The Intersection of Workforce Incentive Programs and Telehealth Policy
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.

Source: NAO Conference, CAPT. Jacqueline Rodrique, MSW, Bureau of Health Workforce, July 9, 2018
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

Source: NAO Conference, CAPT. Jacqueline Rodrique, MSW, Bureau of Health Workforce, July 9, 2018
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

Source: NHSC Loan Repayment Program FY 2018 Application & Program Guidance, Page 31
What’s Driving the Efforts

Research

Stakeholder Input

Data
Looking to the Future

Collaborative Opportunities

Area Health Education Centers Program (AHEC)

Additional Models Demonstrating the Impact of Telehealth:
Telehealth Resource Center Program (TRC)
Opportunities

Reasons for Adoption Abound

- I need a dermatologist
- I need a psychiatrist
- I need a pediatrician
- I need a cardiologist
- I need an OB/GYN
- I need a clinician after hours
Opportunities

Reasons for Adoption Abound

- Access to Patient Education
- Improved Chronic Disease Management
- Access to Preventive Screening
- Increased Treatment Compliance
- Access to Best Practices for Patient Safety
- Access to Clinician Continuing Ed
- Access to Interprofessional Care

IMPROVED HEALTH OUTCOMES
Reasons for Adoption Abound

- Readmission Penalties
- Recruitment and Retention
- Unnecessary Transfers
- Meaningful Use Penalties
- Medical Errors
- Reputation and Patient Satisfaction
Challenges

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!”
Challenges

Reimbursement

KEEP CALM
BUT
IT'S
COMPPLICATED
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”

* The only mode recognized by the NHSC for service credit
What Mode of Telehealth?

Remote Monitoring

Mobile Health “mHealth”
Things to Ask

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

** Home is not recognized by NHSC as an approved site - home “visits” must be at the direction of the NHSC-approved site and counted in the alternative setting allotment for patient care.
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

Things to Ask
What Type of Provider?

- Speech Therapist
- Doctor or Nurse Practitioner
- Diabetes Educator
- EMT
What Type of Service?
• Each State is different – States can determine their own policies related to telehealth

• Fee for service Medicaid is often different from Medicaid Managed care
http://www.cchpca.org/laws/list
• 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
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](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)
- 2nd 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

KEEP CALM
BUT
IT’S
COMPLICATED
• 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
Compacts

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

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

PSYPACT
The Association of State and Provincial Psychology Boards

- 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

STATUS OF COMPACT ADOPTION
JUNE 8, 2018

- True reciprocity
- Enacted in 21 states, with 3 additional stated who have proposed legislation
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TelehealthResourceCenters.org

Here to Help!
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