



Medicaid Innovation Accelerator Program

Reducing Substance Use Disorders



**Exploring Telehealth
Delivery Methods for
Substance Use Disorder
Treatment**

September 10, 2019

3:30 PM–4:30 PM ET

Logistics

- Use the chat box on your screen to ask a question or leave a comment
 - Note: You will not see the chat box if you are in full-screen mode
- Moderated question-and-answer sessions will be held periodically throughout the webinar
 - Please submit your questions via the chat box
- Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience

Welcome and Overview

Roxanne Dupert-Frank

Medicaid Innovation
Accelerator Program

Center for Medicaid and
CHIP Services (CMCS)

Centers for Medicare &
Medicaid Services (CMS)



Facilitator

Lisa Patton, PhD

Behavioral Health and
Disparities Development Lead

IBM® Watson Health™



Purpose and Learning Objectives

- Participants will learn about why the use of telehealth delivery methods are increasing and how they can be used for substance use disorder (SUD) treatment
- Barriers to and facilitators of telehealth delivery methods implementation will be discussed
- Speakers from New York will share information around the telehealth delivery methods in their state under Medicaid and how telehealth has been implemented in the state's SUD treatment delivery system

Speaker

Jonathan Lang, MPA

New York State Department of Health



Speaker

Mary Zelazny

Chief Executive Officer of
Finger Lakes Community
Health



Background

- Telehealth delivery methods are increasingly used to deliver care
 - Evidence of effectiveness in comparison to in-person care
 - Potential to lower health care costs
 - Ability to expand access to care
 - Increasing acceptability among providers, patients, payers, and policymakers

Source: Shigekawa E, Fix M, Corbett G, Roby DH, Coffman J. The current state of telehealth evidence: a rapid review. *Health Affairs*, 2018;37(12):1975-1982.

Background, continued

- More than 160 telehealth bills were introduced in 44 states in 2018
- CMS released a proposed rule in 2018 providing guidance on and expanding access to telehealth for Medicare beneficiaries

Telehealth Barriers

- Barriers for implementing telehealth delivery methods include:
 - Costs associated with implementation
 - Lack of reimbursement for telemedicine delivery methods
 - Providers' unfamiliarity with technology
 - Lack of implementation models
 - Confidentiality regulations

Facilitators of Telehealth

- Facilitators for implementing telehealth delivery methods include:
 - Funding available to pay for the telemedicine delivery method
 - Local examples of success
 - Influential champions at the payer and treatment agencies
 - Meeting a pressing need

Provider-Patient Interactions via Telehealth Delivery Methods

- Goal: Increasing availability (i.e., quantity) of behavioral health care
- Allows providers to make services available in areas where in-person services are not readily available or accessible
- Provides a bridge to traditional barriers related to behavioral health services, in particular:
 - Geographic separation
 - Language barriers
 - Stigma related to accessing behavioral health care

Types of Telehealth Delivery Methods

- Live video conferencing
 - Two way, real time video conferences between the patient and health care provider
- Store and forward
 - Patients healthcare documents are stored and shared electronically for use and analysis by a healthcare provider

Types of Telehealth Delivery Methods

- Remote patient monitoring
 - Patients healthcare data collected at one site and shared with a healthcare provider at another site for monitoring and review
- Mobile health
 - Mobile applications that support continued monitoring of a patients health

Telehealth for Substance Use Treatment

- Telehealth delivery methods are increasingly used in substance use treatment:
 - Removes barriers of time and distance
 - Has potential for enhancing treatment and recovery for people with SUDs
 - Offers clinicians ways to increase contact with SUD patients during and after treatment
- Recent legislative and regulatory changes could increase the use of telehealth delivery methods to furnish services and expand access to SUD care, particularly in rural areas

Sources: Molfenter T, Boyle M, Holloway D, Zwick J. Trends in telemedicine use in addiction treatment. *Addiction Science & Clinical Practice*. 2015;10(1):14.

Huskamp HA, Busch AB, Souza J, et al. How is telemedicine being used in opioid and other substance use disorder treatment? *Health Affairs*. 2018;37(12):1940-1947.

Poll Question

- Is your state using telehealth delivery methods as a way to increase SUD treatment services in your Medicaid program?
 - Yes
 - No, but we are planning to do so
 - No, and we do not have any current plans to do so

State Perspective: New York

Jonathan Lang, MPA

New York State Department of Health



Department
of Health

NYS Medicaid Coverage of Telehealth

Telehealth Expansion

Telehealth: Defined as the use of electronic information and communication technologies to deliver health care to patients at a distance

Originating site: Where the member is located at the time health care services are delivered

Distant site: Any secure location where the telehealth provider is located while delivering health care services by means of telehealth

Telehealth Expansion

- A Special Edition Medicaid Update was issued in February 2019
- The expanded telehealth policy is effective January 1, 2019, for Medicaid fee-for-service (FFS) and March 1, 2019, for Medicaid managed care (MMC)
- Nothing precludes implementation by the MMC plans prior to January 1, 2019

NYS Interagency Telehealth Guidance

- Interagency guidance document in development
 - Department of Health (DOH)
 - Office of Mental Health (OMH)
 - Office of Alcoholism and Substance Abuse Services (OASAS)
 - Office for People With Developmental Disabilities (OPWDD)
- Full NYS license/certification and current registration are required for telehealth practitioners
- All laws, rules, regulations, standards, and competencies apply:
 - State Education Department (SED) professional scope of practice
 - Privacy and confidentiality
 - Patient consent and record-keeping

Source	State Education Dept.	Dept. of Health	Office of Mental Health	Office of Alcoholism and Substance Abuse Services	Office for People With Developmental Disabilities
Regulations	Title VIII provides licensure requirements for practitioners	None	14 NYCRR Part 596 establishes standards and parameters for use of telemental health in Article 31 clinics	14 NYCRR Part 830 establishes standards and parameters for use of telepractice in OASAS-certified sites	14 NYCRR Part 679 will allow for services and clinic visits to be delivered in person/face to face or via telehealth
Guidance	<ul style="list-style-type: none"> Practitioners providing services via telehealth must conform to SED regulations according to their scope of practice, etc. Although there are no DOH regulations specific to telehealth, all health care services delivered via telehealth must conform to the same governing statutes and regulations for the setting in which the service would have been provided in person OMH, OASAS, and OPWDD have regulations that allow for services to be delivered via telehealth 				

Abbreviations: DOH, Department of Health; OASAS, Office of Alcoholism and Substance Abuse Services; OMH, Office of Mental Health; OPWDD, Office for People With Developmental Disabilities; NYCRR, New York Codes, Rules and Regulations.

Category	Medicaid Reimbursement Policy as of March 2015	Modalities, Originating Sites, and Distant Sites Have Been Expanded and Include the Following (in addition to those listed in Column One)
Modalities and Sites	Column One	Column Two
Eligible Modalities	<ul style="list-style-type: none"> • Telemedicine (live, interactive audio-visual communication) 	<ul style="list-style-type: none"> • Store-and-forward (asynchronous transmission) • Remote patient monitoring (RPM)
Eligible “Originating” Sites (location of patient)	<ul style="list-style-type: none"> • Article 28 hospitals • Article 28 Diagnostic & Treatment Centers • Article 28 facilities providing dental services • All Federally Qualified Health Centers (FQHCs) • Non-FQHC school-based health centers • Practitioner offices 	<ul style="list-style-type: none"> • Facilities licensed under Article 40 of Public Health Law (hospices) • Facilities as defined in subdivision six of section 1.03 of the Mental Hygiene Law (includes Article 16, Article 31, Article 32 clinics) • Certified and noncertified day and residential programs funded or operated by Office for People With Developmental Disabilities • Any type of adult care facility licensed under title two of Article 7 of the Social Services Law • Public, private, and charter elementary and secondary schools located in New York State (NYS) • Child daycare centers and school-aged child-care programs located in NYS • The patient’s place of residence located within NYS or other temporary location within or outside of NYS
Eligible “Distant” Sites (location of consulting practitioner)	<ul style="list-style-type: none"> • Article 28 hospitals • Article 28 Diagnostic & Treatment Centers • Article 28 facilities providing dental services • FQHCs that had “opted into” Ambulatory Patient Groups • Practitioner offices 	<ul style="list-style-type: none"> • Any secure location where the telehealth provider is located while delivering health care services by means of telehealth. Services must comply with the Health Insurance Portability and Accountability Act

Category	Medicaid Reimbursement Policy as of March 2015	Practitioner Types Have Been Expanded to Include the Following (in addition to those practitioner types in Column One)
Practitioner Types	Column One	Column Two
Eligible Telehealth Practitioner Types	<ul style="list-style-type: none"> • Physician specialists (including psychiatrists) • Certified Diabetes Educators • Certified Asthma Educators • Genetic counselors • Psychiatric nurse practitioners • Clinical psychologists • Dentists • Licensed Clinical Social Workers and Licensed Master Social Workers employed by an Article 28 clinic (current coverage policy applies) 	<ul style="list-style-type: none"> • Physicians • Physician assistants • Nurse practitioners • Podiatrists • Optometrists • Speech language pathologists and audiologists • Physical and occupational therapists • Midwives • Psychologists • Registered nurses (for use of remote patient monitoring only) • Credentialed alcoholism and substance abuse counselors (CASACs) credentialed by the Office of Alcoholism and Substance Abuse Services or by a credentialing entity approved by such office pursuant to section 19.07 of the Mental Hygiene Law (MHL) • Providers authorized to provide services and service coordination under the Early Intervention Program pursuant to Article 25 of the Public Health Law (PHL) • Hospitals licensed under Article 28 of PHL, including residential health care facilities serving special needs populations • Home care services agencies licensed under Article 36 of PHL • Hospices licensed under Article 40 of PHL • Clinics licensed or certified under Article 16 of the MHL • Certified and noncertified day and residential programs funded or operated by the Office for People With Developmental Disabilities • Any other provider as determined by the Commissioner of Health pursuant to regulation or in consultation with the Commissioner by the Commissioner of the Office of Mental Health, the Commissioner of the Office of Alcoholism and Substance Abuse Services, or the Commissioner of the Office for People With Developmental Disabilities pursuant to regulation

Category	State Education Dept.	Dept. of Health	Office of Mental Health	Office of Alcoholism and Substance Abuse Services	Office for People With Developmental Disabilities
Recognized telehealth modalities	Static transmission of data or interactive teleconferencing telepractice applications	<ul style="list-style-type: none"> • Telemedicine • Store-and-forward technology • Remote patient monitoring 	Telemental health	Telepractice	<ul style="list-style-type: none"> • Telemedicine • Store-and-forward technology • Remote patient monitoring
Guidance	<ul style="list-style-type: none"> • Practitioners providing services via telehealth must conform to SED regulations according to their scope of practice, etc. • Although there are no DOH regulations specific to telehealth, all health care services delivered via telehealth must conform to the same governing statutes and regulations for the setting in which the service would have been provided in person • OMH, OASAS, and OPWDD have regulations that allow for services to be delivered via telehealth 				

Abbreviations: OASAS, Office of Alcoholism and Substance Abuse Services; OMH, Office of Mental Health; OPWDD, Office for People With Developmental Disabilities.

Telehealth Practitioner Requirements

- Practitioners providing services via telehealth must be licensed or certified, currently registered in accordance with NYS Education Law or other applicable law, and enrolled in NYS Medicaid
- Telehealth services must be delivered by providers acting within their scope of practice
- Reimbursement will be made according to existing Medicaid policy related to supervision and billing rules and requirements

Credentialing and Privileging

- The Article 28 hospital acting as an originating site may rely on the credentialing and privileging decisions of the distant site hospital when granting or renewing privileges to a health care practitioner who is a member of the clinical staff at the distant site hospital
- The distant site hospital collects and evaluates all credentialing information and performs all required verification activities, and it acts on behalf of the originating site hospital for such credentialing purposes

Credentialing and Privileging

- The distant site reviews (at least every 2 years) the credentials, privileges, physical and mental capacity, and competence of the telehealth provider and reports the results of the review to the originating site
- The originating site also reviews (at least every 2 years) the performance of these privileges and provides the distant site hospital with the performance evaluation for use in the distant site's periodic appraisal of the telemedicine practitioner

Confidentiality

- All services must be performed on dedicated secure transmission linkages that meet the minimum federal and state requirements
- The Health Insurance Portability and Accountability Act (HIPAA) requires that a written business associate agreement (BAA) or contract that provides for privacy and security of protected health information be in place between the telehealth provider and the supporting telehealth vendor
- All confidentiality requirements that apply to medical records apply to services delivered by means of telehealth

Consent

- Providers must document in the medical record that the Medicaid member has consented to the six questions under Part E of the February 2019 Medicaid Update on telehealth
- Providers must have written protocols and procedures on how practitioners shall provide the Medicaid member with basic information about the services that the member will be receiving via telehealth, and the member shall provide their consent to participate in services using this technology

Failure of Transmission

- All telehealth providers must have a written procedure detailing a contingency plan in the case of a failure of transmission or other technical difficulty that renders the service undeliverable via telehealth
- Policies and procedures must be available upon audit
- If the service is undelivered because of a failure of transmission or other technical difficulty, a claim should not be submitted to Medicaid

Modifiers To Be Used When Billing for Telehealth Services

Modifier	Description	Note/Example
95	Synchronous telemedicine service rendered via real-time interactive audio and video telecommunication system	Note: Modifier 95 only may be appended to the specific services covered by Medicaid and listed in Appendix P of the American Medical Association's Current Procedural Terminology (CPT®) Professional Edition 2018 Codebook. The CPT codes listed in Appendix P are for services that typically are performed face to face but may be rendered via a real-time (synchronous) interactive audio-visual telecommunication system.
GT	Via interactive audio and video telecommunication systems	Note: Modifier GT is only for use with those services provided via synchronous telemedicine for which modifier 95 cannot be used.
GQ	Via asynchronous telecommunication system	Note: Modifier GQ is for use with store-and-forward technology.
25	Significant, separately identifiable evaluation & management (E&M) service by the same physician or other qualified health care professional on the same day as a procedure or other service	Example: The member has a psychiatric consultation via telemedicine on the same day as a primary care E&M service at the originating site. The E&M service should be appended with the 25 modifier.

Place of Service Code To Be Used When Billing for Telehealth Services

Place of Service Code	Description
02	The location where health services and health-related services are provided or received through telehealth telecommunication technology. When billing telehealth services, providers must bill with place of service code 02 and continue to bill modifier 95, GT, or GQ.

Fee-for-Service Billing Rules for Telehealth Services

Medicare/Medicaid Dually Eligible Beneficiaries

- If Medicare covers the telehealth encounter, Medicaid will reimburse the Part B coinsurance and deductible to the extent permitted by state law
- If the service is outside of the geographic region recognized by Medicare and Medicare denies coverage of the telehealth encounter, Medicaid will not cover such services
- If the service provided is one that is not within the scope of services covered by Medicare (e.g., CASACs, dental, store and forward) but is an eligible telehealth service under Medicaid, the telehealth encounter may be billed to Medicaid

Medicaid Managed Care

Medicaid Managed Care Considerations

- MMC plans are required to cover, at a minimum, services that are covered by Medicaid FFS in addition to services included in the MMC benefit package, when determined medically necessary
- Questions regarding MMC reimbursement and/or billing requirements should be directed to the member's MMC plan

Questions

- Questions regarding Medicaid FFS billing should be directed to eMedNY Provider Services at (800) 343–9000
- Policy questions regarding Medicaid FFS may be directed to the Office of Health Insurance Programs, Division of Program Development and Management at (518) 473–2160
- Questions regarding MMC reimbursement and/or documentation requirements should be directed to the enrollee's MMC plan



Finger Lakes

COMMUNITY HEALTH

Reaching Out With Technology

Mary Zelazny, CEO



Current issues in providing health-related services:

- A lack of access to care
- Workforce shortages
- Cost of care
- Patients/clients needing interpretation
- Geographic barriers (transportation)
- Chronic disease management
- Provider burnout
- Stigma

Why Use Telehealth?



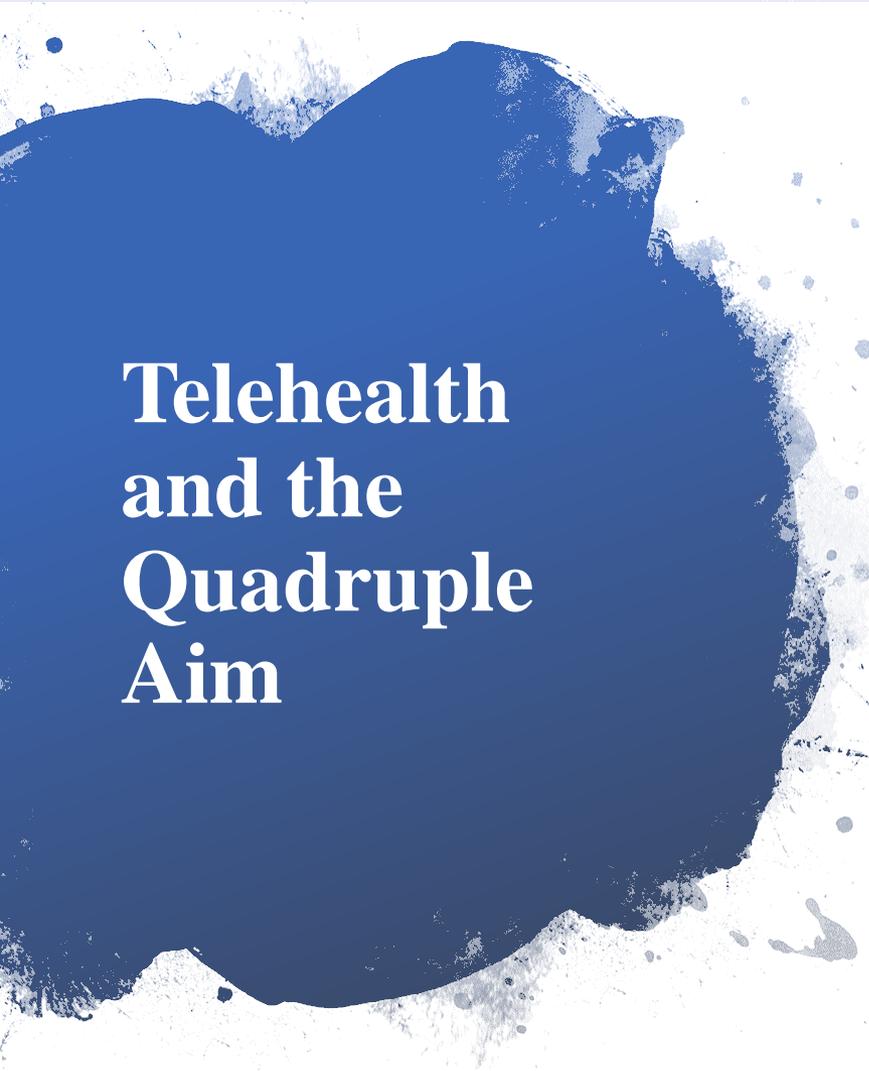
Telehealth and the Quadruple Aim

Improved Access = Better Outcomes:

- Increased access to specialists, primary care doctors, behavioral health providers, remote home monitoring
- Reduced readmissions
- Better access to clinical data more quickly (remote monitoring)

Higher Patient/Provider Satisfaction:

- Streamlined care
- Meeting the patient where they are
- Better access to providers



Telehealth and the Quadruple Aim

Lower or Stabilized Costs:

- Remote monitoring enables patients to be monitored at home
- Lower utilization rates of ambulatory care

Workforce:

- Reduced provider burnout
- Opportunities for peer-to-peer relationships/education
- Access to Continuing Medical Education

Using Telehealth for SUD Services



- Medicated-assisted treatment (MAT)
- Counseling services
- Case conferencing between providers/staff
- Crisis intervention
- Workforce coverage

Telehealth Modalities

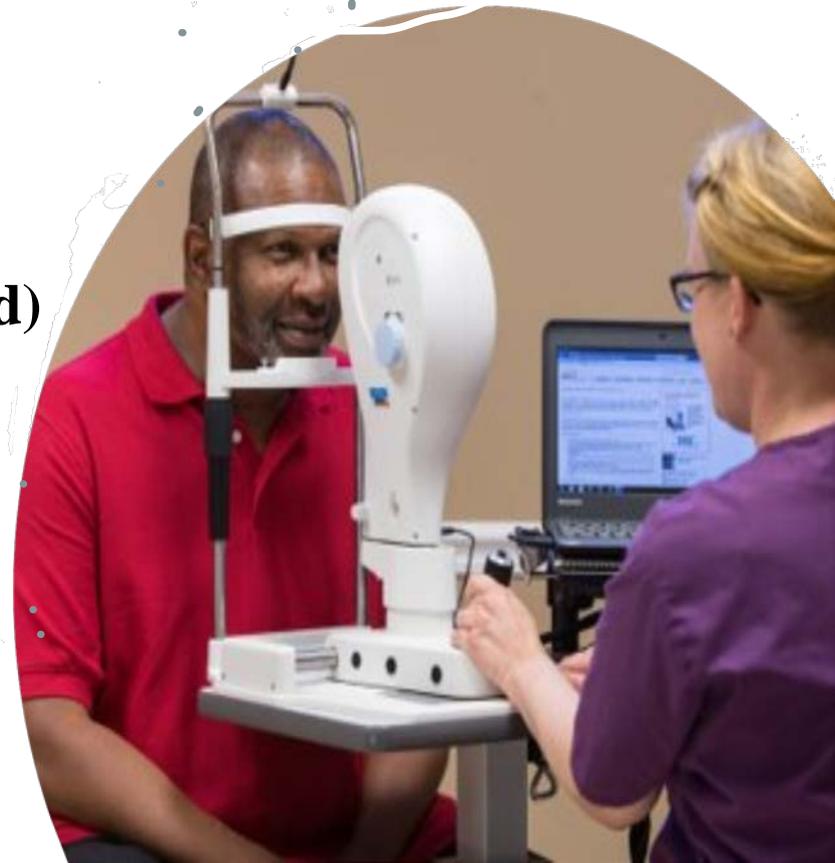


1. Synchronous visits (real-time video)

- Live consults
- Live treatment/follow-up appointments
- Direct to consumer

2. Asynchronous visits (store and forward)

- Remote patient monitoring
- eConsults



Telehealth = Change/Innovation



**GET BUY-IN
FROM YOUR
TEAM!**



**LEADERSHIP
COMMITMENT**



**PROVIDER/CLINICAL
CHAMPIONS**



**COMMITTED
WORKGROUPS**



**INFORMATION
TECHNOLOGY
(IT) SUPPORT**

Perform an organizational assessment to determine your readiness in the adoption of telehealth technologies ...



Be sure that—

There is buy-in from your leadership team

There is a commitment to the additional work involved in developing your capabilities

You know what your state licensure allows

You have appointed a Team Leader who understands his or her role as an agent of change

You understand that it will take time to build telehealth technologies into your clinical process

Telehealth forces change ... make sure your team is on board!

Where Do We Start?

- ✓ Clinical use
- ✓ Administrative use
- ✓ Training use
- ✓ Integrated in the current communication system

Employees:

- Interviews
- Onboarding
- Trainings



The use of technology is the new normal!

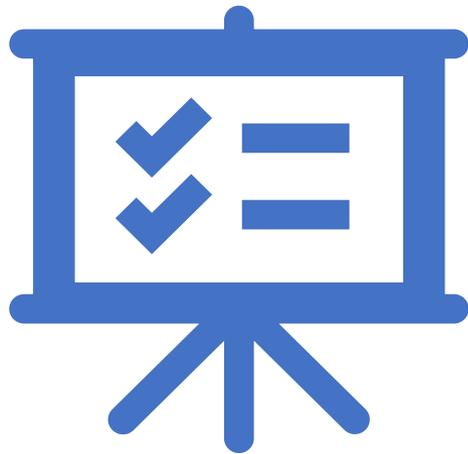
Build Your Clinical/Operations Work Group

Quality Assurance – Strategic Alignment

- Define performance measures
- Collect, analyze, and report data through Quality Improvement Committee
 - Chart reviews:
 - Baseline
 - Throughout pilot and ongoing
- Plan Do Study Act process
- Program evaluation
 - Telepresenter, patient, distant provider
- Develop policies and procedures

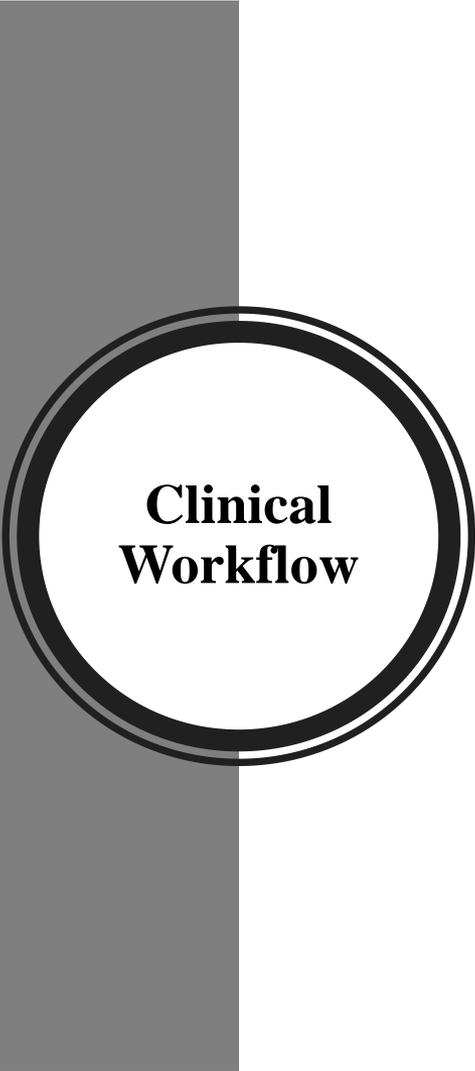


Clinical/Operations Work Group



Clinical workflow:

- **What is the purpose:**
 - Increase access (i.e., treatment for MAT)
 - Decrease wait times
 - Extend current workforce
 - Meet quality performance measures
- **Referrals:**
 - What is an appropriate referral?
 - Develop your clinical process from both sides of the virtual visit
 - Prior authorizations, billing considerations, coding
- **Scheduling/appointment management:**
 - Block scheduling versus next available visit
 - Reserving the room/equipment
 - Management done by both sites?



**Clinical
Workflow**

Patient Education:

Showing patient the equipment

Registration:

Consents, health history, patient documents

Process to get documents to distant provider

Previsit:

Previsit planning = one-stop shopping

Any primary care needs?

Does distant provider have all information needed for the visit?

Testing equipment

It's All About the Data ...

Start small...conduct a pilot program to figure out what works and what doesn't.

Create a registry of patients that includes metrics that you are going to measure for outcomes.

How will you track data in your current environment? Come up with a plan that all are on board with.

Work with your specialists to build a system of exchanging data ... fax, email, regional health information organization?

Pharmacy Considerations

How will the patient get his or her prescriptions filled?

- Your telehealth plan needs to address how to get your patients their meds
- Electronic prescribing works very well with telehealth
- Keep current federal regulations in mind: Ryan-Haight Act (first visit must be in person)
- Do you need to test the patient for the presence of drugs? Make that part of your plan!

IT in Telehealth

Equipment Integration

- Will the video equipment work well with the current system?
- Can one software type be used versus many?

Help Desk

- Readily available to assist when patient and distant provider are in a visit
- Remember: You have an audience!

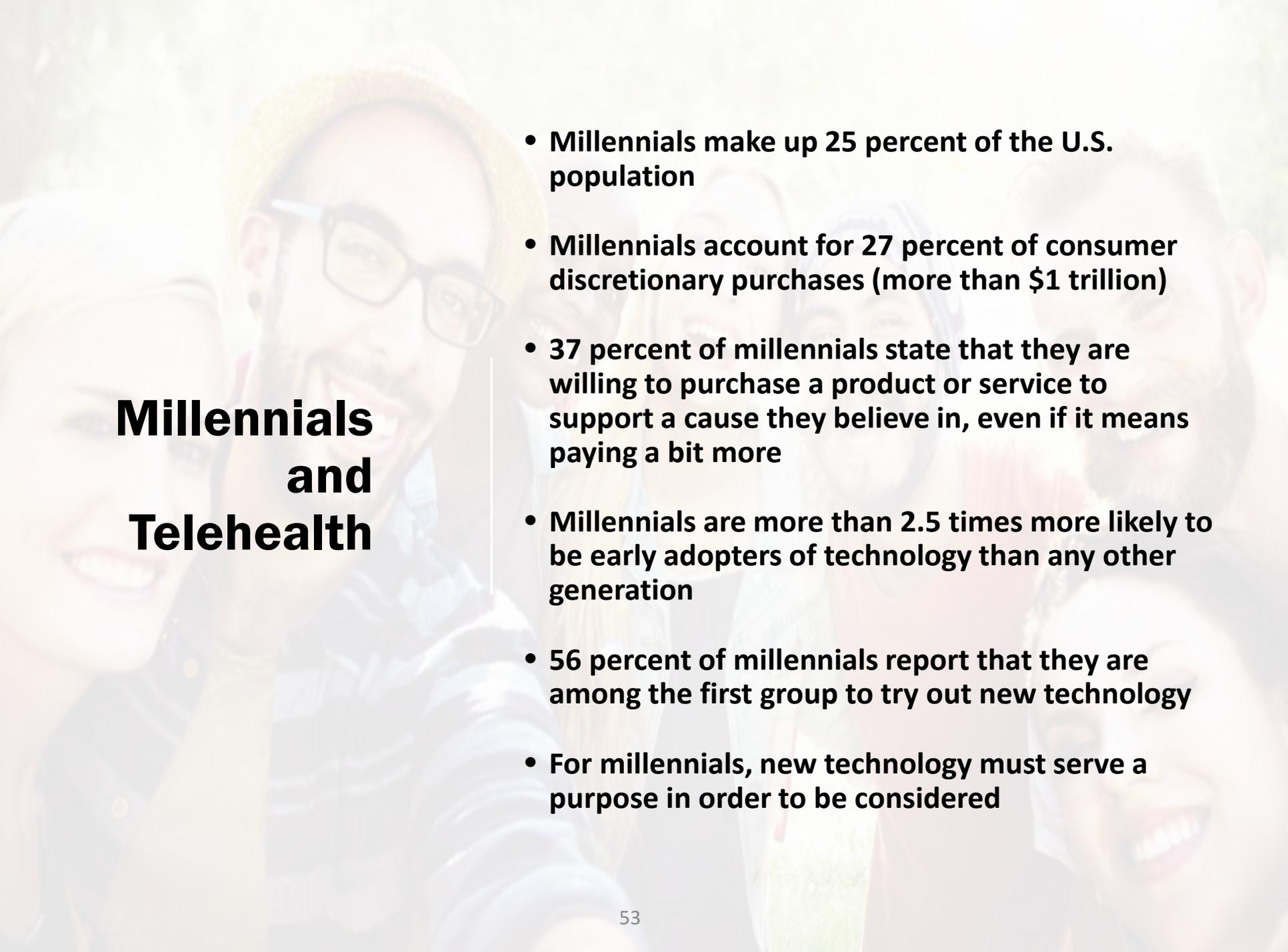
HIPAA Compliance

- Is your video communications software HIPAA compliant?
- Do you have the appropriate BAA?
- Are the originating (patient) and distant site (provider) both secure?

Legal/Regulatory

- Know any regulations and/or guidelines for your organization's state licensure type
- Know the vendors and external partners with which your organization will need a BAA
- Engage in contract management with vendors/external providers that includes credentialing and privileging, reimbursement, and roles and responsibilities of both parties



A group of diverse young adults, including a man with glasses and a woman with a yellow beanie, are smiling and looking at a smartphone together. The background is a soft, out-of-focus image of the same group.

Millennials and Telehealth

- **Millennials make up 25 percent of the U.S. population**
- **Millennials account for 27 percent of consumer discretionary purchases (more than \$1 trillion)**
- **37 percent of millennials state that they are willing to purchase a product or service to support a cause they believe in, even if it means paying a bit more**
- **Millennials are more than 2.5 times more likely to be early adopters of technology than any other generation**
- **56 percent of millennials report that they are among the first group to try out new technology**
- **For millennials, new technology must serve a purpose in order to be considered**

"You Don't Know What You Don't Know" –Socrates

- Learn from others ... don't try to reinvent the wheel.
- Buyer beware! Know what you need for equipment and, more important, what you don't need.
- Test any equipment with your clinical staff before buying. Let them choose which equipment they are willing to use.



Thank You!

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Discussion and Questions



Key Takeaways

- Telehealth delivery methods are becoming more widely used to improve SUD treatment access
 - Patient-provider interactions allow for increased quantity of SUD providers
- Important points to consider for implementing telehealth delivery methods:
 - Clinical and leadership champions needed
 - Clinical/operations workflows need to be considered
 - Patients need to be educated
 - Know the legal/regulatory issues

Thank You!

Thank you for joining us for this webinar!

Please complete the evaluation form
following this presentation.