***Commonwealth of Massachusetts***

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

***Office of Medicaid***

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MassHealth

# Managed Care Entity Bulletin 98

March 2023

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

**FROM**: Mike Levine, Assistant Secretary for MassHealth [signature of Mike Levine]

RE: Temporary Prior Authorizations Flexibilities Effective April 1, 2023

## Applicable Managed Care Entities and PACE Organizations

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

## Background

Effective April 1, 2023, new MassHealth health plans will be available to MassHealth members as a result of the re-procurement of the MassHealth Accountable Care Organization (ACO) program. ACOs are MassHealth–managed care plans that are

* made up of integrated networks of physicians, hospitals, and other community-based health care providers;
* accountable for the quality, cost, and member experience of care for 1.3 million MassHealth members; and
* responsible for providing high-value, cross-continuum care across a range of measures.

Fifteen of the newly re-procured ACOs are Accountable Partnership Plans (ACPPs) and two are Primary Care Accountable Care Organizations (PCACOs). MassHealth members will continue to have access to the two existing Managed Care Organizations (MCOs), as well as the Primary Care Clinician (PCC) Plan.

## Temporary Prior Authorization Flexibilities

To better support members’ transition to new health plans effective April 1, 2023, ACPPs, MCOs, and MassHealth’s behavioral health vendor must follow continuity of care requirements as set forth in their MassHealth contracts for at least 90 days starting on April 1, 2023. Leading up to and during this continuity of care period, MassHealth will be working with the ACOs, MCOs,

MassHealth’s behavioral health vendor, providers, and vendors to make sure members’ new health plans have the necessary information to effectively serve those members, including current prior authorization and referral information. ACOs, MCOs, and the MassHealth behavioral health vendor must then ensure they store this information in a timely manner in their systems or in their vendors’ systems, as applicable.

During the continuity of care period, MassHealth members may continue to see providers with whom they had preexisting relationships prior to April 1, **even if that provider is not part of the member’s new health plan’s provider network**. The member’s new health plan must make appropriate payment arrangements with those providers.

In addition, to further ensure continuity of care for members, MassHealth is directing ACPPs, MCOs, and MassHealth’s behavioral health vendor to accept non-pharmacy claims that would have required prior authorization information, even if such claim does not contain prior authorization information. This policy must be in place until members’ current prior authorization information is stored in the health plans’ systems, as described above, which is anticipated to be on or around April 28, 2023.

MassHealth is also directing ACPPs and MCOs to coordinate with their pharmacy networks and pharmacy benefit managers, as applicable, to ensure pharmacies are able to dispense (and be paid for) a 7–30-day supply of medications, as appropriate, using an emergency override, when members’ current pharmacy-related prior authorization information is not yet available. This policy must be in place until members’ current pharmacy-related prior authorization information is stored in the health plans’ systems, as described above, which is anticipated to be on or around April 7, 2023.

ACPPs, MCOs, and MassHealth’s behavioral health vendor must continue to follow all other continuity of care requirements in their MassHealth contracts.

Finally, in accordance with [*Managed Care Entity Bulletin 22*](https://www.mass.gov/doc/managed-care-entity-bulletin-22-updated-coverage-and-payment-policies-0/download) and until further notice, managed care plans must not impose any referral requirements for any medically necessary covered services.

## MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](http://www.mass.gov/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, or fax your inquiry to (617) 988‑8974.