAP benefits. You must read the rights and responsibilities on pages 4 through 7 and sign on page 3 to proceed with the application.

General Information

Who is applying? ☐ You ☐ You and your spouse
If you and your spouse live together, you must also give us information about your spouse even if they are not applying for benefits.

You	Last name	First name	Middle initial
Street address		City	State ZIP
Mailing address (*if different from above*) ☐ Homeless		City	State ZIP
Date of birth	Gender ☐ M ☐ F	Telephone number	
Preferred spoken language		Preferred written language	
SSN		Medicare claim number	

Are you a US citizen or US national? ☐ Yes ☐ No | If Yes, are you a naturalized, derived, or acquired citizen (not born in the US)? ☐ Yes ☐ No

Alien number | Naturalization or citizenship certificate number

If you are a noncitizen, do you have an eligible immigration status? " See 130 CMR 518.000 for more information " ☐ Yes ☐ No

If Yes, do you have an immigration document? ☐ Yes ☐ No

It may help us to process this application faster if you include a copy of your immigration document with the application. Please list all the immigrations statuses and/or conditions that have applied to you since you entered the US. If you need more space, attach another sheet of paper.

Completing Application Best Practice

- If an older MSP application is submitted, MassHealth will let the applicant know if additional information is needed to fully complete their application
- Answer all require questions
- Sign **and** date the application
- When submitting a paper application, write legibly
- Lighten photo-copied documents used for verifications
- When using Adobe Sign, use an active email account

Member Notices and Cards

- CommonHealth plus MSP members younger than 65 will receive a CommonHealth eligibility notice **and** an MSP eligibility notice
- Qualified Medicare Beneficiary (QMB) members will receive their MassHealth card

2026 Cost of Living Adjustment (COLA)

Cost of Living Adjustment (COLA) 2026

- The Social Security Administration announced on October 24, 2025, that beneficiaries would be receiving a 2.8% COLA increase for 2026
  - On average, Social Security benefits will increase by about $56 per month starting in January
- Updated eligibility figures for Eligibility Figures for Community Residents Age 65 or Older, Figures Used to Determine Minimum-Monthly-Maintenance-Needs Allowance (MMMNA)

* **Federal poverty guideline updates in March**

CMS Interoperability for Members

Patient Access Application Programming Interface

What is a Patient Access Application Programming Interface (API)?

- The Centers for Medicare & Medicaid Services (CMS) issued the Interoperability and Patient Access rule that gives MassHealth members the option to access their own health care information on a third-party application (third-party app) of their choice.
- An API is a connection between computers or software programs that allows them to talk to each other. For example, an API makes it possible to use a third-party app on your phone to check your bank account.

What is the MassHealth Patient Access API?

- The API allows MassHealth to securely share MassHealth members' health information with a third-party app they choose as of January 1, 2026.

What information is available to members?

- Health care information, such as historical claims data, back to January 1, 2016, explanation of benefits data, previous treatment, and list of current outpatient drugs covered by MassHealth.

Member Privacy and Resources

Who can access health care information with a third-party app?

- Current MassHealth members and their personal representative, parent, legal guardian, or authorized representative designee.

Apps and privacy enforcement

- Third-party apps are generally not regulated by HIPAA. A third-party app that publishes a privacy notice should comply with the terms of its notice. However, they are generally not subject to privacy laws. Once you allow your data to be shared with a third-party app, MassHealth is no longer responsible for the privacy and security of that data.
- Learn more about Patient API at MassHealth Patient Access Application Programming Interface | Mass.gov.

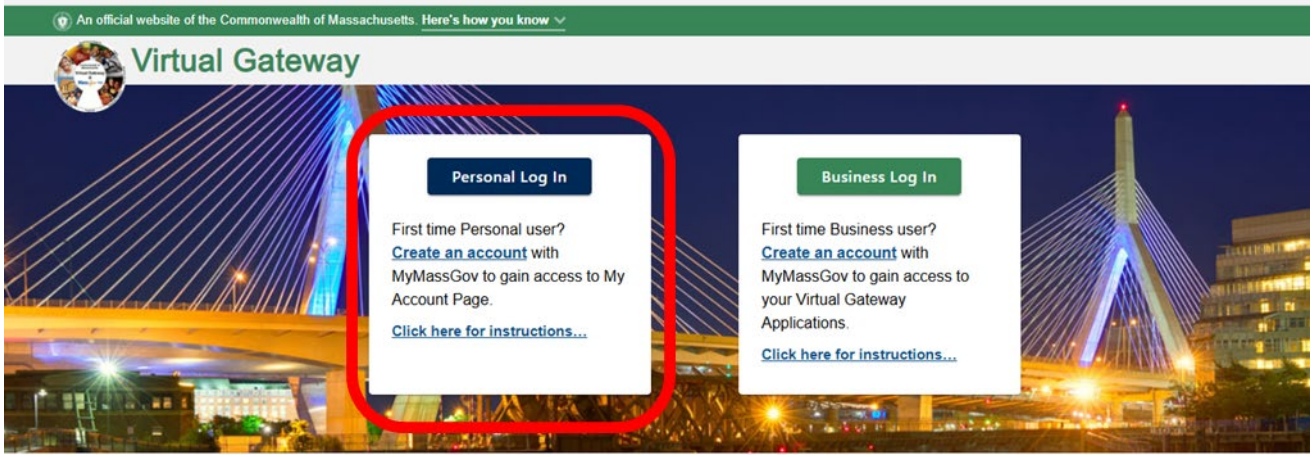
MassHealth's Provider Directory

- The Provider Directory allows members to find MassHealth doctors, hospitals, or services nearby.
- Active MassHealth members who are not in a health plan or are in the following health plans can utilize the Provider Directory:
  - Community Care Cooperative
  - Revere Health Choice
  - Primary Care Clinician (PCC) Plan
- Available on https://masshealth.ehs.state.ma.us/providerdirectory/

My Account Page (MAP) for Member Portal

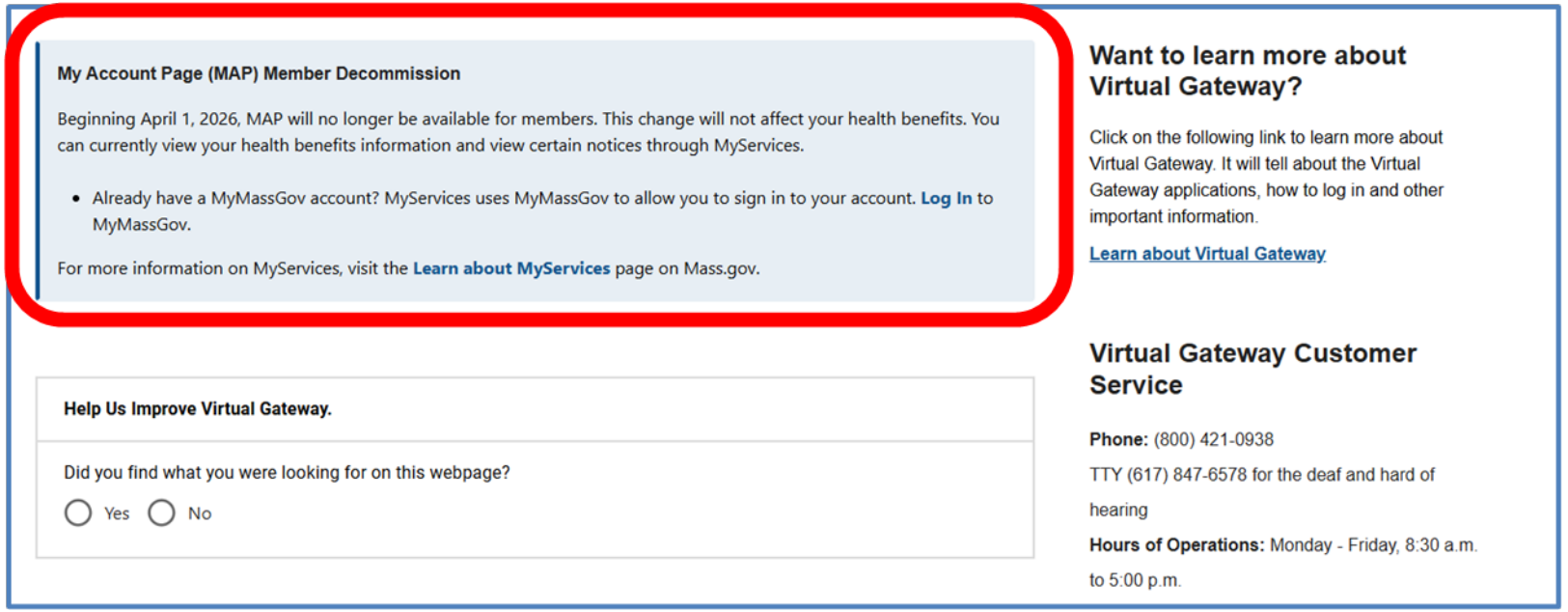
My Account Page (MAP) Portal

- My Account Page (MAP) provides members/applicants and providers access to information related to notices and account details for certain MassHealth members younger than 65 and members over the age of 65.
- On **April 1, 2026, the member facing portal of MAP will be decommissioned**. Members will be able to access their health insurance information at MyServices.
  - Note, this change only impact the member's ability to access the MAP portal and will not affect member benefits.
  - Providers can continue to access MAP using the Business Log In.



Notification to Members

- In October of 2025, all members were informed of the decommission of MAPs through text or email.
  - Another text and email communication is scheduled for January/February 2026.
- A message will display on the Virtual Gateway and MAP log in pages, redirecting members to MyServices to access their information.



MyServices Member Portal

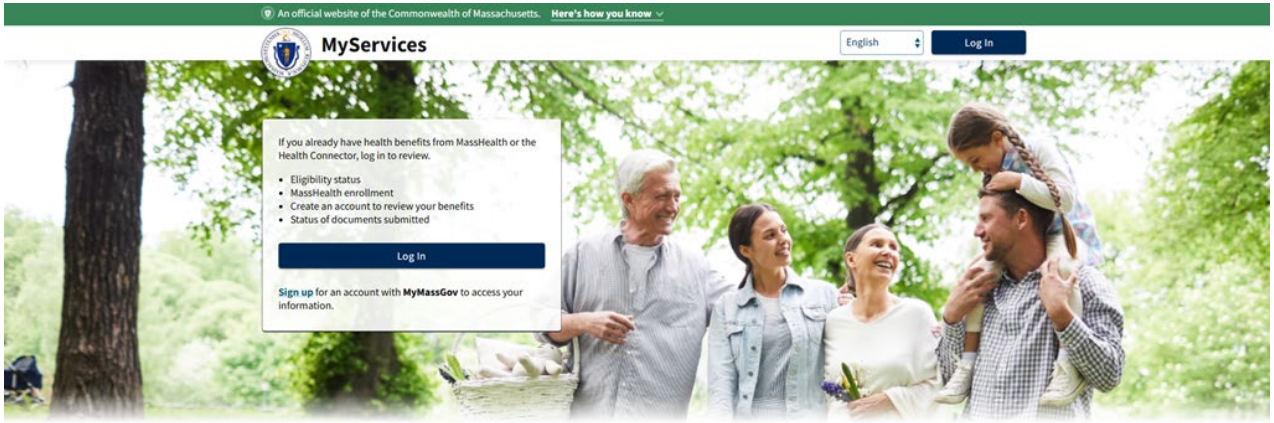
- MyServices portal available for all MassHealth members
- The MyServices portal is a **member ONLY** web portal designed for all applicants and members to:
  - review contact information
  - review eligibility status for MassHealth and the Health Connector
  - review MassHealth enrollment information
  - check the status of Requests for Information (RFIs) you have sent to MassHealth
  - get alerts about important events and actions
  - review eligibility notices sent by MassHealth
- MyServices is only available to members and applicants and cannot be accessed by ARDs, PSIs, or Certified Assisters unless the member is present

How to Access MyServices

- Members that have a MyMassGov account should use their account to sign in to MyServces.
- Members that do not have a MyServices account can create one. For more information on how to create a MyServices account, go to How MyServices works (or https://www.mass.gov/info-details/how-myservices-works).

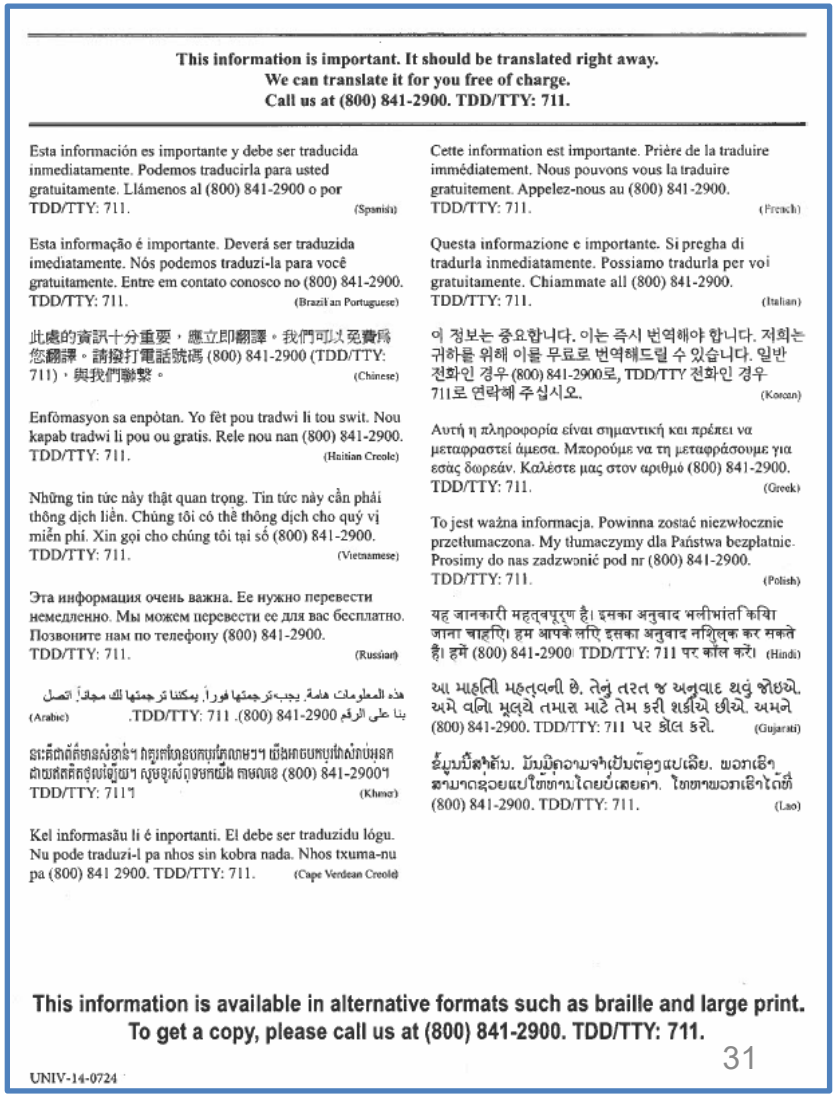
Best Practice

- Members **should not** use their work emails to create their MyServices account.



Language Access

- **Translated in six languages**: English, Spanish, Brazilian Portuguese, Traditional Chinese, Vietnamese, and Haitian Creole.
- Learn more about MyServices at Learn about MyServices | Mass.gov.



This information is important. It should be translated right away.
We can translate it for you free of charge.
Call us at (800) 841-2900. TDD/TTY: 711.

Esta información es importante y debe ser traducida inmediatamente. Podemos traducirla para usted gratuitamente. Llámenos al (800) 841-2900 o por TDD/TTY: 711. (Spanish)

Esta informação é importante. Deverá ser traduzida imediatamente. Nós podemos traduzi-la para você gratuitamente. Entre em contato conosco no (800) 841-2900. TDD/TTY: 711. (Brazilian Portuguese)

此處的資訊十分重要，應立即翻譯。我們可以免費爲您翻譯。請撥打電話號碼 (800) 841-2900 (TDD/TTY: 711)，與我們聯繫。 (Chinese)

Enfòmasyon sa enpòtan. Yo fèt pou tradwi li tou swit. Nou kapab tradwi li pou ou gratis. Rele nou nan (800) 841-2900. TDD/TTY: 711. (Haitian Creole)

Những tin tức này thật quan trọng. Tin tức này cần phải thông dịch liền. Chúng tôi có thể thông dịch cho quý vị miễn phí. Xin gọi cho chúng tôi tại số (800) 841-2900. TDD/TTY: 711. (Vietnamese)

Эта информация очень важна. Ее нужно перевести немедленно. Мы можем перевести ее для вас бесплатно. Позвоните нам по телефону (800) 841-2900. TDD/TTY: 711. (Russian)

هذه المعلومات هامة. يجب ترجمتها فوراً. يمكننا ترجمتها لك مجاناً. اتصل بنا على الرقم (800) 841-2900 .TDD/TTY: 711 (Arabic)

នេះគឺជាព័ត៌មានសំខាន់ៗ។ ត្រូវតែបានបកប្រែភ្លាមៗ។ យើងអាចបកប្រែជាឥតគិតថ្លៃសម្រាប់អ្នក សូមទូរស័ព្ទមកយើង តាមលេខ (800) 841-2900។ TDD/TTY: 711។ (Khmer)

Kel informasãu li é inportanti. El debe ser traduzidu lógu. Nu pode traduzi-l pa nhos sin kobra nada. Nhos txuma-nu pa (800) 841 2900. TDD/TTY: 711. (Cape Verdean Creole)

Cette information est importante. Prière de la traduire immédiatement. Nous pouvons vous la traduire gratuitement. Appelez-nous au (800) 841-2900. TDD/TTY: 711. (French)

Questa informazione e importante. Si pregha di tradurla inmediatamente. Possiamo tradurla per voi gratuitamente. Chiammate all (800) 841-2900. TDD/TTY: 711. (Italian)

이 정보는 중요합니다. 이는 즉시 번역해야 합니다. 저희는 귀하를 위해 이를 무료로 번역해드릴 수 있습니다. 일반 전화인 경우 (800) 841-2900로, TDD/TTY 전화인 경우 711로 연락해 주십시오. (Korean)

Αυτή η πληροφορία είναι σημαντική και πρέπει να μεταφραστεί άμεσα. Μπορούμε να τη μεταφράσουμε για εσάς δωρεάν. Καλέστε μας στον αριθμό (800) 841-2900. TDD/TTY: 711. (Greek)

To jest ważna informacja. Powinna zostać niezwłocznie przetłumaczona. My tłumaczymy dla Państwa bezpłatnie. Prosimy do nas zadzwonić pod nr (800) 841-2900. TDD/TTY: 711. (Polish)

यह जानकारी महत्वपूर्ण है। इसका अनुवाद भलीभांति कियाजाना चाहिए। हम आपके लिए इसका अनुवाद निशुल्क कर सकते हैं। हमें (800) 841-2900 TDD/TTY: 711 पर कॉल करें। (Hindi)

આ માહિતી મહત્વની છે. તેનું તરત જ અનુવાદ થવું જોઇએ. અમે વિનિ મૂલ્યે તમારા માટે તેમ કરી શકીએ છીએ. અમને (800) 841-2900. TDD/TTY: 711 પર કૉલ કરો. (Gujarati)

ຂໍ້ມູນນີ້ສຳຄັນ. ມັນມີຄວາມຈຳເປັນຕ້ອງແປເລີຍ. ພວກເຮົາ ສາມາດຊ່ວຍແປໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາພວກເຮົາໄດ້ທີ່ (800) 841-2900. TDD/TTY: 711. (Lao)

This information is available in alternative formats such as braille and large print.
To get a copy, please call us at (800) 841-2900. TDD/TTY: 711.

UNIV-14-0724

Eligibility Verification System (EVS)

Verify Eligibility

Eligibility Verification System (EVS)

Requirements

- Providers should be requesting to see the member's MassHealth card
- Providers should be verifying MassHealth member eligibility prior to rendering services
  - Failure to verify a member's eligibility may result in non-payment of claims

Reminders

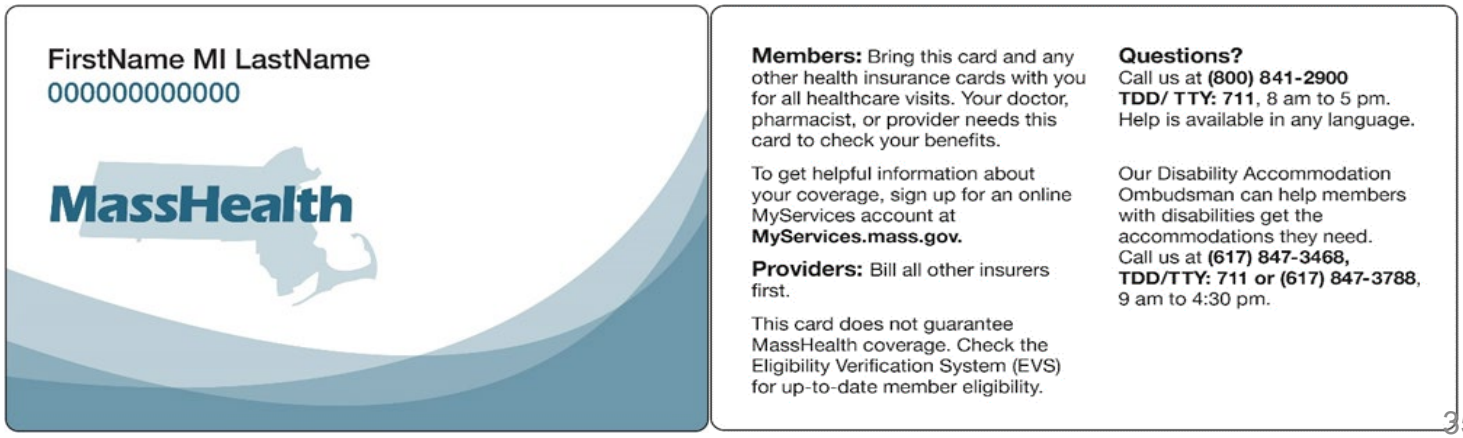
- Providers should request to see the member's MassHealth card
  - Having a MassHealth card does not guarantee MassHealth eligibility
- MassHealth coverage can change at any time, and it is imperative that a provider verifies the member's eligibility
- For POSC security access issues, contact your organization's Primary User

MassHealth Card (slide 1 of 2)

- MassHealth card is issued for most MassHealth members.
- MassHealth card contains the individual's 12-digit numerical ID number.
- Having a MassHealth card does not guarantee MassHealth eligibility.
- MassHealth coverage can change at any time, and it is imperative that a provider verifies the member's eligibility.

MassHealth Card (slide 2 of 2)

- In January 2025, MassHealth began issuing MassHealth member cards with a new design and updated language.
- MassHealth is not automatically issuing new member cards to all members. Instead, MassHealth will use the updated design for any new cards created after January 1, 2025, according to normal processes (for example, when a new member joins MassHealth or a current member requests a replacement card).
- Resource: [All Provider Bulletin 399].



Resources for MassHealth Providers

Long-Term Services and Supports

Phone: (844) 368-5184 (toll free)

Email: support@masshealthltss.com

Portal: www.MassHealthLTSS.com

Mail: MassHealth LTSS

PO Box 159108

Boston, MA 02215

Fax: (888) 832-3006

All Other Provider Types

Phone: (800) 841-2900; TTY: 711

Email: provider@masshealthquestions.com

PACE Eligibility

PACE Program

- Program of All-inclusive Care for the Elderly (PACE) is administered by MassHealth and Medicare to provide a wide range of medical, social, recreational, and wellness services to eligible participants. You do not need to be on MassHealth to enroll in PACE. However, if you meet the income and asset guidelines, you may be eligible for MassHealth and MassHealth may pay your PACE premium.
- **As of January 15, 2026**, new married PACE applicants will be subject to the current asset limit for married couple.
  - This amount changes yearly and is listed under MassHealth's program financial guidelines for certain MassHealth applicants and members
- This is in accordance with MassHealth regulation 130 CMR 520.005: Ownership of Assets.
- The updates do not apply to single applicants of PACE, who will continue to be subject to the current individual asset limit.

Asset Spend Down

- Once all household assets have been verified, if the total countable assets (example are bank accounts, life insurance, a house) exceeds the asset limit for married couples, applicants are permitted to spend down the assets in accordance with MassHealth regulation at 130 CMR 520.004: Asset Reduction.
  - If the applicant is over the asset limit, but the total household assets are below the asset limit for married couples, the couple will have 90 days to transfer excess assets to, or for the sole benefits of, the spouse who does not live in a long-term-care facility (MassHealth regulation 130 CMR 520.016 (B)(3)).
  - If the member does not complete and verify the transfer of assets to the spouse within 90 days, their eligibility may be terminated because of the excess assets.

Recertification of Certified Application Counselors (CACs)

CAC Recertification 2026

- Annual recertification is federally mandated
- Reminder: Current certification valid until April 30, 2026
- Recertification period: March 16, 2026 – April 30, 2026
- Current CACs will take a Recertification Assessment and the NEW: Core Competency Module
  - **All CACs are required to complete the Core Competency Module**
- Certificate valid from Assessment completion to April 30, 2027
- Reminder: Print your 2026 CAC Certificate after completing recertification

Recertification requirements will be announced in the coming weeks.

THANK YOU!