State Trends that Impact the Use of Telehealth at Health Centers: Store-and-Forward and Remote Patient Monitoring

Emerging Issues # 10

NATIONAL ASSOCIATION OF Community Health Centers

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Introduction

Health centers are critical components of the health care system, providing access to affordable health services for vulnerable, low-income and diverse populations. However, access to care continues to be a concern in light of provider shortages, challenges with getting specialty care and other needed services outside of the health center, and the growing cultural and linguistic diversity of the population. Telemedicine and telehealth as strategies for increasing access to care as well as containing costs have been gaining more attention. In a white paper by IHS Technology, it is projected that there will be as many as 7 million U.S. telehealth users by 2018.[1] In fact, provisions in the Affordable Care Act specifically promote the use of health information technology to advance telemedicine. The Section 2703 health home option for chronic conditions includes "the use of health information technology in providing health home services… and improving service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care made by their provider)."[2] In addition, the CMS Innovation Center awarded the second round of Health Care Innovation Awards in 2014, of which 11 out of 39 projects included telemedicine.[3]

Telehealth has been defined by the Health Resources and Services Administration (HRSA) as "the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration."[4] However, the definitions of telemedicine and telehealth can vary by state or can be used interchangeably. Under Medicaid, telemedicine is defined as "permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site," while acknowledging that other technologies that do not meet this definition may also be reimbursed as a covered service.[5]

While many of the laws and regulations on telehealth use in Medicaid are governed by the state, states may be guided by federal policies on telehealth in the Medicare program. Guidelines for the use of telehealth for Medicare beneficiaries in their Fee-For-Service (FFS) program were updated in 2015. Although states have the option of defining reimbursement for telemedicine and telehealth by Medicaid and private payers, some states have adopted similar definitions and guidelines currently being used in the Medicare program. The guidelines, which are summarized here, include: the definition of originating site and distant site, the definition of telehealth services eligible for payment, and billing and payment for services. Under Medicare, the originating site, or the location of a patient at the time of service, must be located in a rural Health Professional Shortage Area (HPSA) located either outside of a Metropolitan Statistical Area (MSA) or rural census tract; or a county outside of a MSA. Eligible sites include federally qualified health centers. Medicare will reimburse various types of distant site practitioners, although subject to state law. Only interactive real-

[1] https://technology.ihs.com/483111/global-telehealth-market-set-to-expand-tenfold-by-2018
[2] 42 U.S.C. Sec. 1396w-4(h)(2)
[3] http://innovation.cms.gov/Files/x/HCIATwoPrjProCombined.pdf
[4] Information on Telehealth available from HRSA at: http://www.hrsa.gov/ruralhealth/about/telehealth/
[5] Information on Telemedicine in Medicaid available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html

time audio-video communications are reimbursable. Asynchronous technology is only permitted in Alaska or Hawaii. Please see the full guidance for the list of codes and services provided by telehealth that are covered. Medicare also allows for billing and payment for an originating site facility fee.

This brief will discuss select state policy and legislative activity around strategies other than live audio-video telemedicine encounters, which is the most commonly defined and covered type of service, and include asynchronous encounters, or store-and-forward, and remote patient monitoring.

Overview of Recent State Activity

As indicated in our 2013 brief, states have the option to determine various aspects of telemedicine reimbursement, as well as to regulate the use and implementation of these technologies, which has led to wide variability in state laws and rules around the use of telehealth in Medicaid, and in health care overall. This includes the definition of telemedicine, types of services delivered by telemedicine, location of the service, type of technology used, licensure and technology requirements, and what types of providers can be reimbursed for telemedicine encounters. In some states, Medicaid programs may specifically exclude certain types of services or locations.

According to a legislative scan by the Center for Connected Health Policy (CCHP), as of July 2015, forty-two states had introduced state legislation relating to telemedicine introduced in the past year.[6] Of particular note, there has been a trend to remove geography or distance restrictions on the use of telemedicine, and legislate parity for telehealth coverage. Although some states adopted distance restrictions as outlined for telemedicine services covered by Medicare, [7] in the past year, several states removed distance restrictions, including Indiana, Michigan, Nebraska, Colorado, Nevada and Missouri.[8] In Colorado, health plans were already prohibited from requiring in-person encounters in rural counties, but legislation passed in March 2015 expanded to this non-rural counties, thereby removing the geography restriction for telemedicine coverage by health plans.[9]

Furthermore, 28 states have legislated parity for telemedicine services for private insurance, and 10 additional states (CT, DE, IL, IA, MA, NJ, NC, OH, PA, and RI) have proposed telehealth parity laws as of June 2015.[10] Telehealth parity laws may require private insurers to cover telemedicine the same way they cover in-person visits, but not all mandate reimbursement. These laws may also mandate telemedicine coverage in their Medicaid programs or by their state employee health plans. According to the 2014 NACHC State Policy Survey of primary care associations (PCAs),[11] there has been an increase in the number of states that are reimbursed for telemedicine through their prospective payment system (PPS) rate as compared to those states reporting PPS reimbursement in the 2013 NACHC brief (See **Appendix A,** and for more information on PPS, see the 2014 NACHC report). In 2012, only 5 out of the 34 states responded that telehealth was reimbursed under PPS, 17 states were reimbursed through fee-for-service (FFS) or other payment method, and 12 states indicated there was no reimbursement. Four of the 12 states that did not reimburse for telehealth in 2012 indicated that their state reimburses for telemedicine in 2014 (1 state did not respond). Of the 40 responding states in 2014, 15 states indicated telehealth is reimbursed under PPS.

Although barriers to the use of synchronous, live audio-video transmission continue to exist as noted above, this brief will focus on legislation relating to asynchronous methods and remote patient monitoring that health centers and other

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[6] Center for Connected Health Policy: The National Telehealth Policy Resource Center, State Telehealth Laws and Reimbursement Policies: A Comprehensive Scan of the 50 States and the District of Columbia, July 2015. Available at: http://cchpca.org/sites/default/files/resources/STATE%20TELEHEALTH%20POLICIES%20AND%20REIMBURSEMENT%20REPORT%20FINAL%20JULY%202015.pdf

[7] Telehealth Services: Rural Health Fact Sheet Series from CMS available at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf

[8] IN, MI, NE, MV, MO (need this citation)

[9] CO HB 15-1029 (2015)

[10] 2015 State Telemedicine Legislation Tracking (as of 6/22/15), American Telemedicine Association. Accessed on 6/22/15.

[11] Data was obtained from a survey of state primary care associations in 50 states and the District of Columbia conducted by the National Association of Community Health Centers in July 2014. Forty PCAs responded to questions regarding payment for telemedicine. Respondents included PCA Executive Directors, CEOs, or policy staff.

primary care providers have been exploring to improve access to services for their patients. Based on a scan of the 2015 state legislative sessions by the Center for Connected Health Policy, six states were identified to have approved legislation or regulation relating to store-and-forward and remote patient monitoring technologies (see **Appendix B**).

Store-and-forward and Remote Patient Monitoring

Store-and-forward can be defined as the asynchronous transfer of data between a patient and provider, or provider-to-provider at a distant site for the purpose of diagnostic or therapeutic assistance.[12] This can be used by primary care providers to access specialty care services, commonly used for radiology and pathology, but also used for dermatology and ophthalmology. Some states have explicitly included the use of store-and-forward or asynchronous technologies to provide services as allowable for reimbursement. According to the CCHP, states that are able to reimburse for store-and-forward (excluding tele-radiology) as of July 2015, include: AL, AZ, CA, IL, MN, MS, NM, OK, VA.[13] New York passed legislation that would allow reimbursement for store-and-forward in their home telehealth program which would go into effect in January 2016. However, reimbursement of services in their Medicaid programs may vary by state.

Example: Store-and-Forward for eConsults

Store-and-forward technology has been used to increase access to specialty care, not only for rural populations or to overcome transportation barriers, but also for underinsured and uninsured patients who have difficulty obtaining appointments. The eConsult model has been used in multiple areas for increasing the capacity of specialists. Examples include the eConsult programs in Los Angeles and San Francisco, California, and in Connecticut. Each program has been implemented in different ways, but generally, the primary care physician requests an "eConsult" and sends the necessary patient information to a specialist who responds within a specified timeframe. The specialist determines whether an in-person visit is necessary. By managing lower complexity referrals via eConsult, wait times for in-person visits can be reduced, and may translate into a reduction in emergency department use. Community Health Center, Inc. in Connecticut partners with the University of Connecticut to provide eConsults for cardiology, orthopedics and dermatology.[1] Connecticut Medicaid and certain private payers will reimburse primary care sites for eConsults. For more information on these programs, please see the following links: Los Angeles, San Francisco, and Connecticut.

[1]Based on personal communication with Community Health Center, Inc., in November 2014.

As of January 2015, Minnesota's Medical Assistance Program reimburses for services delivered through store-and-forward. In May 2015, the Minnesota Telemedicine Act (SB 1458) was passed, requiring coverage of telemedicine benefits on the same basis and at the same rate as would apply if provided in person, including live video and store-and-forward technology.[14] In the Nebraska Telehealth Act (LB 1076) approved by the Governor in April 2014, the definition of telehealth was changed to include asynchronous technology as well as remote patient monitoring, but Nebraska Medicaid limits reimbursement to services delivered through interactive audio-video, and only has reference to tele-radiology.[15]

Remote Patient Monitoring is defined as using two-way video consultations with a health provider, ongoing remote measurement of vital signs, or automated or phone-based check-ups of physical and mental well-being.[16] Only 16 states have some Medicaid reimbursement, and many have restrictions on who can receive and provide services: AL, AK, CO, IL, IN, KS, LA, ME, MN, MS, NY, TX, UT, VT, WA.[17] For example, Colorado Medicaid only reimburses for home telehealth

[12] American Telemedicine Association, State Medicaid Best Practice, Store-and-Forward Telemedicine, July 2013.
[13] Center for Connected Health Policy, The National Telehealth Policy Resource Center, July 2015.
[14] MN SB 1458 Article 9 (2015)
[15] NE LB 1076; Center for Connected Health Policy, The National Telehealth Policy Resource Center, July 2015.
[16] Thomas, L., and Capistrant, G. State Telemedicine Gaps Analysis: Coverage and Reimbursement: American Telemedicine Association, May 2015.
[17] Center for Connected Health Policy, The National Telehealth Policy Resource Center, July 2015.

services provided to patients who meet specific criteria that include chronic illness, receipt of home health services, hospitalization history, and meeting the criteria for monitoring equipment.[18]

Additional policy options for states, other than those mentioned above, include: adding to the list of providers that can provide telehealth services, allowing the home to be a site for receiving remote patient monitoring services as well as other types of home health services, and expansion of access to specialists. While states must consider patient safety and quality of care, changes to reimbursement strategies that support the provision of appropriate services based on value and patient needs can help health centers take advantage of these innovative models for care delivery.

Example: Remote Patient Monitoring for Chronic Conditions

In North Carolina, the Roanoke-Chowan Community Health Center (RCCHC) implemented a remote patient monitoring (RPM) program for patients with chronic conditions.[1] Patients are set up with monitoring equipment installed in their home, and connected to a server that transmits the data to a nurse care manager who communicates the information through their electronic medical record. Through this system, data such as blood pressure, pulse, body weight, and blood sugar can be collected and tracked. The RPM program may also include transmission of health data collected through home health visits, and through kiosks developed for patients who are homeless. The program was funded through the BD Helping Build Healthy Communities Award and Direct Relief. For more information on this program, click here.

[1]Based on personal communication with Roanoke-Chowan Community health Center in August 2015.

Discussion

As noted in the 2013 NACHC brief, states are not required to submit a separate state plan amendment (SPA) for coverage or reimbursement of telemedicine services if they are reimbursed in the same manner as in-person visits.[19] However, despite changes in definition and legislation, it is still necessary for policies and procedures to be developed for reimbursement to occur. Furthermore, as new technologies are being implemented, states may be exploring alternative ways to pay for services which would require submission of a SPA. States also have the ability to determine originating site fees or transmission fees, and methods for reimbursing equipment and facility or investment costs.

Some states have developed other strategies to support telehealth initiatives. For example, in South Carolina, the Telemedicine Network Proviso 33.26 was passed in June 2014, directing the Department of Health and Human Services to contract with the Medical University of South Carolina Hospital Authority in the amount of $14 million to lead the development and operation of an open access South Carolina Telemedicine Network.[20] In Wisconsin, AB 458 was enacted in February 2014 that would allow the use of telehealth for in-home mental health services for children. [21]

In June 2015, the Alliance for Health Reform released a Telemedicine Toolkit that includes a summary of resources on telemedicine policy issues. In particular, the ATA and CCHP have developed numerous reports that track state activity around telehealth policy. As referenced in this brief, in July 2015, the CCHP updated its national scan of state telehealth laws and reimbursement policies, and in May 2015, the ATA updated its State Telemedicine Gaps Analysis which identifies and compares state policies on a report card based on telemedicine reimbursement and physician practice standards.[22] Model legislative language for consideration is found here. As health centers and other providers look for innovative models to address the challenges faced by their patients in gaining access to health services, both primary care and specialty care, as well as to increase quality of care, there is a need for states to consider ways to modify policies to support the use of emerging technologies.

[18] Thomas and Capistrant, American Telemedicine Association, May 2015.
[19] http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html
[20] SC Proviso 33.26 (FY 2014-15)
[21] WI AB 458 (2013) enacted 2/6/14
[22] http://www.americantelemed.org/policy/state-policy-resource-center#.VY1GbflVikp

APPENDIX A. Payment for Telemedicine at FQHCs (reported in 2014)[23]

Summary of Findings:

- **40 Responses**
- **PPS (or separate PPS): CA, GA, ID, IN, ME, MI, MO, MT, NE, NM, OK, SC, TX, WI, NC (15)**
- **FFS: AK, NV, OR, VA, WV (5)**
- **Other: CO, IL, LA, MS, TN (5)**
- **No Reimbursement: AL, AR, CT, DC, FL, HI, KS, MA, NH, NJ, NY, OH, PA, RI, UT (15)**

State n=40	Included	Separate	FFS	NR	O	Notes:
AK			X			
AL				X		
AR				X		
CA	X					
CO					X	
CT				X		
DC				X		
FL				X		
GA	X					
HI				X		
ID	X					
IL					X	
IN	X					
KS				X		
LA					X	Telemedicine: (One billable party may bill). The (distant) service provider can bill, but not the host site provider
MA				X		
ME	X					
MI	X					
MO	X					
MS					X	
MT	X					
NC		X				
NE	X					
NH				X		
NJ				X		
NM	X					
NV			X			
NY				X		
OH				X		

[23] *Data was obtained from a survey of state primary care associations conducted by the National Association of Community Health Centers in July 2014. Forty state PCAs responded to the question on payment for telemedicine at FQHCs.*

State n=40	Included	Separate	FFS	NR	O	Notes:
OK	X		X			Telemedicine initiation fee is paid separately. A PPS encounter could be paid if the health center was the diagnosing service provider on the receiving end of a telemedicine service.
OR			X			
PA				X		
RI				X		A phone encounter or an encounter with a staff member not considered a health care provider is not reimbursable under our principles of reimbursement, which govern our APM rate.
SC	X					
TN					X	
TX	X					For telemedicine, reimbursement depends on the site of the patient.
UT				X		
VA			X			
WI	X					Expanded use of telemedicine for behavioral health-child psychiatry hotline.
WV			X			

***Included**: Included in the PPS rate; **Separate**: separate PPS rate; **APM**: separate alternative payment methodology; **FFS**: fee-for-service; **NR**: not reimbursable under any method; **O**: Reimbursable under other methodology*

Appendix B. State Legislation or Regulation Approved in the 2015 Legislative Session (as of June 22, 2015)[24]

State	*Store-and-Forward*	*Remote Patient Monitoring*
Arkansas	SB 133 (4/1/15) (4)(A) Store and forward technology shall not be considered 34 telemedicine. 35 (B) This subchapter does not restrict the use of store and 36 forward technology.	
Minnesota	SB 1458 (5/22/15) – Article 9 Telemedicine may be provided by means of real-time two-way interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care.	
Nebraska	LB 257 (5/26/15) Telehealth means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a health care provider in the diagnosis or treatment of a patient. …asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a health care provider at another site for medical evaluation, and telemonitoring.	LB 257 Telehealth includes services originating from a patient's home or any other location where such patient is located.

[24] Center for Connected Health Policy. State Laws and Reimbursement Policies, search terms: law, regulation, store and forward reimbursement, remote patient monitoring reimbursement, 2015 approved leg/reg. http://cchpca.org/state-laws-and-reimbursement-policies
Note: This list is for informational purposes only, and not intended to be comprehensive or authoritative.

State	*Store-and-Forward*	*Remote Patient Monitoring*
New York	AB 2552 (3/13/15) *same as SB 2405* Provides chapter amendment to NY's telehealth bill SB 7852 (2014): Telehealth shall be limited to telemedicine, store and forward technology, and remote patient monitoring. An insurer shall not exclude from coverage a service that is otherwise covered under a policy because the services is delivered via telehealth.	
Texas		Medical Board Rule – 22 TAC Sec 174.6 (5/15/15) The Rule would expand the definition of an Established Medical Site to the home for mental health services, and for medical services if a patient site presenter is present, a physician-patient relationship exists and there is sufficient technology for an adequate real time physical exam.
Washington	SB 5175 (4/17/15) Upon initiation or renewal of a contract with the Washington state health care authority to administer a medicaid managed care plan, a managed health care system shall reimburse a provider for a health care service provided to a covered person through telemedicine store and forward technology. For health plans issued or renewed on or after the effective date of this section, a health carrier shall reimburse a provider for a health care service provided to a covered person through telemedicine store and forward technology.	

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