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FILING GUIDANCE NOTICE 2025-I

TO: Commercial Health Insurers; Blue Cross Blue Shield of Massachusetts, Inc.; and Health Maintenance Organizations Offering or Renewing Insured Health Products in Massachusetts ("Carriers") Subject to M.G.L. c. 176O

FROM: Kevin P. Beagan, Deputy Commissioner, Health Care Access Bureau

DATE: March 4, 2025

RE: Postpartum Maternal Health Benefits Pursuant to Chapter 186 of the Acts of 2024

The Division of Insurance ("Division") distributes this Filing Guidance Notice 2025-I to inform insured health carriers ("Carriers") regarding the filing requirements associated with Chapter 186 of the Acts of 2024 ("Chapter 186"), which amends Massachusetts laws to add M.G.L. c. 175, §§47WW, 47XX, and 47YY; M.G.L. c. 176A, §§8XX, 8YY, and 8ZZ; M.G.L. c. 176B, §§4XX, 4YY, and 4ZZ; and M.G.L. c. 176G, §§4PP, 4QQ, and 4RR. The new sections expand coverage within insured health benefit plans that are issued or renewed in Massachusetts for screening of postpartum depression and major depressive disorders, donor human milk and donor human milk-derived products, and universal postpartum home visiting services in insured health benefit plans issued or renewed in Massachusetts[1].

Screenings for Postpartum Depression and Major Depressive Disorders

Insured health benefit plans issued or renewed in Massachusetts are required to "provide coverage for postpartum depression and major depressive disorder screenings" conducted pursuant to M.G.L. c. 111, §247. The screenings are to be available to a covered person defined in M.G.L. c. 111, §247(a) as a "postnatal individual," defined as "an individual who:

(i) is within 12 months of giving birth;
(ii) is a biological parent or an adoptive or foster parent that is within 12 months from assuming custodial care of a child; or
(iii) has lost a pregnancy due to a stillbirth, miscarriage or a medical termination within the previous 12 months."

It is further noted in M.G.L. c. 111, §247(b) that "[e]very postnatal individual who receives

[1] The M.G.L. c. 176G laws for screening of postpartum depression, donated milk, and universal postpartum home visiting services apply to all individual or group health maintenance contracts that are "issued or renewed within or without the commonwealth."

health care services from a primary care provider, obstetrician, gynecologist, certified nurse-midwife or licensed certified professional midwife shall be offered a screening for postpartum depression or major depressive disorder and, if the postnatal individual does not object to such screening, such primary care provider, certified nurse-midwife or licensed certified professional midwife shall ensure that the postnatal individual is appropriately screened for postpartum depression or major depressive disorder in line with evidence-based guidelines."

It is further noted in M.G.L. c. 111, §247(c) that "[e]very postnatal individual whose infant receives health care services from a pediatrician shall be offered a screening for postpartum depression or major depressive disorder by the infant's pediatrician, and, if the postnatal individual does not object to such screening, such pediatrician shall ensure that the postnatal individual is appropriately screened for postpartum depression or major depressive disorder in accordance with evidence-based guidelines."

It is further noted within M.G.L. c. 111, §247(d) that "[i]f a health care professional administering a screening in accordance with this section determines, based on the screening methodology administered, that the postnatal individual is likely to be suffering from postpartum depression or major depressive disorder, such health care professional shall discuss available treatments for postpartum depression or major depressive disorder, including pharmacological treatments, and provide an appropriate referral to a mental health clinician." Such treatments are subject to carriers' utilization review of the medical necessity of the requested care according to the medical necessity guidelines identified in M.G.L. c. 176O and 211 CMR 52.00.

The postpartum screening is to be covered when provided by a provider within the Carrier's network of providers who meets the following standards:

- A primary care provider is a health care professional qualified to provide general medical care for common health care problems, who (i) supervises, coordinates, prescribes or otherwise provides or proposes health care services; (ii) initiates referrals for specialist care; and (iii) maintains continuity of care within the scope of practice;
- A certified nurse midwife is a nurse licensed under M.G.L. c. 112, §80B and authorized to practice midwifery under M.G.L. c. 112, §80C; and
- A licensed certified professional midwife is a health care practitioner licensed by the board of registration of midwifery under M.G.L. c. 112, §293.

The screening shall be considered to be part of a regular visit with a provider, and such screenings shall not be subject to separate cost-sharing. Carriers will develop appropriate codes to reimburse providers for covered postpartum screenings unless reimbursement for these screenings is part of a negotiated bundled reimbursement between a Carrier and a network provider.

Donor Human Milk and Donor Human Milk-Derived Products

Insured health plans that are issued or renewed in Massachusetts and health maintenance organization health plans that are "issued or renewed within or without the commonwealth," that offer what is considered creditable coverage under M.G.L. c. 111M, §1, are required to cover "medically necessary pasteurized donor human milk and donor human milk-derived products[2]"

[2] This includes, for example, pasteurized donor human milk that is specially formulated to meet the specific needs of newborns in neonatal intensive care units (NICUs).

meeting the following standards:

(i) the milk is obtained from a human milk bank that meets quality guidelines established by the department of public health;

(ii) a licensed medical practitioner has issued a written order for the provision of such human breast milk or donor human milk-derived products for the covered infant; and

(iii) the covered infant is:

(1) under the age of 6 months;

(2) undergoing treatment in an inpatient setting for a congenital or acquired condition that places the infant at a high risk for development of necrotizing enterocolitis or a congenital or acquired condition that may benefit from the use of such human breast milk as determined by the department of public health; and

(3) medically or physically unable to receive maternal breast milk or participate in breastfeeding or whose mother is medically or physically unable, despite receiving lactation support, to produce maternal breast milk in sufficient quantities or caloric density.

If an inpatient stay is reimbursed through a diagnosis related group or other bundled payment arrangement, Carriers shall include the cost of reimbursement provided under this mandate for donor human milk and donor human milk-derived products in the development of the reimbursement rate for such diagnosis related group or bundled payment.

Carriers are permitted to review requests for the required services according to the medical necessity guidelines identified in M.G.L. c. 176O and 211 CMR 52.00.

Carriers are expected to contract with entities to supply medically necessary pasteurized donor human milk and donor human milk-derived products and will be expected to provide services through out-of-network providers if Carriers have not developed adequate networks to provide the medically necessary pasteurized donor human milk and donor human milk-derived products.

Universal Postpartum Home Visiting Services

Insured health plans are expected to cover "universal postpartum home visiting services, in accordance with operational standards set by the department of public health pursuant to M.G.L. c. 111, §248." As noted in M.G.L. c. 111, §248(a), "universal postpartum home visiting services" are "evidence-based, voluntary home or community-based services for birthing people and caregivers with newborns, including but not limited to: (i) screenings for unmet health needs including reproductive health services; (ii) maternal and infant nutritional needs; and (iii) emotional health supports, including postpartum depression supports."

It is further noted in M.G.L. c. 111, §248(b), that the Department of Public Health "shall establish and administer a statewide system of programs providing universal postpartum home visiting services; provided, however, that the department may contract with third-party service providers. Services shall be delivered by a qualified health professional with maternal and pediatric health training, as defined by the department; provided, however, that at least 1 visit shall occur at the patient's home or a mutually agreed upon location within 8 weeks postpartum."

The covered postpartum home visit shall not be subject to any cost sharing, including copayments and coinsurance, and shall not be subject to any deductible; provided, however, that co-payments,

coinsurance or deductibles shall be required if the applicable plan is governed by the Internal Revenue Code and would lose its tax-exempt status due to the prohibition on co-payments, coinsurance or deductibles for these services.

Until such time as the Department of Public Health establishes a program for universal postpartum home visiting services, Carriers should provide access to medically necessary postpartum home visiting services to covered persons from their existing network of home health care providers.

Filing Requirements

As required under 211 CMR 52.05(7), Carriers are to submit material change documents - including the Carrier's Evidence of Coverage as described in 211 CMR 52.05(4)(i) - for the Division's review, and the noted statutory change identifies benefits that are to be part of insured health coverage offered or renewed in Massachusetts. Please forward all form filings to update the Evidence of Coverage on file for your carrier, using SERFF (the System for Electronic Rate and Form Filing), with the SERFF Project Name: Chapter 186 of the Acts of 2024.

Carriers are expected to contract with entities to provide the services identified in Chapter 186 and will be expected to provide services through out-of-network providers if they are not able to develop adequate networks to provide the medically necessary services. Carriers will be expected to notify the Division about how they will inform covered persons about network providers who are able to provide services identified in Chapter 186.

Carriers are expected to review requests for the required services according to the medically necessary requirements identified in M.G.L. c. 176O and 211 CMR 52.00, including required review of utilization requests within statutory timeframes, notification of all utilization review decisions, and notification to members regarding their rights to internal and external appeals when there has been an adverse determination of a request for services. In order to comply with 211 CMR 52.05(7) for utilization management systems, as identified, please forward a signed certification that the Carrier will continue to remain in compliance with utilization management procedures for the review of postpartum depression screenings, donor human milk and donor human milk-derived products, and postpartum home visits in accordance with M.G.L. c. 176O and 211 CMR 52.00.

If you have any questions about Filing Guidance Notice 2025-I, please contact Niels Puetthoff at Niels.Puetthoff@mass.gov.