



DATE: October 13, 2020
TO: Health Plan Issuers and Interested Parties
FROM: Mark V. Afable, Commissioner of Insurance
SUBJECT: Telemedicine Coverage Request Related to COVID-19

On October 1, 2020, Governor Tony Evers and Department of Health Services Secretary-designee Andrea Palm issued Emergency Order #2 regarding aid to healthcare facilities providing treatment for COVID-19. The Office of the Commissioner of Insurance (OCI) was directed to “continue working with health insurers to minimize out-of-network barriers for insured patients seeking telemedicine services.” OCI is issuing this Bulletin in compliance with that directive.

As outlined in the emergency order, COVID-19 is placing a strain on the capacity of healthcare facilities and the contagious nature of the disease may result in non-COVID-19 related health treatments being canceled or delayed. Because of these issues, Health Plan Issuers are once again strongly encouraged to remove any barriers to their insureds utilizing telemedicine services. Health Plan Issuers are reminded to review provisions in current policies regarding the delivery of health care services via telemedicine and ensure their telemedicine programs with participating providers are robust and will be able to meet any increased demand.

Where appropriate, Health Plan Issuers are strongly encouraged to not deny coverage for a treatment or service provided through telehealth if that treatment or service is covered under the policy or plan when provided in person by a health care provider. For the purpose of this Bulletin, “telehealth” is defined as the practice of health care delivery, diagnosis, consultation, treatment, or transfer of medically relevant data by means of audio, video, or data communications that are used either during a patient visit or a consultation or are used to transfer medically relevant data about a patient.

Health Plan Issuers are requested to verify their provider networks are adequate to handle a potential increase in the need for telehealth services. If Health Plan Issuers do not have sufficient telehealth providers in their network, Health Plan Issuers are requested to develop a plan to address these shortfalls including making exceptions to provide access to an out-of-network provider at the in-network cost-sharing level. Health Plan Issuers who lack access to telehealth services where in-person services are not available may be found by OCI to lack an adequate provider network as required by Wis. Stat §§ 609.22 and 609.24 and Wis. Adm. Code Ins 9.32.

Any questions concerning this bulletin may be directed to Nathan Houdek, Deputy Commissioner of Insurance, at Nathan.Houdek@wisconsin.gov.