



American Telemedicine Association

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July 1, 2014

Mr. J.P. Wieske
Wisconsin Office of the Commissioner of Insurance
Chair, NAIC Network Adequacy Model Review (B) Subgroup
c/o National Association of Insurance Commissioners
444 N. Capitol St. NW, Suite 701
Washington, D.C. 20001

ATTN: Jolie Matthews, NAIC Senior Health and Life Policy Counsel
RE: NAIC MANAGED CARE PLAN NETWORK ADEQUACY MODEL ACT (#74)

Dear Mr. Wieske and Ms. Matthews,

The American Telemedicine Association (ATA) thanks you for this opportunity to provide the National Association of Insurance Commissioners (NAIC) Network Adequacy Model Review (B) Subgroup with proposed revisions to the Managed Care Plan Network Adequacy Model Act #74.

Founded in 1993, ATA promotes professional, ethical and equitable improvements in health care delivery through telecommunications and information technology. Our priorities are to promote patient safety, increase the quality of care and expand access and patient choice in health services. In essence, telemedicine is merely the delivery of health services using the tools and advances of telecommunications.

States have been major innovators using telemedicine to implement health delivery reforms that achieve significant cost savings and improve health outcomes. ATA has been instrumental in the development and passage of these reforms, providing education, outreach and engagement for key stakeholders at the state level. Twenty-one states and the District of Columbia have telemedicine parity insurance laws for health benefit plans to treat telemedicine covered services comparably with in-person services. Just this year Tennessee was added to that growing list.

Telemedicine is particularly relevant in the consideration of network adequacy requirements and other consequences of health professional shortages, maldistribution, and participation. Despite

decades of efforts to entice health professionals to locate in or near underserved areas, the problems have generally gotten worse. The tools of telemedicine, notably real-time and interactive video visits, can be of immediate benefit to patients, plans and professionals.

As regulators of state insurance policies offered to citizens, the NAIC has an important role in taking advantage of health care delivery innovations, including telemedicine, to improve quality, reduce costs, improve timely access to needed care, and improve citizen satisfaction.

Recognition of telemedicine in the NAIC Network Adequacy Model Act is essential for health plans to innovate the delivery of care and ensure consumers are provided with information about telemedicine services in their health plan provider networks. Prime examples of telemedicine uses for network adequacy include access to highly specialized physicians, 24/7/365 health services, and the accommodation of patient choice and preferences such as language or gender.

ATA's proposed revisions include adding a telemedicine definition, updating certain language to reflect the care delivery innovations, and expanding the access plan to include a reference to telemedicine-provided services follow.

Specific Recommendations

Section 3. Definitions

We recommend adding a definition of telemedicine (or telehealth) as new subsection U. Based on the successful enactment of telemedicine parity laws nationally, we recommend that NAIC adopt the following telemedicine definition and terms of coverage:

U. "Telemedicine" means the use of synchronous, two-way conferencing, remote patient monitoring, and asynchronous health images or other health transmissions by a health care provider to deliver health care services at a site other than the site where the provider is located relating to the health care diagnosis or treatment of a patient.

Section 5. Network Adequacy

In Subsection A, line 9, we recommend deleting "appointments" and replacing it with "visits." Use of the term "visits" is a more appropriate measure than appointments, and reflects actual delivery of services in different settings. Also, "visits" better fits our increasing 24/7, on-demand, and online world for health services. The sentence would be amended to be the following:

"Sufficiency shall be determined in accordance with the requirements of this section, and may be established by reference to any reasonable criteria used by the carrier, including but not limited to: provider-covered person ratios by specialty; primary care provider-covered person ratios; geographic accessibility; waiting times for visits ~~appointments~~ with participating providers; hours of operation; and the volume of technological and specialty services available to serve the needs of covered persons requiring technologically advanced or specialty care."

In Subsection A, Paragraph 2, line 2, we recommend deleting "proximity," replacing it with "access," and adding a reference to telemedicine. Use of the term "access" addresses telemedicine and other providers that might not be in the immediate geographic area.

Telemedicine providers can expand access to high quality intensive care or counseling to consumers in rural or underserved areas, enhancing network adequacy. The sentence would be amended to be the following:

The health carrier shall establish and maintain adequate arrangements to ensure reasonable ~~access proximity~~ of participating providers to the business or personal residence of covered persons, such arrangements may also include services provided by telemedicine.

In Subsection B, the access plan description should be revised as follows to include telemedicine-provided services (such as a new (10) and renumbering the current (10) to be (11)):

(10) The health carrier's procedures for accessing telemedicine and making referrals to telemedicine-provided services within and outside its network.

Section 6. Requirements for Health Carriers and Participating Providers

We recommend a specific standard be added for a health carrier regarding a directory of participating providers, as a new Subsection T. We recommend that a standard include health identification of telemedicine providers in the network, the states in which they are licensed, and a basic description of the telemedicine services they offer. Additionally, we recommend that the provision require that the carrier make the provider directory available electronically on the carrier's website and in a print version to be available upon request.

Thank you again for the opportunity to share our comments with you. We strongly support the NAIC's efforts and commitment to revising the Network Adequacy Model Act. Please feel free to contact me at (202) 223-3333 or jlinkous@americantelemed.org if you would like to discuss these comments in detail or have any questions.

Sincerely,

A handwritten signature in black ink that reads "Jonathan D. Linkous". The signature is written in a cursive style with a large initial "J".

Jonathan D. Linkous
Chief Executive Office