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## January

01/28/2025

### *END STAGE RENAL DISEASE AND MEDICARE CLAIM ADJUSTMENTS*

Medicare recently notified MassHealth that it will be adjusting certain End Stage Renal Disease (ESRD) claims for members in Medicare’s ESRD Treatment Choice Model. The adjustments start on January 20, 2025. Renal Dialysis providers are reminded that Medicare claim adjustments do not automatically cross over to MassHealth. Providers should adjust the crossover claim previously paid by MassHealth and include the revised Medicare adjudication information on the claim.

If you have questions, please contact MassHealth at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com) or (800) 841-2900.

### ***UPDATE FOR QUARTERLY DRUG CODE RATES EFFECTIVE JANUARY 1, 2025***

MassHealth has completed the rate updates for the January 1, 2025, quarterly drug codes. The impacted claims will be reprocessed and/or adjusted and will appear on a future remittance advice.

If you have questions, please contact MassHealth at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com) or (800) 841-2900.

01/14/2025

### ***BEHAVIORAL HEALTH PROVIDER LISTENING SESSIONS***

We invite MassHealth behavioral health providers to several provider listening sessions hosted by UMass Chan Medical School. We'd like your input about successes you've had and improvements you'd like to see in best serving members with Serious Mental Illness/Serious Emotional Disturbance (SMI/SED) and/or Substance Use Disorder (SUD).

Please see the information below about these listening sessions and how to register.

#### **SMI/SED Listening Session:**

When: Time: January 28, 2025, at 9:15-10:45am EST

Where: Zoom

Register at [https://umassmed.co1.qualtrics.com/jfe/form/SV\\_1SKg4PLjnAZ7aRw](https://umassmed.co1.qualtrics.com/jfe/form/SV_1SKg4PLjnAZ7aRw)

Topics will include:

- Quality of care in psychiatric hospitals and residential settings
- Care coordination and transitions to community-based care
- Access to crisis stabilization and the full continuum of mental health service
- Early identification and engagement in treatment for mental health

#### **SUD Listening Session:**

When: January 21, 2025, at 9:15-10:45am EST

Where: Zoom

Register at [https://umassmed.co1.qualtrics.com/jfe/form/SV\\_1TgULwA0smC5SOa](https://umassmed.co1.qualtrics.com/jfe/form/SV_1TgULwA0smC5SOa)

Topics will include:

- Access to critical levels of care for opioid use disorder (OUD) and other SUDs
- Use of evidence-based, SUD-specific patient placement criteria
- Use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities
- Sufficient provider capacity at critical levels of care including for medication assisted treatment for OUD
- Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD
- Improved care coordination and transitions between SUD levels of care

Your voice is essential to ensure that the behavioral health system continues to meet the needs of our communities. Please join us in this important conversation!

For questions or more information, contact Sue Pfefferle at [susan.pfefferle@umassmed.edu](mailto:susan.pfefferle@umassmed.edu).

### ***PSYCHIATRIC DAY TREATMENT CENTER SERVICES PROVIDER LISTENING SESSION***

MassHealth is beginning its biennial review of rates for services governed by 101 CMR 307.00: Rates for Psychiatric Day Treatment (PDT) Center Services. In anticipation of this review, MassHealth will host a virtual provider listening session on Wednesday, January 22, 2025, from 1:00-3:00 pm. This listening session is part of the biennial rate review process and is separate from other provider engagement activities currently taking place regarding PDT services.

#### Listening Session Information:

Topic: 101 CMR 307.00: Rates for Psychiatric Day Treatment Center Services Provider Session

Date & Time: January 22, 2025, at 1:00-3:00 pm EST

Join Zoom Meeting: <https://zoom.us/j/93587126389?pwd=ArY82nxq60ABm89hNetYsdBC2n2jhU.1>

Meeting ID: 935 8712 6389

Passcode: 615533

MassHealth invites all providers of these services to attend and provide information they would like MassHealth to consider during the rate review. If you plan to attend and speak, please email Paul Velho ([paul.velho@mass.gov](mailto:paul.velho@mass.gov)) by the end of the day on Monday, January 20, 2025. (There will also be time for comments from those who have not sent notification in advance.)

MassHealth also encourages the submission of written feedback from providers who cannot attend the session or who would like to provide more detailed information. Please email any written feedback to by Paul Velho ([paul.velho@mass.gov](mailto:paul.velho@mass.gov)) by the end of the day on Friday, January 24, 2025. Comments provided at the session will not automatically be part of the official public hearing process. The public hearing will be held later for this regulation when providers can submit official testimony.

### ***RETROACTIVE CLAIMS ADJUSTMENT FOR CERTAIN CSN PROCEDURE CODES WITH MODIFIER U6***

MassHealth was made aware that certain continuous skilled nursing (CSN) procedure codes when billed with modifier U6, for CSN training time, were paying at a lower and incorrect rate. MassHealth has since corrected its claims system, so all CSN procedure codes billed with modifier U6 pay the correct rates as established in 101 CMR 361.00.

MassHealth has also reprocessed all submitted claims to correct the training time rate. Providers should expect to see these adjustments on or after January 10, 2025.

For more information regarding CSN training time units, please see CSN Agency Bulletin 19 at <https://tinyurl.com/e7z2hjz>. As a reminder, MassHealth pays for training time units delivered during the week, Monday through Friday at the standard weekday rate, and will not pay night rates during the week for training time units.

If you have questions, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

### ***UPDATED: VIRTUAL GATEWAY (VG) MULTIFACTOR AUTHENTICATION (MFA) LEGACY LOGIN WILL BE REMOVED FEBRUARY 23, 2025***

The Executive Office of Health and Human Services (EOHHS) Virtual Gateway (VG) is removing the Legacy Login option to access MassHealth systems on February 23, 2025. MassHealth is requiring all Provider Online Service Center (POSC) users that have not transitioned to Multi Factor Authentication (MFA) to update their email address associated with their user ID and set up MFA to continue accessing the POSC via VG before February 14, 2025.

If you are using the Legacy Login option, it is imperative that you transition to the MFA process as soon as possible. Instructions can be found on Mass.gov: <https://tinyurl.com/4ar5cns9>

**Please note:** Each VG User ID is required to have a unique email address associated to a single VG account. Please ensure that your organization completes the following:

1. All users review and **ensure that the email address associated with their VG User ID is unique and is not duplicated with any other VG User ID** that is currently used;
2. The Primary User must coordinate with users to ensure that each user only has a single, unique VG User ID and must eliminate multiple User IDs currently assigned to the same individual;
3. The Primary User must coordinate with users to ensure that “common” named User IDs that are being shared amongst staff are eliminated; **each User ID must be assigned to an individual with a unique email address.**

Taking the aforementioned steps are required to ensure that your organization is compliant with the VG terms and conditions. **Accounts that are not transitioned by February 23, 2025 will be deactivated.**

MassHealth has outreached to the email addresses associated with each VG User ID that has not yet migrated to MFA to notify them of their non-compliance and changes that must be implemented. MassHealth is conducting a series of Informational Sessions to provide an overview of the changes and what providers are required to do to transition to MFA. These sessions are also being scheduled to answer questions providers that may have regarding the transition.

**Provider Informational Sessions:**

- January 15, 2025, at 1:00 pm
- January 30, 2025, at 10:00 am
- February 12, 2025, at 1:00 pm

**Register for a session here:** <https://tinyurl.com/v6xkjehr>

For additional questions or concerns:

LTSS providers, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

All other providers, please contact MassHealth at (800) 849-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

01/07/2025

## ***IMPLEMENTATION OF SECTION 24 OF CHAPTER 197 OF THE ACTS OF 2024 FOR MEMBERS ACCESSING POST-ACUTE HEALTH SERVICES***

In accordance with Section 24 of Chapter 197 of the Acts of 2024 (the Long Term Care [LTC] Act), found at <https://tinyurl.com/45rd4n99>, payers are required to approve or deny, within one business day after receiving all necessary documentation, all requests for prior authorization (PA) for members who transfer from an inpatient acute-care hospital to a post-acute care facility or agency.

If MassHealth receives a complete PA request on a non-business day, when PA cannot be reviewed, PA may be waived under certain circumstances as a matter of law under the LTC Act.

Specific to home health services, the LTC Act requirements impact the PA request process for services for some MassHealth members who have had an inpatient acute-care hospitalization and are directly starting or resuming home health services.

See Home Health Agency Bulletin 93 to view the process for the expedited PAs and waiver of certain PA submission requirements for impacted members. The bulletin can be viewed at <https://tinyurl.com/4v9fx5me>.

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## *CONTINUATION OF TELEHEALTH FOR FACE-TO-FACE VISITS AND CERTAIN HOME HEALTH SERVICES AFTER DECEMBER 31, 2024*

In 2023, MassHealth issued Home Health Agency Bulletin 87, which provides guidance for providing home health services via telehealth. Bulletin 87 also recognized telehealth face-to-face encounters as conforming face-to-face encounters for the purposes of home health agency service delivery.

MassHealth is issuing this communication to provide clarification regarding the extension of telehealth, and to avoid service disruptions for MassHealth members after December 31, 2024. MassHealth is waiving the portion of Bulletin 87 that would have prohibited telehealth home health services after December 31, 2024. Services described on pages 3 and 4 of Bulletin 87 may continue indefinitely pending the issuance of further MassHealth guidance by bulletin.

### Face-to-Face Encounter Visits:

- MassHealth is continuing to recognize face-to-face encounters provided via telehealth indefinitely for dates of service after December 31, 2024. The State has discretion to provide this flexibility per <https://tinyurl.com/2mhnvafe>, which says the face-to-face encounter may occur through telehealth, as implemented by the State.
- M.G.L. c. 118E, s. 79 provides authority for MassHealth to cover telehealth services when appropriate, in addition to in-person services. Providers may continue to provide home health services as described by Bulletin 87. To view this guidance on rendering services via telehealth, see <https://tinyurl.com/yckvye9r>.
- As a reminder, home health providers are required to use the modifier GT when a visit has been conducted via telehealth. Correct use of the modifier is necessary for MassHealth to comply with state and federal requirements around member access.

### Certain Home Health Services via Telehealth:

If you have any questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## February

02/25/2025

### *ALL PROVIDER BULLETIN 401 HAS BEEN RELEASED WITH DETAILS ABOUT THE MMIS POSC AWS MIGRATION*

MassHealth is migrating its Medicaid Management Information System (MMIS) base application and Provider Online Service Center (POSC) to an Amazon Web Services (AWS) data center between Friday 3/14/2025 through Monday morning 3/17/2025.

MassHealth has published All Provider Bulletin 401, Medicaid Management Information System and Provider Online Service Center Migration to Amazon Web Services, which outlines key cutover information. Please review the bulletin immediately at <https://www.mass.gov/doc/all-provider-bulletin-401-medicaid-management-information-system-and-provider-online-service-center-migration-to-amazon-web-services-0/download>.

Take note of some important technical changes that your organization should complete before the migration. Please communicate this information to key business staff and your technical teams:

- Immediately following the migration MassHealth will redirect all MMIS POSC and point-to-point transactions received from MassHealth Providers to AWS.
- Please update any bookmarked POSC URL in your systems, as the redirect will only be available for a limited period of time. Organizations should bookmark the following URL to access the POSC in the AWS environment: <https://mmis-portal.ehs.state.ma.us/EHSProviderPortal>

- If your organization requires a modification to your network to facilitate access to MassHealth’s AWS, please use the following IP Addresses. There are 2 to support redundancy:

15.197.248.41  
35.71.150.175

- Organizations that utilize MassHealth’s point-to-point connectivity method do not need to make any modifications to the existing bookmarked URL.
- Please plan your operational needs around this cutover timeframe as the MMIS POSC will be unavailable during the cutover weekend.
- Ensure that your internal staff and business partners are aware of the cutover and are planning around the cutover accordingly.
- Confer with your technical team to inform them of the migration. If your organization needs to make any network adjustments to facilitate access to AWS on or after the date the migration is complete, please begin to address this issue immediately.
- You do NOT need to make any adjustments to the way you exchange transactions with MassHealth as the functionality in the MMIS POSC is NOT changing.
- Continue to monitor MassHealth communications leading up to the cutover for important pre and post cutover information.

What Do You Need to Do: Please ensure the following:

If you have any questions regarding this AWS migration notification, please contact MassHealth: LTSS providers, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

02/18/2025

### *VIRTUAL GATEWAY (VG) LEGACY LOGIN WILL BE REMOVED FEBRUARY 23, 2025*

If you are using the Legacy Login option, it is imperative that you transition to the Multi-Factor Authentication (MFA) process as soon as possible. Instructions can be found on Mass.gov at <https://virtualgateway.mass.gov/VGPortal5/>.

The Executive Office of Health and Human Services (EOHHS) Virtual Gateway (VG) is removing the Legacy Login option to access MassHealth systems on February 23, 2025. MassHealth is requiring all Provider Online Service Center (POSC) users that have not transitioned to Multi-Factor Authentication (MFA) to update their email address associated with their user ID and set up MFA to continue accessing the POSC via VG IMMEDIATELY. Please note: Each VG User ID is required to have a unique email address associated to a single VG account. Please ensure that your organization completes the following:

1. All users review and ensure that the email address associated with their VG User ID is unique and is not duplicated with any other VG User ID that is currently used;
2. The Primary User must coordinate with users to ensure that each user only has a single, unique VG User ID and must eliminate multiple User IDs currently assigned to the same individual;
3. The Primary User must coordinate with users to ensure that “common” named User IDs that are being shared amongst staff are eliminated; each User ID must be assigned to an individual with a unique email address.

Taking the aforementioned steps is required to ensure that your organization is compliant with the VG terms and conditions. Accounts that are not transitioned by February 23, 2025 will be deactivated. MassHealth has outreached to the email addresses associated with each VG User ID that has not yet migrated to MFA to notify them of their non-compliance and changes that must be implemented.

For additional questions or concerns contact [Functional.Coordination@mass.gov](mailto:Functional.Coordination@mass.gov).

## ***IMPORTANT UPDATE: MASSHEALTH MMIS/POSC MIGRATION TO AMAZON WEB SERVICES 03/14/2025***

As communicated in previous message texts, MassHealth will begin transitioning its Medicaid Management Information System (MMIS) and Provider Online Service Center (POSC) to Amazon Web Services (AWS) to enhance security, scalability, and operational efficiency. The migration has been re-scheduled for the weekend of March 14, 2025.

MassHealth will publish an All Provider Bulletin, MMIS POSC Migration to Amazon Web Services, this week that outlines key cutover information. Please continue to monitor MassHealth communications. All published bulletins can be found on Mass.gov: <https://www.mass.gov/lists/400-through-300> and <https://www.mass.gov/lists/provider-bulletins-by-year>.

Providers, Vendors, and Trading partners are strongly encouraged to refer to the bulletin for additional details. If you do not receive notifications, you can sign up for email alerts at: <https://www.mass.gov/masshealth-subscribe-bulletins-TLs>.

Please note that leading up to the migration there will be a few adjustments to standard processing timeframes, and during the cutover weekend the application will not be available for use. MassHealth's migration to AWS will NOT affect MMIS or POSC functionality.

It's important that services delivered to MassHealth members over the cutover weekend are not disrupted. Please ensure that you continue to provide services to MassHealth members that present a valid MassHealth ID card. If you intend to provide scheduled services over the cutover weekend, please ensure that you validate the MassHealth member's eligibility on Friday, March 14 before 6:00 pm and again on Monday, March 17 after 7:00 am. MassHealth will process the financial cycle on Wednesday, March 12 instead of Friday, March 14 so providers should plan accordingly. Providers who normally submit their claims on Thursday or Friday should submit them on Wednesday, March 12 by 3:00 pm instead to be included in the financial cycle for that week. Claims submitted after the financial cycle is run will be included post AWS cutover.

We encourage all providers to stay informed on how these changes may impact your operations. If you have questions regarding this message, please contact MassHealth: LTSS providers, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).  
***INFORMATION SESSION ON MASSHEALTH MMIS/POSC MIGRATION TO AMAZON WEB SERVICES***

As communicated in previous message texts, MassHealth will begin transitioning its Medicaid Management Information System (MMIS) and Provider Online Service Center (POSC) to Amazon Web Services (AWS) to enhance security, scalability, and operational efficiency. The MassHealth BSS Provider Relations team will be hosting information sessions; it is strongly encouraged that you attend one of these sessions.

The following information will be addressed:

- Reasons for the Migration: Understanding the benefits of transitioning to AWS.
- Timeline of Activities: Key steps along with dates and times that you need to be aware of.
- Provider Impact: How this change may affect your workflow which might include technical impact of the changes, adjusted claims processing timelines, checking member eligibility, along with steps you can take to minimize any disruptions.

We encourage all providers to attend to ensure a smooth transition and to stay informed on how these changes may impact your operations.

Session Dates:

Tuesday, February 25, 2025, at 10:00 am

Monday, March 3, 2025, at 1:00 pm

Monday, March 10, 2025, at 10:00 am

Registration Link: [https://maximus.zoom.us/webinar/register/WN\\_OLFqIZq6RiW6c3II8-f dg](https://maximus.zoom.us/webinar/register/WN_OLFqIZq6RiW6c3II8-f dg)

If you have questions regarding this message, please contact MassHealth:  
LTSS providers, please contact the LTSS Provider Service Center at (844) 368-5184  
or [support@masshealthtss.com](mailto:support@masshealthtss.com).

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

02/11/2025

### *CHANGES TO GROUP LINK VERIFICATION*

Users may now verify if a provider is linked to a group practice online by using the Self-Service Tools for MassHealth Providers at <https://tinyurl.com/2rk7nreu>. This tool can only verify group links, which occur when an individual Fee-for-Service provider conducts billing through the group practice where they are employed. This tool cannot be used to verify affiliations.

As a result of this new option, effective March 1, 2025, MassHealth will no longer be accepting group link confirmation requests over the phone or via email. All group link confirmation requests will need to be completed online.

For more information about the differences between group links and affiliations please visit <https://tinyurl.com/564jamnv>.

## **IMPORTANT UPDATE: MASSHEALTH MMIS/POSC MIGRATION TO AMAZON WEB SERVICES** **03/14/2025**

As communicated in previous message texts, MassHealth will begin transitioning its Medicaid Management Information System (MMIS) and Provider Online Service Center (POSC) to Amazon Web Services (AWS) to enhance security, scalability, and operational efficiency. The migration has been re-scheduled for the weekend of March 14, 2025.

MassHealth will publish an All Provider Bulletin, MMIS POSC Migration to Amazon Web Services, this month that outlines key cutover information. Please continue to monitor MassHealth communications. All published bulletins can be found on Mass.gov: <https://www.mass.gov/masshealth-provider-bulletins>. Providers, Vendors, and Trading partners are strongly encouraged to refer to the bulletin for additional details. If you do not receive notifications, you can sign up for email alerts at: <https://www.mass.gov/masshealth-subscribe-bulletins-TLs>.

Please note that leading up to the migration there will be a few adjustments to standard processing timeframes, and during the cutover weekend the application will not be available for use. MassHealth's migration to AWS will NOT affect MMIS or POSC functionality.

It's important that services delivered to MassHealth members over the cutover weekend are not disrupted. Please ensure that you continue to provide services to MassHealth members that present a valid MassHealth ID card. If you intend to provide scheduled services over the cutover weekend, please ensure that you validate the MassHealth member's eligibility on Friday, March 14 before 6:00 pm and again on Monday, March 17 after 7:00 am. MassHealth will process the financial cycle on Wednesday, March 12 instead of Friday, March 14 so providers should plan accordingly. Providers who normally submit their claims on Thursday or Friday should submit them on Wednesday March 12 by 3:00 pm instead to be included in the financial cycle for that week. Claims submitted after the financial cycle is run will be included post AWS cutover.

We encourage all providers to stay informed on how these changes may impact your operations. If you have questions regarding this message, please contact MassHealth:  
LTSS providers, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthtss.com](mailto:support@masshealthtss.com).

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

02/04/2025

## **UPDATED HOME HEALTH AGENCY MEMBER CONNECTION FORM**

The home health agency Member Connection Form has been updated and is available at <https://tinyurl.com/mphxpk87>. Please view the form for guidance, including instructions for home health providers. If you have questions, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthtss.com](mailto:support@masshealthtss.com).

## **UPDATED HOSPICE BILLING TIPS FOR ROOM AND BOARD CHARGES WHEN A MEMBER IS IN A LONG-TERM CARE FACILITY**

The document titled "Hospice Billing Tips for Room and Board Charges When a Member is in a Long-Term Care Facility" has been updated. See the updated document at <https://tinyurl.com/52kcthut> for calculating the hospice room and board payment and medical leave of absence rate.

If you have questions, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## March

03/25/2025

### *MASSHEALTH'S MMIS/POSC MIGRATION TO AMAZON WEB SERVICES IS COMPLETE*

MassHealth completed the Medicaid Management Information System (MMIS) and Provider Online Service Center (POSC) to Amazon Web Services (AWS), on Monday, March 17, 2025. MassHealth published All Provider Bulletin 401: MMIS POSC Migration to Amazon Web Services, which outlines key cutover information. All Provider Bulletin 401 can be found on Mass.gov: [2025 MassHealth provider bulletins](#).

If Providers, Vendors, and Trading Partners have issues accessing MMIS or the POSC you are strongly encouraged to review the bulletin, ensure that you have implemented the appropriate changes, and troubleshoot your issues before seeking assistance from your respective call center.

Specifically:

1. Ensure that you are using the correct POSC URL. Clear your browser cache, cookies, and all previous POSC bookmarks before trying to access the new POSC URL.
2. Check in with your technical team and ensure that they have “safe listed” the two new MassHealth AWS IP addresses so that your organization can access the POSC in the cloud.
3. If you have completed these steps and your organization still cannot access MMIS or the POSC, please capture screen shots and other relevant information that can be used to articulate your access issue to MassHealth.

Reminder: Leading up to the migration there were a few adjustments to standard processing timeframes. Once MMIS and the POSC are restored you will be able to continue using the system as usual. Claims submitted after Wednesday, March 12 at 3:00 pm will be included in the financial cycle for the week ending March 21, 2025.

If you have questions regarding this message, please contact MassHealth:

LTSS providers, please contact the LTSS Provider Service Center at (844) 368-5184

or [support@masshealthltss.com](mailto:support@masshealthltss.com).

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

### *AWS CUTOVER ELIGIBILITY VERIFICATION*

Reminder: MassHealth providers were instructed to check eligibility for MassHealth members that were scheduled to receive services during the AWS cutover weekend before and after the cutover. Providers were also notified to provide services to members that present a valid MassHealth or Managed Care Entity (MCE) ID card during the cutover weekend (March 14 - March 17, 2025). If you provided services to a MassHealth member between 12:00 pm, March 14, 2025, through 6:59 am, March 17, 2025, and then found that the member was not eligible, or your claim was rejected, you may request a MassHealth review if you complied with MassHealth's instructions:

- You checked eligibility before and after the cutover weekend and found that the member's eligibility status changed.
- You provided service to a member that presented a valid MassHealth or MCE ID that weekend and could not check eligibility during the cutover weekend, that you later found was not eligible.

If you meet this criterion, you may submit a request to MassHealth to review your issue by completing the following within 90 days from the Date of Service:

- Submit the claim on the POSC via Direct Data Entry. Use Delay Reason Code 3.
- Upload a letter stating the issue and applicable criterion noted above. Please include any additional information deemed necessary to demonstrate your issue or justify your request.
- Include a copy of the MassHealth or MCE ID card presented at the time of service where applicable. If an ID card was not presented for an urgent care service, provide a copy of the registration/transfer sheet or any other supporting documentation.

Upon receipt, MassHealth will evaluate your request and provide a response and the disposition of your request. Please note: Managed Care Entity (MCE) providers must contact the appropriate MCE to address health plan member eligibility issues.

If you have questions regarding this message, please contact MassHealth:

LTSS providers, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

### *MMIS POSC AWS MIGRATION - LOGIN ANOMALY*

Users logging into the MassHealth Medicaid Management Information System (MMIS) Provider Online Service Center (POSC) Migration to Amazon Web Services (AWS) may experience a login anomaly and may not officially be logged into the POSC.

Once the user signs into the Virtual Gateway (VG) and encounters the POSC homepage, please validate that you are officially logged into the POSC. Users that are logged in can view the word “Welcome” at the top of the screen along with your username. If you do not see your username, you are not logged into the POSC and must select the login button on the homepage to officially complete the login steps. If after following these steps, you are still unable to log into the POSC, please contact MassHealth at:

LTSS providers, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

### *MASSHEALTH INDEPENDENT NURSE ONLINE TRAINING OPPORTUNITIES*

MassHealth offers Independent Nurses (INs) an online learning center with different training courses to help assist INs perform basic MassHealth provider operations and understand MassHealth regulations and rules.

MassHealth has heard that some INs are experiencing problems with claims submissions. The online learning center offers a training course on how an IN may submit a claim to MassHealth.

To access the online learning center please go here: [LMS Training Page](#)

The training courses available through the service center are self-paced and are not mandatory for currently enrolled INs, unless later determined and announced by MassHealth.

If you have questions, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

### *90 DAY SUPPLY CROSSOVER CLAIMS REIMBURSEMENT FOR CERTAIN SUPPLIES*

MassHealth has implemented MMIS system updates to allow reimbursement of 90-day supplies for certain Durable Medical Equipment (DME) and Oxygen and Respiratory Therapy Equipment (OXY). This change applies to crossover claims with dates of service on or after 3/1/2025 and relates to the following HCPCS codes:

A4221, A4239, A4244, A4245, A4246, A4247, A4250, A4310, A4311, A4312, A4313, A4314, A4315, A4316, A4320, A4321, A4322, A4326, A4327, A4328, A4331, A4340, A4344, A4346, A4351, A4352, A4354, A4355,

A4357, A4358, A4362, A4363, A4364, A4366, A4367, A4368, A4369, A4372, A4375, A4376, A4377, A4378, A4379, A4380, A4381, A4382, A4383, A4384, A4387, A4391, A4402, A4404, A4418, A4420, A4429, A4430, A4431, A4434, A4435, A4436, A4437, A4450, A4619, A4623, A4626, A4628, A5051, A5052, A5053, A5054, A5055, A5061, A5062, A5063, A5071, A5072, A5073, A5081, A5082, A5083, A5093, A5112, A5121, A5122, A5126, A5131, A5200, A6216, A7004, A7006, A7010, A7028, A7029, A7031, A7032, A7033, A7038, A7504, A7506, A7507, A7508, A7509, A9274, K0552

Please refer to the MassHealth DME and OXY Payment and Coverage Guideline Tool for a full description of HCPCS codes.

To confirm you are using the most recent version of the Tool, go to [MassHealth Payment and Coverage Guideline Tools](#).

If you have any questions regarding this message, please contact the LTSS Provider Service Center at [support@masshealthtss.com](mailto:support@masshealthtss.com) or (844)-368-5184.

03/18/2025

### *REPROCESSING/ADJUSTMENT OF CLAIM DENIALS FOR EDIT 0800*

MassHealth is aware that certain claims were denied for edit 0800 (HCPCS requires NDC) for dates of service beginning on January 1, 2025. The issue causing the denials was corrected in MMIS. The impacted claims have been reprocessed/adjusted and will appear on this and subsequent remittance advices.

If you have questions regarding this message, please contact the LTSS Provider Service Center at [support@masshealthtss.com](mailto:support@masshealthtss.com) or (844)-368-5184.

### *RETRO RATE ADJUSTMENTS FOR HOSPICE PROVIDERS*

Please be advised that the most recent remittance advice (RA) may contain rate adjustments resulting from the certification of revised Federal Fiscal Year 2025 rates (October 1, 2024) by the Executive Office of Health and Human Services. See MassHealth Administrative Bulletin 25-02 at [2025 EOHHS Administrative Bulletins](#). Please review this RA for accuracy. Proposed corrections must be submitted to the MassHealth LTSS Provider Service Center within 30 days from the date of this RA at [support@masshealthtss.com](mailto:support@masshealthtss.com) or by calling (844) 368-5184.

For more information, refer to the POSC job aid, View Remittance Advice Reports, on the Job aids for the Provider Online Service Center (POSC) web page at [Job aids for the Provider Online Service Center](#).

03/11/2025

### *IMPORTANT UPDATE: MASSHEALTH MMIS/POSC MIGRATION TO AMAZON WEB SERVICE 3/14/2025 - 3/17/2025*

MassHealth will begin migrating its Medicaid Management Information System (MMIS) and Provider Online Service Center (POSC) to Amazon Web Services (AWS) the weekend of March 14, 2025. MassHealth has published All Provider Bulletin 401: MMIS POSC Migration to Amazon Web Services, which outlines key cutover information, related shut down of functionality, and a list of activities that will take place leading up to and through cutover. Providers, Vendors, and Trading Partners are strongly encouraged to review the bulletin for additional details including new URL, IP Addresses, and other technical information to ensure your organization is ready for the cutover and the transition is smooth.

All published bulletins can be found on Mass.gov: [401 through 300](#) and [Provider bulletins by year](#).

Please note that MMIS and the POSC will not be available for use from Friday, March 14 at 12:00 pm through Monday, March 17 at 7:00 am. MassHealth's migration to AWS will NOT affect the look and functionality of the MMIS or POSC application.

REMINDER: MassHealth will process the financial cycle on Wednesday, March 12 instead of Friday, March 14 so providers should plan accordingly. Providers who normally submit their claims on Thursday or Friday should submit them on Wednesday, March 12 by 3:00 pm instead to be included in the financial cycle for that week. Claims submitted after the financial cycle is run will be included post AWS cutover.

REMINDER: It's important that services delivered to MassHealth members over the cutover weekend are not disrupted. Please ensure that you continue to provide services to MassHealth members that present a valid MassHealth ID card. If you intend to provide scheduled services over the cutover weekend, please ensure that you validate the MassHealth member's eligibility on Friday, March 14 before the POSC shuts down at 12:00 pm and again on Monday, March 17 after 7:00 am. Please note, providers may contact MassHealth Customer Service up until 6:00 pm on Friday, March 14 to validate eligibility verification as necessary.

If you have questions regarding this message, please contact MassHealth:

LTSS providers, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## April

04/29/2025

### *Retroactive Medicare Recovery Project (RMRP) For Durable Medical Equipment (DME)*

Effective May 1, 2025, and in accordance with MassHealth regulations 130 CMR 450.316(A)(6) and 130 CMR 450.316(F), the Retroactive Medicare Recovery Project (RMRP) will recover MassHealth claim payments for services provided by Durable Medical Equipment (DME) providers that meet the following criteria:

- MassHealth was the primary claims payor at the time services were rendered,
- Medicare coverage is identified retroactively after the date MassHealth paid the claim, but no more than 36 months after such claim's date of service, and
- The service rendered is a Medicare-covered service.

A summary of the RMRP process is described in MassHealth [All Provider Bulletin 329](#) which was issued to all MassHealth providers in November 2021.

MassHealth will send the RMRP Notice outlining the provider process instructions with the accompanying paid claims report to the provider's Doing Business As (DBA) address on file with MassHealth.

It is important to note that Medicare allows for a timely filing exception for claims that have been identified for recoupment by MassHealth due to retroactive Medicare coverage. Providers must follow Medicare's billing instructions for submitting claims for these members and should refer to the [Noridian site](#) and direct any questions regarding Medicare requirements to Noridian at (866) 419-9458.

#### **Additional provider resources may be found at the following:**

- Medicare Learning Network (MLN) Bulletin - [Processing Claims Affected by Retroactive Entitlement Beneficiaries Entering Medicare](#)

Providers may direct any questions about the RMRP notice to the RMRP mailbox at [RMRP@umassmed.edu](mailto:RMRP@umassmed.edu) or call [\(833\) 251-2767](tel:8332512767).

04/22/2025

### *Claims Reprocessed For 2025 HCPCS/CPT Code Updates*

The Centers for Medicare & Medicaid Services (CMS) have revised the HCPCS codes for 2025. MassHealth is updating the Service Codes and Descriptions (Subchapter 6) of the Physician Manual to incorporate those 2025 HCPCS/Current Procedural Terminology (CPT) service code updates, as applicable.

MassHealth updated its system to reflect the 2025 HCPCS/CPT coding changes effective for dates of service on or after January 1, 2025. All affected claims will be reprocessed and will appear on a future remittance advice.

If you have questions, please contact MassHealth at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com) or (800) 841-2900.

### *Services Provided By Non-Independent Nurse Practitioner (Sa Modifier) For Dates Of Service 01/01/2020 - 06/30/2023*

As instructed in the provider notice dated November 20, 2024, MassHealth will begin voiding claims for Group Practice Paid for Services Provided by Non-Independent Nurse Practitioner for Dates of Service on April 24, 2025, and will have completed voided claims by April 30, 2025. MassHealth will only void impacted claims as instructed by providers.

#### Process Reminder:

#### Direct Data Entry (DDE) Resubmission:

Any such claim must be resubmitted electronically via DDE on the Provider Online Service Center (POSC) using Delay Reason Code 3. Providers must scan and submit the Waiver form, the remittance advice depicting the denied claim, and any other documentation in support of the request for review. If you are submitting multiple claims for the same member you must submit each claim separately with a copy of the Waiver form, the remittance advice for the voided claim, and supporting documentation.

These documents must be scanned and included with a DDE claim submission. Use the Attachment Tab on the POSC to upload the document(s). Once resubmitted into the POSC, these claims will appear in a suspense status on your remittance advice with Edit 826 (**Special handling paper waiver provider**). A final decision will be reflected on a subsequent remittance advice once the Waiver form is reviewed.

#### Electronic Data Interchange (EDI) Resubmission:

To begin the claims resubmittal process, email the 90-day waiver request to the EDI email box at [EDI@MAHealth.net](mailto:EDI@MAHealth.net). That initial email must include:

1. Completed 90 Day Waiver Request Form; For an EDI batch submission, only one form is required.
2. A letter, on the provider's letterhead, with the details of the request; The letter must include the date of service range, claim count and dollar value, and the reason the claims were not submitted within 90 days of the date of service. The letter must also be signed with a typed/printed name with a date.
3. Any supporting documentation; and
4. A copy of this Provider Notice.

If the 90-day waiver request is approved, the EDI team will notify the provider of the approval and request the claim file. The claim file must contain only those claims to be considered for the 90 Day Waiver.

If the 90-day waiver is denied or additional information is needed, the EDI team will notify the provider.

The claim file must be in an ANSI X12 format and 5010 compliant. We request that you send only one claim file.

When the claim file is ready to be emailed, send the email securely or send the file as a password protected file and send the password in a separate email.

After the EDI team receives the file, they will review it and let the provider know if there are any claim file formatting issues or if it is missing any required documentation. The provider will have up to 30 days from the approval date to submit the batch claim files.

For further information on 90-day waivers, please go to the following link: [Billing timelines and appeal procedures](#). The 90-Day Waiver Request form is located at the following link: [Submit a 90-day Claim Waiver Request Form](#).

If providers have any questions about resubmitting claims, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

Please note, MassHealth may conduct an audit of the adjusted claims to confirm the identity of the actual servicing provider, that the servicing provider was fully enrolled in MassHealth and was enrolled and approved by MassHealth as a member of the group practice on the applicable date(s) of service.

### ***DELAY REASON CODE REQUIREMENTS ON 90-DAY WAIVER SUBMISSIONS FOR MEDICARE CROSSOVER CLAIMS***

In April 2024, providers were notified that the standard process of submitting 90-day waiver requests using delay reason codes 1, 4 and 8 was causing denials for Medicare Crossover requests instead of suspending the claims for review as intended. As a temporary solution, providers were instructed to use delay reason code 10 while the MMIS issue was being addressed. The MMIS system change has now been implemented effective 4/20/2025 therefore, providers should immediately return to the standard submission process using delay reason codes 1, 4, and 8 for 90-day waiver requests for all crossover claims.

For all 90-day waiver requests including crossover claims, providers are instructed to use the delay reason codes 1, 4 and 8 per the original requirements noted on All Provider Bulletin 220.

If you have questions regarding this message, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com). LTSS providers should contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthtss.com](mailto:support@masshealthtss.com).

04/15/2025

### ***MASSHEALTH EOB CODES APEARING ON THE REMITTANCE ADVICE***

MassHealth Independent Nurses (INs) may encounter an Explanation of Benefits (EOB) code on their Remittance Advice that prevents claims from paying. To understand what these EOB codes mean, INs may use the [MassHealth List of EOB Codes](#).

If an IN needs further assistance understanding their Remittance Advice or EOB codes appearing on their Remittance Advice, INs should contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthtss.com](mailto:support@masshealthtss.com).

May

05/27/2025

### ***October 2024 HCPCS Code Updates to the Subchapter 6 Durable Medical Equipment Manual***

The Centers for Medicare & Medicaid Services (CMS) has published the HCPCS codes for October 2024. MassHealth updated Subchapter 6 of the Durable Medical Equipment (DME) Manual to incorporate the October 2024 HCPCS service code updates.

Please reference Transmittal Letter DME-49 at [2025 MassHealth transmittal letters](#) for more information.

Additionally, the MassHealth Durable Medical Equipment and Oxygen & Respiratory Payment and Coverage Guideline Tool was updated and posted on the MassHealth website. Please refer to the tool at [MassHealth Payment](#)

[and Coverage Guideline Tools](#) for HCPCS codes effective 10/1/24 and for instructions regarding coverage, limits, and prior authorization requirements.

If you have questions about this change, please contact the LTSS Provider Service Center at [support@masshealthltss.com](mailto:support@masshealthltss.com) or call (844) 368-5184.

### *October 2024 HCPCS Code Update to the Subchapter 6 Orthotics and Prosthetics Manual*

The Centers for Medicare & Medicaid Services (CMS) has published the HCPCS codes for October 2024. MassHealth has updated Subchapter 6 of the Orthotic (ORT) and Prosthetic (PRT) Manual to incorporate the October 2024 HCPCS service code updates.

Please reference Transmittal Letter ORT-29 and Transmittal Letter PRT-30 at [2025 MassHealth transmittal letters](#) for more information.

Additionally, the MassHealth Orthotics and Prosthetics Payment and Coverage Guideline Tool has been updated and posted on the MassHealth website. Please refer to the [MassHealth Payment and Coverage Guideline Tools](#) for HCPCS codes effective 10/1/24 and for instructions regarding coverage, limits, and prior authorization requirements.

If you have questions regarding this change, please contact the LTSS Provider Service Center at [support@masshealthltss.com](mailto:support@masshealthltss.com) or call (844) 368-5184.

### *Reinstatement of Primary Care Referral Requirements*

On March 20, 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 (ACO) and the Primary Care Clinician (PCC) Plan.

Effective August 1, 2025, MassHealth will reinstate referral requirements for services provided to members in the PCC plan or a Primary Care ACO, as outlined in 130 CMR 450.118(J): Referral for Services and 130 CMR 450.119(I): Referral for Services.

For more information, please review [All Provider Bulletin 403: Ending the Suspension of Primary Care Clinician Plan & Primary Care ACO Referrals and Updating Referral Requirements for Urgent Care Services](#).

Claims submitted to MassHealth for services that require a referral must include an authorized referring provider's national provider identifier (NPI). The referring provider must also be enrolled with MassHealth for the claim to be payable. When the PCC and Primary Care ACO referrals are reinstated on August 1, 2025, billing providers must include the NPI of an authorized referring provider who is enrolled with MassHealth. This NPI must appear on every claim with a service that requires a referral for the claim to be payable.

For questions or concerns:

LTSS providers, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

05/13/2025

### *Update to Licensed Independent Clinical Social Worker Provider Manual*

Effective April 25, MassHealth now uses the title Licensed Independent Behavioral Health Clinician (LIBHC) to designate certain provider types. This now includes Licensed Independent Clinical Social Workers (LICSW),

Licensed Marriage and Family Therapists (LMFT), and Licensed Mental Health Counselors (LMHC). The provider regulations and manuals for Licensed Independent Clinical Social Workers (LICSW) have been amended to reflect the title LIBHC, and those subsequent provider types. LICSW providers can still locate their regulations and provider manuals in the same place on Mass.gov and will not be adversely affected by billing under the LICSW provider type. Please see [MassHealth Provider Manuals](#) for more information. If you have questions, please contact MassHealth at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com) or (800) 841-2900.

### *Provider Enrollment & Credentialing (PEC) Self-Service Tools for MassHealth Providers - Updated*

MassHealth is working to improve the provider experience through the increased use of electronic self-service tools. Effective 5/1/2025, a new tool is available on Mass.gov, allowing providers and their credentialing staff to submit certain provider file updates electronically. You will be able to update provider file information including link/unlink, address/contact information, and submit required documents like the MA W-9 and FRDF via a secure document upload. This will eliminate the need for fax, mail, or unsecure emails. The new web-based tools are available on the [MassHealth Provider Self-Service](#) page.

MassHealth is hosting informational sessions to introduce the tool and review other recently released provider enrollment and credentialing tools such as Check Enrollment Status, Request an Application, and Check Application Status.

- Tuesday, May 13, 2025, at 1:00 PM EDT
- Wednesday, May 21, 2025, at 10:00 AM EDT

Please [register for the webinar](#).

Please note: These tools will not display information on Dental, Long-Term Services & Supports (LTSS), or Managed Care Entity (MCE) Only providers. For questions or concerns, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

05/06/2025

### *Medicare adjustments on certain outpatient claims*

Medicare recently notified MassHealth that it will be adjusting certain Outpatient Prospective Payment System (OPPS) claims to correct the coinsurance amounts apportioned to revenue code 636 and J-code lines. Adjustments only apply to multi-day outpatient claims received from January 3, 2024, to February 4, 2025. Outpatient providers are reminded that Medicare claim adjustments do not automatically cross over to MassHealth. Providers should adjust the crossover claim previously paid by MassHealth and include the revised Medicare adjudication information on the claim. If you have questions, please contact MassHealth at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com) or (800) 841-2900.

### *Provider Enrollment & Credentialing (PEC) self-service tools for MassHealth providers*

MassHealth is working to improve the provider experience through the increased use of electronic self-service tools. Effective 5/1/2025, a new tool is available on Mass.gov, allowing providers and their credentialing staff to submit certain provider file updates electronically. You will be able to update provider file information including link/unlink, address/contact information, and submit required documents like the MA W-9 and FRDF via a secure document upload. This will eliminate the need for fax, mail, or unsecure emails. The new web-based tools are available on the [MassHealth Provider Self-Service](#) page.

MassHealth is hosting informational sessions to introduce the tool and review other recently released provider enrollment and credentialing tools such as Check Enrollment Status, Request an Application, and Check Application Status.

- Thursday, May 8, 2025, at 10:00 AM EDT
- Tuesday, May 13, 2025, at 1:00 PM EDT

Please [register for the webinar](#).

Please note: These tools will not display information on Dental, Long-Term Services & Supports (LTSS), or Managed Care Entity (MCE) Only providers.

For questions or concerns, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## June

06/24/2025

### *Provider online service center pre-login and post-login page refresh*

Beginning June 29, 2025, MMIS will implement updates to the Provider Online Service Center (POSC) homepage, enhancing its visual design and overall functionality. These enhancements will affect both the pre-login and post-login interfaces and will include a revised message for unauthorized service access attempts.

The redesigned pre-login page will display banner alerts at the top, reposition the 'Login' button for greater visibility, and introduce a 'View Broadcast Messages' button. Additionally, it will provide a clearly listed set of available pre-login services.

The new post-login page will feature an updated Left Navigation menu, accessible immediately after login. A 'View Broadcast Messages' button will be introduced, and all services previously available on the pre-login page will remain accessible on the post-login screen.

The Unauthorized Access Page is displayed when a POSC user attempts to access a Left Navigation function without the necessary permissions. With the POSC refresh, this page will be enhanced to include an image for improved clarity and will offer troubleshooting guidance. The pre-login services will also remain accessible from this page.

The POSC URL (<https://mmis-portal.ehs.state.ma.us/EHSPortals>) will not be changing as part of this refresh. Users can continue to use the system as usual and there is no change to their login credentials.

For questions or concerns:

LTSS providers, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthltss.com](mailto:support@masshealthltss.com).

All other providers, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

06/17/2025

### *Reinstatement of Primary Care Referral Requirements for Orthotics and Prosthetics Services*

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

Effective for claims with dates of service on and after August 1, 2025, MassHealth will reinstate referral requirements for orthotics and prosthetics services provided to members in the PCC plan or a Primary Care ACO, as outlined in 130 CMR 450.118(J): Referral for Services and 130 CMR 450.119(I): Referral for Services.

For more information, please review [All Provider Bulletin 403: Ending the Suspension of Primary Care Clinician Plan & Primary Care ACO Referrals and Updating Referral Requirements for Urgent Care Services](#).

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthtss.com](mailto:support@masshealthtss.com).

06/10/2025

### *Claims Reprocessed for Updated Community Health Center Procedure Codes*

MassHealth has updated the Service Codes and Descriptions (Subchapter 6) for J0696, Q9991 and Q9992 of the Community Health Center Manual.

MassHealth updated its system for these coding changes effective for dates of service on or after January 1, 2025. All affected claims were reprocessed as of 5/19/25 and should appear on past or future remittance advices. If you have questions, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

06/03/2025

### *Reminder: For MassHealth Members Who Have Elected the MassHealth Hospice Benefit and Need Services Unrelated to the Terminal Illness and Related Conditions*

MassHealth providers must meet the necessary documentation requirements when the requested service or product is not related to the palliation or management of a member's terminal illness, related conditions, or is not part of the member's hospice plan of care. This is especially important for non-hospice providers submitting claims to MassHealth. Hospice providers must coordinate with and provide documentation to the non-hospice provider, offering clarification that the requested service or product is not related to the conditions outlined in 130 CMR 437.426: Payment of Hospice Services (I) Non-hospice Providers.

This information should minimally include the following information:

- Date of service,
- MassHealth Member ID,
- Reason for denial (e.g., not related to hospice, non-covered hospice service, etc.),
- Hospice letterhead, and
- Contact information including name of coordinating person at the hospice location.

Failure of the billing provider to submit the required documentation may result in the claim being denied. If a hospice provider determines that the requested treatment is related to the member's terminal illness, the hospice provider must document this in the member's plan of care and the hospice provider is responsible for payment as required by 130 CMR 437. At no time should the MassHealth member be billed per 130 CMR 450.403(A) and 130 CMR 450.403(B).

If you or your agency has questions regarding this communication, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthtss.com](mailto:support@masshealthtss.com).

### *Update for Quarterly Drug Code Rates Effective April 1, 2025*

MassHealth has completed the rate updates for the April 1, 2025 Quarterly Drug codes. The impacted claims will be reprocessed and/or adjusted and will appear on a future remittance advice.

If you have any questions, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

**101 CMR 339.00: Rates for Restorative Services Now Posted on Mass.gov**

Provider Regulations 101 CMR 339.00: Rates for Restorative Services has been posted on Mass.gov and can be found in the [Rates for Restorative Services](#). Effective June 6, 2025, MassHealth will be amending 101 CMR 339.00: Rates for Restorative Services.

Newly Added Caregiver Training Service Codes:

Effective June 6, 2025, therapy providers may begin using service codes 97550, 97551, and 97552. MassHealth will update Subchapter 6 for the Therapist Manual, Rehabilitation Center Manual, and Speech and Hearing Center Manual with the effective date of June 6, 2025. Rates for these services can be found at 101 CMR 339.00: Rates for Restorative Services.

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at (844) 368-5184 or [support@masshealthtss.com](mailto:support@masshealthtss.com).

## July

07/29/2025

### *Ordering, Referring, and Prescribing (ORP) Referring Provider Edit Denials for Pharmacies billing Durable Medical Equipment (DME) and Home Infusion Services through the Medicaid Management Information System (MMIS)*

The ORP referring provider national provider identifier (NPI) is not required for claims for DME and Home Infusion Services billed by pharmacies through MMIS.

To avoid denials for claims with dates of service on and after August 1, 2025, pharmacy providers should not enter the ORP referring provider's NPI on the claims for DME and Home Infusion Services billed through MMIS. Pharmacy providers must include the ORP ordering provider's NPI on the claim for DME and Home Infusion Services billed through MMIS, and the ordering provider must be actively enrolled with MassHealth as either a fully participating provider or a non-billing authorized ORP provider for the claim to be payable. Providers should review referring and ordering provider informational edits on their remittance advices and update billing processes to ensure compliance with ORP requirements.

For more information, please refer to All Provider Bulletin 286 (with updated information provided in All Provider Bulletins 361, 376, 380, and 391) at [All Provider bulletins](#).

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:8443685184) or [support@masshealthtss.com](mailto:support@masshealthtss.com).

07/22/2025

### *Change in phone prompts for customer service*

Effective 9/1/2025, the MassHealth Customer Service phone prompts will be changing. Providers will be required to enter their MassHealth Provider ID (PID) to connect with a Customer Service Agent.

If you are unsure of your MassHealth Provider ID (PID), please visit the Provider Self Service website and perform a Provider Enrollment Status check using your NPI. If you are a MassHealth enrolled provider, this will display your Provider ID and Service Location (PID/SL). Please note that for the current prompts we are only requiring the numerical portion to be entered, the 9-digit PID, and not the letter that corresponds to the service location.

You can access the [Provider Enrollment Status check](#) on Mass.gov.

### *Reminder of Ordering, Referring, Prescribing (ORP) Provider Requirements*

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

Enter the ORP provider's NPI in the Referring Provider field/segment if the claim 1) is for a service that requires a Primary Care Clinician (PCC) or Primary Care Accountable Care Organization (PCACO) referral; or 2) is for a laboratory service or a diagnostic testing service; or 3) is submitted on an 837I or UB-04 (such claims only have a Referring Provider field). Please note that an ORP provider's NPI is only required on an 837I or UB-04 when the ORP provider is different than the Attending Provider. Enter the ORP provider's NPI in the Ordering Provider field for all other impacted claims.

All Provider Bulletin 286 (and all of the referenced Bulletins) can be found on Mass.gov at: [All Provider bulletins](#). If you have questions, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

07/01/2025

### *Early Intervention Telehealth Modifiers 93, FQ, and FR*

MassHealth has updated codes T1015, T1023, T1024, T1027 to allow telehealth modifiers 93, FQ, and FR. Claims submitted by Early Intervention providers that were denied due to the use of these modifiers will be reprocessed and/or adjusted and will appear on a future remittance advice.

If you have questions, please contact MassHealth at [\(800\) 841-2900](tel:8008412900) or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## August

08/26/2025

### *Hearing Aid Claim Denials & Prior Authorization*

This is a reminder that Prior Authorization (PA) is required if a member has received a hearing aid within the last five (5) years. Please remember that a PA is approved for the provider that requests the PA using the requesting provider's MassHealth provider ID or National Provider Identifier (NPI). When submitting hearing aid claims, please ensure that the PA's requesting provider ID or NPI matches the rendering/servicing provider ID or NPI on the PA. If the provider ID or NPI on the PA does not match the rendering/servicing provider ID or NPI on the claim, the claim will deny.

If you have questions, please contact MassHealth at (800) 841-2900 or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

08/19/2025

### *Provider File Updates: Fax Submissions to be Discontinued Effective September 2025*

Effective September 2025, provider file update requests for non-LTSS and non-dental MassHealth providers will no longer be accepted via fax. To ensure timely processing of your updates moving forward, please visit the Provider Self-Service site, available at [MassHealth Provider Self-Service](#). Only updates submitted to Provider Enrollment and Credentialing (PEC) through self-service and by mail will be accepted.

Providers may access the training ‘*PEC Self-Service Resources*’ in the [provider learning management system](#) for non-LTSS and non-dental providers. This training will give instructions on how to submit a request for provider file updates along with other provider requests.

If you have questions, please contact MassHealth at [\(800\) 841-2900](tel:800-841-2900) or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

08/12/2025

### *Announcing CANS changes kick off Meeting*

The Executive Office of Health and Human Services (EOHHS) has procured a vendor to update the online application for the Child/Adolescent Needs and Strengths (CANS) Assessment. Starting in early calendar year 2026, the CANS assessment will be moved to the eCAS platform. To start this migration, all providers who see youth under the age of 21 for behavioral health services and complete the CANS assessment are invited to a general kick off on 8/19/2025 at noon. Attendees should be those with knowledge of current systems and oversight of the use of the CANS. This meeting will also discuss Electronic Health Record (EHR) integration and should be attended by those who are connected to the current HL7 process for uploading CANS to the Virtual Gateway or those interested in that process.

The meeting will be held by Zoom. Please register here to [join](#).

08/05/2025

### *Reinstatement of Primary Care Referral Requirements*

On March 20, 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 (ACO) and the Primary Care Clinician (PCC) Plan.

Effective August 1, 2025, MassHealth is reinstating referral requirements for services provided to members in the PCC plan or a Primary Care ACO, as outlined in 130 CMR 450.118(J): Referral for Services and 130 CMR 450.119(I): Referral for Services.

For more information, please review All Provider Bulletin 403: Ending the Suspension of Primary Care Clinician Plan & Primary Care ACO Referrals and Updating Referral Requirements for Urgent Care Services: [All Provider Bulletins 404-through-300](#).

Claims submitted to MassHealth for services that require a referral must include an authorized referring provider’s national provider identifier (NPI). The referring provider must also be enrolled with MassHealth for the claim to be payable. Billing providers must include the NPI of an authorized referring provider who is enrolled with MassHealth. This NPI must appear on every claim with a service that requires a referral for the claim to be payable.

#### **For questions or concerns:**

LTSS providers, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:844-368-5184) or [support@masshealthltss.com](mailto:support@masshealthltss.com).

All other providers, please contact MassHealth at [\(800\) 841-2900](tel:800-841-2900) or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## September

09/30/2025

### *Revised - Provider File Update Requests by Fax Submissions are Discontinued as of October 1, 2025*

As of October 1, 2025, faxed provider file update requests will not be processed (this applies to all non-LTSS and non-dental providers). Please submit your update request using the Provider Self-Service site: [MassHealth Provider Self-Service](#).

For more information on maintaining MassHealth provider file information, visit [MassHealth Provider File Information](#).

Providers may access Provider Enrollment and Credentialing (PEC) self-service resources training in the provider learning management system for non-LTSS and non-dental providers. The training 'PEC Self-Service Resources' is available at [MassHealth BSS Provider Training Portal](#). This training will give instructions on how to submit a request for provider file updates along with other provider requests.

If you have questions, please contact MassHealth at [\(800\) 841-2900](tel:8008412900) or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

09/16/2025

### *Update for Quarterly Drug Code Rates Effective July 1, 2025*

MassHealth has completed the rate updates for the July 1, 2025 Quarterly Drug codes. The impacted claims will be reprocessed and/or adjusted and will appear on a future remittance advice.

If you have questions, please contact MassHealth at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com) or [\(800\) 841-2900](tel:8008412900).

09/09/2025

### *Revised - Provider File Update Requests by Fax Submissions to be Discontinued Effective October 1, 2025*

Effective October 1, 2025, provider file update requests for non-LTSS and non-dental MassHealth providers will no longer be accepted via fax. To ensure timely processing of your updates moving forward, please visit the Provider Self-Service site, available at [MassHealth Provider Self-Service](#). Only updates submitted to Provider Enrollment and Credentialing (PEC) through self-service and by mail will be accepted.

Providers may access the training 'PEC Self-Service Resources' in the provider learning management system for non-LTSS and non-dental providers, which is available at [MassHealth BSS Provider Training Portal](#). This training will give instructions on how to submit a request for provider file updates along with other provider requests.

If you have questions, please contact MassHealth at [\(800\) 841-2900](tel:8008412900) or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

09/02/2025

### *Update to the Primary Care Clinician Plan & Primary Care ACO Referral Requirements - Exemption for Prosthetic and Orthotic SERVICES*

Effective August 1, 2025, MassHealth has added prosthetic and orthotic services to the list of services exempt from PCC referral requirements for members enrolled in the Primary Care Clinician (PCC) plan or a Primary Care Accountable Care Organization (Primary Care ACO). For claims with dates of service on and after August 1, 2025, prosthetic and orthotic services do not require a PCC referral for members enrolled in the PCC plan or a Primary Care ACO.

For more information and for the updated list of Exceptions to Services Requiring Referrals, please refer to All Provider Bulletin 406: Update to Certain Exceptions to Services that Require Referrals in the Primary Care Clinician Plan and Primary Care ACOs at [All Provider bulletins](#).

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:844-368-5184) or [support@masshealthtss.com](mailto:support@masshealthtss.com).

### *Update to the Primary Care Clinician Plan & Primary Care ACO Referral Requirements - Exemption for Therapist Services*

Effective August 1, 2025, MassHealth has added therapist services to the list of services exempt from PCC referral requirements for members enrolled in the Primary Care Clinician (PCC) plan or a Primary Care Accountable Care Organization (Primary Care ACO). For claims with dates of service on and after August 1, 2025, therapist services do not require a PCC referral for members enrolled in the PCC plan or a Primary Care ACO.

For more information and for the updated list of Exceptions to Services Requiring Referrals, please refer to All Provider Bulletin 406: Update to Certain Exceptions to Services that Require Referrals in the Primary Care Clinician Plan and Primary Care ACOs at [All Provider bulletins](#).

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:844-368-5184) or [support@masshealthtss.com](mailto:support@masshealthtss.com).

### *Update to the Primary Care Clinician Plan & Primary Care ACO Referral Requirements - exemption for CSN Agency Services*

Effective August 1, 2025, MassHealth has added continuous skilled nursing (CSN) agency services to the list of services exempt from PCC referral requirements for members enrolled in the Primary Care Clinician (PCC) plan or a Primary Care Accountable Care Organization (Primary Care ACO). For claims with dates of service on and after August 1, 2025, CSN agency services do not require a PCC referral for members enrolled in the PCC plan or a Primary Care ACO.

For more information and for the updated list of Exceptions to Services Requiring Referrals, please refer to All Provider Bulletin 406: Update to Certain Exceptions to Services that Require Referrals in the Primary Care Clinician Plan and Primary Care ACOs at [All Provider bulletins](#).

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:844-368-5184) or [support@masshealthtss.com](mailto:support@masshealthtss.com).

### *Update to the Primary Care Clinician Plan & Primary Care ACO Referral Requirements - exemption for Independent Nursing Services*

Effective August 1, 2025, MassHealth has added independent nursing services to the list of services exempt from PCC referral requirements for members enrolled in the Primary Care Clinician (PCC) plan or a Primary Care Accountable Care Organization (Primary Care ACO). For claims with dates of service on and after August 1, 2025, independent nursing services do not require a PCC referral for members enrolled in the PCC plan or a Primary Care ACO.

For more information and for the updated list of Exceptions to Services Requiring Referrals, please refer to All Provider Bulletin 406: Update to Certain Exceptions to Services that Require Referrals in the Primary Care Clinician Plan and Primary Care ACOs at [All Provider bulletins](#).

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:8443685184) or [support@masshealthltss.com](mailto:support@masshealthltss.com).

### *Update to the Primary Care Clinician Plan & Primary Care ACO Referral Requirements - exemption for Home Health Services*

Effective August 1, 2025, MassHealth has added home health services to the list of services exempt from PCC referral requirements for members enrolled in the Primary Care Clinician (PCC) plan or a Primary Care Accountable Care Organization (Primary Care ACO). For claims with dates of service on and after August 1, 2025, home health services do not require a PCC referral for members enrolled in the PCC plan or a Primary Care ACO.

For more information and for the updated list of Exceptions to Services Requiring Referrals, please refer to All Provider Bulletin 406: Update to Certain Exceptions to Services that Require Referrals in the Primary Care Clinician Plan and Primary Care ACOs at [All Provider bulletins](#).

If you have questions regarding this guidance, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:8443685184) or [support@masshealthltss.com](mailto:support@masshealthltss.com).

## October

10/28/2025

### *Changes to MassHealth's Accountable Care Organizations on January 1, 2026*

As part of MassHealth's annual Accountable Care Organization (ACO) program update process, there will be changes to ACO service areas, hospitals, providers, and health plans within the managed care program effective January 1, 2026. Please reference All Provider Bulletin 410 at [2025 MassHealth provider bulletins](#) for more details.

For questions or concerns:

LTSS providers, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:8443685184) or [support@masshealthltss.com](mailto:support@masshealthltss.com).

All other providers, please contact MassHealth at [\(800\) 841-2900](tel:8008412900) or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

### *Electronic Visit Verification (EVV) Match Informational Explanation of Benefits (EOBs)*

MassHealth EVV soft edits are now live, and you may see new EVV messages on your Remittance Advice (RA). For claims for EVV services processed through MassHealth, you may begin to see codes on your RA indicating whether a matching EVV visit was found in the Sandata EVV Aggregator for the EVV service on the claim. At this time, the existence of a matching or unmatching EVV visit is not affecting the MassHealth claims payment and is being supplied to aid providers in understanding where and why mismatches occur. This period of providing EVV match notification on the RA but not having EVV impact claims payment is called "EVV soft edits". More information will be sent to EVV providers to provide guidance on these EVV specific edits and how to take corrective action. If you have general MA EVV policy related questions, please email [EVVfeedback@Mass.gov](mailto:EVVfeedback@Mass.gov).

### *Reprocess Medicare Crossover Claims Incorrectly Denied with Edit 2502*

MassHealth identified an issue affecting Medicare crossover claims billed for services that are unrelated to a hospice member's terminal illness. These crossover claims were incorrectly denied for edit 2502 'Member covered by other insurance' for members enrolled in a Medicare Advantage plan on the date of service. The affected crossover claims with dates of service on or after January 2023 have been reprocessed and will appear on subsequent remittance advices.

If you have questions regarding this message:

LTSS providers, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:8443685184) or [support@masshealthtss.com](mailto:support@masshealthtss.com).

All other providers, please contact MassHealth at [\(800\) 841-2900](tel:8008412900) or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

### *Update for Quarterly Drug Code Rates Effective October 1, 2025*

MassHealth has completed the rate updates for the October 1, 2025 Quarterly Drug codes. The impacted claims will be reprocessed and/or adjusted and will appear on a future remittance advice.

If you have questions, please contact MassHealth at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com) or [\(800\) 841-2900](tel:8008412900).

10/14/2025

### *Reprocess Behavioral Health Urgent Care (BHUC) Claims Incorrectly Denied with Edit 5125*

MassHealth identified an issue affecting BHUC claims which caused claims to deny incorrectly with edit 5125 'Missing procedure on BHUC bundle claim'. The affected BHUC claims have been reprocessed and will appear on subsequent remittance advices.

If you have questions regarding this message, please contact MassHealth at [\(800\) 841-2900](tel:8008412900) or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

### *Advancing Interoperability and Improving Prior Authorization Processes*

On January 17, 2024, the Centers for Medicare and Medicaid Services (CMS) issued the Advancing Interoperability and Improving Prior Authorization Processes Final Rule. The final rule emphasizes the need to improve health information exchange to achieve appropriate and necessary access to health records for patients (members), healthcare providers, and payers. The rule also focuses on efforts to improve prior authorization processes through policies and technology, to help ensure that patients remain at the center of their own care.

This final rule requires MassHealth to adjudicate Prior Authorization requests (excluding drugs) within 7 calendar days, or 72 hours for expedited requests. The implementation date for this is 1/1/2026.

Beginning 3/31/2026, MassHealth will post prior authorization metrics to Mass.gov. The metrics will be updated on an annual basis.

This final rule requires impacted payers to implement and maintain a Patient Access Application Programming Interface (API), a Provider Access API, a Payer-to-Payer API, and a Prior Authorization API. The expected implementation date for the APIs is 1/1/2027.

MassHealth will be issuing an All-Provider Bulletin in the near future with details. Information sessions are also being planned and further details on these sessions will be made available soon.

#### **For questions or concerns:**

LTSS providers, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:8443685184) or [support@masshealthtss.com](mailto:support@masshealthtss.com).

All other providers, please contact MassHealth at [\(800\) 841-2900](tel:8008412900) or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## November

11/25/2025

### *MassHealth EDI Inquiry Online Tool*

MassHealth is introducing a new [Electronic Data Interchange \(EDI\) Inquiry Request form](#) which will be accessible on Mass.gov in order to streamline how providers submit EDI related inquiries.

Beginning later this month, all MassHealth providers will be required to use this online form for billing vendor updates, direct submission requests, and issues related to submitting or receiving EDI files. The EDI Inquiry form is designed to save time, ensure requests reach the MassHealth EDI team with complete information, and provide clear step-by-step guidance throughout the submission process.

Providers may access the [EDI Inquiry Request form](#) now available on mass.gov.

If you have questions, please contact MassHealth at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com) or [\(800\) 841-2900](tel:8008412900).

### *Advancing Interoperability and Improving Prior Authorization Processes*

On January 17, 2024, the Centers for Medicare and Medicaid Services (CMS) issued the Advancing Interoperability and Improving Prior Authorization Processes Final Rule (the “Final Rule”). The Final Rule emphasizes the need to improve health information exchange to achieve appropriate and necessary access to health records for patients, healthcare providers, and payers. The Final Rule also focuses on efforts to improve prior authorization (PA) processes through policies and technology, to help ensure that patients remain at the center of their own care.

The Final Rule requires MassHealth to adjudicate standard PA requests under the medical benefit within 7 calendar days and expedited PA requests under the medical benefit within 72 hours. The expected implementation date for this is January 1, 2026.

The Final Rule requires that MassHealth make certain health care information, such as claims information, available to MassHealth members through the Patient Access Application Programming Interface (API). Beginning January 1, 2026, members will be able to access their health information from January 1, 2016, with a third-party application of their choice.

On November 20, 2025, MassHealth issued the [All Provider Bulletin 413](#) and published the [MassHealth’s Implementation of Interoperability and Prior Authorization Requirements](#) web page which includes more details about PA process changes that are effective January 1, 2026.

MassHealth plans to conduct a series of information sessions in December 2025, to provide an overview of the upcoming changes to the PA processes and Medicaid Management Information Systems (MMIS) Provider Online Service Center (POSC) modifications. MassHealth providers impacted by these changes are encouraged to participate in the information sessions.

#### **For questions or concerns:**

LTSS providers, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:8443685184) or [support@masshealthltss.com](mailto:support@masshealthltss.com).

All other providers, please contact MassHealth at [\(800\) 841-2900](tel:8008412900) or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

11/11/2025

### *Duplicate Claims Suspension - Independent Nurse (IN) Providers*

In August of 2024, MassHealth implemented the following claims detections:

1. If an Independent Nurse (IN) bills for overtime units using modifiers TU or U4 before they bill for 40 hours of standard Continuous Skilled Nursing (CSN) services in a calendar week (starting Sunday 12am and ending Saturday 11:59pm).
2. If an IN bills for greater than 20 hours of overtime units using modifiers TU or U4 in a calendar week (starting Sunday 12am and ending Saturday 11:59pm).
3. If an IN bills for greater than 60 hours of CSN services (using any procedure code or modifier) in a calendar week (starting Sunday 12am and ending Saturday 11:59pm).

After these claim detections went into effect, MassHealth saw an increase in duplicate claims. This occurs when a provider resubmits a claim. On November 3, MassHealth began suspending all duplicate claims for manual review. If you are resubmitting suspended claims, those additional claims will also be suspended and will be reviewed manually. To try to reduce suspended claims, please abide by the following guidance:

1. Do not resubmit a suspended claim.
2. Do not submit multiple claims for the same date of service. If you worked multiple shifts on the same date of service or you worked both daytime and nighttime hours, include all units on the same claim and differentiate using different claim lines.

If you have questions, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:8443685184) or [support@masshealthltss.com](mailto:support@masshealthltss.com).

11/04/2025

### *Overpayments Resulting from Duplicate Claim Editing Issue*

MassHealth has identified an editing issue that has resulted in overpayments for several providers. The issue has been corrected, and we are in the process of identifying affected claims for a Mass Adjustment to recoup the overpayments.

As a reminder, duplicate billing is forbidden according to MassHealth Billing Regulation 130 CMR 450.307: Unacceptable Billing Practices. Please refer to the [All Provider Administrative and Billing Regulations](#) for additional information.

If you have questions, please contact MassHealth at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com) or [\(800\) 841-2900](tel:8008412900).

## December

12/29/2025

### *New Claim Detection for Independent Nurses*

MassHealth will be implementing a new claims detection on January 12, 2026, to ensure that dates of service (DOS) for claims submitted by independent nurses fall within one calendar week. A calendar week is defined as the hours from 12 am Sunday to 11:59 pm Saturday. This claims detection is being used to ensure that providers are following MassHealth regulations regarding the use of overtime units and the limit of hours in a calendar week.

As of January 12, if a claim is submitted with DOS that fall outside of a calendar week, the entire claim will be denied. Please review the email version of this message which includes examples.

As a reminder, MassHealth has other claim detections in place to ensure independent nurse providers are billing according to MassHealth regulations. Please review the email version of this message to see a full list of claims detections in place.

After these claim detections went into effect, MassHealth saw an increase in duplicate claims/lines. This occurs when a provider resubmits a claim/line that was previously paid or is currently suspended. As a reminder, if your claim is suspended, do not resubmit the claim. A member of MassHealth's claims detection team will review the claim and then set the claim to pay or deny based on the manual review.

If you resubmit a suspended or paid claim/line, those duplicate claims/lines will be denied.

If you have questions, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:8443685184) or [support@masshealthtss.com](mailto:support@masshealthtss.com).

### *Plan of Care Submission Requirements*

Starting January 1, 2026, independent nurses (INs) who are seeking a prior authorization (PA) to work with a Community Case Management (CCM) member for the first time must submit a copy of a signed plan of care to the member's CCM clinical manager in order to receive their PA for continuous skilled nursing (CSN) services. INs who have already been working with CCM members on an existing PA will not need to submit a signed plan of care for CCM's review in order to have a new PA established with the same member.

If the member's physician or ordering non-physician practitioner has not yet physically signed the plan of care, the IN must obtain a verbal order in accordance with 130 CMR 414.412(D) and submit with the unsigned plan of care documentation of the verbal order, which must include the following:

1. Nurse's signature and date of verbal start of care;
2. Name and address of the ordering prescriber clearly printed/typed on the verbal order documentation; and
3. Indication that the prescriber has verbally approved the plan of care and the number of hours per week MassHealth/CCM has approved.

Once a member's CCM clinical manager has received a copy of the IN's plan of care and has confirmed that it has been signed or contains the necessary documentation for a verbal order, the clinical manager will issue a PA for CSN services. If an IN cannot submit a copy of the plan of care or submits a plan of care that does not meet the requirements established under 130 CMR 414.412, the clinical manager will not issue a PA for the IN provider. This change in process will go into effect on January 1, 2026.

If you have questions, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:8443685184) or [support@masshealthtss.com](mailto:support@masshealthtss.com).

### *Edit 2016 Updated Error Message Description*

Error message for edit 2016 has been updated to clarify denied claims where a member is enrolled in PACE/SCO. The updated message is 2016 MEMBER COVERED BY SCO/PACE PLAN - MUST BILL SCO/PACE. Providers are reminded to bill the SCO/PACE plan for services.

For questions or concerns:

LTSS providers, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:8443685184) or [support@masshealthtss.com](mailto:support@masshealthtss.com).

All other providers, please contact MassHealth at [\(800\) 841-2900](tel:8008412900) or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

12/23/2025

### *Claims Reprocessed FOR Community Health Centers for Updated July 1, 2025 and October 1, 2025 Quarterly Drug Code Rates*

MassHealth has completed the rate updates for the July 1, 2025 and October 1, 2025 Quarterly Drug Code Rates of the Community Health Center Manual.

MassHealth updated its system for these drug code rate changes effective for dates of service on or after July 1, 2025, and October 1, 2025. All affected claims were reprocessed as of December 8, 2025, and should appear on past or future remittance advices.

If you have questions, please contact MassHealth at [\(800\) 841-2900](tel:8008412900) or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

### *Claim Denials - Billing Provider NPI is Mapped to Multiple PID/SLs*

MassHealth is seeing large numbers of denials for 1945 - BILLING PROVIDER NPI IS MAPPED TO MULTI SERV LOC when the NPI cannot be mapped to the correct MassHealth Provider ID/Service Location (PID/SL). Providers are reminded of the following to avoid these denials:

1. Do not bill with a taxonomy code in the 2000A PRV03 segment of the 837 unless MassHealth has directed you to include one. MassHealth has assigned a unique taxonomy code to each provider type and does not allow providers to self-attest taxonomy codes. MassHealth will not update a provider file with a taxonomy code if requested. There are times when MassHealth assigns a taxonomy code to a PID/SL to allow an NPI to crosswalk to the PID/SL. If you have two PID/SLs at the same address, taxonomy is required as part of the 837 and must be assigned/confirmed by MassHealth.
2. The MassHealth 837 Companion Guides outline that for adjudication, MassHealth expects to receive the billing provider identification and the doing business as (DBA) addresses in the 2010AA. Providers should not submit 837 files with a general billing address, including an out-of-state address. Providers must also be sure to use the current USPS Zip+4 code on their claim file. Billing with a dummy Zip+4 of 9998 or an incorrect Zip+4 may cause claims to be denied as noted above. Providers may use [self-service](#) options to verify the address enrolled. Select “Check Enrollment Status” and follow the prompts.

Providers should ensure that their billing companies and intermediaries follow the instructions above to avoid these denials.

For questions or concerns:

LTSS providers, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:8443685184) or [support@masshealthltss.com](mailto:support@masshealthltss.com).

All other providers, please contact MassHealth at [\(800\) 841-2900](tel:8008412900) or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

12/16/2025

### *Adjusting Certain Group Practice Medicare Crossover Claims*

MassHealth identified an issue that caused incorrect pricing on certain group practice Medicare crossover claims, leading to overpayments. This occurred when the rendering provider was a mid-level practitioner and the place of service was 02 or 10 (telehealth). The issue has been resolved, and all impacted Medicare crossover claims adjudicated on or after February 1, 2023, have been adjusted. These adjustments will appear on this and future remittance advices.

If you have questions regarding this message, please contact MassHealth at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com) or [\(800\) 841-2900](tel:8008412900).

### *Reprocessing Community Behavioral Health Center (CBHC) Claims Denied in Error*

MassHealth identified that certain Community Behavioral Health Center (CBHC) claims for Medicare Savings Plan (MSP) members (formerly known as Senior Buy-in) were incorrectly denied for edit 2609 “SBI benefit plan - not a covered service”.

Specifically, claims billed to MassHealth for the CBHC clinic per diem bundle that included a payment and/or patient responsibility from Medicare or a Medicare advantage plan were denied in error for edit 2609. These impacted claims have been reprocessed and will appear on subsequent remittance advices. Claims that did not meet the above criteria were appropriately denied.

Providers are reminded that if an MSP member paid out of pocket for services that were incorrectly denied, providers must reimburse the member.

If you have questions regarding this message, please contact MassHealth at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com) or [\(800\) 841-2900](tel:8008412900).

12/09/2025

### *Mailing Discontinued for PT-1 Provider Expiration Notices*

Effective December 1, 2025, Provider Expiration Notices for Provider Requests for Transportation (PT-1s) will no longer be mailed. Please continue to monitor the Upcoming Expirations tab within the [Customer Web Portal \(CWP\)](#) for updates on existing PT-1 status.

If you have questions, please contact MassHealth at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com) or [\(800\) 841-2900](tel:8008412900). LTSS providers, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:8443685184) or [support@masshealthtss.com](mailto:support@masshealthtss.com).

### *Adjustments on Medicare Crossover Claims for Discarded Drugs*

MassHealth implemented edit 9974 “PM: deny-service not covered/payable by MassHealth” in May 2025 to deny crossover claims billed with modifier JW ‘drug amount discarded/not administered to any patient’. Use of this modifier is not permitted under MassHealth policy, as outlined in Subchapter 6 of the Provider Manual. In October 2025, MassHealth identified a system issue that caused crossover claims for Qualified Medicare Beneficiaries (QMB) to deny incorrectly. This issue was corrected on 10/20/25 and all affected crossover claims have been adjusted. These adjustments will appear on subsequent remittance advices.

Please note, edit 9974 applies only to crossover claims for members who are not QMB. Crossover claims for QMB members will continue to pay in accordance with federal regulations.

If you have questions, please contact MassHealth at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com) or [\(800\) 841-2900](tel:8008412900). LTSS providers, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:8443685184) or [support@masshealthtss.com](mailto:support@masshealthtss.com).

### *Upcoming Changes to EVS & POSC Hospice Information Display*

Beginning 12/21/25, the Eligibility Verification System (EVS) and Provider Online Service Center (POSC) will show key details when a member elects the MassHealth Hospice Benefit, including the hospice provider’s information (DBA name, address, phone, PID/SL, NPI), and the member’s MassHealth and Medicare hospice enrollment dates (if available).

A reminder will also appear for providers to coordinate all non-hospice services with the hospice provider.

For questions or concerns:

LTSS providers, please contact the LTSS Provider Service Center at [\(844\) 368-5184](tel:8443685184) or [support@masshealthtss.com](mailto:support@masshealthtss.com).

All other providers, please contact MassHealth at [\(800\) 841-2900](tel:8008412900) or [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).