



State of New Jersey

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BULLETIN NO. 20-07

TO: ALL HEALTH INSURANCE COMPANIES, HEALTH MAINTENANCE ORGANIZATIONS, HEALTH SERVICE CORPORATIONS AND ANY OTHER ENTITY ISSUING HEALTH BENEFITS PLANS IN THIS STATE

FROM: MARLENE CARIDE, COMMISSIONER

RE: USE OF TELEMEDICINE AND TELEHEALTH TO RESPOND TO THE COVID-19 PANDEMIC

On March 9, 2020, Governor Phil Murphy declared a state of emergency and public health emergency through the issuance of Executive Order No. 103 (“EO 103”) to contain the spread of the Coronavirus (“COVID-19”) pandemic. The Department of Banking and Insurance (“Department”) is issuing this Bulletin to provide guidance to all health insurance companies, health maintenance organizations, health service corporations and other entities issuing health benefits plans in this State (collectively “carriers”) regarding the use of telemedicine and telehealth to respond to the COVID-19 pandemic.

Except as explained below, the terms telemedicine and telehealth are defined as set forth in P.L. 2017, c. 117.

Effective immediately and continuing for the duration of the state of emergency and public health emergency declared pursuant to EO 103, the Department is requiring that carriers:

- review their telemedicine and telehealth networks to ensure adequacy, given the apparent increased demand, as well as grant any requested in-plan exceptions for individuals to access out-of-network telehealth providers if network telehealth providers are not available, including, but not limited to, mental health and behavioral health providers, physical therapists, occupational therapists, and speech therapists, and any other health providers capable and authorized to provide telehealth or telemedicine services pursuant to State law or other State-issued guidance;
- cover, without cost-sharing (i.e., copayments, deductibles, or coinsurance), any healthcare services or supplies delivered or obtained via telemedicine or telehealth as required by P.L. 2020, c. 7;

- encourage their network providers to utilize telemedicine or telehealth services wherever possible and clinically appropriate in order to minimize exposure of provider staff and other patients to those who may have the COVID-19 virus;
- update their policies to include reimbursement for telehealth services that are provided by a provider in any manner that is practicable, including, if appropriate, and clinically appropriate, by telephone. Carriers should disseminate information on their website, or other reasonable means, to notify individuals of these updates. This would include the use of telephone-only communications to establish a physician-patient relationship and the expanded use of telehealth for the diagnosis, treatment, ordering of tests, and prescribing for all conditions. Carriers are required to update telehealth policies to include telephone-only services within the definition of telehealth;
- reimburse providers that deliver covered services to members via telemedicine or telehealth in accordance with P.L. 2020, c.3, and this guidance. Carriers may establish requirements for such telemedicine and/or telehealth services, in accordance with P.L. 2020, c.3, and guidance issued by the Department, including documentation and recordkeeping, but such requirements may not be more restrictive than those for in-person services. Carriers are not permitted to impose any specific requirements on the technologies used to deliver telemedicine and/or telehealth services (including any limitations on audio-only or live video technologies) during the state of emergency and public health emergency declared pursuant to EO 103;
- ensure that the rates of payment to in-network providers for services delivered via telemedicine or telehealth are not lower than the rates of payment established by the carrier for services delivered via traditional (i.e., in-person) methods, and carriers must notify providers of any instructions that are necessary to facilitate billing for such telehealth services.
- may not impose any restriction on the reimbursement for telehealth or telemedicine that requires that the provider who is delivering the services be licensed in a particular state, so long as the provider is in compliance with P.L. 2020, c.3 and c.4 and this guidance; and
- may not impose prior authorization requirements on medically-necessary treatment that is delivered via telemedicine or telehealth.

If you have any questions, please contact the Department’s Office of Life and Health at lifehealth@dohi.nj.gov.

3/22/20
Date

Marlene Caride
Commissioner