MassHealth Training Forum Provider Updates

April 2022

Executive Office of Health & Human Services

Agenda

- **Welcome and Agenda Review**

- **MassHealth Transportation Changes**

- **Telehealth**

- **POSC/EDI Updates and Reminders**

- **Office of Long-Term Services and Supports (OLTSS)**

- **Revalidation**

- **Provider Education Learning Management System**

- **COVID-19 Updates**

- **Payment Error Rate Measurement (PERM) RY 2023**

- **MassHealth Updates –**
  - ORP Status Update
  - MCE Final Rule
  - MassHealth Bulletins (February 2022 – April 2022)

MassHealth Transportation Changes

Presented by – Karla Burgos Sr. Provider Relations Specialist, MassHealth Business Support Services

Transportation Program Changes Effective April 1st

As mentioned in [All Provider Bulletin 339](#) , effective April 1, 2022, all wheelchair van services currently covered by MassHealth as fee-for-service transportation will be provided as brokered transportation through Human Service Transportation (HST) Office selective contracts with transportation brokers.

MassHealth will not directly enroll or pay providers for nonemergency medical transportation provided by wheelchair van. If providers wish to continue providing wheelchair van transportation to MassHealth members after April 1, 2022, they will need to contract with [MART](#) or [GATRA](#) or both brokers.

Impacts for non-Transportation providers:
As of April 1st, a Prescription for Transportation (PT-1) will need to be submitted via the Customer Web Portal (CWP), in place of the current Medical Necessity Form, for MassHealth members to receive wheelchair van transportation as part of safe discharge planning

- Other accommodations are being enhanced to account for the needs of an individual to be safely transported, such as: Door-to-door transportation services and a hospital discharge PT-1 process

Transportation Program Changes Effective April 1st Overview

Effective Date	Service Type	Transportation Reimbursement	Authorization Form Needed
Pre-April 1	Wheelchair Van	Fee-for-service & Brokered	Medical Necessity Form (FFS), PT-1 (Brokered)
April 1	Wheelchair Van	Brokered*	PT-1
Current (Not Changing)	Non-emergency Ambulance	Fee-for-service	Medical Necessity Form
Current (Not Changing)	Sedan (Ambulatory Members)	Brokered	PT-1

*Existing relationships with transportation vendors will be honored for needs that require enhanced support, such as door to door transportation

5

Who should be aware of these changes?

All provider staff involved with coordinating transportation for MassHealth members should be aware of the changes that took effect on April 1st, including:

- Staff responsible for coordinating transportation for Emergency Department discharges

- Staff responsible for coordinating transportation for outpatient discharges

- Staff who currently complete Medical Necessity Forms for wheelchair van services

Customer Web Portal CWP Enhancements

On April 1, 2022, the Customer Web Portal had some enhancements that include the following changes:
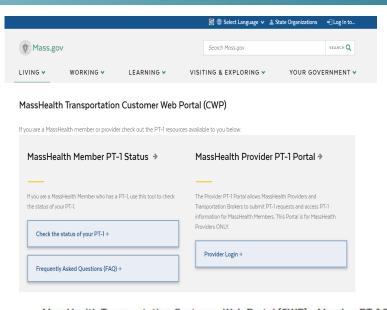
- Provider Dashboard and Reporting will be enhanced to include a third tab for 'Upcoming Expirations' for any PT-1 expiring within 45 days

- A Facility Hospital Discharge PT-1 request option. The discharge PT-1 (14-day authorization) is intended to help safely discharge a member to their destination from an inpatient or outpatient setting. This service can be delivered via traditional or enhanced options dependent on the member's need or condition at discharge. This service is single use authorization to safely discharge or transition eligible members via traditional or enhanced services

- Providers will be able to make modifications to certain fields online to existing PT-1s. Any modifications data for an existing PT-1 will be electronically sent to the broker overnight

  - *Note*: Providers and members should still schedule transportation at least 3 business days before a medical appointment. If a member needs transportation sooner, you can contact the brokers

Transportation: Customer Web Portal CWP Member Access

MassHealth members are now able to access the Customer Web Portal (CWP) to view their PT-1 status and request an email notification in addition to the letter.

If members would like to learn more on how they can access the Customer Web Portal or any related questions, please refer then to MassHealth Member Frequently Asked Questions (FAQ)

Questions?

Telehealth Policy

Presented by – Karla Burgos Sr. Provider Relations Specialist, MassHealth Business Support Services

Current Emergency Policy and New Healthcare Legislation

- Steps to broaden MassHealth's existing telehealth policy were in motion prior to the COVID-19 pandemic to enhance member access to high quality care delivered via telehealth, but these efforts were expedited in response to the public health emergency (PHE)

- In response to the PHE, MassHealth rapidly developed and implemented an expansive telehealth policy, permitting providers to deliver all clinically appropriate, medically necessary MassHealth-covered services via all telehealth modalities (All Provider Bulletin 289). All Provider Bulletin 324 further explained that MassHealth would issue additional guidance on telehealth that would describe MassHealth's successor telehealth policy

Telehealth Policy: APB 327 Effective October 16, 2021

MassHealth

All Provider Bulletin 327 : **Access to Health Services through Telehealth Options**

Certain categories of service are deemed inappropriate for delivery via any telehealth modality

1. Ambulance Services	9. Nursing Facility Services
2. Ambulatory Surgery Services	10. Orthotic Services
3. Anesthesia Services	11. Personal Care Services
4. Certified Registered Nurse Anesthetist Services	12. Prosthetic Services
5. Chiropractic Services	13. Renal Dialysis Clinic Services
6. Hearing Aid Services	14. Surgery Services
7. Inpatient Hospital Services	15. Transportation Services
8. Laboratory Services	16. X-Ray/Radiology Services

Except for those services, and notwithstanding any regulation to the contrary, any MassHealth-enrolled provider may deliver any medically necessary MassHealth-covered service via any telehealth modality, if the provider satisfies all requirements set forth in All Provider Bulletin 327, including Appendix A to the bulletin, and any applicable program-specific bulletin.

Telehealth Policy Cont'd

Reimbursement:

Through December 31, 2022:

1. MassHealth will reimburse providers delivering any telehealth-eligible covered service via any telehealth modality at parity with its in-person counterpart; and

2. An eligible distant site provider delivering covered services via telehealth in accordance with this updated policy may bill MassHealth a facility fee if such a fee is permitted under such provider's governing regulations or contracts

Billing

1. Providers must include the place of service (POS) code 02 when submitting a professional claim for telehealth provided in a setting other than in the patient's home, place of service code 10 when submitting a professional claim for telehealth provided in the patient's home, and modifier GT when submitting a facility claim for services delivered via telehealth.; and

2. Additionally, for any such professional claim providers must include:

   - Modifier 95 to indicate services rendered via audio-video telehealth;

   - Modifier 93 to indicate services rendered via audio-only telehealth; and/or

   - Modifier GQ to indicate services rendered via asynchronous telehealth

IMPORTANT NOTE: MassHealth initially implemented these modifiers through a six-month informational edit period. Effective for DOS on or after one month following the publication of an upcoming bulletin, MassHealth will discontinue this informational edit, and will deny claims containing POS code 02 or POS code 10 that are missing one of these modifiers.

Questions?

POSC/EDI Updates and Reminders

Presented by – Karla Burgos Sr. Provider Relations Specialist, MassHealth Business Support Services

Multi Benefit Plan

On March 21, 2022, MassHealth updated its Eligibility Verification System (EVS) available on the Provider Online Service Center (POSC) and the HIPAA Health Care Eligibility Benefit Inquiry and Response (270/271) transaction to include the additional benefit plans:

- CMSP
- Limited
- HSN

Trading partners should visit the MassHealth HIPAA Companion Guides webpage listed below to evaluate the changes outlined in the MassHealth HIPAA Health Care Eligibility Benefit Inquiry and Response (270/271) Companion Guide, and ensure that their systems can accept the additional benefit plan information:
https://www.mass.gov/lists/masshealth-hipaa-companion-guides

Multi Benefit Plan Example 1 Eligibility Verification System (EVS)

The member may have multiple overlapping benefit plans over a selected date range

- Select the date or date range you want to check and click "Submit"

- Coverage types will first be displayed in hierarchical order regarding plan coverage (richest plan listed first) then by date

- Providers are reminded to pay attention to date range for each coverage type listed

For list of MassHealth coverages types and covered services please refer to 130 CMR 450.105: Coverage Types

Multi Benefit Plan EVS Example 2

All the applicable benefit plans will display when the member has an aid category that contains multiple benefit plans from LIMITED, CMSP, and/or HSN and the displaying order for the benefit plans is based on the MMIS benefit plan hierarchy

Multi Benefit Plan EVS Example 3

Each of the primary plans will display along with any supplemental plans in accordance with the date range for the primary date range. In this example none of the supplemental plans overlap with each other, therefore each primary plan will show a single member benefit plan overlap

MassHealth Robotics Processing Automation (RPA) Policy (slide 1 of 2)

Effective July 1, 2022, MassHealth will require that any/all providers, vendors, and relationship entities that utilize Robotics Processing Automation (RPA) tools (AKA bots) on MassHealth's Medicaid Management Information System (MMIS) Provider Online Service Center (POSC) register the bot and request approval from MassHealth prior to the implementation of any bot technology.

Two Stage Registration Process

1. Organizations must submit an initial request using the RPA Stage I Registration Form to identify the types of transactions the bot will perform, RPA tools used, and implementation timelines
2. If approved a Stage II Registration Form must be submitted along with a signed RPA Agreement and other supporting documentation to demonstrate how the bot will navigate through the Provider Online Service Center and that it has been thoroughly tested

MassHealth will evaluate requests at each stage and either approve the request, solicit missing/clarifying information, or reject the request

MassHealth Robotics Processing Automation (RPA) Policy (slide 2 of 2)

Any provider, Trading Partner, or Relationship Entity that is currently utilizing a bot on the MMIS POSC prior to 7/1/22 can be grandfathered into the RPA policy.   Grandfathered entities must:

❖ Complete the RPA stage II Grandfathered Entities Registration Form (includes documenting the existing bot information and related user IDs) for MassHealth approval

❖ Sign and submit the RPA Agreement and other supporting documentation to demonstrate when the bot was implemented, and how the bot navigates through the POSC

MassHealth will monitor any/all approved organizations to ensure compliance with the RPA policy and monitor sign-on activity to identify unauthorized bot utilization. Any organization that violates the RPA policy may have their access to submit bot-based transactions on the POSC terminated.

MassHealth will provide more information regarding the RPA policy and related registration materials later this spring. If you have any questions regarding this RPA policy overview, please contact MassHealth at: functional.coordination@mass.gov

Questions?

Long-Term Services and Supports (LTSS): Provider Revalidation

Presented by – Stacia Castro, Director, LTSS Provider Enrollment and Services, Optum State Government Solutions

Revalidation: LTSS Providers

Section 6401 of the Affordable Care Act established a requirement for Medicare and Medicaid to revalidate enrollment information for all enrolled providers, regardless of provider type, under new enrollment screening criteria at least every 5 years. MassHealth began implementation of this requirement in March 2014.

In response to the COVID-19 Public Health Emergency, MassHealth temporarily suspended the revalidation process. **In February 2022, MassHealth resumed revalidation of LTSS provider enrollments.**

- Providers who have upcoming revalidations will complete revalidation as scheduled

- Providers with a past revalidation that were not revalidated during the Public Health Emergency will be scheduled to complete revalidation within the next 14 months

- Failure to complete revalidation in a timely fashion can result in sanctions. Sanctions may include, but are not limited to, administrative fines and suspension or termination from participation in MassHealth

Revalidation: LTSS Providers (Continued)

MassHealth will outreach the LTSS providers that need to revalidate via email and/or letter. The email/letter will include the revalidation requirements that need to be submitted as part of the revalidation process.

- Providers will have 45 days from the date of the revalidation letter/email to complete the revalidation process

- Providers will complete the revalidation on the LTSS Provider Portal

- For more information, call the LTSS Provider Service Center at 844-368-5184 or contact via email at support@masshealthltss.com

Questions?

Revalidation : Non-LTSS Providers

Presented by – Marilyn Thurston, Sr. Provider Relations Specialist, MassHealth Business Support Services

Revalidation: Non-LTSS Providers

Section 6401 of the Affordable Care Act established a requirement for Medicare and Medicaid to revalidate enrollment information for all enrolled providers, regardless of provider type, under new enrollment screening criteria at least every 5 years. MassHealth began implementation of this requirement in March 2014.

In response to the COVID-19 Public Health Emergency, MassHealth temporarily suspended the revalidation process. **Beginning January 2022, MassHealth resumed revalidation of Non- LTSS provider enrollments**

- The first wave of providers who will need to revalidate will include approximately 2,000 providers, including both those who were scheduled to revalidate this month as well as the providers who were not revalidated during the Public Health Emergency

- Failure to complete revalidation in a timely fashion can result in sanctions. Sanctions may include, but are not limited to, administrative fines and suspension or termination from participation in MassHealth

Revalidation – Non-LTSS Providers (Continued)

MassHealth will mail a letter to providers who need to revalidate. The letter will include the revalidation requirements and the documents that need to be submitted as part of the revalidation process

- Providers will have 45 days from the date of the revalidation letter to complete the revalidation process

- Providers will be required to do a self-attestation on the Provider Online Service Center (POSC) if the provider is not enrolled in Medicare. Providers who are enrolled with Medicare would only be required to submit an updated Federally Required Disclosure Form, which can also be submitted via the POSC

- For more information, visit the MassHealth Provider Revalidation Page on Mass.gov, or contact MassHealth Provider Enrollment & Credentialing at revalidation@mahealth.net

Questions?

Provider Education Learning Management System

Presented by – Marilyn Thurston, Sr. Provider Relations

Specialist, MassHealth Business Support Services

Provider Education LMS

MassHealth is excited to introduce enhancements to the Provider LMS for Non-OLTSS providers

The Provider LMS delivers:

- Previous live training presentations

- New on demand training courses

- Resources

- Course surveys

Users that were enrolled in the previous version of the LMS were sent an e-mail notification in October and November announcing the change and providing important login information.

New Users can create a profile and begin using the system immediately

Visit: https://masshealth.inquisiqlms.com/Default.aspx

OLTSS and Dental providers should visit their respective vendor site for training opportunities

Training Courses

Recently released trainings:

- Direct Data Entry (DDE) Professional Claim Submission

- Direct Data Entry (DDE) Professional Claims Correction

- Updated Customer Web Portal PT-1 Training

- Coordination of Benefits Professional Claims Submission via Direct Data Entry (DDE)

- Claim Denial Reasons and Resolutions – including 1945 Edit

- Revalidation

Questions?

COVID-19 Updates

Presented by – Marilyn Thurston, Sr. Provider Relations Specialist, MassHealth Business Support Services

Covid 19 Treatment Counseling and Vaccine

Effective for dates of service on or after February 22, 2022, MassHealth will reimburse **physicians and acute outpatient hospitals** for providing clinically appropriate, medically necessary counseling services relating to the treatment of COVID-19 through the following CPT codes: 99401, 99402, 99403, and 99404

- use for an encounter separate from a medical visit or the administration of COVID-19 treatment or vaccine

- may not bill any of these counseling codes for counseling services rendered to a member at the same time as a separately billed medical visit with, or the separately billed administration of COVID-19 treatment to, the same member

Refer to [All Provider Bulletin 338](#) for more information

Covid 19 Treatment Counseling and Vaccine (continued)

Effective for dates of service on or after February 22, 2022, MassHealth will reimburse **community health centers (CHCs)** for providing clinically appropriate, medically necessary counseling services relating to the treatment of COVID-19 using the following CPT codes: 99401, 99403, and 99404

- CHCs may either bill for an individual medical visit or COVID-19 counseling services, but may not bill for both in a single visit

- CHCs that bill for an individual medical visit for visits in which COVID-19 counseling services are provided must ensure that the visit amounts to an individual medical visit

These COVID-19 counseling services may include, but are not limited to, counseling about oral antivirals Paxlovid and molnupiravir. For information on appropriate use of the therapies listed below, including specific variants and resistance, please refer to guidance from the Food and Drug Administration (FDA) at www.fda.gov. Coverage for COVID-19 vaccine counseling will remain in place consistent with All Provider Bulletin 321. Physicians, acute outpatient hospitals, and CHCs can continue to bill for COVID-19 vaccine counseling services.

COVID-19 Treatments Update

Acute outpatient hospitals, community health centers, and physician programs should review [All Provider Bulletins 336, and 341](#) for updated information on certain Covid-19 treatments

- Evusheld (tixagevimab co-packaged with cilgavimab) for pre-exposure preventive use
- Bebtelovimab for the treatment of COVID-19

This applies to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) plan, and Primary Care ACOs (PCACOs).

MassHealth Accountable Care Partnership Plans (ACPPs), Managed Care Organizations, Senior Care Organizations (SCOs), One Care plans, and Programs of All-inclusive Care for the Elderly (PACE) 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, including as set forth in this bulletin.

Admission Screening at Acute Inpatient Hospitals (AIH)

Due to ongoing disruptions to the healthcare delivery system caused by the COVID-19 pandemic, through Acute Inpatient Hospital Bulletin 187, MassHealth temporarily suspended the admission screening requirements that apply to certain admissions to an AIH, and the prior authorization requirements that apply to physician services rendered in connection with certain AIH admissions.

The temporary suspensions of these admission screening and prior authorization requirements applied to admissions beginning December 15, 2021, through March 15, 2022.

Acute Inpatient Hospital Bulletin 192 extends the temporary suspensions of these admission screening and prior authorization through **May 15, 2022.**

COVID-19 Resources

Additional Information

- Providers should visit the [COVID-19 Provider Page](#) dedicated for the latest COVID-19 related information

- For the latest Massachusetts-specific information, visit the following link: www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19

- The latest Centers for Disease Control and Prevention (CDC) guidance for healthcare professionals is available at the following link: www.cdc.gov/coronavirus/2019-ncov/hcp/index.html

Questions:

Long-Term Services and Supports	**All Other Provider Types**
Phone: (844) 368-5184 (toll free)	Phone: (800) 841-2900; TTY: (800) 497-4648
Email: support@masshealthltss.com	Email: providersupport@mahealth.net
Portal: MassHealthLTSS.com	Fax: (617) 988-8974
Mail: MassHealth LTSS, PO Box 159108 Boston, MA 02215	
Fax: (888) 832-3006	

Questions?

Payment Error Rate Measurement (PERM) RY 2023

Presented by – Marilyn Thurston, Sr. Provider Relations Specialist, MassHealth Business Support Services

PERM RY 2023

MassHealth is part of the CMS PERM audit for RY 2023. The PERM audit measures improper payments in Medicaid and CHIP and produces improper payment rates for each program

The review will consist of claims data for the time period of July 1, 2021 - June 30, 2022

Contractors:

o The Lewin Group is the Statistical Contractor (SC)

o NCI Information Systems Inc. is the Review Contractor (RC)

Medical Records Requests

o Providers will receive a request letter from the RC (NCI) and will have **75 calendar days** from the date of the request letter to submit the record

o Providers may send documentation by fax, by mail or if using a Health Information Handler (HIH), by CMS' electronic submission of medical documentation (esMD) system

o Reminder calls and letters are made after 30, 45, and 60 days (unless received)

o Non-response letters are sent on day 75 via registered mail

It is expected that the first requests will be sent late spring/early summer

PERM RY 2023 Additional Information

Medical Records Requests - Incomplete, Missing or Illegible Information

- If submitted documentation is incomplete, the RC sends an additional documentation request (ADR) letter giving the provider **14 days** to submit additional documentation

  - A reminder call is made, and a letter is sent if pending after 7 days

- If the RC receives records of poor quality or with other issues, the RC sends a Resubmission Letter detailing the issue and asking the provider to resubmit the information

PERM RY 2023 Reminders

MassHealth

Findings from previous PERM audits:

- Not responding within required timeframes

- Submitting records for the wrong patient

- Submitting records for the right patient but for the wrong date of service

- Not submitting legible records – e.g., colored backgrounds on faxed documents

- Not copying both sides of two-sided pages

- Marking/highlighting that obscures important facts when copied or faxed

- Incorrect procedure code billed

- A document or documents were absent from the record that are required to support the claim as billed

- Number of units billed not supported by number of units documented

Questions?

MassHealth Updates

Presented by – Nestor Rivera, Sr. Provider Relations
Specialist, MassHealth Business Support Services

Ordering Referring and Prescribing

Ordering Referring and Prescribing (ORP)

ORP denials continue to be paused or postponed due to COVID-19

- Phase 1 denials for Group 1 (individual non-LTSS), Group 2 (entity non-LTSS) were paused beginning with DOS on or after 3/30/20 due to the COVID-19 emergency

- Phase 1 denials for Group 3 (LTSS) provider types were scheduled to go into effect with DOS on or after 4/15/20 but have been postponed due to the COVID-19 emergency

- An announcement will be made prior to the resumption of denials along with adjusted implementation dates for Phase 1 Group 3 and Phase 2 denials

- MassHealth continues to provide informational edits for impacted ORP claims to inform billing providers of claims that do not meet ordering, referring, and prescribing requirements

ORP Provider Recommendations

MassHealth recommends that providers:

- Continue to take notice of ORP edits on remittance advice

- Make any process adjustments to reduce future ORP denials

- Monitor the Provider ORP page on Mass.Gov for the most updated information

- Watch for notifications from MassHealth

- Continue to enroll ORP providers as non-billing or fully enrolled providers

Learn more about **Ordering, Referring and Prescribing (ORP)** requirements, please visit the Provider ORP page

Questions?

Medicaid and CHIP Managed Care
Final Rule Updates

Managed Care Final Rule Requirements

Final Managed Care Rule, 42 CFR § 428.602(b) and 608(b)

1. States must screen, enroll, and periodically revalidate all Managed Care Entity (MCE) network providers
   a. MassHealth has delegated the screening, enrollment and revalidation of the MCE provider networks to the MCEs
   b. Screening includes all federally required disclosures, verifications of federal exclusions, NPI, Social Security Administration (SSA) Death Master File (DMF) and license information as applicable

2. States must enroll providers that are not already actively enrolled with MassHealth (Fee-for-Service (FFS) and Ordering, Referring & Prescribing (ORP))
   a. Where the MCE has a different NPI, address, TIN or Provider Type (PT) from MassHealth a contract/enrollment are required

3. An MCE-only provider must have a signed MassHealth Nonbilling Managed Care Entity (MCE) Network-only Provider Contract
   a. For entities one contract is needed for each NPI/TIN/ PT combination
   b. If the provider has an existing MassHealth relationship that is different than the MCE, a contract is needed for the MCE relationships
   c. The MCE will identify providers who require a contract/enrollment

Managed Care Final Rule Process

- An MCE only (not enrolled with MassHealth but enrolled with one or more MCEs) provider is not required to render fee-for-service (FFS) care

- Validating MCE networks against the MassHealth network
  - Validation is based on NPI/TIN/PT/Address

- Plans are outreaching to providers who must complete a MassHealth Nonbilling Managed Care Entity (MCE) Network-only Provider contract

- MCEs are submitting enrollment files for MCE only providers. Providers are only required to submit a contract

- If a provider is disputing the requirement to sign a contract and the information the MCE is maintaining <u>they must contact the MCE</u>

- If a provider is disputing the information MassHealth is maintaining, <u>they must contact their respective MassHealth customer service vendor</u>

- If the MCE submits enrollments for only providers not known to MassHealth (FFS/ORP) this should not impact your MassHealth relationship and billing

MassHealth Bulletins
(January 2022– April 2022)

All Provider Bulletins

- **All Provider Bulletin 336** Coverage of and Payment for the Administration of (1) Tixagevimab CoPackaged with Cilgavimab, and (2) Remdesivir in an Outpatient Setting

- **All Provider Bulletin 337** MassHealth Pharmacy Coverage of Over-the-Counter Diagnostic Antigen Tests for SARS-CoV-2

- **All Provider Bulletin 338** Coverage and Reimbursement Policy for Coronavirus Disease 2019 (COVID-19) Treatment Counseling and Vaccines

- **All Provider Bulletin 339** Upcoming Changes to MassHealth Nonemergency Wheelchair Van Transportation Services

- **All Provider Bulletin 340** MassHealth Pharmacy Coverage of Prescription Digital Therapeutics and Formula

- **All Provider Bulletin 341** Coverage of and Payment for the Administration of (1) Tixagevimab CoPackaged with Cilgavimab, and (2) Bebtelovimab

Resources

MassHealth Website

- These bulletins are all available on: <u>http://www.mass.gov/masshealth-provider-bulletins</u>

- MassHealth for Providers web page: <u>https://www.mass.gov/masshealth-for-providers</u>

MassHealth Customer Service

Long-Term Services and Supports	All Other Provider Types
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	Phone: (800) 841-2900; TTY: (800) 497-4648 Email: providersupport@mahealth.net Fax: (617) 988-8974

Provider Email Alerts

- Sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to <u>join-masshealth-provider-pubs@listserv.state.ma.us</u>. No text in the body or subject line is needed

Questions?

Thank you for coming!

Please complete the survey

Next MTF Meetings in July 2022