

Access to and reimbursement for telehealth services



Before COVID-19

- Oregon law (ORS 743A.058) only requires commercial health insurance coverage for telehealth services delivered via two-way video conference.
- Many health plans have expanded access to telehealth due to increasing demand.

Guidance on telehealth coverage

On March 24, DCBS and OHA released joint guidance on telehealth for insurers and CCOs:

- Health plans must cover in-network telehealth services whenever possible and clinically appropriate
- Providers may use all modes of telehealth delivery
- Cost-sharing may be no more than for in-person services
- Telehealth provider networks must be adequate, and pay parity for telehealth is strongly encouraged
- Plans must waive requirements that could pose barriers

Implementation and telehealth agreement

- All domestic Oregon health insurers have expanded telehealth coverage
- All insurers in Oregon's individual and small group markets report that they have instituted pay parity for those plans
- In June, Gov. Brown announced a voluntary agreement with health insurers to continue expanded coverage and reimbursement at least through the end of 2020

Health insurer survey results

2019 March/April total number of claims	2020 March/April total number of claims	2019 March/April total amount in Telehealth	2020 March/April total amount in Telehealth
7,213	210,828	\$717,904	\$29,727,947

Health insurer survey results, continued

- Provider and consumer feedback to insurers has been positive
- There has been some confusion about changing coding and differences between fully insured and self-insured plans

Quotes from insurer survey

- “We’ve received positive member feedback about telemedicine and are continuing to evaluate ways of providing this increased level of telemedicine even after the pandemic ends.”
- “We will continue to pay on parity with a face-to-face visit.”

Quotes from insurer survey, continued

- “We believe this will be an ideal time to implement alternative payment mechanisms that reimburse for quality and efficiency rather than focus on rates for specific services.”
- “We launched market leading telehealth solutions *before* COVID-19 surfaced and we plan to continue our investment in virtual health moving forward. We will continue to evaluate this function in the future.”

Next steps

- Insurers expect to continue seeing increased use of telehealth, but with a decline from current highs
- HIPAA requirements and other federal changes may be an issue going forward
- The department will soon convene stakeholders to discuss the future of telehealth coverage

Questions?

