

Maine

Medicaid Program: MaineCare

Medicaid Program Administrator: Maine Dept. of Health and Human Services

Regional Telehealth Resource Center:

Northeast Telehealth Resource Center

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STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<p>“Telemedicine, as it pertains to the delivery of health care services, means the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment. ‘Telemedicine’ does not include the use of audio-only telephone, facsimile machine or e-mail.”</p> <p><i>Source: ME Revised Statutes Annotated. Title 24, Sec. 4316 (2012).</i></p> <p>Telehealth is the use of information technology by a Health Care Provider to deliver clinical services at a distance for the purpose of diagnosis, disease monitoring, or treatment. Telehealth Services may be either telephonic or interactive (combined video/audio).</p> <p><i>Source: Code of ME Rules 10-144-101, Ch. 1, Sec. 4.</i></p>	<p>Telehealth is the use of information technology by a Health Care Provider to deliver clinical services at a distance for the purpose of diagnosis, disease monitoring, or treatment. Telehealth Services may be either telephonic or interactive (combined video/audio).</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Apr. 16, 2016). (Accessed Aug. 2016).</i></p>
Live Video Reimbursement	
<p>Maine law requires coverage for services provided through telemedicine, which includes live video.</p> <p><i>Source: ME Revised Statutes Annotated. Title 24 Sec. 4316 (2012).</i></p> <p>ME Medicaid covers telehealth when it is medically appropriate (see Medicaid Column for details).</p> <p><i>Source: Code of ME Rules 10-144-101, Ch. 1, Sec. 4.</i></p> <p><i>(See Medicaid column & “Private Payers” section)</i></p>	<p>If the Member is eligible for the underlying covered service and providing it via telehealth is medically appropriate, the Member is eligible for telehealth services.</p> <p>There is a specific list of codes provided in the manual.</p> <p>Non-Covered services include:</p> <ul style="list-style-type: none"> • Medical equipment • Personal care aide • Pharmacy services • Assistive technology services • Non-emergency medical transportation • Ambulance services • Services that require physical contact • Any service medically inappropriate for telehealth services. <p>See manual for full list of exclusions.</p>

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	<p>No reimbursement for communication between health care providers.</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Aug. 2016).</i></p>
Store and Forward Reimbursement	
<p>ME Medicaid provides coverage for telemonitoring services (which may or may not take place in real time) under certain circumstances (See Medicaid column).</p> <p><i>Source: Code of ME Rules 10-144-101, Ch. 1, Sec. 4. http://www.maine.gov/sos/cec/rules/10/144/ch101/c1s004.docx</i></p>	<p>Provider manual indicates coverage of “telehealth services” which is inclusive of store-and-forward, however the manual only discusses interactive telehealth, and remote patient monitoring in detail. Additionally, the manual only discusses the use of the GT modifier (live interactive video), and does not mention the GQ modifier (asynchronous).</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Aug. 2016).</i></p>
Remote Patient Monitoring Reimbursement	
<p>ME Medicaid provides coverage for telemonitoring (see Medicaid column for details).</p> <p><i>Source: Code of ME Rules 10-144-101, Ch. 1, Sec. 4.</i></p>	<p>In order to be eligible for telemonitoring a member must:</p> <ul style="list-style-type: none"> • Be eligible for home health services; • Have a diagnosis of a health condition requiring monitoring of clinical data at a minimum of five times per week, for at least one week; • Have had two or more hospitalizations or emergency room visits related to their diagnosis in the past calendar year or have continuously received telemonitoring services during the past calendar year and have a continued need; • Have telemonitoring services included in the Member’s plan of care; • Reside in a setting suitable to support telemonitoring equipment; and • Have the physical and cognitive capacity to effectively utilize the telemonitoring equipment or have a caregiver willing and able to assist with the equipment. <p>A physician must document that a face-to-face encounter with the member occurred before they are eligible for a home health benefit. This can occur through interactive telehealth services, but not by telephone or e-mail.</p> <p>Covered telemonitoring services include:</p> <ul style="list-style-type: none"> • Evaluation of the member to determine if telemonitoring services are medically necessary; • Evaluation of Member to ensure cognitively and physically capable of operating equipment; • Evaluation of residence; • Education and training; • Remote monitoring and tracking of data by a RN, NP, PA or physician and response with appropriate clinical interventions;

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	<ul style="list-style-type: none"> • Monthly telephonic services; • Maintenance of equipment; and • Removal/disconnection of equipment <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Aug. 2016).</i></p> <p>RPM is covered under Home and Community Benefits for the Elderly and for Adults with Disabilities. Services may include a range of technological options including in-home computers, sensors and video camera linked to a provider that enables 24/7 monitoring.</p> <p>Final approval must be obtained from the Department, Office of Aging and Disability Services while considering:</p> <ul style="list-style-type: none"> • Number of hospitalizations in the past year; • Use of emergency room in the past year; • History of falls in the last six months resulting from injury; • Member lives alone or is home alone for significant periods of time; • Service access challenges and reasons for those challenges; • History of behavior indicating that a member's cognitive abilities put them at a significant risk of wandering; and • Other relevant information. <p><i>Source: MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 16 (Mar. 15, 2016). (Accessed Aug. 2016).</i></p>
Email/Phone/FAX	
<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: ME Revised Statutes Annotated. Title 24 Sec. 4316 (2012).</i></p>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: Code of ME Rules. 10-144-101 (2012).</i></p> <p>For Indian Health Services, a second tier consultation can utilize direct email communications or telephone consultation.</p> <p><i>Source: MaineCare Benefits Manual, Indian Health Services, 10-144 Ch. II, p. 5 (Jan. 1, 2014). (Accessed Mar. 2016).</i></p> <p>Telephonic services may be reimbursed if the following conditions are met:</p> <ul style="list-style-type: none"> • Interactive telehealth services are unavailable; and • A telephonic service is medically appropriate for the underlying condition. <p>Services may not be delivered through electronic mail.</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101,</i></p>

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	<p><i>Ch. 1, Sec. 4. (Accessed Aug. 2016).</i></p> <p>Telephone is also covered for:</p> <ul style="list-style-type: none"> • Targeted Case Management Services for purposes of monitoring and follow up activities can take place over the telephone. • The Home and Community Benefits for the Elderly and for Adults with Disabilities for purposes of monitoring. • Behavioral Health Services for purposes of crisis resolution services. <p><i>Source: MaineCare Benefits Manual, Targeted Case Management Services, 10-144 Ch. 101, Sec. 13, p. 6 (Mar. 20, 2014). (Accessed Mar. 2016).</i></p> <p><i>Source: MaineCare Benefits Manual, Behavioral Health Services, 10-44 Ch. II, Sec. 65, p. 11 (May 24, 2016). (Accessed Aug. 2016).</i></p>
Online Prescribing	
No reference found.	<p>Tele-pharmacy is allowed.</p> <p>Tele-pharmacy is a method of delivering prescriptions dispensed by a pharmacist to a remote site. Pharmacies using tele-pharmacy must follow all applicable State and Federal regulations, including use of staff qualified to deliver prescriptions through tele-pharmacy.</p> <p>Providers may dispense prescriptions via tele-pharmacy; pre-authorization is required.</p> <p><i>Source: MaineCare Benefits Manual, Ch. 2, Pharmacy Services, 10-144 Chapter 101, p. 5 & 33 (Nov. 29, 2015) (accessed Aug. 2016).</i></p>
Consent	
No reference found.	<p>Providers must deliver written educational information to patients at their visit.</p> <p>This information should be written at a sixth-grade comprehension level, and include the following:</p> <ul style="list-style-type: none"> • Description of the telehealth equipment and what to expect; • Explanation that the use of telehealth for this service is voluntary; • Explanation that the member is able to stop the telehealth visit at any time and request a face-to-face service; • Explanation that MaineCare will pay for transportation to a distant appointment if needed; • Explanation that the Member will have access to all information resulting from the telehealth service provided by law; • HIPAA compliance information regarding the

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	<p>telehealth encounter;</p> <ul style="list-style-type: none"> • Informed of all parties who will be present at the receiving and originating site and have the right to exclude anyone from either site; and • Member has the right to object to videotaping or other recording of consult. <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Aug. 2016).</i></p> <p>Member's record must document consent for RPM.</p> <p><i>Source: MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 16 (Mar. 15, 2016). (Accessed Aug. 2016).</i></p>
Location	
No reference found.	No reference found.
Cross-State Licensing	
<p>A physician can practice medicine in Maine through interstate telemedicine if they are licensed in the state they are providing telemedicine from, their license is in good standing, the physician does not open an office, and the physician annually registers with the board and pays a fee.</p> <p><i>Source: 32 MSRA Sec. 3300-D.</i></p>	No reference found.
Private Payers	
<p>Requires coverage of telemedicine services, subject to contract terms and conditions.</p> <p>Coverage must be provided in a manner that is consistent with coverage for in-person consultation.</p> <p><i>Source: ME Revised Statutes Annotated. Title 24 Sec. 4316 (2012).</i></p>	No reference found.
Site/Transmission Fee	
No reference found.	<p>A facility fee is provided to a health care provider at the originating site.</p> <p>When an FQHC or RHC serves as the originating site, the facility fee is paid separately from the center or clinic all-inclusive rate.</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Apr. 16, 2016). (Accessed Aug. 2016).</i></p>
Miscellaneous	
	<p>MaineCare will pay for transportation to a distant appointment if needed.</p> <p><i>Source: MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Apr. 16, 2016). (Accessed Aug. 2016).</i></p>