

From: Brown, Emily <Emily.Brown@vermont.gov>
Sent: Tuesday, January 18, 2022 2:06 PM
To: Anne Donahue <ADonahue@leg.state.vt.us>
Cc: Lori Houghton <LHoughton@leg.state.vt.us>; William Lippert <WLIPPERT@leg.state.vt.us>; Arduengo, Sebastian <Sebastian.Arduengo@vermont.gov>
Subject: RE: telehealth question

Hi Rep. Donahue,

BCBSVT did change their policy for covering telehealth for out of network providers. It is my understanding they made this change for all out of network telehealth, and not just mental health services. This is not a violation of any current DFR requirements or mental health parity as it applies equally to all provider types.

8 V.S.A. § 4100k, permits insurers to limit telehealth coverage to providers within its network. The Department never required insurers to cover out of network—BCBSVT changed their policies to allow OON telehealth coverage, even for plans that don't cover OON services, like QHPs.

I believe the legislature could require insurers to cover out of network telehealth services at parity but would defer to legislative counsel on that the mechanism to achieve that.

Emily

From: Anne Donahue <ADonahue@leg.state.vt.us>
Sent: Tuesday, January 18, 2022 11:35 AM
To: Brown, Emily <Emily.Brown@vermont.gov>
Cc: Lori Houghton <LHoughton@leg.state.vt.us>; William Lippert <WLIPPERT@leg.state.vt.us>
Subject: telehealth question

Hello Emily,

I'm not sure who this would be best directed to, but you would likely know!

Last week, I received an email from a mental health provider, and I questioned BCBSVT about it during our joint S/H hearing; they confirmed their change in practice.

In covering telehealth for mental health, they changed policy in September to deny reimbursement to out-of-network providers. Putting aside the issue of public policy regarding the pandemic – (the decision to open telehealth for out-of-state providers) – and the recognition of the particular need for access to MH and shortage of providers right now – it also appears to violate parity requirements. Assuming the standard practice of covering out of network services with a higher co-pay (but still covering it), if they are singling out MH to refuse any coverage, it seems discriminatory.

Legislators have heard many concerns from constituents about students, in particular, having ongoing access to their providers, and this might directly affect this as well.

Is this a violation of any of the current DFR requirements regarding telehealth coverage? Do we have any mechanism by which we can required coverage under equivalent out of network co-payment differentials?

I apologize for making this a bit of a rush request, but we are hoping to vote out Act6/21 (H. 655) tomorrow, and if statutory directive is needed, that is where it should be placed.

Thank you,

Anne