



MassHealth Training Forum Provider Updates

July 2025

Executive Office of Health & Human Services

Agenda



1. Welcome and Agenda Overview
2. Reinstatement of Primary Care Clinician Plan / Primary Care ACO Referral Requirements
3. Ordering Referring and Prescribing (ORP) Requirements Update
4. Advancing Interoperability and Improving Prior Authorization Processes
5. Standardized Encounter Data Program (SendPro)
6. Long-Term Services and Supports
7. POSC User Functionality Updates
8. POSC and Homepage Refresh
9. Robotics Processing Automation Annual Validation
10. Self-Service Resources on Mass.gov/MassHealth
11. Payment Error Rate Measurement (PERM) RY 2026
12. MassHealth Updates
 - 1010 Claim Denials
 - Call Center Update
 - Training Opportunities

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

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

Overview

On March 20th, 2020, as part of MassHealth's COVID-19 response, the Executive Office of Health and Human Services suspended referral requirements for MassHealth covered services for the Primary Care Accountable Care Organizations (PCACO) and the Primary Care Clinician (PCC) Plan.

As announced in [All-Provider Bulletin 403](#), MassHealth is reinstating referral requirements for date(s) of service on or after August 1st, 2025, for members enrolled in the PCACOs and the PCC Plan.

PCC Plan – Referrals for Services



All services provided by a clinician or provider other than the PCC Plan member's primary care clinician require a referral from the member's PCC on file in MMIS/POSC, unless the service is exempted under 130 CMR 450.118(J)(5).

Whenever possible, the primary care clinician should make the referral before the member's receipt of the service. However, the primary care clinician may issue a referral retroactively (for up to a year after the date of service) if the primary care clinician determines that the service was medically necessary, and they were the PCC on file for the date of service.

See [130 CMR 450.000: Administrative and Billing Regulations](#)

Primary Care ACO – Referrals for Services



All services provided by a clinician or provider other than the Primary Care ACO member's primary care provider (PCP) or referral circle require a referral from the member's PCP on file in MMIS/POSC to be payable, unless the service is exempted under 130 CMR 450.119(I).

Whenever possible, the PCP should make the referral before the member's receipt of the service. However, the PCP may issue a referral retroactively (for up to a year after the date of service) if the PCP determines that the service was medically necessary, and they were the PCP on file for the date of service.

See [130 CMR 450.000: Administrative and Billing Regulations](#)

Payment for Services Requiring a Referral



Failure to obtain a referral, when required, will result in non-payment of claims. Note that a referral is different from a Prior Authorization.

Payment for services is subject to all conditions and restrictions of MassHealth, including but not limited to, the scope of covered services for a member's coverage type, service limitations, and prior-authorization requirements.

See [130 CMR 450.000: Administrative and Billing Regulations](#)

Referring Provider Requirements



Claims submitted to MassHealth for services that require a referral must include the National Provider Identifier (NPI) of an authorized individual referring provider.

When the PCC Plan and Primary Care ACO Plan referrals are reinstated, billing providers must include the NPI of an authorized, enrolled referring provider on every claim for a service for which a referral is required for the claim to be payable.

See [All-Provider Bulletin 286](#) (with updated information provided in [All Provider Bulletins 361, 376, 380, and 391](#)), for details on Ordering, Referring, & Prescribing (ORP) requirements, including the list of individual provider types that are considered authorized referring providers.

Urgent Care 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.

- For professional claims, providers must bill with place of service 20
- For institutional claims, providers must bill with admit code 02

Primary Care Provider 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

Office Hours – Primary Care Referral Reinstatement



The MassHealth Business Support Services (BSS) Provider Relations team will be hosting a webinar on the reinstatement of primary care referral requirements as announced in All-Provider Bulletin 403: Ending the Suspension of Primary Care Clinician Plan & Primary Care ACO Referrals and Updating Referral Requirements for Urgent Care Services.

This session is intended for Primary Care Clinician (PCC) Plan & Primary Care ACO (PCACO) Plan providers and non-LTSS Fee-for-Service (FFS) providers. The session will provide the following:

- Overview of primary care referral requirements
- Overview of payment/claim requirements for services requiring a referral and/or a referring provider
- Denial edits that may occur when referral requirements are not met
- Provider Online Service Center (POSC) walkthrough on:
 - Inquiring on a referral (all providers)
 - Submitting a referral (primary care providers)

Office Hours – Primary Care Referral Reinstatement (continued)



The office hour sessions will run 60 minutes and be held on the following dates and times:

- July 30th, 2025 – 10 AM
- August 13th, 2025 – 1 PM
- August 21st, 2025 – 10 AM
- September 11th, 2025 – 1 PM

Register here:

- https://maximus.zoom.us/webinar/register/WN_piOUv6bDSJulqylusQg6Ng

Ordering Referring and Prescribing (ORP) Requirements Update

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

Ordering and Referring (O&R) Background



If MassHealth requires that a service is ordered, referred or prescribed, Section 6401(b) of the Affordable Care Act (ACA) requires that the Billing provider include an authorized ordering, referring or prescribing (ORP) provider's National Provider Identifier (NPI) on the claim. The ACA also requires that the ORP provider be actively enrolled with MassHealth as a fully participating provider or as a non-billing ORP provider.

Under state law, certain provider types are required, as a condition of state licensure to apply to be enrolled with MassHealth as either billing providers or as non-billing providers for the purposes of ordering, referring, and prescribing services to MassHealth members. Failure to complete a MassHealth revalidation process may prevent such providers from renewing their license to practice at a future date. In addition to several other provider types (see M.G.L. Ch. 112), this state law applies to physician interns and residents (see M.G.L. Ch. 112, Sec. 9).

Ordering and Referring (O&R) Background (continued)



Authorized ORP Provider Types

Provider Types (including interns and residents in those provider types) authorized to be included on a claim as the ordering, referring, or prescribing provider and who, as described on the previous slide, must apply to enroll as at least a non-billing provider:

- Certified Nurse Midwife (PT-08)
- Clinical Nurse Specialist (PT-57)
- Certified Registered Nurse Anesthetist (PT-51)
- Dentist (PT-10)
- Licensed Independent Clinical Social Worker (PT-92)
- Certified Nurse Practitioner (PT-17)
- Optometrist (PT-02)
- Pharmacist (if authorized to prescribe) (PT-90)
- Physician (PT-01)
- Physician Assistant (PT-39)
- Podiatrist (PT-06)
- Psychiatric Clinical Nurse Specialist (PT-78)
- Psychologist (PT-05)

O&R Billing Requirements



Below are services that must be ordered, referred or prescribed. MassHealth O&R requirements apply to fee-for-service, crossover (where MassHealth requires O&R) and third-party liability claims, but not to claims submitted to MassHealth managed care entities.

Any service that requires a primary care (PCC/PCACO) referral. **NOTE:** Effective August 1, 2025

- Adult Day Health
- Adult Foster Care
- Durable Medical Equipment & Supplies
- Eyeglasses
- Group Adult Foster Care
- Home Health
- Independent Nursing
- Labs Diagnostic Tests
- Medications
- Orthotics
- Oxygen/Respiratory Equipment
- Prosthetics
- Psychological Testing
- Therapy (PT, OT, ST)

Implementation of ORP Billing Requirements – Referring Providers



As described in [All Provider Bulletin 286](#) (with updated information provided in [All Provider Bulletins 361, 376, 380, and 391](#)), claims submitted to MassHealth for services that require a referral must include the national provider identifier (NPI) of an authorized referring provider. The referring provider must also be enrolled with MassHealth for the claim to be payable.

MassHealth has been running informational denial messages for the last several years to assist billing providers with updating their billing processes to comply with the ORP requirements.

When the Primary Care Clinician Plan and Primary Care ACO referrals are reinstated on August 1, 2025, billing providers must include the NPI of an authorized, enrolled referring provider on every claim for a service for which a referral is required for the claim to be payable.

Referring Provider ORP Edits Non-LTSS



This chart shows the potential impact on claims based on informational edit *1200 – Referring Provider Required* for the period April to June 2025 by provider type.

Provider Type	Total Edits	April 2025	May 2025	June 2025
Physician	742	320	329	93
Optometrist	595	212	260	123
Podiatrist	164	81	55	28
Chiropractor	1430	647	555	228
Nurse Practitioner	128	36	59	33
Community Health Center	3,358	1,492	1,249	617
Family Planning Agency	146	58	49	39
Abortion/Sterilization Clinic	86	30	19	37
Renal Dialysis Clinic	2,644	1,190	1,011	443
Early Intervention	4,402	1,884	1,768	750

Referring Provider ORP Edits

Non-LTSS (continued)



This chart shows the impact on claims from April to June 2025 for the edit *1200 – Referring Provider Required*.

Provider Type	Total Edits	April 2025	May 2025	June 2025
Hearing Instrument Specialist	5	3	2	0
Audiologist	22	9	10	3
Independent Diagnostic Testing Facility (Idtf)	277	104	133	40
Certified Independent Laboratory	176	27	134	15
Acute Inpatient Hospital	185	63	98	24
Acute Outpatient Hospital	2,637	784	1300	553
Hospital Licensed Health Center (Hlhc)	3,645	1553	1505	587
Group Practice Organization	57,490	23,005	21,111	13,374
Acupuncturist	123	47	51	25

Referring Provider ORP Edits LTSS



This chart shows the impact on LTSS claims from April to June 2025 for the edit *1200 – Referring Provider Required*.

Provider Type	Total Edits	April 2025	May 2025	June 2025
Therapist	381	120	217	44
Prosthetics	98	47	39	12
Orthotics	37	9	17	11
Independent Nurse	130	61	49	20
Adult Foster Care / Group Adult Foster Care	162	71	57	34
Group Practice Organization	2,429	961	969	499

Advancing Interoperability and Improving Prior Authorization Processes

Presented by – Michelle Croy, Sr. Provider Relations Specialist,
Business Support Services

CMS Interoperability (slide 1 of 3)



On January 27, 2024 CMS issued the Advancing Interoperability and Improving Prior Authorization Processes Final Rule (#0057-F). The Rule requires that Medicaid, CHIP FFS programs, their managed care plans, and other entities (Medicare Advantage, QHP) must:

- Comply with prior authorization disposition timelines by **January 1, 2026**
- Make a series of metrics available to CMS and the public by **March 31, 2026**
- Update the existing Patient Access Application Programming Interface (API) and Adopt 3 additional payer and provider- based APIs by **January 1, 2027**

Interoperable healthcare data exchange enables coordinated care, improved health outcomes and reduced cost

- Patients will take ownership over their health data
- Providers are more informed & can provide best care to patients
- Payers provide more efficient care coordination and coverage

The Final Rule excludes pharmacy Prior Authorizations (prescriptions)

CMS Interoperability (slide 2 of 3)



Patient Access API (Application Programming Interface)

3/31/26: Annually provide metrics in the form of aggregated, de-identified data to CMS about patient use of the Patient Access API:

- Total # of unique patient's data transferred to a health app of their choice
- Total # of unique patient's data transferred more than once to a health app of their choice

1/1/27: Update the Patient Access API finalized in the Interoperability and Patient Access Final Rule (2020) to include information related to the patient's prior authorizations (approved, denied, etc.)

Provider Access API

1/1/27: Share patient data with in-network (enrolled) providers with whom the patient has a treatment relationship

- Develop and ensure patient attribution and implement "Opt Out/Opt in" procedures
- Develop "plan language" resources for providers and patients re: the benefits, utilization and related processes

CMS Interoperability (slide 3 of 3)



Payer to Payer API

1/1/27: Make claims and encounter data (*excluding provider remittances and enrollee cost-sharing information*), and information about prior authorizations (*excluding those for drugs and those that were denied*)

- Develop and maintain “Opt in/Opt out” procedures
- Develop “plan language” resources for providers and patients re: the benefits, utilization and related processes

Prior Authorizations API, Processes and Metrics

1/1/26: Disposition prior authorization decisions within 7 calendar days and expedited prior authorization decisions within 72 hours

3/31/26: Report metrics about prior authorizations processed on a public website on an annual basis (e.g., # approved/denied, approved after appeal, etc.).

1/1/27: Implement and maintain a Prior Authorization API to exchange prior authorization requests, responses, and information with providers

MassHealth CMS Interoperability Preparations



MassHealth is actively working to comply with the Advancing Interoperability and Improving Prior Authorization Processes Final Rule. MassHealth:

- Has established internal workgroups and project team structures
- Is actively completing impact assessments and has begun to define both business and technical requirements
- Is actively managing prior authorization work plans (*includes POSC modifications*) and updating MassHealth regulations
- Will issue formal communications related to the 1/1/26 implementation later this fall; leverage all forms of communication
- Will conduct information sessions late fall/early winter

Standardized Encounter Data Program (SENDPro)

Presented by - Augustus Matekole, Data Quality
Manager - Strategy & Partnerships, MassHealth Data
Integrity Team

SENDPro Background – Current State



- Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires MassHealth to comply with federal electronic data interchange (EDI) standards.
- Currently, Managed Care Entities (MCEs) submit post-adjudicated claims, or encounters, to MassHealth using a unique flat file data process. Starting January 1, 2026, the current flat file format will be phased out in favor of standardized EDI files: the 837 PACDR (Post-Adjudicated Claims Data Reporting) for medical and dental encounters, and NCPDP (National Council of Prescription Drug Program) v51 for pharmacy encounters. The new process complies with federal mandates, enhances MassHealth data compliance controls and validation, and improves data accuracy and integrity.
- The following contract types currently submit encounters to MassHealth and are impacted by this change: Accountable Care Organizations (ACOs), Managed Care Organizations (MCOs), Senior Care Options (SCO), OneCare, and the Massachusetts Behavioral Health Plan. This includes nine MCEs: Commonwealth Care Alliance, Fallon Health, Health New England, Massachusetts Behavioral Health Partnership (MBHP), Mass General Brigham Health Plan, Molina HealthCare/Senior Whole Health, Point32Health, UnitedHealthCare, and WellSense.

SENDPro Background – Preparing for Future State



- MCEs have already begun to participate in functionality testing with MassHealth and will continue to conduct testing through the end of the year.
- MCEs are responsible for communicating with their contracted and non-contracted provider networks regarding this change to ensure they are adequately informed and prepared for the upcoming transition.
- MassHealth will also issue MCE bulletins on the mass.gov website with additional detail to support MCEs and providers as they prepare for SENDPro implementation. Although this guidance is for plans, information in the bulletins may be helpful to providers. The first SENDPro Bulletin (Bulletin 129) has been posted here: [2025 MassHealth provider bulletins | Mass.gov](#)
- Note: MassHealth will require Managed Care Entities (MCEs) to submit post-adjudicated claims (encounter data), to MassHealth initially on a biweekly basis.

Advantages of SENDPro



The 837 PACDR (Post-Adjudicated Claims Data Reporting) and NCPDP (National Council of Prescription Drug Program) v51 best support MassHealth's encounter data needs in the following ways:

- Migration to the industry-standard transaction formats (EDI X12 837 and NCPDP) will allow MCEs to streamline submission and quality control for encounter data.
- Adopting the SENDPro platform (cloud and/or SaaS products and services) will enhance MassHealth data-compliance controls and validation, improve maintainability, and reduce costs.
- Improved data accuracy and integrity will support key policy initiatives and state and federal mandates, including Centers for Medicare & Medicaid Services (CMS) managed care and Transformed Medicaid Statistical Information System (T-MSIS) reporting requirements.

How Does SENDPro Impact You



- MCEs will communicate key timelines and expectations to their providers, as well as support understanding new data submission requirements so providers can submit complete, accurate, and timely claims data.
- Validation processes for encounter data review by MassHealth will be more rigorous than current standards, including potential rejections of encounter records until all errors are resolved. MCEs may then need to enforce these requirements with their providers through their claims adjudication process, up to and including denying incomplete claims submission from providers.
- MCEs are expected to coordinate with providers to ensure timely responses to any inquiries or data issues as MCEs test the new functionality and business rules throughout the transition.

Additional Information & Resources



Additional Information

- For additional information about the technical specifications used in the SENDPro application, please refer to the implementation guides (IG) published by X12 and NCPDP respectively.
- Additionally, MassHealth companion guides are a supplement to the mandated X12 Implementation Guide/Technical Report (IG/TR3) and NCPDP Post Adjudication Standard Implementation Guide. The companion guides provide additional MassHealth business needs and cannot replace or include X12 requirements due to licensing copyright laws.
- A link to the latest draft companion guides can be found at mass.gov/lists/masshealth-managed-care-encounter-data-companion-guides.
- Updates will also be shared through MassHealth provider bulletins, which can be found at: [MassHealth Provider Bulletins | Mass.gov](https://mass.gov/lists/masshealth-provider-bulletins)

Long-Term Services and Supports

Lindsey Klauka, Associate Director of
PERT, Optum

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 135 email communications via our LTSS support inbox to LTSS Providers.

There have been 6 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: 7/14/25
 - Home Health Agency Applicant Orientation Training: 10/17/2025
- Quality Forums:
 - Adult Foster Care: 7/30/2025

LTSS Application & Revalidation Provider Support



MassHealth LTSS continues to work on the provider experience with applications and revalidations to help with the process and ensure providers have easy access to the resources that will help provide quality care for members.

The following three updates were made recently:

- Independent Nurse Application includes General Education training in our Learning Center
- Streamlined revalidations for Group Practices and Therapists
- Added Fiscal Soundness to HHA, CSN, AFC, & GAFC revalidations to minimize the outreach during the annual requirement

Independent Nurse Application



- To help navigate Independent Nurses to resources that will help them be successful and knowledgeable about record keeping, claims, updates and more we have included the General Education as part of the application process for this application type.
- Independent Nurse's will be notified once the application has been started that they will be receiving a link to access the learning center to complete the General Education course.
- Once it is completed, the provider will sign an attestation confirming they have completed the General Education, and their application will be fully processed.

Independent Nurse Application (continued)



As shown below, they not only have access to the General Education but many other topics that will help them throughout their enrollment with MassHealth.

▼ **Topic**

- Claims (2)
- Documentation (1)
- Eligibility Verification System (EVS) (1)
- General Education (1)
- Professional Claim (1)
- claims (1)



Completing 90-Day Waiver Request Form

Course
Duration: 15 Minutes

[Start Course](#)



Coordination of Benefits

Course
Duration: 15 Minutes

[Start Course](#)



Independent Nurse (IN) Documentation Requirements

Course
Duration: 1 hour, 30 Minutes

[Start Course](#)



Independent Nurse (IN) General Education

Learning Path
Duration: 75 Minutes



Independent Nurse (IN) POSC Claims Submission Training

Course
Duration: 30 Minutes



MassHealth How to Correct a Claim Training

Course
Duration: 15 Minutes

Revalidations for Group Practices & Independent Therapist



To efficiently complete revalidations for both Group Practices and the Independent Therapist that are associated with them. The LTSS enrollment team has been grouping the facilities and therapist together that are associated with one another and due in the current year.

The Enrollment Team will contact the Credentialing Specialist for the facility with a list of locations and therapists that are due for revalidation. They will confirm which therapists are still actively working at their facility. If they have left to work elsewhere, an email or phone number will be provided to for MassHealth to get in contact with the therapist for their due revalidation.

Once verification is completed, we will load their revalidations on the LTSS portal for them to complete. This reduces the outreach by staff to find the therapist or point of contact and has also reduced the time to process the revalidations.

Fiscal Soundness



- MassHealth requires Adult Foster Care, Group Adult Foster Care, Home Health Agencies, and Continuous Skilled Nursing providers have to submit **annually** a statement of fiscal soundness attesting to the financial viability of the agency.
 - All Adult Foster Care Providers and Group Adult Foster Care providers must **complete** a Statement of Fiscal Soundness Attestation at **time of enrollment, by October 1st** of each year, or during their revalidation.
 - All Home Health Agency and Continuous Skilled Nursing providers must **complete** a Statement of Fiscal Soundness Attestation at **time of enrollment, by May 31st** of each year, or during their revalidation.
- Again, to reduce the multiple outreaches to providers to submit in a timely manner, LTSS now includes the Fiscal Soundness form for providers that are due during their revalidation within 6 months of the due date for the Fiscal Soundness.
- This has reduced the outreach to notify and remind providers to login and complete the required form by phone, email, and mail.

POSC Functionality Updates

Michael Gilleran, Sr. Provider Relations Specialist,
MassHealth Business Support Service

Upcoming Updates – September 2025



MassHealth will be updating Primary User functionality to give providers the following capabilities:

- View dates for Subordinate Users
 - User account creation date
 - Linked date (date PID/SL access granted)
 - End date (date PID/SL access removed)
- Generate a report that identifies all users for a given PID/SL

All POSC Users will have the ability to view the following information upon sign in:

- View POSC role descriptions
- View the primary user associated with a PID/SL
- Dynamic Search capability

POSC Home Page Refresh

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

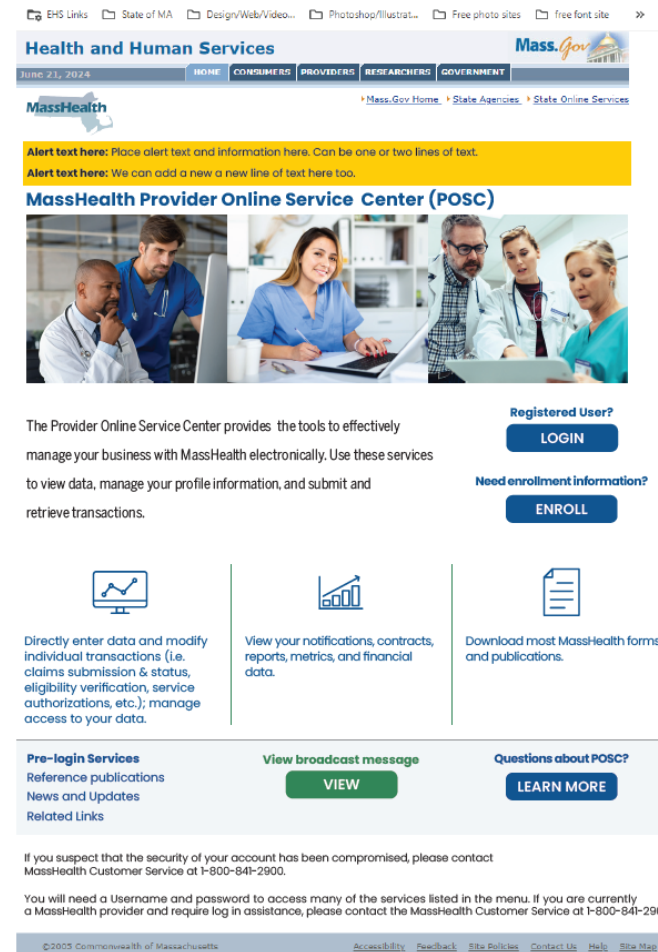
POSC Home Page Modernization



MassHealth recently implemented its POSC homepage refresh on June 29, 2025. The updates enhanced both the appearance and functionality of the Provider Online Service Center (POSC). These improvements included changes to both the pre-login and post-login experience, as well as the message displayed when a user requests an unauthorized service.

POSC Home Page Modernization: Pre-Login Page (continued)

- 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 Modernization: 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. To the right of the menu is a large image of healthcare professionals. Below the image, a text block explains that the POSC provides tools to manage business with MassHealth electronically. Further down, there are three columns of services: "Directly enter data and modify individual transactions" with a monitor icon, "View your notifications, contracts, reports, metrics, and financial data" with a bar chart icon, and "Download most MassHealth forms and publications" with a document icon. At the bottom, there are three buttons: "Pre-login Services" (Reference publications, News and Updates, Related Links), "View broadcast message" (VIEW), and "Questions about POSC?" (LEARN MORE). A footer section contains contact information for the MassHealth Customer Service Center and a copyright notice for 2005 Commonwealth of Massachusetts.

Health and Human Services **Mass.gov**
June 21, 2024 HOME CONSUMERS PROVIDERS RESEARCHERS GOVERNMENT
MassHealth
Mass.gov Home State Agencies State Online Services

MassHealth Provider Online Service Center (POSC)

- Home
- Provider Search
- Manage Batch Files
- Manage Search Authorization
- ↓ Manage Correspondence and Reporting
- View Broadcast Messages
- View Metrics/Reports
- 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
- Related Links

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.

Directly enter data and modify individual transactions (i.e. claims submission & status, eligibility verification, service authorizations, etc.); manage access to your data.

View your notifications, contracts, reports, metrics, and financial data.

Download most MassHealth forms and publications.

Pre-login Services
Reference publications
News and Updates
Related Links

View broadcast message
VIEW

Questions about POSC?
LEARN MORE

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

You will need a Username and password to access many of the services listed. If you are currently a MassHealth provider but do not know your Username and password, please contact the Customer Service Center at 1-800-841-2900.

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POSC Home Page Modernization: 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 like Home, Provider Search, Manage Batch Files, etc. The main content area features a large image of a hand typing on a laptop with a red warning triangle overlay. Below the image is the heading "Unauthorized use of service" and two paragraphs of text explaining the message and providing contact information for the MassHealth Customer Service Center. At the bottom, there are sections for "Pre-login Services" and "Questions about POSC?" with a "LEARN MORE" button, and a "View broadcast message" button. A footer section contains 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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Robotics Processing Automation (RPA) Annual Validation

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

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.

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 and enforcement, and If you have questions regarding the RPA Policy please contact MassHealth at:

functional.coordination@mass.gov

RPA Policy Enforcement



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

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.

Self-Service Resources on Mass.gov/MassHealth

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

Self-Service Overview



Providers and their credentialing staff can use Provider Self-Service to submit provider file updates electronically, to check MassHealth enrollment, and verify provider application statuses.

Please note, this platform does not provide information on:

- Dental providers
- Long-Term Services & Supports (LTSS) providers
- Managed Care Entity (MCE) Only providers

[MassHealth Provider Self-Service Webpage](#)

Self-Service Options for MassHealth Providers



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

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

[MassHealth Provider Self-Service Webpage](#)

MassHealth Provider Self-Service

For MassHealth Dental or Long-Term Services & Support provider inquiries, visit:

- Dental Program
- Long-Term Services & Support (LTSS) Provider Portal

[Check Provider Enrollment Status →](#)

[Check Provider Application Status →](#)

[Request Provider File Update →](#)

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

For questions about the self-service options, visit the [FAQs](#) or email PEC@maximus.com.

Self-Service Resources on Mass.gov/MassHealth



**Provider File Updates –
Secure Document Upload & Online Requests**

Provider File Integrity



Enrolled providers must notify MassHealth within 14 days of any changes in their information, as stated in [130 CMR 450.223\(B\)](#). Failure to do so constitutes a breach of the provider contract which may result in fines or termination.

Historically, MassHealth providers have been required to report provider file changes on paper via FAX or mail, or electronically via the Provider Online Service Center (POSC).

Effective 5/1/2025, provider file updates may be submitted via secure electronic upload. This will eliminate the need for fax, mail, and unsecure emails.

Provider File Updates

Secure file upload is only available for the following providers:

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

The secure upload webpage will NOT be available for the following providers:

- Dental
- Long-Term Services and Supports (LTSS)
- Managed Care Entity (MCE) only

Request Provider File Update



The Request Provider File Update option is available to providers on mass.gov:

- The Request Provider File Update option allows for secure document transmission
- Requested changes may include;
 - Provider links and affiliations
 - [Address](#) and contact info change
 - And other general credentialing changes

MassHealth Provider Self-Service

For MassHealth Dental or Long-Term Services & Support provider inquiries, visit:

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

[Check Provider Enrollment Status →](#)

[Check Provider Application Status →](#)

[Request Provider File Update →](#)

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

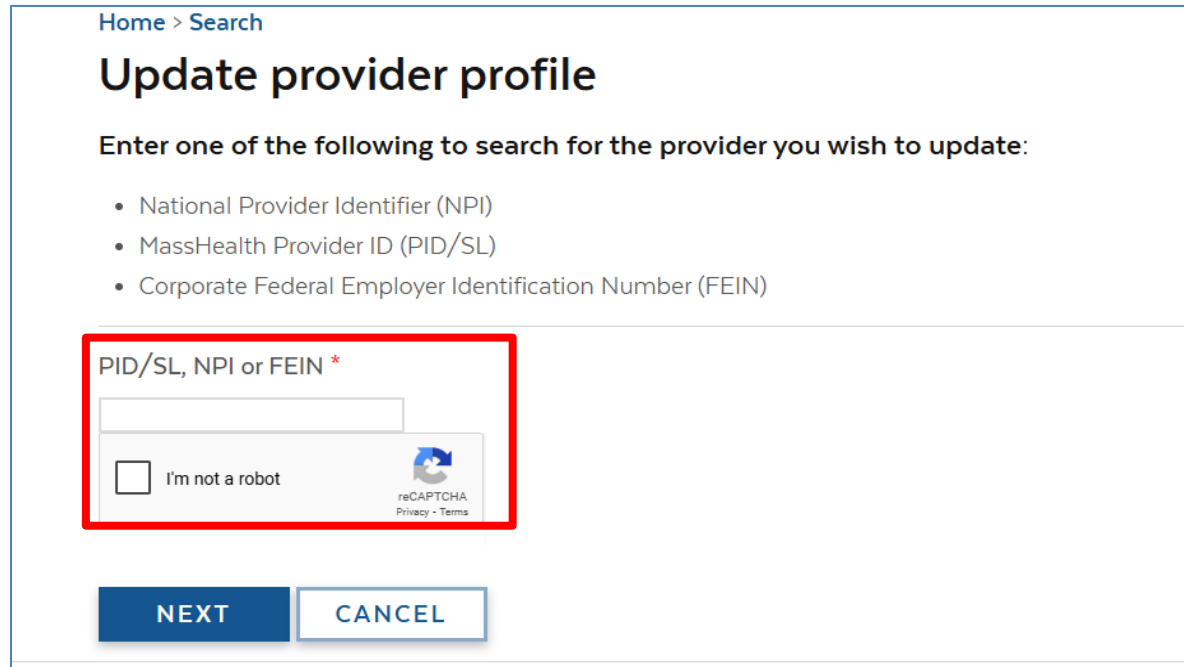
For questions about the self-service options, visit the [FAQs](#) or email PEC@maximus.com.

[Provider Self-Service Webpage](#)

Searching for Providers

To begin, you will need to search for the provider that needs to be updated:

1. Enter the MassHealth PID/SL, NPI, or FEIN
2. Complete the reCAPTCHA
3. Select 'Next'

A screenshot of a web form titled "Update provider profile". At the top, there is a breadcrumb link "Home > Search". Below the title, a prompt says "Enter one of the following to search for the provider you wish to update:". A bulleted list follows: "National Provider Identifier (NPI)", "MassHealth Provider ID (PID/SL)", and "Corporate Federal Employer Identification Number (FEIN)". Below the list is a text input field with the placeholder text "PID/SL, NPI or FEIN *". Underneath the input field is a reCAPTCHA widget containing a checkbox labeled "I'm not a robot" and a reCAPTCHA logo with links for "Privacy" and "Terms". At the bottom of the form are two buttons: a blue "NEXT" button and a white "CANCEL" button with a blue border.

Search Results



Depending on the search values, one or more results may be displayed.

4. Select the Service Location being updated from the search results.
5. Select 'Next' to proceed.

Update provider profile

Select the provider you wish to update

	NPI ▼	PIDSL ▼	Provider Name ▼	DBA Address ▼	Provider Type ▼	MassHealth Status ▼
<input type="radio"/>	1234567890	110000000A	John Smith	123 Main St Boston, MA 01234	Physician	Enrolled

1

NEXT CANCEL

Only 1 location may be selected at a time.

Update provider profile

Select the provider you wish to update

	NPI ▼	PIDSL ▼	Provider Name ▼	DBA Address ▼	Provider Type ▼	MassHealth Status ▼
<input type="radio"/>	1234567890	110000000A	Primary Care Provider	123 Main St Boston, MA	Group Practice Organization	Enrolled
<input type="radio"/>	1234567890	110000000B	Primary Care Provider	456 Main St Boston, MA	Group Practice Organization	Enrolled
<input type="radio"/>	1234567890	110000000C	Primary Care Provider	789 Main St Boston, MA	Group Practice Organization	Unenrolled

1

NEXT CANCEL

1 - 3 of 3 items

File Update Options



- Available options are based on the selected provider's type
- To request a provider link/affiliate or address change, you must complete a web form
- For all other provider file updates, you must electronically upload documents
- Document(s) must be attached to the update request to be submitted

[Home](#) > [Search](#) > [Select](#) > [Update](#)

Update provider profile

Click on desired update type:

- [Address](#)
- [Affiliations/links](#)
- [Change to Pay](#)
- [Contact Information](#)
- [DEA](#)
- [Federally Required Disclosures](#)
- [License](#)
- [Name, DBA](#)
- [Name, Legal](#)

[CANCEL](#)

Affiliations/Links



- When an individual practitioner is selected, you may update the practitioner's
 - Group links
 - Entity affiliations
- Select the 'Affiliations/Links' to proceed.

[Click here](#) for information on linking and affiliations for providers.

Home > Search > Select > Update

Update provider profile

Click on desired update type:

- Address
- Affiliations/links
- Change to Pay
- Contact Information
- DEA
- Federally Required Disclosures
- License
- Name, DBA
- Name, Legal

CANCEL

Affiliations/Links: Searching for Entity




- You will need to search for the entity to proceed
- Search by entering the entity's
 - FEIN
 - PID
 - PID/SL
- Complete the reCAPTCHA, then select 'Search'

Home > Search > Select > Update > Affiliation/Links >

Update provider affiliation/links

It may take 10 business days for MassHealth to review and process your request. For more information regarding linking/affiliating providers, visit <https://www.mass.gov/info-details/linking-and-affiliations-for-providers>.

Entity FEIN, PID, NPI, or PID/SL *

☐ I'm not a robot 
reCAPTCHA
Privacy - Terms

Affiliations/Links: Service Location(s) & Date(s)



- Results will indicate if a link/affiliation exists and provide options to link or affiliate
- One or more results may be displayed depending on the search criteria
- Using the checkboxes, select which locations to link or affiliate
- When selecting to link/affiliate, you may enter an effective date up to 9 days ahead (no retro effective dates are allowed)

Update provider profile

Link *	UnLink *	PIDSL	Name	Street	City	State	Zip	PT	Effective Date
<input type="checkbox"/>	<input type="checkbox"/>	110000000A	Group Practice	123 Main St	Boston	MA	01234	Group Practice Organization	5/1/2025 12:00:00 AM
<input type="checkbox"/>	<input type="checkbox"/>	110000000B	Group Practice	123 Main St	Boston	MA	01234	Group Practice Organization	4/21/2025
<input type="checkbox"/>	<input type="checkbox"/>	110000000A	Group Practice	123 Main St	Boston	MA	01234	Group Practice Organization	4/21/2025

Affiliations/Links: Submitting the Request



- Contact information is required with every request
- Complete the indicated fields, including the attestation
- Complete the reCAPTCHA
- Select the 'Submit' button

Contact email *

Contact first name *


Contact last name *

Contact phone *

* indicates a required field

☐ I certify under the pains and penalties of perjury that the information on this form has been reviewed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am the provider or, in the case of a legal entity, duly authorized to act on behalf of the provider. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

☐ I'm not a robot


reCAPTCHA
[Privacy](#) - [Terms](#)

SUBMIT

CANCEL

Address Changes



- Address changes may be requested using the Update Provider Profile option
- Available options are based on the selected provider's type
- Certain address changes require that additional documentation be attached
 - Note: a new application is required for most entity provider types when changing DBA address
- If any documents are required, you will be prompted to upload the documents

Home > Search > Select > Update

Update provider profile

Click on desired update type:

- Address
- Affiliations/links
- Change to Pay
- Contact Information
- DEA
- Federally Required Disclosures
- License
- Name, DBA
- Name, Legal

CANCEL

Address Change: Address Type(s)



- You may update 1 or more addresses per provider at a time
- The 'Change of Address Provider Requirements' link redirects you to a table that indicates the address change requirements by provider and address type
- Using the checkboxes, select what addresses are being updated

Update provider address

DBA addresses can only be changed through this process for certain provider types. Some address changes may require additional documents to be submitted. To understand what documents are needed for certain types of address changes please refer to the [Change of Address Provider Requirements document](#).

Check the Address Type(s) you wish to change *

<input type="checkbox"/>	Legal Entity
<input type="checkbox"/>	"Doing Business As" (DBA)

☐ I'm not a robot

reCAPTCHA
Privacy - Terms

Address Change: Details



- Complete all the required fields including:
 - Name
 - Address
 - Effective date
 - Contact name
- If applicable, provide the following information:
 - Telephone number
 - Fax number
 - Email address

"DOING BUSINESS AS" ADDRESS (PO BOXES ARE NOT ACCEPTABLE.)

Please refer to Change of Address—Provider Requirements page on mass.gov for detailed instructions.

MassHealth provider DBA name *

Address: Number/Street *

Building or suite

City * State * Zip *

Telephone

Fax

TTY (for people with partial or total hearing loss)

Email

Effective date *

Contact name *

Address Change: Submitting the Request



- Contact information is required with every request
- Complete the indicated fields, including the attestation
- Complete the reCAPTCHA
- Select the 'Submit' button

Contact Info

Contact name *

Printed name of provider *

Printed legal name of individual signing (if the provider is a legal entity) *

Date *

Contact email *

Contact phone *

I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am the provider or, in the case of a legal entity, duly authorized to act on behalf of the provider. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

[Download MA Substitute W-9 form](#)

Select MA W-9 file

☐ I'm not a robot

reCAPTCHA
Privacy • Terms

Secure Document Upload

(slide 1 of 3)



- Update Provider Profile allows you to securely upload documents including:
 - Billing Vendor Information
 - Federally Required Disclosure Forms
 - Name information
 - Etc.
- Available options are based on the indicated provider type

Home > Search > Select > Update

Update provider profile

Click on desired update type:

- Address
- Billing Vendor Information
- Contact Information
- Federally Required Disclosures
- Name, DBA
- Name, Legal
- Trading Partner Information

CANCEL

Secure Document Upload

(slide 2 of 3)



- From the list, select the information being updated
- The next screen will indicate what documentation is required for the update

Home > Search > Select > Update

Update provider profile

Click on desired update type:

- Address
- Billing Vendor Information
- Contact Information
- **Federally Required Disclosures**
- Name, DBA
- Name, Legal
- Trading Partner Information

CANCEL

Secure Document Upload

(slide 3 of 3)



- Blank forms can be located in the [Provider Library](#) on mass.gov
- Documents must be completed and saved electronically to proceed
- Click the 'Select file' button to search your computer for the files
- Once attached, you may proceed to submit the update request

[Home](#) > [Search](#) > [Select](#) > [Update](#) > Upload (Federally Required Disclosures)

Update provider profile

Upload file(s)

File *

Attachment Name	URL	File Name
Federally Required Disclosures Form for Entities	Federally Required Disclosures Form for Entities	<div>Select file</div>

1 - 1 of 1 items

Secure Document Upload – Submitting the Request



- Contact information is required with every request
- Complete the indicated fields, including the attestation
- Complete the reCAPTCHA
- Select the 'Submit' button

Contact email *

Contact first name *


Contact last name *

Contact phone *

* indicates a required field

☐ I certify under the pains and penalties of perjury that the information on this form has been reviewed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am the provider or, in the case of a legal entity, duly authorized to act on behalf of the provider. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

☐ I'm not a robot


reCAPTCHA
[Privacy](#) • [Terms](#)

SUBMIT

CANCEL

Post Submission



- Once the update request is submitted, the service will provide a reference number for the request
- An email will be sent to the indicated contact confirming the submission

Update provider profile

Thank you for your update. This request has been issued reference #####.

You will also receive an e-mail with an attachment confirming the submission. It may take 10 business days for MassHealth to review and process your request. If you have any questions regarding this process, please reach out to PEC@Maximus.com

 [Provider Change PDF](#) 

Provider Change PDF



- The PDF will detail the following information:
 - Requestor contact info
 - Provider
 - Type of change with details
- After the update is processed, another email will be sent confirming the result of the request

Provider Self-Service: Link/Affiliations Request Report
Date Requested: XX/XX/XXXX 00:00 AM/PM

Requestor:

Name:	
E-Mail:	
Phone:	

Provider

Provider Name:	
NPI:	
Provider Type:	

Link/Affiliate, Unlink/Disaffiliate:

L/A	U/D	PID/SL	PT	Name	Street	City/Town	State	Zip	Date
X									
	X								

MassHealth may take up to 10 business days to review and complete your request. Once PEC has reviewed, you will receive a notification email confirming the outcome of your request. MassHealth does not back-date update requests.

Attestation:

I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am the provider or, in the case of a legal entity, duly authorized to act on behalf of the provider. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Name:	
Date/Time:	

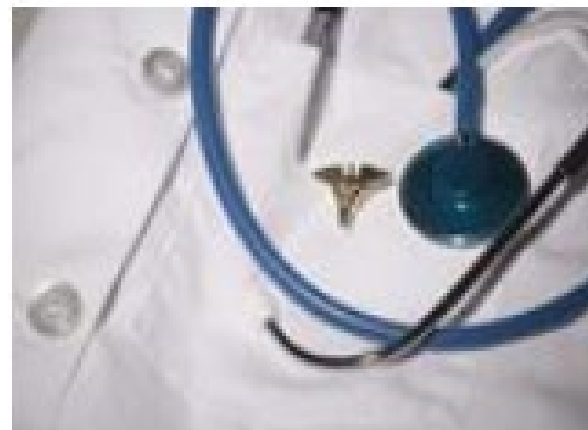
Payment Error Rate Measurement (PERM) RY 2026

Presented by – Michelle Croy, Sr. Provider Relations
Specialist, 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 Provider Documentation Errors



Please remind providers they must send all applicable documents related to the claim for the member/procedure/date of service. Current issues found so far include:

- The provider did not submit the required general anesthesia documentation for the sampled date of service to support payment
- The provider did not submit the required diagnostic study results and physician's order for the sampled date of service to support payment
- The provider did not submit the required physician's order for the sampled date of service to support payment

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

MassHealth Updates

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

Claim Denial Edit 1010

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

1010 – Rendering Provider Must Be Enrolled In Group Practice (slide 1 of 3)



MassHealth requires all claims submitted by a group practice to identify, the individual practitioner who provided the service(s) being claimed. See [130 CMR 450.302\(B\)](#).

Claims submitted for individuals not linked to a group practice or not actively enrolled as a FFS provider, will deny for:

- MassHealth EOB 1010 – Rendering provider must be enrolled in the group practice, or
- HIPAA ARC 96 Non-covered charges, and
- HIPAA remark code Rendering provider must be affiliated with the pay-to-provider.

1010 – Rendering Provider Must Be Enrolled In Group Practice (slide 2 of 3)



When the billing provider is a group practice, the rendering provider must be linked on to the group practice for the claim's date of service, or the claim will deny for EOB 1010.

Providers must notify MassHealth when an individual practitioner joins/leaves the practice. See [130 CMR 450.223\(B\)](#).

1010 – Rendering Provider Must Be Enrolled In Group Practice (slide 3 of 3)



When the billing provider is not a group practice organization and is an entity provider type such as Community Health Center (CHC), Mental Health Center, Substance Use Disorder Treatment, Urgent Care Center or hospitals billing professional services, the rendering provider should be left blank.

If a rendering provider is listed on the claim and is not actively enrolled as a FFS provider, the claim will deny. Since most providers employed by an entity are not permitted to enroll as a FFS provider, claims would deny.

MassHealth Customer Service Call Updates

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

MassHealth Customer Service Calls



Effective September 1, 2025, when phoning MassHealth Customer Service, callers will be required to enter their nine-digit MassHealth Provider ID (PID) to connect to an agent.

- Callers will first hear a voice prompt bringing their attention to resources on Mass.gov before being asked to enter their PID.
- Callers will have 2 attempts to enter their nine-digit PID before they are disconnected from the call
- Providers can find answers to many common questions on [Information for MassHealth Providers](#)
- Callers without a MassHealth Provider ID can utilize MassHealth Provider Self-Service resources found on [MassHealth Provider Self-Service](#) where they can
 - Look-up their Provider ID using their NPI
 - Request an application
 - Submit provider file update requests
- Providers that have utilized self-service and online resources that still require assistance with enrollment/revalidation may contact PEC@Maximus.com

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
- Course surveys

If you are currently a registered user but have forgotten your 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

All Provider Bulletins

- [All Provider Bulletin 402:Third-Party Liability Billing Requirements for Health Reimbursement](#)
- [All Provider Bulletin 403:Ending the Suspension of Primary Care Clinician Plan & Primary Care ACO Referrals and Updating Referral Requirements for Urgent Care Services](#)

Resources

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](#)

Trainings

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](#)

Thank you!