

Patient Protection Commission & Telehealth

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Permanent Payment Parity

- “Nevada law requires Medicaid and any policy of health or industrial insurance to cover telehealth services to the same extent as services provided in person”.
- Note that Nevada Medicaid and the Nevada Check Up (NCU) program do not reimburse for [remote patient monitoring](#) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate, etc.); Medicare reimburses for seven codes ranging from ~ \$11 - \$62. These codes should also be expanded to FQHCs and RHCs (currently Medicare does not reimburse them for RPM either)

Nevada – Uniform Health Policy Provision Law (2015)

- Prohibits requiring
 - An in-person visit to establish a relationship
 - Additional consent
 - Reason for obtaining services through telehealth
 - Demonstration that obtaining services through telehealth is necessary
 - Additional type of certification or license to provide services through telehealth
 - Prior authorization for telehealth (if not otherwise required)

Key Public Health Emergency (PHE) Provisions to KEEP

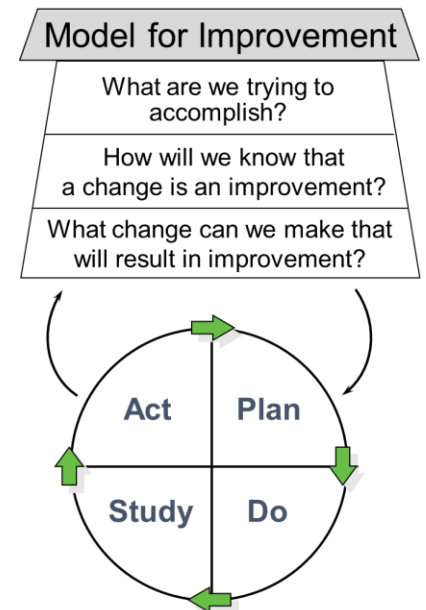
- **Lift geographic constraints** around who can delivery telehealth services, and allow beneficiaries in all areas of the country to receive telehealth services, including in their homes
- **FQHC/RHC as distant site ([as published in the CARES Act](#))** Serving our most vulnerable populations, our FQHCs and RHCs need this flexibility to expand access. It's puzzling why it took a pandemic to make this change, and it needs to remain in place.
- **Audio-only interaction for select Medicare telehealth services ([announced on Apr 30, 2020 by CMS](#))** While interactive audio and visual may be ideal, it is not possible in some areas due to poor connectivity, especially in rural Nevada. Additionally, requiring the visual portion contributes to health inequity as patients must be able to afford internet service and/or a data plan as well as an approved device (smart phones were not permitted prior to the public health emergency (PHE)).
- **Use of smart phone with audio and visual for Medicare telehealth services (as outlined in the [Interim Final Rule published Apr 6, 2020](#))** This is an important part of ensuring health equity as it pertains to telehealth services. While not permitted prior to the PHE, it only make sense to keep this provision.

Key Public Health Emergency (PHE) Provisions to KEEP (continued)

- **Expansion of provider types to include physical therapists, occupational therapists, and speech language pathologists ([announced on Apr 30, 2020 by CMS](#))** It goes without saying that individuals who require these health care services may face challenges traveling to receive this crucial care.
- **Enhanced reimbursement for select services as [announced on Apr 30, 2020 by CMS](#)** Without adequate reimbursement, clinicians and others won't use the undervalued options, as we have seen for the Virtual Check-Ins.
- **Patient home as originating site**
- **Hospitals may bill for services furnished remotely** by hospital-based practitioners to Medicare patients registered as hospital outpatients, including when the patient is at home
- **Established AND new patients**
- **Relaxed allowances for “incident to”** → fosters team-based care

Key Considerations

- Allow health care providers in good standing in another state to practice in Nevada
 - Currently this appears to be in place in NV – additional details [here](#).
- Ensure adequate telemental services (what is the current wait time and how can telemental services be expanded to reduce the wait time?)
- Apply improvement science and Lean principles (value defined by those we help)
- Monitor quality assurance (each visit is equally excellent)
- Provide translation services (how hard is it currently?)
- Know where telehealth opportunities are missed by using data
 - Telepsychiatry
 - Long-term and post acute care (LTPAC) facilities
 - Teledentistry
 - More...



Additional Key Considerations

- Rally and coordinate partners
 - Nevada Telehealth Alliance (formation will be led by Eileen Colen, funded by the Area Health Education Centers (AHEC))
 - [Southwest Telehealth Resource Center](#)
- Apply for and secure funding
- Provide technical assistance
- Identify and address gaps and issues
- Inform changes and decisions with data
- Clarify the telehealth perspective (e.g., NOT substandard care we're using during the PHE!)

Health Equity – Status

- Black, Indigenous and People of Color (BIPOC)
- Homeless
- Lesbian, gay, bisexual, transgender and/or questioning (LGBTQ)
- Uninsured and under insured
- Rural residents
- Undocumented individuals
- Others
- Possession of means to engage in telehealth (e.g., device, connectivity, data plan)

Data Analysis

- All payor claims database
- Overall telehealth use
- Virtual services – virtual check-ins, e-visits, telephone E/M services (health centers) chronic care management, transitional care management, remote physiologic monitoring, ***interprofessional consultation services***, behavioral integration services and CoCM, etc.
- Originating site fees

Technology

- Reduced/free HIPAA-compliant platforms
- Assistance with business associate's agreements
- Support with how to include telehealth into security risk analysis
- Facilitation with vendor selection (e.g., platform, remote physiologic monitoring)
- Leverage/promote HealthIE Nevada (<https://healthinevada.org>)?

Fraud and Abuse

- CMS and other payors are concerned about fraud and abuse with telehealth service.
- What is/could be in place to monitor?

Employer & Employee Engagement – E³

- Protected, private space for telehealth visits
- Technology – audio and visual with robust connectivity
- Paid time to take the visit (15-30 min)
- “Panel” management
 - Who has which insurance? What are the deductibles/co-pays?
 - Translation services?
 - Preventive and chronic care gaps
- Employer and employee education – 7 times in 7 different way
- Support for “shopping around”

Our Communities

- So many opportunities to explore!

Additional Resources

- [Nevada Medicaid - Telehealth Services \(pre-COVID-19\)](#)
- [Nevada Medicaid - Telehealth Billing Instructions \(May 20, 2020\)](#)
- [Telehealth in Rural Nevada](#) – from the Nevada Governor’s Office of Science, Innovation & Technology
 - [Expanding Telemedicine in Rural Nevada - 2018 Report](#)
- [Telehealth Certification Institute – Nevada](#) – Contains references to Nevada statutes
- [Nevada Health Centers](#) – Options for receiving telehealth services

Additional Resources

- [Telehealth Certification Institute – Nevada](#) – Contains references and links to telehealth-related Nevada statutes

Counselors	Social Workers	Marriage and Family Therapists	Psychologists	Medicaid Telehealth Parity Law	Private Pay Telehealth Parity Law
Payment Parity	Permission for the Temporary Practice of Clinicians Licensed Outside the State			Response to COVID-19	

- Center for Connected Health Policy – [Current State Laws & Reimbursement Policies - Nevada](#)