NORTHEAST TELEHEALTH RESOURCE CENTER NETRC.org

NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

*The NCTRC is dedicated to building **sustainable telehealth programs** and improving health outcomes for rural and underserved communities.*

NE RJOI Telehealth Introduction

Danielle Louder, Director
Northeast Telehealth Resource Center (www.netrc.org)
11/10/2020

Disclosures and Acknowledgements

- Any information provided is for educational purposes only and should not be regarded as legal advice.
- NETRC has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this webinar.

Many thanks to:

- HRSA's Office for the Advance of Telehealth
- Colleagues within the National Consortium of TRCs
- Regional partners who have shared their TH experiences

About Us

NORTHEAST TELEHEALTH RESOURCE CENTER

MEDICAL CARE DEVELOPMENT, INC. (MCD)

Improving the health and wellbeing of people

MCD Public Health

MCDI

THE University of Vermont MEDICAL CENTER

TRC

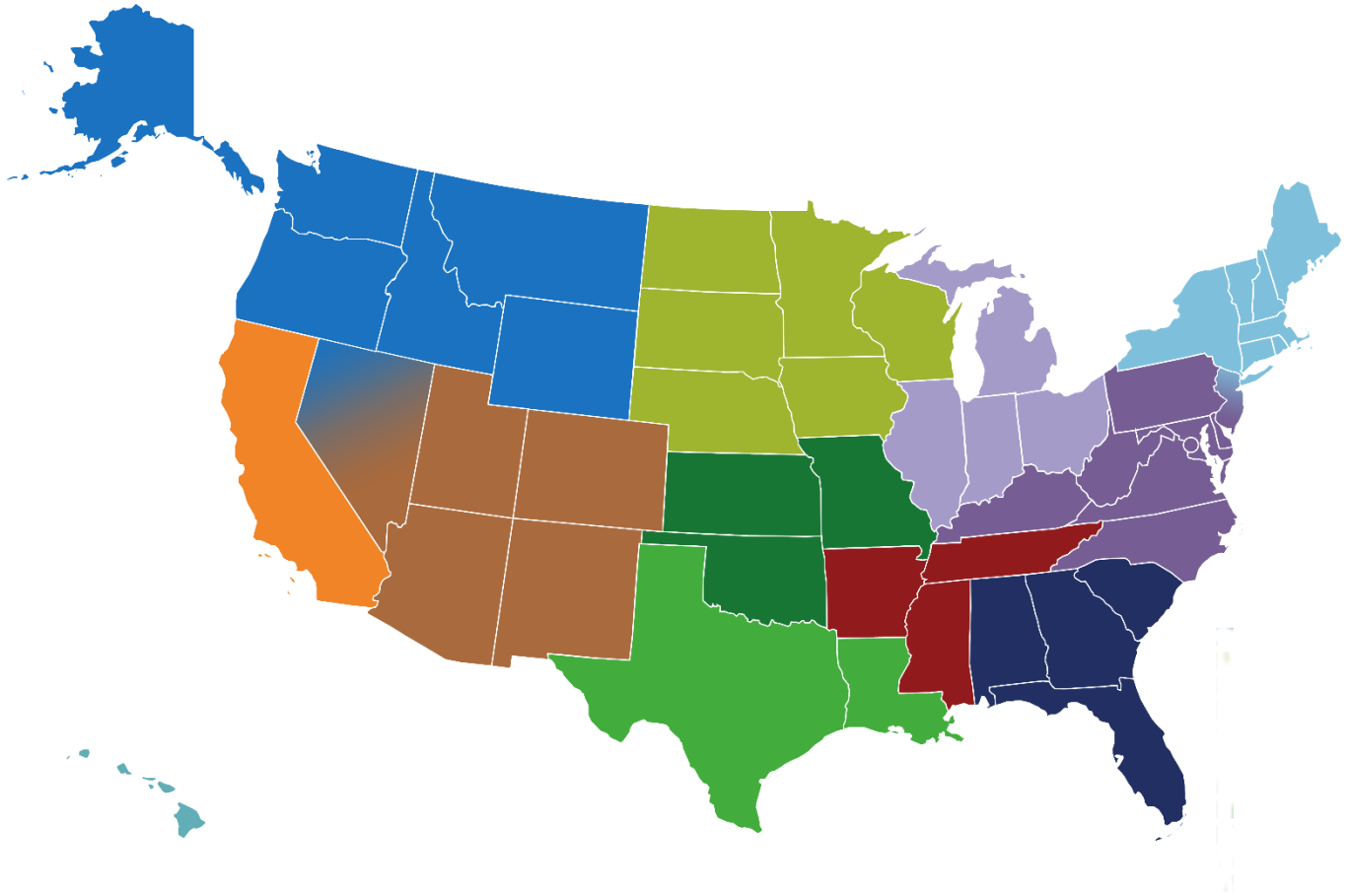
NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

Funded by the U.S. Health Resources and Services Administration (HRSA), the National Consortium of Telehealth Resource Centers (NCTRC) consists of 14 Telehealth Resource Centers (TRCs). As a consortium, the TRCs have an unparalleled amount of resources available to help virtual programs across the nation, especially within rural communities. Each TRC is staffed with telehealth experts who are available to provide guidance and answer questions. As telehealth continues to gain more visibility and recognition in healthcare, the TRCs will remain positioned to provide assistance for all.

Regionals

- CTRC — California Telehealth Resource Center
- gpTRAC — gpTRAC Great Plains Telehealth Resource & Assistance Center
- HTRC — Heartland Telehealth Resource Center
- MATRC — Mid-Atlantic Telehealth Resource Center
- NETRC — Northeast Telehealth Resource Center
- NRTRC — NRTRC Northwest Regional Telehealth Resource Center
- PBTRC — Pacific Basin Telehealth Resource Center, The University of Hawai'i at Mānoa
- SCTRC — University of Arkansas for Medical Sciences, South Central Telehealth Resource Center, LearnTelehealth.org
- SETRC — Southeastern telehealth Resource Center
- SWTRC — Southwest TRC Telehealth Resource Center
- TexLa — TexLa Telehealth Resource Center
- UMTRC — Upper Midwest Telehealth Resource Center, UMTRC.org



Nationals

- CCHP — Center for Connected Health Policy, The National Telehealth Policy Resource Center
- TTAC — TTAC TelehealthTechnology.org

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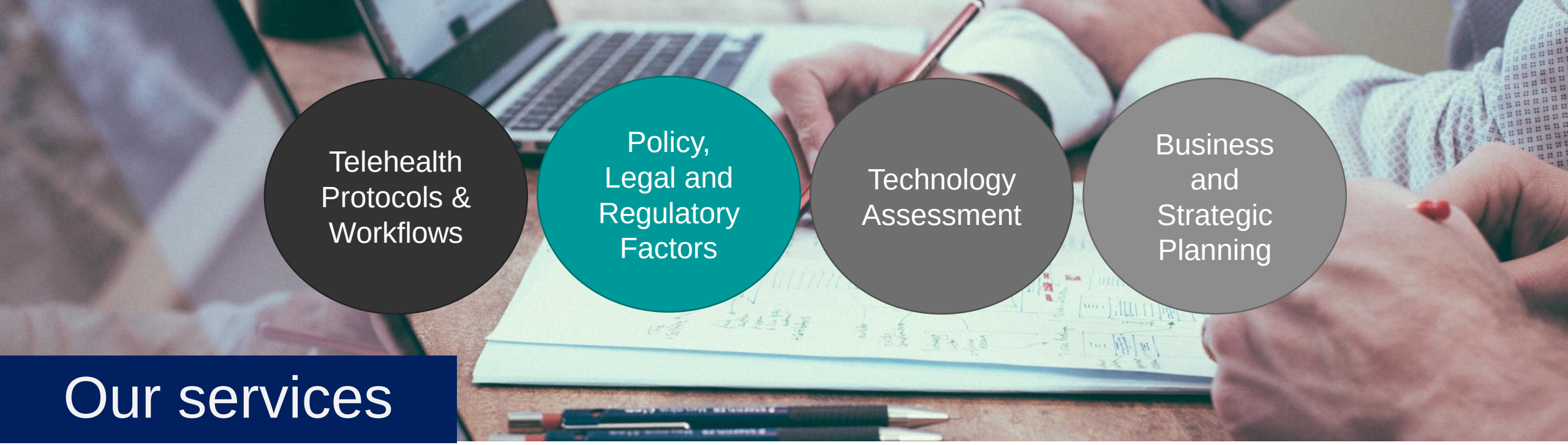


Our services

Technical Assistance

We provide expert technical assistance to help build and enhance telehealth programs across the nation. Key focus areas include but are not limited to: telehealth policy, technology, business planning, workflow, etc.

Development

We develop educational materials and resources for health systems, providers and patients. Includes: designing/ executing needs assessments, identifying funding sources, and assisting with telehealth technology selection is also among our specialties.

Business strategy

We connect telehealth leaders at local, state, and federal levels to raise awareness and collaboratively produce specialized tools and templates for telehealth programs and providers.

What is Telehealth?

Broadly: the provision of health care, public health, and health education at a distance using telecommunications technologies.

Also Known As:

- *Telemedicine*
- *Telepractice*
- *Tele-X (specialties like telepsychiatry)*
- *Virtual Health*
- *Digital Health*
- *eHealth*
- *eVisits*
- *And more!*

Telehealth is not a service or medical specialty, but a tool used to deliver care.

Does telehealth include telephone ?

Value Perspectives

Patients/Clients

- Accessibility: care when and where they need it
- Affordability: reduces travel time, expense and time away from work/family
- Timeliness: reduces wait time to access specialists
- Integrated and coordinated care

Communities

- Keeps patients local whenever possible
- Promotes rapid diagnosis and treatment linked to improved patient outcomes
- Improves outcomes and therefore improves health of population

Primary Care Providers

- Promotes coordinated care
- Maintains primary relationship with patient
- Promotes greater patient satisfaction
- Generates revenue – visit reimbursement
- Access to education
- Working at top of scope

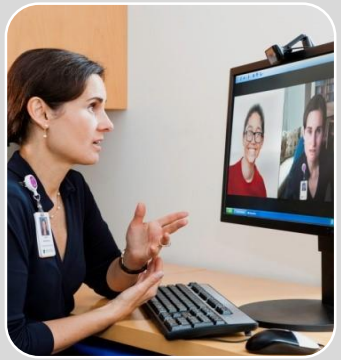
Specialists

- Extends reach to patients
- Increases patient volume, maximizes time and efficiency, working at top of scope
- Reduces documentation redundancy by using common EHR platform with PCPs
- Promotes coordinated care

Dental Providers

- Improved access and delivery
- Lower costs
- Resource for dental consulting
- Referral for specialized care
- Dental monitoring
- Dentist-Laboratory Communication
- Continuing Education

Types of Telehealth



Video-conferencing

(Synchronous)

Store And Forward

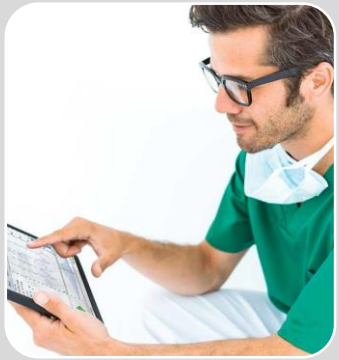
(Asynchronous)

Remote Patient Monitoring

(RPM)

Mobile Health

(mHealth)



Provider to Provider

(eConsults, Project ECHO, etc.)

Telehealth Uses

- Behavioral Health
- Burn
- Corrections / Courts
- Cardiology
- Dentistry
- Chronic Care Management
- Dermatology
- Education / Grand Rounds
- Emergency Services / Trauma
- Family Planning
- Genetics
- Home health
- Infectious Disease
- Managed Care
- Medication Adherence
- Neurology /Stroke care
- Obstetrics and Gynecology
- Oncology
- Ophthalmology
- Pain Management
- Pathology
- Palliative Care
- Pediatrics
- Pharmacy
- Primary Care
- Psychiatry
- Public Health
- Radiology
- Rehabilitation
- Rheumatology
- Surgical
- Wound Care
- *And more!*

Telehealth Technology

Off the Shelf

Peripherals

Field Kits

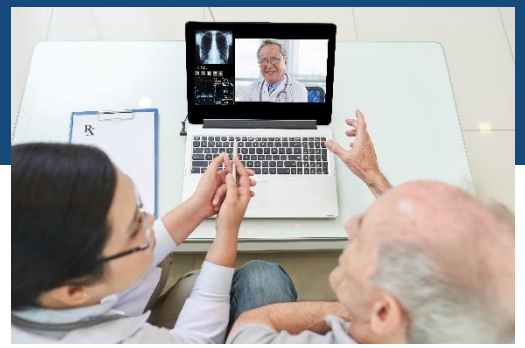
Telemedicine Carts

Telehealth Tablet Carts

Remote Presence

Remote Patient Monitoring

Tele-Tech Considerations



Video Etiquette

- Camera Placement
- Microphone Quality
- Identification Verification Protocols
- Speed of Speech (speak slower due to potential delays)
- Mute yourself when typing

Room Design

- Lighting
- Background Considerations (Door closed, Window Visibility, etc.)
- Example: Specific Room dedicated to video visits vs. Transportable Tech. w/accompanying protocols?

Tech Considerations

- Wired (Ethernet) vs. Wi-fi when utilizing Video
- EHR Integration

Tele-Technology Tips and Etiquette Resources

- **Hawaii State Department of Health:**
  - **Telehealth Best Practices:** https://www.youtube.com/watch?v=kdTc2Wbi_Ag&feature=youtu.be
  - **What to Expect from a Telehealth visit:** https://www.youtube.com/watch?v=XEcdpvhl_n0&feature=youtu.be
- **Stanford Medicine Physical Exam video:** https://medicine.stanford.edu/news/current-news/standard-news/virtual-physical-exam.html
- **Telehealth Physical Exam cheat sheet:** https://caravanhealth.com/CaravanHealth/media/Resources-Page/Telehealth_PhysicalExam.pdf
- **Treating Suicidal Patients During COVID-19: Initiating and Maintaining Remote Contact:** https://www.youtube.com/watch?v=OlU1nkB7maE
- **Webinar Recording - Comprehensive Patient Assessment:** https://www.telehealthresourcecenter.org/event/guide-to-comprehensive-patient-assessment/

Telehealth in Judicial and Corrections Systems

Common and Emerging Use Cases:

- Medical Care
- Mental and Behavioral Health
- Court Ordered Fam
- SUD/OUD Treatme
- Drug Court
- Parolee Manageme
- Family Preservatio
- Distance Learning
- Virtual Jury Selecti

Key Outcomes

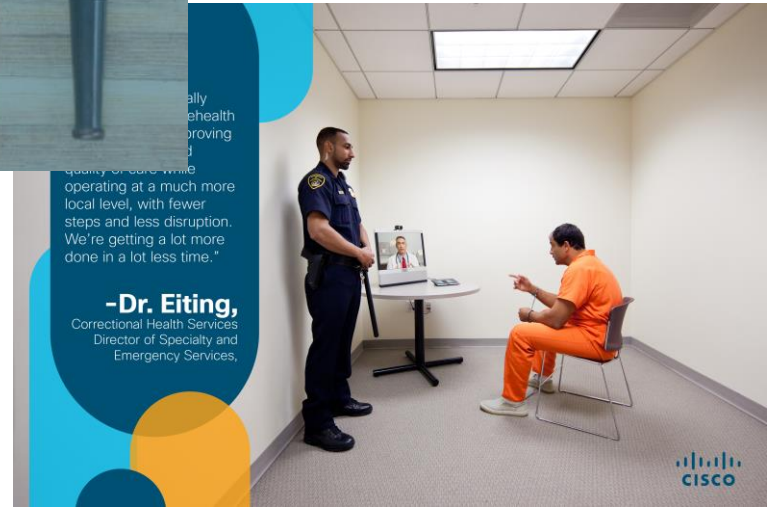
to care and subsequent

and associated costs

f compliance and

Select Resources:

- Telemedicine in Corrections – Globalized Whitepaper, 2015
- Telemedicine in the Correctional Setting – A Scoping Review, 2018
- Effectiveness of Telehealth on Correctional Facility Health Care: A Systematic Review Protocol, JBI Evidence Synthesis, 2018
- NETRC Telehealth Resource Library



TH and Social Determinants of Health (SDoH)

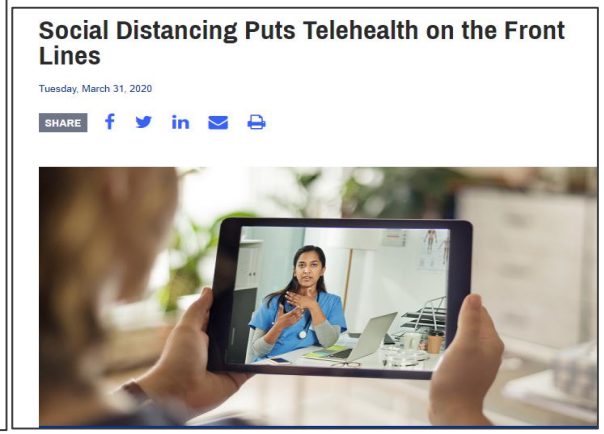
Start Here:

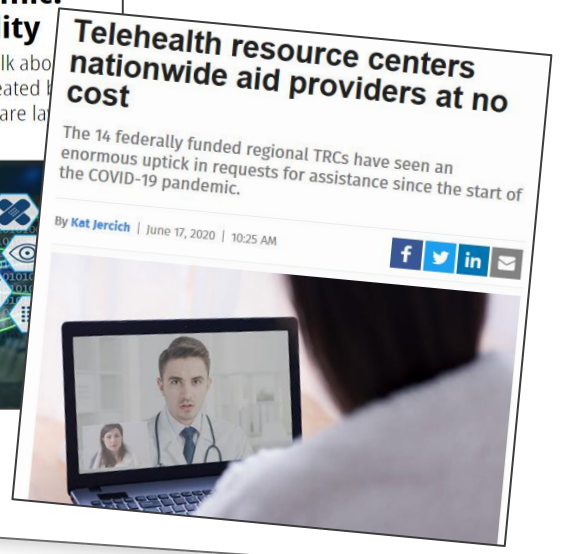
- Use Community and Patient Needs Surveys to Identify Patients who Would Benefit from Telehealth Services:
  - Patients who identify transportation as a barrier to accessing care
  - Older adults with limited mobility
  - Lack of insurance
- Improving access to, effects of, and value of medical and behavioral health services
- Chronic care management among special populations
- Provide remote access to specialists in rural and underserved settings
- Provide healthy weight and physical activity counseling
- Eligibility and enrollment

LEATH, B. A., DUNN, L. W., ALSOBROOK, A., & DARDEN, M. L. (2018). ENHANCING RURAL POPULATION HEALTH CARE ACCESS AND OUTCOMES THROUGH THE TELEHEALTH ECOSYSTEM™ MODEL. ONLINE JOURNAL OF PUBLIC HEALTH INFORMATICS, 10(2), E218. DOI:10.5210/OJPHI.V10I2.9311

COVID and Telehealth Explosion

In the blink of an eye, telehealth and health care have become synonymous





The Cyber Security Hub (n.d.) Posts (https://www.linkedin.com/company/the-cyber-security-hub/).
Retrieved March 30, 2020 from https://www.linkedin.com/posts/the-cyber-security-hub_activity-6652608881753227264-R2Y7

COVID-19 and Telehealth Resource Centers

ALL 14 TRCs – ONE YEAR (2019)

NETRC – ONE TRC, 2 MONTHS = 839 Total Inquiries

March 2020 **TA Requests:** 375

March 2019: **TA Requests: 40**

April 2020 **TA Requests:** 464

April 2019: **TA Requests: 42**

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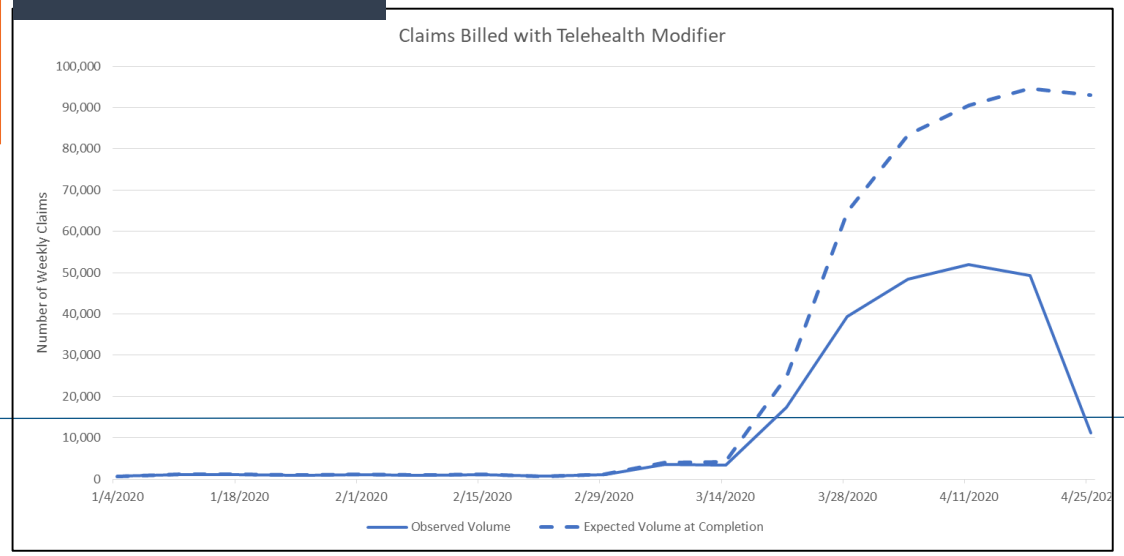
And Telehealth Utilization Followed

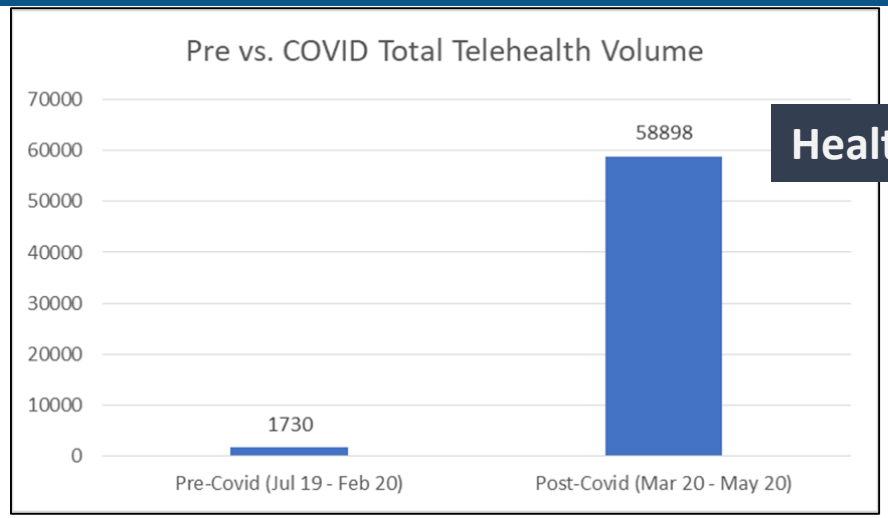
Medicare

As the country went into lockdown, its healthcare went virtual. Medicare claims for telemedicine jumped from ten thousand a week in March to over a million a week in April, *a hundredfold expansion*.

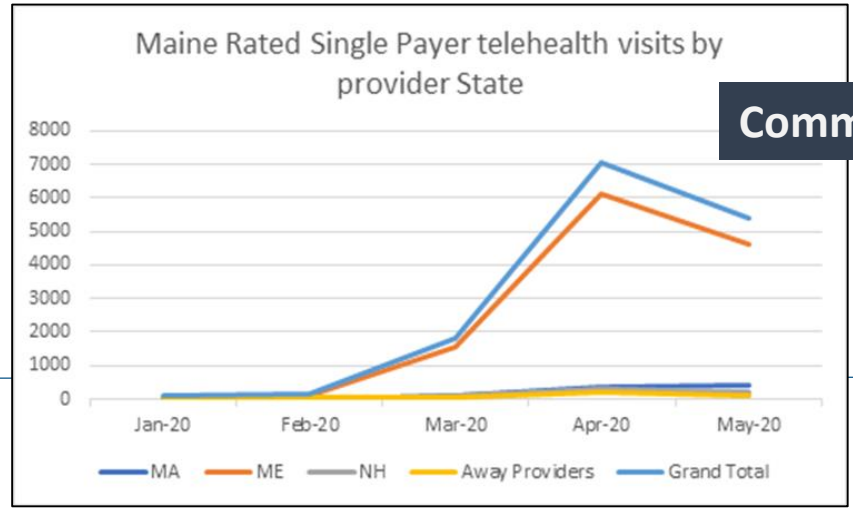
Medicaid



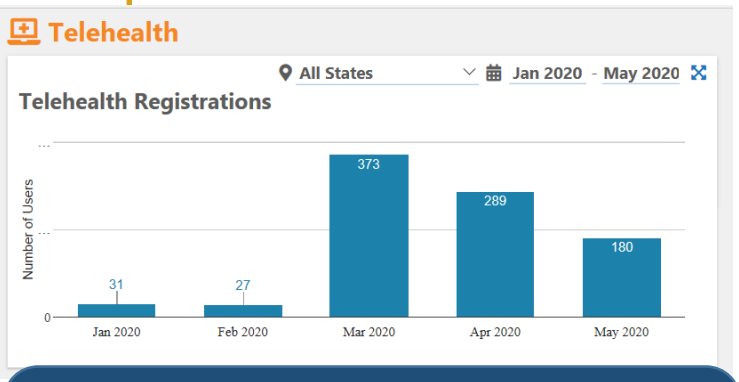
Health System



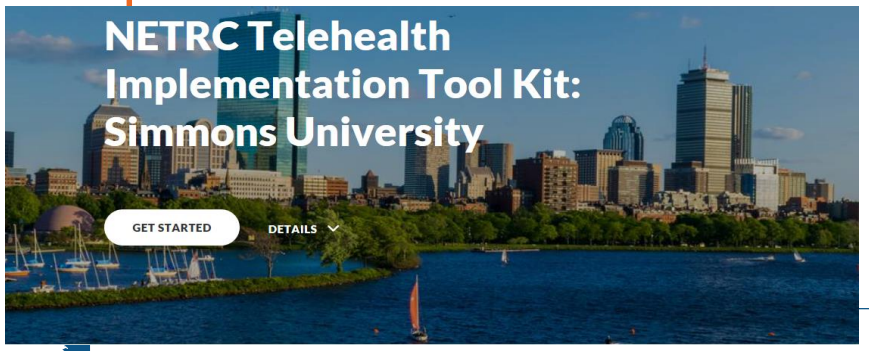
Commercial

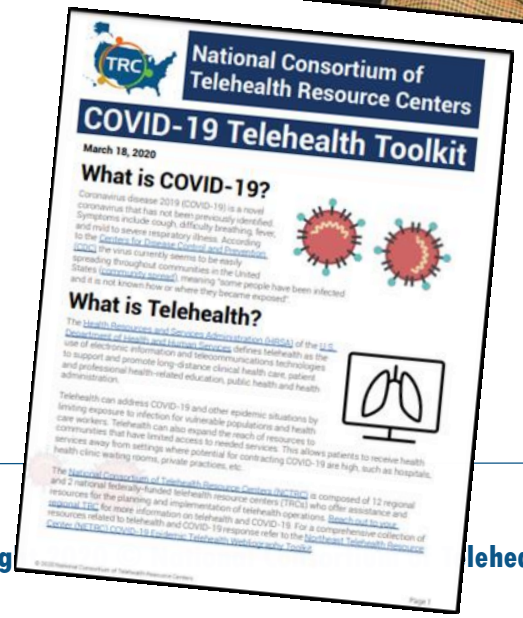


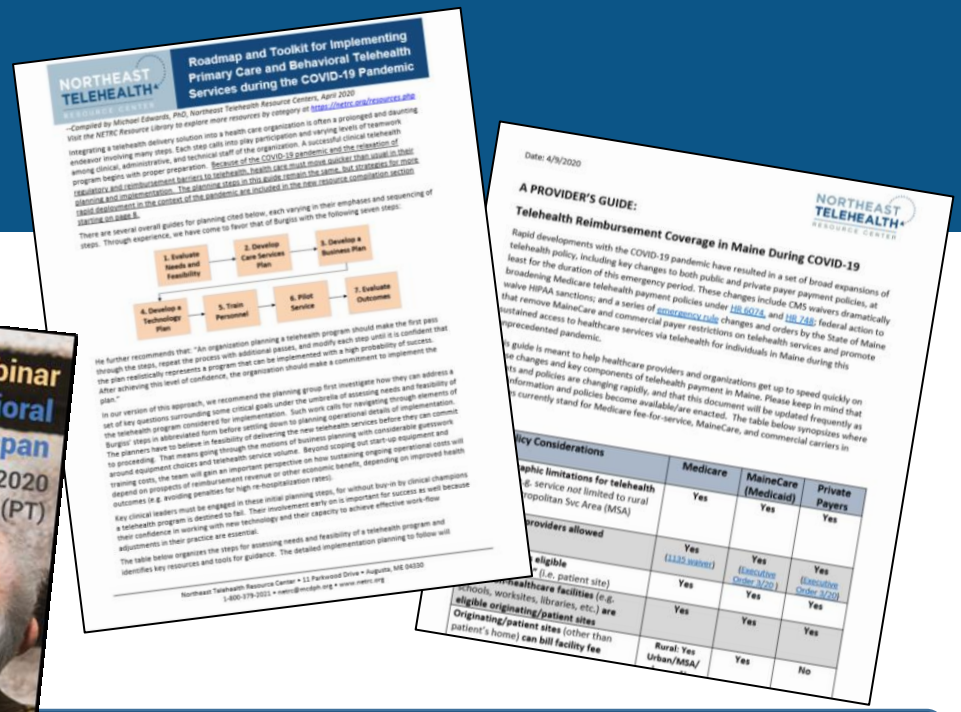
COVID-19 and TRC Response



Telehealth Coordinator eTraining: https://www.telehealthtrain.org/

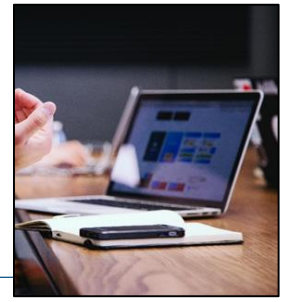






Customized Toolkits, Guides, Trainings

- Regional and State Town Halls
- TH Office Hours
- TH Implementation ECHOs



Evolving Landscape & Demand

Center for Connected Health Policy
The National Telehealth Policy Resource Center

Proposed CY 2021
PHYSICIAN FEE SCHEDULE

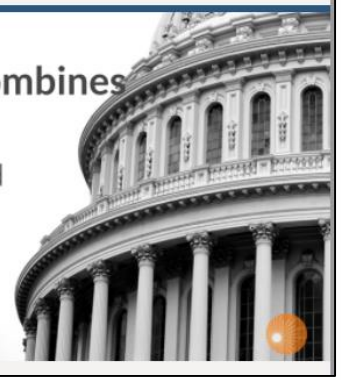
FACT SHEET | August 2020

September 8, 2020

Federal Super Bill Combines 9 Telehealth Bills,

$1.5 B to Combat Opioid Abuse, & AHA Open Letter on Telehealth Expansions

SEPTEMBER NEWSLETTER



CMS Proposes Significant Changes to Remote Patient Monitoring Coverage

The Centers for Medicare & Medicaid Services has clarified how providers can use telehealth and mHealth to establish and run remote patient monitoring programs, with changes that some feel could hinder care at home.

FCC Pushes Telehealth Connectivity With Connected Care Pilot Program

The Connected Care Pilot Program, a $100 million project unveiled in 2018 to improve access to telehealth for low-income Americans and veterans, will soon begin accepting applications, FCC officials have announced.

BRIEF

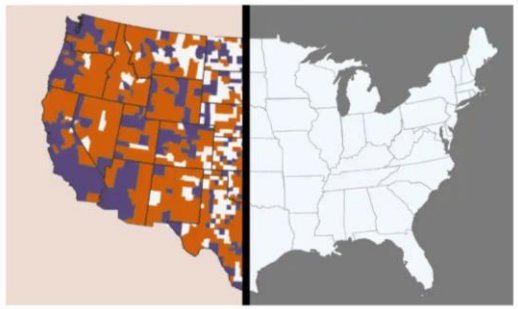
MedPAC commissioners hint at telehealth policies that may stick post-COVID-19

Patient Satisfaction with Telehealth High Following COVID-19

A new J.D. Power survey showed that patient satis
for telehealth reached 860 on a 1,000-point scale

US's digital divide 'is going to kill people' as Covid-19 exposes inequalities

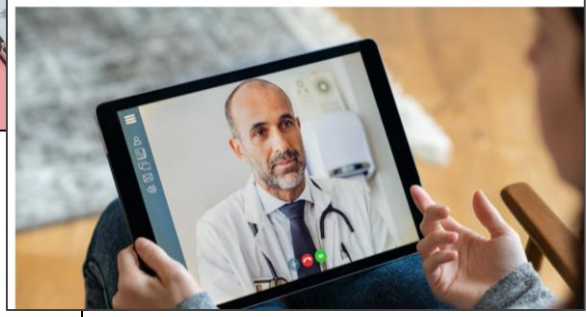
Exclusive research shows drop in connectivity is impacting rural and urban areas with populations already underserved by the medical system or racked with poverty



▲ The internet is key to accessing information about the coronavirus. Human Rights Watch says closing the digital divide was necessary to preserve human rights during the outbreak. Illustration: Guardian Design/The Guardian

Telehealth: From crisis response to cornerstone of healthcare

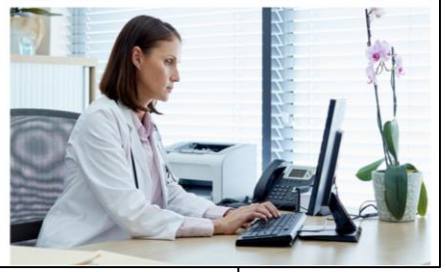
By Nadia de la Houssaye - October 1, 2020



Here's how smaller practices can prepare for continuing telehealth demands

Providers without the resources of larger health systems can still make virtual care available to patients.

By Kat Jercich | June 29, 2020 | 11:28 AM



Health Affairs

TOP

Five Ways—Beyond Current Policy—To Truly Integrate Telehealth Into Primary Care Practices

Avni Gupta, Ann M. Nguyen, Ji Eun Chang, Alden Yuanhong Lai, Carolyn Berry, Donna R. Shelley

SEPTEMBER 9, 2020 10.1377/hblog20200903.597

Where are we heading?

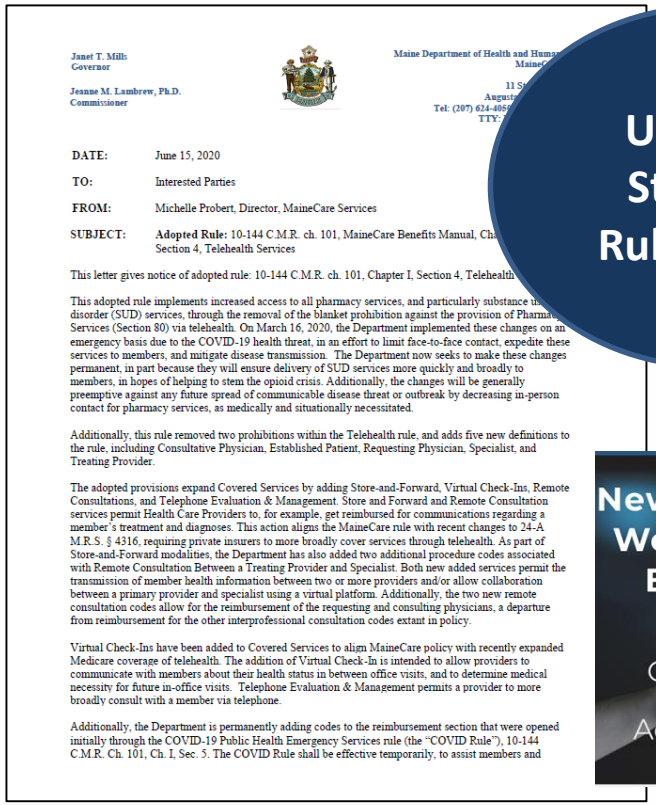
- When does “business as usual” return?
- How do we prepare a tsunami of patients who have delayed care?
  - “I can’t see all of my patients for physicals this year”
  - How do we manage population health?
- How do we improve “rushed” telehealth implementation?
- Will patients expect telehealth going forward?

74% Agree

Implementing video-based telemedicine is critical for the long-term financial solvency of my practice.

Source: 2020 HHS Telemedicine HACK Baseline Survey

Strategy for the Future



Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner

Maine Department of Health and Huma
Maine

11 S
August
Tel: (207) 624-405
TTY:

DATE: June 15, 2020

TO: Interested Parties

FROM: Michelle Probert, Director, MaineCare Services

SUBJECT: **Adopted Rule:** 10-144 C.M.R. ch. 101, MaineCare Benefits Manual, Ch
Section 4, Telehealth Services

This letter gives notice of adopted rule: 10-144 C.M.R. ch. 101, Chapter I, Section 4, Telehealth

This adopted rule implements increased access to all pharmacy services, and particularly substance u disorder (SUD) services, through the removal of the blanket prohibition against the provision of Pharma Services (Section 80) via telehealth. On March 16, 2020, the Department implemented these changes on an emergency basis due to the COVID-19 health threat, in an effort to limit face-to-face contact, expedite these services to members, and mitigate disease transmission. The Department now seeks to make these changes permanent, in part because they will ensure delivery of SUD services more quickly and broadly to members, in hopes of helping to stem the opioid crisis. Additionally, the changes will be generally preemptive against any future spread of communicable disease threat or outbreak by decreasing in-person contact for pharmacy services, as medically and situationally necessitated.

Additionally, this rule removed two prohibitions within the Telehealth rule, and adds five new definitions to the rule, including Consultative Physician, Established Patient, Requesting Physician, Specialist, and Treating Provider.

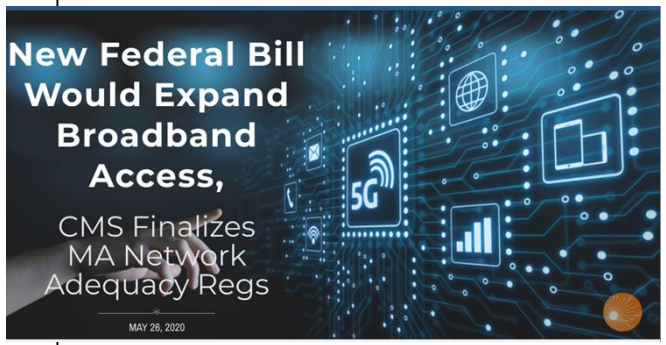
The adopted provisions expand Covered Services by adding Store-and-Forward, Virtual Check-Ins, Remote Consultations, and Telephone Evaluation & Management. Store and Forward and Remote Consultation services permit Health Care Providers to, for example, get reimbursed for communications regarding a member's treatment and diagnoses. This action aligns the MaineCare rule with recent changes to 24-A M.R.S. § 4316, requiring private insurers to more broadly cover services through telehealth. As part of Store-and-Forward modalities, the Department has also added two additional procedure codes associated with Remote Consultation Between a Treating Provider and Specialist. Both new added services permit the transmission of member health information between two or more providers and/or allow collaboration between a primary provider and specialist using a virtual platform. Additionally, the two new remote consultation codes allow for the reimbursement of the requesting and consulting physicians, a departure from reimbursement for the other interprofessional consultation codes extant in policy.

Virtual Check-Ins have been added to Covered Services to align MaineCare policy with recently expanded Medicare coverage of telehealth. The addition of Virtual Check-In is intended to allow providers to communicate with members about their health status in between office visits, and to determine medical necessity for future in-office visits. Telephone Evaluation & Management permits a provider to more broadly consult with a member via telephone.

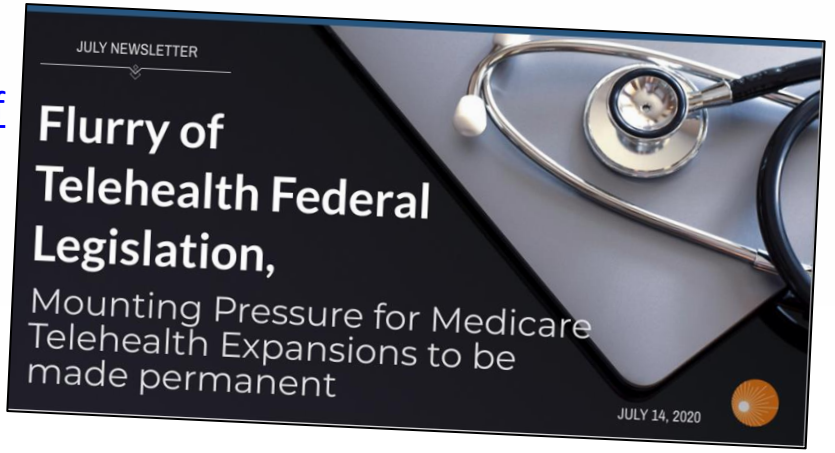
Additionally, the Department is permanently adding codes to the reimbursement section that were opened initially through the COVID-19 Public Health Emergency Services rule (the "COVID Rule"), 10-144 C.M.R. Ch. 101, Ch. I, Sec. 5. The COVID Rule shall be effective temporarily, to assist members and

Updated State TH Rules/Laws

Center for Connected Health Policy (CCHP) Video Learning Series – June 23, 2020

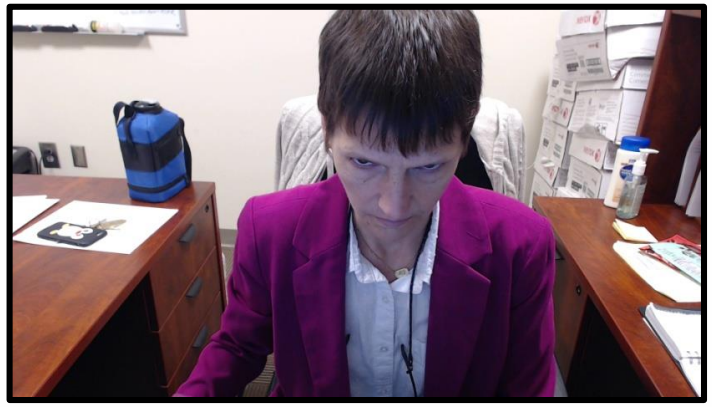


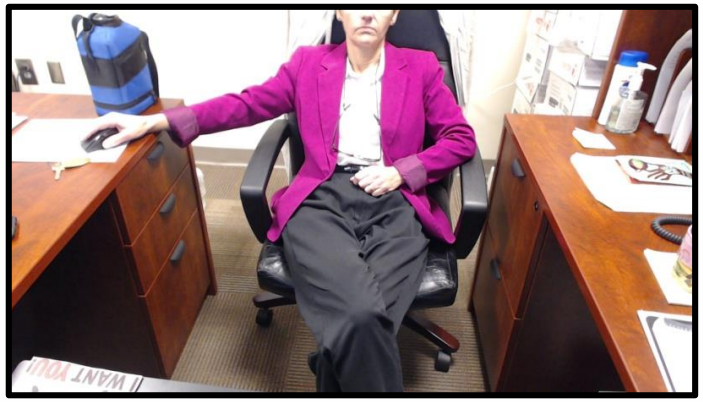
CCHP July 14 Newsletter: Flurry of Telehealth-Related Bills Introduced in Congress in June



US SB3998: An Act to simplify payments for telehealth services furnished by Federally qualified health centers or rural health clinics under the Medicare program

Still Plenty of Work to Do





HIPAA-HITECH

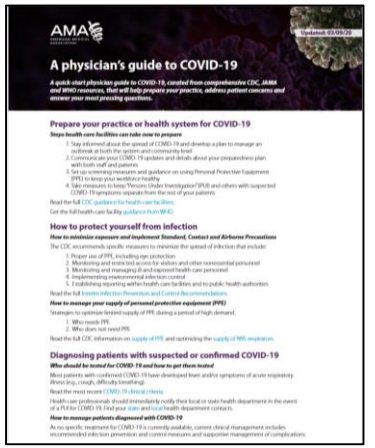
Not if, but when…

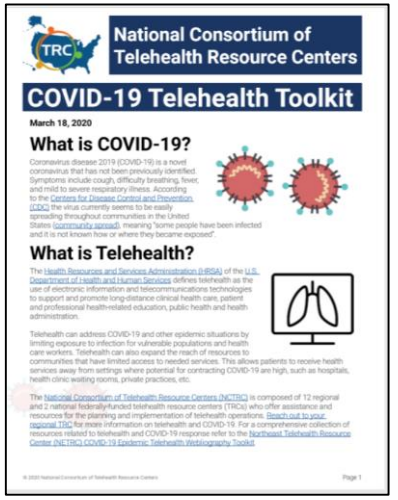
- Mitigate Risks
- Prepare for long-term
- Get vendor(s) to sign a BAA
- Make a roadmap for full HIPAA compliance

QUALITY SAFETY BALANCE INNOVATION

Select Resources for COVID-19

- **NETRC Site & Telehealth Resource Library**
  - Telehealth Coordinator eTraining, developed w/California TRC
  - Northeast Telehealth Resource Center COVID-19 Toolkit
- **National Telehealth Resource Center website**
  - Telehealth and COVID-19 Toolkit
  - NCTRC Telehealth and COVID-19
- **CMS General Provider Telehealth & Telemedicine Toolkit**
- **MATRC Telehealth Resources for COVID-19**
- **NRTRC Quick Start Guide to Telehealth**
- **AMA: A Physician's Guide to COVID-19**
- Hooper, Lundy and Bookman: **COVID-19 Resource Page**





Policy and Reimbursement Resources

CMS/Medicare - COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers

- Medicare Telemedicine Health Care Provider Fact Sheet
- Medicare Learning Network (MLN) Booklet – 2020
- Medicare - Covered Telehealth Services CY2019 and CY 2020

Office of Civil Rights

- FAQs on Telehealth and HIPAA during COVID-19 public health emergency

DEA COVID-19 Information Page

SAMHSA COVID-19 Page

Center for Connected Health Policy

- Telehealth Coverage Policies in the Time of COVID-19
- COVID-19 Related State Actions
- Billing For Telehealth Encounters – CCHP 2020 Guide on Fee-for-Service

Federation of State Medical Boards – Board by Board Review

- States Waiving Licensure Requirements During COVID-19

Telemental Health Resources

- **Mid-Atlantic Telehealth Resource Center (MATRC) Telebehavioral Health Center of Excellence (TBHCOE):** https://tbhcoe.matrc.org/
- **National Institutes of Health (NIH)-** Ask Suicide Screening Questions (ASQ) Model https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml#resource ; NIH ASQ Patient Resource List.
- **Center of Excellence for Integrated Health Solutions** (Funded by Substance Abuse and Mental Health Services Administration (SAMHSA)
  Operated by the National Council for Behavioral Health)
  https://www.thenationalcouncil.org/integrated-health-coe/resources/
- **National Alliance on Mental Illness (NAMI)-** Mental health Training for Providers https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Provider

Patient/Client Resources

HHS Telehealth Webpage for Patients/Consumers: https://telehealth.hhs.gov/patients/

TRC and Other Consumer Resources: How Patients Can Engage Telehealth, Telebehavioral Health, Tips to Keep Your Telehealth Visit Private , Downloadable Tech Guides, Virtual Healthcare for Patients/Consumers, How to Prepare for a Video Visit with Your Mental Health Provider

Devices/Connectivity:

FCC LifeLine Program - provides devices and subsidies on monthly voice and data fees for low income consumers. There are eligibility requirements (see webpage) and an application process.

National Digital Equity Center, has a device loaner program – any Maine resident over 70 years of age can borrow devices for 90 days at no charge, and pay $25/month after that 90 days if they wish to keep it longer.

Older adults from other states can participate for a small fee.

NORTHEAST TELEHEALTH RESOURCE CENTER

Additional Training and Resources

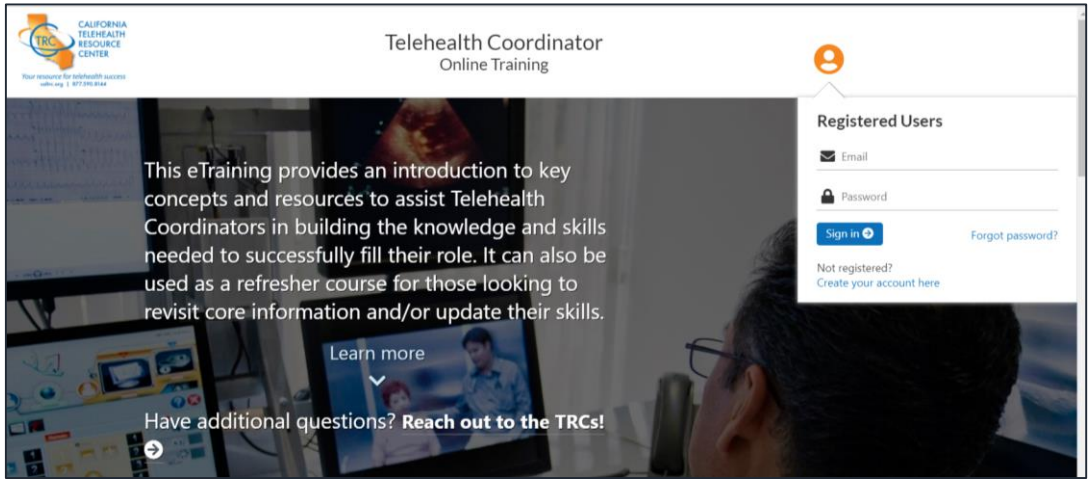
FREE ACCESS

Launching into Telehealth

2020 Northeast/Mid-Atlantic Virtual Telehealth Conference

KNOWLEDGE BASE 2020

https://telehealth2020.swoogo.com/launchtelehealth2020/



https://www.telehealthtrain.org/

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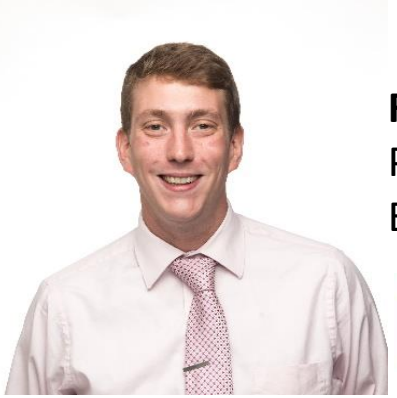

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Thank you!

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NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

Appendix

New England State Policies During COVID-19 & Pre-COVID-19

Key Policy Changes During COVID-19

Key Policy Considerations	Medicare	CT	ME	MA	NH	RI	VT
NO geographic limitations for telehealth services (e.g. service *not* limited to rural or non-Metropolitan Svc Area (MSA) location)	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Out of state providers allowed	**Yes** (1135 waiver)	**Yes** (Exec Order 7G)	**Yes** (Exec Order 3/20)	**Yes** (Public Health Order)	**Yes** (Emerg Order 15)	**Yes** RIDOH Guidance	**Yes** (Emerg and Deemed)
Patient home is eligible "originating site" (i.e. patient site)	**Yes**	**Yes** **(Includes psych diag. evals)**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Other non-healthcare facilities (e.g. schools, worksites, libraries, etc.) **are eligible originating/patient sites**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Originating/patient sites (other than patient's home) **can bill facility fee**	**Yes** **(Rural)**	**No**	**Yes**	**No***	**Yes**	**No**	**Yes**
Prior existing relationship with patient NOT required	**No** (HHS will not audit)	**Yes** (codes: 99201-99205)	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**

* Eligible distant site provider rendering covered services via telehealth in accordance with *All Provider Bulletin 289* may bill MassHealth a facility fee if such a fee is permitted under such provider's governing regulations or contracts. See All Provider Bulletin 291

Key Policy Changes During COVID-19

Key Policy Considerations	Medicare	CT	ME	MA	NH	RI	VT
Any provider type eligible to use telehealth, as long as practicing within scope (e.g. MD, DO, NP, APRN, PT, OT, LCSW, RD/LD, Genetic Counselors, etc.)	**No** (Any Medicare Provider Eligible to Bill)	**No**	**Yes** (Exec. Order #35)	**Yes**	**Yes** (See Guidance doc)	**Silent**	**Yes**
DEA-registered practitioners may issue prescriptions for controlled substances without requiring in-person medical evaluation	**Yes** (see conditions)	**Yes** (See Alert)	**Yes** (Maine Care TH Rules)	**Yes** (All Provider Bulletin 291)	**Yes**	**Yes**	**Yes**
Any eligible member service can be provided via telehealth when medically necessary and appropriate	**No** (Eligible services only)	**No** (**20-09, 20-10, 20-14**)	**Yes**	**Yes** (**See TNP Bulletin**)	**Yes** (No annual physical)	**No** See Guidance	**Yes**
Patient co-pays and out-of-pocket still apply unless waived by the payer/plan (OIG Statement: TH Cost Sharing Waivers)	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Eligible Telehealth claims are paid at the same rate as in-person visits (payment parity)	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Prior authorization NOT required for telehealth services, unless in-person service also requires prior authorization	**Yes**	**No**	**Yes**	**Yes**	**No**	**Same as F2F**	**Same as F2F**

Key Policy Changes During COVID-19

Key Policy Considerations	Medicare	CT	ME	MA	NH	RI	VT
Providers can use all telehealth modalities to deliver services (live video, store-and-forward, RPM)	**No**	**No**	**Yes**	**Yes**	**Yes**	**No**	**Yes**
Providers paid for telephone/audio only visits	**Yes** (See Medicare TH Services list)	**Yes** (EO7G – existing pts)	**Yes** (MaineCare Guidance)	**Yes** (All Provider Bulletin 289)	**Yes** (Emerg Order 8)	**Yes** (Exec Order 20-06)	**Yes** (Medicaid Guidance, Approved Codes)
Providers can deliver services via technology-based communications that are not typically considered telehealth – i.e. virtual check-ins, interprofessional internet consultations (eConsults), remote monitoring services (CCM, Complex CCM, TCM, Remote PM, PCM), online digital evals (see CCHP Telehealth Policies for specific codes and criteria)	**Yes**	**No**	**Yes** (Maine Care TH Rules)	**Yes** (G2012, online digital evals)	**Yes**	**No**	**Yes**
Patient consent is required, however verbal consent is acceptable (i.e. written consent not required)	**Yes**	**No** (written required)	**Yes***	**Unclear***	**Yes**	**Same as F2F**	**Yes**

*MaineCare requires written consent for treatment plans under Sections 17, 28 and 65

*For MassHealth: Providers must follow consent and patient information protocol consistent with those followed during in person visits

Key Policy Changes During COVID-19

Key Policy Considerations	Medicare	CT	ME	MA	NH	RI	VT
Non-HIPAA compliant technology solutions are acceptable to use for telehealth visits (e.g. Skype, FaceTime) – see OCR guidance for additional detail	**Yes**	**No**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Personal devices, such as smartphones and tablets may be used to deliver telehealth services	**Yes** (1135 waiver)	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Modifiers to be used for telehealth services:	**Usual POS + 95**	**GT-Office 95-Home**	**GT**	**POS 02**	**GT and POS 02**	**POS 02**	**1500: POS 02 UB-04: GT Audio Only: V3 and POS 99**
Special Considerations for FQHCs/RHCs							
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) may serve as "distant" telehealth sites (i.e. provider location sites)	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
FQHCs and RHCs can utilize some technology-based communications (virtual check-ins, interprofessional internet consults, eVisits, remote monitoring), per 2019 Medicare expansion	**Yes**	**No***	**Yes**	**Yes**	**Yes**	**No**	**Yes**

* Connecticut DSS previously had a CMS waiver for eConsults, however it is currently disallowed

Connecticut

Informed Consent Required

Compacts: None, however Regs allow in specific cases

Medicaid (Department of Social Services):

- Coverage required, as deemed appropriate by Commissioner (clinical, cost savings, expanded access); no coverage of telephone only, with exception to case management behavioral health services for clients age eighteen and under
- Online Prescribing - no reference in policy
- Remote Patient Monitoring – no reference in policy
- Previous reimbursement for e-Consults (store and forward) for FQHCs, outpatient office, hospital and clinic settings (43 specialties) currently disallowed
- Limits on provider types, but no reference to restrictions on geography or site types
- Does not cover facility/originating site fee

Private Payers:

- Coverage required, includes: synchronous interactions, asynchronous/store-and-forward transfers or remote patient monitoring

Regulation, Health and Safety:

- Restrictions on prescribing of controlled substances – can prescribe schedule II and III for treatment of psychiatric disability or SUD, as consistent with Federal law

Maine

Informed Consent Required

Compacts: IMLC, NLC

Medicaid (MaineCare):

- Coverage required at same rate as in person; telephonic services covered in certain scenarios
- Tele-pharmacy is allowed; pre-auth required w/counseling available at remote site
- Remote Patient Monitoring covered for patients w/specific risk factors, and only for Certified Home Health Agencies
- Covered codes listed in manual; interprofessional telephone/internet consultations included
- No geographic, provider or site restrictions; FQHCs and RHCs can serve as distant sites; Home is eligible originating site; Provides facility/originating site fee; requires use of GT modifier

Private Payers:

- Coverage required; includes live, asynchronous, telemonitoring, group counseling, and online prescribing; telephonic covered in certain scenarios

Regulation, Health and Safety:

- On-line prescribing – licensee must conduct relevant med history and physical exam; static form not appropriate; telehealth may be used to establish patient-provider relationship
- Physicians from other states can provide consultative services w/out Maine licensure…

Resource: Telehealth Reimbursement in Maine webinar series

Massachusetts

Informed Consent No Reference

Compacts: None

Medicaid (MassHealth):

- Coverage includes live video for behavioral health only (as of 2018); providers must be trained in telehealth delivery
- Managed care state – some plans cover telehealth more broadly
- Online Prescribing – requires initial in-person visit, and quarterly thereafter
- Remote Patient Monitoring – funds were appropriated in FY2014 budget
- Restrictions on eligible services and providers; no geographic or site restrictions
- Does not cover facility/originating site fee

Private Payers:

- Coverage not required; payers may limit to specific network providers

Regulation, Health and Safety:

- E-prescribing allowed once patient-provider relationship established, per standard of care

New Hampshire

Parental Consent Required for school-based

Compacts: IMLC, PTC, PSY, NLC

Medicaid:

- Follows CMS requirements and federal regulations; includes live video per CMS coverage; primary care and substance use disorders recently added, however require initial face-to-face visit
- Per recent legislation: NH Medicaid reimburses for store-and-forward and RPM
- Provides facility/originating site fee
- Limitations on service, provider and site eligibility; No geographic restriction
- Patient home, school or university-based health center, and workplace added as eligible sites in 2019

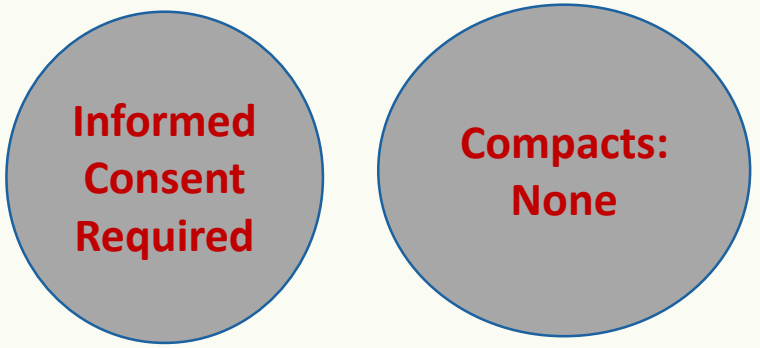
Private Payers:

- Payers cannot deny coverage if same service would be covered in-person; telephone/fax not covered; RPM and store-and-forward covered starting 1/1/2020

Regulation, Health and Safety:

- On-line prescribing requires physician-patient relationship via in-person exam, which includes two-way interactive communication; Controlled substances (II-IV) - only by prescribers treating patients at a Substance Abuse and Mental Health Services Administration-certified state opioid treatment program; requires initial in-person exam and subsequently as appropriate (at least annually)

Rhode Island



Medicaid (Medical Assistance Program):

- Requires coverage for some live video; store-and-forward and remote patient monitoring not included
- Fee schedule lists several telehealth service CPT codes related to follow-up and inpatient telehealth consultations under procedure/professional service
- No restrictions referenced regarding provider, site, or geographic eligibility
- Does not cover facility/originating site fee

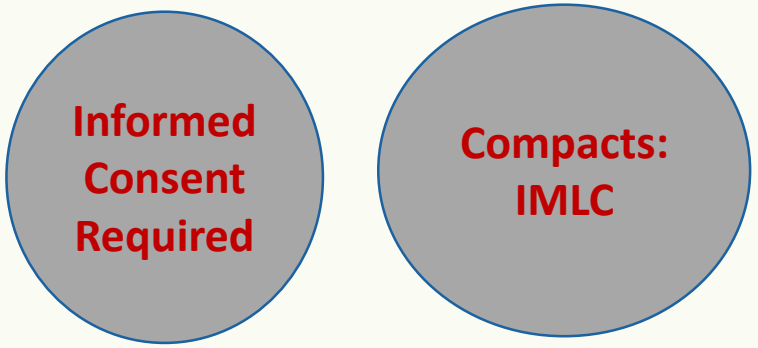
Private Payers:

- Coverage required, subject to the terms and conditions of a telemedicine agreement between the insurer and provider

Regulation, Health and Safety:

- Informed consent agreement should be employed for the use of patient-physician email and other text-based communications
- Established in-person physician-patient relationship is required prior to prescribing controlled substances; covering physician may prescribe if agreement in place

Vermont



Medicaid:

- Coverage required; includes real-time audio-video; does not include audio-only, email or fax
- Discrepancy between Statute and Medicaid policy RE: store-and-forward technologies; Statute specifically states teleopthalmology and telederm covered, but Medicaid policy says not
- Remote patient monitoring covered (specifically CHF) for home health agencies; physician plan of care, Medicaid is primary insurance, or dual-eligible, non-homebound
- 02 Place of Service code must be used on all claims
- No restrictions referenced on types of services, providers, originating sites or geography; Home is eligible originating site, school and university-based health centers, and workplaces
- Provides facility site fee, unless facility provider is employed by same entity as distant site provider

Private Payers:

- Coverage required for live video–may limit to in-network providers; store-and-forward optional

Regulation, Health and Safety:

- On-line prescribing allowed after examination of patient in-person, by telemed, or use of instrumentation and diagnostic equipment which images/med records may be transmitted electronically