



BlueCross BlueShield of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

Date: March 18, 2020
To: Members of the Senate Finance Committee
From: Sara Teachout, Director, Government, Public and Media Relations
RE: H.742 As Passed the House

Blue Cross and Blue Shield of Vermont supports broad government emergency authority to respond to the COVID-19 pandemic as opposed to specific statutory changes. This approach will allow for flexibility and the ability to adapt during this evolving crisis.

The Department of Financial Regulation already has emergency authority and is actively considering changes and issuing emergency bulletins pertaining to health insurance coverage. Two bulletins, ([Access to COVID-19 Testing - Bulletin No.209](#) and [COVID-19 Prescription Drug Refills – Bulletin No.210](#)), have been issued to-date. Therefore the insurer provisions in Sections 13, 14, and 27 of the legislation may not be necessary.

Blue Cross is working on a number of emergency additional policy changes. Yesterday we implemented a temporary payment policy for telephone-only services, recognizing that some providers and patients do not have access to telemedicine equipment. Additional changes are imminent, focusing first on the needs of our members and front-line providers.

Blue Cross offer telemedicine services through American Well (Amwell). Amwell has established a Telehealth Response Program to support the use of telehealth as an initial COVID-19 screening tool, which includes an always-on-call infection control officer. The telehealth changes contemplated beginning in Section 23 and Blue Cross comments are:

- Expanding telemedicine for dental services – the majority of dental services covered by health insurance is unlikely to be appropriate for delivery by telemedicine
- Same reimbursement for telehealth and in-person services – BCBSVT already has this policy, but it was the original expectation that telemedicine could result in savings
- Store and forward – Blue Cross does not oppose the expansion of telehealth to include store and forward, but requested a January 1, 2021 effective date in order to implement the new policies, procedures, develop payment schedules, reprogram our claims system and align with the plan year. Additionally, these store and forward provisions could be interpreted as a new mandate for the Qualified Health Plans sold on the state's Exchange triggering state payment for the new cost under federal law.
- All of these are expansions of the fee-for-service payment system and Blue Cross is focused on transitioning to a value-based payment system.

Thank you for the opportunity to provide information as the Committee considers this emergency legislation. I am also available to update you on the Blue Cross responses so far to the COVID-19 pandemic.