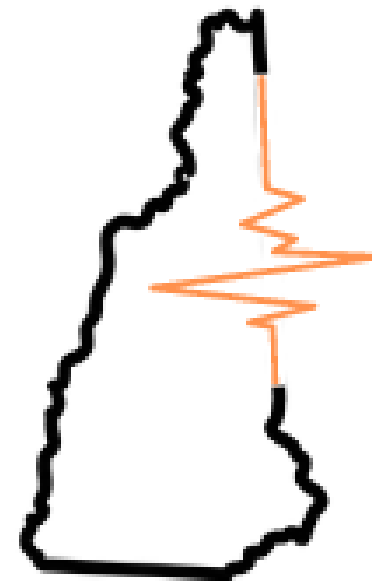


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The State of Telehealth Policy in New Hampshire

Deborah H. Fournier, JD, Senior Associate, Health Law and Policy, Institute for Health Policy & Practice, University of New Hampshire

Bill Rider, President & CEO, The Mental Health Center of Greater Manchester

Jim Monahan, President, Dupont Group & Founder, NH Telehealth Alliance

How to Participate:



Questions will be addressed at the end of the webinar.



Submit a question via the “Q&A” feature in the black toolbar located at the top or bottom of your screen.

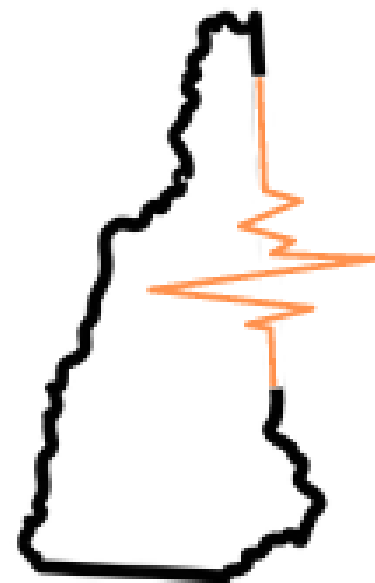


Only questions submitted via Q&A will be read by our host for the panelists to address.



A recording of this webinar will be made available.

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Telehealth Policy Landscape for New Hampshire

*Deborah H. Fournier, JD
Senior Associate, Health Law and Policy
Institute for Health Policy & Practice
University of New Hampshire*

Overview

Telehealth = the use of electronic information and telecommunication technologies to support distanced clinical health care.

Primary Telehealth Pathways



Remote Patient
Monitoring



Live Video



Mobile Health



Store and Forward

Notable Limitations

- Traditionally viewed primarily as a resource for rural or health care shortage areas where patients have difficulty finding appropriate providers.
- Reimbursement was available only for a limited number of services, for limited types of patients and with specific location requirements

COVID 19 transformed telehealth into a commonly used modality and vital public health tool.

Health Care Policy Is Governed At Two Levels

FEDERAL Examples: Medicare, Medicaid (hybrid with states), ERISA

STATE Examples: Medicaid (hybrid with states), Commercial Insurance Markets, Licensure of Professions and Facilities

At the FEDERAL LEVEL: Medicare Telehealth Changes



- Are Temporary
- Tied to the Federal Public Health Emergency Declaration, currently is set to expire on January 21, 2021.

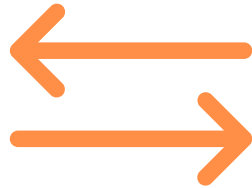



Medicare Telehealth Changes



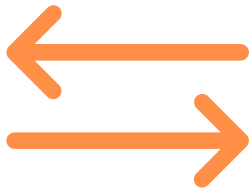
- Removed geographic and site of service/ originating site restrictions;
- Removed restrictions on the types of practitioners who may furnish telehealth services;
- Allowed services to be delivered audio-only.

Medicare Telehealth Changes



- Currently 240 services can be provided via telehealth under Medicare.
- Requires reimbursement for telehealth services to be at the same rate as in-person visits for all diagnoses, not just services related to COVID-19
- Physicians may reduce or waive cost-sharing for telehealth visits
- FQHCs and RHCs had different modifiers to use for care provided first half of 2020. As of July 1, 2025, FQHC/RHS are to only submit  **telehealth** alliance

Medicare Telehealth Changes



- Last week, we understood that the latest draft of COVID-19 relief bill contained language that would extend the existing telehealth federal waivers and authorities, including those in Medicare, through the end of 2021.

MedPAC's 11/9/2020 Policy Options on Telehealth

- Cover certain telehealth services provided to all beneficiaries and in the beneficiaries' homes
- Cover many, but not all, of the telehealth services paid for during the PHE
- Eliminate coverage of audio-only services
- Pay lower rates for telehealth visits than for in-person services
- Require HIPPA compliance for telehealth technology
- Require cost sharing for telehealth services
- Other safeguards to protect Medicare and beneficiaries:
 - Study whether to set frequency limits for certain telehealth services
 - Require clinicians to provide a face-to-face visit before ordering costly DME and lab tests
 - Prohibit "incident to" billing in certain circumstances

At the STATE LEVEL: NH's Telehealth Response

- State components of telehealth coverage and reimbursement expansions are currently governed by Emergency Order #8 and Emergency Order #15. These were made possible by the Executive Order 2020-04 which declared a State of Emergency in New Hampshire on March 12, 2020.
- That EO remains active (renewed 13x) and currently expires January 1, 2021.
- New Hampshire also enacted HB1623 on July 21, 2020, which made the overwhelming majority of Emergency Order #8's telehealth provisions permanent.

HB 1623: NH's New Telehealth Statute



Enables all providers to provide telehealth services through telehealth for Medicaid and state-regulated commercial health insurance coverage;



Requires coverage and reimbursement parity as between in-person services and telehealth services for Medicaid and state-regulated commercial health Insurance coverage;



Coverage and reimbursement for telehealth services to include audio-only appointments as well as “other electronic media provided by medical providers for all medically necessary services”;



Expands reimbursable telehealth sites of service that include client's home as the originating site and provider's home as distant site.

HB 1623: NH's New Telehealth Statute



Allows providers to provide telehealth services without an established face-to-face relationship in certain instances, including providing access to MAT



Enables the use of telehealth services to deliver Medicaid reimbursed services to schools;



Established a 14-member commission to study telehealth services

Executive Order #15 and Out of State Providers

- EO #E15 allows out of state medical providers licensed outside of NH to provide telehealth services to NH residents so long as:
 - they are licensed in another jurisdiction in the US;
 - are in good standing in that jurisdiction; and
 - produce evidence of that good standing to the Office of Professional Licensure and Certification.

Telehealth Cross State Licensure in New England

- Five of the six New England states have formally expedited emergency licenses and/or waived or suspended in-state licensure requirements for some or all health professionals providing telehealth services to residents during the public health emergency.
 - Generally, these exceptions require that the provider be in good standing in another jurisdiction, have no adverse actions or complaints against them in home or host jurisdiction, provide evidence of all of the above, and are frequently time limited.
- Rhode Island has published that its licensing board will not take any action against physicians not licensed to practice medicine in RI if they use telemedicine to provide care to established RI patients.

Telehealth Interstate Compacts?

“To ease the burden of cross-state licensing, some professions have created interstate licensing compacts to make it simpler for professionals to practice across state lines. For a state to participate in a compact, they would need to enact standard legislative language that sets out the ground rules for the Compact.”



Interstate Compacts CCHP follows

- [Nurse Licensure Compact \(NLC\)](#): Allows nurses to have one license viable in other compact member states, allowing for a nurse to practice in both their home state and other states which have signed on to the compact.
- [Interstate Medical Licensure Compact](#): This particular Compact creates an expedited medical licensure process with the goal of allowing physicians to become licensed in multiple states more easily, while protecting patient safety.
- [The Physical Therapy Compact](#): Under the Compact, a physical therapist or physical therapist assistant needs to obtain a "Compact Privilege" (the authorization to work in a Compact member state other than the PT or PTA's home state) in each member state.
- [The Psychology Interjurisdictional Compact \(PSYPACT\)](#): Gives psychologists in PSYPACT member states the authority to practice interjurisdictional telepsychology in other PSYPACT states.
- [The Recognition of EMS Personnel Licensure Interstate CompAct \(REPLICA\)](#): A multi-state compact that extends a privilege for EMS personnel to practice on a short-term, intermittent basis in another member state under certain circumstances.
- [Audiology and Speech-Language Pathology Interstate Compact \(ASLP-IC\)](#): Authorizes both telehealth and in-person practice across state lines in ASLP-IC states for audiologists and speech-language pathologists.

National Solutions?

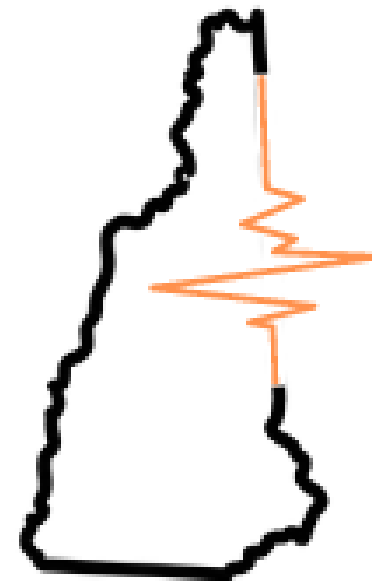
- No Federal legislation has accomplished this at the national level
- Under a regulation, VA health care providers may provide telehealth services, within their scope of practice to VA beneficiaries, irrespective of the State or location within a State where the health care provider or the beneficiary is physically located. The rule does not apply to VA contractors.



Considerations

- What do providers need with respect to training/best practices in order to optimize telehealth modalities?
- What do patients need with respect to taking advantage of telehealth modalities?
- Telehealth is not the appropriate modality for all healthcare services. How can it be maintained where it is flourishing?
- Federal legislation has not yet been enacted to permanently enact Medicare telehealth expansions. How will Medicare policy influence state policy?
- Data about impact on rural regions, vulnerable populations, outcomes among different populations, and cost of delivery in New Hampshire are needed.

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Mental Health Center of Greater Manchester
Patient Remote Visit Survey Results

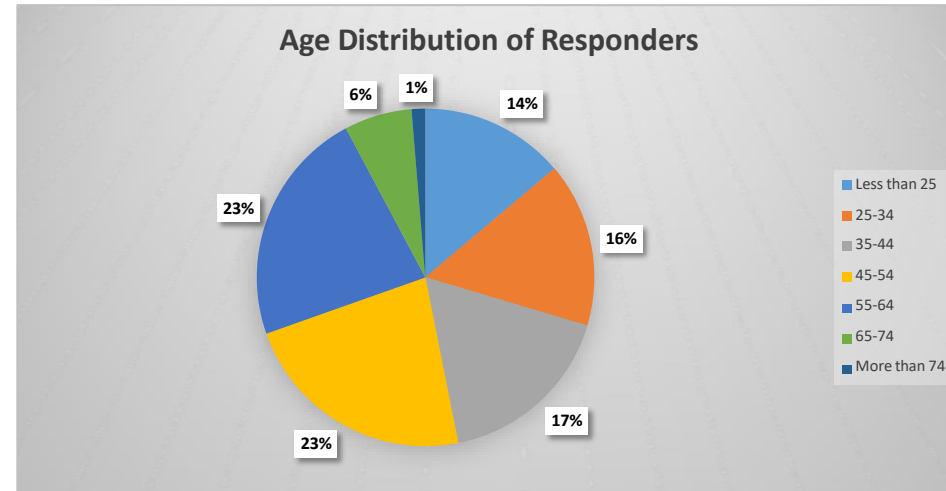
September 4th, 2020

Report Provided by the Vanguard Research Group

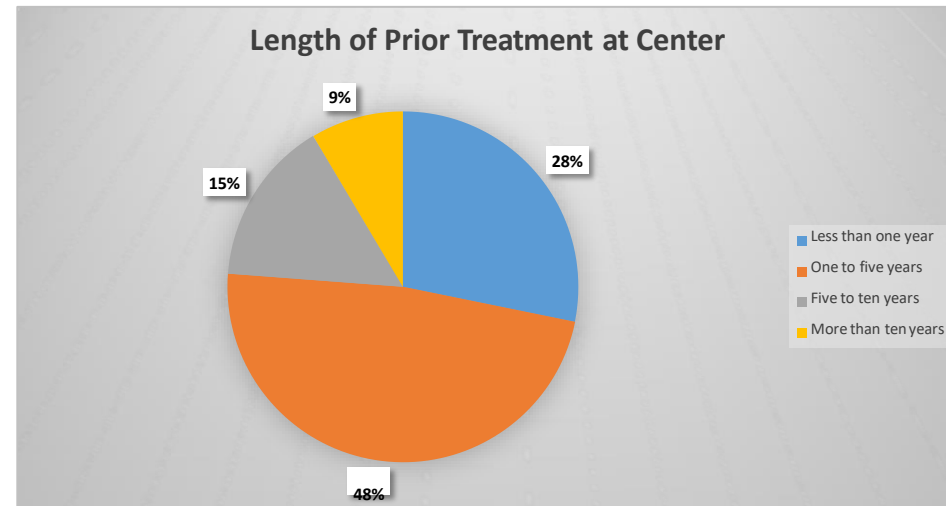
Overall Patient Remote Visit Survey Summary Responses

N= 1276 Patient Responders

Overall Age Distribution of Patients

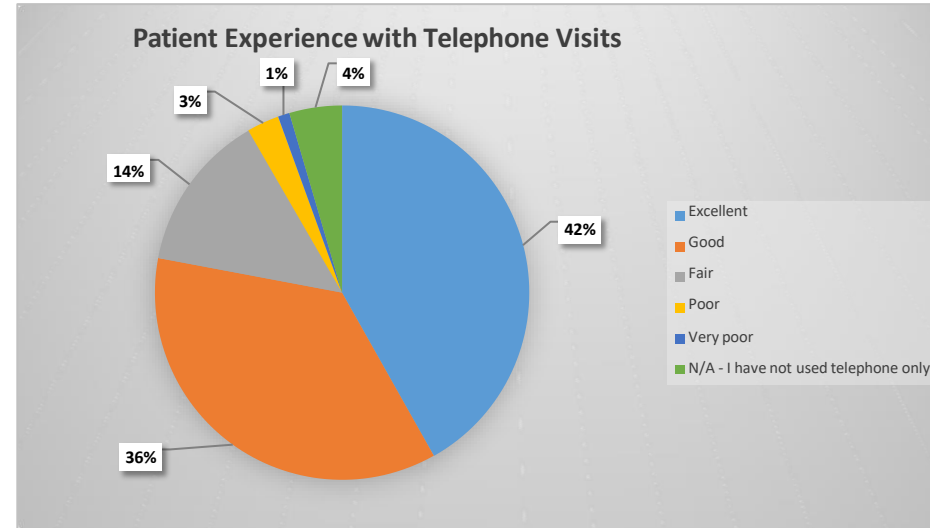


Length of Prior Treatment

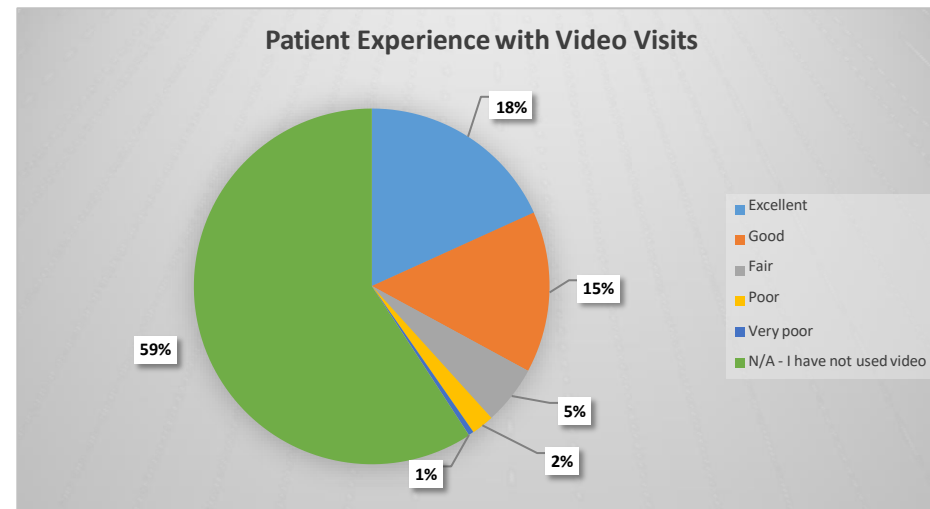


Overall Patient Remote Visit Survey Summary Responses

Overall Patient Telephone Experience

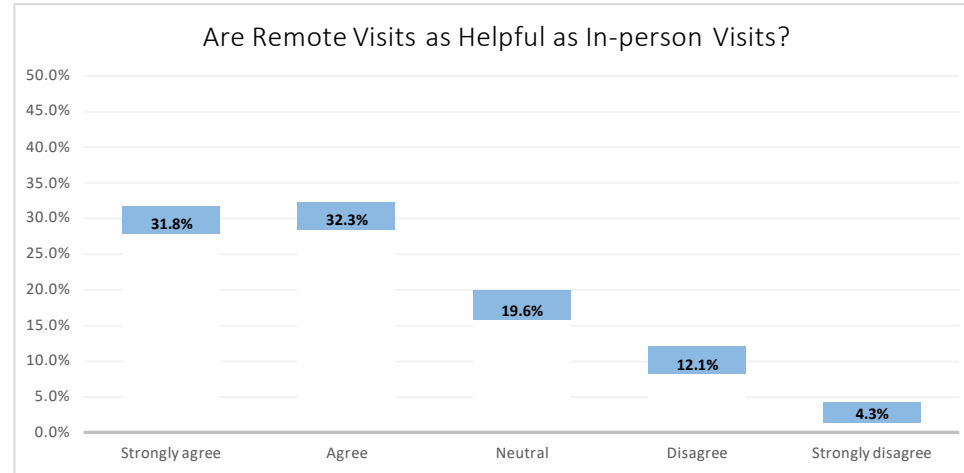


Overall Patient Telehealth Experience

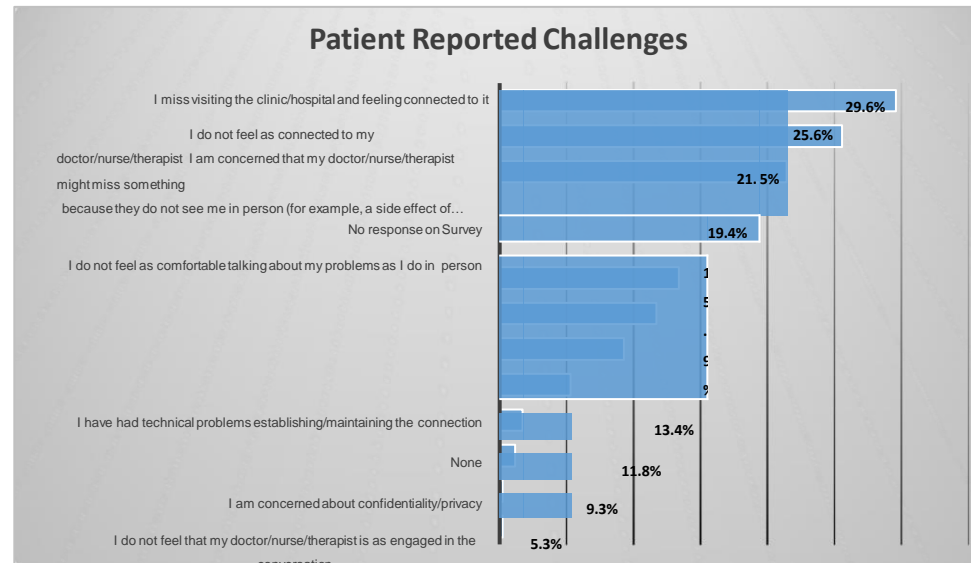


Overall Patient Remote Visit Survey Summary Responses

Overall Remote Visit vs. In-person Visits



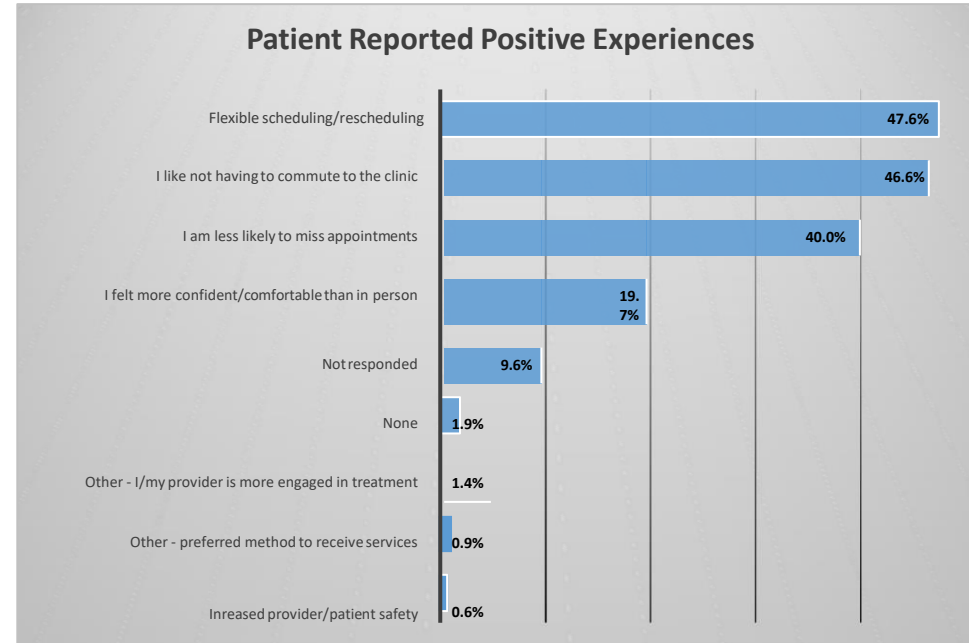
Overall Patient Challenges



Other - administrative issues (scheduling, delays, sound/visual quality, lack of technology)	2%
other - I am not as engaged as I am in person	2%
other - I have physical limitations that make remote visits hard	2%
other - remote treatment does not provide the support I need	0%

Overall Patient Remote Visit Survey Summary Responses

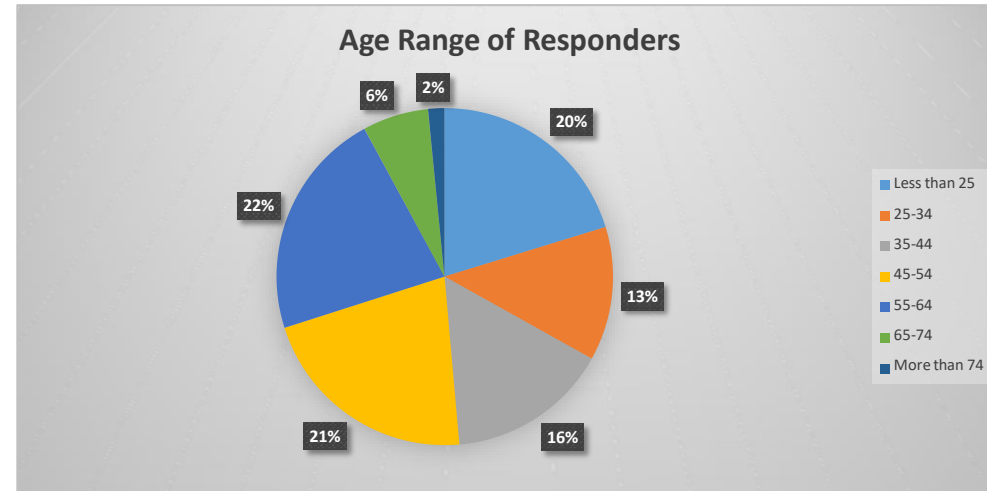
Overall Patient Positive Experiences



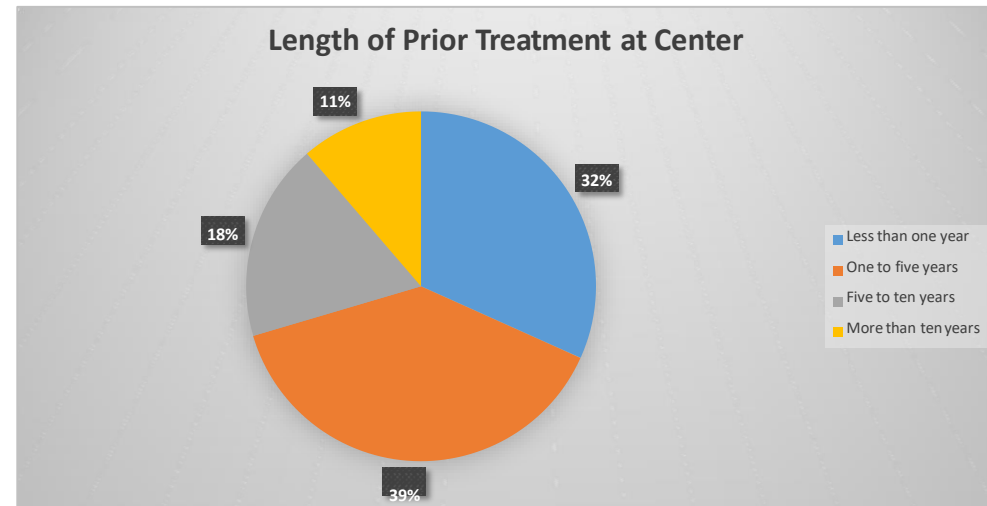
Mental Health Center of Greater Manchester Summary

N= 568

Mental Health Center of Greater Manchester Age Distribution of Patients

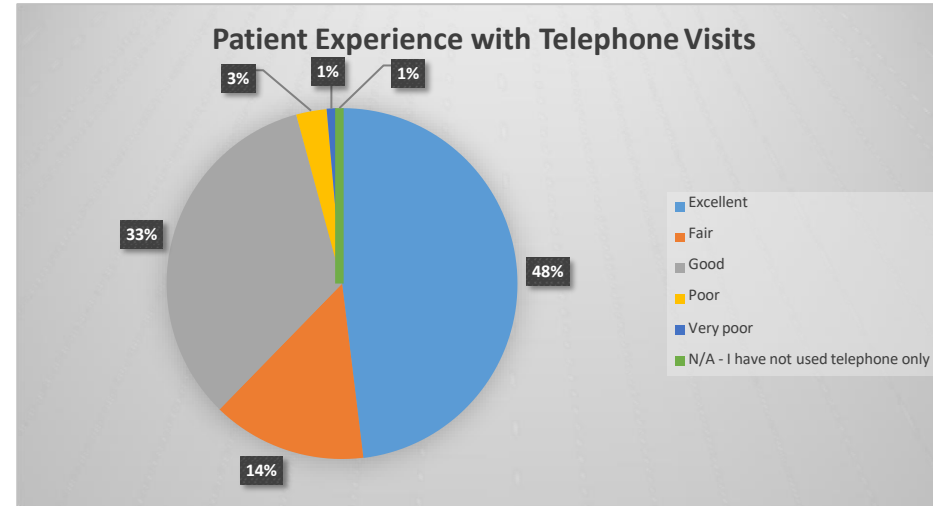


Mental Health Center of Greater Manchester Length of Prior Treatment at Center

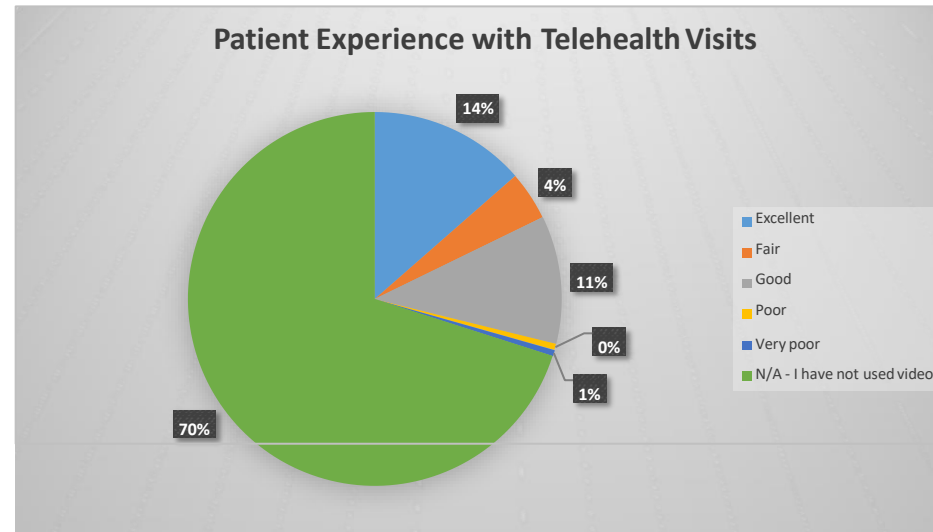


Mental Health Center of Greater Manchester Summary

Mental Health Center of Greater Manchester Patient Telephone Experience

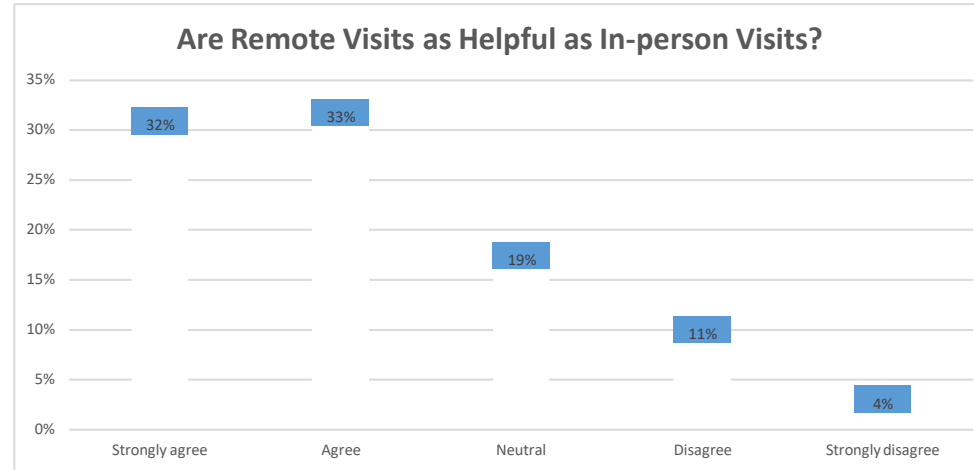


Mental Health Center of Greater Manchester Patient Telehealth Experience

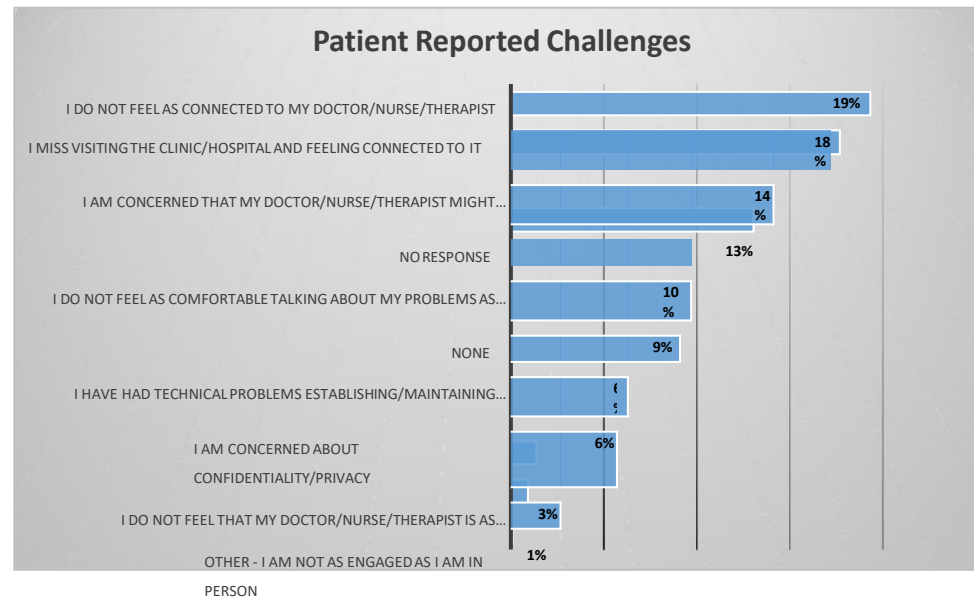


Mental Health Center of Greater Manchester Summary

Mental Health Center of Greater Manchester Remote Visit vs. In-person Visits



Mental Health Center of Greater Manchester Reported Challenges

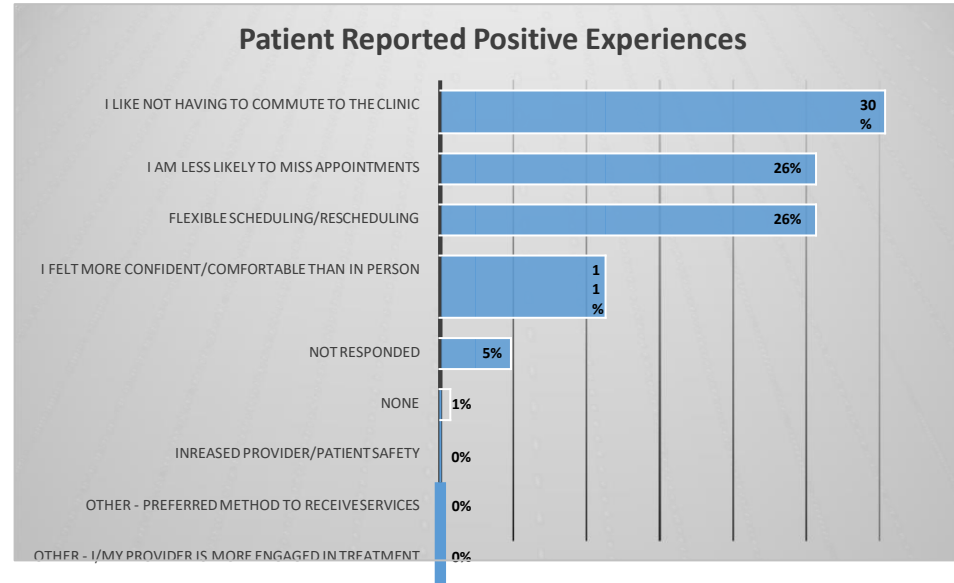


Mental Health Center of Greater Manchester Patient Remote Visit Survey Results September 4th, 2020

OTHER - ADMINISTRATIVE ISSUES (SCHEDULING, DELAYS,...	1%
OTHER - REMOTE TREATMENT DOES NOT PROVIDE THE SUPPORTI...	0%

Mental Health Center of Greater Manchester Summary

Mental Health Center of Greater Manchester Patient Positive Experiences



Mental Health Center of Greater Manchester
Provider Remote Visit Survey Results

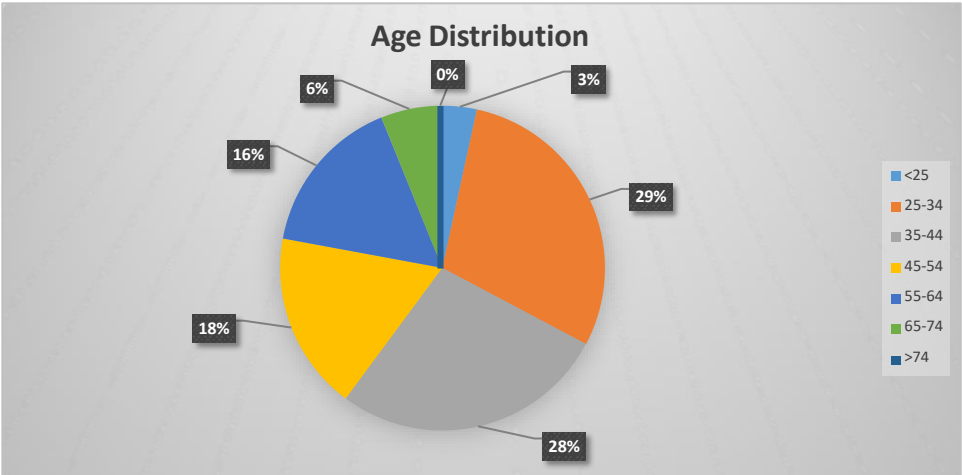
September 4th, 2020

Report Provided by the Vanguard Research Group

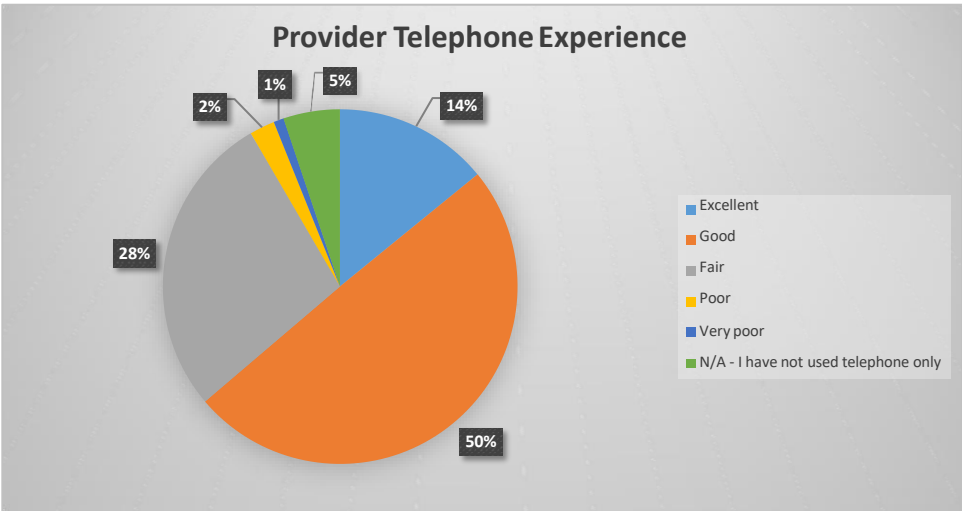
Overall Provider Response Summary

N= 732 Provider Responders

Overall Age Distribution of Providers

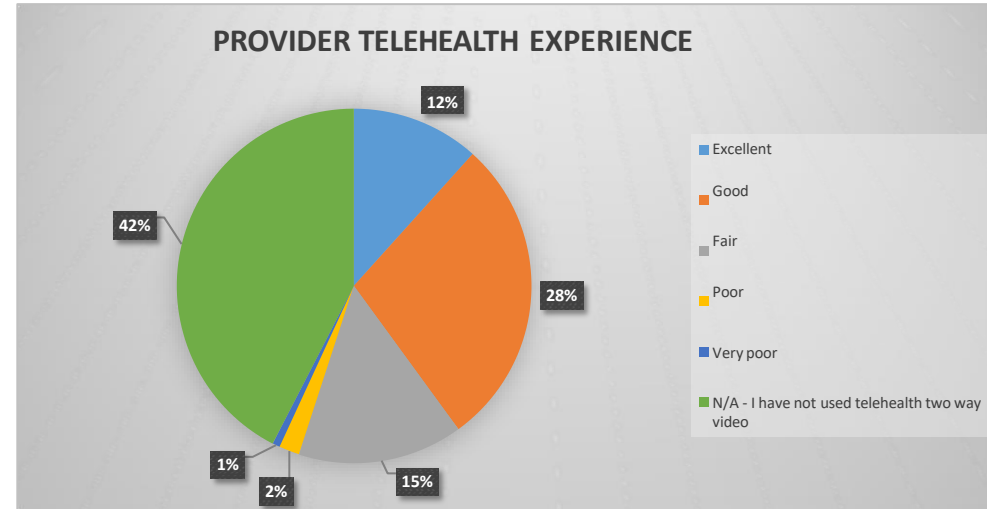


Overall Provider Telephone Experience

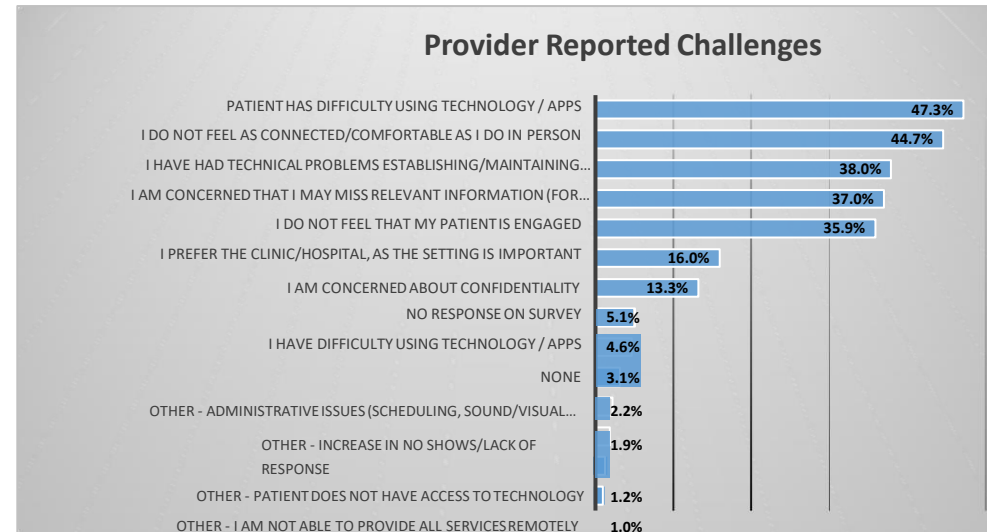


Overall Provider Response Summary

Overall Provider Telehealth Experience

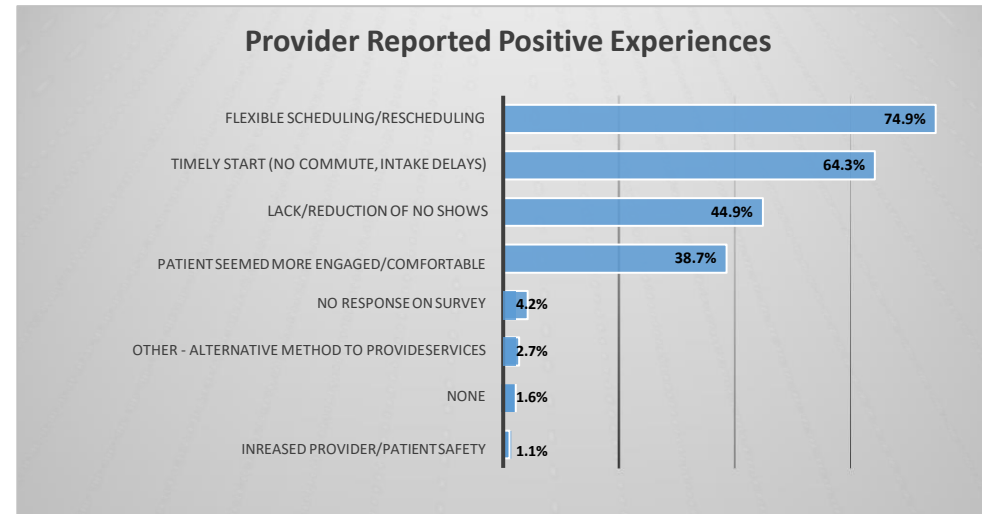


Overall Provider Reported Challenges

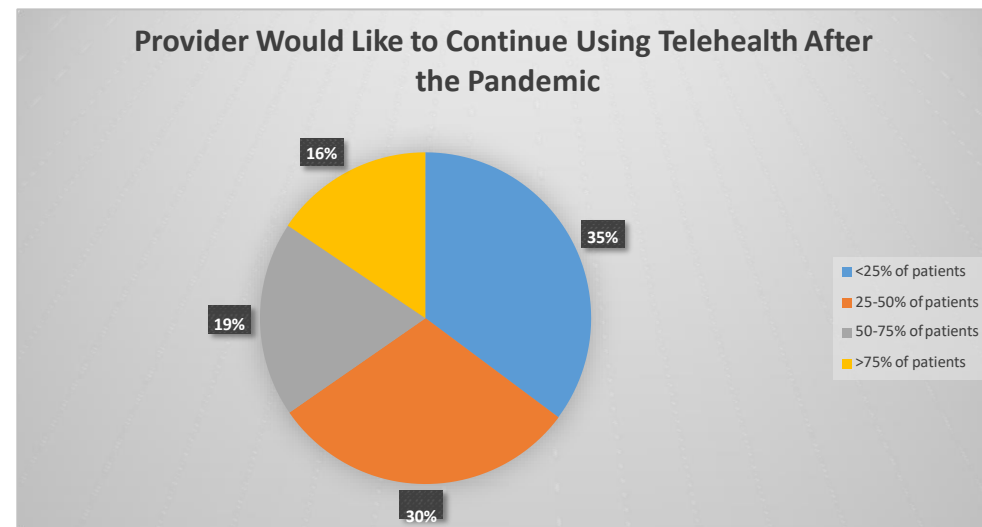


Overall Provider Response Summary

Overall Provider Positive Experiences



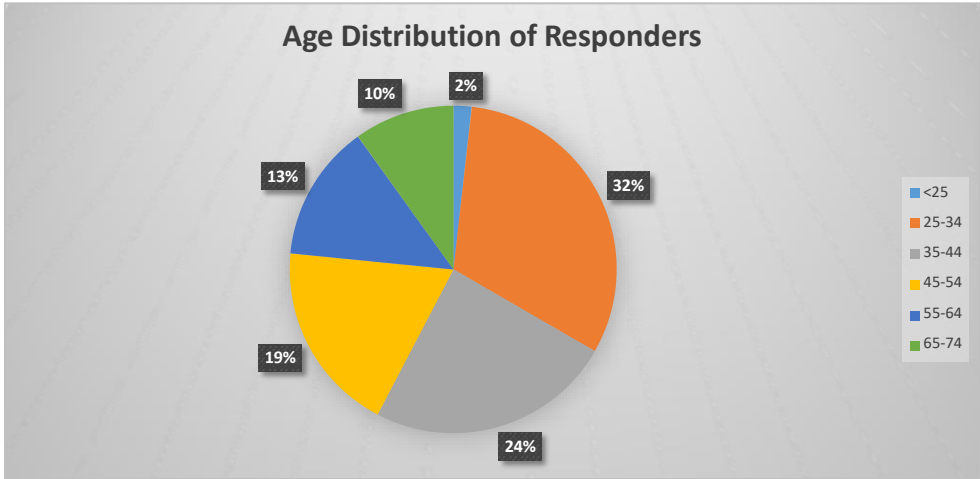
Overall Provider Response to Using Telehealth After the Pandemic



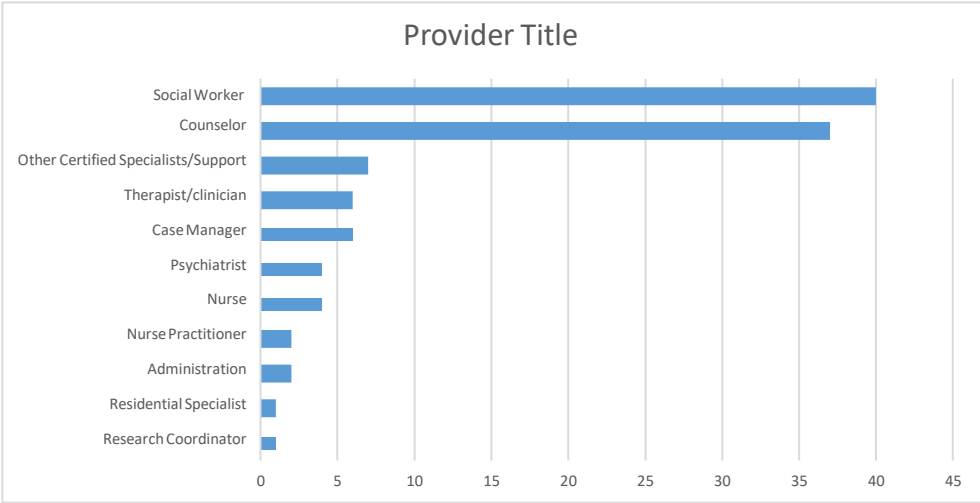
Mental Health Center of Greater Manchester Provider Response Summary

N= 111

Mental Health Center of Greater Manchester Age Distribution of Providers

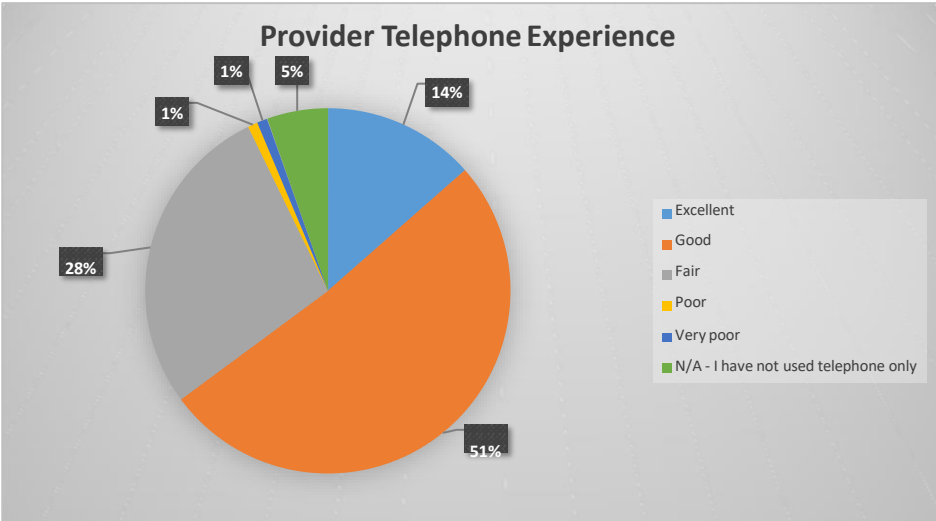


Mental Health Center of Greater Manchester Provider Response Title

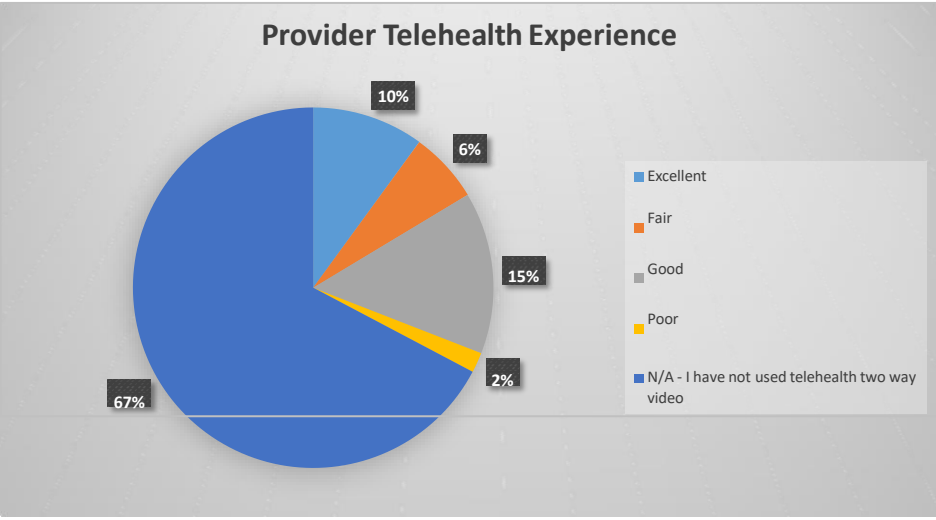


Mental Health Center of Greater Manchester Provider Response Summary

Mental Health Center of Greater Manchester Provider Telephone Experience

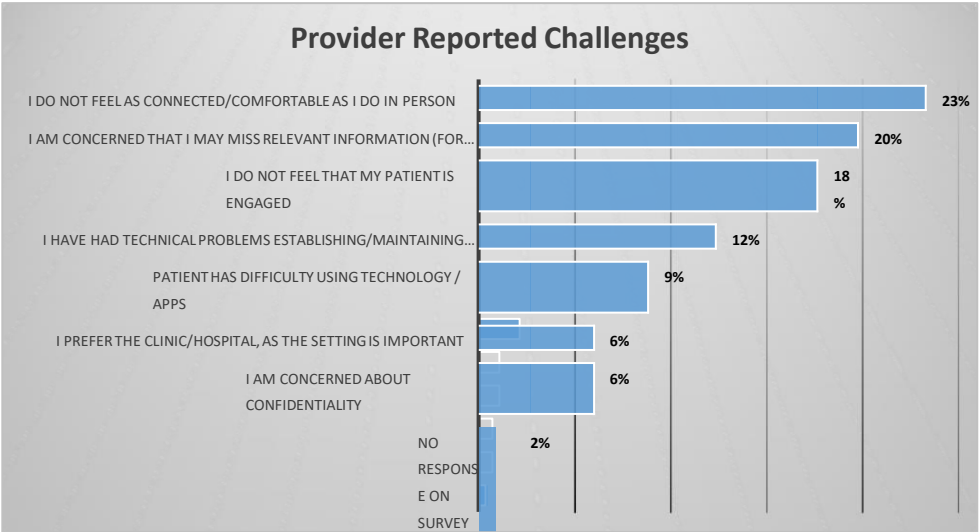


Mental Health Center of Greater Manchester Provider Telehealth Experience

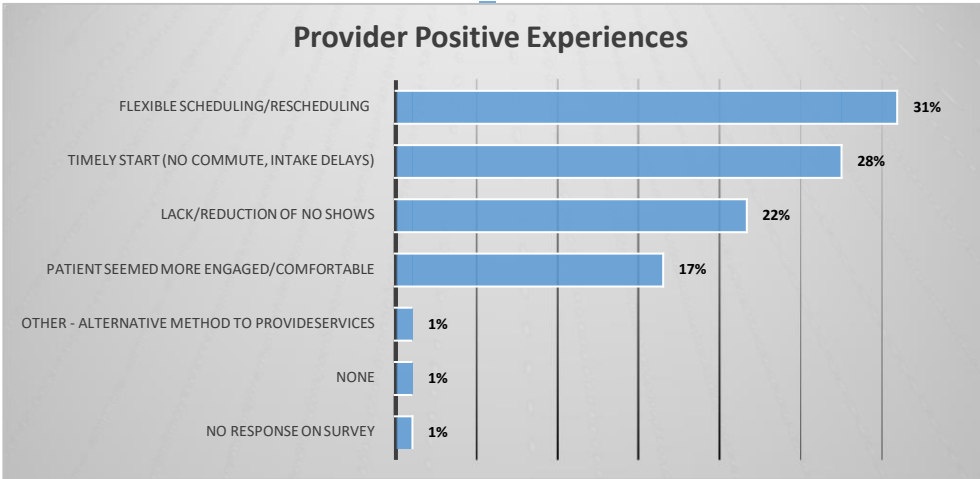


Mental Health Center of Greater Manchester Provider Response Summary

Mental Health Center of Greater Manchester Provider Reported Challenges

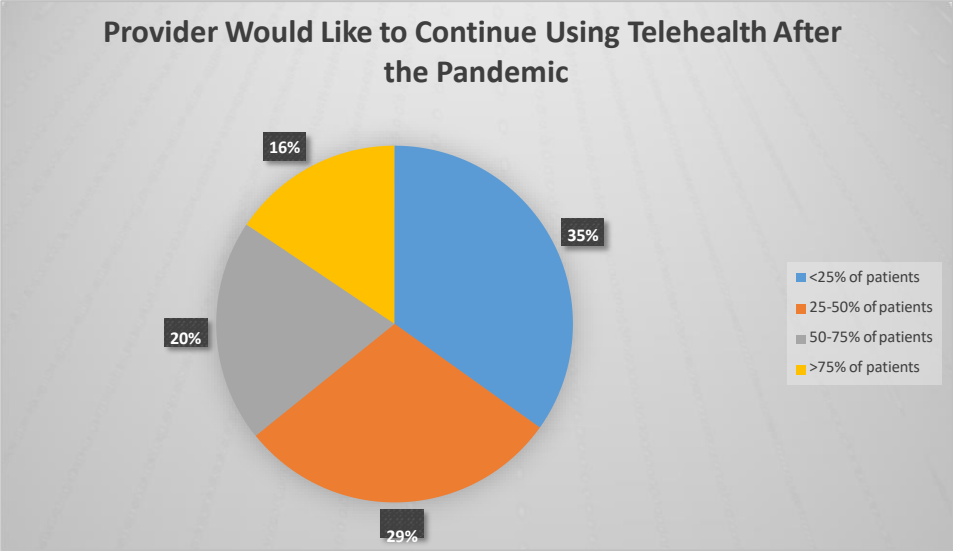


Mental Health Center of Greater Manchester Provider Positive Experiences

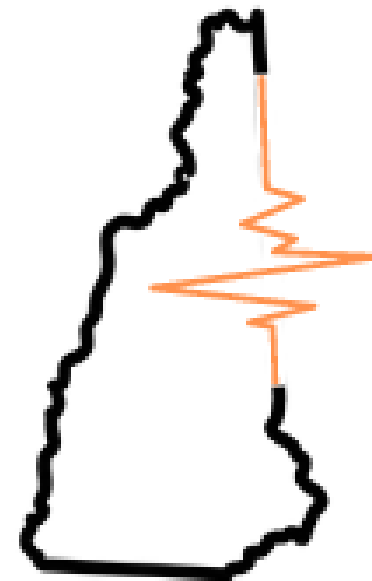


Mental Health Center of Greater Manchester Provider Response Summary

Mental Health Center of Greater Manchester Provider Response to Using Telehealth After the Pandemic



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Our Focus: Governmental Developments & Actions

- Executive Orders: State and Federal
- Administrative Rules: DHHS, OPLC (Insurance Department?)
- Regulatory developments
- NH Telehealth Oversight Committee
- Legislation: State and Federal
- Market developments
 - Access/ tech/ emerging practices

Major & Active Arenas: December 2020

New Hampshire

- 3+ bill titles filed which seek to roll back provisions of HB 1623
- Other bills filed which deal with access
- Oversight Commission has “organized”

Federal

- COVID-19 Relief Act will have short-term extension of waivers and rules & broadband funding
- Sen. Shaheen and others working on long-term changes at CMS and HHS in support of telehealth

Regulatory

- DHHS/ Medicaid rule making now underway (6 - 9 month process)
- Long list of rules at the Board of Licensure and Certification

Stay Engaged



Public policy information: Receive regular updates on the latest federal and state legislation and agency rulemaking that may impact your current operations and practices to inform your advocacy efforts.



Resources: Have on-demand access to exclusive educational and informational resources.



Monthly Webinar: Access to free monthly webinars featuring industry developments, legislative and agency updates, as well as educational topics.



Connect: Connect with others and grow your business, exchange best practices and technology developments via quarterly virtual networking.



Contact: Get access to complete Alliance directory of subscribers.



Survey: Suggest topics to Alliance staff for subscriber-wide best practices surveys.

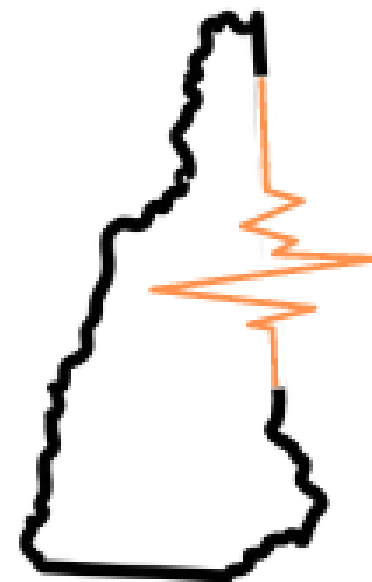


Annual Summit: Discounted rates to attend Annual Summit.

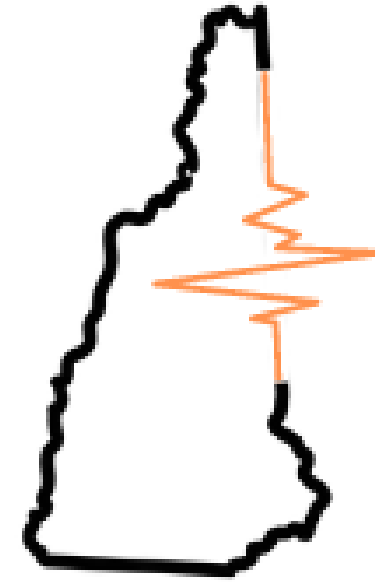


Visibility: Your linked logo on the website.

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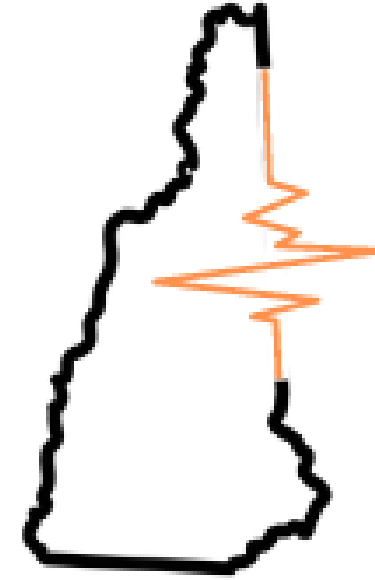


Q&A



Submit a question via the “Q&A” feature in the black toolbar located at the top or bottom of your screen.

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Thank you for joining us!

A recording of this webinar will be made available at

nhtelehealthalliance.org