



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

Adult Day Health Bulletin 41

DATE: December 2025

TO: Adult Day Health Providers Participating in MassHealth

FROM: Mike Levine, Undersecretary for MassHealth

RE: Provider Compliance Notifying MassHealth of any Change in Application Information within 14 Days

Introduction

In accordance with 130 CMR 450.223: *Provider Contract: Execution of Contract*, MassHealth-enrolled providers must notify the MassHealth agency in writing within 14 days of any change in any of the information submitted in the provider application. Failure to do so constitutes a breach of the provider contract.

Providers who fail to notify the MassHealth agency as required may be subject to sanctions including but not limited to recoupments of payments for services rendered, referral to the Medicaid Fraud Division (MFD), or termination of their provider contract.

This bulletin communicates a reminder of the regulatory requirement and does not change anything in 130 CMR 450.223: *Provider Contract: Execution of Contract*.

Change in Application Information

A change in application information may include but is not limited to:

- Doing business as (DBA)
- Change of ownership (CHOW)
- Change of Corporate Structure (CCS)
- Change of Address

Provider Notification and Process

Standard process

MassHealth enrolled providers must notify MassHealth in accordance with applicable regulation requirements. Providers will submit a new application to be processed by the MassHealth Provider Enrollment and Credentialing (PEC) to process and complete updates to the application.

Adult day health providers must also comply with the Department of Public Health's (the Department) regulatory requirements in 105 CMR 158.006: *Application of a License* in conjunction with MassHealth. Each ADH site location with changes of ownership or changes in location must submit:

1. Any information concerning ownership or control, as the Department may require; and
2. Any information required by the Department as part of the application package.

The Department also requires that the licensee update the Department with any changes to information contained in any document required to be filed to the Department within 30 days of those changes.

The Department must issue an updated license based on the changes in ownership or location before a new application for MassHealth enrollment may be submitted.

No services will be provided at a new location until a DPH license is obtained. MassHealth will not pay for any services provided at a new location until the MassHealth provider enrollment is completed under a new Provider ID/site location (PID/SL). Prior authorizations for services must be obtained under the new PID/SL.

Process for providers who fail to notify MassHealth

If PEC does not have a record of timely notification of a change in application information, PEC will communicate with the provider. Providers have an opportunity to supply documentation, within five business days, to show that the provider notified MassHealth within 14 days of a change. If PEC has made an error regarding receipt of notification, it will correct its records. PEC may direct the provider to complete a new application at this time.

Process for providers who cannot provide documentation demonstrating an error in compliance

PEC will direct the provider to complete a new application. Providers have within 14 days to complete the new application. If the application is not completed within 14 days, MassHealth or their representative will communicate any further action taken by the agency. This may include sanctions or other actions taken by the agency. The provider's enrollment status is contingent upon satisfying all required steps, including any applicable sanction agreements.

MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

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Questions?

If you have questions about the information in this bulletin, please contact:

Long-Term Services and Supports

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

Email: support@masshealthltss.com

Portal: MassHealthLTSS.com

Mail: MassHealth LTSS
PO Box 159108
Boston, MA 02215

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All Other Provider Types

Phone: (800) 841-2900, TDD/TTY: 711

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