

Medicaid Redesign Telemedicine Workgroup

November 2, 2016

Senate Bill 74

Defines telehealth/telemedicine as the practice of health care delivery, evaluation, diagnosis, consultation, or treatment, using the transfer of health care data through audio, visual, or data communications, performed over two or more locations between providers who are physically separated from the recipient or from each other or between a provider and a recipient who are physically separated from each other.

Key Points

- Prohibits various licensure boards from imposing disciplinary sanctions on licensees for “the evaluation diagnosis, or treatment of a person through audio, video, or data communications when physically separated from the person” with certain limitations.
 - Licensee or other licensed health care provider must be available to provide follow-up care;
 - Licensee must request that the person receiving services consent to sending a copy of all records of the encounter to the person’s primary care provider and, if the person consents, the licensee must send the records .
- Applies to:

Audiologists, speech-language pathologist, speech-language pathologist assistant, licensed professional counselors, licensed marriage and family therapists, licensed psychologists, psychological associates, licensed social workers, physical therapists, and occupational therapists.

- Requires that the department implement a program for reforming the Alaska Medical Assistance program and stipulates that the *reform must include expanding the use of telehealth for primary care, behavioral health and urgent care.*
- It also calls on the department to
 - Identify areas of the state where improvements in access to telehealth would be most effective in *reducing the costs of medical assistance and improving access to health care services for medical assistance recipients.*
 - Make efforts to *improve access to telehealth for recipients in those locations.*
 - Report to the Legislature about the *legal and technological barriers to the expanded use of telehealth, improvements in the use of telehealth in the state, and recommendations for changes or investments that would allow for the cost-effective expansion of telehealth.*

Other Elements

- Removes previous in-state presence requirements for prescribing via telemedicine.
- Authorizes the use of telemedicine for identified clinical practices (audiology, speech language therapy, behavioral health, physical therapy, occupational therapy).
- Requires State Medical Board to establish guidelines for physicians regarding rendering a diagnosis and treatment to a person without conducting a physical examination.

Limitations

- Controlled substances, botulinum toxin, abortion-inducing drugs.
- Prescribing over the internet (email, internet questionnaire) to a person with whom the provider does not have a prior provider-patient relationship.

Medicaid Policy

(Provider Manual)

Alaska Medicaid will pay for a covered medical service furnished through telemedicine application if the service is:

- Covered under traditional, non-telemedicine methods
- Provided by a treating, consulting, presenting, or referring provider
- Appropriate for provision via telemedicine

Covered telemedicine services are limited to:

- An initial visit
- A follow-up visit
- A consultation to confirm a diagnosis
- Diagnostic, therapeutic or interpretive services
- A psychiatric or substance abuse assessment
- Psychotherapy
- Pharmacological management services on an individual recipient basis

Medicaid Policy

(Provider Manual)

Alaska Medicaid will pay for telemedicine services delivered in the following manner:

- Interactive method: Provider and patient interact in “real time” using video/camera and/or dedicated audio conference equipment.
- Store-and-forward method: The provider sends digital images, sounds, or previously recorded video to a consulting provider at a different location. The consulting provider reviews the information and reports back his or her analysis.
- Self-monitoring method: The patient is monitored in his or her home via a telemedicine application, with the provider indirectly involved from another location.

Medicaid Policy

(Provider Manual)

Alaska Medicaid will not pay for:

- The use of telemedicine equipment and systems
- Services delivered by telephone when not part of a dedicated audio conference system
- Services delivered by facsimile
- The following services provided by telemedicine application:
 - Direct entry midwife
 - Durable medical equipment (DME)
 - End-stage renal disease
 - Home and community-based waiver
 - Personal care assistant
 - Pharmacy
 - Private duty nursing
 - Transportation and accommodation
 - Vision (includes visual care, dispensing, or optician services)

Medicaid Policy

(Provider Manual)

Billing for Telemedicine Services

Submitting a claim for a telemedicine service is identical to the way a claim would be submitted for a face-to-face visit. Depending on the method of telemedicine used and the role of the provider in the consultation determines whether a modifier should be added to the procedure code. The role of the provider falls into three categories:

- Referring Provider: Evaluates a patient, determines the need for a consultation, and arranges services of a consulting provider for the purpose of diagnosis and treatment.
- Presenting Provider: Introduces a patient to the consulting provider during an interactive telemedicine session (may assist in the telemedicine consultation).
- Consulting Provider: Evaluates the patient and/or medical data/images using telemedicine mode of delivery upon recommendation of the referring provider.

A consulting provider may send data he/she has received during a store-and-forward telemedicine consultation to another consulting provider (with equal or greater scope of practice as determined by his/her occupational license or level of expertise within their field of specialty).

Medicaid Policy (7 AAC 110.630)

Conditions for payment

- a) The department will pay for telemedicine applications provided by a treating, consulting, presenting, or referring provider for a medical service covered by Medicaid and provided within the scope of the provider's license.
- b) A treating or consulting provider must use applicable modifiers as described in 7 AAC 145.050 for billing for a telemedicine application.
- c) A presenting, referring, or consulting provider is subject to the conditions for payment that are described in 7 AAC 145.005.
- d) A presenting provider *is only eligible to receive Medicaid payment for a live or interactive telemedicine application as described in 7 AAC 110.625(a)(1).*

Medicaid Policy (7 AAC 145.270)

Telemedicine Payment Rates:

- (a) The department will pay for a service rendered by a consulting or referring provider by a telemedicine application in accordance with 7 AAC 145.020.
- (b) *Payment to the presenting provider is limited to the rate established for brief evaluation and management of an established patient.*
- (c) The department will pay the receiving provider in the same manner as payment is made for the same service provided through traditional mode of delivery, not to exceed 100 percent of the rate established under 7 AAC 145.050.
- (d) In this section, "consulting provider," "presenting provider," "referring provider," and "telemedicine" have the meanings given in 7 AAC 110.639.

Medicaid Policy (7 AAC 135.290)

Behavioral Health

- Facilitation of a telemedicine session (a) The department will pay a community behavioral health services provider or a mental health physician clinic for facilitation of a telemedicine session if the facilitating provider (1) provides the telemedicine communication equipment; (2) establishes the electronic connection used by the treating provider and the recipient; and (3) remains available during the telemedicine session to reestablish the electronic connection if that connection fails before the intended end of the telemedicine session. (b) The facilitating provider must make a note in the recipient's clinical record summarizing the facilitation of each telemedicine session. The facilitating provider is not required to document a clinical problem or treatment goal in the summarizing note under this subsection.

Goals of Medicaid Redesign

(From Agnew::Beck “Recommended Medicaid Redesign + Expansion Strategies for Alaska”)

- Improve enrollee health outcomes
- Optimize access to care
- Drive increased value (quality, efficiency, and effectiveness) in the delivery of services
- Provide cost containment in Alaska’s Medicaid budget and general fund spending

The Work Plan

Description

DHSS will develop a plan regarding the expanded use of telehealth in order to improve access to care and help reduce costs to the State of Alaska Medical Assistance Program. This plan will address infrastructure needs specific to the practice of telehealth, legal and regulatory barriers, reimbursement policies, and provider network engagement. This plan will further propose a framework for sustainable expansion of statewide telehealth capacity.

The Work Plan

Goals

The following objectives identified in Senate Bill 74 will be addressed:

- expansion of the use of telehealth for primary care, behavioral health and urgent care;
- identification of areas of the state where improvements in access to telehealth would be most effective in reducing costs of medical assistance and improving access to health care services for medical assistance recipients;
- recommended steps to be taken by the Department to improve access to telehealth in those regions;
- completion of a report to the legislature that addresses identified legal and technological barriers to the expanded use of telehealth, improvements in the use of telehealth in the state, and recommendations for changes or investments that would allow cost-effective expansion of telehealth.

The Work Plan

Goals

In addressing the expansion of a statewide telehealth system the plan will seek to identify:

- targeted population health needs that could be measurably impacted by telehealth;
- professional development needs in order to encourage and support the use of telemedicine;
- telehealth infrastructure needs, including technological and bandwidth capacities;
- available telehealth platforms and resources;
- existing barriers to expanded use of telemedicine.

The Work Plan

Capturing our Mission

- Does the description capture the core mission of the group?
 - Why are we doing this?
 - Who are our customers?
 - What is our scope?
- Are the goals in line with the purpose of the group?
 - Are they attainable?
 - Are they adequate?
 - Do they fit within the capacity of the group's focus and resources?

The Work Plan

Action Steps

- Review existing regulations and policies related to licensure, coverage and reimbursement.
- Identify existing platforms, resources, facilities and programs utilizing telehealth and propose process for evaluating the capacity for improving access to care for Medicaid recipients through these resources.
- Identify regions of the state where improvements in access to telehealth would be most effective in reducing Medicaid costs and improving access to care for Medicaid recipients.
- Identify gaps in infrastructure and capacity specific to telehealth practice where investment may allow for cost-effective expansion of telehealth.

The Work Plan

Action Steps

- Identify barriers to interoperability and technological gaps and challenges specific to telehealth practice and share findings with the Health Information Infrastructure Planning Workgroup.
- Evaluate the viability of expanding access to care for medical assistance recipients through additional service agreements with telehealth facilities, including Tribal Health facilities, and propose recommendations regarding priorities, obstacles and process for establishing such agreements.
- Identify statewide training needs for providers and stakeholders and construct recommendations for education and outreach initiatives.
- Evaluate the viability of incentivizing the use of telehealth through Alaska Medicaid and formulate recommendations.
- Finalize findings and recommendations for consideration.

The Work Plan

Achievable Action

- Do the action steps effectively address all the requirements identified in Senate Bill 74?
- Are the action steps identified achievable?
- What resources and data are needed to make them happen?
 - What are the sources?
 - Are they accessible?
- Are the action steps in line with the goals of Medicaid Redesign?

The Work Plan

Other Elements

- Legal Authorities & Medicaid Manual Change Requirements
 - Are there changes to state regulations required?
- Is Provider & Other Stakeholder Training needed?
- Success Metrics
 - How will we know when this initiative has been fully completed?
 - What are the measures?
- Outcome Indicators
 - Are the indicators identified adequate?
 - Are there more needed?

Next Steps

- Next three meetings:
 - January, March and May
- What will the group do first, second, etc.?
 - Outline next three meeting agendas
 - How much time will be needed for each meeting?
- Assignment of roles and tasks

Telehealth Policy Landscape

- Questions/Issues to consider in thinking about needed policy changes:
 - What is the vision for the system of care?
 - How to expand?
 - What are the priority issues?
 - What can be realistically impacted/achieved?
 - Where?
 - Sustainability Issues
 - Quality of care standards
 - Monitoring for fraud, waste and abuse
 - How to engage incentivize the provider network
 - Reimbursement
 - How can telemedicine solve problems for providers?
 - Improving population health outcomes while containing costs

Telehealth Policy Landscape

Issues to be Considered

- Licensing
 - State of Alaska
 - Senate Bill 74
 - Federal Legislation
 - Veterans E-Health & Telemedicine Support Act of 2015
 - TELEmedicine for MEDicare Act of 2013 (TELE-MED Act of 2013)
- Interstate Compact
 - Federation of State Medical Boards developed a framework for facilitating an expedited licensure process for physicians seeking to practice in multiple states.
 - Participation is voluntary for states and physicians.
 - States that want to join the compact pass enabling legislation.
 - 18 states have enacted legislation to expedite multi-state medical licensure.
- Credentialing and Privileging

Telehealth Policy Landscape

Issues to be Considered

- Coverage and Reimbursement
 - Who is currently covering telemedicine services in the state?
- Parity
 - Alaska Medicaid
 - House Bill 234
 - Medicare Telehealth Parity Act of 2015
 - Payment for real-time video teleconferencing versus store-and-forward

Next Steps

- Next meeting date and time.
- Review next action steps, tasks and members responsible.

Summary

- Wrap-up and evaluate group process.
- Contact Information
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