



**MASSACHUSETTS
PSYCHIATRIC SOCIETY**

**PO Box 549154
Waltham MA 02454-9154
(781) 237-8100 FAX
(781) 464-4896
email: mps@mms.org**

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March 8, 2021

Kevin Patrick Beagan
Deputy Commissioner, Health Care Access Bureau
Massachusetts Division of Insurance
1000 Washington Street
Boston, MA 02118

Dear Deputy Commissioner:

On behalf of the Massachusetts Psychiatric Society, thank you for the opportunity to participate in the listening session to discuss implementation of telehealth provisions within Chapter 260 of Acts of 2020. The Massachusetts Psychiatric Society (MPS) wishes to submit the following comments for your consideration:

A. Carrier Communications with Members (consumers)

MPS strongly supports the provisions of Chapter 260 Acts of 2020 which dictate that behavioral health visits be reimbursed at parity with in person visits. This is important in **increasing access** for much needed behavioral health (BH) treatment, not only in pandemic times, but beyond. It removes transportation cost and time barriers, child care, mobility, and other barriers and costs associated with in person treatment and can decrease structural determinants of health which lead to health disparities and inequities.

B. Carrier Contracts/Communications with Providers

MPS cautions the DOI against allowing the continued use of **substandard reimbursement rates for BH and non-quantitative treatment limits (NQTL)** which contribute to insufficient carrier networks in Massachusetts and decreased access to high quality BH care. Massachusetts is ranked 44th out of the 50 states in outpatient provider reimbursement rates and in the bottom half of the 50 states in other non- quantitative treatment limits (NQTL) on behavioral health according to the November, 2019 Milliman Research Report, "Addiction and Mental Health vs Physical Health; Widening Disparities in network use and provider reimbursement." (1) It is imperative that the nascent use of telehealth, an access-expanding modality, is not saddled with carrier contracts which decrease rates and increase NQTL for BH treatment. MPS supports the tMed Coalition's position that there should be no additional NQTL dictating appropriateness of telehealth as a modality or the platform used for telehealth. We strongly believe that the decision about the location and modality of the treatment including in-person versus telehealth should be a clinical and person-centered decision that should be determined together by clinicians and the patient, and is inherently dictated by the required standard of care.

C. Telecommunication Technology Platforms

MPS applauds the inclusion of **audio-only (telephone) as an acceptable modality for BH treatment** which also needs to be reimbursed at parity for in-person visits. This modality is critical for those who cannot afford computer and other smart devices or who are not familiar or competent in their use due to cognitive or emotional, or psychiatric impairment and inexperience of use. MPS also agrees with the tMed Coalition and advocates that the definition of telehealth recognize, cover, and reimburse for **e-consults or interprofessional telephone/internet/electronic consultation**. Starting in 2019, CMS introduced CPT codes 99451 and 99452 that will reimburse both the referring provider (PCPs) and the consulting provider (Specialist) for performing an e-consult. The American Medical Association and American Psychiatric Association have issued guidance regarding documentation for such visits. Likewise, MPS advocates that the definition of telehealth should also include recognition, coverage, and **reimbursement for e-visits** which are patient-initiated, non-face-to face digital communications over HIPAA-complaint, secure platforms or portals that require a

clinical decision that otherwise typically would have been provided in the office. E-Visits are also called Online Digital Evaluation and Management Services (E/M). Such visits were provided with CPT codes that were published in 2020 by CMS and have documentation guidelines and coverage requirements, in addition to minimum time requirements, as well as steps for review of patient records and interaction with clinical staff and subsequent communication with patients through online portals, telephone, email or other digitally supported communication by qualified healthcare providers. The American Psychiatric Association has issued guidance regarding documentation for such visits. Both of these services have been added in recognition of the importance of integrated care. Telehealth modalities should also be adopted in the service of care coordination and integration.

Thank you for your consideration of these comments.

Best Regards,

A handwritten signature in black ink, appearing to read "Sally Reyer" with a stylized flourish at the end.

Sally Reyer, MD, DFAPA
President, Massachusetts Psychiatric Society

(1) Stoddard davenport, et al, "Addiction and Mental Health vs Physical Health; Widening Disparities in network Use and provider reimbursement" 20 Novemer, 2019, Milliman research Report. <https://www.milliman.com/en/insight/addiction-and-mental-health-vs-physical-health-widening-disparities-in-network-use-and-p>