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

Managed Care Entity Bulletin 136

DATE: September 2025

TO: Applicable Managed Care Entities

FROM: Mike Levine, Undersecretary for MassHealth

RE: **Annual Behavioral Health Wellness Examinations**

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

This bulletin sets forth policies concerning the provision and billing of an annual behavioral health wellness examination for MassHealth members, as detailed in M.G.L. Chapter 118E, § 10Q.

Coverage of an Annual Behavioral Health Wellness Examination

ACPPs, Primary Care ACOs, MCOs, and MassHealth's behavioral health vendor (collectively, Managed Care Entities [MCEs]) are required to cover an annual behavioral health wellness examination provided by a primary care provider or a licensed mental health professional with no member cost-sharing. The wellness examination includes a screening or assessment to identify any behavioral or mental health needs and the appropriate resources for treatment.

For an overview of the components of this annual examination, plans may refer to Appendix A of the Division of Insurance Bulletin 2024-02.

Billing for an Annual Behavioral Health Wellness Exam

All MCEs must develop policies and procedures to pay for annual behavioral health (BH) wellness exams provided to any enrollee in any care setting by a licensed mental health professional or Primary Care Provider, as specified in All Provider Bulletin 408. The annual BH

wellness exam will identify undiagnosed behavioral or mental health needs and appropriate resources for treatment, in accordance with M.G.L. Ch. 118E, § 10Q, as added by Chapter 177 of the Acts of 2022.

MCEs must allow, if appropriate, for additional diagnosis codes on the claim, should a condition be discovered during the exam, as specified in All Provider Bulletin 408 and any superseding bulletins. Such policies and procedures must not impose prior authorization on the annual BH wellness exam, must not require a member to have pre-existing clinical conditions, and must not require a provider to conduct a CANS assessment prior to providing the annual BH wellness exam.

MassHealth Website

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Questions

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

- Contact the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711, or
- Email your inquiry to provider@masshealthquestions.com.

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