TESTIMONY OUTLINE REGARDING INSURANCE COVERAGE FOR AUDIO ONLY TELEHEALTH SERVICES

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House Health Care Committee

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1. Introduction/Overview of MVP

    a. Non-Profit HMO that provides health plan coverage in upstate NY and VT

    b. Headquartered in Schenectady, NY, with an office in Williston, VT

    c. Approximately 700,000 members overall, of which 40,000 are in Vermont

    d. MVP provides individual and small group plans under the auspices of Vermont Health Connect. It also provides fully insured plans large groups, third-party administrator services for self-insured groups, and Medicare Advantage plans.

2. MVP's clinical team participated in the DFR work group discussions concerning coverage of audio only telehealth, as well as VPQHC's work on the issue.

3. At a high-level MVP agrees with the recommendations of DFR's work group.

4. **Recommendation #2—Continue Coverage for Audio Only Services**.

    MVP supports changing existing law to add audio-only care to the list of available telehealth options for patients and providers after the current COVID emergency is over ***when medically necessary and clinically appropriate.*** MVP sees the addition of audio-only telehealth as a value-added tool to expand access and improve care coordination, but in many cases it is not an appropriate substitute for in person care.

5. **Recommendation #7—Utilize Value Based Reimbursement**

    a. MVP agrees that value-based payment reform is the right long-term approach to resolve complicated discussions about reimbursement for audio-only services. Under value-based or capitated provider reimbursements, providers determine the best way to deliver care and improve outcomes, and reimbursement is agnostic as to the best combination of tools used to deliver those outcomes.

    b. During the pandemic, MVP has supported and implemented emergency rules that require coverage of and provider reimbursement for equivalent services, regardless of how those services are delivered—including by audio-only telehealth.

c. Beyond the pandemic, and as we move forward with payment reform, this discussion becomes more complicated and needs to be carefully considered by the Legislature.

d. Reimbursement and coverage requirements should be flexible and focused on permitting a thoughtful consideration of the value provided and the cost of delivery for the patient and consumer—as is done with in-person care.

e. Importantly, patients will incur cost-share for these services. There could also be scenarios where patients are paying for things they might not have been charged for in the past.

   Example from an MVP member – Member called his pediatrician to ask a question regarding a rash. He answered a few administrative questions from the office staff, spoke to the pediatrician, and received a bill for a Level 3 visit of approximately $100. Historically, this was a service for which he did not pay. MVP has received similar complaints from other members.

f. The question of value and concerns about affordability are very important. MVP wants to ensure that it and its members are paying for value in comparison to the value of the care provided by in person means and by simultaneous video and audio means. It is also important that the cost of delivery is taken in consideration.

g. In the fee for service context MVP does not believe that audio only health care services should necessarily be reimbursed at the same level as health care services provided on an in-person basis. Instead, reimbursement for audio only services should be a matter of discussion and negotiation between payers and providers.

h. In sum, this is not a one-size-fits-all proposition. Instead, there needs to be a careful balancing of policy goals and flexibility.

6. Recommendations #3—Require Informed Patient Consent for Audio-Only--and #4--Apply the Same Standard of Appropriate Practice Across all Treatment Modalities

a. It's important for patients to have necessary information to make informed choices and understand when they might be billed, and for what amount.

b. Services provided by telephone should be subject to the same practice standards as other settings.