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

HCBS Waiver Provider Bulletin 29

DATE: November 2026

TO: Acquired Brain Injury and Moving Forward Plan Waiver Providers Participating in MassHealth

FROM: Ryan Schwarz, Assistant Secretary for MassHealth

RE: Electronic Visit Verification—Implementation of Claim Edits on January 1, 2027

Introduction

MassHealth is implementing Electronic Visit Verification (EVV) claim edits and associated claim denials for applicable Fee-for-Service (FFS) claims beginning January 1, 2027. This bulletin is to confirm the implementation date and remind Acquired Brain Injury and Moving Forward Plan (ABI/MFP) Waiver provider agencies to continue preparing for claim denials. This bulletin marks the implementation of **Phase 3: Compliance Implementation of Claims Edits**, as outlined in HCBS Waiver Provider Bulletin 24, and confirms that EVV hard edits, edits that deny a claim for a mismatch between the EVV visit information and the claim submitted, and claim denials associated with the hard edit will take effect beginning January 1, 2027.

Process for Implementing Hard Edits and Claim Denials

For dates of service beginning January 1, 2027, applicable claims for FFS ABI/MFP Waiver services that do not match a verified EVV visit and meet MassHealth EVV requirements will be subject to MassHealth EVV claim adjudication rules and may be denied in accordance with MassHealth policy.

The implementation of EVV hard edits will include a four-week suspension process for EVV claims, providing an opportunity for providers to correct the EVV visit record and corresponding claim before a final denial is issued. Claims that cannot initially be matched to a corresponding verified EVV visit will be suspended rather than immediately denied and reprocessed weekly for up to a month. During this period, providers may correct EVV visit records, resolve exceptions, or resubmit corrected claims as needed. If a match is made, the claim will proceed to adjudication. If the

mismatch remains unresolved at the end of the suspension period, the claim will be denied, and an applicable remittance advice code will be issued.

What Should Provider Agencies Do Now?

Provider agencies are expected to use the time leading up to the implementation of claim edits to review EVV processes, monitor EVV data, and address issues that could prevent claims from matching to EVV visits. Provider agencies are strongly encouraged to:

- **Review EVV visit and claim data regularly** to identify potential matching issues.
- **Ensure EVV visits are complete, accurate, verified, and available in the Aggregator** before the associated claims are submitted.
- **Review claim-to-visit matching requirements** including applicable member information, service information, visit timing, and units.
- **Investigate unmatched claims and visits** to understand and resolve the underlying cause.
- **Review MassHealth EVV training materials and resources** and share relevant information with agency administrators, employees delivering services, and other impacted staff.
- **Address outstanding technical or operational issues now** rather than waiting until claim edits take effect.

Preparing for January 1, 2027

MassHealth will continue to provide communications, training opportunities, resources, and guidance to support provider readiness for the implementation of claim edits. Providers are expected to monitor MassHealth EVV email communications for information about upcoming claim edits town hall meetings, ABI/MFP Waiver Program office hours, common roadblocks, and additional preparation engagements.

Note: MassHealth may, at its discretion, suspend EVV-related claim denials in limited circumstances, including verified EVV system failures, issues with state systems that prevent the processing of valid EVV visits, or emergencies such as natural disasters or public health emergencies that impact providers' ability to capture visits or submit claims. Any suspension will be communicated to impacted providers, including the applicable effective dates and guidance.

Contacts & Resources

For the FFS Home Health, GAFC, and ABI/MFP Waivers Programs Hard Edits Cheat Sheet, Hard Edits Preparation Training presentation, and other provider resources, visit the Electronic Visit Verification for Agency-based Providers page on Mass.gov.

For technical assistance with the Sandata EVV Portal or Sandata Aggregator, contact HHAeXchange Customer Support through the HHAeXchange Knowledge Baseor call 833-511-0164.

For additional live support in understanding Sandata EVV or Sandata Aggregator system features, register for Sandata Onboarding Support Office Hours.

For general questions about the Massachusetts EVV Program, email EVVfeedback@Mass.gov. You can also visit the Massachusetts EVV website for additional program information.

For assistance with your remittance advice or about claim processing, please contact ABI/MFP Waiver Provider Network Administration by phone at (855) 300-7058 or email at providernetwork@umassmed.edu

MassHealth Website

This bulletin is available on the MassHealth Provider Bulletins web page.

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Questions?

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
- Fax: (888) 832-3006

All Other Provider Types

- Phone: (800) 841-2900, TDD/TTY: 711
- Email: provider@masshealthquestions.com