



July 7, 2021

Ms. Jane Beyer  
Washington State Office of the Insurance Commissioner  
P.O Box 40258  
Olympia, WA 98504  
[rulescoordinator@oic.wa.gov](mailto:rulescoordinator@oic.wa.gov)

RE: R 2021-06 telemedicine and audio-only telemedicine services CR-101

Dear Ms. Beyer,

On behalf of Cambia Health Solutions family of insurance companies (“Cambia”), including Regence BlueShield, Asuris Northwest Health, and BridgeSpan Health Company, thank you for the opportunity to provide comments on the CR-101 for the telemedicine and audio-only telemedicine services rulemaking. We are working diligently to implement ESHB 1196 and we look forward to partnering with the Office of the Insurance Commissioner (OIC) on this rulemaking. Please find below Cambia’s comments on selected provisions from ESHB 1196 that we believe would benefit from rulemaking.

**Telemedicine Payment Parity:**

Sec. 2(1)(b)(i) of ESHB 1196 revised the language around reimbursement for health care services provided through audio-only telemedicine. Rather than using the term “same rate”, the language now requires the carrier to reimburse “the same amount of compensation” the carrier would pay the provider if the health care service was provided in-person by the provider. We believe the industry would benefit from a regulatory definition of “the same amount of compensation.”

In December 2020, the OIC sent an e-mail to stakeholders clarifying that carriers should reimburse providers for health care services delivered through telemedicine using the same “allowed amount” as they would for in-person services. The e-mail further explained that “allowed amount” includes the carrier’s payment to the provider combined with any applicable consumer cost-sharing. We recommend the OIC use the same definition and language in this rulemaking to clarify what it means to reimburse a provider at “the same amount of compensation” as in-person.

**Patient Consent for Audio-only Billing:**

Sec. 8 of ESHB 1196 requires a provider to obtain a patient’s consent prior to billing their health plan for health care services delivered through audio-only telemedicine. We supported the inclusion of this

requirement in ESHB 1196, and believe it is an important consumer protection. We also believe further clarity is needed through rulemaking to ensure this requirement is consistently implemented across providers and easily understood by consumers. We recommend the OIC outline the process for obtaining patient consent through this rulemaking. It is important consent is obtained every time health care services are delivered through audio-only telemedicine and not included as part of new patient forms or as a blanket consent form for all future audio-only telemedicine encounters. We also recommend that providers are required to retain documentation of patient consent so that the OIC and the Department of Health can verify compliance with the requirement, and carriers could request the documentation if necessary.

Thank you for considering our comments. Please let me know if you would like to discuss any of our feedback further. I can be reached at [Jane.Douthit@Regence.com](mailto:Jane.Douthit@Regence.com) or (206) 332-5212.

Sincerely,

A handwritten signature in black ink that reads "Jane Douthit". The signature is written in a cursive, flowing style.

Jane Douthit  
Cambia Health Solutions  
Sr. Public & Regulatory Affairs Specialist