RESOURCE GUIDE: EXAMPLES OF TELEHEALTH PROGRAMS IN SCHOOLS; MEDICAID POLICY; AND RELATED RESOURCES

This document provides examples of telehealth programs operating in schools, related state Medicaid policies, and a list of general resources related to telehealth in schools. It is based on information available as of January 2018 and is intended for informational purposes only. It is a work product of Mathematica Policy Research and AcademyHealth. The Centers for Medicare & Medicaid Services (CMS) retains the right to review any state plan amendment or other proposal on its own merits and in accordance with the requirements of the particular authority.

Program summary	Related state Medicaid policy
Program: Health-e-Access State: New York	
Organizations: University of Rochester Medical Center/Golisano Children's Hospital, Rochester City School District **Start:** 2005 (in schools), 2001 (in child care centers) **Setting:** More than 70 school, child care, and after-hours sites in Rochester, NY **Services:** Acute care for minor illnesses; management of chronic conditions, especially asthma; both real-time and store-and-forward (asynchronous) services **Providers:** Pediatric providers from program and community practices **Interaction with PCPs:** If the telemedicine provider is not the child's PCP, the program sends a visit note to the PCP. **Consent:** Timing (for example, each visit or start of each school year) and duration of parent consent (for example, each visit, full school year, ongoing after initial consent) Link to any current consent documents or websites	**State telehealth policy:** New York expanded eligible delivery sites for telehealth to public, private, and charter elementary and secondary schools, child care programs, and day care centers in 2017. http://legislation.nysenate.gov/pdf/bills/2017/A4703 http://www.cchpca.org/jurisdiction/new-york **Managed care and billing policy:** The program negotiates directly with Medicaid managed care plans for payment. One managed care plan will not pay for telemedicine if the provider is not the PCP, but all other plans pay regardless of who the child's PCP is. One plan pays 50 percent of the office visit rate, one plan pays above the office visit rate, and the remaining plans pay the office visit rate.

Ongoing funding: Billing of Medicaid fee-for-service, Medicaid managed care, and commercial insurance; grant funding for research projects **Outcomes and evaluation:** Numerous academic journal publications that report reduced absenteeism, reduced ED visits, and improved asthma management (see links below). **Links:** Program website https://www.urmc.rochester.edu/pediatrics/divisions/general-pediatrics/research/telemedicine.aspx Web post about the program, including links to additional publications https://healthit.ahrq.gov/ahrq-funded-projects/facilitators-and-barriers-adoption-successful-urban-telemedicine-model Web post about the program, including a summary of program outcomes and costs http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/Health-e-access-program_2015.pdf Sample academic journal publications: Effectiveness and Safety of Acute Care Telemedicine for Children with Regular and Special Healthcare Needs https://www.ncbi.nlm.nih.gov/pubmed/25839784 Effect of the School-Based Telemedicine Enhanced Asthma Management (SB-TEAM) Program on Asthma Morbidity: A Randomized Clinical Trial https://jamanetwork.com/journals/jamapediatrics/article-abstract/2667559?redirect=true	The program bills Medicaid managed care plans by using the office visit CPT code (generally 99213) and adding either the GT or GQ modifier depending on whether the visit is "live." The program can be reimbursed for either real-time or store-and-forward services. Modifiers used are: GQ—store-and-forward services GT—real-time interactive visit There is no billing for the originating site. However, one managed care plan pays an enhanced rate for telemedicine visits (beyond office-based rates); the enhancement is intended to support infrastructure.

Program: Student Medical Assistance Response Team (S.M.A.R.T.)
State: Tennessee

Organizations: Cherokee Health Systems, Sevier County School System	**State telehealth policy:**

Start: 2007 **Setting:** 29 schools (23 sites) in rural eastern Tennessee **Services:** Acute care for students, staff, and family members of staff; Cherokee Health systems delivers teletherapy for behavioral health in another school system, and Sevier County is considering adoption; currently no well-child care, but the health system and school are exploring **Providers:** Program clinicians **Interaction with PCPs:** The program sends a visit note to the PCP. **Consent:** Parents consent for their child at the beginning of the school year or at any later time. Consent covers the duration of the school year or until it is revoked by the parent. The school nurse always calls the parent prior to a telemedicine visit, and if the parent cannot be reached, the child will not be seen for a telemedicine visit. http://www.sevier.org/coordinated-school-health: "Telemedicine Packet," "Telemed Registration Form," and "Telemedicine Registration Form (Spanish)" **Ongoing funding:** Contracts with all state Medicaid managed care organizations and several commercial insurers, health system subsidization **Outcomes and evaluation:** None reported to date **Links:** Program website http://www.sevier.org/coordinated-school-health Web post about the program http://www.amdtelemedicine.com/media/documents/AMD_Cherokee%20Health%20S.M.A.R.T._100812.pdf Web post about the program https://www.ahrq.gov/professionals/systems/primary-care/workforce-financing/case-example7.html	Tennessee Public Chapter No. 130 (2017): requires insurance reimbursement of telehealth in schools at parity with office visits http://publications.tnsosfiles.com/acts/110/pub/pc0130.pdf http://wapp.capitol.tn.gov/apps/BillInfo/Default.aspx?BillNumber=SB0195 http://www.cchpca.org/jurisdiction/tennessee **Managed care policy:** Example managed care provider manual telehealth policy (page V-20) https://bluecare.bcbst.com/forms/Provider%20Information/BCT_PAM.pdf **Billing policy:** Health insurance entities are required to reimburse in a manner that is consistent with reimbursement for in-person encounters. **Other state policy:** Tennessee Coordinated School Health policies and documents https://www.tn.gov/education/health-and-safety/coordinated-school-health.html

Program: Health-e-Schools
State: North Carolina

Organizations: Center for Rural Health Innovation, multiple schools in western North Carolina

Start: 2010

Setting: 54 schools in four rural counties in western North Carolina

Services: Primarily acute care; some chronic physical and behavioral health management

Providers: Program clinicians

Interaction with PCPs: The program coordinates with, but does not replace, the child's designated PCP. All visit notes are sent to the PCPs, and if a condition that requires in-person care is identified, the program coordinates with the child's PCP to have her or him seen.

Consent: Parents consent for their child at the beginning of the school year or at any later time. Consent covers the duration of the child's enrollment in the participating school system or until it is revoked by the parent. The school nurse always calls the parent prior to a telemedicine visit, and if the parent cannot be reached, the child will not be seen for a telemedicine visit.
http://crhi.org/MY-Health-e-Schools/index.html: "Student Enrollment Form" and "Paquete de Inscripción en Español – Estudiante"

Ongoing funding: The program bills Medicaid fee-for-service and about six commercial insurers.

Outcomes and evaluation: None reported to date

Links:
Program website

State telehealth policy:

North Carolina Medicaid Telemedicine and Telepsychiatry Clinical Coverage Policies (2018)

https://dma.ncdhhs.gov/documents/telemedicine-and-telepsychiatry-clinical-coverage-policies

http://www.cchpca.org/jurisdiction/north-carolina

Managed care policy:

Under the state's primary care case management program, the telemedicine provider does not need to be the child's PCP. Previously, the state required pre-authorization from the child's PCP, but it stopped that policy in 2016. The state plans to transition to managed care in the coming years; managed care billing policies are to be determined.

Billing policy:

Currently, the distant site directly bills Medicaid fee-for-service using standard CPT codes with a "-GT" modifier. Reimbursement is the same as office-based rates for the E&M codes.

Eligible facilities can bill an originating site fee using Q3014, but schools and school-based health centers are not

http://crhi.org/MY-Health-e-Schools/index.html Web post about the program (material is from around 2015 and so does not always reflect the current status of the program) http://www.amdtelemedicine.com/telemedicine-resources/documents/School-BasedTelemedicineWebinarQASessionSummary.pdf	currently on the eligible facilities list. (See page 7 of the state telehealth policy above.)

Program: Medical University of South Carolina School-Based Telehealth
State: South Carolina

Organizations: Medical University of South Carolina, South Carolina Department of Education, South Carolina Medicaid **Start:** 2014 **Setting:** More than 50 schools in primarily low-income urban and rural settings **Services:** Acute care; management of some chronic physical and behavioral health conditions (for example, asthma and ADHD); behavioral health in some schools **Providers:** Pediatric providers from program and community practices **Interaction with PCPs:** If the telemedicine provider is not the child's PCP, the program sends a visit note to the PCP. If the child does not have a PCP, the program actively works with the family to identify one. **Consent:** Parents consent for their child at the beginning of the school year or at any later time. Consent covers the duration of the child's enrollment in the participating school system or until it is revoked by the parent. The school nurse always calls the parent prior to a telemedicine visit, and if the parent cannot be reached, the child will not be seen for a telemedicine visit. http://www.muschealth.org/telehealth/services/school-based/index.html: "Student Enrollment Form" and "Student Enrollment Form (Spanish)"	**State telehealth policy:** https://www.scdhhs.gov/internet/pdf/manuals/Local%20Education/Section%202.pdf (beginning on page 43) http://www.cchpca.org/jurisdiction/south-carolina **Managed care policy:** Managed care plans must pay office visit rates but can choose to pay more. **Billing policy:** The distant site bills using standard CPT codes with a "-GT" modifier. Public schools are covered referring sites and can bill originating site fees using Q3014. **Other state policy:** Department of Education Telemedicine website https://ed.sc.gov/districts-schools/medicaid/medicaid-program-quality-assurance/telemedicine/

Ongoing funding: Billing of Medicaid fee-for-service, Medicaid managed care, and commercial insurance; state agency funding for pilot projects **Outcomes and evaluation:** Positive parental experiences with regard to care and satisfaction https://content.iospress.com/articles/journal-of-pediatric-rehabilitation-medicine/prm385 **Links:** Program website (clinical) http://www.muschealth.org/telehealth/services/school-based/index.html Program website (South Carolina Department of Education) https://ed.sc.gov/districts-schools/medicaid/medicaid-program-quality-assurance/telemedicine/	

Program: Children's Health School-Based Telehealth Program
State: Texas

Organizations: Children's Health (a pediatric health system centered in Dallas), multiple north Texas school districts **Start:** 2014 **Setting:** More than 100 schools (16 districts); approximately 30 percent rural, 70 percent urban/suburban **Services:** Acute care; behavioral health pilot program started in late 2017; considering management of chronic conditions **Providers:** Program-employed pediatric clinicians	**State telehealth policy:** Texas bill related to school-based telemedicine (2015) http://www.legis.state.tx.us/BillLookup/Text.aspx?LegSess=84R&Bill=HB1878 Texas Medicaid Provider Procedures Manual Telecommunication Services Handbook (December 2017). This handbook contains information about Texas Medicaid fee-for-service benefits.

Interaction with PCPs: The program sends a visit note to the PCP. If the child does not have a PCP, the program actively works with the family to identify one.

Consent: Parents consent for their child at the beginning of the school year or at any later time. Consent covers the duration of the school year or until it is revoked by the parent. The school nurse always calls the parent prior to a telemedicine visit, and if the parent cannot be reached, will proceed with a telemedicine visit if there is consent on file.
https://www.childrens.com/keeping-families-healthy/we-are-different/meet-the-patient/school-based-programs: "Enrollment Forms"

Ongoing funding: The program began billing Medicaid fee-for-service, Medicaid managed care, and commercial insurance in August 2017. Previously, the program was supported by $2.9 million in start-up funding through the state's Section 1115 Medicaid Delivery System Reform Incentive Payment (DSRIP) program waiver.

Outcomes and evaluation: None reported to date

Links:
Program website
https://www.childrens.com/keeping-families-healthy/we-are-different/meet-the-patient/school-based-programs

Program white paper
https://www.childrens.com/wps/wcm/connect/childrenspublic/f259d451-f26b-42ac-a314-69c67e83538b/School-Based+Telehealth+-+The+Doctor+Is+IN.pdf?MOD=AJPERES&CVID=lCpumbM&CVID=lCoDSRF&CVID=lCoDSRF

http://www.tmhp.com/Manuals_PDF/TMPPM/TMPPM_Living_Manual_Current/2_Telecommunication_Srvs.pdf

http://www.cchpca.org/jurisdiction/texas

Managed care policy:

Managed care plans are required to pay for telemedicine services regardless of who the PCP is. The plans also must pay office visit rates.

Billing policy:

The program bills standard CPT codes (typically 99212 or 99213) and has been instructed by the state Medicaid agency to use a "-95" modifier rather than "-GT" to identify the telemedicine service.

There is no billing for the originating site.

Program: Howard County Telemedicine School-Based Wellness Centers
State: Maryland

Organizations: Howard County Health Department, Howard County Public School System

Start: 2015

State telehealth policy:

https://mmcp.health.maryland.gov/Pages/telehealth.aspx

Setting: Six elementary schools in Howard County, Maryland, all of which draw students from economically disadvantaged areas and employ full-time nurses	http://www.cchpca.org/jurisdiction/maryland
	Telehealth Program Manual (This manual is intermittently revised, and new versions can be found at the Maryland telehealth site listed above.)
Services: Acute care for minor illnesses; some follow-up of illness and management of chronic illness, such as asthma and attention-deficit/hyperactivity disorder (ADHD); pilot program of behavioral health in three schools partnering with the University of Maryland	https://mmcp.health.maryland.gov/SiteAssets/SitePages/Telehealth/Telehealth%20Program%20Manual%20%202.5.18.pdf
Providers: Emergency department (ED) pediatricians from Howard County General Hospital (approximately 85-90 percent of visits), pediatricians from two large local practices (approximately 10-15 percent of visits)	Maryland Medicaid Telehealth Program: Frequently Asked Questions
	https://mmcp.health.maryland.gov/SiteAssets/SitePages/Telehealth/Telehealth%20FAQ%201.3.18.pdf
Interaction with primary care providers (PCPs): If the child receives care at one of the participating local practices, a provider from that practice provides the telemedicine care. Otherwise, an ED pediatrician provides the care. If telemedicine provider is not the child's PCP, the program faxes a visit note to the PCP.	
Consent: Timing (for example, each visit or start of each school year) and duration of parent consent (for example, each visit, full school year, ongoing after initial consent) Link to any current consent documents or websites	**Managed care policy:** "Telehealth participants may be enrolled in the fee-for-service (FFS) program or a HealthChoice managed care organization (MCO)."
Ongoing funding: Howard County General Hospital forgoes reimbursement and provides the services of physicians as part of its community benefits requirement. The local pediatricians bill the child's insurance, including Medicaid.	**Billing policy:** Services rendered via telehealth are reimbursed in the same manner as in-person services and on a fee-for-service basis. The same biller cannot be reimbursed for both the service delivered via telehealth and the telehealth transmission fee.
Outcomes and evaluation: No direct data is currently available. The program sends a satisfaction survey with every visit and, per reports, has a low survey return but very positive responses from parents. George Washington University is currently evaluating the program.	"Telehealth providers must be enrolled in the Maryland Medical Assistance Program and register as an originating or distant site via an online form before rendering telehealth services."
Links: Program website https://www.howardcountymd.gov/Departments/Health/Child-Health/School-Based-Health-Centers Program flyer	

http://bwes.hcpss.org/sites/default/files/library/Telehealth%20flyer%20.pdf Web post about the program http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/01/04/telemedicine-in-schools-helps-keep-kids-in-the-classroom Web post about the program https://www.fiercehealthcare.com/mobile/pediatric-practices-feel-ripple-effect-school-telemedicine-programs	"Registered distant site providers must bill using normal CPT codes and account for telehealth services using the '-GT' modifier." "Schools and school health offices that are not enrolled with Maryland Medicaid as SBHCs are not able to be reimbursed for the telehealth transmission fee Q-code. A school may still serve as the originating site for a telehealth interaction if the service is performed outside of an enrolled SBHC. However, the school may not bill Medicaid for the telehealth transmission fee Q-code in these circumstances, and does not need to register as an originating site with the Telehealth Program." "Registered originating site providers may bill for the following: The telehealth transmission fee code Q3014; or If a Maryland-based hospital, the telemedicine revenue code 0780; or If an out-of-state hospital, the telehealth transmission fee code Q3014."

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Other state resources for Medicaid and telehealth in schools:

- National Conference of State Legislatures. "State Coverage for Telehealth Services." January 2016. Available at http://www.ncsl.org/research/health/state-coverage-for-telehealth-services.aspx. Accessed February 2, 2018.

- Center for Connected Health Policy. "Telehealth Medicaid & State Policy." 2017. Available at http://www.cchpca.org/telehealth-medicaid-state-policy. Accessed February 2, 2018.

- American Telemedicine Association. "State Medicaid Best Practice: School-Based Telehealth." July 2013. Available at http://www.southwesttrc.org/sites/southwesttrc.org/files/files/state-medicaid-best-practice---school-based-telehealth.pdf. Accessed February 2, 2018.

- American Telemedicine Association. "State Policy Resource Center." 2018. Available at http://www.americantelemed.org/policy-page/state-policy-resource-center. Accessed February 2, 2018.

(Includes the following: State Legislation Matrix, State Interstate Licensure Matrix, State Gaps Reports, State Medicaid Best Practices, Public Comments to States, State Toolkits, Tips for State Policymaking. Some materials are available only to dues-paying members.)

- Maryland Department of Health and Mental Hygiene. "Report on the Telehealth Policies of Other States' Medicaid Reimbursement for Telehealth Services in the Home Setting and Planned Enhancements for Maryland Medical Assistance." January 2017. Available at https://mmcp.health.maryland.gov/Documents/JCRs/2016/telemedicineJCRfinal10-16.pdf. Accessed February 2, 2018.

(Report from a state-funded literature review, research on other states' policies, and interviews with a selection of state Medicaid programs)

- The Children's Partnership. "School-Based Telehealth: An Innovative Approach to Meet the Health Care Needs of California's Children." October 2009. Available at http://www.childrenspartnership.org/wp-content/uploads/2016/06/School-Based-Telehealth%E2%80%94An-Innovative-Approach-to-Meet-the-Health-Care-Needs-of-Californias-Children_October-2009.pdf. Accessed February 2, 2018.

(Includes examples of programs across the country and in California and highlights policy issues)

- Mid-Atlantic Telehealth Resource Center. "Telehealth Reimbursement: Medicaid." Updated February 2016. Available at http://www.matrc.org/telehealth-reimbursement. Accessed February 2, 2018.

- The Office of the National Coordinator for Health Information Technology. "Telehealth and SIM States: Current Landscape & Resources." November 2016. Available at https://www.healthit.gov/sites/default/files/onc_teleleath_le_111516.pdf. Accessed February 2, 2018.

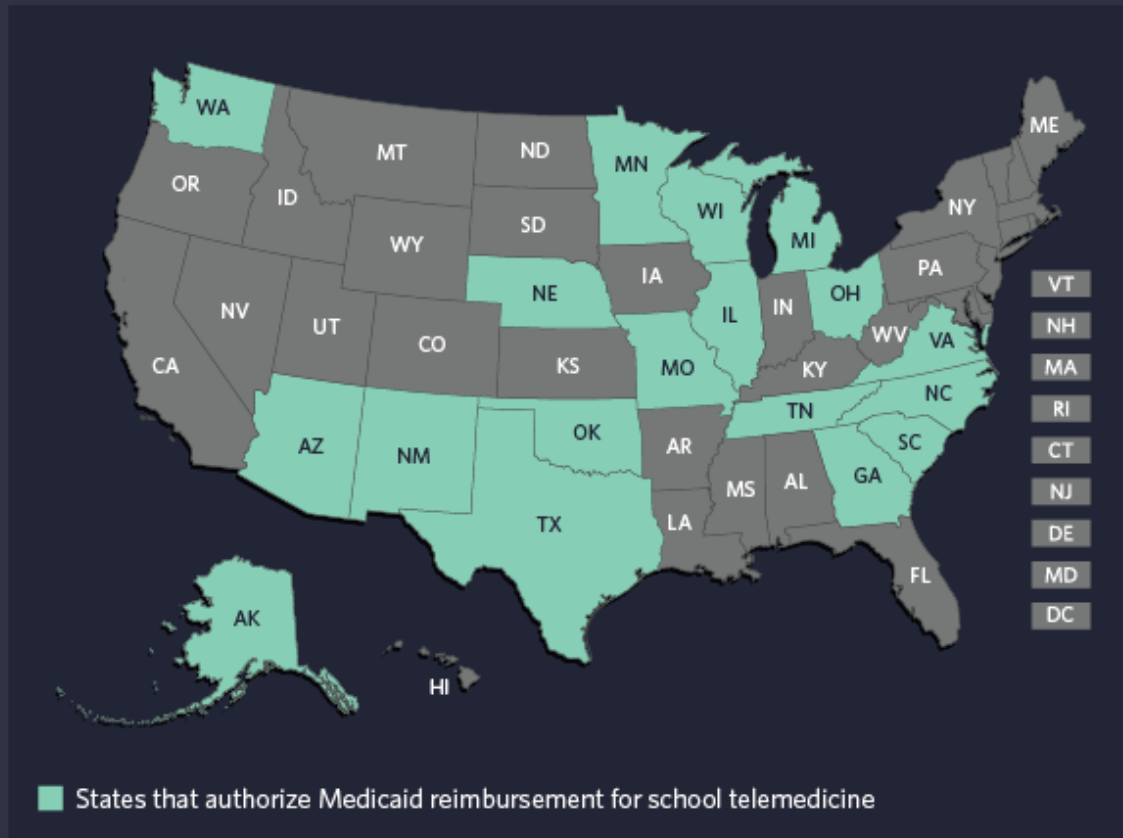(Slides from a learning event with links to a wide variety of other resources)

- Telehealth Resource Centers. https://www.telehealthresourcecenter.org/. Accessed February 2, 2018.

(Two national and 12 regional resource centers funded by the Health Resources and Services Administration [HRSA]; from one of the HRSA-funded centers; includes a section dedicated to Medicaid policy)

- National Academy of State Health Policy. "Improving Behavioral Health Access & Integration Using Telehealth & Teleconsultation: A Health Care System for the 21st Century." November 2015. Available at https://nashp.org/improving-behavioral-health-access-integration-using-telehealth-teleconsultation-a-health-care-system-for-the-21st-century/. Accessed February 2, 2018.

- Children's Health Fund. "15 Million Kids in Health Care Deserts: Can Telehealth Make a Difference?" April 2016. Available at https://www.childrenshealthfund.org/wp-content/uploads/2016/12/CHF_Health-Care-Deserts.pdf. Accessed February 2, 2018.

- Burke, B., R.W. Hall, and the Section on Telehealth Care. "Telemedicine: Pediatric Applications." *Pediatrics*, vol. 136, no. 1, July 2015. Available at http://pediatrics.aappublications.org/content/136/1/e293. Accessed February 2, 2018.

- American Telemedicine Association. "Operating Procedures for Pediatric Telehealth." April 2017. Available at https://www.aap.org/en-us/Documents/ATA_Pediatric_Telehealth.pdf. Accessed February 2, 2018.

- Telehealth Services. *Missouri MO HealthNet Physician Manual*. May 2017. Available at http://manuals.momed.com/manuals/

- Washington Apple Health (Medicaid). *School-Based Health Care Services (SBHS) Billing Guide* (especially starting on page 26). https://www.hca.wa.gov/assets/billers-and-providers/schoolbasedhealthcareservices-bi-20161001.pdf. Accessed February 2, 2018.

- Michigan Department of Health and Human Services. *Medicaid Provider Manual* (especially starting on page 1655). January 2018. https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf. Accessed February 2, 2018.

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Telemedicine in Schools

States highlighted in the map have authorized Medicaid reimbursement for telemedicine services provided to schoolchildren.

■ States that authorize Medicaid reimbursement for school telemedicine

Source: American Telemedicine Association, January 2016, and Stateline reporting

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