Testimony on Amendments to 130 CMR 508.00, effective no sooner than January 2026
MassHealth: Managed Care Requirements
October 3, 2025

Introduction

Good morning. My name is John Excellent and I am the Project Manager for the Office of Long Term Services and Supports at the Executive Office of Health and Human Services (EOHHS). I am here to present staff testimony on proposed amendments to regulation 130 CMR 508.000: MassHealth Managed Care Requirements. These amendments were proposed on September 12, 2025, to become effective no sooner than January 1, 2026.

Background

MassHealth regulation 130 CMR 508.000 describes the MassHealth Managed Care Requirements.

Proposed Amendments

MassHealth is proposing the following amendments to 130 CMR 508.000:

- Updating terminology including:
    - Replacing the term "Senior Care Organization" and with "Senior Care Options (SCO) Plan"
    - Replacing the term "Integrated Care Organization" with "One Care Plan"
    - Updating terminology to reflect upcoming One Care transition from a Medicare-Medicaid Program to a Dual-Eligible Special Needs Program, including removing references to the Duals Demonstration
- Updating One Care enrollment requirements, selection procedure requirements, disenrollment requirements, and discharge or transfer requirements to reflect the upcoming One Care transition from a Medicare-Medicaid Program to a Dual-Eligible Special Needs Program
- Updating the Senior Care Options enrollment requirements for consistency with Chapter 9 of the Acts of 2025, Sections 45 through 47
- Generally updating the Senior Care Options disenrollment requirements, discharge or transfer requirements, and eligibility for other programs requirements to remove out-of-date terminology and policy references
- Aligning eligibility requirements for individuals eligible for MassHealth through the Emergency Aid to the Elderly Disabled and Children (EAEDC) program across MassHealth managed care programs
- Updating copayment requirements for MassHealth managed care members to align with previous regulation changes for fee-for-service members
- Clarifying requirements for members transferring managed care plans to meet prior agency commitment to CMS to make such clarifications
- Removing the requirement for members who participate in home- and community-based waivers to enroll with the behavioral health contractor.
- Updating requirements related to members' right to a fair hearing
- Adding Severability language

Fiscal Impact

MassHealth expects no fiscal impact. This concludes my testimony. Thank you.