



Mid-Atlantic  
**Telehealth**  
Resource Center



Serving Delaware, Kentucky,  
Maryland, New Jersey, North  
Carolina, Pennsylvania, Virginia,  
Washington DC and West Virginia

# PCO National Committee Webinar

July 18, 2018

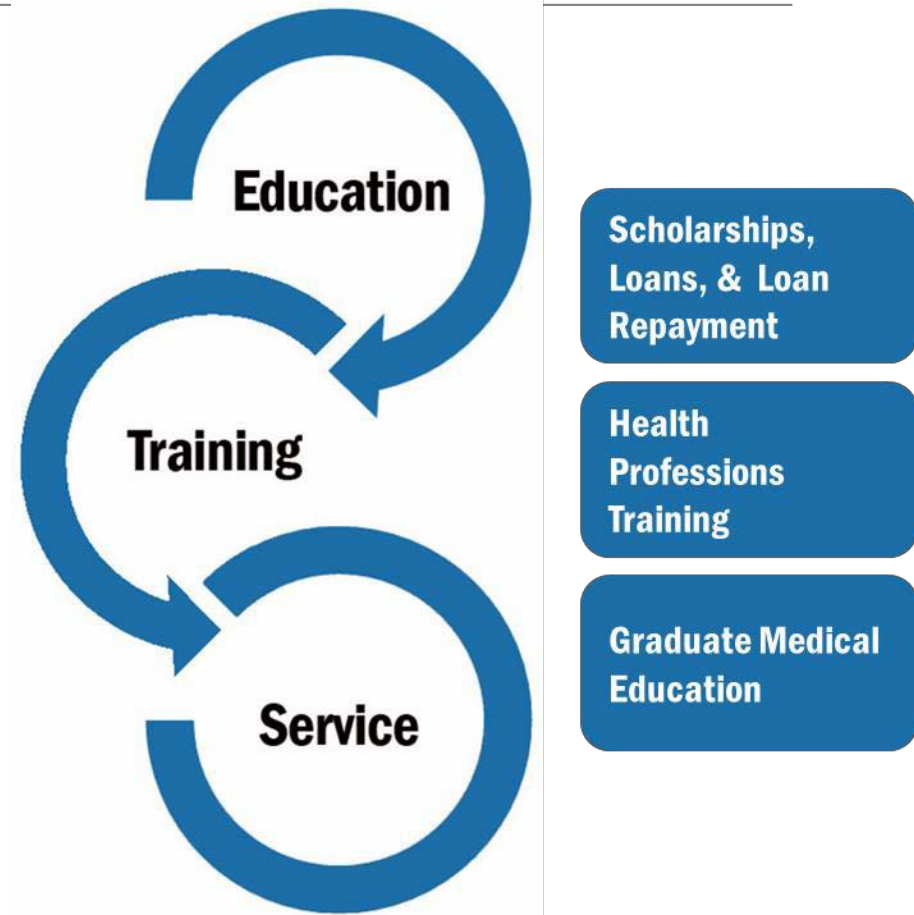
## The Intersection of Workforce Incentive Programs and Telehealth Policy

# Bureau of Health Workforce (BHW)

---

**VISION** – From education and training to service, BHW will make a positive and sustained impact on health care delivery for underserved communities.

**MISSION** – Improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need.



# Advancing the Mission for Improved Outcomes

---

- Advancing changes in health professions training that are responsive to the evolving needs of the health care system
- Encouraging the use of telehealth technologies to improve access in underserved communities
- Removing telehealth barriers for NHSC

# Change is in the Air

---

NHSC Guidance | FY 2018

## **Telehealth Restrictions Removed:**

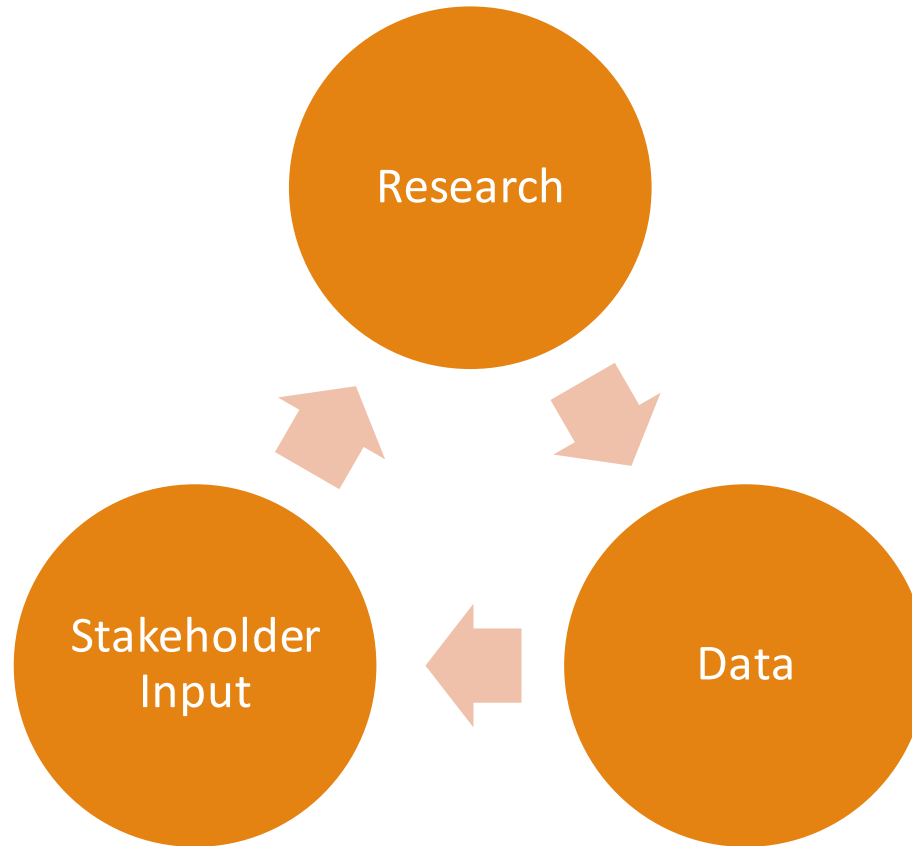
Prior Guidance: Limitation of 8 hours or 20% telehealth encounters

New Guidance: Threshold lifted to allow up to 100%

- All originating sites (location of patient) and distant sites (location of NHSC clinician) must be located in a HPSA and NHSC-approved.
- NHSC clinicians must be available (at the discretion of the NHSC-approved site) to provide in-person care
- Self-employed clinicians are not eligible for service credit for telehealth services
- Telehealth services are defined as two-way, real time interactive audio and video communications

# What's Driving the Efforts

---



# Looking to the Future

---

## Collaborative Opportunities

Area Health Education Centers Program (AHEC)

Distribution. Diversity. Practice Transformation.

**Additional Models Demonstrating the Impact of Telehealth:**

Telehealth Resource Center Program (TRC)

## Reasons for Adoption Abound

I need a  
dermatologist

I need a  
psychiatrist

I need a  
clinician after  
hours



FILLING  
**THE VOID**

I need a  
pediatrician

I need an  
OB/GYN

I need a  
cardiologist

# Reasons for Adoption Abound





## Reasons for Adoption Abound



## But The Struggle Is Real



**"I want you to find a bold and innovative way  
to do everything exactly the same way  
it's been done for 25 years!"**

# Reimbursement



# Who Is the Payer?



### **Self-Pay**

#### **Public:**

- Medicare
- Medicaid

#### **Private:**

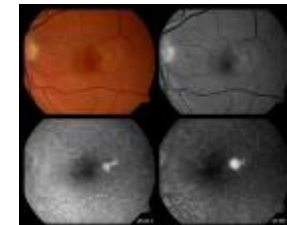
- Commercial State Licensed
- Self-Insured Employer Plan

# What Mode of Telehealth?

## Synchronous “Live Video”\*



## Asynchronous “Store and Forward”



# What Mode of Telehealth?

## Remote Monitoring



## Mobile Health “mHealth”



# Where Is the Patient? (Originating Site)

**At a Health Care  
Facility\***



**At A Non-Health  
Care Location\*\***



**What Type of Facility and  
Where Is It Located?**

**\*For NHSC, facility must be in a HPSA**



# Who Is Getting the Consult?

Telemedicine Consult  
"Clinician to Patient" Either  
Asynchronous or Synchronous



E-Consult  
"Clinician to Clinician"  
Asynchronous



Project ECHO  
"Clinician to Clinician"  
Synchronous





# What Type of Provider?

Speech  
Therapist



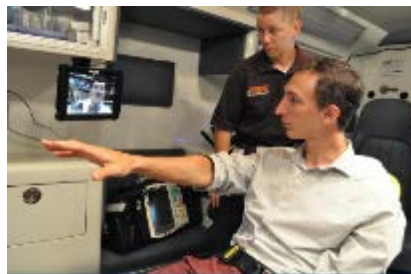
Doctor or Nurse  
Practitioner



Diabetes  
Educator



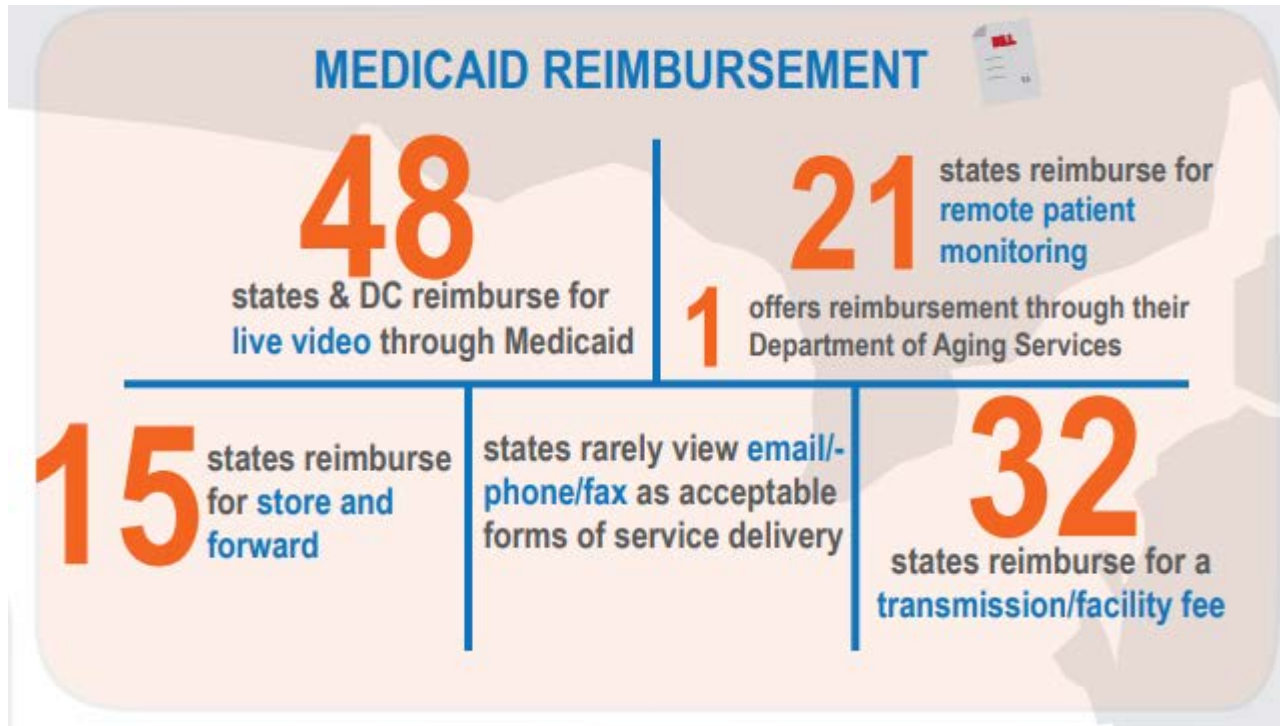
EMT



# What Type of Service?



**Common Procedural  
Terminology (CPT)  
Codes**



- Each State is different – States can determine their own policies related to telehealth
- Fee for service Medicaid is often different from Medicaid Managed care

# Medicaid



<http://www.cchpca.org/laws/list>

## State Laws and Reimbursement Policies

The Center for Connected Health Policy helps you stay informed about telehealth-related laws, regulations, and Medicaid programs. We cover current and pending laws, legislation regulations for the U.S., all fifty states and the District of Columbia.



All Current Laws and Policies

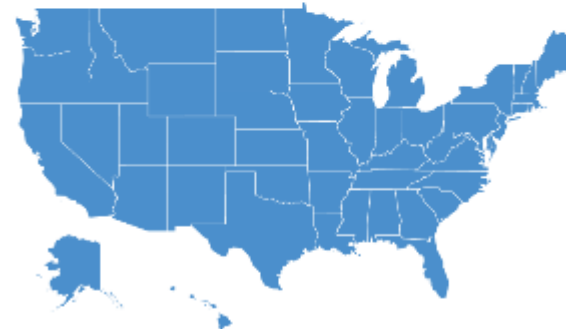


All Pending Legislation and Regulations



Full Report  
"State Telehealth Laws and Reimbursement Policies"

### Law and Policies by State:



## Laws and Reimbursement Policies: Advanced Search

Filter legislation and regulations by jurisdiction, rule type, or topic. View past or pending policies by selecting a different status.

Jurisdiction	Rule type	Topic	Status
Federal	Law	Broadband	2014 Approved Leg (Reg)
Alabama	Regulation	Demonstrations & Pilot Projects	2015 Approved Leg (Reg)
Alaska	Medicaid Program	Network Adequacy	2016 Approved Leg (Reg)
Arizona		Professional Board Regulation	2017 Approved Leg (Reg)
Arkansas		Provider-Patient Relationship/In-Person Exam	2018 Approved Leg (Reg)
California		Telemedicine/Telehealth Definition	Current
Colorado		Live Video Reimbursement	Pending
Connecticut		Store and Forward/Store-and-Forward	

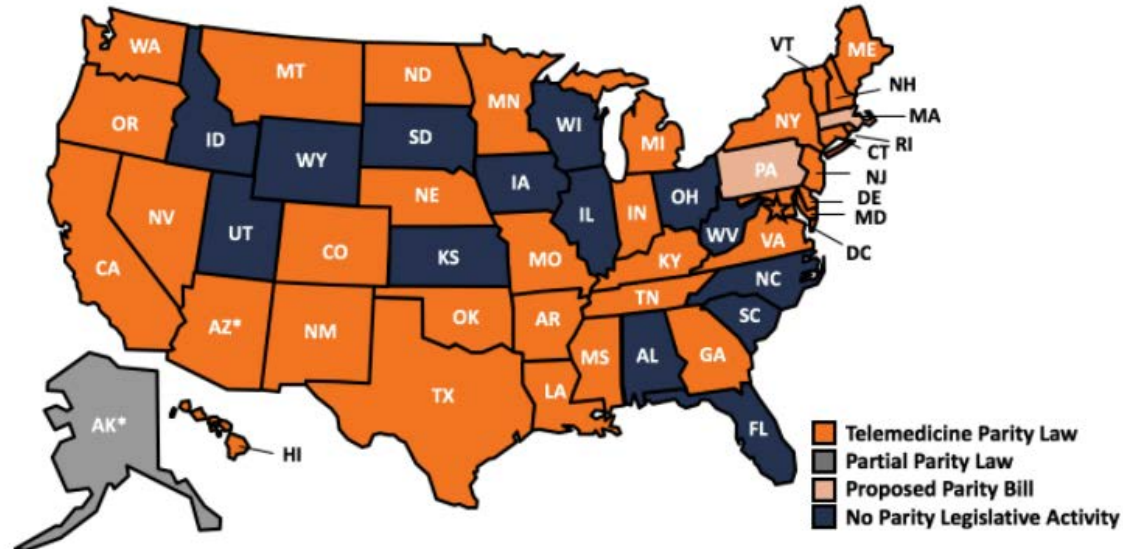

Items per page: 10

Apply

## States with Parity Laws for Private Insurance Coverage of Telemedicine (2018)

**PRIVATE PAYER LAWS**

**36** states and the District of Columbia have active laws



- Some laws do not apply to self-insured plans
- Some laws pertain to equity in reimbursement, but not necessarily equity in payment



# **“PLACE” Restrictions**

**Patient must receive services at one of these types of health care facilities**

- Provider offices
- Hospitals
- Critical access hospitals
- Rural health clinics
- Federally qualified health centers
- Skilled nursing facilities
- Community mental health centers
- Hospital-based or critical access hospital-based renal dialysis centers

**AND the facility must be located in either**

**A Non-Metropolitan Statistical Area (MSA)**

**OR**

**Rural Health Professional Shortage Area (HPSA)**

<https://datawarehouse.hrsa.gov/tools/analyzers/geo/Telehealth.aspx>

## Service and Provider Restrictions

Telemedicine  
Consult  
“Clinician to  
Patient”



Specific set of CPT/HCPCS codes  
– new codes can be requested  
and are reviewed each year.  
Additions are announced as  
part of the Physicians Fee  
Schedule each year

**Provider Restriction:** Only the following list of distant site providers qualify to deliver services and receive reimbursement via telehealth through Medicare:

- Physicians
- Nurse practitioners
- Physician assistants
- Nurse midwives
- Clinical nurse specialists
- Clinical psychologists and clinical social workers
- Registered dietitians or nutrition professionals

# Billing for Telehealth

- Use the “02” Place of Service (POS) Code to indicate a synchronous service took place via telehealth
  - The POS code replaced the GT modifier, EXCEPT for distance site providers billing CAH Method II
- Use the GQ modifier to indicate an asynchronous (store and forward) service if you are in a demonstration program in Alaska or Hawaii
- To request that CMS consider a new CPT/HCPCS code for telehealth, see guidance for submitting requests at:

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.html>

Changes are reflected in the Physician Fee Schedule published November 1 of each year.



# Proposed Changes for 2019

- Virtual Check-In
  - New code to pay providers for a virtual check in (only for established patients)
- Store and Forward
  - New code for remote evaluation of pre-recorded “store and forward” videos/images (not considered “telehealth” so will bypass geographic restrictions)
- Interprofessional Care
  - New code for virtual interprofessional consultation
- Preventive Services
  - New telehealth codes for prolonged preventive services

# Some Exceptions

- Demonstration/Pilot Programs
- Waiver Programs (e.g., Dual Enrollee)
- 2<sup>nd</sup> Generation ACOs (now), All ACOs (beginning 2020)
- Comprehensive Care for Joint Replacement (bundled payment)
- Medicare Advantage Plans (beginning 2020)
- Remote Monitoring in the context of Chronic Care Management (not considered “telehealth” so bypasses geographic restrictions)

# Interstate Licensure





- Determination of criteria, issuance and enforcement of health professional licensure is a right delegated to the states
- Other than for Veterans' Health Administration providers, there is no true physician licensure portability
- A provider must hold a valid license in the state **WHERE THE PATIENT IS PHYSICALLY LOCATED AT THE TIME OF SERVICE**

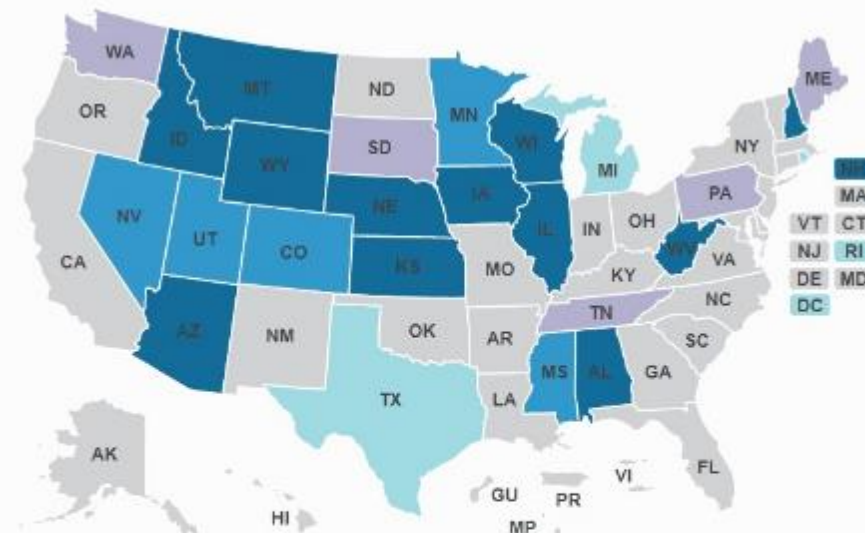
**VA**



U.S. Department of Veterans Affairs

Veterans Health Administration

# Interstate Medical Licensure Compact

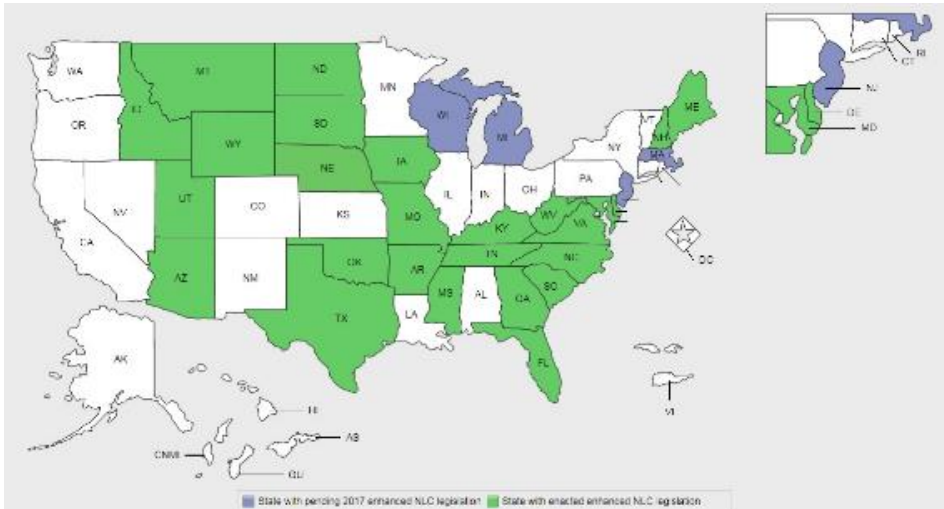


- Language drafted by the Federation of State Medical Board
- Offers expedited process to obtain physician license in Compact state
- Enacted in 22 states and DC, with 3 additional states who have proposed legislation

- = Compact Legislation Introduced
- = IMCL Member State serving as SPL processing applications and issuing licenses\*
- = IMCL Member State non-SPL issuing licenses\*
- = IMCL Passed; Implementation Delayed\*

\* Questions regarding the current status and extent of these states' and boards' participation in the IMCL should be directed to the [respective state boards](#).

# Enhanced Nurse Licensure Compact



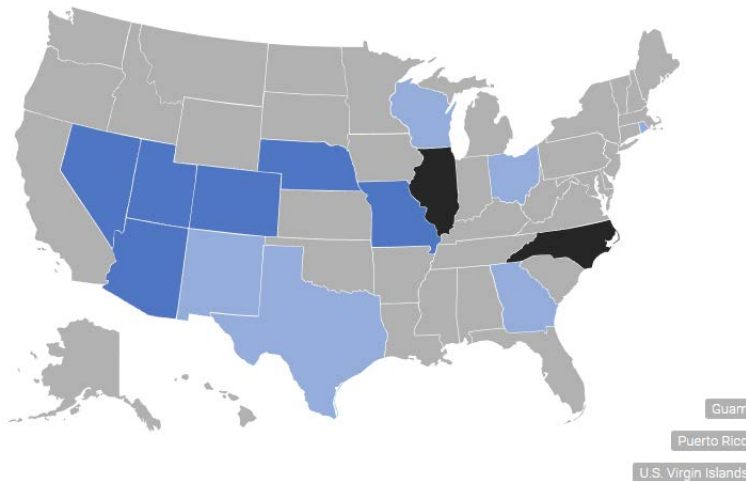
- Allows true reciprocity for RNs, LPNs and Licensed Vocational Nurses
- Adopted by 26 states, with 5 additional states who have proposed legislation

The National Council of State Boards of Nursing have approved the creation of a new interstate compact for advance practice nurses.



# PSYPACT

The Association of State and Provincial Psychology Boards

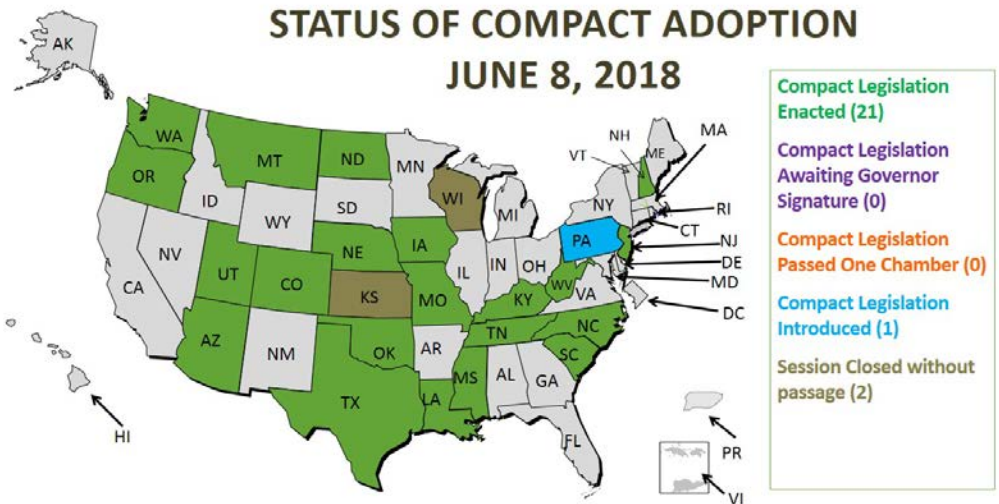


## Map Key

- PSYPACT State
- States with Pending PSYPACT Legislation
- Endorsed by Psychology Licensing Board

- Allows telehealth and temporary in-person face-to-face practice across jurisdictional boundaries
- Enacted in 6 states, with 2 additional states who have proposed legislation and 5 whose licensing boards have endorsed it

# Physical Therapy Licensure Compact



- True reciprocity
- Enacted in 21 states, with 3 additional states who have proposed legislation

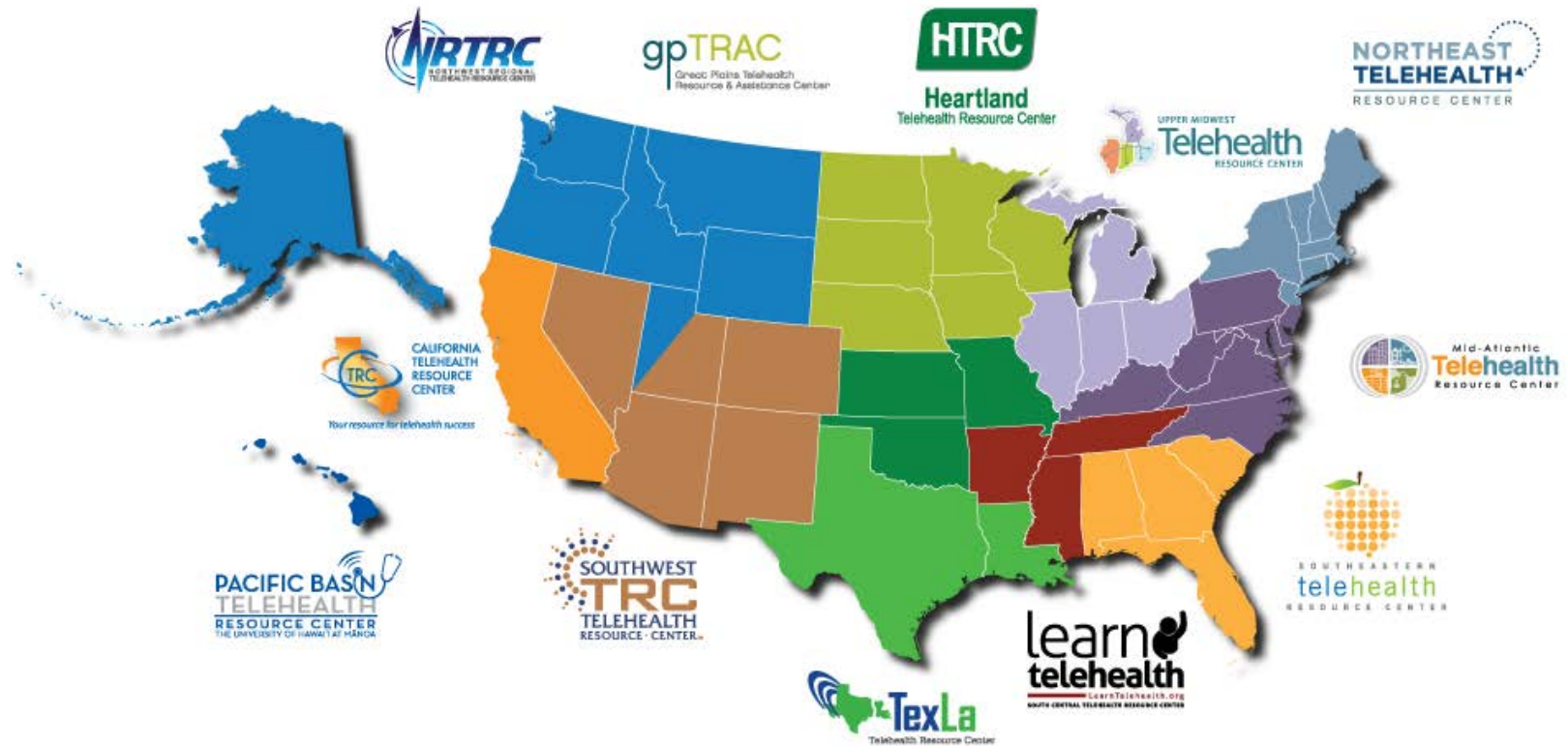




TRCs are funded by the U.S. Department of Health and Human Service's Health Resources and Services Administration (HRSA) Office for the Advancement of Telehealth, which is part of the Office of Rural Health Policy.

Here to Help!

# TelehealthResourceCenters.org



## For More Information:



**Kathy Hsu Wibberly, PhD**

Director, Mid-Atlantic Telehealth Resource Center

UVA Center for Telehealth

Email: [Kathy.Wibberly@virginia.edu](mailto:Kathy.Wibberly@virginia.edu)

Phone: 434.906.4960



Follow @katwibb

my **Linked in** profile



**Keisha L. Smith, MPA**

*Executive Director*

3831 Westerre Parkway  
Henrico, VA 23233

**TEL:** 804.562.4928

**FAX:** 804.658.4193

[ksmith@vhwda.org](mailto:ksmith@vhwda.org)

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

[www.facebook.com/MATRC](http://www.facebook.com/MATRC)

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

[www.facebook.com/VHWD](http://www.facebook.com/VHWD)

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



Mid-Atlantic  
**Telehealth**  
Resource Center