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Filing Guidance Notice: 2026-I

TO: Insurance Carriers Subject to M.G.L. c. 176O

FROM: Kevin Patrick Beagan, Deputy Commissioner, Health Care Access Bureau

DATE: July 15, 2026

RE: Filings to Implement Amendments to 211 CMR 52.00 Associated with Prospective Review

Filing Guidance Notice 2026-I notifies insurance carriers (“Carriers”) regarding the process to submit materials to the Division of Insurance (“Division”) in order to implement those prospective review (i.e., prior authorization) changes promulgated in the recent amendments to [211 CMR 52.00](#) (“Managed Care Consumer Protections and Accreditation of Carriers”).

Scope of Application

The noted regulatory provisions apply to insured managed care plans subject to M.G.L. c. 176O and impact insured benefit plans issued or renewed to Massachusetts individuals or employment-based groups (i.e., commercial, fully-insured plans). These provisions do not apply directly to self-funded employment-based plans (i.e., self-insured plans), to government programs such as Medicare or Medicaid, or to out-of-state health plans. However, Carriers may apply such provisions more broadly. The Division expects that Carriers will be clear in their communications with providers and covered persons whether the prospective review provisions within 211 CMR 52.00 will apply.

Process to Implement Regulatory Amendments

To facilitate implementation of the amendments to 211 CMR 52.00, the Division held public listening sessions between June 8 and June 25, 2026, to review the regulatory updates in detail and listen to questions and comments about the final promulgated changes. The Division notified participating parties that it would develop guidance materials to further clarify elements of the changes to allow for an orderly and consistent implementation of the rules. Following the conclusion of these sessions, the Division requested that all clarifying suggestions be submitted by July 10, 2026. The Division is reviewing all submitted materials and will expeditiously distribute clarifying guidance documents.

Once such guidance documents are distributed, the Division will expect that within 45 days each Carrier will complete and submit a detailed plan, subject to the Division's review and approval, about how the Carrier will implement the prospective review changes. The implementation plan is expected to include, e.g., explanation of the steps that the Carrier will follow to modify their internal systems, where necessary, to fully operationalize the changes to their prospective review process. The plan is also expected to explain to providers and covered persons how these changes will go into effect.

Once approved, the Division will expect that the Carriers will implement the prospective review changes according to the timelines identified in the approved plans.

If you have any questions, please contact me at kevin.beagan@mass.gov.