

# February 26, Telehealth Session Chat Comments

Participants were allowed to submit questions in advance and reply to speakers throughout the informational session.

Janice Karin asked if telehealth can have a separate deductible that's equivalent to the general medical deductible, thus doubling a member's total deductible?

Jeff Murphy asked for a definition of telehealth? Is it both telephonic and audio/visual encounters?

Lee H. Schwamm, MD (provider at Mass General Brigham and VP Of virtual care) would like to speak offer remarks.

- Steven Locke agreed with Dr. Schwamm.
- Deb Schoenthaler agreed with comments by Dr. Schwamm and Dr. Garofalo

Pat Nemia (Federation for Children with Special Needs serving families of children with special needs throughout MA) asked those developing materials for consumers to do so through an equity lens. Written information on websites is often not accessible to many communities due to language, cultural, and education barriers. An example of a consumer education tool developed by Mass Health that is helpful to consumers can be found here: <https://www.mass.gov/masshealth-plans-and-enrollment-guide>.

Mike Caljouw: cosign on using an equity lens

Stella Parry asked for clarification on the interpretation of proviso -- that determination shall be made in the same manner as if the service was delivered in-person.

Bob W wrote: we need to avoid reinventing the wheel on Util review. Telehealth should be consistent with existing policies. Agree that some services are not appropriate for prior auth and would encourage broad flexibility to allow this "new" technology to develop and expand access to consumers in the broadest possible temrs.

Steven Locke wrote: the pandemic has led to greater demand for MH services than providers can meet, creating a shortage of providers. Is this a topic suitable for today's meeting? I have two questions related to that acute problem.

Karen Granoff wrote: UM should be consistent with what is done on the in person side. Thus, if UM is required for PT, it should be done regardless of where it takes place, but if the referring clinician believes that PT is suitable to be done via telehealth, it is NOT the modality that should be reviewed. Only the medical necessity of PT as a service should be reviewed. If no UM is required, for example for a patient seeing a dermatologist for acne, it should not be required if the modality for seeing the patient is telehealth.

Eric Folmar ,President of American Physical Therapy Association of MA, wrote: as was mentioned, TH should be viewed on par with in person visits. PA/UR standards should not be separate from standards for in person visits. The appropriateness of TH versus other settings of care should fall upon the provider to determine.

Andrew Stern - GIC wrote: the mode of telehealth (video or audio only) may differentiate appropriateness for service.

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Bob W asked if the slides the participants were viewing could be sent to the group.

User en44523 wrote: Well said, Dr. Schwamm! Keep our eyes on what's best for patient-physician relationship and care... not focused on a gate!

Heather Meyers noted: telehealth is another avenue to provide the same care that would be provided as in-person, the same prior-authorization process should be used and a net new prior-auth should not be enacted for telehealth as described in the Section "the determination shall be made in the same manner as if the service was delivered in-person"

2. Given that every patient condition is different and no two patient cases are the same, it is unreasonable to have a blanket standard. Therefore, it needs to be up to the provider on the clinical judgement and appropriateness to extend telehealth for patients vs. being regulated

Monica Vohra: very much agree with Dr. Schwamm

Chris Scofield: agree with Dr. Schwamm however; authorization should be involved depending on the type of service being delivered following current plan rules.

Deb Schoenthaler Agreed with Dr. Schwamm and Garofalo, and Heather Meyers

Elektra Alivisatos Agree with Karen Granoff's and Heather Meyer's comments posted here. As an aside in any of these discussions, telehealth modality is more than just video vs audio. As defined in the law it includes other asynchronous modalities, which have been show to be clinically appropriate for different use-cases such as dermatology.

User amcneill wrote Encourage you to incorporate the notion that the mode of telehealth used needs to take into account rural communities in which patients may not have access to internet/video based services.

User pdonahue : I agree with the provider comments and Karen Granoff's comments re: UM. At HNE we are not interested in creating barriers to care. HNE is interested in obtaining the right care for the patient , in the most efficient way, on the first try.

Adam Delmolino, MHA asked Will the chat be shared after the call?

Lydia Hatch: Beat me to it Adam, I'm hoping comments captured will be shared as well.

- Yael Miller also appreciate the chat shared as well.
- Janice Karin wrote you can save the chat - use the three dots to the right just above where you type
- Lisa Simonetti : Thank you Janice Karin

Melinda Edge wrote What is missing here is Section 79 which states that section 68 (The repeal) is not in effect until 90 days after the Governor terminates the State of Emergency

Eric Folman wrote: Thank You Drs. Schwamm and Garafolo. 90 Days may be a barrier for providers putting in place infrastructure to effectively provide TH services, to gather data on the effectiveness of

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TH services, etc. This will potentially create disruption and confusion amongst consumers. The "longest runway" possible is definitely important and allows for accurate data collection, etc.

Lee H. Schwamm, MD wrote: unless you bake parity into payment, you bake in inequity, especially if you pay much less for telephonic visits. we already have LOS coding guidelines for visit complexity, and these apply to virtual visits. Telephonic communications will continue between patients and providers forever, should not be reimbursed, and are distinct from true "telephonic virtual visits" which are true replacements for in person, and are scheduled in advance. please let's not mix up the two.

Chris Garofalo : I agree with you on parity, Lee. Thank you.

Lee H. Schwamm, MD added: Would like to make an additional point about self-funded vs fully funded plans. My understanding is that the law only applies to fully funded plans, and would hope that payors would apply the same approach to self funded plans

Stephanie Sjogren wrote: From a payment parity prospective do you mean more in line with "Facility" rates as typical for place of service 02 and how telehealth was traditionally reimbursed pre-COVID

User pkrupp asked for clarity on definition of coverage of remote patient monitoring devices and online adaptive interviews

Bob W :On the licensing to practice in a telehealth modality. I think we should look at credentialing rules for guidance and how out of state/network services are presently covered.

Janice Karin asked: are there rules about privacy/consent inherent with any specific platforms, particularly around recordings or transcripts given that these may be more technologically possible for some telehealth but not something patients would expect and is specific to the telehealth

Lee H. Schwamm, MD : Agree completely around the continuity of care perspective

Deb Schoenthaler : I agree with the suggestion for DOI to post all HIPAA-compliant approved platforms, and that the payors not restrict providers from using any of the approved platforms

Participants were informed that the next session is scheduled for March 12, 10-11:30 and written comments should be sent to [kevin.beagan@mass.gov](mailto:kevin.beagan@mass.gov) and [erin.bonney@state.ma.us](mailto:erin.bonney@state.ma.us) .

Karen Granoff (MHA) asked if the zoom link and future dates/topics were on the DOI website. Deb Schoenthaler suggested it would be helpful if the DOI could also post the questions on its website.

Four requests to be added to the telehealth information session distribution emailing lists:

- Julie Borden on behalf of NEQCA ([jborden@neqca.org](mailto:jborden@neqca.org))
- Kelly Driscoll on behalf of MGB ([kdriscoll12@partners.org](mailto:kdriscoll12@partners.org))
- John Bradley, MD on behalf of Mass Psychiatric Society ([jcbradleymd@gmail.com](mailto:jcbradleymd@gmail.com))
- Rebecca Sussman (BMC) ([rebecca.sussman@bmc.org](mailto:rebecca.sussman@bmc.org))