

TELEHEALTH

Frequently Asked Questions

New York became the 22nd state to pass legislation requiring a health plan to provide coverage for telehealth. The mandate went into effect for policies issued, modified or renewed on or after January 1, 2016. It applies to all Medicaid managed care, as well as all commercial lines of business, such as fully insured individual/direct pay and small group (both on and off Exchange) and large group policies, as well as Essential Plan and Child Health Plus policies. The requirements under the mandate differ depending on whether or not it is a commercial policy or a Medicaid managed care policy.

What is telehealth?

For commercial policies, telehealth is use of electronic information and communication technologies by a health care provider to deliver services to a patient when the patient is located at a different site than the provider.

For Medicaid managed care policies, telehealth includes telemedicine, store and forward technology and remote patient monitoring.

- **Telemedicine** is the use of synchronous, two way electronic audio visual communications to deliver services to a patient when the patient is located at a different site than the provider.
- **Store and forward technology** is asynchronous, electronic transmission of a patient's health information in the form of digital images and/or pre-recorded videos from a provider at an originating site to a provider at a distant site.
- **Remote patient monitoring** is synchronous or asynchronous electronic information and communication technologies to collect PHI and medical data for a patient at an originating site that is transmitted to a provider at a distant site for use in the treatment of medical conditions that require frequent monitoring. Examples of such conditions are: diabetes, chronic obstructive pulmonary disease, wound care, etc.

Effective as of 07/11/2018, electronic information and communication technologies may include additional interaction triggered by previous transmissions, such as interactive queries conducted through communication technologies (e.g. e-mail, facsimile, etc.) or by telephone.

For Medicare Advantage policies, telehealth means the use of an interactive audio and video telecommunications system that permits real-time communication between the patient and provider.

Please note, that coverage of telehealth under a particular plan or policy is determined based upon the terms and conditions of the plan or policy and, if applicable, with the Excellus BlueCross BlueShield medical policy entitled Telemedicine and Telehealth, Policy Number 1.01.49.

How can telehealth benefit me and my practice?

Telehealth can provide many benefits for your practice and your patients, including increased access to care and convenience. Telehealth can offer a convenient method of delivering healthcare to patients in rural or underserved areas that may otherwise have limited or no access to the healthcare professionals they need. Telehealth can also provide additional revenue and support to the patient-provider



relationship by providing for service gaps that would otherwise take your patients out-of-network such as access to care for urgent low acuity issues that might otherwise be seen at an urgent care center or emergency department.

Will I be reimbursed for telehealth visits?

As a participating provider, you can be reimbursed for telehealth when services are provided to members enrolled in the following plans:

- **Commercial** (including policies offered on and off of the New York State of Health, the Essential Plan and Child Health Plus) and Medicare Advantage.
- **Safety Net** (HMOBlue Option, Blue Choice Option, Premier Option, Blue Option Plus, Premier Option Plus).

Additional information and detail is available in the Excellus BlueCross Blue Shield Medical Policy No. 1.01.49 – Telemedicine and Telehealth.

Please contact your Provider Relations Representative for specific fee schedule questions.

It is important to always remember that medical record documentation needs to support any services billed.

Are email communications with my patients considered telehealth?

Email should not be used to provide treatment or gather patient information with. It is not secure and does not meet the security requirements of HIPAA. However, secure messaging conducted through store and forward or asynchronous solutions can be considered telehealth. Documentation needs to support the services billed. Coding rules and documentation requirements remain the same for care rendered in person or virtually through synchronous or asynchronous telehealth.

Do I need to get special consent from my patients for telehealth visits?

Yes, per the Excellus BlueCross BlueShield Medical Policy No. 1.01.49 – Telemedicine and Telehealth, the patient must provide consent prior to the telehealth services being rendered. Although, we do not require a written consent form, an example of a telehealth patient consent form that can be downloaded and adapted to your practice's needs from our Provider Website. Check with your Legal advisors for their specific language and use requirements on this.

Do I need special equipment for telehealth visits and if so, where can I get it from?

This likely will depend on the services you have chosen to deliver via telehealth and how you have chosen to deliver them. You may decide to obtain dedicated computers with integrated cameras to support teleconferencing software or you may need peripheral devices such as stethoscopes or ophthalmoscopes that can transmit images and data for diagnosis.

There are many vendors available that can provide the software or device solutions that best meet your needs. Your Regional Telehealth Resource Center can provide you with the information you need to research and decide which one or ones will work best for you. The Northeast Telehealth Resource Center has put together a small sampling in a resource document titled Telehealth Technologies and Preparing to Select a Vendor. You can access this document at <http://netrc.org/wp-content/uploads/2016/11/NOSORH-Telehealth-Vendor-Fact-Sheet-FINAL.pdf>.

What type of services can be delivered by telehealth?

Services that can be delivered by telehealth include, but are not limited to, consultations, initial or follow up inpatient telehealth consultations, office or other outpatient visits, subsequent hospital or skilled nursing facility care services (with the limitation of one (1) telehealth visit

every three (3) days), individual psychotherapy or psychiatric diagnostic interview examinations, pharmacologic management, individual and group medical nutrition education, individual and group diabetes self-management training services, chronic care management/transitional care management services, advance care planning, and treatment of non-urgent acute conditions. Generally, any service when the only difference in the same service is that it was delivered via telehealth.

What are the provider types who can furnish and receive payment for telehealth services?

- **For commercial products**, there is no restriction on the type of providers that can furnish and receive payment for covered telehealth the services (subject to State law). As long as the provider type of covered under the plan or policy, such provider will be covered if services are rendered via telehealth, provided such services also meet the requirements of the Excellus BlueCross BlueShield Medical Policy No. 1.01.49 – Telemedicine and Telehealth.
- **For Medicare Advantage products**, the type of provider than can furnish and receive payment for telehealth services (subject to State law) is limited to 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), and registered dietitians or nutrition professionals.
- **For Medicaid products**, the type of provider that can furnish and receive payment for telehealth services (subject to State law) is limited to physicians, NPs, PAs, registered practical nurse (only in certain circumstances), podiatrists, optometrists, psychologists, social workers, speech language pathologists or audiologists, licensed midwives, diabetes educator certified by the National Certification Board for Diabetes Educators or certified or affiliated with a similar organization, asthma

educators certified by the National Asthma Educator Certification Board, and genetic counselors certified by the American Board of Genetic Counseling, Inc. Telehealth providers also include hospitals, home care services agencies, and hospices defined under Art. 28, 36 and 40 of the NY Public Health Law.

Effective as of 07/11/2018, the type of providers that can furnish and receive payment for telehealth services also include residential health care facilities serving special needs populations; alcoholism and substance abuse counselors credentialed by the Office of Alcoholism and Substance Abuse Service (OASAS); any provider authorized to provide services and service coordination under the early intervention program; clinics licensed or certified under Article 16 of the Mental Hygiene Law and certified and non-certified day and residential programs funded or operated by the office for people with developmental disabilities.

Are there any special considerations regarding patient location?

Yes, there are special considerations regarding patient location based on what type of product the patient is covered under.

- **For commercial products**, the patient may be located anywhere that is different from the provider.
- **For Medicare Advantage products**, the patient must be located in:
 - county outside of a Metropolitan Statistical Area (MSA); or
 - a rural Health Professional Shortage Area (HPSA) located in a rural census tract.

The Health Resources and Services Administration (HRSA) determines HPSAs, and the Census Bureau determines MSAs. You can access HRSA's Medicare Telehealth Payment Eligibility Analyzer to determine a potential originating site's eligibility for Medicare telehealth payment. Entities that participate in a Federal telemedicine demonstration project

approved by (or receiving funding from) the Secretary of the U.S. Department of Health & Human Services as of December 31, 2000, qualify as originating sites regardless of geographic location. Each calendar year, the geographic eligibility of an originating site is established based on the status of the area as of December 31st of the prior calendar year. Such eligibility continues for the full calendar year.

- **For Medicaid products**, the patient must be located in NY hospitals, facilities for the mentally disabled, physician or dentist office located in NY, any type of adult care facility licensed under Social Services Law Title Two, Article Seven; public and private charter elementary schools; school age childcare programs; child day care centers; and when a patient is receiving services by means of remote patient monitoring, the patient's home or other temporary location located within or outside of NY.

Effective as of 07/11/2018, the patient may be located in the patient's home or other temporary location located within or outside of NY regardless of whether or not such patient is receiving services by mean of remote patient monitoring.

I think I'd like to start providing telehealth services within my practice? How do I get started? Is there someone that I can work with for technical assistance?

The best way to begin is with a needs assessment to identify service gaps and needs, both within your practice and ideally, within the community. To be most successful, you need to make sure that the technology or services are a good fit and make sense to your organization. To guide you through this process and along the pathway of development and implementation, program development and implementation guides have been developed by various telehealth resource groups including the North Country Telehealth Partnership and the California Telehealth Resource Center. The guides can be accessed by clicking on the following links:

North Country Telehealth Partnership Implementation Guide - <http://www.telehealthny.org/wp-content/uploads/2017/07/Telemedicine-Implementation-Guide-FINAL.pdf>

California Telehealth Resource Center Telehealth Program Developer Kit - <http://caltrc.org/wp-content/uploads/2014/12/Complete-Program-Developer-Kit-2014.pdf>

The North Country Telehealth Partnership and the Northeast Telehealth Resource Center also provide technical assistance to providers to implement or expand telehealth services. These organizations can be found at www.telehealthny.org and www.netrc.org respectively.

I want to use telehealth to integrate behavioral healthcare into my primary care practice? Are there special regulations for this?

Yes, there are special requirements for integration of services. The NYSDOH has information and guidance available through the Medicaid update located at https://www.health.ny.gov/health_care/medicaid/program/update/2017/sep17_mu.pdf.

Telepsychiatry Guidance for Local Providers is available through the NYS Office of Mental Health at https://www.omh.ny.gov/omhweb/clinic_restructuring/telepsychiatry.html.

Telepractice Standards for OASAS Designated Providers can be found at <https://www.oasas.ny.gov/regs/documents/TelepracticeStandards.pdf>

Can specialists provide telehealth services?

Yes, specialists can provide services through telehealth.

Are there practice guidelines that have been established for the deployment of telehealth?

Yes, the American Telemedicine Association has established practice guidelines for various telehealth services. The guidelines can be found at <http://hub.americantelemed.org/resources/telemedicine-practice-guidelines>.