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

# OHIC Payment and Care Delivery Advisory Committee Telemedicine Subcommittee

SEPTEMBER 10, 2020

# Agenda

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|---|---|
| Welcome and Introductions | 10:00am – 10:05am |
| Review of Telemedicine Advisory Group's Goals, Framework, and Meeting Procedures | 10:05am – 10:15am |
| Discussion of and Public Comment on Telemedicine Coverage and Access Issues (Continued) | 10:15am – 11:15am |
| Discussion of and Public Comment on Telemedicine Payment and Program Integrity Issues | 11:15am – 11:55am |
| Next Steps and Adjournment | 11:55am – 12:00pm |

# Review of Telemedicine Advisory Group's Goals

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

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

Thank you for your participation!

# Telemedicine Advisory Group Goals

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

- 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:

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.

# 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.

We will cover these topics over four months.

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

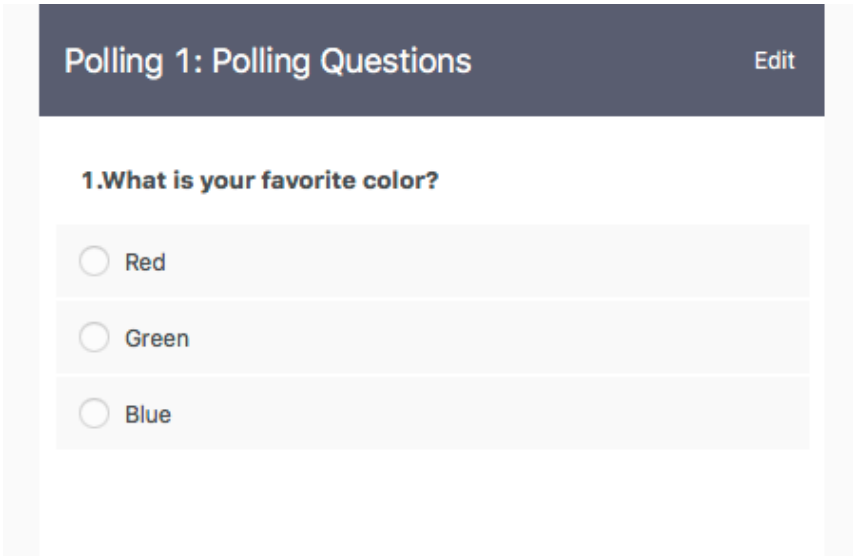
# Reminder of Zoom Meeting Procedures

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.
- 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.

# Zoom Meeting Procedures

- We will 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.



# Discussion of and Public Comment on Telemedicine Coverage and Access Issues

# 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. **Considerations for health equity and health care disparities**
5. **Prior authorization requirements**

# Coverage and Access

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

While greater adoption of telemedicine can increase access to care, without proper supports it can also exacerbate disparities in care that already exist.

In particular, the following populations who have limited digital literacy or access to appropriate technology or supports are at risk of not being able to access telemedicine services:

- older adults
- racial/ethnic minority populations
- low-income individuals and those with unstable housing
- individuals with limited English proficiency
- individuals with deafness or hearing loss

Some providers report that they are already seeing early signs of disparities in access to care delivered through telemedicine.[1]

[1] S Nouri, EC Khoong, C Lyles and L Karliner, "Addressing Equity in Telemedicine for Chronic Disease Management During the COVID-19 Pandemic," NEJM Catalyst Commentary, May 4, 2020.

# Coverage and Access

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

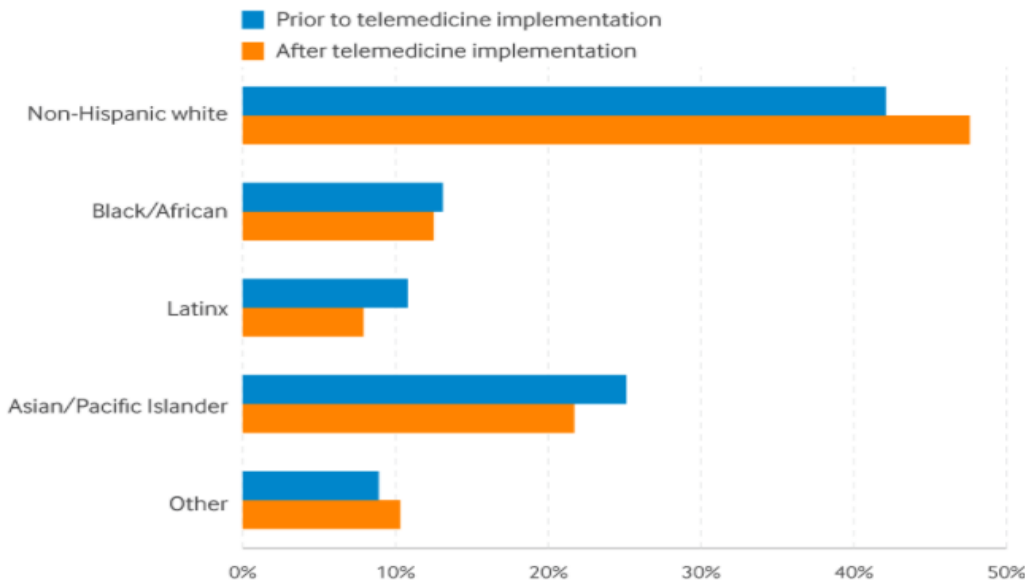
Some challenges in delivering telemedicine to these populations include:

- Lack of reliable access to internet and other equipment (e.g., smart phone or tablet with cellular data) needed for telemedicine visits
- Digital/technological literacy issues
- Lack of instruction in multiple languages on how to use technology platforms
- Lack of communicating to patients in multiple languages on telemedicine policies and practices
- Technological and scheduling complexities of looping in a third party to interpret/ translate
- If audio-only visits are allowed, ensuring that there are enough providers who also develop the video capability to accommodate individuals with deafness or hearing loss who need to rely on visual cues and sign language interpreters

# Coverage and Access

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

**Patient Visits by Race/Ethnicity Before and After Telemedicine Scale-Up**




- The proportion of visits attributed to Non-Hispanic White, and Other patients increased after telemedicine scale-up, but decreased for African Americans, Latinx and Asians.

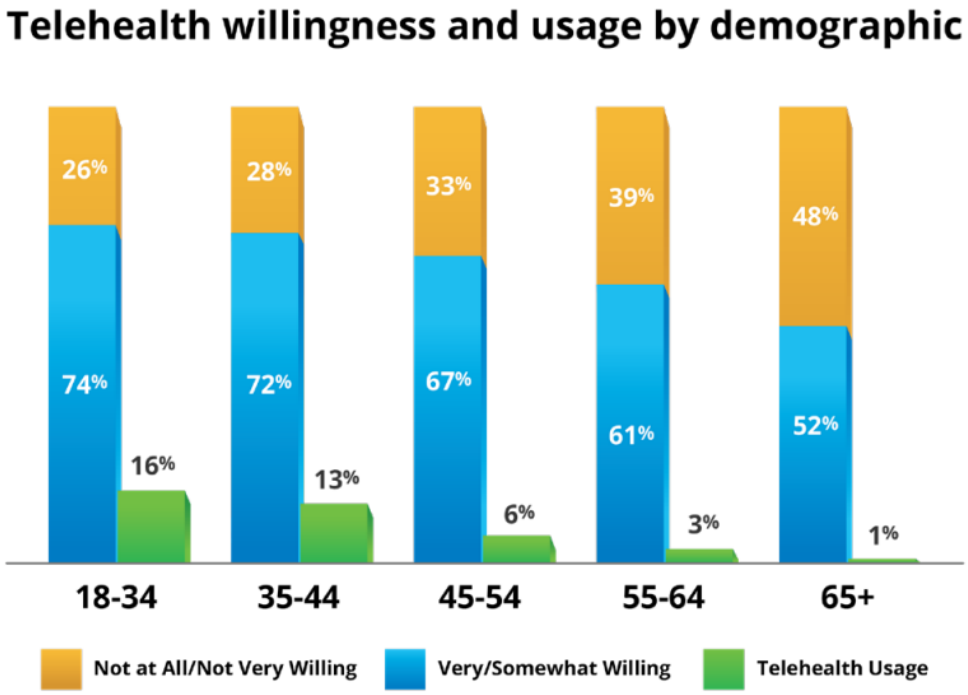
SOURCES: Nouri et al, "Addressing Equity in Telemedicine for Chronic Disease Management During the Covid-19 Pandemic," NEJM Catalyst Commentary, May 4, 2020.

# Coverage and Access

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

## Willingness to use telehealth and actual usage of telehealth declines by age

- 74% of 18-34 year olds are very/somewhat willing to use telehealth compared to 52% of people 65 years and older
- Only 3% of 55-64 year olds and 1% of the elderly have used telehealth services



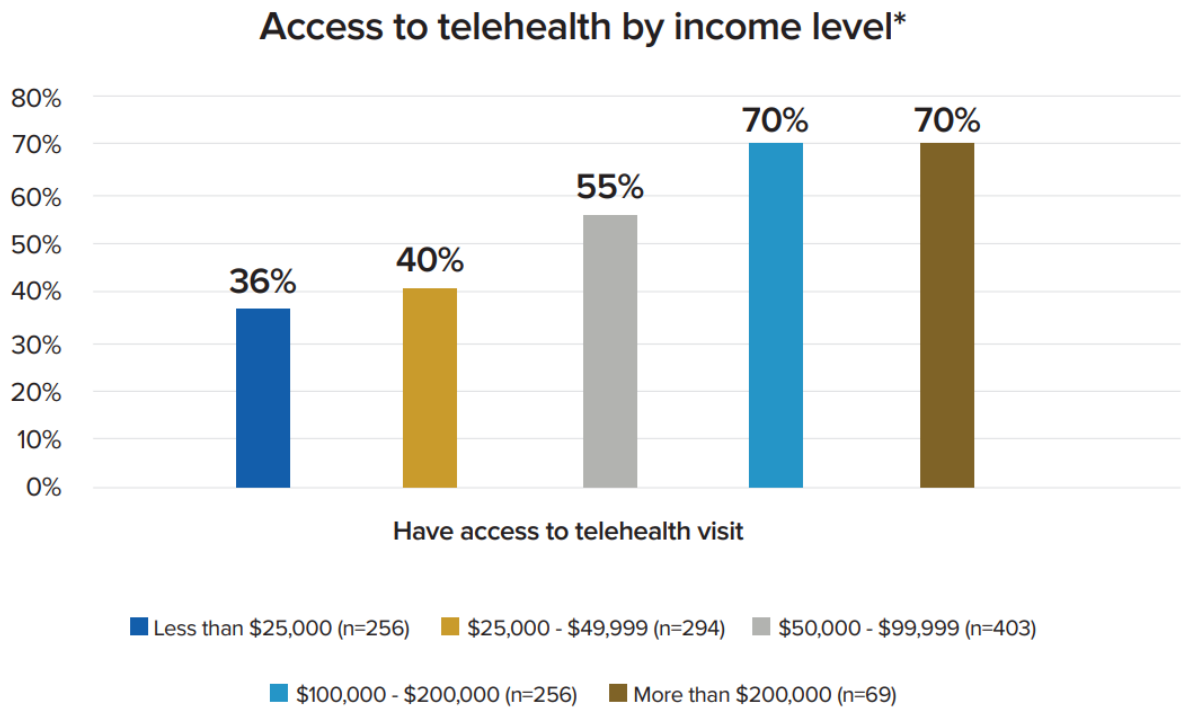

SOURCE: American Well, "Telehealth Index: 2019 Consumer Survey," 2019.

# Coverage and Access

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

## Higher income individuals were more likely to have access to telehealth services

- Only 36% of respondents who make less than $25k had access to a telehealth visit
- 70% of respondents with incomes above 100,000 had access to a telehealth visit



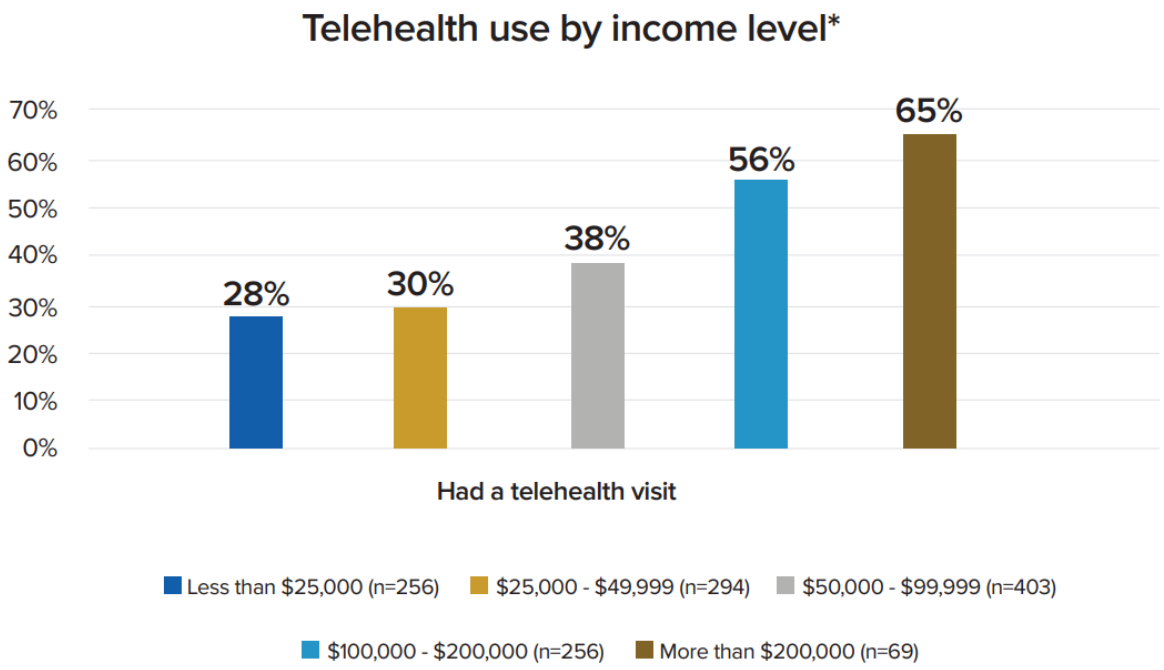

SOURCE: Sage Growth/Blackbook Research, "As the Country Reopens Safety Concerns Rise," May 11, 2020.

# Coverage and Access

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

## Higher income individuals were more likely to use telehealth services

- Only 28% of respondents making less than $25k had a telehealth visit.
- 56% of people who earn $110k to $200k and 65% of those making over $200k have used telehealth services




SOURCE: Sage Growth/Blackbook Research, "As the Country Reopens Safety Concerns Rise," May 11, 2020.

# Coverage and Access

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

Oregon has filed legislation to make emergency telemedicine policies permanent, including the explicit Medicaid program requirement:

- "Providers shall ensure access to health care services for limited English proficient (LEP) and deaf and hard of hearing patients and their families through the use of qualified and certified health care interpreters to provide meaningful language access services as described in OAR 333-002-0040."

In response to COVID-19 through executive order, North Carolina's June 24, 2020 executive order established a two-year Andrea Harris Social, Economic, Environmental, and Health Equity Task Force. One of its duties is to:

- "Monitor and report best practices to increase access to telehealth and broadband internet based medical treatment"

## Coverage and Access

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

Going forward, as we discuss specific topics, we will apply a health equity and disparities lens and ask how the potential recommendation(s) might mitigate or exacerbate disparities in care, with the goal to develop recommendations that may help mitigate, but certainly do not exacerbate disparities.

However, we also want your feedback specific actions OHIC and Medicaid can make to leverage telemedicine to promote health equity and reduce disparities in care.

# Coverage and Access

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

What other health equity considerations exist for telemedicine?

What steps does the Advisory Group wish to recommend to better support telemedicine use for:

- Patient subgroups with known digital literacy issues and lack of access to telemedicine technology and equipment?
- Patients with limited English proficiency or who are deaf or hard of hearing?

Based on the conversation we have today, project staff will compile the ideas and work with OHIC and Medicaid to identify specific actions.

## Coverage and Access

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

# Discussion

## Coverage and Access

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

### Budget Article 20-H-7171

"Through June 30, 2021… no more stringent medical or benefit determination and utilization review requirements shall be imposed on any telemedicine service than is imposed upon the same service when performed in-person."

Insurers require prior authorization for certain procedures, tests, or medications to evaluate medical necessity/appropriateness and ensure that the most cost-effective treatments are being used.

The Telemedicine Coverage Act does not specifically address prior authorization requirements for telemedicine compared to in-person visits.

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.

## Coverage and Access

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

### Budget Article 20-H-7171

"Through June 30, 2021… no more stringent medical or benefit determination and utilization review requirements shall be imposed on any telemedicine service than is imposed upon the same service when performed in-person."

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.*

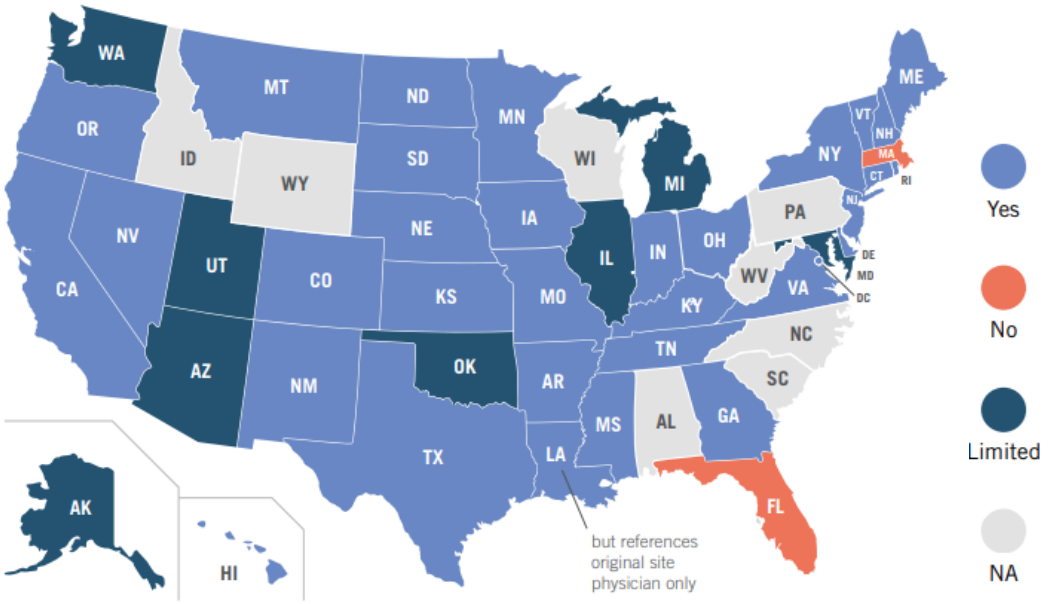
The Telemedicine budget article does not address prior authorization requirements starting July 1, 2021.

# Coverage and Access

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

The issue of prior authorization for telemedicine services is lumped under the broader category of "coverage parity," which would require telemedicine services to be covered if it would be a covered service if provided in person.

Coverage Provisions in State Laws




Source: N Lacktman, JN Acosta and SJ Levine, "50-State Survey of Telehealth Commercial Payer Statutes," December 2019.

# Coverage and Access

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

## Pre-Pandemic Policies Around Prior Authorization for Telemedicine Services

### PRIVATE PAYER

- Kentucky, Maine, and Nevada require that the same utilization review and prior authorization requirements be applied to telemedicine and in-person services
- Arkansas requires that prior authorization for telemedicine services not exceed prior authorization requirements for in-person care
- Arkansas and Virginia specifically prohibit prior authorization for telemedicine services associated with emergency care (AR, VA)

### MEDICAID

- Kentucky and Nevada require that telehealth services follow the same prior authorization requirements as services provided in person.
- Indiana requires prior authorization for all telehealth services.
- Nebraska, Wisconsin specifically require prior authorization for out-of-state telehealth services

# Coverage and Access

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

In response to the COVID-19 pandemic:

- Some states required prior authorizations to be waived for COVID-19 services (e.g., MA, IL, NM)
- NJ prohibits the use of prior authorization requirements on medically necessary treatment delivered via telemedicine or telehealth (e.g., NJ)
- NC waived prior authorizations for a certain set of services (e.g., NC)
- Other states have required prior authorization requirements to be consistent with those for in person care, but does not require them to be waived (e.g., ME, IL).

Source: American Medical Association. https://www.ama-assn.org/system/files/2020-04/telemedicine-state-orders-directives-chart.pdf

# Coverage and Access

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

## PROS

- Restricts the ability to use prior authorization as a way to not cover telemedicine services.
- Preserves some insurer flexibility to relax prior authorization rules for telemedicine relative to in-person care to promote greater utilization.

## CONS

- For areas of care that may be more susceptible to fraud, waste and abuse if provided through telemedicine, this provision would limit the mitigation tools available to insurers.
- Leaves the potential to steer patients toward telemedicine vs in-person care solely to avoid prior authorization requirements.

**Do you have any additional pros or cons?**

## Coverage and Access

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

# Discussion

## Coverage and Access

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

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

# Discussion of and Public Comment on Telemedicine Payment and Program Integrity Issues

# Payment and Program Integrity

# Payment and Program Integrity

1. Specifically prohibit restrictions on the services that can be provided through telemedicine
2. Payment parity between telemedicine and in-person visits

## Payment and Program Integrity

Question: Whether to specifically prohibit restrictions on provider types eligible for reimbursement of medically necessary and clinically appropriate telemedicine services

### RIGL § 27-81

"A health insurer shall not exclude a health care service for coverage solely because …[it] is provided through telemedicine… so long as such health care services are medically appropriate to be provided through telemedicine and as may be *subject to the terms and conditions of a telemedicine agreement* between the insurer and the participating health care provider or provider group."

Rhode Island General Law has broad language requiring coverage of medically appropriate telemedicine services, and does not restrict the provider types that could be reimbursed for telemedicine. However, some payers do.

Language in state statute that defers to the terms and conditions of agreements in place between parties would still allow for restrictions on the types of services provided through telemedicine, and therefore the types of providers who can get reimbursed for telemedicine.

## Payment and Program Integrity

Question: Whether to specifically prohibit restrictions on provider types eligible for reimbursement of medically necessary and clinically appropriate telemedicine services

### RIGL § 27-81

"A health insurer shall not exclude a health care service for coverage solely because …[it] is provided through telemedicine… so long as such health care services are medically appropriate to be provided through telemedicine and as may be *subject to the terms and conditions of a telemedicine agreement* between the insurer and the participating health care provider or provider group."

OHIC guidance in support of Executive Order 20-06 requires insurers to permit all in-network providers to deliver clinically appropriate, medically necessary covered health services via telemedicine, including those traditionally excluded from telemedicine coverage policies such as occupational, physical and speech language pathology therapists.

If passed, the Telemedicine budget article would remove the ability to restrict the services and providers eligible for telemedicine reimbursement based on the conditions of telemedicine agreement between parties *until June 30, 2021*, but reinstate it afterwards.

## Payment and Program Integrity

Question: Whether to specifically prohibit restrictions on provider types eligible for reimbursement of medically necessary and clinically appropriate telemedicine services

### RIGL § 27-81

"A health insurer shall not exclude a health care service for coverage solely because …[it] is provided through telemedicine… so long as such health care services are medically appropriate to be provided through telemedicine and as may be *subject to the terms and conditions of a telemedicine agreement* between the insurer and the participating health care provider or provider group."

The question we are dealing with here is whether to specifically prohibit restrictions on provider types eligible for reimbursement of medically necessary and clinically appropriate telemedicine services beyond June 30, 2021 (if the Budget Article passes).

This is not trying to change scope of practice requirements for telemedicine providers.

Telemedicine providers would still need to adhere with licensing and scope of practice requirements as defined by RIDOH.

# Payment and Program Integrity

Question: Whether to specifically prohibit restrictions on provider types eligible for reimbursement of medically necessary and clinically appropriate telemedicine services

Plans that have restricted providers eligible for telemedicine reimbursement typically reimburse the following providers, in accordance with CMS requirements for Medicare:

- Physician
- Nurse practitioner
- Nurse midwife
- Certified Registered Nurse Anesthetist
- Clinical nurse specialist
- Clinical psychologist
- Clinical social worker
- Registered dietitian or nutrition professional

Question: Whether to specifically prohibit restrictions on provider types eligible for reimbursement of medically necessary and clinically appropriate telemedicine services

## AS OF 2019, EIGHT OF THE MORE COMMON TELEHEALTH PROVIDER TYPES INCLUDE:

1. Physician
2. Physician assistant
3. Nurse practitioner
4. Licensed mental health professional
5. Occupational therapist
6. Physical therapist
7. Psychologist
8. Dentist

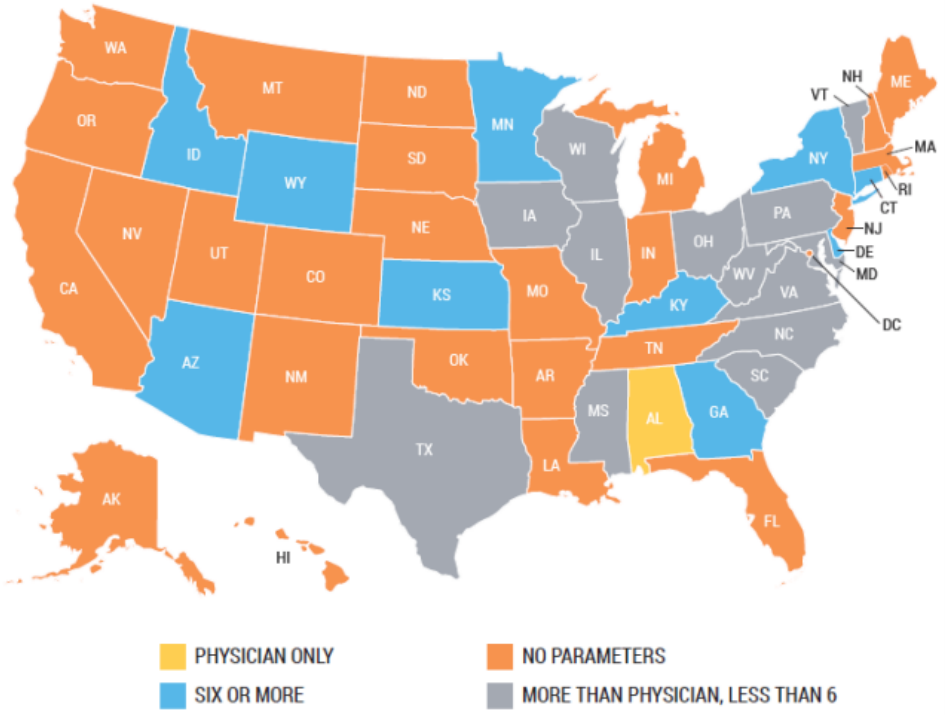
SOURCE: American Telemedicine Association, "2019 State of the States: Coverage and Reimbursement," July 18, 2019

# Payment and Program Integrity

Question: Whether to specifically prohibit restrictions on provider types eligible for reimbursement of medically necessary and clinically appropriate telemedicine services

As of 2019:

- 26 states and DC did not have restrictions around eligible provider types (Rhode Island is among these states)
- 10 states authorized six or more provider types




SOURCE: American Telemedicine Association, "2019 State of the States: Coverage and Reimbursement," July 18, 2019.

# Payment and Program Integrity

Question: Whether to specifically prohibit restrictions on provider types eligible for reimbursement of medically necessary and clinically appropriate telemedicine services

## PROS

- Allowing more providers to obtain reimbursement for telemedicine services would increase access to care.
- Decisions to cover services and providers through telemedicine would be based more on medical necessity and clinical appropriateness criteria.

## CONS

- Removes some insurer flexibility to make certain coverage and reimbursement decisions for telemedicine.

**Do you have any additional pros or cons?**

## Payment and Program Integrity

Question: Whether to specifically prohibit restrictions on provider types eligible for reimbursement of medically necessary and clinically appropriate telemedicine services

# Discussion

## Payment and Program Integrity

Question: Whether to specifically prohibit restrictions on provider types eligible for reimbursement of medically necessary and clinically appropriate telemedicine services

Does the Advisory Group support specifically prohibiting restrictions on provider types eligible for reimbursement of medically necessary and clinically appropriate telemedicine services?

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

## Payment and Program Integrity

Question: Whether to require reimbursement at rates not lower than the reimbursement rates for the same services delivered in-person

### Budget Article 20-H-7171

"Through June 30, 2021, medically appropriate telemedicine services delivered by in-network providers shall be reimbursed at rates not lower than the reimbursement rates for the same services delivered through traditional (in-person) methods."

Rhode Island General Law requires coverage of medically appropriate telemedicine services.

However, it does not specifically address the rate of reimbursement as compared to in-person services.

OHIC guidance in support of Executive Order 20-06 requires insurers to reimburse in-network providers for telemedicine services at least at the rate of reimbursement for the services when delivered in person.

The Telemedicine budget article, if passed, would require payment parity through June 2021.

## Payment and Program Integrity

Question: Whether to require reimbursement at rates not lower than the reimbursement rates for the same services delivered in-person

### Budget Article 20-H-7171

"Through June 30, 2021, medically appropriate telemedicine services delivered by in-network providers shall be reimbursed at rates not lower than the reimbursement rates for the same services delivered through traditional (in-person) methods."

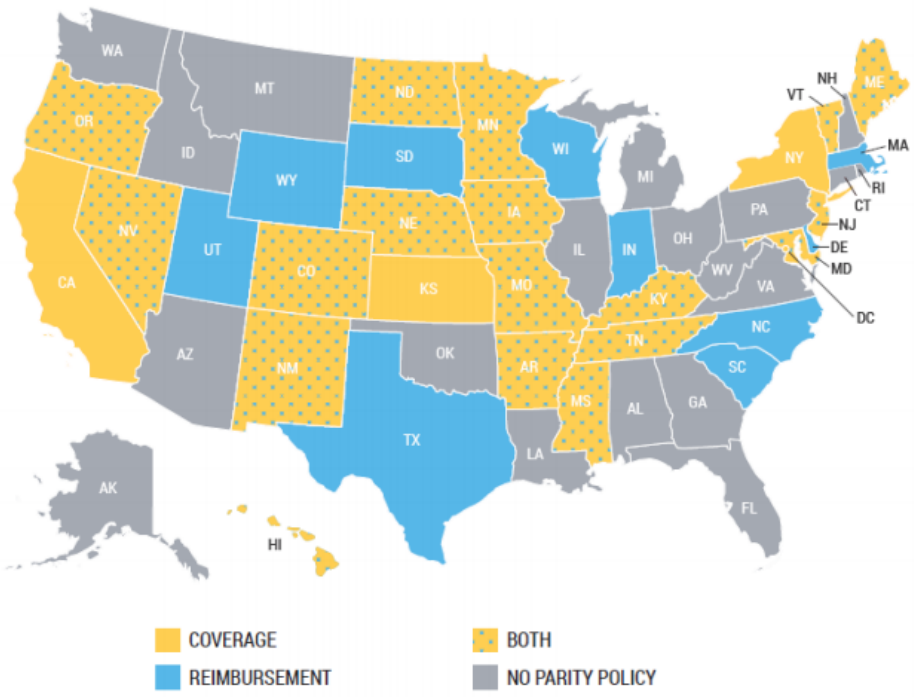
The question we are discussing today is whether to statutorily require reimbursement of telemedicine services at rates not lower than the reimbursement rates for the same service delivered in person.

In this discussion, we will refer to the term 'payment parity' which we specifically mean equal payment for equal services, regardless of how the service is delivered - in person or through telemedicine.

# Payment and Program Integrity

Question: Whether to require reimbursement at rates not lower than the reimbursement rates for the same services delivered in-person

- Pre-COVID-19 (2019), 28 states had telemedicine payment parity policies in their Medicaid program.
- Rhode Island did not in its FFS delivery system.

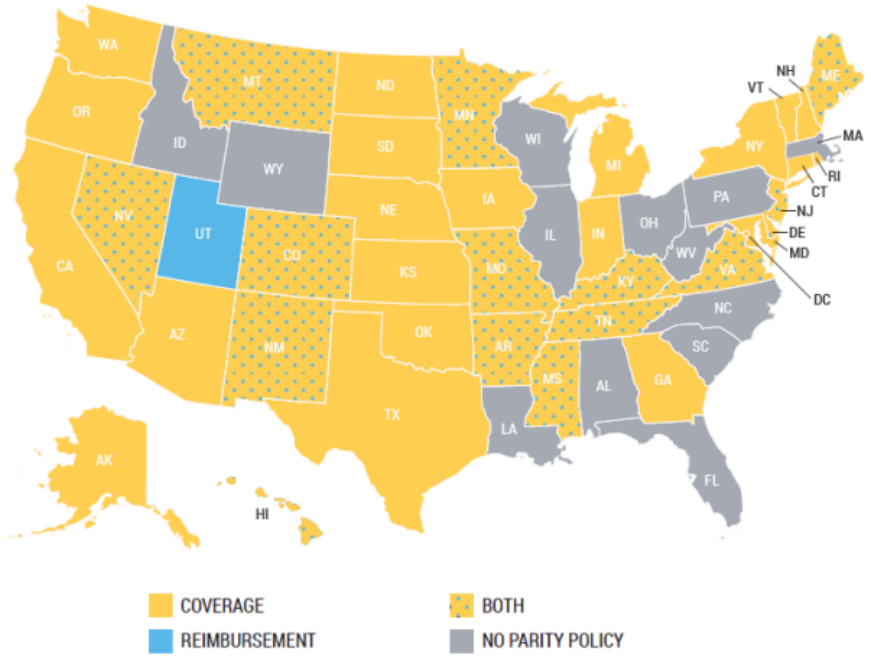



Source: American Telemedicine Association, July 2019

# Payment and Program Integrity

Question: Whether to require reimbursement at rates not lower than the reimbursement rates for the same services delivered in-person

- Pre-COVID-19 (2019), 16 states had telemedicine payment parity policies for private payers.
- Rhode Island did not.




Source: American Telemedicine Association, July 2019

Question: Whether to require reimbursement at rates not lower than the reimbursement rates for the same services delivered in-person

# Examples of Payment Parity Policies that Existed Pre-Covid

## Arkansas § 23-79-1602

- "(c)(1) A health benefit plan shall provide coverage and reimbursement for healthcare services provided through telemedicine **on the same basis** as the health benefit plan provides coverage and reimbursement for health services provided in-person…"
- "(c)(2) A health benefit plan is not required to reimburse for a healthcare service provided through telemedicine that is not comparable to the same service provided in person.

## Delaware 18 § 3370

- "(e) An insurer….shall reimburse the treating provider…of the insured delivered through telemedicine services on the same basis and at least at the rate that the insurer….is responsible for coverage for the provision of the same services through in-person consultation or contact.

# Payment and Program Integrity

Question: Whether to require reimbursement at rates not lower than the reimbursement rates for the same services delivered in-person

Currently, and due to the pandemic, 17 states have taken action to re-affirm or require payers to reimburse all telemedicine services at the same rate as in person.

| | | |
|---|---|---|
| Arizona | Massachusetts | Texas |
| Arkansas* | Montana | Vermont |
| California* | New Hampshire | Washington |
| Delaware* | New Jersey | |
| Illinois | New Mexico | |
| Iowa | New York* | |
| Maine | Rhode Island | |

*These states had enacted laws requiring payment parity and are included if action was taken in response to the pandemic to remind insurers of these requirements.

Source: Kaiser Family Foundation

## Payment and Program Integrity

Question: Whether to require reimbursement at rates not lower than the reimbursement rates for the same services delivered in-person

### Medicaid:

- As of June 15, 2020 at least 39 states (and DC) have established policies for payment parity for at least some telemedicine services. Rhode Island was one for its FFS population.

### Private Payers:

- Many private payers already had payment parity or voluntarily implemented telemedicine payment parity as a result of the pandemic. This is true in Rhode Island and nationally.

## Payment and Program Integrity

Question: Whether to require reimbursement at rates not lower than the reimbursement rates for the same services delivered in-person

Medicare:

**"Telehealth visits are paid at the same Fee-for-Service rate as an in-person visit during the COVID-19 Public Health Emergency."**

- This policy was made retroactive to March 1, 2020.
- This reimbursement covers both new and established patient care.

While CMS issued a proposed rule that would permanently expand coverage of certain telemedicine services, it is silent on whether those services will be reimbursed the same as in person services. Public comment on this rule is open until October.

Question: Whether to require reimbursement at rates not lower than the reimbursement rates for the same services delivered in-person

# Arguments for telemedicine parity:

The American College of Physicians stated: "[payment parity] should last at least through the end of 2021, or until such a time when effective vaccines and treatments are widely available, with an option to extend it even further, or consider making permanent, based on the experience and learnings of patients and physicians who are utilizing these visits."

- Concerns that in-person visits to practices will not return to pre-pandemic levels
- Patients have become accustomed to and appreciate telemedicine visits, and their flexibility

- American College of Physicians Letter to Seema Verma, CMS Administrator June 4, 2020

**What other "pros" would you add?**

# Arguments against telemedicine parity

Regarding a 2016 telemedicine parity debate in Massachusetts, Jim Kessler, general counsel for Health New England, a Springfield, MA health plan said

"If you mandate certain services and reimbursements, you're taking away the whole negotiating ability of insurers to benefit consumers."

– "Massachusetts Drops Parity from Telemedicine Reimbursement Bill." mHealthIntelligience, June 2016.

Question: Whether to require reimbursement at rates not lower than the reimbursement rates for the same services delivered in-person

# Arguments against telemedicine parity

"While we recognize that implementing telemedicine does require significant investment in the short term, in the longer term a provider's marginal costs for telemedicine visits should be lower than for in-person visits, and reimbursement should reflect those costs."

– Ateev Mehrotra, Associate Professor of Health Care Policy and Medicine Harvard Medical School and colleagues in *Telemedicine: What Should the Post-Pandemic Regulatory and Payment Landscape Look Like? Commonwealth Fund. August 5, 2020*

**What other "cons" would you add?**

## Payment and Program Integrity

Question: Whether to require reimbursement at rates not lower than the reimbursement rates for the same services delivered in-person

# Discussion

# Payment and Program Integrity

Question: Whether to require reimbursement at rates not lower than the reimbursement rates for the same services delivered in-person

Does the Advisory Group support reimbursing for telemedicine services at rates not lower than the reimbursement rates for the same services delivered in-person?

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

# Next Steps

# Meeting Schedule

| Meeting Number | Meeting Date | Meeting Topics |
|---|---|---|
| 3 | September 24, 2020<br>10:00am – 12:00pm | Payment and Program Integrity (cont'd) |
| 4 | October 8, 2020<br>10:00am – 12:00pm | Security, Privacy and Confidentiality |
| 5 | October 22, 2020<br>10:00am – 12:00pm | Security, Privacy and Confidentiality (cont'd) |
| 6 | November 12, 2020<br>10:00am – 12:00pm | Performance Measurement |
| 7 | December 3, 2020<br>10:00am – 12:00pm | Review of Recommendations |

# Contact Information

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