

Testimony to the Senate Health & Welfare Committee
Concerning Audio Only Health Care Services

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On Behalf of MVP Health Care Inc.

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- The committee is considering legislation that would extend certain provisions in Acts 91 and 140 of the 2020 session (“the 2020 Acts”).
- Of concern to MVP is the fact the draft legislation would amend section 8 of the 2020 Acts to direct the Department of Financial Regulation to consider promulgating rules that would obligate insurers to reimburse providers for, among other things, providing health care services through audio only, telephonic means. See subsection (c) on page 18 beginning on line 12 (dr req 21-0729-draft 2.1).
- While this provision provides that any rules promulgated by DFR are to expire no later than January 1, 2024, unlike other provisions of the bill its mandate to DFR concerning audio only rules is not time limited in relation to the COVID state of emergency. In other words, the rules DFR issues could well be in effect after the state of emergency is over.
- The current rule (Reg. H-2020-05-E) that DFR issued in response to the 2020 Acts provides as follows:

“Where clinically appropriate, health insurance plans shall provide coverage for all health care services delivered remotely through telehealth or audio-only telephone by a health care provider at a distant site to a patient at an originating site to the same extent that the plan would cover the services if they were provided through in-person consultation. Services covered under this paragraph shall include services that are covered when provided in the home by home health agencies.

Health insurance plans shall provide the same reimbursement rate for services billed using equivalent procedure codes and modifiers, subject to the terms of the health insurance plan and provider contract, regardless of whether the service was provided through in-person consultation with a health care provider or through telehealth or audio-only telephone.”

This rule is in effect until July 1, 2021.

- MVP does not oppose the notion of being required to cover the provision of audio only services after the end of the COVID emergency.
- However, MVP respectfully submits that it would be inappropriate to require that reimbursement for audio only services always be at the same level as is the case for health care services provided by in person or by audio/visual means. There may well be cases where such “parity” in reimbursement is appropriate. However, there may be cases where reimbursement parity is not

appropriate.

- Some considerations that should be taken into account regarding reimbursement for audio only services include the following:
 - From a clinical perspective the value of audio only services may not be equivalent to in person services as the clinician is unable to take a patient’s blood pressure, monitor their heart rate and gather other information about the patient’s health that requires the patient to be physically present.
 - From a patient’s perspective the value of audio only services may not be equivalent to in person services.
 - It may be the case that the cost to the provider of providing audio only services is less costly than other modalities. If so, it is submitted that reimbursement should reflect that fact.
 - In many cases audio only services have traditionally been provided without charge as they are a follow on to an in person visit and the reimbursement for the in person visit included any follow on audio only service.
 - Given the fact that many people have deductibles in many situations the cost of audio only services will be borne by the patient.
- In sum, MVP feels that the issue of reimbursement for audio only services should not be subject to a “one size fits all” approach.
- Instead, MVP submits that in addressing the issue of reimbursing providers for audio only health care services DFR should be instructed to consider: (1) cost impacts to insurance premiums and patient’s out of pocket costs, (2) the relative clinical value of audio only health care services, and (3) providers’ costs in providing audio only services.
- In that regard MVP proposes the following revision (shown in bold text) to the relevant bill language:

The Department of Financial Regulation shall consider adopting, and shall have the authority to adopt, rules expanding patients’ access to and providers’ reimbursement for health care services, including preventive services, consultation services, and services to new patients, delivered remotely through telehealth, audio-only telephone, and brief telecommunication services. **In addressing reimbursement for the provision of services by audio only telephonic means after the expiration of three months following the termination of the state of emergency the Department shall consider the cost impact of such services to health insurance premiums and to patients’ out-of-pocket costs, the clinical value of the services in relation to the clinical value of providing similar services in person and providers’ costs in providing such services.** Any rules adopted in accordance with this subsection shall remain in effect until not later than January 1, 2024.