



Massachusetts Healthcare Training Forum

February 2026

Executive Office of Health & Human Services

Disclaimer



Some slides from the live presentation were adjusted to improve accessibility; however, the content remains unchanged. Because this disclaimer slide was added, the slide numbers in the video may not match the slide numbers in the printable PowerPoint or PDF file.

Agenda



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3. Advancing Interoperability and Improving Prior Authorization Processes
4. POSC User Access, Virtual Gateway/POSC User Updates
5. Provider Online Service Center (POSC) User Access
6. Office of Accountable Care and Behavioral Health (ACBH) Updates
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10. MassHealth Dental Program Vendor Transition
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Primary Care Clinician Plan / Primary Care ACO Referrals

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

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

Advancing Interoperability and Improving Prior Authorization Processes

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

Interoperability 2026

As announced in [APB 413: Interoperability - Prior Authorization Process Changes for the MassHealth Medical Benefit](#), the following went into effect on January 1st, 2026:

- Prior Authorizations
 - Standard PA requests: MassHealth will adjudicate standard prior authorization requests within 7 calendar days once all necessary documentation has been received
 - Expedited PA requests: A decision will be provided within 72 hours when the member's clinical condition requires urgent attention and a delay in processing could negatively affect health outcomes
- System Modifications
 - Updates have been made to the POSC to reflect the above changes. A new PA Classification field has been added to the POSC and allows providers to submit standard PAs or requests to expedite a PA
- Mass.gov
 - [MassHealth's Implementation of Interoperability and Prior Authorization Requirements](#) webpage is now available.
- Metrics Reporting
 - On track for March 31st, 2026

Virtual Gateway (VG)/Provider Online Service Center (POSC) User Updates

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

VG/POSC Accounts

- VG's terms and conditions state that accounts not used regularly may be revoked.
 - Policies and procedures further define the circumstances under which MassHealth will revoke access.
- Do not re-use another person's user account by over typing their information with new user information.
 - This is a violation of the VG Terms and Conditions resulting in accounts being disabled.

VG/POSC Account Generic User IDs



- Use the individual's legal first and last name when creating the user ID
 - This ensures the user ID accurately represents the individual and is essential for maintaining the integrity of the end-user's identity
- Do not create generic user IDs, for example
 - First Name: Front
 - Last Name: Desk
 - Creating a user ID of desk
- This creates the appearance that the user ID is shared across multiple users

Primary User Reminders

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

Primary User Policy

- The Executive Office of Health and Human Services (EOHHS) MassHealth Provider Online Service Center (POSC) Primary User Policy, available on mass.gov, explains who Primary Users are, what they are responsible for, and how they must manage user access.
- The policy outlines an enrolled provider's responsibilities for managing access to its information within the Provider Online Service Center (POSC).
 - This includes the requirement to designate Primary User(s) and defines the responsibilities associated with that role.
 - Each provider may designate ***no more than two Primary Users*** per Provider ID/Service Location (PID/SL).
 - The designated Primary User(s) serve as the Provider Organization's system administrators and are responsible for managing user access to the Provider Organization's information in the POSC.

Primary User Policy (continued)

- Ineffective management of this information may allow staff or affiliate organizations to retain access to a provider's information and continue submitting transactions on the provider's behalf after an individual has left employment, changed roles, or after contractual relationships have ended.
 - This creates a risk of unauthorized activity, exposing providers to potential fraud and enabling individuals or entities to misuse the organization's information for personal gain or the benefit of other organizations.
- **Lack of compliance with the Primary User Policy will result in termination of user access by MassHealth**

Responsibilities of Provider Organizations



Each MassHealth enrolled provider organization must have processes in place to protect its information and control who can access it.

- Provider Organizations must update user access promptly when an employee's role changes, when access to POSC services should be added or removed, or when a relationship with an affiliated organization changes.
 - ***This applies to all users, including Primary Users***
- Provider Organizations must conduct a semi-annual or annual review of all POSC user access to confirm that only individuals with a legitimate business need can view, submit, or receive information on the organization's behalf.
 - The POSC includes tools to help organizations complete this review.
 - While MassHealth does not routinely require organizations to submit documentation of these reviews, MassHealth may request this information if there is a suspected security risk or breach.

Responsibilities of Provider Organizations (continued)



- Provider Organizations must ensure that both a Primary User and a Backup Primary User are designated at all times and that these individuals actively manage access to the organization's information.
- Only the designated Primary User and Backup Primary User may manage access to the organization's data, for a **maximum of two individuals.**
- Primary Users can now view which users are assigned the Primary User role and must confirm that no more than two users have this access.
- Provider Organizations should plan to maintain continuous coverage. If a Primary User or Backup Primary User leaves the provider organization or is expected to leave, a replacement must be designated as soon as possible.

Options for Updating Primary User Assignments (slide 1 of 3)

Primary Users can manage this internally in the POSC.

- Under Manage Subordinate Accounts search results will now identify the Primary User(s) via a sortable Indicator in the panel.



Primary User	Subordinate ↑	Username	Created	Linked
	STARK, TONY	tstark2	Jan 30, 2024	May 10, 2025
Y	DOE, JANE	jdoe5	May 8, 2025	May 08, 2025
	PHELPS, MICHAEL	mphelps	Jun 6, 2020	Aug 02, 2025
Y	RAMSEY, GORDON	gramsey3	Sep 5, 2021	May 09, 2025

Buttons: Close, New Subordinate, Link Subordinate

- If the user is no longer at the organization, simply unlink them from the PID/SL.
- If the user is still at the organization but should not have the role, simply remove the role.
- A primary user can also generate an Excel spreadsheet showing this data.



Options for Updating Primary User Assignments (slide 2 of 3)



Primary Users can submit an Existing Provider Modification Data Collection Form to update the primary user on the account.

- If the PID/SL already has more than two Primary Users, it will be rejected and you will need to use one of the other two options.
- If the PID/SL already has two Primary Users, you MUST check off the Replace option and indicate which current primary user is being replaced.
- DCF FAQ Page: [MassHealth Data Collection Form FAQ | Mass.gov](#)

Options for Updating Primary User Assignments (slide 3 of 3)



Submit a Primary User Modification Form when there are too many PID/SLs or if there are not any current primary users in the organization.

- Every PID/SL must have a POSC User ID
- The two Primary Users you want to keep are placed on the form
- [MassHealth Primary User Modification form](#)
- Submit form to Functional.Coordination@mass.gov

For questions please contact:

Long-Term Services and Supports:

Phone: (844) 368-5184 (toll free)

Email: support@masshealthtss.com

Fax: 888-832-3006

All Other Provider Types:

Phone: (800) 841-2900; TTY: 711

Email: provider@masshealthquestions.com

Office of Accountable Care and Behavioral Health (ACBH) Updates

Presented by- Michael Gilleran, Provider Operations Specialist, MassHealth Operations

ACO Changes Effective January 1, 2026

ACO Changes Effective January 1, 2026

Service Area Changes

The following health plan is no longer offered by MassHealth in the following service areas since January 1, 2026

Plan Name	Service Area Removal
WellSense Care Alliance	Brockton Haverhill

Provider Changes

As of January 1, 2026, 30 providers joined or moved in the MassHealth ACO program. These moves affected approximately 20,000 members.

Hospital Changes

As of January 1, 2026, 2 ACOs made 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.

- The Enrollment Guide was 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 thru Friday, 8 am to 5 pm.

ACO Changes Effective January 1, 2026

(continued)

Changes to Available Health Plans in 2026

- As of January 1, 2026, the Tufts Health Together Managed Care Organization (MCO) is discontinued. This affected approximately 20,000 members.
- Members previously enrolled in the Tufts Health Together MCO were re-assigned to the health plan that their primary care provider (PCP) is participating in, if possible. Members received a notification letter about their new health plan assignment, providing additional information about their options, including how to change health plans.
- Leading up to January 1, 2026, MassHealth worked 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 was updated to reflect changes starting January 1, 2026.
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Primary Care Provider Changes (slide 1 of 9)



#	Primary Care Provider	Address	Moved 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 Suite 106 Norwood, MA 02062	Tufts Health Together MCO	WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

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Primary Care Provider Changes (slide 2 of 9)



#	Primary Care Provider	Address	Moved from	to
4	Center for Adolescent and Young Adult Health	100 Medway Rd Suite 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 Suite 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 3 of 9)



#	Primary Care Provider	Address	Moved 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 Suite 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 Suite 1A Arlington, MA 02476	Primary Care Clinician (PCC) Plan and Tufts Health Together MCO	WellSense Care Alliance

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Primary Care Provider Changes (slide 4 of 9)



#	Primary Care Provider	Address	Moved from	to
12	Franklin Family Practice	1280 W Central St Suite 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 Suite 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 Suite 301 Franklin, MA 02038	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 5 of 9)



#	Primary Care Provider	Address	Moved from	to
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
17	HealthFirst Family Care Center, Inc.	387 Quarry St Suite 100 Fall River, MA 02723	WellSense Community Alliance ACO	Community Care Cooperative

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Primary Care Provider Changes (slide 6 of 9)



#	Primary Care Provider	Address	Moved from	to
18	Hopkinton Family Practice	77 W Main St Suite 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

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Primary Care Provider Changes (slide 7 of 9)



#	Primary Care Provider	Address	Moved from	to
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 Suite 204 Westford, MA	Tufts Health Together MCO	WellSense Care Alliance
24	Pediatric Associates of Wellesley, Inc	266 Main St Suite 18 Medfield, MA 02052	Primary Care Clinician (PCC) Plan	Mass General Brigham Health Plan With Mass General Brigham ACO

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Primary Care Provider Changes (slide 8 of 9)



#	Primary Care Provider	Address	Moved from	to
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 Suite 1 Pelham, NH 03076	Tufts Health Together MCO	WellSense Care Alliance
27	Pelham Healthcare Associates DBA Westford Primary Care (site 2)	198 Littleton Road Suite 203 Westford, MA 01886	Tufts Health Together MCO	WellSense Care Alliance

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Primary Care Provider Changes (slide 9 of 9)



#	Primary Care Provider	Address	Moved from	to
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 to 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.

- The Enrollment Guide will be updated to reflect changes starting January 1, 2026.
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 - Visit www.MassHealthChoices.com; or
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WellSense In-House Transition of the Behavioral Health Benefit

WellSense In-House Transition of the Behavioral Health Benefit



On 1/1/26, WellSense took over the operations of its behavioral health benefit from its previous vendor, Carelon.

- WellSense's 8 ACOs and MCO are impacted by this transition.
- There will be a 90-day continuity of care period from 1/1/26-3/31/26, during which all prior authorizations will be honored.
- All claims will be paid for medically necessary Behavioral Health services rendered between 1/1/26-3/31/26, regardless of provider contracting status.
- All claims for dates of service prior to 1/1/26 should be submitted to Carelon, per the previously established process.
- All claims for dates of service on or after 1/1/26 should be submitted to WellSense.

WellSense's FAQ page at [Behavioral health insourcing FAQs | WellSense Health Plan](#) contains further information on credentialing, contracting, using the provider portal for claims submission and PA requests, along with additional resources.

Questions and contracting inquiries can be directed to bhproviders@wellsense.org

Fee-for-Service Provider Directory

Presented by- Michael Gilleran, Provider Operations
Specialist, MassHealth Operations

FFS Directory Updates

- In accordance with the Consolidated Appropriations Act (CAA 2023), MassHealth has expanded the Provider Directory data elements.
- Data elements 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).
- CMS requires that Provider Directory data elements remain current and accurate.

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](tel: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: [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 *

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

Languages

Maintaining Directory Information: Provider Self-Service



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.

- The “Provider Directory Information” update **request** is scheduled to go live on January 30, 2026.
- All providers are required to maintain accurate profiles and update their Directory information when changes occur.
- Additionally, providers who have not provided any Directory information to date will be required to do so using the new self-service option. To review or request an update to your Provider Directory information, visit Provider Self-Service and select “Request Provider File Update”.

Visit: [MassHealth Provider Self-Service](#)

Maintaining Directory Information: Revalidation



- Provider Directory data capture will soon be added to the Revalidation process for all providers.
- During revalidation, contacts will be required to review and update (if applicable) Provider Directory data for each provider via a secure link.
- Capturing directory data during revalidation helps ensure missed updates are addressed; however, providers should continue updating their information promptly when changes occur.
- The new revalidation process is expected to take effect in early Spring of 2026.

Mass.gov Improvements

Presented by- Michael Gilleran, Provider
Operations Specialist, MassHealth Operations

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

CONTACTS

- [What you need](#)
- [How to apply](#)
- [More info](#)
- [Contact](#)

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

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 →](#)

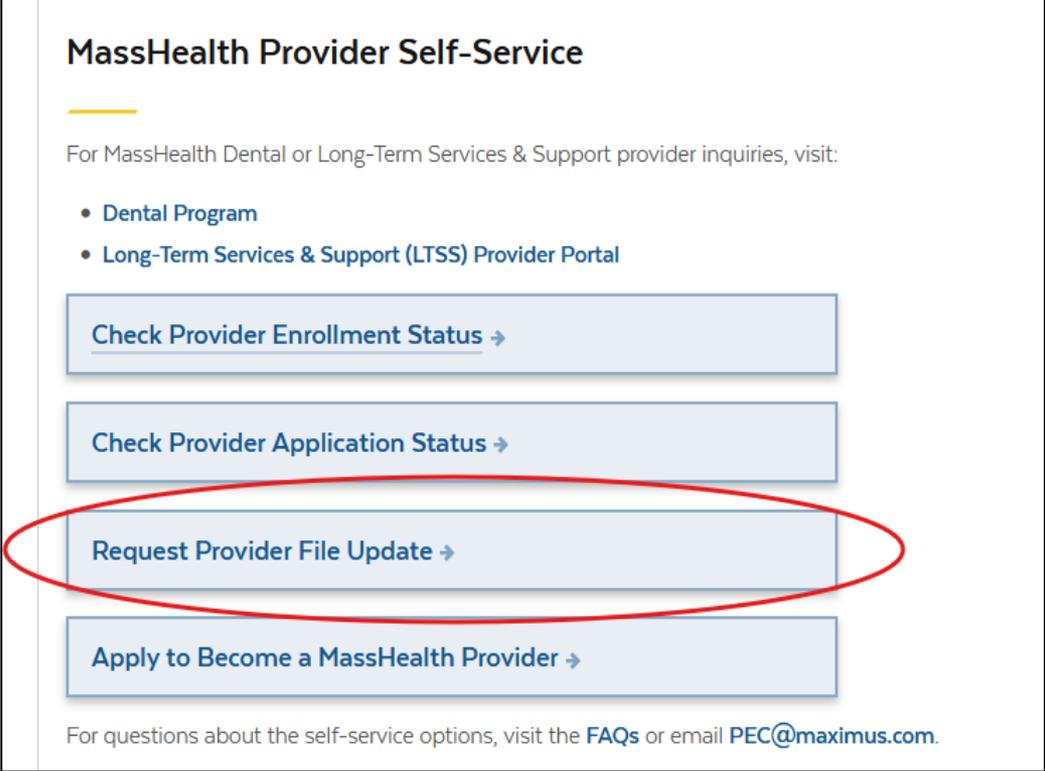
- Providers are reminded that they may request a FFS application on Mass.gov.
- The applications can be sent digitally, or by mail, and will include the provider directory field mentioned previously.

Visit: [Apply to become a MassHealth provider](#)

Updating Provider Files



- 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.

A screenshot of the "MassHealth Provider Self-Service" portal. The page has a white background with a blue header. Below the header, there is a yellow horizontal line. The text "For MassHealth Dental or Long-Term Services & Support provider inquiries, visit:" is followed by two bullet points: "Dental Program" and "Long-Term Services & Support (LTSS) Provider Portal". Below these are four blue buttons with white text and right-pointing arrows: "Check Provider Enrollment Status", "Check Provider Application Status", "Request Provider File Update", and "Apply to Become a MassHealth Provider". The "Request Provider File Update" button is circled in red. At the bottom, there is a footer with the text "For questions about the self-service options, visit the FAQs or email PEC@maximus.com." data-bbox="434 254 975 794"/>

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.

Visit: [MassHealth Provider Self Service](#)

Mass.gov Updates – Group Links/Affiliations



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

Visit: [Linking and Affiliations for Providers](#)

Linking and Affiliations for Providers

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

MassHealth Group Practices are entities that are incorporated as a corporation, limited liability company, or professional corporation under a Federal Employer Identification Number (FEIN). A group practice consists of one or more individuals.

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

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

TABLE OF CONTENTS

- Group Links
- Unlinking from a Group
- Affiliations
- Managed Care Requirements

Group Links

Each MassHealth provider must notify the MassHealth agency of any change to their

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

Mass.gov Updates – Job Aids

- In 2025, MassHealth Job Aids for the Provider Online Service Center (POSC) underwent some new additions and modifications.
- Updates specifically involve the guidance on how to request that a provider be linked/unlinked from a group practice, as well as updated images and written instructions.

Job aids for the Provider Online Service Center

MassHealth has prepared a number of job aids as part of the Provider Online Service Center (POSC) e-Learning courses.

LOG IN TO... ▾

Beneath the name of each functional area listed below are links to the job aids associated with processes within those functional areas.

Important Note: The information on this page applies to all providers, except dental providers who are not oral or maxillofacial surgeons. Dental providers who are not oral or maxillofacial surgeons must contact the MassHealth Dental Customer Service Center at (800) 207-5019 if they have any questions about MassHealth.

TABLE OF CONTENTS

- ✓ [Claims Submission](#)
- ✓ [Eligibility Verification](#)
- ✓ [Health Safety Net \(HSN\)](#)
- ✓ [Management Minutes Questionnaire \(MMQ\)](#)
- ✓ [Pharmacy Claims Submission](#)
- ✓ [Preadmission Screening](#)
- ✓ [Prior Authorization](#)
- ✓ [Provider Information & Navigation](#)
- ✓ [Provider Profile Updates](#)
- ✓ [Provider Security](#)

show more ▾

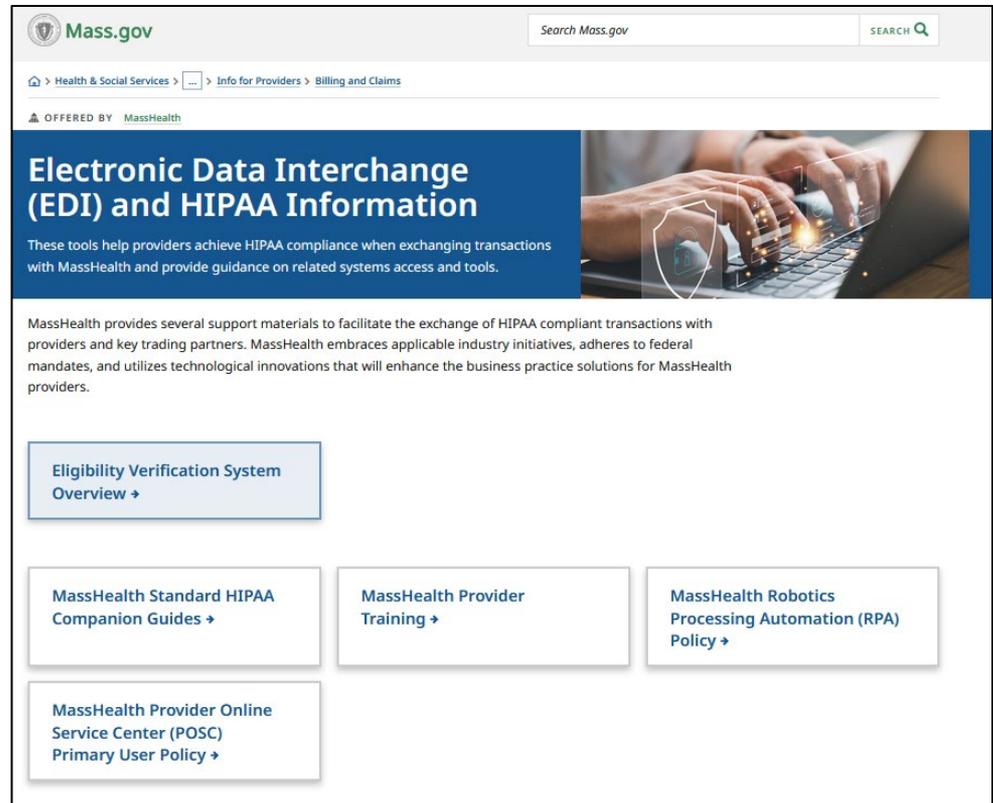
Claims Submission

-  [MassHealth MMIS Job Aid: Copying a Claim](#) (English, PDF 144.23 KB)
-  [MassHealth MMIS Job Aid: Copying a Claim](#) (English, DOCX 231.34 KB)
-  [MassHealth MMIS Job Aid: Replace or Adjust a Paid Claim](#) (English, PDF 434.8 KB)

Visit: [Job aids for the Provider Online Service Center](#)

Mass.gov Updates – EDI Request Form

- 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 offers an online inquiry form to enable more in-depth assistance for providers who are experiencing issues with EDI/HIPAA files.

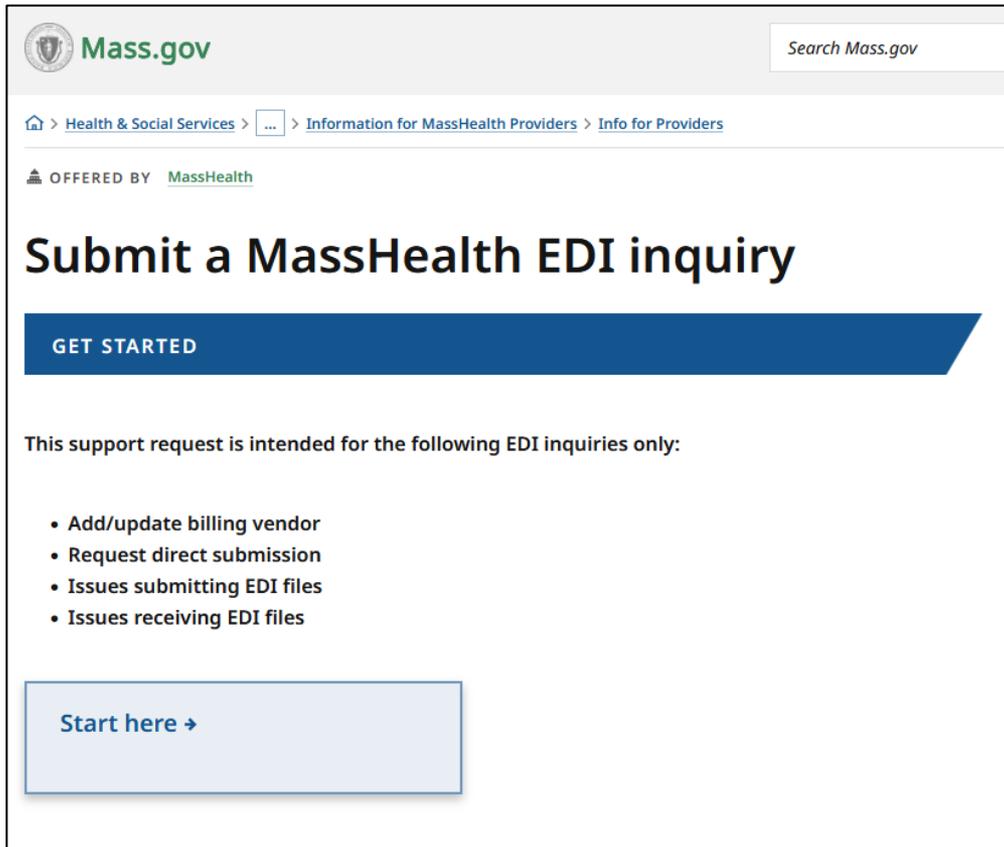


The screenshot shows the Mass.gov website page for "Electronic Data Interchange (EDI) and HIPAA Information". The page header includes the Mass.gov logo, a search bar, and navigation links for "Health & Social Services", "Info for Providers", and "Billing and Claims". The main content area features a blue header with the title and a sub-header: "These tools help providers achieve HIPAA compliance when exchanging transactions with MassHealth and provide guidance on related systems access and tools." Below this, a paragraph states: "MassHealth provides several support materials to facilitate the exchange of HIPAA compliant transactions with providers and key trading partners. MassHealth embraces applicable industry initiatives, adheres to federal mandates, and utilizes technological innovations that will enhance the business practice solutions for MassHealth providers." The page lists five resource boxes: "Eligibility Verification System Overview", "MassHealth Standard HIPAA Companion Guides", "MassHealth Provider Training", "MassHealth Robotics Processing Automation (RPA) Policy", and "MassHealth Provider Online Service Center (POSC) Primary User Policy".

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

Mass.gov Updates – EDI Request Form

(continued)



Mass.gov Search Mass.gov

[Home](#) > [Health & Social Services](#) > ... > [Information for MassHealth Providers](#) > [Info for Providers](#)

OFFERED BY [MassHealth](#)

Submit a MassHealth EDI inquiry

GET STARTED

This support request is intended for the following EDI inquiries only:

- Add/update billing vendor
- Request direct submission
- Issues submitting EDI files
- Issues receiving EDI files

[Start here →](#)

The Electronic Data Interchange (EDI) Inquiry form specifically offers support for:

- Updating/Adding a billing vendor
- Setting up EDI transactions
- Address issues submitting EDI transactions
- Address issues receiving EDI transactions

Visit: [Submit a MassHealth EDI Inquiry](#)

Long-Term Services and Supports

Presented by – Lindsey Klauka Associate Director of
Provider Enrollment Revalidation Training Team

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

There have been 16 provider bulletins published on the MassHealth website: [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: 1/16/2026
 - Home Health Agency Applicant Orientation Training: 4/13/2026
- Quality Forums:
 - Group Adult Foster Care: 1/21/2026

Nursing Facilities Ownership Disclosure Form



- The current supplemental form for Nursing Facilities is being expanded to include ownership information and meet requirements set forth in 101 CMR 206.08(1)(d).
- Nursing Facility Providers will be required to review and update the form on an annual basis. At the time of annual review, the *Nursing Facility Ownership Disclosure Form* will be accessed from Provider Profile. *Providers who are newly enrolled in the last 6 months will not need to complete the annual update.
- Annually, existing providers (*excluding those enrolled in the last 6 months) will receive three reminder emails as the annual review date is approaching. An initial reminder email will be sent 30 days prior to required annual review date with reminder emails following at 10-day intervals.
- Upon implementation, existing providers will be notified via email that an updated form is available and must be completed within 30 days. Optum will send an initial email identifying the regulation and requirement to complete the form within 30 days. Two follow up reminder emails will be sent.

Nursing Facilities Ownership Disclosure Form (continued)



The Nursing Facility Ownership Disclosure Form will have 11 Sections:

1. Supplemental Information
2. Organizational Structure
3. Board of Directors
4. Parent Company
5. Operating Company
6. Property Company
7. Management Company
8. Nursing Facility LLC
9. Financing/Leasing Subsidiary
10. Third Party Vendors
11. Attestation

The information will be retained, and the provider will only have to update information as needed during their yearly review. They will not have to do the whole form over again.

MassHealth Dental Program Vendor Transition

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

MassHealth Dental Program Vendor Transition



- MassHealth Dental Program is transitioning back to DentaQuest on 2/1/2026.
- Providers may log into DentaQuest's website at www.masshealth-dental.org on 2/1/2026 to resume all dental functions.
- DentaQuest's new call center number 866-616-2699.

MassHealth Dental Program Vendor Transition (continued)



- Providers may submit all claims and prior authorization to DentaQuest at www.masshealth-dental.org on 2/1/2026.
- DentaQuest customer call-center will open on Monday 2/2/2026.
- Providers using clearinghouse to submit claims do not need to take any action; claims will route to DentaQuest.

Where to get more information?



The new webpage is now live here: [MassHealth Dental Program Updates | Mass.gov](#).

- Sign up for email updates
- Frequently asked questions

The alert has been published on the following pages:

- [Learn about MassHealth dental benefits | Mass.gov](#)
- [Information for MassHealth Providers | Mass.gov](#)
- [MassHealth | Mass.gov](#)

Payment Error Rate Measurement (PERM) RY 2026

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

PERM RY 2026

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

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



PERM RY 2026 Provider Responsibilities



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

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

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 Updates

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

All Provider Bulletins

Below is a list of bulletins that have been released since the previous Provider Association Forum.

- [All Provider Bulletin 411:Documentation Required for Review of Unlisted CPT Codes](#)
- [All Provider Bulletin 412:Changes in Exclusion of Designated 340B Drugs for MassHealth](#)
- [All Provider Bulletin 413:Interoperability - Prior Authorization Process Changes for the Medical Benefit](#)

Provider Education LMS



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

The Provider LMS delivers:

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



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

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

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

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

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. [Training 3/5/26 and 3/24/26.](#)
- **Claim Denial Reasons and Resolutions:** This session will cover the most common claim denials that MassHealth providers experience and will provide instruction on how to potentially resolve these denials, including the following edits: 1945, 2502, 2020, 850, and 1010. [Training 2/10/26.](#)
- **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. [Training 3/3/26 and 4/7/26.](#)
- **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. [Training 3/17/26.](#)

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!