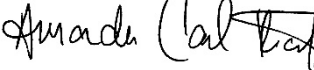




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Managed Care Entity Bulletin 88
May 2022

TO: Managed Care Entities Participating in MassHealth 
FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth
RE: Coverage of Formula, including Temporary Modification of Prior Authorization Requirements

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

As detailed in All Provider Bulletin 343, MassHealth, in response to recent supply chain issues impacting the availability of formula, is taking certain actions to reduce barriers and increase timely access to formula for MassHealth members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) Plan, and Primary Care Accountable Care Organizations (ACOs). Such actions include, but are not limited to, as further described in All Provider Bulletin 343,

- continued suspension of all prior authorization (PA) requirements for formula provided through the pharmacy program and
- continuing its simplified PA process for formula provided through the durable medical equipment (DME) program.

The suspension of all prior authorizations and continuation of a simplified PA process mentioned above will be effective May 20, 2022 and for 90 days after (or such other longer period specified in a subsequent bulletin).

The actions to reduce barriers and increase timely access to formula also include expanding formula coverage through the pharmacy program and allowing DME providers to obtain retrospective approval for formula prior to filing a claim.

With this bulletin, MassHealth directs Accountable Care Partnership Plans (ACPPs), Managed Care Organizations (MCOs), Senior Care Organizations (SCOs), and One Care plans (collectively, "managed care plans"), as well as Program of All-inclusive Care for the Elderly (PACE) organizations, to institute certain policies to align with All Provider Bulletin 343. This bulletin supplements Managed Care Entity Bulletin 85.

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Temporary Suspension or Streamlining of Prior Authorization for Formula

MassHealth directs managed care plans to align their PA policies with those described in All Provider Bulletin 343 for a period of 90 days or as such longer period as directed by EOHHS. However, for formula provided as a DME covered service, managed care plans must remove PA unless systematic or operational barriers prevent such action. In those cases, managed care plans must streamline PA processes for formula provided as a DME covered service such that they align with those PA processes described in All Provider Bulletin 343 or are simplified in a manner substantially similar to those PA processes.

Coverage of Formula

MassHealth directs managed care plans to cover all medically necessary formula effective May 17, 2022 as described in All Provider Bulletin 343. This is in addition to covering pediatric enteral special formula and thickening agents dispensed by pharmacies as previously directed by MassHealth in Managed Care Entity Bulletin 85.

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.