Welcome and Review of Telemedicine Subcommittee's Goals, Framework, and Meeting Procedures

- **Marea Tumber (OHIC)** thanked everyone for attending the second meeting of the Telemedicine Advisory Group. She reviewed the agenda, the Advisory Group goals, and framework. She said that Advisory Group recommendations would go to Commissioner Ganim and Medicaid Director Shaffer in December.

Discussion of and Public Comment on Telemedicine Coverage and Access Issues

- **January Angeles (Bailit Health)** said that at the last meeting, the Advisory Group covered three coverage and access issues: 1) use of audio-only telemedicine, 2) cost-sharing for telemedicine relative to in-person care, and 3) removal of limitations on patient location. She said that today the Advisory Group would discuss two coverage and access topics: 1) considerations for health equity and health care disparities and 2) prior authorization requirements.

How to leverage telemedicine to promote health equity and reduce disparities in care?

- **January Angeles** said that adoption of telemedicine can increase access to care, but if proper supports are not provided to patients and providers, existing disparities can be exacerbated. She reviewed some challenges in delivering telemedicine to populations at risk of not being able to access telemedicine services.
- **Participants raised five recommendations:**
    1. Access to Internet and technology is a barrier to telemedicine adoption and there are opportunities for partnership with education or for sharing of lessons learned. **(Steven Lampert (Lifespan Physician Group), Marti Rosenberg (EOHHS))**
        - **Commissioner Ganim** commented that she will reach out to others in state government to see if there are ongoing discussions addressing broadband access and digital literacy in both health care and education.
    2. Add telemedicine access to network adequacy standards. (**Shamus Durac (RIPIN)**)
    3. Identify a public/private initiative to support telemedicine use in the community, whether it is a location for individuals to hold telehealth visits, a lending library for technology, or repurposing donated equipment. **(Peter Oppenheimer (RI Psychological Assoc.), Marti Rosenberg, Senator Joshua Miller)**
    4. Utilize existing workforce—community health workers, peer recovery specialists, home health aides, community paramedics, and others—who go into patient's home to assist in digital training. (**Susanne Campbell (CTC-RI), Corinna Roy (BHDDH), Pano Yeracaris (CTC-RI), Karen Malcolm (Protect Our HealthCare Coalition), Jay Lawrence (CNE)**)
    5. Provide statewide access to broadband or hotspots for municipal areas that do not have it.
- In addition to the recommendations listed above:

- **Peter Hollmann (Lifespan)** said that it is important to be careful when saying "exacerbate health disparities," noting things like the development of new high cost drugs exacerbate disparities and that telemedicine should not be held to a different standard than other medical care.
- **Pano Yeracaris** stressed the importance of a systematic approach and of providing interpreter services.
- **Garry Bliss (Prospect Health Services)** said that educational handouts and videos could be provided in the waiting rooms at practices.
- **Marti Rosenberg** highlighted the Office of Health Aging's digiAGE initiative as a potential effort to align with.
- Project staff will further develop the above recommendations and discuss them with the Advisory Group at a future meeting.

Whether to require telemedicine prior authorization requirements to be no more stringent than prior auth requirements for in-person care?

- **January Angeles** said the Telemedicine Act does not specifically address prior authorization requirements for telemedicine compared to in-person visits. She said while not specifically required by the Executive Order, some insurers have suspended prior authorization requirements for many services provided both through telemedicine and in-person visits. She said if adopted, the Telemedicine budget article would prohibit prior authorization requirements for telemedicine that are greater than requirements for in-person services through June 30, 2021. She reviewed coverage parity provisions used in other states and advantages and disadvantages to the recommended policy.
- **Liv King (BHDDH)** said a pro of keeping in-person and telemedicine policies the same reduces administrative complexity in billing for services.
- Participants (**Beth Lange (pediatrician), Al Charbonneau (RIBGH), Steven Lampert, Laurie-Marie Pisciotta (MHARI)**) considered the definition of waste, fraud, and abuse and discussed differences between care shifting to telemedicine versus overall increased utilization.
- **Peter Hollmann** said that prior authorization is burdensome on both providers and plans but it would be good to have in statute language noting that prior authorization should not be used as a mechanism to restrict access.
- Participants (**Liv King, Liz McClain (NHP), Peter Hollmann**) discussed consideration of prior authorization to be used for licensing issues for in-state versus out-of-state providers and discussed that it would be appropriate to say a plan can have a network of in-person providers, but just because someone has telehealth capacity across the country does not mean they are in network.
- **Monica Auciello (BCBSRI)** said they are supportive of this provision as written in the budget article.
- **Poll: Does the Advisory Group wish to support telemedicine prior auth requirements be no more stringent than prior authorization requirements for in-person care?**

Host is sharing poll results

1. Does the Advisory Group wish to support requiring telemedicine prior auth requirements to be no more stringent than prior auth requirements for in-person care?

Support	84%
Do not support	3%
Support with facilitator's summarized revisions	13%
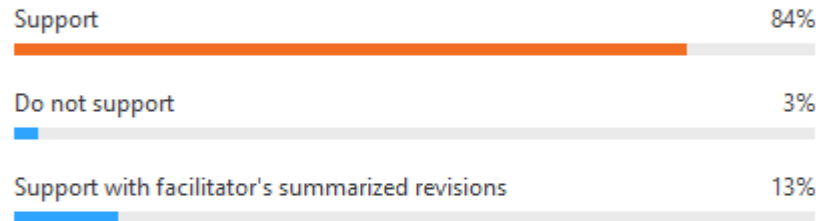
- o **January Angeles** said there were no facilitator's summarized revisions and asked for feedback on suggested changes. **Megan Burns (Bailit Health)** also invited the respondent who did not support the question to offer it publicly, should they wish.
  - § **Commissioner Ganim** said many people on the call have different levels of familiarity with insurer practices. Some who chose the third option may have been responding to thoughts on in/out-of-state or in/out-of-network. She said her assumption is that there are already different standards in place for in/out of network and those would remain. **Monica Auciello, Liz McClaine (NHP), and Stephanie de Abreu (UHC)** agreed on behalf of their respective organizations.

Next Steps and Adjournment

- **Megan Burns** recommended tabling discussion on payment and program integrity and instead just introducing the next two questions for discussion on September 24th. She shared two topics for discussion 1) whether to specifically prohibit restrictions on provider types eligible for reimbursement of medically necessary and clinically appropriate telemedicine services; and 2) whether to require payment parity between telemedicine and in-person visits.
- **Megan Burns** invited participants to email January Angeles (jangeles@bailit-health.com), Marea Tumber (Marea.Tumber@ohic.ri.gov), and/or Megan Burns (mburns@bailit-health.com) with any thoughts on these topics in advance of the meeting.
- **Marea Tumber** said there were several questions on RI-specific data. She said that at this time, project staff does not have all the data necessary for analysis. She thanked everyone for their participation.

Link to the Meeting #2 recording:

https://zoom.us/rec/play/qGYY36RKn82x9uiWEOgoTlq7XGC7gKiS1sXZT8BfoKdxyMhc2CSJKsbp2ltOtV4refct7lZgfHlMq4zz.Q3R_Hqc02rmuhaom?startTime=1599746438000