A Beginners Guide to Reimbursement
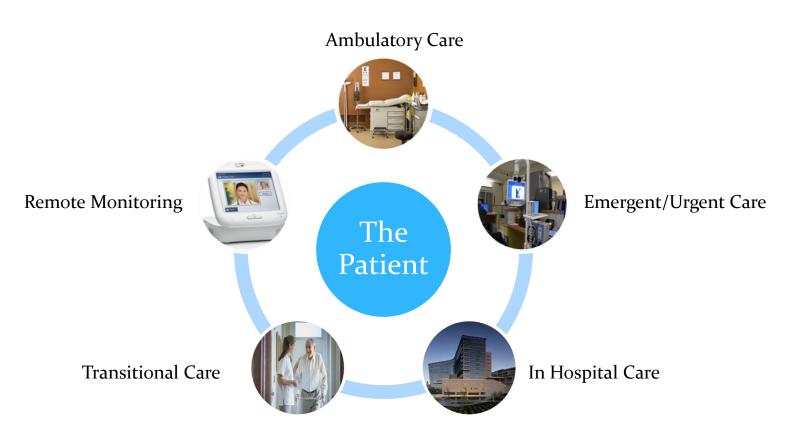
What is Telemedicine?

Terms can be very confusing!

- Telemedicine
- Telehealth
- Digital Health
- mHealth
- eHealth
- Virtual Care

Definitions are not standard. Use the one that meets your requirements and applicable standards/regulations

Across the Care Continuum

Telehealth is a delivery tool not a service.

How do you get paid for services delivered using a telehealth tool?

That all depends on who pays you

- Medicare
- Medicaid (Managed care organizations, fee for service)
- Private Payers
- ERISA (self-insured company plans)
- Patient self pay

According to the Center for Telehealth and eHealth Law (CTEL)

- *The absence of consistent, comprehensive reimbursement policies is often cited as one of the most serious obstacles to total integration of telehealth into health care practice. The lack of an overall telehealth reimbursement policy reflects the multiplicity of payment sources and policies within the current United States health care system.*

Medicare

- Medicare beneficiaries are eligible for telehealth services only if they are presented from an originating site located in:
  - A county outside of a Metropolitan Statistical Area (MSA) or
  - A rural Health Professional Shortage Area (HPSA) located in a rural census tract
- Additional restrictions include type of originating site, type of provider and type of services

Authorized Originating Sites

- Physician or practitioner office
- Outpatient Hospital
- Critical Access Hospital (CAH)
- Rural Health Clinic (RHC)
- Federally Qualified Health Center (FQHC)
- Hospital-Based or CAH-Based Dialysis Center
- Skilled Nursing Facility (SNF)
- Community Mental Health Center (CMHC)
- Mobile Unit
- Walk-in Retail Health Clinic
- Urgent Care Facility

Authorized Service Providers

- 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.
- Registered dietitians or nutrition professionals.

Authorized Services

- Are specified by CPT code
- When new CPT codes are added they are specified in the Physician's Fee Schedule (PFS) for the upcoming year
- The 99091 regarding remote patient monitoring was unbundled and is now not subject to the restrictions other telehealth services currently face, such as geographic and location limitations and prohibitions on the use of asynchronous technology in most cases.

Proposed under the 2019 Physician Fee Schedule

- Virtual Check-Ins, officially titled "*Brief Communication Technology-Based Service*"
- Asynchronous Images and Video, officially titled "*Remote Evaluation of Pre-Recorded Patient Information*"
- Peer-to-Peer Internet Consults, officially titled "*Interprofessional Internet Consultation.*

Medicare Advantage Plans

- Medicare Advantage Plans may offer telehealth as a supplemental benefit, however patients who elect to receive the benefit may pay for it with higher premiums, additional co-pays or from the plans' rebates.

Facility Fee – Originating Site

- Originating national sites allowed $25.76
  - Per Medicare Economic Index (MEI) defined by Social Security Act annually
- Submit Q3014 without modifiers
- Submit appropriate place of service (POS)

Resources

- Region 10 – Seattle Teresa Cumpton
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  - Telephone: (206) 615-2391
  - States: Alaska, Idaho, Oregon, and Washington
- Region 8 – Denver
  - rodenmmfm@cms.hhs.gov
  - Telephone: (303) 844- 2111
  - States: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

Medicaid

- When it comes to Medicaid reimbursement for telemedicine, the U.S. truly has 50 states and 50 unique policies.

- Some states (particularly those that are fee-for –service) cover just what is specified in the Medicare guidelines.

- Others where Medicaid is under the purview of Accountable Care Organizations (ACOs) or CCOs have a much broader payment policy often including parity and are that geographically agnostic

Medicaid – The Oregon Story

- When the initial Coordinated Care Organization (CCO) guidelines were developed, OHA stated that CCOs could use telehealth, but it was up to them to determine which services they paid for
- This resulted in providers having to deal with each CCO on an individual basis
- Under CCO 2.0, OHA is recommending:
  - Reduce barriers to access for health services through standardization of telehealth reimbursement requirements across all CCOs.
  - Require CCOs to reimburse for telehealth services, including two-way video conferencing and asynchronous methods if certain conditions are met
  - Require reimbursement regardless of patient being in a rural or urban setting
- As a rule, CCO's have reimbursed for telehealth when it has been requested of them to do so.

Private (Commercial)Payers

- Payment by private insurers is also determined on a state-by state basis
- Laws governing private insurers can mandate service and/or payment parity with in person services
- While state laws mandate parity and technology requirements provider must individually negotiate telehealth into their payment contracts
- There are many variations in these contracts

ERISA – Self Insured Company Plans

- Many employers fund group health plans for their employees.

- Those plans are regulated by the Employee Retirement Income Security Act (ERISA).

- The plans must be in compliance with state laws.

- Although ERISA does not have a policy on telemedicine, they recognize the value telemedicine can provide to both employers and employees.

- ERISA works with states to encourage the development of telehealth and not impose barriers to its use.

Patient Self Pay

- Patients can choose to pay for a service delivered telemedically themselves if their insurer denies payment

- This occurs especially when the services are direct-to-patient such as virtual urgent care.

- People without insurance and seniors with Medicare are often willing to self-pay in order to get the services they need/want

- Payers are seeing the positive data generated by these services and some are offering their own products

Reimbursement Soup Managing the Chaos

- Early in your planning determine the problem you are trying to solve with telehealth and what populations you want to serve
- Familiarize yourself with the laws governing payment for these services and for each population being served
- Develop a relation ship with the payers involved. Find a point of contact within each organization who knows and understands their policy on telemedicine
- In the case of Medicaid, private payers and ERISA payers work with your contracts office to negotiate the most favorable contract for the services you want to provide
- Join or develop a group of providers to gather information and develop strategies for dealing with these payers in your state.

Thank you!

- Contact information
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