



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

Managed Care Entity Bulletin 128

DATE: May 2025

TO: Managed Care Entities Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth

RE: Ending the Suspension of Referrals and Updating Referral Requirements for Urgent Care Services

Applicable Managed Care Entities and PACE Organizations

- ☒ Accountable Care Partnership Plans (ACPPs)
- ☒ Primary Care Accountable Care Organizations (Primary Care ACOs)
- ☒ Managed Care Organizations (MCOs)
- ☒ MassHealth's behavioral health vendor
- ☒ One Care Plans
- ☒ Senior Care Options (SCO) Plans
- ☐ Program of All-inclusive Care for the Elderly (PACE) Organizations

Background

MassHealth created many flexibilities during the federal Public Health Emergency (PHE) to address COVID-19. We provided updates on those flexibilities in [All Provider Bulletins 367, 371, and 384](#). These flexibilities included the suspension of referral requirements for services provided to members enrolled in the Primary Care Clinician (PCC) Plan or a Primary Care Accountable Care Organization (ACO). MassHealth Accountable Care Partnership Plans (ACPPs), Managed Care Organizations (MCOs), Senior Care Organizations (SCOs), and One Care plans (together "Managed Care Plans") must provide plan-covered services to enrollees in an amount, duration, and scope that is no more restrictive than MassHealth fee-for-service coverage for such services. For this reason, in [Managed Care Entity Bulletin 22](#), MassHealth directed its Managed Care Plans to suspend referral requirements for services provided to their members. This bulletin announces the reinstatement of those requirements.

Primary Care Clinician Plan & Primary Care ACO Referrals

On August 1, 2025, MassHealth will reinstate referral requirements for services provided to members enrolled in the PCC Plan and Primary Care ACO, as outlined in 130 CMR 450.118(J): *Referral for Services* and 130 CMR 450.119(I): *Referral for Services*. Managed Care Plans may

reinstate referral requirements that are no more restrictive than those in the PCC Plan and Primary Care ACO on August 1, 2025.

Referrals for Urgent Care Services

Notwithstanding the requirements of 130 CMR 450.118(J): *Referral for Services* and 130 CMR 450.119(I): *Referral for Services*, Managed Care Plans may not require a referral for urgent care services, as defined in M.G.L. c. 118E, s. 10N, in order to be payable. Urgent care facilities, as defined in M.G.L. c. 118E, s. 10N, that provide urgent care services must bill in a way that shows the service was urgent. For professional claims, providers that bill MassHealth directly have been instructed to bill with place of service 20. For institutional claims, providers billing MassHealth must bill with admit code 02.

MassHealth Website

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Questions?

- Call MassHealth at (800) 841-2900, TDD/TTY: 711
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