***Commonwealth of Massachusetts***

***Executive Office of Health and Human Services***

***Office of Medicaid***

*www.mass.gov/masshealth*

 **MassHealth**

**Managed Care Entity Bulletin 22**

**March 2020**

**TO:** AllManaged Care Entities Participating in MassHealth

**FROM:** Amanda Cassel Kraft, Acting Medicaid Director [signature of Amanda Cassel Kraft]

# RE: Updated Coverage and Payment Policies

## Background

MassHealth’s mission is to improve the health outcomes of our diverse members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence and quality of life. In support of that mission, MassHealth provides broad coverage of medically necessary health care services to its members. In light of the state of emergency declared in the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, MassHealth is introducing additional flexibilities for coverage and billing related to COVID-19, as further described in this bulletin.

This bulletin contains requirements for Accountable Care Partnership Plans (ACPPs), Managed Care Organizations (MCOs), One Care Plans, Senior Care Organizations (SCOs), and the behavioral health vendor (collectively referred to as “managed care plans”) in response to the coronavirus disease (COVID-19) outbreak. These requirements align with certain coverage and payment policies of MassHealth’s Fee-for-Service program, Primary Care Clinician (PCC) Plan and Primary Care Accountable Care Organizations relating to pharmacy services, referrals, and payment.

Managed care plans should refer to [*Managed Care Entity Bulletin 21*](https://www.mass.gov/doc/managed-care-entity-bulletin-21-coverage-and-reimbursement-for-services-related-to-0/download) as well as *All Provider Bulletins* [*289*](https://www.mass.gov/doc/all-provider-bulletin-289-masshealth-coverage-and-reimbursement-policy-for-services-related-to/download) *and 291* for additional requirements that apply during the state of emergency. Managed care plans must ensure that they deliver all covered services in an amount, duration and scope that is no more restrictive than the MassHealth fee-for-service program. Managed care plans should stay up to date on any changes to the amount, duration, and scope of services that MassHealth may announce via subsequent bulletins or guidance.

Program of All-inclusive Care for the Elderly (PACE) organizations should follow the guidance set forth in this bulletin, [*Managed Care Entity Bulletin 21*](https://www.mass.gov/doc/managed-care-entity-bulletin-21-coverage-and-reimbursement-for-services-related-to-0/download), and in *All Provider Bulletins* [*289*](https://www.mass.gov/doc/all-provider-bulletin-289-masshealth-coverage-and-reimbursement-policy-for-services-related-to/download) *and 291* and any subsequent guidancewhen delivering services to MassHealth members.

Managed care plans should notify their provider network of these changes as appropriate, consistent with the plan’s current business practices.

The requirements described in this Bulletin will remain effective for the duration of the state of emergency declared through [Executive Order No. 591](https://www.mass.gov/executive-orders/no-591-declaration-of-a-state-of-emergency-to-respond-to-covid-19).

More information tied to COVID-19 pharmacy changes can be found online on the MassHealth Drug List (MHDL) available at <https://masshealthdruglist.ehs.state.ma.us/MHDL/>. A forthcoming section of the MHDL will specifically address all COVID-19 related items.

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## Pharmacy Requirements

This section sets forth pharmacy-related requirements that have been included in *All Provider Bulletins* [289](https://www.mass.gov/doc/all-provider-bulletin-289-masshealth-coverage-and-reimbursement-policy-for-services-related-to/download) *and 291* as well as *Pharmacy Facts* [142](https://www.mass.gov/doc/pharmacy-facts-no-142-march-20-2020-0/download) and [143](https://www.mass.gov/doc/pharmacy-facts-143-march-25-2020-0/download).

For all pharmacy guidance provided herein and related All Provider Bulletins and Pharmacy Facts, One Care Plans, SCOs, and PACE organizations must provide these flexibilities for their enrollees without Medicare coverage (e.g., Medicaid only members). In addition, One Care Plans, SCOs, and PACE organizations must provide these flexibilities for all enrollees for pharmacy products other than Part D products.

## 90 Days’ Supply

ACPPs and MCOs must allow pharmacies (at the pharmacies’ discretion) to dispense up to a 90-day supply of prescription drugs if requested by a MassHealth member or that member’s prescriber as long as sufficient quantity remains on the prescription to support the quantity being filled.

Please note that this policy does not apply to drugs that require Prescription Monitoring Program (PMP) reporting (other than schedule IV benzodiazepines and hypnotics), antibiotics, intravenous medications and certain other drugs designated by MassHealth (e.g., drugs for which quantity limits have been individually established for clinical reasons).

If a pharmacist believes that dispensing up to a 90-day supply of any drug not covered by the policy would be in the best interest of a MassHealth member, they may seek an override through current processes established by the ACPPs and MCOs for such requests.

## Early Refills

MassHealth ACPPs and MCOs must allow early refills of existing prescriptions for drugs as long as at least one refill remains on the prescription.

## Removal of Prior Authorization on Certain Therapeutic Classes

MassHealth ACPPs and MCOs must remove Prior Authorization (PA), if any, on the following drugs and drug classes:

Drugs and Therapeutic classes to have PA removed:

* Aminoglycoside Agents Inhaled
* Antibiotics – Oral and Injectable
* Antifungals – Oral and Injectable
* Respiratory Agents, Oral and Inhaled
* Sublocade

MassHealth also strongly encourages ACPPs and MCOs to reconsider any PA requirements that may be difficult to achieve or unrealistic to attempt during this state of emergency (e.g., step therapy which requires medications that cause systemic immunosuppression). Given that members are asked to remain home when possible, this includes any lab requirements needed for approval or recertification of a prescription.

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## Policy on Hydroxychloroquine and Chloroquine

For dates of service on or after March 26, 2020, MCOs and ACPPs must adopt the following policies concerning the prescribing and dispensing of chloroquine and hydroxychloroquine. Pharmacy claims for chloroquine and hydroxychloroquine should process without a new PA for individuals with existing prescriptions for lupus, malaria, or rheumatic conditions. Consistent with [*All Provider Bulletin 289*](https://www.mass.gov/doc/all-provider-bulletin-289-masshealth-coverage-and-reimbursement-policy-for-services-related-to/download), in such circumstances pharmacies may dispense up to a 90-day supply if requested by a MassHealth member or prescriber as long as sufficient quantity remains on the prescription to support the quantity being filled.

Individuals who have or are suspected to have COVID-19 or who have new prescriptions for lupus, malaria, or rheumatic conditions must go through a PA process before chloroquine and hydroxychloroquine can be dispensed. If a MassHealth member or HSN patient is approved for COVID-19, pharmacies must dispense up to a 14-day supply. If a MassHealth member or HSN patient is approved for other diagnoses, pharmacies may dispense up to a 90-day supply if requested by the MassHealth member, HSN patient, or prescriber as long as sufficient quantity remains on the prescription to support the quantity being filled.

## Albuterol Inhalers

MassHealth ACPPs and MCOs must remove any requirement that brand name ProAir be used when dispensing an albuterol inhaler. Claims for both brand ProAir and its generic equivalent must be accepted.

## Extension for Soon-to-be Expired PAs

MassHealth ACPPs and MCOs must allow an extension of 60 days for any drug prior authorizations due to expire in the next 30 days. Maintenance medications should be prioritized for extensions.

**Mail Order Prescriptions and Signature Requirements**

## MassHealth ACPPs and MCOs shall reimburse any willing pharmacy for mail order prescriptions. Furthermore, ACPPs and MCOs must waive any signature requirements for prescription drugs, whether associated with in-person pickup or delivery, in order to maintain a “contactless” transaction.

## Coverage and Payment Policies

As set forth in [*Managed Care Entity Bulletin 21*](https://www.mass.gov/doc/managed-care-entity-bulletin-21-coverage-and-reimbursement-for-services-related-to-0/download), managed care plans must take all necessary steps to enable their enrollees to obtain medically necessary and appropriate testing and treatment that will help fight the spread of this disease. As such, managed care plans must not impose any referral requirements for any medically necessary covered services, regardless of whether such services are related to the testing or treatment of COVID-19.

Additionally, managed care plans should process and pay every clean claim as expeditiously as possible and should not systematically hold payment on any clean claims for any provider type.

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## MassHealth Website

For all COVID-19 pharmacy-related updates, please visit the new webpage “COVID-19 Pharmacy Program” on the MassHealth website at <https://masshealthdruglist.ehs.state.ma.us/MHDL/>

This bulletin is available on the MassHealth website at [www.mass.gov/masshealth-provider-bulletins](http://www.mass.gov/masshealth-provider-bulletins).

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

## Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988‑8974.