

**Draft Minutes
January 17, 2017
Telehealth Advisory Council
Agency for Health Care Administration
Building 3, Conference Room A
2727 Mahan Dr.
Tallahassee, FL 32308**

Members Present

Justin M. Senior, Chair
Dr. Celeste Philip (virtually)
Dr. Ernest Bertha
Dr. Anne Burdick
Leslee Gross
Darren Hay (virtually)
Dr. Kim Landry
William Manzie
Elizabeth Miller
Dr. Steven Selznick (virtually)
Mike Smith
Matthew Stanton
Monica Stynchula
Dr. Sarvam TerKonda (virtually)

Members Absent

Dr. Kevin O'Neil (excused)

Staff Present

Nikole Helvey
Pam King
Dana Watson
Millie Marky

Others Present

Interested Parties (Attachment A)

Welcome and Opening Remarks

Chair Senior called the meeting to order at 1:08 p.m.

Roll Call

Chair Senior welcomed the group and directed Ms. Nikole Helvey to call the roll. A quorum was present.

Review and Approval of the Minutes

Dr. Burdick noted a sentence on page 3 of the minutes was incomplete. After clarifying the intent of the comment with Ms. Stynchula, the Council unanimously approved the minutes as amended from the November 17, 2016 Telehealth Advisory Council meeting.

Telehealth Survey Update

Ms. Nikole Helvey, Bureau Chief, Florida Center for Health Information and Transparency, Agency for Health Care Administration (Agency) presented the findings from the telehealth surveys conducted by the Agency, Department of Health, and Office of Insurance Regulation. She noted the Governor's office; the Florida Senate President; and the Speaker of the Florida House of Representatives received the Florida Report on Telehealth Utilization and Accessibility at the end of December. The report is available on the Telehealth Advisory Council website. Ms. Helvey also shared additional data obtained from the survey, which will be available to the members and public in the near future.

The members questioned Ms. Helvey in detail on the survey data. Chair Senior inquired about the number of lives health plans reimbursing for telehealth services cover and requested staff to determine if this data was available.

The members also asked Ms. Helvey to look into the variation between telehealth services offered by facilities and telehealth use by facilities as it relates to emergency care. Ms. Helvey noted staff would look deeper into the data to determine if they can glean additional information.

Medicaid Coverage and Utilization

Ms. Erica Floyd Thomas from the Agency's Office of Medicaid Services shared information on changes to the Medicaid telehealth rule 59G-1057, FAC which went into effect June 2016. She explained Medicaid providers, practicing within their scope, could receive reimbursement for services provided using telehealth. She noted, for reimbursement, providers are required to use a "GT" modifier with the codes identified in the Medicaid fee schedule.

Chair Senior informed the Council the previous rule limited reimbursement for services offered via telehealth. He noted since the Medicaid program is a Federal-State partnership the Agency had to submit a plan to request the Center for Medicaid and Medicare Services' (CMS) approval. CMS approved the Agency's updated plan, which included the modification for telehealth reimbursement in May 2016.

Dr. Burdick inquired about "store and forward" technology being included as a reimbursable service in the Medicaid rule. Ms. Thomas noted it was the Agency's intent to review the rule annually for any needed change. Dr. Burdick shared that several states reimburse for store and forward technology and information from those states may be helpful.

Ms. Miller requested clarification on whether there were any other rules associated with telehealth which might impose a barrier to implementation. Mr. Smith noted the Board of Medicine had modified its rule requiring in-person visits prior to prescribing controlled substances specifically for psychiatrists.

Chair Senior clarified the Medicaid rule only applies to fee for service providers. Ms. Thomas shared the Medicaid Managed Care Plans were not specifically required to adhere to the telehealth fee-for-service rule. The Agency's expectation, however, is plans will follow the coverage plan in totality. They do not have to reimburse at the same levels as long as reimbursement is appropriate. They can also cover services more broadly than requirements identified in the fee-for-service rule.

Medicaid Managed Care and Utilization

Ms. Miller provided a presentation on WellCare's telehealth efforts specifically as they relate to government sponsored health plans. She shared Wellcare is working on telehealth strategies at a national level. She noted their primary goal was to make sure there was access to care and they believe telehealth is key. Ms. Miller noted they were offering services in three basic work streams related to telehealth; the first two have fewer implementation barriers: tele-monitoring for chronic care and disease management and tele-coaching for case management. The third stream is in tele-medicine where Wellcare is building standards and processes for offering these services and into provider agreements. She advised they were working with IMPOWER to implement a strong tele-behavioral health program. She noted they were still working through implementation of some newer telehealth programs.

Dr. Bertha shared information regarding Sunshine Health's work in developing telehealth services. He noted Sunshine was focusing on the greatest needs, which are increasing access to specialists and behavioral health services. He expressed the need for concise policy around telehealth to help in expanding programs. Dr. Bertha shared concerns with the lack of direction related to reimbursement and practitioner eligibility as barriers to their organization investing more heavily in telehealth implementation here in Florida.

The Council questioned whether there was an issue with network adequacy, access, and contract compliance. Ms. Miller and Dr. Bertha responded that most states do not have regulations regarding these issues. However, the National Association of Insurance Commissioners model language may address some of these concerns. They indicated these issues could potentially be addressed through waivers and should not be a major barrier.

Mr. Smith asked the presenters what they would like to see happen to expand telehealth. Dr. Bertha indicated specific direction from the state on regulations would be beneficial. Ms. Miller indicated fee schedule clarity would also be helpful. There was discussion on whether agreements based on one payment, per member, per month versus fee-for-service may stimulate telehealth services. Dr. Bertha noted anecdotally he had heard from colleagues that this model might stimulate telehealth use since it allows providers more flexibility and saved time.

Ms. Miller noted she was not sure if providers are including the telehealth modifier when billing, so data on actual telehealth reimbursement may not be fully captured. She also expressed concern that providers may not be billing for telehealth services, because of the diversity in requirements between plans - specifically noting the differences between Medicaid and Medicare plans.

Mr. Smith expressed concern with the conflicting responses to the needs of insurers. Specifically, he noted the survey responses from health plan indicating a lack of regulatory clarity and a request for the market to push the implementation. Ms. Miller reiterated some of the problem related to regulation from a government plan position is the different Medicaid and Medicare requirements.

Break 2:40 - 2:55

Medicare Coverage and Reimbursement Laws

Nathaniel Lacktman, Esq., with Foley & Lardner, LLP spoke to the Council about Medicare coverage of telehealth services. He explained there are five conditions to meet for Medicare to pay for the telehealth service. First, the patient must reside in a qualifying rural area. Second, the patient must be at one of eight qualifying facility types. Third, one of the ten eligible professionals must provide the telehealth service. Fourth, the technology must be real-time audio-video (interactive audio and video telecommunications system permits real-time communication between the beneficiary and the distant site provider). Finally, the service must be among the list of CPT/HCPCS codes covered by Medicare.

Mr. Lacktman gave a description of the codes used to allow payment for telehealth without the limitations from the Social Security Administration (SSA). He explained some of the Medicare Advantage plans and their telehealth coverage. He also shared information on other types of Medicare plans.

Dr. Terkonda ask about the potential for expanded Medicare coverage for allied health professions like physical and occupational therapists. Mr. Lacktman shared, although he did not think Medicare would expand to cover allied health professionals using telehealth, CMS could provide waivers to cover these health care professionals.

Ms. Stynchula asked about the potential for Medicare and Medicaid regulations to align. Chair Senior noted Medicare would need to modify their policies to be more flexible and resemble the state Medicaid implementations. Chair Senior advised the Council could include this need in its recommendations.

The Council expressed concerns that Medicare reimbursement for telehealth would not change unless there are changes to the SSA regulations. Mr. Lacktman advised the Council at least six congressional bills have been introduced which would allow for more telehealth coverage.

There was much discussion by the Council on bundled payments being a stimulus to telehealth use. Ms. Miller noted it was difficult to have a clear picture of telehealth use since bundled payments did not allow health plans to capture telehealth data.

Public Comment

Anna Baznik, IMPOWER – Ms. Baznik, CEO of IMPOWER. Ms. Baznik reiterated her concern organizations like IMPOWER were not able to provide input via the survey. Ms. Baznik discussed improved adequacy with telehealth. She noted a patient might have to wait six to eight weeks to see a provider at a face-to-face appointment, but the use of telehealth allows the patient to see a provider in one to two days.

Chair Senior reported Florida Legal Services used a secret shopper model to determine how responsive psychiatrists were to initial appointment requests. The results showed providers were not responding to these calls. The Agency replicated the study with the same results. This feedback allowed the Agency to work with plans and providers to improve services to patients.

Ms. Baznik requested health plans and the government agencies include the practitioner voice in making decisions. She reminded the Council telehealth is just a delivery system to provide care.

Mr. Chris Snow, Florida Association of Speech Language Pathologists and Audiologists – Mr. Snow stated his support for the Council's work.

Mr. Stan Whittaker, Chair, Florida Association of Nurse Practitioners – Mr. Whittaker shared he would like to see telehealth reimbursement at the originating and presenting sites. He also expressed his support for reimbursement of store and forward technology; sharing benefits of this technology when he worked for a pediatric program in Alaska.

Mr. Stanton shared there was some inconsistency in the Board of Nursing's approval of nurse practitioner protocols when telehealth was involved. Mr. Whittaker noted the Board of Nursing advised they did not have statutory authority to develop rules regarding telehealth.

Ms. Miller inquired if the Florida State Medicaid Managed Care (MMA) plans could cover store and forward telehealth. Chair Senior responded that the MMAs could submit a request for pre-approval. Ms. Miller said store and forward technology could be an answer to the shortage of otolaryngologists.

Mr. Manzie expressed his support for store and forward technology and noted it was important for the Council to continue the discussion of this modality. Mr. Whittaker commented if a

patient does not have an acute illness, store and forward technology will allow providers to assess and update the patient's file and then forward their Continuity of Care Documents (CCD) and photos to a specialist who can determine a diagnosis.

Ms. Gross and Dr. Burdick shared other types of health care services use store and forward technology successfully. Dr. Burdick also noted hybrid solutions that use videos as well as still photos are also beneficial telehealth modalities.

2017 Meeting Schedule

Chair Senior reviewed the proposed schedule and topics for upcoming meetings. He noted they would use the final few meetings to solidify the Council recommendations. He reiterated some of the already identified areas: modification of the Medicaid rule to include store and forward technology; making a recommendation to Medicare to modify their regulations; and network adequacy. Dr. Burdick suggested adding telehealth standards and requirements for reimbursement. She also noted the Council might consider if there was a need for recommending reimbursement parity. She suggested inviting Mario Gutierrez to present at an upcoming meeting. Chair Senior also commented the Council might want to consider the need for defining telehealth.

Mr. Manzie requested the Council consider moving the April meeting from the 18th to the 21st since the American Telehealth Association's Annual Conference was April 22-25, 2017 in Orlando. Chair Senior advised staff to check on member availability for making this adjustment.

Adjournment

There being no further discussion, the Telehealth Advisory Council adjourned at 4:00 p.m.

Attachment A

Interested Parties in attendance at the January 17, 2017 Telehealth Advisory Council Meeting

Interested Parties Present:

Michele Capriso, John Knox Village; Michael T. Smith, Ph.D., Florida Psychologist Association; Carey Officer, Nemours; Lynn Mosely, BCHC; Lee Horner, Stratus Video; Patricia Greene, MHD; Drew Kayser, Florida Physical Therapy Association; Maria Lodge, Directions for Living; Marcia Monroe, CFBHN; Shenifa Taite, FSU College of Medicine; Lenny Moore, Graze Point Wellness; Denise Halica, Intouch Health; Shayan Vyas, MD, Nemours Healthcare System; Feicia DeGenaro, American Well; Socrates Agury, Anthem; Dianne Hatfield, BayCare; Chuck Corley, Florida Dept. of Juvenile Justice; Gina Schell, BayCare; Paul Hoffman, Consultant P.A.; Melanie Brown, JB; Evelyn Terrell, Nichlaus Childrens Hospital; Tim Tyler, Agape Network; Derek Rife, Halifax Health; Lauren Faison, Tallahassee Memorial Healthcare; Christopher Sullivan, Image Research; Gary Cacciatore, Cardinal Health; Sandra Davis, Florida Physical Therapy Association; Laura Lenhart, Moffitt Cancer Center; Merritt Martin, Moffitt Cancer Center; Mary Green, Florida Dept. of Health; Christian Milaster, Ingenium Telehealth; Heather Zumpano, IMST Telehealth; Aneel Irfan, IMST Telehealth; Jodi Mennor, Medtronic; Ed Bonn, Eagle Hospital Physicians and Telemedicine; Jeffery Beal, Florida Health; Dianne Clark, Operation Par; David Edson, Aesir Health; Maureen Monteith, Amerigroup; Richard Curley, SMA Behavioral HealthCare; Reina Olivera, Nova Southeastern University; Joni Higgins, Baycare; Uziel Morte, Ziponsis; Deborah Randall, Deborah Randall Consulting; Kirk J. Maurao, Juvenile Justice; Jessica Stanton, PEMHS, INC; Boyd H Mark, Florida Institute of Technology; Cyndee Bowen, FLASHA; Dan Gardner, Gardner Audiology; Leah Clendening, HSAG; Sheryl Hakala, Florida Psychiatric Society; Lonnie Draper, Advocare; Jodi Conter, Gardner Audiology; Nathaniel Lacktman, Foley and Lardner; Jeff Scott, FMA; Mary Thomas, FMA; Robyn Wolensley, American Well; Teresa Becker, Independent Speech; Stuart Clarry, UF Health; Steve Davis, AT&T; Wayne Hodges, UF Health; Tina Smith, UF Health; Lisa Robin, FSMB; Sabrina Gallo, Greenberg Traurig; Anna Baznik, IMPOWER; Karen Skeyers, Becker and Poliakoff; Christine Creel, Florida Blue; Allison Wiman, Florida Tax Watch; Carolyn Grant, Cardinal Health; Chris Hansen, Ballard Partners; Cindy Harran, Nicklaus Childrens Hospital; Amanda Bolanos, Nicklaus Childrens Hospital; Susannah Cowart, Home Town Health; Charles Mandell, unknown; Karren Peek, Suncoast Center Inc.