

Maine

Medicaid Program: MaineCare

Program Administrator: Maine Dept. of Health and Human Services

Regional Telehealth Resource Center: Northeast Regional Telehealth Resource Center

Covers the States of: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island & Vermont

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Medicaid Telehealth Reimbursement	Summary	<p>Maine Medicaid (MaineCare) reimburses for live video telehealth under certain conditions, and remote patient monitoring for patients with certain risk factors. Although their definition of telehealth is broad enough to include of store-and-forward, there is no mention of store-and-forward reimbursement within their policies.</p>
	Definitions	<p>Telehealth services are 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>Source: <i>MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., p. 3 (Apr. 9, 2018) & Code of ME Rules 10-144-101, Ch. 1, Sec. 4. (Accessed Sept. 2019).</i></p> <p>Telehealth as it pertains to the delivery of health care services, means the use of interactive real-time visual and audio or other electronic media for the purpose of consultation and education concerning and diagnosis, treatment, care management and self-management of a patient's physical and mental health and includes real-time interaction between the patient and the telehealth provider, synchronous encounters, asynchronous encounters, store-and-forward transfers and remote patient monitoring. "Telehealth" includes telephonic services when interactive telehealth services are unavailable or when a telephonic service is medically appropriate for the underlying covered service.</p> <p>Source: <i>ME Statute Sec. 22:855.3173-H. (Accessed Sept. 2019).</i></p> <p>Telemonitoring Services are the use of information technology to remotely monitor a member's health status through the use of clinical data while the member remains in the residential setting. Telemonitoring may or may not take place in real time.</p> <p>Source: <i>MaineCare Benefits Manual. Ch. 11. Home Health Services. Sec. 40.01. Final Adoption 8/1//19. (Accessed Sept. 2019).</i></p>
	Live Video Policy	<p>If the Member is eligible for the underlying covered service and providing it via telehealth is medically appropriate as determined by the health care provider, and is of comparable quality if it had been delivered in-person, the telehealth service is eligible for reimbursement.</p> <p>No reimbursement for communication between health care providers when the member is not present at the originating site.</p> <p>Source: <i>MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., p. 2 & 6. (Accessed Sept. 2019).</i></p>



Eligible Services / Specialties

There is a specific list of codes provided in the manual.

Non-Covered services include:

- 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.

See manual for full list of exclusions.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., p. 5-6. (Accessed Sept. 2019).*

Eligible Providers

A health care provider must also be:

- Acting within the scope of his or her license
- Enrolled as a MaineCare provider; and
- Otherwise eligible to deliver the underlying Covered Service

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.03., p. 3. (Accessed Sept. 2019).*

If approved by HRSA and the state, a FQHC, RHC, or IHC may serve as the provider site and bill under the encounter rate.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., p. 10. (Apr. 9, 2018). (Accessed Sept. 2019).*

Eligible Sites

FQHCs, RHCs or IHCs may be originating sites.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4., p. 10. (Apr. 9, 2018). (Accessed Sept. 2019).*

Geographic Limits

No reference found.

Facility/Transmission Fee

A facility fee is provided to a health care provider at the originating site.

An originating facility fee may only be billed in the event that the originating site is in a healthcare provider's facility.

When an FQHC or RHC serves as the originating site, the facility fee is paid separately from the center or clinic all-inclusive rate.

The Department does not reimburse a transmission fee.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. p. 1, 6, 10. (Apr. 9, 2018). (Accessed Sept. 2019).*



Medicaid Telehealth Reimbursement

Store-and-Forward	Policy	<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>Source: <i>MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4. (Accessed Sept. 2019).</i></p>
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	<p>ME Medicaid provides coverage for telemonitoring services (which may or may not take place in real time) under certain circumstances.</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 to determine suitability for telemonitoring services; • Education and training; • Remote monitoring and tracking of data by a RN, NP, PA or physician and response with appropriate clinical interventions; • Monthly telephonic services; • Maintenance of equipment; and • Removal/disconnection of equipment <p>Source: <i>MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.04. p. 4-5. (Accessed Apr. 2019).</i></p> <p>Home and Community Benefits for the Elderly and for Adults with Disabilities Real time remote support monitoring 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 and/or contact as necessary.</p> <p>Source: <i>MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 13 (Jan. 7, 2019). (Accessed Sept. 2019).</i></p>



Conditions

In order to be eligible for telemonitoring a member must:

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 documentation in the patient’s medical record that the patient is at risk of hospitalization or admission to an emergency room or have continuously received Telemonitoring Services during the past calendar year and have a continuing need for such services, as documented by an annual note from a health care provider;
- 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.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.02. p. 2-3 & Mainecare Benefits Manual. Ch. 11. Home Health Services. Sec. 40.05. Final Adoption 8/1/19. (Accessed Sept. 2019).*

Home and Community Benefits for the Elderly and for Adults with Disabilities

Final approval must be obtained from the Department, Office of Aging and Disability Services while considering:

- 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.

Source: *MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 13 (Jan. 7, 2019). (Accessed Sept. 2019).*

Provider Limitations

Telemonitoring only reimbursed when provided by a certified Home Health Agency. See regulations for specific requirements of Home Health Agencies utilizing telemonitoring services.

Source: *MaineCare Benefits Manual. Ch. 11. Home Health Services. Sec. 40.05. Final Adoption 8/1/19. (Accessed Sept. 2019).*

In order to be reimbursed for services, Health Care providers:

- Must be enrolled as MaineCare providers in order to be reimbursed for services;
- Be a certified Home Health Agency pursuant to the MaineCare Benefits Manual Ch. II Section 40 (“Home Health Services”);
- The Provider ordering the service must be a Provider with prescribing privileges (physician, nurse practitioner or physician’s assistant);
- Must document that they have had a face-to-face encounter with the member before a physician may certify eligibility for services under the home health benefit. This may be accomplished through interactive telehealth services, but not by telephone or e-mail.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.01. (Accessed Sept. 2019).*

Other Restrictions

Telemonitoring services are intended to collect a member’s health-related data, such as pulse and blood pressure readings, that assist healthcare providers in monitoring and assessing the member’s medical conditions.

A note, dated prior to the beginning of service delivery, and demonstrating the necessity of home telemonitoring services, must be included in the member’s file. In the event that services begin prior to the date recorded on the provider’s note, services delivered in that month will not be covered.

Source: *MaineCare Benefits Manual. Ch. 11. Home Health Services. Sec. 40.05. Final Adoption 8/1/19. (Accessed Sept. 2019).*



Services shall not be duplicate of any other services. See regulation for examples of duplication.

Source: *MaineCare Benefits Manual, Ch. 11, Home Health Services, Sec. 40.06, Final Adoption 8/1//19. (Accessed Sept. 2019).*

See regulation for list of non-covered services.

Source: *MaineCare Benefits Manual, Ch. 11, Home Health Services, Sec. 40.07, Final Adoption 8/1//19. (Accessed Sept. 2019).*

Department required to adopt regulations that comply with the following:

- May not include any requirement that a patient have a certain number of ER visits or hospitalizations related to the patient’s diagnosis in the criteria for a patient’s eligibility for telemonitoring services;
- Must include qualifying criteria for a patient’s eligibility of telemonitoring services that include documentation in a patient’s medical record that the patient is at risk of hospitalization or admission to an ER
- Must provide that group therapy for behavioral health or addiction services covered by the MaineCare program may be delivered through telehealth; and
- Must include requirements for individual providers and the facility or organization in which the provider works for providing telehealth and telemonitoring services.

Source: *ME Statute Sec. 3173-H. (Accessed Sept. 2019).*

A health care provider 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.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.03, p. 4 (Accessed Sept. 2019).*

ME established the ME Telehealth and Telemonitoring advisory group to evaluate difficulties related to telehealth and telemonitoring services and make recommendations to the department to improve it statewide.

Source: *ME Statute Sec. 3173-I. (Accessed Sept. 2019).*

Home and Community Benefits for the Elderly and for Adults with Disabilities

Use of remote monitoring requires sufficient Back Up Plans and the SCA will be responsible for ensuring that the member has at least two adequate back-up plans prior to making a referral for this service.

Source: *MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 13 (Jan. 7, 2019). (Accessed Mar. 2019).*

Telephonic services may be reimbursed if the following conditions are met:

- Interactive telehealth services are unavailable; and
- A telephonic service is medically appropriate for the underlying covered service.

Services may not be delivered through electronic mail.

Interprofessional telephone/internet assessment are among the listed reimbursable procedure codes.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4, p. 4, 7, 12. (Accessed Sept. 2019)*

For Indian Health Services, a second tier consultation can utilize direct email communications or telephone consultation.

Source: *MaineCare Benefits Manual, Indian Health Services, 10-144 Ch. II, Sec. 9, p. 5 (March 21, 2012). (Accessed Sept. 2019)*



Under Targeted Case Management, monitoring and follow-up activities may involve either face-to-face or telephone contact.

Source: *MaineCare Benefits Manual, Targeted Case Management Services, 10-144 Ch. 101, Sec. 13, p. 6 (Mar. 20, 2014).* (Accessed Sept. 2019).

For crisis resolution services, under Behavioral health, covered services do include direct telephone contacts with both the member and the member’s parent or guardian or adult’s member’s guardian when at least one face-to-face contact is made with the member within seven (7) days prior to the first contact related to the crisis resolution service. The substance of the telephone contact(s) must be such that the member is the focus of the service, and the need for communication with the parent or guardian without the member present must be documented in the member’s record.

Source: *MaineCare Benefits Manual, Behavioral Health Services, 10-44 Ch. II, Sec. 65, p. 10 (Feb. 11, 2019).* (Accessed Sept. 2019).

An examination following use of restraint or seclusion can be done by a telephone in consult with a registered nurse. When a telephonic consult occurs, the physician, or nurse practitioner must examine the member in person within the following time constraints:

- Within one (1) hour of when the registered nurse requests an examination;
- Within one (1) hour of when information relayed is suggestive of causes leading to physical harm to the member;
- Within one (1) hour if an examination has not yet occurred during the member’s stay; or
- Within six (6) hours in all other circumstances.

Source: *MaineCare Benefits Manual, Psychiatric Residential Treatment Facility Services, 10-44 Ch. II, Sec. 65, p. 32 (Oct. 3, 2018).* (Accessed Sept. 2019).

Providers must deliver written educational information to patients at their visit.

This information should be in a format and manner that the Member is able to understand and include the following:

- Description of the telehealth services and what to expect;
- Explanation that the use of telehealth for this service is voluntary and that the member is able to refuse the telehealth visit at any time without affecting the right to future care or treatment or loss or withdrawal of MaineCare benefit;
- 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;
- The dissemination, storage or retention of an identifiable Member image or other information shall comply with federal and state laws and regulations requiring confidentiality.
- 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.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4, p. 8.* (Accessed Sept. 2019).

Member’s record must document consent for Assistive Technology-Remote Monitoring.

Source: *MaineCare Benefits Manual, Home and Community Benefits for the Elderly and for Adults with Disabilities, 10-144 Ch. II, Sec. 19, p. 13 (Jan. 7, 2019).* (Accessed Sept. 2019).

Prior to the provision of telemonitoring services, the Health Care Provider shall document that it has provided the member with choice and educational information obtained the member’s written informed consent to the receipt of telemonitoring services. The Health Care Provider shall retain a copy of the signed informed consent in the member’s medical record and provide a copy to the member or the member’s legally authorized representative upon request.

Source: *MaineCare Benefits Manual, Ch. 11. Home Health Services. Sec. 40.08. Final Adoption 8/1//19.* (Accessed Sept. 2019).



Medicaid Telehealth Reimbursement

Out of State Providers

Healthcare Providers must be licensed or certified in the state of Maine.

Source: *MaineCare Benefits Manual, Telehealth, 10-144 Ch. 101, Ch. 1, Sec. 4.01. p. 1, (Accessed Sept. 2019).*

Miscellaneous

The Department is required to report on the utilization of telehealth and telemonitoring services within the MaineCare program annually.

The Department is required to conduct educational outreach to providers and MaineCare members on telehealth and telemonitoring.

Source: *ME Statute Sec. 3173-H. (Accessed Sept. 2019)*

Tele-pharmacy is allowed.

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.

Providers may dispense prescriptions via tele-pharmacy; pre-authorization is required. Providers must assure that member counseling is available at the remote site from the dispensing provider or the provider delivering the prescription, and that only qualified staff, deliver prescriptions.

Source: *MaineCare Benefits Manual, Pharmacy Services, 10-144 Ch. 2, Sec. 80 p. 5 & 30. 80.01 & 07 (Sept. 1, 2017) (Accessed Sept. 2019).*

Definitions

“Telehealth,” as it pertains to the delivery of health care services, means the use of interactive real-time visual and audio or other electronic media for the purpose of consultation and education concerning and diagnosis, treatment, care management and self-management of an enrollee’s physical and mental health and includes real-time interaction between the enrollee and the telehealth provider, synchronous encounters, asynchronous encounters, store and forward transfers and telemonitoring. “Telehealth” does not include the use of audio-only telephone, facsimile machine, e-mail or texting.

Source: *Maine Revised Statutes Annotated, Title 24, Sec. 4316 & LD 1263 (2019 Session).*

Private Payer Laws

Requirements

A carrier offering a health plan in this State may not deny coverage on the basis that the health care service is provided through telehealth if the health care service would be covered if it was provided through in-person consultation between an enrollee and a provider.

A carrier may not exclude a health care service from coverage solely because such health care service is provided only through a telehealth encounter, as long as telehealth is appropriate for the provision of such health care service.

A carrier shall provide coverage for any medically necessary health care service delivered through telehealth as long as the following requirements are met:

- Prior authorization is required for telehealth services only if prior authorization is required for the corresponding covered health care service. An in-person consultation prior to the delivery of services through telehealth is not required.
- Coverage for telehealth services is not limited in any way on the basis of geography, location or distance for travel.
- The carrier shall require that a clinical evaluation is conducted either in person or through telehealth before a provider may write a prescription that is covered.
- The carrier shall provide coverage for the treatment of 2 or more persons who are enrolled in the carrier’s health plan at the same time through telehealth, including counseling for substance use disorders involving opioids.



Requirements

- A carrier shall provide coverage for telemonitoring if:
- The telemonitoring is intended to collect an enrollee’s health-related data, including, but not limited to, pulse and blood pressure readings, that assist a provider in monitoring and assessing the enrollee’s medical condition;
 - The telemonitoring is medically necessary for the enrollee;
 - The enrollee is cognitively and physically capable of operating the mobile health devices the enrollee has a caregiver willing and able to assist with the mobile health devices; and
 - The enrollee’s residence is suitable for telemonitoring. If the residence appears unable to support telemonitoring, the telemonitoring may not be provided unless necessary adaptations are made.

A carrier shall provide coverage for telephonic services when scheduled telehealth services are technologically unavailable at the time of the scheduled telehealth service for an existing enrollee and the telephonic services are medically appropriate for the corresponding covered health care services.

In order to be eligible for reimbursement under this section, a provider providing health care services through telehealth must be acting within the scope of the provider’s license. A carrier may not impose additional credentialing requirements or prior approval requirements for a provider as a condition of reimbursement for health care services provided under this section unless those credentialing requirements or prior approval requirements are the same as those imposed for a provider that does not provide health care services through telehealth.

A carrier may not require a provider to use specific telecommunications technology and equipment as a condition of coverage under this section as long as the provider uses telecommunications technology and equipment that comply with current industry interoperability standards and that comply with standards required under HIPAA.

Source: *Maine Revised Statutes Annotated, Title 24, Sec. 4316 & LD 1263 (2019 Session).*

Parity

Service Parity

Coverage for health care services provided through telehealth must be determined in a manner consistent with coverage for health care services provided through in-person consultation. If an enrollee is eligible for coverage and the delivery of the health care service through telehealth is medically appropriate, a carrier may not deny coverage for telehealth services.

Source: *Maine Revised Statutes Annotated, Title 24, Sec. 4316 & LD 1263 (2019 Session).*

Payment Parity

No explicit payment parity.

Definitions

Board of Licensure in Medicine & Board of Osteopathic Licensure

“Telemedicine” means the practice of medicine or the rendering of health care services using electronic audio-visual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Telemedicine includes asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services, including teleradiology and telepathology. Telemedicine shall not include the provision of medical services only through an audio-only telephone, e-mail, instant messaging, facsimile transmission, or U.S. mail or other parcel service, or any combination thereof.

Source: *ME Regulation Sec. 02-373-6 & 02-383-6. (Sept. 2019).*



Board of Licensure in Medicine & Board of Osteopathic Licensure

A licensee who uses telemedicine shall ensure the patient provides appropriate informed consent for the health care services provided, including consent for the use of telemedicine, which must be documented in the patient's medical record.

Source: ME Regulation Sec. 02-373-6 & 02-383-6. (Sept. 2019).

Board of Licensure in Medicine & Board of Osteopathic Licensure

Prior to providing treatment, including issuing prescriptions, electronically or otherwise, a licensee who uses telemedicine in providing health care shall interview the patient to collect the relevant medical history and perform a physical examination, when medically necessary, sufficient for the diagnosis and treatment of the patient. An internet questionnaire that is a static set of questions provided to the patient, to which the patient responds with a static set of answers, in contrast to an adaptive interactive and responsive online interview, does not constitute an acceptable medical interview and physical examination for the provision of treatment, including issuance of prescriptions, electronically or otherwise, by the licensee.

A valid physician-patient relationship may be established between a licensee who uses telemedicine in providing health care and a patient who receives telemedicine services through consultation with another licensee or through a telemedicine encounter if the standard of care does not require an in-person encounter and in accordance with evidence-based standards for practice and telemedicine practice guidelines that address the clinical and technological aspects of telemedicine.

Source: ME Regulation Sec. 02-373-6 & 02-383-6. (Sept. 2019).

Member of the Interstate Medical Licensure Compact.

Source: Interstate Medical Licensure Compact. The IMLC. (SP 467-2017). (Accessed Sept. 2019)

Member of Nurse Licensure Compact.

Source: Nurse Licensure Compact. Current NLC States and Status. NCSBN. (Accessed Sept. 2019).

A physician who is not licensed in Maine 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, meet patients or receive calls in the state and agrees to provide only consultative services as requested by other physicians, APRNs or PAs, and the physician annually registers with the board and pays a fee.

Source: 32 MSRA Sec. 3300-D. (Accessed Sept. 2019).

The Board may issue an interstate telemedicine consultation registration to an applicant who:

- Submits an administratively complete application on forms approved by the Board;
- Pays the appropriate licensure application fee;
- Demonstrates that the applicant is a physician and is fully licensed without restriction to practice medicine in the state from which the physician provides telemedicine services;
- Meets the examination requirement;
- Has not had a license to practice medicine revoked or restricted in any state or jurisdiction; and
- Has no cause existing that may be considered grounds for disciplinary action or denial of licensure as provided by law.

A physician registered for the interstate telemedicine consultation shall not:

- Open an office in this State;
- Meet with patients in this State;
- Receive calls in this State from patients; and
- Shall provide only consultative services as requested by a physician, advanced practice registered nurse or physician assistant licensed in this State who retains ultimate authority over the diagnosis, care and treatment of the patient.

Source: ME Regulation Sec. 02-373 Ch. 1, p. 13-14.



Professional regulation with telehealth specific standards

- Board of Licensure in Medicine (**Source:** *ME Regulation Sec. 02-373-6*) (Accessed Sept. 2019).
- Board of Osteopathic Licensure (**Source:** *: ME Regulation 02-383-6*) (Accessed Sept. 2019).

