



WISCONSIN DEPARTMENT
of HEALTH SERVICES

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Medicaid
Services

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Telehealth Expansion

Stakeholder Engagement
Input Session

Agenda

- Overview of Telehealth Expansion
- Policy information specific to behavioral treatment
- Input from attendees
- Questions from attendees

Questions During This Input Session

- During this meeting, send your questions and comments via chat box.
- If you are calling in with voice only and cannot use the chat box, we will hold time for your question at the end, or your question can be emailed (link on next slide.)

Questions After This Input Session

After this input session, send your questions and comments to dhstelehealth@dhs.wisconsin.gov:

- Use “Telehealth behavioral treatment benefit” in the subject line.
- Include the presentation date within your email if possible.

Overview of Telehealth Expansion

Expanded Telehealth Policy Vision

The expansion of telehealth services in Wisconsin broadens the definition of what is considered telehealth:

- Current definition
- Interactive services
- Remote patient monitoring
- Asynchronous services
- Provider-to-provider consults
- Medicare

Telehealth Definition

- A practice of health care delivery, diagnosis, consultation, treatment, or transfer of medically relevant data by means of audio, video, or data communications that are used either during a patient visit or consultation or are used to transfer medically relevant data about a patient.
- Division of Medicaid Services (DMS) may consider reimbursement for audio-only phone, fax, or email.

Interactive Services

Telehealth is delivered using multimedia communication technology that permits two-way, real-time, interactive communications between a provider at a distant site and the Medicaid member or the member's provider.

Interactive Services (Cont.)

- Current Policy: DMS reimburses for select services.
- New Policy: DMS will reimburse for additional functionally equivalent telehealth services.

Remote Patient Monitoring

Technology is used to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers in a different location for assessment and recommendations.

Remote Patient Monitoring (Cont.)

- Current Policy: DMS reimburses for the majority of remote patient monitoring services.
- New Policy: DMS will reimburse for additional remote patient monitoring services.

Asynchronous Services

This is a mode of interaction used between two or more parties in which the exchange of information does not require simultaneous interactive participation.

Asynchronous Services (Cont.)

- Current Policy: DMS reimburses limited services delivered via asynchronous/store-and-forward telehealth.
- New Policy: DMS will reimburse for specific remote patient monitoring and asynchronous services.

Provider-to-Provider Consults

A patient's treating provider requests the opinion and/or treatment advice of a consultant with specific specialty expertise to assist the treating provider **without the need for the patient's face-to-face contact with the consultant.**

Provider-to-Provider Consults (Cont.)

- Current Policy: DMS does not reimburse separately for consultations between providers regarding a member.
- New Policy: DMS may reimburse separately for consultations between providers regarding a member.

Medicare

Services already covered under Medicare will be covered under Medicaid when possible.

Medicare (Cont.)

- Current Policy: DMS reimburses for select Medicare services delivered via telehealth.
- New Policy: DMS will reimburse for additional services covered under Medicare.

Transitioning to New Policy



The following priority service areas have been identified based on need and opportunity:

- School-based services
- Provider-to-provider consults
- Pharmacy medication therapy management
- Medicare parity
- Targeted case management
- Therapies (Occupational therapy, physical therapy, speech therapy)
- Home and community-based services
- Behavioral health (Mental health, substance abuse, behavioral treatment)
- Remote patient monitoring
- Dentistry
- Select asynchronous services

Policy Information Specific to Behavioral Treatment

Behavioral Treatment-Specific Policy

- Current permanent policy excludes behavioral treatment from telehealth coverage.

Behavioral Treatment-Specific Policy (Cont.)

- Current temporary policy covers behavioral treatment services:
 - Direct treatment (97153)
 - Supervision and protocol modification (97155)
 - Parent training (97156)
 - Team meetings (97156)
 - Assessment and follow up (97151–97152)

Behavioral Treatment-Specific Policy (Cont.)

- Expanded permanent telehealth policy will continue to cover behavioral treatment:
 - Direct treatment (97153)
 - Supervision and protocol modification (97155)
 - Parent training (97156)
 - Team meetings (97156)
 - Assessment and follow up (97151–97152)

Behavioral Treatment-Specific Policy (Cont.)

- Policy is under consideration for audio-only services.

Input From Attendees

DHS Would Like to Know

Question 1

Do you have any comments or concerns on ForwardHealth's proposed definition of "face-to-face equivalence"?

DHS Would Like to Know (Cont.)

“Face-to-face equivalence for interactive telehealth services exists when a service is delivered from outside the physical presence of a Medicaid participant by using audio, video, or telecommunication technology, but only if there is no reduction in quality, safety, or effectiveness. Documentation must support the service rendered.”

DHS Would Like to Know (Cont.)

Question 2

What additional service areas should ForwardHealth consider for coverage in the next wave of telehealth implementation?

DHS Would Like to Know (Cont.)

Question 3

Should all levels of staff be allowed to deliver services via telehealth?

DHS Would Like to Know (Cont.)

Question 4

How often should the licensed supervisor see the member in person?

- For comprehensive services
- For focused services

DHS Would Like to Know (Cont.)

Question 5

Should ForwardHealth consider limits on the proportion of services delivered via telehealth compared to in-person?

- For direct services
- For family treatment guidance

DHS Would Like to Know (Cont.)

Question 6

Should ForwardHealth consider limits on the hours of supervision provided via telehealth compared to in-person?

Questions From Attendees

What questions do you have?

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Resources

- Submit additional questions and concerns to our email box at dhstelehealth@dhs.wisconsin.gov.
- A DHS webpage and listserv are coming soon.

Thank you for your input.

Your input will help us with:

- Determining policy.
- Establishing best practices.
- Creating technical assistance.
- Sharing FAQs and resources.