OFFICE OF THE
HEALTH INSURANCE COMMISSIONER
STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS

OHIC Payment and Care Delivery Advisory Committee Telemedicine Subcommittee

OCTOBER 8, 2020

Agenda

Welcome and Agenda Review	10:00am – 10:05am
Goals and Process for Developing Consensus-Based Recommendations	10:05am – 10:10am
Summary of Rhode Island Specific Data	10:10am – 10:40am
Discussion of and Public Comment on Payment Parity	10:40am – 11:50am
Next Steps and Adjournment	11:50am – 12:00pm

Goals and Process for Developing Consensus-Based Recommendations

Telemedicine Advisory Group Goals

Since COVID-19 will continue to be a concern in the coming months, and the need to facilitate access to services through telemedicine persists throughout the duration of the PHE, this group will provide recommendations to Governor Raimondo, Commissioner Ganim and Director Shaffer on potential revisions to emergency telemedicine policies.

At the same time, we want to be forward-looking and address:

- which temporary emergency policies should or should not be carried forward on a more permanent basis; and
- how to improve telemedicine as a convenient, cost-effective, accessible and equitable option for providers and patients in Rhode Island.

Reminder of Process for Developing Consensus-Based Recommendations

For each policy issue, project staff will share context about the policy choices - both internal and external to Rhode Island - including a list of pros and cons.

The group will discuss each issue, including exploring the pros and cons of policy choices, and identifying key concerns, needs and objectives.

All participants are welcome to provide input.

All draft recommendations will be recorded and emailed to the group in advance of each meeting.

Reminder of Zoom Meeting Procedures

Please stay muted to reduce background noise and use the “raise hand” feature if you wish to speak. We will keep track of raised hands and call on individuals as time permits.

- Due to the large number of participants, we may not get to every individual who raises their hand, but will prioritize a diverse sampling of stakeholders.
- There will also be a public comment period at the end of each topic area.
- When called on to speak, *please slowly state your name and the organization you represent* prior to commenting or asking a question.
- You may also use the chat function for general questions to the group.

New Telemedicine Data

Patients Like Telemedicine

Press Ganey surveyed more than 30,000 consumers who used telemedicine in March and April of 2020.

"Patients are overwhelmingly positive about their virtual visit interactions with their care providers, even when technical issues posed challenges."

Source: The Rapid Transition to Telemedicine: Insights and Early Trends. May 19, 2020. Press Ganey.

Rhode Island-Specific Data

OHIC requested data from the four largest commercial insurers: BCBSRI, NHP, Tufts, United

20-week comparison:

March 23, 2019-August 3, 2019 vs. March 27, 2020-August 7, 2020

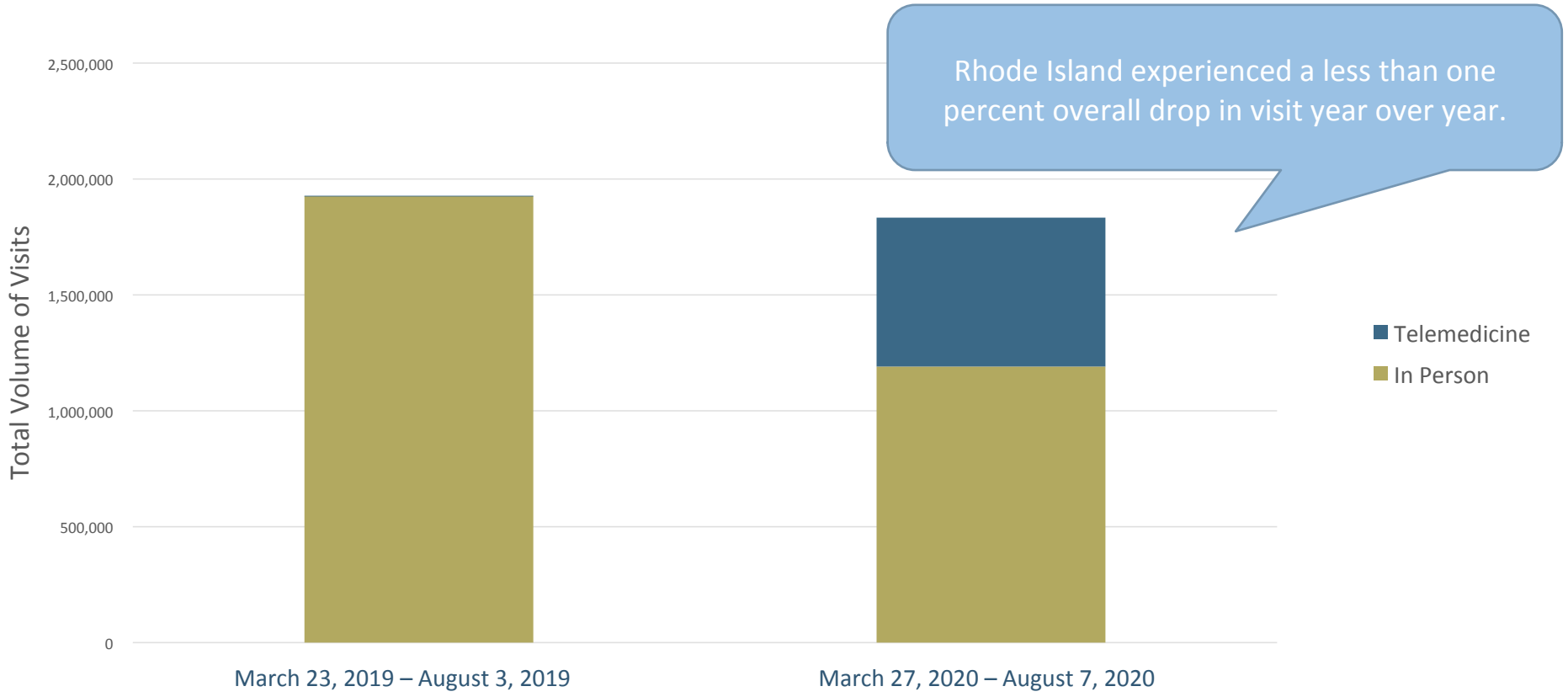
In person vs. telemedicine visits by select provider specialty

Data limitations:

We did not define provider specialty and so some variation across payers may exist

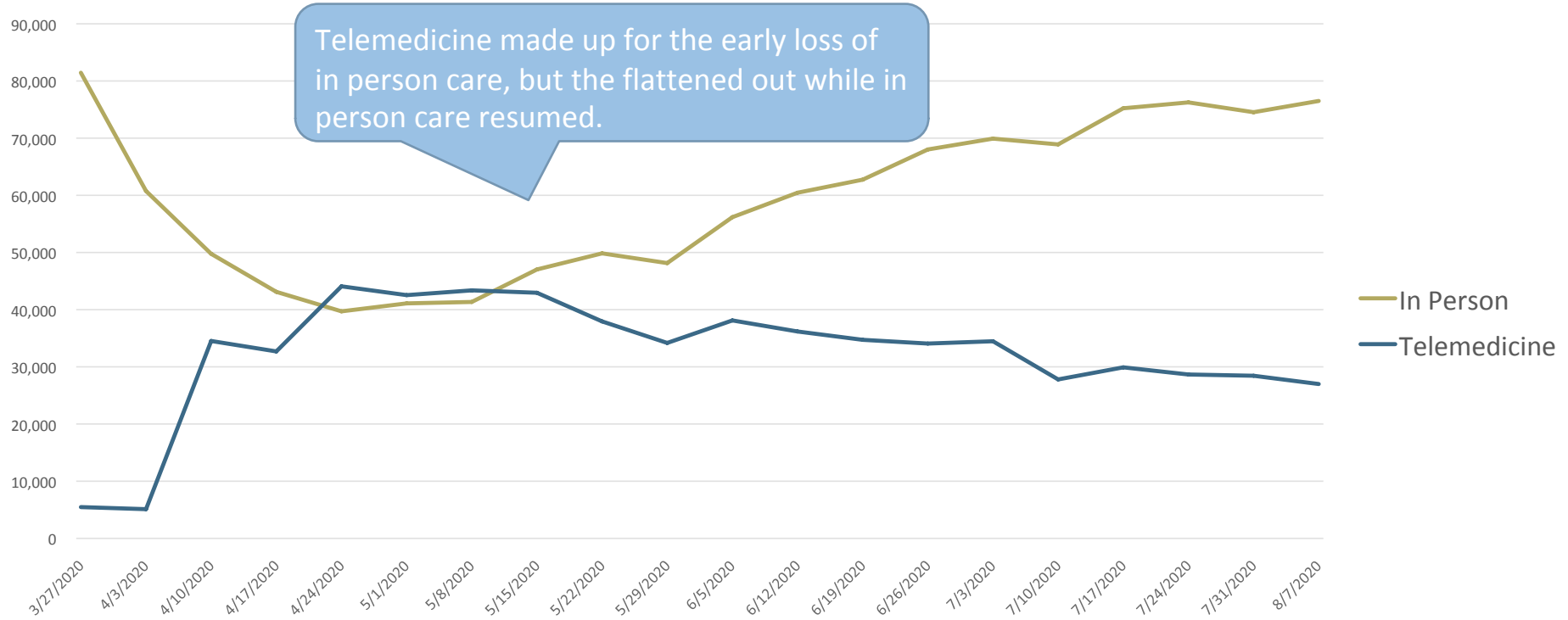
The data were not audited for accuracy

In Person vs. Telemedicine



Source: RI insurers

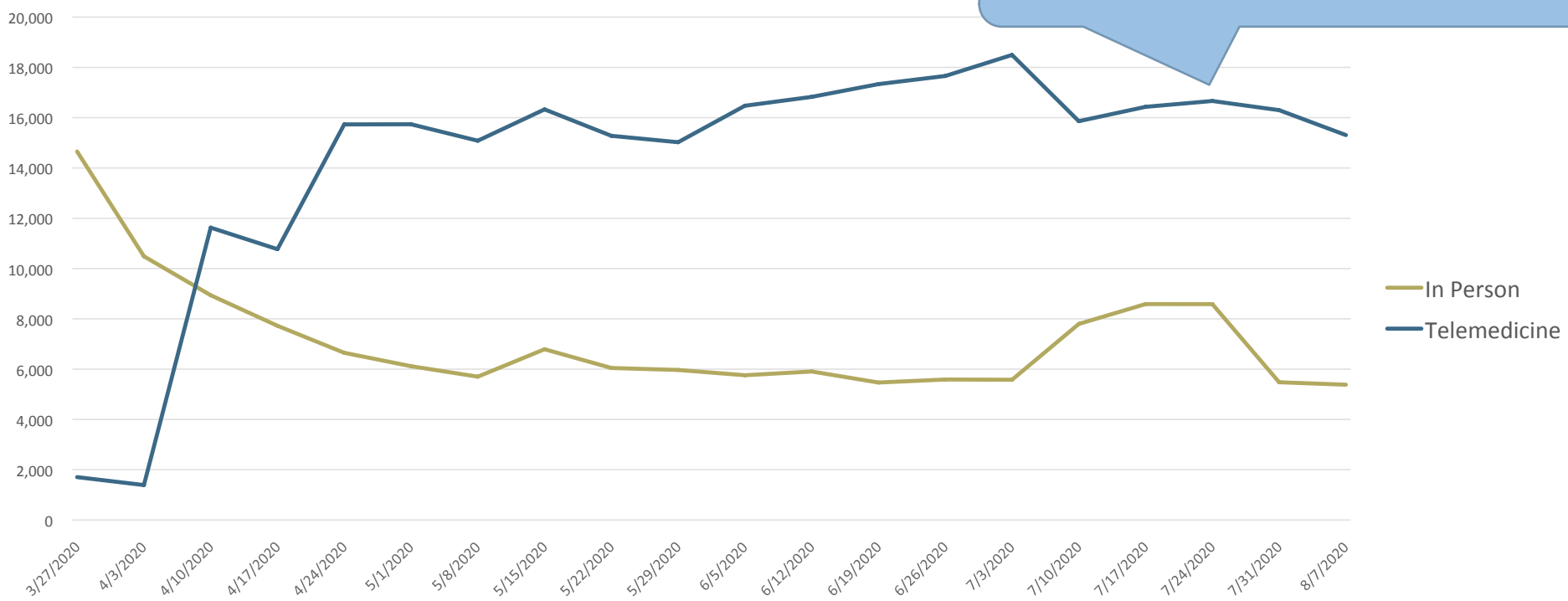
In Person vs. Telemedicine Visits, By Week



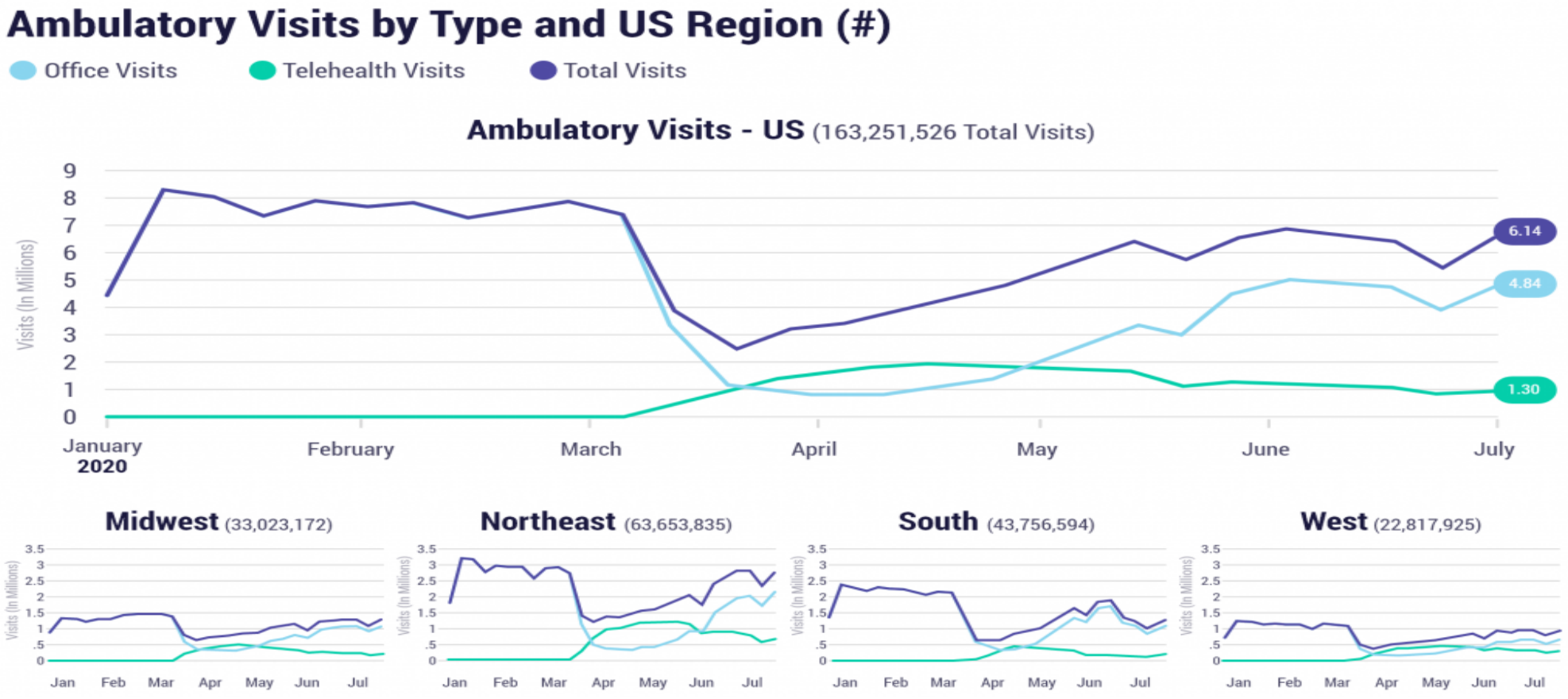
Source: RI insurers

In Person vs. Telemedicine Behavioral Health Visits, By Week

Telemedicine has “flattened out” at a higher level for behavioral health.

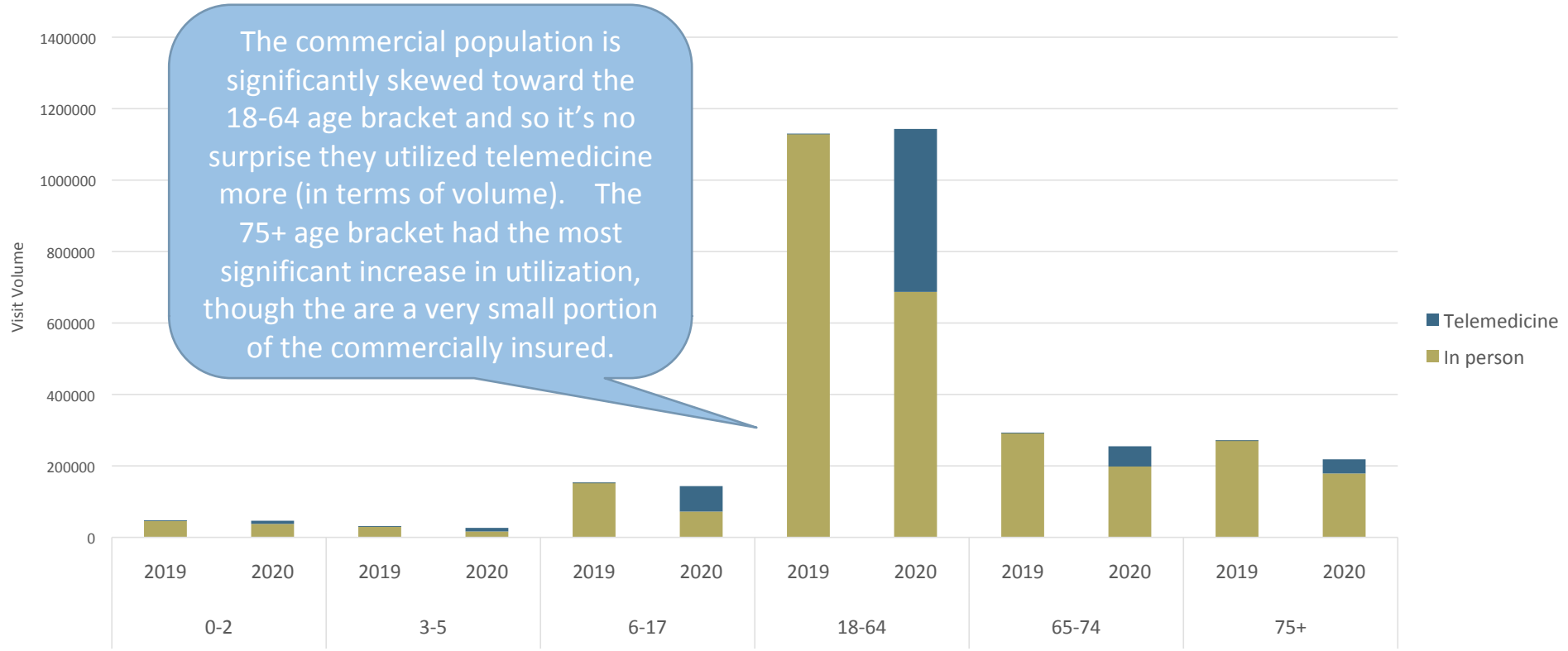


RI's experience may have been better than the nation



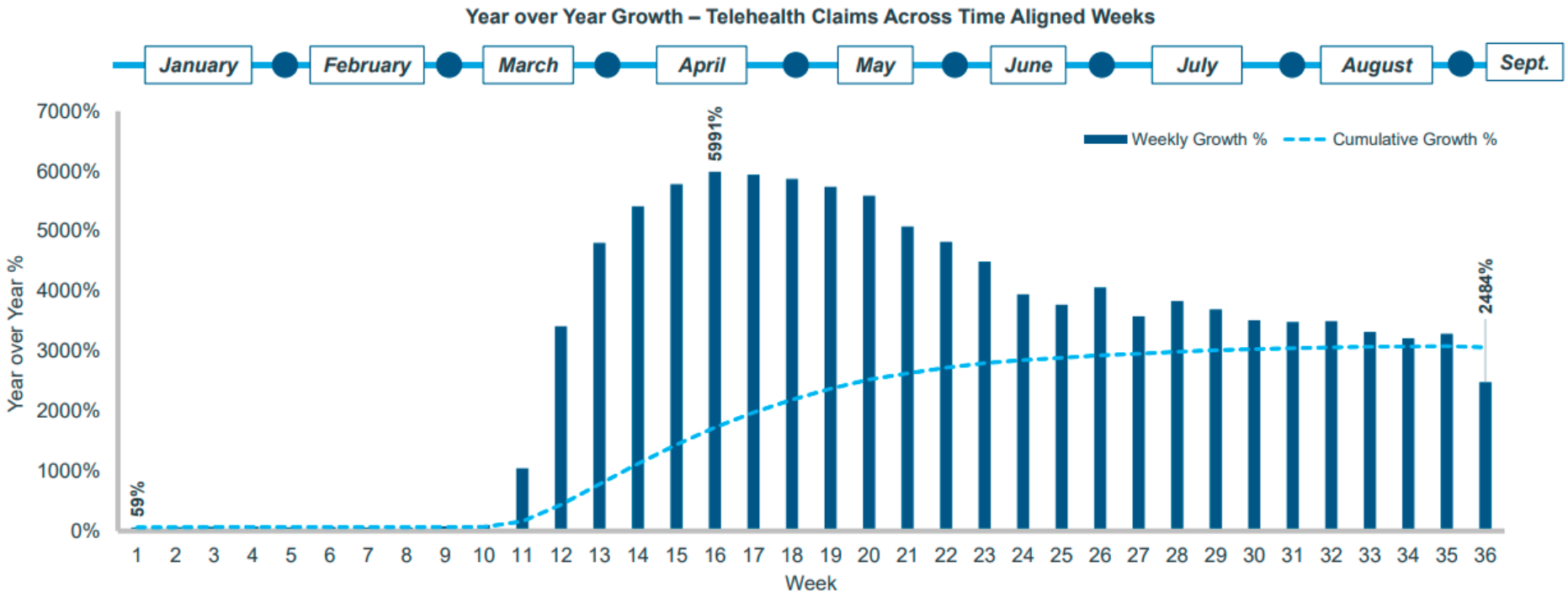
Source: Epic Health Research Network. https://www.ehrn.org/telehealth-fad-or-the-future/

In Person vs. Telemedicine by Age



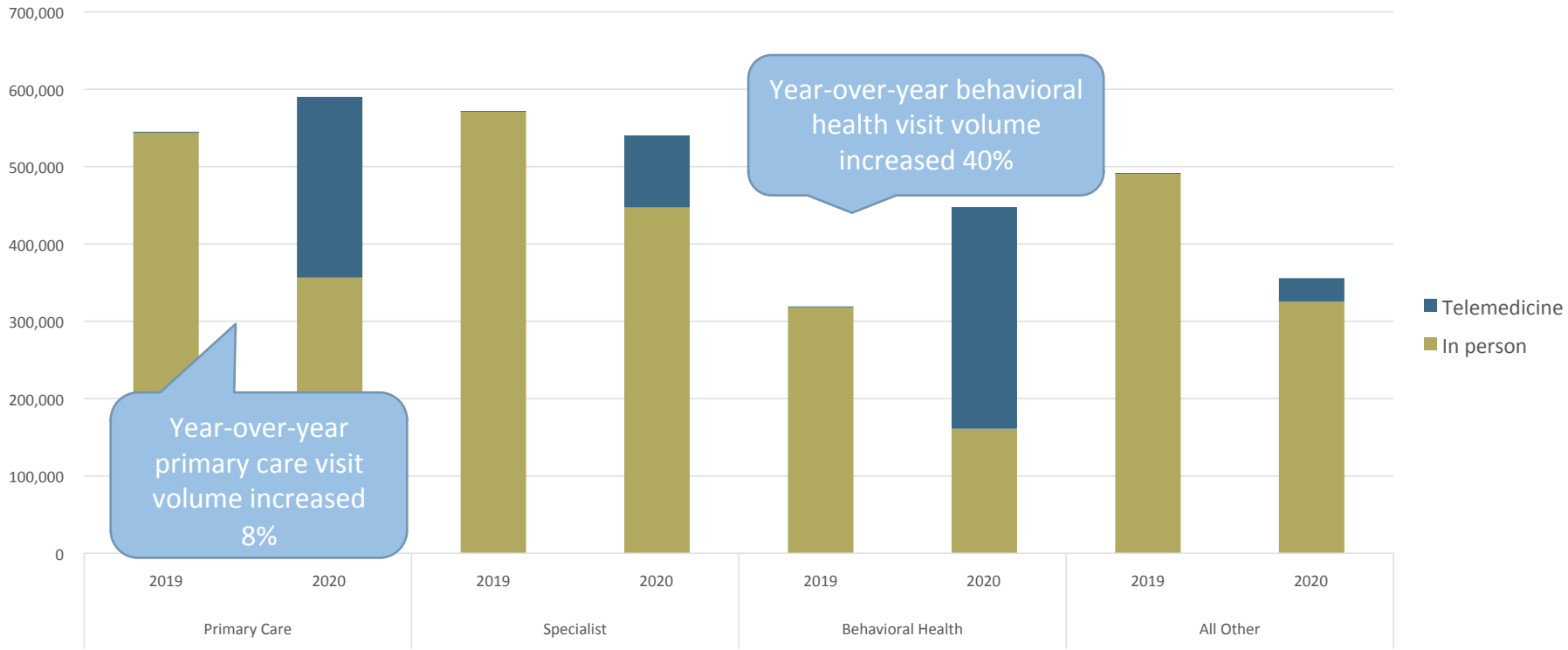
Source: RI insurers

National data shows telemedicine usage “flattening”



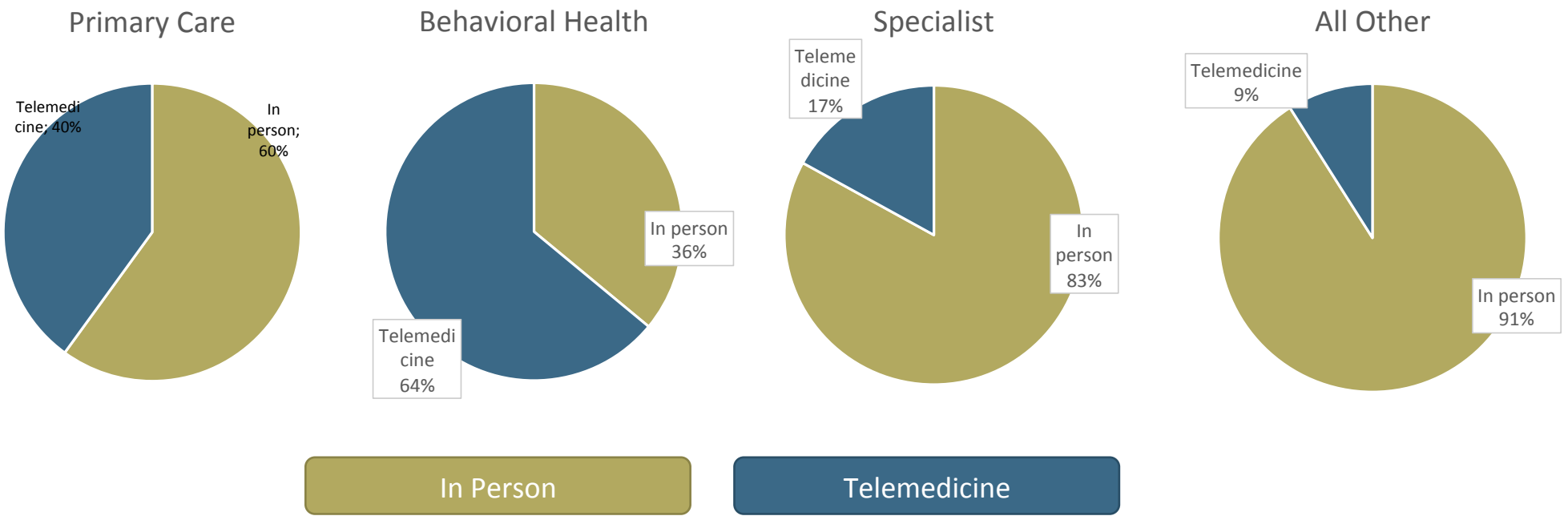
Source: IQVIA Medical Claims Data Analysis 2020, https://www.iqvia.com/-/media/iqvia/pdfs/files/iqvia-covid-19-market-tracking-us.pdf

In Person vs. Telemedicine by Select Specialty Types



Source: RI insurers

Proportion of Visits Provided Via Telemedicine March 27, 2020 – August 7, 2020



Source: RI insurers

Payment and Program Integrity

Telemedicine Payment Parity: Approach to Today's Conversation

1. Per Commissioner Ganim's comments during the September 24 meeting, defining *what services are appropriate* in statute or regulation is too difficult, rigid and static.
   - When discussing our questions, we will assume that we're only discussing services for which it is *clinically appropriate* to be provided via a telemedicine and recognize that clinical appropriateness will vary by modality.

2. This group will not weigh in on licensure or scope of practice requirements, therefore, we must assume that the telemedicine services *regardless of modality* are within the scope of allowable services by the provider.

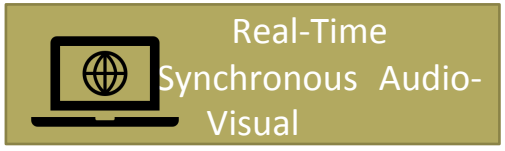
Core Question for Telemedicine Parity

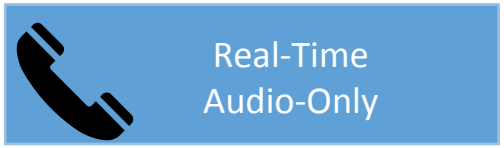
During the September 24, 2020 meeting, we began our discussion of telemedicine payment parity.

Some meeting participants expressed concern with how the question was being posed and suggested a more nuanced discussion of payment parity for audio-only, audio-visual and behavioral health services.

However, some participants disagreed with a more nuanced discussion raising concerns that not treating telemedicine equal to in person will contribute to existing disparities.

Should identical or substitutable services be paid at the same rates, regardless of modality?





Five Options for Discussion

Recognizing there was no consensus on how to approach this discussion, and hearing a number of possible recommendations, today we will invite discussion and feedback on five possible recommendations.

While we have prepared the following 5 options, nothing precludes any meeting participant from:

- identifying alternative options;
- modifying existing options, or
- combining options.

The pros and cons offered are merely suggestions. A pro does not guarantee success and a con could be mitigated by additional strategies. You are welcome to offer alternative pros and cons.

Five Options for Discussion

1. **Parity for equal service, regardless of modality**
2. **Parity for equal service for audio-visual, with an audio-only differential allowable**
3. **Parity for behavioral telehealth services – regardless of modality. Differentials allowed for medical telehealth services – regardless of modality.**
4. **Differentials allowed based on modality of care**
5. **Parity for telemedicine, regardless of modality, with differentials allowed for providers that do not see patients in person.**

Five Options for Discussion

1. **Parity for equal service, regardless of modality**
2. Parity for equal service for audio-visual, with an audio-only differential allowable
3. Parity for behavioral telehealth services, with differentials allowed for medical services – regardless of modality
4. Differentials allowed based on modality of care
5. Parity for telemedicine, regardless of modality, with differentials allowed for providers that do not see patients in person.

Pros

- Would allow for equal pay for equal work
- Allows for clinicians to make decisions on what is most clinically appropriate for the patient without a financial incentives driving decision
- Allows for patients to choose modality based on their preference (when clinically appropriate)
- Allows for Rhode Island based providers to invest in telemedicine, which can enhance continuity of care
- Recognizes that telemedicine volume is important reimbursement for provider sustainability

Cons

- Reduces insurer flexibility to negotiate rates on behalf of the consumer
- Does not recognize that telemedicine companies have lower overhead than a Rhode Island based provider who also has an office-based practice, and therefore may inadvertently increase the profit margins of telemedicine companies who do not provide in person services.

Five Options for Discussion

1. Parity for equal service, regardless of modality

2. Parity for equal service for audio-visual, with an audio-only differential allowable

3. Parity for behavioral telehealth services, with differentials allowed for medical services – regardless of modality

4. Differentials allowed based on modality of care

5. Parity for telemedicine, regardless of modality, with differentials allowed for providers that do not see patients in person.

Pros

- Recognizes that audio-visual services require more of an investment by provider organization than audio-only, therefore should be paid at a higher rate
- Values "face-time" with patients, giving providers additional information with which to make decisions

Cons

- Does not recognize that audio-only services require the same amount of clinical decision making and time
- Potential for inherently devaluing lower-paid services which may be more conducive to audio only - like some primary care and behavioral health services
- May increase disparities for individuals without access to audio-visual technology, or internet access who still require telemedicine support.

Five Options for Discussion

1. Parity for equal service, regardless of modality
2. Parity for equal service for audio-visual, with an audio-only differential allowable
3. **Parity for behavioral telehealth services, with differentials allowed for others – regardless of modality**
4. Differentials allowed based on modality of care
5. Parity for telemedicine, regardless of modality, with differentials allowed for providers that do not see patients in person.

Pros

- Recognizes the significant proportion of behavioral health visits that occur via telemedicine is an important access point for patients, therefore providing an incentive for providers to continue it beyond the pandemic.

Cons

- Makes a distinction between the **type of service** offered for each modality, which does not recognize that other types of services require same amount of clinical time and decision making.

Five Options for Discussion

1. Parity for equal service, regardless of modality
2. Parity for equal service for audio-visual, with an audio-only differential allowable
3. Parity for behavioral telehealth services, with differentials allowed for medical services – regardless of modality
4. **Differentials allowed based on modality of care**
5. Parity for telemedicine, regardless of modality, with differentials allowed for providers that do not see patients in person.

Pros

- Gives insurers flexibility to determine the value of each care modality and negotiate reimbursement in the best interest of its members

Cons

- Suggests that work of clinical decision-making and documentation is different by modality of care

Five Options for Discussion

1. Parity for equal service, regardless of modality
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3. Parity for behavioral telehealth services, with differentials allowed for medical services – regardless of modality
4. Differentials allowed based on modality of care
5. **Parity for telemedicine, regardless of modality, with differentials allowed for providers that do not see patients in person.**

Pros

- Recognizes that telemedicine companies have much less overhead than a provider who also has an office-based practice.

Cons

- Devalues telemedicine companies, which have been an important tool for insurer offerings
- Administratively burdensome to define different types of telemedicine providers and track billing

Additional Considerations Before Discussion

- Audio-only telemedicine is rather new, and there seems to be some confusion around what is a separately reimbursable audio-only visit and how to properly code for it.
- Unfortunately, this confusion negatively impacts patients and there have been reports of patients getting surprise bills for telephone calls. (Jay Hancock, NPR April 27, 2020)
- It is unclear whether CMS will continue to pay for audio-only telemedicine beyond the pandemic.
- Regardless of the outcome of the payment parity recommendation, there is a need for future work to provide more clarity on what might be appropriate to bill as a separate audio-only telemedicine visit.

Final Thoughts Before Discussion

"Telehealth services should be reimbursed on a thoughtful consideration of the value provided and the cost of delivery – as is done with in-person care. Flexibility on the use and reimbursement of these services is essential to maximizing the benefit to patients and the system at large."

– Taskforce on Telehealth Policy Findings and Recommendations, *September, 2020*

Five Options for Discussion

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5. **Parity for telemedicine, regardless of modality, with differentials allowed for providers that do not see patients in person.**

Next Steps

Meeting Schedule

Meeting Number	Meeting Date	Meeting Topics
5	October 22, 2020 10:00am – 12:00pm	Security, Privacy and Confidentiality
6	November 12, 2020 10:00am – 12:00pm	Performance Measurement
7	December 3, 2020 10:00am – 12:00pm	Review of Recommendations

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