



2020 NRTRC TAO VIRTUAL CONFERENCE



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VIRTUAL SESSION INSTRUCTIONS

- Audio and video are muted for all participants
- Use the Q&A feature to ask questions 
- Moderator will read questions to the speaker
- Presentation slides are posted at <https://nrtrc.org/sessions>. Recordings will be posted after the conference.

Telehealth Policy Panel

- Moderator: Cathy Britain and Deb LaMarche
- Presenters:
 - Jeffrey Mitchell, JD, Counsel, Fletcher, Heald & Hildreth, PLC
 - Rene Quashie, JD, Vice President, Policy & Regulatory Affairs, Digital Health, Consumer Technology Association
 - Emily Wein, JD, Of Counsel, Foley & Lardner LLC
 - Mei Wa Kwong, JD, Executive Director, Center for Connected Health Policy

Telehealth & COVID-19: State Updates

April 16, 2020



Mei Wa Kwong, JD,
Executive Director, CCHP



CENTER FOR CONNECTED HEALTH POLICY (CCHP)

is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

DISCLAIMERS

- Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.
- Always consult with legal counsel.
- CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.

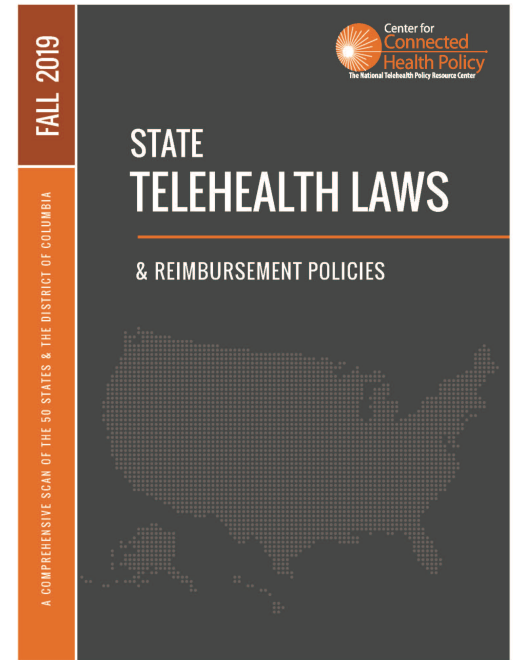
ABOUT CCHP

- Established in 2009
- Program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012
- Work with a variety of funders and partners



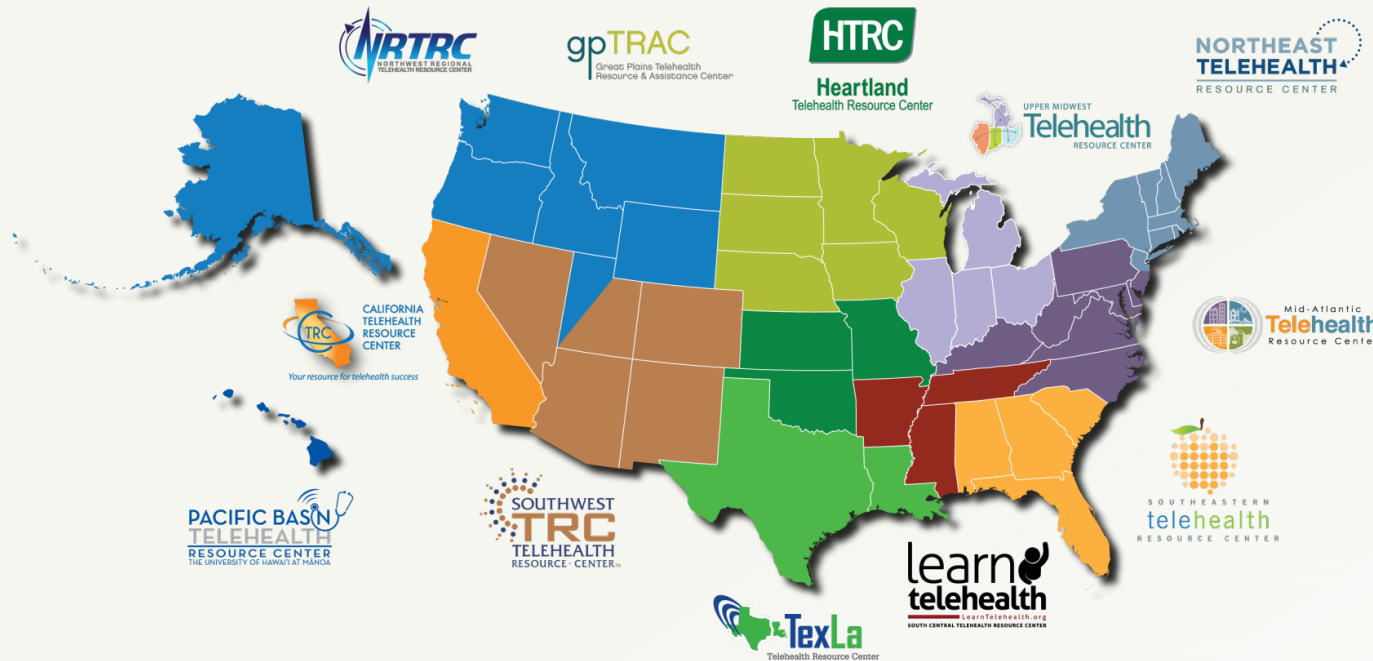
CCHP PROJECTS

- 50 State Telehealth Policy Report
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition



NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org



2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

MEDICAID REIMBURSEMENT BY SERVICE MODALITY (Fee-for-Service)



Live Video

50 states and DC



Store and Forward

Only in 14 states

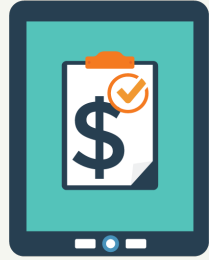


Remote Patient Monitoring

22 states

As of October 2019

REIMBURSEMENT REQUIREMENTS FOR PRIVATE PAYERS



40 states and DC

have telehealth private payer laws

Some go into effect at a later date.

**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”*

As of October 2019

TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS

The screenshot displays the Center for Connected Health Policy website. The header includes navigation links for 'CURRENT STATE LAWS & POLICIES' and 'LEGISLATION & REGULATION TRACKING'. Below the header, there's a navigation bar with 'ABOUT', 'TELEHEALTH POLICY', 'RESOURCES', and 'CONTACT'. A search bar is also present. The main content area features a map of the United States with an orange callout bubble labeled 'Interactive Policy Map'. To the left of the map, there's a section titled 'Current State Laws & Reimbursement Policies' with filters for 'Search by Filter' and 'Search by Keyword'. The filters include 'All 50 States & D.C.', 'All Categories', and 'All Topics'. An 'APPLY' button is at the bottom of the filters. A legend at the bottom indicates that orange squares represent 'Policy Exists/Explicitly Allowed' and grey squares represent 'No Policy Exists or Not Explicitly Allowed'. A note at the bottom states '*Key applicable only to topics indicated with an asterisk in drop down menu.'

Search by Category & Topic

Medicaid Reimbursement

- Live Video
- Store & Forward
- Remote Patient Monitoring Reimbursement

Private Payer Reimbursement

- Private Payer Laws
- Parity Requirements

Professional Regulation/Health & Safety

- Cross-State Licensing
- Consent
- Prescribing
- Misc (Listing of Practice Standards)

COVID-19 WORLD STATES

- Common telehealth policy changes through Executive/Agency orders
 - Allowing home to be an eligible originating site
 - Allowing telephone to be used to provide services
 - Note: Can be limited. Varies from state-to-state
 - Requiring health plans, managed care and private to cover telehealth services and offer parity

COVID-19 WORLD STATES

- Less common telehealth policy changes
 - Expanding use of other modalities besides phone
 - Expanding the list of eligible providers to include others such as allied health professionals
 - Waiving consent requirements, usual an adjustment made such as allowing it to be verbal consent

COVID-19 WORLD STATES

How much states had to change depended upon where their telehealth policies were pre-COVID-19.

ALASKA

PRE-COVID-19

- Medicaid allowed providers to use Live Video, S&F and RPM
- No all encompassing private payer law, but for mental health does provide coverage
- Home is an eligible originating site
- Registry of businesses performing telehealth in the state.

DURING COVID-19

- Medicaid expanded to include phone and online check-ins
- Will still need to register with the Business Registry
- Expanded coverage of services both telehealth and phone

IDAHO

PRE-COVID-19

- Medicaid reimburses for Live Video
- Telehealth provider must provide timely coordination of services with patient's PCP, within 3 business days
- Specific services are reimbursed, go by codes
- Specific list of providers eligible
- No private payer law

DURING COVID-19

- Allow provider –patient relationships to be established over two-way audio or audio-visual interaction
- Allow health insurers to cover telehealth visits for all in-network providers
- All in-network providers to use non-HIPAA compliant communications platform

MONTANA

PRE-COVID-19

- Medicaid allows providers to use Live Video
- Home is an eligible originating site
- Private payer law
- Specific list of providers that private payer law covers as well as eligible facilities

DURING COVID-19

- Telephone and secure instant messaging are allowed
- Added additional codes to be reimbursed
- Without state order, health plans in MT took specific actions regarding telehealth coverage. They do differ from plan-to-plan. Common ones across multiple plans include allowing phone and waiving co-pays

OREGON

PRE-COVID-19

- Medicaid reimburse for Live Video and some S&F and RPM
- One of the few states that did allow for some telephone codes
- Does allow for a few instances where email could be used
- Private payers required to cover services provided via live video

DURING COVID-19

- Expanded coverage for live video and telephone

UTAH

PRE-COVID-19

- Medicaid allowed providers to use Live Video & Home telemetry for outpatient long-term cardiac monitoring
- FQHCs and RHCs allowed to deliver services via telehealth
- Health plans need to disclose if telehealth services are covered
- Plans offering coverage for mental health services need to cover telepsychiatry

DURING COVID-19

- By Executive order relaxed health privacy protections
- Licensing requirements relaxed

WASHINGTON

PRE-COVID-19

- Medicaid allowed providers to use Live Video
- Medicaid reimburses for some store-and-forward and RPM
- FQHCs/RHCs may serve as distant site providers
- Home health services can be provided for certain patients who have an unstable condition/high risk of sudden changes/risk of hospitalization
- Health plans must cover telehealth if in-person

DURING COVID-19

- WA Health Care Authority purchased limited number of Zoom licenses for providers
- Implementing parity from now to April 24, 2020, had been scheduled to take place in 2021
- Prohibit not paying in-network provider the same rate as would have received in person
- Prohibiting denying a claim by an in-network provider using telehealth if the service delivered was medically necessary

WYOMING

PRE-COVID-19

- Medicaid reimburses for Live Video
- Some services not covered, ex: group psychotherapy
- No private payer law


DURING COVID-19

- For case management, phone or live video can be used
- Health plans were encouraged to “liberalize telehealth benefits”

COVID-19 WORLD - STATES

Issues encountered with state policy changes

- Difficult to institute quickly
- Some payer have limited the use of telehealth to third party companies rather than allowing in-network providers to also utilize telehealth and be paid
- Awareness that these policies have changed - consumers



QUICK GLANCE STATE TELEHEALTH ACTIONS IN RESPONSE TO COVID-19 (March 30, 2020 – 5 pm PT)

Please note this document is meant to be a quick overview of certain state actions. Additionally, details related to those actions are not captured in this chart. Refer to the official state documents to fully understand the scope and details of the policy. Each item is linked to the appropriate document. This is also a living document. Please check CCHP's website to ensure you have the most recent version.

STATE	MEDICAD	PAYERS	LICENSING	TELEPHONE	CONTENT	FACILITY FEE	PRESCRIBING/ ESTABLISHING PATIENT PROVIDER RELATIONSHIP	HOME VISITS BY MEDICAD	ALLIED HEALTH PROFESSIONALS
AL	Expanded coverage for telehealth services to all			Yes	From in-person visits; no new content	Expanded for telehealth and home visits			
AZ	Expanded services to include telehealth	Expanded to all payers; no new content		Yes			Expanded to include telehealth and home visits	Yes	
AR	Expanded to include telehealth services for all payers	Expanded to all payers; no new content	Removal of limit on number of visits for telehealth	Yes			Expanded to include telehealth and home visits	Yes	
CA	Expanded to include telehealth services for all payers	Expanded to all payers; no new content		Yes					
CO	Expanded to include telehealth services for all payers	Expanded to all payers; no new content		Yes					
CT	Expanded to include telehealth services for all payers	Expanded to all payers; no new content		Yes					

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1135 WAIVERS

- Some waiver requests by states were covered already in some of the broader federal waivers during the emergency so specific request not addressed.
- Allowing providers not enrolled in a state Medicaid program to be paid
- Certain case management services to be done via telehealth
- Allowing certain in-person/face-to-face visits to be done by telehealth/phone

STATE LEGISLATION

- 6 states have COVID-19 legislation & regulation related to telehealth
 - AK, FL, IL, MN, NJ, OH
- IL Proposed Regulation – Broadens telehealth rules to accommodate new places of service and means of engagement and communication
- NJ – A 3843 - Requires health insurance and Medicaid coverage for telemedicine and telehealth during COVID-19 state of emergency

CCHP

- CCHP Website – [cchpca.org](https://www.cchpca.org)
 - Telehealth Federal Policies -
<https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>
 - State Emergency Waivers/Guidances -
<https://www.cchpca.org/resources/covid-19-related-state-actions>
- Subscribe to the CCHP newsletter at [cchpca.org/contact/subscribe](https://www.cchpca.org/contact/subscribe)



Thank You!

www.cchpca.org

info@cchpca.org