

TERMINOLOGY

The terminology of telehealth and telemedicine is still evolving.

1. **TELEHEALTH: (Broad)** Use of electronic information and telecommunications to support long-distance clinical care, patient and professional health-related education, public health, and health administration.
2. **TELEMEDICINE: (Less broad)** Use of any technology-based interaction between patient and medical providers/staff for purpose of CLINICAL care of patient without a face-to-face visit.
3. **E-VISITS: DIGITAL** interaction between provider and patient initiated by patient usually VIA electronic health record (EHR) PORTAL
4. **LIVE VIDEO:** Real-time, two-way audio-visual interaction between person (patient and/or caregiver) and a provider using audiovisual telecommunications technology. This type of service may serve as a substitute for an in-person encounter when it is not available.
5. **MOBILE HEALTH:** Mobile health or mHealth: new, exciting, and rapidly evolving aspect of technology-enabled health care, is the provision of health care services and collection of personal health data via mobile devices.
6. **REMOTE PATIENT MONITORING:** Remote patient monitoring (RPM) uses digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers. Example: Continuous glucose monitoring (CGM) via smartphone upload to electronic platform and/or EHR.
7. **STORE AND FORWARD:** Store-and-forward allows electronic transmission of medical information, such as digital images, documents, and pre-recorded videos through secure email or portal communication. Example: picture of rash messaged to EHR Portal messaging or through direct email (HIPAA compliant secure email).
8. **ORIGINATING SITE:** is the **LOCATION OF THE PATIENT** when the telehealth visit takes place.

MEDICARE: ORIGINATING SITE RESTRICTIONS (FROM Center for Connected Health Policy (CCHP))

BEFORE the Public Health Emergency (PHE), a CMS patient must be ~~in~~:

1. Outside a Metropolitan Statistical Area (MSA). (Determined by Census Bureau)
2. In a Rural Health Professional Shortage Area (HPSA) in a rural census tract (determined by HPSA);
OR
3. From an entity that participates in a federal telemedicine demonstration project approved by the Secretary of HHS as of Dec 31, 2000;
AND
4. Be in one of any ~~a~~-specific eligible sites:
 - Physician and practitioner offices
 - Hospitals
 - Critical Access Hospitals (CAHs)
 - Rural Health Clinics
 - Federally Qualified Health Centers
 - Hospital-based Renal Dialysis Centers (including satellites)
 - Skilled Nursing Facilities (SNFs)
 - Community Mental Health Centers (CMHCs)
 - Renal Dialysis Facilities*
 - Homes of beneficiaries with End-Stage Renal Disease (ESRD) getting home dialysis
 - Mobile Stroke Units* (geographic requirement relaxed in acute stroke)
 - Home of patient receiving treatment for SUD/Opioid Abuse and co-occurring mental health disorders*

* Geographic limit may not apply to these facilities in certain circumstances

NEW UPDATE MEDICARE ORIGINATING SITE RULES: Due to passing of Consolidated Appropriations Act of 2021 HR 133 passed Dec 21, 2020. (Info from CCHP)

- **Rural Emergency Hospital (REH)** becomes a new CMS designation for hospitals with **less than 50 beds** and can now act as originating site (but must still meet HPSA and provider type requirements).
- **Mental health patients** (in addition to those who already qualify due to Substance Use Disorder) can now receive telehealth evaluation, counseling and management of mental health issues in the **home** as originating site (but not work or school) without geographic restrictions. **They will require an in-clinic visit 6 months** prior to the home encounter with the telehealth provider.

NEW UPDATE MEDICARE ORIGINATING SITE RULES: Due to CONNECT for HEALTH ACT 2021, in effect Jan 1, 2021: Info from CCHP

- HHS Secretary has the ability to waive any and all geographic restrictions, originating site restrictions. (no longer has to be passed by Congress)
- Mental health services including those for Substance Use Disorder already allowed, can be provided through telehealth with the patient's home as originating site without geographic restrictions.
- Geographic requirement does not apply to those receiving emergency care through telehealth through a critical access hospital, hospital or skilled nursing facility.
- FQHCS and RHCS become permanent originating sites regardless of geographic status. Can also be distant sites if visit rules apply.
- Geographic and originating site exemption for Indian Health Service Facilities
- Allows for recertification of HOSPICE care through telehealth

WV MEDICAID SPECIFIC ORIGINATING SITE RULES: QUALIFYING ORIGINATING SITES: BILL AS Q3014.

BEFORE PHE/Permanent: Patient must be in

- Physician or practitioner offices
- Hospitals
- CAH
- RHCs
- FQHC
- Hospital based or CAH based Renal Dialysis centers
- SNF
- Licensed Behavioral Health Centers (LBHC)
- School based Health Service Sites
- Home of members who are receiving treatment of substance abuse and /or mental health disorders via telehealth as identified in chapters 503, 504, 522 538 of the WB BMS policy manual.

DURING PHE:

- Where-ever the patient is located.

9. **DISTANT SITE:** location where the **PROVIDER is located.**

WV Medicaid: Moved to **permanently (not just during PHE)** allow Clinical psychologists and Psychiatrists at FQHCs and RHCs to act as a **DISTANT site.**

Medicare does not define “distant site” locations except for the following:

- BEFORE and DURING PHE: Providers CANNOT be PHYSICALLY OUTSIDE THE USA when providing services.
- BEFORE PHE: *RHCs and FQHC are not “eligible CMS distant site providers” in Section 1834(m) (1) of the Act permanently. * (From 2021 CCHP Telehealth Billing Guide)
- DURING PHE: Distant site requirement waived. *RHCs and FQHC will not be paid their typical prospective payment system (PPS) or the “All-inclusive rate” (AIR). They are paid \$92.03 per visit through billing HCPCs Code G2025.

10. **ELIGIBLE PROVIDER:**

CMS Eligible Providers: ability to bill Medicare through telehealth

- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Nurse midwives
- Clinical nurse specialists (CNSs)
- Certified registered nurse anesthetists
- Clinical psychologist (CPs) and clinical social workers (CSWs)
- Registered dietitians or nutrition professionals
- * During the PHE this was extended to include ANY provider who has the ability to bill Medicare including PT, OT, Speech pathologists and others.

WV MEDICAID SPECIFIC **QUALIFIED DISTANT SITE** Providers (permanent):

- Physicians
- PA
- APRNs/NP
- Certified Nurse Midwife
- Clinical Nurse Specialist
- Community Mental Health Center (CMHC)
- Licensed Behavioral Health Center (LBHC)
- Licensed psychologist or supervised psychologist
- licensed independent Clinical social worker
- Licensed professional counselor
- Clinical Psychologists and Psychiatrists at FQHCs and RHCs

HOW DOES IT FIT TOGETHER?

