MASSACHUSETTS MEDICAL SOCIETY
*Every physician matters, each patient counts.*



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Commissioner Gary Anderson
Division of Insurance
1000 Washington Street
Suite 810
Boston, MA 02118

Dear Commissioner Anderson,

On behalf of the Massachusetts Medical Society, representing more than 25,000 physicians, residents and medical students in the Commonwealth, we want to thank you for your efforts to provide Carrier's directives to meet Governor Baker's March 15th Executive Order ("Order Expanding Access to Telehealth Services and to Protect Health Care Providers), effective March 16th. The recent expansion of telehealth services by the Governor has been a critical step forward to ensure social distancing and an effective tool to deliver vital patient care. Telehealth visits aim to avoid patients seeking care in the emergency departments and urgent centers. These visits also allow patients the comfort of knowing their health care providers are available and there for them during the crisis. Responding to the first item of our letter to you of March 16 with the Massachusetts Health and Hospital Association, we were pleased to see the Carriers issue telehealth coverage, and billing and coding requirements for physicians beginning Monday, March 23.

However, we are writing today in response to member concerns regarding administrative burdens associated with the telehealth coverage, and coding and billing requirements implemented by Carriers and the GIC (Carriers) in the Commonwealth. In response to your Bulletins ( Bulletin 2020-02 and Bulletin 2020-04), each Carrier has initiated their own interpretation of the Division of Insurance guidance and as you can see from this 51-page guide MMS Covid-19 Billing Guidelines for Telehealth Services, the outcome is a complicated myriad of varied requirements and inconsistencies which are extremely difficult to navigate. This administrative burden is coming at the same time practices are rapidly adopting telehealth into their workflows and exactly when patients are seeking testing, treatment and other medical services. There simply is no time for practices to digest the multitude of requirements under the environmental strain currently at hand.

Instead, we respectfully request that the Division of Insurance issue Carrier guidance for in -network providers that establishes parity across Carriers and meets the following criteria to streamline the Telehealth process.

1. All Carriers currently doing business in MA either directly or through a Third-Party Administrator be required to pay for all telehealth services provided to patients regardless of the time of day or the day of the week or whether these services are provided with audio and visual platforms and/or telephone only. Not all citizens have access to video technology at home. For those who do, they may not have the confidence or experience to use it in an effective manner. This can lead to extreme frustration on both sides of the provider/patient interaction and can inhibit effective communication. For that reason, we would encourage all Carriers to allow telephone interactions. Based on our analysis, there are several Carriers not offering telephone service.

2. All Carrier's product lines of business (Medicaid, Medicaid ACOs, Medicare Advantage, Commercial) should cover telehealth services similarly and completely.

3. These services will be paid not lower than the rates of payment established by the Carrier for services delivered via traditional (i.e.in-person) methods, and on par with a face-to-face visit.

4. These visits should be billed with the same Evaluation and Management codes used for office visits and consults visits for both new and established patients.

5. Annual wellness and preventive services should be added. These annual and preventive care exams will enable earlier identification of medical and health issues for treatment as well as provide monitoring of ongoing health status for our patients in the Commonwealth. All care needs to continue during this crisis by telehealth, where telehealth is appropriate for our patients.

6. Any modifiers or place of service designations shall be uniformly accepted by all of Carriers.

7. Non-Covid-19 related medical necessary services will be covered. There shall be no requirement that the telehealth visit has anything to do with suspected or confirmed COVID-19 infection before the claim is accepted and paid. Instead, it is an acknowledgement that social distancing, shelter in place is mandated at this time.

8. Some plans are waiving cost sharing for Covid-19 related services and others are also waiving cost-sharing for non-Covid-19 related services. Further, there are still others who will only waive cost sharing if the patient uses the Carrier's vendor for telehealth. This administrative inconsistency is only adding to the burden on practices and confusion for patients. Therefore, we seek consistency on waiving cost-sharing for telehealth visits for

both audio and visual platform and telephone for Covid-19 and Non-Covid-19 related services. We are seeking uniformity of no-cost sharing to also secure access for patients.

9. Any evidence either electronic or otherwise that the patient was deemed eligible with that Carrier on the date of service will require that Carrier to cover that visit in full. Further, as physicians are making every effort to comply with the regulations and see patients via telehealth, there should be a prohibition against demanding future "takebacks", "denials" or "audits", at least during this emergency period.

10. Claims payment requirements for out- of -state covered employees receiving in network telehealth services need to be consistent with these recommendations.

11. Claims will not be denied when timely filing for services rendered during the emergency period. For those Carriers who are accepting these claims as of April 1, and for those practices that have already submitted claims prior to that date, Carriers should automatically re-process these claims for dates of services between March 16 and March 31 to be paid correctly. This will save considerable time and effort for all.

12. We would expect the statutory time limit for claims payment by Carriers would remain in effect.

13. These recommendations should apply to all Carriers, including those acting as administrators for employment-sponsored non-insured health benefit plans, and those Carriers should encourage plan sponsors to take steps that are consistent with these recommendations.

We urgently request that you consider these suggestions We welcome the opportunity to talk this through with your team and be a resource for you going forward.

All my best,

Maryanne C. Bombaugh MD

Maryanne C. Bombaugh, MD, MSc, MBA FACOG

cc: Marylou Sudders, Secretary Executive Office of Health and Human Services
Edward A. Palleschi, Undersecretary Office of Consumer Affairs and Business Regulation