

MassHealth Program Advisory Committee / Payment Policy Advisory Board Meeting Minutes

January 13, 2026

MPAC members attending:

Committee Member	Organization	Attendance
Aisha Barlatier-Bonny	Home for Little Wanderers	
Amy M. Cataldo	Mystic Valley Elder Services	Y
Ashley Hague	Mass General Brigham Health Plan	Y
Coleen W.	MAC member	Y
Courtney E. Pelley	Edward M. Kennedy Community Health Center	Y
Ellana Stinson		Y
Hannah Frigand	Health Care for All	Y
Jennifer Kaplan	Massachusetts Law Reform Institute	Y
Jennifer Maynard	MassPACE Association	Y
Jonathan Ozek	MAC member	Y
Karen Williams	Advocates, Inc.	Y
Limor Nevel	Boston Medical Center Health System	Y
MAC Representative #3	MAC member	Y
Mohammad Dar	Community Care Cooperative (C3)	

Naomi Lisan	WellSense MCO and ACO	
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PPAB Attendance:

First	Organization	Attendance
Mike Levine	MassHealth	Y
Dan McHale	Mass Hospital Association	Y
David Matteodo	Mass Assn. of Behavioral Health	Y
Elissa Sherman	LeadingAge Massachusetts	
Lydia Conley	Assn. for Behavioral Health	
Mark Reynolds	CRICO	Y
Andrew Jackmauh	CHIA	Y
Tara Gregorio	Mass Senior Care	
Jake Krilovich	Home Care Alliance of MA	
Katherine Howitt	Mass Medicaid Policy Institute	Y
Liz Sanchez	Mass League of CHCs	Y
Barbara Spivak	Mass Medical Society	Y
Carrie Richgels	Planned Parenthood League of Massachusetts	Y

Presenters:

- Alison Mehlman, Assistant General Counsel, EOHHS
- Elizabeth LaMontagne, Chief Operating Officer, MassHealth
- Katherine Howitt, Blue Cross Blue Shield of Massachusetts Foundation, Kinda Serafi & Allison Garcimonde, Manatt Health

Discussion:

Welcome

Undersecretary Mike Levine and Chief of Staff Celia Segel welcomed MPAC & PPAB members.

Undersecretary Levine provided a brief update on H.2 budget. MassHealth, like commercial plans, has been experiencing health care cost growth that is not sustainable. Will be working through good discussions and tough discussions about how to make the program more sustainable in the long-term. More discussion to come.

Housekeeping:

Open Meeting Law Overview:

Alison Mehlman presented information on open meeting law and how it applies to the MPAC and PPAB. Open meeting law is in statute, passed by legislature. There is an open meeting law [guide](#) available.

Deliberation is any written or oral communication in any medium. Deliberations cannot happen outside of open meetings. Quorum is a simple majority of the public body.

Public business within this body's jurisdiction must happen within a public meeting. There are a few situations in which public bodies can meet in executive session.

Meetings must be noticed at least 48 hours ahead of time.

MPAC and PPAB members:

- Can't discuss matters of MPAC and PPAB outside of a public meeting. All deliberation must happen in a public meeting. Any expression of an opinion on issues of the body's jurisdiction would be considered a deliberation.
- Must take all votes in open session. Secret ballots are prohibited.

Q&A on Open Meeting Law Presentation:

Question posed on how open meeting law impacts MAC members?

- Since MAC members can be anonymous, this is a special case.

Question posed on how to handle a situation in which you are an MPAC member working on an issue in other settings that is discussed in a meeting?

- Members should not deliberate with other MPAC members outside of the public meeting. Topics may overlap with other ongoing work, but members should not specifically discuss MPAC deliberations in other settings.

By-Laws Vote:

MPAC members were emailed a copy of the by-laws that incorporated their feedback on 1/6/2026. Members were asked to vote to approve, not approve, or abstain.

PPAB members did not vote on this matter.

Committee Member	Organization	MPAC By-laws Vote
Aisha Barlatier-Bonny	Home for Little Wanderers	<i>Not present</i>
Amy M. Cataldo	Mystic Valley Elder Services	Approve
Ashley Hague	Mass General Brigham Health Plan	Approve
Coleen W.	MAC member	Approve
Courtney E. Pelley	Edward M. Kennedy Community Health Center	Approve
Ellana Stinson		Approve
Hannah Frigand	Health Care for All	Approve
Jennifer Kaplan	Massachusetts Law Reform Institute	Approve
Jennifer Maynard	MassPACE Association	Approve
Jonathan Ozek	MAC member	Approve
Karen Williams	Advocates, Inc.	Approve
Limor Nevel	Boston Medical Center Health System	Approve
MAC Representative #3	MAC member	Approve
Mohammad Dar	Community Care Cooperative (C3)	<i>Not present</i>
Naomi Lisan	WellSense MCO and ACO	<i>Not present</i>

Approval of October Meeting Notes

Members of the MPAC and PPAB were sent meeting notes from the 10/14/25 MPAC and PPAB meeting on 10/17/25.

Members were asked to vote to approve, not approve, or abstain.

MPAC Members Vote on October Meeting Notes

Committee Member	Organization	10/14/25 Meeting Notes Vote
Aisha Barlatier-Bonny	Home for Little Wanderers	<i>Not present</i>
Amy M. Cataldo	Mystic Valley Elder Services	Approve
Ashley Hague	Mass General Brigham Health Plan	Approve
Coleen W.	MAC member	Approve
Courtney E. Pelley	Edward M. Kennedy Community Health Center	Approve
Ellana Stinson		Approve
Hannah Frigand	Health Care for All	Approve
Jennifer Kaplan	Massachusetts Law Reform Institute	Abstain
Jennifer Maynard	MassPACE Association	Approve
Jonathan Ozek	MAC member	Approve
Karen Williams	Advocates, Inc.	Approve
Limor Nevel	Boston Medical Center Health System	Approve
MAC Representative #3	MAC member	Approve
Mohammad Dar	Community Care Cooperative (C3)	<i>Not present</i>
Naomi Lisan	WellSense MCO and ACO	<i>Not present</i>

PPAB Members Vote on October Meeting Notes

First	Organization	Attendance
Mike Levine	MassHealth	No vote
Dan McHale	Mass Hospital Association	No vote
David Matteodo	Mass Assn. of Behavioral Health	Approve
Elissa Sherman	LeadingAge Massachusetts	<i>Not present</i>
Lydia Conley	Assn. for Behavioral Health	<i>Not present</i>
Mark Reynolds	CRICO	Approve
Andrew Jackmauh	CHIA	No vote
Tara Gregorio	Mass Senior Care	<i>Not present</i>
Jake Krilovich	Home Care Alliance of MA	<i>Not present</i>
Katherine Howitt	Mass Medicaid Policy Institute	Approve
Liz Sanchez	Mass League of CHCs	Approve
Barbara Spivak	Mass Medical Society	Approve
Carrie Richgels	Planned Parenthood League of Massachusetts	No vote

Identifying member outreach and engagement strategies to minimize coverage loss from work requirements and 6-month redeterminations

Elizabeth LaMontagne presented on the background of federal Medicaid changes, supporting members through work requirements and renewals.

Background information included:

- What OB3 is
- When new rules begin
- How MassHealth members will be affected

Information on work requirements was shared, included:

- When work requirements will start – January 1, 2027
- Who we think will be impacted based on current information
- What members will need to do to retain MassHealth coverage

Discussed ways that MassHealth will use existing data to minimize the number of people who need to take action to meet work requirements and maintain coverage, including:

- Automatically identifying members who don't fit criteria
- Seeing if remaining members already meet requirements
- Helping members who need to take action

Went over information on 6-month renewals, including:

- When 6-month renewals will start – January 1, 2027
- Who we think is impacted based on current information
- What is changing

Discussed planning for MassHealth's comprehensive outreach strategy to inform affected members:

- MassHealth will start communicating with affected members in Summer 2026
- MassHealth will reach out to affected members through notices, text, phone calls, other communications, translated into top 6 member languages
- MassHealth will work with community-based organizations, providers, health plans, employers, and other partners
- MassHealth will issue broad, accessible communications

Objective of today's conversation

Celia Segel introduced the conversation with Manatt and the Blue Cross Blue Shield Foundation of Massachusetts about how MassHealth and its partners can support outreach and engagement strategies to reduce coverage loss resulting from implementation of OB3 work requirements and 6-month redeterminations.

Health Care For All (HCFA) is creating the communications toolkit that folks will use as they start to work with members.

MAC members will also meet with BCBS and Manatt for a member-focused conversation.

BCBS Foundation and Manatt-led Conversation:

The Manatt and BCBS Foundation teams led a conversation on the following questions:

Communication Channels: From your experience – during unwinding and in other Medicaid initiatives—what communication channels (e.g., text, phone, mail, in-person,

portals, trusted messengers) are the most effective for reaching Medicaid members? What evidence or operational experience support this?

Outreach/Engagement Strategies: As work requirements and six-month redeterminations approach, outreach and messaging will need to change across phases (e.g., for early education and awareness, pre-renewal and renewal-aligned outreach, nonresponse follow-up). What outreach and engagement strategies are the most effective—and realistic—for each of the following, based on your experience?

- MCOs/ACOs?
- Providers?
- CBOs?
- Other?
- How should outreach strategies differ across phases?

Messaging Strategies. What types of messaging materials and strategies (e.g., plain language explanations, FAQs, scenario-based instructions, culturally and linguistically tailored content) do you believe will be the most effective in helping members understand what work requirements and six-month redeterminations mean for them and what—if anything—they need to do? Please share examples of types of materials or approaches that have worked, in your experience for:

- MCOs/ACOs?
- Providers?
- CBOs?
- Other?
- How do you avoid messages that create fear or confusion, especially when no action is required yet?

Identifying and Engaging Members to whom work requirements and six-month redeterminations apply. Unlike unwinding, requirements apply to only a subset of Medicaid enrollees*—many of whom may not know which eligibility group they are in/will qualify for.

- How should messaging content, timing and frequency differ for:
 - Members likely subject to reporting?
 - Other Medicaid populations who are **not** subject to reporting requirements but may also receive notices or education regarding changes to eligibility rules (e.g., to confirm they will not be impacted)?
- What considerations should guide outreach and messaging to avoid confusion or unintended coverage loss?

Manatt and the Blue Cross Blue Shield Foundation did not get to pose the below question to the group and asked that if members have any thoughts on this question or others to please email Katherine Howitt.

Populations at Heightened Risk of Coverage Loss. For such populations—such as individuals with behavioral health needs, housing instability, limited English proficient members, complex medical conditions, or justice-involvement—what outreach and engagement approaches and messaging strategies are needed to mitigate coverage loss? What worked during unwinding or other recent outreach campaigns that should be replicated? Please respond from the perspective of:

- MCO/ACOs?
- Providers?
- CBOs?

Common themes and recommendations during the conversation included:

- Utilizing local leaders, community-based organizations, frontline staff as trusted messengers
- Utilizing a variety of modes for outreach
- Ensuring multiple touchpoints for each member
- Having renewal date, due dates in EVS for providers to see
- Regular reminders for members to update their contact information
- Translation of member and assister materials to ensure consistency in messaging
- Considering that members' circumstances may change over time throughout our messaging

Wrap-up

Next meeting will be held 4/10/2026 at 1 p.m.

Please let Sarah Nordberg or Camille Pearson know if you have any requests for future agenda items.