



TELEHEALTH

An Efficient, Convenient Way to Provide Healthcare to Your Patients

New York became the 22nd state to pass legislation requiring a health plan to provide coverage for telehealth. The mandate went into effect for policies issued, modified or renewed on or after January 1, 2016. It applies to all Medicaid managed care, as well as all commercial lines of business, such as fully insured individual/direct pay and small group (both on and off Exchange) and large group policies, as well as Essential Plan and Child Health Plus policies.

Telehealth can provide many benefits for your practice and your patients, including increased access to care and convenience. Telehealth can offer a convenient method of delivering healthcare to patients in rural or underserved areas that may otherwise have limited or no access to the healthcare professionals they need. Telehealth can also provide additional revenue and support to the patient-provider relationship by providing for service gaps that would otherwise take your patients out-of-network, such as access to care for urgent low acuity issues that might otherwise be seen at an urgent care center or emergency department.



An upstate survey showed most patients prefer an in-person visit with their doctor for treating minor health conditions. However, among participants who had used or were familiar with telehealth, telehealth ranked as second choice when provided by their own doctor. This preference ranked higher than visiting an urgent care center, emergency room or receiving telehealth from an unknown provider.

IS YOUR OFFICE READY TO EXPAND THE OPTIONS FOR CARE YOU OFFER YOUR PATIENTS?

To learn more, please review the list of frequently asked questions we've included with this notice, along with links to helpful resources that can help you get up and running!

