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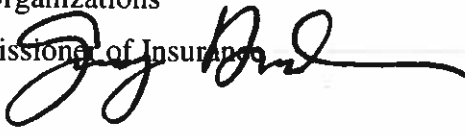
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COMMISSIONER OF INSURANCE

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.

Reimbursement for Health Service Provided via Telehealth

As noted in Bulletin 2020-04, Carriers are expected to provide clear communication materials to in-network providers to explain how to submit claims of reimbursement for services provided via telehealth. Carriers may require in-network providers to follow the same claim submission documentation guidelines to explain the patient history, chief complaint, and exams for office and outpatient visits. Carriers may continue to evaluate specific CPT code documentation and review that the documented reason for the visit medically supports the extent of the exam, the discussion time noted, and the complexity of the visit and assessment. Carriers may require providers to present claim documentation in order for the provider-patient encounter to qualify for reimbursement. Carriers may review to determine whether claims are billed at an appropriate E/M service code based on the level of service warranted.

As was noted in Bulletin 2021-04, Carriers must reimburse providers for services delivered via

telehealth at least at the rate of reimbursement that is defined in Chapter 260. Where Carriers have specific agreements with a provider regarding reimbursement for services delivered via telehealth that are inconsistent with the reimbursement arrangements defined within Chapter 260 or other relevant regulations or guidance, Carriers are to take steps necessary to reimburse providers at a rate that is no less than the reimbursement required in Chapter 260.

Within Chapter 260, the following is noted regarding levels of reimbursement:

- the rate of payment for in-network providers of behavioral health services delivered shall be no less than the rate of payment for the same behavioral health service delivered via in-person methods (Sections 47, 49, 51, 53, and 54 of Chapter 260);
- the rate of payment for in-network providers of chronic disease management and primary care services, shall be no less than the rate of payment for the same service delivered via in-person methods for the period lasting through January 1, 2023 (Sections 69, 76, and 78 of Chapter 260); and
- the rate of payment for all other in-network providers shall be no less than the rate of payment for the same service delivered via in-person methods through the expiration of the 90-day period following the termination of the Governor Baker's March 10, 2020 declaration of a state of emergency (Sections 68, 77, and 79 of Chapter 260).

Governor Baker terminated the Commonwealth's COVID-19 state of emergency as of June 15, 2021. However, and notwithstanding the provisions of Sections 68, 77, and 79 of Chapter 260, the Commonwealth continues to see impacts of the COVID-19 virus, and additional telehealth transition time will ease ongoing difficulties related to continued challenges related to the COVID-19 virus. The Division is issuing Bulletin 2021-10 to state that Carriers may choose to continue paying all providers at existing telehealth rates of reimbursement. If Carriers wish to alter telehealth rates of reimbursement where allowed under the law, they are expected, as noted in Bulletin 2021-04, to file implementation plans with the Division that highlight the methods and timing that would apply to all affected providers, the timing of communication, and training to be used with consumers and providers, to ensure adequate time for consumers and providers to coordinate setting up appointments for telehealth versus in-office visits as the Carrier implements its plan.

In addition to providing appropriate training to providers, the Division expects that Carriers will develop comprehensive disclosure materials for consumers to be relayed in the fall of 2021 that will present additional information about how to understand cost-sharing and other provisions associated with receiving services via telehealth within a health plan.

If you have any questions about this Bulletin, please contact Kevin Beagan, Deputy Commissioner for the Health Care Access Bureau, at (617) 521-7323.