

**TELEHEALTH STATE &  
NATIONAL POLICY  
TRENDS**

**How Telehealth is  
Reshaping Care Delivery**  
NATIONAL INSTITUTE FOR HEALTH  
CARE MANAGEMENT WEBINAR

**June 12, 2015**

**Mario Gutierrez**

**Center for Connected Health Policy**



Is an independent, ***public interest*** organization that strives to advance state and federal ***telehealth*** policies through research, policy analysis, and provision of technical assistance and education

***CCHP is funded by the California Health Care Foundation and is a project of the Public Health Institute, a 501(3) organization***



# HRSA/OAT Grant 2012-2016: National Telehealth Policy Resource Center [WWW.CCHPCA.ORG](http://WWW.CCHPCA.ORG)



[POLICY MAP >>](#)

[REIMBURSEMENT >>](#)

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[Legal Issues](#)

[Health Information Technology](#)



**Telehealth technologies** are valuable assets to help achieve the “Triple Aim” of improved quality of care, better health outcomes, and lowered costs.

[Learn More >>](#)



# Telehealth Resource Centers

Home

Operations Tools

Reimbursement

Legal & Regulatory

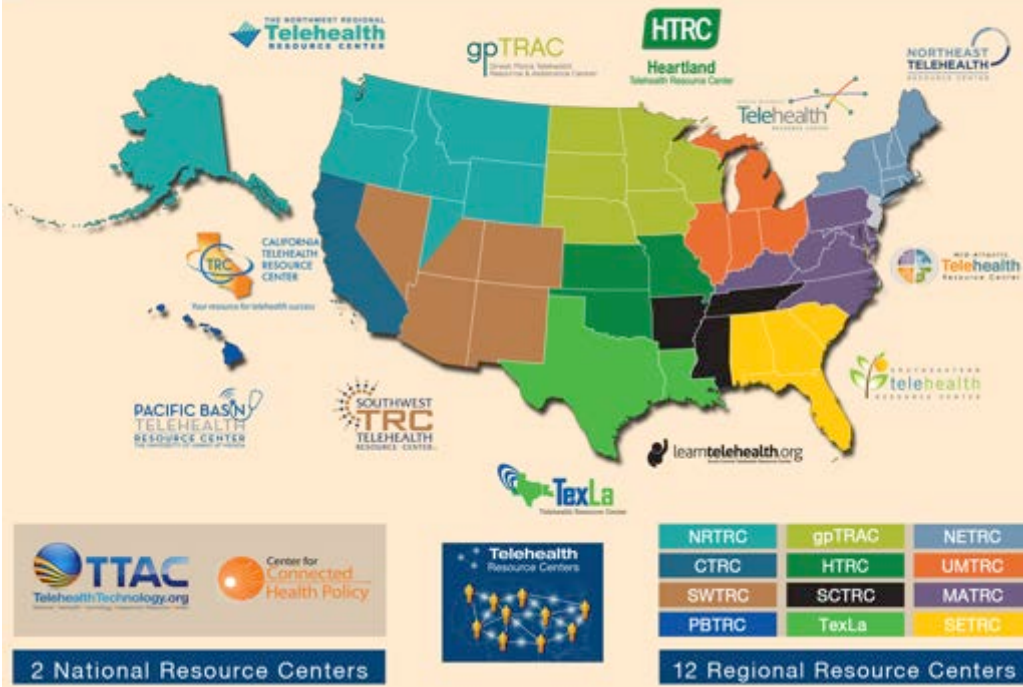
Marketing

Training

Program Development

Webinars

## TelehealthResourceCenters.org



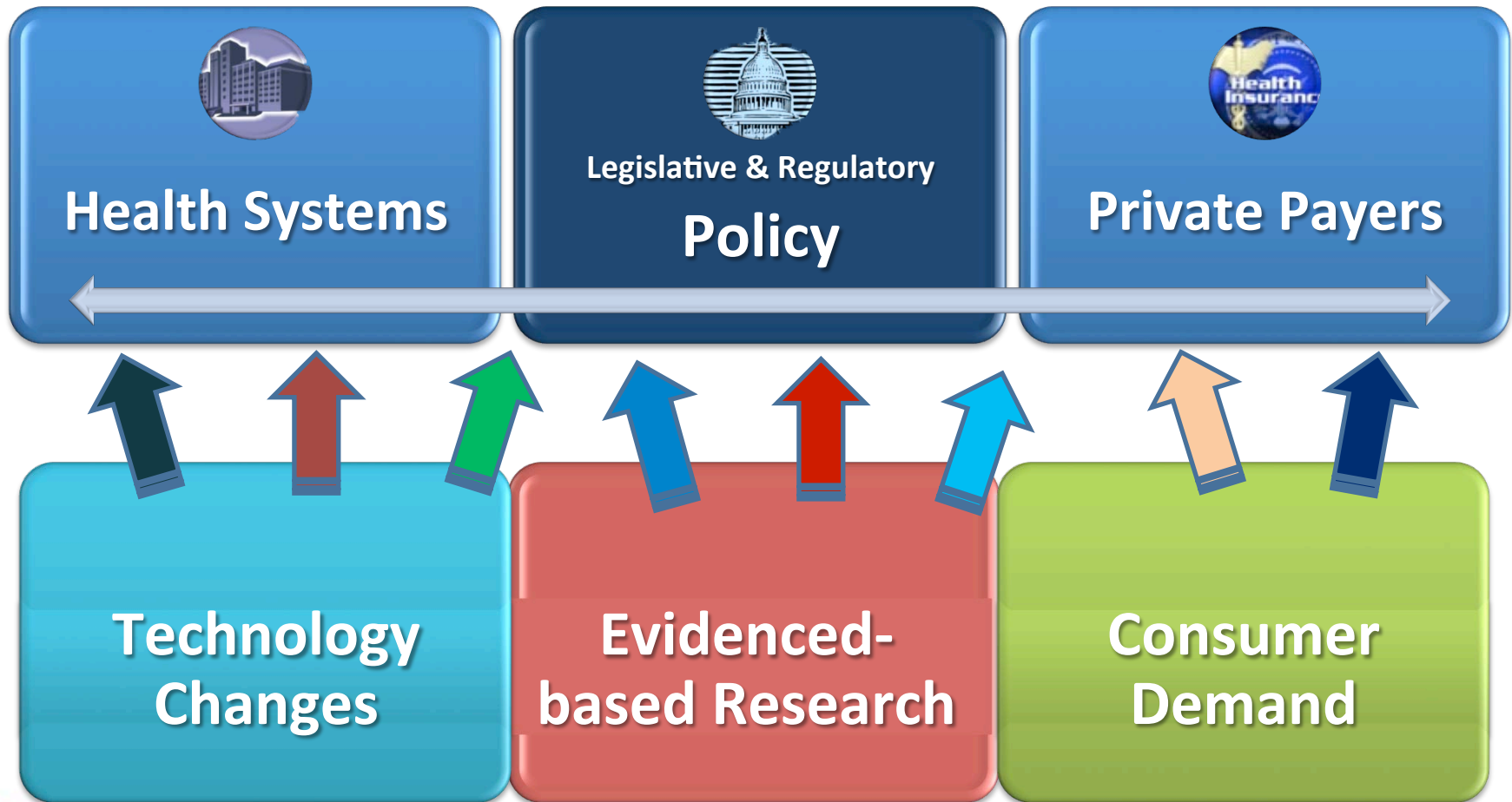
- Established in 2006, funded by the Office for the Advancement of Telehealth
- Twelve regional centers
- One national technology assessment center
- Collectively form a network of telehealth program expertise and experience
- Independently serve a designated region

[TelehealthResourceCenter.org](http://TelehealthResourceCenter.org)





# Advancing Telehealth Practices





Remote Patient Monitoring Research Catalogue and  
Quality Assessment

January 2015

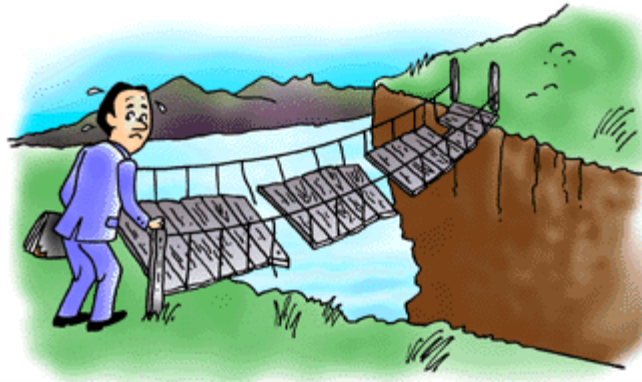
- Published in a peer reviewed journal no earlier than 2007
- Study must be US-based
- There must be a minimum of a sample size of 50 in the study (if a comparison group is used, at least 30 in both the control and test groups)
- The study period must be no less than 6 months
- The study is designed focus on one or more of the Triple Aim goals of outcomes, quality or cost
- Studies that only used interventions consisting of telephone, mobile apps or health education systems were excluded
- Databases – PubMed & EBESCO



# Federal And State Policy: *Volume-to-Value*

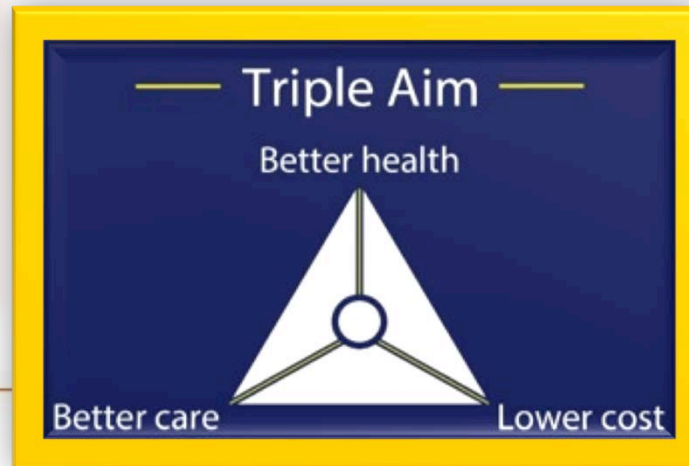
## Volume-based

- Pay for service (volumes)
- Cost-based reimbursement
- Hospital/physician independence
- Inpatient focus
- Stand-alone care systems
- Illness care



## Value-based

- Pay for results (quality/efficiency)
- Shared risk
- Partnerships and collaborations
- Continuum of care
- Community health improvement (HIT)
- Wellness care



A stylized sunburst graphic on the left side of the slide, consisting of a semi-circle on the left and several lines radiating outwards to the right. The entire slide has an orange background.

# ***State Telehealth Policies***

***Trends and Opportunities***



# Telehealth State-by-State Policies, Laws, & Regulations

Laws  
Regs  
Pending  
Bills  
State &  
Federal

**Telehealth Policy**

National Policy

- State Laws and Reimbursement Policies
- Medicare
- Medicaid
- Legal Barriers
- Health Information Technology

California Policy

- Medi-Cal
- Telehealth Advancement Act

Home » Telehealth Policy » National Policy » State Laws and Reimbursement Policies

## 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 rules and regulations for the U.S. and all fifty states.



All **Current** Laws and Policies



All **Pending** Legislation and Regulations



**Full Report**  
"State Telehealth Laws and Reimbursement Policies"



## Calendar

### Telemedicine and Telehealth Service Provider Showcase »

OCTOBER 6-7, 2014

Phoenix, Arizona

Join CCHP's executive director, Mario Gutierrez, at the Hyatt Regency in Phoenix, AZ for his panel presentation on telemedicine and telehealth policy.

[more »](#)

### California Primary Care Association's Annual Conference »

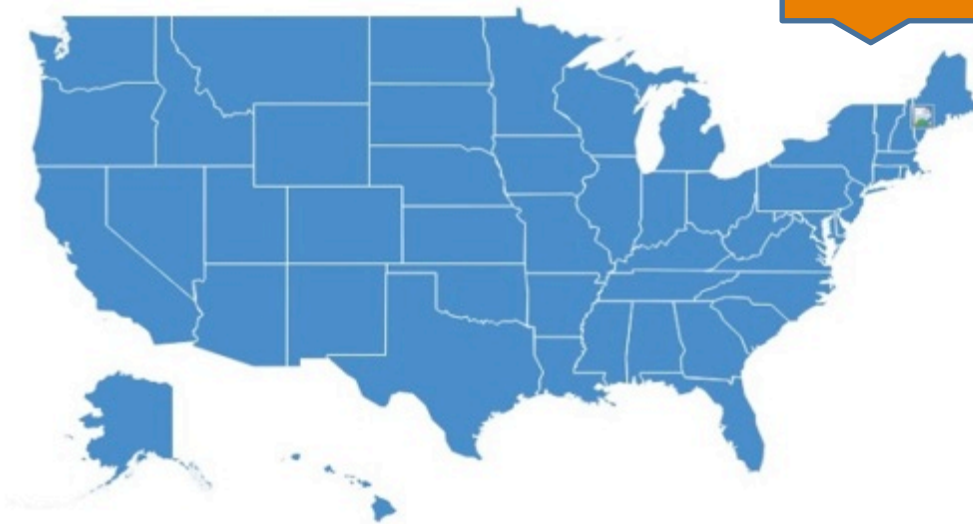
OCTOBER 9-10, 2014

Sacramento, CA

CCHP will be exhibiting with the California Telehealth Resource



## Law and Policies by State:



Interactive  
Policy Map



# Policy Areas of Analysis

- **Definition:** Telemedicine or Telehealth?
- **Reimbursement** by Modality
- **On-line Prescribing**
- **Consent** (written, verbal, none?)
- **Cross-state licensing** & practice
- **Private Payer Parity**
- **Location** of service
- **Site Transmission Fee**





## Reimbursement by Service Modality

**Live Video: Now 46 States & DC**





## Reimbursement by Service Modality

**Store & Forward: Only in 9 states**







## Reimbursement by Service Modality

**Remote Patient Monitoring: 14 States**





## Parity in Payment with In-Person

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**27 states and DC now have telehealth private payer parity laws...Most common policy change at state level**

- **Parity is difficult to determine**
  - Parity in services covered vs. parity in payment
  - Many states make their telehealth private payer laws “subject to the terms and conditions of the contract”





# Prescribing

- Currently the following states allow ***without*** in-person exam:
  - Alaska
  - Arizona
  - Maryland
  - New Mexico
  - Oklahoma
  - West Virginia
  - Texas\* (pending legal action)
- Minn and New Hampshire explicitly requires an in-person exam





# Positive State Policy Trends

- A Comprehensive definition of ***Telehealth*** in statute (ex. CA, Nebraska, Wyoming, and D.C.)
- Medicaid Reimbursement for Store & Forward and remote monitoring
- Clear guidance to private payers
- Clear policies regarding out of state licensing and on-line prescribing







# State Policy Trends of Concern

- **Poorly written legislation or regulation**
  - (NY required clean-up language to remove contradictory policies)
- **Undue barriers or restrictions based on geography or availability of a provider**
  - Connecticut proposed legislation would limit use of telemedicine when there is evidence of a lack of provider or would create an undo burden of travel for the patient
- **Regulations restrict legislative intent**



# FSMB Interstate Licensure Compact for Multiple State MD License

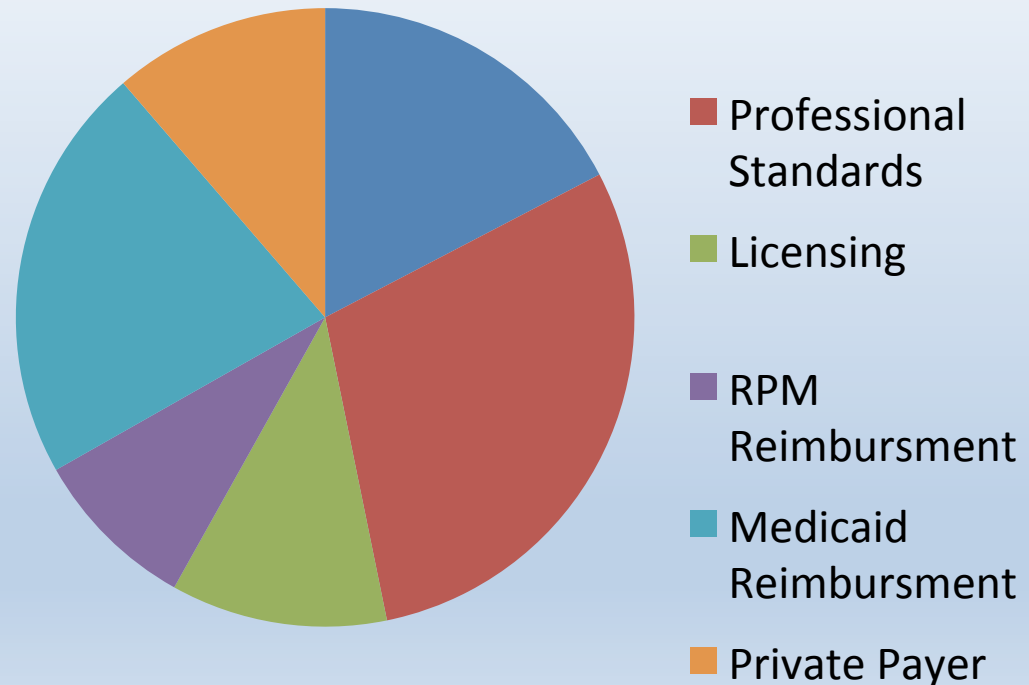
- Creates an Interstate Commission to implement an expedited licensure process.
- Current status (7 State minimum)
  - **9 states have passed now passed the language.**
    - Idaho, Montana, Nevada, South Dakota, Utah, West Virginia, Wyoming, Minnesota, & Alabama
  - 9 states have pending legislation to adopt the language



# Pending Legislation

- Over 200 bills introduced in 42 states.
- Most common legislation addresses:
  - Reimbursement
  - Telehealth professional standards (need for in-person exam, prescribing, etc.)
  - Pilot Projects
  - Cross-state Licensing

Telehealth Legislation



# FEDERAL MEDICARE TELEHEALTH POLICY: OUTDATED!

- Reimbursement is available for only a limited number of Medicare Part B services
- Reimbursement limited to **live video** only substituting for in-person encounter
- Can only occur when the originating site is in:
  - a Health Professional Shortage Area (HPSA),
  - a county outside of any Metropolitan Statistical Area (MSA), or
  - an AK/HI demonstration project







## HHS/CMS

- Movement toward Accountable Care Organizations as part of the ACA
- President Obama sets goal of 90% of Medicare payments tied to **VALUE**---not fee for service
- CMS approves more Medicare tele-psych codes for reimbursement
- New code for ***non-face to face*** chronic care management & coordination



# Next Generation ACO



- Greater access to home visits, telehealth services, and skilled nursing facilities;
- “benefit enhancements” allow circumvention of Medicare rules that go beyond benefits of Medicare Advantage -Alternative Payment Model
- Would allow ACOs to utilize the technology ***regardless of a patient’s geographic location.***
- Only 20 Pilots in first two years



Thank You!

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