



# Heartland

## Telehealth Resource Center

Mr. Chairman, Members of the Committee:

My name is Janine Gracy, and I am the Project Director for the Heartland Telehealth Resource Center serving Kansas, Missouri and Oklahoma, a program of the University of Kansas Medical Center. The project PI, Dr. Eve-Lynn Nelson, will be providing additional testimony and will stand for any questions concerning the resource center. I want to emphasize that the perspectives in this testimony represent the views of the Center for Telemedicine and Telehealth and do not represent the official policy of the University of Kansas Medical Center, the views of university administration, or the views of the granting agency.

Telehealth Resource Centers (TRCs) were established 10 years ago to provide assistance, education and information to organizations and individuals who are actively providing or interested in providing healthcare at a distance. Our simple charter from the Federal Office for Advancement of Telehealth is to assist in expanding the availability of health care to underserved populations. And because we are federally funded, our input is educational in scope.

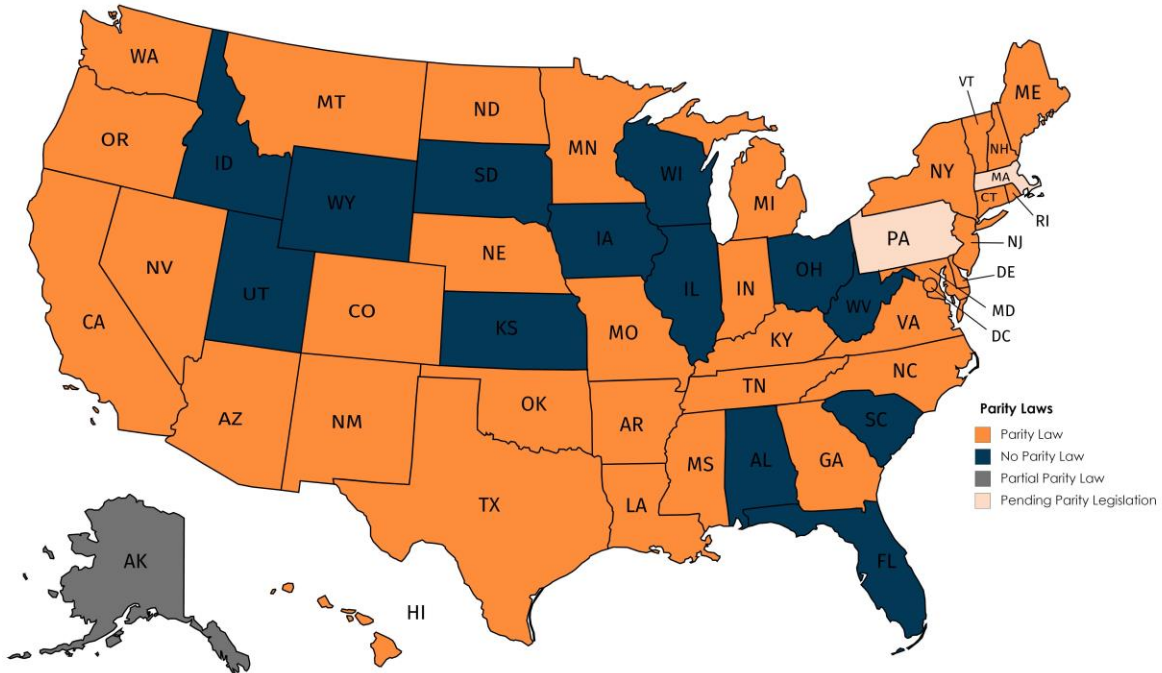
Telehealth is not new, however it has not reached its full potential. With the explosion of new technologies, many are beginning to see telehealth as a solution to meet the increased demands of healthcare. Access to excellent healthcare is important, and your zip code should not determine how well or how long you live. Telehealth can serve as a powerful equalizer in areas that are disproportionately served, such as our rural and frontier areas and underserved urban areas.

There are several advantages to Telehealth. It provides access to care from specialists and other health care providers that may not otherwise be available. It reduces unnecessary patient transport and retains patients locally in their own communities. However, there are challenges with telehealth, with reimbursement commonly cited as the major problem. If telehealth can improve access to health care in underserved populations, but telehealth services are not reimbursed or reimbursed at lower rates than in-person services, the incentive for our Kansas health care providers to offer these services decrease. If restrictions are placed on telehealth service reimbursement then we prevent those services from reaching the populations that deserve needed healthcare.

Lawmakers around the nation are discovering how telehealth can help serve their constituents. According to the American Telemedicine Association, policymakers are seeking ways to “reduce health care delivery problems, contain costs, improve care coordination and alleviate provider shortages”. Telemedicine can help achieve these

goals. The following map shows parity laws across the nation. Thirty-one states and the District of Columbia have enacted some form of parity law concerning the coverage of telemedicine. –

### States with Parity Laws for Private Insurance Coverage of Telemedicine (October, 2017)



Created with mapchart.net®

Patients and health care providers benefit from policy improvements that promote transparency and predictability regarding telehealth services. By creating regulations that enhance access to care and reimbursement to health care providers, Kansas citizens benefit from your thoughtful considerations.

I have attached the American Telemedicine’s Kansas Report Card regarding telehealth coverage and reimbursement and a document to assist in increased understanding of telehealth definitions. As you move forward, Heartland Telehealth Resource Center is happy to be a resource for you concerning telehealth.

Respectfully,

Janine L. Gracy



50 State Telemedicine Gaps Analysis:  
Coverage & Reimbursement

| PARITY:   |   | GAPS:   |
|---|---|---|
| Private Insurance   | F | <b>Private Insurance</b> <ul style="list-style-type: none"> <li>KS has not telemedicine parity law and bordered by CO, MO, and OK which have private insurance parity laws.</li> </ul>  |
| Medicaid  | B |   |
| State Employee Health Plan                                    | F |   |
| <b>MEDICAID SERVICE COVERAGE &amp; CONDITIONS OF PAYMENT:</b> |   | <b>Medicaid</b> <ul style="list-style-type: none"> <li>Medicaid provides telemedicine coverage for office visits, psychotherapy, and medication management, yet does not specify the originating site location.</li> <li>No coverage for therapies via telemedicine under home health benefit.</li> </ul> <b>Innovation</b> <ul style="list-style-type: none"> <li>Coverage for RPM and medication management available through approved HCBS waiver. The waiver expires December 2019.<sup>104-105</sup></li> </ul> <b>Opportunity</b> <ul style="list-style-type: none"> <li>Telemedicine parity legislation introduced in 2017 would allow coverage parity under private insurance and Medicaid, HB 2206.<sup>106</sup></li> </ul> |
| Patient Setting   | A |   |
| Eligible Technologies   | C |   |
| Distance or Geography Restrictions                            | A |   |
| Eligible Providers  | A |   |
| Physician-provided Services                                   | B |   |
| Mental/behavioral Health Services                             | B |   |
| Rehabilitation  | F |   |
| Home Health   | B |   |
| Informed Consent  | A |   |
| Telepresenter   | A |   |
| <b>INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:</b>         |   |   |
| State-wide Network  |   |   |
| Medicaid Managed Care   | ✓ |   |
| Medicare-Medicaid Dual Eligibles                              |   |   |
| Health Home   |   |   |
| HCBS Waiver   | ✓ |   |
| Corrections   | ✓ |   |
| Other   |   |   |

## TELEMEDICINE TERMS

- **Asynchronous or "Store and Forward":** Transfer of data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation. Asynchronous or "store and forward" applications would not be considered telemedicine but may be utilized to deliver services.
- **Distant or Hub site:** Site at which the physician or other licensed practitioner delivering the service is located at the time the service is provided via telecommunications system. If seeing a patient who is at an originating site in Kansas, the physician must be licensed in Kansas. If the patient is in Oklahoma, the physician must have a license to practice in Oklahoma.
- **eHealth** is healthcare practice supported by electronic processes and communication.
- **Medical Codes:** States may select from a variety of HCPCS codes (T1014 and Q3014), CPT codes and modifiers (GT, U1-UD) in order to identify, track and reimburse for telemedicine services.
- **mHealth** is the practice of medicine and public health supported by mobile devices. This includes health-related smartphone applications.
- **Originating or Spoke site:** Location of the Medicaid patient at the time the service being furnished via a telecommunications system occurs. Trained telepresenters may be needed to facilitate the delivery of this service.
- **Telemonitoring** is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance.
- **Telehealth** the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration
- **Telemedicine** is the use of electronic communication and information technologies to provide or support clinical care at a distance.
- **Telepresenter** is usually a nurse who is trained to the technology, such as digital stethoscope, otoscope and other peripherals, to facilitate comprehensive exams under physician guidance.
- **Virtual Health Care** is a new term that may replace the Telehealth term as some still equate 'Tele' with Telephone.