

FAQs for the Executive Order (EO) to Expand Telehealth Services and Protect Health Care Providers in Response to COVID-19 (EO 2020-09)

Why is this EO being introduced?

Telehealth has become increasingly important in the face of COVID-19 and expanding access to it is critical to face this ever-expanding crisis. By expanding access to telehealth, we can both allow people who are self-isolating to continue medical services from their home as well as free up space in hospitals and other health facilities for patients impacted by COVID-19 who require in-patient care.

What does this EO do?

This EO expands the scenarios in which health insurance companies are required to cover telehealth services. The EO also prohibits cost-sharing for any telehealth service, as well as prior authorization requirements for telehealth services related to COVID-19. Finally, the EO relaxes requirements of State law in order to allow mental health and developmental disability services to be provided through non-public facing remote communication.

What scenarios are insurers required to cover telehealth under this EO?

- The service is already a covered benefit when provided in-person to the patient;
- The service is clinically appropriate and medically necessary; and,
- The telehealth service is delivered by an in-network provider acting within their scope of practice, who is licensed, certified, registered, or authorized to practice in the State of Illinois.

What qualifies for the prior authorization prohibition in the EO?

All telehealth services provided by in-network providers that relate to COVID-19 are prohibited from prior authorization.

What telehealth requirements are set out for commercial insurers under this EO?

This EO Prohibits commercial health insurance issuers from setting requirements for telehealth services that are more restrictive or less favorable toward providers and insureds than those established for Medicaid during the COVID-19 public health emergency. The Medicaid requirements address matters including provider documentation and reimbursement.

Which services qualify for the cost-sharing prohibition?

This EO prohibits cost-sharing for telehealth services delivered by in-network providers, whether or not they relate to COVID-19. However, to comply with federal requirements, an enrollee in a high-deductible health plan still will pay cost-sharing for any services that the IRS does not consider preventive care until the enrollee has met their deductible.

Which insurance plans do these telehealth coverage requirements apply to?

- Comprehensive health insurance coverage (e.g. major medical and HMO – not self-insured)
- Short-term limited duration health insurance coverage
- Fully insured student health insurance coverage
- Fully insured association health plans

- Fully insured dental benefits, vision benefits, long-term care benefits, accident-only policies, and specified disease policies.

What platforms are allowed to be utilized under the relaxed rules of the EO?

Any non-public facing remote communication method, such as telephone calls, Skype, Apple FaceTime, Google Hangouts, Facebook Messenger video chat, etc. This exception does not allow the use of public facing products such as Facebook Live, TikTok, or Twitch.