

Temporary Telemedicine Health Benefit Changes

Frequently Asked Provider Questions - Updated as of April 15, 2020

The Office of the Health Insurance Commissioner (OHIC) is providing this information that will be expanded upon as policies change and new instructions are issued.

- 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 without cost-sharing
 - COVID-19 screening and testing without cost-sharing
 - Increased access to COVID-19 treatment without cost-sharing
 - 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, without patient cost-sharing
 - UPDATE: Most health plans are waiving cost-sharing for in-network, clinically appropriate COVID-19 and non-COVID-19 telemedicine visits.
 - 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.
 - While all services may not qualify as clinically appropriate for telemedicine, insurers 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.

b. UPDATE: Emergency teledentistry policies

[Delta Dental of Rhode Island \(DDRI\)](#) and [Blue Cross Blue Shield of RI \(BCBSRI\)](#) have enacted emergency changes to their policies related to reimbursements for teledentistry services. These changes will help improve access to and continuity of dental care for Rhode Islanders, and will help ensure that dentists can provide patient care during the COVID-19 pandemic. Under these teledentistry policies, dental providers will be reimbursed for teledentistry evaluations provided to patients via telephone, using videos or photos for emergency evaluations. See guidance from each insurer.

c. 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 28, 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. However, as a result of COVID-19, [many states have taken action](#) to remove policy barriers to telemedicine utilization to address this pandemic. Please contact or check the website of the licensing board of the state where the patient is receiving telemedicine services to verify licensing information.
- 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.

- **COVID-19 screening and testing**

- Prior authorization and patient cost-sharing will not be applied to COVID-19 screening and testing. Health plans are also waiving cost-sharing for COVID-19 related evaluation and testing visits to a health care provider's office, emergency department, or other medical facility.

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

- UPDATE: Most health plans are waiving member cost-sharing for medically necessary treatment of COVID-19 with in-network providers. Please use the links below to contact your patient's health plan for additional details.
- Patients who are diagnosed with COVID-19 will also 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.

- **Provider payment for telemedicine visits**

- a. 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](#).

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

- Rhode Island health plans have updated their policies to comply with the [Governor's Executive Order](#), and [OHIC's instructions and bulletin](#).
- Health plans are waiving cost-sharing for in-network telemedicine visits, and COVID-19 screening and testing. Most health plans are also waiving cost-sharing for COVID-19 related treatment. Please use the links below to contact your patient's insurer for additional details on coverage.
- 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.
- Please use the following links to access the official documentation, billing, and coding policies for each RI insurer:
 - [BCBSRI](#)
 - [NHPRI](#)
 - [Tufts](#)
 - [United](#)
 - [Aetna](#)
 - [Cigna](#)

- The RI Primary Care Physician Corporation has compiled a [grid of insurer telemedicine codes](#) as a helpful reference.
- 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.

- **UPDATE: Remote-monitoring solution for COVID-19 patients**

Healthcentric Advisors has developed an [online remote-monitoring](#) solution for COVID-19 that monitors, manages, and communicates with patients under investigation or confirmed positive for the virus. The system provides daily, text outreach to patients from their care teams to track symptoms of COVID-19 and be alerted – in real-time – if symptoms worsen. This tool allows patients to safely recover at home, reducing exposure. It protects care teams by allowing them to remotely manage patients so they can prioritize the critical needs of the sickest patients. The digital solution is being made available for 5-weeks starting April 6 in anticipation of reports that RI will see a surge in COVID-19 patients. Continued use of the tool will be offered to all practices at a subsidized rate after 5-weeks.

- **UPDATE: Kids' Link RI hotline for children in emotional crisis**

A program offered in collaboration with Gateway Healthcare, Lifespan, Hasbro Children's Hospital and Bradley Hospital, Kids' Link RI is available 24 hours a day, seven days a week for children suffering from behavioral problems or psychiatric illness. The free hotline, [1-855-543-5465](tel:1-855-543-5465), connects parents and caregivers to children's services in RI, and helps parents determine the best place to go for treatment and counseling.

- **UPDATE: Increased access to buprenorphine**

RIDOH recently issued a [provider advisory](#) regarding the urgent need to increase access to buprenorphine to prevent an increase in overdose deaths in RI. During this period of social distancing and isolation, people with opioid use disorder (OUD) are at increased risk of overdose death due to opioid withdrawal and loss of tolerance, using alone, and resumed use among people in recovery. Recent updates to federal regulations now grant Drug Addiction Treatment Act of 2000 (DATA)-waivered practitioners to initiate buprenorphine for patients via a telephone evaluation without requiring a video component.

- **UPDATE: Medicare telemedicine fact sheet**

The Centers for Medicare & Medicaid Services (CMS) has [broadened access to Medicare telemedicine services](#) so that beneficiaries can receive a wider range of services from their providers without having to travel to a healthcare facility. The benefits will help to ensure that all Americans—particularly those at high-risk of complications from the virus that causes the disease COVID-19—are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus. These policy changes build on the regulatory flexibilities granted under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. Some minimum audio-only service reimbursement is included.

● 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 30, 2020.
- Patients can go to 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 30, 2020.

c. Additional patient resources:

- RI 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
 - 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