The Year of Telehealth

Kentucky Chapter Healthcare Financial Management Association February 27, 2019

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Telehealth Timeline



July 14, 2000 - Telehealth Board Created

July 15, 2000 - Medicaid Telehealth Regulation Became Law

December 19, 2001 – Insurance Telehealth Legislation Became Law

2014 - Behavioral Health Regulation Amended

April 26, 2018 – SB 112 Signed into Law with a Delayed Effective Date of July 1, 2019

May 2018 - Board Charged with Developing a Transition Plan

July 2018 – Workgroups Convened to Make Recommendations

October 24, 2018 – Telehealth Billing / Coding Meeting

November 19, 2018 – Transition Plan Presented to the Cabinet

July 1, 2019 - SB 112 Goes into Effect



Telehealth Law KRS 194A.125

- In 2000, Kentucky was first in the country to mandate reimbursement for telehealth by the Department of Medicaid Services and the Department of Insurance for Commercial Health Plans
- Created a ten-member Telehealth Board under the Governor's Office of Technology
- Created a statewide Kentucky TeleHealth Network which currently has 1,500+ members and 200,000+ clinical encounters
- Established four resource centers located at the University of Kentucky, University of Louisville, eastern and western Kentucky



Medicaid Telehealth Regulation 907 KAR 3:170

- In 2001, Kentucky's Medicaid Telehealth regulation established telehealth coverage and reimbursement by provider types
- Primarily included MDs and NPs and excluded other health professionals, dentists and pharmacists
- Mandated membership in the Kentucky TeleHealth Network which required both sides of the encounter (provider and patient) to be registered
- Required Interactive Audio and Video Technology
- Mandated Referrals
- Used the term "consultation" throughout the regulation
- Facility Fee for Medicaid not allowed



Department of Insurance Telehealth Law KRS 304.17A-138

- In 2001, the Department of Insurance telehealth law mandated Commercial Health Plans to cover and reimburse for telehealth services
- The law followed Medicaid rules for membership in the Kentucky TeleHealth Network



What Prevents Telehealth From Achieving its Potential?

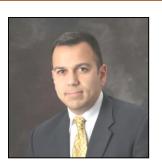
REIMBURSEMENT PARITY

- Current laws are too prescriptive and do not include all services or provider types
- Telehealth clinics were developed based on what was reimbursable versus what is best for the patient
- Critical telehealth initiatives were not fully developed for:
 - > Acute primary care / Direct to Consumer
 - Home-Based Remote Patient Monitoring
 - > School-Based Telehealth
 - > Mental/Behavioral Health Therapy Evaluation & Therapy Services
- Regulations did not keep pace with the change in telehealth technology



Senate Bill 112

 Parity reimbursement legislation sponsored by Senator Ralph Alvarado



- Signed into law by Governor Bevin on April 26, 2018 with a delayed effective date of July 1, 2019
- Repealed KRS 194A.125 which created the Telehealth Board and the Kentucky TeleHealth Network
- Cannot "restrict or deny coverage of telehealth based solely on the communication technology or application used to deliver the telehealth services" or "require a Medicaid provider to be part of a telehealth network"
- Provider parity, Service parity, and Financial Parity "equivalent to the coverage for the same service provided in person"
- Store and forward if access to the patient's medical record



Senate Bill 112

- Mandates the Cabinet for Health and Family Services to:
 - > Provide oversight, guidance, and direction to Medicaid providers delivering care using telehealth
 - Develop policies and procedures to ensure the proper use and security for telehealth, including but not limited to confidentiality and data integrity, privacy and security, informed consent, privileging and credentialing, reimbursement, and technology
 - > Promote access to health care provided via telehealth
 - Maintain a list of Medicaid providers who may deliver telehealth services to Medicaid recipients throughout the Commonwealth
 - Require that specialty care be rendered by a health care provider who is recognized and actively participating in the Medicaid program
 - ➤ Require that any required prior authorization requesting a referral or consultation for specialty care be processed by the patient's primary care provider and that any specialist coordinate care with the patient's primary care provider

Senate Bill 112 Summary

Requirements Currently in Place	Effective July 1, 2019
Use of Real-Time Interactive Audio & Video Technology	Use of Real-Time Interactive Audio & Video Technology or Store and Forward Services Provided via Asynchronous Technologies as a Standard Practice of Care Where Images are Sent to a Specialist for Evaluation
Use of Electronic Mail, Text Chat, Facsimile, or Standard- Only Audio Telephone Call is NOT Allowed	Use of Electronic Mail, Text Chat, Facsimile, or Standard- Only Audio Telephone is NOT Allowed
Asynchronous Telecommunications Not Included	Asynchronous Telecommunications Included IF the Health Care Provider has Access to the Medicaid Recipient's Medical History Prior to the Telehealth Encounter
Use of Secure Telecommunications Line or Utilize a Method of Encryption to Protect the Confidentiality and Integrity of the Telehealth Consultation Information	Use of Secure Communications Connection that Complies with the Federal Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. Sec 1320 to 1320-9
Approved Member of the Kentucky Telehealth Network	No Longer Required to be a Member of the Kentucky Telehealth Network
Kentucky Telehealth Board and Kentucky TeleHealth Network	Repealed KRS 194A.125 which dismantled the Telehealth Board and Kentucky TeleHealth Network



Senate Bill 112 Summary

Requirements Currently in Place	Effective July 1, 2019
Covered Services for Medicaid: Physicians, APRNs, Optometrists, Chiropractors, and Psychiatrists. Independent Licensed Psychologists, Licensed Professional Clinical Counselors, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Occupational Therapists, Physical Therapists, Speech-Language Pathologists must be employed in a Community Mental Health Center to be reimbursed	Covered Services for Medicaid: Physicians, Physician Assistants, Nurses, Doctor of Chiropractic, Mental Health Professionals, Optometrists, Dentists, Pharmacists, Podiatrists, or Allied Health Professionals who is licensed in Kentucky PARITY FOR SERVICES & REIMBURSEMENT
An In-Person Consultation Between a Medicaid- Participating Practitioner and a Patient is Not Required	An In-Person Consultation Between a Medicaid-Participating Practitioner and a Patient is Not Required. The requirement for a face-to-face encounter shall be satisfied with the use of asynchronous telecommunications technologies in which the health care provider has access to the Medicaid recipient's Medical History Prior to the Telehealth Encounter



Telehealth Board in Transition

- May 2018, the Cabinet for Health and Family Services charged the Board with preparing a comprehensive transition plan including recommended:
 - > Telehealth organizational infrastructure
 - > Telehealth statutes and regulations
 - Telehealth innovation and trends in best practices, communications and reimbursement
- July September 2018, the Board engaged stakeholders to participate in workgroups focusing on:
 - > Infrastructure
 - Legislative and regulatory requirements for Medicaid, Insurance and Professional Licensure Boards and Commissions
 - > Telehealth innovation and best practices



Telehealth Board in Transition

- October 2018 Telehealth Billing & Coding Meeting
- November 2018 The Board will present the Transition Plan to the Cabinet
- May 2019 3rd Annual Kentucky Telehealth Summit
- July 2019 Senate Bill 112 goes into effect eliminating the Telehealth Board and the Kentucky TeleHealth Network



Infrastructure Workgroup Recommendations

- Keep organizational name as Kentucky TeleHealth Network
- "Improve the health of Kentucky through communications technology"
- KTHN Roles
 - > Advocacy
 - > Education
 - > Policy/Procedure
 - > Support Website, single point of contact for providers and patients
 - Data Analytics Quantify Value of Telehealth to the State, Keep List of Telehealth Providers
 - > Research Awareness of new technology and new applications
- Identify Best Practices program infrastructure and network programming
- Recommend Educational Activities KY Summit, Webinars, Conferences and Coursework
- Identify Potential Funding Opportunities



Infrastructure Workgroup Recommendations

How will These Activities be Accomplished?

- Dedicated Staff to Support Telehealth Activities in CHFS
- Suggested Advisory Council Clinical and Administrative Representatives
- Subject Matter Experts to Help Support the Advisory Council and the Cabinet staff
 - Technical
 - Clinical
 - Financial
 - Security/Privacy/Compliance
 - Quality
 - ➤ Policy/Coverage/Reimbursement
 - Education/Outreach
 - Other



Legislative Workgroup Recommendations

The Workgroup had three subcommittees:

- > Medicaid Administrative Regulation Review Subcommittee
- > Insurance Administrative Regulation Review Subcommittee
- Professional Boards & Commissions Regulation Review Subcommittee

Department of Medicaid Subcommittee Recommendations:

- Dedicated staff to support telehealth activities in CHFS
- Provider and member education by DMS
- Require review of MCO contracts to ensure parity
- Consistency of telehealth terminology
- Provide educational outreach to professional boards and organizations
- Promote clean-up bill in the 2019 legislative session

Legislative Workgroup Recommendations

Department of Insurance Recommendations:

- Discussed revision of language in KRS 304.17A-138
- After noting only a few minor changes, recommendation by DOI is to leave the law "as-is"

Professional Licensure Boards & Commissions Recommendations:

- Identify all the appropriate boards and commissions that need to be involved
- Encourage standardized language relating to telehealth in definitions
- CONTINUE engagement past 7/01/2019



Innovation Workgroup Recommendations

- Research health system transformation through creation, adoption and delivery of telehealth services (disruptive creative destruction)
- Learn about asynchronous and synchronous modes of telehealth services to consider replication of services in Kentucky
- Promote education on telehealth innovation among medical professional boards and entities to enlighten and expand telehealth workforce
- Promote collaboration and education among stakeholders to clarify telehealth issues
- Serve as catalyst for collaboration to combine resources and enhance services such as integration of telehealth into statewide emergency response plans



Innovation Workgroup Recommendations

- Review successful models nationwide and promote statewide telecommunications infrastructure, especially in rural areas to enhance delivery of telehealth services
- Research and identify possible funding opportunities and new collaboration in public private partnerships to expand telehealth services
- Review future trends and identify new opportunities for telehealth services or enhancing existing services



Next Steps

- Telehealth Provider Education and Outreach
- Annual Conferences
 - Mid-Atlantic Telehealth Resource Center (MATRC) Summit
 March 31 April 2, 2019, Williamsburg, VA
 - > American Telemedicine Association (ATA) Annual Conference & Expo April 14-16, 2019, New Orleans, LA
 - > 3rd Annual Kentucky Telehealth Summit May 23, 2019, Bowling Green, KY
- Telehealth Website Development



Telehealth Resources

Telehealth Contacts

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- Medicaid Telehealth Coverage and Reimbursement -<u>www.lrc.ky.gov/kar/907/003/170.htm</u>
- Medicare Telehealth Services Fact Sheet –

<u>www.cms.gov/outreach-and-education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfct.sht.pdf</u>

- Medicare's New Place of Service (POS) Code for Telehealth and Distant Site Payment — www.cms.gov/Outreach-and-Education/Medicare-Leaning-Network-MLN/MLNMattersArticles/Downloads/MM9726.pdf
- Commercial Insurance <u>www.lrc.ky.gov/Statutes/statute.aspx?id=17373</u>

