

Jake Harper October 25, 2016

# Agenda

- What is "telehealth"?
- Primary legal issues in telehealth
  - Licensure of providers
  - Telehealth reimbursement
  - Corporate practice and fraud/abuse
  - -HIPAA



## What is Telehealth?

### Different things to different people

- No single definition or usage of telehealth
- Often used interchangeably with telemedicine

### • In essence, remote exchange of healthcare information

- Live A/V
- Remote monitoring
- Asynchronous communications
- Medical devices
- Other communications?



## What is Telehealth?

### Who is thinking about telehealth?

These days: just about everyone

### Commercial Payors

- Insurers
- MCOs
- Employer Plans

### State Government

- Medical Boards
- Pharmacy Boards
- Nursing Boards
- Medicaid Agencies

### Federal Government

- CMS
- HRSA
- DEA
- FDA

## Telecomm Companies

- Software companies
- Management companies
- Startups
- Fortune 500s
- Device manufacturers

### Providers

- Hospitals
- ACOs
- Physicians
- Home health and hospice
- Just about all providers

## **State Professional Board Requirements**

### • Telehealth Encounter Requirements

- Permitted modalities
- Site of service
- Tele-presenter or on-site health care provider
- Informed consent (written or verbal)
- Ensuring identity of patient & practitioner

### Internet Prescribing & Telepharmacy

- Long-standing concern of improper prescribing through internet questionnaires in support of "pill mills"
- Ryan Haight Online Pharmacy Consumer Protection Act

# **State Professional Board Requirements**

#### Licensure

- Required for each state in which practitioner and/or patient is located
- Potential for civil and/or criminal penalties
- Special purpose licenses for telemedicine
  - Interstate Medical Licensure Compact
  - Interstate Nurse Licensure Compact

### Establishment of Physician-Patient Relationship

- Traditionally, required an in-person evaluation
- Telehealth is challenging that thinking



## **Telehealth Reimbursement**

#### Commercial

- Insurance policies vary widely in telehealth coverage
- Some insurers have determined significant value in telehealth services and will cover a wide array of services
- Several states (~35) have implemented "parity" laws requiring commercial insurance coverage of telehealth services equal to coverage of traditional face-to-face services

### Payors Increasingly Aligning With Telehealth Companies

- Provide additional member benefits
- Decrease strain on brick-and-mortar providers
- Done through acquisitions or joint ventures

### Employer Groups Also Exploring Telehealth Options

## **Telehealth Reimbursement**

#### Medicare

- Medicare coverage of telemedicine services is narrow
- Complex Medicare billing issues and beneficiary liability questions
- Program limited by legislation, but new legislation and various demonstrations pending:
  - Medicare Telehealth Parity Act of 2015
  - Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act S. 2484 (introduced February 2, 2016)
  - State demonstrations under Capitated Financial Alignment Model for Medicare-Medicaid Enrollees (NY HHA and VA Duel Eligible Integrated Care)
  - State demonstrations under Federal Telemedicine Demonstration (HI and AK)

#### Medicaid

- More flexibility than Medicare, but results in highly variable coverage criteria
- Most states allow some type of telehealth coverage

## **Corporate Practice Doctrine**

- Statutory, Common Law, and "Other" Restrictions on Who Can own or Operate a Medical Practice or Engage in the Provision of Licensed Professional Health Care Services
- Varies From State To State
- Adopted in Many States
  - For example: California, Illinois, New York, Texas
  - Requires clinical entity to be owned by a licensed health care professional or be a licensed health care entity (e.g., hospital, managed care organization)
- Requires an Alternative Form of "Ownership" and Control
  - Practice entity
  - Practice management company
- How Does this Affect Telehealth Companies?

## Fraud & Abuse Laws

#### Federal and state

- Kickback laws
- Self-referral laws (Stark)
- False claims laws
- Fee-splitting (state only)

### Examples of What Can Trigger Scrutiny

- Marketing/advertising
- Financial interests in entity receiving referral
- Joint promotion
- Non-compliance with billing rules
- Billing for services that lack medical necessity
- Dividing payment between practitioner and software company on per patient/per encounter basis

# **HIPAA & State Privacy Laws**

- **HIPAA** the one healthcare law that most consumers know
  - Does it apply?
  - Notice of privacy practices
  - Business Associate Agreements
- State Privacy Laws
  - May be more onerous than HIPAA



OCR Audits Not Only of CEs but also Business Associates



# **Evolution of the Telehealth Landscape**

- A number of systemic features of current healthcare regulatory environment raise challenges for effective telehealth practice
  - Laws were enacted when interaction between provider and patient was solely face-to-face and many have not been fully updated
  - States have interest and responsibility in protecting the health and welfare of citizens, which delays acceptance of new practice platforms
- However, efforts to quickly bridge gap given:
  - Consumer demand
  - Enhanced access
  - Lower cost
  - Largely positive clinical feedback
  - Dwindling supply of primary care physicians

# Challenges in Telehealth Implementation

- Understand where you fit into the telehealth regulatory scheme
  - Hospital? How can telehealth help you keep patients from being readmitted?
  - Device manufacturer? Is your wearable regulated by the FDA?
  - Software developer? What are the hurdles for employing physicians to practice through your app?
  - Insurer? Do state parity laws affect your payment policies?
  - Physician or practitioner? Is telehealth right for you and your patients?
- Significant grey areas currently exist where regulators have not yet devised a framework for telehealth
  - Though legislation/regulations in many states is actively being considered

# Thanks!



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