Telehealth Guidance

With the current COVID-19 outbreak, it is vitally important for Oregonians to be able to receive health care services without visiting their provider in person. Health plans across the state have been moving toward telehealth for years and already understand the value of many telehealth delivery models (including via two-way video, telephone, email, and text). However, the urgent need to contain the spread of this new virus means we must act quickly to increase the availability and use of telehealth (including telephone) services.

For the duration of the COVID-19 outbreak, or until otherwise directed by the directors of the Department of Consumer and Business Services and the Oregon Health Authority, the state expects health plans of all types to provide increased access to health care services through telehealth delivery platforms and to encourage patients to use telehealth delivery options to limit the amount of in-person health care services they seek.[i] This includes commercial health plans regulated by DCBS and Medicaid health plans regulated by OHA.

Specifically:

- **Health plans shall cover telehealth services delivered by in-network providers to replace in-person visits whenever possible and medically or clinically appropriate.**
    - Providers shall be allowed to use all modes of telehealth delivery including synchronous video, telephone-based service delivery, and other appropriate methods.
    - Telehealth services shall be available for all conditions, not just COVID-19 or suspected COVID-19 cases, as medically and clinically appropriate.
    - Health plans shall allow both existing and new patients to access health care (including behavioral health and substance use disorder) services without risking spread or transmission of COVID-19. (The federal government has waived HIPAA privacy requirements, so services such as Google Hangouts, FaceTime, and Skype can be used during this crisis.[ii]).
    - The Oregon Health Plan will immediately implement new HERC Guideline Note A5 and Statement of Intent 6 from the March 13, 2020, Prioritized List. Medicaid managed care organizations should go beyond the HERC Guideline and ensure access to care for their members by implementing other recommendations from this guidance. We encourage commercial plans to use this as a resource in developing their coverage.

- **Health plans shall examine reimbursement rates for telehealth services to ensure they are adequate to enable providers to increase capacity to serve patients with appropriate telehealth delivery methods.**

    - The state encourages reimbursement rates for telehealth services that mirror payment rates for an equivalent office visit or that providers and health plans quickly agree on applicable reimbursement rates.

- **Health plans shall ensure cost-sharing requirements for services delivered via telehealth are no greater than if the service was delivered through in-person settings.**

- **Health plans shall clearly communicate (e.g. prominently posting information on website) to their members and provider networks about options to receive health care services via appropriate telehealth delivery modes as well as how to bill for such services.**
  - Plans should focus special attention on connecting at-risk and vulnerable populations to their health care providers via telehealth (including telephone-based service delivery).
  - Medicaid coordinated care organizations (CCOs) shall submit member communications materials on this subject to OHA for approval before distribution. OHA will review materials for approval within one business day. All communications for health plans should be posted prominently and tailored to the audience. CCOs' patient facing materials should be accessible in multiple languages as soon as possible.

- **Health plans shall examine their provider networks to ensure robust telehealth services are available and consider contracting with more providers to help bolster telehealth capacity during the current outbreak.**

- **Health plans shall use telehealth service delivery methods to ensure patients maintain access to behavioral health services, including the following:**
  - Psychotherapy
  - Team psychotherapy
  - Team conferences
  - Crisis psychotherapy
  - Group therapy
  - Mental health assessments
  - Service plan development
  - Substance use disorder services
  - Peer-delivered services (for the Oregon Health Plan)

- **Health plans shall eliminate barriers to providing medically and clinically appropriate care using appropriate telehealth delivery models by doing the following:**
  - Waiving the requirement that certain services be available only to established patients
  - Enabling providers to provide service from their own home
  - Removing restrictions related to where patients can be to receive services (e.g. home, nursing home, or where they are physically present and can receive the service)
  - Considering how increased use of telehealth could help preserve providers' personal protective equipment (e.g., physical therapy in nursing facilities)

- o Allowing authorizations to receive online, video, or telephone services to be given verbally, as long as cost sharing is clearly disclosed
- o Waiving requirements related to encryption (See https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html)

OHA and DCBS will continue to develop more specific guidance for CCOs and commercial health insurance plans and the agencies will identify whether additional barriers to telehealth delivery exist for specific populations or services and will work to eliminate those barriers. If you have a recommendation, please email us at OrCOVID19.JIC@dhsoha.state.or.us.

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[i] In the context of this guidance, the term "health plan" refers to both Medicaid-managed care plans and commercial health benefit plans.

[ii] See https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html for details.