

Improving Telehealth Through Legislative Initiatives: Politics and Processes

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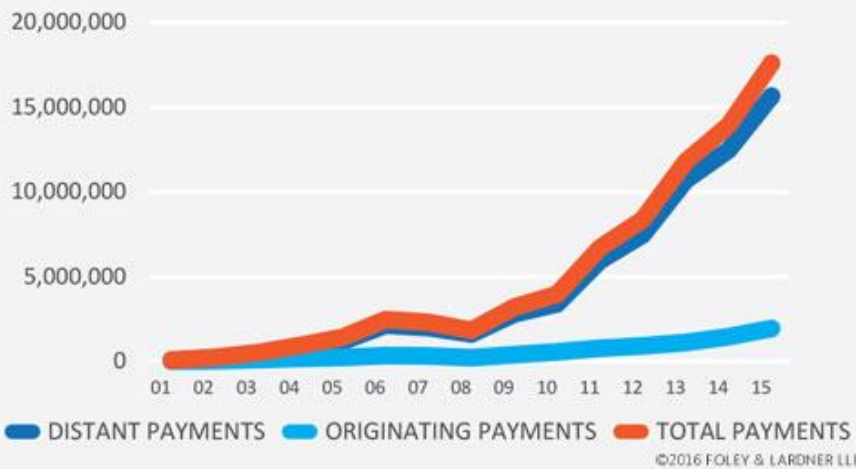
Telehealth Coverage



- Why is telehealth coverage important?
- Nature of health care and role of insurance as intermediary vs. retail medicine
- Patient “choice”
- Not a mandate, but a consumer rights issue

Medicare Coverage of Telehealth Services

MEDICARE PAYMENTS FOR TELEHEALTH SERVICES



MEDICARE CLAIMS FOR TELEHEALTH SERVICES



Medicaid Coverage of Telehealth Services

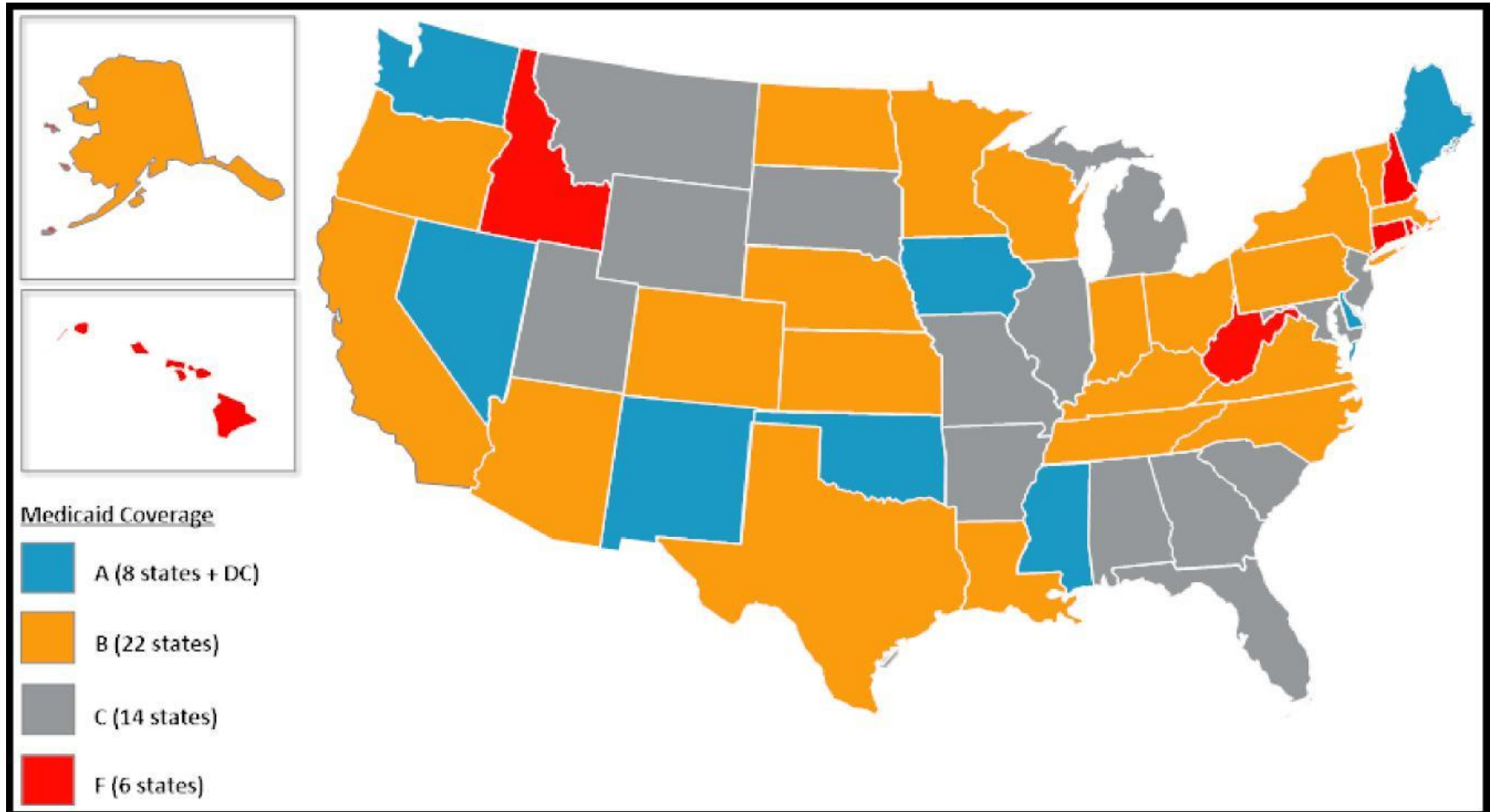



Image Credit: American Telemedicine Association Jan 2016

Commercial Insurance Coverage of Telehealth Services



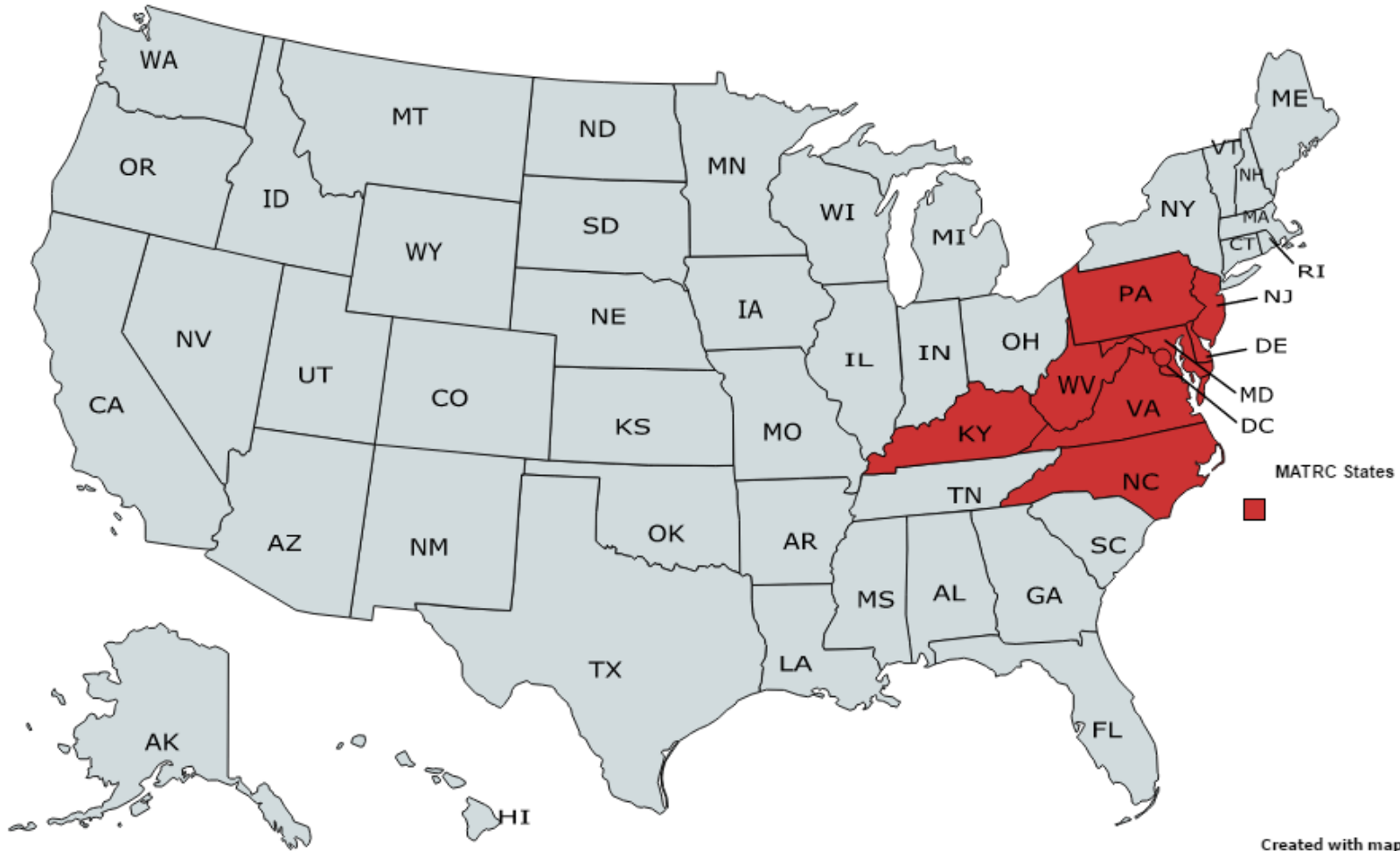
- **Health Care Cost Institute Study (09-13)**
 - 6,506 telehealth claims by PCPs compared to 95.9M non-telehealth claims.
 - Non-telehealth service reimbursements increased every year, but avg telehealth reimbursements decreased after 2011.
 - Avg. decreased from \$68 to \$38: 40% lower than identical non-telehealth claims.
 - CA and NY had few claims compared to their populations.
- **Source: www.healthcostinstitute.org/files/HCCI-Issue-Brief-Examination-of-Private-Payer-Reimbursements.pdf**

Telehealth Commercial Insurance Laws



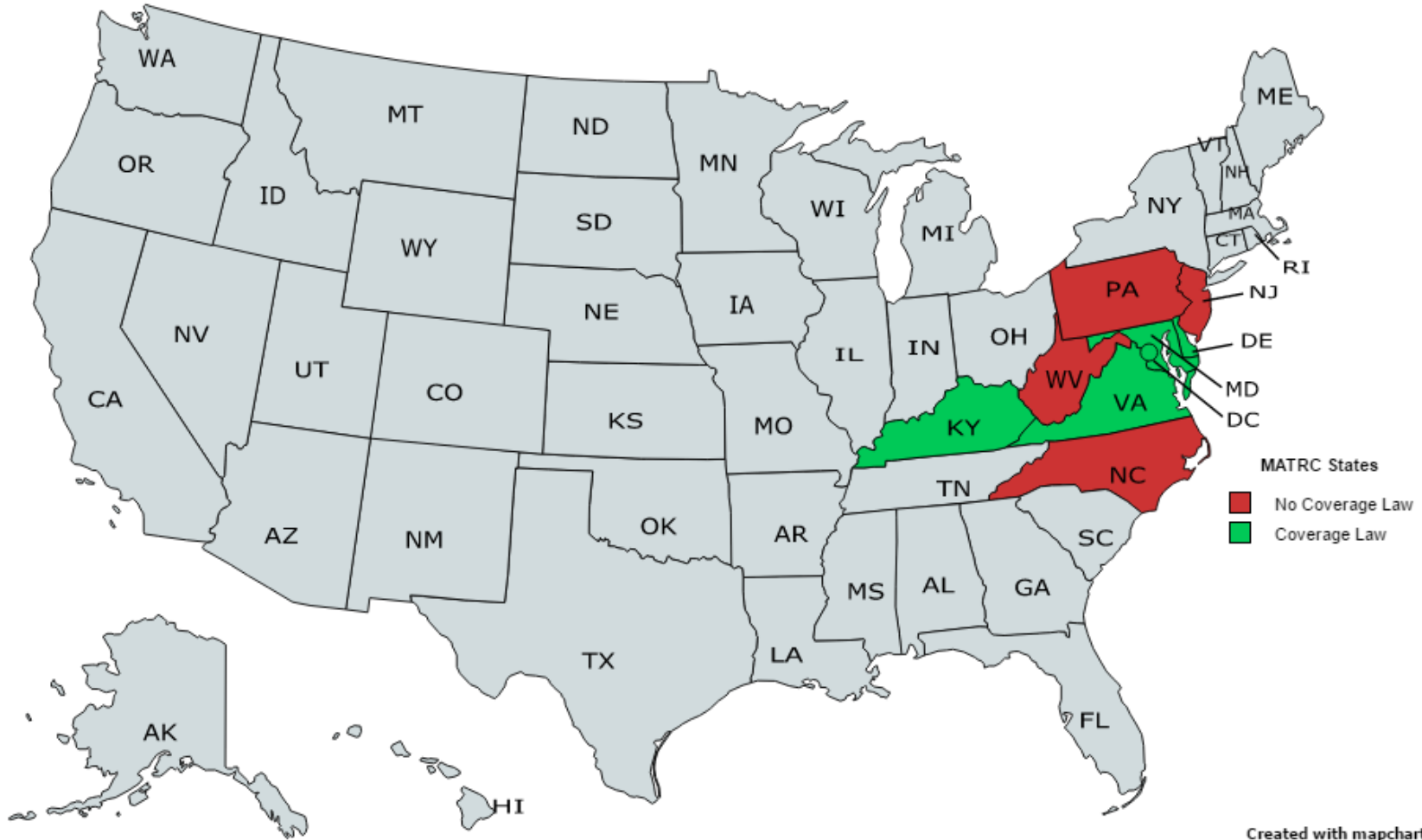
Arizona	Georgia	Michigan	New Mexico	Virginia
Arkansas	Hawaii	Minnesota	New York	Washington
California	Indiana	Mississippi	Oklahoma	
Colorado	Kentucky	Missouri	Oregon	
Connecticut	Louisiana	Montana	Tennessee	
DC	Maine	Nevada	Texas	
Delaware	Maryland	New Hampshire	Vermont	

Telehealth Commercial Insurance Laws



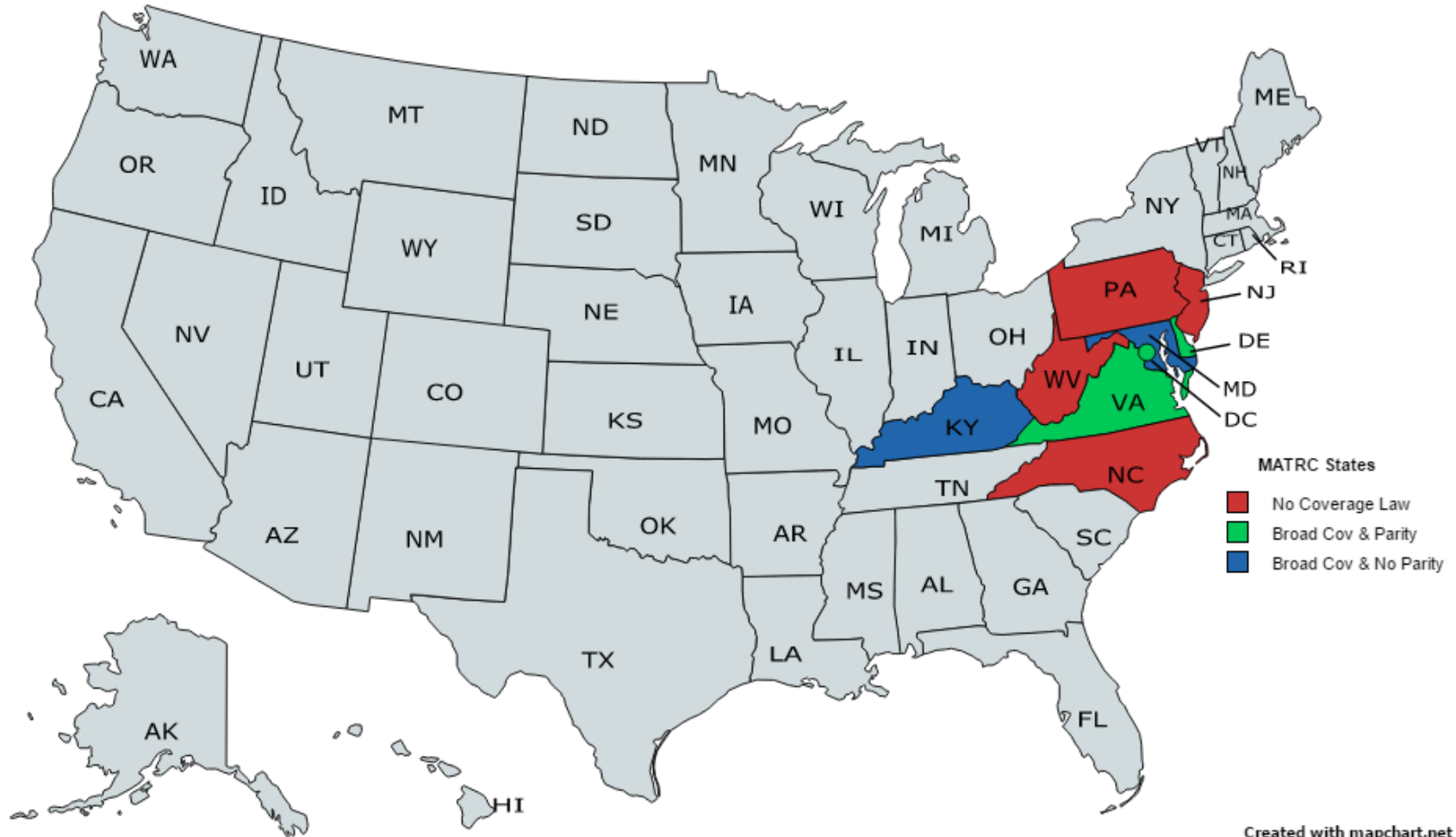
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Telehealth Commercial Insurance Laws



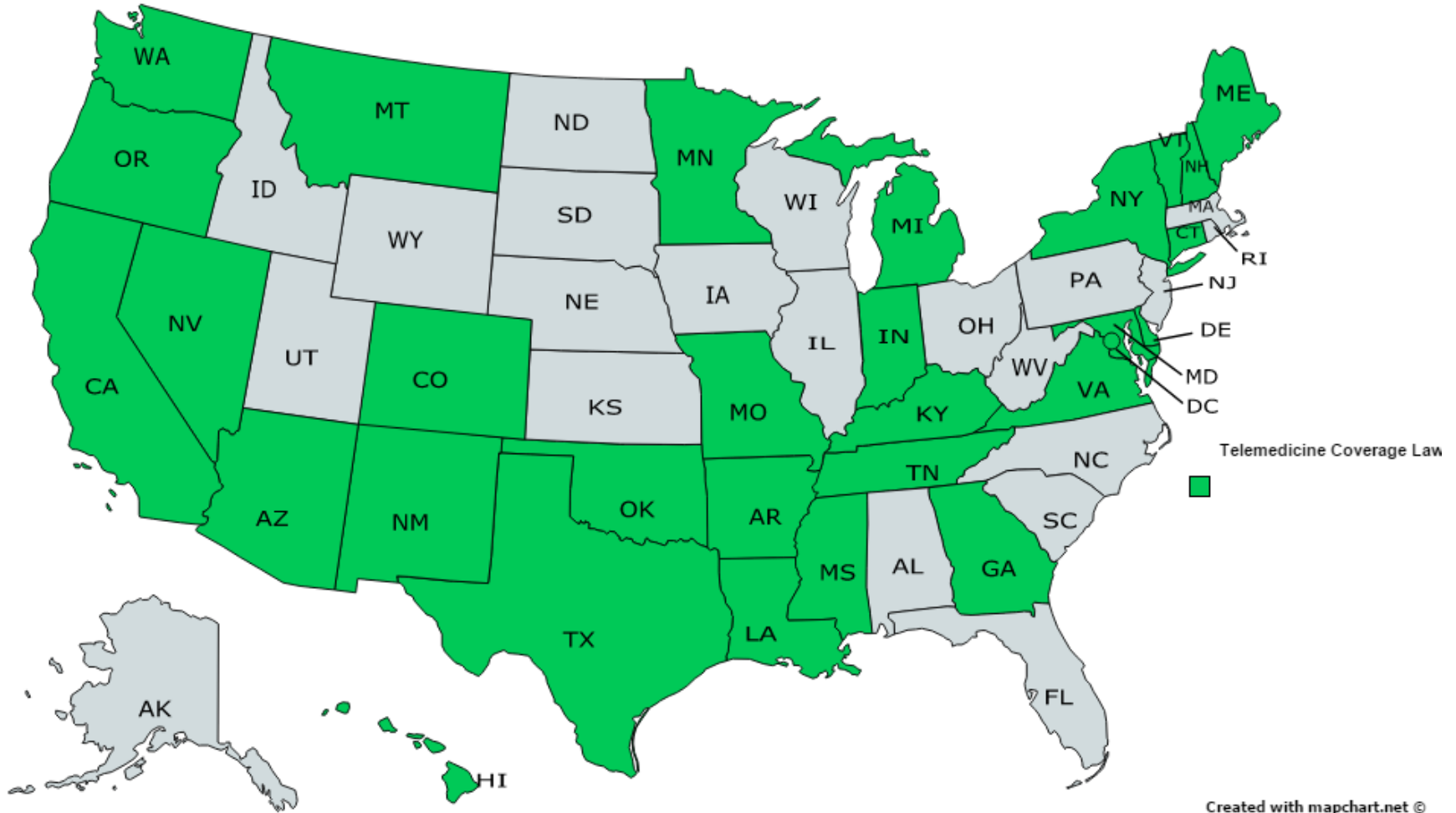
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Telehealth Commercial Insurance Laws



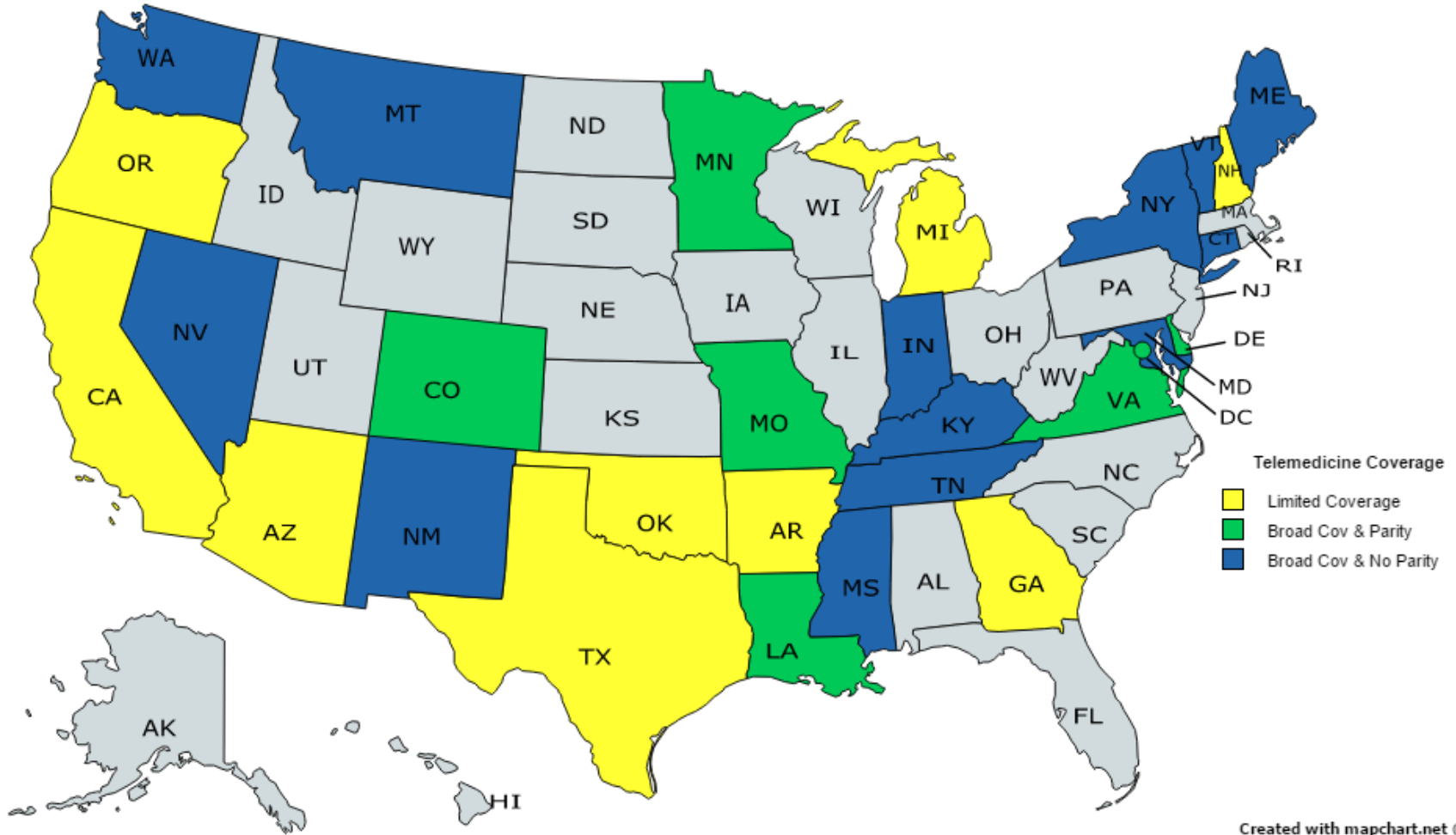
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Telehealth Commercial Insurance Laws



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MATRC States Telehealth Commercial Insurance Laws

	Does State Have a Statute?	Broad Coverage Parity?	Payment Parity?	Originating site limits? (geographic or facility)	Cost-Shifting Protection?	Plan network limit language?	RPM?	S&F?	Licensure exemption for out-of-state doctors?	Authority
DE	YES	YES	YES	NO	YES	NO	YES (per regs)	YES	NO	DE Code tit. 18, Sec 3370, 3571R (2015)
DC	YES	YES	YES (same basis)	NO	NO	NO	NO	NO	NO	DC Code 31-3862
KY	YES	YES	NO	NO	YES	YES	NO	NO	NO	KY Stat. 304.17A-138
MD	YES	YES	NO	NO	NO	YES	NO	NO	NO	MD Ins. Code sec 15-139
NJ	NO									
NC	NO									
PA	NO									
VA	YES	YES	YES (same basis)	NO	YES	NO	NO	NO	NO	VA Stat. 38.2-3418.16
WV	NO									

Delaware

- Each [health insurer] shall provide coverage for the cost of such health care services provided through telemedicine.
- An insurer [...] shall not exclude a service for coverage solely because the service is provided through telemedicine services and is not provided through in-person consultation or contact between a health care provider and a patient for services appropriately provided through telemedicine services.
- An insurer [...] shall reimburse the treating provider or the consulting provider for the diagnosis, consultation, or treatment 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 service through in-person consultation or contact. Payment for telemedicine interactions shall include reasonable compensation to the originating or distant site for the transmission cost incurred during the delivery of health care services.
- An insurer [...] may offer a health plan containing a deductible, copayment, or coinsurance requirement for a health care service provided through telemedicine services, provided that the deductible, copayment, or coinsurance does not exceed the deductible, copayment, or coinsurance applicable if the same services were provided through in-person diagnosis, consultation, or treatment.
- No insurer [...] shall impose any annual or lifetime dollar maximum on coverage for telemedicine services other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the policy, or impose upon any person receiving benefits pursuant to this section any copayment, coinsurance, or deductible amounts, or any policy year, calendar year, lifetime, or other durational benefit limitation or maximum for benefits or services, that is not equally imposed upon all terms and services covered under the policy, contract, or plan.
- Del. Code tit. 18, Sec 3370; 3571R; Del. Ins. Code 1409

District of Columbia

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- A health insurer offering a health benefits plan in the District may not deny coverage for a healthcare service on the basis that the service is provided through telehealth if the same service would be covered when delivered in person.
 - A health insurer shall reimburse the provider for the diagnosis, consultation, or treatment of the insured when the service is delivered through telehealth.
 - A health insurer shall not be required to:
 - Reimburse a provider for healthcare service delivered through telehealth that is not a covered under the health benefits plan; and
 - Reimburse a provider who is not a covered provider under the health benefits plan.
 - A health insurer may require a deductible, copayment, or coinsurance amount for a healthcare service delivered through telehealth; provided, that the deductible, copayment, or coinsurance amount may not exceed the amount applicable to the same service when it is delivered in person.
 - A health insurer shall not impose any annual or lifetime dollar maximum on coverage for telehealth services other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services under the health benefits plan.
 - Nothing in this chapter shall preclude the health insurer from undertaking utilization review to determine the appropriateness of telehealth as a means of delivering a healthcare service; provided, that the determinations shall be made in the same manner as those regarding the same service when it is delivered in person.
 - DC Code 31-3862

Virginia

- [An insurer] shall not exclude a service for coverage solely because the service is provided through telemedicine services and is not provided through face-to-face consultation or contact between a health care provider and a patient for services appropriately provided through telemedicine services.
- [An insurer] shall not be required to reimburse the treating provider or the consulting provider for technical fees or costs for the provision of telemedicine services; however, such insurer shall reimburse the treating provider or the consulting provider for the diagnosis, consultation, or treatment of the insured delivered through telemedicine services on the same basis that the insurer is responsible for coverage for the provision of the same service through face-to-face consultation or contact.
- Nothing shall preclude the insurer from undertaking utilization review to determine the appropriateness of telemedicine services, provided that such appropriateness is made in the same manner as those determinations are made for the treatment of any other illness, condition, or disorder covered by such policy, contract, or plan. Any such utilization review shall not require pre-authorization of emergent telemedicine services.
- An insurer may offer a health plan containing a deductible, copayment, or coinsurance requirement for a health care service provided through telemedicine services, provided that the deductible, copayment, or coinsurance does not exceed the deductible, copayment, or coinsurance applicable if the same services were provided through face-to-face diagnosis, consultation, or treatment.
- No insurer shall impose any annual or lifetime dollar maximum on coverage for telemedicine services other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the policy, or impose upon any person receiving benefits pursuant to this section any copayment, coinsurance, or deductible amounts, or any policy year, calendar year, lifetime, or other durational benefit limitation or maximum for benefits or services, that is not equally imposed upon all terms and services covered under the policy, contract, or plan.
- VA Stat. 38.2-3418.16

Maryland

- An [insurer] shall provide coverage under a health insurance policy or contract for health care services appropriately delivered through telemedicine; and may not exclude from coverage a health care service solely because it is provided through telemedicine and is not provided through an in-person consultation or contact between a health care provider and a patient.
- An [insurer] shall reimburse a health care provider for the diagnosis, consultation, and treatment of an insured patient for a health care service covered under a health insurance policy or contract that can be appropriately provided through telemedicine;
- An [insurer] is not required to:
 - reimburse a health care provider for a health care service delivered in person or through telemedicine that is not a covered benefit under the health insurance policy or contract; or
 - reimburse a health care provider who is not a covered provider under the health insurance policy or contract; and
- An [insurer] may impose a deductible, copayment, or coinsurance amount on benefits for health care services that are delivered either through an in-person consultation or through telemedicine;
- An [insurer] may undertake utilization review, including preauthorization, to determine the appropriateness of any health care service whether the service is delivered through an in-person consultation or through telemedicine if the appropriateness of the health care service is determined in the same manner.
- A health insurance policy or contract may not distinguish between patients in rural or urban locations in providing coverage under the policy or contract for health care services delivered through telemedicine.
- MD Ins. Code 15-139

Minnesota


- A health plan [...] shall include coverage for telemedicine benefits in the same manner as any other benefits covered under the policy, plan, or contract, and shall comply with the regulations of this section.
- A health carrier shall not exclude a service for coverage solely because the service is provided via telemedicine and is not provided through in-person consultation or contact between a licensed health care provider and a patient.
- A health carrier shall reimburse the distant site licensed health care provider for covered services delivered via telemedicine on the same basis and at the same rate as the health carrier would apply to those services if the services had been delivered in person by the distant site licensed health care provider.
- It is not a violation of this subdivision for a health carrier to include a deductible, co-payment, or coinsurance requirement for a health care service provided via telemedicine, provided that the deductible, co-payment, or coinsurance is not in addition to, and does not exceed, the deductible, co-payment, or coinsurance applicable if the same services were provided through in-person contact.
- MN Stat. 62A.672

Mississippi




- All health insurance plans in this state must provide coverage for telemedicine services to the same extent that the services would be covered if they were provided through in-person consultation.
- A health insurance plan may charge a deductible, co-payment, or coinsurance for a health care service provided through telemedicine so long as it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation.
- Miss. Code 83-9-351, 353

Arizona

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- All contracts issued, delivered or renewed on or after January 1, 2015 must provide coverage for health care services that are provided through telemedicine if the health care service would be covered were it provided through in-person consultation between the subscriber and a health care provider and provided to a subscriber receiving the service in a rural region of this state.
 - The contract may limit the coverage to those health care providers who are members of the corporation's provider network.
 - Ariz. Stat. 20-841.09

Michigan

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- A health insurance contract [...] shall not require face-to-face contact between a health care professional and a patient for services appropriately provided through telemedicine, as determined by the insurer or health maintenance organization.
 - Mich. Stat. 500.3476

Advocacy: What You Can Do

■ Telehealth Association of Florida


- Active members, broad representati
- Grassroots
- Public affairs advocates



■ Example: Florida's 2016 Bill

■ Consider revisiting existing statutes (e.g., MS)

Consider This

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- All health insurance plans in this state must provide coverage for healthcare services provided via telehealth to the same extent the services would be covered if they were provided through an in-person consultation or encounter.
 - For purposes of health insurance coverage and payment, payment rates for healthcare services provided via telehealth must be equivalent or identical to payment rates for comparable healthcare services provided through in-person consultations or encounters.
 - A health insurance plan may not distinguish between patients in rural or urban locations in providing coverage under the policy or contract for healthcare services delivered via telehealth.
 - A health insurance plan may not limit coverage of telehealth services to those health care providers who are members of the insurance plan's provider network.
 - A health insurance plan may charge a deductible, co-payment, or coinsurance for a health care service provided through telemedicine so long as it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation.

TELEHEALTH: RIDE THE WAVE



OR GET LOST AT SEA

Speaker Contact



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