

# MassHealth Community Partner Information: Updates Related to the Coronavirus Disease 2019 (COVID-19)

Updated 10/19/2021

## Introduction

Following the March 2020 declaration of a state of emergency in the Commonwealth due to the Coronavirus disease 2019 (COVID-19) outbreak, MassHealth issued guidance to the Behavioral Health (BH) and Long-Term Services and Supports (LTSS) Community Partners (CPs) (March 2020 CP Guidance) introducing flexibilities for certain CP Qualifying Activities (QAs). By the terms of the guidance, the flexibilities were in effect for the duration of the state of emergency declared via Executive Order No. 591. The state of emergency in the Commonwealth terminated at 12:01 am on June 15, 2021. 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 described in the March 2020 CP Guidance. Certain other flexibilities are expiring or continuing with modification. Details for each specific flexibility, including when they will expire, have been provided below. These updates maintain fidelity to the CP care model as set forth in the First Amended and Restated Behavioral Health Community Partner and Long-Term Services and Supports Community Partner contracts (BH CP and LTSS CP contracts, respectively) and MassHealth guidance.

### I. Inclusion of Text Messaging

During the state of emergency in the Commonwealth, MassHealth allowed CPs to use reciprocated text messaging in addition to other allowable modes of interaction with Enrollees for the following Qualifying Activities (QAs) aimed at contacting, engaging, and supporting members: *Outreach*, *Care Coordination*, and *Care Transitions* (Follow up after discharge from an Emergency Department). This guidance provides updates to those flexibilities.

CPs are encouraged to use appropriate technologies to communicate with individuals and should, to the extent feasible, ensure the same rights to confidentiality and security as provided in face-to-face services. CPs must inform Enrollees of any relevant privacy considerations. Text messaging should not be the primary or sole means of engaging with an Enrollee.

## **A. Outreach**

MassHealth will continue to permit CPs to use reciprocated text messaging for the *Outreach* Qualifying Activity using *procedure code G9011 with modifier U3*.

## **B. Care Coordination**

1. Effective January 1, 2022, MassHealth will no longer permit CPs to use reciprocated text messaging for the *Care Coordination* Qualifying Activity using *procedure code G9005 with modifier U3*, provided however that CPs may use reciprocated text messaging for care coordination for certain Enrollees as set forth in B.2 below.
2. Effective January 1, 2022, MassHealth will permit reciprocated text messaging and the use of assistive technology for the *Care Coordination* Qualifying Activity using *procedure code G9005 with modifier U3* to provide supports to Enrollees with diagnosed speech and hearing conditions, as determined from the Enrollee's comprehensive assessment or medical records. The use of text messaging and assistive technology for such Enrollees must be documented in the Enrollee's Electronic Health Record (EHR).

## **C. Care Transitions (Follow Up After Discharge from an Emergency Department (ED))**

1. Effective January 1, 2022, MassHealth will no longer permit CPs to use reciprocated text messages for the *Support for Transitions of Care* Qualifying Activity using *procedure code G9007 with modifier U3*, provided however that CPs may use reciprocated text messaging for care transitions for certain members as set forth in C.2 below.
2. Effective January 1, 2022, MassHealth will permit reciprocated text messaging and the use of assistive technology for the *Support for Transitions of Care (Follow Up after Discharge from an ED)* Qualifying Activity using *procedure code G9007 with modifier U3* to provide supports to Enrollees with diagnosed speech and hearing conditions, as determined from the Enrollee's comprehensive assessment or medical records. The use of text messaging and assistive technology for such Enrollees must be documented in the electronic health record (EHR).

## **II. Follow Up After Discharge from an Inpatient Setting**

During the state of emergency in the Commonwealth, MassHealth allowed for *Follow up after Discharge* Qualifying Activity to be completed using telehealth, including video conferencing and telephonically, using *procedure code G9007 with modifier U5 and U1 and/or U2*.

MassHealth will continue to permit CPs to use telehealth for follow up after discharge from an inpatient setting or transition to a community setting for the *Follow up After Discharge* Qualifying Activity using *procedure code G9007 with modifier U5 modifier and U1 and/or U2 through December 31, 2021*.

### **III. Comprehensive Assessment (Behavioral Health CPs only)**

*For Behavioral Health (BH) CPs Only:* During the state of emergency in the Commonwealth, MassHealth allowed for the *Comprehensive Assessment* Qualifying Activity to be completed using telehealth, including video conferencing and telephonically, and submitted using *procedure code G0506 with modifier U1 and/or U2*. MassHealth will continue to permit CPs to use telehealth for the *Comprehensive Assessment* Qualifying Activity using *procedure code G0506 with modifier U1 and/or U2 through December 31, 2021*.

### **IV. Enrollee Approval of Care Plan**

During the state of emergency in the Commonwealth, MassHealth recognized that it might take an extended period of time for CPs to obtain Enrollee signatures on care plans. Pursuant to the March 2020 CP Guidance, CPs were required to document such delays in the Enrollee record and obtain Enrollee signatures on care plans as soon as staff were reasonably able to do so.

In order to provide a smooth transition, MassHealth will waive the signature requirement for all members who gave verbal approval through June 15, 2021. Effective June 16, 2021, MassHealth will continue this flexibility, but require that CPs document a verbal attestation, electronic signature program, or other means used to obtain an Enrollee approval of their care plan in the EHR.

### **V. Updates to Qualifying Activities Manual and CP Contracts**

MassHealth will update Appendix H to the BH CP Contract and Appendix G to the LTSS CP Contract (both, “the QA Manual”) to reflect the policies set forth above as applicable.

MassHealth will further update the QA Manual to reflect the appropriate reporting of the *Supports for Transitions of Care* Qualifying Activity which allows for *procedure code G9007 with modifier U3*. In addition, MassHealth will update the BH CP Contract and LTSS CP Contract to clarify the requirement that CPs follow up with an Enrollee after discharge from an ED visit within seven calendar days in a future contract amendment.

### **Conclusion**

Questions regarding this guidance should be directed to the Director of the Community Partners program Tamara Lange at [tamara.lange@mass.gov](mailto:tamara.lange@mass.gov).