

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 446.00: COVID-19 AND PUBLIC HEALTH EMERGENCY PAYMENT RATES FOR
CERTAIN COMMUNITY HEALTH CARE PROVIDERS

Section

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446.01: General Provisions

- (1) Scope and Purpose. 101 CMR 446.00 governs the rates of payment to certain community health care providers to be used by all governmental units for services provided to publicly aided individuals. The rates set forth in 101 CMR 446.03(5) also apply to such services paid for by governmental units for individuals covered by M.G.L. c. 152 (the Workers' Compensation Act).
- (2) Applicable Dates of Service. Rates in 101 CMR 446.00 apply for dates of service on or after September 11, 2026, except as otherwise noted.
- (3) Disclaimer of Authorization of Services. 101 CMR 446.00 is not authorization for or approval of the services for which rates are determined pursuant to 101 CMR 446.00. Governmental units that purchase services are responsible for the definition, authorization, and approval of care and services provided to publicly aided individuals.
- (4) Coverage. The rates of payment in 101 CMR 446.00 constitute payment in full for all services provided by an eligible provider, including administration and professional supervision services. The payment rates will apply to services set forth in 101 CMR 446.00 provided by eligible providers to publicly aided individuals under the conditions described by the purchasing governmental unit.
- (5) Coding Updates and Corrections. EOHHS may publish service code updates and corrections in the form of an administrative bulletin. Updates may reference coding systems including, but not limited to, the *Healthcare Common Procedure Coding System* (HCPCS). The publication of such updates and corrections will list
 - (a) codes for which the code numbers change, with the corresponding cross references between existing and new codes and the codes being replaced. Rates for such new codes are set at the rate of the code that is being replaced;
 - (b) codes for which the code number remains the same but the description has changed;
 - (c) deleted codes for which there are no corresponding new codes; and
 - (d) codes for entirely new services that require pricing, or codes that had been previously added at individual consideration (IC). EOHHS may list and price these codes according to the rate methodology used in setting rates when Medicare fees are available. When Medicare fees are not available, EOHHS may apply IC payment for these codes until appropriate rates can be developed.
- (6) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 101 CMR 446.00, or to issue coding updates and corrections under 101 CMR 446.01(5).

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446.02: Definitions

As used in 101 CMR 446.00, terms have the meanings in 101 CMR 446.02, except as otherwise provided.

Eligible Provider. A person, partnership, corporation, governmental unit, or other entity that provides authorized services and that also meets such conditions of participation as have been or may be adopted from time to time by a governmental unit purchasing services.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Governmental Unit. The Commonwealth of Massachusetts or any of its departments, agencies, boards, commissions, or political subdivisions.

Publicly Aided Individual. A person for whose medical and other services a governmental unit is in whole or in part liable under a statutory program.

446.03: General Rate Provisions and Payment

(101 CMR 446.03(1) through (4) Reserved)

(5) Prescribed Drugs.

(a) Defined Terms. Terms used in 101 CMR 446.03(5) that have not been defined elsewhere in 101 CMR 446.00 have the meanings in 101 CMR 331.02: *General Definitions*.

(b) Delivery Fee. Eligible providers will receive a payment adjustment to the professional dispensing fee when medications are delivered to a personal residence (including homeless shelters). The payment adjustment will be the lower of the provider's usual and customary charge for prescription delivery or \$8.00, and will be made only when the MassHealth agency is the primary payer. Payment of this fee by MassHealth will occur only in such circumstances as is designated by Pharmacy Facts, provider bulletin, or other written issuance from the MassHealth agency.

(c) Reporting Requirements. Reporting requirements for 101 CMR 446.03(5) are those in 101 CMR 331.03: *Reporting Requirements*.

(101 CMR 446.03(6) through (7) Reserved)

446.04: Special Contracts

Notwithstanding 101 CMR 446.03, a governmental unit may enter into a special contract with an eligible provider under which the governmental unit will pay for services authorized but not listed herein, or authorized services performed in exceptional circumstances.

(446.05 Reserved)

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446.06: Severability

The provisions of 101 CMR 446.00 are severable. If any provision of 101 CMR 446.00 or application of any provision to an applicable individual, entity, or circumstance is held invalid or unconstitutional, that holding will not be construed to affect the validity or constitutionality of any remaining provisions of 101 CMR 446.00 or application of those provisions to applicable individuals, entities, or circumstances.

REGULATORY AUTHORITY

101 CMR 446.00: M.G.L. c.118E.