

Florida Medicaid Coverage of Telehealth

Florida Telehealth Forum

November 12, 2019

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Overview of the Florida Medicaid Program



The Florida Medicaid Program

- Florida Medicaid serves about 4 million of the most vulnerable Floridians
 - 1.7 million adults - parents, elderly, and disabled
 - 47% of children in Florida
 - 63% of birth deliveries in Florida
 - 61% nursing home days in Florida
- Florida Medicaid has an effective delivery model that has increased quality and satisfaction program wide
 - Statewide Medicaid Managed Care program implemented in 2013-2014 and updated 2019-2020
 - Almost all of Florida's Medicaid population that receives Medicaid services gets them through a managed care delivery system.



The Statewide Medicaid Managed Care Program

- Since 2013-2014, most Florida Medicaid recipients have been required to enroll in the Statewide Medicaid Managed Care program (SMMC) to receive services.
- Two components:
 - **Managed Medical Assistance:** Medical services like doctor visits, hospital care, prescribed drugs, mental health care, and transportation to these services *and* **Long-Term Care:** LTC services like care in a nursing facility, assisted living facility, or at home.
 - **Dental:** All Medicaid recipients who receive a dental benefit enroll in a dental plan.



The Statewide Medicaid Managed Care Program

- During 2017- 2018, the Agency re-procured contracts to provide managed medical assistance (MMA), long-term care (LTC), and dental services in the SMMC program.
 - 11 Regions: Phased roll-out from December 2018 through February 2019
 - 19 health & 3 dental plans
 - Some are specialty plans serving unique populations (i.e., people with serious mental illness or HIV/AIDS, children with serious medical conditions or in child welfare system)



Telehealth in Florida Medicaid



Telehealth

- Telehealth is the parent term that includes the below in Florida Medicaid:
 - **Telemedicine/Teledentistry** (synchronous): Live, two-way interaction between a person and a provider using audiovisual telecommunications technology.
 - **Store-and-forward** (asynchronous): Transmission of recorded health information to a practitioner to evaluate a case or render a service without live interaction.
 - **Remote Patient Monitoring**: Personal health and medical data collection from an individual in one location via electronic communication technologies, then transmitted to a provider in a different location for use in care and related support.



Benefits of Telemedicine for Patients

- Telemedicine and teledentistry benefit patients by providing:
 - Expanded access and after hours care
 - Remote monitoring and management for chronic conditions
 - Reduced hospital readmissions
 - Reduced waiting time to see a physician or dentist
 - Reduced travel time and cost
 - Better access to specialists



Benefits of Telemedicine for Providers

- Telemedicine and teledentistry are beneficial to providers by offering:
 - Cost savings
 - Improved convenience
 - Better patient outcomes
 - Better care coordination
 - Increased patient satisfaction



History of Telehealth in Medicaid

2010	<p>Initial Fee-For-Service Coverage: State Plan Amendment</p> <ul style="list-style-type: none">• Allowed limited physical, dental, mental health, and substance abuse treatment services through telemedicine.
2014	<p>Fee-For-Service Changes:</p> <ul style="list-style-type: none">• Added telemedicine coverage for additional behavioral health services.• Allowed physicians actively licensed in Florida to interpret diagnostic testing results through telemedicine.
2014	<p>Statewide Medicaid Managed Care Implementation:</p> <ul style="list-style-type: none">• Expanded availability - Plans had the <u>option</u> of offering telemedicine for most covered services with Agency approval.• Limited Modality:<ul style="list-style-type: none">○ Telemedicine services were limited to services provided using two-way, real time, communication.○ Did not Include Remote Patient Monitoring and Store-and-Forward services.

History of Telehealth in Medicaid Cont.

- 2016 Fee-For-Service Changes: State Plan Amendment
- Expanded availability: Added telemedicine for evaluation, diagnosis, or treatment by any provider licensed within their scope of practice to perform the service.

- 2018 New Statewide Medicaid Managed Care Contracts
- Expanded availability of telemedicine:
 - The health plans and dental plans are required to pay for telemedicine and teledentistry services.
 - Plans will reimburse for services provided through telemedicine and teledentistry, when appropriate, for services covered under the new contracts, to the same extent the services would be covered if provided through a face-to-face (in-person) encounter with a practitioner.
 - The health plans and dental plans cannot be more restrictive in the coverage requirements for services provided through telemedicine and teledentistry than those established for services provided in person.
 - Expanded modalities of telehealth: Includes Remote Patient Monitoring, and Store-and-Forward services.

New SMMC Contracts

- Enrollees have enhanced access to providers through expanded telemedicine and teledentistry services as the plans are now required to cover telemedicine services.
 - SMMC plans cover services provided through telemedicine and teledentistry, when appropriate, no differently than the services would be covered if provided through an in-person encounter with a practitioner.
 - SMMC plans cannot be more restrictive in the coverage requirements for services provided through telemedicine and teledentistry than those established for services provided in-person.
- Enrollees can always choose a face-to-face encounter. No enrollee can be required to use telemedicine or teledentistry.



New SMMC Contracts

Plans have broadened options for telehealth as part of their Quality Enhancement programs to include:

- **Remote Patient Monitoring**
- **Store-and-Forward**

The Agency is federally prohibited from reimbursing for Remote Patient Monitoring and Store-and-Forward services in the fee-for-service delivery system. Health plans have agreed to cover these services at no additional cost to the State.



Recap: Coverage of Telehealth in Florida Medicaid

- Fee-For-Service (straight Medicaid)
 - Telemedicine: GT Modifier
- SMMC*
 - Telemedicine
 - Quality Enhancements:
 - Store-and-forward
 - Remote Patient Monitoring
- **Health plans have the flexibility to use their own coding structure so long as they are not more restrictive than Florida Medicaid coverage and continue to follow the National Correct Coding Initiative.*



Coverage of Services Provided via Telemedicine in FQHCs

Fee-For-Service Delivery System



FFS Coverage of Telemedicine

- FQHC Rule Text: Rule 59G-4.100 of the Florida Administrative Code (F.A.C.).
- Telemedicine Rule Text: Rule 59G-1.057, F.A.C.
 - Telemedicine is a **service provision modality**.
 - The Agency reimburses the same rate for telemedicine encounters as in-person encounters.
- *Available on the Agency's website:*
http://ahca.myflorida.com/medicaid/review/General/59G_1057_TELEMEDICINE.pdf



FQHC Rule Highlights

- FQHC [Rule](#) Text
 - FQHCs may be reimbursed for up to one medical, one dental, and one behavioral health visit provided to a recipient on the same day.
- FQHC [Billing Codes](#)
- FQHC Reimbursement [Rule](#) Text

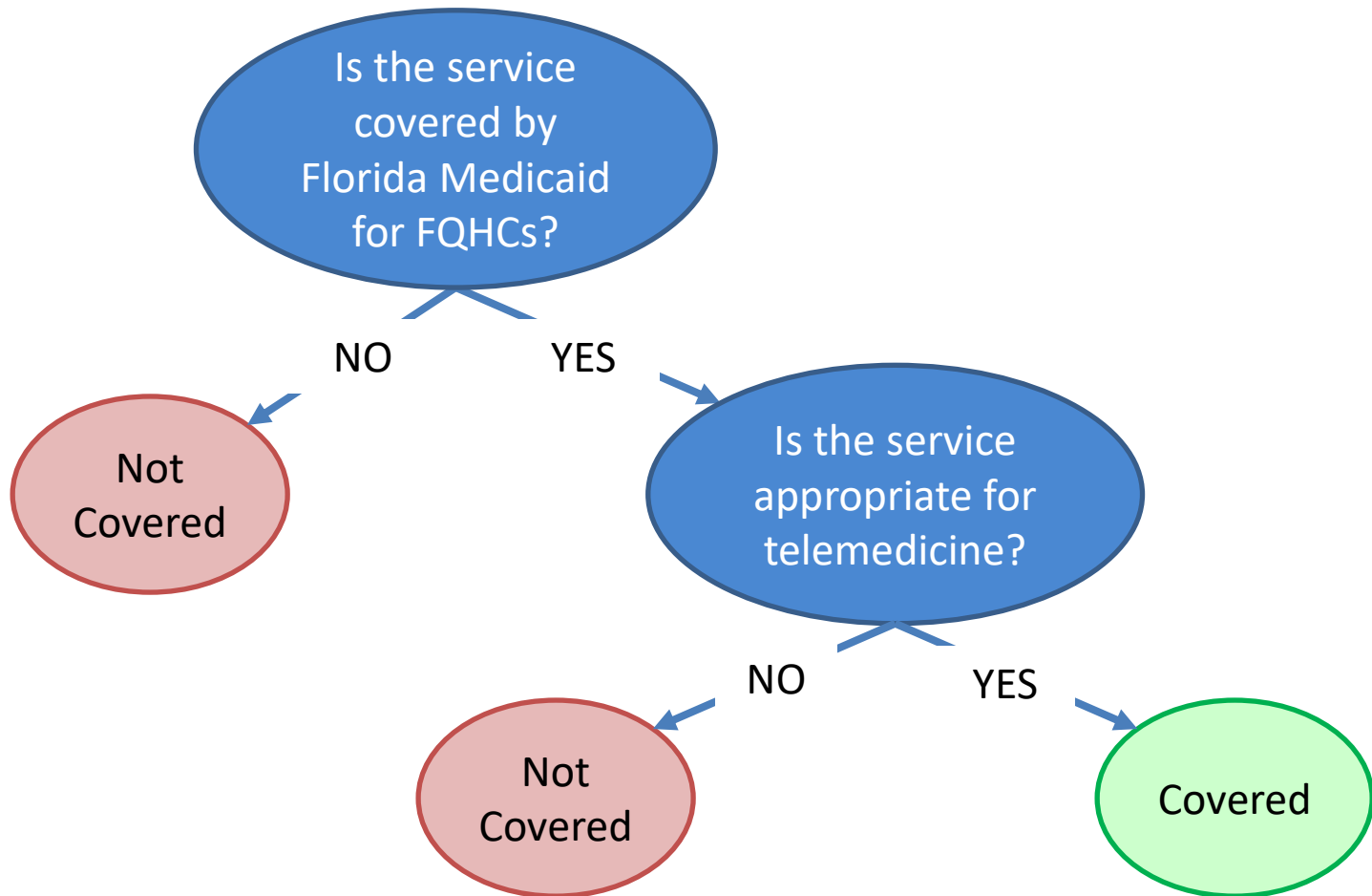


Provider Specifications for FQHCs: Draft Enrollment Guide

- FQHC group members must be any of the following Medicaid enrolled practitioner types: APRN, Chiropractor, Dentist, Optometrist, Physician (M.D or D.O.), Physician Assistant, or Podiatrist.
- *Available on the Agency's website:*
http://ahca.myflorida.com/medicaid/review/Rules_in_Process/Proposed/59G-1.060_Enrollment_ProposedRule.pdf



Coverage of FFS FQHC Services Provided via Telemedicine



Other Federal and State Guidelines



There are Federal *Telehealth* rules that apply to Medicare

- The Code of Federal Regulations (CFR) Title 42, Chapter IV, Subchapter B, Part 410, Subpart B, Section 410.78 details telehealth regulations that apply to Medicare.
 - Section 410.78 details eligible providers and what may constitute originating sites



2019 CMS Telehealth Changes: Medicare

- CMS is implementing changes in 2019 to Medicare reimbursement of telehealth delivered services.
- Impact:
 - Allows billing for a Brief Communication Technology-Based Service or a "Virtual Check-In."
 - Allows billing for asynchronous or store-and-forward, patient-initiated visits when recorded video or images are sent.
- *Florida Medicaid is not required to implement these changes however the Agency is reviewing for best practices and potential future updates.*



Florida House Bill 23 (2019)

- Signed by Governor on June 25, 2019.
- The bill includes several provisions that apply to health care providers who deliver services using telehealth, including functions of the Florida Department of Health and the practitioner's licensing board.
- Additional sections of the bill detail requirements for health insurers and health maintenance contracts.
 - *The bill has no impact on Florida Medicaid or health plans as providers are voluntary and rates are mutually agreed upon.*



Summary



Medicaid Telemedicine Coverage

- **Telemedicine** is a delivery mechanism for providing covered and medically necessary services:
 - The service must be covered and provided in accordance with Florida Medicaid rules
 - **Telemedicine** communication equipment requires both audio and visual capability; a telephone call does not qualify for telemedicine reimbursement.



Medicaid Telehealth Coverage

- SMMC plans cover services provided through telemedicine and teledentistry, when appropriate, no differently than the services would be covered if provided through an in-person encounter with a practitioner.
- Plans have broadened options for telehealth as part of their Quality Enhancement programs to include Remote Patient Monitoring and Store-and-Forward.



Additional References and Resources

- General Medicaid Rules -
<http://ahca.myflorida.com/medicaid/review/general.shtml>
- Rule 59G-1.057 – Telemedicine
- Rule 59G-4.100 – FQHC
- Telemedicine discussion at Medicaid.gov:
<https://www.medicaid.gov/medicaid/benefits/telemed/index.html>
- HB 23: <http://flsenate.gov/Session/Bill/2019/23>
- Medicare changes to telehealth:
<https://www.federalregister.gov/documents/2018/11/23/2018-24170/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions>
- Medicaid helpline: 1-877-254-1055
- www.AHCA.myflorida.com/Medicaid



QUESTIONS?



THANK YOU!

