Telehealth in Maine: Reimbursement & Sustainment Webinar Series

An Overview of the Telehealth Landscape
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Webinar Tips

1. Your phone and/or computer microphone has been muted

2. Time is reserved at the end for Q&A – please submit questions using the Q&A box

3. A webinar recording link and slides will be sent to all registrants following each webinar
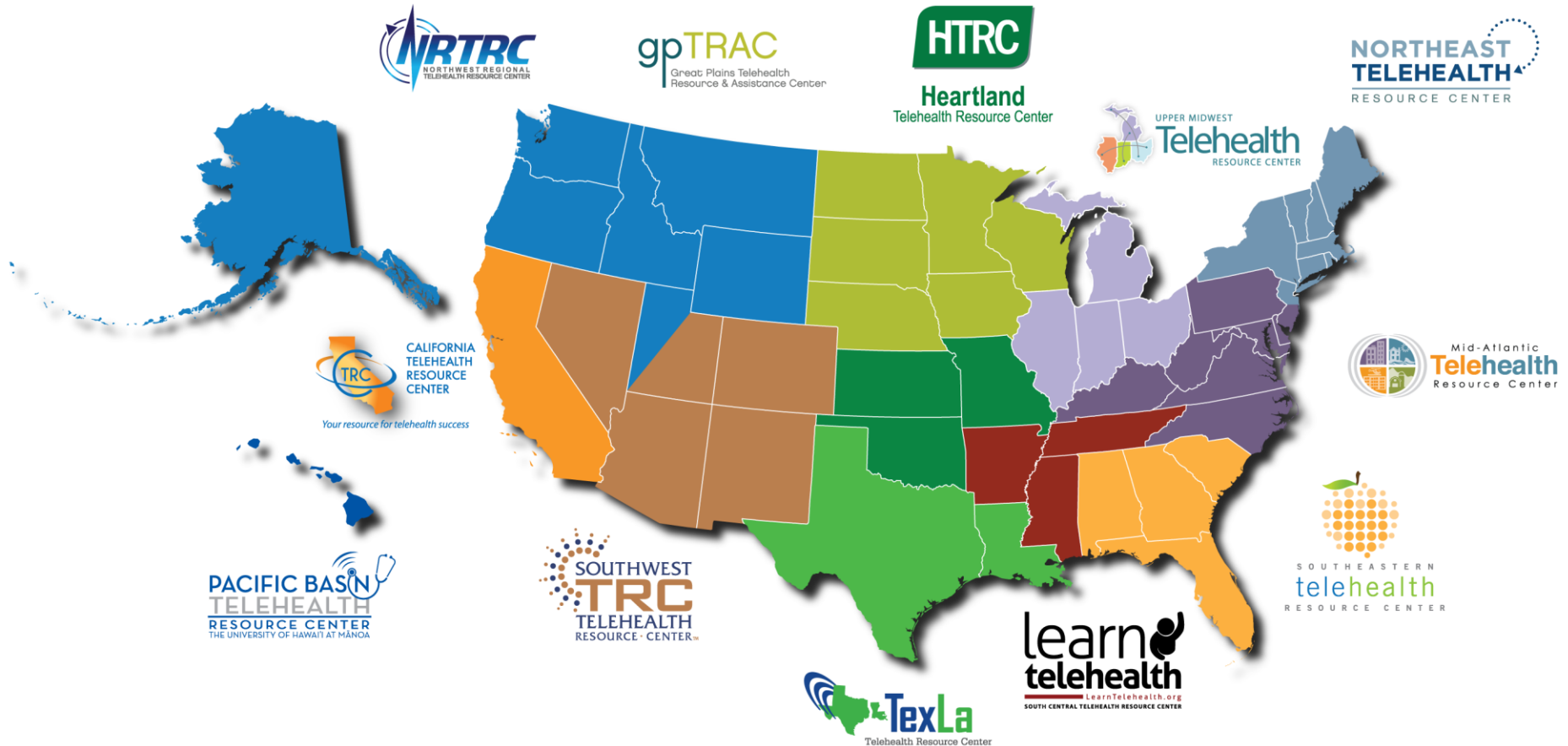
About Us

TelehealthResourceCenters.org

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NORTHWEST REGIONAL
TELEHEALTH RESOURCE CENTER

gpTRAC
Great Plains Telehealth
Resource & Assistance Center

HTRC
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2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

Webinar Series Schedule

September 12	**MaineCare Telehealth Policies** Speaker: Samuel Senft, Director of Policy, and Thomas Leet, Comprehensive Health Planner II, Office of MaineCare Services
September 26	**Experiences of Maine Providers: Part 1** Speaker: Melinda Lovering, System Director of Virtual Health, Covenant Health
October 10	**Experiences of Maine Providers: Part 2** Speakers: Tom Caswell, Director, and Lyn Suggs, LCSW, Program Manager, MaineHealth Telehealth
October 24	**Experiences of Maine Providers: Part 3** Speakers: TBA
November 7	**A Value Approach to Telehealth Implementation & Sustainability** Speakers: TBA

Everyone has a stake

Who is joining Us?

- Director of Accounts Receivable
- Coder
- CEO
- IT Director
- CFO
- Clinical Quality Director
- Network Facilitator
- Director Revenue Cycle and Finance
- Clinical Coordinator of Case Management
- Program Manager
- VP of HR and General Counsel
- Billing Manager
- Director of Medical Practices
- Telehealth Director
- Clinical Integration Specialist
- Research Associate
- And more!

Who is represented?

- FQHCs/RHCs
- Health Systems
- Tribal Health Centers
- Hospitals
- Private Practice
- Associations
- Societies
- Community Collaboratives
- Residential Housing Management
- Academia
- And more!

The Telehealth Landscape

Recent Telehealth Headlines

- FCC approves $100M Connected Care Pilot Progam

- Medicare's New Virtual Care Codes: A Monumental Change and Validation of Asynchronous Telemedicine

- Medicare Expands Remote Patient Monitoring for Home Health Agencies

- VA 'anywhere-to-anywhere' telehealth goes live

- State Medicaid Programs Are Seeing the Value of Telehealth at Home

- 87% of healthcare execs rank telehealth as a priority, study finds

- CMS Paid Practitioners for Telehealth Services That Did Not Meet Medicare Requirements

Maine Telehealth Headlines

- [Telemedicine Gives ERs an Instant Link to Psychiatric Consults](#)

- [Telehealth Offers a Vital Resource to Maine's Island Residents](#)

- [Maine Compass: Telehealth can save lives, money](#)

- [Direct-to-Consumer Telehealth: One Hospital's Virtual Care Plan](#)

- [MaineHealth Care At Home: Exploring Details of the MaineHealth Telemedicine Program](#)

What is Telehealth?

Broadly: the provision of health care, public health, and health education at a distance using telecommunications technologies.
See also: Telemedicine, Telepractice, Tele-X (specialties like telepsychiatry), Virtual Health, Connected Care, Digital Health, eHealth, eVisits

Telehealth vs. Telemedicine
While "telemedicine" has been more commonly used in the past, "telehealth" is a more universal term for the current broad array of applications in the field. Its use crosses most health service disciplines, including dentistry, counseling, physical therapy, and home health, and many other domains. Further, telehealth practice has expanded beyond traditional diagnostic and monitoring activities to include consumer and professional education.

MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4
Telehealth Services: The use of information technology by a Health Care Provider to deliver clinical services at a distance for the purpose of diagnosis, disease monitoring, or treatment. Telehealth Services may be either Telephonic or Interactive (combined video/audio).

Maine Revised Statutes Annotated, Title 24, Sec. 4316
"Telemedicine," as it pertains to the delivery of health care services, means the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment. "Telemedicine" does not include the use of audio-only telephone, facsimile machine or e-mail.

Maine Regulation Sec. 02-373-6 and 02-383-6
"Telemedicine" means the practice of medicine or the rendering of health care services using electronic audio-visual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission....
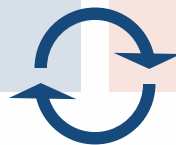
The Telehealth Landscape

Drivers

- Aging Population
- Consumer Demand
- Expanding Reimbursement
- Provider Shortages
- Payment Reform
- Readmission Penalties
- Competitive Forces

Barriers

- Access to Broadband/Technology
- Cost
- Licensure
- Limited Reimbursement
- Privacy and Security Concerns
- Resistance to Change
- Legal/Regulatory Questions

Telehealth Value

Increased patient access to providers (travel)

Timelier access to providers

Improved continuity of care and case management

Reduced ER Utilization

Improved access to training and other educational services

Cost savings in care delivery

Reduction or prevention of complications, decreased readmissions

Patient Satisfaction

Provider Satisfaction

Value Perspectives

Patients	Communities	Primary Care Providers	Specialists
• Accessibility: care when and where they need it • Affordability: reduces travel time, expense and time away from work/family • Timeliness: reduces wait time to access specialists • Integrated and coordinated care	• Keeps patients local whenever possible • Promotes rapid diagnosis and treatment linked to improved patient outcomes • Improves outcomes and therefore improves health of population	• Promotes coordinated care • Maintains primary relationship with patient • Promotes greater patient satisfaction • Generates revenue – visit reimbursement • Access to education • Working at top of scope	• Extends reach to patients • Increases patient volume, maximizes time and efficiency, working at top of scope • Reduces documentation redundancy by using common EMR platform with PCPs • Promotes coordinated care

Reimbursement for Telehealth

Reimbursement depends on the state and payer:

Medicare: has set specific requirements, with significant changes proposed for CY 2019
- Originating site (patient location) generally must be a health care facility that meets rural eligibility requirements, but there are a few exceptions

Medicaid: policy depends on state – 49 states cover some form of live video, 20 for remote patient monitoring, 15 for store and forward services

Private Payers: laws governing reimbursement by private insurers in 38 states and Washington D.C. (including Maine), but language varies and most do not require payment parity

Medicare "Telehealth" Policy

Generally applies to services with an in-person equivalent:

1. Originating site (patient location) must be a health care facility (Hospitals, CAHs, RHCs, FQHCs, SNFs, CMHCs, + select others) in a county outside of a metropolitan Statistical Area (MSA) or geographic HPSA in a rural census tract. See [Medicare Telehealth Payment Eligibility Analyzer](#)

2. Must be eligible practitioner type (physicians, NPs, PAs, + select others)

3. Must use interactive audio/video

4. Must use approved CPT codes with POS 02: Telehealth (or use GT modifier for CAH Optional Payment Method)

5. Originating site can bill Q3014 for originating site facility fee

6. Exceptions to location requirements include [Chronic Care Management Services](#), remote physiologic monitoring, teleradiology, waiver for Next Generation ACO, proposed changes for other ACOs, proposed changes for end stage renal disease treatment and acute stroke, and other newly proposed services with no in-person equivalent

7. Key Resources:
   a. [MLN Telehealth Services Booklet](#)
   b. [Elimination of the GT Modifier for Telehealth Services](#)

Medicare "Telehealth" & FQHCs

Section 200 of the Medicare Benefit Policy Manual Chapter 13:

RHCs and FQHCs may serve as an originating site for telehealth services, which is the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs. RHCs and FQHCs that serve as an originating site for telehealth services are paid an originating site facility fee.

Although FQHC services are not subject to the Medicare deductible, the deductible must be applied when an FQHC bills for the telehealth originating site facility fee, since this is not considered an FQHC service.

RHCs and FQHCs are not authorized to serve as a distant site for telehealth consultations, which is the location of the practitioner at the time the telehealth service is furnished, and may not bill or include the cost of a visit on the cost report. This includes telehealth services that are furnished by an RHC or FQHC practitioner who is employed by or under contract with the RHC or FQHC, or a non-RHC or FQHC practitioner furnishing services through a direct or indirect contract. For more information on Medicare telehealth services, see Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, and Pub. 100-04, Medicare Claims Processing Manual, chapter 12

CMS & TELEHEALTH

- ## CY 2019 Proposed Changes Include:
  ## (Comments Due September 10, 2018)

  – *Brief Communication Technology-based Service, e.g. Virtual Check-in -* Would include check-in services used to evaluate whether or not an office visit or other service is necessary (FQHCs/RHCs may specifically be able to bill).

  – *Remote Evaluation of Pre-Recorded Patient Information –* Would create a specific new code to describe remote professional evaluation of patient-transmitted information conducted via pre-recorded "store and forward" video or image technology (FQHCs/RHCs may specifically be able to bill).

  – *Interprofessional Internet Consultation -* Would cover consultations between professionals performed via communications technology such as telephone or Internet.

  – Additionally, CMS adds new codes to the Medicare telehealth list, as well as new codes for chronic care management and remote patient monitoring and expands telehealth reimbursement for end stage renal disease and acute stroke based on requirements in the Bipartisan Budget Act of 2018.

  – **Key Resources:**
    - Center for Connected Health Policy [Infographic](#) and [Fact Sheet](#)
    - Article: [Medicare Proposes (and Rejects) New Telehealth Services for 2019](#)
    - Article: [Medicare's New Virtual Care Codes: A Monumental Change](#)
    - Article: [Medicare's New Chronic Care Remote Physiologic Monitoring Codes: Everything You Need to Know](#)

MaineCare

- See the [MaineCare Benefits Manual Chapter 1, Section 4](#) and join us on September 12 (2:00pm)
- Rules define telehealth and telemonitoring services
- Updated in April, 2016 with components including:
  1. Removes the prior approval process for use of telehealth;
  2. Allows telehealth for all medically necessary services that can be delivered remotely at comparable quality;
  3. Provides for an "originating site fee" to be paid to the site housing the patient, while the remote, or provider site, bills for the services rendered;
  4. Provides for visual/audio, or, if video/audio is not available, the provision of telephonic services;
  5. Requires providers to use secure, HIPAA compliant equipment; and,
  6. Requires member choice, written informed consent, and member education.
- Updated again in April, 2018 to allow telehealth services to be included in the scope of practice for FQHCs, RHCs, or IHCs. These facilities are now able to serve as the provider site and bill under their encounter rate

Private Payers

Maine Revised Statutes Annotated, Title 24, Sec. 4316

Coverage of telemedicine services. *A carrier offering a health plan in this State may not deny coverage on the basis that the coverage is provided through telemedicine if the health care service would be covered were it provided through in-person consultation between the covered person and a health care provider. Coverage for health care services provided through telemedicine must be determined in a manner consistent with coverage for health care services provided through in-person consultation. A carrier may offer a health plan containing a provision for a deductible, copayment or coinsurance requirement for a health care service provided through telemedicine as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to an in-person consultation.*

Tips to Get Started

- Find a **champion**

- Think big, **Start small**

- Focus time, effort and $ on **program development and a sustainable business model**, then choose technology that fits your plan

- **Keep technology simple** when possible – what fits your needs and budget?

- **Reach out** to folks who have already done this!

- **Lead advocacy efforts** for program development and policy growth

Tip of the Iceberg!
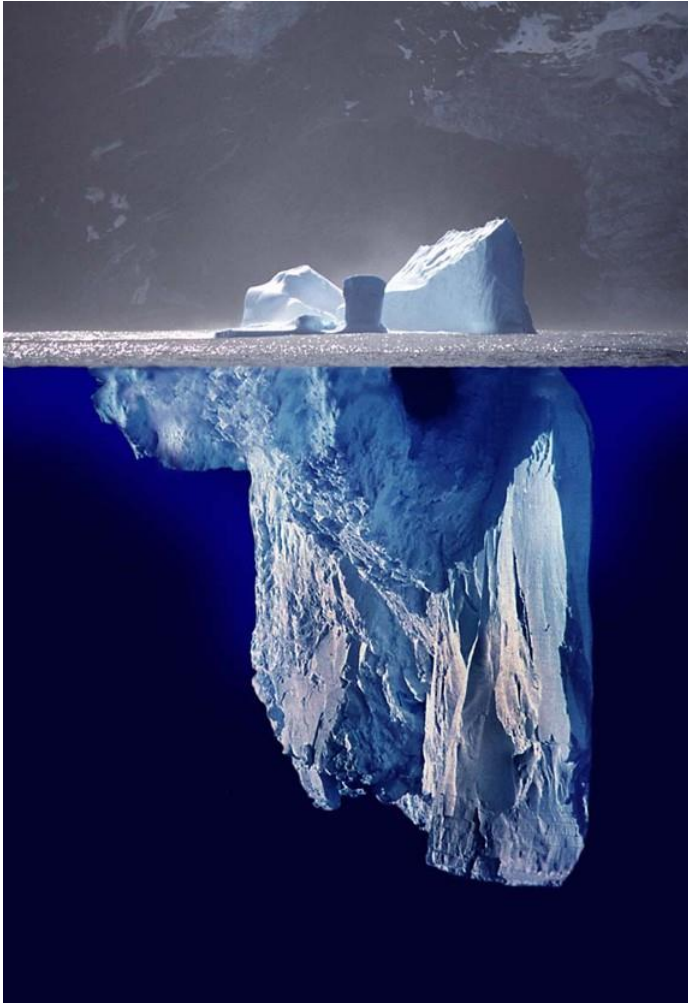
Questions that NETRC receives include:

- Reimbursement
- Program development
- Strategic planning and market analysis
- Licensing & credentialing
- Malpractice & liability
- Regulations & other legal considerations
- Internet prescribing
- Technology selection
- Security, privacy, & HIPAA compliance
- Workforce development and training
- Best practices and networking
- Tools, sample forms, templates, etc.
- Program evaluation
- Research and Supporting Evidence
- *And more!*

Contact Us

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General Resources

- **Northeast Telehealth Resource Center**
  www.netrc.org

- **National Telehealth Resource Centers**
  www.telehealthresourcecenters.org

- **Center for Connected Health Policy**
  www.cchpca.org

- **Telehealth Technology Assessment Center**
  www.telehealthtechnology.org

- **American Telemedicine Association**
  www.americantelemed.org

- **Center for Telehealth & e-Health Law**
  www.ctel.org

- *And many great regional programs willing to share!*

Questions?

Join us next time!

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