American Telemedicine Association

State Medicaid Best Practice

School-Based Telehealth

July 2013

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Forty-four states have some form of Medicaid coverage for healthcare services delivered via telehealth using video-conferencing.[1] Yet, varying policies affecting access, coverage and reimbursement have not allowed students and their providers to leverage the full capabilities of telemedicine for school-based telehealth. School-based telehealth is one area overlooked by many Medicaid health plans as a recognized model for quality and cost-effective healthcare delivery.

The Use of Telehealth in Schools

There are close to 2,000 school-based health centers (SBHCs) operating nationally. Most are located in a school building, while a small percentage of SBHCs are mobile or in separate facilities on school property. The goals of SBHCs are to meet the healthcare needs of children, particularly those in underserved communities, with minimum disruption to the child's classroom time or the parent's work day. Although telehealth is an ideal means to this end, few SBHCs utilize remote healthcare technologies[2] even though well over 25 million children are currently eligible for Medicaid services. In a 2009 brief, the Children's Partnership cited 18 state and community-based programs operating around the country that used school-based telehealth.[3]

School-based telehealth involves the use of telecommunications, including interactive video conferencing and store-and-forward transmissions, to deliver a variety of health care services to children located in a school. School-based telehealth is a delivery method that can be used to improve health quality and academic outcomes, and provide access to a wide spectrum of care including primary and acute care, chronic disease management, behavioral and mental health, speech therapy, dental screenings, nutritional counseling, and prevention and health education. School-based providers, usually registered nurses, can use telehealth to connect with another provider via video conferencing, or capture, store and share recorded sounds and images from advanced instruments such as a digital otoscope or electronic stethoscope.

State Opportunities to Improve Access Using Telehealth in Schools

States have several options to improve school-based health services through the use of telehealth. These include enacting legislation, proposing administrative regulations, or applying for a federal block grant under Title V of the Social Security Act to improve maternal and child health or a formula grant under the Individuals with Disabilities Education Act (IDEA) to enhance services for children with special needs. Many school-age Medicaid recipients are also eligible for services under these federal programs.

Yet, despite the numerous avenues for states to leverage, existing policy barriers to Medicaid coverage for school-based telehealth are different when compared to other health care services and are sometimes difficult to navigate. School-based health centers usually offer their services

to school-age children at no-cost, and rely on public and private grants and insurance reimbursement to sustain their medical practices. In the case of Medicaid, each state varies in the types of services or providers that will be covered under their health plans. Not all Medicaid plans recognize school-based clinics as a covered health care provider or licensed facility; nor do they allow coverage for all telehealth-provided services.

In addition, a rapidly growing number of Medicaid recipients are covered under managed care plans that involve competitive bidding and capitated payments instead of fee-for-service. SBHCs are often not eligible for reimbursement by managed care plans unless they become a part of their network. Moreover, many states do not classify SBHCs as health care safety net providers, thus leaving them ineligible for guaranteed reimbursement for the full cost of services provided. These policy barriers limit the costs that SBHCs can recover for a wide variety of services provided, and also place a structural bias against SBHCs seeking some level of coverage for telehealth-provided services.

State Policy Best Practices

To improve patient access to healthcare through telehealth, ATA has analyzed enacted state telehealth policies and highlighted those respective states with the best policy models for telehealth services. These best practice models can be used as benchmarks for other states considering new or revising existing telehealth policies.

In the area of school-based telehealth, ATA has examined enacted laws, published fiscal notes and bill reports, published regulations, and Medicaid provider manual guides for the states with Medicaid coverage in those areas. ATA also reviewed state issued reports and clinical programs demonstrating quality and cost-effective telehealth deployment and utilization. The criteria used to identify states with model policies regarding school-based telehealth include:

- Inclusive definitions of technology with little to no restrictions on the types of technology approved for use in a clinical service
- Geographic area served
- Applicable health services and conditions
- Provider eligibility
- Reimbursement methodology
- Level of coverage and affected health care plans.

Georgia

Georgia Medicaid reimburses health care providers when telehealth services are delivered to school-based health centers. Although SBHCs are not listed as a Medicaid provider in the state Medicaid manual, SBHCs are eligible to receive a $20.52 originating site facility fee for telehealth services rendered at their site. Claims must be submitted with a special billing code (Q3014 HCPCS).

Originating sites recognized under Georgia's telemedicine policy must have a telecommunications system that allows the distant provider to "visually examine the patient's entire body including body orifices (such as ear canals, nose, and throat)."[4] Asynchronous transmission such as store-and-forward or remote monitoring is not reimbursable.
There is no requirement to formally present a patient to the distant site physician or specialist, but a provider must be available if clinically appropriate. The only distant sites allowed for a telehealth encounters include: physician/practitioner office, critical access hospital, federally-qualified health center, community mental health center, hospital, rural health clinic, skilled nursing facility, and Georgia public health clinic. Physicians, physician assistants, clinical psychologists, nurse practitioners, and clinical nurse specialists are the only providers allowed to be reimbursed for telehealth-provided services, including those delivered remotely to a school site.

Nebraska

Nebraska enacted a law in 2009 to require Medicaid fee-for-service coverage of telehealth-provided services at the same rate of in-person services. In January 2013, Nebraska lawmakers introduced a bill to expand Medicaid coverage to include school-based telehealth. LB 556 was introduced with the intention of allowing Medicaid to cover telehealth services for children through public schools. Unfortunately this language was stricken from the bill before it was signed into law. The new law now expands coverage of pediatric telemental health services in physician offices.

> *(1) The Department of Health and Human Services, in collaboration with the State Department of Education, shall adopt and promulgate rules and regulations providing for telehealth services for children through the public schools. Such rules and regulations shall provide a means for school personnel, physicians, and behavioral health professionals to communicate with each other regarding telehealth services for either medical or behavioral health conditions.*
>
> *(2) The rules and regulations required pursuant to subsection (1) of this section shall include, but not be limited to:*
>
> *(a) School personnel or other adults present when a child is receiving telehealth services at a public school site need not have medical training, except that a school nurse, a counselor, or another person familiar with the child's treatment plan and able to attend to any emergencies shall be present with the child at such site;*
>
> *(b) Telehealth services may be received by a child at a public school site regardless of the distance between such site and the nearest health care facility offering a comparable service;*
>
> *(c) Telehealth services received by a child at a public school site shall be eligible for coverage under the medical assistance program pursuant to section 68-911; and*

(d) Transmission costs and related services for telehealth services received by a child at a public school site shall be reimbursed under the medical assistance program as provided in section 71-8506.

New Mexico

New Mexico Medicaid has reimbursed for school-based health services delivered via video-conferencing since 2009. There are 20 school-based health clinics that have installed video-conferencing systems to enable telehealth encounters for school-aged children.

According to state regulations, telehealth-provided services are covered at the same rate of in-person services.

> *All services are covered to the same extent the service and the provider are covered when not provided through telehealth.*[5]

The following medically necessary health services are covered when using real-time interactive audio-video technology to facilitate a school-based telehealth encounter: consultations, evaluation and management services, individual psychotherapy, pharmacologic management, psychiatric diagnostic interview examinations, and individual medical nutrition services. Medicaid also covers an extensive list of providers, including school-based health centers, who are eligible for reimbursement of telehealth-provided services if they are licensed in the state and enrolled as a Medicaid provider:

> *(1) physicians licensed to practice medicine or osteopathy;*
> *(2) podiatrists;*
> *(3) facilities licensed as diagnostic and treatment centers by the New Mexico department of health (DOH), community mental health centers, core service agencies, hospitals, rural health clinics, school-based health centers, and federally qualified health centers; services performed in these facilities must be furnished by individual practitioners who are enrolled as providers;*
> *(4) certified nurse practitioners and registered nurses may provide services in collaboration with a physician or as independent providers within the scope of their practice;*
> *(5) certified physician assistants;*
> *(6) nurse midwives licensed by the board of nursing as registered nurses and licensed by the department health as certified nurse midwives;*
> *(7) pharmacist clinicians;*
> *(8) individuals licensed as clinical nurse specialists may provide services in collaboration with a physician or as independent providers within the scope of their practice;*
> *(9) psychologists (Ph.D., Psy.D. or Ed.D.) licensed or board eligible as clinical psychologists;*
> *(10) licensed independent social workers (LISW) licensed by the New Mexico board of social work examiners, licensed professional clinical counselors licensed by, and*

marriage and family therapists licensed by New Mexico counseling and therapy practice board;
(11) registered dietitians or nutrition professionals when furnishing services within the scope of their practice as defined by state law under the direction of a licensed physician;
(12) Indian health service and tribal 638 facilities;
(13) physical therapists;
(14) occupational therapist; or
(15) speech pathologists.[6]

School-based health centers in the state are also recognized as qualified originating sites. Although New Mexico does not include geographic or distance limitations as a condition for reimbursement delivered by the distant site/provider, only certain originating sites are eligible for a facility fee reimbursement.

A telehealth originating-site communication system fee is covered if the eligible recipient was present at and participated in the telehealth visit at the an originating-site located in a health professional shortage area (HPSA); a county not classified as a metropolitan statistical area (MSA); a primary medical care health professional shortage area for physicians, nurse practitioners, and physician assistants; primary behavioral health care professional shortage area for psychiatrists and clinical psychologists; a medical specialist shortage area for non-primary care medical specialties; an IHS or tribal 638 facility, a federally qualified health center or rural health clinic or a federal or state telemedicine demonstration project area.[7]

Ohio and Virginia **(Speech-Language Therapy Services)**

Speech-language therapy is an allied health service that can be successfully administered in schools to treat children with speech and language delay. Ohio and Virginia Medicaid programs have covered school-based speech-language therapy delivered via telehealth since 2011. Both states reimburse the distant provider for the telehealth-provided service under the fee-for-service model and use of a "GT" modifier. Virginia will reimburse a qualified school aide who is present with the child during the telemedicine encounter, and the aide may be billed as a personal care assistant using the following code, Q3014.

Ohio, for covered speech therapy services, reimburses for video-conferencing by speech-language pathologists. Virginia Medicaid classifies telehealth-provided speech-language therapy as "telepractice".

"Telepractice", as it is used here, is the delivery of speech therapy services by a DMAS approved provider through the use of videoconferencing to a child at a remote location.

Telepractice delivered services are subject to the same DMAS requrements as when speech therapy services are delivered without telemedicine services such as provider qualifications, service requirements, confidentiality of information and documentation of services.[8]

Evidence-Based Outcomes for School-based Telehealth

Numerous studies have demonstrated the value of school-based telemedicine programs in chronic disease management, yet similar findings have also shown significant parent satisfaction and reduction in absenteeism.[9-10]

School-based health programs have shown successful outcomes as a result of integrating telehealth.[11-13] For example, 99 percent of parents reported that the telehealth-provided services offered through the Kansas TeleKidcare program were better or just as good as in-person care.[14]

A 2009 published peer-reviewed article included a study on the effects of telemedicine as effective tool to improve Type 1 diabetes management in school-aged children. Over the course of the study, school nurses and children ages 5 to 14 received remote diabetes care management from a specialty team through videoconferencing systems set up in the school. As a result of the telemedicine intervention, their Hgb A1c levels lowered, and they experienced fewer hospital and ER trips during the school year.[15]

Other research has shown the effectiveness of using school-based telemedicine to enhance psychiatry services, particularly through video-conferencing. A program in rural Georgia has used telemedicine to connect child and adolescent mental health specialists to assess and treat children conditions including attention deficit hyper activity disorder (ADHD) and autism spectrum disorders. In some cases, the use of school-based telehealth has also been used in situations involving children with suicidal thoughts or making suicidal attempts.[16]

Model Medicaid Policy Considerations

Based on state best practices, ATA suggests the following basic provision for policymakers and health care stakeholders to start from in developing school-based telehealth policies to fit their needs.

> *Medicaid will provide coverage for telemedicine services at a school-based health center to the same extent that the services would be covered if they were provided through in-person consultation.*

Since most Medicaid plans make significant use of managed care plans, often with the incentives of fixed rate payments, it is important that such plans have the flexibility to fully utilize school-based telehealth for their enrollees.

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