

## DEPARTMENT OF HEALTH CARE FINANCE

NOTICE OF EMERGENCY AND PROPOSED RULEMAKING

The Director of the Department of Health Care Finance (DHCF), pursuant to the authority set forth in An Act to enable the District of Columbia to receive federal financial assistance under Title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02 (2014 Repl. & 2016 Supp.)) and Section 6(6) of the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code § 7-771.05(6) (2012 Repl.)), hereby gives notice of the adoption, on an emergency basis, of a new Section 910, entitled “Medicaid-Reimbursable Telemedicine Services,” of Chapter 9 (Medicaid Program) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations (DCMR).

Telemedicine services are designed to improve access to healthcare services, improve patient compliance with treatment plans, improve health outcomes through timely disease detection and treatment options; and increase capacity and choice for treatment in the District of Columbia’s Medicaid program. These rules establish standards for governing eligibility for Medicaid beneficiaries receiving health services via telemedicine under the Medicaid fee-for-service program, and to establish conditions of participation and reimbursement policies for providers who deliver healthcare services to Medicaid beneficiaries via telemedicine.

In accordance with the Telehealth Reimbursement Act of 2013, effective October 17, 2013 (D.C. Law 20-26; D.C. Official Code § 31-3861 (2013 Repl.)), Medicaid will cover and reimburse healthcare services appropriately delivered through telemedicine if the same services would be covered when delivered in person. These rules establish: (1) eligibility criteria for the receipt of telemedicine services; and (2) conditions of participation for providers who deliver telemedicine services as part of the District of Columbia’s Medicaid program.

Emergency action is necessary for the immediate preservation of the health, safety, and welfare of beneficiaries who face barriers to accessing Medicaid services. Beneficiaries may be unable to access traditional face-to-face Medicaid services because they face unique health challenges that make travelling to receive healthcare services difficult, or because a specialty provider is not located in their community or healthcare services area. Telemedicine provides a new service delivery pathway to enable these beneficiaries to receive ongoing Medicaid services via telecommunications. These services will be essential to ensure that beneficiaries will have continued access to health care. Therefore, to ensure that the beneficiary’s health, safety and welfare are not threatened by the lapse in access to ongoing healthcare services provided by qualified providers, it is necessary that these rules be published on an emergency basis.

The emergency rulemaking was adopted on June 23, 2016, and became effective immediately. The emergency rules shall remain in effect for one hundred and twenty (120) days or until October 21, 2016, unless superseded by publication of a Notice of Final Rulemaking in the *D.C. Register*.

The Director of DHCF also gives notice of the intent to take final rulemaking action to adopt these rules in not less than thirty (30) days after the date of publication of this notice in the *D.C. Register*.

**Chapter 9, MEDICAID PROGRAM, of Title 29 DCMR, PUBLIC WELFARE, is amended as follows:**

**A new Section 910, MEDICAID-REIMBURSABLE TELEMEDICINE SERVICES, is added to read as follows:**

**910 MEDICAID-REIMBURSABLE TELEMEDICINE SERVICES**

910.1 The purpose of this section is to establish the Department of Health Care Finance (DHCF) standards governing eligibility for Medicaid beneficiaries receiving healthcare services via telemedicine under the Medicaid fee-for-service program, and to establish conditions of participation for providers who deliver healthcare services to Medicaid beneficiaries via telemedicine.

910.2 Telemedicine is a service delivery model that delivers healthcare services as set forth in Subsections 910.10 and 910.11 through a two-way, real time interactive video-audio communication for the purpose of evaluation, diagnosis, consultation, or treatment.

910.3 The originating site shall be the place where an eligible Medicaid beneficiary is located at the time the healthcare services furnished for payment via a telecommunications system occurs.

910.4 The distant site shall be the place where the eligible Medicaid provider who furnishes and receives payment for the covered service(s) via a telecommunication system,

910.5 To be eligible for Medicaid reimbursement of telemedicine services under these rules, a Medicaid beneficiary shall meet the following criteria:

- (a) Be enrolled in the District of Columbia Medicaid program pursuant to Chapter 95 of Title 29 of the District of Columbia Municipal Regulations;
- (b) Be physically present at the originating site at the time the telemedicine service is rendered;
- (c) Provide written consent to receive telemedicine services in lieu of face-to-face healthcare services; and

910.6 A telemedicine provider shall meet the following program requirements:

- (a) Be enrolled as a Medicaid Provider and comply with all the requirements set forth under Chapter 94 (Medicaid Provider and Supplier Screening, Enrollment, and Termination) of Title 29 DCMR including having a completed, signed, Medicaid Provider Agreement;
- (b) Comply with all technical, programmatic and reporting requirements as set forth in this section; and
- (c) Be licensed in the jurisdiction where the provider is physically located.
- (d) Comply with any consent requirements pursuant to Section 3026 of Title 5-E of the District of Columbia Municipal Regulations if providing telemedicine services at the District of Columbia Public School (DCPS) or District of Columbia Public Charter Schools (DCPCS).

910.7 An originating site provider shall consist of the following provider types:

- (a) Hospital;
- (b) Nursing Facility;
- (c) Federally Qualified Health Center (FQHC);
- (d) Clinic;
- (e) Physician Group/Office;
- (f) Nurse Practitioner Group/Office;
- (g) DCPS;
- (h) DCPCS; and
- (i) Core Service Agency (CSA)

910.8 A distant site provider shall consist of the following provider types:

- (a) Hospital;
- (b) Nursing Facility;
- (c) FQHC;
- (d) Clinic;
- (e) Physician Group/office;

- (f) Nurse Practitioner Group/Office;
  - (g) DCPS;
  - (h) DCPCS; and
  - (i) CSA
- 910.9 When the provider and patient receiving healthcare services are located in the District of Columbia, all individual practitioners shall be licensed in accordance with the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201 *et seq.* (2012 Repl. & 2016 Supp.)). For healthcare services rendered outside of the District, the provider of the services shall meet any licensure requirements of the jurisdiction in which the provider is physically located and where the patient is physically located.
- 910.10 Medicaid reimbursement of healthcare services rendered at the originating site shall include only those healthcare services which are covered under the Medicaid State Plan and implementing regulations.
- 910.11 Medicaid reimbursement of healthcare services rendered at the distant site shall include only the following healthcare services:
- (a) Evaluation and management;
  - (b) Consultation of an evaluation and management of a specific healthcare problem requested by an originating site provider;
  - (c) Behavioral healthcare services including, but not limited to, psychiatric evaluation and treatment, psychotherapies, and counseling; and
  - (d) Rehabilitation services including speech therapy.
- 910.12 To be eligible for Medicaid reimbursement, a telemedicine provider shall utilize the reimbursement codes designated for telemedicine and available at [www.dhcf.dc.gov](http://www.dhcf.dc.gov).
- 910.13 A telemedicine provider shall comply with the following technology requirements:
- (a) Use a camera that has the ability to, either manually or by remote control, provide multiple views of a patient and has the capability of altering the camera's resolution, and focus as needed during the consultation;

- (b) Use audio equipment that ensures clear communication and includes echo cancellation;
- (c) Ensure internet bandwidth speeds sufficient to provide quality video to meet or exceed fifteen (15) frames per second;
- (d) Use a display monitor size sufficient to support diagnostic needs used in the telemedicine services; and
- (e) Use video and audio transmission equipment with less than a three hundred (300) millisecond delay.

910.14 Effective January 1, 2017, DHCF shall send a Telemedicine Program Evaluation survey to providers, no more than every three (3) months, via email or regular US mail. A provider shall have thirty (30) calendar days to respond to the survey via email or regular US mail.

910.15 A telemedicine provider shall develop a confidentiality compliance plan in accordance with Health Insurance, Portability, and Accountability Act of 1996, approved August 21, 1996 (Pub. L. No. 104-191, 110 Stat. 1936) (HIPAA) administrative simplification guidance from the Department of Health and Human Services, Office of Civil Rights, available at: <http://www.hhs.gov/sites/default/files/hipaa-simplification-201303.pdf> to incorporate appropriate administrative, physical, and technical safeguards around data encryption (both for data in transit and at rest) and to protect the privacy of telemedicine participants and ensure compliance with the HIPAA and the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, approved February 17, 2009 (Pub. L. No. 111-5, §§ 13001-424, 123 Stat. 226).

910.16 An originating site provider or its designee shall be in attendance during the patient's medical encounter with the distant site professional, except when the beneficiary prefers to be unaccompanied because the beneficiary feels the subject is sensitive. Sensitive subjects may include counseling related to abuse, or other psychiatric matters. Any exceptions should be noted in the patient's medical record.

910.17 When DCPS or DCPCS is the originating site provider, a primary support professional shall accompany a patient during the patient encounter.

910.18 A primary support professional is an individual designated by the school to provide supervisory services for school-based healthcare services. A primary support professional includes a paraprofessional, classroom teacher, resource room staff, library media specialist, and any other certified or classified school staff member.

- 910.19 Each telemedicine provider shall maintain complete and accurate beneficiary records of services provided (not to include videos) for each beneficiary that document the specific healthcare services provided to each beneficiary for a period of ten (10) years or until all audits are completed, whichever is longer.
- 910.20 All beneficiary, personnel and telemedicine program administrative and fiscal records shall be maintained so that they are accessible and readily retrievable, upon request, for inspection and review or audit by DHCF, the federal Centers for Medicare and Medicaid Services, and other authorized government officials or their agents.
- 910.21 A provider shall not be reimbursed by Medicaid for healthcare services delivered via telemedicine when:
- (a) A provider is only assisting the beneficiary with technology and not delivering a healthcare service; or
  - (b) The healthcare service is incomplete.
- 910.22 Reimbursement shall be prohibited for an incomplete healthcare service when the service is not fully rendered due to technical interruptions or other service interruptions resulting in the partial delivery of care.
- 910.23 Telemedicine providers shall be subject to the standard billing practices that are in place for the healthcare services provided in accordance with the relevant regulations, policies, or transmittals issued by the DHCF.
- 910.24 Where a FQHC provides any of the allowable healthcare services described within this Section at the originating or distant site, the FQHC shall be reimbursed at the applicable rate, prospective payment system (PPS) or fee-for-service rate, consistent with Chapter 45 (Medicaid Reimbursement for Federally Qualified Health Centers) of Title 29 DCMR and Subsection 910.27.
- 910.25 If an FQHC is both the originating and distant site provider, and both sites deliver the same PPS healthcare service, only the distant site will be eligible for reimbursement.
- 910.26 In accordance with the DCPS/DCPCS Medicaid payment methodology, when DCPS or DCPCS provides any of the allowable healthcare services at the originating or distant site, the provider shall only be reimbursed for distant site healthcare services that are Medicaid eligible and are to be delivered in a licensed education agency.
- 910.27 In accordance with the Mental Health Rehabilitation Services Medicaid payment regulations under Chapter 54 of Title 29 DCMR, and consistent with Chapter 34 of Title 22-A DCMR, when an originating site and a distant site are CSAs, and

the same provider identification number is used for a serviced delivered via telemedicine, only the distant site provider shall be eligible for reimbursement of the allowable healthcare services described within this section.

910.28 Telemedicine providers shall not be reimbursed for a telemedicine transaction fee and/or facility fee.

910.29 Telemedicine providers shall not be reimbursed for store and forward and remote patient monitoring.

## 910.99 DEFINITIONS

When used in this section, the following terms and phrases shall have the meanings ascribed below:

**Bandwidth** - A measure of the amount of data that can be transmitted at one time through a communication conduit

**Core Service Agency** - A Department of Behavioral Health (DBH) certified community-based mental health provider that has entered into a Human Care Agreement with DBH to provide specified mental health rehabilitation services.

**Data Encryption** - The conversion of electronic data into another form which cannot be easily understood by anyone except authorized parties.

**Echo Cancellation** - A process which removes unwanted echoes from the signal on an audio and video telecommunications system.

**Facility Fee** - An add-on payment to a provider for the use of their facility for telemedicine.

**Fee-For-Service Program** - A healthcare payment system that provides Medicaid reimbursement to providers in accordance with a fee schedule, rather than through a Managed Care Organization.

**Incomplete Service** - A healthcare service that is not fully rendered for reasons to include any technical interruptions or other service interruptions that result in the partial delivery of care.

**Medical Encounter** - A healthcare service delivered through a through a two-way, real time, interactive video-audio communication system.

**Remote Patient Monitoring** - A digital technology that collects medical and/or health data from individuals in one location and electronically transmits

that information securely to health care providers in a different location for assessment and recommendations.

**Store and Forward** - A technology that allows for the electronic transmission of medical information, such as digital images, documents, and pre-recorded videos through secure email transmission.

**Transaction Fee** - An add-on payment to a provider for delivering a healthcare service via telemedicine.

Comments on these rules should be submitted in writing to Claudia Schlosberg, J.D., Medicaid Director, Department of Health Care Finance, Government of the District of Columbia, 441 4<sup>th</sup> Street, N.W., Suite 900, Washington, D.C. 20001, via telephone on (202) 442-8742, via email at [DHCFPubliccomments@dc.gov](mailto:DHCFPubliccomments@dc.gov), or online at [www.dcregs.dc.gov](http://www.dcregs.dc.gov), within thirty (30) days of the date of publication of this notice in the *D.C. Register*. Additional copies of these rules are available from the above address.