

# HEALTH COVERAGE

free webinar  
March 20  
11-12pm

## AT RISK: What New Federal Rules Mean for Western MA

HOSTED BY:

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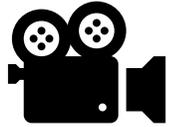
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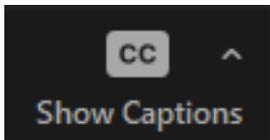
# Housekeeping



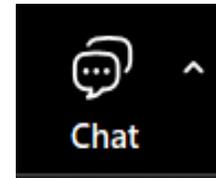
We are recording this webinar.



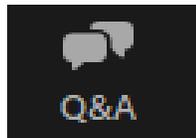
The recording and materials will be emailed to registrants and posted on our website.



Click “Show Captions” to enable automatically generated closed captioning.



If you encounter technical issues, please message the host, and we will do our best to assist you in resolving them.



To submit a question, use the Q&A feature found in your zoom menu. Panelists will write responses.



Before you sign off, please take a survey to tell us how we did.

# INTRODUCTION TO THE BCBSMA FOUNDATION

Ensuring equitable access to health care for all those in the Commonwealth who are economically, racially, culturally, or socially marginalized



HEALTH COVERAGE & CARE



BEHAVIORAL HEALTH



STRUCTURAL RACISM AND RACIAL INEQUITIES IN HEALTH

# MASSHEALTH 101: COVERAGE

MassHealth is important to many population groups, covering more than one in four state residents — around 2 million people — including low-income children, seniors, pregnant people, and people with disabilities.

MassHealth provides access to health care for more people than many realize, including:



“Without [MassHealth], we couldn’t survive.”

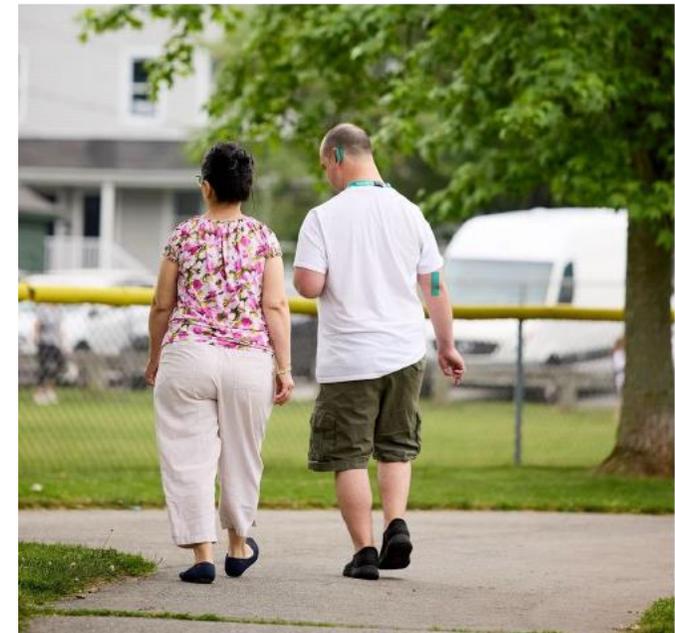


Photo by Kelly Davidson

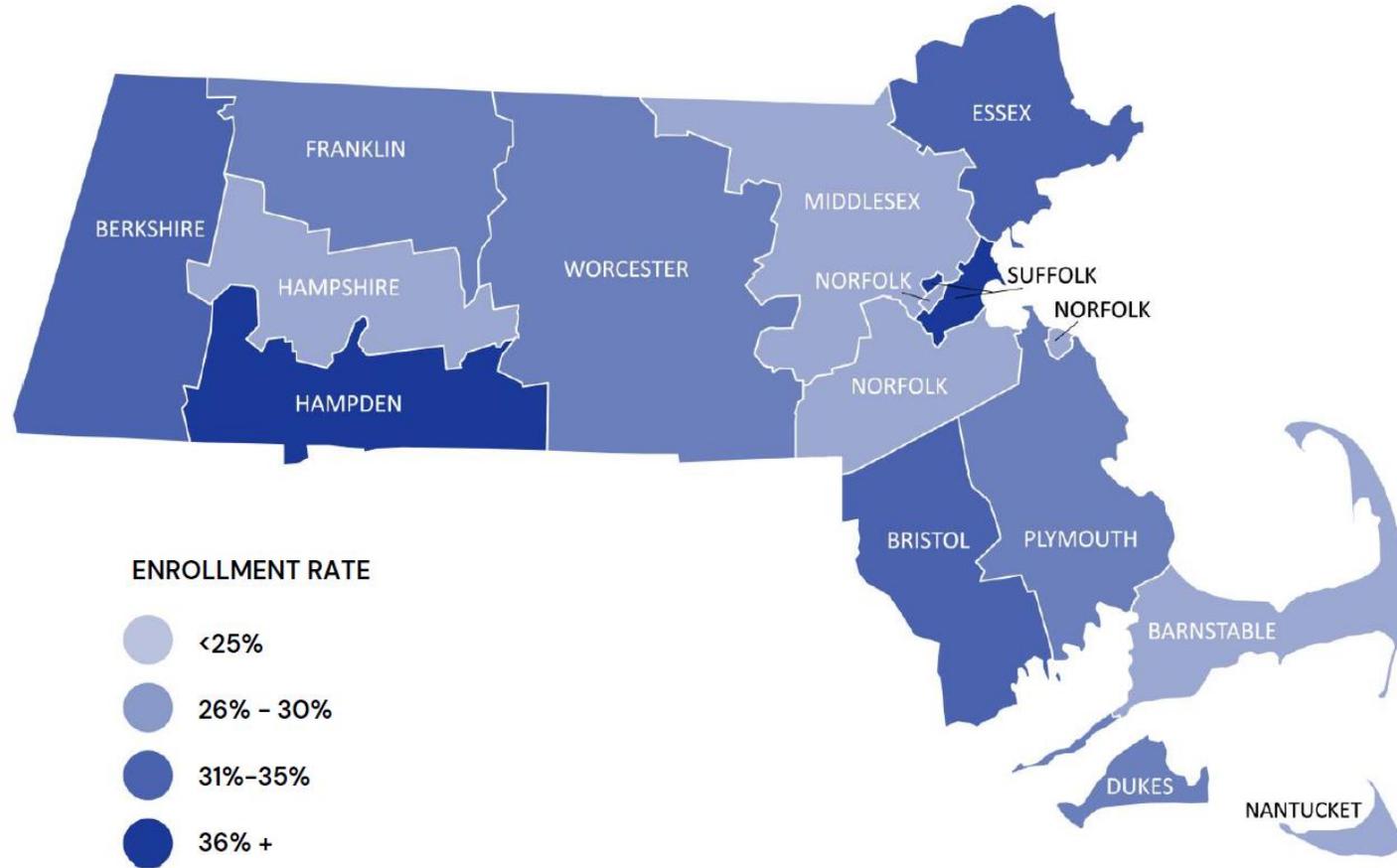
Source: [MassHealth Basics Report, October 2025](#).

Note: These data are based on enrollment in state fiscal year (SFY) 2024.

# MASSHEALTH 101: ENROLLMENT BY GEOGRAPHY

MassHealth is an important source of coverage for residents across Massachusetts. The MassHealth enrollment rate ranges from 18% of residents in Hampshire County to 42% of residents in Hampden County.

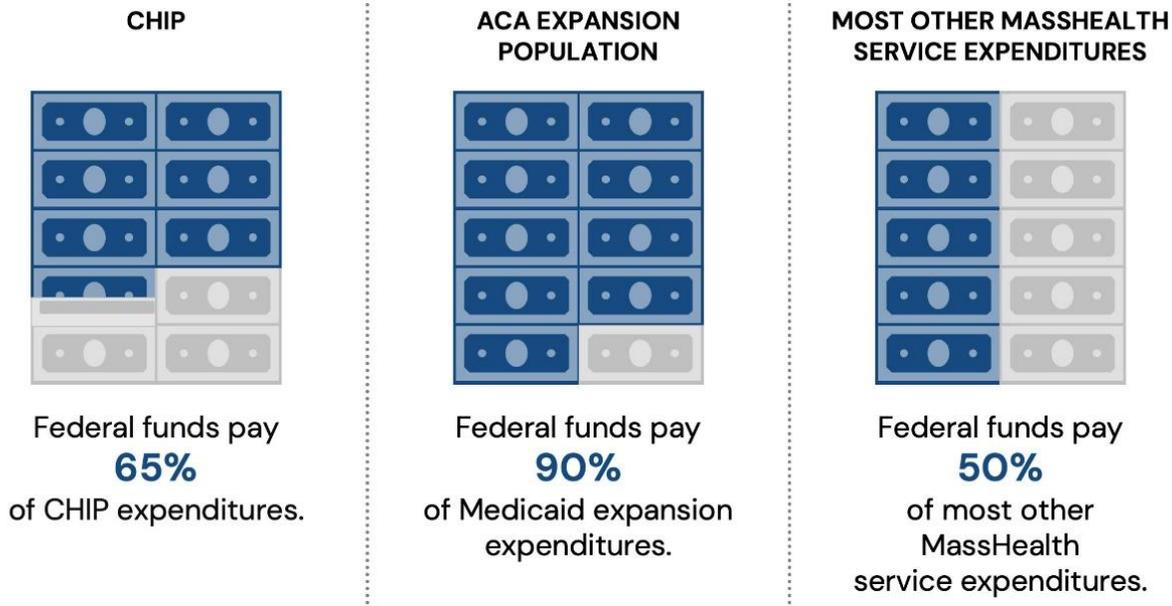
## PERCENT OF RESIDENTS ENROLLED IN MASSHEALTH BY COUNTY



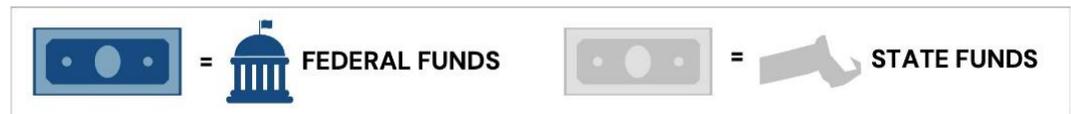
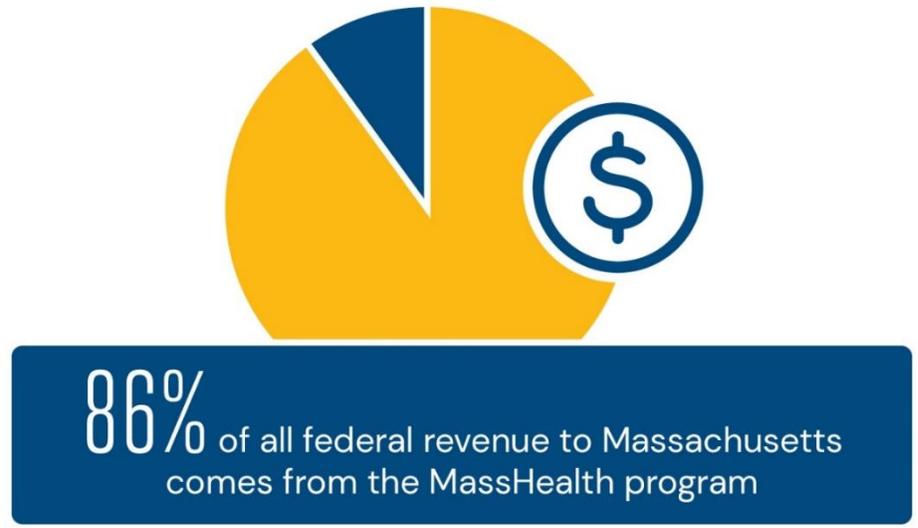
Source: [Faces of MassHealth: Coverage Across the Commonwealth, October 2025](#).

# MASSHEALTH 101: PROGRAM SPENDING AND FEDERAL REVENUES

FEDERAL AND STATE SHARES OF MASSHEALTH EXPENDITURES, TYPICAL LEVELS



MassHealth brings in **\$12.3 BILLION** in federal revenues to support the state economy.

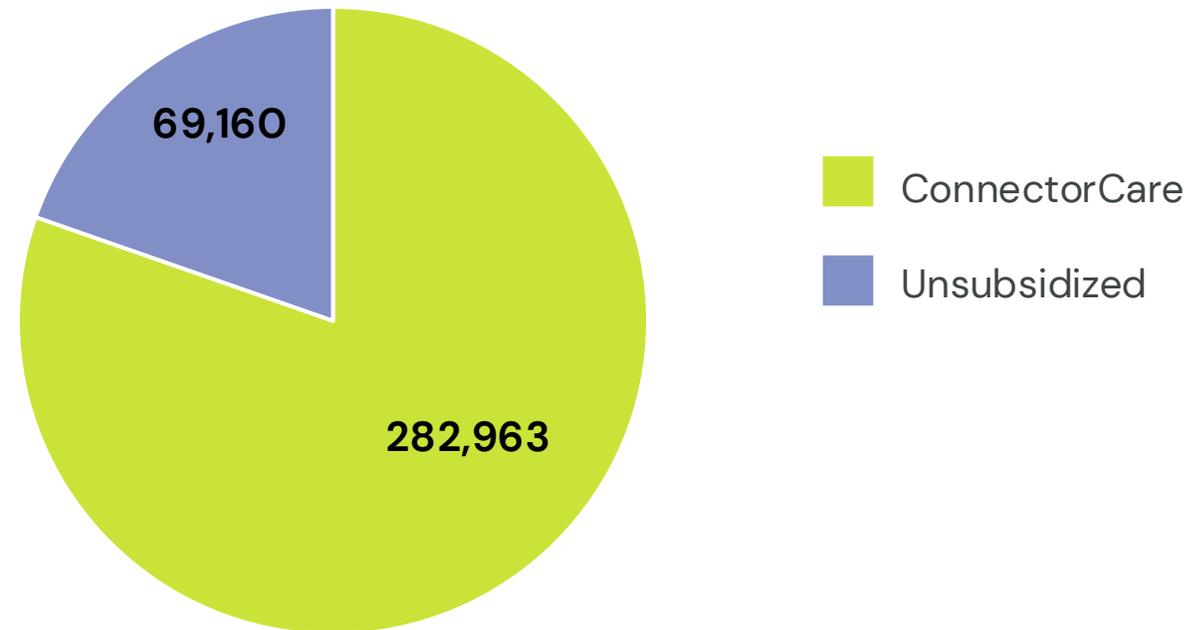


Source: [MassHealth Basics Report, October 2024](#); [What is the Actual State Cost of MassHealth in FY 2025](#); [MassHealth Matters to Massachusetts](#).  
 Note: The federal revenue data are based on MassHealth program in the State Fiscal Year 2025 budget.

# MASSACHUSETTS HEALTH CONNECTOR: OVERVIEW

The Health Connector is Massachusetts' state-based health insurance marketplace and provides health insurance coverage to more than 350,000\* individuals and families in Massachusetts.

### Health Connector Enrollment by Program\*\*



**Source:** Health Connector [2026 Open Enrollment Weekly Dashboard](#), as of February 2, 2026.

\*Total enrollment does not include people enrolled in "Individual Dental Only."

\*\*Total ConnectorCare enrollment includes 400 members enrolled in "APTC Only." APTC Only members were previously enrolled in an unsubsidized plan and have now become ConnectorCare eligible but have not yet shopped for a ConnectorCare plan.

# INTRODUCTION TO THE “ONE BIG BEAUTIFUL BILL” ACT (OB3)

- On July 4, 2025, President Trump signed the “One Big Beautiful Bill” Act (OB3) into law.
- Law includes several provisions related to Medicaid, the Children’s Health Insurance Program (CHIP), and the Affordable Care Act’s Marketplaces.
  - Congressional Budget Office (CBO) estimates that the law will cut gross federal Medicaid and CHIP spending by \$990 billion over the next ten years.
- Implementation dates for key health care provisions vary, with some taking effect immediately and others being implemented over several years.

## Three Buckets of Health Care Cuts

MEDICAID  
ELIGIBILITY

MEDICAID  
FINANCING

MARKETPLACE  
ELIGIBILITY

# MEDICAID ELIGIBILITY CUTS: WORK REQUIREMENTS & SIX-MONTH REDETERMINATIONS

## WORK REQUIREMENTS

Requires states to implement work reporting/ community engagement requirements as a condition of Medicaid eligibility for certain adults.

## SIX-MONTH REDETERMINATIONS

Requires states to redetermine Medicaid eligibility every six months, instead of every 12 months, for certain adults.

- **In Massachusetts, requirements primarily apply to people who:\***
  - ✓ Are adults under 65,
  - ✓ Do not have dependent children, and
  - ✓ Are not enrolled in or applying for MassHealth on the basis of a disability or pregnancy



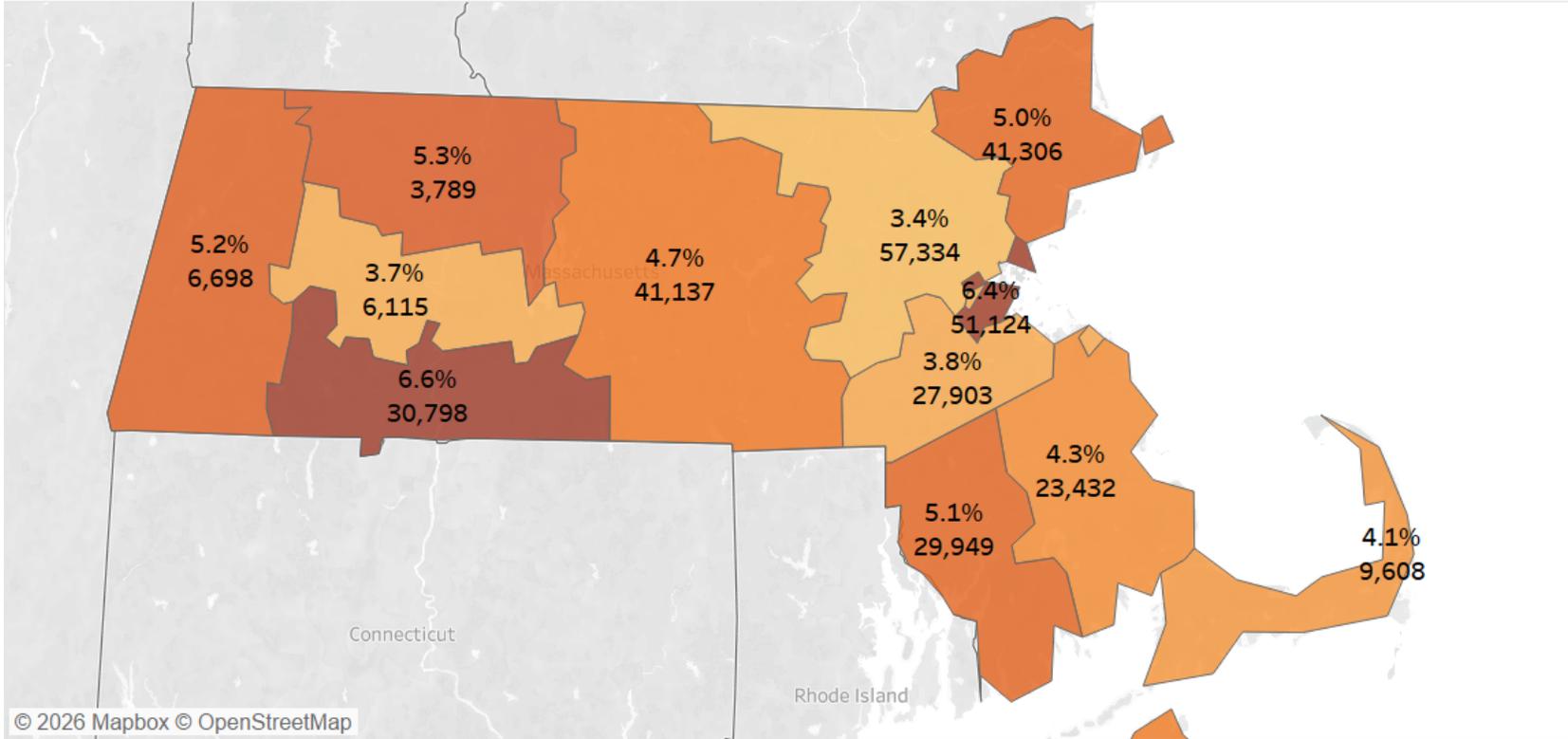
***Effective Date: January 1, 2027\*\****

\*In Massachusetts, the populations likely affected by work requirements and six-month redeterminations are highly likely to change based on forthcoming CMS guidance and further analysis. There may also be some distinct differences between the populations subject to work requirements and those subject to six-month renewals. Lastly, certain individuals may qualify for an exemption (e.g., "Medically Frail") from these requirements.

\*\*If state is demonstrating a "good faith" effort to comply with requirements, U.S. Health and Human Services Secretary can issue an exemption through December 31, 2028. States also have the option to start their program sooner than January 1, 2027.

# Estimated Percent of County Population Expected to be Subject to MassHealth Work Requirements

Preliminary Analysis

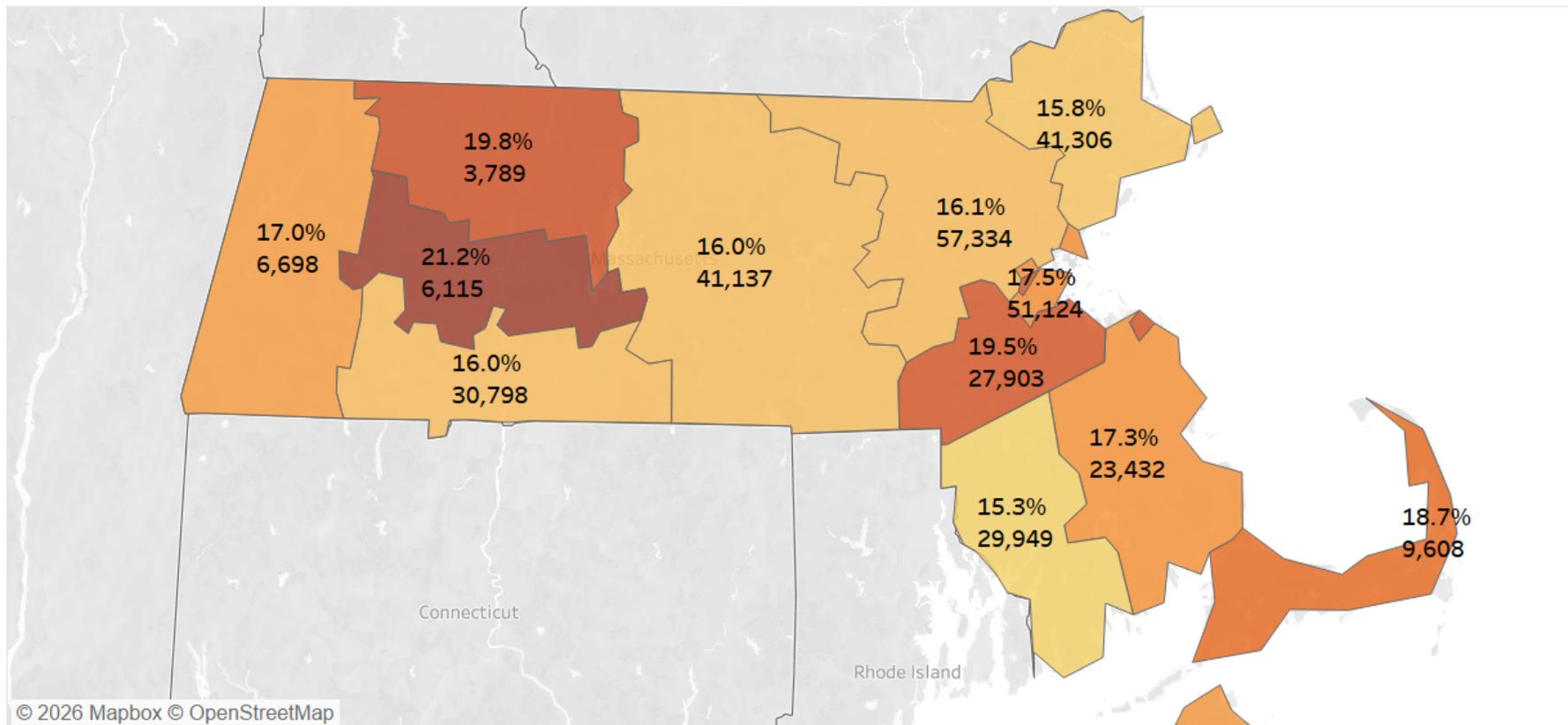


Map based on data provided by MassHealth on 02/20/26 to the BCBSMA Foundation and 2024 Census July 1 Population Estimates.

MassHealth's analysis of work requirements is based on members MassHealth eligibility category, and does not take into account individual exceptions, such as pregnancy. MassHealth is still waiting for guidance from Centers for Medicare & Medicaid Services (CMS), which will likely result in some changes in the number of members subject to work requirements. MassHealth could not share data for some zip codes due to privacy concerns or other issues, so these values are not captured in overall county estimates that PHIWM compiled.

## Estimated Percent of People Insured with MassHealth Expected to be Subject to Work Requirements

Preliminary Analysis



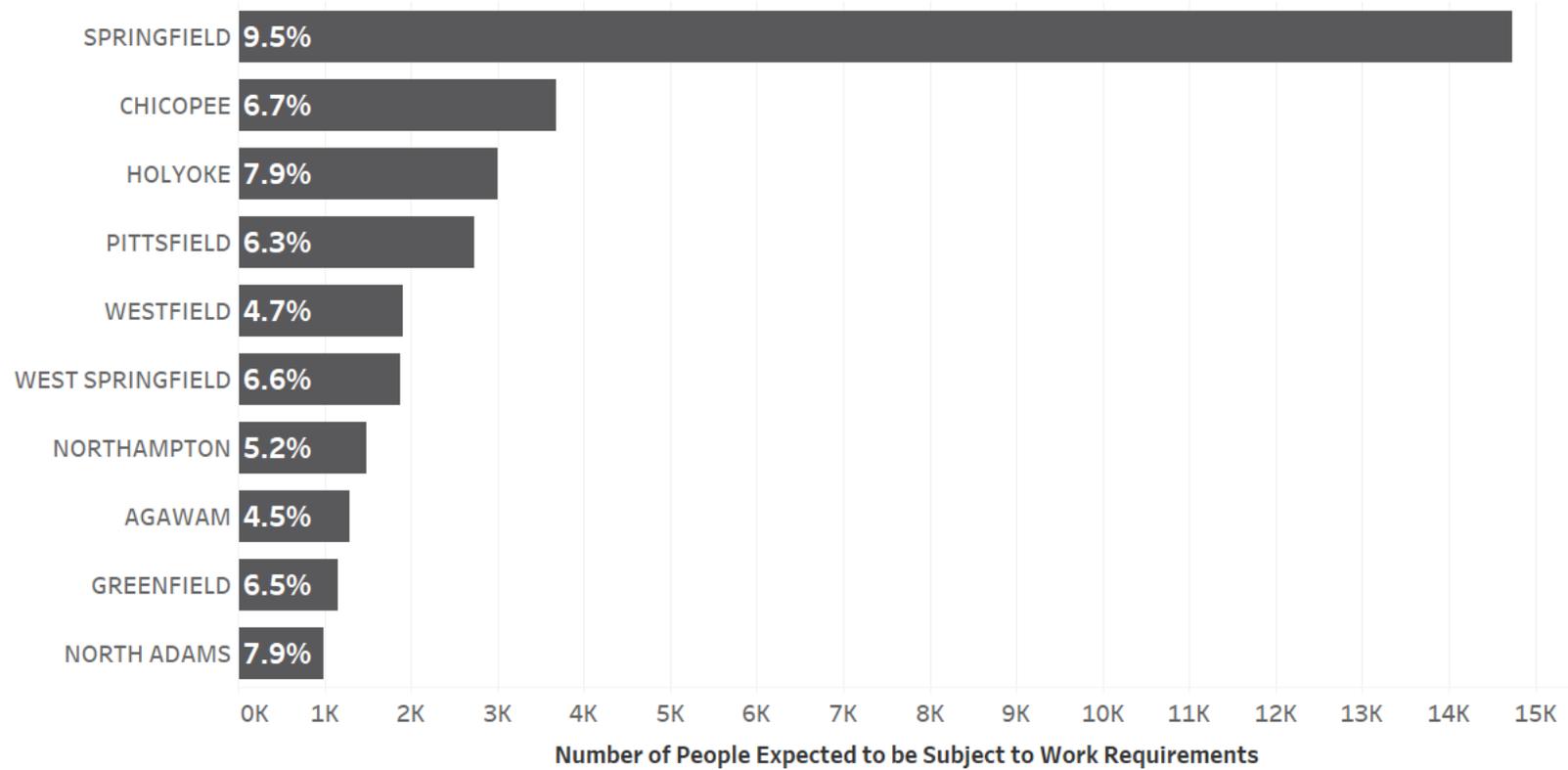
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## Estimated Number of People Insured by MassHealth Expected to be Subject to Work Requirements

Among Top 10 Cities by Greatest Number of People Impacted in Western MA

*Estimated Percent of the City Population Expected to be Impacted Shown on Bars*



Map based on data provided by MassHealth on 02/20/26 to the BCBSMA Foundation and Census 2023 5 Year Population Estimates..

MassHealth's analysis of work requirements is based on members MassHealth eligibility category, and does not take into account individual exceptions, such as pregnancy. MassHealth is still waiting for guidance from Centers for Medicare & Medicaid Services (CMS), which will likely result in some changes in the number of members subject to work requirements. MassHealth could not share data for some zip codes due to privacy concerns or other issues, so these values are not captured in overall city estimates that PHIWM compiled.

# MEDICAID ELIGIBILITY CUTS: IMMIGRANT COVERAGE RESTRICTIONS

Eliminates Medicaid and CHIP eligibility for many lawfully present immigrants. As a result of this change, the state estimates **~2,500 people will lose their coverage**.

## Eligibility is restricted to the following:

- ✓ Lawful permanent residents (“green card” holders) – after 5 years
- ✓ Cuban and Haitian entrants
- ✓ Compact of Free Association (COFA) migrants lawfully residing in the United States
- ✓ At the state option, lawfully residing children and pregnant people

## Eliminates eligibility for:

- X Refugees
- X Individuals granted parole for at least one year
- X Individuals granted asylum or related relief
- X Individuals from Iraq and Afghanistan admitted on special immigrant visas
- X Certain abused spouses and children
- X Certain victims of trafficking
- X Native American tribal members who were born in Canada



*Effective Date: October 1, 2026*

# MEDICAID FINANCING CUTS

**OB3 cuts federal Medicaid funding in several ways, including by placing new restrictions on:**

**Provider Taxes**

*Effective October 1, 2027*

**State Directed Payments**

*Effective January 1, 2028*

Note: Effective July 4, 2025: Moratorium on new or increased provider taxes; new SDPs subject to limit on provider rates not to exceed 100% of Medicare (Medicaid expansion states).

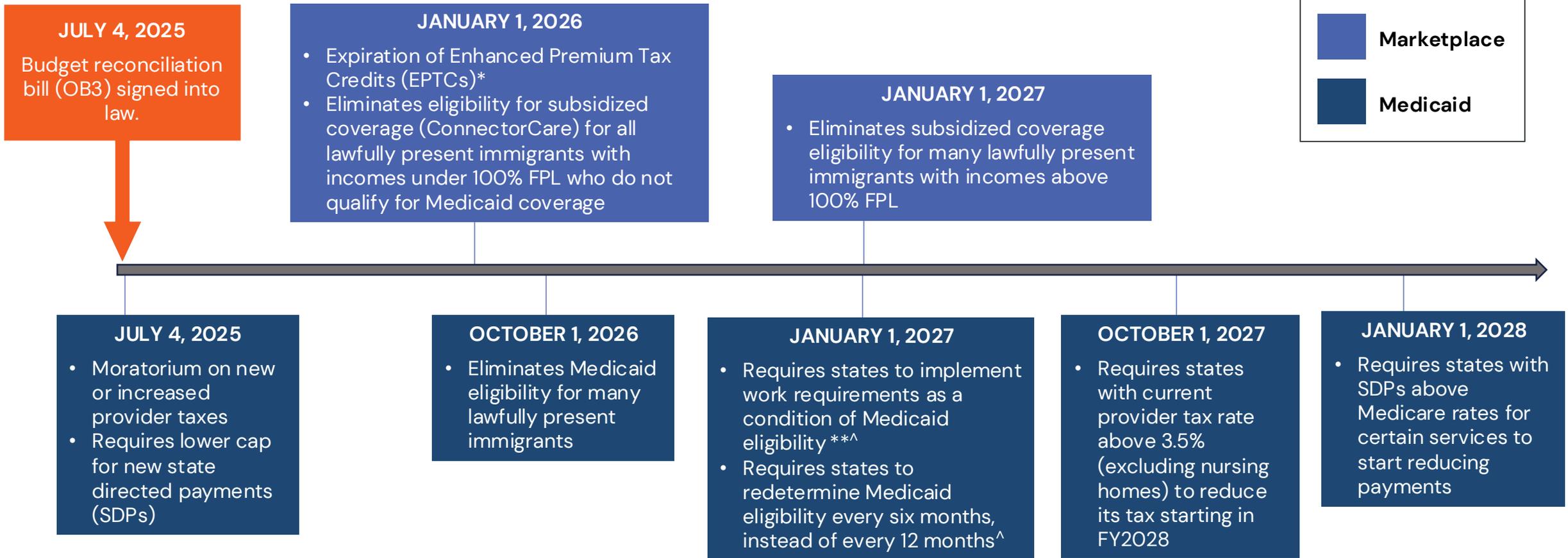
# MARKETPLACE ELIGIBILITY CHANGES

- **Eliminates eligibility for subsidized coverage for many lawfully present immigrants.** As a result of this change, the state estimates that over 60,000 people will lose their coverage.
  - Lawfully present immigrants with incomes under 100% of the federal poverty level (FPL) who not qualify for MassHealth due to immigration status, are no longer eligible for subsidized coverage (ConnectorCare).\*
  - Many lawfully present immigrants with incomes above 100% FPL will no longer be eligible for subsidized coverage.\*\*
- **Enhanced Premium Tax Credits (EPTCs) expired.\***
  - People with incomes above 400% FPL (around 27,000 people) lost access to subsidies altogether.
  - People with incomes below 400% FPL qualify for a smaller federal subsidy and were facing the prospect of significant premium increases. Massachusetts recently made a \$250 million investment to offset most of the anticipated premium increases for this group.



**Effective Dates: \*January 1, 2026; \*\*January 1, 2027**

# IMPLEMENTATION TIMELINE FOR KEY OB3 PROVISIONS



\*Unless extended by Congress.

\*\*If state is demonstrating a "good faith" effort to comply with requirements, U.S. Health and Human Services Secretary can issue an exemption through December 31, 2028. States also have the option to start their program sooner than January 1, 2027.

^ In Massachusetts, requirements primarily apply to people who: Are adults under 65; do not have dependent children, and; are not enrolled in or applying for MassHealth on the basis of a disability or pregnancy.

# COVERAGE AND FUNDING IMPACTS

- Estimates from the state project about **300,000 people** losing MassHealth or Health Connector coverage over the next decade:
  - 200,000 estimated to lose MassHealth
  - 100,000 people estimated to lose Health Connector coverage
- State estimates that Massachusetts will lose **\$3.5 billion annually** once all health care provisions included in OB3 are in place.

## Mass. officials prepare for major Medicaid cuts after new requirements signed into law by Trump

By Jason Laughlin and Jonathan Saltzman Globe Staff, Updated July 10, 2025, 10:40 a.m.

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State senator Lydia Edwards shared her thoughts about what would happen if the Medicaid budget was cut during a visit to the Cambridge Health Alliance Revere Care Center in May. State officials, including Governor Maura Healey (left), were at the event. BRETT PHELPS FOR THE BOSTON GLOBE

Massachusetts is preparing for a massive outreach effort to help hundreds of thousands of residents who qualify for Medicaid keep their coverage in the wake of [new requirements](#) signed into law Friday by [President Trump](#).

An estimated 300,000 people are at risk of losing their health coverage over the next decade, while the state

# DELIVERY SYSTEM & BROADER HEALTH CARE ACCESS IMPACTS

As people lose their coverage, hospitals, community health centers, and other providers will face increasing uncompensated care costs and reduced revenues from MassHealth.

## MASSHEALTH REVENUE AS A PERCENTAGE OF PROVIDERS' TOTAL PATIENT REVENUES

NURSING FACILITIES<sup>1</sup>  
(2023)



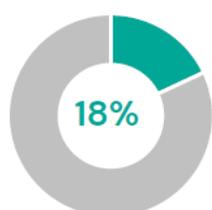
COMMUNITY HEALTH CENTERS  
(2023)



NON-ACUTE HOSPITALS<sup>2</sup>  
(2023)



ACUTE HOSPITALS  
(2023)



= MassHealth dollars

EDITORIAL

### One big disaster for Massachusetts health care

Approximately 326,000 Mass. residents are expected to lose insurance coverage under Trump's big tax and spending cuts bill.

By The Editorial Board Updated July 17, 2025, 4:00 a.m.



An ambulance departed Brigham and Women's Faulkner Hospital on Nov. 15, 2024. CRAIG F. WALKER

The "One Big Beautiful Bill Act" will be one big disaster for Massachusetts on it.

How big? Approximately 326,000 Massachusetts residents — almost 5...



PLANET MONEY  
NEWSLETTER

LISTEN & FOLLOW

### The hidden costs of cutting Medicaid

AUGUST 12, 2025 - 10:18 AM ET

By Emily Crawford



Amr Bo Shanab/Getty Images

With the passage of [the big Republican tax and spending bill](#), the federal government is poised to reduce support for Medicaid and the insurance marketplaces established by the Affordable Care Act. The Congressional

<sup>1</sup> Medicaid revenue includes the following: Medicaid fee-for-service revenue, Medicaid Managed Care revenue, patient paid amount, Medicaid PACE and SCO revenue, and out-of-state Medicaid revenue.

<sup>2</sup> Includes spending for freestanding home health agencies primarily engaged in providing skilled nursing services in the home and other home-based supports.

# Potential Impact is Large AND We Have The Ability to Mitigate Harm

- Current Working Groups (From big system change to harm mitigation):
  - BCBS Foundation
  - State
    - Governor
    - MassHealth
  - Membership Organizations
    - Mass League of Community Health Centers etc

# Call To Action

- Community Based Organizations understand the communities they serve
- Our Current Systems are already broken
  - We must use this crisis to decrease acute impact of federal bills while working towards wider system changes
- Create Recommendations for the working groups that are specific to Western Mass
  - Tangible solutions that are achievable with high return on investment in relation to health equity and cost
    - Preventing loss of insurance-
      - CHW networks formation/education/and implementation
      - COVID model- starting in the spaces of trust
      - Community ambassadors
    - Ensuring access:
      - Volunteer health care centers
      - Education surrounding chronic disease management/ED usage/medication management
      - Community EMS
    - Health Care Education investments
      - Nurse Practitioners, CAN's, home health aides
    - Communication strategies
      - How does our community receive their information