TELEHEALTH POLICY WORKGROUP

MARYLAND HOSPITAL ASSOCIATION UPDATE

SEPTEMBER 16, 2020

MHCC | MARYLAND HEALTH CARE COMMISSION

PRESENTATION DISCUSSION ITEMS

- State Executive Orders and federal waivers

- Telehealth Policy Workgroup

  - Goals and objectives

  - September 30th meeting draft agenda

  - Workgroup formation

- Payor telehealth policies – existing and temporary

REGULATORY RELIEF PROPELS TELEHEALTH TO THE FOREFRONT OF HEALTH CARE DELIVERY

- Rapid diffusion supported by the relaxation and expansion of telehealth policies brought on by a public health crisis

  - Enabled by Executive Orders from Governor Hogan and waivers from the federal government

- In March, telehealth visits surged 50 percent nationally*

  - Analysts estimate more than 900 million visits are expected by the end of 2020

According to research from Frost and Sullivan consultants – more information available at:
www.cnbc.com/2020/04/03/telehealth-visits-could-top-1-billion-in-2020-amid-the-coronavirus-crisis.html

KEY TELEHEALTH POLICY CHANGES

- HIPAA requirements – enforcement discretion on the use of certain technologies for the good faith provision of telehealth services

- Telehealth waivers (some variances across payors)

  - Patient location – lessening of geographical restrictions

  - Licensing – greater flexibilities to practice across state lines

  - Patient-provider relationship – redefined what constitutes a treatment relationship

  - Eligible providers – expanded the provider types that can deliver telehealth services

  - Types of services covered – increased the number of services payable when furnished via telehealth

- Cost-sharing – patient obligation eliminated or reduced

HIPAA

- The Office for Civil Rights is exercising enforcement discretion and not imposing penalties for noncompliance with the regulatory requirements under HIPAA Rules against covered health care providers during the COVID-19 nationwide public health emergency

- Covered health care providers may use popular non-public facing applications to deliver telehealth services

  - Video chat applications include: Apple FaceTime, Facebook Messenger video chat, Google Meet, Zoom, and Skype

  - Text-based applications include: Signal, Jabber, Facebook Messenger, Google Hangouts, WhatsApp, iMessage

- Public-facing applications, such as Facebook Live, Twitch, and TikTok are not permitted

LICENSING AND MEDICAL LIABILITY COVERAGE

- Providers with an active license in good standing in another state may practice across state lines*

  - The standard of care for telehealth treatment and documentation is the same as an in-person encounter

- Medical liability coverage for telehealth is dependent on a carrier's policies

  - Medical liability carriers may not cover the use of telehealth when the provider is delivering telehealth to a patient living outside of the state where the medical liability contract is written

Subject to licensing board requirements in each state

PATIENT LOCATION AND SERVICE DELIVERY

- Telehealth services can be furnished using audio/visual or audio-only technology wherever the patient is located, including at home, regardless of rural designation

- Certain types of services no longer require both audio and video — visits can be conducted over the telephone or through a web portal

PATIENT AND PROVIDER RELATIONSHIP

- Providers may deliver telehealth services to new and established patients

    - A patient may present photo identification, or a provider may use any other means to identify a patient that would be accepted for an in-person encounter

ELIGIBLE PROVIDERS AND COVERED SERVICES

- In general, more non-physician provider types can bill for an expanded list of telehealth services, including licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, speech language pathologists, chiropractors, and dentists

- Home health agencies and hospice providers can provide more services through telehealth, as appropriate and consistent with the patient's plan of care

    - Patients that a provider determines should not leave home because of medical contraindications, or due to suspected or confirmed COVID-19, qualify for home health benefits

- Providers can provide remote patient monitoring (RPM) services for patients with COVID-19 and other chronic conditions

COST SHARING

- Patient obligation reduced or waived under certain circumstances, including payor sponsored telehealth programs

  - Subject to payor requirements and timelines; providers will not face administrative sanctions by federal or State health care programs

POST COVID-19

- Momentum is increasing nationally to make some telehealth policy changes permanent; a complete return to pre-COVID-19 policies viewed largely by providers and policy makers as unrealistic

    - Variation is likely across states on permitted uses of telehealth

    - Payors are beginning to signal that some dialing back will occur following the end of the federal/State public health emergency

- The need for an evaluation of the impact of telehealth exists; timing is an issue

    - Evaluations of telehealth are just beginning; NQF recommended domains: access to care, financial impact, patient and provider experience, effectiveness

- The MHCC will convene a *Telehealth Policy Workgroup* (workgroup) this fall to deliberate on telehealth policies post COVID-19 and identify stakeholder alignment opportunities

TELEHEALTH POLICY WORKGROUP

- Workgroup activities include:

  - Review the current state

  - Conduct a policy assessment of existing and temporary telehealth policies

  - Identify opportunities to collaborate on future legislation
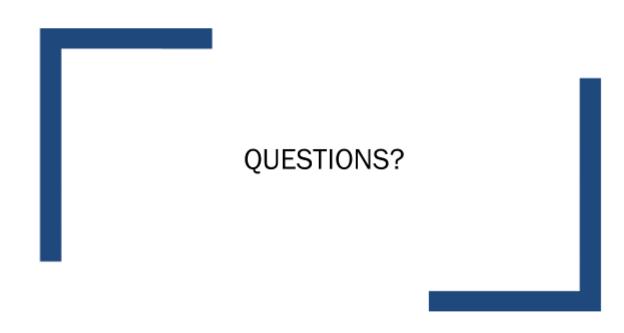
Telehealth Policy Workgroup Roster

#	Name	Organization	RSVP
1	Sindy Benavides	League of United Latin American Citizens (LULAC) of Maryland	
2	Richard Block	Maryland Podiatric Medical Association	
3	Rebecca Canino	Johns Hopkins	
4	Matthew Celentano	League of Life & Health Insurers of Maryland	✓
5	Susan D'Antoni	Montgomery County Medical Society	✓
6	Joe DeMattos	Health Facilities Association of Maryland	✓
7	Robyn Elliott	Maryland Nurses Association, the Suburban Psychiatric Society, and Planned Parenthood of Maryland	✓
8	Peggy Funk	Hospice & Palliative Care Network	✓
9	Donald Goldberg	Teladoc	
10	Jim Gutman	AARP	✓
11	Danna Kauffman	Shwartz, Metz and Wise, P.A.	✓
12	John Kornack	Amwell	✓
13	Sonia Lawson	Maryland Occupational Therapy Association	✓
14	Cailey Locklair Tolle	Maryland Retailers Association	
15	Dan Martin	Maryland Behavioral Health Coalition	
16	Neena Molavi	UnitedHealthcare	
17	Gene Ransom	Maryland State Medical Society	
18	Maansi Raswant	Maryland Hospital Association	✓
19	Deb Rivkin	CareFirst BlueCross BlueShield	✓
20	Dawn Seek	Maryland National Capital Homecare Association	✓
21	Jennifer Thomas	Maryland Pharmacists Association	✓
22	Ellen Weber	Maryland Parity at 10 Coalition	✓
23	Jennifer Witten	Maryland Hospital Association	✓
24	Ben Wolff	Maryland Department of Health	✓

First meeting scheduled for September 30th; meetings are open to the public.

THE END

QUESTIONS?

APPENDIX

PAYOR TELEHEALTH POLICIES

Slides 15 – 19

Note: Italicized items represent temporary measures waiving certain use requirements for telehealth during the COVID-19 public health emergency

Category	Maryland Medicaid

Distant Site Providers (that can bill for telehealth services)	• Somatic Services: As permitted by licensing board
	• *Licensed Physical Therapists*
	• *Individualized Education Program (IEP)/Individualized Family Service Program (IFSP)*
	  ○ *Licensed Speech Pathologists*
	  ○ *Licensed Occupational Therapists*
	  ○ *Qualified Service Coordinators per COMAR 10.09.40 or COMAR 10.09.52*
	• *Dentists*
	• Behavioral Health:*
	  ○ Psychiatrists
	  ○ Psychiatric Nurse Practitioners (CRNP-PMH)
	  ○ Advanced Practice Nurses (APRN-PMH)
	  ○ LCPC, LCMFT, LCADC, LCPAT
	  ○ LCSW-C
	  ○ In Outpatient Mental Health Clinics - only under supervision - LMSW or LCSW, LGPC, LGADC LGMFT, LGPAT
	  ○ In ASAM Level 1 outpatient SUD program, State licensed providers only – CAC-AD, CSC-AD
	  ○ FQHCs who bill through the Specialty Behavioral Health System
	  ○ Licensed Psychiatric Rehabilitation Program
	  ○ *Licensed Substance Use Disorder Intensive Outpatient Centers*
	  ○ *Substance Use Disorder Residential Treatment Program*

Locations (originating site: where the patient and possibly a provider are located; distant site: where the provider is located)	• Originating site
	  ○ A college or university student health or counseling office;
	  ○ A community-based substance use disorder provider;
	  ○ A deaf or hard of hearing participant's home or any other secure location as approved by the participant and the provider;
	  ○ An elementary, middle, high, or technical school with a supported nursing, counseling or medical office;
	  ○ A local health department;
	  ○ A Federally Qualified Health Center (FQHC);
	  ○ A hospital, including the emergency department;
	  ○ A nursing facility;
	  ○ A private office (physician, physician assistant, psychiatric nurse practitioner, nurse practitioner, or nurse midwife);
	  ○ An opioid treatment program;
	  ○ An outpatient mental health center (OMHC);
	  ○ A renal dialysis center; or
	  ○ A residential crisis services site
	  ○ *Patient's home or another secure location*
	• Distant site
	  ○ Any secure, private location

Behavioral health providers must be enrolled in the Maryland Department of Health's Specialty Behavioral Health Program

Category	Maryland Medicaid

Services	• Audio-visual
	  o Somatic Care: Services permitted within a provider's scope of practice by the licensing board
	  o *Physical Therapy (PT)*
	  o *IEP/IFSP Physical Therapy, Occupational Therapy, Speech Therapy, Psychotherapy, Nutrition Services*
	  o *Outpatient and Residential Substance Use Disorder Treatment*
	  o *Dental*
	
	• Audio-only Telephone
	  o *Somatic Services: Evaluation and management of an established patient (5-15 minutes)*
	  o *Behavioral Health*
	    ▪ *Evaluation and management of an established patient*
	    ▪ *Psychotherapy: Individual and families*
	    ▪ *Outpatient and Residential substance use disorder treatment*
	    ▪ *Group Therapy Treatment*

Types of Technology	• Must have the following:
	  o A camera that has the ability to manually, or under remote control, provide multiple views of a patient with the capability of altering the resolution, focus, and zoom requirements according to the consultation;
	  o Have display monitor size sufficient to support diagnostic needs used in the service via telehealth;
	  o Bandwidth speed and image resolution sufficient to provide quality video to meet a minimum of 15 frames per second, or higher, as industry standards change;
	  o Unless engaging in a telehealth communication with a participant who is deaf or hard of hearing, audio equipment that ensures clear communication and includes echo cancellation;
	  o Creates audio transmission with less than 300 millisecond delay;
	  o Secured and HIPAA compliant telehealth communication (COMAR 10.09.36 General Medical Assistance Provider Participation Criteria)
	• *Notebook computers and smartphones that do not fully meet the qualifications outlined in the Program Manual (above)*
	• *Audio-only telephone*
	• *For video applications that do not meet State regulations and audio-only telephone services, patient must be provided with a clear explanation of potential limitations, including confidentiality, and provide explicit*

Cost-Sharing	• Same as in-person visits

Category	Aetna	CareFirst	Cigna	UnitedHealthcare

Distant Site Providers (that can bill for telehealth services)	• In-network providers	• Clinicians and Associated Nurse Practitioners in:
		  o Primary Care
		  o General Practice
		  o Internal Medicine
		  o Pediatrics
		  o OBGYN
		• Behavioral Health
		  o *Psychiatrists*
		  o *Nurse Practitioners*
		  o *Psychologists*
		  o *Licensed Certified Social Workers*
		  o *Licensed Professional Counselors*
		• Dentists
			• In-network providers	• Physicians
				• Nurse Practitioners
				• Physician Assistants
				• Nurse-Midwives
				• Clinical Nurse Specialists
				• Registered Dietitian or Nutrition Professionals
				• Clinical Psychologists
				• Clinical Social Workers
				• Certified Registered Nurse Anesthetists
				• *Physical Therapists*
				• *Occupational Therapists*
				• *Speech Therapists*
				• *Chiropractic Therapists*
				• *Home health*
				• *Hospice*
				• *Dentists*

Locations (originating site: where the patient and possibly a provider are located)	• Check with carrier	• Check with carrier	• Check with carrier	• The office of a physician or practitioner; • A hospital (inpatient or outpatient); • A critical access hospital (CAH); • A rural health clinic (RHC); • A federally qualified health center (FQHC); • A hospital-based or critical access hospital-based renal dialysis center (including satellites); NOTE: Independent renal dialysis facilities are not eligible A skilled nursing facility (SNF); and • A community mental health center (CMHC) • Mobile Stroke Unit • Patient home only for monthly ESRD, ESRD-related clinical assessments, and for purposes of treatment of a substance use disorder or a co-occurring mental health disorder • *Patients home or other secure location for any visit type*

Category	Aetna	CareFirst	Cigna	UnitedHealthcare

Services	Audio-visual
	• Services that can be appropriately delivered via telehealth following requirements of Maryland law*
	• *Behavioral Health*
	   ○ *Partial Hospitalization Program*
	   ○ *Applied Behavioral Analysis*
	   ○ *Outpatient psychiatric services*
	   ○ *Psychotherapy*
	• *Dental*
	
	Audio-visual or Phone
	• *Somatic Brief Check-In 5-10 minutes (phone)*
	• *Behavioral Health*
	   ○ *Assessment or reassessment*
	   ○ *Mental health visits*
	   ○ *Group psychotherapy*
	   ○ *Alcohol and drug treatment services*
	   ○ *Medication Management*
		Audio-visual
		• Services that can be appropriately delivered via telehealth following requirements of Maryland law*
		• *Evaluation and Management (E/M)*
		• *Behavioral Health*
		   ○ *Outpatient psychiatric services*
		   ○ *Assessment or Reassessment*
		   ○ *Applied Behavioral Analysis*
		   ○ *Developmental Screening*
		• *End-Stage Renal Disease (ESRD)*
		• *Advanced care planning*
		• *Physical Therapy*
		• *Speech Therapy*
		• *Occupational Therapy*
		• *Dental*
		Telephone-Only
		• *E/M for somatic and behavioral health*
			Audio-visual or Telephone
			• Services that can be appropriately delivered via telehealth following requirements of Maryland law*
			• *Virtual check in existing patient*
				Audio-visual
				• Services that can be appropriately delivered via telehealth following requirements of Maryland law*
				• Annual Wellness Visits
				• Behavioral Health
				   ○ Psychotherapy
				   ○ Neurobehavioral Counseling
				   ○ Smoking Cessation
				   ○ Alcohol or substance abuse treatment
				• ESRD
				• Genetics Counseling
				• Retinal Treatment
				• Assessment and reassessment
				• Nutrition
				• Self-Management Education/Training
				• E/M
				• Transitional Care Management
				• Cancer screening
				• Consultations (inpatient/outpatient)
				• Chronic Care Management
				• Cardiac monitoring
				• *Physical Therapy*
				• *Occupational Therapy*
				• *Speech Therapy*
				• *Chiropractic*
				• *Home Health*
				• *Hospice*
				Audio-visual or audio-only
				• Virtual Check-In (several modalities)
				• *Evaluation and management of an established patient (5-15 minutes)*
				• *Dentistry*
				E-visit (online portal)

Category	Aetna	CareFirst	Cigna	UnitedHealthcare
Types of Technology	• Synchronous audio-visual connection in accordance with Telemedicine Policy • *Telephone only for evaluation, care management, and some behavioral health services*	• Interactive audio, video, or other electronic media • *Telephone only consultations*	• Audio-visual or telephone (audio-only) • Audio-visual technology only for behavioral health	• For a telehealth visit, synchronous audio-visual connection • For a virtual check-in, several communication modalities, including telephone • For e-visits, online portal
Cost-Sharing	• *Waived for outpatient behavioral and mental health counseling*	• Applies to non-COVID-19 visits	• *Waive for virtual screening telephone consult*	• *Cost sharing waived for in-network medical, outpatient behavioral, chiropractic, home health, hospice PT/OT/ST, and dental services*

MHCC KEY TELEHEALTH INITIATIVES

Telehealth Virtual Resource Center (TVRC)	Dedicated web page with resources to assist practices with telehealth implementation during the COVID-19 public health emergency and beyond.	mhcc.maryland.gov/mhcc/Pages/hit/hit_telemedicine/hit_telemedicine_virtual_resource.aspx
Consumer Awareness Building	Educational materials highlighting the utility of telehealth and answers to frequently asked questions about virtual care. Activities include public service announcements recorded by former Baltimore Orioles player, Jim Palmer and current catcher, Austin Wynns, guest blogging for AARP, and a telehealth podcast in collaboration with Giant.	mhcc.maryland.gov/mhcc/Pages/hit/hit_telemedicine/hit_telemedicine_consumer.aspx
Telehealth Readiness Assessment (TRA) Tool	An interactive, web-based application designed to help ambulatory practices gauge their readiness for telehealth and identify areas for improvement across five key areas: core readiness, financial considerations, operations, staff engagement, and patient readiness.	mhcctelehealthtool.herokuapp.com/
Federal Communications Commission (FCC) *COVID-19 Telehealth Program*	Technical support provided to acute care hospitals and skilled nursing facilities to advance remote patient monitoring for COVID-19 positive and high risk patients. Eligible applicants could submit an application for one or more use cases and receive up to $1 million for telecommunications services, information services, and devices necessary to provide connected care services. Maryland providers received nine awards totaling nearly $5.5 million. The FCC stopped accepting new applications on June 25th; an announcement of final awards was issued July 8th.	www.fcc.gov/covid-19-telehealth-program
Stakeholder Inquiries	Responses provided ongoing to inquiries from providers and consumers as it relates to telehealth technology selection, implementation, workflow redesign, staff training, payor policies, and acclimating consumers to virtual care delivery.	Over 150 inquiries received by email and phone and responded to using a call center approach since the COVID-19 public health emergency.

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MHCC KEY TELEHEALTH INITIATIVES *(continued…)*

Telehealth Technology Vendor Portfolio (portfolio)	Designed to help save practices time identifying and reviewing about 70 HIPAA-compliant telehealth vendors -- with just a few clicks, users can select basic technology features, such as compatibility with medical devices (e.g., blood pressure cuffs and glucometers) or personal devices (e.g., smartphones and tablets) and assess vendor user ratings that incorporate perceptions around ease-of-use and overall product satisfaction. This provides practices with a unique opportunity to begin the process of evaluating telehealth solutions and the vendor providing the service.	To maximize automation, click "Enable Content:" mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/TLHT_Telehealth_Portfolio_Protected.xlsm Traditional excel workbook: mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/TLHT_Telehealth_Portfolio_Protected_Standard.xlsx
Telehealth Demonstration Projects	Since 2014, MHCC has awarded 17 telehealth grants to qualified health care organizations operating in Maryland.	mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/TLHT_Grants_Table.pdf
Expanding Telehealth Adoption in Ambulatory Practices	Three State-Designated Management Service Organizations (MSOs) are providing technical guidance to ambulatory practices in the State to support diffusion of telehealth during the COVID-19 public health emergency and beyond.	mhcc.maryland.gov/mhcc/pages/hit/hit/documents/HIT_Coach_Flyer.pdf
Webinars	Features telehealth champions, including local and national experts to provide telehealth education and awareness to different provider types.	mhcc.maryland.gov/mhcc/Pages/hit/hit/hit_webinar.aspx
Dental	A questionnaire is being designed to help assist dentists in determining if teledentistry is a suitable option for their practice based on data compiled from a 2019 Dental Health Information Technology environmental scan and feedback from dentists.	The questionnaire is under development.

TELEHEALTH VIRTUAL RESOURCE CENTER (TVRC)

- Launched in April to help practices successfully implement and meaningfully use telehealth

- Features information for practices such as:

  - Key payor policy changes to expand telehealth coverage and reimbursement

  - Guidance on telehealth vendor selection

  - Best practice tips for patient engagement and bedside manners in virtual care

  - Medical malpractice and privacy and security considerations

  - Benefits of RPM and use of medical devices

- Showcases the web-enabled *Telehealth Readiness Assessment Tool*

TVRC *(continued…)*

- **Resources are continuously added, reflective of stakeholders inquiries and requests; includes:**

  - Information on the Management Service Organization (MSO) telehealth initiative

  - Relevant links to external sites (e.g., CMS, Maryland Medicaid, OCR, AMA, etc.)

  - Patient educational flyers for practice distribution

MITIGATING TELEHEALTH ADOPTION CHALLENGES

- Telehealth grant: Expanding Telehealth Adoption in Ambulatory Practices

  - Tailored to a practice based on their needs

  - Relies on State-Designated MSOs to administer

  - Funded by an MHCC technology grant (April award)

NOTABLE PROGRAM ACCOMPLISHMENTS

Expanding Telehealth Adoption in Ambulatory Practices

- About 143 practices have indicated interest in using an MSO to adopt telehealth

- MSOs have assisted 66 practices in adopting telehealth through completion of:

  - A telehealth readiness assessments

  - Workflow redesign to support telehealth

  - Selection of a technology solution

  - Staff training on best practices associated with using the technology

- Nearly 50 practices have attested to using telehealth in care delivery

NOTABLE TELEHEALTH ACCOMPLISHMENTS

TRA Tool

- Nearly 1,900 unique visitors since its release on March 24th

- Featured in the American Medical Association's *Telehealth Implementation Playbook*

- Used by the University of Texas Medical Branch in Galveston for a school-based telehealth pilot program

- Nominated for a Mid-Atlantic Telehealth Resource Center Award

- NORC at the University of Chicago expressed interest in using the TRA tool

NOTABLE TELEHEALTH ACCOMPLISHMENTS *(continued…)*

Consumer Education

- In collaboration with Giant Food Stores, LLC (Giant) two telehealth podcasts recorded featuring the telehealth experience from the perspective of an AARP member and two physicians

- Telehealth public service announcements (PSA) recorded by Jim Palmer and Austin Wynns of the Baltimore Orioles are being broadcasted in 91 Giant stores throughout Maryland

- At least 15 radio stations in Maryland are broadcasting a telehealth PSA

NOTABLE TELEHEALTH ACCOMPLISHMENTS *(continued…)*

Consumer Education *(continued…)*

AARP

- MHCC featured as a guest blogger in the July publication distributed to over 800,000 members in Maryland – *Ten Things You Should Know About Telehealth*

Other

Network for Regional Healthcare Improvement

- A webinar in July featured MHCC's work on telehealth highlighting resources and support provided in response to the COVID-19 public health emergency