Agenda

- Virtual Visits
 - Use Cases
- Telemedicine/Telehealth Benefits
 - Definition
- Reimbursement Overview (fee-for-service)
 - Medicare
 - Medicaid
 - ❖FQHCs (PPS)
 - Commercial Payers
- Alternative Payment Models



Telehealth Benefits

- ✓ Creates value for payers, patients and providers
- ✓ Increased patient access
- ✓ Enhanced reach of healthcare services
- ✓ Reduced cost structure
- ✓ 24/7 coverage
- ✓ Higher patient satisfaction



Definition

TELEHEALTH: a collection of means or methods for enhancing healthcare, public health, and health education delivery and support using telecommunications technologies Telehealth encompasses four distinct CERTINIELL domains of applications.

- Live Videoconferencing (Synchronous):
- Store-and-Forward (Asynchronous):
- Remote Patient Monitoring (RPM):
- Mobile Health (mHealth):

Does Medicare or Medicaid pay for telemedicine services?



- Medicare: Yes... in certain circumstances.
- Medicaid: Almost every state Medicaid plan specifically covers at least some telehealth services, however states vary greatly in their coverage.
- Do private insurance plans usually cover telemedicine services?
 - 31 states and the District of Columbia require that private insurers cover telehealth the same as they cover in-person services.

Originating Site

- The originating sites authorized by law are: The offices of physicians or practitioners Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based
- Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs)
- Community Mental Health Centers (CMHCs)

Distance Site

- Physicians
- Nurse practitioners (NPs).
- Physician assistants (PAs)
- Nurse-midwives
- Clinical nurse specialists (CNSs).
- Certified registered nurse anesthetists
- Clinical psychologists (CPs) and clinical social workers (CSWs). CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicare. These practitioners may not bill or receive payment for Current Procedural Terminology (CPT) codes 90792, 90833,90836, and 90838.
 Registered dietitians or nutrition professionals.

Medicaid Service Coverage & Conditions of Payment



Patient Setting

- A traditional approach to telemedicine coverage is to require that the patient be served from a specific type of health facility, such as a hospital or physician's office.
 - With advances in technology the current approach is to cover health services to patients wherever they are e.g. home, place of work, school, etc.

LOUISIANA MEDICAID PROGRAM (FQHC)CERTINITELL

LOUISIANA MEDICAID PROGRAM

ISSUED: 12/10/13 REPLACED: 06/20/13

CHAPTER 22: FEDERALLY QUALIFIED HEALTH

CENTERS

SECTION 22.4: REIMBURSEMENT

PAGE(S) 9

Telemedicine



If a covered service is provided via an interactive audio and video telecommunications system (telemedicine), it must be identified on the claims form by appending the Health Insurance Portability and Accountability Act (HIPAA) 1996 complaint modifier "GT" to the appropriate procedure code.

Innovative Payment or Service Delivery Models



- ❖ Over the years, states have increasingly used managed care organizations (MCOs) to create payment and delivery models involving capitated payments to provide better access to care and follow-up for patients, and also to control costs.
- CP3 program example



The better way to manage a practice

- Chronic Care Management
 - Discuss treatment plans
 - Review lab/imaging results
 - Discuss and adjust medications
- Offer counseling services and specialist referrals
- Provide minor urgent care appointments



"Telehealth will change/transform your practice"

Mary Zelazny,
CEO at Finger Lakes Community
Health

Educational Resources

- Center for Connected Health Policy
 - http://www.cchpca.org/

- TexLa Telehealth Resource Center
 - http://www.texlatrc.org/

- American Telemedicine Association
 - http://www.americantelemed.org/home