

MA Health Care Training Forum Winter 2026 Meeting

MassHealth Updates Transcription

[MassHealth Updates]

(Sue Kane): Good afternoon, and welcome to the MassHealth Updates meeting. Thank you for joining us today. I'm Sue Kane from the Massachusetts Health Care Training Forum team, and I'll be facilitating today's meeting. Our presenter for MassHealth is Kara Chiev, Manager of MassHealth External Training and Communications.

(Kara Chiev): Thank you, Sue. Great to see you, everyone, at this quarter's MTF and the MassHealth Update session.

[Agenda]

For those in the audience today that's joining for the first time, the information that you're going to hear in the updates pertain to our MassHealth members as far as what applicants and members may experience when they're applying for coverage and/or using their benefits.

For those in the audience with specific provider questions, you're a MassHealth provider, I encourage you to reach out to our provider services team. They did have webinars this week, so you should see their deck up on the MTF website shortly. Let's move to the agenda. As you'll notice, there's quite a number of updates for today. I'll go over some renewal updates, then we'll move into MassHealth Premium Schedule, a quick update there, then looking at the End of Year Tax Filing for 2025 tax year. Just considering forms will be going out or have gone out to folks.

Then a quick Medicare Savings Program Application update, then COLA, 2026 COLA, Cost of Living Adjustment update. Then after all of these program updates, we'll look at some new tools MassHealth members will have access to. Just an FYI, the MAPs, the Member Portal, the My Account Page, this is the Member Portal only, not the Provider Portal. Then a quick reminder for our providers in the audience when you should be using the Eligibility Verification System or EVS. Then lastly, for Certified Application Counselors here today, we have a quick update on this year's Recertification process.

[MassHealth Renewal]

No audio.

[MassHealth Renewal Updates]

As far as MassHealth Renewal, as you're familiar, we are federally required to renew individual members annually. Before December of 2025, MassHealth would select individual members eligible for renewal based on their next renewal date, which typically is 12 months from their initial application date or their last renewal. Moving forward, because of updated guidance from the Centers for Medicare and Medicaid Services or CMS, MassHealth will change the timing of when a member is selected for their renewal. MassHealth will now select a member 60 days before their annual application renewal date.

This applies to all MassHealth members, even those determined eligible for a Health Connector Qualified Health Plan, and they have MassHealth Limited, HSN, or the Children's Medical Security Plan. This is regardless of their QHP enrollment status.

[Example]

Here we have an example. We have John, who's 40 years old. He's single, disabled adult who receives MassHealth Standard coverage. John applied back in June of 2025. His renewal date is scheduled for June 15th of 2026, which is 12 months out from the date of application. On April 16th of '26, John's application will get picked up for renewal, and he'll be mailed a pre-populated form with a due date of May 31st of 2026. John completes his renewal on, say, May 15th. He was found to be no longer federally disabled, and so John is determined eligible for CarePlus with his CarePlus benefits starting May 1st.

Now, let's look at John's original renewal date. Since his current renewal date was June 15th of 2026, this is the standard end date for his MassHealth Standard coverage, and John's new or next renewal date is going to still be set in June in 2027.

For MassHealth providers, you may notice overlapping coverage. As a reminder, you do and should check the MassHealth Eligibility Verification System or EVS at the point of service to ensure the member is still MassHealth eligible and verify the coverage type they have. You'll notice the two coverage types, and it is looking at that date of service of when they received and went for services. We'll still pay for the richest benefit the member was eligible for.

[MassHealth Premium Schedule]

Moving on to the next slide, so MassHealth Premium.

[Update: MassHealth Premium]

Certain MassHealth members, they may be charged a monthly premium if they are in MassHealth Standard or CommonHealth or Family Assistance with income above 150% of the federal poverty level. Calculation of premium amounts. Premium amounts are calculated based on the member's household income and their household size in the Premium Billing Family Group or PBFG. Premium Billing Family Group consists of an individual, or if it's a married couple, or the whole family.

On January 1st, MassHealth did increase monthly premium bill amounts by 10%. That's estimated to be between \$2 to \$10 per month for members with countable income of over 150% of the FPL.

Going on to the next slide.

[MassHealth Future Premium Increases]

Looking forward, starting March of 2027, premium bills will increase yearly by the same percentage that the annual federal poverty level limits increases. For instance, the percentage increase between the annual 2024 and 2025 FPL rate was approximately 2.9%.

Under this new policy, MassHealth's premium billing amount would have also increased by 2.9%. A member's premium will be redetermined yearly, and they will be notified in advance of their premium bill amount. You can go to MassHealth Premium Schedule for members to learn more, to get more information on MassHealth premiums and the premium calculator, or how it's calculated.

[MassHealth: Financial Requirements Regulation]

Lastly, MassHealth Financial Requirements Regulation, that's 130 CMR 506.000 It will be updated and become effective the end of this month. There are a number of amended rules of note related to premium billing. To comply with federal requirements, MassHealth will no longer impose a lockout period for former members with an unpaid premium balance. MassHealth will also remove premium billing tables and required member contribution tables from the regulations. Those tables will be updated and published online annually based on changes to the FPL.

[End of Year Tax Filing Process for Tax Year 2025]

End-of-year Tax Filing.

[Overview of Tax Forms]

Looking at this slide, this is just a summary of the two forms. Certain members will receive the 1095-B and 1099-HC. Under the Affordable Care Act, health insurance, that includes MassHealth, who provides minimum essential coverage, or MEC, to individuals during the tax year, are required to provide proof of health insurance. Although the 2019 tax law repealed the federal individual mandate for individuals, which means consumers will only be penalized for not having health insurance coverage on their tax return, ACA rules requires MassHealth to provide members with proof of insurance. Thus, members will be mailed their Form 1095-B.

The 1095-B shows which months during the calendar year members were enrolled in a health plan that meets the federal minimum essential coverage, or MEC, for at least one day. For the state filing, that's the 1099-HC. Massachusetts requires most adults 18 and over to purchase health insurance if it's affordable to them, and that meets minimum credible coverage, or MCC standards. MassHealth is required to give proof of insurance to members who had MCC in 2025.

The form will be sent to members who were covered in MCC coverage type for at least 15 days of any month during calendar year 2025. Form 1099-HC will be sent out at the individual member level. For members to receive this form, the following conditions must be met. The member must have an income or the income that's greater than 150% of FPL at any point during the calendar year 2025. Member must have an MCC coverage type for at least 15 days of any month during the calendar year 2025. Member must have been at least 18 years old as of December 31st of 2025.

[MassHealth Member Forms]

For this table, this outlines the different MassHealth coverage types and the tax forms members will or should expect to receive from MassHealth. The following MassHealth coverage type meets both MCC and MEC standards. These are our comprehensive coverage types. They include MassHealth Standard, CarePlus, CommonHealth, and Family Assistance. Members in these coverage types will be issued a Form 1095 and 1099-HC.

Those members in Health Safety Net or HSN and MassHealth Limited, they will not get a 1095 and a 1099-HC, as these benefits do not meet standards for tax filing purposes. Members with questions related to their tax form or they want to get a duplicate copy, they can call MassHealth Customer Service at this particular customer service line. It's

866-682-6745. This is a specific line for questions related to tax filing. Customer service on this line will not be able to support eligibility-type questions. Those members should use our main customer service line.

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

As far as dates, MassHealth has started mailing both forms to members. We started last week. As of February 1st, they can go online to MassHealth tax forms, the link here, to get a duplicate copy of their 1095-B. Again, members that have questions about their tax form can call and contact customer service. For eligibility type questions, please call the main customer service line.

[Important Dates in 2026]

For dates, just to note, we do work with the Health Connector, and we know that some families within a family structure, they may have Health Connector members as well as MassHealth members. For our Health Connector consumers, their forms have started to go out, as well as for MassHealth members.

Again, for members that want to get their 1095-B online, they can go to MassHealth tax form to print a copy. Between March 1st and the 18th, if there are changes or corrections that's needed, we ask members to let us know as soon as possible so that we're able to get that information revised and mailed to the member. Again, tax deadline is April 15th.

[Free Tax Assistance]

Tax support, free tax support in the community. There are a number of groups able to help individuals with their taxes. VITA, the Volunteer Income Tax Assistance Program, they offer free tax help to those that make up to \$69,000, persons with disabilities, and limited English-speaking taxpayers who need assistance. These folks are IRS-certified volunteers. They can provide free basic income tax return preparation with electronic filing to qualified individuals.

The Tax Counseling for the Elderly or TCE program, they also offer free tax help for all taxpayers, particularly those who are 60 years of age and older, as they specialize in questions related to pensions and retirement. They're also IRS-certified volunteers.

Lastly, AARP Foundation Tax-Aide, they also offer free tax help to anyone, especially for those age 50 and older who can't afford a tax preparation service.

[Medicare Savings Program (MSP)]

Okay. Medicare Savings Program.

[Medicare Savings Program (MSP)]

For those not familiar with MSP, MSP is not an insurance program. MSP helps pay some of the out-of-pocket costs of Medicare. 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? Somebody applied for Medicare Savings, what happens next? MassHealth will notify Medicare when a member is eligible for the Medicare Savings Program. If the Part B premium is being deducted from the member's Social Security or retirement check, the member's benefit 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 another way, such as getting a quarterly bill, MassHealth will start paying that bill.

[Revised MSP Application]

For this update, it is only about the application. We revised the application. No changes to the program. The application now asks for information about citizenship and immigration status. There's a couple of questions very similar to the ACA and senior application related to immigration.

[Completing Application Best Practice]

Okay. Just some best practice. As we've noticed, a lot of applications coming in with only the signature and no date. If you are helping an applicant complete any of our MassHealth application, please ensure that the signature line is complete as well as the date for that application. If an older version of the MSP application is submitted, MassHealth will let the applicant know if additional information is needed to fully complete their application. Say they submitted a version that was prior to the December 2025 version, MassHealth will send them a notice, the applicant a notice requesting, because they didn't complete the citizenship and immigration question, they'll have to complete those set of questions.

When submitting a paper application, writing legibly will be really helpful for those applying, and if they have documents that they want to submit with the application, they can. With the copy of those documents, just ensure that it's readable. If it's too

light or too dark, we may have to reach back out to the applicant to get a better copy. When using the Adobe Sign, you will need an active email address.

As far as member cards and notices, this is also a new update for CommonHealth plus MSP members younger than 65. They will receive a CommonHealth eligibility notice as well as a separate MSP eligibility notice, just because we're using two different systems to determine eligibility. For qualified Medicare beneficiaries, those members will receive a MassHealth card.

[2026 Cost of Living Adjustment (COLA)]

As far as COLA,

[Cost of Living Adjustment (COLA) 2026]

the Social Security Administration announced back in the fall, in October, that beneficiaries would receive a 2.8% COLA increase for 2026. That increase is about \$56 per month, and it started January. With those increases are eligibility figures for community residents age 65 or older, figures used to determine minimum monthly maintenance needs allowance. Those eligibility figures have been updated and is available on the MassHealth website.

Just to note here, the FPL guidelines, those don't get updated in March, so don't get updated until March. They'll be up probably the first week of March, and we'll make sure to have the updated link for April's MTF.

[CMS Interoperability for Members]

Okay, the next set of updates are related to tools that members will now have access to. First, CMS, or Center for Medicare and Medicaid Interoperability for Members tool. CMS is requiring, if you go into the next slide,

[Patient Access Application Programming Interface]

that certain covered entities, such as Medicaid payers, to allow members access to their health care information through a third-party app of their choice.

As of January 1st, MassHealth has implemented an application programming interface, or API, known as the Patient Access API, to allow third-party apps to request member-specific data that MassHealth maintains when the third-party app has been authorized to access that data by a member or their representative.

What's an API, or an application programming interface? In simple terms, it's the technology that lets MassHealth securely connect with third-party apps to share data, just like banking apps use APIs to show you your banking information and transactions. The API does allow MassHealth to securely share MassHealth members' health information with a third-party app. What information should members expect to see? Members will be able to use the third-party app to access their health care information, such as historical claims data back to January 1st of 2016. This will also include explanation of benefits data, previous treatments, and a list of current outpatient drugs covered by MassHealth.

[Member Privacy and Resources]

As far as who can access this app, currently, it's only MassHealth members and their personal representative, a parent, a legal guardian, or an authorized representative designee. Certified assisters in the community right now, you cannot access this app, even with a member there. This is a member-only app.

The third-party apps are generally not regulated by HIPAA. Once a member allows their data to be shared with an app, MassHealth is no longer responsible for the privacy and security of that data. In the event that the third-party app experiences a data breach, the member would need to work with the app to address any risk to their personal data. In the event that the member believes the app is abusing their data, the member would need to work with the Federal Trade Commission and file a complaint with the Trade Commission. Through the MassHealth Patient Access Application Programming Interface page, there's a lot of information there as well as a link to the Federal Trade Commission to file any complaints.

[MassHealth's Provider Directory]

Just as a reminder for folks out there, we do have our MassHealth Provider Directory. We have two. Here, the Provider Directory that's on Mass.gov allows members to find MassHealth doctors, MassHealth hospitals that are in network with MassHealth, and services nearby. Active members who are not in a health plan, they're not in an ACO, or they're not in the C3, ACO or the Revere Health ACO, they can use the MassHealth provider directory here, as well as those members in our Primary Care Clinician plans and those in Fee-for-Service. They would be able to use this directory to find doctors that are in network with MassHealth.

The other provider directory is specific for our ACO plan, and that's at MassHealthChoices.com.

[My Account Page (MAP) for Member Portal]

Next is the My Account Page for Member Portal.

[My Account Page (MAP) Portal]

My Account Page or MAPs lets members, applicants, and providers access information related to notices and account details for certain members. Those younger than 65 and members over the age of 65. On April 1st, the member-facing portal of MAPs will sunset, so members will be able to access their health insurance information at MyServices. If they don't already have a MyServices account, they can create a MyServices account.

Note that changes-- This change is just to this portal. It doesn't impact members' benefits or noticing. They can now get access to notices at MyServices. For those in the community that are providers, you can still continue to use this VG page to access MAPs under the business login.

[Notification to Members]

Just to let you know, MassHealth have reached out to members. If you're working with any of our members that create an account, have access to MAPs, do let them know that the route to that portal will go away. They'll actually be redirected to MyServices.

Here is a simple message that is already up on the Virtual Gateway page. Just letting them know that that member portal or the personal login button will go away April 1st. We'll also be texting them and emailing them right around now to remind them that they can go to MyServices to access their MassHealth information, as well as their notices.

[MyServices Member Portal]

MyServices is a MassHealth member-only portal. For those that are certified assisters, ARDS, you have a PSI for that member. This is not the portal. We are still working on that side of MyServices, so more to come.

For members, they can go to MyServices to review their contact information, review eligibility status for MassHealth and the Health Connector, review MassHealth enrollment information, which health plan they're enrolled in, check the status of any

RFIs. If they submitted the verifications to MassHealth, there's an indicator to let them know if it's in process or where it is within the processing process. They can also get alerts about important events and actions. If they have an upcoming renewal, it will indicate-- there will be an alert on that page, on their landing page. Again, they can go into MyServices to look at their eligibility notices that MassHealth has sent them. We're actually constantly updating MyServices so members have access to a lot more information related to their notices, what we've mailed to them. As I think we've updated right now to be able to-- for those members that are in a MassHealth health plan, they may be able to see any notices that were sent related to health plans.

Moving on to the next slide.

[How to Access MyServices]

This page just gives a little bit more instructions on how to create an account if the member doesn't already have one. This is a portal for all of our members, regardless if they're under 65 or over 65. All members, individual members, not just the household, the head of household is able to create an account. As a best practice, you should not be using your work email if you intend to create a MyServices account. Just in case you leave your employment and need to access MyServices in the future, you just don't want that issue of not being able to access your account.

[Language Access]

Lastly, translated notices, as well as the portal. It's available in English, Spanish, Brazilian Portuguese, Traditional Chinese, Vietnamese, and Haitian Creole. That's also the six languages our notices are available in as well. Go to learn about MyServices to get all of this information. Absolutely, let members know that this is their member portal, and they can get access to a lot of their information related to eligibility.

[Eligibility Verification System]

As the slides are really a reminder for our provider community

[Verify Eligibility]

MassHealth providers should be requesting to see MassHealth members' cards. You should be verifying member eligibility prior to rendering services. Failure to verify a member's eligibility may result in non-payment of claims, as you heard earlier. You can go through the POSC. If you don't have access to EVS, reach out to your primary user, and that is within your organization.

[MassHealth Card (slide 1 of 2)]

As far as member card, this is the older version of the MassHealth card. It's still in circulation. Some members have and still are using this card. It is a 12-digit numerical ID card for members. It doesn't guarantee MassHealth eligibility, so just because they have the card, you should be checking EVS to verify eligibility. As you know, circumstances change, their coverage type may also change.

Going to the next slide.

[MassHealth Card (slide 2 of 2)]

Here's the picture of the latest version of the MassHealth card. It was updated last year, and we started issuing this card to new members, as well as anybody that called to request a replacement card. You may see both cards out in the community.

[Resources for MassHealth Providers]

For providers, customer service, we get this question all the time. For questions related to long-term services and support, please do call our LTC team. Here's their email, as well as the phone number. For all other provider types, contact our providers@masshealthquestions.com or the main MassHealth customer service line.

[PACE Eligibility]

The last set of updates is PACE eligibility.

[PACE Program]

The Program of All-Inclusive Care for the Elderly, or PACE, is a Medicare and Medicaid-managed care program that's managed jointly by MassHealth and CMS. PACE is a comprehensive health program for seniors, allowing them to receive needed medical and social services while living at home. You don't 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 the PACE premium.

The update for today only applies to anyone newly applying for PACE with a spouse living in the community. As of January 15th, new married PACE applicants will be subject to the current asset limit for a married couple, and this amount changes yearly. It is updated on the MassHealth website. There is no change in how assets are counted for single PACE applicants at initial application or at renewal.

Moving on to the next slide.

[Asset Spend Down]

Asset spend down. Once all household assets have been verified, if the total countable assets, for instance, bank, that includes bank accounts, life insurance, or a house, exceeds the asset limits for married couples, applicants are permitted to spend down the assets, and this is in accordance to our regulation here at 130 CMR 520. If the applicant is over the asset limit, but the total household assets are below the asset limit for a married couple, the couple will have 90 days to transfer excess assets to or for the sole benefits of the spouse who doesn't live in a long-term care facility. If the member doesn't complete and verify the transfer of assets to the spouse within 90 days, their eligibility may be terminated because of over-assets, excess in assets.

[Recertification of Certified Application Counselors (CACs)]

Okay, so I am actually going to turn this over to Chris Abate to provide a quick update on CAC recertification.

(Chris Abate): Thank you, Kara. Next slide, please.

(Debbie Raymond): Chris, can you just introduce yourself, please?

(Chris Abate): Oh, sure. Yes. Sorry about that. Chris Abate. I work here at MassHealth on the Certified Application Counselor program.

(Debbie Raymond): Thank you.

[CAC Recertification 2026]

(Chris Abate): Sure. Okay. For our Certified Application Counselors out there, we are going to be starting our annual recertification shortly. We just want to give you a quick update about that. Our annual recertification is something we have to do. It's federally mandated for us to do every single year. For your current certified CACs, they are certified through the end of April. After April 30th, 2026, their current certification will expire. We're going to kick the program-- or excuse me, we're going to kick the recertification period off in mid-March. That will run from mid-March through the end of April. Folks will have about six weeks or so to complete the recertification requirements.

There will be an assessment like there always is every single year. That is not changing. The core competency module is being revised. That's an annual thing that all CACs are required to take each year. That will be part of recertification as well. We might be adding an additional course or two to that as well. We will be sending out a lot more

information about this, like it says at the bottom. Don't feel like you have to get all this today.

Once people do recertify, their new certification period will run through April 30th, 2027. People will be good for another year. Just a reminder, you can print your certificate after completing recertification through the LMS. You can find that within your transcript or your profile. You can access it that way. You can download it, print it, save it, whatever you like. Like I just mentioned, we will be sending out a lot of information pertaining to this in the next couple of weeks.

[Thank you!]

(Sue Kane): That ends our program for today. Thank you, everybody, for being with us. Have a great rest of your day. Thank you for joining us today.