MassHealth Program Advisory Committee (MPAC) and Payment Policy Advisory Board (PPAB) Meeting

Executive Office of Health and Human Services

October 14, 2025

Meeting Agenda

Time	Detail	Moderator
2:00PM	Welcome	Mike Levine & Celia Segel
2:15PM	Stage setting – what are the MPAC and PPAB?	Camille Pearson & Sarah Nordberg
2:30PM	Icebreaker Activity	Camille Pearson & Sarah Nordberg
3:00PM	OBBBA Discussion	Elizabeth LaMontagne
3:25PM	1115 Waiver Process Overview	Ryan Schwarz
3:40PM	MPAC By-laws - Reminder to submit feedback by 11/14/25.	Camille Pearson, Sarah Nordberg & Alison Mehlman
3:50PM	Wrap-up, Q&A Next meeting: January 13, 2026	Camille Pearson & Sarah Nordberg

What is the MassHealth Program Advisory Committee?

Background:
In 2024 CMS published and finalized the Ensuring Access to Medicaid Services Final Rule, 89 FR 40542 (**2024 Access Final Rule**). The provisions of the Access Final Rule include updates to the existing Medical Care Advisory Committee (MCAC) regulation.

Key changes include:
- New name
- Expanded scope and meeting topics
- New composition of the committee
- New procurement process to select committee members

Following these regulatory changes, MassHealth changed the MCAC to the MassHealth Program Advisory Committee (MPAC) and selected MPAC members through a Notice of Opportunity (NOO).

Goals:
- Learn more about member priorities; and
- Work together in developing and improving programs and policies that ultimately improve the effective administration of the MassHealth program.

Payment Policy Advisory Board

Historically the PPAB has met alongside the MCAC. PPAB will continue to meet jointly with the new MPAC. While separate statutory bodies, MassHealth has historically combined them.

Past MCAC and PPAB meeting materials can be found on the Medical Care Advisory Committee Archive MCAC) webpage

Icebreaker

Share with the group!

1. Name
2. Organization you are representing (if applicable)
3. What are you looking forward to about the MPAC and PPAB meetings or any MassHealth related topics you would like to hear about in these meetings?

OBBBA, Federal Medicaid Changes

Background on Federal Medicaid Changes

What is OBBBA (or "OB3")?

- In July 2025, Congress signed the One Big Beautiful Bill Act (known as OBBBA, or "OB3") into law.
- This law includes major changes to Medicaid (which in Massachusetts is MassHealth).
  - MassHealth is legally required to follow federal law, which means that we must implement these changes.
- OBBBA also made changes to Health Connector coverage, SNAP, Medicare, and more.

When do the new rules begin?

- The new rules affecting MassHealth do not happen right away.
- The biggest changes affecting MassHealth members don't start until October 2026.

How will MassHealth members be affected?

- The new federal rules will affect only certain members. Some members will not see any changes.
- The largest impacts will be for certain immigrants and certain adults between the age of 19 and 64.
- To fully understand the impact of the OB3 changes, MassHealth will need to receive implementation guidance from the federal government – this is expected in the coming year.
- We will keep members informed of the coming changes – with larger communication campaigns starting in Summer 2026.

What Are the Biggest Medicaid Changes from OBBBA?

Coverage Changes for Certain Immigrants

Starts **October 1, 2026**. Changes the definition of a "qualified alien," which will result in some members' coverage being downgraded.

Work Requirements

For certain non-disabled adults, age 19 to 64

Starts **January 1, 2027**. Requires certain adults aged 19-64 to work or do another qualifying activity at least 80 hours per month. Significant exemptions exist for this requirement.

Renewals Every 6 Months

For certain non-disabled adults, age 19 to 64

Starts **January 1, 2027**. Requires certain adults aged 19-64 to renew their MassHealth eligibility every six months instead of every year.

Cost Sharing

For members with income above 100% FPL

Starts **October 1, 2028**. Requires certain adults aged 19-64 to pay for a portion of their healthcare costs if their income is above 100% of the Federal Poverty Level (FPL).

Note: There are additional changes to Medicaid due to OB3; these are the largest eligibility changes for Medicaid

How we can work together:

MassHealth is committed to navigating these changes together

- We are actively engaging in conversations with members, community organizations, advocates, providers, health plans, and other groups to share information about the changes and understand how we can work together to preserve coverage.
- We are also thinking about ways to reduce impacts for members through system improvements, member education, community supports, and other strategies.

Our Ask:

- MassHealth wants to hear your feedback about how we should be engaging with members and other stakeholders.
- We will keep our stakeholders updated – and keep the conversation going – as this work continues.

For Discussion:

How can MassHealth best engage with members and community-based organizations as these federal Medicaid changes are implemented?

Upcoming 1115 Waiver Process

MassHealth has made historic progress in implementing payment reform and expanding access to high quality health care through it's most recent 1115 Demonstrations

MassHealth's 2017-2022 Demonstration Goals

- **Enact payment and delivery system reforms** that promote integrated, coordinated care; and hold providers accountable for the quality and total cost of care
- **Improve integration** of physical, behavioral health and long-term services
- **Address the opioid addiction crisis** by expanding access to a broad spectrum of recovery-oriented substance use disorder (SUD) services
- Sustainably **support safety net providers** to ensure continued access to care for Medicaid and low-income uninsured individuals

MassHealth's Current Demonstration Goals (2022-2027)

- **Continue the path of restructuring and reaffirm accountable, value-based care** – increasing expectations for how ACOs improve care and trend management, and refining the model
- Make reforms and investments in **primary care, behavioral health, and pediatric care** that expand access and move the delivery system away from siloed, fee-for-service health care
- **Advance health equity,** with a focus on initiatives **addressing health-related social needs** and specific disparities, including **maternal health** and health care for **justice-involved** individuals
- **Sustainably supports the Commonwealth's safety net,** including level, predictable funding for safety net providers, with a continued linkage to accountable care
- **Maintains near-universal coverage,** making updates to eligibility policies to support coverage and equity

MassHealth is committed to continuing to improve and deliver high-quality health care to all MassHealth members, however the Commonwealth faces new headwinds in the next 1115 Demonstration period

- The federal reconciliation bill that was signed into law on July 4, 2025, includes significant policy changes to Medicaid and Health Care Marketplaces nationally. These changes, once fully implemented, will result in health care coverage losses for up to 300K residents and potentially up to $3.5 billion in federal funding for health care annually in Massachusetts.

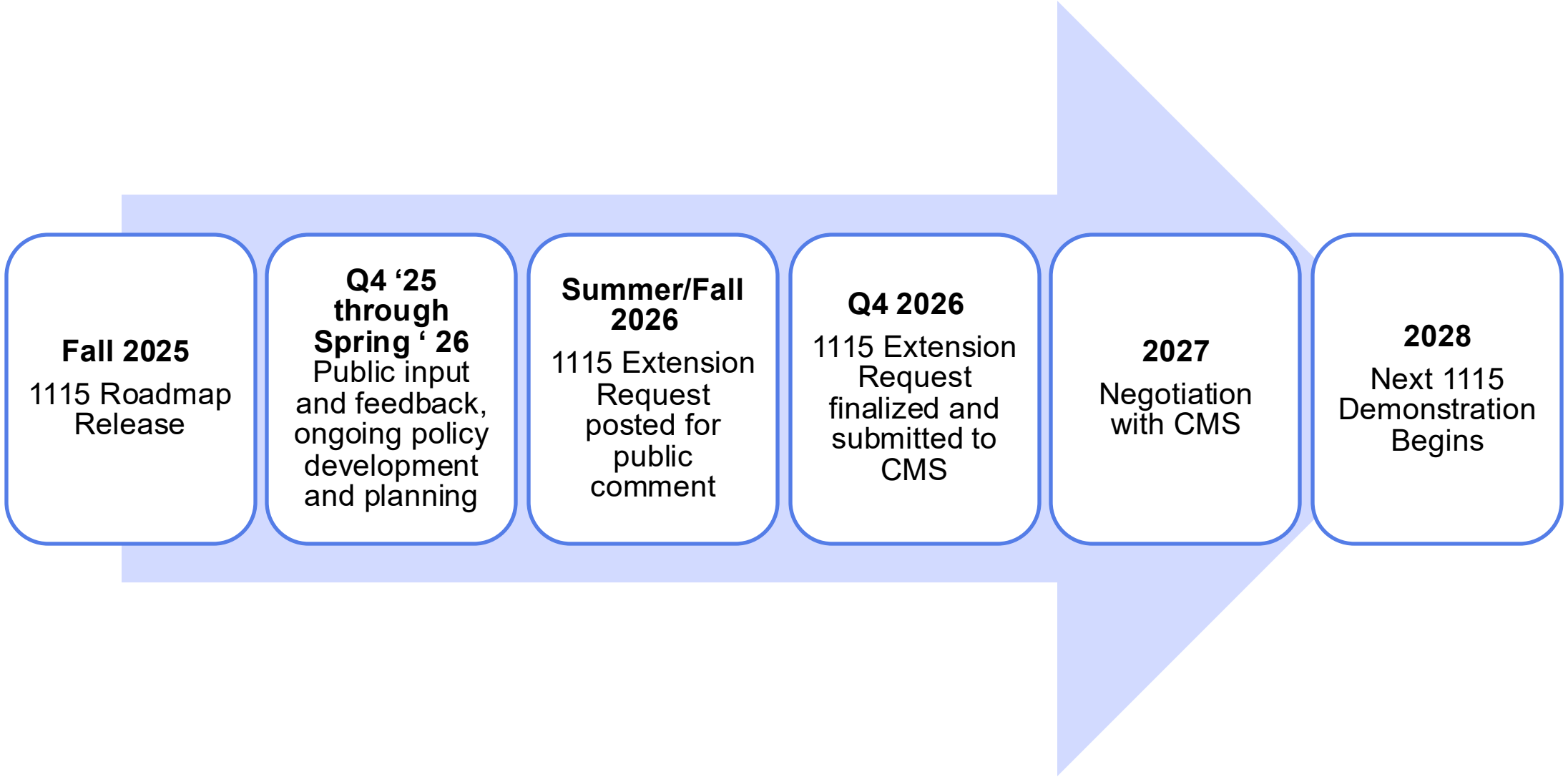
- Additionally, other federal policy changes will require future 1115 Demonstrations to look different than previous ones. For example, the federal administration has issued guidance rescinding previous Health-Related Social Needs policy,[1] and will no longer be approving Continuous Eligibility authorities[2] or Workforce Initiatives.[3]

- Massachusetts is also experiencing significant state budget pressures that will likely continue into coming years. MassHealth accounts for roughly a third of the state budget and will work to identify ways to reduce expenditures while continuing to maintain high-quality care for all MassHealth members.

- MassHealth remains strongly committed to achieving great health outcomes for our members. In developing the next 1115 Demonstration, MassHealth will work with state and federal partners to best address these policy changes and headwinds while continuing to improve health care throughout the Commonwealth.

[1] *CMCS Informational Bulletin, March 4, 2025: https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/AID/cib03042025.pdf*
[2] *CMS Letter, July 17, 2025: https://www.medicaid.gov/resources-for-states/downloads/contin-elig-ltr-to-states.pdf*
[3] *CMS Letter, July 17, 2025: https://www.medicaid.gov/resources-for-states/downloads/workforc-ltr-to-states.pdf*

Anticipated 2028-2032 1115 Demonstration Extension Development Timeline



MPAC By-laws

MPAC members should have received an email with a draft of proposed By-laws. If you have not received the proposed draft, please reach out to Sarah Nordberg at Sarah.Nordberg@mass.gov and Camille Pearson at Camille.Pearson@mass.gov.

Please submit any feedback on the MPAC by-laws to Sarah at Sarah.Nordberg@mass.gov by **November 14th**.

Q&A, Housekeeping

Next Meeting: January 13, 2026

Visit the MassHealth Program Advisory Committee webpage for information on the committee and upcoming meetings.

Appendix

Appendix: What is the MassHealth Program Advisory Committee?

2024 Access Final Rule

May 10, 2024	CMS published the Ensuring Access to Medicaid Services Final Rule, 89 FR 40542 (2024 Access Final Rule). The provisions of the 2024 Access Final Rule included updates to the Medical Care Advisory Committee (MCAC) regulation.
July 9, 2024	CMS finalized regulatory changes to rename the MCAC as the Medicaid Advisory Committee (MAC) and require a new (separate) Beneficiary Advisory Committee (BAC). The final rule (42 CFR § 431.12) specifies the structure and function of – and the relationship between – the two groups.
December 2024	MassHealth released a procurement for members of the MassHealth Program Advisory Committee (MPAC), which will serve as the "Medicaid Advisory Committee (MAC)" in Massachusetts.

Appendix: 2024 Access Final Rule

Scope and Meeting Topics	Previously, federal regulations only required MCAC discussions to include topics about health and medical care services. The final rule expanded the scope to include generally "matters of concern related to policy development, and matters related to the effective administration of the Medicaid program."
Composition	The MPAC includes members from state or local advocacy groups; clinical providers or administrators; MCOs, PIHPs, PAHPs, PCCM entities or PCCMs or plan associations as applicable; and other state agencies serving Medicaid beneficiaries. The MPAC must also include Member Advisory Committee members.
Member Selection	States are required to develop and publish a process for member recruitment. Members can serve multiple terms but only if non-consecutive. Terms periods are decided by the state.
Meeting and Reporting	MPAC must meet at least quarterly and must notify the public of upcoming meetings at least 30 days in advance. The MPAC must create an annual report to the state.