



**Department
of Health**

New York State Telehealth Parity Law Update

**Lisa Ullman, Director
Center for Health Care Policy and Resource Development**

November 2015

Growth of Telehealth in Health Care Delivery

- Growing population
- Provider shortages
- Increase of older, home-bound, physically-challenged individuals coping with chronic diseases
- Lack of access to medical services in rural and geographically isolated areas
- Explosion in computer-based technology
- Consumer population at ease with computer-based/electronic transactions

(Balancing Access, Safety and Quality in a New Era of Telemedicine, Federation of State Medical Boards, 2011)



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Benefits of Telehealth

For Providers:

- Addresses workforce maldistribution issues
- Reduces isolation experienced by providers
- Makes subspecialty decision support readily available
- Makes more effective use of limited specialist time
- Allows for better coordination of care across the health care continuum
- Can prevent unnecessary ED visits, hospital admissions, and readmissions

For Patients:

- Improved access to primary and specialty care
- Care delivery can be more patient-centered
- Reduces or eliminates geographic and socioeconomic barriers
- Diminished wait times and travel time
- Timelier care



Telehealth in New York State

- Many successful initiatives are currently in place
- Interest and momentum are building
- Implementation barriers still exist

Current Medicaid Telehealth Coverage

- Telemedicine has been covered by FFS Medicaid in specific settings and by specific provider types since September 2006
 - Coverage was expanded in February 2010, October 2011 and most recently in March 2015
 - Coverage is provided for telemedicine (live, interactive, audio-visual communication) only
 - Policy applies to Medicaid FFS. MMC plans can cover telemedicine at their option.
- Home telehealth reimbursement was authorized under PHL §3614-3(c) in 2008 for certified home health agencies and long term home health care programs

Telehealth Parity Law

- New York became the 22nd state to pass telehealth reimbursement parity legislation.
 - Chapter 550 of the Laws of 2014, as amended by Chapter 6 of the Laws of 2015, signed by Governor Cuomo in March 2015
 - Requires commercial insurers and the Medicaid program to provide reimbursement for services delivered via telehealth if those services would have been covered if delivered in person
 - Amends Public Health Law (PHL), Social Services Law (SSL), and Insurance Law
 - Effective January 1, 2016

Changes to Public Health Law

- Adds a new PHL Article 29-G – “Telehealth Delivery of Services”
 - Provides clear definitions to serve as a foundation for telehealth practice in New York State (PHL §2999-cc)
 - Authorizes reimbursement under Section 367-u of SSL (PHL §2999-dd)

Telehealth Definition

- **Telehealth** is defined as “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.”

Telehealth Definition

- Telehealth is limited to:
 - Telemedicine
 - Store-and-forward
 - Remote patient monitoring

- Telehealth excludes audio-only, fax-only, and email-only transmissions

Telemedicine Definition

- **Telemedicine** is defined as “the use of synchronous two-way electronic audio visual communications to deliver clinical health care services which shall include the assessment, diagnosis, and treatment of a patient, while such patient is at the originating site and a telehealth provider is at a distant site.”
 - Distant site – location of the telehealth provider
 - Originating site – location of the patient

Store-and-Forward Definition

- **Store-and-forward** is defined as “asynchronous, electronic transmission of a patient’s health information in the form of patient-specific digital images and/or pre-recorded videos from a provider at an originating site to a telehealth provider at a distant site.”

Remote Patient Monitoring (RPM) Definition

- **Remote patient monitoring** is defined as “the use of synchronous or asynchronous electronic information and communication technologies to collect personal health information and medical data from a person at an originating site that is transmitted to a telehealth provider at a distant site for use in treatment and management of medical conditions that require frequent monitoring.”



Telehealth Provider Definition

- Providers eligible for reimbursement include:
 - Physician
 - Physician Assistant
 - Dentist
 - Nurse Practitioner
 - Podiatrist
 - Optometrist
 - Psychologist
 - Social Worker
 - Speech Pathologist
 - Audiologist
 - Midwife
 - Certified Diabetes Educator
 - Certified Asthma Educator
 - Genetic Counselor
 - Hospital
 - Home Care
 - Hospice
 - Registered Nurses, only when receiving data by means of RPM
 - Any other provider as determined by the Commissioner pursuant to regulation

Distant Site Definition

- **Distant site** is defined as “a site at which a telehealth provider is located while delivering health care services by means of telehealth.”

Originating Site Definition

- **Originating site** is defined as “a site at which a patient is located at the time health care services are delivered to him or her by means of telehealth.”
- Eligible originating sites include:
 - PHL Article 28 facilities
 - PHL Article 40 facilities
 - Mental hygiene facilities
 - Private physician’s offices
 - Patient’s place of residence when a patient is receiving services by means of remote patient monitoring

Changes to Social Services Law

- Sections 367-u of Social Services Law was amended to read:
 - “Subject to federal financial participation and the approval of the director of the budget, the commissioner shall not exclude from the payment of medical assistance funds the deliver of health care services through telehealth as defined in subdivision four of §2999-cc of the Public Health Law. Such services shall meet the requirements of federal law, rules and regulations for the provision of medical assistance pursuant to this title.”

Changes to Insurance Law

- Adds new Insurance Law §3217-h, §4306-g, §4406-g – “Telehealth Delivery of Services” provisions:
 - “An insurer shall not exclude from coverage a service that is otherwise covered under a policy... because the service is delivered via telehealth...”
 - “...An insurer may exclude from coverage a service by a health care provider where the provider is not otherwise covered under the policy.”

Changes to Insurance Law

- **Telehealth** definition:
 - “The use of electronic and 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.”

	Current Medicaid Policy (as of March 2015)	Parity Law also includes (Effective January 2016)
Eligible modalities	Telemedicine (live, interactive audio-visual communication) Home telehealth (as authorized under PHL §3614-3(c))	Remote patient monitoring (RPM) Store-and-forward
Eligible “hub” sites (distant site/ location of consulting practitioner)	<ul style="list-style-type: none"> • Article 28 Hospitals • Article 28 Diagnostic & Treatment Centers (D&TCs) • Article 28 Facilities Providing Dental Services • Federally Qualified Health Centers (FQHCs) that have “opted into” APGs • Office of Mental Health facilities • Practitioner Offices 	<ul style="list-style-type: none"> • Article 36 Home Care Services Agencies • Article 40 Hospices
Eligible “spoke” sites (originating site/ location of patient)	<ul style="list-style-type: none"> • Article 28 Hospitals • Article 28 Diagnostic & Treatment Centers (D&TCs) • Article 28 Facilities Providing Dental Services • Federally Qualified Health Centers (FQHCs) • Non-FQHC School Based Health Centers (SBHCs) • Office of Mental Health facilities • Practitioner Offices 	<ul style="list-style-type: none"> • Article 40 Hospices • A patient’s place of residence, when receiving remote patient monitoring services
Eligible “hub” site practitioners	<ul style="list-style-type: none"> • Physician Specialists (including Psychiatrists) • Certified Diabetes Educators (CDEs) • Certified Asthma Educators (CAEs or A-ECs) • Genetic Counselors Psychiatric Nurses Practitioners • Clinical Psychologists • Dentists • Licensed Clinical Social Workers (LCSWs) and Licensed Master Social Workers (LMSWs) employed by an Article 28 clinic (current coverage policy applies) 	<ul style="list-style-type: none"> • Physicians • Physician Assistants • Nurse Practitioners • Podiatrists • Optometrists • Speech Language Pathologists • Audiologists • Midwives • Other providers as determined by the Commissioner • Registered nurse (for use of RPM only)

Implementation

- Regulations related to the Telehealth Parity Law are under development.
- The DOH website will be updated with information, resources, and FAQs related to telehealth reimbursement and other telehealth implementation issues.
- Questions from providers can be directed to telehealth@health.ny.gov.