



Managed Care Entity Bulletin 145

DATE: March 2026

TO: Accountable Care Organizations Participating in MassHealth

FROM: Mike Levine, Undersecretary for MassHealth

RE: **Accountable Care Organizations—Primary Care Provider Additions and Removals, Effective January 1, 2027**

Applicable Managed Care Entities and PACE Organizations

- Accountable Care Partnership Plans (ACPPs)
- Primary Care Accountable Care Organizations (PCACOs)
- 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

Overview

The Executive Office of Health and Human Services (EOHHS) invests in primary care through its Accountable Care Organization (ACO) Program. EOHHS also remains focused on delivering integrated behavioral and physical health care, care management for members with complex needs, coordinated transitions of care, and an improved member experience.

This bulletin explains how Accountable Care Partnership Plans (ACPPs) and Primary Care ACOs (PCACOs) (collectively referred to here as ACOs) may propose to add new primary care providers (PCPs) or remove current PCPs, as described in Section 2.8.A.1.q.1 of the EOHHS ACPP contract and Section 2.2.A.4.a of the EOHHS PCACO contract. EOHHS allows ACOs to propose PCP additions and removals to expand the ACO Program and its benefits to more members and providers while allowing ACOs to make limited updates to reflect changes in PCP affiliations. EOHHS will not approve proposed PCP removals that are based on the complexity or cost of a PCP's attributed member population.

Proposals to add or remove PCPs are due no later than 4 p.m. May 29, 2026. The effective date of any approved additions or removals will be January 1, 2027. An ACPP must also submit responses to [Managed Care Entity Bulletin 146](#), by the due date in that bulletin, to add or

remove service areas to or from its lists of service areas to correspond with the ACP's proposal to add or remove PCPs.

An ACO must use this process only for proposed changes to its PCPs for an effective date of January 1, 2027. An ACO should not use this process if the proposed change qualifies for the ACO Provider File Maintenance Request process or to change tier designations for its PCPs.

To ensure smooth transitions for members who are newly enrolled in ACOs as a result of this process, an ACO must comply with Section 2.4.F.4 of the EOHHS ACP contract or Section 2.2.A.4 of the EOHHS PCACO contract. Based on the type of ACO, these obligations may include the following.

- The provision of a 90-day continuity of care period beginning January 1, 2027
- Extended network and provider flexibilities beyond the initial 90 days (the continuity of care period)
- Payment to out-of-network providers during the continuity of care period (and after the 90-day period in certain circumstances)
- Ongoing collaboration with, and support to, EOHHS in working with members and their providers throughout and after the continuity of care period (for example, participating in phone calls with members, identifying specific issues and working with EOHHS to resolve them, operating efficient credentialing processes)
- Focused efforts to ensure continuity of care for members who require specialized care, including, but not limited to, members who
 - are pregnant;
 - have significant healthcare needs or complex medical conditions;
 - are currently receiving applied behavior analysis (ABA) services;
 - are receiving ongoing services such as dialysis, home health, chemotherapy, or radiation therapy;
 - are hospitalized; or
 - are receiving treatment for behavioral health or substance use, including medication for addiction treatment (MAT) services.

EOHHS Review

In reviewing an ACO's proposal to add or remove PCPs, EOHHS may approve, disapprove, or require modification, in whole or in part, of the ACO's proposal. EOHHS will use reasonable judgment on whether the proposed additions or removals will support the ACO Program's goals, be in members' best interest, and meet EOHHS's needs. EOHHS may also consider factors that include, but are not limited to, the following.

- Impact on members
- Impact on enrollment choices for members
- Impact on network adequacy
- The ACO's plans for notifying affected parties, including members and providers
- The ACO's proposed approach to ensuring continuity of care
- Overall ACO geographic penetration in the Commonwealth

In evaluating an ACO's proposal to add a PCP, EOHHS may also consider factors like the following.

- The PCP's demonstrated commitment to participating, including whether it has a contract with the ACO
- The ACO and PCP's prior relationship and ongoing collaboration
- The ACO's proposed approach to integrating the PCP into the ACO governance or organizational structure, population health management strategy, and value-based payment approach, including the Primary Care Sub-Capitation Program
- The ACO's proposed approach to appropriate and effective data sharing and data integration with the PCP

When evaluating an ACO's proposal to remove a PCP, EOHHS may consider whether the ACO demonstrated effort to resolve challenges with the PCP and other factors.

Submission Requirements

Part 1: All Submissions

An ACO that proposes adding or removing PCPs effective January 1, 2027, must submit a complete proposal to EOHHS by 4 p.m. May 29, 2026. See "Submission Information."

An ACO must provide the requested information using forms provided by EOHHS. An ACO must contact its MassHealth contract manager to request fillable versions of these forms.

Submissions must come from the party holding the ACO contract with EOHHS. As appropriate, an ACPP may respond to each item on its own behalf and on behalf of its ACO partner. For each item, the ACPP must clearly designate whether it is responding on its own behalf or that of its ACO partner.

An ACO must work with each proposed PCP to ensure timely and accurate submission to EOHHS of the documentation required to implement the proposed addition or removal. (EOHHS will specify what documentation is required at a later date.) An ACO must also work with its MassHealth contract manager to meet the submission deadline.

If a PCP is switching ACOs (in other words, if an ACO is proposing to add a PCP that is currently contracted with another ACO as a PCP), EOHHS must receive a response to this managed care entity (MCE) bulletin from both the current ACO (the one seeking to remove the PCP) and the proposed new ACO (the one seeking to add the PCP).

Part 2: Proposed PCP Additions

ACPPs

For ACPPs, a complete proposal to add a PCP includes the following.

A. PCP Additions Request Form

The ACPP must complete the PCP Additions Request Form, which must include individual responses for each PCP the ACPP is proposing to add. The ACPP may submit up to five PCP addition requests using one form. If the ACPP is proposing to add more than five PCPs, it must submit an additional request form.

B. Response to Managed Care Entity Bulletin 146 (if applicable)

If adding a PCP corresponds with adding a service area to an ACPP's list of service areas, the ACPP must also submit a response to Managed Care Entity Bulletin 146 as described under "Overview." The ACPP must confirm this submission on the Primary Care Provider (PCP) Additions Request Form.

PCACOs

For PCACOs, a complete proposal to add a PCP includes the following.

Primary Care Provider (PCP) Additions Request Form

The PCACO must complete the Primary Care Provider (PCP) Additions Request Form, which must include individual responses for each PCP the PCACO is proposing to add. The PCACO may submit up to five PCP addition requests using one form. If the PCACO is proposing to add more than five PCPs, it must submit an additional request form.

Part 3: PCP Removals

ACPPs

For ACPPs, a complete proposal to remove a PCP includes the following.

A. Primary Care Provider (PCP) Removals Request Form

The ACPP must complete the Primary Care Provider (PCP) Removals Request Form, which must include individual responses for each PCP the ACPP is proposing to remove. The ACPP may submit up to five PCP removal requests using one form. If the ACPP is proposing to remove more than five PCPs, it must submit an additional request form.

B. Response to Managed Care Entity Bulletin 146 (if applicable)

If removing a PCP corresponds with removing a service area from an ACPP's list of service areas, the ACPP must also submit a response to Managed Care Entity Bulletin 146 as described under "Overview." The ACPP must confirm the submission on the Primary Care Provider (PCP) Removals Request Form.

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Process Questions

An ACO with questions about the process described in this bulletin must send the questions to aco.program@mass.gov by May 1, 2026. An ACO must copy its MassHealth contract manager on any emails. EOHHS will review questions and may prepare written responses to questions it

determines to be of general interest. EOHHS will also reserve time during forthcoming ACO office hours to address any questions.

Submission Information

An ACO that wants to add or remove PCPs must email the information specified in this bulletin no later than 4 p.m. May 29, 2026, to aco.program@mass.gov, with the subject line “[ACO Name] Proposed PCP Additions/Removals Submission.”

EOHHS may contact an ACO to clarify any information submitted in response to this bulletin.

MassHealth Website

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

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Questions?

- Call MassHealth at (800) 841-2900, TDD/TTY: 711
- Email us at provider@masshealthquestions.com