BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association

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Sebastian Arduengo
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Department of Financial Regulation
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June 7, 2022

Regarding: Audio-Only Coding and Reimbursement Order for Plan Year 2023

Dear Sebastian,

We would like to provide some additional information and insights as you consider audio-only coding and reimbursement policies. Blue Cross and Blue Shield of Vermont (Blue Cross) widely supports and promotes telehealth, and to a more careful degree, the audio-only modality: it increases access to care for rural and lower income populations, including those with transportation and childcare issues, and for parents who are juggling busy family and school schedules. We are constantly seeking to improve our members' access while being responsive to their concerns around the spiraling cost of care.

This spring Blue Cross expanded our policies based on clinical reviews, but we continue to have significant concerns about promoting audio-only as an equal substitute for either audio-visual telemedicine or in-person care, and we oppose requiring equivalent reimbursements, due to both health care affordability and health disparities that audio-only exacerbates. Additionally, Evaluation and Management (E/M) codes and payments include time for follow-up calls with patients for test results or other information. Allowing providers to bill separately for these calls adds new, duplicative costs to our healthcare system and has a particularly concerning impact on Vermonter's out of pocket costs. We also ask that DFR continue its existing policies and allow time for us to collect and analyze how audio-only is being used here in Vermont before making changes.

Our primary concern is for the quality and value of audio-only care, and particularly the health equity implications on low income and rural Vermonters. Blue Cross updated and expanded telehealth and audio-only code coverage for our members this spring and we are actively monitoring utilization patterns. If a visit is initiated as an audio-visual modality but changed to audio-only for any reason, Blue Cross will allow the higher payment amount for the claim. We also revised the policy to allow all mental health visits, regardless of provider type, to have the same reimbursement as an in-person visit. We have been very responsive to what the data tells us, as well as provider concerns and our coverage:

- Supports telehealth, and audio-only when telehealth with video not available
- Does not differentiate payment amounts based on type of provider
- Does not differentiate between large and small providers
- Supports a level playing field with other payers regarding these payment policies

A recent publication, Rethinking the Impact of Audio-Only Visits on Health Equity in the RAND Blog from December 2021 is an excellent summary of our concerns around how health disparities are exacerbated by audio-only care, and cites the latest research on this modality.

The RAND article discusses:

- Ongoing delivery of audio-only visits can reduce the quality of care among low-income populations and contribute to health disparities.
- Studies have shown that clinicians can miss visual cues and struggle with establishing rapport with patients, and the visits are shorter. Additionally, patients report lower satisfaction and comprehension rates—which is a critical concern for patients following medical advice, especially for patients who are communicating outside of their primary language or for whom multiple care directives are being delivered.
- Even as new data emerge about the quality of audio-only visits, it is clear that some patients are largely getting more evidence-based, tested medical services (which are in-person and video visits) while low-income patients are getting this untested service of audio-only.
- Cervical cancer screening rates, child weight assessment and counseling, and depression screening and follow-up at FQHCs declined with telehealth (predominantly audio-only) use.
- Telehealth experts have pointed out that failing to rein in audio-only visits risks escalating costs and creating a two-tiered system in which affluent patients get video and in-person visits and low-income patients get telephone calls.
- A note that is particularly concerning is that "generous parity reimbursement for audio-only visits may be creating perverse incentives to deliver substandard care to the most under-served."

We appreciate the data you shared regarding telehealth visits in Vermont but remain concerned that VHCURES data is not complete for commercial claims. Additionally, we know that the data specific to audio-only claims does not exist prior to January 1, 2022. Our response to the pandemic was meant to allow providers and patients broad access to care and did not require changes to the coding that would provide accurate information for analysis. The coding changes required in the DFR order should allow for reliable data collection in 2022. Until we have this information, we cannot know how audio-only care is being used for patients with commercial health insurance. We will share our information with DFR in as timely a manner as possible.

Thank you for continuing to take health equity and affordability into account when developing the Audio-Only Coding and Reimbursement Order for Plan Year 2023.

Sincerely,

Sara Teachout
Director, Government, Public & Media Relations
Blue Cross and Blue Shield of Vermont