



DHSS Public Scoping Meeting: DHSS Medicaid Telemedicine Regulations January 15, 2020

The Alaska State Hospital and Nursing Home Association (ASHNHA) is pleased to participate in the public scoping meeting on DHSS Medicaid telemedicine regulations. ASHNHA reviewed the proposed regulations that were released last year and provided comments to express our concerns. We are glad the Department chose not to finalize the regulations and is coming back to stakeholders for input.

Before offering my ideas and suggestions I would like to pose a couple questions to be considered prior to drafting regulation changes:

1. What problems does DHSS hope to solve by changing the current Medicaid telemedicine regulation? What policy goals are you seeking to accomplish? Possible goals could include: reduce the cost of providing telemedicine services, reduce utilization of services either telemedicine or in-person, change where utilization occurs, increase access to care, reduce medical transportation costs, focus on a specific use such as primary care, urgent care, behavioral health? Is there a specific region or population that is the focus of the goal?
2. What data does the Department have to document the problems that you seek to solve through regulation change? The data provided in the Annual Medicaid Reform Report is very high level and does not provide the information needed to document problems to be solved by changing regulation. For example, data is needed on rates of telehealth by region and service type and by specific use (primary care, urgent care, behavioral health) along with total use of and change in medical transportation.

ASHNHA and other stakeholders opposed most of the previously proposed changes to the regulations because we believed the changes would limit access to telemedicine services for Medicaid recipients and create significant challenges for providers serving rural residents. We also expressed concern that the direction of the regulations was not in alignment with telehealth provisions included in SB74 Medicaid reform legislation passed in 2016 and that that the proposed regulations did not incorporate or show consideration of the recommendations in the report created by the Medicaid Redesign Telehealth Stakeholder Workgroup.

Our specific suggestion before proposing changes to Medicaid telemedicine requirements is for the Department to review both SB74 and the telehealth workgroup recommendations and ensure the regulations are consistent with the law and incorporate the workgroup recommendations.

I won't go through the points from SB74 or the workgroup recommendations, however I will

highlight a few key things that we believe are important.

1. Behavioral health – We support the expansion of behavioral health services that can be provided through telemedicine. We recommend broadening the list of reimbursable behavioral health services to include the full-service array listed in 7 AAC 135 Medicaid Coverage for Behavioral Health Services. We are especially interested in seeing psychiatric crisis assessment and evaluation services be reimbursable by telemedicine along with all identified services included in the 1115 Behavioral Health Waiver.
2. Maintain reimbursement for “facilitation” of a telemedicine session. If this is eliminated it will be difficult for small and rural providers to offer telemedicine services.
3. Maintain reimbursement for store and forward telemedicine services and provide reimbursement for self-monitoring or testing. Remote patient monitoring (self-monitoring) is an emerging way to care for people with chronic health conditions and to reduce readmissions.
4. Do not add a requirement that the provider of service and Medicaid recipient both live in a federally designated Health Professional Shortage Area (HPSA) for the provider to be reimbursed for services. The HPSA designation is problematic for a number of Alaska rural communities and would reduce access to care and hamper the ability of rural providers to care for patients.
5. Be cautious about adding additional documentation requirements that increase provider burden without clear benefit.
6. Continue to engage with stakeholders to ensure the proposed regulations do not have unintended consequences.

Our final recommendation is to put into action recommendation 9 from the telemedicine stakeholder group prior to implementing any changes in our Medicaid covers telehealth services.

Recommendation 9: Identify baseline data for cost and utilization of telemedicine services for Alaska Medicaid. Develop and routinely prepare data reports on telehealth utilization among Alaska Medicaid enrollees to analyze telehealth utilization by location, provider type, diagnosis code, and service category. Use reports to determine priorities for targeted telehealth expansion.

Thank you for the opportunity to provide ideas as part of the public scoping process.

Jeannie Monk
Senior VPM

SB 74 Medicaid Reform legislation

SB 74 Medicaid Reform legislation (2016) included specific requirements for DHSS related to telehealth. The legislation included the following;

- Requires the Medicaid program to expand the use of telehealth for primary care, behavioral health, and urgent care. (Section 43)
- Identify areas of the state where improvements in access to telehealth would be most effective in reducing Medicaid costs and improving access to care for Medicaid recipients;
- Improve access to telehealth for recipients in those locations; and,
- enter into agreements with Indian Health Service providers, if necessary, to improve access by medical assistance recipients to telehealth facilities and equipment. (Sec. 43)
- Requires DHSS to include in an annual report on Medicaid reform to the legislature information on the legal and technological barriers to expanded use of telehealth, improvements in the use of telehealth in the state, and recommendations for changes or investments that would allow cost-effective expansion of telehealth. (Section 43)
- Allows DHSS to increase the capability for and reimbursement of telehealth for Medicaid recipients. (Section 45)
- Requires the Department of Health & Social Services to identify legal or cost barriers preventing the expanded use of telehealth and recommend remedies for identified barriers. (Section 46)

Medicaid Redesign Telehealth Stakeholder Workgroup Report

The Medicaid Redesign Telehealth Stakeholder Workgroup met many times and a report with recommendations was created. The document is found here:

http://dhss.alaska.gov/HealthyAlaska/Documents/redesign/MCDRE_Telehealth_Workgroup_Report.pdf