



# OnPoint: Issue Brief

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## Administrative Complexity – Payors and Providers Working for Positive Change

### Executive Summary

Massachusetts has long been a national leader in administrative simplification within the health care system. Over the past two decades, health plans, providers, and industry organizations in the Commonwealth have collaborated to build shared infrastructure designed to streamline core administrative processes such as credentialing, provider data exchange, claims submission, eligibility verification, and referral transaction.

These systems, developed through organizations founded by payers, including Healthcare Administrative Solutions (HCAS), the Council for Affordable Quality Healthcare (CAQH), or payers and providers, like the Massachusetts Health Data Consortium (MHDC), and the New England Healthcare Exchange Network (NEHEN), allow providers to interact with multiple health plans through standardized applications and electronic transactions rather than duplicative paper-based processes. Together, these initiatives already support many of the administrative simplification goals currently being discussed at the state and national level.

In addition, Massachusetts hospitals, providers, and payers have worked (and are currently working) together through the Massachusetts Collaborative, a multi-stakeholder effort focused specifically on reducing administrative burden. Through that effort, stakeholders have implemented standardized prior authorization forms across multiple clinical areas and are continuing to expand that work. Taken together, these initiatives demonstrate that Massachusetts already possesses a sophisticated administrative infrastructure capable of significantly reducing provider burden. The primary opportunity moving forward is not to create entirely new systems, but rather to better leverage, align, and educate stakeholders about the systems that already exist.

### Massachusetts Administrative Infrastructure

Massachusetts' administrative ecosystem is built on several complementary platforms that together support provider credentialing, provider data exchange, and electronic administrative transactions across the health care system. These tools have been developed through collaboration between health plans, providers, and nonprofit industry organizations and are widely used across the Commonwealth today.

## Provider Credentialing and Verification

### Healthcare Administrative Solutions (HCAS)

Healthcare Administrative Solutions (HCAS) is a Massachusetts nonprofit organization established in 2005 by local health plans to streamline the provider credentialing process. HCAS performs centralized credentialing functions on behalf of participating health plans while preserving each plan's independent credentialing decision-making authority.

HCAS functions include:

- Use of a standardized credentialing application for multiple health plans
- Primary source verification of licensure and credentialing elements
- Centralized processing of credentialing documentation
- Distribution of credentialing information to participating health plans

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The HCAS process is built around the Integrated Massachusetts Application (IMA) for credentialing, which was developed collaboratively by health plans, hospitals, and physician organizations to eliminate the need for providers to complete separate credentialing forms for each organization. Through this model, providers submit a single standardized credentialing application rather than multiple payer-specific applications, significantly reducing duplicative administrative work.

## **CAQH Provider Data Portal**

Most health plans in Massachusetts also rely on the CAQH Provider Data Portal, a national platform used by hundreds of health plans and health care organizations across the country.

Through CAQH, providers maintain a centralized professional profile containing key credentialing information, including:

- Licensure information
- Education, training, and board certifications
- Malpractice history and professional liability coverage
- Practice locations and contact information
- Hospital affiliations and admitting privileges
- National Provider Identifier (NPI) and other identifying data

Providers update this information once and authorize multiple health plans to access the data for credentialing and other administrative purposes. The CAQH platform significantly reduces redundant data submission by allowing providers to maintain a single source of credentialing information that can be shared across multiple organizations. Health plans in Massachusetts also rely on CAQH data to support consumer-facing provider directories, reducing duplicative provider data reporting requirements.

Together, the IMA, HCAS, and CAQH platforms form a coordinated credentialing infrastructure that already standardizes the collection and verification of provider credentialing information for health plans across the Commonwealth.

## **Electronic Administrative Transactions**

### ***New England Healthcare Exchange Network (NEHEN)***

Massachusetts was one of the first states to develop a shared electronic administrative transaction network connecting health plans and providers. The **New England Healthcare Exchange Network (NEHEN)**—operated by the Massachusetts Health Data Consortium (MHDC)—serves as a statewide electronic exchange that supports standard HIPAA administrative transactions between providers and health plans. Through NEHEN, providers can transmit transactions to multiple health plans through a single technical connection, rather than maintaining separate connections to each payer. NEHEN supports the following core administrative transactions:

- Claims submission
- Eligibility verification
- Claim status inquiries
- Electronic remittance advice
- Referral transactions and authorizations

This shared network dramatically reduced reliance on paper claims and manual administrative processes and remains a foundational component of Massachusetts' health care administrative infrastructure.

## **Next-Generation Administrative Transactions**

### ***NEHEN FHIR Infrastructure***

Building on its existing administrative network, MHDC has also developed NEHEN FHIR, a next-generation interoperability platform that supports standardized data exchange using modern API-based standards.

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NEHEN FHIR enables health plans and providers to exchange clinical and administrative information using Fast Healthcare Interoperability Resources (FHIR) standards. Key use cases include:

- Prior authorization workflows
- Clinical data exchange
- Quality measurement data exchange
- Care coordination workflows

These capabilities align with emerging federal interoperability requirements and allow providers and health plans to exchange clinical data electronically rather than relying on fax or manual documentation processes. As these services continue to expand, NEHEN FHIR will further streamline administrative workflows across the Commonwealth.

## Prior Authorization Simplification & Ongoing Collaboration

### *Mass Collaborative*

Massachusetts stakeholders have also taken direct action to standardize prior authorization processes. Through the Mass Collaborative, a multi-stakeholder initiative focused on reducing administrative burden, MAHP and provider organizations have developed standardized prior authorization forms used across health plans for several high-volume services. Standardized forms have already been implemented for:

- Behavioral health services
- Prescription drugs
- Imaging services
- Applied Behavioral Analysis (ABA)

Additional standardization efforts are underway for:

- Long-term care admissions
- Home health services

These efforts ensure that providers can submit the same prior authorization documentation to multiple health plans rather than navigating different forms and submission requirements for each payer.

The Mass Collaborative also serves as a forum for ongoing administrative simplification initiatives, including:

- Provider directory implementation
- Prior authorization process standardization
- Identification of bottlenecks in licensure and credentialing processes

## Key Takeaway: Massachusetts Has Already Built the Infrastructure

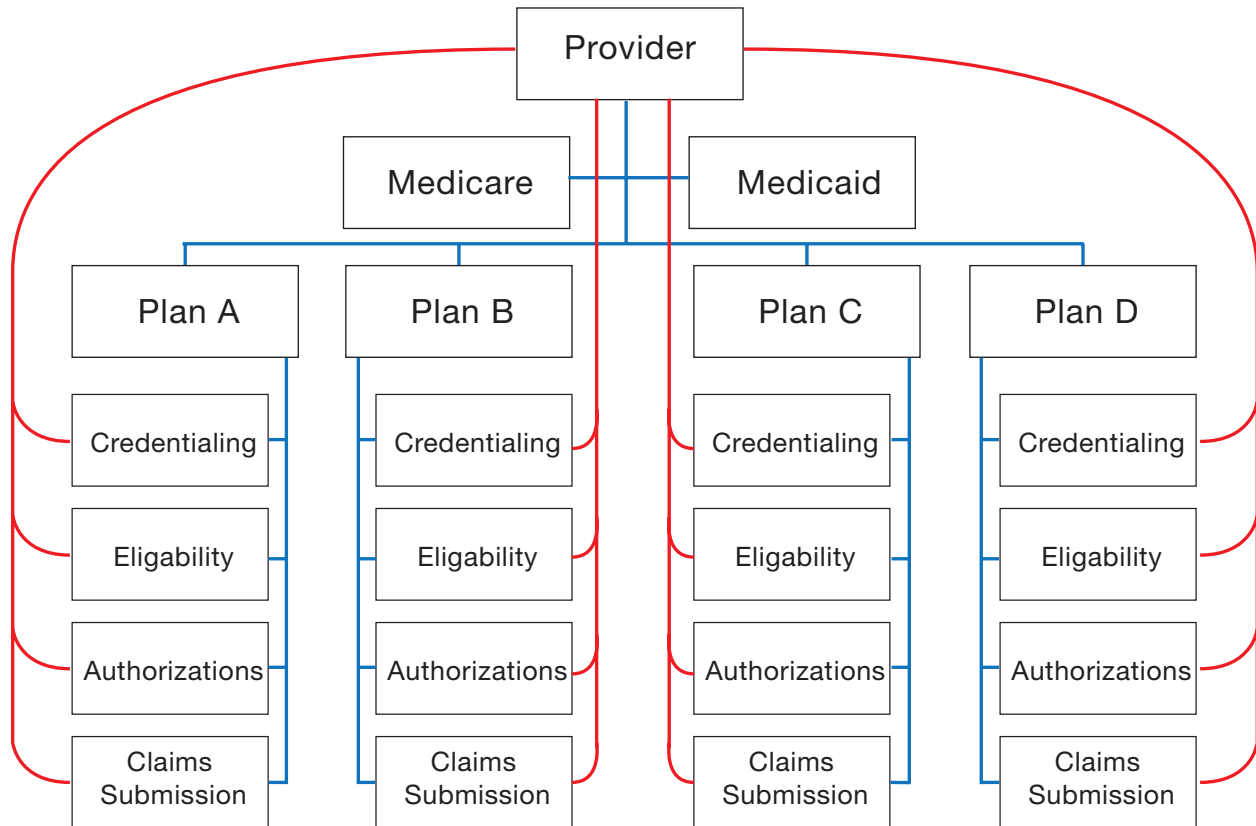
The Commonwealth has already made substantial progress toward administrative simplification through the collaborative development of shared infrastructure. Over the past two decades, industry organizations and stakeholders have implemented standardized platforms; today, Massachusetts operates:

- A standardized credentialing application (IMA)
- A centralized credentialing verification entity (HCAS)
- A national provider data platform (CAQH)
- A statewide electronic transaction network (NEHEN)
- A next-generation interoperability platform (NEHEN FHIR)
- Standardized prior authorization forms through the Massachusetts Collaborative

These tools collectively support many of the administrative simplification goals currently under discussion.

In many multi-payer health care systems, providers must interact separately with each health plan to complete routine administrative functions such as credentialing, eligibility verification, prior authorization, and claims submission. This structure can result in multiple portals, duplicative workflows, and redundant administrative processes.

**Figure 1 illustrates this fragmented model, in which providers must complete similar administrative transactions independently across multiple payers.**

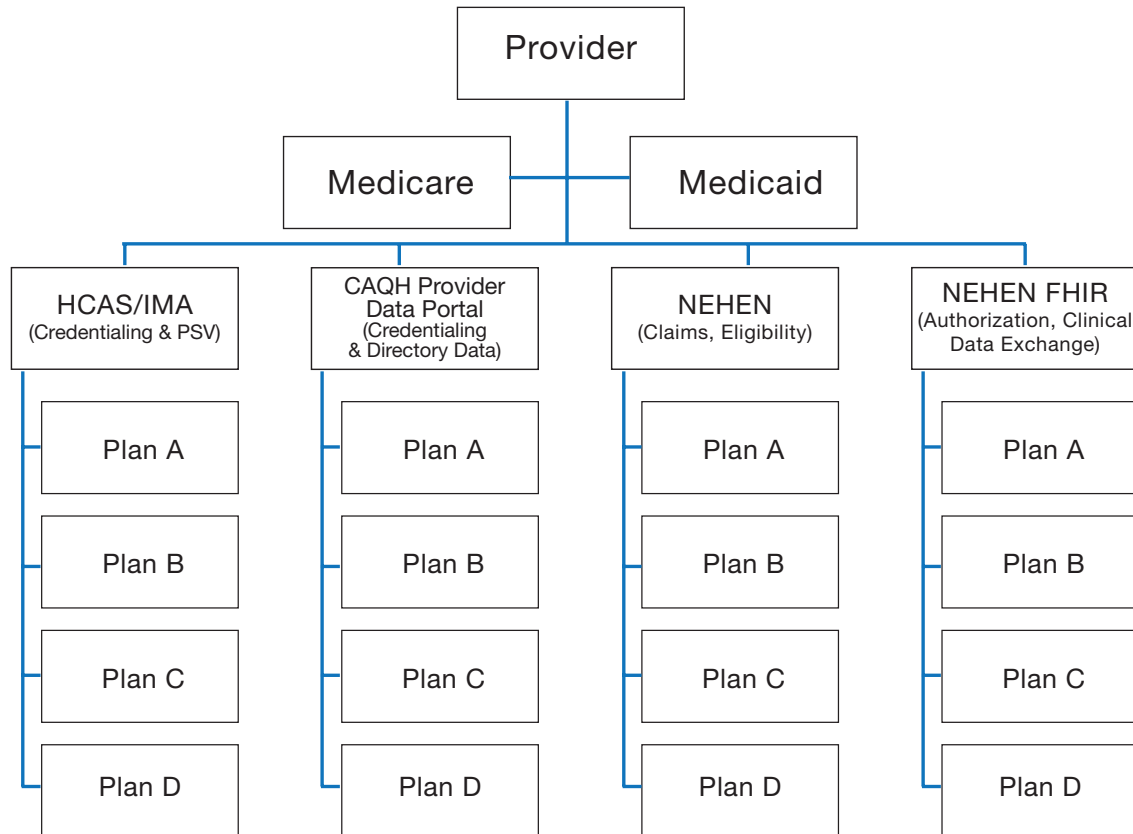


**Figure 1. Administrative Fragmentation in Typical Multi-Payer Health Systems**

Massachusetts has already taken significant steps to reduce this fragmentation by developing shared administrative utilities that streamline these interactions. Through platforms such as HCAS, CAQH, NEHEN, and NEHEN FHIR, providers can submit standardized information and conduct administrative transactions across multiple health plans through common systems.

**Figure 2 illustrates how Massachusetts' shared administrative infrastructure supports these transactions today.**

As policymakers consider additional strategies to reduce administrative burden, the most effective path forward will likely involve building on and expanding these existing systems, rather than creating new parallel processes. Continued collaboration among health plans, providers, regulators, and industry organizations can ensure that these tools are fully leveraged and that providers have clear guidance on how to use them effectively.



**Figure 2. Massachusetts' Administrative Simplification Infrastructure**

*Massachusetts already possesses the infrastructure needed to support a highly streamlined administrative environment; the opportunity ahead is to maximize the value of these systems through coordination, alignment, and education.*