



Massachusetts Healthcare Training Forum – Provider Services

April 2026

Executive Office of Health & Human Services

Agenda (slide 1 of 2)



1. **Welcome and Agenda Overview** – Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services
2. **Primary Care Clinician Plan / Primary Care ACO Referrals** – Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services
3. **MassHealth Claim Denials** – Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services
4. **Advancing Interoperability and Improving Prior Authorization Processes New Web Page** – Nestor Rivera, Sr. Provider Relations Specialist, MassHealth Business Support Services
5. **One Big Beautiful Bill Act (OBBBA/OB3) Resources on MassHealth** – Michael Gilleran, Sr. Provider Relations Specialist, MassHealth Business Support Services
6. **Mass.gov Improvements** – Michael Gilleran, Sr. Provider Relations Specialist, MassHealth Business Support Services
7. **Provider Self-Service Enhancements** – Michael Gilleran, Sr. Provider Relations Specialist, MassHealth Business Support Services
8. **Long-Term Services and Supports** – Lindsey Klauka, Associate Director of PERT, Optum

Agenda (slide 2 of 2)



9. **MassHealth Robotic Processing Automation (RPA)** – Michelle Croy, Sr. Provider Relations Specialist, MassHealth Business Support Services
10. **MassHealth Updates** – Michelle Croy, Sr. Provider Relations Specialist, MassHealth Business Support Services
 - MassHealth Dental Program Vendor Transition
 - Training Opportunities
 - Bulletins

Primary Care Clinician Plan / Primary Care ACO Referral

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

Primary Care Clinician and Primary Care ACO Referrals



- On August 1st, 2025, the Executive Office of Health and Human Services reinstated referral requirements for MassHealth covered services for the Primary Care ACOs and the PCC Plan.
- Members enrolled in the Primary Care Clinician (PCC) Plan or a Primary Care ACO need a referral from their primary care to receive any MassHealth covered service that requires a referral.
See [130 CMR 450.000: Administrative and Billing Regulations](#)
- MassHealth subsequently published [All Provider Bulletin 406](#) in August 2025 and [All Provider Bulletin 409](#) in October 2025, with updates to services that are exempt from referral requirements for members enrolled in the Primary Care Clinician Plan or Primary Care ACO. A list of services can be found in [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 Identification (NPI) of an authorized individual referring provider.
- 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.
- Details on Ordering, Referring & Prescribing (ORP) requirements, including the list of individual provider types that are considered authorized referring providers can be found in All Provider Bulletins 286, 361, 376, 389 and 391.

Referrals Review Findings

A review of claims denied revealed a high volume of claims denied due to following:

- 3120 Referral Required
- 1200 Referring Provider required

This further highlights the importance of specialists to collaborate with primary care providers to secure referrals and to include the referring provider on their claims.

Provider Support and Resources

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

MassHealth Claim Denials

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

**EDIT 1010 - RENDERING PROVIDER
MUST BE ENROLLED IN THE GROUP
PRACTICE**

Group Practice Claim Submission Requirements



Per 130 CMR 450.302

(B): All claims submitted by a group practice must clearly identify by provider ID/service location number the individual practitioner who actually provided the services being claimed.

(C): A group practice may submit claims only for services provided by individual practitioners who are MassHealth providers and who have been enrolled and approved by the MassHealth agency as a participant in the group.

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

Entity Provider Types



All other provider types billing on a Professional Claim (CMS-1500/837P), should indicate the billing provider NPI as the servicing provider.

This includes, but is not limited to, the following:

- Abortion/Sterilization Clinic
- Ambulatory Surgery Center
- Certified Independent Laboratory
- Community Behavioral Health Center
- Early Intervention
- Family Planning Agency
- Independent Diagnostic Testing Facility
- Mental Health Center
- Psychiatric Hospital
- Radiation Oncology Treatment Center
- Substance Use Disorder Treatment
- Urgent Care Clinic

Edit 1010

Claims will deny for edit 1010 when either of the following is applicable:

- The billing provider is not a group practice, and the rendering/servicing provider ID is different from the billing provider ID
- The billing provider is a group practice, and the rendering/servicing provider is not linked to the group for the given date of service.

March 2026 Denials – Count of NPIs per Provider Type



The following chart displays the count of NPIs that received the edit 1010 denial on claims where the billing provider was not a group practice organization.

Provider Type	Count of NPIs
ABORTION/STERILIZATION CLINIC	2
AMBULATORY SURGERY CENTER	7
CERTIFIED INDEPENDENT LABORATORY	40
COMMUNITY BEHAVIORAL HEALTH CENTER (CBHC)	9
COMMUNITY HEALTH CENTER (CHC)	39
EARLY INTERVENTION	1
FAMILY PLANNING AGENCY	1
INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF)	1
MENTAL HEALTH CENTER	40
PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES)	17
PSYCHIATRIC OUTPATIENT HOSPITAL	3
QMB ONLY PROVIDERS	21
RADIATION ONCOLOGY TREATMENT CENTERS	1
SUBSTANCE USE DISORDER TREATMENT	20
URGENT CARE CLINIC	25

March 2026 Denials – Count of Claims by Provider Type



The following chart displays the count of claims that received the edit 1010 denial on claims where the billing provider was not a group practice organization.

Provider Type	Count of Claims
ABORTION/STERILIZATION CLINIC	4
AMBULATORY SURGERY CENTER	7
CERTIFIED INDEPENDENT LABORATORY	284
COMMUNITY BEHAVIORAL HEALTH CENTER (CBHC)	25
COMMUNITY HEALTH CENTER (CHC)	151
EARLY INTERVENTION	4
FAMILY PLANNING AGENCY	1
INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF)	1
MENTAL HEALTH CENTER	172
PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES)	23
PSYCHIATRIC OUTPATIENT HOSPITAL	3
QMB ONLY PROVIDERS	27
RADIATION ONCOLOGY TREATMENT CENTERS	2
SUBSTANCE USE DISORDER TREATMENT	58
URGENT CARE CLINIC	31

March 2026 Denials – Group Practice Organizations



The following chart displays the count of claims and NPIs that received a 1010 denial.

Provider Type	Count of NPIs	Count of Claims
GROUP PRACTICE ORGANIZATION	1566	3208

EDIT 1945 - BILLING PROVIDER NPI IS MAPPED TO MULTIPLE SERVICE LOCATIONS

Edit 1945 Denials

- The 1945 denial occurs when the MMIS is unable to determine the appropriate Provider ID/ Service Location (PIDSL) for where the service was rendered due to a mismatch of information on the claim and the provider's profile in the MMIS system.
- This error typically occur when the provider uses HIPAA Batch Claim Transactions (837s) to submit their claims. All claims in a batch file will deny for this error.
- The error description that would appear on the MassHealth Remittance Advice (RA) is: *1945 – Billing Provider NPI Is Mapped To Multi Serv Loc*

NPI Crosswalk

An NPI crosswalk is the process the MMIS system performs to identify the appropriate PID/SL for a submitted claim. This process occurs when the following conditions are met:

- There are multiple service locations (PID/SLs) enrolled with the same NPI, and
- There are multiple service locations with the same DBA address, and/or
- There are multiple service locations with the same taxonomy code.

The MMIS logic for the NPI crosswalk is in the following order:

1. Claim Type/Type of Bill
2. Taxonomy
3. Billing provider address

Claim Type / Type of Bill (TOB)



This data element is only applicable for provider types that submit both Professional (CMS-1500) and Institutional (UB-04) claims.

MassHealth enrolls inpatient and outpatient providers as separate service locations, and provider organizations may also enroll a group practice for professional services:

- 110000000/A – Inpatient
- 110000000/B – Outpatient
- 110000000/C – Group Practice

MassHealth's HIPAA Companion Guides specify the appropriate claim type for a given provider type and service.

Claim denials may occur if a provider submits a claim under the wrong claim type for the provider type and service.

Example: Outpatient submitting Inpatient claims

Taxonomy Codes



MassHealth does not allow providers to self-identify their taxonomy code(s).

MassHealth assigns taxonomies to providers upon enrollment based on the specialty of the provider.

MassHealth billing providers should not include a taxonomy code on their claims unless instructed to do so.

If the taxonomy on a claim does not match the assigned taxonomy on the provider's profile, then the claim may not process correctly.

This data is contained in the 837 2000A loop and PRV03 segment.

Billing Provider Address



MassHealth providers are required to indicate the DBA service address where services were rendered (field 32 on the CMS -1500) in the billing provider address loops of their 837 files.

Example: 837P

Loop	Segment	Value
2010AA	N301	Address
2010AA	N401	City
2010AA	N402	State
2010AA	N403	Zip Code

If the address information on the claim(s) does not match the billing provider's address on file, then the system may not be able to properly identify the correct PID/SL.

See the [MassHealth Standard HIPAA Companion Guides](#) for details.

Claim Denial Resolution



If claims are denying for 1945, you must validate the information contained in the 837 file:

1. When did the denials start?
2. Was information changed on the 837 file(s) prior to the denials:
 - a) Is the correct claim type/type of bill being used?
 - b) Is a taxonomy code being included when MassHealth has not instructed the provider to do so?
 - c) Does the address information on claim match address information on provider's profile?

Once the discrepancy has been identified, make the appropriate changes to the 837 file to resolve the denials.

March 1945 Claim Denials

Provider Type	Week end 3/7/26	Week end 3/14/26	Week end 3/21/26	Week end 3/28/26
COMMUNITY HEALTH CENTER (CHC)	5235	11541	6459	0
MENTAL HEALTH CENTER	97	2339	1472	478
SUBSTANCE USE DISORDER TREATMENT	1	0	0	0
HOME HEALTH AGENCY	173	0	0	0
ADULT FOSTER CARE / GROUP ADULT FOSTER CARE	28	999	0	0
GROUP PRACTICE ORGANIZATION	2996	5227	3650	3090
NURSING FACILITY	0	1483	1	0
DAY HABILITATION	0	4043	4294	0
COMMUNITY BEHAVIORAL HEALTH CENTER (CBHC)	0	1318	0	0

Advancing Interoperability and Improving Prior Authorization Processes New Web Page

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

General Overview



On January 17, 2024, the Centers for Medicare & Medicaid Services (CMS) issued the Advancing Interoperability and Improving Prior Authorization Processes Final Rule (the “Final Rule”).

The rule required that MassHealth implement the prior authorization disposition timelines by January 1, 2026, and make a series of prior authorization metrics available to CMS and the public by March 31, 2026.

The rule also requires that MassHealth update the existing Patient Access API with prior authorization data and launch the Provider Access, Payer-to-Payer and Prior Authorization APIs effective 1/1/2027.

New Resources On Mass.gov



Item	Link
Interoperability Landing Page	<u>MassHealth's Implementation of Interoperability and Prior Authorization Requirements Mass.gov</u>
CMS Interoperability Requirements Overview	<u>CMS Interoperability Requirements Mass.gov</u>
Prior Authorization Process Changes and Metrics	<u>MassHealth Interoperability Project Prior Authorization Process Changes and Metrics Mass.gov</u>

Interoperability Landing Page



[MassHealth's Implementation of Interoperability and Prior Authorization Requirements | Mass.gov](#)

The Mass.gov Interoperability and Prior Authorization page is where you can find links that provide:

- A General Overview
- Information for Members
- Information for Providers
- Information for Developers

MassHealth's Implementation of Interoperability and Prior Authorization Requirements

Here you can find information about MassHealth's adoption of the CMS Advancing Interoperability and Improving Prior Authorization Processes Final Rule.

On January 17, 2024, the Centers for Medicare & Medicaid Services (CMS) issued the Advancing Interoperability and Improving Prior Authorization Processes Final Rule (the "Final Rule"). This Final Rule requires MassHealth to implement several Application Programming Interfaces (APIs), improve the timelines for processing prior authorizations, and make certain metrics annually available. The Final Rule also allows MassHealth members to have more access to their health care information through a third-party application of their choice.

General Overview

[CMS Interoperability Requirements →](#)

[Calendar Year 2025 Prior Authorization Metrics →](#)

What you need to know: Members

[Patient Access API →](#)

[Provider Directory →](#)

What you need to know: Providers

[Prior Authorization Process Changes and Metrics →](#)

What you need to know: Developers

[Provider Directory API →](#)

General Overview Selections



General Overview

[CMS Interoperability Requirements →](#)

[Calendar Year 2025 Prior Authorization Metrics →](#)

CMS Interoperability Requirements

The Advancing Interoperability and Improving Prior Authorization Processes Final Rule requires MassHealth to improve access to health care information for members, providers, and other payers.

[CMS Interoperability Requirements webpage](#)

Calendar Year 2025 Prior Authorization Metrics

For a list of all items and services that require a Prior Authorization, please review Subchapter 6 of the MassHealth provider manuals.

[Calendar Year 2025 Prior Authorization Metrics](#)

What Members Need to Know



What you need to know: Members

[Patient Access API →](#)

[Provider Directory →](#)

MassHealth Patient Access Application Programming Interface:

MassHealth may be able to share certain health care information with members through a third-party app.


[MassHealth Patient Access Application Programming Interface webpage](#)

Important: MassHealth did not create the third-party apps discussed on this web page and wants members to be able to make informed decisions about using them. If members choose to use a third-party app to access their health care information, MassHealth will provide the members health care information to that app through a Patient Access Application Programming Interface (API). It's up to the member to decide if they want to use a third-party app, and which third-party app they choose. MassHealth does not endorse or recommend one third-party app over another. MassHealth is not responsible for the use of a third-party app and **is not responsible for any outcomes from that use.**

What Members Need to Know: Provider Directory



Members can click the provider directory button to find doctors in the MassHealth network.

 [Provider Directory](#)

Provider directory

Find MassHealth doctors, hospitals, other providers, or services near you

You can use this directory if one of the following applies.

- You are not enrolled in a MassHealth health plan (this means you are in MassHealth "Fee-For-Service"). Fee-For-Service members only have a MassHealth ID card and not a separate MassHealth health plan ID card.
- You are enrolled in one of these MassHealth health plans:
 - Community Care Cooperative (C3)
 - Revere Health Choice
 - Primary Care Clinician (PCC) Plan
- You are enrolled in a MassHealth health plan not listed above and you are looking for a covered service or a provider for a covered service that is covered by MassHealth (instead of covered by your health plan).
 - Your health plan or health plan Enrollee Handbook can tell you if a covered service is covered by MassHealth or covered by your health plan.

If you do not know if you are enrolled in a MassHealth health plan or are in MassHealth Fee-For-Service, we can help you. Call MassHealth Customer Service at [\(800\) 841-2900](tel:800-841-2900) TDD/TTY:711

Need a dentist?

If you are a MassHealth member and you need 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 →

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](#).

If you are a developer looking for the Provider Directory Application Programming Interface (API), please navigate to the [MassHealth Provider Directory API webpage](#).

What Providers Need to Know



Prior Authorization Process Changes and Metrics

Learn about MassHealth's implementation of prior authorization process changes and metrics issued in the Advancing Interoperability and Improving Prior Authorization Processes Final Rule.

[Prior Authorization Process Changes and Metrics webpage](#)

The screenshot shows the Mass.gov website interface. At the top, there is a dark blue navigation bar with a 'Menu' icon, 'Select Language' dropdown, and 'State Organizations' link. Below this is a light gray header with the 'Mass.gov' logo and a search bar containing 'Search Mass.gov' and a 'SEARCH' button. The breadcrumb trail reads: 'Home > Health & Social Services > ... > MassHealth Initiatives > Implementation of Interoperability Final Rule'. Below the breadcrumb, it says 'OFFERED BY MassHealth'. The main heading is 'Prior Authorization Process Changes and Metrics'. The subtext reads: 'Learn about MassHealth's implementation of prior authorization process changes and metrics issued in the Advancing Interoperability and Improving Prior Authorization Processes Final Rule.' There is a 'LOG IN TO...' dropdown button. A green 'TABLE OF CONTENTS' bar is followed by a list of links: 'Background', 'Prior Authorization (PA) Changes', 'Metrics Reporting', 'Additional Resources', and 'Questions?'. Each link is preceded by a checkmark icon.

What Developers Need to Know



Provider Directory API

A developer can request to establish a connection with MassHealth's Provider Directory API using the hyperlinks on this page to

[Provider Directory API webpage](#)

The screenshot shows a web page on Mass.gov. At the top, there is a search bar with the text "Search Mass.gov" and a "SEARCH Q" button. Below the search bar is a breadcrumb trail: "Home > Health & Social Services > ... > MassHealth Initiatives > Implementation of Interoperability Final Rule". Underneath the breadcrumb is a section labeled "OFFERED BY" with a link to "MassHealth". The main heading is "Provider Directory API". Below the heading is a paragraph: "If you are a developer, use the following hyperlinks to request to establish a connection with MassHealth's Provider Directory API." There are two buttons: "Developer Portal →" and "Provider Directory Implementation Guide →". At the bottom, there is a note: "If you are a member looking for the Provider Directory, please navigate to the [MassHealth Provider Directory](#)."

Impact of the One Big Beautiful Bill Act (OBBBA/OB3) on MassHealth

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

Background on Federal Medicaid Changes (slide 1 of 2)



FOR DISCUSSION ONLY. SUBJECT TO CHANGE BASED ON CMS GUIDANCE AND FURTHER ANALYSIS



What is OB3?

- In July 2025, the One Big Beautiful Bill Act (known as OBBBA, or OB3) was signed into law.
- **This law includes major changes to Medicaid (which in Massachusetts is MassHealth).**
- OBBBA also made large changes to Health Connector coverage, SNAP, Medicare, and more.
- MassHealth is legally required to follow federal law, which means that we must implement these changes.



When do the new rules begin?

- The new rules do not all happen right away.
- **The biggest changes affecting MassHealth members don't start until Fall 2026.**

Background on Federal Medicaid Changes (slide 2 of 2)



FOR DISCUSSION ONLY. SUBJECT TO CHANGE BASED ON CMS GUIDANCE AND FURTHER ANALYSIS



How will MassHealth members be affected?

- **The new federal rules will only affect certain members. Some members will not see any changes.**

The largest impacts will be for some adults ages 19 to 64 and certain immigrants.

- To fully understand the impact of federal changes, MassHealth needs guidance from the federal government. **We expect to get this guidance in June 2026.**
- We will keep members and stakeholders informed of the upcoming changes. **We will begin communicating with affected members starting in Summer 2026.**

How is MassHealth responding to OB3?



- MassHealth's priority is maintaining coverage and care for as many Massachusetts residents as possible, while complying with these new federal requirements and remaining good stewards of taxpayer dollars. We are committed to working with the legislature, sister agencies, providers, plans, our member advisory council, and other stakeholders to navigate changes imposed by OB3.
- While we wait to receive more detailed guidance from the Centers for Medicare & Medicaid Services (CMS), MassHealth is currently:
 - Not making any changes for MassHealth members, providers, or plans until we are required to. As we get closer to the start dates for work requirements and more frequent eligibility checks, MassHealth will get in touch directly with impacted members, using notices, robocalls, text messages, or other means of communication.
 - Planning to communicate with and train MassHealth staff, community partners, providers, and stakeholder groups who are uniquely positioned to help MassHealth members navigate these new requirements.

Stay Informed

- Are you an employer, nonprofit, provider, plan, or other stakeholder who wants to stay up to date on federal changes that impact MassHealth? We want to keep in touch – [sign up for our email list](#) to keep informed.
- Visit Mass.gov at the [MassHealth Federal Updates and Impact webpage](#) to learn more.

Application Changes and Mass.gov Improvements

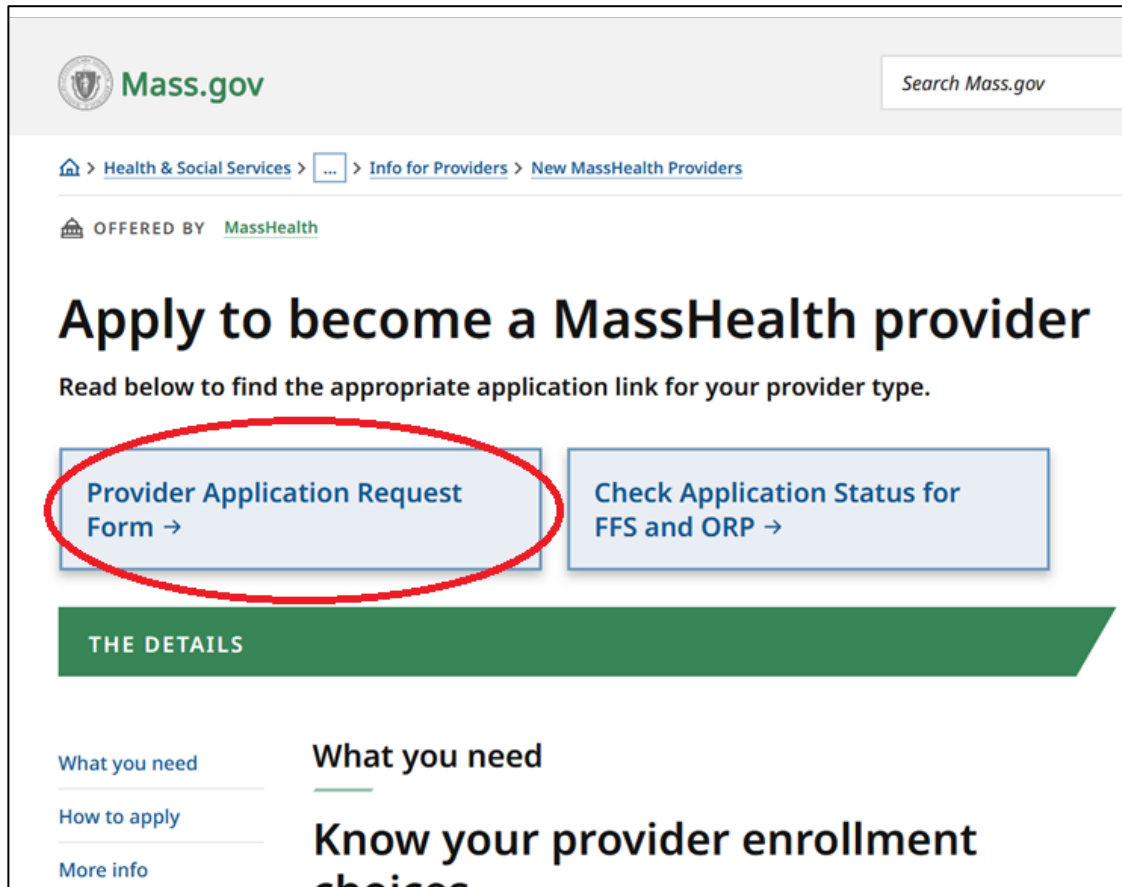
Presented by - Michael Gilleran, Sr. Provider Relations
Specialist, MassHealth Business Support Services

Application Changes

Due to the expanded data elements that will be added to the Provider Directory, provider applications are being modified to include questions that collect this information. The following applications have been updated so far:

- Medical Practitioner
 - This application comprises of most individual provider types (physicians, nurse practitioners, social workers, etc.)
- Group Practice Application
- Doula Provider (Individual)
- Doula Provider (Group)
- Acute Hospital
- Pharmacy

Application Requests on Mass.gov

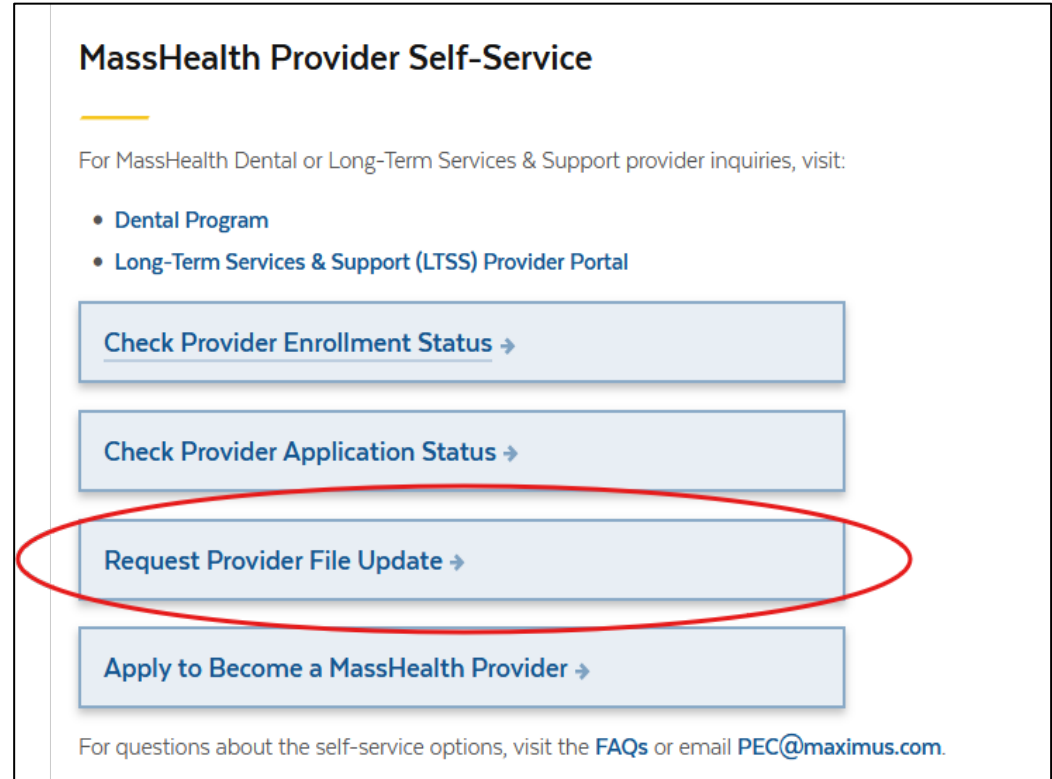
A screenshot of the Mass.gov website. At the top left is the Mass.gov logo. To the right is a search bar labeled "Search Mass.gov". Below the logo is a breadcrumb trail: "Home > Health & Social Services > Info for Providers > New MassHealth Providers". Below the breadcrumb is a small icon and the text "OFFERED BY MassHealth". The main heading is "Apply to become a MassHealth provider". Below the heading is the text "Read below to find the appropriate application link for your provider type." There are two buttons: "Provider Application Request Form ->" (circled in red) and "Check Application Status for FFS and ORP ->". Below the buttons is a green bar with the text "THE DETAILS". At the bottom, there are two columns of text: "What you need" and "How to apply" on the left, and "What you need" and "Know your provider enrollment choices" on the right.

- In order to be in compliance with CMS and MassHealth regulations, providers are reminded that they must complete and current versions of MassHealth applications
- Providers are reminded that they may request a FFS application on Mass.gov

Visit: [Apply To Become A MassHealth Provider webpage](#)

Updating Provider Files

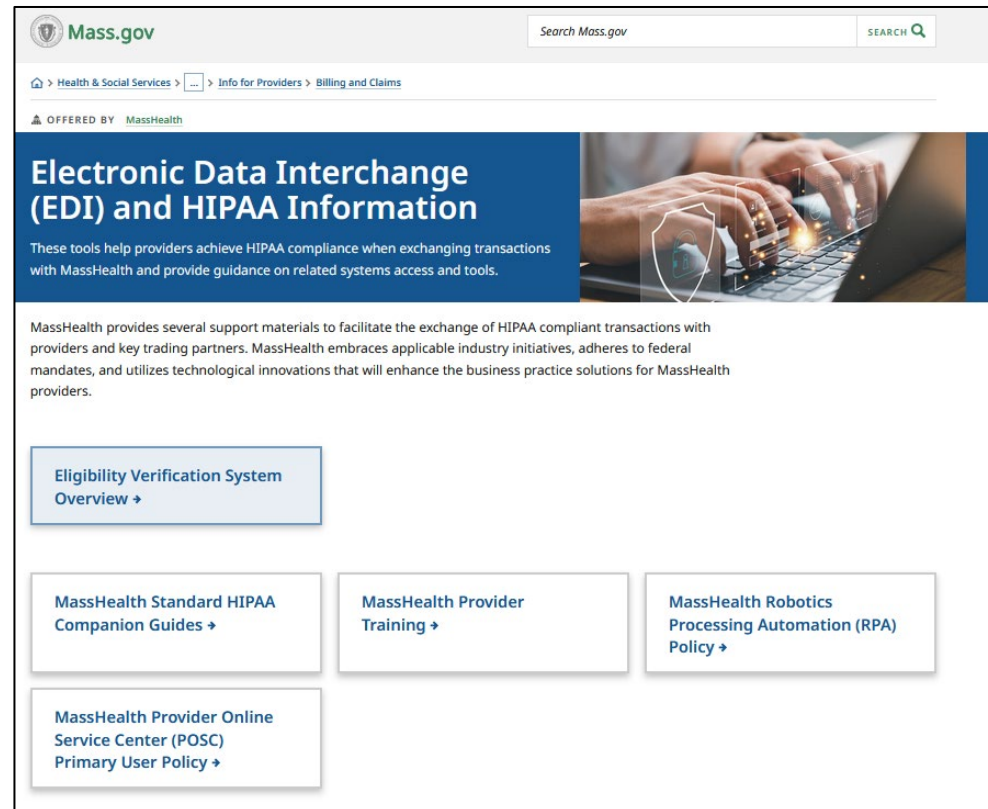
- MassHealth providers are advised that any changes to their information will require they submit an update request.
- Provider files should be updated whenever there is a modification to information such as addresses, employers, or any information that differs from when the application was first processed.

A screenshot of the "MassHealth Provider Self-Service" webpage. 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 light blue buttons with rounded corners and a right-pointing arrow. The buttons are labeled: "Check Provider Enrollment Status", "Check Provider Application Status", "Request Provider File Update", and "Apply to Become a MassHealth Provider". A red oval is drawn around the "Request Provider File Update" button. At the bottom of the page, there is a footer text: "For questions about the self-service options, visit the FAQs or email PEC@maximus.com."

Visit: [Provider Self Service webpage](#)

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



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

Mass.gov Updates – EDI Request Form continued

A screenshot of the Mass.gov website showing the "Submit a MassHealth EDI inquiry" page. The page includes a search bar, breadcrumb navigation, and a list of supported EDI inquiries. A blue "GET STARTED" button is visible, and a "Start here" button is at the bottom.

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

[Submit a MassHealth EDI Inquiry webpage](#)

Provider Self-Service Enhancements

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

Provider Self-Service (PSS): Directory Requirements



Request Provider File Update

Click on desired update type:

- [Address](#)
- [Affiliations/links](#)
- [Change to Pay](#)
- [Contact Information](#)
- [DEA](#)
- [Disenrollment](#)
- [Federally Required Disclosures](#)
- [License](#)
- [Medicare](#)
- [Name, DBA](#)
- [Name, Legal](#)
- [Provider Directory Information](#)
- [Referring Provider - Add or Remove](#)

Visit: [Provider Self Service webpage](#)

- The PSS **Provider Directory Information** update request went live in January 2026
- Under the Consolidated Appropriations Act (CAA 2023), MassHealth providers must keep their profiles accurate and update Directory information when changes occur
- Existing providers without Directory information must submit an update request
- The following Directory elements are required by CMS from providers:
 - Languages Spoken
 - Telehealth
 - Accepts New Patients
 - Accessibility Accommodations
 - Website

Provider Self-Service (PSS): Application Requests



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 →

- Fee-for-Service (FFS) providers should use this form to request a MassHealth provider application
- Before submitting an application request, providers should use the **Check Provider Enrollment Status & Check Provider Application Status** options to avoid submitting duplicate applications
- Note: PSS does **not** currently support ORP application requests.
- Eligible providers who wish to enroll as ORP can download the application and contract here: [Nonbilling ORP Provider Contract and Application](#)

Visit: [Provider Self Service webpage](#)

Provider Self-Service (PSS): Application Requests continued



- New enhancements to the request form now show a provider's enrollment status and program (if applicable) and provide additional guidance for application selection

Provider Info

NPI	PIDSL	Provider Name	Provider Type	Status	Program	Notes
██████	██████	██████	Physician	Enrolled	Fee-for-Service (FFS)	<ul style="list-style-type: none"> If provider has joined a new group practice, use the Affiliations/Links option at the Provider File Update Request to link the provider to their new group practice. A new Fee-for-Service (FFS) application should not be submitted unless the provider needs to re-enroll under a new Provider Type or Tax ID.

Application Type *

	Type	Notes
<input type="radio"/>	Fee-for-Service (FFS), No-Pay	Applicant is part of a group practice and not practicing independently.
<input type="radio"/>	Fee-for-Service (FFS), Pay	Applicant is practicing independently and intends to bill MassHealth directly.
<input type="radio"/>	Fee-for-Service (FFS), Pay and Primary Care Clinician Plan (PCC)	Applicant is interested in becoming a PCC in the MassHealth Primary Care Clinician Plan and meets provider type requirements. For more information, visit Apply to become a MassHealth Primary Care Clinician .
<input type="radio"/>	Qualified Medicare Beneficiary (QMB) Only	Applicant will only submit crossover claims for qualified Medicare beneficiaries.

1 - 4 of 4 items

Provider Self-Service (PSS): Updating Contact Information



Request Provider File Update

Click on desired update type:

- Address
- Affiliations/links
- Change to Pay
- **Contact Information**
- DEA
- Disenrollment
- Federally Required Disclosures
- License
- Medicare
- Name, DBA
- Name, Legal
- Provider Directory Information
- Referring Provider - Add or Remove

- Providers and organizations or vendors acting on their behalf should use the “**Contact Information**” update request to ensure MassHealth has a valid provider contact
- MassHealth FFS providers are required to revalidate every 5 years, and updated contact information is required for revalidation
- Providers without a known or responsive contact **are at risk of disenrollment** at revalidation

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

There have been 12 provider bulletins published on the MassHealth website: [MassHealth Provider Bulletins webpage](#)

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:

- Recent Trainings:
 - Continuous Skilled Nursing Training: 4/07/26
 - Home Health Agency Applicant Orientation Training: 4/13/2026
- Quality Forums:
 - Durable Medical Equipment and Oxygen & Respiratory Therapy: 4/27/2026

Training Videos for Enrollment Process



Optum has been creating microburst (short, focused) training videos for MassHealth LTSS providers that guide them through the application process, required forms, and improving efficiency.

- These microbursts are 2–5-minute training videos that:
 - Walk providers through each step of the LTSS application process
 - Highlight required forms and common errors
 - Improve submission accuracy and processing efficiency
- Current microbursts that are available:
 - W9
 - Electronic Funds Transfer Form
- Next to be released are:
 - Federal Required Disclosure Form (FRDF) for entities and individuals
 - Durable Medical Equipment (DME) application
 - Independent Nurse application

Training Videos for Enrollment Process continued



[Home](#) [Provider Resources](#) [Provider Information](#) [FAQS](#) [Contact](#)

Provider Education & Trainings

Provider Application Tutorial Videos

MASSEALTH LTSS SCHEDULED CHANGE WINDOW

Please be aware that due to a planned update to the MassHealth portal from 7:30 PM ET Wednesday, March 25th 2026 until 6:00 AM ET Thursday, March 26th 2026, there may be disruption of portal usability during this window. We apologize for any inconvenience and appreciate your understanding.

MassHealth LTSS Provider Portal

Use this portal to enroll as MassHealth LTSS provider, manage your profile, submit updates, complete training evaluations and view educational and training resources from previous trainings. Register to get started!
[For the Provider Portal Registration Instructions Please Click Here](#)

Register

Login



Provider Application Tutorial Videos

MA W-9 form tutorial video



EFT form tutorial video



MassHealth Robotic Processing Automation (RPA)

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

MassHealth Robotics Processing Automation (RPA)

MassHealth requires all providers, relationship entities, and business partners (“organizations”) that use—or plan to use—Robotic Process Automation (RPA) tools (i.e., bots) on the MMIS Provider Online Service Center (POSC) to register each bot with MassHealth. Registration must be completed by submitting a request for approval.

If an organization is currently using a bot and has not submitted an RPA registration request, it is out of compliance with MassHealth’s RPA policy and may be subject to termination of user access. Organizations must contact MassHealth immediately to initiate a Stage I RPA registration request. ([MassHealth Robotics Processing Automation \(RPA\) Policy](#))

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

MassHealth Robotics Processing Automation (RPA) Annual Validation



MassHealth will be conducting its annual validation of compliance for all organizations approved to use Robotic Process Automation (RPA) tools (bots) on the Provider Online Service Center.

What to expect:

- MassHealth will contact all approved organizations and share the RPA information currently on file.
- Organizations will be required to review, validate, and attest that their use of RPA tools remains compliant with MassHealth policy.
- Any organization that has modified a bot without prior MassHealth approval must submit an RPA Modification Form for review.

For more information, please visit the MassHealth Robotic Process Automation Policy webpage ([MassHealth Robotics Processing Automation \(RPA\) Policy](#)) to review policy requirements and instructions for submitting an RPA registration or modification request for approval.

External User Access

MassHealth performs on-going reviews of user access to ensure compliance with security and access management requirements. These reviews may include but are not limited to the following:

- Users who have not accessed the system for an extended period
- Provider IDs/Service Locations (PID/SLs) with more than two primary users
- Users associated with PID/SLs that have been inactive for more than one year
- System accounts to support point-to-point connectivity
- RPA (bot) access
- Instances where users may be accessing the system using another individual's account
- Generic or shared accounts

In addition, MassHealth will reinforce expectations for primary users, including how to regularly audit user access and remove access for individuals who are no longer with their organization.

MassHealth Updates

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

Immunization Updates



[Register for the 2026 Immunization Updates](#), a series of webinars for health care providers.

Need more information? [Be sure to check out our website for more details.](#)

These live webinars take place on Wednesdays in May and June, from noon to 1 p.m. (unless otherwise noted).

Wednesday, May 6: Epidemiology of Vaccine Preventable Diseases in Massachusetts

Wednesday, May 20: Vaccine Confidence

Wednesday, May 27: MIIS - Massachusetts Immunization Information System

Wednesday, June 3: Vaccine Program Compliance: Storage and Handling

Wednesday, June 10: Immunization 101

Wednesday, June 17: Immunization Schedule Updates

- Childhood Immunization Schedule: 11:30 a.m.-12:15 p.m.
- Adult Immunization Schedule: 12:20-1:05 p.m.

MassHealth Dental Program Vendor Transition



- DentaQuest became MassHealth's dental program third-party administrator (TPA) on February 1, 2026
- The previous dental TPA, BeneCare, administered the MassHealth dental program through January 31, 2026

Where to get more information?

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

On this page you can find:

- Dental Provider Training and Support
- Post-Transition Claims Remediation
- Frequently asked questions
- Sign up for email updates

All Provider Bulletins

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

- [All Provider Bulletin 414: Changes in Exclusion of Designated 340B Drugs for MassHealth Fee-for-Service Coverage](#)
- [All Provider Bulletin 415: Update to MassHealth Coverage of Speech-Generating Devices and Review of Coverage for Augmentative and Alternative Communication-related Services](#)

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. [Maximus New Provider Orientation webinar registration](#)
- **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. [Maximus Office Hours - Billing and Claims webinar registration](#)
- **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. [Maximus Office Hours - Enrollment and Revalidation webinar registration](#)

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 LMS webpage](#)

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

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](#)