

**VERMONT MEDICAL SOCIETY RESOLUTION****Coverage for Audio-Only Health Care Services**

*Submitted by VMS Executive Committee for adoption at VMS Annual Meeting on November 6, 2021*

WHEREAS, audio-only connections offer critical access to healthcare services for patients who face barriers that might otherwise cause them to delay, defer, or cut short medical treatment;<sup>1</sup>

WHEREAS, the COVID-19 pandemic highlighted the number of patients for whom technological barriers (broadband access, affordability, computer equipment, and/or comfort with technology) make an audio-visual connection impractical, and pushed to the fore our understanding for the appropriate clinical circumstances for different telehealth modalities, and demonstrated the challenges many patients face in attending in-person medical appointments;<sup>2</sup>

WHEREAS, in a study published in JAMA, it was found that nationally “26.3% of Medicare beneficiaries lacked digital access at home, making it unlikely that they could have telemedicine video visits with clinicians” and that “the proportion of beneficiaries who lacked digital access was higher among those with low socioeconomic status, those 85 years or older, and in communities of color;”<sup>3</sup>

WHEREAS, a recent report from the Medicare Payment Advisory Council (MedPAC) demonstrates the popularity of telehealth among older adults, with ninety-one percent of those surveyed indicating they were satisfied with the telehealth care they received during the pandemic;<sup>4</sup>

WHEREAS, Vermont health care practices are not experiencing a cost savings as part of implementing audio-only services and many practices report that providing services over the phone requires more time including: working with patients to determine if audio-only is appropriate, helping patients get situated in a new way of connecting with their clinicians, longer appointment times talking through each patient concern and checking that nothing has been missed, more time spent documenting the encounter and more follow-up time by staff to call patients separately to coordinate prescriptions, referrals or other follow-up care;<sup>5</sup>

WHEREAS, there no evidence that audio-only reimbursement will become a driver for increasing remote services beyond what is appropriate; Vermont and national trends in use of telehealth and audio-only services have been as follows:

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<sup>1</sup> Vermont Program for Quality in Health Care, Report: Audio-Only Telemedicine & Clinical Quality Recommendations, October 20, 2020; available at <https://legislature.vermont.gov/assets/Legislative-Reports/Audio-Only-Telephone-Services-Working-Group-Report-v2.pdf>

<sup>2</sup> *Id.*

<sup>3</sup> Roberts ET, Mehrotra A. Assessment of Disparities in Digital Access Among Medicare Beneficiaries and Implications for Telemedicine. JAMA Intern Med. 2020;180(10):1386–1389. doi:10.1001/jamainternmed.2020.2666

<sup>4</sup> [http://www.medpac.gov/docs/default-source/reports/mar21\\_medpac\\_report\\_to\\_the\\_congress\\_sec.pdf?sfvrsn=0](http://www.medpac.gov/docs/default-source/reports/mar21_medpac_report_to_the_congress_sec.pdf?sfvrsn=0)

<sup>5</sup> See VMS Member Survey, circulated June 2021, available from [jbarnard@vtmd.org](mailto:jbarnard@vtmd.org)

- 38 • Significant drop off in overall visit volume in the first wave of COVID-19 shut-downs in  
39 the spring of 2020, and significant increase in telehealth as a percent of visits that did  
40 occur,
- 41 • A rebound in overall volume (although not to 100%) and significant decrease in  
42 telehealth as a percentage of total visits over the summer of 2020,
- 43 • An uptick in telehealth use with the second COVID-19 wave in late fall of 2020 but not  
44 as dramatic as in spring of 2020, and
- 45 • A steady decrease in audio-only as a percent of telehealth services following the spring  
46 of 2020 and a small number of appointments overall using audio-only services;<sup>6</sup>

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48 WHEREAS, on March 29, 2021, Governor Scott signed Act 6 of 2021, which requires health  
49 insurance plans, and Vermont Medicaid to the extent permitted by the Centers for Medicare  
50 and Medicaid Services, to provide coverage for all medically necessary, clinically appropriate  
51 health care services delivered by audio-only telephone to the same extent that the plan would  
52 cover the services if they were provided through in-person consultation;

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54 WHEREAS, Act 6 further required the Department of Financial Regulation (DFR), working in  
55 consultation with the Department of Vermont Health Access (DVHA) and the Green Mountain  
56 Care Board to determine commercial reimbursement rates for audio-only telephone services  
57 and to “find a reasonable balance between the costs to patients and the health care system and  
58 reimbursement amounts that do not discourage health care providers from delivering medically  
59 necessary, clinically appropriate health care services by audio-only telephone;” and

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61 WHEREAS, in July 2021 DFR announced a requirement that for the 2022 calendar year  
62 commercial plans reimburse for telephone services at “a rate no less than 75% of the rate for  
63 equivalent in-person or audio/visual telemedicine covered services”<sup>7</sup> and will revisit this  
64 determination for 2023; and

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66 WHEREAS, for the period after the federal COVID-19 public health emergency terminates  
67 Vermont Medicaid currently proposes to “reimburse audio-only service delivery at 55% – 75%  
68 of the in-person reimbursement rate for the equivalent service;”<sup>8</sup> and

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70 WHEREAS, Medicare coverage for telephone only services remains in considerable flux after  
71 the end of the federal public health emergency, potentially covering only mental health and  
72 virtual check-in services and ending coverage for any audio-only E/M visits;<sup>9</sup> now therefore be  
73 it

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<sup>6</sup> <https://dfr.vermont.gov/sites/finreg/files/regbul/dfr-order-docket-21-026-i-audio-coding.pdf> (see pages 23-36 of PDF for Medicare, UVMMC, Dartmouth-Hitchcock and BiState Primary Care Association data)

<sup>7</sup> <https://dfr.vermont.gov/sites/finreg/files/regbul/dfr-order-docket-21-026-i-audio-coding.pdf>

<sup>8</sup> <https://dfr.vermont.gov/sites/finreg/files/regbul/dfr-order-docket-21-026-i-audio-coding.pdf> (see pages 10-13 of PDF for DVHA)

<sup>9</sup> Medicare CY 2021 Payment Policies Under the Physician Fee Schedule, <https://www.govinfo.gov/content/pkg/FR-2020-12-28/pdf/2020-26815.pdf> (pages 62-66 of PDF); Medicare Proposed CY 2022 Physician Fee Schedule, <https://public-inspection.federalregister.gov/2021-14973.pdf> (pages 115-116 of PDF)

75 **RESOLVED, The Vermont Medical Society will continue to advocate at the Vermont**  
76 **legislature, with Vermont regulators, with insurance carriers and at the federal level for**  
77 **coverage by Medicaid, Medicare and commercial insurers of all medically necessary,**  
78 **clinically appropriate health care services delivered by audio-only telephone and for such**  
79 **services to be paid for at the equivalent rate to in-person services.**