



Health Safety Net

Information and Updates
October 2025

Health Safety Net Agenda

- New Dental Administrator
- Dental Prior Authorization Waiver
- Emergency Regulation Changes
- Health Safety Net Updates
 - Resweep of Claims
 - Claim Adjustment Reason Code (CARC) updates
- Fiscal Year Updates
- Submission of Protected Health Information (PHI)
- HSN Pharmacy Formulary Changes
- General Information
- Questions

New Dental Administrator

The Executive Office of Health and Human Services will transition administrators for dental services starting in 2026. DentaQuest will provide as the third-party administrator for MassHealth, the Children's Medical Security Plan (CMSP), and the Health Safety Net (HSN) dental services. BeneCare, which did become the Third-Party Administrator (TPA), was transitioned on March 31, 2025, for dental services. There is no precise date as of when DentaQuest will transition to the Third-Party Administrator (TPA). This will not affect members eligibility, nor the rates set for dental services

- *For participating providers and members:*
 - No action is needed at this time and there are no immediate changes in MassHealth Dental operations
 - As of April 1, 2025, please visit massdhp.org, call 844-MH-DENTL ((844) 643-3685), or email providerrelations@massdhp.com for your MassHealth dental program needs. To receive future messages from BeneCare and the MassHealth Dental Program, please subscribe at FAQ.massdhp.org
- *For more information, please visit the MassHealth bulletin:*

[MassHealth Dental Program Updates | Mass.gov](#)

HSN Dental Prior Authorization Waiver



- Please be advised that EOHHS has posted [Administrative Bulletin 25-24](#) announcing the temporary suspension of dental prior authorization requirements for Health Safety Net (HSN)
 - **PA requirements for HSN dental services are temporarily suspended effective for dates of service on or after October 1, 2025 until March 1, 2026**, as ongoing systemic and operational limitations are addressed
 - This temporary suspension of PA requirements **applies to acute care hospitals and community health centers that are HSN dental service providers**

Emergency Regulation Updates

Health Safety Net has updated the regulations @ 101 CMR 614.000 including:

- Updates shortfall allocation beginning FY25 for Disproportionate Share Hospitals (DSH) to set a uniform payment percentage subject to available funding when demand exceeds the HSN trust fund's ability to pay providers at 85% of Demand
- Disproportionate Share Hospital (DSH) definition change
 - Updates definition of DSH to minimum 63% public payor mix (no longer including subsidized connector care utilization), more closely aligns with High Public Payor CHIA definition
 - Data is connected to 2022
- Removes references to Surcharge as it's been replaced by Managed Care Payor Assessment regulations @ 101 CMR 515.000

- **Resweep of Current Procedural Terminology (CPT) Codes**

- The Health Safety Net identified certain claims billed with procedure code 90671 as well as T1040

CPT Code	Number of Claims
90671	92
T1040	61

- **Claim Adjustment Reason Code (CARC) Updates**

- CARC codes 6, 8, and 45 will no longer be reimbursable for secondary claim submissions to align with existing regulations

Fiscal Year Updates

- **Fiscal Year 2026 Rates**

- Health Safety Net is actively formulating the outpatient hospital rates for fiscal year 2026 which started October 1, 2025, and continues until September 30, 2026
- The rates will be published on the HSN website and emailed with an update as soon as the rates are finalized

- **Fiscal Year 2023 Claims**

- The Health Safety Net will be soon beginning final payment reconciliation for HSN Fiscal Year 2023. Providers are urged to submit any outstanding claims for FY23 prior to closure date

Submission of PHI

Protected Health Information (PHI) refers to any individually identifiable health information that is created, received, used, maintained, or transmitted by a covered entity or business associate. This includes information related to an individual's physical or mental health condition, treatment, or payment for healthcare services. Under Health Insurance Portability and Accountability Act (HIPAA), PHI encompasses a wide range of identifiers, including names, addresses, and any other information that can be used to identify an individual.

Health Safety Net has been receiving data and client inquires by email which contains PHI in a non-secure manner.

If requesting or supplying client information or any details that would consist of PHI please ensure the transmission of the data is secure. If the data is not considered secure the transmission will be returned and may delay the timeliness of processing the request.

UPCOMING CHANGES TO HEALTH SAFETY NET (HSN) PHARMACY REIMBURSABLE SERVICES

HSN Pharmacy Formulary

Currently: HSN pharmacy coverage largely matches the MassHealth formulary as listed on the MassHealth Drug List (MHDL). MassHealth covers all drugs that participate in the Medicaid Drug Rebate Program.

Effective January 12, 2026, HSN pharmacy coverage will no longer match MassHealth coverage.

- Coverage will shift to a largely "generic" formulary, allowing the Commonwealth to maintain access to cost-effective care, while ensuring the long-term sustainability of the HSN program

Rationale: Significant HSN shortfall. Significant uncertainty ahead given anticipated federal changes to health coverage.

- Reducing pharmacy expenditures while maintaining access to cost-effective care is critical to maintaining the sustainability of the HSN program

HSN Pharmacy Formulary – (continued)



Generally reimbursable without PA:

- Generic medications (including unbranded biosimilars)
- Select brand name medications on the MassHealth Brand Over Generic List (BOGL) on the MHDL*
- Select non-drug products (i.e., alcohol swabs, lancets, pens needles, syringes, urine glucose test strips, ketone test strips)
- Preferred diabetes test strips within quantity limits
- Vaccines

**Exceptions apply, subject to change*

Generally reimbursable with PA:

- Preferred non-drug products (e.g., continuous glucose monitors, continuous subcutaneous insulin infusion devices)
- Brand medications not listed on the MassHealth BOGL
- Other medications when clinically necessary

HSN Pharmacy Formulary: Branded Products



Branded medications not on MassHealth BOGL will require PA in January 2026.

Branded medications will require PA looking for the following:

1. Appropriate diagnosis
2. One of the following:
 - a. Trial with **all** clinically appropriate covered alternatives
 - b. Medical necessity for the branded agent instead of covered alternatives
3. One of the following:
 - a. Manufacturer does not offer a patient assistance program (PAP)
 - b. Documentation of submission to PAP but decision is pending
 - c. Documentation that coverage through PAP has been denied

Provisional approval (*while awaiting PAP decision*): one month, up to three times

Initial Approval: 6 months

Recertification: Require trials with all clinically appropriate covered alternatives or medical necessity for continued use of branded agent.

HSN Pharmacy Formulary: Preferred Durable Medical Equipment



Preferred DME products will require PA with criteria matching MassHealth.

Continuous glucose monitors (CGMs) and continuous subcutaneous insulin infusion (CSII) devices will require PA with approval criteria matching current MassHealth criteria.

CGM criteria generally requires appropriate diagnosis, rationale for use of CGM (e.g., requires insulin or problematic hypoglycemia), and within quantity limits.

CSII criteria generally requires diagnosis of diabetes, age, three times daily use of insulin, blood glucose testing, and within quantity limits or rationale to exceed limits.

Non-preferred DME products will not be covered by HSN unless otherwise specified (i.e., alcohol swabs, lancets, pens needles, syringes, urine glucose test strips, ketone test strips)

HSN Pharmacy Formulary: Other Pharmacy Coverage Changes



Existing PAs for medications will be terminated, effective January 12, 2026.

HSN will cost-avoid at the point-of-sale for patients with other insurance coverage (e.g., Medicare or third-party liability insurance) to ensure HSN is the payer of last resort.

Emergency overrides will be limited to a 72-hour supply of medication.

Vacation overrides will no longer be available.

Changes to the HSN formulary will impact **pharmacy coverage.**

No changes in coverage of **medications administered in the outpatient or hospital settings** are anticipated.

General Information

- Health Safety Net eligible service regulations can be found at: <https://www.mass.gov/regulations/101-CMR-61300-health-safety-net-eligible-services>
- Health Safety Net eligible payment and funding regulations can be found at: <https://www.mass.gov/regulations/101-CMR-61400-health-safety-net-payments-and-funding>
- Health Safety Net Reimbursable Services located at: <https://www.mass.gov/doc/hsn-chc-billable-procedure-codes/download>
- Health Safety Net INET located at: [Learn about HSN-INET | Mass.gov](#)
- Billing updates are posted and can be found at: [Information about HSN Provider Guides and Billing Updates | Mass.gov](#)



MassHealth Updates

MassHealth Agenda

- Continuous Eligibility for Over 65 Applicants and Members
- Changes to MassHealth Premiums and MassHealth's Universal Eligibility Requirement
- MassHealth Health Plan Update (ACOs, MCOs, & PCC Plans)
- 2026 One Care Plans
- Senior Care Option (SCO) Program and 2026 Plans
- MassHealth Dental Plan Update
- MassHealth's My Account Page (MAP) for Members
- MassHealth Coverage of Vaccine
- Health Connector Updates

MassHealth Continuous Eligibility Coverage for Individuals 65 Years of Age and Older

Continuous Eligibility for Individuals 65 and Over (CE) (slide 1 of 3)



- Continuous eligibility (CE) means that members retain coverage for the appointed period even if they experience changes in their circumstances that would otherwise affect eligibility
- Continuous Eligibility (CE) is a valuable tool that helps states ensure that certain populations stay enrolled in the health coverage for which they are eligible and have consistent access to needed health care services
- CE promotes health equity by limiting gaps in coverage
- We are excited to extend CE to:
 - Individuals verified chronically homeless

Benefits of Continuous Eligibility

- Drives more efficient health care spending
- Improves health status and wellbeing in the short and longer term
- Mitigates the impact of income volatility on families
- Promotes health equity
- Reduces administrative burden and costs
- Enhances the ability to fully measure the quality of care
- Provides states with better tools to hold health plans accountable for quality and improved health outcomes

Continuous Eligibility (CE) (slide 2 of 3)



Verified Chronically Homeless Adults (October 2025)

- Provides 24-months continuous eligibility to adults 65 years of age and older upon verified of homeless
- **Reasons for possible ineligibility for CE:**
 - Moves out of state
 - Voluntarily withdraws
 - Deceased
 - Erroneous initial eligibility

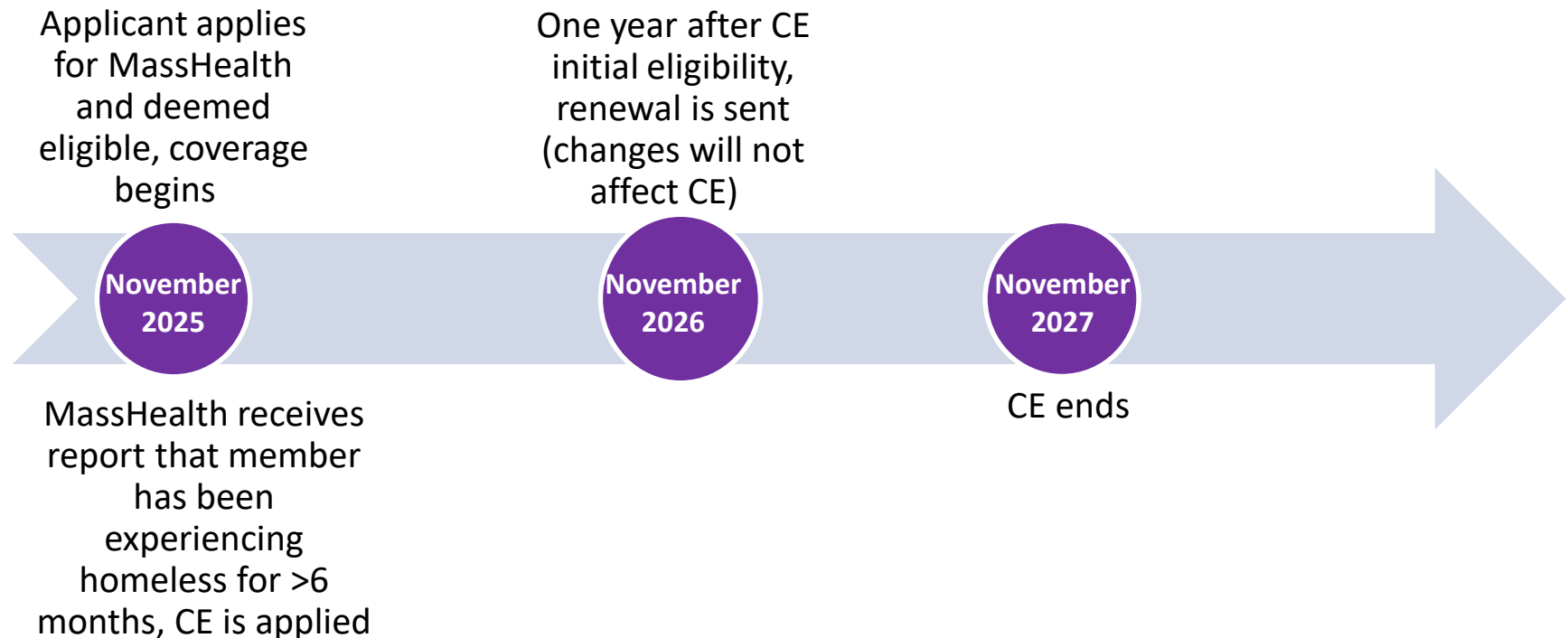
Continuous Eligibility (CE)

(slide 3 of 3)



- The CE period for **new applicants** begins on the effective date of eligibility
 - Note: Chronically homeless needs to be verified from the state system, therefore the CE date will happen post eligibility
- Renewal and Redetermination: MassHealth will apply continuous eligibility for the appropriate time periods when a member is renewed
- Regardless of change(s) in circumstance, members with CE will not lose coverage during the designation time period
- CE is unique to the individual within the household and does not apply to the entire household
- Household members without CE still need to report changes, respond to Request for Information (RFIs), and complete renewals or they will risk losing coverage

Member Scenarios: Chronically Homeless



UPDATES TO MASSHEALTH PREMIUMS

Updates to 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)

What's changing

- MassHealth will annually adjust and publish the monthly premium amount for each coverage type starting in calendar year 2026

UPDATE TO MASSHEALTH'S UNIVERSAL ELIGIBILITY REQUIREMENT

MassHealth Eligibility

Six universal requirements that **all** members and applicants must meet (130 CMR 503.000 & 130 CMR 517.000):

1. Massachusetts residency
2. Social Security Number (SSN), if applicable
3. Assignment of Rights to Medical Support & Third-Party Payments: cooperating with those that may be legally obligated for someone to pay for their care
 - Good Cause for Non-Cooperation
4. Assignment for Third Party Recovery: an applicant or member must inform MassHealth when any such individual is involved in an accident, or suffers from an illness or injury, or other loss that has resulted or may result in a lawsuit or insurance claim
5. Potential Sources of Healthcare & Utilization of Potential Benefits: MassHealth is payor of last resort
6. **Utilization of Potential Benefits**

Elimination of Utilization of Potential Other Benefits Requirement



- MassHealth will eliminate the requirement that individuals **apply for other cash benefits** for which they may be entitled as a condition of Medicaid eligibility (e.g., Social Security, retirement benefits, etc.)
- Applicants and members must still obtain and maintain other health insurance available to them at no additional cost, including Medicare
- Failure to do so may result in loss or denial of eligibility

MASSHEALTH HEALTH PLAN UPDATE

Polling Question



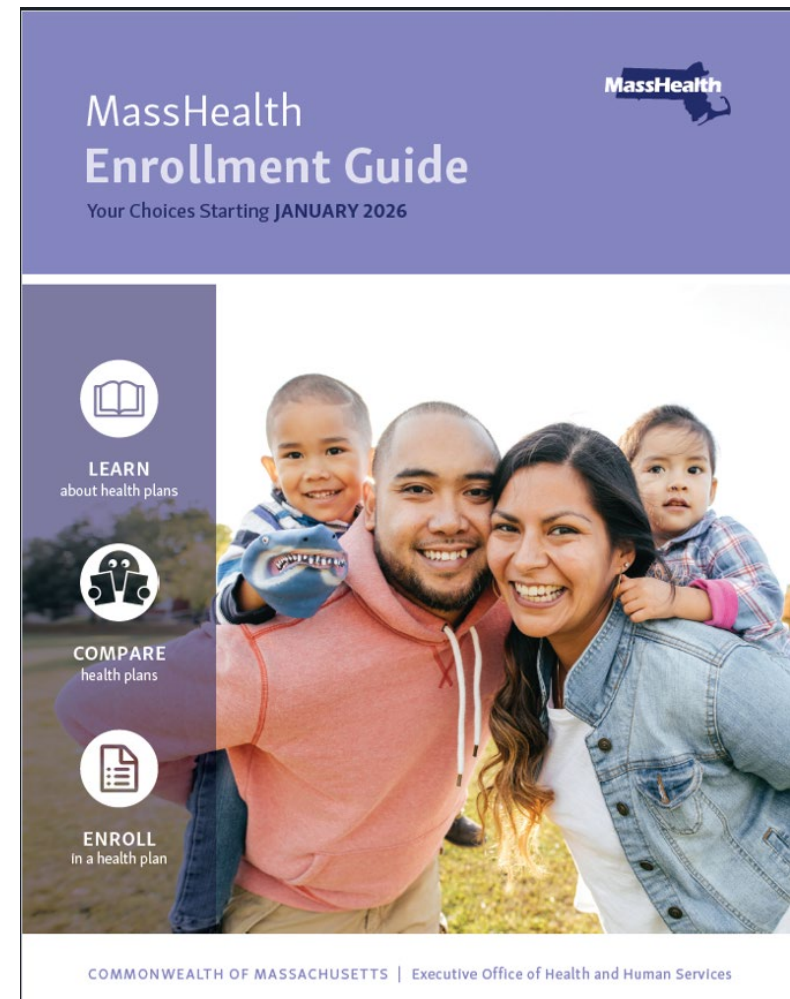
Who's eligible to enroll in MassHealth ACO, MCO, or PCC health plans?

- a) Members younger than 65, no third-party liability (TPL) (including Medicare)
- b) Members who live in the community (for example, not in a nursing facility)
- c) Members eligible for one of MassHealth's comprehensive coverage types
- d) Seniors over age 65
- e) Members Dually eligible for MassHealth and Medicare
- f) None of the above
- g) a, b, and c
- h) I don't know

Who's Eligible to Enroll?

MassHealth members eligible to enroll in a MassHealth ACO, MCO, or PCC Plan:

- Under 65, no third-party liability (TPL) (including Medicare)
- Live in the community (for example, not in a nursing facility)
- In the following MassHealth coverage types:
 - MassHealth Standard
 - MassHealth CommonHealth
 - MassHealth CarePlus
 - MassHealth Family Assistance
- For additional details see 130 CMR 508.001-002



ACO Changes Starting 1/1/2026



Service Area Changes

- WellSense Care Alliance will no longer be offered in the following service areas:
 - Brockton
 - Haverhill

Provider Changes

- As of January 1, 2026, **30 providers are joining or moving** in the MassHealth ACO program. These moves will affect approximately 20,000 members

Hospital Changes

- As of January 1, 2026, **2 ACOs** will make changes to their hospital network. However, in an emergency, members can go to any hospital. Members do not need to worry about which health plan they have

ACO Hospital Network Changes



Plan Name	Will add the following hospital to its network
Mass General Brigham Health Plan with Mass General Brigham ACO	Mercy Medical Center (Trinity Health of New England), Springfield

Plan Name	Has removed the following hospital from its network
Fallon Atrius	Baystate Medical Center (Baystate Health), Springfield
Mass General Brigham Health Plan with Mass General Brigham ACO	Holyoke Medical Center, Holyoke

Hospital Name Changes



Hospital	New Name
Morton Hospital (Lifespan Health Systems), Taunton	Morton Hospital (Brown University Health)
Saint Anne's Hospital (Lifespan Health Systems), Fall River	Saint Anne's Hospital (Brown University Health)
St. Elizabeth's Medical Center, Brighton	Boston Medical Center – Brighton
Good Samaritan Medical Center, Brockton	Boston Medical Center – South Brockton

Changes to Available Health Plans in 2026



On January 1, 2026, the Tufts Health Together Managed Care Organization (MCO) will be discontinued.

- This will affect approximately 25,000 members.
- Members currently enrolled in the Tufts Health Together MCO will be re-assigned to the health plan that their primary care provider (PCP) will be participating in moving forward, if possible.
 - Members will receive a notification letter about their new health plan assignment and providing additional information about their options, including how to change health plans.
- Leading up to January 1, 2026, MassHealth will work with the Tufts Health Together MCO and the members' future health plans to coordinate transitions of care, including exchanging information about prior authorizations and referrals.

2026 Health Plan Options for Individuals Younger than 65



Accountable Care (ACO) Partnership Plans (ACPP)

Fallon Health - Atrius Health Care Collaborative

Berkshire Fallon Health Collaborative

Fallon 365 Care

BeHealthy Partnership Plan

Wellsense Beth Israel Lahey Health (BILH) Performance Network ACO

Wellsense Community Alliance

Wellsense Boston Children's ACO

East Boston Neighborhood Health Wellsense Alliance

Wellsense Mercy Alliance

Wellsense Signature Alliance

Wellsense Southcoast Alliance

Wellsense Care Alliance

Mass General Brigham Health Plan with Mass General Brigham ACO

Tufts Health Together with Cambridge Health Alliance (CHA)

Tufts Health Together with UMass Memorial Health

Managed Care Organizations (MCO) Plan

WellSense Essential MCO

Primary Care Clinician (PCC) Plan

Primary Care ACO Plans (PCACO)

Community Care Cooperative (C3)

Revere Health Choice

Continuity of Care Period

- The Continuity of Care (CoC) period for medical and behavioral health services will be from **January 1, 2026 to March 31, 2026 (90 days)**
- Need help accessing pharmacy or specialty networks?
 - Members can seek assistance from their health plan. Each plan can help with any access-to-care issues regarding pharmacy and specialty network issues during this period

Plan Selection and Fixed Enrollment Period



Plan Selection Period

- Members enrolled in a MassHealth MCO or ACO health plan will have a 90-day Plan Selection Period every year
- During this time, members can enroll or switch their health plans for any reason
- If members are happy with their current health plan, they do not need to take action. They will remain in their current plan

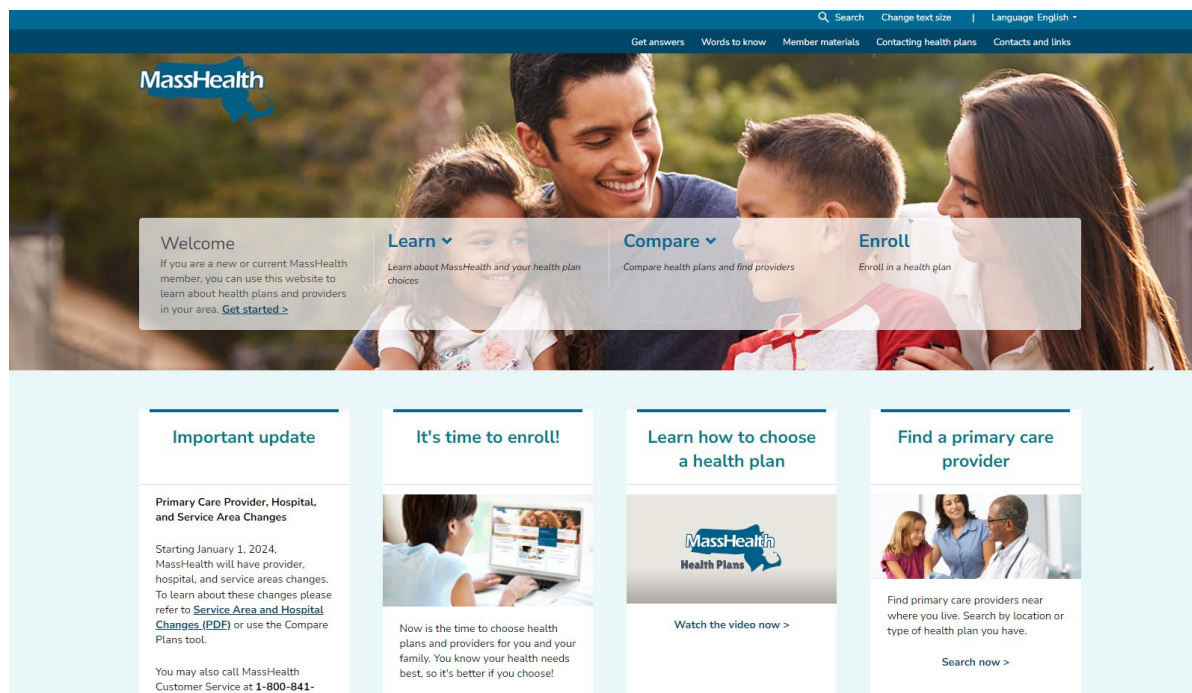
Fixed Enrollment Period

- After the 90-day Plan Selection Period has ended, members will enter a Fixed Enrollment Period
- Once in their Fixed Enrollment Period, the member cannot move to another health plan until the next Plan Selection Period, unless MassHealth determines that one of the [fixed enrollment period exceptions](#) applies
- Members can always call MassHealth for more information about their Plan selection Period and Fixed Enrollment Period

Resources



- Learn, Compare, Enroll at [MassHealthChoices.com](https://www.masshealthchoices.com)
- MassHealth Enrollment Guide 2026
- Call MassHealth at (800) 841-2900; TTY: 711



2026 ONE CARE PLANS

One Care Program and Plans

- One Care combines MassHealth & Medicare benefits into one plan with one card and one care team. One Care covers medical, mental health, and prescription medications, plus support for daily tasks and independent living
- Care Coordinators help members stay healthy and get the services they need
- Available since 2013

Who's eligible to enroll in a One Care Plan?

- Dual eligible adults with disabilities:
 - **Ages 21-64** at the time of enrollment
 - Have both **MassHealth Standard or CommonHealth** and **Medicare** (Parts A and B and are eligible for Part D)

One Care Plans Available 1/1/2026



- Commonwealth Care Alliance (CCA)
- **Mass General Brigham Health Plan (MGBHP) NEW FOR 2026**
- **MolinaOne Care NEW FOR 2026**
- Tufts (Point32Health)
- UnitedHealthcare (UHC)

Disclaimer: Enrollment in the plan depends on the plan executing a Medicare Contract in September 2025

2026 One Care Plans: New Statewide Availability



One Care Plan/ County	CCA	MGBHP	Molina	Tufts	United	# One Care Plans in County
Barnstable	Y	N	N	Y	N	2
Berkshire	Y	N	N	N	N	1
Bristol	Y	Y	Y	Y	Y	5
Dukes	N	Y	N	N	N	1*
Essex	Y	Y	Y	Y	Y	5
Franklin	Y	N	N	N	N	1
Hampden	Y	N	Y	Y	Y	4
Hampshire	Y	N	Y	Y	Y	4
Middlesex	Y	Y	Y	Y	Y	5
Nantucket	N	Y	N	N	N	1*
Norfolk	Y	Y	Y	Y	Y	5
Plymouth	Y	Y	Y	Y	Y	5
Suffolk	Y	Y	Y	Y	Y	5
Worcester	Y	N	Y	Y	Y	4

Legend

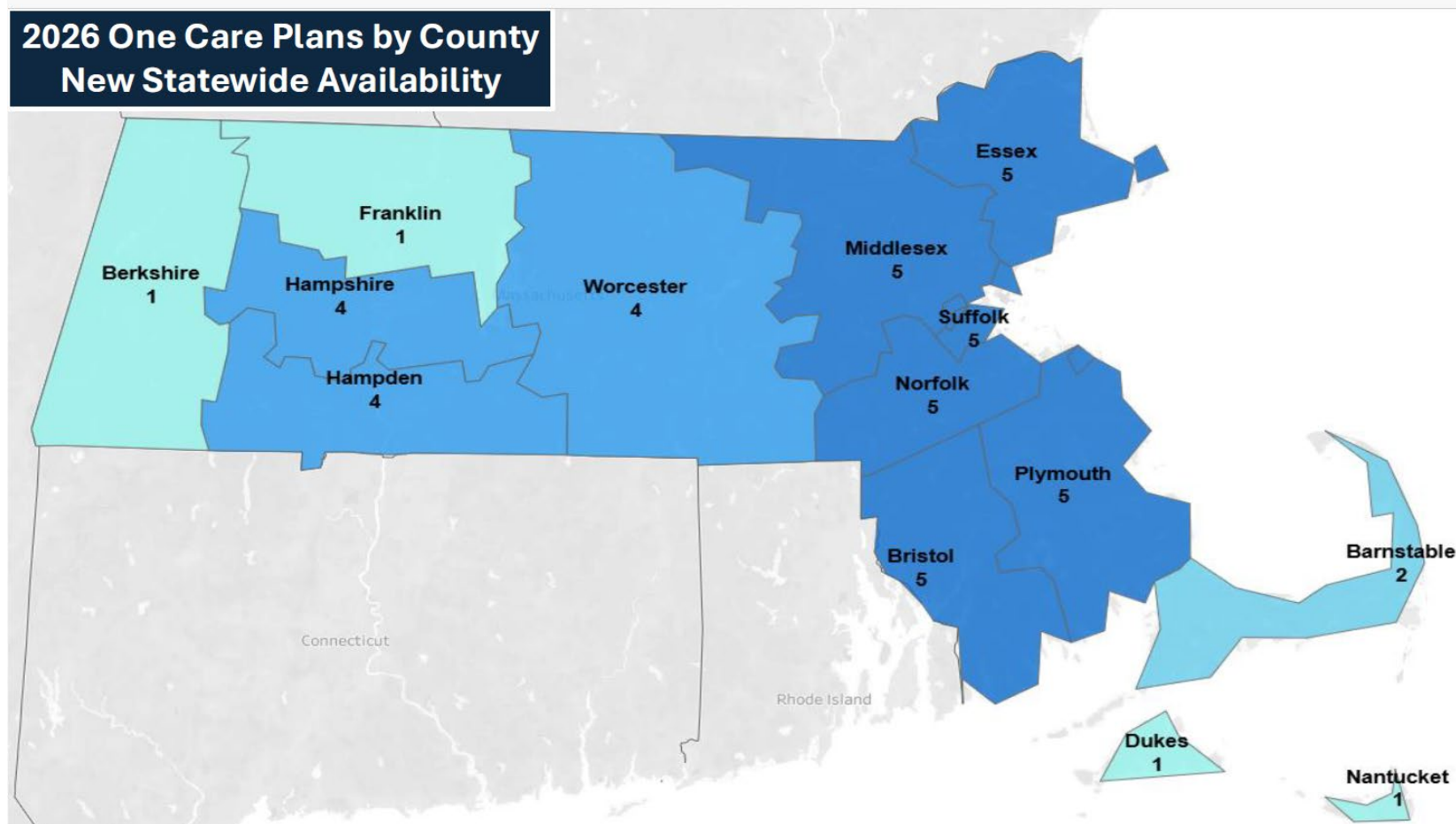
Y = County offered by SCO Plan

1* = County would be newly covered by Plan or would be a new option in SCO

N = County not offered by SCO Plan

Map of One Care Plans in 2026

2026 One Care Plans by County New Statewide Availability



SENIOR CARE OPTION (SCO) PROGRAM AND PLAN UPDATES

Senior Care Options (SCO) Program



Senior Care Option (SCO) Program (Available since 2004)

- SCO combines MassHealth & Medicare benefits into one plan with one card and one care team. SCO covers medical, mental health, and prescription medications, plus specialized geriatric support services
- Care coordinators help members stay healthy and get the services they need



2026 SCO Eligibility Changes

[Managed Care Entity Bulletin 131](#) describes **new eligibility requirements** for individuals enrolled in or seeking to enroll in Senior Care Options (or “SCO”) plans. Please note the following key changes:

- **Effective August 1, 2025**, only MassHealth Standard Members who are also enrolled in Medicare Parts A and B are allowed to newly enroll in Senior Care Options (SCO) plans
- **Effective January 1, 2026**, any person enrolled in a SCO plan who is NOT enrolled in Medicare Parts A and B will be transitioned from their SCO plan to MassHealth Fee-For- Service (FFS)
- For more information, visit our MassHealth [2026 SCO Eligibility Changes Website](#)

SCO Plans for 2026



- Commonwealth Care Alliance (CCA)
- Fallon Health NaviCare
- **Mass General Brigham Health Plan (MGBHP) NEW FOR 1/1/2026**
- Senior Whole Health (SWH)
- Tufts (Point32Health)
- UnitedHealthcare (UHC)

Disclaimer: Enrollment in the plan depends on the plan executing a Medicare Contract in September 2025

2026 SCO Plans: New Statewide Availability

SCO Plan/ County	CCA	Fallon	MGBHP	SWH (Molina)	Tufts	United	# SCO Plans in County
Barnstable	N	Y	N	N	Y	N	2
Berkshire	N	Y	N	N	N	N	1
Bristol	Y	Y	Y	Y	Y	Y	6
Dukes	N	N	Y	N	N	N	1*
Essex	Y	Y	Y	Y	Y	Y	6
Franklin	Y	Y	N	N	N	N	2
Hampden	Y	Y	N	Y	Y	Y	5
Hampshire	Y	Y	N	Y	Y	Y	5
Middlesex	Y	Y	Y	Y	Y	Y	6
Nantucket	N	N	Y	N	N	N	1*
Norfolk	Y	Y	Y	Y	Y	Y	6
Plymouth	Y	Y	Y	Y	Y	Y	6
Suffolk	Y	Y	Y	Y	Y	Y	6
Worcester	Y	Y	N	Y	Y	Y	5

Legend

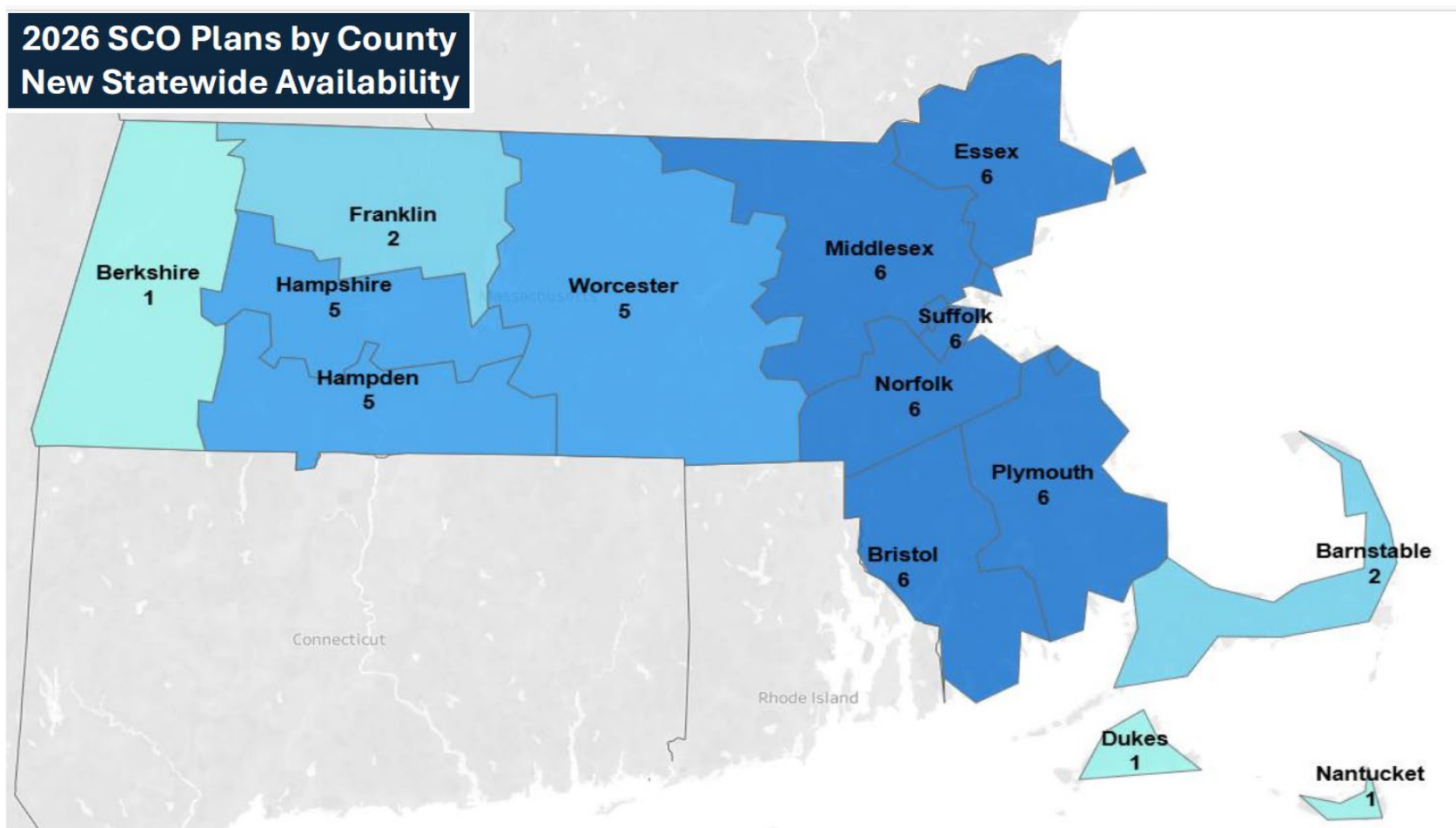
Y = County offered by SCO Plan

1* = County would be newly covered by Plan or would be a new option in SCO

N = County not offered by SCO Plan

Map of SCO Plans by County 2026

2026 SCO Plans by County New Statewide Availability



Key Dates

October 2025



Expected MassHealth Website Updates

- **2026 One Care and SCO plan contact information (e.g., enrollment services contact numbers, plan website links, and member portal resources)**
- **One Care and SCO program benefit tables**

Open Enrollment:

October 15 – December 7, 2025



One Care and SCO: Members can enroll in a new One Care or SCO plan for coverage starting on January 1, 2026. Members should contact the plan directly.

Provider Billing & Enrollment Information

For One Care and SCO plan enrollees, providers should coordinate with the enrollee's plan for:

- **Authorizations**
- **Billing:** Providers bill the plan for both Medicare and Medicaid services
- **Provider Rates:** Plans generally have discretion in setting provider rates (including value-based payments)
- **Network enrollment:** Providers would connect with One Care and SCO Plans directly to join their networks

Member Eligibility and Plan Enrollment information is available in EVS (POSC): (see next slide)

MassHealth Provider Online Service Center



Providers should check the POSC regularly for member eligibility and plan enrollment

- Click “Manage Members” → “Eligibility” → “Verify Member Eligibility”
- Input Member Information
- If eligible for One Care or SCO, the plan name will appear under “List of Managed Care Data (for MCO/ACO)”

MassHealth Provider Online Service Center (POSC)

[Home Services](#)
[Provider Search](#)
[Manage Batch Files](#)
[Manage Service Authorizations](#)
[Manage Correspondence and Reporting](#)
Manage Members
 Eligibility
 Verify Member Eligibility
 Inquire Eligibility Request
 Enrollment
 Long Term Care
 Manage Claims and Payments
 Manage Provider Information
 Administer Account

[News & Updates](#)
[Related Links](#)

[Verify Member Eligibility](#) ?
Member Information **Eligibility**
Dates of Eligibility
Click on the Date Range to view Eligibility information for Member ID

Date Range	Eligibility Status
09/18/2025 09/18/2025	Member is not eligible

The information below refers to the Member is not eligible coverage for 09/18/2025 to 09/18/2025.

List of Other Insurance Plans

Policy #	Carrier Name	Coverage Type	Date Range
	MEDICARE A CLAIM	MEDICARE A	09/18/2025 09/18/2025
	MEDICARE B CLAIMS	MEDICARE B	09/18/2025 09/18/2025

List of Managed Care Data (for MCO/ACO)

Name	NPI	Phone	Date Range
			09/18/2025 09/18/2025

[Close](#) [Perform Another Eligibility Check](#)

MASSHEALTH DENTAL PLAN UPDATE

MassHealth Dental Update for 2026



- MassHealth's Dental Third-Party Administrator (TPA) will be **transitioning back to DentaQuest in early 2026**
 - BeneCare will continue to provide services as our Dental TPA through the transition period
 - MassHealth members do not need to take any action at this time and can continue to seek dental care
 - Visit [Learn about MassHealth dental benefits | Mass.gov](#) to review covered dental services, find a dentist, FAQs, and more
- MassHealth is committed to processing all claims and service authorizations correctly and will be working diligently with BeneCare and providers to resolve any issues over the next few months
 - If you have questions or want to stay informed, visit [MassHealth Dental Program Updates | Mass.gov](#) to learn more and review the FAQs

MASSHEALTH'S MY ACCOUNT PAGE (MAP) FOR MEMBERS

Virtual Gateway My Account Page (MAP)



- The current Virtual Gateway [My Account Page \(MAP\) portal](#) provides members and applicants older than age 65 with access to their MassHealth information, including notices and account details
- MAP for **members portal will be decommissioned in April 2026**
- Members can go to [MyServices](#) to access their information, and view certain notices
 - MyServices is available in: English, Spanish, Chinese, Haitian Creole, Brazilian Portuguese, and Vietnamese


What members need to do:

- If they do not already have a MyServices account, they will need to [create an account](#)
- If an account exists, they can log in at [MyServices](#)
- If members have a MyMassGov account, MyServices uses MyMassGov to allow them to sign in to their account

MyServices Member Portal



An official website of the Commonwealth of Massachusetts. [Here's how you know](#) ▾

 Virtual Gateway

Personal Log In

First time Personal user?
[Create an account](#) with MyMassGov to gain access to My Account Page.
[Click here for instructions...](#)


Business Log In

First time Business user?
[Create an account](#) with MyMassGov to gain access to your Virtual Gateway Applications.
[Click here for instructions...](#)



* *Note:* MyServices is a **member ONLY** portal

An official website of the Commonwealth of Massachusetts. [Here's how you know](#) ▾

 **MyServices** English ▾ Log In

If you already have health benefits from MassHealth or the Health Connector, log in to review.

- Eligibility status
- MassHealth enrollment
- Create an account to review your benefits
- Status of documents submitted

Log In

[Sign up](#) for an account with **MyMassGov** to access your information.

Want to learn more about MyServices?

Click on the following link to learn more about MyServices. It will tell you how to log in and view our info sheet.

[Learn about MyServices](#)

See What You May Qualify For

See if you qualify for help paying for some or all of your health coverage.

[Find out if you may be eligible](#)

What is MassHealth?

MASSHEALTH ENROLLMENT CENTER (MEC) – SPRINGFIELD

Springfield MEC Has MOVED

**As of October 24, 2025, the
Springfield MEC's New Address is:**

243 Cottage Street

Springfield, MA 01104

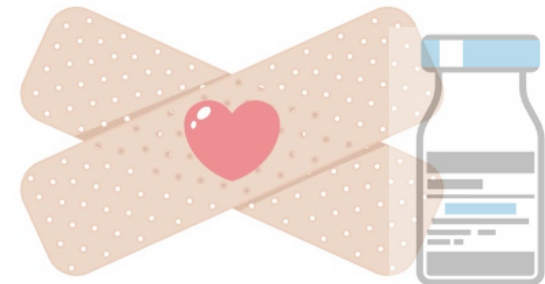
- Parking is available
- Accessible by Pioneer Valley Bus Transportation



MASSHEALTH COVERAGE OF VACCINE

Covered Vaccinations

- MassHealth and its affiliated health plans continue to cover COVID vaccinations and all other medically necessary vaccinations recommended by the Massachusetts Department of Public Health (MDPH)
- These vaccines are available at **no cost** to members
- **All individuals over six months of age are eligible to receive the COVID-19 vaccine in MA**
- MassHealth providers will continue to be reimbursed for administering vaccinations recommended by the MDPH to MassHealth members
- MA residents can make appointments for the COVID-19 vaccine with their health care provider, or at their local pharmacy as of September 5, 2025



Covered Vaccinations (continued)



- MA residents may also choose to get their COVID-19 vaccine at another health care provider or facility outside of a pharmacy
 - Pediatricians' offices are the best option for accessing COVID-19 vaccines for children between 6 months and 5 years
- Pharmacies are currently able to bill for COVID vaccines for Fee For Service members
- MassHealth managed care entities (MCEs) are working to update their pharmacy processing systems to allow for billing of the 2025-2026 COVID-19 vaccines
- Pharmacies experiencing any issues billing the 2025-2026 COVID-19 vaccines should contact the appropriate MCE's pharmacy help desk for assistance with claim adjudication, including overrides
 - Appropriate pharmacy help desk numbers can be found in [Pharmacy Facts 236](#)

HEALTH CONNECTOR UPDATES

ConnectorCare Program Changes

Due to federal policy changes, there are two major impacts to the ConnectorCare program for Plan Year 2026:

ConnectorCare Plan Type 1 will be eliminated

- Individuals and Families with incomes under 100 percent of the federal poverty level (FPL) will no longer be eligible for advance premium tax credits (APTCs) starting on January 1, 2026.

ConnectorCare Plan Type 3D will be eliminated

- ConnectorCare eligibility includes a requirement that individuals are also eligible for APTC. The current federal enhanced APTCs are set to expire at the end of 2025.
- If these enhanced APTCs do not continue, APTCs will only be available for individuals earning up to 400 percent of the federal poverty level. Therefore, ConnectorCare Plan Type 3D will be eliminated.

Visit [Updates – Massachusetts Health Connector](#) to stay informed about Federal changes

ConnectorCare Program Design for 2026

The Health Connector made a final decision and shared rate information about each of the carriers and plans available in each region of Massachusetts during the September board meeting.

Plan Type	2A	2B	3A	3B	3C
% FPL	100.01-150%	150.01-200%	200.01-250%	250.01-300%	300.01-400%
2025 Minimum Monthly Premium	\$0	\$51	\$99	\$147	\$226
2026 Minimum Monthly Premium	\$0	\$53	\$103	\$152	\$235

Visit the Resource Download center for updated materials including Connector Care program rates for 2026: [Resource Download Center - Health Connector Shopping Guide](#)

Health Connector Final Eligibility Notice

In advance of November 1st, the Health Connector mails a final eligibility notice to all members. It contains important information including:

- Current plan
- New plan for 2026
- New monthly premium based on final eligibility

Health Connector Processing Center
P.O. Box 4404
Taunton, MA 02780

MASSACHUSETTS
**HEALTH
CONNECTOR**

Sample Member
123 Sample Street
~~Sampletown~~, MA 00000

October 20, 2025
XXXXXX

Notice Name: Final Renewal Notice
Notice ID: AUTO_REN
Member ID: XXXXXXXXXXXX
Ref ID: RefID_XXXXXXXXXXXX

It's time to renew your insurance coverage for 2026. If you want to stay enrolled in your current plan or a similar plan that we've chosen for you, just pay your monthly premium when you get your bill for January coverage.

You can choose to shop for a new plan during Open Enrollment. The Open Enrollment period starts November 1. You may be able to save money on your health coverage for next year if you shop and compare your options during Open Enrollment.

What you need to do:

1. **Review your information for 2026.** Please look at your program eligibility, renewal plan information, and the amount of any monthly tax credit you will receive next year. If any of this information doesn't look right to you, please let us know as soon as possible.
2. **Compare any plan changes for 2026** with our online Plan Compare tool at: www.MAhealthconnector.org/compare-plans
3. **Shop during Open Enrollment.** You may be able to save on your insurance [coverage cost](#) for next year by comparing your available options for 2026.
4. **Keep paying your monthly premium bill** by the 23rd of every month.

Important Dates:

- **November 1, 2025.** First date to start shopping and comparing plans at MAhealthconnector.org.
- **December 23, 2025.** Pay your premium by this date to enroll in the plan you want for January.
- **January 1, 2026.** The first day of your new 2026 coverage. If there have been any changes to your program eligibility, January 1 is the date when those changes will start.

Health Connector Final Eligibility Notice Details (continued)

Monthly health plan details for 2026

2026 Monthly Health Plan Cost: \$XXX.XX (amount you will pay each month)

Health Insurance Renewal Information						
Household Member	Date of Birth	Program Name	Current Health Plan Name	2026 Renewal Health Plan Name	Same plan as 2025?	Date Coverage Renews
Sample Member	June 12, 1972	Health Connector Plan (No financial help)	HEALTH PLAN NAME ConnectorCare 3	Standard High Silver: HEALTH PLAN NAME	No	January 1, 2026

This is the amount your household will pay each month if you stay enrolled in the 2026 health insurance renewal plan listed above. Your program eligibility will change for 2026

Key Takeaways for OE 2026

Open Enrollment 2026 is November 1, 2025, to January 23, 2026.

- Due to the uncertainty related to enhanced premium tax credits, it is critical that applicants and members stay up to date with any communications sent from the Health Connector.
 - Members should pay close attention to their notices and make any updates to their application as needed, to ensure they are receiving the coverage they qualify for.
- Based on federal policy, the ConnectorCare program will be available for individuals and families with income between 100 and 400 percent of the FPL

Health Connector Plan Options for 2026

There will be a broad choice of carriers and plans for individuals eligible for unsubsidized plans and small group enrollees, with 8 medical carriers and 2 dental carriers

- 4 to 8 ConnectorCare carriers in each region
- Member premiums will increase for 2026, with the rates for unsubsidized and APTC-only plans increasing on average, 11.5 percent for 2026
- There is a new dental plan option, Standard Family Plus, for 2026
- This Open Enrollment, applicants can shop for and enroll into Dental plans online through MAhealthconnector.org

Available Online Health Connector Tools for OE 2026

There are many online tools and educational resources that can help members and those who are assisting them with their coverage decisions for January 1, 2026.

- A new, interactive ConnectorCare enrollee contribution map is available [ConnectorCare Enrollee Contribution Dashboard - Family Size](#)
- After November 1, updates resources will be available from the Health Connector's Resource Download Center
<https://www.mahealthconnector.org/help-center/resource-download-center>
- Stay up to date on Federal Policy changes that may impact Health Connector members at [Updates – Massachusetts Health Connector](#).

Appendix

- **New Webpage for Caring for Pregnant and Postpartum MassHealth Members**
- **MassHealth Health Plan 2026 PCP Changes**

Update: New Webpage and Flyers





MassHealth is excited to share a new webpage for providers, such as OB/GYNs, midwives, primary care providers, pediatricians, and others, caring for pregnant and postpartum MassHealth members:

[Mass.gov/perinatalproviders](https://mass.gov/perinatalproviders)

The page includes detailed information and resources across several topics:

- Eligibility and covered services
- Managed care information and supports
- MassHealth doula benefit
- Behavioral health
- Breast pumps and lactation support
- Family planning
- Prenatal screening/diagnosis and vaccines
- Social determinants of health (SDOH)
- Patient-facing materials in multiple languages, including new pregnancy checklists for members

**MassHealth is here to support you during your pregnancy and beyond!**
mass.gov/masshealthpregnancy



Contact MassHealth to tell us you're pregnant
MassHealth covers health care services during pregnancy, delivery, and through one year afterwards, no matter your immigration status or how your pregnancy ends.
Make sure to tell MassHealth that you're pregnant to make sure you can get all the benefits you're eligible for. You can let us know by calling the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711.
Scan the QR code for more ways to report your pregnancy.


Schedule a prenatal care visit
Seeing a health care provider early in pregnancy is important to keep you and your baby healthy. Your primary care provider (PCP) or your health plan can help you find an obstetrician/gynecologist (OB/GYN), certified nurse midwife (CNM), or other prenatal care provider.
Talk to your provider if you need transportation, which may be covered by MassHealth.

Enroll in the Women, Infants & Children Nutrition Program (WIC)
WIC provides healthy foods, nutrition education, breastfeeding support, and more to eligible Massachusetts families free of charge. Most pregnant MassHealth members qualify for WIC.
For more information and to enroll, call WIC at (800) 942-1007.

Contact your MassHealth health plan if you have one
Your MassHealth health plan can tell you if you can get extra benefits like free infant car seats, housing and nutrition supports, and care management.
Call us at (800) 841-2900, TDD/TTY: 711 to find out about your MassHealth plan.

Think about getting a doula for extra support
Your MassHealth doula provider can provide non-medical emotional, informational, and physical support to you and your family based on your unique needs free of charge.
For more information about doula care and how to find a MassHealth doula provider, scan the QR code or visit mass.gov/masshealthdoulas.

Start planning for after you have your baby
Learn about programs and resources that may be able to help you and your family such as paid family and medical leave and child care options.
Talk to your health care provider about how to keep you and your baby safe, what to expect after delivery, and how you plan to feed your baby. Your provider can also help you get a free breast pump and milk storage bags covered by MassHealth.
Scan the QR code for more information.



Update: Highlights from MassHealth All Provider Bulletin 405 Published on August 19, 2025



Screening tools

- For providers serving perinatal members, a list of approved validated tools can be found at www.mass.gov/info-details/perinatal-mood-anxiety-disorders-screening-tools-training-andcontinuing-education.
- Pediatric care providers should use a standardized screening tool such as the Edinburgh Postpartum Depression Scale (EPDS) or any of the recommended screening tools listed in the Bright Futures Toolkit under maternal depression at www.publications.aap.org/toolkits/resources/15625.

Resources

Emergency or Crisis Concerns:

- [Massachusetts Behavioral Health Help Line](#) (833-773-2445): Talk to a trained mental health professional for real-time clinical assessment and direct access to community mental health resources
- [Community Behavioral Health Centers](#): One-stop-shops for psychiatric evaluation and ongoing mental health and substance use services with urgent and walk-in appointments available

Non-emergency Concerns:

- [MCPAP for Moms](#): Provider-to-provider consultation from a perinatal mental health professional and referral to perinatal mental health services or other supports
- [National Maternal Mental Health Hotline](#): Perinatal mental health resources
- [Postpartum Support International of Massachusetts](#): Perinatal mental health resources and provider directory

MASSHEALTH HEALTH PLAN 2026 PCP CHANGES

Primary Care Provider Changes (slide 1 of 4)



#	Primary Care Provider	Address	will move from	to
1	Bellingham Medical Associates	1003 S Main St Bellingham, MA 02019	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
2	Blackstone Valley Family Physicians	100 Commerce Drive Northbridge, MA 01534	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
3	Carlos Moreno MD PC	128 Carnegie Row Ste 106 Norwood, MA 02062	Tufts Health Together MCO	WellSense Beth Israel Lahey Health (BILH) Performance Network ACO
4	Center for Adolescent and Young Adult Health	100 Medway Rd Ste 204 Milford, MA 01757	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
5	Children's Health Care - Haverhill	600 Primrose St Haverhill, MA	Revere Health Choice	WellSense Boston Children's ACO
6	Children's Health Care - Newburyport	257 Low St Newburyport, MA 01950	Revere Health Choice	WellSense Boston Children's ACO
7	Community Pediatrics of Medway	68A Main St Ste 1010 Medway, MA 02053	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health

Primary Care Provider Changes (slide 2 of 4)



#	Primary Care Provider	Address	will move from	to
8	Community Pediatrics of Milford	229 East Main St Milford, MA 01757	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
9	Davis Square Family Practice	255 Elm St Ste 301 Somerville, MA 02144	Primary Care Clinician (PCC) Plan and Tufts Health Together MCO	WellSense Care Alliance
10	Family Medicine Associates	68A Main St Medway, MA 02053	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
11	Family Practice Group, P.C.	11 Water St Ste 1A Arlington, MA 02476	Primary Care Clinician (PCC) Plan and Tufts Health Together MCO	WellSense Care Alliance
12	Franklin Family Practice	1280 W Central St Ste 202 Franklin, MA 02038	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
13	Franklin Pediatrics	1280 W Central St Ste 201 Franklin, MA 02038	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
14	Franklin Primary Care	1280 W Central St Ste 301 Franklin, MA 02038	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
15	Franklin Wrentham Family Medicine	440 E Central St Franklin, MA 02038	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
16	Gloria Moussa-Gabour	20 E Emerson St Melrose, MA 02176	Primary Care Clinician (PCC) Plan and Tufts Health Together MCO	WellSense Care Alliance

Primary Care Provider Changes (slide 3 of 4)



#	Primary Care Provider	Address	will move from	to
17	HealthFirst Family Care Center, Inc.	387 Quarry St Ste 100 Fall River, MA 02723	WellSense Community Alliance ACO	Community Care Cooperative
18	Hopkinton Family Practice	77 W Main St Ste 204 Hopkinton, MA 01748	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
19	Hopkinton Internal Medicine and Pediatrics	1 Lumber St Hopkinton, MA 01748	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
20	Hopkinton Primary Care	169 W Main St Hopkinton, MA 01748	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
21	Mcgrath Medical Group	117 Water St Milford, MA 01757	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
22	Mendon Internal Medicine	12 Uxbridge Rd Mendon, MA 01756	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
23	Oak Pediatrics	198 Littleton Road Ste 204 Westford, MA	Tufts Health Together MCO	WellSense Care Alliance
24	Pediatric Associates of Wellesley, Inc	266 Main St Ste 18 Medfield, MA 02052	Primary Care Clinician (PCC) Plan	Mass General Brigham Health Plan With Mass General Brigham ACO
25	Pediatric Associates of Wellesley, Inc	134 South Avenue Weston, MA 02493	Primary Care Clinician (PCC) Plan	Mass General Brigham Health Plan With Mass General Brigham ACO
26	Pelham Healthcare Associate (site 1)	49 Atwood Road Ste 1 Pelham, NH 03076	Tufts Health Together MCO	WellSense Care Alliance

Primary Care Provider Changes (slide 4 of 4)



#	Primary Care Provider	Address	will move from	to
27	Pelham Healthcare Associates DBA Westford Primary Care (site 2)	198 Littleton Road Ste 203 Westford, MA 01886	Tufts Health Together MCO	WellSense Care Alliance
28	Primary Care Physicians	221 East Main St Milford, MA 01757	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
29	Robert F. Commito MD PC	311 Washington St Brighton, MA 02135	Tufts Health Together MCO	WellSense Care Alliance
30	Somerville Family Practice	1020 Broadway Somerville, MA 02144	Primary Care Clinician (PCC) Plan and Tufts Health Together MCO	WellSense Care Alliance



In The Loop – MA: A Community Just for Enrollment Assistors

Health Care For All

October 2025

Polling Question #1



- Are you signed up to access the In The Loop (ITL) website or the In The Loop newsletter?
 - Yes, just the ITL website
 - Yes, just the ITL newsletter
 - Yes, both
 - No, what are those?

About ITL– MA



- A private online community run by Health Care For All for enrollment assisters to connect, learn, and collaborate
- Anyone supporting health coverage enrollment in MA can join!
 - Navigators, CACs, SHINE counselors, CHC and hospital staff helping with enrollment
 - Staff at legal aid, consumer protection, and advocacy organizations
 - Health and consumer advocates

Polling Question #2



- How connected do you feel to other enrollment assisters across the state?
 - Very connected
 - Somewhat connected
 - Not very connected
 - Not connected at all

Why join ITL-MA ?



- Interact with other enrollment specialists to share successes, challenges, and lessons learned
- Troubleshoot problems, ask questions, and learn how others have solved similar issues
- Receive updates and access a library of resources from HCFA

Polling Question #3



- If you're already a Looper (member of ITL), what do you benefit the most from? If you haven't joined ITL yet, what do you look forward to the most?
 - Updates and resources
 - Problem-solving help
 - Peer connections
 - Training opportunities

How to Join



- Visit our website and click on the Sign-up button to gain access to the ITL website: [In the Loop Massachusetts](#)
- If you want to sign-up for the ITL newsletter, go to [Register – In the Loop Massachusetts](#)

Thank You!