TO: Telehealth Network Providers Participating in MassHealth
FROM: Amanda Cassel Kraft, Acting Medicaid Director
RE: Provider Participation Requirements, Covered Encounters and Other Information

Background

MassHealth’s mission is to improve the health outcomes of our diverse members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence, and quality of life. In support of that mission, MassHealth provides broad coverage of medically necessary health care services to its members. In light of the state of emergency declared in the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, MassHealth is committed to enabling members to remain in their homes to reduce exposure and transmission, to the extent possible, and to preserve health system capacity for the duration of this public health emergency.

To that end, and for as long as this bulletin remains effective, MassHealth is hereby establishing a temporary new provider type called Telehealth Network Providers (TNPs). The primary purpose of establishing this provider type is to support member triage related to COVID-19. Alongside Telehealth Network Providers, MassHealth is encouraging members to continue to seek both COVID-19 related care and routine care through their primary care provider, who are authorized under All Provider Bulletins 289 and 291 and Managed Care Entity Bulletin 21 to provide both COVID-19 related care and routine care via telehealth.

TNPs enrolled with MassHealth will be required to meet the participation requirements established through this bulletin, and are eligible to provide and bill for the covered encounters described below.

This bulletin shall remain effective for not longer than six months after the state of emergency declared via Executive Order No. 591 has expired.

Provider Participation Requirements

Each MassHealth TNP must meet the following provider eligibility and participation criteria:

(1) Complete and submit an application for enrollment as a MassHealth provider in the form and manner specified by MassHealth;
(2) Enter into a MassHealth Provider Contract and Special Conditions for Telehealth Network Providers (collectively, TNP Contract);
(3) Maintain a network of credentialed physicians licensed in the Commonwealth of Massachusetts in accordance with the specifications set forth in the TNP Contract and sufficient to fulfill the obligations of the TNP Contract; and

(4) Maintain a telehealth platform sufficient to furnish covered telehealth encounters to all eligible MassHealth members in accordance with the specifications set forth in the TNP Contract.

Provider Enrollment

Providers who wish to participate as a MassHealth TNP must contact Amy Bianco, at (218)235-3980 or amy.bianco@massmail.state.ma.us.

Covered Encounters

MassHealth will cover telehealth encounters provided by a TNP as described below and otherwise in accordance with the requirements set forth in the TNP Contract. For each covered encounter, the TNP or the TNP physician must:

(1) Promptly connect the member to a physician in the TNP’s network using an audio, video, or instant messaging/online chat connection, as selected by the member based on the TNP’s offerings;

(2) Provide an appropriate greeting and act with courtesy, empathy, professionalism, and without discrimination;

(3) Provide appropriate recommendations based on the member’s medical history and other information collected by the TNP physician consistent with the commonly accepted medical standards. Such recommendations should include, as appropriate:
   a. Recommendations about the need for self-isolation and social distancing;
   b. Recommendations about self-care;
   c. Recommendations about whether a member should seek additional in-person care, and if so under what circumstances, when, and in what setting (including but not limited to ambulatory primary care provider (PCP), urgent care, emergency department, 911);
   d. Recommendations about whether further in-person evaluation for potential COVID-19 testing is indicated, and if so, where or how a member might access COVID-19 testing; and
   e. How the member should access follow-up care if needed, including as appropriate, by calling the member’s PCP;

(4) Provide the member with a referral for in-person evaluation for potential COVID-19 testing, if such testing is indicated;
(5) Provide the member with orders, recommendations and referrals for testing or treatment related to other conditions that arise during an evaluation that the member or TNP physician believes warrants prompt attention. Such orders, recommendations, and referrals:

a. Must be consistent with all applicable federal, state, or MassHealth requirements for testing or treatment;

b. May not include prescriptions for opioids, benzodiazepines, or other controlled substances; and

c. May not include any new prescriptions for psychotropic medications, but may include a refill of up to 30 days for maintenance prescriptions for psychotropic medications; and

(6) Ensure the member knows the name and contact information of the member’s PCP, or direct the member to MassHealth customer service (800-841-2900) or the member’s MassHealth managed care plan.

**TNP Encounter Codes**

The following service codes are payable for MassHealth TNP providers.

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Service Description</th>
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<tbody>
<tr>
<td>99201</td>
<td>New patient office or other outpatient visit for evaluation &amp; management services</td>
</tr>
<tr>
<td>99202</td>
<td>New patient office or other outpatient visit for evaluation &amp; management services</td>
</tr>
<tr>
<td>99203</td>
<td>New patient office or other outpatient visit for evaluation &amp; management services</td>
</tr>
<tr>
<td>99204</td>
<td>New patient office or other outpatient visit for evaluation &amp; management services</td>
</tr>
<tr>
<td>99205</td>
<td>New patient office or other outpatient visit for evaluation &amp; management services</td>
</tr>
<tr>
<td>99211</td>
<td>Established patient office or other outpatient visit for evaluation &amp; management services</td>
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<tr>
<td>99212</td>
<td>Established patient office or other outpatient visit for evaluation &amp; management services</td>
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<td>99213</td>
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<td>99214</td>
<td>Established patient office or other outpatient visit for evaluation &amp; management services</td>
</tr>
<tr>
<td>99215</td>
<td>Established patient office or other outpatient visit for evaluation &amp; management services</td>
</tr>
<tr>
<td>G2012</td>
<td>Brief communication technology-based service</td>
</tr>
<tr>
<td>99421</td>
<td>Online digital evaluation and management service</td>
</tr>
<tr>
<td>99422</td>
<td>Online digital evaluation and management service</td>
</tr>
<tr>
<td>99423</td>
<td>Online digital evaluation and management service</td>
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Billing Rules

TNPs must bill any of the service codes listed above to receive the negotiated per encounter rate. TNPs may only bill one encounter per day per patient. TNPs must bill codes 99201-99205 and 99211-99215 for encounters provided via live video service, and must bill code G2012 or codes 99241-99243 for encounters provided via telephone or online chat function. If an encounter includes the use of both live video services and telephone or online chat function, the TNP must bill codes 99201-99205 or 99211-99215 and may not bill multiple codes for a single encounter. TNPs must use Place of Service Code 02 when billing any authorized code.

Payment

Notwithstanding any rate established by the Executive Office of Health and Human Services (EOHHS) for the above service codes at 101 CMR 317.00: Medicine or any other EOHHS regulation, EOHHS will pay TNPs a negotiated per encounter rate set forth the TNP Contract.

EOHHS will also pay TNPs a negotiated monthly platform fee set forth in the TNP Contract.

TNPs must bill EOHHS for covered encounters and the platform fee in accordance with the billing rules set forth in this bulletin and the applicable provisions of the TNP Contract. Payment will be contingent on the submission of required encounter data on a biweekly basis to MassHealth, including all information specified in the applicable provisions of the TNP Contract.

Service Limitations

TNPs may only bill for encounters represented by codes G2012 and 99421-99423 once per seven-day period for a given member.

In addition, TNPs are subject to any service limitations or requirements set forth in the terms and conditions of the TNP Contract, and all applicable MassHealth regulations (including but not limited to 130 CMR 450.000) and other formal written issuances of MassHealth agency, provided that the provisions of this bulletin and the TNP Contract will take precedence over any requirements in Appendix A of All Provider Bulletins 289 and 291 and Managed Care Entity Bulletin 21 (or successor bulletins) that may conflict with this bulletin or the TNP Contract.

Member Eligibility

Consistent with MassHealth regulations at 130 CMR 450.231, a TNP is responsible for verifying member eligibility before the delivery of a service.

Recordkeeping Requirements (Medical Records)

TNPs are governed by MassHealth recordkeeping provisions at 130 CMR 450.205 and applicable provisions of the TNP Contract.

Questions

If you have any questions about the information in this bulletin, please contact Amy Bianco at (218) 235-3980, or email your question to amy.bianco@massmail.state.ma.us.