Telehealth Billing, Licensing, Reimbursement and Credentialing Issues Across State Lines

Live tweet - #telehealth2015
Introduction and Session Notes

• Agenda
  – Introduction and panel presentations: ~55 minutes
  – Q&A – ~5 minutes
  – Bonus! Session will continue until 12:00 to accommodate group discussion

• Panelists
  – Corie Nieto, Business Development Manager, Renown TeleHealth
  – Renee Kavon, Vice President, TeleMed2U
  – Ann Truscott, Telemedicine Coordinator, Barton Health
  – Mark Schweyer, Co-Executive Director, Connecting To Care
  – Caroline Ford, Executive Director, Wellness Neighborhood, Tahoe Forest

• Session Briefing Report Available June 2015!
  – Executive Summary, Speaker presentations & Session Q&A

• CTN-hosted quarterly webinar/discussion forums to continue efforts in resolving cross state barriers
Overview of Current Regulations and Existing Barriers

Corie Nieto
Renown TeleHealth

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Renown Health

- Who are we?
  - Accountable Care Organization
  - Nevada & California
- Why are we here?
  - Barriers
  - Bridges
Renown TeleHealth

- Health & Wellness
  - Coaching & Education
  - Disease Management

- Transitional Care
- Acute Rehab
  - Skilled Nursing
  - Home Care
- Emergency
  - In Patient
  - ICU

- Primary Care
  - Pediatrics
  - Primary Care
  - Urgent Care

- Specialty Care
  - Tertiary Care

- Acute Care

Virtual Population Health
**Credentialing / Privileging**

**CMS**
- 42 CFR 482.22(a)(3)
- 42 CFR 482.22(c)(6)
- 482.12(a)(8) and 482.12(a)(9)

**Joint Commission**
- Standard LD.01.03.09

**Summary**
- Ensure proper written contract with distant site hospital or entity for telemedicine services;
- Ensure bylaws allow for proxy privileging;
- Have proxy privileging process with distant site hospital or entity;
- Create a list of distant-site providers;
- Credentialing committee, medical staff, and governing body must approve list of providers;
- Maintain list of providers; and
- Create and maintain quality assurance process for telehealth providers.
Licensing - California

California B&P Code 2060 – Licensing requirement exception

Nothing in this chapter applies to any practitioner located outside this state, when in actual consultation, whether within this state or across state lines, with a licensed practitioner of this state, or when an invited guest of the California Medical Association or the California Podiatric Medical Association, or one of their component county societies, or of an approved medical or podiatric medical school or college for the sole purpose of engaging in professional education through lectures, clinics, or demonstrations, if he or she is, at the time of the consultation, lecture, or demonstration a licensed physician and surgeon or a licensed doctor of podiatric medicine in the state or country in which he or she resides. This practitioner shall not open an office, appoint a place to meet patients, receive calls from patients within the limits of this state, give orders, or have ultimate authority over the care or primary diagnosis of a patient who is located within this state.
Licensing - California

Summary

• The California Medical Practice Act requires that those practicing medicine in California receive a license from the California Medical Board (“Board”).
• Business & Professions Code 2060 creates an exception.
• Out-of-state practitioners in “consultation ... with a licensed practitioner of this state” are eligible for the exemption in section 2060.

• The California licensed physician has "ultimate authority over the care or primary diagnosis of the patient who is located within" California.
• The out-of-state practitioner must not "open an office, appoint a place to meet patients or receive calls from patients" within California.
With regard to Licensing and General provisions:
This chapter does not apply to:

- Physicians who are called into this State, other than on a regular basis, for consultation with or assistance to a physician licensed in this State and who are legally qualified to practice in the state where they reside.

Reporting of physician brought into this State for consultation with or assistance to licensed physician.

- Any physician licensed in this State shall notify the Board if any unlicensed physician comes into this State for consultation.

- A physician licensed in this State who consults with or receives assistance from a physician licensed in another state shall comply with the provisions of chapter 629 of NRS governing the preparation, retention or dissemination of the health care record.
Billing and Reimbursement

2014

- Approximately 20% of insurance companies did not cover telemedicine;
- Some companies would cover the consult, but not the originating site fee.
- In general, patients had to be in a rural area.
- Medi-Cal / Medicaid

2015

So far this year:
- We have not identified an insurance company who does not cover telehealth, although some specific plans will not.
- All who cover telehealth cover the Q code.
- Rurality not required for some, especially those who provide virtual doctor visits (i.e., BCBS and UHC)
- Medi-Cal / Medicaid
Questions?

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Coblentz, Patch, Duffy & Bass
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Tel: (415) 391 4800

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Specialty Care Provider Perspective

presented by TeleMed2U

Live tweet - #telehealth2015
TeleMed2U Overview

- Private 100% telemedicine-based, multi-specialty physician group practice
- 16 distinct medical specialties
- Founded by Dr. Javeed Siddiqui - 13 years experience in developing/directing telemedicine programs and providing clinical telemedicine services
- Core principle - To increase access to healthcare through the use of telemedicine
Who We Serve

- Hospitals
- Outpatient Clinics
- Correctional Health Systems
- Skilled Nursing Facilities
- Health Plans

Primary Care Partnerships

- Co-location patient management
- Synchronous and asynchronous patient consultations
- Peer-to-peer consultations
- Clinical program development using telemedicine
- Telemedicine program development
Providers Across State Lines: Licensure

- **Duel or multi-state licensure**
  - Patient and telehealth provider are in different states; provider must be licensed in state where patient services occur

- **Multi-state provider group**
  - Telehealth group has providers in multiple states; uses provider who resides in same state where patient services are delivered

- **Peer-to-peer services**
  - Telehealth provider not required to be licensed in same state where services are requested

- **Licensure requirements may vary state to state**
  - Telehealth provider or group must understand and manage medical service requirements in multiple states
  - Some states offer telemedicine-only physician licenses
Providers Across State Lines: Contracting & Credentialing

- **Facility bills payers**
  - Facility contracts / credentials telehealth provider by documents or proxy
  - Facility links provider to their contracts and bills for, and receives, payment for telehealth provider

- **Telehealth provider bills payers**
  - Telehealth provider credentialed with payers and linked to own or telehealth group contracts
  - Telehealth provider/group bills its contracted payers and receives payment for telehealth services

- **Peer-to-peer telehealth provider bills recipient**
  - Recipient of service contracts with telehealth provider
  - Not reimbursed by payers, no payer contracting required
  - Credentialing optional per entity policy
Providers Across State Lines: Billing & Reimbursement

Telehealth billing and reimbursement guidelines vary from payer to payer, state to state, and year to year:

- Approved CPT codes
- Modifiers: GT, GQ
- Originating site facility and transmission fees
- Approved distant site practitioners (subject to state law): MD, DO, NP, PA, CNS, PhD, CP, CSW, LCW, MFC, Midwives
- Allowed physician office locations
- Allowed patient locations
- Approved originating sites
- Use of asynchronous
Providers Across State Lines: Billing & Reimbursement

• Medicare
  – Geographic restrictions-MSA/HPSA
  – G or 9-codes and POS location codes for inpatient/SNF vs. outpatient
  – POS Payment Jurisdiction Rules

• Medi-Cal
  – Unwritten policy - physicians must reside in CA to obtain payment

• Commercial Payers
  – Not all contract or pay for telehealth
  – Behavioral health carve-outs

• Government Funded Programs
  – HRSA - PPS and wrap around
  – Native American programs

• ACO - Interesting opportunities exist
The sky isn’t falling...

Research, understand, and stay current on payer-specific guidelines for telehealth in each state in which you operate.

• Centers for Medicare & Medicaid Services: http://www.cms.gov/Medicare/Medicare-General-Information/Telehealth

• Telehealth Resources Centers:
  California: http://www.caltrc.org
  Nevada, Arizona: http://www.southwesttrc.org/
  Oregon: http://www.nrtrc.org/

• Center for Connected Health Policy: http://cchpca.org

• American Telemedicine Association: http://www.americantelemed.org

• HRSA Medicare Telehealth Payment Eligibility Analyzer: http://datawarehouse.hrsa.gov/telehealthAdvisor/telehealthEligibility.aspx

• Commercial payer websites, provider support centers
The Integration of Telehealth Services in the Rural Health Care Environment
Ann Truscott, R.N.
Telemedicine Coordinator

Live tweet - #telehealth2015
Objectives

• Present Barton Health’s experience related to licensing, credentialing, and billing Telehealth providers.

• Identify situational barriers when state licensure prevents continuity of care.
Dr. Jones

- Licensed in CA
- Nevada is pending

Credentialing

- By proxy or traditional
- Billing

Billing

- Similar to in person with GT or GQ modifier
Interstate Licensure Barriers

Consulting provider and Telehealth:
- Access
- Earlier intervention
- Outcomes

Consulting /accepting provider and Telehealth:
- Consistency
- Comfort
- Decreases workload

Thank you!
Stateline Challenges from a Rural Health Clinic Perspective

Mark Schweyer
California Health and Wellness

Live tweet - #telehealth2015
Stateline Challenges from a Rural Health Clinic Perspective

Care Challenges Emerge Within a Couple of Dimensions

1) Physician Continuity
   Telehealth Provider progressing to Face-to-Face Provider

2) Spatial Concerns when Face-to-Face Visits Become Necessary
Border County Physician Supply

Presents an abundance of opportunities for care to be sought outside of California

<table>
<thead>
<tr>
<th>County</th>
<th>Population</th>
<th># of Physicians</th>
<th>Physician/Capita</th>
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<tbody>
<tr>
<td>Del Norte</td>
<td>27,873</td>
<td>42</td>
<td>1/663.6</td>
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<tr>
<td>Siskiyou</td>
<td>43,799</td>
<td>83</td>
<td>1/527.7</td>
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<td>Modoc</td>
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<td>Lassen</td>
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<td>0</td>
<td>0/3047</td>
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<tr>
<td>Alpine</td>
<td>1,159</td>
<td>3</td>
<td>1/386.3</td>
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<tr>
<td>Mono</td>
<td>14,047</td>
<td>29</td>
<td>1/484.4</td>
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<tr>
<td>Nevada</td>
<td>98,200</td>
<td>263</td>
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<tr>
<td>Inyo</td>
<td>18,467</td>
<td>44</td>
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<tr>
<td>San Bernardino</td>
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<td>3,836</td>
<td>1/544.1</td>
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<tr>
<td>Riverside</td>
<td>2,292,507</td>
<td>2,991</td>
<td>1/766.5</td>
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<tr>
<td>Imperial</td>
<td>176,584</td>
<td>138</td>
<td>1/1279.6</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>4,805,661</strong></td>
<td><strong>7,474</strong></td>
<td><strong>1/643</strong></td>
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**Metropolitan Physician Supply**

Contrasting......

<table>
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<th>County</th>
<th>Population</th>
<th># of Physicians</th>
<th>Physician/Capita</th>
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</thead>
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<tr>
<td>Sacramento</td>
<td>1,462,131</td>
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<td>San Diego</td>
<td>3,211,252</td>
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<td>San Francisco</td>
<td>837,442</td>
<td>6,221</td>
<td>1/134.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,510,825</strong></td>
<td><strong>20,974</strong></td>
<td><strong>1/262.7</strong></td>
</tr>
</tbody>
</table>
Potential Solutions:

• Hybrid Telehealth/Face-to-Face Programs

• Clear relationships/structure for patient handoffs from telehealth physicians to face-to-face physicians

• Transportation programs