OHIC Payment and Care Delivery Advisory Committee
Telemedicine Subcommittee
Draft Recommendations
As of September 24, 2020

Purpose of document: The purpose of this document is to record the recommendations the Telemedicine Subcommittee has made during each meeting. While these recommendations were made by the Subcommittee, nothing precludes the Subcommittee from revisiting these decisions throughout the course of the remaining meetings. It is also important to note that participation in the Subcommittee is open to anyone. As such, the Subcommittee's representation may change over the series of meetings, and certain stakeholders may be over or under-represented at certain times. The final recommendations report will note when there is a clear majority opinion on a recommendation, as well as when there is a clear majority opinion but a particular stakeholder group is concentrated in the minority.

Coverage and Access Recommendations

1. The Subcommittee recommended that audio-only telemedicine be made permanently allowed and reimbursable, when the service is clinically appropriate and medically necessary – as determined by the insurer. *August 27, 2020*

2. The Subcommittee recommended that cost-sharing for telemedicine visits should not exceed cost-sharing for in-person visits. *August 27, 2020*

3. The Subcommittee recommended that there be no limitations on patient location (originating site). This would allow patients to have a telemedicine visit at a location that is convenient for them, provided that it is appropriate and one where a telemedicine visit can be conducted safely. *August 27, 2020*

4. The Subcommittee recommended that telemedicine prior authorization requirements be no more stringent than prior authorization requirements for in-person care. This requirement would not limit insurers' ability to impose prior authorization requirements for services delivered out-of-state or out-of-network. The prior authorization standards that exist with respect to out-of-state and out-of-network care for in-person visits would apply to telemedicine visits as well. *September 10, 2020*

5. The Subcommittee identified the following opportunities for ensuring health equity and reducing disparities in access to telemedicine services:

    - Explore opportunities for partnership for sharing of lessons learned with other agencies, such as education, that are also working to address access to broadband technology and equipment, as well as digital literacy, during the pandemic
    - Add telemedicine access to network adequacy standards.

- Identify a public/private initiative to support telemedicine use in the community, such as a location for individuals to hold telehealth visits, a lending library for technology, or repurposing donated equipment.
- Utilize community health workers, peer recovery specialists, home health aides, and others who go into the home to assist in digital training.
- Provide statewide access to broadband or hotspots for municipal areas that do not have it.

Project staff will further develop these recommendations for future discussion with the Subcommittee. *September 10, 2020*

6. The Subcommittee recommended prohibiting payers from imposing restrictions on which provider types can render services via telemedicine, while still allowing insurers to determine what services are clinically appropriate and medically necessary to deliver via any telemedicine modality. *September 24, 2020*