

For the record, the below memorialize 2/15 testimony by Clare Buckley on behalf of MVP Health Care concerning the audio only telehealth reimbursement bill.

- As shared by DFR, MVP currently reimburses audio-only services at 75% of the equivalent in-person rate for services, with the exception of non-MD licensed behavioral health providers.
- MVP opted to keep mental health provider reimbursement at 100% of the in-person rate because
 - Members see clinical value in the delivery of these services telephonically
 - It enhances overall reimbursement to these providers, who are desperately needed
- MVP opposes H673
 - Requiring parity for audio only services without regard to the clinical value of those services limits health plans' ability to drive care to the most appropriate setting
 - There are instances where the value of audio-only is evident and warranted, as we've seen in mental health and substance use disorder treatment
 - We want to invest in these services where there's value for consumers
 - We oppose a statutory mandate that prohibits any flexibility and subjects customers to higher health care costs
- There was considerable discussion when the initial law was enacted about consumer disclosure and transparency around potential costs. Members paying cost shares and deductibles should know what they will be charged in advance of service delivery so they can make informed choices about the value proposition of a telephone call versus an in-person visit or video conference/consultation. Disclosure is also important if a member is going to receive a bill for services they weren't anticipating, or haven't historically paid—like phone calls for prescription renewals or quick follow up calls from a provider.