Maine Telehealth and Telemonitoring Advisory Group Agenda

Thursday, November 6, 2025 (10:30AM – 12:00PM)
Remote ONLY: https://us02web.zoom.us/j/84757320540
Meeting ID: 847 5732 0540 By Phone: 1-646-558-8656
Webpage: https://netrc.org/work-group.php

Invitees: Maine Telehealth and Telemonitoring Advisory Group Membership

Attendees: Danielle Louder, Caren Bishop, Andrew Solomon, Christina Quinlan, Tracy Jalbuena, Yvonne Jonk, Tim Terranova, Margaret Snell, Laura Mrazik, Jamilyn Murphy-Hughes, Sue Woods, Carol Carew, Lisa Letourneau, Sally Weiss, Mike Kiers, Stacia Stickney, Alecia Swihart, Kim Caldwell, Erica James

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10:30A **Welcome, Announcements & Agenda Scan** *(Danielle Louder, All)*

10:35 **Priority Areas: Key Updates and Action Items**

- **Promote Payment Change** *(Policy Workgroup) 15 minutes*
  Special Guest: Christina Quinlan – Discussion of ongoing federal government shutdown, telehealth policy changes and reimbursement disruption
  - CMS MLN Connects Update (Oct. 15, 2025) – Update on Claims Hold
  - *CY2026 PFS Final Rule released 10/31/2025;* See CMS Overview here

*CQ – *Guidance received is often times contradictory. HHS, Medicare Provider Solutions etc. info is changing daily. Gray areas and interpretation of how policy changes will affect orgs will vary. Info today is real time – may change in the days and weeks ahead. Presentation with notes shared covering PFS and reimbursement disruption.*

DL – we need to advocate for the gaps in the policy. We can develop fact sheets on these.

- **Rural Health Transformation Program**

LML – Federal program from bill in July – $10 billion in funding to support rural health care providers. CMS administering the program, limited amount of funding that can go straight to providers. Applied as a state for funding over the next 5 years. $200 million per year for 5 years. Not a guarantee that states will get that much – but will receive at least $100 million per year for 5 years as long as we submit and approve.

All 50 states applied. They will be reviewing and making a decision by 12/31. Contract starts immediately. Likely not going to get all $200 million. Governor is releasing a press release today. Posting an 8-9 page summary on the program and the full 60 page narrative.

LML shared summary of RHTP application:

Initiatives:

Bucket 1 - Population Health; Bucket 2 – Workforce; Bucket 3 - Technology and innovation (proposes a set of 5 activities - $40 million per year for 5 years)

Have to keep all initiatives, but can adjust activities if funding is not at the level budgeted.

Telehealth – stand up and support new programs, statewide virtual acute care

Sustainability – billing existing payors, alternative payment models etc.

Data integration – Health Infonet; Technology – RPM; AI – create rural AI hub for healthcare integration

EMRs – support upgrades, new modules (ambient documentation)

Bucket 4 – bridge access to care

Bucket 5 – sustainable. Rural health ecosystem – rural health planning process

Rural Health Transformation Program | Department of Health and Human Services
LML is named as the program director – this is just a placeholder. We will hire a Maine RHTP director and other spots that need to be filled.

- **AI Task Force and Healthcare AI Workgroup** *(Lisa L) 10 minutes*
  - Maine AI Task Force Final Report released on 10/31/2025: AI Report_DIGITAL.pdf

LML – task force convened 1yr ago – how can Maine be a leader in AI – several different workgroups including healthcare. Several recs around use of AI in healthcare. Creating a rural AI hub, consider creating an AI institute to try and bolster the ability to look at data, how it's being used in healthcare rural and urban.

11:00A **Panel Discussion: Virtual Same-Day Care Resources and Opportunities**
Learn about current state-wide virtual same-day care resources provided by partners at MaineHealth, MaineGeneral Health and ConvenientMD; discuss collaborative opportunities to expand reach and impact of these programs (e.g. improved access, outcomes, etc.)

Action: **Identify opportunities to promote state-wide resources to enhance access to care**

LM L – this came from asking the question, what is out there for same day virtual acute care? Spent the last several months contacting the orgs and asking what is available, do you take MaineCare … can we put this out to the public. Instead of going to ED, where is same day urgent care available. Start socializing this to the public. How do we get the word out?

Laura Mrazik – MaineGen Telehealth Manager

MG has virtual express care program. *Started at beginning of COVID – direct to consumer program cash pay virtual service for employees first then to the public. Shifted from a cash pay option to something that we billed insurance for and moved to Zoom (same as other telehealth services). Express care staff that are in the office – patients can access by calling on the phone, or if they are in the waiting room and it's a long wait, they can be scheduled for an on-demand virtual visit. Any patient, any payor. Bill EM codes. Existing clinical staff in the office. Patient calls, phone tree option to be scheduled for an express care visit. They are emailed a Zoom link and sit in the waiting room. Whichever provider is next up and available from any express care locations grabs that patient. 15 minute visits. Wait times about 15 minutes.*

Communication – *Have had the service since late 2020 but not broadly advertised. A bit of fear in case they need to scale back. Patients are encouraged to call the office. Any patient above age of 3. There are eligibilities that they have to come in person for.*

Eventual hope – *to leverage the hybrid workforce to have someone on point who can grab those virtual visits. They don't have the volume now to have someone on call.*

Stacia Stickney – Convenient MD director of virtual urgent care

Started during the pandemic – offering since 2020. Current state is offering it to patients who are at home in Maine and NH 6am=8pm. Provide in clinic virtual services 8am-8pm for long wait times offer virtual visit to the patient following guidelines on which complaints are appropriate for virtual

Patients go online for registration or call our phone line. Assist with registration. Virtual provider team NPs, Pas and physicians.

Mental health patients – bridge to care, not the primary care – staffed with providers who have a history of managing mental health conditions.

Provide workflows to have them come in person after the virtual visit – charged for the inperson visit only if same day. If two separate days they are billed for both virtual and in person. Working on a way to not have them charged for a visit next day

See patients 3 and older. BH and MH only 18+

We bill insurances and take self pay – self pay is capped at $250

CQ – any issues with HMOs? Not seeing their primary care provider for the referral.

Referrals for BH – often times referrals are required for 60 minute, but for 30 or 45 minute there is no referral required. So we limit the 60 minute appointments. Denials have gone way down.

DL – maybe we have a working group on administrative burdens and develop a tips and tricks document to avoid or lessen burdens?

***Tracy jalbuena** – shared slide deck on MaineHealth telehealth virtual care*

Virtual Quick Care – Overall team – over 80 FTE for all telehealth

Centralized all virtual dedicated team – acute episodic needs. Zoom. Low acuity.

Available same or next day – scheduled not queue – 20 min appts or 40 if interpreter is needed – M-F 9-6, sat 4 hours varying

Can schedule online through MyChart or PCP office.

Embedded within MH – Epic communication tools

Quality – outcome metrics

Patient journey primary care – virtual quick care when no PCP appointments are available

Patient journey through MyChart – self scheduling – virtual quick care is an option they can choose

Outcomes shared – billing standard EM codes. Visits by insurer - ,Medicaid 13%, medicare 10%

Chief complaint – COVID, then tick bites, rashes, colds

LML – trying to log this info and summaries – once everyone is ok with it, how can we get the word out more broadly? Is this open to anyone who has seen MaineHealth in some way?

TJ – never thought this would be restricted to MH patients – now implementing phase 2 – patient has some relationship to MH, not PCP. Phase 3 is general public. Public facing internet portal. In the process of building. Time frame is next 6 months – then we can see NH patients. This means we are available to any person 6 months or older that meets the eligibility list.

Also plan on a strategic marketing campaign once the service is ready to receive the patients. 6months – 1 year out.

AS – Maine Seacoast Mission – we are deploying telehealth backpacks to the island communities including a 1-page virtual care handout in the backpacks. Will share with the larger group.

LML – get people to think differently – I need care today, what are the option other than ED. Get this message out to the public and statewide partners.

Carol C – info from the visit would go to Health info net? Yes

Sally – how do you know they're in Maine?

Tracy – We ask them to attest at several points along the way – scheduling, rooming, provider etc. Also in case there is a medical or BH emergency they need to know the address to send the ambulance

Stacia – same- registration and visit notes – providers documenting. Safety of patient.

Tracy – has anyone utilized a service like NENA to be a clearing house for emergency services so you know who to call? Depending on where you are you are sent to your local 911. NENA is a clearing house service – collaborative of all emergency centers across the country – database online. Subscription. Feels like google maps. Type in address and it spits back all of the relevant dispatch information for that address, BH, poison control.

NENA - https://eprc-nena.hub.arcgis.com/pages/nena-eprc

LML – that is the kind of coordination we are trying to do. RHTP.

LHM – is anyone else working on advocacy, public comment around the requirement to enroll home address for those working remotely? Talking with our credentialing and compliance – if anyone else wants to join on submitting a letter that this gets pulled back. This was not included in the PFS. Tracy is on board.

11:40A	**Resources and Opportunities** • National TRC Resources - Webinar Series (recordings and upcoming webinars) CCHP Fall 2025 50 State Telehealth Policy Summary Report, State Summary Chart, Infographic and Telehealth and FQHCs Fact Sheet (CCHP) **Now at 24 states with payment parity for private payors** • Opportunities to Alleviate the Health Care Workforce Crisis With Telehealth and Emerging Technologies, MUSC & Manatt Health; Organizational Factors Associated with Using Telehealth Services: Perspectives from Leaders of Rural Health Clinics and Federally Qualified Health Centers, Rural Telehealth Research Center • Funding Opportunities: Non-federal and other • Upcoming Events, etc. o ATA Edge – National Policy Conference: December 10-12, 2025, Washington D.C. o ATA Nexus 2026: May 12-15, 2026, Orlando, FL
11:55A	**Wrap-Up & Next Steps** *(Danielle)* **-** Action items and agenda items for next meeting
12:00P	**Adjourn**

***AI Workgroup Meeting: Thursday, November 13 from 12:00-1:00pm**
https://us02web.zoom.us/j/81012619737
Email Andrew Solomon (asolomon@mcd.org) to request the meeting invite!

Next Meeting: Thursday, February 5, 2026; 10:30am to 12:00pm