MA Health Care Training Forum Fall 2025 Meeting
Health Safety Net and MassHealth Updates Transcription

[Health Safety Net; Information and Updates October 2025]

(SUE KANE): Good afternoon, everyone. It is two o'clock. We're going to get started with the webinar. Welcome to the MassHealth and Health Safety Net's updates meeting. Thank you for joining us today. I'm Sue Kane from the Massachusetts Healthcare Training Forum team. I'll be facilitating today's meeting. Our presenters today are, Benjamin Burwood, Senior Policy Analyst at the Health Safety Net; Kara Chiev, Manager of MassHealth External Training and Communications; Sarah Buonopane, Associate Director of Community Assistance Programs at the Health Connector.

Now I'm going to turn it over to Benjamin from Health Safety Net. He's going to start us off with updates from their organization.

(BENJAMIN BURWOOD): Thank you, Sue. My name is Benjamin Burwood. I am a Senior Policy Analyst with Health Safety Net. These are the updates and the information we have to give for October 2025 on this rainy Thursday afternoon

[Health Safety Net Agenda]

Our agenda will include details going over the New Dental Administrator, a Dental Prior Authorization Waiver update, information about the Emergency Regulation Changes, Health Safety Net Updates that include Resweeps of Claims, and the Claim Adjustment Reason Code updates. We're also going to update on Fiscal Year Updates and the Submission of Protected Health Information. I will have Katelyn Meyer update some Health Safety Net Pharmacy Formulary Changes, but we'll have time to go over some general information and some questions. Next slide.

[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, and Health Safety

Net dental services. BeneCare, which did become the third-party administrator, was transitioned on March 31st, 2025, for dental services.

Although there is no precise date as of when DentaQuest will transition to the third-party administrator, this will not affect members' eligibility, nor the rates that are set for dental services. There is no action needed at this time, and there are no immediate changes in MassHealth dental operations. As of April 1st, 2025, you can visit the linked website or call the phone number. If you have any questions or program needs, if you need to be updated on any future messages from BeneCare and the MassHealth dental program, you can please subscribe to the addressed link. This was also updated in the MassHealth dental bulletin, which is linked in this presentation.

[HSN Dental Prior Authorization Waiver]

There has been an update with the Health Safety Net Dental Prior Authorization Waiver. This was addressed in an administrative bulletin that was released, and it is linked in this presentation. It is announcing that the temporary suspension of dental prior authorization requirements for Health Safety Net.

Prior authorization requirements for Health Safety Net dental services are temporarily suspended, effective for dates of service on or after October 1st, 2025, until March 1st, 2026, as ongoing systematic and operational limitations are addressed. This temporary suspension of prior authorization requirements applies to acute care hospitals and community health centers that are Health Safety Net dental service providers.

[Emergency Regulation Updates]

Health Safety Net has updated the regulations @ 101 CMR 614.000, which include updates on the shortfall allocation beginning with the fiscal year 2025 for Disproportionate Share Hospitals to set a uniform payment percentage subject to available funding, which, when demand exceeds the Health Safety Net trust fund's ability to pay providers at an 85% of demand.

There's also a change in the disproportionate share definition. This updates the definition of DSH to a minimum 63% public payor mix, which more closely aligns with

High Public Payor CHIA definition. Another update is it removes the reference to surcharge as it has been replaced by Managed Care Payor Assessment regulations @ 101 CMR 515.000 Next slide.

[HSN Updates]

Health Safety Net has been able to resweep some Current Procedural Terminology codes, some CPT codes. We have already reswept codes 90671, and the number of claims that were addressed were 92, as well as code T1040, and there were 61 codes. Those codes reswept were codes that were noticed that were paying at zero.

Also, Claim Adjustment Reason Codes, the CARC codes 6, 8, and 45, will no longer be reimbursable for secondary claim submissions to align with existing regulations. CARC code 6 is to address inconsistent with the patient's age. CARC code 8 is when it's inconsistent with the provider type or specialty. CARC code 45 is when it exceeds the fee schedule or maximum allowable amount as contracted in the fee arrangement.

[Fiscal Year Updates]

There has been some fiscal year updates. Fiscal year 2026 rates, the Health Safety Net is actively formulating the outpatient hospital rates for fiscal year 2026, which started October 1st, 2025, and continues until September 30th, 2026. These rates will be published on the Health Safety Net website and emailed with an update as soon as the rates are finalized. Fiscal year 2023 claims, the Health Safety Net will soon be beginning final payment reconciliation for Health Safety Net fiscal year 2023. Providers are urged to submit any outstanding claims for fiscal year '23 prior to the closing date.

[Submission of PHI]

Health Safety Net has been receiving submissions of data and client information by email, which contains Protected Health Information in a non-secured manner. We're reminding all providers and facilities, if you do submit any information that is in a non-secure manner that does contain Protected Health Information, this information will be returned back to you, and it will delay the transmission of processing claims and your request. Next slide.

[Upcoming Changes to Health Safety Net (HSN) Pharmacy Reimbursable Services]

We do want to update some things with the pharmacy. I'm going to turn it over to Katelyn. She will address those.

[HSN Pharmacy Formulary]

(KATELYN MEYER): Thank you so much. Before we talk about our changes, I'd like to start with where we are today. Right now, HSN pharmacy coverage has largely matched MassHealth coverage, and MassHealth is required to cover all drugs that participate in the Medicaid Drug Rebate Program. However, effective January 12th of next year, HSN pharmacy coverage will no longer match MassHealth. Instead, HSN will shift coverage towards a largely generic formulary, allowing the Commonwealth to maintain access to cost-effective care for our low-income, uninsured, and underinsured patients, while also ensuring the long-term sustainability of the HSN program.

As I mentioned before, we have some changes coming up. These are because the costs incurred by hospitals and by community health centers for providing care to HSN patients are not always fully reimbursed. That shortfall is getting larger. Given the federal uncertainty ahead, it's really important right now to reduce expenditures to maintain the sustainability of the program. Next slide, please.

[HSN Pharmacy Formulary]

How are we doing that? What you're going to see on the left is medications that are generally reimbursable without prior authorization. These include generic medications. That includes unbranded biosimilars. This also includes select brand-name medications that are on our MassHealth Brand Over Generic List. I'll call it BOGL. It's a little bit of a mouthful. We'll also cover, without PA, select non-drug products. These are your really essential testing equipment, so alcohol swabs, lancets, pen needles, those sorts of things. HSN will also cover, within quantity limits, preferred diabetes test strips, and we will cover vaccines.

If we turn to the right-hand side of the table, you'll see what is generally reimbursable with PA. These are our preferred non-drug products, so our continuous glucose

monitors and continuous subcutaneous insulin infusion devices. These are going to have the exact same criteria as they currently have on the MassHealth drug list, so there's no change for these products.

The largest category that will be affected is brand medications. Any brand medication that is not currently listed on the MassHealth Brand Over Generic List will require PA. The last bucket is really a catch-all. Certain medications may require PA if it's needed for clinical or safety concerns, so this could be a really high-dose opioid or a stimulant, those sorts of things. Next slide, please.

[HSN Pharmacy Formulary: Branded Products]

What are we going to be looking for for branded products? Any brand medication not on the BOGL will require PA. We'll be looking for an appropriate diagnosis and then one of the following: either a trial with all clinically appropriate alternatives or medical necessity for why the brand agent needs to be used. We'll also be looking for one of the following: either a patient accesses the patient assistance program that's offered by a manufacturer, if one exists, or they have been denied, or the decision is pending. We will not obviously require access through a patient assistance program if one does not exist.

While patients are waiting to hear back from patient assistance programs, they can get one-month approvals so that they are not going without their medication. We'll allow those for up to three times. If they meet all criteria, they can get an approval for six months. Lastly, at recertification, we will be looking for, again, trials of all clinically appropriate alternatives or medical necessity for continued use of the brand. This is because new generics or new biosimilars may have entered the marketplace that would be less costly and appropriate alternatives. Next slide, please.

[HSN Pharmacy Formulary: Preferred Durable Medical Equipment]

This gets back to our durable medical equipment, our preferred non-drug products. Here you'll see that our continuous glucose monitors and our continuous subcutaneous insulin infusion devices will continue to require PA. The criteria will not change from what is currently posted on MassHealth. Non-preferred DME products will not be

covered by HSN unless we've already specified. We've specified that alcohol swabs, lancets, those sorts of things will be covered. However, anything that's not on that list will not be covered. Next slide, please.

[HSN Pharmacy Formulary: Other Pharmacy Coverage Changes]

Some other changes that you should be aware of. Any existing prior authorizations for medications will be terminated January 12th. HSN will also begin cost avoiding at the pharmacy for patients who have other insurance. If you have Medicare or if you have commercial insurance, we would expect that that be billed first and that HSN would be billed as secondary since we are the payer of last resort. Emergency overrides will be limited to a 72-hour supply of medications, and vacation overrides are no longer going to be available.

I want to emphasize that these changes only impact pharmacy coverage. At this time, we're not expecting that these changes will impact medications that are administered in the outpatient or hospital setting. Next slide, please.

[General Information]

That's all I have. I did want to briefly touch on our communication plan. We have a lot of communications going out regarding these changes. HSN patients will get targeted letters with exactly which drugs will require prior authorization. Prescribers will also get letters. We have issued a pharmacy fax detailing these changes. If you have additional questions, I recommend that you go to the MassHealth drug list and look at our upcoming HSN formulary changes page. That has a one-pager highlighting these changes, a list of medications available without PA for highly used classes, and it also has a patient assistance program tool to help providers navigate. With that, I'd be happy to answer any questions.

[MassHealth Updates]

(SUE KANE): We will move on to the next part of our meeting, which is the MassHealth updates. Now I'll turn it over to Kara Chiev.

[MassHealth Agenda]

(KARA CHIEV): Thank you, Sue. Thanks, Ben and Katelyn, for sharing the HSN updates. Good afternoon, everyone. Happy Thursday. Thanks for joining this quarter's MassHealth update session. Again, my name is Kara Chiev. I'm with MassHealth's External Training and Communications Unit. I will be reviewing today's topic, looking at it from a member and applicant perspective.

For today, we have for you, quickly, updates to MassHealth policies. Then we'll walk through continuous eligibility. Back in March of 2024, MassHealth rolled out continuous eligibility for certain populations younger than 65. Today, we'll review continuous eligibility for unhoused adults over the age of 65. Next is changes to MassHealth premium. The next few updates are upcoming 2026 health plan changes.

First, we'll look at the ACO, MCO plans. Then we'll go to One Care plans for 2026 and Senior Care Options, or SCO plans for 2026. I won't spend a lot of time on the dental update, as our HSN team provided information about the transition back to DentaQuest for MassHealth's dental third-party administrator, but I wanted to acknowledge that this also applies to our MassHealth members.

The next update is member-specific. For those MassHealth members who are currently accessing their information using MassHealth's My Account Page or MAP, we have a quick update on that tool. Another update is as we are heading into flu season, how members can continue to access vaccinations. A little information there. Lastly, before we open it up for questions, I want to thank the Health Connector team, Sarah, for joining us for this quarter to provide Health Connector updates related to ConnectorCare programs for plan year 2026.

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

As mentioned earlier, back in 2024, MassHealth implemented continuous eligibility for populations younger than 65, which were children younger than 19, MassHealth members younger than 65 who have been released from jail or prison, and members younger than 65 experiencing homelessness. Going on to the next slide,

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

just for background information for folks that are not aware of continuous eligibility. Continuous eligibility is a period and is provided to specific MassHealth member populations based on a set criteria, regardless of a change in circumstances that would otherwise make a member ineligible.

The benefits of continuous eligibility is, this is a valuable tool that helps states, ensure that certain populations stay enrolled for which they are eligible and continue to have access to the services needed. It also promotes health equity by limiting gaps in coverage. We're excited to expand continuous eligibility to individuals 65 years of age and older with verified chronically homeless.

[Continuous Eligibility (CE) (2 of 3)]

MassHealth is implementing this rule as of October, providing 24 months of continuous eligibility to adults 65 years and older upon verification of being homeless. Possible reasons for ineligibility of CE include the member moved out of the state or they voluntarily withdrew their MassHealth benefit, or they have passed away, or their eligibility was due to an error.

[Continuous Eligibility (CE) (3 of 3)]

How does continuous eligibility work? The CE period for new applicants begins on their eligibility effective date, who have a confirmed status of homelessness for at least six months. MassHealth will apply continuous eligibility for the appropriate time periods when a member is renewed. Regardless of changes in circumstance, members with CE will not lose coverage during the designation time period. CE is unique to the members within the household and does not apply to the entire household. Other household members without CE still need to report changes in circumstances, respond to requests for information, and complete their renewals, or they may risk losing coverage.

[Member Scenarios: Chronically Homeless]

This slide provides an example and a visual of a member's continuous eligibility experience. For example, here, an applicant with a confirmed status of homelessness

for at least six months submits a MassHealth application on November of 2025. MassHealth determines that the individual is eligible for coverage. November, when they submitted that application, we confirmed it with the state database. The individual's health coverage will begin the first of the month of the date of application.

The continuous eligibility period starts on November 1st and ends after the member completes a renewal. That is triggered by the date of the application. As you can see, November is when they applied. November 2026 is their first renewal period. They will get that information. Regardless of any changes they submit, they'll continue to have eligibility. Then their next eligibility renewal is November of 2027, which will end their continuous eligibility. They do need to make sure that they complete that renewal form.

[Updates to MassHealth Premiums]

Next update is 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. Premium amounts are calculated based on a member's household modified adjusted gross income, or MAGI, and their household size and the premium billing family group, or PBFG. A premium billing family group is a group of individuals who share a common billing responsibility for health insurance premiums.

What's changing? MassHealth will raise premiums by 10%. 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]

The next update is MassHealth's universal eligibility requirement. We will be eliminating one requirement.

[MassHealth Eligibility]

The term universal eligibility refers to the requirements that MassHealth applicants and members must meet. We do use additional criteria to determine eligibility. Under the six universal eligibility factors, they include: Massachusetts residency. As a condition of eligibility, applicants and members must reside or attest that they will be a Massachusetts resident; Providing or applying for a Social Security Number. As a condition of eligibility, all persons applying for coverage in a household must provide an SSN or proof of application for an SSN, if that's applicable; Assignment of rights to medical support and third-party payments. MassHealth applicants and members must assign their rights to medical support and third-party payments to MassHealth, as well as the rights of applicants or members for whom they can legally assign, such as a minor child. They must fully cooperate with MassHealth, including completing the noncustodial parent form, unless there is a reason, a good cause not to cooperate.

For assignment of third-party recoveries, applicants or members must inform MassHealth when any household member is involved in an accident or suffers from an injury or illness that has or may result in a lawsuit or insurance claim; Potential source of health care. MassHealth is the payor of last resort and pays for healthcare and services only when no other sources of payments are available; Lastly, utilization of potential benefits. MassHealth has required members and applicants to self-attest that they applied for or provide proof of application for certain other non-healthcare benefits, for example, Social Security or retirement benefits that they may be entitled in order to qualify for MassHealth.

CMS, or the Center for Medicare and Medicaid Services, recently eliminated this requirement; thus, MassHealth will no longer use this requirement to determine eligibility. However, applicants and members must still obtain and maintain other health insurance available to them at no additional cost, including Medicare. If they fail to do so, it may result in loss of denial or eligibility. That information is all in the next slide.

[Elimination of Utilization Potential Other Benefits Requirement]

No audio.

[MassHealth Health Plan Update]

Now, let's go on to health plan updates.

[Polling Question]

We do have a polling question to start us off. Thinking of our under-65 member population, who's eligible to enroll in MassHealth ACO, that's the Accountable Care Organization, MCO, the Managed Care Organization, or PCC, that's the Primary Care Clinician Plan? Of these plans, who's eligible to enroll? a) Are they members younger than 65, they don't have a third-party liability, that's TPL, that includes Medicare; b) Are they members who live in the community, they're not living in a nursing facility; c) Are they members eligible for one of the MassHealth comprehensive coverage types; d) Are they seniors over the age of 65; e) Members dually eligible for MassHealth and Medicare; f) Or does the above not apply? g) The other option is A, B, and C. h) The last option is I don't know. Thank you for participating.

We have a few folks that selected A, about 13%. A couple said it was C for members that are in our comprehensive coverage types. A couple of folks said they were dually eligible MassHealth and Medicare members. The majority, 75%, said it was G. Going on to the next slide, if we can

[Polling Answer]

it is G. It really is our members younger than 65. They do not have any other health insurance. MassHealth is their primary insurance. They live in the community and they're eligible for one of the comprehensive coverage types. That includes MassHealth Standard, CommonHealth, CarePlus, or Family Assistance.

[Who’s Eligible to Enroll?]

No audio.

[ACO Changes Starting 1/1/2026]

Going into 2026, we do have some changes to our ACO program. Service area changes. WellSense Care Alliance will no longer be offered in the following service area: that includes Brockton and Haverhill. As for provider changes, 30 providers are joining or moving in the MassHealth ACO program. These moves will affect approximately 20,000 members. Looking at hospital changes, two 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]

As far as network changes, here is the list of what's happening with Mass General Brigham Health Plan with Mass General Brigham ACO. They will add Mercy Medical Center in Springfield to their hospital network. Fallon Atrius is removing Baystate Medical Center in Springfield from their hospital network. Mass General Brigham Health Plan, with Mass General Brigham ACO, will remove Holyoke Medical Center in Holyoke from their network. This next slide

[Hospital Name Changes]

is just to let you know some of the hospital name changes. Going on to the next slide.

[Changes to Available Health Plans in 2026]

On January 1st of 2026, Tufts Health Together Managed Care Organization, the MCO plan, will not be an option for plan selection. This will affect approximately 25,000 members. Members currently enrolled in the Tufts Health Together MCO will be reassigned to the health plan that their primary care provider will be participating in moving forward, if possible.

Members will receive a letter about their new health plan assignment and provided additional information about their options, including how to change health plans. Leading up to January, MassHealth will work with 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]

This next slide provides the complete list of all MassHealth's Accountable Care Organizations, MCO, and the PCC plan. As you can see, our MCO plan will still have WellSense Essential MCO as an option.

[Continuity of Care Period]

Looking at continuity of care on the next slide, the continuity of care period for medical and behavioral health services will be from January 1st to March 31st, which is 90 days. If members need help accessing pharmacy or specialty networks, they 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]

Looking at their Plan Selection Period, for members that are assigned to a new health plan, they do have a Plan Selection Period, which is a 90-day period where they can switch, change health plans for any reason. For those members in the Tufts Health plan that are moving to a new plan, their Plan Selection Period will start January 1st and it will run through March 31st.

After the Plan Selection Period ends, these members will be in what we call a Fixed Enrollment Period. These members, that Fixed Enrollment Period will start April 1st. Once they're in a Fixed Enrollment Period, members cannot move to another health plan until their next Plan Selection Period, unless MassHealth determines that one of the Fixed Enrollment Period exceptions applies. Members can always call MassHealth to find out their Plan Selection Period and Fixed Enrollment Period.

[Resources]

As far as resources, MassHealthChoices.com is the MassHealth provider directory for ACOs and the PCC plans. Members can learn, compare, and enroll from the website. MassHealth Choices will be updated in January with all of the new providers and their health plans. The MassHealth Enrollment Guide will also be updated and available for download on January 1st. Now, let's move on to our One Care plans.

[2026 One Care Plans]

Going on to the next slide.

[One Care Program and Plans]

One Care is a managed care program for dual-eligible adults with disabilities ages 21 to 64 at the time of enrollment, who have both MassHealth Standard or CommonHealth and Medicare Parts A and B and are eligible for Part D. Members in a One Care plan they get one plan card and have access to one care team. One Care covers medical, mental health, and prescription medications, plus support for daily tasks and independent living. Members have access to care coordinators who can help them stay healthy and get the services they need. Come January 1st of 2026, in the next slide,

[One Care Plans Available 1/1/2026]

One Care members will continue to have access to Commonwealth Care Alliance, or CCA, Tufts (Point32Health), UnitedHealthcare (UHC). There will be two new plans joining the One Care plan options. They are Mass General Brigham Health Plan and MolinaOne Care.

If you go on to the next slide.

[2026 One Care Plans: New Statewide Availability]

This shows a graph of available One Care plans by county. As you will notice, One Care plans will now be available across all counties. Some counties may have more options for members in the area to select, but members in the Cape & Islands will now have access to a One Care plan.

[Map of One Care Plans in 2026]

This map shows One Care plans by county as well. As you can see, the plan is now available statewide. It does give a count of how many plans are available within each region.

[Senior Care Option (SCO) Program and Plan Updates]

Now, let's talk about our SCO plan, or our Senior Care Options Program and Plans.

[Senior Care Options (SCO) Program]

SCO is also a managed care program for dual-eligible adults, but for those 65 or older who have both MassHealth Standard and Medicare. That's Parts A and B and are eligible for Part D. The Senior Care Option Program was rolled out back in 2004. Members get one card and one care team. SCO covers medical, mental health, and prescription medications, plus specialized geriatric support services. Members have access to care coordinators who can help them stay healthy and get the services they need.

[2026 SCO Eligibility Changes]

In 2026, the Managed Care Entity Bulletin 131 was published. It describes the new eligibility requirements for individuals enrolled in or seeking to enroll in a Senior Care Options or SCO plan. Here are some key changes. As of August 1st, 2025, only MassHealth Standard members who are also enrolled in Medicare Parts A and B are allowed to newly enroll in a SCO plan.

Starting January 1st of 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. These members will have access to providers and specialists that are MassHealth providers and specialists. They can use the MassHealth network of providers. For more information, visit our MassHealth 2026 SCO Eligibility Changes website. That is published and up.

[SCO Plans for 2026]

Looking into 2026 SCO plans, Commonwealth Care Alliance, Fallon Health NaviCare, Senior Whole Health, Tufts, and UnitedHealthcare will continue to be an option for members. The new plan option will be Mass General Brigham Health Plan.

Going on to the next slide.

[2026 SCO Plans: New Statewide Availability]

This shows a chart of available SCO plans by county. As you'll notice, similar to the One Care program and plan, SCO will now be available across all counties. Some counties may have more options for members in the area to select from, but members in the Cape & Islands will now have a SCO plan available to them.

Looking at the map on the next slide.

[Map of SCO Plans by County 2026]

As you'll notice, our senior care option plans will be available statewide. This also depicts the number of plan options available in the different regions and counties.

[Key Dates]

Some key dates. Members can enroll early in a 2026 One Care or SCO plan as of October 15th, with a plan effectuation date of January 1st, 2026. Starting January 1st, MassHealth will no longer serve as the One Care enrollment broker, so members must contact the plan directly to enroll. For both our One Care and our SCO members, they should contact the plan directly.

[Provider Billing & Enrollment Information]

Just to note, new One Care and SCO 2026 webpages is up for members to locate plan contact information, plan webpage links, and the member portal resources. For One Care and SCO plan enrollees, providers should coordinate with the enrollees' plan for: Authorizations; Billing: Providers bill the plan for both Medicare and Medicaid services; For 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, which is on the next slide.

[MassHealth Provider Online Service Center]

Here's what you'll see. MassHealth providers should always check EVS regularly for member eligibility and plan enrollment. For those providers that have access to EVS, you click Manage Members, Eligibility tab, and the Verify Member Eligibility. You can input the members' information. If the member is eligible for a One Care or a SCO plan, the plan name will appear under List of Managed Care Data.

[MassHealth Dental Plan Update]

As we head to the next topic, again, I won't stay too long on dental.

[MassHealth Dental Health for 2026]

As our HSN team mentioned, MassHealth Dental will transition back to DentaQuest in early 2026. You can stay updated and sign up to receive email updates at MassHealth Dental Program Updates.

[MassHealth's My Account Page (MAP) for Members]

Moving into Virtual Gateway updates.

[Virtual Gateway My Account Page (MAP)]

The current Virtual Gateway My Account Page, or MAP portal, provides members and applicants older than 65 with access to their MassHealth information, including notices and account details.

This webpage has two tools. Members can access their information. The other tool is for providers. You as a MassHealth provider and you're helping our members, you can also access their information when you're working with them. For this update, I want to emphasize that the change to MAP is specific for the member portal. It will sunset 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. For members that do not already have a MyServices

account, they will need to create an account. If an account exists, so they have a MyServices account, they can log in and access their information. Now, if members have a MyMassGov account, MyServices also uses MyMassGov. That will allow them to sign in to their account.

[My Services Member Portal]

The next slide is just some clarification, or actually, it's showing you the image of the dashboard where the portal lives. The personal login button will redirect to MyServices. MyServices, just as a reminder, we brought MyServices up a long time ago. This is a member-only portal. MassHealth members are the only ones that should be using this portal. Certified Assisters, those that have an authorized representative designee, you can only use that portal if you are physically sitting with the member and helping them navigate the system. You should not be in this portal. I will note that this portal is available for any MassHealth member, regardless of age. Also, if they are not a head of household or an account holder, they can also create an account to view their own MassHealth information.

[MassHealth Enrollment Center (MEC) – Springfield]

Oh, a quick update on the MEC in Springfield.

[Springfield MEC Has MOVED]

As of earlier this week, October 24th, the Springfield MEC did move to a new address. That is 243 Cottage Street. It is in the same neighborhood of the old MEC location. Parking is available. Getting to the location, individuals can use the bus system.

[MassHealth Coverage of Vaccine]

MassHealth coverage of vaccine.

[Covered Vaccinations]

As we're looking into flu season and getting COVID shots, MassHealth and its affiliated health plans will continue to cover COVID vaccinations and all other medically necessary

vaccinations recommended by the Massachusetts Department of Public Health. These vaccines are available at no cost to members. All individuals over six months of age are eligible to receive the COVID vaccine in Massachusetts. MassHealth providers will continue to be reimbursed for administering vaccinations recommended by DPH to MassHealth members. Members can make appointments for the COVID-19 vaccine with their healthcare provider or at their local pharmacy as of September 5th.

[Covered Vaccinations (continued)]

Members may also choose to get their COVID vaccine at another healthcare provider or facility outside of a pharmacy. Pediatricians' offices are the best option for accessing COVID-19 vaccines for children between six months and five years old. Pharmacies are currently able to bill for COVID vaccines for Fee For Service members.

MassHealth managed care entities are working to update their pharmacy processing systems to allow for billing of the 2025-2026 COVID vaccine. Pharmacies experiencing any issues billing should contact the appropriate MCE's pharmacy help desk for assistance with claim adjudication, including overrides. The Pharmacy Facts 236 provides the help desk numbers.

[Health Connector Updates]

With that, I'm going to hand this over to Sarah to provide some Health Connector updates.

(SARAH BUONOPANE): Thank you so much, Kara, and good afternoon, everyone. Happy to be with you today.

[ConnectorCare Program Changes]

I think that one thing we want to make sure everyone is aware of is that because of federal policy changes, we have two major impacts for the ConnectorCare program for Plan Year 2026. The first is that Plan Type 1 will be eliminated. Individuals and families with income under 100% of the federal poverty level will no longer be eligible for advanced premium tax credits starting on January 1st.

The second impact is that the ConnectorCare Plan Type 3D will also be eliminated. The ConnectorCare program includes eligibility for APTC. If an individual is not eligible for that, then they're not able to have ConnectorCare. Now, current federal enhanced APTCs are set to expire at the end of 2025, and therefore APTCs will only go up to and stop at 400% of the federal poverty level.

Because 3D is between 400% and 500% of the federal poverty level, that expansion of ConnectorCare will no longer be a program. Those individuals who may be getting APTC who are above 500%, and there are some, they would no longer be eligible for those APTCs as well. I will say that all is as of today, October 30th of 2025. These are set to expire at the end of 2025. If Congress chose to take an action, they may continue them.

I just want to say that we will be in close communication as there's a lot of moving parts here. Things may change. They may not. Just keep an eye on your emails from us and stay up to date. We have a link here to a dedicated Web page on our website that reviews these federal policy changes that are coming up and will impact members' coverage. Bookmark that page and check back in so that you're getting the latest information.

[ConnectorCare Program Design for 2026]

Here we're taking a look at what ConnectorCare does look like for 2026. We had our Board of Directors meeting in September, and they've approved our plans for 2026, including ConnectorCare. You can see, due to the changes, we only have ConnectorCare plans from 2A through 3C. You'll also see that there's some moderate premium increases across those different programs for 2026.

[Health Connector Final Eligibility Notice]

On this slide, we're taking a look at the Health Connector Final Eligibility Notice. These notices have all gone out to members at this point. They go out at the end of October, right before open enrollment begins on November 1st. They're explaining to members, based on the information that's in their accounts currently, what their plan is going to be for 2026 if they took no other action.

If we move to the next slide,

[Health Connector Final Eligibility Notice Details] (69)

we'll look at what's in the notice a little bit more. Thank you. Here you can see that there is the 2026 monthly cost, or the premium, at the top. Then within the chart, we're giving the program name, the current health plan, the 2026 plan. Then we have the column that says, "Is this the same as 2025?" It'll be yes or no. If it's no, they're in a different plan for next year. If it's a yes, they're in the same plan.

I just want to point out, even if it's the same plan, remember that the premium could be changing. Even if they're ConnectorCare, we just saw those moderate increases across the ConnectorCare plan types as well for 2026. Make sure you're advising people to keep a lookout for what that monthly premium would be at the top.

[Key Takeaways for OE 2026]

All right. We're going to go through some Key Takeaways for Open Enrollment 2026. Open Enrollment starts on Saturday. It's two days away, and it will last through January 23rd of 2026. As I discussed earlier, there's some uncertainty as to whether enhanced premium tax credits may get extended beyond the end of 2025, or if they will expire as they are set to now. Again, critical for applicant members and you all to stay up to date with any messages. Make sure you're paying close attention to any emails or letters from the Health Connector.

Then, as we noticed, noted earlier, the ConnectorCare program will be available for those individuals and families with income between 100% and then 400% of the FPL, so a more truncated ConnectorCare program for 2026.

[Health Connector Plan Options for 2026]

We'll talk a bit about our plan options for 2026. We have all of our same eight medical carriers and two dental carriers for next year, so no new carriers are coming into the Health Connector, and none are leaving. All of our regions across Massachusetts have between four and eight ConnectorCare carriers available. We discussed what those ConnectorCare rate increases are.

We do want to note that, overall, there are some higher average member premium increases in particular for our unsubsidized populations. That average is 11.5% for 2026. We do have a new dental plan, a Standard Family Plus, which is a more robust or rich coverage option for dental benefits. If you have individuals who have or are interested in dental, make sure they know about that option.

Then, starting on Saturday, when Open Enrollment begins, applicants can now shop for and enroll in dental plans online the same way they do for health plans through their application at MAhealthconnector.org. You may know that our system has had some limitations in the past, where individuals that wanted just dental often had to call customer service. They'll now be able to self-service and do the whole thing online.

[Available Online Health Connector Tool for OE 2026]

Just want to go through some of our available online tools for 2026. We have a new ConnectorCare Enrollee Contribution Dashboard. This is available on our website. You'll be able to go in and search by a certain geographic area or region or by a zip code, and it'll pull up the region.

You'll be able to see the different ConnectorCare plans and the enrollee contributions across the different ConnectorCare type when you do that. You'll be able to toggle between different regions and zoom in on certain things. Then you can also save that map of a certain region and print it as well. That could be a really helpful resource to give individuals you're working with what ConnectorCare contributions would be in the location that they live.

Then we want to note that on November 1st, we update all the resources in our Resource Download Center. Please visit this page. It's such a treasure trove of wonderful documents that are so helpful to the community. There's a ConnectorCare shopping guide, an unsubsidized shopping guide, a guide to subsidies as well. It can really help break down what all of this means and give people something that they can take away to really understand how to pick a plan and what the different subsidy options are.

Then, of course, as I mentioned earlier, we have this dedicated federal policy page on our website where we will be posting any relevant updates, and people can stay up to date with information by checking in there.

[Appendix]

(SUE KANE): Thank you, Kara.

(KARA CHIEV): Sue, before we get started on Q&A, I just want to note that there are some appendixes for this quarter. If you go on to, I think, the next slide here,

[Update: New Webpage and Flyers]

I wanted to just make sure that you're aware that new webpages was created for our providers caring for pregnant and postpartum members.

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

Also, there is a very long list

[MassHealth Health Plan 2026 PCP Changes]

of PCP changes in 2026. As I mentioned, that information won't be

[Primary Care Provider Changes (slide 1 of 4)]

available in MassHealth choices

[Primary Care Provider Changes (slide 2 of 4)]

until January 1st, but to give you an idea of the PCPs

[Primary Care Provider Changes (slide 3 of 4)]

that will be changing or moving to a new health plan, that list

[Primary Care Provider Changes (slide 4 of 4)]

will be available here.

(SUE KANE): Thank you for that.

[In The Loop – MA: A Community Just for Enrollment Assisters]

(LESLIE DIAZ): Thank you, Sue. Thank you, everyone. Hi, all. I'm sorry my camera is off. I'm sure, with the rain, the spottiness that I've been having earlier will just interrupt our presentation. Hopefully you can just imagine my face. [laughs] I'm Leslie Diaz from Health Care For All. I'm here to talk about our In the Loop community that is just for Enrollment Assisters.

Next slide, please.

[Polling Question #1]

Our first question is just to get a sense of if you all have knowledge of In the Loop. Some of you may know about In the Loop, and so you are registered for the website. You might be registered for the newsletter. You might be registered for both. If you don't know what ITL or In the Loop is, we will definitely talk about it in the next slides, but you can select "no, what are those?" Totally fine if it's no. That's why we're here.

(SUE KANE): There's quite a few with no.

(LESLIE DIAZ): Good to know. That's why we're here. Exactly. Spread the word.

(SUE KANE): All right. Over 50%. Here we go. We're going to share the results so you have.

(LESLIE DIAZ): Thank you. All right. It looks like most folks, or at least over half, don't know what either ITL website or ITL newsletter are, which means you probably need to know more about In the Loop, which is why we're here, like I said.

Next slide, please.

[About ITL – MA]

Excuse me. In the Loop was created by Health Care For All as a space for enrollment assisters such as CACs, SHINE counselors, navigators, staff who work at community health centers and hospitals who help people with enrollment in order to have a space where they can connect, learn from each other, collaborate, troubleshoot on issues together.

It's a private community, meaning that it's not open to just anyone. It's not open to members or consumers or even for-profit agencies. We do really limit it to enrollment assisters and folks who help people enroll in health coverage for free. Often we have folks who are part of legal aid agencies, consumer protection agencies, advocacy organizations, and then other types of health and consumer advocates. Those are the folks who are welcome to join and, again, connect with each other in this private space.

Next slide, please.

[Polling Question #2]

One of the purposes of In the Loop, like I mentioned, is to connect enrollment assisters across the state.

At this point, since I know some of you or most of you don't know about In the Loop, it would be great to know how connected do you currently feel with other enrollment assisters. Very connected, somewhat connected, not very connected, or not connected at all? It looks like the results are in. We've got a scattering of results, but most folks say not very connected or not connected at all, and that's one of the purposes, again, of this community. If you're feeling like you want to be more connected, please listen on for how to join. [clears throat] Excuse me. Thank you.

I'll go to the next slide, please.

[Why join ITL – MA?]

In addition to getting connected with other enrollment assisters and being part of that community, you'll also have the opportunity to share any successes that you've had,

any challenges, any lessons learned on our message board. As I mentioned earlier, you can troubleshoot problems, ask questions, and see how others have resolved similar issues.

There's also a library of resources that we've put together that, again, are specifically for enrollment assisters, which range from talking points to some of the updates that are shared here at MTF sessions so that we have all the up-to-date information we need to help our members.

Next slide, please.

[Polling Question #3]

For those of you who are already members of In the Loop or loopers, what do you benefit the most from? If you haven't joined In the Loop yet, what do you look forward to the most? There are a few different options: updates and resources, problem-solving help, peer connections, or training opportunities. I know sometimes it's hard to pick one, but do your best. It helps us just see what kind of information, what kind of support folks need from us on ITL.

All right. It looks like updates and resources and problem-solving help are the top needs or the top things that you benefit from, so we will definitely continue focusing on that. Thank you for participating in the polls. I think we just have one more slide, if I'm not mistaken. One or two.

[How to Join]

All right. In order to join, so you can register to have access to the In the Loop online community through the website. When you get these slides, you'll be able to click on these links. I believe we'll also put the links in the chat. I can do that, too, in a little bit. You can sign up to gain access to the website through that link. Basically, you'll get to the home page and there's a sign up button. All you have to do is click on that and fill it out.

Then if you want to sign up for the newsletter, which is separate, you can also send us an email. Again, there's that link. You can just click it so it automatically sends or creates

an email to send to us requesting that you'd like to receive our newsletters. I hope that was helpful for you to learn about In the Loop. Definitely take advantage of it.

We have over 1,000 folks who have joined, and we want to keep the community active, especially as all these changes are coming up in the next couple of years. We want to make sure we're all informed and all sharing the same information to our members who are going to be going through some confusing changes. Thank you all so much for your time, and please do join or reach out if you have any questions about it.

[Thank you!]

(KARA CHIEV): Thanks, everyone.

(NIKI CONTE): Bye-bye.

(BENJAMIN BURWOOD): Thank you.