TO: Hospice Agencies Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth
RE: MassHealth Telehealth Policy for Hospice Services - Extension

Background

Through All Provider Bulletins 280, 291, 294, 298, 303, and 314, and in response to the 2019 novel Coronavirus (COVID-19) outbreak, MassHealth introduced a telehealth policy that, among other things, allowed qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (telephone and live video). Pursuant to the terms of All Provider Bulletin 314, the referenced telehealth policy will remain in effect for 90 days beyond the final date of the Governor's March 10, 2020, Declaration of a State of Emergency.

This bulletin explains MassHealth's policy for the use of telehealth for certain hospice services. The guidance in this bulletin will remain in effect until the end of the federal Public Health Emergency. The MassHealth telehealth policy for hospice services will help ensure members retain access to appropriate hospice services, while promoting social distancing and mitigating the spread of COVID-19.

This bulletin applies to MassHealth members receiving hospice services on a fee-for-service basis, including members enrolled in the Primary Care Clinician (PCC) plan, who have elected to receive hospice services.

This bulletin supersedes Hospice Bulletin 16 and also replaces telehealth flexibilities issued within the MassHealth LTSS Provider Information: Updates Related to the Coronavirus Disease 2019 (COVID-19).

Hospice Telehealth Guidance

MassHealth hospice providers may deliver clinically appropriate, medically necessary MassHealth-covered hospice services to MassHealth members via telehealth (including telephone and live video), in accordance with the standards in this bulletin and notwithstanding any regulation to the contrary, including physical presence requirements in 130 CMR 437.000: Hospice Services.

MassHealth is not imposing specific requirements for technologies used to deliver services via telehealth and will allow reimbursement for MassHealth hospice services delivered through telehealth, as long as such services are medically necessary and clinically appropriate and comply with the guidelines established in this bulletin. Providers are encouraged to use appropriate technologies to communicate with individuals and should, to the extent feasible, ensure the same
rights to confidentiality and security as provided in face-to-face services. Providers must inform members of any relevant privacy considerations.

Hospice telehealth visits may be used for routine home care hospice services that

a. the member has consented to receive via telehealth; and
b. do not require any hands-on care.

Telehealth may also be used for routine home care visits that pertain to ongoing reviews of the member’s plan of care with the member’s consent.

Live video telehealth may be used to conduct an initial or comprehensive assessment for members receiving routine home care during the initial and comprehensive assessment timeframe if they have concerns due to COVID-19, with the member’s consent. MassHealth expects that in most, but not all, situations the initial and comprehensive assessments be conducted in person.

Hospice telehealth visits may not be used for

a. any routine home care service that the member has not consented to receive via telehealth;  
b. any routine home care service that requires hands-on care; or  
c. any hospice service provided to a member not receiving routine home care.

Telehealth may not be used to conduct initial or comprehensive assessments for members not receiving routine home care during the initial and comprehensive assessment timeframe.

**Member Consent**

Providers must obtain verbal consent from a member and the member’s caregiver/legal guardian if applicable, prior to the initiation of hospice services via telehealth. Providers must also document the consent in the member’s record. In obtaining the member’s consent, MassHealth hospice providers must provide the member with the following information about telehealth:

A statement explaining

a. what a telehealth visit entails;  
b. what is expected from the member as well as the hospice provider;  
c. any relevant privacy considerations; and  
d. that the member may revoke their consent for telehealth services at any time.

**Billing Instructions and Payment Rates for Hospice Services Delivered via Telehealth**

Rates of payment for hospice services delivered via telehealth will be the same as rates of payment for hospice services delivered via traditional (e.g., in-person) methods, as set forth in 101 CMR 343.00: Hospice Services.

Hospice agencies must include modifier “GT” when submitting claims for services delivered via telehealth.
Important note: Although MassHealth allows reimbursement for the delivery of certain hospice services via telehealth as described in this bulletin, MassHealth does not require providers to deliver services via telehealth.

Documentation of Hospice Services Delivered via Telehealth and Encounter Requirements
All documentation requirements of 130 CMR 437.000 apply when hospice services are delivered via telehealth and the documentation must also include the following:

a. Indication in the visit note that the service was provided via telehealth; and
b. Description in the visit note of the rationale for providing the service via telehealth.

Additional Information


MassHealth Website
This bulletin is available on the MassHealth Provider Bulletins web page.

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions
For questions regarding this bulletin, contact the MassHealth LTSS Provider Service Center. The MassHealth LTSS Provider Service Center is also open from 8 a.m. to 6 p.m., Monday through Friday, excluding holidays. LTSS Providers should direct their questions about this letter or other MassHealth LTSS Provider questions to the LTSS Third Party Administrator (TPA) as follows:

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