

January 25, 2018

To: Christopher Kantas, Director of Policy for Health Care and Human Services, Office of the Governor, State of Illinois
Emily Bastedo, Senior Advisor to the Governor, State of Illinois

From: Nancy Kaszak, Director, Partnership for a Connected Illinois
Nina M. Antoniotti, Executive Director of TeleHealth and Clinical Outreach, SIU Medicine
Angela Grover, System Director of Advocacy, Presence Health
Lisa S. Mazur, Partner, McDermott, Will & Emery, Chicago
Dr. Gurpreet S. Mander, Executive Director, Illinois Telehealth Network
Lia Daniels, Manager, Health Policy, Illinois Health and Hospital Association

CC: Kyle Stone, General Counsel, Illinois Department of Public Health
Dr. Brad Hughes, Deputy Clinical Director of Inpatient Services, Illinois Department of Human Services
Shawn McGady, Chief of Staff, Illinois Department of Healthcare and Family Services
Patrick Gallagher, Senior Vice President, Illinois Health and Hospital Association

RE: Options for Moving TeleHealth Forward in Illinois

Mr. Kantas & Ms. Bastedo,

Thank you again for expressing Governor Rauner's interest in improving access to healthcare in Illinois through TeleHealth solutions, specifically for Medicaid recipients with limited resources. In response to your request on December 18 and after consulting with a diverse group of stakeholders around the state, several Medicaid regulations have been identified as holding back the advancement of TeleHealth value, prohibiting quality and cost savings by limiting delivery methods in Illinois. Outlined below are the primary concerns that have been researched and brought to the Lieutenant Governor's Office and Illinois Department of Healthcare and Family Services (HFS) in the past.

Eliminate the Restrictions on Originating Sites (Patient Sites)

Although the current Medicaid rules do not specifically address a section on originating sites, Section 140.403(a)(4) references originating sites through the payment of the facility fee and states "'Facility Fee' means the reimbursement made to the following originating sites for the telehealth service: physician's office, podiatrist's office, local health departments, community mental health centers, licensed hospital outpatient departments as defined in 89 Ill. Adm. Code 148.25(d) and substance abuse treatment centers licensed by the Department of Human Services-Division of Alcoholism and Substance Abuse (DASA)." This unnecessary restriction of originating sites and the vagueness regarding licensed hospital outpatient departments is keeping life-saving and quality promoting services from Medicaid recipients that access care or reside in facilities certified by the federal Centers for Medicare and Medicaid Services that are not listed. The State of Illinois spends a large portion of the Medicaid budget on skilled nursing care, children, and

transportation costs, all of which can be reduced if TeleHealth were used. However, these Medicaid certified facilities are not listed as originating sites (skilled nursing facilities, developmental centers, emergency departments, inpatient facilities, residential psychiatric facilities, schools, etc.). Also not included is the home, where a substantial number of Medicaid recipients could receive care via TeleHealth, and avoid transportation costs, as well as delays in treatment and evaluation of changes in chronic conditions.

Illinois, like other states, faces a growing shortage of primary care providers as well as specialists. Over half of states do not specify the patient setting or patient location for the purpose of TeleHealth and include all Medicaid certified facilities, including residential facilities. Illinois Medicaid regulations do not reimburse for consultations where patients spend most of their time (home, work, school). Furthermore, current Medicaid TeleHealth originating site requirements can be burdensome and not reflective of current practice for providers like hospitals and rural health centers. Expansion and clarification of originating site provisions could drastically increase access to care for Illinois patients and improve quality outcomes while reducing costs. We recommend the language in Section 140.403(a)(4) be changed to **“Facility Fee means the reimbursement made to any Medicaid certified eligible facility or provider organization as originating sites, as defined in 89 Ill. Adm. Code 148.25(d) including substance abuse centers licensed by the Department of Human Services-Division of Alcoholism and Substance Abuse (DASA),” and to define an originating site as “the location of the patient at the time the service is rendered.”**

Provider Shortages/Advanced Practice Professionals

Section 140.403(b)(1)(B) states that **“The distant site provider must be a physician, physician assistant, podiatrist or advanced practice nurse who is licensed by the State of Illinois or by the state where the patient is located.”** Again, Illinois Medicaid rules unnecessarily restrict the use of Medicaid eligible practitioners when care is delivered via TeleHealth. Due to shortages of health professionals in both urban and rural areas, practice boards have eased scope-of-practice requirements and many states’ Medicaid agencies are reimbursing for more care delivered by advanced practice professionals. Allowing physicians and advanced practice professionals to work at the top of their licenses can create greater value for the healthcare delivery system as a whole, by improving practice productivity, patient health, revenue, staff satisfaction and workforce retention. Illinois Medicaid has enabled licensed clinical psychologists, licensed clinical social workers and advanced practice nurses to receive direct reimbursement for in-person mental health services. However, these providers are currently ineligible for reimbursement when care is delivered via telepsychiatry. Providing clarity on the current regulations for mental health-focused advanced practice professionals and other Medicaid eligible advanced practice professionals would be helpful. Any clinician licensed, in good standing with the state of Illinois and registered under the IMPACT program should be able to provide care via TeleHealth. We recommend the language in Section 140.403(b)(1)(B) be changed to **“The distant site provider must be an eligible Illinois Medicaid participating provider.”**

Coverage Clarity

Illinois Medicaid regulations were written ten years ago and many stakeholders – including providers, patients and payers – are confused about what is reimbursable. Areas of confusion are

described in the May 19, 2017 letter from the Illinois Health and Hospital Association to Lieutenant Governor Evelyn Sanguinetti and the January 20, 2017 agenda for the meeting with the Illinois Department of Healthcare and Family Services to discuss school-based Tele-Behavioral Health (Attachment A & B). In addition, there are clarifications and improvements that can be made to the Illinois Administrative Code regarding Medicaid language and restrictions. These recommendations were presented to Lieutenant Governor Sanguinetti in a memo prepared by SIU Medicine in January of 2017 (Attachment C). **We ask that the Governor’s Office provide leadership in promoting clarity in the Administrative Code regarding the sections outlined by the Illinois Health and Hospital Association.**

Changes outlined in this letter would position Illinois to be a leader in Medicaid TeleHealth reimbursement and innovation, while allowing the state to attain the desired cost and quality metrics associated with an expanded use of TeleHealth for Medicaid recipients.

Sincerely,

Nina M. Antoniotti, Executive Director of TeleHealth and Clinical Outreach SIU Medicine	Lia Daniels, Manager, Health Policy IHA	Angela Grover, System Director of Advocacy Presence Health	Nancy Kaszak, Director PCI	Dr. Gurpreet S. Mander, Executive Director ITN	Lisa S. Mazur, Partner McDermott
---	--	--	----------------------------------	--	--

Advisors:

Sean Grove, External Affairs Manager, BJC Healthcare

Sally Lemke, Director of Community Based Practices, Rush University Medical Center

Don Miskowicz, Chief Executive Officer, North Central Behavioral Health

Jonathan Neufeld, Program Director, Great Plains Telehealth Resource Center

Dr. Traci Powell, Behavioral Health Medical Director, Harmony Health Plan

Phil Schaefer, Senior VP, Ambulatory Services & Chief Care Network Development Officer, Southern Illinois Healthcare

Pat Schou, Executive Director, Illinois Critical Access Hospital Network

Meryl Sosa, Executive Director, Illinois Psychiatric Society