Telemedicine in Mississippi Medicaid

Dorthy Young, PhD, MHSA
Who is Enrolled?

The percentage of the populations we serve are listed from highest to lowest:

- Children
- Low Income Parents/Caretakers
- Disabled (Supplemental Security Income)
- Dually eligible
- Family Planning
- Pregnant Women

740,937
Medicaid beneficiaries

49,399
CHIP beneficiaries

790,336
Total enrollment

As of June 2015
Eligibility Guidelines

• Federal Medical Assistance Percentage (FMAP)
  Lowest match 50%, MS has highest match at 73.58%
• Eligibility determined by income and SSI status
• Based on the Federal Poverty Level (FPL)

2015 Federal Poverty Level Guidelines

<table>
<thead>
<tr>
<th>Family Size</th>
<th>100%</th>
<th>133%</th>
<th>138%</th>
<th>143%</th>
<th>194%</th>
<th>209%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>11,770</td>
<td>15,654</td>
<td>16,243</td>
<td>16,831</td>
<td>22,834</td>
<td>24,599</td>
</tr>
<tr>
<td>2</td>
<td>15,930</td>
<td>21,187</td>
<td>21,983</td>
<td>22,780</td>
<td>30,904</td>
<td>33,294</td>
</tr>
<tr>
<td>3</td>
<td>20,090</td>
<td>26,720</td>
<td>27,724</td>
<td>22,729</td>
<td>38,975</td>
<td>41,988</td>
</tr>
<tr>
<td>4</td>
<td>24,250</td>
<td>32,253</td>
<td>33,465</td>
<td>34,678</td>
<td>47,045</td>
<td>50,683</td>
</tr>
</tbody>
</table>
DEFINING THE PROBLEM
Mississippi Medicaid Population is Medically Challenging

- Poorest state
- Ranks 50th in overall health statistics
- Ranks 50th in low birth weight infants
- Ranks 49th in obesity
- Ranks 48th in diabetes
- Ranks 48th in hypertension
U.S. Health Ranking

**Top Five States**
- Hawaii (1)
- Vermont (2)
- Massachusetts (3)
- Connecticut (4)
- Utah (5)

**Bottom Five States**
- Oklahoma (46)
- Kentucky (47)
- Louisiana (48)
- Arkansas (49)
- Mississippi (50)
THE ARGUMENT FOR TELEHEALTH

- Tech-savvy Consumer Population
- Growing Population in The US
- Surge in Computer-based Technology
- Provider Shortage
- Lack of Access to Medical Services
- Increase in Aging Citizens

Growing Population
Increase in Aging Citizens
Provider Shortage
Surge in Computer-based Technology
Lack of Access to Medical Services
Tech-savvy Consumer Population

The Argument for Telehealth

- Surge in Computer-based Technology
- Provider Shortage
- Lack of Access to Medical Services
- Increase in Aging Citizens
- Tech-savvy Consumer Population
- Growing Population in The US
Reaching Our Beneficiaries

60% of Mississippi residents live in a rural setting

37% of Mississippi residents live in medically underserved communities

Most Mississippians travel 40-min. to receive specialty healthcare
Major Medicaid Provider Payments (in millions)

Note: Numbers represent fee-for-service and exclude managed care payments. FY2013 nursing facility payments include UPL totaling approximately $63m. NF UPL payments made in FY2012 were approximately $18m and $15 million in FY2011.
OVERCOMING THE OBSTACLES
Where to Get Started

Provider Collaboration
Executive Support
Legislative Support
Innovative Coverage
Reimbursement Methodology
Telehealth Policy

Telehealth Enhancement Act of 2013: HR 3306

As noted by the American Telemedicine Association’s (ATA) comparison of telemedicine coverage and reimbursement standards for every state in the US, Mississippi is one of seven states that averaged the highest composite score suggesting a supportive policy landscape that accommodates telemedicine adoption.

*State Telemedicine Gaps Analysis, September 2014*
Support from the Governor

*Diabetes Project in MS*

In his "State of the State" speech, Mississippi Governor, Phil Bryant announced a new statewide telehealth effort focused on local diabetes patients.

The Mississippi Diabetes Telehealth Network
Telemedicine Pilot Program

University of Mississippi Medical Center

July 1, 2014 – June 30, 2015
Senate Bill No. 2646

An act to create new section 83-9-353, Mississippi Code of 1972, to require health insurance and employee benefit plans in this state to provide coverage and reimbursement for "store-and-forward telemedicine services" and "remote patient monitoring services" to the same extent that the services would be covered and reimbursed if they were provided through in-person consultation; to define "store-and-forward telemedicine" and "remote patient monitoring"; to amend section 83-9-351, Mississippi Code of 1972, to include employee benefit plans in the requirement for insurance reimbursement for telemedicine services; and for related purposes.

We Decided to Think Even Bigger than Required
Developing Policy

- Research Medicare, Private Insurers, Medicaid, States Telemedicine Policies
- Determine Financial Impact
- Determine Provider Types
- State Plan Amendment Submission
- Establishing fees for non-Medicare established fees
- Opening Closed Codes
Post-Executive Approval

• Notify Internal Partners
  Provider and Beneficiary Relations
  Program Integrity
  iTech
  Finance

• Provider Notification
  Late Breaking News
  Banner Messages
  Webinars and Workshops
  Provider Bulletin
PERSON-CENTERED COVERAGE
SPA 15-003 Telehealth Services

Payment for telehealth services is made as follows:

- The originating or spoke site provider is paid a Mississippi Medicaid telehealth originating site facility fee per completed transmission. The originating site provider may not bill for an encounter or Evaluation and Management (E&M) visit unless a separately identifiable service is performed.

- The distant or hub site provider is paid the current applicable Mississippi Medicaid fee for the telehealth service provided.
SPA 15-003 Telehealth Services

The Mississippi Medicaid telehealth originating site facility fee was calculated by an actuarial firm using the May 2013 Bureau of Labor Statistics (BLS) mean wage for Nurse Practitioners in MS adjusted by 35% for benefits and 2% for wage growth at half of the rate for 30 minute increments and is effective for services provided on or after January 1, 2015.

The Mississippi Medicaid telehealth originating site facility fee is updated July 1 of each year based on the annual percentage change in the Medicare physician fee schedule for Level III Established Patient E&M code effective on January 1 of each year.
Telemedicine

• It includes, but is not limited to,
  • telehealth services,
  • remote patient monitoring services,
  • teleradiology services,
  • store-and-forward and
  • continuous glucose monitoring services.
Telehealth

The interaction must be:

1. Live,
2. Interactive, and
3. Audiovisual.
Store-and-Forward

Telecommunication technology for the transfer of medical data from one (1) site to another through the use of a camera or similar device that records or stores an image which is transmitted or forwarded via telecommunication to another site for teleconsultation and includes, but is not limited to, teleradiology services.
Remote Patient Monitoring

Using digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to healthcare providers in a different location for interpretation and recommendation.
WHAT DOES IT LOOK LIKE 6 MONTHS IN?
Provider Network
Telehealth Services

TeleAllergy/Immunology services
TeleCardiology – Adult services
TeleCardiology – Pediatric services
TeleDermatology services
TelEmergency services
TeleGenetic services
TeleHospitalist services

TelEducation for medical and nursing professionals

TeleICU services – remote critical care monitoring
Telemetry services

TeleID – Infectious Diseases services

TeleNeurology – Pediatric services

TeleNeonatology services
TeleNursing services

TeleObstetrics specialty services
TeleOphthalmology services

TelePathology services
TelePharmacy services

TelePschiatry services
TeleRadiology services

TeleStroke services

TeletToxicology services
TeleWoundCare services

Remote Patient Monitoring
Dorthy K. Young, PhD, MHSA
Deputy Administrator for Health Services

Walter Sillers Building
550 High Street, Suite 1000
Jackson, Mississippi 39201

Phone 601-359-5243
Fax 601-359-6147
Web medicaid.ms.gov
Email dorthy.young@medicaid.ms.gov