State Health Benefit Plan Insurance Coverage for Telemedicine 3/20/2020

Anthem's responses:

- Do these contracts allow the network physicians to also provide the telehealth services for insured or are these exclusive contracts for telehealth services?
 - o Assuming you are asking about current provider contracts, Anthem has a telehealth policy that allows for telehealth services when interactive services occur between the patient and the remote provider. Currently, this policy is typically used in rural areas for a consultation with a specialist not available in their area from a provider's office.
 - Reimbursement for the rendering provider is based on:
 - Services provided through a telehealth program with a secure and private data connection or
 - Telehealth services mandated by state or federal law
 - Reporting place of service "02" to indicate "distant site"
 - The appropriate telehealth specific CPT /HCPCS code or applicable telehealth modifier
 - The following services are not eligible for reimbursement as telehealth services:
 - In person services not rendered in an office
 - Facility setting non-direct patient services
 - Services rendered by audio-only telephone communication, facsimile, email, instant messaging, or other electronic communication
 - LiveHealth Online is our exclusive vendor for virtual visits.
 - o For SHBP, the virtual visits are currently through LiveHealth Online and no out-of-network provider visits are covered.
- Is this telemedicine services coverage the same for all State Health Benefit insurance contracts offered?
 - o Anthem offers coverage through LiveHealth Online UHC and Kaiser have coverage through their own exclusive vendors.
- Do I understand correctly, that a SHBP insured patient's physician is not allowed to provide telehealth benefits and this is provided only by external contracted services?
 - o For Anthem, virtual visits are currently only covered by LiveHealth Online contracted providers but Anthem is working to allow SHBP members to utilize virtual visits outside of LiveHealth Online.
- Additionally, would you confirm the benefit coverage provided for Telemedicine services to the insured under the State Health Benefit plan?
 - o <u>Commercial:</u>
 - HRA: No deductible, co-insurance only.
 - HMO: \$35 co-pay.
 - CURRENT temporary coverage: All medical and BH visits with LiveHealth Online provider covered at 100%.
 - Medicare Advantage:
 - \$0 co-pay for all LiveHealth Online visits (medical and psychology; no psychiatry coverage)
- Are the telemedicine visits covered with the same coverage as a face to face service?

- o The only time the coverage is the same as a face to face service is for an HMO LHO medical visits. HRA has a lower member cost-share with LiveHealth Online. However, as mentioned above, telemedicine visits are being offered with no cost share.
- Would the patients out of pocket cost be the same for Telehealth services?
 - Telehealth services outside of LiveHealth Online are currently not covered for SHBP, with the exception of the rural area telemedicine. Due to the extenuating circumstances with COVID-19, Anthem is exploring covering telehealth services outside of LiveHealth Online.

UnitedHealthcare's response:

1. Do these contracts allow the network physicians to also provide the telehealth services for insured or are these exclusive contracts for telehealth services?

Yes, UnitedHealthcare contracts do allow network physicians to provide telehealth services for our members.

2. During this time, can members receive telehealth services from any care provider?

Members may continue to receive telehealth services from UnitedHealthcare's Virtual Visits providers, and can now also receive telehealth services from their care provider from home through interactive audio and video visits. This also includes urgent care providers. Member cost sharing and benefit plans will still apply, as well as any state or federal requirements regarding licensing or establishment of a doctor-patient relationship. For member visits using our Virtual Visits (VV) application for our National Virtual Visit Telehealth Program, all member copays have been waived, regardless of whether the visit is for COVID or not. For providers that are billing for telehealth services outside of our VV program for COVID related care using codes specific to COVID, the member cost share has been waived. For providers that are billing for telehealth outside of our VV program for non-COVID service, the normal member cost share applies.

3. Is this telemedicine services coverage the same for all State Health Benefit insurance contracts offered?

The network is the same, however the benefits were not the same prior to the waiver. The UnitedHealthcare Commercial plan required an office visit copay while the MA provided the virtual visit at no cost to the member. At the State's request and consistent with the approach for the UnitedHealthcare book of business, SHBP is temporarily waiving the copay for the commercial plan member's virtual visits.

4. What changes has UnitedHealthcare made to its telehealth reimbursement policies as a result of the COVID-19 public health emergency?

UnitedHealthcare is temporarily waiving the CMS and state-based originating site restrictions, where applicable, for Medicare Advantage, Medicaid and comprehensive medical commercial members. Care providers will be able to bill for telehealth services performed while a patient is at home. This change will apply immediately and be effective until April 30, 2020. It may be effective longer, if it's determined necessary.

By removing the originating site requirement, UnitedHealthcare has broadened access to telehealth services. Telehealth services will be reimbursed based on national reimbursement determinations, policies and contracted rates as outlined in a care

provider's participation agreement. You can find a breakdown by network plan at: Provider Telehealth Policies.

5. Do I understand correctly, that a SHB insured patient's physician is not allowed to provide telehealth benefits and this is provided only by external contracted services?

No, this is not correct for UnitedHealthcare.

6. During this time, can members receive telehealth services from any care provider?

Members may continue to receive telehealth services from UnitedHealthcare's Virtual Visits providers, and can now also receive telehealth services from their care provider from home through interactive audio and video visits. This also includes urgent care providers. Member cost sharing and benefit plans will still apply, as well as any state or federal requirements regarding licensing or establishment of a doctor-patient relationship. There are specific telehealth codes with reimbursement tied to them that the providers are being asked to use when billing for services. These are different reimbursement levels than normal office visit reimbursement. If a provider is delivering services that are not addressed through the telehealth reimbursement policy, they will defer to their normal reimbursement policy for those services. Please note, however, there is a lot of discussion about appropriate coding to ensure this does not become problematic.

7. Do I need to be contracted with UnitedHealthcare to receive reimbursement for telehealth visits?

No. UnitedHealthcare will reimburse both participating and non-participating care providers who submit appropriate telehealth claims according to the terms of applicable member benefit plans.

8. Why is UnitedHealthcare changing its reimbursement policy requirements to allow members to receive telehealth services in their homes?

This change is to help reduce potential exposure to COVID-19 and make it even easier for members to connect with their health care provider. UnitedHealthcare encourage members, if they exhibit symptoms of COVID-19, to seek medical care through their primary care physician.

9. Additionally, would you confirm the benefit coverage provided for Telemedicine services to the insured under the State Health Benefit plan?

The UnitedHealthcare Medicare Advantage plan covers virtual visit expenses for SHBP members at 100% therefore, there is no out of pocket cost. For the commercial HMO and HDHP plans, the member does have a out of pocket cost share for a telehealth service and it is subject to regular plan benefits. For the HMO, it is subject to the office visit copay and for the HDHP plan it is subject to deductible and coinsurance. SHBP is temporarily waiving member cost share for the HMO and HDHP plans, consistent with UnitedHealthcare's approach for their fully insured and most ASO customers to address increase access and to avoid the spread of the virus.

10. What changes has UnitedHealthcare made to its telehealth reimbursement policies as a result of the COVID-19 public health emergency?

UnitedHealthcare is temporarily waiving the CMS and state-based originating site restrictions, where applicable, for Medicare Advantage, Medicaid and comprehensive medical commercial members. Care providers will be able to bill for telehealth services performed while a patient is at home. This change will apply immediately and be effective until April 30, 2020. It may be effective longer, if it's determined necessary.

By removing the originating site requirement, UnitedHealthcare has broadened access to telehealth services. Telehealth services will be reimbursed based on national reimbursement determinations, policies and contracted rates as outlined in a care provider's participation agreement. You can find a breakdown by network plan at: Provider Telehealth Policies.

11. Are the telemedicine visits covered with the same coverage as a face to face service?

For all UnitedHealthcare commercial plans, any originating site requirements that may apply under UnitedHealthcare reimbursement policies are waived so that telehealth services provided via a real-time audio and video communication system can be billed for members at home or another location. UHC will reimburse telehealth services, which are: (1) recognized by CMS and appended with modifiers GT or GQ and (2) recognized by the AMA included in Appendix P of CPT and appended with modifier 95. Reimbursable codes can be found embedded in the reimbursement policy at Telehealth and Telemedicine Policy

(https://www.uhcprovider.com/content/dam/provider/docs/public/policies/commreimbursement/COMM-Telehealth-and-Telemedicine-Policy.pdf)

For all UnitedHealthcare Medicare Advantage plans, including Dual Eligible Special Needs Plans, any originating site requirements that may apply under Original Medicare are waived so that telehealth services provided via a real-time audio and video communication system can be billed for members at home or another location. All CPT/HCPCS codes payable as telehealth when billed with Place of Service 02 and the GQ or GT modifiers, as appropriate, under Medicare will be covered on our Medicare Advantage plans for members at home during this time. Standard plan copays, coinsurance and deductibles will apply. Codes that are payable as telehealth under Medicare Advantage can be found here:

https://www.uhcprovider.com/en/resource-library/news/provider-telehealth-policies.html

12. Would the patients out of pocket cost be the same for Telehealth services?

The UnitedHealthcare Medicare Advantage plan covers virtual visit expenses for SHBP members at 100% therefore, there is no out of pocket cost. For the commercial HMO and HDHP plans, the member does have a out of pocket cost share for a telehealth service and it is subject to regular plan benefits. For the HMO, it is subject to the office visit copay and for the HDHP plan it is subject to deductible and coinsurance. SHBP is temporarily waiving member cost share for the HMO and HDHP plans, consistent with UnitedHealthcare's approach for their fully insured and most ASO customers to address increase access and to avoid the spread of the virus.

Kaiser Permanente's responses:

1. Do these contracts allow the network physicians to also provide the telehealth services for insured or are these exclusive contracts for telehealth services?

Kaiser Permanente Response: Telehealth is a component of our integrated care model. Telemedicine visits are provided by Kaiser Permanente doctors with direct access to our member's electronic medical record.

2. Is this telemedicine services coverage the same for all State Health Benefit insurance contracts offered?

Kaiser Permanente Response: Telemedicine at Kaiser Permanente is covered at 100%. All virtual care, including Telephone Visits, Video Visits, and E-Vistis, are all at no cost to SHBP members. SHBP members can also email with their doctor and call our 24/7 Nurse Advice line, where nurses have access to their personal electronic health record, also at no cost.

- 3. Do I understand correctly, that a SHBP insured patient's physician is not allowed to provide telehealth benefits and this is provided only by external contracted services?
 Kaiser Permanente Response: This is not true for Kaiser Permanente. Telemedicine visits are provided by Kaiser Permanente doctors with direct access to our member's electronic medical record.
- 4. Additionally, would you confirm the benefit coverage provided for Telemedicine services to the insured under the State Health Benefit plan?

Kaiser Permanente Response: Telemedicine at Kaiser Permanente is covered at 100%. All virtual care, including Telephone Visits, Video Visits, and E-Vistis, are all at no cost to SHBP members. SHBP members can also email with their doctor and call our 24/7 Nurse Advice line, where nurses have access to their personal electronic health record, also at no cost.

- 5. Are the telemedicine visits covered with the same coverage as a face to face service?

 Kaiser Permanente Response: No. Face to face visits benefits are applied with the appropriate copayments. Telemedicine visits do not have a cost share and are covered at 100%.
- Would the patients out of pocket cost be the same for Telehealth services?
 Kaiser Permanente Response: Telemedicine visits does not have an out of pocket cost as there are no member responsibility. Telemedicine visits are covered at 100%.