



MassHealth Training Forum Provider Updates

October 2025

Executive Office of Health & Human Services

Agenda



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- 9. Long-Term Services and Supports**
- 10. Application and Mass.gov Changes**
- 11. Self-Service Resources on Mass.gov/MassHealth**
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- 13. Perinatal and Maternal Health Overview**
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ACO/MCO Changes 2026

Presented by Michelle Croy,
Senior Provider Relations Specialist,
MassHealth Business Support
Services

ACO Changes Starting January 1, 2026



Service Area Changes

The following health plan will no longer be offered by MassHealth in the following service areas starting on January 1, 2026.

Plan Name	Service Area Removal
WellSense Care Alliance	<ul style="list-style-type: none">• Brockton• Haverhill

Provider Changes

As of January 1, 2026, 30 providers are joining or moving in the MassHealth ACO program. These moves will affect approximately 20,000 members.

Hospital Changes

As of January 1, 2026, 2 ACOs will make changes to their hospital network. However, in an emergency, members can go to any hospital. Members do not need to worry about which health plan they have.

Changes to Available Health Plans in 2026

- As of January 1, 2026, the Tufts Health Together Managed Care Organization (MCO) will be discontinued. This will affect approximately 25,000 members.
- Members currently enrolled in the Tufts Health Together MCO will be re-assigned to the health plan that their primary care provider (PCP) will be participating in moving forward, if possible. Members will receive a notification letter about their new health plan assignment and providing additional information about their options, including how to change health plans.
- Leading up to January 1, 2026, MassHealth will work with the Tufts Health Together MCO and the members' future health plans to coordinate transitions of care, including exchanging information about prior authorizations and referrals.
- The Enrollment Guide will be updated to reflect changes starting January 1, 2026.
- If you want to learn more about the health plans options, you can:
 - Visit www.MassHealthChoices.com; or
 - Call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.
 - MassHealth Customer Service is open Monday – Friday, 8 am to 5 pm.

Primary Care Provider Changes (slide 1 of 4)



#	Primary Care Provider	Address	will move from	to
1	Bellingham Medical Associates	1003 S Main St Bellingham, MA 02019	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
2	Blackstone Valley Family Physicians	100 Commerce Drive Northbridge, MA 01534	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
3	Carlos Moreno MD PC	128 Carnegie Row Ste 106 Norwood, MA 02062	Tufts Health Together MCO	WellSense Beth Israel Lahey Health (BILH) Performance Network ACO
4	Center for Adolescent and Young Adult Health	100 Medway Rd Ste 204 Milford, MA 01757	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
5	Children's Health Care - Haverhill	600 Primrose St Haverhill, MA	Revere Health Choice	WellSense Boston Children's ACO
6	Children's Health Care - Newburyport	257 Low St Newburyport, MA 01950	Revere Health Choice	WellSense Boston Children's ACO
7	Community Pediatrics of Medway	68A Main St Ste 1010 Medway, MA 02053	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health

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Primary Care Provider Changes (slide 2 of 4)



#	Primary Care Provider	Address	will move from	to
8	Community Pediatrics of Milford	229 East Main St Milford, MA 01757	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
9	Davis Square Family Practice	255 Elm St Ste 301 Somerville, MA 02144	Primary Care Clinician (PCC) Plan and Tufts Health Together MCO	WellSense Care Alliance
10	Family Medicine Associates	68A Main St Medway, MA 02053	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
11	Family Practice Group, P.C.	11 Water St Ste 1A Arlington, MA 02476	Primary Care Clinician (PCC) Plan and Tufts Health Together MCO	WellSense Care Alliance
12	Franklin Family Practice	1280 W Central St Ste 202 Franklin, MA 02038	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
13	Franklin Pediatrics	1280 W Central St Ste 201 Franklin, MA 02038	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
14	Franklin Primary Care	1280 W Central St Ste 301 Franklin, MA 02038	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
15	Franklin Wrentham Family Medicine	440 E Central St Franklin, MA 02038	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
16	Gloria Moussa-Gabour	20 E Emerson St Melrose, MA 02176	Primary Care Clinician (PCC) Plan and Tufts Health Together MCO	WellSense Care Alliance

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Primary Care Provider Changes (slide 3 of 4)



#	Primary Care Provider	Address	will move from	to
17	HealthFirst Family Care Center, Inc.	387 Quarry St Ste 100 Fall River, MA 02723	WellSense Community Alliance ACO	Community Care Cooperative
18	Hopkinton Family Practice	77 W Main St Ste 204 Hopkinton, MA 01748	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
19	Hopkinton Internal Medicine and Pediatrics	1 Lumber St Hopkinton, MA 01748	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
20	Hopkinton Primary Care	169 W Main St Hopkinton, MA 01748	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
21	Mcgrath Medical Group	117 Water St Milford, MA 01757	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
22	Mendon Internal Medicine	12 Uxbridge Rd Mendon, MA 01756	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
23	Oak Pediatrics	198 Littleton Road Ste 204 Westford, MA	Tufts Health Together MCO	WellSense Care Alliance
24	Pediatric Associates of Wellesley, Inc	266 Main St Ste 18 Medfield, MA 02052	Primary Care Clinician (PCC) Plan	Mass General Brigham Health Plan With Mass General Brigham ACO
25	Pediatric Associates of Wellesley, Inc	134 South Avenue Weston, MA 02493	Primary Care Clinician (PCC) Plan	Mass General Brigham Health Plan With Mass General Brigham ACO
26	Pelham Healthcare Associate (site 1)	49 Atwood Road Ste 1 Pelham, NH 03076	Tufts Health Together MCO	WellSense Care Alliance

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Primary Care Provider Changes (slide 4 of 4)



#	Primary Care Provider	Address	will move from	to
27	Pelham Healthcare Associates DBA Westford Primary Care (site 2)	198 Littleton Road Ste 203 Westford, MA 01886	Tufts Health Together MCO	WellSense Care Alliance
28	Primary Care Physicians	221 East Main St Milford, MA 01757	Mass General Brigham Health Plan With Mass General Brigham ACO	Tufts Health Together with UMass Memorial Health
29	Robert F. Commito MD PC	311 Washington St Brighton, MA 02135	Tufts Health Together MCO	WellSense Care Alliance
30	Somerville Family Practice	1020 Broadway Somerville, MA 02144	Primary Care Clinician (PCC) Plan and Tufts Health Together MCO	WellSense Care Alliance

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Hospital Changes (slide 1 of 3)

#	Plan Name	has added the following hospitals from its network
1	Mass General Brigham Health Plan with Mass General Brigham ACO	Mercy Medical Center (Trinity Health of New England), Springfield

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Hospital Changes (slide 2 of 3)



#	Plan Name	has removed the following hospitals from its network
1	Fallon Atrius	Baystate Medical Center (Baystate Health), Springfield
2	Mass General Brigham Health Plan with Mass General Brigham ACO	Holyoke Medical Center, Holyoke

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Hospital Changes (slide 3 of 3)

The following hospitals have changed their names:

- Morton Hospital (Lifespan Health Systems), Taunton has changed to Morton Hospital (Brown University Health)
- Saint Anne's Hospital (Lifespan Health Systems), Fall River has changed to Saint Anne's Hospital (Brown University Health)
 - St. Elizabeth's Medical Center, Brighton is now Boston Medical Center – Brighton, Brighton
 - Good Samaritan Medical Center, Brockton is now Boston Medical Center – South, Brockton

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Continuity of Care

Continuity of Care

The Continuity of Care (CoC) period for medical and behavioral health services ranges from January 1, 2026 to March 31, 2026 (90 days post go-live).

Escalation Process

Each health plan will have an escalation process in place for any access-to-care issues for members regarding pharmacy and specialty network issues during this period.

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Resources (ACO/MCO)



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If you want to learn more about the health plans options, you can:

Visit www.MassHealthChoices.com

Or

Call MassHealth Customer Service at
(800) 841-2900, TDD/TTY: 711

Fee-for-Service Provider Directory

Presented by Michelle Croy,
Senior Provider Relations Specialist,
MassHealth Business Support Services

FFS Directory Updates

- In accordance with the Consolidated Appropriations Act (CAA 2023), MassHealth has been instructed to expand the data elements of the Provider Directory
- The data elements will now include languages spoken by providers, website URLs, accessibility accommodations, telehealth availability, and whether new patients are being accepted
- Cultural capabilities were also added to the Provider Directory search results page, but are currently on hold until further guidance from the Center for Medicare and Medicaid Services (CMS)

Directory on Mass.gov

Provider directory

Find MassHealth doctors, hospitals, or services near you

Use this directory if you are an active MassHealth member and

- You are **not** in a health plan

Or

- Your health plan is listed below:
 - Community Care Cooperative
 - Revere Health Choice
 - Primary Care Clinician (PCC) Plan

If your health plan is not listed above, call your plan to find providers.

To find a dentist, visit the [MassHealth Dental Directory](#).

Find these providers and services near you:

[Behavioral health provider](#) →

[Primary care provider](#) →

[Specialists](#) →

[Services](#) →

[Hospitals and facilities](#) →

[Search by name](#) →

To learn about your health plan choices, go to [MassHealthChoices](#).

For general questions, call MassHealth Customer Service at [1-800-841-2900](#) TDD/TTY: 711 or go to [Contacts and Links](#).

- MassHealth members may utilize the provider directory on Mass.gov, using a variety of search criteria.
- Providers can be sorted by the most essential services needed, such as primary care providers, behavioral health, hospitals, etc.

Visit the [MassHealth Provider Directory](#)

Directory on Mass.gov (continued)

- Searches can be narrowed down even further once a category of provider has been chosen.
- Using the newly required data elements, MassHealth members could narrow their search to find a location that accommodates their health needs.

Primary care providers (PCP) search

Use this tool to find primary care providers (PCPs). If you know your provider's name or are looking for a specific provider, you can [Search by name.](#)

* indicates a required field

Located within * Search by location *

5 miles

Filter by

- ☐ Family / General
- ☐ Internal medicine
- ☐ OB/GYN
- ☐ Pediatrics
- ☐ Accepts new patients
- ☐ Telehealth available

Accessibility accommodations available

To multiselect options hold Ctrl or long press.

- Stand Assist Lifts
- Standard Exam Table With Side Rails
- TTY/TDD Devices
- Wheelchair Accessible Entrance
- Wheelchair Accessible Exam Rooms**
- Wheelchair Accessible Hallways
- Wheelchair Accessible Waiting Rooms

Health plans accepted

All Plans

Languages

View All

[SEARCH](#)

Visit the [MassHealth Provider Directory](#)

Updating Directory Information

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.

- MassHealth providers are advised that any changes to their information, such as linking to a new group practice or moving addresses, are required they be updated. This information will be reflected in the directory for accuracy.
- The provider directory file update request is targeted to go live by November 2025.
- Providers can update their directory related information, and any other changes, by initiating an update request using MassHealth Provider Self-Service (PSS).

Visit the [MassHealth Provider Directory](#)

Dental Updates

Presented by Michelle Croy,
Senior Provider Relations Specialist,
MassHealth Business Support Services

Dental TPA Vendor Transition Update



- The anticipated operational start date for the new Dental TPA is delayed and is no longer February 1, 2026. The new anticipated operational start date will be announced in the coming weeks in a future communication from EOHHS.

What does this mean?

- The current MassHealth Dental Program TPA, BeneCare will continue as the Dental TPA for MassHealth until the transition to DentaQuest. Please conduct business as usual until otherwise specified.
- Provider training dates, contact information and any other operational considerations related to this transition will be announced in a subsequent correspondence in early 2026.
- [Frequently asked questions regarding the transition.](#)
- Continue to contact Tuyen Vu for any dental inquiry at Tuyen.vu@mass.gov.

Standardized Encounter Data Program (SENDPro)

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

SENDPro: Basics

- Currently, Managed Care Entities (MCEs) submit post-adjudicated claims, or encounters, to MassHealth using a unique flat file data process. Starting in 2026 the current flat file format will be phased out in favor of standardized Electronic Data Interchange (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.
- Who is impacted by this change:

Types of Managed Care Entities	Names of Managed Care Entities (submitting encounters):
<ul style="list-style-type: none"> Accountable Care Organizations (ACOs) Managed Care Organizations (MCOs) Senior Care Options (SCOs) One Care (ICO) Massachusetts Behavioral Health Vendor 	<ul style="list-style-type: none"> Commonwealth Care Alliance (CCA) Fallon Health Health New England (HNE) Massachusetts Behavioral Health Partnership (MBHP) Mass General Brigham Health Plan (MGB) Molina HealthCare/Senior Whole Health (SWH) Point32 Health United Health Care (UHC) WellSense

SENDPro: Basics (continued)

- All MCEs are participating in functionality testing with MassHealth. Testing has identified common encounters rejections within the new SENDPro system.
- Though most missing/invalid data field values are required in the current Legacy flat file encounter data submission process, some are not actively enforced.
- For SENDPro, it is critical that providers submit required data fields and associated values to MCEs through the provider claims submission process.
- MassHealth has communicated requirements to the MCEs and will continue to work closely with MCEs as they communicate these requirements to their network and out-of-network providers.

Initial Encounter Submission Findings



Although not comprehensive, this is the list of priority areas that require attention from MCEs and their providers in preparation for SENDPro go-live:

- **Completeness of Provider Taxonomies:**
 - MCEs must include provider taxonomies on medical and dental encounter submissions (pharmacy is not included). Therefore, providers must include provider taxonomies in appropriate data elements on all claim types except for pharmacy. For a list of valid taxonomies refer to the National Uniform Claim Committee's Health Care Provider Taxonomy Code Set, version 25.1 at taxonomy.nucc.org
- **Completeness of Provider National Provider Identifiers (NPIs):**
 - MCEs must include the provider's NPI on all encounter submissions. Therefore, all provider claims must include valid NPI in the appropriate data element of the claim for all provider types (e.g. billing, attending, referring, rendering, operating), with the exception of atypical providers.
- **Validation of Attending Provider ID:**
 - MCEs must include NPI values for attending provider in the appropriate data element in all 837 I encounter submissions. Therefore, providers must include a valid NPI for the attending provider in the appropriate data element for all inpatient provider claims.
- **Submission of Hospital Admission Date and Time:**
 - MCEs must include a valid admission hour in all encounters submitted via 837 I. Therefore, providers must include a valid admission hour and date for all inpatient provider claims. There are exceptions for certain bill types, see the 837 I Companion Guide for the list.
- **Submission of Hospital Discharge Hour:**
 - MCEs must include a valid discharge hour in all encounter submitted via 837 I. Therefore, providers must include a valid discharge hour and date for all inpatient provider claims. There are exceptions for certain bill types, see the 837 I Companion Guide for the list.

Initial Encounter Submission Findings (continued)



- Completeness of Provider Identification / Service Location (PID/SL):
 - MCEs must include PID/SL identifiers in provider-related data fields for all encounters.
 - MCEs must accurately report all PID/SLs to MassHealth on the enhanced provider file.
 - PID/SLs are **not** required on provider-submitted claims, but providers must at minimum correctly include the following data elements for MCEs to accurately map the PID/SL for each provider:
 - Provider name
 - Provider address
 - Taxonomy
 - NPI
 - It is **critical** that providers acquire a PID/SL from MassHealth's provider enrollment team, if they do not already have one.
- Procedure Codes and Modifiers, Diagnosis Codes, and Any Standardized Codes:
 - MCEs and providers must use standardized code sets as per EDI implementation guide/MassHealth specifications and requirements. Typos and invalid codes will be rejected in the SENDPro system.
 - It is critical that MCEs and providers comply with all requirements for claims and encounter submissions. Failure to populate required fields may result in rejection, exclusion from settlement, and exclusion from rate setting

SENDPro: Communication & Resources



- In the upcoming transition to SENDPro, MCEs are responsible for:
 - Communicating key timelines and expectations to network and out-of-network providers
 - Explaining new EDI file and provider claim data submission requirements to providers
 - Working with providers to submit complete, accurate and timely claims data to MCEs
- MassHealth has issued two SENDPro Managed Care Entity 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 is also helpful for providers. SENDPro bulletins are posted here: [2025 MassHealth Provider Bulletins \(May\)](#).
 - First SENDPro Managed Care Entity Bulletin – Bulletin 129
 - Second SENDPro Managed Care Entity Bulletin – Bulletin 133

Additional Information & Resources



Additional Information

- MassHealth companion guides (CGs) 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 specifications on MassHealth business needs and cannot replace or include X12 requirements due to licensing copyright laws.
 - Visit the [latest draft companion guides](#).
- MCEs are responsible for communicating to their network and out-of-network providers how CG requirements may affect provider submission guidelines.
- SENDPro provider related information will continue to be shared through MassHealth MCE bulletins at: [MassHealth Provider Bulletins](#).

Advancing Interoperability and Improving Prior Authorization Processes

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

CMS INTEROPERABILITY



Interoperable healthcare data exchange...



enables coordinated care, improved health outcomes, and reduced cost.

HIGH-LEVEL SUMMARY



The CMS Advancing Interoperability and Improving Prior Authorization Processes rule requires that Medicaid and CHIP FFS programs, their managed care plans, and other entities (e.g., Medicare Advantage, QHP) to comply with the Final Rule.

Medicaid/CHIP FFS: Effective date of rule
Medicaid Mgd. Care entities: Effective rate year

REQUIREMENT	DESCRIPTION	Implementation Date 1/1/26	Implementation Date 3/31/26	Implementation Date 1/1/27	1-YEAR EXTENSION	EXEMP.
Patient Access API <i>(Application Programming Interface)</i>	Expands upon the Patient Access API finalized in the Interoperability and Patient Access Final Rule to include information related to the patient's prior authorizations.	No	No	Yes	No	No
Patient Access API <i>(Application Programming Interface)</i>	Annually provide metrics in the form of aggregated, de-identified data to CMS about patient use of the Patient Access API.	No	Yes	No	No	No
Provider Access API	<ul style="list-style-type: none"> Impacted payers must implement and maintain a Provider Access API to share patient data with in-network (enrolled) providers with whom the patient has a treatment relationship <i>(includes patient attribution and "Opt Out" procedures)</i>. Requires impacted payers to provide "plain language" resources to providers and patients re: the benefits, utilization and related processes. 	No	No	Yes	Yes	Yes
Payer to Payer API	<ul style="list-style-type: none"> Impacted payers must implement and maintain a Payer-to-Payer API to make available claims and encounter data <i>(excluding provider remittances and enrollee cost-sharing information)</i>, and information about prior authorizations <i>(excluding those for drugs and those that were denied)</i>; includes patient "Opt In" procedures. Requires impacted payers to provide "plain language" resources to providers and patients re: the benefits, utilization and related processes. 	No	No	Yes	Yes	Yes
Prior Authorization API, Processes, and Metrics	Impacted payers must implement and maintain a Prior Authorization API to exchange prior authorization requests, responses, and information with providers.	No	No	Yes	Yes	Yes
Prior Authorization API, Processes, and Metrics	*Send standard prior authorization decisions within 7 calendar days and expedited prior authorization decisions within 72 hours.	Yes	No	No	No	No
Prior Authorization API, Processes, and Metrics	Report metrics about prior authorization processed on a public website on an annual basis.	No	Yes	No	No	No

Key Fact: Final Rule excludes pharmacy Prior Authorizations (prescriptions)

Patient Access API

Scope: Update the Patient Access API mandated under the CMS Interoperability and Patient Access Final Rule to include the following Prior Authorization (PA) information:

- Status of the member's PA request and disposition date (*pending, active, denied, expired, and approved*)
- Clinical/supporting documentation submitted by the provider (*Not required to support unstructured docs unless payer has formatted/structured them in their system*)
- Date or circumstances under which the authorization ends
- Services and items that are approved & Specific reasons for denial

Effective 4/8/24 CMS deleted the requirement to make clinical data & lab results available in API; must now include all data classes and data elements included in USCDI v1 or v3 (e.g., clinical notes, demographic data, etc.); must ensure that all USCDI data maintained by MassHealth is available via the existing API by April 8, 2024.

Report aggregate, deidentified metrics on the patient access API as follows:

METRIC REPORTING	METHOD	DUE DATE	PARAMETER
<ul style="list-style-type: none"> • 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 	Submit to CMS annually	3/31/26	Format & submission requirements = TBD; CMS will confirm later

Eff: 1/1/27

Metrics: 3/31/26



DATA EXCHANGE

- Data must be made available within 1 business day after receipt of request, or change in status
- Data must be available via API for at least 1 year after the status change, denial, or expiration of a PA request
- Provide information for all active PAs for Dates of Service (DOS) on or after 1/1/2016
- Support these data exchange parameters regardless of submission method (e.g., DDE POSC)

Prior Authorization API, Processes, and Metrics



Effective 1/1/26, send standard prior authorization decisions within 7 calendar days and expedited prior authorization decisions within 72 hours:

- Expedited requests* - As expeditiously as the patient's health condition requires, but no later than 72 hours.
- Standard requests* - As expeditiously as the patient's health condition requires, but no later than 7 days.
- If additional information is required, the PA resolution timeframe can be extended for up to an additional 14 days; can also be extended at the request of the provider or the patient.
- States must contact CMS by 4/1/25 if unable to meet standards.

Effective 1/1/26 EOHHS must provide a specific reason for PA denials to providers, regardless of the PA submission method used by a provider.

Effective 4/8/24, CMS adopts clarifications to Medicaid Beneficiary Notice and Fair Hearing Regulations:

- Regulation has been updated to further explain operational requirements but does NOT change the requirements. Clarifies that beneficiary notices require clear statement of specific reasons for the action (e.g., a PA denial).
- Includes minor terminology changes, etc.



Eff: 1/1/26 & 1/1/27
Metrics: 3/31/26

DATA EXCHANGE

- Provide disposition of PA requests as follows:
 - Expedited requests – 72 hrs
 - Standard requests – 7 days

Prior Authorization API, Processes, and Metrics (continued)



Scope continued...

Effective 3/31/26 report metrics about prior authorizations processed on a public website on an annual basis.

- Provide aggregate data for all items and services
- Metrics are reported at a state level
- Managed care plans report at a plan level



Eff: 1/1/26 & 1/1/27
Metrics: 3/31/26

DATA EXCHANGE

- None identified

METRIC REPORTING	METHOD	DUE DATE	PARAMETER
<ul style="list-style-type: none">• A list of all items and services that require prior authorization• % of standard PA requests that have been approved and denied• % of standard PA requests approved after appeal• % of PA requests for which the review timeframe was extended and then approved• % of expedited PA requests that have been approved and denied• Average time elapsed between the submission of a PA request and the decision by the payer for both standard and expedited PA requests	Post on public website	3/31/26	None defined

What Providers Can Expect (slide 1 of 3)



Item	Description of Change
Prior Authorizations	<ul style="list-style-type: none">• Effective January 1, 2026, MassHealth will adjudicate standard prior authorization requests within 7 calendar days once all necessary documentation has been received. This includes all relevant member information about the member, clinical attachments and any additional notes required to demonstrate compliance with the prior authorization submission standards.• Additionally, MassHealth will evaluate requests to expedite prior authorization requests within 72 hours.
System Modifications	<ul style="list-style-type: none">• MassHealth is updating its Medicaid Management Information System (MMIS) Provider Online Service Center (POSC) to allow providers to select the option to request an expedited prior authorization.• POSC job aid available on mass.gov will be updated with instructions on how to select an expedited prior authorization.

What Providers Can Expect (slide 2 of 3)



Item	Description of Change
Metrics Reporting	<p>Effective March 31, 2026, MassHealth will post prior authorization metrics to Mass.gov. The metrics will be updated on an annual basis. The following aggregated prior authorization metrics for all items and services will be available:</p> <ul style="list-style-type: none">• A list of all items and services that require prior authorization.• The percentage of standard prior authorization requests that were approved• The percentage of standard prior authorization requests that were denied• The percentage of standard prior authorization requests that were approved after appeal• The percentage of prior authorization requests for which the timeframe for review was extended, and the request was approved• The percentage of expedited prior authorization requests that were approved• The percentage of expedited prior authorization requests that were denied• The average and median time that elapsed between the submission of a request and a determination by the payer, plan, or issuer, for standard prior authorizations• The average and median time that elapsed between the submission of a request and a decision by the payer, plan, or issuer, for expedited prior authorizations

What Providers Can Expect (slide 3 of 3)



Item	Description Item
mass.gov website	New section specific to CMS Interoperability Requirements.
Provider Bulletin	To be released in November that will communicate background info related to the CMS requirements effective 1/1/2026 and 3/31/2026, how MassHealth plans to comply with the requirements and changes providers can expect to see.
Banner Messaging	<p>Initial messaging to communicate CMS requirements requiring MassHealth to adjudicate Prior Authorization requests (excluding drugs) within 7 calendar days, or 72 hours for expedited requests (1/1/2026 effective date)</p> <p>MassHealth will post prior authorization metrics to mass.gov and update on an annual basis (3/31/2026 effective date).</p> <p>Impacted payers to implement and maintain a Patient Access Application Programming Interface (API), a Provider Access API, a Payer-to-Payer API, and a Prior Authorization API (1/1/2027 effective date).</p>
Information Sessions	MassHealth will conduct a series of information sessions in November and December 2025, to provide an overview of the upcoming changes to the prior authorization processes and MMIS POSC modifications. MassHealth providers impacted by these are encouraged to participate in the information sessions. Please continue to monitor MassHealth communications for information regarding the sessions.

Provider Online Service Center (POSC) User Functionality Updates

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

Overview (POSC)

Effective September 15, 2025, the Provider Online Service Center (POSC) will be updated with the following functionality:

- All users
 - POSC User Roles – allows users to see POSC User roles and descriptions
 - Primary User Search - allows users to identify the Primary User(s) for their assigned PIDSLs
- Primary Users
 - Manage Subordinate Accounts - view linked vs. unlinked subordinate accounts
 - Primary User Report - allows the Primary User to generate and export a report that contains all users for a given PIDSL

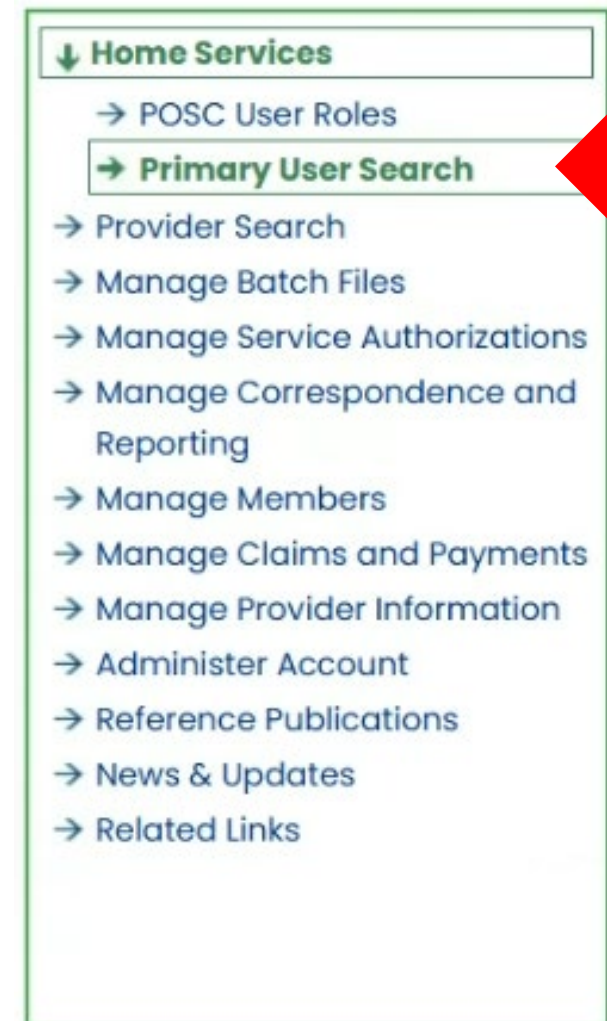
POSC User Roles

- This is a read-only function available to all users upon login.
- The purpose of the function is informational and will allow users to see available roles that may be assigned to a POSC account.
- Additionally, each role will display a description for what abilities this role will grant the user.



Primary User Search

- The Primary User Search function is available to all users upon login.
- This function provides the ability for users to view the Primary User(s) for each of their assigned PIDSLs.
- The purpose is to allow users to identify the appropriate contact, the Primary User, for access issues on the POSC; thereby eliminating the need to contact customer service for this information.

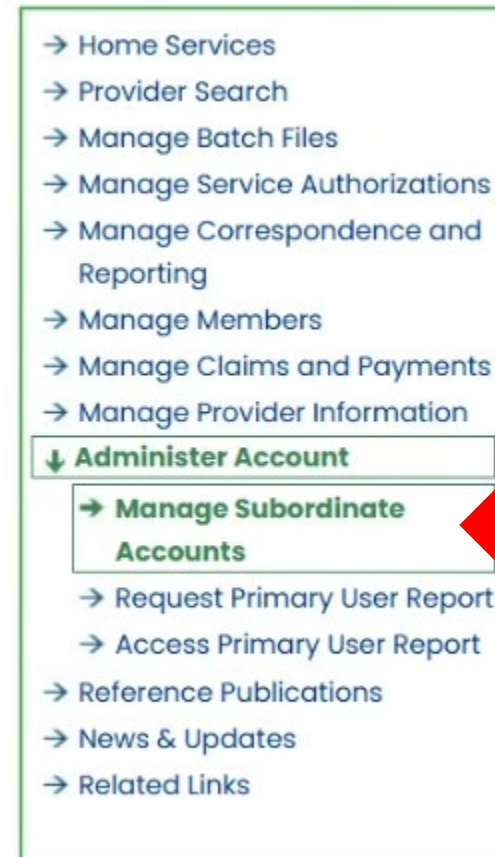


Manage Subordinate Accounts

The **Manage Subordinate Accounts** service has been updated to allow primary users to filter between:

- Currently linked accounts
- Previously linked accounts

This will allow Primary Users to better manage subordinate account access.



Primary User Reports

- Primary Users can now generate reports for user accounts associated with a given PIDSL or multiple PIDSLs.
- These reports provide an alternative way to track user account access.
- The reports may be downloaded from the POSC for ease of access.
- Report options include currently linked users vs. previously linked users.



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

**Presented by Nestor Rivera,
Senior Provider Relations Specialist,
MassHealth 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 reinstated referral requirements for date(s) of service on or after August 1st, 2025, for members enrolled in the PCACOs and the PCC Plan.

[All Provider Bulletin 409](#) announced additional exceptions to the Referral Requirements for Services through the PCACO and PCC plans.

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 on November 5th, 2025. 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)

Long-Term Services and Supports

Presented by Sarah Westring,
Senior Provider Enrollment Specialist,
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 91 email communications via our LTSS support inbox to LTSS Providers.

There have been 6 provider bulletins published on the [MassHealth website](#).

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: 10/2/2025
 - Home Health Agency Applicant Orientation Training: 10/17/2025
- Quality Forums:
 - Home Health Agency: 10/27/2025

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.
- Once an Independent Nurse's starts the application they will be notified to look out for a link that will grant access to the learning center where they will 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.

Application and Mass.gov Changes

Presented by Michael Gilleran,
Senior Provider Relations Specialists,
MassHealth Business Support Services

Application Changes



- Due to the expanded data elements that will be added to the Provider Directory, provider applications will be modified to include questions that collect this information.
- The data elements will now include languages spoken by providers, website URLs, accessibility accommodations, telehealth services, and whether new patients are being accepted .
- Cultural capabilities were also added to the Provider Directory search results page. MassHealth is currently evaluating how to best collect this data and providers are encouraged to begin tracking this information in preparation for future updates.

Application Requests on Mass.gov



Apply to become a MassHealth provider

Read below to find the appropriate application link for your provider type.

[Provider Application Request Form →](#)

[Check Application Status →](#)

THE DETAILS

What you need

Know your provider enrollment choices

Only MassHealth providers are reimbursed for services provided to MassHealth members. Therefore, providers must be approved as a participating provider before claims can be submitted for payment.

Your application process may be different depending on the type of program you choose. See which application applies to you.

MassHealth Provider Enrollment

Before requesting an application, you should review the applicable [MassHealth regulations](#) and [provider manuals](#) so that you understand the program requirements. You can then request an application online to enroll in the MassHealth provider network by using the [Provider Application Request](#) form.

MassHealth will contact you at the email address you provide when requesting an application and include information on how to complete

CONTACTS

MassHealth Customer Service for Providers

Phone

Main: (800) 841-2900
Open Monday-Friday 8 a.m.-5 p.m.
TTY/TDD: 711

Online

Email
provider@masshealthquestions.com

RELATED

[Information for MassHealth Providers About ACA Program Integrity Provisions →](#)

[MassHealth Provider Forms →](#)

- Providers are reminded that they may request a FFS application on Mass.gov.
- The applications can be sent digitally, or by mail, and will include the provider directory field mentioned previously.

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

Updating Provider Files

- As mentioned previously, MassHealth providers are advised that any changes to their information will require they submit an update request. This will ensure their provider file is accurate, per MassHealth regulations.
- Provider files should be updated whenever there is a modification to information such as addresses, employers, or any information that differs from when the application was first processed.
- Requests can be initiated by using [MassHealth Provider Self-Service \(PSS\)](#).

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 →](#)

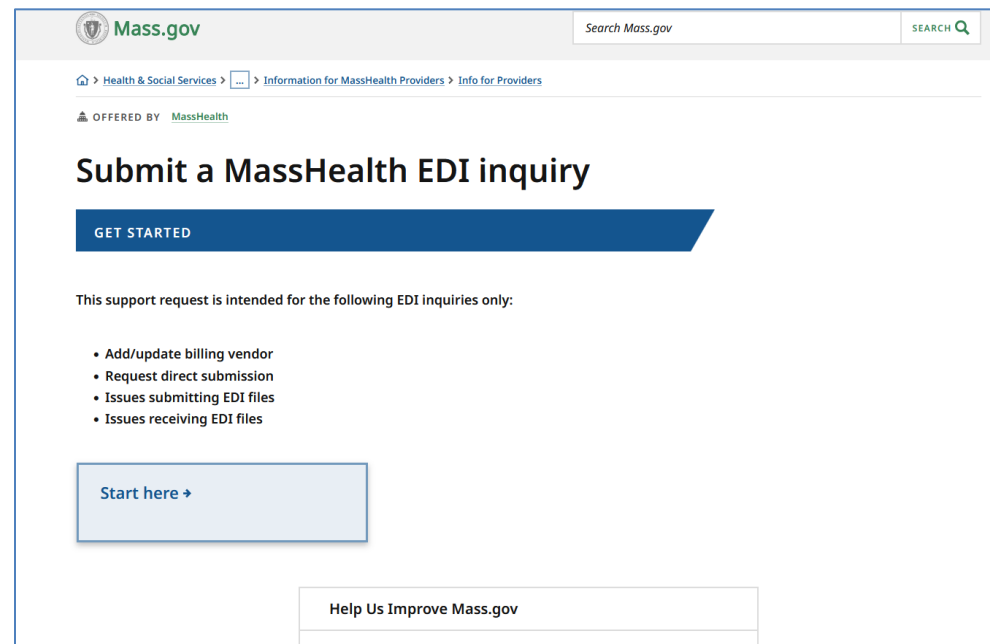
[Request Provider File Update →](#)

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

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

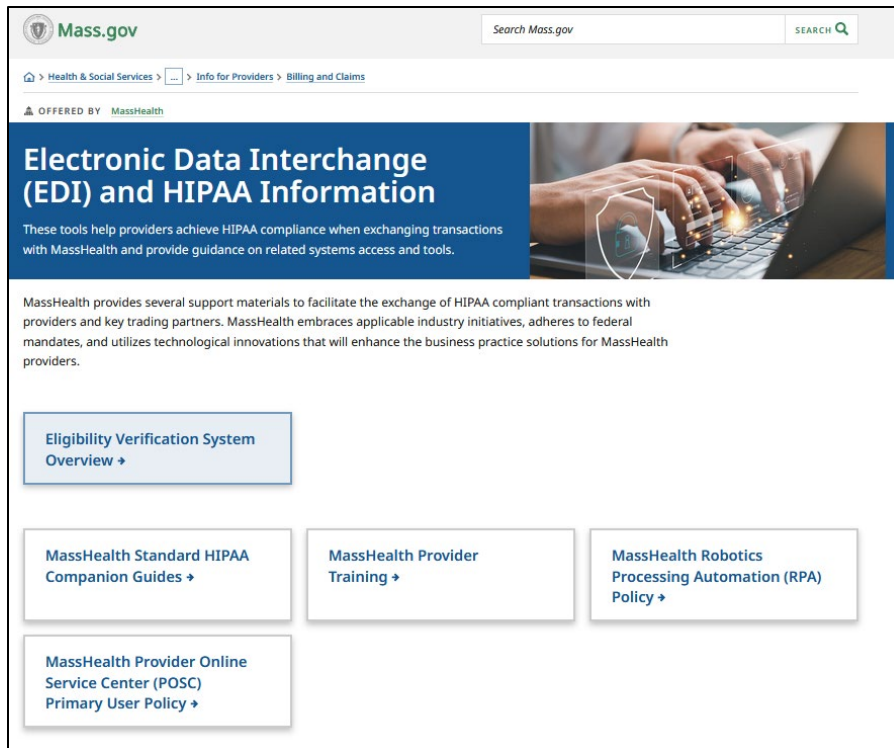
Upcoming Mass.gov Changes

- Electronic Data Interchange (EDI) facilitates the exchange of HIPAA files as electronic transactions; many written resources are currently available on Mass.gov relating to EDI transactions.
- MassHealth is developing an online inquiry form to enable more in-depth assistance for providers who are experiencing issues with EDI/HIPAA files .



Visit [Electronic Data Interchange FAQ](#)

Upcoming Mass.gov Changes (continued)



- The Electronic Data Interchange (EDI) Inquiry form will specifically offer support for:
 - Updating/Adding a billing vendor
 - Setting up EDI transactions
 - Address issues submitting EDI transactions
 - Address issues receiving EDI transactions
- The planned go-live date for this online resource is Fall 2025.

Visit [Electronic Data Interchange \(EDI\) and HIPAA Information](#)

Provider Self-Service Resources on Mass.gov/MassHealth

Presented by Michael Gilleran,
Senior Provider Relations Specialist,
MassHealth Business Support Services

Self-Service Options for MassHealth Providers



The **Request Provider File Update** option has been updated to allow requests for the following information:

- Bank Information (EFT)
- Disenrollment requests
- CLIA
- Specialties
- Certifications/accreditations
- Medicare
- NPI
- Managed Care:
 - ACO update
 - ACO PCP Affiliation
 - PCC update
 - PCC Affiliation

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](#)

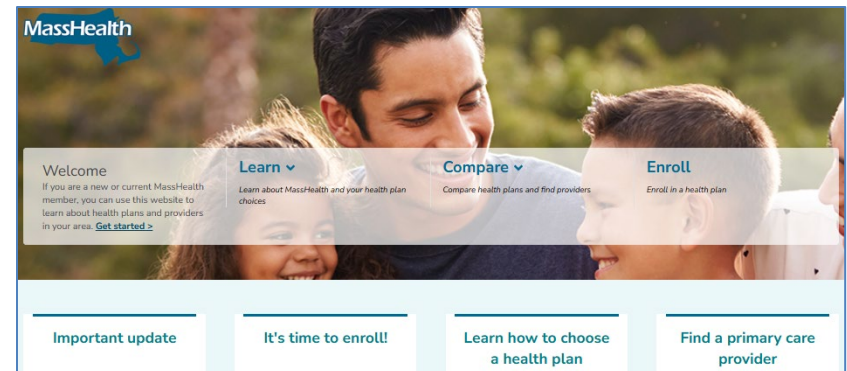
Coming Soon: Provider Directory Updates



A new provider file update is being added to the Provider Self-Service Portal to capture required CMS data elements for the Fee-for-Service Provider Directory.

The Provider Directory file update is targeted to go live in November 2025 and will allow updates to the following provider file information:

- Telehealth
- Accepts new patients
- Languages
- Accessibility accommodations
- Website URLs



Provider directory

Find MassHealth doctors, hospitals, or services near you

Use this directory if you are an active MassHealth member and

- You are **not** in a health plan
- Or
- Your health plan is listed below:
 - Community Care Cooperative
 - Revere Health Choice
 - Primary Care Clinician (PCC) Plan

If your health plan is not listed above, call your plan to find providers.

To find a dentist, visit the [MassHealth Dental Directory](#).

Find these providers and services near you:

[Behavioral health provider](#)

[Primary care provider](#)

[Specialists](#)

[Services](#)

[Hospitals and facilities](#)

[Search by name](#)

To learn about your health plan choices, go to [MassHealthChoices](#).

For general questions, call MassHealth Customer Service at [1-800-841-2900](#) TDD/TTY: 711 or go to [Contacts and Links](#).

Provider File Update Reminders



- 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.
- Secure file upload is only available for the following providers:
 - Fee-for-Service (FFS)
 - Ordering, Referring, and Prescribing (ORP)
- Effective October 1st, 2025, provider file update requests for non-LTSS and non-dental MassHealth providers will no longer be accepted via fax.
 - Only updates submitted to Provider Enrollment and Credentialing (PEC) through self-service and by mail will be accepted

Note: Applications for non-LTSS and non-dental providers can still be faxed or mailed at this time.

Payment Error Rate Measurement (PERM) RY 2026

Presented by Michael Gilleran,
Senior Provider Relations Specialists,
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.

Visit [CMS PERM Provider Required Document List](#)

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](#):

- [CMS PERM Overview for Providers slide deck](#)
- [CMS PERM Provider Education FAQ document](#)

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

MassHealth Maternal Health Overview and Perinatal Depression Screening Policy Update

Presented by Sarah Krinsky, Deputy Director of Perinatal
and Maternal Health Policy, MassHealth
and

Swathi Damodaran, Associate Medical Director for
Psychiatry MassHealth Office of Accountable Care and
Behavioral Health

Background: MassHealth Eligibility & Coverage For Pregnant & Postpartum Members



- MassHealth covers about 40% of birthing people (~25,000 annual births) in Massachusetts.
- While there are some exceptions, most pregnant and postpartum MassHealth members are eligible for MassHealth Standard coverage and enrollment in a [managed care](#) plan *as long as they report their pregnancy status to MassHealth.*
- **All pregnant members should self-report pregnancy status to MassHealth to ensure they receive all the benefits they're eligible for, including 12 months of continuous postpartum coverage**
 - Coverage includes undocumented perinatal members
 - Includes all pregnancy outcomes
 - There are several options for reporting pregnancy outlined below and at [Information for Pregnant MassHealth Members](#)
- *If you see pregnant patients, we encourage you to keep the printed [notification of pregnancy form](#) available so members can complete the form during their first prenatal care visit. The completed form can then be mailed or faxed to MassHealth by the provider office.*



BY PHONE

Call the MassHealth
Customer Service Center:

(800) 841-2900

TDD/TTY: 711

Monday-Friday 8AM-5PM

Interpreter services available



IN PERSON

Go to your local
[MassHealth Enrollment Center](#)

[Make an appointment](#)



ONLINE

Update your
pregnancy status
in the MassHealth
[member portal](#)



MAIL/FAX/ DROP-OFF

Mail, fax, or drop off
a completed
[notification of
pregnancy form](#)

**Options for
reporting
pregnancy status
to MassHealth:**

Background: Managed Care For Pregnant & Postpartum Members



- The majority of pregnant and postpartum MassHealth members in managed care plans are enrolled in an [accountable care organization \(ACO\)](#), [managed care organization \(MCO\)](#), or [primary care clinician \(PCC\) plan](#).
 - There are [two different types of ACOs](#): Accountable Care Partnership Plans (ACPPs) and Primary Care ACOs (PCACOs).
 - Members and providers can learn more about ACOs, MCOs, and the PCC Plan at masshealthchoices.com.
- Some pregnant and postpartum members with a disability may be in an integrated care plan called [One Care](#).
- Other members may have MassHealth fee-for-service (FFS) coverage:
 - Members on FFS are not eligible for managed care services.
- As their provider, you should encourage your patients to contact their managed care plan, if they have one, since they may be eligible to receive additional supports such as care management, housing and nutrition supports, free car seats, and more.
 - If a member isn't sure what managed care plan they have, or if they are eligible for managed care, they should call the MassHealth customer service center at (800) 841-2900, TDD/TTY: 711.
 - For extra support understanding their coverage, members can also contact [My Ombudsman](#).

Background: Managed Care For Pregnant & Postpartum Members (continued)



Covered services for pregnant and postpartum MassHealth members include but are not limited to:

- Prenatal, labor and delivery, and postpartum care through 12 months, including care in hospitals and [freestanding birth centers](#)
- [Sexual and reproductive health care](#) including many family planning services
- [Doula services](#)
- [Behavioral health care](#) including mental health and substance use disorder treatment
- [Dental care](#) including checkups, cleanings, fillings, crowns, and root canals
 - [Practice guidelines for oral health in pregnancy](#)
- [Transportation](#) for eligible members when needed
- One free [breast pump](#) per pregnancy, milk storage bags, replacement parts as needed, hospital-grade breast pump rentals as needed
- [Prenatal screening, ultrasounds, and vaccines](#)
- Prenatal vitamins
 - MassHealth members can get [prenatal vitamins](#) free of charge at their local pharmacy without a prescription from their provider because of MassHealth's standing order
- [Remote patient monitoring](#) during pregnancy through 12 months postpartum (for example, remote blood pressure monitoring)

Background: MassHealth Doula Program



As of December 8, 2023, MassHealth covers doula services for MassHealth members during pregnancy, labor and delivery, and through 12 months following delivery, inclusive of all pregnancy outcomes.

As of late 2024, adoptive parents are also eligible through the infant's first year of life.

Visit: [MassHealth Doulas](#)

- Examples of how doulas can help members
- Overview of MassHealth covered doula services
 - Labor and delivery support
 - Up to 8 hours of perinatal visits (more visits can be requested through prior authorization)
- How to find a MassHealth doula provider
- Spreadsheet updated regularly with more detailed self-reported information about doulas (race/ethnicity, language(s), regions, etc.)



MassHealth has a diverse network of about 350 doula providers:

- About 39% of doulas identify as Black or African American
- About 22% of doulas identify as Hispanic or Latinx
- About 43% of doulas speak at least 1 other language besides English
- 18+ different languages spoken by doulas
- Doulas available across every region of MA

Join MassHealth's listserv to receive updates about the MassHealth doula services program:

- Send a blank email to: [Join MassHealth Doula Program Listserv](#)
IMPORTANT: The subject link and email body must be completely empty, make sure to remove any email signatures
- After sending the email, you should get an automatic response indicating that you've successfully joined the listserv


Update: New Webpage and Flyers



MassHealth is excited to share a new webpage for providers, such as OB/GYNs, midwives, primary care providers, pediatricians, and others, caring for pregnant and postpartum MassHealth members: [Perinatal Providers](#).


The page includes detailed information and resources across several topics:

- Eligibility and covered services
- Managed care information and supports
- MassHealth doula benefit
- Behavioral health
- Breast pumps and lactation support
- Family planning
- Prenatal screening/diagnosis and vaccines
- Social determinants of health (SDOH)
- Patient-facing materials in multiple languages, including new pregnancy checklists for members



MassHealth is here to support you during your pregnancy and beyond!

mass.gov/masshealthpregnancy



- Contact MassHealth to tell us you're pregnant**

MassHealth covers health care services during pregnancy, delivery, and through one year afterwards, no matter your immigration status or how your pregnancy ends.

Make sure to tell MassHealth that you're pregnant to make sure you can get all the benefits you're eligible for. You can let us know by calling the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711. Scan the QR code for more ways to report your pregnancy.
- Schedule a prenatal care visit**

Seeing a health care provider early in pregnancy is important to keep you and your baby healthy. Your primary care provider (PCP) or your health plan can help you find an obstetrician/gynecologist (OB/GYN), certified nurse midwife (CNM), or other prenatal care provider.

Talk to your provider if you need transportation, which may be covered by MassHealth.
- Enroll in the Women, Infants & Children Nutrition Program (WIC)**

WIC provides healthy foods, nutrition education, breastfeeding support, and more to eligible Massachusetts families free of charge. Most pregnant MassHealth members qualify for WIC. For more information and to enroll, call WIC at (800) 942-1007.
- Contact your MassHealth health plan if you have one**

Your MassHealth health plan can tell you if you can get extra benefits like free infant car seats, housing and nutrition supports, and care management.

Call us at (800) 841-2900, TDD/TTY: 711 to find out about your MassHealth plan.
- Think about getting a doula for extra support**


Your MassHealth doula provider can provide non-medical emotional, informational, and physical support to you and your family based on your unique needs free of charge.

For more information about doula care and how to find a MassHealth doula provider, scan the QR code or visit mass.gov/masshealthdoulas.
- Start planning for after you have your baby**

Learn about programs and resources that may be able to help you and your family such as paid family and medical leave and child care options.

Talk to your health care provider about how to keep you and your baby safe, what to expect after delivery, and how you plan to feed your baby. Your provider can also help you get a free breast pump and milk storage bags covered by MassHealth.

Scan the QR code for more information.



Update: MassHealth Perinatal Depression Screening Policy



Background

- Perinatal depression is one of the most common complications during pregnancy and the postpartum period, affecting about 1 in 5 new parents. If left untreated, it can increase the risk of poor prenatal care, suicide, substance use, and pregnancy complications.
- The Massachusetts maternal mortality and morbidity review committee found that mental health conditions likely contributed to 44% of pregnancy-related deaths based on the most recently available data.
- The MA Department of Public Health requires providers to submit annual postpartum depression screening data ([Chapter 313 of the Acts of 2010](#)).
- In August 2024, Governor Healey signed into law [Chapter 186 of the Acts of 2024](#) (“the maternal health bill”) which included requirements for providers related to screening for depression during and after pregnancy.

Update

- MassHealth published [All Provider Bulletin 405](#) on August 19, 2025, with requirements, recommendations, and resources related to depression screening of perinatal members and infant caregivers.

Update: Highlights from MassHealth All Provider Bulletin 405 published on August 19, 2025



Postpartum depression (PPD) screening requirements

- MassHealth requires primary care providers, obstetricians, gynecologists, certified nurse midwives, and pediatric providers to offer postpartum depression screening to members during the 12 months following the end of pregnancy and take certain actions for positive screens.
- For those who have a positive screen for depression, providers should discuss available treatments for perinatal depression or major depressive disorder, including pharmacological options, and a referral to a mental health clinician, when clinically appropriate.
- Screening the infant's parent(s) or caregiver(s), including paternal, adoptive, and non-birthing caregivers, for postpartum depression or major depressive disorder is required at every pediatric preventive health care visit from the one-month visit to the 12-month visit.

MassHealth payment for screenings

- MassHealth pays for all perinatal depression screenings that occur during pregnancy through 12 months following the end of the pregnancy, inclusive of all pregnancy outcomes, as clinically appropriate.
 - Consistent with guidelines from the American College of Obstetricians and Gynecologists, MassHealth recommends that OB/GYNs screen for perinatal depression at the initial prenatal visit, later in pregnancy, and at postpartum visits at a minimum.
- MassHealth pays for depression screenings for infant caregivers that occur at any pediatric visit up to the 12-month pediatric preventive health care visit, as clinically appropriate.

Code	Visit type	Description	Modifiers
S3005	Perinatal member visit	Prenatal and Postpartum Depression Screening	U1 – Positive Screen U2 – Negative Screen
96110 + UD	Infant pediatric visit	Depression Screening for Infant Caregivers	U1 – Positive Screen U2 – Negative Screen

Update: Highlights from MassHealth [All Provider Bulletin 405](#) published on August 19, 2025 (continued)



Screening tools

- For providers serving perinatal members, a list of approved validated tools can be found at [Perinatal mood & anxiety disorders screening tools, training, and continuing education](#).
- Pediatric care providers should use a standardized screening tool such as the Edinburgh Postpartum Depression Scale (EPDS) or any of the recommended screening tools listed in the [Bright Futures Toolkit](#) under maternal depression.

Resources

Emergency or Crisis Concerns:

- [Massachusetts Behavioral Health Help Line](#) (833-773-2445): Talk to a trained mental health professional for real-time clinical assessment and direct access to community mental health resources.
- [Community Behavioral Health Centers](#): One-stop-shops for psychiatric evaluation and ongoing mental health and substance use services with urgent and walk-in appointments available .

Non-emergency Concerns:

- [MCPAP for Moms](#): Provider-to-provider consultation from a perinatal mental health professional and referral to perinatal mental health services or other supports.
- [National Maternal Mental Health Hotline](#): Perinatal mental health resources.
- [Postpartum Support International of Massachusetts](#): Perinatal mental health resources and provider directory.

For more details, review [MassHealth All Provider Bulletin 405](#)

MassHealth Updates

Presented by Nestor Rivera,
Senior Provider Relations Specialist,
MassHealth Business Support Services

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 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.

Provider Education LMS (continued)



- It is recommended that providers take the Introduction to Inquisiq course as an introduction to the system upon initial login.
- New courses include:
 - Self-Service Options for Claim Status Inquires and Information Video
 - Provider Online Service Center (POSC) Primary User (Admin Account) and Security Policy
 - PEC Self-Service Resources Video
- New Trainings will be added regularly.
- Provider feedback is important for each training – Surveys provide valuable information that helps us continually improve your experience.
- Visit [MassHealth Business Support Services](#).

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

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. (Registration for this session has passed.)

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. (Registration for this session has passed.)

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. (Registration for this session has passed.)

All Provider Bulletins

- [All Provider Bulletin 404:Administrative and Billing Regulations – Reinforcing Sanctioning](#)
- [All Provider Bulletin 405:Perinatal Depression Screening and Depression Screening for Infant Caregivers](#)
- [All Provider Bulletin 406:Update to Certain Exceptions to Services that Require Referrals in the Primary Care Clinician Plan and Primary Care ACOs](#)
- [All Provider Bulletin 407:Changes in Exclusion of Designated 340B Drugs from MassHealth Coverage](#)
- [All Provider Bulletin 408: Annual Behavioral Health Wellness Examinations](#)
- [All Provider Bulletin 409: Update to Certain Exceptions to Referral Requirements for Services](#)
- [All Provider Bulletin 410:Changes to MassHealth’s Accountable Care Organizations on January 1, 2026](#)

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](#)

Thank you