MassHealth
Managed Care Entity Bulletin 39
August 2020

TO: All Managed Care Entities Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Medicaid Director

RE: Updated MassHealth Telehealth, Durable Medical Equipment (DME), and Home Health Policies

Background, Overview, and Applicability

This bulletin contains updated telehealth policy 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 2019 novel Coronavirus (COVID-19) outbreak. Organizations in the Program of All-inclusive Care for the Elderly (PACE) should also follow the telehealth guidance in this bulletin. This bulletin also includes durable medical equipment (DME) and home health requirements for managed care plans and PACE organizations.

The telehealth, DME, and home health requirements stated below align with certain policies that apply to MassHealth’s fee-for-service (FFS) program, the Primary Care Clinician (PCC) Plan, and Primary Care Accountable Care Organizations (ACOs). For members enrolled in MassHealth’s FFS program, the PCC Plan, or a Primary Care ACO, please refer to MassHealth All Provider Bulletin 298 for telehealth policy requirements and the “MassHealth LTSS Provider Information: Updates Related to the Coronavirus Disease 2019 (COVID-19)” document issued on June 10, 2020, for DME and home health policies.

Continued Coverage of Services Delivered via Telehealth

In response to the COVID-19 outbreak, MassHealth introduced a telehealth policy that, among other things, permits qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (including telephone and live video). Details may be found in All Provider Bulletins 289, 291, 294, and Managed Care Entity Bulletins 21 and 29.

As explained in All Provider Bulletin 298, MassHealth is consolidating and restating, with some modifications, MassHealth’s current telehealth policy (as reflected in All Provider Bulletins 289, 291, and 294 and Managed Care Entity Bulletins 21 and 29), and extending that policy through December 31, 2020. This extended policy will help ensure members retain access to covered services, promote social distancing, and mitigate the spread of COVID-19 both before and after the expiration of the state of emergency declared via Executive Order No. 591. This will enable members to remain in their homes to reduce exposure and transmission, to the extent possible, and to preserve health system capacity. Managed care plans and PACE organizations are required to maintain telehealth flexibility as set forth in All Provider Bulletin 298 through December 31, 2020.
Updated DME and Home Health and Policies

ACPPs, MCOs, One Care Plans, SCOs, and PACE organizations are required to ensure that their coverage policies provide at least the same amount, duration, and scope as covered by MassHealth in its FFS program. Starting with dates of service of March 1, 2020, and lasting until further directed by the Executive Office of Health and Human Services (EOHHS), MCOs, ACPPs, One Care Plans, SCOs, and PACE organizations may not adopt more restrictive coverage policies or procedures for DME and home health than those set forth below.

As explained in the “MassHealth LTSS Provider Information: Updates Related to the Coronavirus Disease 2019 (COVID-19)” document issued on June 10, 2020, MassHealth is expanding the type of medical practitioners that may prescribe or write letters of medical necessity for DME and oxygen and respiratory equipment. A prescribing provider can be the member’s physician, nurse practitioner, physician assistant, or clinical nurse specialist who prescribes and writes the prescription or letter of medical necessity, in accordance with 130 CMR 409.416 and 130 CMR 427.408.

Furthermore, MassHealth is expanding the types of medical practitioners who may order home health services and establish a member’s plan of care as described in 130 CMR 403.420. Pursuant to this change, in addition to physicians, a nurse practitioner, clinical nurse specialist, or a physician assistant may: (1) order home health services; (2) establish and periodically review a member’s plan of care for home health services (e.g., sign the plan of care); and (3) certify and recertify the member’s plan of care.

Additional Information


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Questions

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