

Actions Massachusetts Health Plans are Taking to Address the COVID-19 Pandemic

Commercial Insurers:

- Covering testing for COVID-19 without copayments, deductible or co-insurance at in-network doctors' offices, urgent care centers or emergency rooms in accordance with the DPH and CDC guidelines.
- Covering treatment related to COVID-19 without copayments and in some instances without cost sharing.
- Covering telehealth visits for treatment for in-network providers related to COVID-19 without any cost-sharing (i.e., copayments, deductibles, or coinsurance) or prior authorization requirements. These services will be paid at the same rates of payment established for services delivered via traditional (i.e., in-person) methods, unless otherwise established under the contract.
- Covering telehealth for non-COVID-19 covered health care services, including behavioral health care services, to limit face-to-face encounters. These services will be paid at the same rates of payment established for services delivered via in-person methods, unless otherwise established under the contract.
- Running dedicated phone lines and/or designating trained staff to respond to calls and keep members aware of providers who are testing and treating for COVID-19 and to inform them of available benefits and to provide them with phone numbers to call for additional assistance.
- Together with the Health Connector, have extended special open enrollment period for uninsured individuals, who can now apply and enroll in health coverage until May 25th.
- Expediting credentialing for all health care practitioners seeking to be newly credentialed or who are modifying existing credentialing materials on file.
- Suspending prior authorization for patients being moved to lower levels of needed care, from acute care hospitals to noncustodial rehabilitation care in rehabilitation hospitals and skilled nursing facilities (SNF).
- Suspending prior authorization for transfer of patients to home health care settings.
- Working closely with small business accounts to address their needs and are offering, on a case by case basis, flexibility relative to grace periods for premium payments.
- A majority of the MAHP member plans have also voluntarily agreed to:
 - Suspend prior authorization for scheduled surgeries or admissions at hospitals unrelated to COVID-19 for 60 days.
 - Suspend concurrent review for hospital inpatient services for 60 days.
 - Pause time frames for hospitals to file internal and external appeals for 90 days and provide flexibility relative to timeframes for non-essential audits of hospital payments.
 - Refrain from pending claims and commit to meeting or exceeding prompt payment standards.
 - Work in collaboration with the broader health plan community to align on common guidelines for billing with respect to codes and site of service.
 - Work in collaboration with other Massachusetts plans to expedite credentialing for providers rendering services as part of the COVID-19 pandemic, while continuing to adhere to standards set forth by NCQA and the Massachusetts Board of Registration in Medicine.

Medicaid Plans & Duals:

- Permitting providers to deliver covered services, including behavioral health, to MassHealth members via telehealth. These services will be reimbursed at the same rates of payment for services delivered via in-person methods.
- Relaxing referral and prior authorization requirements and procedures for testing and treatment and covering urgent testing and treatment out-of-network, when unavailable by an in-network provider.
- Reimbursing for quarantine for COVID-19 in a hospital as observation or administrative days.
- Covering home visits to members.
- Providing for 90 supplies and early refills of prescription medication.
- MCOs and ACOs will communicate prevention, testing, and treatment options to enrollees and establish call center resources to respond to calls about COVID-19.