May 26, 2021

The MMS will continue to monitor developments related to the coronavirus (COVID-19) and the response by state and federal agencies. For current information, including updates from NEJM, visit the dedicated page on the MMS website: massmed.org/covid-19.

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**Public Health**

**Update: MIIS vaccination system**

The Mass. Department of Public Health (DPH) sent out information and surveys last week through the state MIIS vaccination system detailing the parameters of the state’s new allowance of physician practices to request and administer COVID-19 vaccines. One survey sent to physicians with adult patient panels detailed the conditions for participating physician practices, such as a requirement that the 100-dose trays be administered within 10 days, with “waste” of less than 10% per vile and 5% per order. A second survey for practices serving pediatric practices outlined the same parameters, but for 1,170 dose orders given the larger minimum order for Pfizer. These surveys relate to the direct ordering of vaccines and will not replace existing arrangements between physician practices and hospital systems or regional health collaboratives. The Medical Society is continuing to engage with the state to advocate for additional flexibilities to allow these arrangements to work across multiple practice settings and with waning patient demand. For more information, please [click here](massmed.org/covid-19).
Change to telehealth cost share and authorization requirements

BCBS Massachusetts

Effective July 1, 2021, Blue Cross Blue Shield Massachusetts (BCBS MA) will reinstate member copayments, co-insurance, and deductibles for non-COVID telehealth visits, including all mental and behavioral health services.

Note: These changes do not apply to BCBS MA Medicare Advantage members. BCBS MA is following guidelines from the Blue Cross Blue Shield Association regarding coverage for Federal Employee Program members. For more details, please click here.

Please bill members for their cost share once the claim has processed. When checking eligibility, Online Services will show the standard telehealth cost share. The system will not distinguish between a COVID visit and a non-COVID visit; therefore, BCBS MA recommends billing the member for the applicable cost share once the claim has processed to ensure the provider does not have to reimburse the member.

Resuming authorization process

In alignment with guidance from the Division of Insurance (DOI), BCBS MA has resumed the normal authorization processes for all services for the commercial and Federal Employee Program members and will start requiring authorization for Medicare Advantage members on July 1, 2021.

BCBS MA will continue to waive the authorization requirement for commercial and Medicare Advantage initial requests for the following services with a COVID diagnosis:

- Emergent inpatient services
- Skilled nursing, rehab, and long-term acute care
- Home health care

If you are not already, please submit clinical information for all authorization requests with the exceptions noted above. The authorization process will officially resume for all products effective July 1, 2021.
Talk to patients about getting the COVID-19 vaccine

Patients seek health information from trusted sources. Health care professionals are often vaccine recipients’ most-trusted source of information on vaccines. Answers to their questions matter and will help them make an informed decision about getting a COVID-19 vaccination.

Whether these discussions take place at an in-person office visit, through messages on a patient portal, at a telemedicine appointment, or during consultation in the pharmacy, a strong vaccine recommendation is the most important part of the conversation. For resources on talking to patients, click here.

FDA updates

The Food and Drug Administration (FDA) updated the definition of high risk for COVID-19 to include additional medical conditions and factors associated with increased risk for progression to severe disease. This update applies to the emergency use authorizations (EUAs) for REGEN-COV (Casirivimab and Imdevimab) and Bamlanivimab and Etesevimab. More information is available in the fact sheets for each EUA:

- Fact Sheet for Health Care Providers for Bamlanivimab and Etesevimab
- Fact Sheet for Health Care Providers for REGEN-COV (casirivimab with imdevimab)

The FDA issued a reminder to health care providers to give clear, step-by-step instructions to patients who, in a health care setting, self-collect anterior nasal samples for SARS-CoV-2 testing. Without proper instructions, patients may not collect an adequate sample for testing, which may decrease the sensitivity of the test.
The FDA issued a safety communication to remind health care providers and the public that results from currently authorized SARS-CoV-2 antibody tests should not be used to evaluate a person’s level of immunity or protection from COVID-19 at any time, and especially after the person received a COVID-19 vaccination. The FDA also updated the Serology/Antibody Tests: FAQs on Testing for SARS-CoV-2 and the Antibody (Serology) Testing for COVID-19: Information for Patients and Consumers web pages to provide updated information on the use of SARS-CoV-2 antibody test results.

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