

## nuts+bolts

### Today's Technology is Being Leveraged to:



Monitor patients' health status and behaviors remotely

Meet face to face with patients using video conferencing to have discussions and provide treatment



Obtain images for diagnostic purposes using specialized scopes and cameras

Capture, store and then forward images to remote providers who can make a diagnosis and provide treatment recommendations



Educate patients and providers through apps and video conferencing

Monitor the impact of patients' daily activities on their health status



Provide patients with tools to assist them in adopting behaviors to promote their health

## Let's Start by Determining Your Ultimate Goals

### Do You Hope To:

- ▶ Increase **Access** for Patients?
- ▶ Increase **Market** for Providers?
- ▶ **Reduce Costs**?
- ▶ Improve Health **Outcomes**?
- ▶ Improve **Patient Satisfaction**?
- ▶ Improve **Provider Satisfaction**?

### Looking for Evidence to Help Guide Your Decisions?

#### We Have It!

Cost Savings

Customer Satisfaction

Provider Satisfaction

Clinical Outcomes

Visit our Resource Library at [netrc.org](http://netrc.org) to access over 600 relevant articles.

If you need more information you can find a related annotated bibliography produced by the ATA [here](#).

### Factors to Consider Regarding Licensure



Providers should refer to the guidelines of their licensure boards. However, these general rules apply:

- ▶ Providers must be licensed in the state where the patient is located.
- ▶ Telehealth can be a valuable tool that allows all types of healthcare providers to work to the top of their license but not beyond it.

### Factors to Consider Regarding Credentialing



In July of 2001, the Centers for Medicare and Medicaid Services' final rule on credentialing and privileging established a process for originating site hospitals (location of the patient) to rely on the credentialing and privileging decisions of the distant site hospital (location of the specialist) for telehealth practitioners.

Check out the NETRC toolkit at [netrc.org](http://netrc.org)

Hospitals should also check their state Medicaid policies to ensure that they do not have additional requirements.

**3** Ways to Staff Your Telehealth Program with Providers

- 1 Hire staff
- 2 Contract with another healthcare organization
- 3 Contract with a private business

[www.netrc.org](http://www.netrc.org)



Reimbursement



Buckets



## Medicare

Medicare is a Federal program administered at the federal level. Medicare provides some reimbursement from telemedicine services. The program has specific requirements in three major areas: physical location of the patient, clinical service being provided and the provider's credentials. CMS's publication, [Telehealth Services](#), provides an excellent overview of related Medicare policies.

You can find out if your location meets the rural eligibility requirements using [HRSA's tool](#).

## Ways to Reduce Your Upfront Expenses

### Equipment Purchases

- ▶ Carefully match your selection to clinical needs
- ▶ Develop models built on low cost technology options when possible
- ▶ Look to grant opportunities to capitalize the investment (e.g. the RUS Distance Learning and Telemedicine grant program)

### Administrative Costs

- ▶ Optimize use of available reimbursement for services
- ▶ Adapt solutions from business plans of efficient and effective programs
- ▶ Explore HRSA's grant opportunities for program development (ORHP Rural Health and OAT network development grants)

### Connectivity Costs

- ▶ Check your eligibility to participate in Universal Service Administrative Company subsidies
- ▶ Explore possibilities of reduced rates through FCC Regional Pilot Projects and state-level Healthcare Connect Fund programs



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## Medicaid

Medicaid is a Federal program that is administered at the state level. Some states have laws to dictate Medicaid reimbursement policies and some states do not. Medicaid reimbursement varies greatly among states. For more detail, we recommend checking out the overview published by the National Policy TRC of the policies for every state: [State Telehealth Laws and Reimbursement Policies](#).

## Private Insurance

Like Medicaid, private insurance mandates are administered at the state level. Some states have laws to dictate reimbursement policies and some states do not. Private insurance reimbursement varies greatly among states.

For more information, read the National Policy TRC's [overview of the policies for every state](#).

State	Private Insurance Reimbursement	Medicaid	Medicare
ME	Mandated 3rd party reimbursement	Limited reimbursement from Medicaid	Yes
NH	Mandated 3rd party reimbursement	Limited to a single pilot for Community Mental Health Centers	Yes
CT	Legislation is currently under review	No reimbursement from Medicaid	Yes
NY	No mandated reimbursement, however, legislation is currently under review	Limited reimbursement from Medicaid	Yes
VT	Mandated 3rd party reimbursement	Mandated Medicaid reimbursement from Medicaid	Yes
RI	No mandated reimbursement	No reimbursement from Medicaid	Yes
MA	Mandated 3rd party reimbursement is limited	Limited reimbursement from Medicaid	Yes
NJ	No mandated reimbursement	Limited to Telepsychiatry	Yes

## Facts You Need to Know About HIPAA and Confidentiality

Providers should be prepared to take the proper steps to ensure that they are meeting all related confidentiality laws. There are many technological options available on the market that providers can use to meet these standards. It is important to remember that the responsibility to achieve compliance lies with the healthcare provider not the technology provider.

The following are excerpts from the National Policy TRC's article, [HIPAA and Telehealth](#):

“Compliance with the Health Insurance Portability and Accountability Act (HIPAA) is more complex than simply using products that claim to be ‘HIPAA-compliant.’ HIPAA compliance entails an organized set of secure, monitored, and documented practices within and between covered entities. Though products cannot ensure compliance, some products may contain elements or features that allow them to be operated in a HIPAA-compliant way.”

“Telehealth provision or use does not alter a covered entity's obligations under HIPAA, nor does HIPAA contain any special section devoted to telehealth. Therefore, if a covered entity utilizes telehealth that involves PHI, the entity must meet the same HIPAA requirements that it would for a service provided in person. The entity will need to conduct an accurate and thorough assessment of the potential risks and vulnerabilities to PHI (Personal Health Information) confidentiality, integrity and availability. While some specifications exist, each entity must assess what are reasonable and appropriate security measures for their situation. Use of specific telehealth equipment or technology cannot ensure that an entity is ‘HIPAA-compliant’ because HIPAA addresses more than features or technical specifications. Nevertheless, certain features may help a covered entity meet its compliance obligations. For example, a telehealth software program may contain an encryption feature, or the technology might provide security through the use of required passwords. However, these examples only provide elements or tools to help a covered entity meet its obligations under HIPAA; they do not ensure compliance, and cannot substitute for an organized, documented set of security practices.”

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Resources + Helpful Links

NorthEast Telehealth Resource Center: [www.netrc.org](http://www.netrc.org)  
National Telehealth Resource Centers: [www.TelehealthResourceCenter.org](http://www.TelehealthResourceCenter.org)  
National Telehealth Policy TRC: [www.TelehealthPolicy.us](http://www.TelehealthPolicy.us)  
American Telemedicine Association: [www.AmericanTelemed.org](http://www.AmericanTelemed.org)

[www.netrc.org](http://www.netrc.org)