ILLINOIS DEPARTMENT OF Healthcare and Family Services

Telemedicine Taskforce

List of Recommended Changes to the Medicaid Program - Sorted By Focus Area

as of 6/5/2018

No.	Area of Focus	Summary of Challenge	Overview of Recommendation(s)	Submitted by Name/Organization
1	Asynchronos		Reimbursement for telemedicine services should be considered and include appropriate payment for review and consult on "store and forward" technologies.	Patrick K. MaguireMedical Home Network
2	Chronic Conditions	Remote Monitoring for Individuals with Chronic Conditions.		Carla Robinson/Canary Telehealth, Inc.
3	Chronic Conditions	Telehealth Diabetic Retinopathy		Carla Robinson/Canary Telehealth, Inc.
4	Handbooks & Guidance		13) A-220.6.7 Telehealth Provisions for Medicaid providers are explained and outlined in the Handbook for Practitioners, Oct 2016. This handbook will need to be updated with the changes made to the Medicaid regulations for TeleHealth. Many states update the Medicaid language but forget to amend and update the Handbook for Practitioners, leaving the practitioner in a quandary as to how to proceed with billing for services. (HFS 220 pg. 35-36)	Nina Antoniotti/Southern Illinois University
5	Handbooks & Guidance		14) D-210.2 Telehealth Provisions for Medicaid providers are explained and outlined in the Handbook for Providers of Encounter Clinics, June 2015. This handbook will need to be updated with the changes made to the Medicaid regulations for TeleHealth. Many states update the Medicaid language but forget to amend and update the Handbook for Practitioners, leaving the practitioner in a quandary as to how to proceed with billing for services. (HFS 200, pg. 16-18)	Nina Antoniotti/Southern Illinois University
6	Incentives		Grants to encourage collaboration between all who need telehealth, and equipment, especially CMHCs.	Marvin Lindsey/Community Behavorial Health Association

**The complete set of recommendations, including supporting documentation and reference materials is available for download and review.*

ILLINOIS DEPARTMENT OF Healthcare and Family Services

Telemedicine Taskforce
List of Recommended Changes to the Medicaid Program - Sorted By Focus Area
as of 6/5/2018

No.	Area of Focus	Summary of Challenge	Overview of Recommendation(s)	Submitted by Name/Organization
7	Information - Shared ISMS Telemedicine Principles		None	Lila Valinoti/Illinois State Medical Society
8	Miscellaneous		The goals of a telemedicine program should be driving value (increasing access, reducing cost, improving the patient and provider experience, and leading to better health outcomes) by: Leveraging technologies that allow patients to reach the right provider, at the right time, in the least onerous way that is appropriate for their condition and sufficient to adequately examine the relevant information.	Patrick K. MaguireMedical Home Network
9	Payment		2) Lack partity law requiring private payers to reimburse in full.	Katie Bohling/Lurie Children's Hospital
10	Payment		2) Better rates for telepsychiatry	Marvin Lindsey/Community Behavorial Health Association
11	Payment		8) Strike all references to payment policy that treats encounter clinics separate from all other Medicaid eligible facilities or providers for the purposes of paying the facility fee or professional component. Paying both components (professional fee and facility fee) is complicated and causes delay in payment to the provider and increases costs for the encounter clinic to break out and process payments to other health care facilities/providers.	Nina Antoniotti/Southern Illinois University

**The complete set of recommendations, including supporting documentation and reference materials is available for download and review.*

Telemedicine Taskforce
List of Recommended Changes to the Medicaid Program - Sorted By Focus Area
as of 6/5/2018

No.	Area of Focus	Summary of Challenge	Overview of Recommendation(s)	Submitted by Name/Organization
12	Payment	Clarity Around Reimbursements	Illinois Medicaid telehealth regulations were written ten years ago and many stakeholders - including providers, patients and payers - are confusted about what is reimbursable. Both patient and provider site reimbursement elibibility should align with facilities that are currently reimbursed for in-person services to Medicaid beneficiaries. Similarly, provider eligibility shoudl align with existing Illiois Medicaid participating providers delivering in-person services. We also support amending current definitions to align all types of service under one term: telehealth. This would in turn support future coverage parity between medical services and psyciatric services delivered via telehealth, which are currently segmented further by varying provider and facility eligibility.	Patrick Gallagher/Illinois Hospital Association
13	Payment		3)Telehealth should be reimbursed in the same manner and at the same level as comparable in-person services.	Angela Grover/Presence Health
14	Pharmacy		4) Telehealth to manage suboxone? Other medication assisted treatment	Marvin Lindsey/Community Behavorial Health Association
15	Pharmacy		17) For IPS, Telepsychiatry for buprenorphine prescribing is very important for patients with opioid addiction in rural areas where there are very few waivered prescribers.. Please see below and let me know your thoughts as to whether we could have physicians, APNs and PAs do telepsychiatry for MAT based on the fact that President Trump said the opioid crisis is a public health emergency.	Meryl Sosa/Illinois Psychiatric Society

**The complete set of recommendations, including supporting documentation and reference materials is available for download and review.*

No.	Area of Focus	Summary of Challenge	Overview of Recommendation(s)	Submitted by Name/Organization
16	Place	Eliminate the Restrictions on Originating Sites (Patient Sites) - Unnecessary restriction of originating sites and vagueness regarding licensed hospital outpatient departments. Skilled nursing facilities, developmental centers, emergency departments, inpatient facilities, residential psychiatric facilities and schools as well as the home are excluded.	Change Language in Section 140.403(a)(4) to "Facility Fee means the reimbursement made to any Medicaid certified eligible facility or provider organization as originating sites, as defined in 89 Ill. Adm. Code 148.25(d) including substance abuse centers licensed by the Department of Human Services-Division of Alcoholism and Substance Abuse (DASA)," and to define an originating site as "the location of the patient at the time the service is rendered."	Nancy L. Kaszak/Illinois Telehealth Initiative
17	Place	Outdated Regulations - IHA member hosptials view the current Medicaid telehealth requirements as burdensome and not reflective of current practice.	**1) Originating Sites (where patient is located at the time of service:** Expansion of coverage in the following focus areas: Facility Eligibility(Potential Limits=Home): Emergency Departments, Inpatient Hospital Settings, Skilled Nursing Facilities, Schools, Assisted Living Facilities. Provider Eligibility: All Illinois Medicaid Participating Providers, Telepresenter. Staff Presence Requirement (Potential Limits=No Staff Presence Requirement): Staff Immediately Available (On Site) Staff Presence Eligibility: Telepresenter. Specific Telepsychiatry Staff Presence Eligibility: Eliminate Category for Telepsychiatry so Staff Presence Requirements Are Uniform For All Telehealth Services.	Nancy L. Kaszak/Illinois Telehealth Initiative
18	Place		**2) Distant Sites** (where the provider rendering telehealth services is located): Expansion of Coverage in the following focus areas: Facility Eligibility: Emergency Departments, Inpatient Hospital Settings, Outpatient Hospitals, Skilled Nursing Facilities. Provider Eligibility: Clinical Psychologists, Clinical Social Workers, Clinical Professional Counselors. Specific Telepsychiatry Provider Eligibility: Eliminate Separate Category for Telepsychiatry to Provider Eligibility Requirements are Uniform for All Telehealth Services; Service Reimbursement: Care Coordination and Remote Monitoring potentially limiting group psychotherapy and dental assessments.	Nancy L. Kaszak/Illinois Telehealth Initiative
19	Place		3) Medicaid locations be expanded to all healthcare facilities.	Katie Bohling/Lurie Children's Hospital

**The complete set of recommendations, including supporting documentation and reference materials is available for download and review.*

No.	Area of Focus	Summary of Challenge	Overview of Recommendation(s)	Submitted by Name/Organization
20	Place		2) "Facility Fee means the reimbursement made to any Medicaid eligible facility or provider organization as originating sites as defined in 89 ILL. Adm. Cde 148.25(d) including substance abuse centers licensed by the Department of Human Services-Division of Alchoholism and Substance Abuse (DASA)."	Nina Antoniotti/Southern Illinois University
21	Place		7) Strike Hospitals and other residential facilities are expending additional resources to provide access to care and should be eligible for the HCPCs technical component.	Nina Antoniotti/Southern Illinois University
22	Place		9) Strike all separate references to encounter clinics and pay the professional component to the distant site at the rate the distant site is eligible (encounter rate or standard cpt code rate for non-encounter providers)	Nina Antoniotti/Southern Illinois University
23	Place		10) Strike all as these requirements for documentation are not required in Section 140.28 for in-person care and should not be required for TeleHealth visits. The more TeleHealth is treated as the same as in-person care, the less complex the regulatory environment and more adoption of TeleHealth will occur throughout the needed areas in the state of Illinois.	Nina Antoniotti/Southern Illinois University
24	Place		The IHA's immediate telehealth priority is for Medicaid to have greater telehealth coverage by allowing additional sites of service and additional types of clinical staff to be covered and reimbursed. Additionally, we would support that all payers cover telehealth services in the same manner as the in person services. In other words, if an in person service has a telehealth equivalent, it should be covered and reimbursed in an equivalent manner.	Patrick Gallagher/Illinois Hospital Association
25	Place		2)Illinois should reimburse for consultations or care delivered where patients spend a majority of their time - at home, work or school. Expansion of both originating sites and receiving sites is critical for delivering the right care at the right time.	Angela Grover/Presence Health

No.	Area of Focus	Summary of Challenge	Overview of Recommendation(s)	Submitted by Name/Organization
26	Place		1. Access to Telehealth for Adolescents and Adults being served in SUD licensed residential treatment facility with either co-occurring health and mental health conditions	Eric Foster/IABH
27	Place		1. Community-based SUD Licensed treatment provider being approved/authorized as an originating site location.	Eric Foster/IABH
28	Place/Infrastructure		3) Better infrastructure downstate to support telehealth.	Marvin Lindsey/Community Behavorial Health Association
29	Place/Infrastructure		12) The type of interactive telecommunication system utilized at the originating and distant sites shall be documented. Strike as unnecessary.	Nina Antoniotti/Southern Illinois University
30	Place/Intrastructure		1) Amend definition list once all other proposed changes have been made. Use one term – telehealth – to define all types of services available. Proposed definition: "Telehealth" means the use of telecommunications services to encompass four modalities: store and forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site. Standard telephone contacts, facsimile transmissions, or e-mail text, in combination or by itself, does not constitute a telehealth service for the purposes of this section." Eliminate any separate reference to TelePsychiatry	Nina Antoniotti/Southern Illinois University

No.	Area of Focus	Summary of Challenge	Overview of Recommendation(s)	Submitted by Name/Organization
31	Providers	Provider shortages/advanced practice professionals: Illinois Medicaid rules unnecessarily restrict the use of Medicaid eligible practitioners when care is delivered via TeleHealth. Due to shortages of health professionals in both urban and rural areas, practice boards have eased scope-of-practice requirements and many states' Medicaid agencies are reimbursing for more care delivered by advanced practice professionals.	1.) Allowing physicians and advanced practice professionals to work at the top of their licenses can create greater value for the healthcare delivery system as a whole, by improving practice productivity, patient health, revenue, staff satisfaction and workforce retention.	Nancy L. Kaszak/Illinois Telehealth Initiative
32	Providers		2) Providing clarity on the current regulations for mental health-focused advanced practice professionals and other Medicaid eligible advanced practice professionals would be helpful. Any clinician licensed, in good standing with the state of Illinois and registered under the IMPACT program should be able to provide care via TeleHealth. We recommend the language in Section 140.403(b)(1)(B) be changed to "The distant site provider must be an eligible Illinois Medicaid participating provider."	Nancy L. Kaszak/Illinois Telehealth Initiative
33	Providers	Network Adequacy. Additional Medicaid Clarifications to Sought from State Partners	We support additional network adequacy language to clarify that providers preferred by the patient and considered in-network for an in-person service will not be denied by Medicaid fee-for-service or MCOs for that service delivered via telehealth (when applicable). In addition, we support language to clarify that an immediately available in person service preferred by the patient will not be denied by Medicaid fee-for service or MCOs due to the availability of an alternative service delivered via telehealth preferred by insurers.	Nancy L. Kaszak/Illinois Telehealth Initiative
34	Providers		1) Requirement that the Tele-presenter be a certified healthcare professional should be removed.	Katie Bohling/Lurie Children's Hospital
35	Providers		1) Allow tele-health services by NPs/APNs due to lak of psychiatrists.	Marvin Lindsey/Community Behavorial Health Association

**The complete set of recommendations, including supporting documentation and reference materials is available for download and review.*

No.	Area of Focus	Summary of Challenge	Overview of Recommendation(s)	Submitted by Name/Organization
36	Providers		3) "An appropriately trained telepresenter must be present with the patient when medically Necessary."	Nina Antoniotti/Southern Illinois University
37	Providers		4) "The distant site provider must be an eligible Illinois Medicaid participating provider." Section 140.403	Nina Antoniotti/Southern Illinois University
38	Providers		5) Strike all separate provisions for TelePsychiatry. TelePsychiatry is not treated differently than other medical professionals in any other state. All other language changes proposed would govern those providers in the behavioral health sciences, the same as all other professional disciplines.	Nina Antoniotti/Southern Illinois University
39	Providers		11) Strike as unnecessary. State law as well as federal OBRA and COBRA requires communication from consulting providers to referring providers.	Nina Antoniotti/Southern Illinois University
40	Providers		15) Any changes in reimbursement policies that address coverage for Licensed Clinical Social workers (LCSW) and Licensed Clinical Psychologists (LCP) should also include provisions that allow for the use of TeleHealth, as defined by HFS in the proposed changes noted above.	Nina Antoniotti/Southern Illinois University
41	Providers		1)Any licensed clinician, in good standing with the state of Illinois should be able to provide care via telehealth as long as it is clinically indicated.	Angela Grover/Presence Health
42	Providers		2. Increased access for both SUD licensed treatment providers and Community Mental Health Centers to utilize Telehealth to support connecting patients with a aftercare/continuing care placement in order to increase connections to services post treatment and reduce unnecessary re-admissions	Eric Foster/IABH
43	Remote Monitoring	Shortage of Pediatric Pulmonologists resulting in long wait times for treatment.	Mobile-Health and Remote Monitoring	Satyananarayan Hegde/University of Chicago Pediatric Services at Edward & Elmhurst Hospitals

No.	Area of Focus	Summary of Challenge	Overview of Recommendation(s)	Submitted by Name/Organization
44	Remote Monitoring		1. Identify criteria and provide coverage for Hospice and Home Health providers when utilizing remote monitoring and video contact for disease/symptom management when appropriate.	Sheila Guither/OSF Healthcare
45	Remote Monitoring		2. Identify opportunities for Hospice and Home Health providers to utilize remote monitoring services and video to prioritize the type of visit needed (virtual or in-home) based on patient condition.	Sheila Guither/OSF Healthcare
46	Service		6) Strike or adopt the following language: "Group psychotherapy is a covered service equal to in-person care"	Nina Antoniotti/Southern Illinois University