



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 • FAX (617) 521-7758
<http://www.mass.gov/doi>

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

GREGORY BIALECKI
SECRETARY OF HOUSING AND
ECONOMIC DEVELOPMENT

BARBARA ANTHONY
UNDERSECRETARY OF CONSUMER AFFAIRS
AND BUSINESS REGULATION

JOSEPH G. MURPHY
COMMISSIONER OF INSURANCE

HEALTH COVERAGE
Filing Guidance Notice 2013-C

TO: Insurance Carriers Offering or Renewing Insured Managed Care Plans in Massachusetts
FROM: Nancy Schwartz, Director, Bureau of Managed Care
DATE: February 20, 2013
RE: Telemedicine Services

The purpose of this Notice is to provide guidance on the filing of material changes to managed care documents currently on file with the Massachusetts Division of Insurance (“Division”) to comply with the provisions of Section 158 of Chapter 224 of the Acts of 2012 which addresses telemedicine services. Insurance carriers (“Carriers”) with managed care plans are subject to the provisions of M.G.L. c. 176O and 211 CMR 52.00, *et. seq.* and are required to provide existing and prospective members with coverage certificates and provider directories that meet the relevant statutory requirements of the sections of M.G.L. c. 175, *et. seq.* and M.G.L. c. 176O, *et seq.*

According to Section 158 of Chapter 224 of the Acts of 2012, “‘telemedicine’ as it pertains to the delivery of health care services, shall mean the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment...[but] shall not include the use of audio-only telephone, facsimile machine or e-mail.” Carriers impacted by this statute are permitted to limit coverage of telemedicine services to a network approved by the Carrier and may include cost-sharing for telemedicine services, as long as the cost-sharing does not exceed the cost-sharing for an in-person consultation, provided that they provide coverage for telemedicine services in a way otherwise consistent with coverage for services provided for an in-person consultation.

Evidences of Coverage

When making changes to evidences of coverage, Carriers shall revise health plan policies and evidences of coverage/certificates to include clear, concise and complete statements that:

- describe any network limitations for covered telemedicine services; and
- describe cost-sharing for telemedicine that does not exceed cost-sharing for in-person consultations.

Carriers shall submit to the Division all necessary material change amendments to policies, subscriber certificates and/or evidences of coverage currently on file to reflect the above-noted changes, as well as the manner and timetable the Carrier will use to notify members of the changes and to distribute the amended documents, as soon as practical.

Provider Directory

Where necessary, Carriers shall revise provider directories in paper and electronic format to describe any network limitations for covered telemedicine services.

Carriers shall submit to the Division all necessary material change amendments to provider directories currently on file to reflect the required changes, as well as a detailed plan about the manner and timetable the Carrier will use to notify members of the changes and distribute or make available the amended directories, as soon as practical.

Provider Contracts

Where necessary, Carriers shall make appropriate amendments to existing provider contracts and incorporate this provision in future contracts.

Carriers shall submit to the Division all necessary material changes represented by new provider templates or amendments to existing provider contracts.

If you have any questions regarding this Filing Guidance Notice, please contact Nancy Schwartz, Director, Bureau of Managed Care, at (617) 521-7347.