

Hearing Date: 5/20/2019

Today's Date: 5/28/2019

Agency: The Ohio Department of Medicaid

Rule Number(s): 5160-1-18

If no comments at the hearing, please check the box. ☐

List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

1. Ohio Occupational Therapy Association, Rebecca Finni
2. University Hospitals, Drs. Andrew Hertz and Brian Zack
3. The Ohio State University Wexner Medical Center, Dr. Edward Levine
4. Akron Children's Hospital, Dr. Steve Jewell
5. Ohio Association of Community Health Centers, Randy Runyon, President & CEO
6. Ohio Hospital Association, Aly DeAngelo, Sarah Kincaid, Director and Policy Advocacy
7. Cincinnati Children's Hospital, Jennifer Ruschman, Director Center for Telehealth
8. The Ohio Academy of Nutrition and Dietetics, Kay Mavko, State Regulatory Specialist
9. Equitas Health, Dave Salisbury, Policy
10. Teladoc Health, Claudia Duck Tucker
11. Dr. Jenel Vick- Speech and Hearing Coalition, Cleveland Speech and Hearing
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- 16.

Hearing Report and Summary

Consolidated Summary of Comments Received

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

The Department received testimony from ten organizations for the public hearing for rule 5160-1-18, Telehealth. While organizations were generally in support of the changes made to the Telehealth rule, there were several additional changes requested.

First, there was a request to add additional practitioners to the list of eligible providers. Those practitioners include: occupational therapists, registered dietitians, physical therapists, speech therapists and audiologists.

Second, there were concerns with the definition of “health system” from many hospital organizations. They feared this definition would overly restrict the use of telehealth as a service delivery mechanism for large health systems spanning across multiple campuses.

Third, service descriptions in paragraph (D) grouped “office” and “outpatient” together, thus using them interchangeably. Many organizations worried this grouping would limit service availability.

Fourth, concern with restricting procedure and consultation codes to those with low complexity could unnecessarily limit the use of telehealth, not allowing the service delivery mechanism to be used to its full potential. In addition, there was concern with limiting inpatient consultations to specific conditions such as stroke, psychiatric emergencies, and NICU/ICU. This restriction could also limit patient access to valuable services.

Fifth, the rule does not allow for specialists to be reimbursed for seeing a new patient via telehealth if requested by another provider unless the practice participates in the Comprehensive Primary Care Program as a Patient Centered Medical Home. Organizations requested language to include services requested by another provider be reimbursable for new patients.

Sixth, the rule only recognizes telehealth as the delivery of services via real-time, synchronous, communication comprised of both audio and video elements. Organizations requested language to allow for audio-only, or email communication to be eligible for telehealth reimbursement.

Finally, practices may choose to subcontract with specialists who enroll with the Department to provide specialty services only via telehealth. The rule was confusing and unclear for these specific circumstances. There was a request for the Department to provide clarification.

Hearing Report and Summary

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Incorporated Comments into Rule(s)

Indicate how comments received during the hearing process were incorporated into the rule(s).
If no comments were incorporated, explain why not.

- Paragraph (D)(1):
 - Clarified definition of the described service from "office or other outpatient consultation" to "office or other outpatient visit"
 - Changed language from "low complexity" to "moderate complexity"
- Strike paragraphs (D)(2) and (D)(4)
- Paragraph (D)(3):
 - Clarified definition of the described service from "office or other outpatient consultation" to "office or other outpatient visit"
 - Changed language from "low complexity" to "moderate complexity"
- Paragraph (D)(5):
 - Added "office consultation"
 - Removed "health system" and replaced with "when providing same quality and timeliness of care to the patient is not possible, as documented in the medical record."
 - Removed (D)(5)(a) through (D)(5)(c)

Due to budgetary considerations, the Department is not able to add additional eligible provider types to the Telehealth rule at this time. However, the Department will continue to monitor spend for telehealth and may consider adding new providers in the future.

An updated billing guidance and Q/A will be released upon final file of the Telehealth rule. These additional documents will assist providers with specific telehealth scenarios to ensure correct billing and prompt payment.

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