

# Telehealth Coverage, Reimbursement, and Equitable Patient Access in a Post-Pandemic World

September 29, 2021

# Today's Agenda

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- Welcome and Introductions
- Poll: Telehealth Coverage and Reimbursement
- MHA Presentation on MA Chapter 260 and Federal Landscape
  - Akriti Bhambi, Adam Delmolino, Karen Granoff
- Short Break
- Poll: Equitable Patient Access to Telehealth
- Conversation with Dr. Assaad Sayah, Cambridge Health Alliance
- Panel Discussion on Equitable Patient Access
  - Susan Adams, Mass League of Community Health Centers
  - Dr. Claire-Cecile Pierre, Harbor Health
  - Curt Swanson-Lewis, Planned Parenthood League of MA
- Questions

# Welcome and Introductions

## Massachusetts eHealth Institute (MeHI)

- Rik Kerstens, eHealth Services Director
- Thomas Bennett, Client Relationship Manager
- Maggie Lellman, Customer Relationship Manager
- Lis Renczkowski, Collaborative Workshop Coordinator and Content Specialist

## Massachusetts Health & Hospital Association (MHA)

- Akriti Bhambi, Director of Health Equity
- Adam Delmolino, Director, Virtual Care & Clinical Affairs
- Karen Granoff, Senior Director, Managed Care

## Guest Panelists

- Dr. Assaad Sayah, CEO, Cambridge Health Alliance
- Susan Adams, VP, Health Informatics, Mass League of Community Health Centers
- Dr. Claire-Cecile Pierre, Chief Medical Officer, Harbor Health
- Curt Swanson-Lewis, Manager of Patient Access, Planned Parenthood League of MA

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## Telehealth Coverage and Reimbursement



# Telehealth in 2021

Adam Delmolino, Director, Virtual Care and Clinical Affairs  
Karen Granoff, Sr. Director Managed Care



**MASSACHUSETTS**  
**Health & Hospital**  
**ASSOCIATION**

# tMED – Massachusetts Telemedicine Coalition

- GOAL: Advance and Expand the Access and Use of Telemedicine in Massachusetts
- Members: Healthcare Providers, Healthcare Consumer Organizations, Technology Providers, Telecommunication Associations



# tMED – Massachusetts Telemedicine Coalition



- Massachusetts Health & Hospital Association
- Massachusetts Medical Society
- Massachusetts League of Community Health Centers
- Conference of Boston Teaching Hospitals
- Massachusetts Council of Community Hospitals
- Hospice & Palliative Care Federation of Massachusetts
- American College of Physicians – Massachusetts Chapter
- Highland Healthcare Associates IPA
- Health Care For All
- Organization of Nurse Leaders
- HealthPoint Plus Foundation
- Massachusetts Association of Behavioral Health Systems
- Massachusetts Academy of Family Physicians
- Seven Hills Foundation & Affiliates
- Case Management Society of New England
- Massachusetts Association for Occupational Therapy
- Atrius Health
- New England Cable & Telecommunications Association
- Association for Behavioral Healthcare
- National Association of Social Workers – Massachusetts Chapter
- Massachusetts Psychiatric Society
- Massachusetts Early Intervention Consortium
- Digital Diagnostics
- Zipnosis
- Perspectives Health Services
- Bayada Pediatrics
- American Heart Association / American Stroke Association
- Planned Parenthood Advocacy Fund of Massachusetts
- Mass. Family Planning Association
- BL Healthcare
- Phillips
- Maven Project
- Upstream USA
- Cambridge Health Alliance
- Heywood Healthcare
- Franciscan Children’s Hospital
- American Physical Therapy Association – Massachusetts
- Community Care Cooperative
- Fertility Within Reach
- Virtudent
- Resolve New England
- Massachusetts Association of Mental Health
- AMD Global Telemedicine
- hims | hers
- Asian Women for Health



Massachusetts had very limited use of telemedicine pre-pandemic:

- A limited law for commercial payers implemented in 2012, but only allowed in insurer approved telehealth networks
- Medicaid program did not start reimbursing for telehealth services until January 2019





# Pre-Pandemic, the tMED Coalition Was Only Seeking 3 Major Policy Issues to Advance Telehealth – Only at the State Level

- Coverage Parity for All-Payers – Including State Employee Group Insurance Commission and MassHealth
- Proxy Credentialing to Reduce the Paperwork Burden Associated with Providing Telehealth
- A Flexible Yet Comprehensive Definition for Telehealth that includes both Interactive & Asynchronous Technologies – Yet Leaves out Audio-only Telephone



# Pandemic Created Opportunities for Telehealth

- Commercial insurers and MassHealth required to cover telehealth services for the duration of the **Governor's public health emergency**, including audio only
- Insurers cannot impose any specific requirements on technology used to deliver telehealth
- Insurers required to cover telehealth services in parity with in-person services
- No prior auth for telehealth unless prior auth is also required for the same service when delivered in person

# Ch. 260– An Act Promoting a Resilient Healthcare System That Puts Patients First

- Coverage Parity Across All Payers including MassHealth and the GIC;
- Telehealth is defined as both synchronous and asynchronous technologies including but not limited to audio-only telephone;
- Permits Proxy Credentialing for telehealth services to reduce the administrative burden of providing telehealth
- **Permanent Reimbursement Parity for Behavioral Health Services**
- **2 Years Reimbursement Parity for Chronic Disease Management & Primary Care Services until 1/1/23**
- **Assumes Reimbursement Parity for All Other Services Through PHE – and 90 Days After the PHE Ends – September 13, 2021**
- **DOI to implement regs**

# Chapter 260 Consumer Protections

- Network Adequacy Protections to Ensure Access to in-person visits
- No Documentation of Barriers to In-Person Visits
- No limits on the type of setting where telehealth services can be provided
- Patients may decline receiving services via telehealth in order to receive in-person services
- Co-pays, co-insurances and deductibles for telehealth cannot exceed the same out-of-pocket costs for in-person visits
- Standards of care for telehealth are the same as for in-person services

# DOI Responsibilities under Ch. 260



- DOI's Bureau of Managed Care is required, by regulation, to establish minimum standards for the accreditation of insurers regarding insurer access to behavioral health services, chronic disease management and primary care services delivered via telehealth in consultation with the state's Health Policy Commission and the Center for Health Information & Analysis.



# Spring 2021 – DOI Info Sessions

- Carrier comms w members and providers
- Carrier contracting
- Telecomm communication platforms
- What constitutes a telehealth visit
- Definitions of services – Chronic Disease Mgmt, BH, Primary Care
- Rules for reimbursement
- How should providers bill for services?
- UR for telehealth
- Telehealth Standards for Managed Care Accreditation Reviews

# After September 13: DOI Issues Bulletin 2021-10



**COMMONWEALTH OF MASSACHUSETTS**  
**Office of Consumer Affairs and Business Regulation**  
**DIVISION OF INSURANCE**  
1000 Washington Street, Suite 810 • Boston, MA 02118-6200  
(617) 521-7794 • Toll-free (877) 563-4467  
<http://www.mass.gov/doi>

**CHARLES D. BAKER**  
GOVERNOR

**KARYN E. POLITO**  
LIEUTENANT GOVERNOR


**MIKE KENNEALY**  
SECRETARY OF HOUSING AND  
ECONOMIC DEVELOPMENT

**EDWARD A. PALLESCHI**  
UNDERSECRETARY OF CONSUMER AFFAIRS  
AND BUSINESS REGULATION

**GARY D. ANDERSON**  
COMMISSIONER OF INSURANCE

## **BULLETIN 2021-10**

To: Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc.,  
and Health Maintenance Organizations

From: Gary D. Anderson, Commissioner of Insurance 

Date: September 7, 2021

Re: Continued Access to Telehealth Services in 2021

The Division of Insurance (“Division”) issues this Bulletin to supplement and in some instances supersede the provisions of Bulletin 2021-04 (“Managed Care Practices and Continued Access to Telehealth Services”), and to provide information to Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc., and Health Maintenance Organizations (“Carriers”) regarding the implementation of Chapter 260 of the Acts of 2020, “An Act Promoting a Resilient Health Care System that Puts Patients First” (“Chapter 260”). Chapter 260 amends M.G.L. chs. 175, 176A, 176B, 176G, and 176I to add telehealth requirements. This Bulletin outlines the Division’s expectations regarding continued access to telehealth services in 2021.

- **DOI Bulletin 2021-10** outlines the requirements that carriers must follow to implement the requirements of Chapter 260 of the Acts of 2020, which added specific telehealth access and reimbursement requirements to the insurance laws.
- As with all state insurance laws, the DOI bulletin is only applicable to fully funded commercial plans licensed in the commonwealth.

# DOI Bulletin 2021-10

Recognizes the ongoing need for existing telehealth flexibilities and, as such, recognizes that all Massachusetts fully insured commercial health plans may choose to maintain their current rates of reimbursement for all telehealth services. The bulletin acknowledges the reimbursement requirements established under Chapter 260 of the Acts of 2020 as follows:

- *Rates of payment for in-network providers of behavioral health services must be no less than in-person rates;*
- *Rates of payment for in-network providers of chronic disease management and primary care services must be no less than in-person rates through January 1, 2023; and*
- *Rates of payment for all other in-network providers must be no less than in-person rates through September 13, 2021.*



# DOI Bulletin 2021-10

- If a carrier wishes to amend its telehealth rates, it must submit an implementation plan to DOI, including the methods and timing that would apply to all affected providers, the timing of communication for any rate changes, and training for providers and consumers to ensure adequate time for setting up either telehealth or in-person healthcare appointments.
- **No changes can be implemented without DOI approval, which will include a review to ensure that the plans are reasonable and appropriate.**



# DOI Bulletin

- As of today, no carriers have submitted any implementation plans.
- Because these changes would constitute a material change, DOI expects that they will be subject to Chapter 175 section 24B, which requires that carriers provide 60 days' notice. This means that even if a carrier submits an implementation plan today, it would be a minimum of 60 days following DOI approval before it could take effect. Therefore, it is unlikely that there will be any changes prior to the end of 2021.
- **DOI has also underscored that a carrier cannot make changes to its telehealth rate policies or notify providers of any changes without first undergoing the review process established within Bulletin 2021-10.**

# If you receive notice from a health plan...

- Check with the DOI to make sure that the insurer's implementation plan was approved by the Division



SPREAD  
THE  
WORD

# MassHealth – During the PHE

- Coverage & reimbursement on par with in-person visits until October 15, 2021
- Audio-only telephone
- Coverage for Remote Patient Monitoring Introduced
- Prescribing of Controlled Substances Permitted without an in-person visit following federal & state guidance
- **Keep an eye out: Bulletin forthcoming very soon on coverage and reimbursement for telehealth in MassHealth post-October 15, 2021**



# Digital Health Equity – Telehealth 2.0

## HB1101 / SB678, An Act Relative to Telehealth and Digital Equity for Patients

- Digital Bridge Pilot Program
- Digital Health Navigator Tech Literacy Pilot Program
- Studies of Licensure Reciprocity / Interstate Licensure for Providers
- Prior Authorization
- Coverage for Interpreter Services
- Report on impacts of digital health equity
- Automated approval systems and electronic data exchange for eligibility for telehealth services



# Federal Policies – Still Operating under PHE

- HIPAA Flexibility
- Medicare Telehealth Waivers
  - Patient Location
  - Practice Across State Lines
  - Relationship Between the Patient and the Provider
  - Types of Telehealth Services Offered
  - Types of Eligible Providers
  - Supervision of Healthcare Providers
  - Federal Cost Sharing
  - Prescribing Controlled Substances
  - Audio Only Telephone
  - Virtual Check-ins
  - FQHCs / RHCs
  - Remote Patient Monitoring

# Federal Policies – CY 22 Medicare Physician Fee Schedule



Coverage of Services Through 2023

Coverage of Mental Health Services in Medicare

Audio-Only Mental Health Services

Virtual Check-Ins

# Federal Government – What Comes Next?



## **American Hospital Association seeking 4 concerns to be addressed in the federal reconciliation bill:**

- Funding for FCC's Rural Healthcare Program
- Expanding FCC's COVID Telehealth Program
- Permanent Medicare Changes Including:
  - Eliminating Originating & Geographic Site Requirements
  - Expanding Acceptable Technologies – Including Audio-Only Connections
  - Removing Licensing Barriers
- Advancing Cybersecurity Efforts



# Questions? / Contact Information

## Contact information for the MHA tMED team:

- Karen Granoff, Senior Director, Managed Care, [kgranoff@mhalink.org](mailto:kgranoff@mhalink.org)
- Akriti Bhambhani, Director, Health Equity, [abhambhani@mhalink.org](mailto:abhambhani@mhalink.org)
- Adam Delmolino, Director, Virtual Care & Clinical Affairs, [adelmolino@mhalink.org](mailto:adelmolino@mhalink.org)

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# 5 Minute Break

## Equitable Patient Access to Telehealth

## Dr. Assaad Sayah

CEO at Cambridge Health Alliance  
Co-Chair, Massachusetts Health Equity Task Force

# Panel Discussion

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## Panelists:

**Susan Adams, PMP**

Vice President, Health Informatics at Mass League of Community Health Centers

**Dr. Claire-Cecile Pierre**

Chief Medical Officer at Harbor Health

**Curt Swanson-Lewis**

Manager of Patient Access at Planned Parenthood League of Massachusetts

# Panel Discussion

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- What are the biggest challenges your patients face in getting equitable access to telehealth? (broadband access, digital devices, digital literacy, education, etc)
- What strategies or programs has your organization implemented to assist patients with telehealth access?
- What are some of the successes you have seen with increasing telehealth access and equitable care for patients?
- How can telehealth help us reimagine access to care and provide equitable care to underserved communities?

# Questions

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# Questions

# Contact Us

**MeHI**  
MASSACHUSETTS  
eHEALTH INSTITUTE

  
at the MassTech  
Collaborative

 [mehi.masstech.org](http://mehi.masstech.org)  1.855.MassEHR

 [ehealth@masstech.org](mailto:ehealth@masstech.org)  Follow us @MassEHealth

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& Hospital Association

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# Speaker Bios

## Susan Adams, PMP, Vice President, Health Informatics, Mass League of Community Health Centers

*Susan Adams has worked in healthcare technology for over 28 years in a variety of leadership roles involving implementation, project management, and health informatics. Prior to joining the Mass League, Susan previously served as the Chief Information Officer for a large community health center in Massachusetts where she led the efforts in implementing remote dermatology telehealth initiatives as well as the roll out of telehealth technology health center wide at the start of the pandemic. Susan continues to serve on telehealth consortium led initiatives for community health centers.*

## Akriti Bhambi, Director of Health Equity, MHA

*Akriti Bhambi advances MHA's health equity agenda by leading the development of goals and programming to reduce health disparities and advocate for diversity, equity, and inclusion throughout our healthcare delivery system.*

*Previously, Akriti served as MHA's Director of Policy and Government Advocacy, where she contributed to the generation of MHA's 2021-22 legislative priorities. Akriti came to the association after serving as Chief of Staff for Massachusetts State Representative Marjorie Decker and the Committee on Mental Health, Substance Use and Recovery. During her tenure with Representative Decker, Akriti worked on several pieces of legislation that were eventually signed into law, including gun safety measures and an expansion of cash benefits for low-income families. She oversaw committee work that supported increased access to behavioral health treatment for students, justice-involved populations, and individuals in recovery from substance use disorder. Prior to her work in the Massachusetts House of Representatives, Akriti supported the Ministry of Education in Chile as it released a national curriculum reform package. Akriti is a graduate of the University of California, Davis and the Harvard Graduate School of Education where she focused her research on equitable funding models and cultural competence within social services.*

## Adam J. Delmolino, Director, Virtual Care & Clinical Affairs, MHA

*Adam Delmolino leads MHA initiatives regarding telehealth, including convening tMED, the Massachusetts Telemedicine Coalition. Adam's responsibilities also involve post-acute care and care transitions, case management, rural healthcare, pharmaceutical innovations, climate change, and energy issues. Previously, he served as MHA's Director of State Government Advocacy where he worked on legislative and regulatory efforts on behalf of hospitals and patients with a particular emphasis on telehealth, healthcare payment reform, pharmacy practices, and nursing issues.*

*Prior to MHA, Adam worked in the Massachusetts House of Representatives as Research Analyst for the Joint Committee on Economic Development and Emerging Technologies and as staff director for the Assistant Vice-Chairman of the House Ways & Means Committee. Adam received his BA in Political Science from the College of the Holy Cross and is a graduate of the Harvard University Extension School, where he received a graduate Certificate in Management. He serves on the Arlington Library Board of Trustees and the Massachusetts Down Syndrome Congress Government Affairs Committee.*

# Speaker Bios

## Karen Granoff, Senior Director, Managed Care, MHA

*Karen Granoff is responsible for policy development in the areas of managed care and insurance markets, developing and maintaining working relationships with key staff at the health plans and member hospitals and health systems, advocating for and educating MHA members, and leading initiatives between member hospitals and health plans toward administrative simplification. Her role also includes direct advocacy on behalf of hospitals with regulatory agencies such as the Division of Insurance, the Center for Information Analysis, and the Massachusetts Health Policy Commission on matters of insurance, health care reform, and managed care policy.*

*Prior to joining MHA in 2007, Karen was the first director of Office of Patient Protection at the Massachusetts Department of Public Health. Her role at OPP included regulating and monitoring the appeals and grievance processes of commercial health plans, administering the external appeal process, and working with consumers and providers to address coverage issues and denials of care by managed care organizations.*

*Karen also has extensive experience working for health plans in the areas of health care policy, provider relations, member services, and member appeals. She has an MBA with a concentration in health care management from Boston University and a BA in economics from Brandeis University.*

## Dr. Claire-Cecile Pierre, Chief Medical Officer, Harbor Health

*Dr. Claire-Cecile Pierre is the Chief Medical Officer of Harbor Health Services, a network of clinical sites with locations in multiple towns from Boston to the Cape of Massachusetts. She also serves as the Executive Director of the Kerry Murphy Healey Center for Global Health Entrepreneurship at Babson. Trained in Internal Medicine and Board Certified in Clinical Informatics, Dr. Pierre holds decades of experience in the use of technology to improve the quality of care in the US working in large multi hospital academic health systems and in community health centers. With a career focused on health equity,*

*Dr. Pierre seeks to encourage healthcare innovations that appropriately value the expertise of patients and communities.*

*Dr. Pierre also holds decades of experience in global health focusing on health systems strengthening after disasters. She has responded to multiple outbreaks, including HIV, Cholera, Zika and COVID 19. She has worked at Partners in Health and the World Bank. She is a faculty member of Harvard Medical School and is exploring the role of targeted investments and entrepreneurial leadership in increasing health equity.*

# Speaker Bios

## Dr. Assaad Sayah, Chief Executive Officer, Cambridge Health Alliance

*Assaad Sayah, MD, was named CHA's Chief Executive Officer in January 2020. Dr. Sayah, the health system's chief medical officer, served as the interim CEO since June 2019. He previously served as Chief Medical Officer since 2013 and was Chief of Emergency Medicine and Senior Vice President of Primary Care at CHA.*

*Dr. Sayah's leadership has been a critical component of CHA's growth and success over the past decade. Before being named the chief medical officer, he served as the chief of emergency medicine and senior vice president of primary care. In the Emergency Department, Dr. Sayah led tremendous advancements at all three CHA hospitals, resulting in enhanced efficiency, quality, volume and patient satisfaction. He spearheaded primary care growth by more than 50 percent, expanding CHA's access in underserved communities and integrating primary care and behavioral health services and systems to address social determinants of health. He also plays a key role in CHA's commitment to the communities it serves, including his tenure as the co-chair of the Cambridge City Manager's Opioid Working Group established in 2018 to develop recommendations for strengthening the city's response to the opioid epidemic.*

*Additionally, Dr. Sayah served as chairman of CHA's Chiefs Council and president of the CHA Medical Staff, and he continues to serve on the faculty at Harvard Medical School. His research and publications focus on Emergency Department operation and emergency medical services, including design of the EMS system, continuous quality improvement, advanced directives, violence and weapons, disaster planning and pre-hospital thrombolytics.*

*Prior to joining CHA, Dr. Sayah held leadership roles at several area hospitals, including director of EMS for Brigham and Women's Hospital, associate chief for the Department of Emergency Medicine at St. Elizabeth's Medical Center and chairman of the Department of Emergency Medicine at Caritas Good Samaritan Medical Center. He received his medical doctorate from the University of Massachusetts Medical Center and completed his residency in emergency medicine at William Beaumont Hospital in Michigan.*

## Curt Swanson-Lewis, Manager of Patient Access, Planned Parenthood League of MA

*Curt Swanson-Lewis is the current Manager of Patient Access for Planned Parenthood League of Massachusetts, Inc., and oversees the front end and back end business process relating to access. Curt has his bachelor's degree in Organizational Management from Roberts Wesleyan College in Rochester, NY. Curt has experience ranging from emergency care, family care, specialty care, and program coordination for the Health Home program of New York State. Curt has sat on three Boards of Directors for the Regional Planning Consortium for Health and Recovery Plans for New York State Medicaid Home and Community Based Services.*