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

OHIC Payment and Care Delivery Advisory Committee Telemedicine Subcommittee

AUGUST 27, 2020

Agenda

Welcome, Introductions and Background	10:00am – 10:20am
Review of Work Plan and Meeting Schedule	10:20am – 10:30am
Telemedicine Data Utilization Review	10:30am – 10:40am
Discussion of Telemedicine Coverage and Access Issues	10:40am – 11:45am
Public Comment	11:45am – 11:55am
Next Steps and Adjournment	11:55am – 12:00pm

Welcome, Introductions and Background

Telemedicine Allows the Safe Delivery of Care During the Pandemic

Expansion of Commercial, Medicaid and Medicare coverage was necessary to protect public health during COVID-19.

Telemedicine facilitated continuity of care, while reducing infection risk for providers and patients.

Greater adoption of telemedicine also enhances the provision of behavioral health care. It can lead to greater access and fewer missed appointments, and is beneficial for patients who may otherwise have felt stigmatized seeking in-person care.

Digital Divide Can Exacerbate Existing Disparities

Absence of Technology

In households headed by a person 65 and older:

- More than one in three do not have a desktop or a laptop.
- More than half do not have a smartphone device.

Digital Literacy

52 million Americans do not know how to use a computer properly.

Those who lack digital literacy tend to be older, less educated, and Black or Hispanic.

Reliable Internet Coverage

Rhode Island excels at the % of state residents with access to high-speed Internet coverage (98.5%)

It also excels at the % of Rhode Islanders with access to low-price plans (=<$60/mo)

Sources: (1) Velasquez, D and Mehrota, A. "Ensuring the Growth of Telehealth During COVID-19 Does Not Exacerbate Disparities in Care." *Health Affairs Blog*. May 8, 2020; (2) www.broadbandnow.com/Rhode-Island

COVID-19 has Permanently Changed the Landscape of Telemedicine

"The rapid explosion in the number of telehealth visits has transformed the health care delivery system, raising the question of whether returning to the status quo turns back the clock on innovation."

- CMS Administrator Seema Verma
July 15, 2020 Health Affairs Blog on the Early Impact of CMS Expansion of Medicare Telehealth During COVID-19

Rhode Island seeks to be forward-thinking about telemedicine policies.

While many new policies have been issued on an emergency temporary basis, it is imperative that we look at which policies should be made permanent going forward to ensure telemedicine is a convenient, cost-effective, accessible and equitable care option.

Thank you for your participation!

Introduction to Project Staff

OHIC, MEDICAID AND BHDDH STAFF

Marea Tumber
Principal Policy Associate
OHIC

Chantele Rotolo
Director of Quality Assurance and Behavioral Health
Medicaid

Olivia King
Behavioral Health IT Coordinator
BHDDH

SUPPORTING CONSULTANT STAFF

Megan Burns
Senior Consultant
Bailit Health

January Angeles
Senior Consultant
Bailit Health

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.
- There will also be a public comment period at the end of the meeting for remaining questions.
- 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.

Zoom Meeting Procedures

- We may use the “polling” function from time-to-time to facilitate getting feedback from a large and remote group.
- When we do, you’ll be prompted on your screen to answer a question.
- This function works on both mobile and desktop apps.

Background

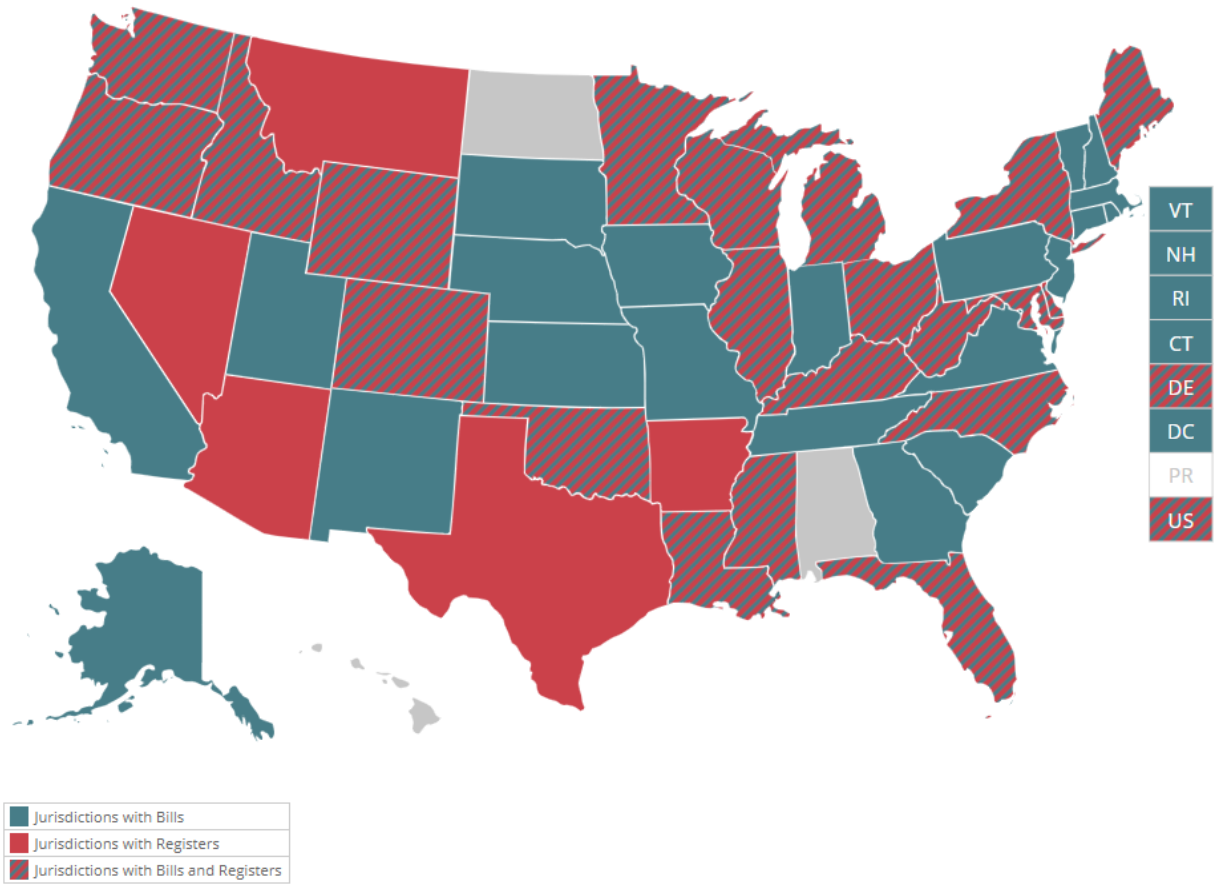
As a result of the COVID-19 pandemic, Governor Raimondo issued an Executive Order that temporarily suspended many telemedicine requirements and restrictions in Rhode Island's Telemedicine Act to facilitate the use of telemedicine to:

- Slow the transmission of COVID-19 to health care providers and patients
- Provide access to medically appropriate health care services to those quarantined or practicing social distancing

OHIC and Medicaid also issued bulletins and guidance with additional requirements

Telemedicine Policies are Changing Across the Country

- States have developed legislative bills and/or modified regulations to increase access to and use of telemedicine.
  - Some involve temporary provisions in response to COVID-19.
  - Others involve permanent changes.



Source: Center for Connected Health Policy 8/13/2020

Background

In addition to actions taken at the state level, CMS and private insurers have also made changes.

- HHS made many changes to its policies to allow Medicare, Medicaid, Indian Health Service and VA easier access to telemedicine through:
  - the CARES Act,
  - CMS Telehealth waivers,
  - HHS Office of Civil Rights guidance, and
  - HHS Office of Inspector General guidance.
- Locally, private payers implemented many policy changes to increase access and reduce patient cost sharing to telehealth as a result of increased regulatory flexibility and a need to support care access during the pandemic.

Background

In July, Governor Raimondo has requested a telemedicine budget article to be added to the FY 2021 budget to:

- Protect public health and mitigate exposure to and spread of COVID-19 while we await effective treatment and/or vaccine development; and
- Serve as a short-term experiment to provide the State with invaluable data information around telemedicine policies and practices, which will help inform best practices

The Telemedicine Executive Order has been extended in 30-day increments since March.

If passed, the legislation would give some predictability to patients and providers until it sunsets on June 30, 2021.

Telemedicine Advisory Group Goals

The goal for this group is to develop consensus recommendations to present to Commissioner Ganim about:

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

Reminder:

Advisory Group membership is open to the public and an invitation is not required to participate.

Please contact Marea Tumber at: Marea.Tumber@ohic.ri.gov if you did not receive an invitation to the meeting and would like to be added to the distribution list.

Review of Work Plan

Framework for the Advisory Group

1. We will review all of the temporary telemedicine policies that have been established by:
   - Executive Order
   - OHIC Guidance
   - Medicaid Guidance
2. We will also review those policies introduced in the Telemedicine Budget Article, regardless of its outcome.
3. We will also review certain known barriers to telemedicine access, to determine whether additional policies are warranted.
   - For example, considerations for health care equity and disparities.

Framework: Four Issue Areas

Coverage and Access

Increasing the coverage of telemedicine services and removing barriers to access.

Payment and Program Integrity

Payment parity and safeguards against waste fraud and abuse.

Security, Privacy and Confidentiality

Security, privacy and confidentiality of telemedicine.

Performance Measurement

Ways to measure quality, outcomes and the cost of telemedicine now and in the future.

For each of these issue areas we will:

- Review existing legislation, temporary emergency policies, and language in the budget article;
- Work, including legislation, in other states; and
- Develop recommendations on a permanent policy

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, using the Zoom meeting protocols previously reviewed.

We will use the polling function to determine participants' opinion on an issue after the group discussion.

When a clear majority opinion cannot be established, project staff will include a discussion of both sides of the argument in the final report.

- The report will also make note if there is a clear majority opinion, but one stakeholder group is concentrated in the minority.

Meeting Schedule

Coverage and Access
Meetings 1 and 2

Payment and Program Integrity
Meetings 3 and 4

Security, Privacy and Confidentiality
Meetings 5

Performance Measurement
Meeting 6

Review of Recommendations
Meeting 7

We will cover these topics over four months.

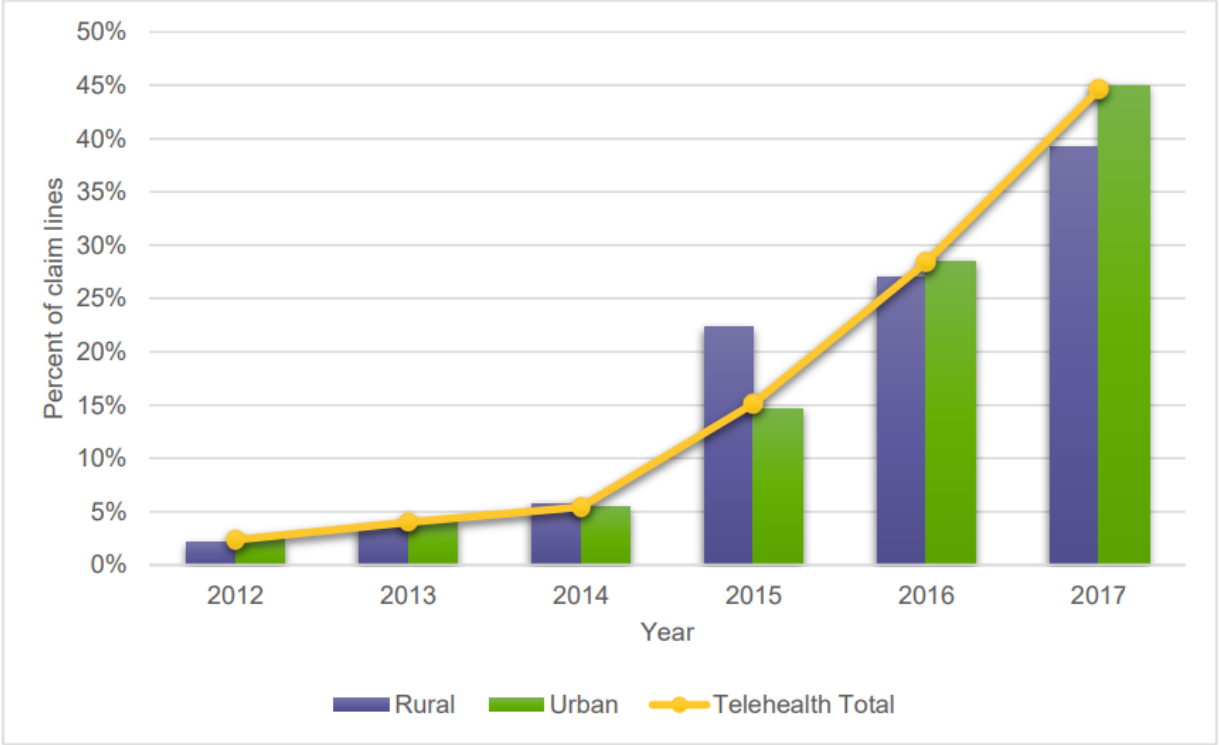
We plan to have two meetings in September and October, and one meeting each in November and December.

Our goal is to have recommendations finalized at the December meeting.

Telemedicine Utilization Data Review

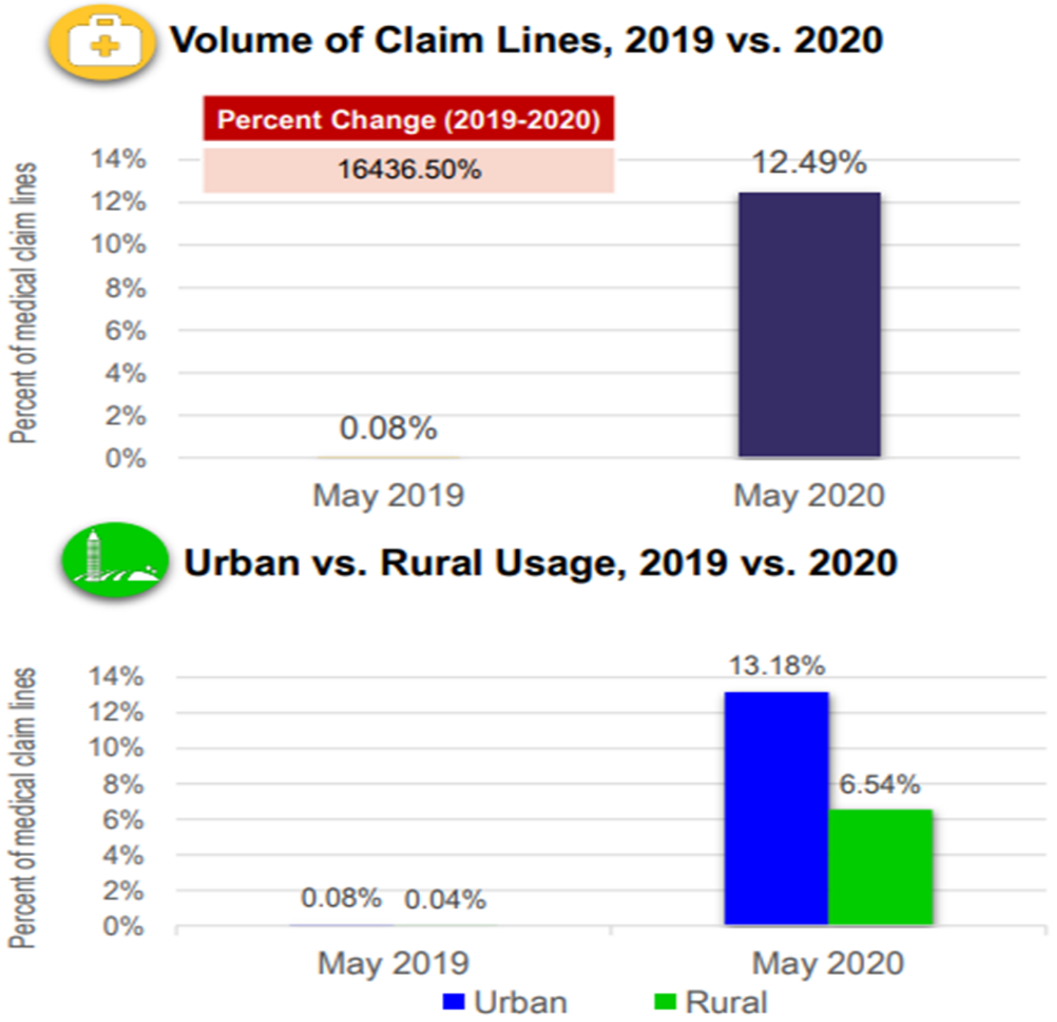
There Has Been Rapid Growth in the Use of Telemedicine in the Last Five Years

Percent of Claim Lines with Telehealth Usage by Rural, Urban and National Settings, 2012-2017



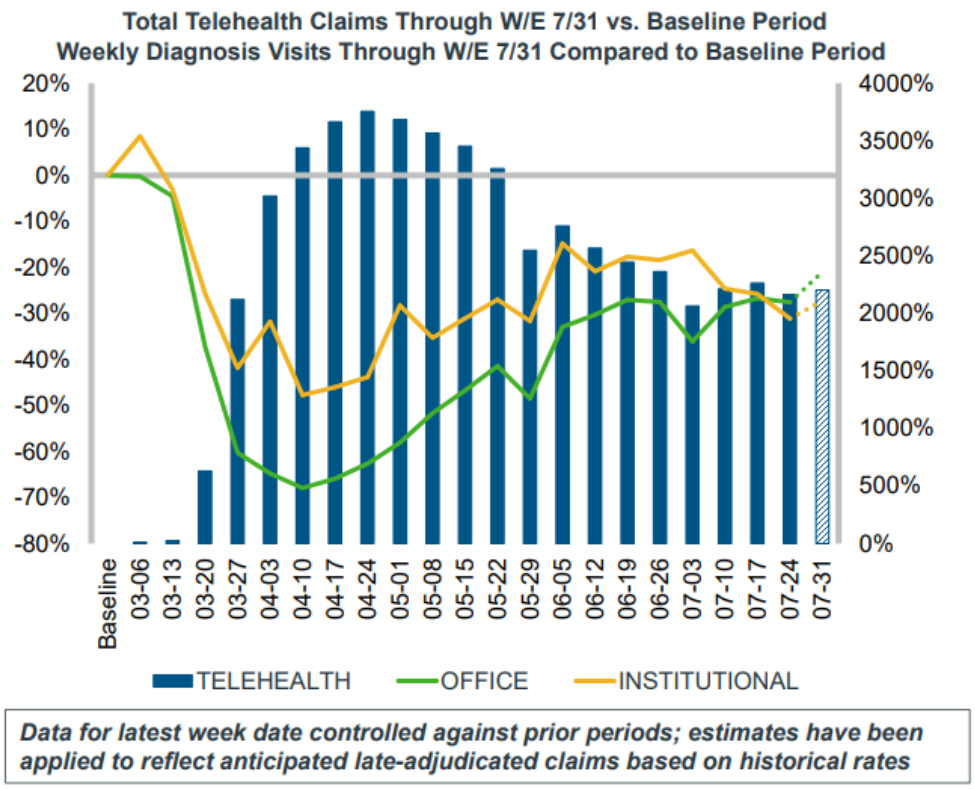
SOURCE: FAIR Health. "FH Healthcare Indicators and FH Medical Price Index 2019: An Annual View of Place of Service Trends and Medical Pricing," White Paper, April 2019.

As a Result of COVID-19, Telehealth in the Northeast Increased Significantly as a Percentage of Medical Claims

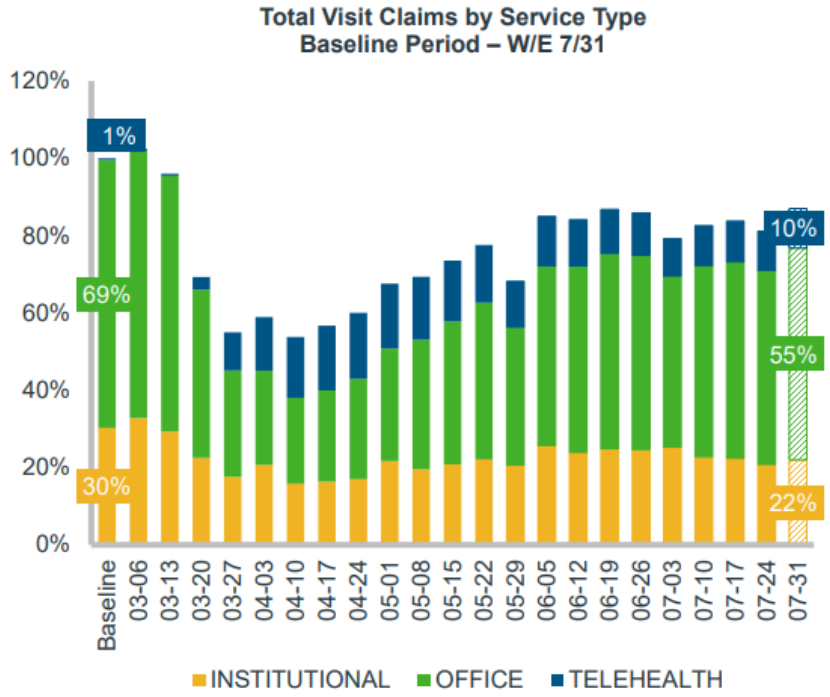


SOURCE: FAIRHealth. "Monthly Telehealth Regional Tracker, Northeast," May 2020.

Telehealth Visits Have Declined from their Peak but Remain Above the Pre-Pandemic Baseline



Data for latest week date controlled against prior periods; estimates have been applied to reflect anticipated late-adjudicated claims based on historical rates



SOURCE: IQVIA. "Monitoring the Impact of COVID-19 on the Pharmaceutical Market," August 14, 2020.

Patients with Mental Health Conditions Are a Significant Portion of Those Who Use Telehealth –

Both Pre and During Pandemic

Top Five Procedure Codes by Utilization, 2019 vs. 2020

In order from most to least common

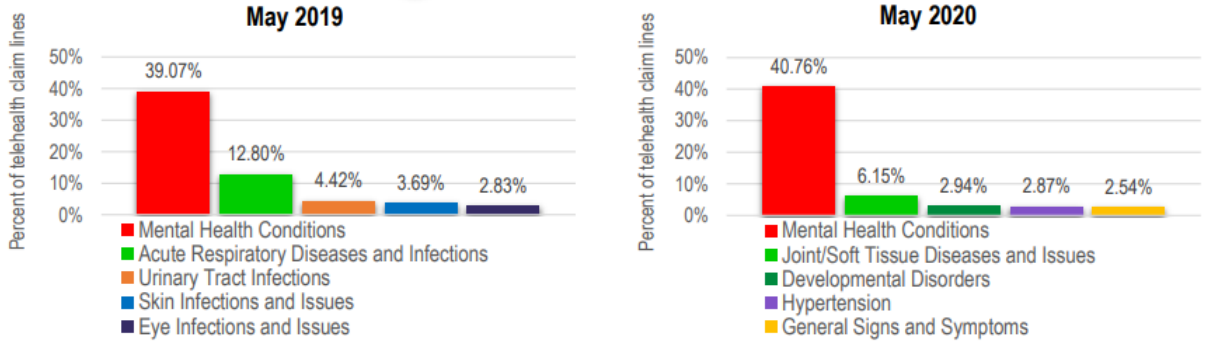
May 2019

CPT®/HCPCS	DESCRIPTION
99444*	PHYSICIAN OR HEALTHCARE PROFESSIONAL EVALUATION AND MANAGEMENT OF PATIENT CARE BY INTERNET (EMAIL) RELATED TO VISIT WITHIN PREVIOUS 7 DAYS
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
99201	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES
90834	PSYCHOTHERAPY, 45 MINUTES
99441	PHYSICIAN TELEPHONE PATIENT SERVICE, 5-10 MINUTES OF MEDICAL DISCUSSION

May 2020

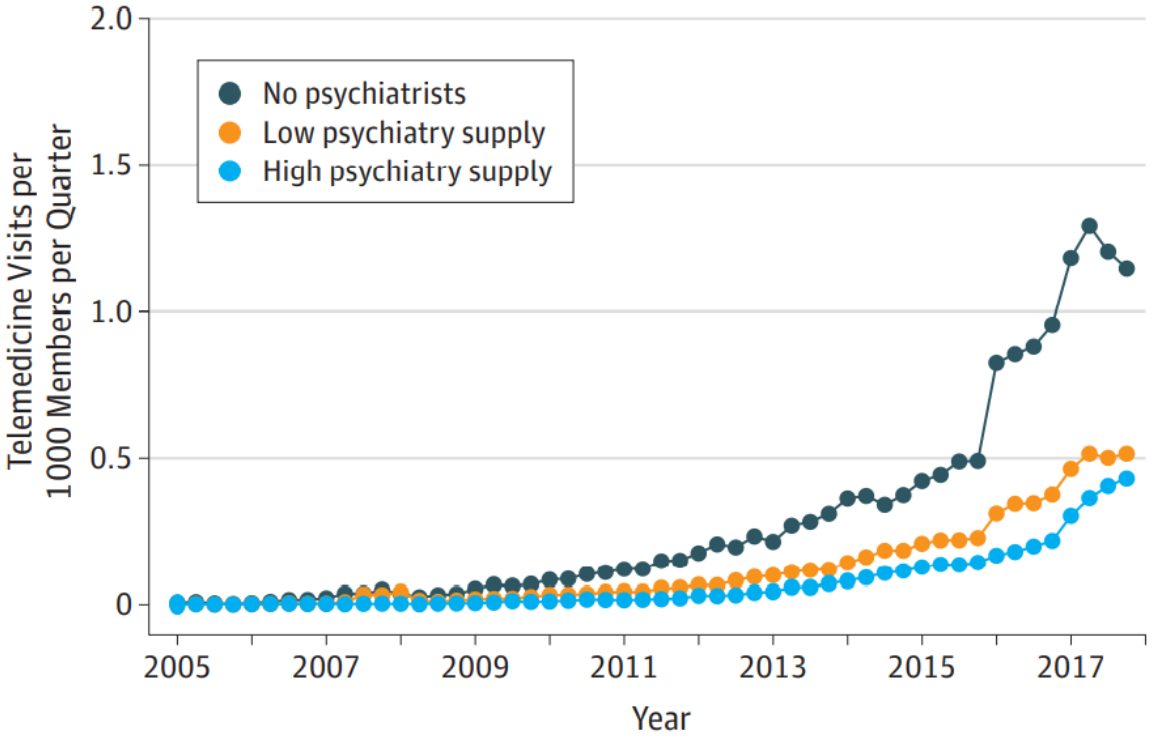
CPT®/HCPCS	DESCRIPTION
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 25 MINUTES
90834	PSYCHOTHERAPY, 45 MINUTES
90837	PSYCHOTHERAPY, 60 MINUTES
99442	PHYSICIAN TELEPHONE PATIENT SERVICE, 11-20 MINUTES OF MEDICAL DISCUSSION

Top Five Diagnoses, 2019 vs. 2020



SOURCE: FAIRHealth. "Monthly Telehealth Regional Tracker, Northeast," May 2020.

Four out of Five Counties in RI are Designated Health Professional Shortage Areas for Mental Health – Telemental Health Can Fill Critical Gap in Areas with Psychiatrist Shortages



SOURCE: M Barnett, KN Ray, J Souza and A Mehrotra. "Trends in Telemedicine Use in a Large Commercially Insured Population 2005-2007," JAMA Research Letter, Volume 320, Number 20, November 27, 2018.

Coverage and Access

Coverage and Access

1. Use of audio-only telemedicine
2. Cost-sharing for telemedicine relative to in-person care
3. Removal of limitations on patient location
4. Prior authorization requirements
5. Considerations for health equity and health care disparities

Coverage and Access

Question: Whether to allow the use of audio-only telemedicine permanently

RIGL § 27-81

"Telemedicine does not include an audio-only telephone conversation…."

Allowance of audio-only telemedicine was granted to facilitate access to services for individuals with low technology-literacy, or who do not have broadband access or access to video technology.

Most states have allowed telemedicine to be delivered through audio-only communications for the COVID-19 emergency.[1]

[1] Center for Connected Health Policy, "COVID-19 Related State Actions," https://www.cchpca.org/resources/covid-19-related-state-actions, accessed August 4, 2020.

Coverage and Access

Question: Whether to allow the use of audio-only telemedicine permanently

New York recently passed S.8416/A.10404 allowing audio-only telephone communication to be considered as part of telehealth services covered by Medicaid and CHIP:

- "Telehealth shall not include delivery of health care services by means of [~~audio-only telephone communication,~~] facsimile machines, or electronic messaging alone."

New Hampshire recently passed HB 1623 amending existing telemedicine definition for use by to include audio-only:

- ""Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. [~~"Telemedicine" shall not include the use of audio-only telephone or facsimile.~~]"

Coverage and Access

Question: Whether to allow the use of audio-only telemedicine permanently

If passed, New Jersey S2559 would revise existing telemedicine requirements for private payers and Medicaid to state that:

- "In no case shall a carrier: (2) restrict the ability of a provider to use any electronic or technological platform, including interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology without video capabilities, to provide services using telemedicine or telehealth that: (a) allows the provider to meet the same standard of care as would be provided if the services were provided in person; an (b) is compliant with the requirements of the federal health privacy rule set forth at 45 CFR Parts 160 and 164."

Coverage and Access

Question: Whether to allow the use of audio-only telemedicine permanently

PROS

- Some types of visits, such as behavioral health counseling, do not necessarily need a visual component.
- Increases access to certain services for:
  - the elderly who may not have the technological literacy for audio-visual communications;
  - low-income populations and those with unstable housing who may not have devices with video capability; and
  - underserved populations and those residing in more rural areas of the state that don't have reliable internet access.

CONS

- There are concerns that information that can be gathered through a telephone consultation is more limited, which impacts the quality of care provided.
- Audio-only communications are not suitable for certain types of visits.
- Could result in the increase of low-value care.

Coverage and Access

Question: Whether to allow the use of audio-only telemedicine permanently

Discussion

Coverage and Access

Question: Whether to allow the use of audio-only telemedicine permanently

Does the Advisory Group support audio-only communications being included in the definition of telemedicine?

- ❑ Support
- ❑ Do not support
- ❑ Support with facilitator's summarized revisions

Coverage and Access

Question: Whether to require cost-sharing for telemedicine to not be in excess of cost-sharing for in-person

Budget Article 20-H-7171

"Through June 30, 2021, benefit plans offered by a health insurer shall not impose a deductible, copayment, or coinsurance for a service delivered through telemedicine in excess of what would normally be charged for the same service when performed in person."

Current law does not specifically address cost-sharing for telemedicine services, and the Executive Order is silent on the issue.

However, insurers have voluntarily waived cost-sharing for in-network telemedicine services during the COVID-19 emergency to ensure that members get the care they need.

Research has shown that cost-sharing reduces demand for clinically important services, generally.[1]

[1] Newhouse JP, Archibald RW, Bailit HL, et al. *Free for All? Lessons From the RAND Health Insurance Experiment*. Cambridge, MA: Harvard University Press; 1993

Coverage and Access

Question: Whether to require cost-sharing for telemedicine to not be in excess of cost-sharing for in-person

Maine statute allows private payers to have cost-sharing requirements for telemedicine so long as they don't exceed cost-sharing requirements for comparable services provided in-person:

- "If an enrollee is eligible for coverage and the delivery of the health care service through telehealth is medically appropriate, a carrier may not deny coverage for telehealth services. A carrier may offer a health plan containing a provision for a deductible, copayment or coinsurance requirement for a health care service provided through telehealth as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to a comparable service provided through in-person consultation."

Coverage and Access

Question: Whether to require cost-sharing for telemedicine to not be in excess of cost-sharing for in-person

PROS

- Does not provide a financial disincentive for patients to seek in-person care when telemedicine could be an option.
- If cost sharing for telemedicine is equal to in person, it removes financial incentive for patient to seek one modality over the other.

CONS

- If cost sharing for telemedicine is less than in person care, it may reduce incentives for patients to seek an in-person visit when such a visit would result in better care.

Coverage and Access

Question: Whether to require cost-sharing for telemedicine to not be in excess of cost-sharing for in-person

Discussion

Coverage and Access

Question: Whether to require cost-sharing for telemedicine to not be in excess of cost-sharing for in-person

Does the Advisory Group support cost-sharing for telemedicine to not exceed of cost-sharing for in-person care?

- ❑ Support
- ❑ Do not support
- ❑ Support with facilitator's summarized revisions

Coverage and Access

Question: Whether to remove restrictions on patient location

RIGL § 27-81-3(9)

"Originating site means a site at which a patient is located at the time health care services are provided to them by means of telemedicine…"

Enforcement of requirements or limitations based on the site at which the patient is located at the time services are delivered by telemedicine have been temporarily suspended, which allows patients to access telemedicine services from any location, including from home.

Current law allows the home to be an originating site where medically appropriate and does not limit originating sites to rural areas or facilities. However, language in the law leaves room for insurers to impose originating site restrictions via the terms of conditions of the insurer's telemedicine agreement.

Thirteen states have permanent policies that explicitly allow the home as an eligible originating site in their Medicaid policies under certain conditions (e.g., only for certain specialties such as mental health).[1]

[1] Center for Connected Health Policy, "State Telehealth Laws & Reimbursement Policies," Fall 2018.

Question: Whether to remove restrictions on patient location

Massachusetts Medicaid Provider Bulletin 281 places no restrictions on originating site for behavioral health services:

- "Originating site is the location of the member at the time the service is being provided. There are no geographic or facility restrictions on originating sites."

Michigan's Governor approved HB 5416 on June 24, 2020 which amends the Medicaid originating site definition to include home and school settings:

- "Sec. 105h. (1) Beginning October 1, 2020, telemedicine services are covered under the medical assistance program and Healthy Michigan program if the originating site is an in-home or in-school setting, in addition to any other originating site allowed in the Medicaid provider manual or any established site considered appropriate by the provider."

Coverage and Access

Question: Whether to remove restrictions on patient location

Vermont 8 V.S.A. § 4100k uses a broad definition of originating site for private payers and Medicaid :

- “(5) "Originating site" means the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including a health care provider's office, a hospital, or a health care facility, or the patient's home or another nonmedical environment such as a school-based health center, a university-based health center, or the patient's workplace.”

Coverage and Access

Question: Whether to remove restrictions on patient location

PROS

- Allows patients to access care via telemedicine from their homes or at other locations (e.g., RI students in other states).
- Increases access to care, particularly to those who are homebound.
- Allows those who do not have a permanent home to also access telemedicine services.

CONS

- Depending on the care sought, some locations may not be clinically appropriate for the provision of care.
- May increase privacy and confidentiality risks.

Coverage and Access

Question: Whether to remove restrictions on patient location

Discussion

Coverage and Access

Question: Whether to remove restrictions on patient location

Does the Advisory Group support removing restrictions on “originating site” for telemedicine visits?

- ❑ Support
- ❑ Do not support
- ❑ Support with facilitator’s summarized revisions

Public Comment

Next Steps

Future Meetings

Meeting Number	Meeting Date	Meeting Topics
2	September 10, 2020 10:00am – 12:00pm	Coverage and Access (cont'd)
3	September 24, 2020 10:00am – 12:00pm	Payment and Program Integrity
4	October 8, 2020 10:00am – 12:00pm	Payment and Program Integrity
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

Contact Information

Marea Tumber
Marea.Tumber@ohic.ri.gov

Chantele Rotolo
Chantele.Rotolo@ohhs.ri.gov

Olivia King
Olivia.King@bhddh.ri.gov

Megan Burns
mburns@bailit-health.com

January Angeles
jangeles@bailit-health.com