

 Policy									
Manual Section:	Corporate Policy and Procedures, Florida, Network Development-State								
Policy Name:	Telemedicine Policy								
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Related Policies & Procedures:	N/A								
Effective Date: <small>(Compliance Use Only)</small>	01/24/19								
Repealed Date: <small>(Compliance Use Only)</small>	N/A								
Policy History: <small>(Compliance Use Only)</small>	Reviewed, Revised and Approved: 01/24/19								
Department Policy Administrator (DPA):	Dorsett, Duenna								
Company-Wide Policy? (Y/N)	N								
If no, Applicable to:	Medicaid: FL								
Current State Approval Date(s) <small>(Compliance Use Only)</small>	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">GA:</td> <td style="width: 25%;">HI:</td> <td style="width: 25%;">IL:</td> <td style="width: 25%;">MO:</td> </tr> <tr> <td>NE:</td> <td>NJ:</td> <td>NY:</td> <td>SC:</td> </tr> </table>	GA:	HI:	IL:	MO:	NE:	NJ:	NY:	SC:
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<i>Most Current Version and Electronic Approvals are located in C360</i>									

Executive Summary:

This policy is to ensure that WellCare Health Plans, Inc. and its affiliates and subsidiaries (collectively, “WellCare” or the “Company”) has a formal set of rules and regulations governing the use of telemedicine in Florida

Definitions:

Telemedicine: The practice of health care delivery by a practitioner who is located at a site other than the site where a recipient is located for the purposes of evaluation, diagnosis, or treatment.

Policy:

This policy is intended to provide coverage guidelines for telemedicine in Florida in accordance with state and federal laws and regulations (including Florida Rule 59G-1.057, F.A.C.) as well as contractual requirements.

When providing services through telemedicine, WellCare shall ensure:

- 1) The telecommunication equipment and telemedicine operations meet the technical safeguards required by 45 CFR 164.312, where applicable;

- 2) WellCare's providers and subcontractors using telemedicine comply with Health Insurance Portability and Accountability Act and other State and federal laws pertaining to patient privacy;
- 3) WellCare's telemedicine procedures comply with the requirements in this Contract; and
- 4) WellCare provides training to providers and subcontractors regarding the telemedicine requirements in this Contract.

WellCare shall ensure the enrollee has a choice of whether to access services through a face-to-face or telemedicine encounter. WellCare shall ensure that the enrollee record includes documentation, as applicable, when telemedicine services are provided.

WellCare agrees to provide coverage for services provided through telemedicine, when appropriate, for services covered under this Contract, to the same extent the services would be covered if provided through a face-to-face (in-person) encounter with a practitioner. WellCare agrees to not be more restrictive in the coverage requirements for services provided through telemedicine than those established for services provided in-person.

WellCare agrees to cover the following additional telemedicine modalities: store-and-forward and remote patient monitoring services, when appropriate, as a part of its Quality Enhancement programs, in accordance with the requirements specified in Attachment B, Section VI.F., Quality Enhancements, of the SMMC ITN.

If the provider or subcontractor has been approved by WellCare to provide services through telemedicine, specify that the provider or subcontractor be required to have protocols to prevent fraud and abuse. The provider must implement telemedicine fraud and abuse protocols that address:

- 1) Authentication and authorization of users;
- 2) Authentication of the origin of the information;
- 3) The prevention of unauthorized access to the system or information;
- 4) System security, including the integrity of information that is collected, program integrity and system integrity; and
- 5) Maintenance of documentation about system and information usage

Roles and Responsibilities:

WellCare recognizes that telemedicine improves access to essential healthcare services that may not otherwise be available for eligible members and represents an innovative and evidence-based approach to achieving AHCA's goal of ensuring access to high quality health services for Medicaid recipients. Our provider directory indicates which network providers offer telemedicine services. WellCare supports and operationalizes coverage parity for all telemedicine services, which means that we cover services provided via telemedicine to the same extent that we cover services provided through an in-person visit. WellCare practices payment parity and reimburses providers the same for telemedicine services as for an in-person visit.

WellCare supports telemedicine utilization from any remote location as long as practitioners are conducting visits within the scope of their practice. Services are covered and reimbursed (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:

- A. The practitioner bills for the evaluation, diagnosis, or treatment recommendation located at a site other than where the recipient is located.

- B. Telemedicine services are provided using interactive telecommunications equipment that includes, at a minimum audio and video equipment permitting two-way, real time, interactive communication between a recipient and a practitioner, and meet the technical safeguards by 45 CFR 164.312, where applicable.
- C. Providers must include modifier GT or GQ on the CMS-1500 claim form, incorporated by reference in Rule 59G-4.001, F.A.C
- D. Place of Service (POS) 02 should be used to show a telecommunication system was used to provide the service.

Limitations:

WellCare will not reimburse for

- A. Telephone conversations, chart review(s), electronic mail messages, or facsimile transmissions.

Administrative Guidelines:

- A. Services that require precertification when rendered in-person also require precertification when rendered via telemedicine. Providers and subcontractors are required to follow WellCare's coverage criteria.
- B. Documentation supporting medical necessity should be legible and maintained in the patient's medical record and made available to WellCare upon request. The medical chart organization and documentation shall, at a minimum, include a brief explanation of the health services delivered through telemedicine in each progress note and documentation of telemedicine equipment used for the particular services provided. WellCare reserves the right to perform retrospective reviews using the above criteria to validate if services rendered met Payment Determination Criteria.
- C. As described in WellCare's provider manual, providers and subcontractors must ensure that a member agrees to the use of telemedicine and obtain an informed consent form. Providers and subcontractors are required to retain a copy of the informed consent form in the member's medical record.
- D. All telemedicine services provided must be consistent with all federal and state privacy, security, and confidentiality laws, and all state and federal laws governing telemedicine services.
- E. Any health professional providing health services via telemedicine must be currently and appropriately licensed in the State of Florida and must be contracted and credentialed through WellCare's network or the delegated subcontractor's network if the subcontractor is delegated for network and credentialing.
- F. All telemedicine services provided must be consistent with WellCare's terms and conditions.

Monitoring for Fraud, Waste and Abuse:

WellCare has incorporated procedures to prevent and detect potential and suspected fraud and abuse. The WellCare Special Investigations Unit (SIU) has incorporated telemedicine service reviews into its overarching monitoring plan. Additionally, WellCare obligates all telemedicine providers to have protocols to prevent fraud and abuse, including:

- Authentication and authorization of users

- Authentication of the origin of the information
- The prevention of unauthorized access to the system or information
- System security, including the integrity of information that is collected, program integrity and system integrity
- Maintenance of documentation about system and information usage

References:

- AHCA Rule 59G-4.001, Florida Administrative Code
- AHCA Rule 59G-1.057, Florida Administrative Code
- CMS Manual System Pub 100-02 Medicare Benefit Policy, Transmittal 43
- CMS Security Standards for the Protection of Electronic Protected Health Information,” found at 45 CFR Part 160 and Part 164, Subparts A and C