



**MassHealth**  
**Managed Care Entity Bulletin 66**  
**August 2021**

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

**FROM:** Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth

**RE: Coverage and Reimbursement Policy Updates for Services Related to COVID-19 After the Termination of the State of Emergency**

**Applicable Managed Care Entities and PACE Organizations**

- Accountable Care Partnership Plans (ACPPs)
- Managed Care Organizations (MCOs)
- MassHealth's behavioral health vendor
- One Care Plans
- Senior Care Organizations (SCOs)
- Program of All-inclusive Care for the Elderly (PACE) Organizations

**Background**

Following the March 2020 declaration of a state of emergency in the Commonwealth due to the Coronavirus disease 2019 (COVID-19) outbreak, MassHealth published [Managed Care Entity Bulletins 21, 22, 29, and 40](#) and the corresponding [All Provider Bulletins 289, 291, 293, 294, and 296](#), introducing flexibilities for MassHealth coverage and billing necessitated by the COVID-19 outbreak. By the terms of these bulletins, these flexibilities described therein expired at the conclusion of the March 2020 declaration of a state of emergency in the Commonwealth.

The state of emergency terminated at 12:01 a.m. on June 15, 2021. Accordingly, Managed Care Entity bulletins 21, 22, and 40 as well as All Provider Bulletins 289, 291, 293, 294, and 296 expired at that time. The federal public health emergency relating to COVID-19, initially declared by the federal secretary of Health and Human Services on January 31, 2020, remains in effect.

MassHealth has elected to retain certain of the flexibilities and requirements described in the bulletins listed above beyond the June 15, 2021, expiration of the March 2020 declaration of a state of emergency. These specific flexibilities, as well as any modifications and expiration dates if applicable, are described below. This bulletin also describes certain additional flexibilities and requirements that will continue after the end of the state of emergency in the Commonwealth.

Through this bulletin, MassHealth is directing Accountable Care Partnership Plans (ACPPs), Managed Care Organizations (MCOs), the MassHealth behavioral health vendor, as well as Senior Care Organizations (SCOs) and One Care plans only to the extent described in the paragraph below including for enrollees who are not dually eligible for MassHealth and Medicare (referred to collectively here as "managed care plans"), to institute certain policies related to COVID-19.

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Program of All-inclusive Care for the Elderly (PACE) organizations should also follow the guidance in this bulletin as described in the paragraph below.

One Care Plans and SCOs should first follow guidance provided by Medicare on these topics for enrollees with Medicare, including billing and coding instructions. SCOs must follow the requirements in this bulletin for Medicaid-only enrollees. PACE organizations should follow all PACE guidance from the Centers for Medicare and Medicaid Services on these topics, and must ensure their coverage policies include those outlined below.

### **Separate Payment for Specimen Collection**

As described in [Managed Care Entity Bulletin 29](#) and [Managed Care Entity Bulletin 40](#), MassHealth implemented numerous flexibilities to allow providers to separately bill and receive payment for COVID-19 specimen collection services, in addition to the other billable services. These requirements are largely restated in [All Provider Bulletin 319](#) and managed care plans must continue to match these requirements, as described therein, through and including September 15, 2021. PACE organizations must continue to cover COVID-19 specimen collection services, in addition to other related billable services, for all PACE participants, through and including September 15, 2021.

### **Billing for COVID-19 Diagnostic Laboratory Services**

Managed care plans and PACE organizations must continue to allow MassHealth-enrolled clinical laboratories and health care facilities to bill for medically necessary, clinically appropriate COVID-19 lab tests using the appropriate CPT code described in Subchapter 6 of their provider manual, as required in [Managed Care Entity Bulletin 50](#).

### **90-Day Supply of Drugs**

As described in [Pharmacy Facts 141](#), [Pharmacy Facts 142](#), and [Managed Care Entity Bulletin 22](#), managed care plans and PACE organizations are required to allow additional exceptions to the 30-day supply limitation described at 130 CMR 406.411(D). Managed care plans and PACE organizations must maintain these flexibilities through the end of the federal COVID-19 public health emergency as described in [All Provider Bulletin 319](#).

### **Prescription Delivery**

As described in [Pharmacy Facts 145](#) and in [Managed Care Entity Bulletin 22](#), ACPPs and MCO are required to continue to cover pharmaceutical delivery. The requirement to cover pharmaceutical delivery will continue to be in effect.

### **Payment for 24-hour Substance Use Disorder Treatment Services**

As described in [All Provider Bulletin 293](#) and in accordance with criteria established by the American Society of Addiction Medicine (ASAM), in cases where a member is receiving treatment

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services in a 24-hour substance use disorder treatment facility, including acute treatment services (ATS), clinical stabilization services (CSS), and residential rehabilitation services (RRS), and is unable to be transitioned or discharged to an appropriate and safe location due to quarantine or other impacts of COVID-19, managed care plans and PACE organizations must continue payment until the member can be safely and appropriately discharged or transitioned. The requirement to continue payment as described will continue until December 31, 2021.

### **Flexibilities for Take Home Allowances of Medication for Addiction Treatment in Opioid Treatment Programs**

As described in [All Provider Bulletin 293](#), Opioid Treatment Programs (OTPs) licensed by the Department of Public Health's (DPH's) Bureau of Substance Addiction Services (BSAS), may dispense medication for addiction treatment (MAT) in accordance with the limits permitted by BSAS pursuant to 105 CMR 164.304, including any waivers thereof issued by DPH. See 130 CMR 418.406(A)(1)-(2). All other requirements remain in place, unless such requirements have been altered through other guidance and requirements from state and federal entities. Managed care plans and PACE organizations are required to maintain coverage for services delivered in this manner.

### **Emergency Services Program and Mobile Crisis Intervention Services**

As described in [All Provider Bulletin 291](#) and in [Managed Care Entity Bulletin 22](#), it is critical that MassHealth members continue to have access to behavioral health crisis assessment, intervention, and stabilization in acute outpatient hospital (AOH) emergency departments (EDs) and in the community. To the fullest extent possible, managed care plans and PACE organizations should ensure that Emergency Services Program (ESP) and Mobile Crisis Intervention (MCI) providers as applicable continue to ensure that services are delivered primarily in community settings and not in EDs.

To the extent that ESP/MCI providers cannot respond to managed care plan members in the ED either in person or using telehealth modalities, to ensure that members continue to have access to these services, managed care plans and PACE organizations must permit AOHs with the capacity to have a qualified behavioral health professional (master or doctoral level behavioral health clinician, psychiatric nurse practitioner, psychiatric clinical nurse specialist, or psychiatrist) provide behavioral health crisis assessment, intervention, and stabilization to provide these services in lieu of an ESP/MCI provider as described in [All Provider Bulletin 319](#). Managed care plans must conform their billing and coverage policies to those described in All Provider Bulletin 319. PACE organizations must conform their coverage policies to those described in All Provider Bulletin 319.

### **Referrals**

As stated in [All Provider Bulletin 319](#), for the duration of the federal public health emergency relating to COVID-19, managed care plans are required to maintain referral flexibilities as described in [All Provider Bulletin 291](#) and [Managed Care Entity Bulletin 22](#).

## **Signatures for Transportation Medical Necessity Forms**

In conformance with [All Provider Bulletin 291](#), and as part of the updated telehealth policy described in [Managed Care Entity Bulletin 60](#), managed care plans were required to remove requirements for physical signatures from authorized providers or managed care representatives on transportation Medical Necessity Forms. Continuing forward, and notwithstanding 130 CMR 407.421(D)(2), managed care plans may not require transportation providers to obtain physical signatures from authorized providers or managed-care representatives on transportation Medical Necessity Forms. Instead, managed care plans must permit transportation providers to enter “Signature not Required” or must allow for electronic signature in the relevant signature fields of those forms.

## **Transportation Providers Billing for Specimen Collection for COVID-19 Diagnostic Testing Without Member Transportation**

As described in [All Provider Bulletin 291](#), and [Managed Care Entity Bulletins 29](#) and [40](#), managed care plans and PACE organizations reimbursed transportation providers for medically necessary visits to members to obtain and transport specimens for COVID-19 diagnostic testing through HCPCS code A0998 (Ambulance response and treatment; no transport). Managed care plans and PACE organizations must continue reimbursing transportation providers for this code for dates of service through the end of the federal public health emergency relating to COVID-19 as described in [All Provider Bulletin 319](#).

## **COVID-19 Remote Patient Monitoring**

In order to divert unnecessary emergency and hospital utilization during the COVID-19 pandemic, MassHealth has added to the MassHealth Physician, Community Health Center, and Acute Outpatient Hospital program manuals coverage of a code for COVID-19 remote patient monitoring (COVID-19 RPM) bundled services to facilitate home- or residence-based monitoring of members with confirmed or suspected COVID-19 who do not require emergency department or hospital level of care but require continued close monitoring. Managed care plans and PACE organizations were required to cover these services in [Managed Care Entity Bulletin 29](#). Plans must continue to cover these services through the end of the federal public health emergency relating to COVID-19 as described in [All Provider Bulletin 319](#).

## **Qualified Non-Physician Health Care Professionals at Community Health Centers**

Managed care plans and PACE organizations are required to consider licensed practical nurses, community health workers, and medical assistants to be “qualified non-physician health care professionals” for the limited purpose of providing community health center services under CPT codes 98966, 98967, and 98968, as described in [All Provider Bulletin 319](#).

## **Additional Information**

For the latest Massachusetts-specific information, visit [www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19](http://www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19).

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The latest Centers for Disease Control and Prevention (CDC) guidance for healthcare professionals is available at [www.cdc.gov/coronavirus/2019-ncov/hcp/index.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html).

### **MassHealth Website**

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

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### **Questions**

If you have 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](mailto:providersupport@mahealth.net), or fax your inquiry to (617) 988-8974. Managed care plans and PACE organizations should submit written questions and comments concerning this bulletin to their contract managers.