

MassHealth COVID Flexibilities – Summary

June 2021

The Governor announced the end of the Massachusetts Public Health Emergency for COVID-19 as of June 15th. We are providing guidance on what existing MassHealth flexibilities related to the COVID-19 public health emergency will end with the end of the Massachusetts state of emergency, the end of the federal public health emergency (PHE) or on some other timeline. This document is intended to provide some guidance on the timeline for the ending or continuation of these flexibilities but does not replace or supersede any subsequent guidance, published bulletins, or regulatory changes. This document is not meant to be an exhaustive list of programmatic changes but is instead focused on changes that pertain to managed care plans. Please reference specific bulletins to obtain greater detail on applicability of flexibilities across delivery systems.

Expiring at end of Massachusetts state of emergency (6/15)

- Contracting with labs other than MassHealth lab providers to process COVID tests (MCE Bulletin 29)
- Use of DMH-licensed beds for non-behavioral health (BH) diagnoses (MCE Bulletin 33)
- Exempting acute hospital rehabilitation units from the CDRH screening program
- Reimbursement to durable medical equipment and supplies (DME) providers for providing personal protective equipment (PPE) distribution services to members receiving care in their residences, including members receiving Personal Care Attendant (PCA) services and Independent Nurse services EOHHS (EOHHS Administrative Bulletin 20-45)
- Suspension of the 45-day admin day nonpayment provision for Chronic Disease and Rehabilitation Hospitals (end 6/30) (CDRH Bulletin 91)
- Suspension of managed care plan PA for admission to inpatient psychiatric services (MCE Bulletin 29) – note that plans must continue to suspend PA for admissions to 24-hour diversionary services beyond June 15, until further notice by EOHHS
- COVID Flexibilities for the dispensing of hearing aids (MCE Bulletin 45; expired by its terms before the end of the Massachusetts state of emergency)

Extended through end of federal PHE

- Waiving Primary Care ACO/PCC plan referral requirements (All Provider Bulletin 291)
- Managed care plan allowing out-of-network access for COVID testing, evaluation, and treatment (MCE Bulletin 29)
- Continuation of 90-day supply of most medications (MCE Bulletin 22)
- Remote Patient Monitoring (RPM) for COVID-19 (MCE Bulletin 29)
- Hospital-at-home coverage (seeking permanent federal authority) (MCE Bulletin 56)
- General flexibilities (MCE Bulletin 39 linking OLTSS Flexibilities Guidance extended by provider program bulletins) for: Adult Day Health, Adult Foster Care, Community Case Management, Group Adult Foster Care, Durable Medical Equipment (DME Bulletin 26), Home and Community Based Services Waiver, Home Health, Hospice, Independent Nurse, Oxygen/Respiratory Equipment and Supplies (OXY Bulletin 20), PCA and Physical, Occupational and Speech Therapy, except Therapy telehealth (Therapy Bulletin 16; Speech and Hearing Center Bulletin 13; Rehabilitation Center Bulletin 13)
- Authorization of Home Health services through PCA prior authorization (MCE Bulletin 39)
- Provision of 90-day supply of DME/oxygen/respiratory medical supplies (MCE Bulletin 39 citing OLTSS Flexibilities guidance; DME Bulletin 26)
- Payment for obtaining and transporting specimens for testing (MCE Bulletin 29)
- Self-attestation for eligibility determination ending in 90 days (9/15), all other eligibility flexibilities remain in place until the end of the federal PHE

Extended on different timelines

- Rate increases to hospitals for admitting COVID-19-positive members who need BH services ending on 7/15 (MCE Bulletin 55)
- Separate payment for specimen collection expires three-months after state PHE (9/15) (MCE Bulletin 29)
- Current telehealth coverage (across provider types) expires 9/15; and is anticipated to be replaced with an updated policy (All Provider Bulletin 314, certain LTSS program-specific bulletins)

- Payments to ATS/CSS/RRS facilities when patients cannot be discharged due to COVID-19 is extended through end of calendar year (12/31) (All Provider Bulletin 293)
- Allowing Emergency Departments to continue providing BH crisis services when Emergency Services Program (ESP) or Mobile Crisis Intervention (MCI) provider is not available in person or via telehealth (All Provider Bulletin 289)
- Continuation of payments for take-home doses of Medication for Addiction Treatment administered by Opioid Treatment Programs at the levels permitted by DPH/BSAS (All Provider Bulletin 293)
- Suspension of PA for admissions to 24-hour diversionary BH services continued until further notice by EOHHS
- Vaccination, testing and treatment of COVID-19 will be continuously covered for 15 months after the end of the federal PHE (MCE Bulletin 21 and 50)
- Continuation of 1915(c) HCBS Waiver flexibilities authorized under Appendix K until 6 months after the federal PHE
- CHCs will continue to be permitted to provide and bill for vaccines, testing, and treatment services, or other specifically approved services, at temporary sites authorized by DPH (CHC Bulletin 109)