



MassHealth Training Forum Provider Updates

April 2025

Executive Office of Health & Human Services

Agenda



1. **Welcome and Agenda Overview** – Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services
2. **Reinstatement of PCC/PACO Referral Requirements** – Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services
3. **New Self-Service Tool for Secure Document Upload** – Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services
4. **MMIS, Virtual Gateway (VG) & Provider Online Service Center (POSC) Updates** – Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services
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 - **New Provider Office Hours**
 - **Training Opportunities**

Reinstatement of Primary Care Clinician Plan / Primary Care ACO Referral Requirements

**Nestor Rivera, Sr. Provider Relations
Specialist, MassHealth Business Support
Services**

Primary Care Clinician and Primary Care ACO Referrals



- On March 20, 2020, as part of MassHealth's COVID response, the Executive Office of Health and Human Services lifted referral requirements for MassHealth covered services for the Primary Care ACOs and the PCC Plan. Other managed care entities were directed to adopt similar policies.
- MassHealth extended this policy twice: in May 2023 (All Provider Bulletin 367) and December 2023 (All Provider Bulletin 384) with the commitment to give providers a 60 days' notice before referrals are reinstated.
- Beginning with dates of service on or after August 1st, 2025 , members enrolled in the Primary Care Clinician (PCC) Plan or a Primary Care ACO will need a referral from their primary care to receive any MassHealth covered service that requires a referral, as outlined in 130 CMR 450.118(J) and 130 CMR 450.119(I).
- Notwithstanding the requirements of [130 CMR 450.118\(J\): Referral for Services](#) and [130 CMR 450.119\(I\): Referral for Services](#), urgent care services, as defined in M.G.L. ch. 118E, s. 10N, will not require a referral in order to be payable. Urgent care facilities, as defined in M.G.L. ch. 118E, s. 10N, that render urgent care services must bill in a manner to indicate that the service was urgent, either Place Of Service 20 or admit code 02, dependent upon the Type Of Bill.

Primary Care Providers Role



Reinstating referrals will allow providers to:

- Maintain active engagement with members' care
- Provide care team with better management and coordination of members' care
- Facilitate and improve care planning for members
- Improve communication between primary care and specialty services
- Provide a single point of contact of accountability for ensuring that necessary medical and other services are accessed coordinated and delivered

Provider Support and Resources

- Reminder that referrals must be submitted in the Provider Online Service Center and can be submitted retroactively, giving providers flexibility
- Providers can contact Customer Service with questions at (800) 841-2900, TTY/TDD: 711
- Providers can access online job aids and resources [Submit, Update, or Inquire on a Referral Job Aids](#)

Questions?

Provider Enrollment & Credentialing Self-Service Tools for MassHealth Providers

Nestor Rivera, Sr. Provider Relations Specialist,
MassHealth Business Support Services

Current: Self-Service Tools for MassHealth Providers



The following web-based self-service tools are currently available for providers to assist with enrollment inquiries:

- Provider Enrollment Status
 - Includes Group Link search
- Provider Application Status
- Apply to be a MassHealth Provider

[Provider Self-Service Tools](#)

The screenshot shows the Mass.gov website interface. At the top, there is a search bar with the text 'Search Mass.gov' and a 'SEARCH' button. Below the search bar is a navigation menu with links: 'LIVING', 'WORKING', 'LEARNING', 'VISITING & EXPLORING', and 'YOUR GOVERNMENT'. The main content area is titled 'Self-Service Tools for MassHealth Providers'. Below the title, there is a yellow horizontal line. The text reads: 'Use the tools below to check a provider's MassHealth enrollment status or application status. For MassHealth Dental or Long-Term Services & Support provider inquiries, visit:'. Below this text are two bullet points: 'Dental Program' and 'Long-Term Services & Support (LTSS) Provider Portal'. Below the bullet points are three blue buttons with white text and right-pointing arrows: 'Check Provider Enrollment Status', 'Check Provider Application Status', and 'Apply to Become a MassHealth Provider'. At the bottom of the section, there is a line of text: 'For questions on how to use the self-service tools, visit the FAQs or email PEC@maximus.com.'

Reminder: Provider Status Tools



These tools allow providers and their credentialing staff to verify the current MassHealth provider enrollment status and application status for:

- Fee-for-Service (FFS) providers
- Ordering, Referring, and Prescribing (ORP) providers

Note, these tools will not display application information on the following:

- Dental providers
- Long-Term Services & Supports (LTSS) providers
- Providers enrolled as MCE Only (will be displayed as not enrolled)

UPCOMING: Provider File Updates



MassHealth is working to improve the provider experience through increased use of electronic methods to complete common provider file updates. Currently provider profile updates are submitted via fax, mail and unsecure emails.

- The new tools includes:
 - A secure document upload web application page to accept documents and transmit the documents securely
- Web application change request forms for the following transactions:
 - Provider link/unlink and affiliations/disaffiliations
 - Address and contact info change

This Update Provider Profile tool is expected to be available May 2025.

Self-Service Tools for MassHealth Providers

Use the tools below to check a provider's MassHealth enrollment status
For MassHealth Dental or Long-Term Services & Support provider inquiries

- [Dental Program](#)
- [Long-Term Services & Support \(LTSS\) Provider Portal](#)

[Check Provider Enrollment Status →](#)

[Check Provider Application Status →](#)

[Update Provider Profile →](#)

[Apply to Become a MassHealth Provider →](#)

For questions on how to use the self-service tools, visit the [FAQs](#) or email

Questions?

IMPORTANT MMIS, Virtual Gateway (VG) & Provider Online Service Center (POSC) Updates

**Presented by
Nestor Rivera, Sr. Provider Relations
Specialist, MassHealth Business Support
Services**

AWS Migration



- MassHealth migrated the MMIS and POSC to the Amazon Web Services (AWS) cloud architecture the weekend of March 14 – 16, 2025
- On March 17th, Providers, health plans, business partners, other external entities (e.g., billing intermediaries, relationship entities), and internal users were able to access the system on day 1 with very little to no impact
- The migration to AWS enables MassHealth to provide greater security, scalability, and will enable the agency to implement hardware/software technology refreshes without major disruptions to the MMIS POSC availability

AWS Migration – IP Addresses for RPA and point-to-point Systems Accounts



- Enhanced security protocols in AWS currently block IP addresses that appear to be bots, use web scraping frameworks, etc.
- To ensure that approved Robotics Processing Automation (RPA) users and point-to-point users (e.g., HTS, SOAP/MIME) can continue to access MMIS and the POSC in AWS without adverse impacts, MassHealth is outreaching to these organizations to collect-IP address information -with the end goal of safe listing them to allow traffic
- If you utilize a point-to-point or RPA system account, please respond to emails from the following email addresses:
 - EDI@mahealth.net
 - Functional.Coordination@mass.gov

VIRTUAL GATEWAY

Virtual Gateway – Removal of the Legacy Login Option



- Effective February 23rd, 2025, the Executive Office of Health & Human Services (EOHHS) removed the Legacy Login option to access MassHealth systems.
- MassHealth requires all Provider Online Service Center (POSC) users to utilize Multi-Factor Authentication (MFA) to access the POSC via the Virtual Gateway.
- Any user that did not transition to MFA, as announced in May 2024, has had their account deactivated. To regain access users must take one of the following actions:
 - Contact your organization's Primary User (system administrator) and request a new account be created. Or,
 - Contact the Virtual Gateway to request the account be reactivated.
- Please note that Multi-Factor Authentication will need to be setup to access these accounts.

Virtual Gateway – Resetting POSC Passwords



- Since the implementation of Multi-Factor Authentication, the 'Reset Password' function in the POSC no longer works
- The 'Reset Password' button will be removed from the POSC in late June to alleviate confusion
- All users MUST request a password reset and update their own information via their MyMassGov account

A screenshot of a web application window titled "Manage Subordinate Accounts" with a sub-header "Update Subordinate". The form contains fields for: Last Name (Doe), First Name (Jane), Date of Birth (01/99), PIN (1234), Email Address (J.Doe@workemail.com), Zip Code (12345), Username (Jdoe1), and Middle Initial. Below these fields is a section titled "Please choose the services that this subordinate requires." with two columns: "Available Services" (an empty list box) and "Assigned Services" (a list containing "Primary Portal User", "Portal Services", "Claims Submission and St", and "Batch File Submit and Dov"). At the bottom of the form are buttons for "Cancel Service", "Return to Search Results", "Reset Password", "Remove", and "Submit". A large red circle with a diagonal slash is superimposed over the "Reset Password" button, indicating it is disabled or to be removed.

Virtual Gateway – Updating MyMassGov Accounts



- All users must update their own information including:
 - Name
 - Email
 - Password
- To update the password, users should select the 'Forgot Password' link from the login screen

A screenshot of the MyMassGov login interface. The page is divided into two main sections. The left section, titled "BUSINESS ACCOUNT", contains the text "Login.mass.gov is now MyMassGov" and "Virtual Gateway is using MyMassGov to allow you to sign in to your account safely and securely." It also provides contact information: "If you need help, contact: 800-421-0938 Monday-Friday 8:30AM-5PM, TTY: 617-847-6578. Visit virtualgateway.mass.gov to see important maintenance notices." At the bottom of this section is a button labeled "CREATE AN ACCOUNT". The right section, titled "Already have a MyMassGov account?", contains input fields for "Email" and "Password". Below the password field is a red rectangular box highlighting the "Forgot Password" link. Below this link is a blue "LOG IN" button. At the bottom of the right section are two more links: "Log in as an MA state employee" and "Learn more about MyMassGov?".

ROBOTICS PROCESSING AUTOMATION (RPA)

Reminder: MassHealth Robotics Processing Automation (RPA)



MassHealth requires MassHealth providers, relationship entities, and business partners (hereafter referred to as “organizations”) that use Robotics Processing Automation (RPA) tools (aka bots) on MassHealth’s Medicaid Management Information System (MMIS) Provider Online Service Center (POSC) or intend to use RPA tools/bots in the future to register any/all bots with MassHealth by submitting a registration request for approval.

If your organization is currently using a bot and have not submitted an RPA registration request, you are out of compliance with MassHealth’s RPA policy and subject to enforcement. Additionally, your organization may also be getting blocked in AWS. You must contact MassHealth immediately to initiate a Stage I RPA registration request.

Enforcement includes but is not limited to:

- Outreach and validation
- Remediation of the violation (opportunity to cure)
- If compliance is not achieved within mutually agreed upon timeframes, the organization will be subject to:
 - Suspension or termination of the bot User ID
 - Prohibition from performing functions on the POSC
 - Organization-wide ban on ability to use RPA tools on the POSC
 - Other penalties or remedial actions as determined by MassHealth after outreach to the organization

The ability to use a bot on the POSC is a convenience to organizations. Any organization that violates the MassHealth RPA Policy may have its access to submit transactions via the POSC using RPA technology revoked.

Please review [RPA Policy](#) to view the full scope of the monitoring, enforcement, and If you have questions regarding the RPA Policy please contact MassHealth at:

functional.coordination@mass.gov

MassHealth Robotics Processing Automation (RPA) Annual Validation



This summer, MassHealth will require all organizations that have been approved to utilize RPA tools on the POSC complete the annual validation of their compliance.

The following will occur:

- MassHealth will outreach to all affected organizations and share the RPA information that is on file at MassHealth
- Organizations must validate the information and attest that they are still compliant with the RPA policy
- Organizations that have modified their bot without MassHealth approval must submit an RPA Modification form

Please visit [MassHealth Robotics Processing Automation \(RPA\) Policy](#) webpage to review MassHealth's RPA policy and learn how to submit an RPA registration request for MassHealth approval.

POSC HOME PAGE REFRESH

POSC Home Page Refresh



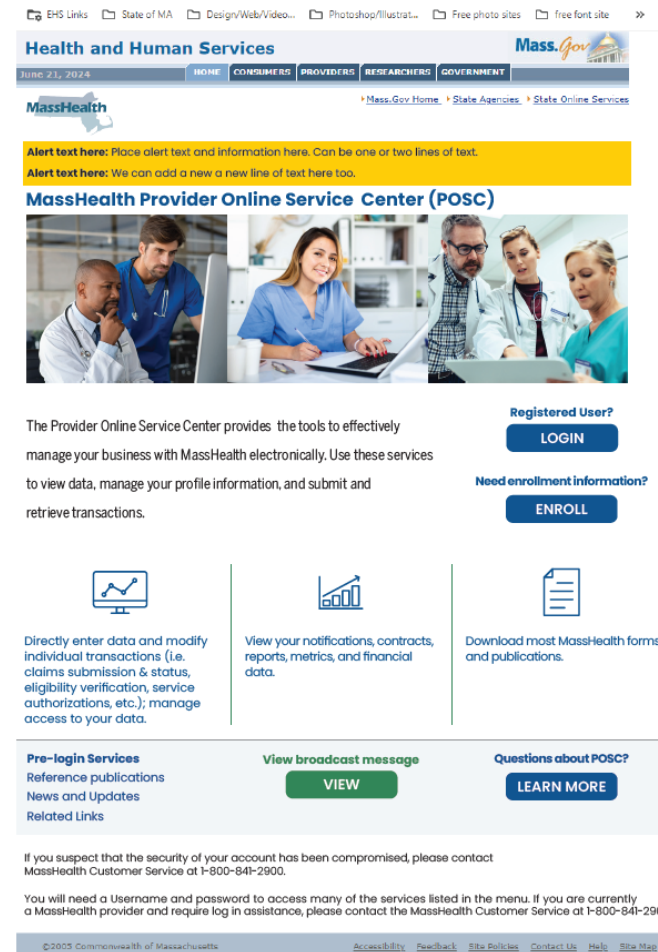
MassHealth recently announced plans to update the POSC homepage to enhance both the appearance and functionality of the Provider Online Service Center (POSC). These improvements will include changes to both the pre-login and post-login experience, as well as the message displayed when a user requests an unauthorized service.

The targeted go-live date for these updates is the end of June 2025.

POSC Home Page Refresh: Pre-Login Page



- More white space
- Banner alerts at the top of the page
- “Login” button placed more prominently on the page
- Pre-login Services available
- “View Broadcast Messages” button added



POSC Home Page Refresh: Post Login Page



- More white space
- Left Navigation accessible after log in
- Updated Left Navigation
- “View Broadcast Messages” button added
- Pre-login services remain available

The screenshot shows the MassHealth Provider Online Service Center (POSC) interface. At the top, there's a navigation bar with links for EHS Links, State of MA, Design/Web/Video..., Photoshop/Illustrat..., Free photo sites, and free font site. Below this is a header for 'Health and Human Services' with the Mass.gov logo and a date of June 21, 2024. The main navigation menu includes HOME, CONSUMERS, PROVIDERS, RESEARCHERS, and GOVERNMENT. The PROVIDERS menu is expanded, showing a list of services: Home, Provider Search, Manage Batch Files, Manage Search Authorization, Manage Correspondence and Reporting, View Broadcast Messages, View Metrics/Reports (highlighted with a green box), Inquire Financial Data, View Contracts and Documents, Submit Feedback, Manage Members, Manage Claims and Payments, Manage Provider Information, Administer Account, Reference Publications, News and Updates, and Related Links. Below the navigation menu, there's a section titled 'MassHealth Provider Online Service Center (POSC)' with a description: 'The Provider Online Service Center provides the tools to effectively manage your business with MassHealth electronically. Use these services to view data, manage your profile information, and submit and retrieve transactions.' This section includes three icons: a line graph for 'Directly enter data and modify individual transactions (i.e. claims submission & status, eligibility verification, service authorizations, etc.); manage access to your data.', a bar chart for 'View your notifications, contracts, reports, metrics, and financial data.', and a document icon for 'Download most MassHealth forms and publications.' Below these icons, there are three buttons: 'Pre-login Services' (Reference publications, News and Updates, Related Links), 'View broadcast message' (VIEW), and 'Questions about POSC?' (LEARN MORE). At the bottom, there's a footer with copyright information and links for Accessibility, Feedback, Site Policies, Contact Us, Help, and Site Map.

POSC Home Page Refresh: Unauthorized Access Page



- Message appears if the user does not have access to the selected left navigation function
- Updated the page to include an image
- Includes troubleshooting tips
- Pre-login services remain available

The screenshot displays the MassHealth POSC Home Page. At the top, there is a navigation bar with links for EHS Links, State of MA, Design/Web/Video..., Photoshop/Illustrat..., Free photo sites, and free font site. Below this is a header section for "Health and Human Services" with the "Mass.gov" logo. A date "June 21, 2024" is shown on the left, and navigation tabs for HOME, CONSUMERS, PROVIDERS, RESEARCHERS, and GOVERNMENT are on the right. A "MassHealth" logo is on the left, and links for "Mass.Gov Home", "State Agencies", and "State Online Services" are on the right. A left navigation menu is highlighted with a green border, listing various services. A large image of a red warning triangle with an exclamation mark is displayed, with the text "Unauthorized use of service" below it. The message states: "If you are logged in and cannot access this service, please contact the Primary User within your organization to use this service. If you are the Primary User for your organization and cannot access this service, please contact the MassHealth Customer Service Center at 1-800-841-2900 for assistance." Below the message, there are sections for "Pre-login Services" (Reference publications, News and Updates, Related Links), "Questions about POSC?" (LEARN MORE button), and "View broadcast message" (VIEW button). At the bottom, there is a footer with copyright information and links for Accessibility, Feedback, Site Policies, Contact Us, Help, and Site Map.

→ Home
→ Provider Search
→ Manage Batch Files
→ Manage Search Authorization
→ Manage Correspondence and Reporting
→ Manage Members
→ Manage Claims and Payments
→ Manage Provider Information
→ Administer Account
→ Reference Publications
→ News and Updates
→ Related Links

Unauthorized use of service

If you are logged in and cannot access this service, **please contact the Primary User within your organization** to use this service.

If you are the Primary User for your organization and cannot access this service, please contact the MassHealth Customer Service Center at 1-800-841-2900 for assistance.

Pre-login Services
Reference publications
News and Updates
Related Links

Questions about POSC?
LEARN MORE

View broadcast message
VIEW

If you suspect that the security of your account has been compromised, please contact MassHealth Customer Service at 1-800-841-2900.

You will need a Username and password to access many of the services listed in the menu. If you are currently a MassHealth provider and require log in assistance, please contact the MassHealth Customer Service at 1-800-841-2900.

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Accessibility Feedback Site Policies Contact Us Help Site Map

Questions?

Provider Directory Initiative

Presented by
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Background – CMS Guidance



- On July 16, 2024, The Centers for Medicare & Medicaid Services (CMS) issued a [State Health Official \(SHO\) letter](#) to provide guidance on requirements and expectations for compliance with *Division H, Title V, Section 5123 of the Consolidated Appropriations Act (CAA), 2023*, entitled “*Requiring Accurate, Updated, and Searchable Provider Directories*”
- Collection of additional data elements will begin in early 2025 and the changes to Provider Directories per this communication will take effect on July 1, 2025

New Data Elements



- The Executive Office of Health & Human Services (EOHHS) will work to collect the following data elements to display on MassHealth Providers Directories:
 1. Cultural capabilities
 2. Languages Spoken
 3. Accessibility Accommodations
 4. Telehealth
 5. Accepting New Patients
 6. Providers and Locations URLs

Data Collection Plan



Step 1

- EOHHS will be meeting with large organizations to introduce the initiative and discuss the roster clean-up and collection process

Step 2

- EOHHS will work with large organizations to conduct roster clean-up and validation.

Step 3

- The large organizations will take time to collect and compile the requested data elements.

Step 4

- Once collected, EOHHS will work to update MMIS and the Provider Directories to display this additional information.

Data Collection Timeline



Winter 2025

MassHealth will conduct roster clean-ups with and collect additional data from large organizations



Spring 2025

MassHealth will work to update MMIS with collected data and develop the Provider Directory changes



Summer 2025

New data elements will be displayed on Provider Directories

Questions?

Long-Term Services and Supports

**Sarah Westring, Sr. Provider
Enrollment Specialist, MA LTSS
Provider Enrollment and Services |
Optum State Government Solutions**

LTSS Provider Communications (slide 1 of 2)



The MassHealth LTSS Provider Service Center utilizes provider data to identify behavior trends for areas of targeted training via email. These emails may contain attached job aids or links to additional educational resources via the LTSS Provider Portal.

Areas of focus for these communications include but are not limited to:

- high claims denials for specific error codes
- high prior authorization denials or administrative holds, and/or
- audit findings/SURs reports

The goal of each communication is to assist the Provider in reducing their administrative errors in billing and prior authorization.

LTSS Provider Communications (slide 2 of 2)



Over the last 3 months, Optum has sent over 87 email communications via our LTSS support inbox to LTSS Providers.

There have been 8 provider bulletins published on the MassHealth website: www.mass.gov/masshealth-provider-bulletins

If you have not received or wish to begin receiving these communications, you may do so by following steps:

- For the LTSS support box communications, please reach out to the LTSS Provider Service Center and we can help ensure your inclusion in future communications
- For communications from MassHealth on mass.gov, follow this link:

[Email Notifications for MassHealth Provider Bulletins and Transmittal Letters](#)

LTSS Provider Trainings and Quality Forums



Training or Quality Forums for MassHealth LTSS Providers:

- Trainings:
 - Continuous Skilled Nursing Training: 4/10/25
 - Home Health Agency Applicant Orientation Training: 4/15/2025
- Quality Forums:
 - Adult Day Health was held on 3/27/25

Questions?

LTSS Provider Service Center (PSC) (slide 1 of 2)



MassHealth Learning Center

- As of October 1, 2024, **Active Portal Users are able to access the MassHealth Learning Center.** Providers will find innovative and tailored courses that address specific challenges and needs faced by healthcare providers on this modern learning platform.
- Access the MassHealth Learning Center via the LTSS Provider Portal. Once on the LTSS Provider Portal homepage, scroll to the green MassHealth LTSS Learning Center block and click the blue **Access Learning** button.



LTSS Provider Service Center (PSC) (slide 2 of 2)



MassHealth Learning Center Dashboard

- The image to the right shows you the dashboard of the MassHealth Learning Center. Click any tile to access the training content for the selected Provider Type.

MassHealth Learning Center

Welcome! Here are all your learning resources in one place. Scroll down to find your specific provider type and any applicable trainings.

Activity

 Adult Day Health (PT63)	 Adult Foster Care (PT62)	 Chronic Disease and Rehabilitation Inpatient Hospital (PT71)	 Chronic Disease and Rehabilitation Outpatient Hospital (PT82)	 Continuous Skilled Nursing (PTC2)
 Day Habilitation (PT64)	 Durable Medical Equipment (DME) (PT41)	 Group Adult Foster Care (PT62)	 Home Health Agency (HHA) (PT60)	 Hospice Care (PT69)
 Independent Nurse (PT61)	 Independent Therapist (PT/OT/ST) (PT07)	 Nursing Facility (PT09)	 Orthotics (PT47)	 Oxygen and Respiratory (PT42)
 Personal Care Management Agency and Independent Living Center (PT59 & PT66)	 Prosthetics (PT43)	 Rehabilitation Center (PT24)	 Speech and Hearing Center (PT23)	

Federally Required Disclosure Form Owner Repository (slide 1 of 2)



- When LTSS providers are completing a Federally Required Disclosure Form in an application or update on the LTSS Provider Portal, providers have the option to look up existing owner information in the repository. The provider will search to see if the owner's information is already existing in the system. If so, the ownership information will automatically populate which will save time for the provider without having to re-enter information.
- For revalidations, the previously entered ownership information by the provider will automatically populate in the FRDF, and the provider will verify that the owner info is still current. They make any adjustments as needed but this is again allowing the provider to save time when completing this required form.

Federally Required Disclosure Form Owner Repository (slide 2 of 2)



- The image below shows that after clicking into the Federally Required Disclosure Form, the provider will have the option to use the search feature. The type of owner (corporation or individual), name of corporation or individual, and TIN or SSN is required to search the repository. Once those fields are completed, the provider will click on “fetch owner”. The results will populate and if there is a match, the provider will select the owner.

Use the search feature to find, and populate, previous owners' information. If no records are found, you will need to enter the owner information below.

Type of Owner	Name of Corporation	TIN	Fetch Owner
Corporation			

All input fields are mandatory

- After the provider selects the owner result in the repository, all the below required fields will populate. The provider will have the ability to edit any fields as needed before saving and submitting the form.

* Which of the Ownership or Control Interest describes you (select one):	--None--
* Type of Owner	Corporation
* Name of Corporation	
* Address (Primary Business Address)	
* City	
* State	--None--
* Zip Code	
* TIN	eg.123456789
* % of Ownership	
NPI	

Questions?

Behavioral Health Expansion - Licensed Independent Behavioral Health Clinician (LIBHC)

**Michael Gilleran, Sr. Provider Relations Specialist,
MassHealth Business Support Services**

LIBHC Background



The Licensed Independent Behavioral Health Clinician (LIBHC) provider type is being introduced as a new FFS provider type, in April 2025, allowing Licensed Mental Health Counselors (LMHCs) and Licensed Marriage and Family Therapists (LMFTs) to independently bill. Previously, these providers were MCE-only.

LIBHC providers can enroll as FFS providers, be linked to groups and independently bill.

By enrolling this provider type, MassHealth members with FFS coverage will now be able to receive behavioral health services from independent LMHCs and LMFTs.

FFS Enrollment vs. MCE-Only



Independent LMHCs and LMFTs will need to complete a separate FFS provider application even if they are already enrolled with MassHealth as an MCE-only provider.

LMHCs and LMFTs interested in enrolling in MassHealth FFS program can request the application [here](#) once the program is launched.

High-Level Participation Requirements



- **Licensed Mental Health Counselors:**
 - must be actively enrolled with Medicare
 - licensed by the Board of Registration of Allied Mental Health and Human Services Professions to provide counseling services pursuant to M.G.L. c. 112, § 165 and 262 CMR 2.00: *Requirements for Licensure as a Mental Health Counselor*
- **Licensed Marriage and Family Therapists:**
 - must be actively enrolled with Medicare
 - licensed by the Board of Registration of Allied Mental Health and Human Services Professions to provide therapeutic services pursuant to M.G.L. c. 112, §§ 163 through 172 and 262 CMR 3.00: *Requirements for Licensure as a Marriage and Family Therapist*
- **Out-of-state clinicians:**
 - licensed to practice at the independent level by their state's appropriate board of registration in their field and are actively enrolled with Medicare
 - and services are covered only as provided in 130 CMR 450.109: *Out-of-state Services*

LIBHC Enrollment Forms

Interested practitioners should submit the following as part of their FFS application:

- [Provider Application for Medical Practitioners](#)
 - Select the Individual application under Type of Application. On the application itself select their provider type as Licensed independent behavioral health clinicians (PT-B6) and select LMFT or LMHC as appropriate
- [MassHealth Provider Contract for Individuals](#) (GEN-15)
- [Federally Required Disclosures form for Individual Practitioners](#) (PE-FRD-IN)
- [Provider Enrollment Data Collection Form for Provider Enrollment](#) (POSC-DC-PE)
- [Massachusetts Substitute W-9 Form](#) (MA-W9)
- [Electronic Funds Transfer \(EFT\) Enrollment/Modification Form](#)(EFT-1) along with a voided check or bank letter
- [Trading Partner Agreement](#) (TPA)
- [Electronic Remittance Advice Enrollment/Modification Form](#) (ERA-1)

Guidance on how to submit the completed forms can be found on the last page of the application

Training session will be announced soon

Questions?

Payment Error Rate Measurement (PERM) RY 2026

Presented by – Michael Gilleran, Sr.
Provider Relations Specialist, MassHealth
Business Support Services

PERM RY 2026

MassHealth is part of the CMS Payment Error Rate Measurement (PERM) audit for RY 2026. The PERM audit measures improper payments in Medicaid and CHIP programs and produces improper payment rates for each program.

- **PERM Cycle RY2026 Claim Review**
Period: July 1, 2024 to June 30, 2025
- **Timeframe for Medical Records Request**
Outreach: April 1, 2025 to April 15, 2026



PERM RY 2026 Provider Responsibilities



As part of the CMS PERM RY26 cycle, medical records requests will start going out to providers in the coming months. Providers are responsible for providing the requested documentation to the audit contractor timely.

- When submitting records, providers must ensure the records are for the right patient and right date of service
- Records must be legible with no highlights or marking that would obscure important facts
- Make sure double sided documents include both sides
- All supporting documents for the claim identified must be included in the submission

CMS PERM Provider Required Document List –

<https://www.cms.gov/files/document/provider-required-document-list.pdf-0>

PERM RY 2026 Resources



Information on the CMS PERM Audit can be found on the CMS website.

These materials are currently available on the Providers page of the CMS PERM website (link: <https://www.cms.gov/data-research/monitoring-programs/improper-payment-measurement-programs/payment-error-rate-measurement-perm/providers>).

- CMS PERM Overview for Providers slide deck – <https://www.cms.gov/files/document/provider-overview.pdf-0>
- CMS PERM Provider Education FAQ document – <https://www.cms.gov/files/document/provider-education-faqs.pdf-0>

* Failure to respond to the audit request will result in the claim being voided and the payment recouped

Questions?

MassHealth Revalidation Reminders

**Michael Gilleran, Sr. Provider Relations
Specialist, MassHealth Business Support
Services**

The Revalidation Requirement



- The Affordable Care Act* establishes a requirement for Medicaid to revalidate enrollment information for all enrolled Providers, regardless of Provider type, at least every five years.
- Revalidating a Provider involves the Provider (or a member of their medical office staff) submitting a form containing updated practice and contact info for that individual Provider.
 - Providers should not wait until it is time to revalidate to notify MassHealth of changes. MassHealth regulations require that all Providers notify MassHealth within 14 days of any change in any of the information submitted during enrollment.
 - [See 130 CMR 450.223\(B\)](#)
- **Failure to complete revalidation in a timely fashion may result in termination from the program and/or sanctions.** MassHealth enrolled Providers must cooperate with MassHealth during the revalidation process.**

* Section 6401

** Pursuant to 130 CMR 450.233(B) and 130 CMR 450.212(A)(8)

Important Reminders



- FFS Providers that are scheduled to revalidate will be required to submit the Federally Required Disclosures Form, AKA the “FRDF”
- Vast majority of Provider types are required to revalidate online, others still use paper forms (summary on next slide)
- Providers who revalidate manually MUST take steps to ensure that they revalidate on time and that their contact info on file is current
- Use the [Provider Enrollment Tool](#) to check when the provider was enrolled: enrollment is done in intervals of five years after enrollment
 - i.e. if Dr. John enrolled in April 2025, then he must revalidate in April 2030, again in April 2035, and so on (there are some exceptions due to the PHE)
- Providers who revalidate online will be emailed by revalidation@mahealth.net at the appropriate time

Summary of Revalidation



Category of Provider	Method of Revalidation
Ordering, Referring, And Prescribing Individuals	Electronic, Fully Online, Provider will be emailed directly at appropriate time
Fee-For-Service Individual <u>Linked To A Group</u>	Electronic, Fully Online, roster confirmation will be emailed to contact person at appropriate time, E-FRDF launch emails will be sent to Providers
Fee-For-Service Individual <u>Practicing Independently</u>	Electronic, Fully Online, revalidation survey will be emailed to contact person at appropriate time, E-FRDF launch emails will be sent to Providers
Healthcare Entities (including Group Practice Organizations)	Electronic, Partially Online, roster confirmation will be emailed to contact person at appropriate time, launch emails will be sent to Providers. PE-FRD-E can be submitted via secure doc upload or fax/mail.

Timetable of Revalidation Emails



Type of Email	Send Time
Contact and Roster Confirmation Email	Sent to group contact on file at the beginning of the month
E-FRDF Launch Email	Sent to contact 1-3 days after we have received the group confirmation email
E-FRDF Delegation Email	Sent to delegate email address after contact has signed into the E-FRDF and added a delegate email
Reminder Email	Sent every 5 days to the contact and/or delegate email
Initial Sanction Email	Sent on 45 th day after the revalidation has been launched
Second Sanction Email	Sent on the 60 th day after the revalidation has been launched
Final Sanction/Termination Email	Sent on the 75 th day after the revalidation has been launched
	60

Questions?

Mass.gov Updates

**Michelle Croy – Sr. Provider Relations
Specialist, MassHealth Business Support
Services**

Mass.gov Updates



- In response to feedback received from the provider community, MassHealth has updated the layout of provider information on Mass.gov
- This initiative to update Mass.gov is ongoing and works to confirm that all published information is accurate and relevant

Mass.gov Updates – Change of Address



An official website of the Commonwealth of Massachusetts Here's how you know

Menu Select Language Contrast Settings

Mass.gov Search Mass.gov

Health & Social Services > Info for Providers > Existing MassHealth Providers

OFFERED BY MassHealth

Change of Address - Provider Requirements

Providers must notify MassHealth of any changes in their information.

Each MassHealth provider must notify the MassHealth agency prior to or no later than the date of the change. Failure to do so constitutes a breach of the provider contract which may be subject to fines or termination. See the regulations at [130 CMR 450.223\(B\)](#):

Providers can report their change in one of two ways

- Update request on the [Provider Online Service Center \(POSC\)](#). Changes made via the POSC may still require the submission of a paper document. This option is not available for Ordering, Referring, and Prescribing (ORP) providers.
- Both ORP and Fee-for-Service providers can submit a [Provider Change of Address Form](#).
- [MassHealth Nonbilling Managed Care Entity \(MCE\) Network-only Provider](#) must refer to their plan to update their address.

Change of Address Provider Requirements by Provider Type

To understand what documents are needed for certain types of address changes, please refer to the [Change of Address Provider Requirements](#) document below.

[Change of Address Provider Requirements by Provider Type](#)

[Change of Address Provider Requirements by Provider Type](#)

- The Change of Address page has recently undergone an update to one of its resources.
- The CAD Grid now provides more in-depth descriptions for how ORP and FFS providers can update their MassHealth profiles.
- This includes all provider types, excluding dental and LTSS types.

Visit: <https://www.mass.gov/info-details/change-of-address-provider-requirements>

Mass.gov Updates – Group Links/Affiliations



- In February 2025, MassHealth introduced a page dedicated to articulating the differences between linking and affiliations.
- This page offers insight into the way providers are listed in the MassHealth program, as well as directs to Self-Service tools that enable providers to verify group linkages.

The screenshot shows the Mass.gov website interface. At the top, there is a navigation bar with links for 'Menu', 'Select Language', 'Contrast Settings', 'State Organizations', and 'Log In to...'. Below this is the 'Mass.gov' header with a search bar. The main content area is titled 'Linking and Affiliations for Providers' and includes a sub-header 'OFFERED BY MassHealth'. The page content explains the difference between linking and affiliating individual providers to a group practice and affiliating individual providers to an entity in MassHealth. It also includes a 'TABLE OF CONTENTS' section with links to 'Group Links', 'Unlinking from a Group', 'Affiliations', 'Managed Care Requirements', 'Billing Error Codes Due to Linkages', and 'Resources'. The 'Group Links' section is highlighted, showing a list of provider types that must be linked to a group practice.

Linking and Affiliations for Providers

Understand the difference between linking an individual provider to a group practice and affiliating individual providers to an entity in MassHealth.

Individual providers employed by MassHealth-enrolled group practices must be linked to the group on the date of service when the claim is billed, or claims will deny.

Affiliations are for individual Ordering, Referring, and Prescribing (ORP) providers who are rendering services through any MassHealth entity such as hospitals, community health centers, clinics, and other entity locations. Affiliations are specifically required for individuals who practice as Primary Care Practitioners (PCP) and refer members for other services under the Primary Care Clinician (PCC) plan or the Primary Care Accountable Care Organization (PCACO).

TABLE OF CONTENTS

- Group Links
- Unlinking from a Group
- Affiliations
- Managed Care Requirements
- Billing Error Codes Due to Linkages
- Resources

Group Links

Each MassHealth provider must notify the MassHealth agency of any change to their information within 14 days. Failure to do so is a breach of the provider contract. Group practices cannot file a claim for services provided by an individual practitioner until the individual practitioner is enrolled and approved by the MassHealth agency as a member of the group. (For more information, see [130 CMR 450.223 \(B\)](#)).

When working with a group practice, the following individual provider types must be linked.

- Physician (PT-1)
- Optometrist (PT-2)
- Optician (PT-3)
- Ocularist (PT-4)
- Psychologist (PT-5)
- Podiatrist (PT-6)
- Certified Nurse Midwife (PT-08)
- Chiropractor (PT-16)
- Certified Nurse Practitioner (PT-17)

Visit: <https://www.mass.gov/info-details/linking-and-affiliations-for-providers>

Mass.gov Updates – FFS Revalidation



Mass.gov Search Mass.gov SEARCH

Health & Social Services > Info for Providers > Existing MassHealth Providers

OFFERED BY MassHealth

Revalidation for Fee-for-Service (FFS) Providers

MassHealth providers need to revalidate their information at least every five years. This page explains the process for Fee-for-Service (FFS) Providers.

For Ordering, Referring, and Prescribing (ORP) revalidation, go [here](#).

TABLE OF CONTENTS

- Background
- Revalidation Preparation
- Revalidation Process
- Revalidation Outcomes
- Contact

Background

Section 6401 of the Affordable Care Act established a requirement for Medicare and Medicaid to revalidate provider file information for all FFS and Ordering, Referring, and Prescribing (ORP) providers, regardless of provider type. MassHealth providers need to validate their provider file information at least every five years.

As part of the required revalidation process, MassHealth must revalidate provider file information of all active providers and site locations. Other information, such as a Federally Required Disclosures Form (FDRF), may be required. See Section 6401 of the Affordable Care Act, 42 CFR 455.414 and 42 CFR 455.104(c)(3)(iii).

Revalidation Preparation

It is a federal and state requirement to complete the revalidation process within 45 days of receiving notification of revalidation via email. Providers should take the following steps to prepare for revalidation.

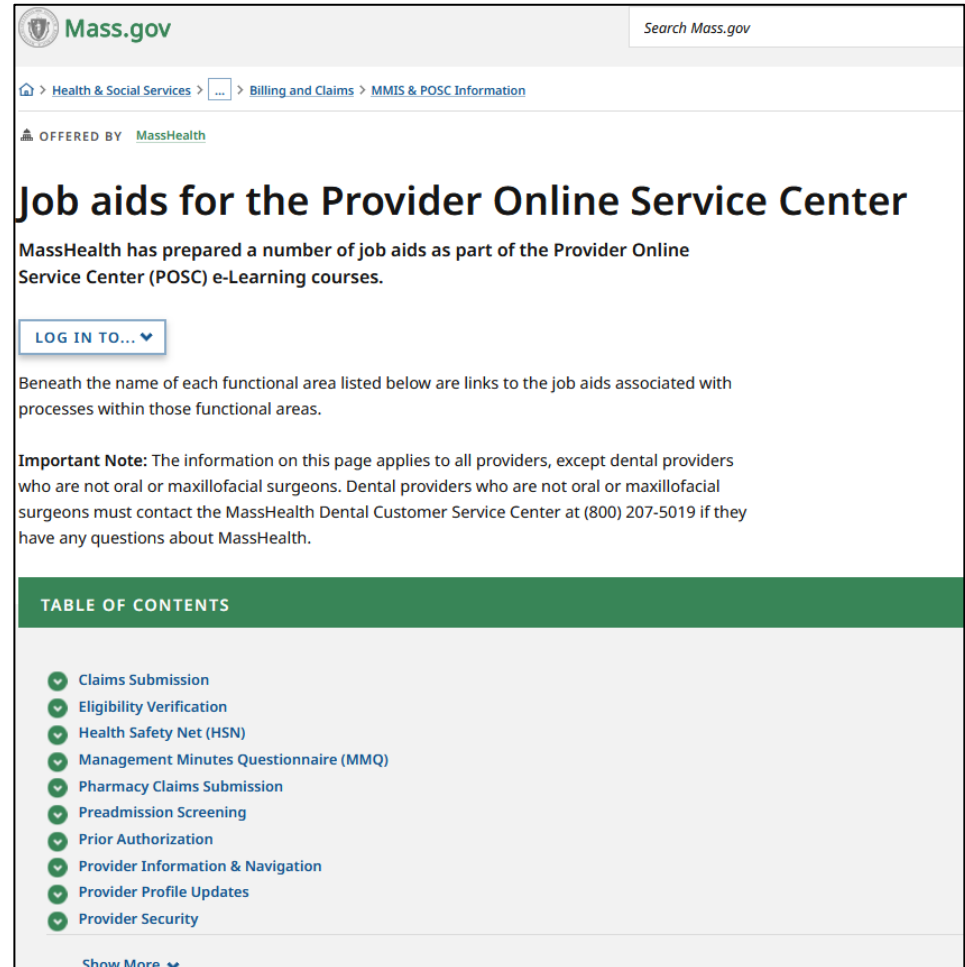
- Identify a primary and secondary person who will coordinate and complete the revalidation for the provider.
- Validate their information and ensure that it's accurate per [MassHealth regulations](#) to support revalidation.
- If the provider is not actively enrolled in Medicare, they must complete the attestation on the

- The Revalidation for Fee-for-Service providers has also recently undergone updates.
- Due to changes to the primary user policy in 2024, as well as changes to communication methods, the process of Revalidation was also subject to change. These details are now included on Mass.gov.

Visit: <https://www.mass.gov/info-details/revalidation-for-fee-for-service-ffs-providers>

Mass.gov Updates – Job Aids

- MassHealth Job Aids for the Provider Online Service Center (POSC) have undergone some new additions and modifications.
- Updates specifically involve the guidance on how to request that a provider be linked/unlinked from a group practice, as well as updated images and written instructions.

A screenshot of the Mass.gov website showing the "Job aids for the Provider Online Service Center" page. The page has a green header with the Mass.gov logo and a search bar. Below the header is a breadcrumb trail: "Home > Health & Social Services > ... > Billing and Claims > MMIS & POSC Information". The main heading is "Job aids for the Provider Online Service Center". Below this, it says "MassHealth has prepared a number of job aids as part of the Provider Online Service Center (POSC) e-Learning courses." There is a "LOG IN TO..." button. A paragraph states: "Beneath the name of each functional area listed below are links to the job aids associated with processes within those functional areas." An "Important Note" follows: "The information on this page applies to all providers, except dental providers who are not oral or maxillofacial surgeons. Dental providers who are not oral or maxillofacial surgeons must contact the MassHealth Dental Customer Service Center at (800) 207-5019 if they have any questions about MassHealth." Below this is a green "TABLE OF CONTENTS" section with a list of links, each preceded by a green checkmark icon: "Claims Submission", "Eligibility Verification", "Health Safety Net (HSN)", "Management Minutes Questionnaire (MMQ)", "Pharmacy Claims Submission", "Preadmission Screening", "Prior Authorization", "Provider Information & Navigation", "Provider Profile Updates", and "Provider Security". At the bottom of the table of contents is a "Show More" link with a downward arrow.

Visit: <https://www.mass.gov/lists/job-aids-for-the-provider-online-service-center>

Questions?

MassHealth Updates

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Provider Education LMS



The MassHealth Provider Learning Management System(LMS) for Non-OLTSS providers is a system providers can use 24/7 as an educational resource.

The Provider LMS delivers:

- Previous live training presentations
- New on demand training courses
- Resources
- Course surveys



If you are currently a registered user but have forgotten your user-name or password, you can retrieve it from the sign-in screen

New Users can create a profile and begin using the system immediately

Visit: [MassHealth BSS Provider Training portal](#)

OLTSS and Dental providers should visit their respective vendor site for training opportunities

Training & Office Hours



- **New Provider Orientation:** This session will introduce to MassHealth to Providers and will supply information on key terminology and resources, along with general requirements for all MassHealth providers. [Click Here](#)
- **Office Hours Billing and Claims:** This session will be an open forum for providers to ask general billing and claims questions show you online tools to help you with claims questions. Please note that questions specific to your organization may need to be addressed individually. [Click Here](#)
- **Office Hours Enrollment and Revalidation:** This session will provide background information on MassHealth Provider Enrollment for both ORP, FFS, and Group practice providers as well as detail the requirements for enrollment. This presentation is also designed to assist providers in working through the Revalidation process. Most of the webinar will be devoted to live Q&A where attendees may ask the host any questions they have regarding enrollment and revalidation. [Click Here](#)

Provider Email Alerts

Sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, fill out the Email Notification Request for Providers on Mass.gov.

[MassHealth New Bulletin and Transmittal Letters](#)

MassHealth Website

- [Bulletins are Available on Mass.gov](#)
- [MassHealth Providers web page](#)
- [The ACA ORP Requirements for MassHealth Providers](#)

Questions?