

Telehealth Reimbursement and Patient Access Q & A

Q1: What is Massachusetts Chapter 260 and how does it relate to telehealth services?

Massachusetts [Chapter 260](#) became law on January 1, 2021. The law requires MassHealth, the Group Insurance Commission, and commercial health insurance companies to reimburse primary care and chronic disease management services provided via telehealth at the same rates as in-person services until January 1, 2023. Chapter 260 mandates that behavioral healthcare provided via telehealth be reimbursed on-par with in-person services in perpetuity.

For all other healthcare services, Chapter 260 requires reimbursement at the same rates as in-person services until 90 days after the end of the Massachusetts state of emergency. The Massachusetts state of emergency ended on June 15, 2021. The Massachusetts Division of Insurance (DOI) issued guidance about the continuation of telehealth reimbursement on September 7, 2021. This guidance can be found [here](#).

Q2: Does Chapter 260 apply to Medicare?

No, Chapter 260 is a Massachusetts law and does not apply to Medicare, which is a federal program.

Q3: Are Massachusetts insurance companies required to pay for primary care and chronic disease management care via telehealth until 1/1/23?

Yes. Chapter 260 requires that primary care and chronic disease management services be reimbursed at parity with in-person visits, for both audio-visual and audio-only, until 1/1/23.

Q4: Are Massachusetts insurance companies required to pay for Behavioral Health telehealth services indefinitely?

Yes. Chapter 260 requires that Behavioral Health services provided via telehealth will be reimbursed at the same rates as in-person services in perpetuity.

Q5: How is Behavioral Health defined? What procedure codes are covered under Behavioral Health?

“Behavioral Health Services” are defined as “care and services for the evaluation, diagnosis, treatment or management of patients with mental health, developmental or substance use disorders.” As of December 2021, the Massachusetts Division of Insurance (DOI) is still finalizing regulations that may include further clarification about definitions.

Q6: What constitutes a telehealth visit? Does the definition of telehealth include audio-only?

“Telehealth” is defined as “the use of synchronous or asynchronous audio, video, electronic media or other telecommunications technology, including, but not limited to: (i) interactive audio-video technology; (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating or monitoring of a patient's physical health, oral health, mental health or substance use disorder condition.” For more information specific to MassHealth, please refer to the MassHealth Telehealth Policy [here](#).

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Please note: the information in this document is current as of February 2022, but is subject to change.

Q7: What do the regulations say about Massachusetts providers who have telehealth visits with patients in other states?

Generally, where the patient is located dictates the regulatory authority. Since the Massachusetts state of emergency ended on June 15, 2021, many of the Massachusetts flexibilities or waivers to provide care to patients in other states are no longer in place. A provider must be compliant with all laws, including licensure laws, of the state in which the patient is located when they receive care.

Q8: What are some of the barriers patients face with regard to telehealth and how can those barriers be addressed?

- Internet Access – take advantage of current Broadband expansion initiatives; deploy hot spots, cell phones, and other resources to patients. You can find more information about Broadband expansion here: <https://acpbenefit.org/>
- Digital literacy – Provide direct support to patients and care team staff at the beginning of telehealth visits; create user guides in multiple languages; choose technology platforms that support multiple internet platforms and are easy to use
- Technology – evaluate vendors that are improving their platforms and listening to end users; try to select a vendor that integrates with EMRs to allow for easier use; advocate to your EMR vendor to make improvements where they fall short
- Integrated Care/Workflow – engage and empower your care team to be part of the solution; build a virtual waiting room with your chosen telehealth platform so there is one point of connection between the front desk, clinical care team, and patient.

Q9: Do you have any insights about patients who have no private spaces to have telehealth appointments?

Both providers and patients need a quiet place to do a telehealth visit. Sometimes the lack of a private place accessible to the patient will dictate that telehealth is not the right platform for this individual. Both parties need to acknowledge this limitation and recognize when other care or a face-to-face visit is more suitable.

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