

The State of Telemedicine/Telehealth in Washington

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We've all heard of it; it's not a new concept. According to the American Telemedicine Association: "Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients' health status." Closely associated with telemedicine is the term "telehealth," which is often used to encompass a broader definition of remote healthcare that does not always involve clinical services. Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine and telehealth.

Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology. Telemedicine is not a separate medical specialty. Products and services related to telemedicine

are often part of a larger investment by health care institutions in either information technology or the delivery of clinical care. Even the structure of reimbursement fees sees little to no distinction between services provided onsite and those provided through telemedicine, and often no separate coding is required for billing of remote services.

Telemedicine started over 40 years ago with demonstrations of hospitals extending care to patients in remote areas. The use of telemedicine has spread rapidly and is now becoming integrated into the ongoing operations of hospitals, specialty departments, home health agencies and private physician offices as well as consumers homes and workplaces.

With the Affordable Care Act (ACA), and as cited in an article by FORBES nearly 90% of Americans now have health insurance. In order to offset the cost of overwhelming co-pays and high deductibles, we need to find new, innovative ways to facilitate access to providers that are more cost effective overall. Currently we have an influx of patients and a shortage of doctors. Enter telemedicine. Data shows

that telemedicine can deliver quality outcomes comparable to in-person office visits. A 2011 Center for Disease Control study showed 80% of adults discharged from the emergency room - meaning patients who could be treated and sent home - said they sought care at the ER due to lack of access to a primary care provider (PCP). However, the ER is also the most expensive and least efficient way to provide non-emergent care, costing between \$1,500 to \$3,000 on average compared to \$130 to \$190 for a PCP visit. A telemedicine visit can cost as little as \$40-\$50.

What you need to know: Washington state telemedicine laws:

In April of 2015, Washington state enacted legislation requiring coverage of medical services delivered through telehealth technology, making it the most recent state to join the growing consensus that telehealth is an important component of efficiently delivered health care.

Under Washington's telehealth parity law, health plans are required to cover a service delivered through

“telemedicine” or “store and forward technology,” if the plan covers the service when delivered in person; the service is medically necessary; and the service is “recognized as an essential health benefit” under the ACA.

The legislation defines “telemedicine and “store and forward technology” as follows:

“Telemedicine” means the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. . . . “Telemedicine” does not include the use of audio-only telephone, facsimile, or email.

“Store and forward technology” means use of an asynchronous transmission of a covered person’s medical information from an originating site to the health care provider at a distant site, which results in medical diagnosis and management of the covered person, and does not include the use of audio-only telephone, facsimile, or email.

So this is great for those with private health insurance providers and Medicaid-managed care plans but what about Medicare?

The CMS, Centers for Medicare and Medicaid services have two requirements that must be met

for Medicare reimbursement of Telehealth/Telemedicine.

1. The facility must be an article 28 Facility. The originating site (patient location) must be an article 28 Facility. Facilities include:
 - a. Hospitals
 - b. Critical access hospitals
 - c. Community health centers
 - d. Skilled nursing facilities
 - e. Rural health clinics
 - f. Federally qualified health centers (FQHCs)
2. The originating site (patient location) must be located in a Healthcare Provider Shortage area or HPSA area:
 - a. You must use the most recent Medicare Telehealth Payment Eligibility Analyzer. As of the date of writing this article this site is undergoing changes to its database and is not available for use. There has been talk that the parity will be changing again for 2016 which is good news. Rather than give you this current link, which may be defunct when it next goes live, I will update it in my next article when I know it is yet again live and intact.

This is critical. As of today, the CMS has had three different analyzers online. The disservice here is the fact that they haven’t removed the outdated links and many providers are inadvertently

using these outdated links and think that they are in a HPSA area only to find out 60-90 days later that they are not and all of their billing they have done has been in vain. The medical telemedicine parity act of 2014 creates a phased-out approach over 4 years to expand coverage for telemedicine services and remove the arbitrary barriers (HPSA) for Medicare beneficiaries. That’s great news and should be fully in place by 2018.

Also of note:

- In a recent Grandview research article they forecasted that telehealth/telemedicine would grow in the U.S. to 2.8 billion by 2022.
- You should also know that in a survey done in 2013 in Seattle, Washington, the average wait times for patients to see a doctor in the metro area was 16 days. This number is set to double in the next five years making telehealth even more popular.

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