

WA State Telehealth Collaborative-May 7, 2018

Discussion with Latoya Thomas, ATA Director, State Policy Resource Center

Prepared by: Denny Lordan, Telemedicine Program Coordinator, Providence St. Joseph Health

1. Discussed proposed WA State payment parity bill to include 5 clinical services for a 3-5 year pilot period. Data to be collected and evaluated for cost reduction and level of utilization. Sentiment from payers around the country is that payment parity will just cost more.

Pro's:

- Could provide a good source of data for feds to be able to utilize for federal programs.

Con's:

- Would be challenging to move forward due to lengthy pilot period should data be substantiated earlier.

Recommendations:

- Be very clear as to desired outcomes of pilot
 - Track denials-idea would be to debunk the argument that it leads to increased utilization
 - Diversify the population mix to get adequate numbers
 - Be aware of secondary impact (i.e. a population may grow utilization of other services)
 - Be cognizant of impact to patients over time such as:
 - Pediatric telepsych patients that are able to return to school earlier, function better
 - Occupational Medicine Integrated Behavioral Health patients returning to work earlier
 - Reduction in travel expenses as seen in Medicaid coverage
 - Consider "waivers" as another mechanism for pilots
2. Alternative to pilot of 5 clinical services
 - Consider what North Dakota did with payers: allowed negotiation between payer and provider. There were provisions that prevented denials but created a pathway for most competitive rates. The most contentious area is with primary care or internists doing virtual care. Possible to carve this out. What could this mean beyond primary care?
 - North Dakota parity language - Payment or reimbursement of expenses for covered health services delivered by means of telemedicine under this section may be established through negotiations conducted by the insurer in the same manner as the insurer establishes payment or reimbursement of expenses for covered health services that are delivered by in-person means.
 3. States currently requiring payment parity
 - Minnesota S.F. No. 981-Payment Parity-Subdivision 3 requires the health carrier to reimburse the distant site provider for services delivered via telemedicine on the same basis and at the same rate as would apply to the services, consultation, or contacts if provided in

person. Permits the health carrier to require a deductible, co-payment, or coinsurance for services provided by telemedicine if the same deductible, co-payment, or coinsurance is [required](#) if the service is provided through in-person contact.

- **Hawaii-§431:10A-116.3 Coverage for telehealth.**
(c) Reimbursement for services provided through telehealth shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. There shall be no reimbursement for a telehealth consultation between health care providers unless a health care provider-patient relationship exists between the patient and one of the health care providers involved in the telehealth interaction and the patient is accompanied by a treating health care provider at the time telehealth services are provided by the consulting health care provider; provided that when behavioral health services are provided, a second health care provider shall not be required to accompany the patient.