Interagency Telehealth Guidance

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New York State Telehealth Parity Law

• Requires **commercial insurers** and **Medicaid** to provide reimbursement for services delivered via telehealth if those services would have been covered if delivered in person

  • Public Health Law (PHL) Article 29-G, Social Services Law § 367-u, and Insurance Law § 3217-h
NYS Telehealth Definitions

Insurance Law

• The use of electronic information and communication technologies by a health care provider to deliver health care services to an insured individual while such individual is located at a site that is different from the site where the health care provider is located.

Public Health Law

• The use of electronic information and communication technologies to deliver health care to patients at a distance, which shall include the assessment, diagnosis, consultation, treatment, education, care management and/or self-management of a patient.
NYS Interagency Telehealth Guidance
Guidance

• Inter-agency guidance document in development
  • DOH, OMH, OASAS, OPWDD

• Full NYS license/certification and current registration are required for telehealth practitioners.

• All laws, rules, regulations, standards and competencies apply:
  • SED professional scope of practice
  • Privacy and confidentiality
  • Patient consent and record-keeping
## Recognized Telehealth Modalities

<table>
<thead>
<tr>
<th>Recognized Telehealth Modalities</th>
<th>Static transmission of data or interactive teleconferencing telepractice applications</th>
<th>Telemedicine</th>
<th>Telemental Health</th>
<th>Telepractice</th>
<th>Telehealth, Store-and-forward technology, Remote Patient Monitoring</th>
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</thead>
</table>

## Guidance

- The broad definition of telehealth under Insurance Law allows for reimbursement of all applications/modalities. Practitioners and patients/consumers should be mindful of specific contracting agreements for services.
- Three applications of telehealth are reimbursable through the Medicaid program; OPWDD also recognizes these applications: telehealth, store-and-forward technology and remote patient monitoring.
- OMH and OASAS have regulations for telemental health and telepractice, respectively, which align with the Medicaid definition of telemedicine.
<table>
<thead>
<tr>
<th>Regulations</th>
<th>State Education Department</th>
<th>Depart. of Health</th>
<th>Office of Mental Health</th>
<th>Office of Alcoholism and Substance Abuse Services</th>
<th>Office for People With Developmental Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title VIII licensure requirements for practitioners</td>
<td>None</td>
<td>14 NYCRR Parts 596 establish standards and parameters for use of telemental health in Article 31 sites.</td>
<td>14 NYCRR Part 830 establish standards and parameters for use of telepractice in OASAS certified sites.</td>
<td>14 NYCRR Part 679 will allow for some services and clinic visits to be delivered in person/face-to-face or via telehealth. These services will be outlined in the ADM.</td>
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**Guidance**

- Practitioners providing services via telehealth must conform to SED regulations in accordance to their scope of practice, etc.

- Although there are no DOH regulations specific to telehealth, all health care services delivered via telehealth must conform to same governing statutes and regulations for the setting in which the service would have been provided.
NYS Agency Approval to Deliver Services via Telehealth

No specific approval is needed from DOH or OPWDD
- OPWDD regulations prohibit providers approved for the reimbursement of the IPSIDD (Independent Practitioner Services for Individuals with Developmental Disabilities) rate to provide services through telehealth.
- OPWDD’s Telehealth ADM will identify services that may be delivered via Telehealth.

OMH and OASAS require agency approval of telemental health and telepractice, respectively.
- OMH requires approval by the field office through submission of a written plan.
- OASAS requires approval for a certified program to become designated to provide telepractice services.
  - Telepractice services are limited.
  - Designation requires submission of a written plan and attestation.
Reimbursement for Telehealth: Summary & Guidance

If a service is covered for reimbursement if delivered in person, it should also be covered if delivered via telehealth per Insurance Law and Public Health Law.

- **Insurance Law** contains a broad definition of telehealth.
  - Division of Financial Services includes reference to telehealth in its model contracts available at: [https://www.dfs.ny.gov/apps_and_licensing/health_insurers/model_language](https://www.dfs.ny.gov/apps_and_licensing/health_insurers/model_language)

- **Public Health Law** defines telehealth and three specific modalities eligible for Medicaid reimbursement.
Reimbursement for Telehealth: Summary & Guidance

OPWDD regulations and the corresponding ADM will allow for telehealth services, as specified in the ADM, to be reimbursed by Medicaid if the service meets PHL requirements or by a health maintenance organization.

- IPSIDD enhanced reimbursement rates are excluded from being provided via telehealth.

OMH and OASAS regulations authorize approved providers to submit a Medicaid claim for telemental health and telepractice through the originating site if the following requirements are met:

- The patient is at the originating site and practitioner is at the distant site;
- The patient must be located at an agency-designated program or location;
- Documentation of the request, the rationale for the request, the encounter or consultation, the results and the communication of the results must be made in the patient’s clinical or case record; and
- The practitioner must be licensed in NYS, practicing within their scope at a distant site that participates in Medicaid and is affiliated with the originating/spoke site facility.