



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

March 4, 2020

The Honorable Shane Pendergrass, Chair
House Health and Government Operations Committee
Room 241, House Office Building
Annapolis, MD 21401-1991

RE: Letter of Support with Amendments – HB 1208 – Maryland Medical Assistance Program – Telehealth – Pilot Program

Dear Chair Pendergrass and Committee Members:

The Department of Health (“the Department”) respectfully submits this letter of support with amendments regarding HB 1208 – Maryland Medical Assistance Program – Telehealth – Pilot Program.

As introduced, HB 1208 would require the Department to apply to the Centers for Medicare and Medicaid Services for an amendment to certain waivers to implement a pilot program to provide telehealth services to recipients under the Maryland Medical Assistance Program, regardless of the recipient’s location at the time services are delivered. The bill also requires the Department to administer the pilot program for a period of five years beginning October 1, 2020.

The Department is dedicated to implementing a telehealth policy that best serves the needs of Maryland residents enrolled in the Medicaid program. In interest of this goal, the Department has made a series of incremental expansions to its Telehealth Program over the last several years. Most recently, the Department eliminated all restrictions on providers authorized to serve as a distant site. Any and all provider types are now permitted to receive reimbursement for services rendered under the Department’s telehealth regulations, as long as the provider’s licensing board allows telehealth in its scope of practice. For more information about the telehealth implementation, please see the two attached documents. The Department is agreeable to exploring the expansion of telehealth services to recipients regardless of their physical location at the time services are delivered, through a pilot program.

The Department discussed the attached amendments with the bill sponsor and believe she supports them in concept. To that end, the Department supports HB 1208 with the attached amendments.

Thank you for your consideration of this information. If you have questions or need more information about this subject, please contact Webster Ye, Director of Governmental Affairs, at (410) 260-3190 or webster.ye@maryland.gov.

Sincerely,

Robert R. Neall
Secretary

AMENDMENTS TO HOUSE BILL NO. 1208

AMENDMENT NO. 1

On page 1, strike beginning with line 23 down through line 33, on page 2, inclusive, and substitute the following:

(A) ON OR BEFORE DECEMBER 1, 2020, THE DEPARTMENT SHALL APPLY TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES FOR AN AMENDMENT TO THE STATE’S §1115 DEMONSTRATION WAIVER, HEALTHCHOICE, TO IMPLEMENT A PILOT PROGRAM TO PROVIDE LIMITED TELEHEALTH COVERAGE IN A HOME SETTING.

(B) IF THE AMENDMENT IS APPROVED UNDER SUBSECTION (A) OF THIS SECTION, THE DEPARTMENT SHALL ADMINISTER THE PILOT PROGRAM.

(C) THE DEPARTMENT MAY LIMIT:

(1) THE TYPE OF TELEHEALTH SERVICES AVAILABLE UNDER THE PILOT PROGRAM TO BEHAVIORAL HEALTH SERVICES OR CHRONIC CARE SERVICES THAT ARE DELIVERED IN A HOME SETTING;

(2) THE TOTAL NUMBER OF PARTICIPANTS IN THE PILOT PROGRAM;

(3) THE TOTAL NUMBER OF PROVIDERS ELIGIBLE TO DELIVER TELEHEALTH SERVICES UNDER THE PILOT PROGRAM; AND

(4) OPERATION OF THE PILOT PROGRAM TO CERTAIN GEOGRAPHIC REGIONS OF THE STATE.

AMENDMENT NO. 2

On page 3, in line 1, strike “July 1, 2020” and substitute “**OCTOBER 1, 2020**”.

On page 3, in line 2, strike “June” and substitute “**SEPTEMBER**”.



Telehealth Utilization

The Maryland Department of Health (the Department) Telehealth Program covers services delivered to Medicaid participants enrolled in the HealthChoice managed care program and on a fee-for-service (FFS) basis statewide. Since October 2019, all providers enrolled in the Medical Assistance Program may practice telehealth as a distant site so long as it is within the scope of their license.

To bill for telehealth services, the distant site provider uses a GT modifier on their claim.¹ In FY 2018:

- Almost 7,000 unique participants received a telehealth service,
- More than 26,000 services delivered via telehealth, and
- More than 90 percent of telehealth services delivered were behavioral health.

FFS and MCO Utilization for FY 2017 and FY 2018

The majority of telehealth services are delivered on a FFS basis. From FY17 to FY18, the number of Medicaid participants accessing FFS telehealth services grew by 42% and the number of FFS telehealth services delivered increased by 57%.

Table 1: FFS Telehealth Services—Total Individuals and Services with a GT modifier, FY17 & FY18

	FY17	FY18
Number of Enrollees	4,536	6,433
Number of Services	18,722	29,441
Total Payments	\$1,347,992	\$2,301,623

MCOs reimburse a relatively small volume of telehealth services by comparison. In FY17, 948 participants received 1,193 services with the GT modifier (see Table 2). In FY18, the number of participants and telehealth services decreased, with 501 unique participants receiving 993 services.

Table 2: MCO Telehealth Services—Total Individuals and Services with a GT Modifier, FY17 & FY18

	FY17	FY18
Number of Enrollees	948	501
Number of Services	1,193	933

Remote Patient Monitoring

The Telehealth Program includes Remote Patient Monitoring (RPM) for specific chronic conditions. Service uptake has been limited. Fewer than 10 participants utilized RPM under FFS in both FY17 and FY18. Fewer than 10 participants utilized RPM through their MCO in FY 2017 and 23 participants utilized RPM in FY18.

Conclusion

The Department has seen increases in telehealth utilization over the last several fiscal years. The Department expects utilization to continue to grow, with further increases following removal of distant site limitations.

¹Based on historical data, providers may not consistently use the GT modifier. Until October 2019, the Department reimbursed originating sites a transmission fee. The total transmission fee claims exceeded total GT modifier claims by >500 in FY17 and >400 in FY18. As a result, actual utilization of telehealth services may be higher than the data presented.

Brief Overview: Progression of Maryland's Telehealth Program

2010: Telemental Health Program Begins

- Mental Hygiene Administration & Medicaid Program implemented Telemental Health Program.
- **Population Served:** Participants in designated rural counties
- **Originating Sites:** OMHCs, hospitals & federally-qualified health centers (FQHCs)
- **Distant Sites:** Licensed psychiatrists

2013: Implementation & Expansion

- Rural Access Telemedicine Program & the Cardiovascular Disease & Stroke Telemedicine Program implemented
- **Population Served:** Participants in one of 15 designated rural counties OR participants who sought care for cardiovascular disease & stroke in a hospital emergency department regardless of geographic location
- **Provider Types:** Physicians, nurse practitioners, & nurse midwives
- **Originating Sites:** Facility in one of 15 designated rural counties
- **Distant Sites:** Consulting providers

2014: Statewide Expansion

- Telehealth Program expanded to cover services on a statewide basis.
- **Population Served:** All Medicaid participants eligible to receive telehealth services regardless of how they qualify for benefits, whether on a fee-for-service (FFS) basis or through the HealthChoice managed care program.

2015: Combining Two Programs

- October 1, 2015: Telemedicine & Telemental Health Programs combined into the Telehealth Program
- **Population Served:** Same as 2014
- **Administrative Requirements:** Providers must complete an application & provider addendum to participate in the Telehealth Program

2018: Remote Patient Monitoring Program

- **Goal:** Reduce readmissions & emergency department (ED) visits, improve quality of care
- Targets participants with diabetes, congestive heart failure, or chronic obstructive pulmonary disease (COPD) who have had 2 hospitalizations, 2 ED visits, or 1 of each

2019: Lifting of Provider Site Restrictions

- Removed restriction on distant site.
- Eliminated provider registration process.
- Discontinued transmission fee. Delivery of care through telehealth treated the same as an in-person visit.

2020: Maryland's Telehealth Program Today

Technological advances are reducing barriers to access while reducing the cost of providing services to patients. At inception, the transmission fee offset the expenses of telehealth equipment & software to engage in & to facilitate the use of telehealth. Because equipment & software are now more widely available, the telehealth transmission fee has been discontinued. This is consistent with policies adopted by other states.

Any & all provider types are now permitted to receive reimbursement for services rendered under the Department's telehealth regulations as long as the provider's licensing board allows telehealth in its scope of practice. Distant site restrictions have been eliminated.

Originating Sites:

- College or university student health or counseling office
- Community-based SUD provider
- Elementary, middle, high, or technical school w/a supported nursing, counseling or medical office
- Local health department
- FQHC
- Hospital, including the emergency department
- Nursing facility
- Opioid treatment program (OTP)
- Outpatient mental health center (OMHC)
- Physician, psychiatric nurse practitioner, nurse practitioner, or nurse midwife office
- Renal dialysis center
- Residential crisis services site

- A deaf or hard of hearing participant's home or any other secure location as approved by the participant & the provider

Telehealth Utilization

- Almost 7,000 unique participants received a telehealth service in FY 2018.
- More than 26,000 services delivered via telehealth in FY 2018.
- More than 90 percent of telehealth services delivered were behavioral health.