

# Temporary Telemedicine Health Benefit Changes

March 31, 2020

## Frequently Asked Provider Questions

The Office of the Health Insurance Commissioner (OHIC) is providing this information regarding your health benefits:

- These coverage benefits will remain in effect until the RI State of Emergency related to COVID-19 has been lifted. As of now, that date is May 8, 2020.
- Health plans issued in RI are now providing temporary new benefits during the COVID-19 State of Emergency, including:
  - Expanded access to telemedicine services
  - COVID-19 screening and testing without cost-sharing
  - Increased access to COVID-19 treatment
  - Early refills for necessary prescriptions and medical supplies
- **Which health plans are covering these temporary new benefits?**
  - Any plan purchased through HealthSource RI (HSRI).
  - Any individual plan purchased directly from a RI insurer without going through the patient's employer.
  - Any state Medicaid health plan, including Neighborhood Health Plan of RI, Tufts Health Plan, and UnitedHealthcare Community Plan.
  - Most plans provided to employees and their families through RI businesses that provide health coverage, including Blue Cross Blue Shield of RI, Neighborhood Health Plan of RI, Tufts Health Plan, Aetna, and UnitedHealthcare.
  - Note: Some employer-sponsored plans may be self-insured, and an employer may not offer all of these benefits. If you are unsure, please contact the patient's health insurer.
- **What is the best way for health care providers to contact the RI Department of Health (RIDOH)?**
  - Visit [RIDOH's website](#) for information specific to health care providers
  - Any suspected cases of COVID-19 should be reported to RIDOH immediately. For any questions and to report cases, please call the RI Department of Health Center for Acute Infectious Disease Epidemiology at 401-222-2577 during business hours (Monday – Friday, 8:30 a.m. – 4:30 p.m.) or 401-276-8046 after hours.
- **What types of temporary health benefits are available during the COVID-19 crisis?**
  - a. Expansion of telemedicine, including by telephone-only:*
    - The Centers for Disease Control and Prevention (CDC) and RIDOH strongly encourage everyone to call their health care provider before seeking any in-person care during this outbreak.
    - If you are not able to provide telemedicine services, your patients should contact their health plan to get connected to another provider or urgent care center that can assist with triaging their condition, at no additional cost to your patient.
    - Telemedicine triage services with no patient cost-sharing Primary care and behavioral health providers may now have a brief, no-cost phone or audio-visual consultation with patients in their homes or at any remote location. This means you can give medical advice or behavioral health care over the phone. Brief primary care or behavioral health consultations (using codes 99211, 99212, or equivalent) are covered without patient cost sharing.

- **Telemedicine for routine and other necessary health, mental health, and substance use care**
  - While all services may not qualify as clinically appropriate for telemedicine, carriers will allow all in-network providers to deliver clinically appropriate and medically necessary covered health care services via telemedicine (including audio-only, as appropriate) to covered members. For specific questions regarding reimbursement, please contact the health insurer directly.

#### **b. Telemedicine requirements:**

- **HIPAA requirements for telemedicine**

Health insurers are not allowed to impose any specific requirements on the types of technologies used to deliver telemedicine services. Also, please be advised that certain HIPAA limitations on audio-visual communications have been lifted. The Office for Civil Rights (OCR) at the US Department of Health and Human Services (HHS) will exercise its discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. For additional information, see [OCR's guidance](#) updated March 23, 2020.

- **No patient location requirements for telemedicine**

- Health insurers cannot have any telemedicine coverage requirements or limitations based on the site at which either the patient or the health care provider is located at the time the health care services are delivered by means of telemedicine.
- This includes patients who are at home, reside in a nursing facility, or are undergoing treatment in an inpatient hospital setting.
- Please encourage your patients to engage in these telemedicine or telephone calls from a private space to help ensure the confidentiality of their health care information.

- **Health care provider licensing requirements for telemedicine**

- **For RI providers providing telemedicine services to out-of-state patients:** It is the general practice of states to require that providers be licensed in the state where the patient is receiving their services. Every state may have its own licensing requirements with regards to the practice of telemedicine, and many are relaxing these requirements at this time. Please contact or check the website of the licensing board of the state where the patient is receiving telemedicine services.
- **For non-RI physicians providing telemedicine services to RI patients:** RIDOH recently issued the following [guidance](#) for physicians who are not licensed in RI. In order to encourage all physicians to use telemedicine to deliver care to their RI patients, RIDOH's Board of Medical Licensure and Discipline will not take action against physicians not licensed to practice in RI who, during the state of emergency, use telemedicine to deliver care to their established RI patients.
- RIDOH will also be relaxing regulatory enforcement for certain medical professionals by issuing [temporary \(90 day\) licenses](#) to professionals holding valid out-of-state licenses. Please contact RIDOH for additional information on licensing requirements.

#### **c. Reimbursement rates for telemedicine:**

- The reimbursement rates for telemedicine services will be the same as an in-person visit during the COVID-19 state of emergency, in accordance with [OHIC's Bulletin 2020-01](#) dated March 20, 2020. Health insurers will provide reimbursement for any medically necessary covered service that is clinically appropriate for delivery via telemedicine by an in-network provider.

For additional details on temporary COVID-19 telemedicine policies, please see OHIC's instructions issued March 13, 2020 and OHIC's bulletin dated March 20, 2020, both of which can be found here: [OHIC Bulletin and Guidance](#).

- **COVID-19 screening and testing**

Prior authorization and patient cost-sharing will not be applied to COVID-19 screening and testing. However, depending on their health plan, cost-sharing may apply to a related treatment visit to a health care provider's office, emergency department, or other medical facility.

- **Patient access to additional services related to COVID-19**

Patients who are diagnosed with COVID-19 will be able to receive most services they need without a referral from their primary care provider or a prior authorization from their health insurer. This policy change will help reduce administrative burden on provider's practices. If your patient's health insurance plan does not have an in-network provider who can treat their illness, they may be able to receive care from providers outside of their health plan's network without paying extra charges.

- **Billing and coding for telemedicine and other COVID-19 related services**

- Rhode Island health plans are currently updating their policies to comply with the [Governor's Executive Order](#), and [OHIC's instructions and bulletin](#).
- In general, providers can bill their typical code ranges for services delivered via telemedicine —when clinically appropriate—using the code modifier and location code required by the insurer.
- Telemedicine/telephone calls that occur the same day as an in-person visit, when performed by the same provider and for the same condition, are not covered. However, normal reimbursement procedures are in place if a patient visits two different providers or has a different reason for a visit with a single provider in the same day.
- Blue Cross Blue Shield of RI, Tufts Health Plan, and Neighborhood Health Plan of RI are waiving patient cost-sharing for all clinically appropriate telemedicine services during the COVID-19 state of emergency. UnitedHealthcare is also working to implement this policy.
- Please use the following links to access the official documentation, billing, and coding policies for each RI insurer:
  - [BCBSRI](#)
  - [NHPRI](#)
  - [Tufts](#)
  - [United](#)
  - [Aetna](#)
  - [Cigna](#)
- RIDOH has also posted a [grid of insurer telemedicine codes](#) as a helpful reference. The grid is a compilation by volunteers and is not an official RIDOH document.
- For updated Medicaid codes related to telemedicine please visit the Executive Office of Health and Human Service's [website](#).

- **Patient access to necessary prescriptions and medical supplies**

In some instances, patients may be able to refill their prescriptions and medical supplies before they reach their scheduled refill date. These early refills should enable patients to maintain at least a 30-day supply at home (or 90-days for maintenance medications) during this outbreak. Your patient's health insurer may be able to assist if their current pharmacy is unable to quickly fill a needed prescription.

- **Patient Resources**

a. Insurance information for consumers:

- OHIC has posted a [Consumer FAQ](#) on the temporary new benefits during the COVID-19 State of Emergency.
- RI health plans are working as quickly as possible to make sure that your patients have access to all of these new temporary benefits. Please advise patients to use the following links to contact their insurance company directly for any additional questions about plan benefits:
  - [BCBSRI](#)
  - [NHPRI](#)
  - [Tufts](#)
  - [United](#)
  - [Aetna](#)
  - [Cigna](#)

b. For patients who are uninsured or who will be losing their coverage:

- HealthSource RI (HSRI) has adopted a limited-time Special Enrollment Period (SEP) that allows uninsured Rhode Islanders to purchase coverage through April 15, 2020.
- Patients can go to [healthsourceri.com](http://healthsourceri.com) to enroll and use the appropriate reason when applying:
  - Anyone losing employer health insurance always has 60 days to apply for coverage through HSRI. The coverage can begin as soon as the first of the month after employer coverage ends. If they have had a change in income, plans through HSRI may be more affordable than COBRA or other options.
  - People eligible for Medicaid can also apply at any time through HSRI.
  - People who were uninsured before the COVID-19 crisis and are buying coverage now through the SEP, use "COVID-19" through April 15, 2020.

c. Additional patient resources:

- Rhode Island Parent Information Network (RIPIN): Contact [RIPIN's website](#) or call 401-270-0101 if you have more questions about getting covered or about your health plan, or you disagree with what your health plan is telling you.
- General information about COVID-19  
If you have other non-medical questions about COVID-19, please contact RIDOH:
  - [RIDOH website](#)
  - Email: [RIDOH.COVID19Questions@health.ri.gov](mailto:RIDOH.COVID19Questions@health.ri.gov)
  - COVID-19 Hotline: 401-222-8022
- For a patient's non-medical needs, such assistance with housing, food, childcare, and more, they can visit [United Way's website](#) or call 2-1-1.