



Commonwealth of Massachusetts
Office of the State Auditor
Suzanne M. Bump

Making government work better

Official Audit Report – Issued November 23, 2022

Office of Medicaid (MassHealth)—Review of Telehealth

For the period January 1, 2020 through June 30, 2021





Commonwealth of Massachusetts
Office of the State Auditor
Suzanne M. Bump

Making government work better

November 23, 2022

Ms. Marylou Sudders, Secretary
Executive Office of Health and Human Services
1 Ashburton Place, 11th Floor
Boston, MA 02108

Dear Ms. Sudders:

I am pleased to provide this performance audit of MassHealth's payments for telehealth behavioral health services. This report details the audit objectives, scope, methodology, findings, and recommendations for the audit period, January 1, 2020 through June 30, 2021. My audit staff discussed the contents of this report with MassHealth management, whose comments are reflected in this report.

I would also like to express my appreciation for the cooperation and assistance provided to my staff during the audit.

Sincerely,

A handwritten signature in blue ink, appearing to read "SMB", written over a light blue circular watermark.

Suzanne M. Bump
Auditor of the Commonwealth

cc: Amanda Cassel Craft, Assistant Secretary and Director of the Office of Medicaid
Alda Rego, Assistant Secretary for Administration and Finance of the Executive Office of Health and Human Services (EOHHS)
Joan Senatore, Director of Program Compliance, EOHHS
Jeff Clausen, Deputy General Counsel, EOHHS
Teresa Reynolds, Executive Assistant to Secretary Sudders
Russ Leino, Legal Counsel, EOHHS

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LIST OF ABBREVIATIONS

COVID-19	2019 coronavirus
EOHHS	Executive Office of Health and Human Services
MMIS	Medicaid Management Information System
OSA	Office of the State Auditor

EXECUTIVE SUMMARY

The Office of the State Auditor (OSA) receives an annual appropriation for the operation of a Medicaid Audit Unit to help prevent and identify fraud, waste, and abuse in the Commonwealth’s Medicaid program. This program, known as MassHealth, is administered under Chapter 118E of the Massachusetts General Laws by the Executive Office of Health and Human Services, through the Division of Medical Assistance. Medicaid is a joint federal-state program created by Congress in 1965 as Title XIX of the Social Security Act. At the federal level, the Centers for Medicare & Medicaid Services, within the United States Department of Health and Human Services, administer the Medicare program and work with state governments to administer state Medicaid programs.

OSA has conducted a performance audit of MassHealth’s payments for telehealth¹ behavioral health services for the period January 1, 2020 through June 30, 2021. During this period, MassHealth paid approximately \$96,464,816, for 1,306,414 claims, to its providers for telehealth behavioral health services to MassHealth members. The purpose of this audit was to determine whether MassHealth monitored telehealth practices for behavioral health services to ensure compliance with its All Provider Bulletins 281, 289, 291, 298, 303, and 314.

The audit was conducted as part of OSA’s ongoing independent statutory oversight of the state’s Medicaid program. Several of our previously issued audit reports disclosed weaknesses in MassHealth’s claim processing system and improper billing practices by MassHealth providers, which resulted in millions of dollars in potentially improper payments. As with any government program, public confidence is essential to the success and continued support of the state’s Medicaid program. Below is a summary of our finding and recommendation, with links to each page listed.

Finding 1 Page 9	MassHealth made payments totaling at least \$91,852,881 to its providers for telehealth behavioral health services that were not properly documented.
Recommendation Page 11	MassHealth should train its providers, and establish monitoring controls, to ensure that telehealth services are documented in accordance with its All Provider Bulletins.

1. Telehealth allows patients to receive certain services without meeting with their providers in person. It can be provided via telephone or video call software. It can reduce travel costs, disruption of patients’ schedules, and potential spread of bacteria and other contagions.

OVERVIEW OF AUDITED ENTITY

Under Chapter 118E of the Massachusetts General Laws, the Executive Office of Health and Human Services, through the Division of Medical Assistance, administers the state's Medicaid program, known as MassHealth. MassHealth provides access to healthcare for approximately 1.8 million low- and moderate-income children, families, seniors, and people with disabilities annually. In fiscal year 2021, MassHealth paid healthcare providers more than \$18.1 billion, of which approximately 45% was funded by the Commonwealth. Medicaid expenditures represented approximately 40% of the Commonwealth's total fiscal year 2021 budget.

Telehealth

On January 1, 2019, MassHealth published its All Provider Bulletin 281, which announced the beginning of its coverage of telehealth behavioral health services. The bulletin allows community health centers, community mental health centers, and outpatient substance use disorder treatment providers to deliver certain services via telehealth, including psychotherapy, counseling, clinical case management, and opioid treatment. Any covered service provided via telehealth must comply with the billing and program regulations that existed before MassHealth issued the bulletin. Further, the bulletin requires providers to use technology that complies with the federal Health Insurance Portability and Accountability Act to ensure privacy. It also requires them to use software that allows patients to communicate with them in real time, with video capabilities. The use of text messaging to provide services is unallowable. MassHealth pays its providers the same rate for telehealth and in-person services.

All documentation for telehealth services must be maintained in accordance with the program regulations specific to each claim. Further, providers must document additional information specific to the telehealth service rendered. For example, they must document the distant site, which is the location from which they provided the service, and the originating site, which is the location where the member received the service.

On March 10, 2020, in response to the 2019 coronavirus (COVID-19) pandemic, Governor Charlie Baker declared a state of emergency in the Commonwealth. As a result, MassHealth published All Provider Bulletin 289, which allows more types of providers to deliver services via telehealth. It states that MassHealth will "permit qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (including telephone and live video)"

as long as the providers meet the recordkeeping requirements outlined in the bulletin. The recordkeeping requirements in this bulletin (as well as All Provider Bulletins 291, 298, 303, and 314, which we reviewed during our audit) are the same as, or similar to, those in All Provider Bulletin 281. Although MassHealth does not require any specific software (such as Zoom or Microsoft Teams) to be used for these telehealth services, it does require providers to ensure that the same confidentiality measures are applied for telehealth that would be applied for in-person visits. (For example, providers must keep the member's identity, appointment details, and associated health information confidential.) Additionally, MassHealth allows providers to use certain procedure codes for services delivered via telephone without video, but only if they are clinically appropriate² and medically necessary.³

For the period March 1, 2019 (when MassHealth began covering telehealth behavioral health) through August 31, 2019, the monthly average number of claims paid for telehealth behavioral health service was 127, with a monthly average amount of \$2,513. During the same period, the monthly average number of claims paid for non-telehealth behavioral health service was 357,485, with a monthly average amount of \$42,411,739.

From September 1, 2019 through February 28, 2020, the monthly average number of claims paid for telehealth behavioral health service was 84, with a monthly average amount of \$6,619. During the same period, the monthly average number of claims paid for non-telehealth behavioral health service was 100,743, with a monthly average amount of \$39,727,116.

From March 1, 2020 through August 31, 2020, the monthly average number of claims paid for telehealth behavioral health service was 85,445, with a monthly average amount of \$6,339,299. During the same period, the monthly average number of claims paid for non-telehealth behavioral health service was 173,108, with a monthly average amount of \$31,268,550.

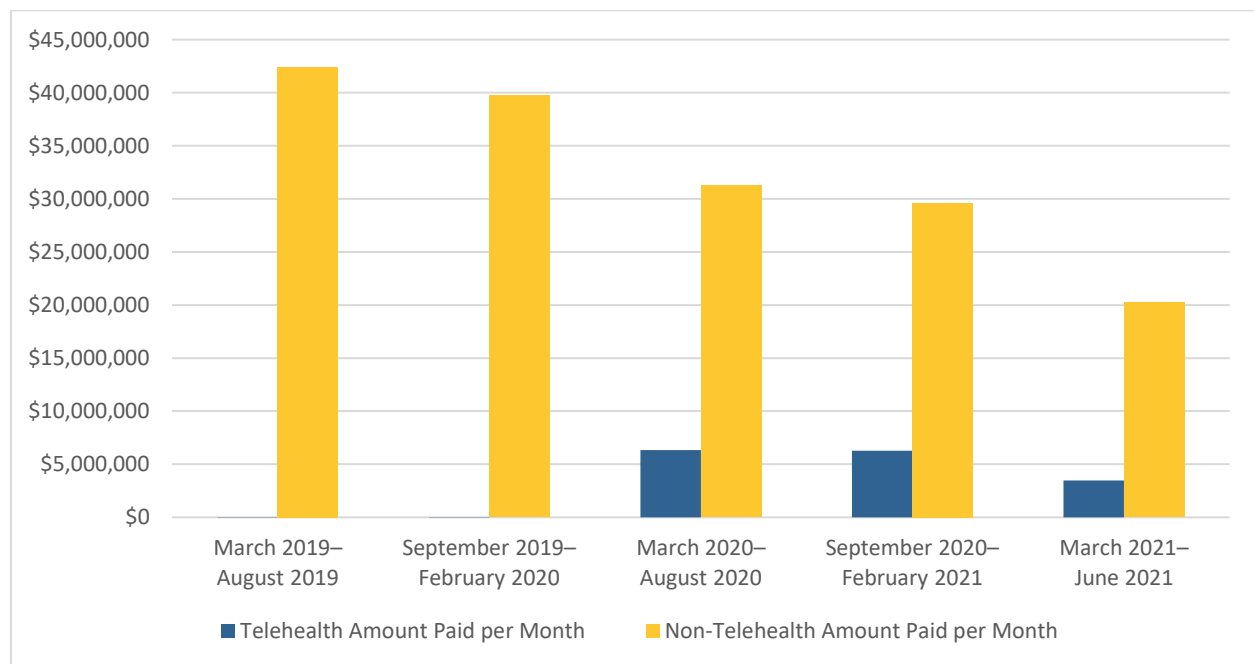
From September 1, 2020 through February 28, 2021, the monthly average number of claims paid for telehealth behavioral health service was 86,449, with a monthly average amount of \$6,270,112. During the same period, the monthly average number of claims paid for non-telehealth behavioral health service was 159,389, with a monthly average amount of \$29,620,740.

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2. To be considered clinically appropriate, services must meet certain professional medical standards, including being provided in a timely manner and performed in an appropriate setting.
 3. If a physician determines that a service is necessary to properly evaluate and treat a patient, the service is considered medically necessary.

Finally, from March 1, 2021 through June 30, 2021, the monthly average number of claims paid for telehealth behavioral health service was 50,574, with a monthly average amount of \$3,463,881. During the same period, the monthly average number of claims paid for non-telehealth behavioral health service was 117,028, with a monthly average amount of \$20,244,113.

A summary of these payments for Telehealth and Non-Telehealth Behavioral Health Services as outlined above is depicted in the chart below.

Payments for Telehealth and Non-Telehealth Behavioral Health Services



The 10 procedure codes with the highest amounts paid during the audit period are summarized below.

Procedure Code	Paid Amount	Number of Claims
90834—Psychotherapy Patient/Family, 45 Minutes	\$33,479,690.86	463,209
H2015—Comprehensive Community Support Services	\$25,100,346.33	177,298
T1015—Clinic Visit/Encounter, All Inclusive	\$12,709,245.50	76,224
99214—Office/Outpatient Visit, Established	\$5,850,578.36	114,912
99213—Office/Outpatient Visit, Established	\$4,285,244.11	102,599
90832—Psychotherapy Patient/Family, 30 Minutes	\$3,509,139.56	98,118
H2012—Behavioral Health Day Treatment, per Hour	\$1,963,560.87	43,553
S9485—Crisis Intervention Mental Health Service	\$1,163,595.78	2,318
H0032—Mental Health Service Plan Development	\$982,432.37	6,678

Procedure Code	Paid Amount	Number of Claims
H0004—Behavioral Health Counseling and Therapy	\$919,215.95	14,976

By allowing these services to be provided via telehealth, MassHealth allows its members to receive care from providers they might not otherwise be able to see in person. Additionally, the expansion allows non-English-speaking members to receive care remotely from providers who can communicate in their languages. It also allows members with substance use disorders to receive treatment via telehealth from providers who offer medication-assisted treatment (i.e., treatment with medications like buprenorphine/naloxone, commonly known as Suboxone, or methadone).

Medicare Part B Telehealth Coverage

Medicare Part B is medical insurance coverage (one of the four parts of the federal Medicare program). Before the COVID-19 pandemic, it covered only some telehealth services, such as counseling; prescription management; and follow-up consultations for lab work, x-rays, and some surgeries. After the pandemic began, the federal Centers for Medicare & Medicaid Services expanded Medicare Part B coverage of telehealth to include additional services such as office visits, hospital outpatient visits, consultations, and psychiatric examinations.

Medicare pays the same rate for behavioral health claims whether the services are provided via telehealth or in person. Federal financial participation, the financial contribution given by the federal government to the state, is awarded to MassHealth for telehealth claims covered under Medicare and Medicaid. To receive this contribution, MassHealth must ensure that telehealth documentation, such as the identification of MassHealth members and their medical histories, is readily available and is maintained in accordance with federal regulations. Additionally, Section 75.403(g) of Title 45 of the Code of Federal Regulations states that costs must be adequately documented to be allowable under federal law.

Behavioral Health

Behavioral health services provided by MassHealth include both mental health and substance use disorder treatment. Types of behavioral health services that are covered by MassHealth include psychiatry, individual and group therapy, crisis intervention, drug screening, and mental health assessments, all based on members' individual needs.

AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor (OSA) has conducted a performance audit of certain activities of MassHealth for the period January 1, 2020 through June 30, 2021.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Below is our audit objective, indicating the question we intended our audit to answer, the conclusion we reached regarding the objective, and where the objective is discussed in this report.

Objective	Conclusion
Does MassHealth monitor telehealth practices for behavioral health services to ensure compliance with the “Requirements for Telehealth Encounters” section of Appendix A in its All Provider Bulletins 281, 289, 291, 298, 303, and 314?	No; see Finding 1

To achieve our objective, we gained an understanding of the internal control environment related to the objective by conducting inquiries with MassHealth officials. In addition, we performed the following procedures to obtain sufficient, appropriate audit evidence to address the objective.

We received a data extract from MassHealth for all telehealth claims submitted for behavioral health services for our audit period. We selected a random statistical sample of 47 telehealth behavioral health service claims (totaling \$3,466) from the population of 1,306,414 (totaling \$96,464,816) paid during the audit period. We used a 90% confidence level, a 5% desired precision rate, and a 0% expected error rate. We reviewed the medical record documentation for each of these claims to determine whether MassHealth providers properly maintained documentation in each member’s medical records, as required by MassHealth’s All Provider Bulletins 281, 289, 291, 298, 303, and 314. Specifically, we tested the following requirements from the “Requirements for Telehealth Encounters” section of Appendix A of All Provider Bulletin 314.

1. *Providers must properly identify the patient using, at a minimum, the patient's name, date of birth, and MassHealth ID.*
2. *Providers must disclose and validate the provider's identity and credentials, such as the provider's license, title, and, if applicable, specialty and board certifications.*
3. *For an initial appointment with a new patient, the provider must review the patient's relevant medical history and any available medical records with the patient before initiating the delivery of the service.*
4. *For existing provider-patient relationships, the provider must review the patient's medical history and any available medical records with the patient during the service.*
5. *Prior to each patient appointment, the provider must ensure that the provider is able to deliver the service to the same standard of care and in compliance with licensure regulations and requirements, programmatic regulations, and performance specifications related to the service (e.g., accessibility and communication access) using telehealth as is applicable to the delivery of the services in person. If the provider cannot meet this standard of care or other requirements, the provider must direct the patient to seek in-person care. The provider must make this determination prior to the delivery of each service.*
6. *To the extent feasible, providers must ensure the same rights to confidentiality and security as provided in face-to-face services. Providers must inform members of any relevant privacy considerations.*
7. *Providers must follow consent and patient information protocol consistent with those followed during in person visits.*
8. *Providers must inform patients of the location of the provider rendering services via telehealth (i.e., distant site) and obtain the location of the patient (i.e., originating site).*
9. *The provider must inform the patient of how the patient can see a clinician in-person in the event of an emergency or as otherwise needed.*

All Provider Bulletins 281, 289, 291, and 303 contain the same or similar requirements.

Data Reliability

We obtained telehealth claim data for behavioral health services from the Medicaid Management Information System (MMIS) through MassHealth officials. To determine the reliability of the data, we relied on the work performed by OSA in a separate project, completed in 2020, that tested certain information system controls in MMIS. As part of that work, OSA reviewed existing information, tested selected system controls, and interviewed knowledgeable MassHealth officials about the data. As part of our current audit, we performed validity and integrity tests on all telehealth claim data for behavioral

health services, including (1) testing for blank fields, (2) scanning for duplicate records, (3) testing for values outside a designated range, (4) testing for dates outside the audit period, and (5) testing for data validity errors (specifically, character fields that contained invalid printable characters and date and time fields that contained invalid dates or times). Additionally, we selected 20 claims from our telehealth claim data and traced them to the hardcopy patient records. Based on these procedures, we determined that the data obtained were sufficiently reliable for the purpose of this audit.

DETAILED AUDIT FINDINGS WITH AUDITEE’S RESPONSE

1. MassHealth made payments totaling at least \$91,852,881 to its providers for telehealth behavioral health services that were not properly documented.

During our audit period, MassHealth made payments totaling at least \$91,852,881 to its providers for telehealth behavioral health service claims that lacked required documentation. In our review of the patient records related to the 47 claims in our statistical sample, we identified numerous telehealth services for which the documentation did not meet MassHealth requirements. Each of the 47 claims had at least one issue. The issues are reflected in the table below, which quotes the “Requirements for Telehealth Encounters” section of Appendix A of MassHealth’s All Provider Bulletin 314.

Requirements for Telehealth Encounters	Number of Claims That Did Not Meet Requirements*
1. <i>Providers must properly identify the patient using, at a minimum, the patient’s name, date of birth, and MassHealth [identification number].</i>	39
2. <i>Providers must disclose and validate the provider’s identity and credentials, such as the provider’s license, title, and, if applicable, specialty and board certifications.</i>	35
3. <i>For an initial appointment with a new patient, the provider must review the patient’s relevant medical history and any available medical records with the patient before initiating the delivery of the service.</i>	0
4. <i>For existing provider-patient relationships, the provider must review the patient’s medical history and any available medical records with the patient during the service.</i>	5
5. <i>Prior to each patient appointment, the provider must ensure that the provider is able to deliver the service to the same standard of care and in compliance with licensure regulations and requirements, programmatic regulations, and performance specifications related to the service (e.g., accessibility and communication access) using telehealth as is applicable to the delivery of the services in person. If the provider cannot meet this standard of care or other requirements, the provider must direct the patient to seek in-person care. The provider must make this determination prior to the delivery of each service.</i>	38
6. <i>To the extent feasible, providers must ensure the same rights to confidentiality and security as provided in face-to-face services. Providers must inform members of any relevant privacy considerations.</i>	35
7. <i>Providers must follow consent and patient information protocol consistent with those followed during in person visits.</i>	28

Requirements for Telehealth Encounters	Number of Claims That Did Not Meet Requirements*
8. <i>Providers must inform patients of the location of the provider rendering services via telehealth (i.e., distant site) and obtain the location of the patient (i.e., originating site).</i>	20
9. <i>The provider must inform the patient of how the patient can see a clinician in-person in the event of an emergency or as otherwise needed.</i>	37

* Some claims are counted more than once because they had multiple issues.

We extrapolated the test results from our sample of patient records to the population of telehealth behavioral health service claims paid by MassHealth during our audit period. Based on this, we are 90% confident that the minimum amount of overpaid telehealth behavioral health service claims was \$91,852,881 and the maximum amount was \$96,464,816. The lack of documentation calls into question whether all of the \$91,852,881 of service was properly delivered.

Authoritative Guidance

MassHealth’s All Provider Bulletin 314 states,

Providers must adhere to and document the following best practices when delivering services via telehealth:

1. *Providers must properly identify the patient using, at a minimum, the patient’s name, date of birth, and MassHealth [identification number].*
2. *Providers must disclose and validate the provider’s identity and credentials, such as the provider’s license, title, and, if applicable, specialty and board certifications.*
3. *For an initial appointment with a new patient, the provider must review the patient’s relevant medical history and any available medical records with the patient before initiating the delivery of the service.*
4. *For existing provider-patient relationships, the provider must review the patient’s medical history and any available medical records with the patient during the service.*
5. *Prior to each patient appointment, the provider must ensure that the provider is able to deliver the service to the same standard of care and in compliance with licensure regulations and requirements, programmatic regulations, and performance specifications related to the service (e.g., accessibility and communication access) using telehealth as is applicable to the delivery of the services in person. If the provider cannot meet this standard of care or other requirements, the provider must direct the patient to seek in-person care. The provider must make this determination prior to the delivery of each service.*

6. *To the extent feasible, providers must ensure the same rights to confidentiality and security as provided in face-to-face services. Providers must inform members of any relevant privacy considerations.*
7. *Providers must follow consent and patient information protocol consistent with those followed during in person visits.*
8. *Providers must inform patients of the location of the provider rendering services via telehealth (i.e., distant site) and obtain the location of the patient (i.e., originating site).*
9. *The provider must inform the patient of how the patient can see a clinician in-person in the event of an emergency or as otherwise needed.*

MassHealth's All Provider Bulletins 281, 289, 291, and 303 contain the same or similar requirements.

Reasons for Issue

Although MassHealth sent providers bulletins outlining the documentation requirements for telehealth services, it did not offer training to providers to ensure that claims were properly documented. In addition, MassHealth did not establish monitoring controls to ensure that telehealth services were documented in accordance with its All Provider Bulletins.

Recommendation

MassHealth should train its providers, and establish monitoring controls, to ensure that telehealth services are documented in accordance with its All Provider Bulletins.

Auditee's Response

MassHealth disagrees that it "made payments totaling at least \$91,852,881 to its providers for telehealth behavioral health services that were not properly documented." The basis for the audit finding is language in MassHealth Bulletins 281, 289, 291, 303 and 314 that providers delivering services via telehealth "adhere to and document" certain best practices delineated in the bulletins. The [Office of the State Auditor, or OSA] reads this language to require providers to "document" the listed best telehealth practices in the member's medical records. MassHealth disagrees with this interpretation of its Bulletins. The Bulletins do not require the best practices to be documented in the member medical records. Rather, the "Documentation and Record Keeping" section, which immediately follows the section cited by the OSA, specifies the information that is required to be noted in the member's medical record for a telehealth encounter.

As noted above, as part of its review of the OSA's finding and its regular review of its telehealth guidance, MassHealth has recently issued a clarification to the "Requirements for Telehealth Encounters" section of its telehealth policy in its most recent Provider Bulletin, All Provider Bulletin 355, to clarify that providers are encouraged to document the delineated best practices in their written policies and procedures. MassHealth has also revised its "Documentation and Record

Keeping" requirements to better align with industry practices and to minimize administrative burdens on providers.

Furthermore, MassHealth has robust program integrity processes in place to ensure that providers adhere to MassHealth requirements in the delivery of services. MassHealth reviews telehealth encounters in the same manner that it reviews in-person encounters, including medical record review, where appropriate. MassHealth is committed to continuing these important efforts to ensure the quality of services rendered to members and the integrity of the MassHealth program.

In its response, MassHealth also included additional background information on telehealth, which can be found in the [Appendix](#) of this report.

Auditor's Reply

OSA acknowledges that MassHealth's All Provider Bulletin 314 does not specifically require providers to document compliance with MassHealth's required best practices in each member's medical record. However, as noted in our report, OSA found inconsistencies in provider recordkeeping in this area; some providers documented some, or almost all, of these best practices in members' medical records, while other providers did not.

MassHealth is not accurate when it states that we relied solely on a review of a member's medical record when determining a provider's compliance to these best practices. Specifically, in addition to reviewing a member's medical record, during our audit we also requested from each of the providers in our sample all documentation (e.g., notes, billing, and member health information) related to the telehealth claims we reviewed. This documentation would include information that demonstrated that the provider complied with MassHealth's best practice requirements. For example, if the claim we reviewed was for an initial appointment with a new patient, the information we obtained from the provider should document that the provider reviewed the patient's relevant medical history and any available medical records with the patient before initiating the delivery of the service as required by MassHealth's best practice requirements. OSA told MassHealth officials during our audit that we were reviewing all of the information regarding the claims in our sample, not just the members' medical records. In fact, when several providers refused to provide OSA with all the supporting documentation regarding their claims that OSA was reviewing, MassHealth assisted OSA in attempting to obtain this information. It should be noted that, in many instances, providers responded to our requests for information by stating that all the information related to the telehealth claims being reviewed would be in the members' medical records.

We agree with MassHealth that the “Documentation and Record Keeping” section of the All Provider Bulletins includes information that must be noted in the member’s medical record for a telehealth encounter, which is why we tested that section as well. Specifically, this section requires that providers include a notation in the member’s medical record that indicates the distant and the originating sites. As our report states, 20 of the 47 claims we tested did not meet that requirement.

In its response, MassHealth states that it had updated the language in its All Provider Bulletin 355 to indicate that providers are now “encouraged,” as opposed to being “required,” to have documented policies and procedures that incorporate MassHealth’s best practices. It also states that providers must still adhere to these best practices when delivering services via telehealth. In OSA’s opinion, since these best practices relate to the quality of telehealth services being provided to members, MassHealth should require that providers document MassHealth’s best practices for providing telehealth services in their policies and procedures to better ensure that proper controls exist over this activity.

APPENDIX⁴

Background on Telehealth

MassHealth covers a robust array of medical, behavioral health, and other medically necessary services for members. Most MassHealth covered services have traditionally been provided in person, through face-to-face meetings between a member and a provider. Some services have long incorporated flexible delivery modalities, including delivery of services through audio or video technologies. These flexible delivery models enhance and expand the availability of services by allowing members to access services in a manner that more readily meets their needs. The delivery of healthcare services through audio or video technology is known as "telehealth." Telehealth is not a service itself, rather, it denotes a modality for the delivery of an otherwise covered service.

MassHealth issued its first official telehealth policy effective January 1, 2019, which allowed for the delivery of certain behavioral health services through telehealth modalities. At the time the bulletin was issued, the overwhelming majority of MassHealth service providers did not utilize telehealth modalities, preferring traditional face-to-face delivery of services. However, in March of 2020, the [2019 coronavirus, or COVID-19] pandemic required nearly all providers of community-based behavioral health services (and many other health care services) to immediately transition to telehealth modalities for the provision of care and to not interrupt existing clinical treatment. The outpatient behavioral health workforce was required to pivot immediately to almost exclusively remote work. In some instances, this abrupt shift, necessitated by the COVID-19 emergency, came without the benefit of time for training or administrative and oversight support typical with the adoption of a novel care delivery modality.

As the public health emergency continued, the demand for behavioral health care increased rapidly, with unprecedented numbers of individuals requiring therapeutic intervention for behavioral health conditions. The crisis has been exacerbated by large numbers of staff and clinicians leaving the workforce. As a result, behavioral health providers have seen higher caseloads and more acuity of need among patients, all while managing staffing shortages and higher turnover.

As the full scope of clinical best practices and state and federal telehealth policy continue to evolve, providers have been working to adopt new policies, procedures, and practices to ensure member safety and privacy, while maintaining access to services for members in need. The workforce pressures faced by providers have presented challenges to investing administrative resources in staff training and other elements beyond pure service delivery.

Finally, industry standards relating to the delivery of services through telehealth modalities continue to develop and evolve. For example, in the spring of 2020 in Massachusetts, few, if any, electronic medical record software platforms included hard-coded fields to capture information regarding the delivery of services via telehealth. Since that time, however, commonly used platforms have started to include fields for providers to include information about telehealth encounters in medical records.

4. This appendix is quoted from MassHealth's response to our draft audit report, which was emailed to the Office of the State Auditor on October 24, 2022.

Additionally, as providers become more fluent in integrating telehealth modalities into their work flows, understandings of clinical best practices continue to evolve.

When MassHealth's initial telehealth policies were developed, there was limited industry adoption of telehealth modalities, and guidance for providers on best practices for delivery of services through this emerging modality in Massachusetts was scant. Since MassHealth telehealth policies were developed, MassHealth, like all healthcare payors and providers, has worked to keep abreast of and in step with industry updates and best practices. In response to this audit and as part of its efforts to keep its policies up to date with clinical and industry best practices, MassHealth has carefully reviewed its guidance regarding telehealth best practices with its clinical leadership at MassHealth's Office of Clinical Affairs and issued revised telehealth guidance on October 19, 2022, to update and clarify its expectations for telehealth encounters and record keeping requirements. As discussed below, these changes respond to the [Office of the State Auditor's] findings and reflect updated best practices for services delivered via telehealth.