



MassHealth
Managed Care Entity Bulletin 79
December 2021

TO: Managed Care Entities Participating in MassHealth

FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth

RE: Extension of Coverage and Reimbursement Policy Related to COVID-19 for 24-Hour Substance Use Disorder Services

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

Through [All Provider Bulletin 319](#) and its predecessor bulletins, MassHealth implemented numerous flexibilities for MassHealth coverage and billing necessitated by the COVID-19 outbreak. By the terms of All Provider Bulletin 319, some flexibilities were scheduled to expire on December 31, 2021. Through this bulletin, MassHealth is further extending the payment of 24-hour substance use disorder treatment services–related flexibilities (described in All Provider Bulletin 319) through June 30, 2022, after which they will expire. Except as provided herein, or in other guidance published by MassHealth, the remainder of All Provider Bulletin 319 will remain unchanged.

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. 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 & Medicaid Services on these topics and must ensure their coverage policies include those outlined below.

Payment for 24-hour Substance Use Disorder Treatment Services

As described in [All Provider Bulletins 293 and 319](#) and in accordance with criteria established by the American Society of Addiction Medicine (ASAM), in cases where a member is receiving treatment 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 June 30, 2022.

MassHealth Website

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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, or fax your inquiry to (617) 988-8974.