

Massachusetts Implements Permanent MassHealth Telemedicine Coverage

Insights

08.09.23

Like most other states, Massachusetts altered its regulation of telemedicine substantially during the COVID-19 Public Health Emergency (“PHE”), including by expanding MassHealth coverage of telemedicine services through a series of All Providers Bulletins. With the current bulletin set to expire on September 30, 2023, MassHealth issued [All Provider Bulletin 374 on July 31, 2023 \(the “Bulletin”\)](#) to outline MassHealth’s telemedicine policy as the state transitions out of the PHE.

The Bulletin, which will be effective indefinitely as of October 1, 2023, continues to permit MassHealth-enrolled providers to deliver medically necessary services covered by MassHealth to MassHealth members via synchronous audio-only, live video, and asynchronous modalities, so long as the providers meet certain requirements outlined in the Bulletin. These requirements include, but are not limited to, informing the patient of the location of the provider rendering services and obtaining the location of the patient, ensuring that the service provided is payable for the particular provider type, and providing the same rights to confidentiality and security as with face-to-face services. Providers should review the Bulletin details closely and confer with legal counsel as necessary to ensure that all applicable requirements are met before providing services.

The Bulletin also specifically continues to (1) require payment parity for MassHealth-covered telemedicine services, such that MassHealth will reimburse MassHealth-enrolled providers for MassHealth-covered telemedicine services at the same amount as if the services were provided in-person, and (2) permit eligible distant-site providers to bill facility claims to MassHealth when delivering MassHealth-covered telemedicine services.

Additionally, MassHealth reiterates certain policies in the Bulletin, including requiring proof of the patient’s consent to receive telemedicine services to ensure that members have the choice to receive services in-person rather than via telemedicine. See M.G.L. c. 118E, § 79(d). Further, MassHealth suggests that additional information may be forthcoming for related coverage areas, including coverage for remote patient monitoring for chronic disease management.

At a high level, the Bulletin provides a path forward for coverage of telemedicine services post-PHE, though MassHealth expressly retained the right to adjust its policy for coverage of telemedicine services as it continues to monitor and evaluate the impact on quality and cost of care, patient and provider experiences, and health equity. Accordingly, stakeholders should continue to pay attention to MassHealth’s approach to telemedicine coverage.

HLB’s Digital Health Team will continue monitoring these important developments for providers in Massachusetts and across the country.

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