



## Eligibility Operations Memo 26-01

**DATE:** January 2026

**TO:** MassHealth Eligibility Operations Staff

**FROM:** Heather Rossi, Deputy Chief Operating Officer, Eligibility Policy and Implementation

**RE:** Federal and State Health Insurance Requirements for Tax Year 2025

### Introduction

For tax year 2025, both **federal and state** regulations require Massachusetts residents to have health insurance benefits that meet certain standards. Federal rules require coverage known as **minimum essential coverage** (MEC), while state rules require **minimum creditable coverage** (MCC).

Individuals who do not meet these health insurance requirements may be responsible for a penalty on their state tax return. The Massachusetts Department of Revenue (DOR) is responsible for enforcing the Massachusetts individual health insurance mandate. The Internal Revenue Service (IRS) enforces federal health insurance requirements under the Affordable Care Act, though the federal tax penalty has been eliminated.

### Minimum Creditable Coverage (State)

Minimum creditable coverage (MCC) is the minimum level of benefits needed for taxpayers to be considered insured and avoid state tax penalties. The following MassHealth coverage types meet MCC:

- Standard
- CarePlus
- CommonHealth
- Family Assistance

### Minimum Essential Coverage (Federal)

Minimum essential coverage (MEC) is the minimum level of benefits needed for taxpayers to be considered insured under federal law. The following MassHealth coverage types meet MEC:

- Standard
- CarePlus
- CommonHealth
- Family Assistance

## **State Requirements for Tax Year 2025—Form 1099-HC**

Massachusetts regulations require MassHealth to give proof of insurance to its members who had MCC in 2025. MassHealth will issue each eligible individual a Form 1099-HC. This form shows each month the individual was covered in 2025. If all 12 months are marked as covered, the individual was covered by MassHealth for the entire 2025 calendar year. If only some months are marked, the individual was covered by MassHealth only during the marked months.

MassHealth will issue Form 1099-HC to members who were covered in an MCC coverage type for at least 15 days of any month during calendar year 2025. Form 1099-HC will be sent out at the individual level. For a member to receive this form, the following conditions must be met:

- Member must have income greater than 150% of the federal poverty level (FPL) at any point during calendar year 2025.
- Member must have an MCC coverage type for at least 15 days of any month during calendar year 2025.
- Member must have been at least 18 years old as of December 31, 2025.

**Note:** *Members with income at or below 150% FPL throughout all of calendar year 2025 will not receive a Form 1099-HC from MassHealth.*

## **Federal Requirements for Tax Year 2025—Form 1095-B**

Federal regulations require MassHealth to give proof of insurance to MassHealth members who had MEC in 2025. MassHealth will mail each eligible member a 1095-B form. This form shows each month the individual was covered in 2025. If “Covered all 12 months” is marked, the individual was covered by MassHealth for the entire 2025 calendar year. If specific months are marked, the individual was covered by MassHealth only during the marked months.

MassHealth members who were covered in an MEC aid category for at least one day of any month during calendar year 2025 may request a duplicate Form 1095-B. The Form 1095-B can be accessed online by visiting [masshealthtaxform.com](https://masshealthtaxform.com). If MassHealth members need to request a Form 1095-B, they can contact the MassHealth Customer Service Center at (866) 682-6745, TDD/TTY: 711. A separate Form 1095-B must be requested for each covered individual.

**Note:** *The information on Form 1099-HC may differ from Form 1095-B because of differences in federal and state rules regarding minimum coverage.*

## **For Health Connector Members**

Individuals enrolled in qualified health plans (QHPs) through the Health Connector will not receive Form 1095-B. They may receive a different form called Form 1095-A from the Health Connector.

**Note:** *Individuals who received QHP and MassHealth benefits in 2025 may receive Form 1095-A, Form 1095-B, and Form 1099-HC (if applicable).*

If QHP enrollees have questions about federal tax filing requirements, they may call the IRS Call Center at (800) 829-1040 or go to [irs.gov](https://www.irs.gov). If individuals have questions about why they received Form 1095-A from the Health Connector, or if they need a duplicate copy of Form 1095-A, they should contact Health Connector Customer Service at (877) MA-ENROLL ([877] 623-6765), TDD/TTY: 711. Members may download a copy of their Form 1095-A online by signing into their account at [MAHealthConnector.org](https://MAHealthConnector.org) and clicking on “Make a Payment.” Form 1095-A is viewable in the “My Tax Documents” section of the Payment Center.

## **Tax Penalties and Permissible Lapse Periods—Form 1099-HC**

There is no state penalty for those with a lapse in coverage of three or fewer consecutive calendar months during 2025. Taxpayers who lose but then resume their coverage within three or fewer consecutive calendar months will not be subject to penalties. Multiple and distinct lapses are permitted throughout the year. Taxpayers with four or more consecutive months without insurance will indicate on Schedule HC if they had access to affordable health insurance (either through an employer, the government, or on their own).

Taxpayers calculate access to affordable health insurance on Schedule HC. If insurance is deemed unaffordable, the healthcare penalty does not apply. If insurance is deemed affordable, the healthcare penalty applies. The taxpayer may appeal the penalty to the Health Connector. More information about the appeals process is available on the DOR website ([mass.gov/dor](https://mass.gov/dor)).

## **Tax Penalties and Permissible Lapse Periods—Form 1095-B**

Beginning in tax year 2019, the federal tax penalty for a lapse in coverage was reduced to \$0. However, the federal government did not eliminate the requirement for states to provide Form 1095-B or to provide information about Medicaid and CHIP enrollment to the IRS. Therefore, states must continue to provide Forms 1095-B for Medicaid and CHIP coverage for tax year 2025 and beyond. If there is any change to these reporting requirements, CMS will communicate the changes to states.

## Questions

If individuals have questions about why they received the Form 1099-HC or Form 1095-B from MassHealth, or if they need a duplicate copy of either form, they should contact the MassHealth Customer Service Center at (866) 682-6745, TDD/TTY: 711.

If members have questions about whether they are required to fill out a federal tax return, or about how to complete federal tax returns with the information provided in their Form(s) 1099-HC and/or 1095-B, they may call the IRS Call Center at (800) 829-1040 or go to [irs.gov](https://www.irs.gov) to get information about the tax penalty, instructions, and a sample Form 1095-B.

For inquiries on how to calculate access to affordable insurance or on the appeals process, refer the member to the Schedule HC instructions in the Massachusetts tax form or on the DOR website at [mass.gov/dor](https://mass.gov/dor). The instructions are available wherever Massachusetts tax forms are available, such as public libraries and online.

For inquiries about the DOR online application, MassTaxConnect, refer the member to the DOR website ([mass.gov/dor](https://mass.gov/dor)). If you have any questions about this memo, please have your MEC designee contact the Policy Hotline.

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Form **1095-B**

Department of the Treasury  
Internal Revenue Service

**Health Coverage**

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095B](http://www.irs.gov/Form1095B) for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2252

**2025**

**Part I Responsible Individual**

|   |                |   |  |
|---|----------------|---|--|
| 1 Name of responsible individual—First name, middle name, last name   |                | 2 Social security number (SSN) or other TIN | 3 Date of birth (if SSN or other TIN is not available) |
| 4 Street address (including apartment no.)  | 5 City or town | 6 State or province                         | 7 Country and ZIP or foreign postal code               |
| 8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . . . <input type="checkbox"/> |                | 9 Reserved                                  |  |

**Part II Information About Certain Employer-Sponsored Coverage** (see instructions)

|   |   |                      |   |
|---|---|----------------------|---|
| 10 Employer name                                | 11 Employer identification number (EIN) |                      |   |
| 12 Street address (including room or suite no.) | 13 City or town                         | 14 State or province | 15 Country and ZIP or foreign postal code |

**Part III Issuer or Other Coverage Provider** (see instructions)

|   |   |                             |   |
|---|---|-----------------------------|---|
| 16 Name   | 17 Employer identification number (EIN) | 18 Contact telephone number |   |
| 19 Street address (including room or suite no.) | 20 City or town                         | 21 State or province        | 22 Country and ZIP or foreign postal code |

**Part IV Covered Individuals** (Enter the information for each covered individual.)

| (a) Name of covered individual(s)<br>First name, middle initial, last name | (b) SSN or other TIN | (c) DOB (if SSN or other TIN is not available) | (d) Covered at 12 months | (e) Months of coverage   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|----------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  |                      |  |                          | Jan                      | Feb                      | Mar                      | Apr                      | May                      | Jun                      | Jul                      | Aug                      | Sep                      | Oct                      | Nov                      | Dec                      |                          |
| 23   |                      |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For 2025, each covered individual will receive a separate Form 1095-B from MassHealth.

## Instructions for Recipient

This Form 1095-B provides information about the individuals in your tax family (yourself, spouse, and dependents) who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage the Department of Health and Human Services designates as minimum essential coverage.

If individuals in your tax family are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit. For more information on the premium tax credit, see Pub. 974, Premium Tax Credit (PTC).



*Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you should provide a copy to other individuals covered under the policy if they request it for their records.*

**Additional information.** For additional information about the tax provisions of the Affordable Care Act (ACA) and the premium tax credit, see [www.irs.gov/ACA](http://www.irs.gov/ACA) or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

**Part I. Responsible Individual, lines 1–9.** Part I reports information about you and the coverage.

**Lines 2 and 3.** Line 2 reports your social security number (SSN) or other taxpayer identification number (TIN), if applicable. For your protection, this form may show only the last four digits. However, the coverage provider is required to report your complete SSN or other TIN, if applicable, to the IRS. Your date of birth will be entered on line 3 only if line 2 is blank.

**Line 8.** This is the code for the type of coverage in which you or other covered individuals were enrolled. Only one letter will be entered on this line.

- A. Small Business Health Options Program (SHOP)
- B. Employer-sponsored coverage
- C. Government-sponsored program
- D. Individual market insurance
- E. Multiemployer plan
- F. Other designated minimum essential coverage
- G. Individual coverage health reimbursement arrangement (HRA)



*If you or another family member received health insurance coverage through a Health Insurance Marketplace (also known as an Exchange), that coverage will generally be reported on a Form 1095-A rather than a Form 1095-B. If you or another family member received employer-sponsored coverage, that coverage may be reported on a Form 1095-C (Part III) rather than a Form 1095-B. For more information, see [www.irs.gov/Affordable-Care-Act/Questions-and-Answers-About-Health-Care-Information-Forms-for-Individuals](http://www.irs.gov/Affordable-Care-Act/Questions-and-Answers-About-Health-Care-Information-Forms-for-Individuals).*

**Line 9.** Reserved.

**Part II. Information About Certain Employer-Sponsored Coverage, lines 10–15.** If you had employer-sponsored health coverage, this part may provide information about the employer sponsoring the coverage. This part may show only the last four digits of the employer's EIN. This part may also be left blank, even if you had employer-sponsored health coverage. If this part is blank, you do not need to fill in the information or return it to your employer or other coverage provider.

**Part III. Issuer or Other Coverage Provider, lines 16–22.** This part reports information about the coverage provider (insurance company, employer providing self-insured coverage, government agency sponsoring coverage under a government program such as Medicaid or Medicare, or other coverage sponsor). **Line 18 reports a telephone number for the coverage provider that you can call if you have questions about the information reported on the form.**

**Part IV. Covered Individuals, line 23.** This part reports the name, SSN or other TIN, and coverage information for each covered individual. A date of birth will be entered in column (c) only if the SSN or other TIN is not entered in column (b). Column (d) will be checked if the individual was covered for at least 1 day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered.



Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

[Date]

[Name]  
[Address]  
[City, State Zip]

FORM MA 1099-HC

This form tells you which months you had MassHealth coverage during 2025. You may need this information to file your Massachusetts tax return.

Massachusetts law requires adult residents 18 years and older to have health insurance if they can afford it. By law, the health insurance must meet a certain standard known as "Minimum Creditable Coverage." Many MassHealth programs meet that standard. Failure to have affordable health insurance (including MassHealth) that meets the Minimum Creditable Coverage requirement may result in penalties.

The Massachusetts Department of Revenue (DOR) is responsible for enforcing this requirement through the personal income tax-filing process. To show proof of coverage, you must complete Schedule HC (for health care) with your Massachusetts personal income tax return.

Our records show that you had MassHealth coverage for the following months:

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| JAN                      | FEB                      | MARCH                    | APRIL                    | MAY                      | JUNE                     | JULY                     | AUG                      | SEPT                     | OCT                      | NOV                      | DEC                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The MassHealth coverage for the marked months meets the Minimum Creditable Coverage requirements.

You may be asked on Schedule HC to indicate which months you were covered by health insurance, including MassHealth. Follow the instructions that come with Schedule HC to determine if you are subject to a penalty.

For more information on the individual mandate, including a list of Frequently Asked Questions, or for copies of the Schedule HC, please visit DOR's website at [www.mass.gov/dor](http://www.mass.gov/dor). Schedule HC can also be found wherever Massachusetts income tax forms are available, such as public libraries.

If you have any questions about this notice, please call the MassHealth Customer Service Center at (866) 682-6745, TDD/TTY: 711.

Thank you.

MassHealth

**Note:** DOR has an online application, MassTaxConnect, available for resident taxpayers. Based on your answers to some opening questions, you may be able to file your Massachusetts income taxes online with DOR for free. Visit [www.mass.gov/dor](http://www.mass.gov/dor) for more information.

DOR-HC-1 (Rev. 11/25)



Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

[Date]

[Name]  
[Address]  
[City, State Zip]

### FORMULARIO MA 1099-HC

Este formulario le indica en cuáles meses usted tuvo cobertura de MassHealth durante el 2025. Usted podría necesitar esta información para presentar su declaración de impuestos de Massachusetts.

La ley de Massachusetts exige que los residentes adultos a partir de los 18 años de edad tengan seguro médico si pueden pagarlo. Por ley, el seguro médico debe cumplir con ciertos estándares conocidos como "cobertura acreditable mínima" (MCC). Muchos programas de MassHealth cumplen con ese estándar. No tener seguro médico asequible (incluido MassHealth) que cumple con el requisito de cobertura acreditable mínima puede resultar en multas.

El Departamento de Hacienda de Massachusetts (DOR) es responsable de hacer cumplir este requisito por medio del proceso de declaración de impuestos sobre el ingreso personal. Para demostrar pruebas de cobertura, debe completar la Planilla HC (*Schedule HC*, para atención médica) con su declaración personal de impuestos de Massachusetts.

Nuestros registros muestran que usted tuvo cobertura de MassHealth en los siguientes meses:

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ENE                      | FEB                      | MAR                      | ABR                      | MAY                      | JUN                      | JUL                      | AGO                      | SEP                      | OCT                      | NOV                      | DIC                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

La cobertura de MassHealth para los meses marcados cumple con los requisitos de cobertura acreditable mínima.

Se le podría pedir en la Planilla HC (*Schedule HC*) que indique en qué meses usted estaba cubierto por el seguro médico, incluido MassHealth. Siga las instrucciones que vienen con la Planilla HC para determinar si usted está sujeto a una multa.

Para obtener más información sobre este mandato individual, incluida una lista de Preguntas más frecuentes, o para obtener copias de la Planilla HC, visite nuestro sitio web del DOR en [www.mass.gov/dor](http://www.mass.gov/dor). La Planilla HC también puede encontrarse en cualquier lugar en donde se disponga de formularios para la declaración de impuestos de Massachusetts, como bibliotecas públicas.

Si usted tiene preguntas sobre este aviso, llame al Centro de servicio al cliente de MassHealth al (866) 682-6745 o al TDD/TTY: 711.

Muchas gracias.

MassHealth

**Nota:** El DOR tiene una solicitud en línea llamada "MassTaxConnect" (enlace para impuestos de Massachusetts) a disposición de los contribuyentes residentes. Basándonos en sus respuestas a algunas preguntas iniciales, usted podría declarar sus impuestos de Massachusetts en línea con el DOR de manera gratuita. Visite [www.mass.gov/dor](http://www.mass.gov/dor) para obtener más información.

DOR-HC-1 (SP) (Rev. 11/25)