



*FOR HEALTH CARE PROFESSIONALS – The information in this document applies to state regulated insurance plans only. Employer-sponsored and other plans regulated by ERISA and Medicare are regulated at the federal level. ISMS is supporting the American Medical Association in their efforts to advocate for similar federal changes.*

## FOR HEALTH CARE PROFESSIONALS:

Rules for the use of telehealth technologies and coverage and payment policies of **third party payers regulated by the state**, both private and public, have been revised in an attempt to respond effectively and safely to the COVID-19 outbreak. While individual insurer details are being worked out, here are the key points:

- The definition of “telehealth services” has been expanded. As long as you are in a private area, you may provide services to your patient using a regular telephone, commercial video technology like [Skype](#) or FaceTime, or videoconferencing services like [Zoom](#). Of course, if you are already set up with HIPAA-compliant telehealth technology, we strongly urge you to continue using these platforms.
- You may provide telehealth services to your patients regardless of their location – or yours.
- **All health insurance plans regulated by the Illinois Department of Insurance and the Illinois Department of Healthcare and Family Services (Medicaid) are required to cover all clinically appropriate, medically necessary services delivered via telehealth by in-network providers.** Note that this applies to services that would otherwise be covered if they were delivered in person, and that, at this point, “in-network” and “out-of-network” distinctions still apply.
- There is currently a temporary suspension of any prior authorization requirements for care provided in Medicaid Fee-for-service. The Department of Health and Family Services (DHFS) has instructed Illinois’ Medicaid managed care organizations (MCOs) to adopt this temporary policy for care provided to beneficiaries through the MCOs. DFHS is currently working with the MCOs to provide guidance to providers and patients and to operationalize such policies as quickly as possible.
- Patient cost-sharing is waived for all telehealth services provided by in-network providers, **EXCEPT** for patients who are enrolled in high-deductible health plans and have not met their deductible. Since COVID-19 related services have been determined to be within the scope of “preventive care,” those services would not be subject to cost sharing requirements.
- The above modifications apply to all services being provided via telehealth. They are **NOT** limited to conditions related to COVID-19.
- Telehealth services cannot be subject to utilization review policies that are more onerous than those applied to comparable in-person services, and prior authorization requirements cannot be imposed for any telehealth services that relate directly to COVID-19.
- Individual insurers are expected to provide guidance regarding specific coding and billing requirements that apply to telehealth services.



## GENERAL GUIDANCE FOR HEALTH CARE PROFESSIONALS

- Licensure and scope of practice regulations apply to services provided via telehealth.
- **Telehealth is a tool for medical practice, and may be used at the discretion of individual health care professionals who feel they are able to maintain a standard of care equal to that delivered in in-person care. Telehealth might not be appropriate for all patients in all circumstances.**
- The state of emergency and modified guidelines regarding the use of telehealth do not imply acceptance of a lower threshold of care or a reduced expectation of proper clinical engagement and documentation. A telehealth visit should be treated in the same manner as an in-person visit with respect to documentation, follow up, and other continuity of care issues.
- If you are unfamiliar with telehealth technologies, you may still want to consider whether it is appropriate to interact with your patients via telehealth as long as the need for social distancing persists. Consider the information you need to obtain from your patient in order to provide clinically appropriate care, and whether this can be obtained via telephone only, via a live chat function, or by an exchange of other types of information.

### NOTE

Federal rules governing the use of telemedicine and telehealth services are being updated frequently in response to the COVID-19 crisis. Medicare has announced an expansion of telehealth rules, and the US Department of Justice Drug Enforcement Agency (DEA) clarified that DEA-registered practitioners can issue prescriptions for all Schedule II – V controlled substances to patients for whom they have not conducted an in-person medical evaluation, subject to the following conditions:

- > The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of their professional practice;
- > The telehealth communication is conducted using audio-visual, real-time, two-way interactive communication system; and
- > The practitioner is acting in accordance with applicable Federal and State laws.

**\*\*\*ISMS joins Governor Pritzker in urging all physicians to sign up for COVID-19 alerts from the State of Illinois Rapid Electronic Notification System (SIREN) by registering at <https://siren.illinois.gov>. Physicians can request to receive SIREN COVID-19 alerts by emailing [dph.siren@illinois.gov](mailto:dph.siren@illinois.gov).**



## Ensuring Continuity of Care For Patients; Guidance on Important Changes Regarding Telehealth



### FOR PATIENTS

Rules for the use of telehealth technologies and coverage and payment policies of third party payers have been revised in an attempt to respond effectively and safely to the COVID-19 outbreak. While individual insurer details are being worked out, here are the key points:

- If you and your physician or other health care professional (including physical therapists, mental health professionals, etc.) agree to use telehealth for health care services for any health care issue, you may communicate using a regular telephone, commercial video technology like [Skype](#) or FaceTime, or videoconferencing services like [Zoom](#). Be aware that these technologies may not have the privacy safeguards and securities that are required of more formal telehealth platforms. However, your health care professional will use every reasonable precaution to keep your information private. If your physician or other health care professional already uses technology specifically designed to support telehealth services, we strongly urge you to continue using these platforms.
- You can receive telehealth services regardless of your location, as long as you are comfortable communicating fully and openly with your physician from your chosen location.
- Your health insurance coverage should extend fully to telehealth services. If you receive health care services from an in-network provider, and the services would be covered if you received them in a physician's office, then the services will be covered if provided via telehealth.
- Patient cost-sharing is waived for all telehealth services provided by in-network providers. It is critically important to maintain "social distancing" wherever appropriate, which is why patients and health care professionals are being encouraged to consider using telehealth for most medical services.

EXCEPTION – if you are enrolled in a high-deductible health plan, regular cost sharing requirements apply until you meet your deductible. Since COVID-19 related services have been determined to be within the scope of "preventive care," those services would not be subject to cost sharing requirements.

**IMPORTANT NOTE:** Telehealth might not be appropriate for all patients at all times. Speak directly your physician or other health care professional to determine whether your situation is appropriate for a telehealth visit.

For additional resources visit [www.isms.org/covid-19](http://www.isms.org/covid-19). ISMS members can contact us at [hpresearch@isms.org](mailto:hpresearch@isms.org) with any questions.