



# TELEHEALTH AND MANAGED CARE IN LOUISIANA

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# CURRENT PRACTICE

- *Telehealth Practice Supports integrated health care*
- *Increases access to care for both Behavioral Health and Primary Health*
- *Used widely by those who have case management – in one plan 60 % of members enrolled in Case Management have accessed telemedicine through care coordination activities*

# CURRENT PRACTICE

- *Behavioral Health and Primary Health consultations occur via kiosks, computer, laptop, tablet, or smart phone*
- *Providers can diagnose, make recommendations, and prescribe medications*
- *Most Successfully Used in Behavioral Health*
- *Widespread differences in uses across plans*

# BARRIERS TO INCREASING USAGE

- *Regulatory (ie states licensing boards rules and regulations around telehealth)*
- *If a covered service is provided via an interactive audio and video telecommunications system (telemedicine), it must be identified on the claims form by appending the Health Insurance Portability and Accountability Act (HIPAA) 1996 complaint modifier “GT” to the appropriate procedure code.*

# BARRIERS

- *Louisiana Medicaid only reimburses the distant site provider for services provided via*
- *The administrative costs associated with telemedicine are not routinely reimbursed*
- *Fragmentation of services*
- *Inconsistency in equipment*
- *Misinformation on what is allowed*
- *Many Providers are not on Board*

# INITIATIVES TO ADDRESS BARRIERS

- Pilots to work out issues with regulatory issues and documentation requirements
- Payments for host entities (\$25- \$30)
- Surveys of providers to identify provider concerns
- Innovative programs to address provider resistance and misinformation

# PILOT PROGRAMS

- One plan has partnered with LSU Health to provide telehealth in target regions – began with a few adult specialties (Pulmonary, ENT, Ophthalmology, Orthopedics) ) targeting a small controlled region of the state so as to work out the processes for telemed visits between the plan, PCP's, Members and LSU Health
- Added Behavioral health specialty, added Pediatric Subspecialists: Cardiology, Urology, Rehabilitation, Oncology (follow up visits)
- Visits steadily increased from a couple of hundred to a several thousand
- Re-negotiating terms with LSU Health to expand to other regions

# PILOT PROGRAMS

- Another plan has developed provider and member toolkits for both primary and behavioral telehealth services
- Toolkits lay out both regulatory and procedural issues and solutions
- Readiness Checklists available for providers
- Pilot program was developed with Children's Hospital to increase usage for pediatric members to decrease ER visits
- Pilots in several states introduce "Video Chat"



# CURRENT STATE OF PAYORS AND TELEHEALTH

- Telehealth has been shown to be a cost effective solution for network adequacy issues as well as to address member issues : after hours; missed appointments; hard to reach members; members that have transportation concerns; members who have scheduling issues; etc.
- There are widespread differences in usage – some plans are extremely limited in their development and others have sophisticated systems in place
- Difficult to share across payors because of Propriety issues and competition (especially in LA since RFP is out to rebid contracts)

# CURRENT STATE

- It is clear that there are viable solutions to the recognized barriers – but they need to be further developed and expanded
- Some of the issues are complicated and solutions seem elusive
- Payors recognize the potential and know that telehealth offers some immediate gains both for improving member health outcomes and their bottom line
- Advocacy for expanded use needs to come not just from payors but from providers and members

## FOR MORE INFORMATION

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