

From: Samantha Nelson [mailto:nelsons@bcbsvt.com]
Sent: Thursday, February 16, 2017 5:23 PM
To: Claire Ayer
Cc: Chrissy Gilhuly
Subject: BCBSVT Response on S.50 and S.37

Good afternoon Sen. Ayer,

I am following up with you on the various questions that arose today in committee regarding S.50 and Dr. Rabinowitz's proposed language changes, as well as questions that arose during an earlier discussion of S.37.

First, BCBSVT's telemedicine payment policy explicitly requires the originating site to document in the medical records why the services are being provided by telemedicine rather than in person. The originating site is the provider office/facility where the patient is physically located when the patient connects, through the provider office/facility's HIPAA-compliant system, to a distant site provider in some other location who is providing the services. As such, we are opposed to Dr. Rabinowitz's proposal to eliminate the current language enforcing this requirement.

Second, our policy also states that teleophthalmology and teledermatology provided via store and forward means are not eligible for payment because they are considered non-covered by the Plan. Having said that, we would be open to discussion for purposes of access for patients. As such, we would not support a language addition that would require coverage, yet see no reason why the section cannot be eliminated as suggested by Dr. Rabinowitz.

Third, Sen. McCormick had a question regarding coverage for provider-to-provider consultation. When the member is not present, such consultations are not eligible for payment because they are considered non-covered by the Plan.

Lastly, with respect to expanding telemedicine services to other disciplines, we would like to see evidence and/or studies that highlight the practice as beneficial to patients before supporting any language additions.

On another note, when discussing S.37 it was asked as to whether or not BCBST would provide hospice coverage for a member whose utilization of those services was a result of participation in an experimental treatment/trial. We would indeed provide hospice services should the member pursue experimental treatment not covered by BCBSVT and the requirement for that care ensue.

Additionally, you posed to me a question regarding utilization for off-label use of cancer treatment drugs as allowed currently in Vermont statute. I have been in touch with our Pharmacy Benefit Manager, Express Scripts, to obtain volume details. They are still processing this request, once I have more information I will pass it along.

Please let me know if you would like any additional information or clarification on what I have provided.

Thank you,

Sam

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