TeleHealth Reimbursement

Behavioral Health Provider Perspective: Shari Tresky, LMHC
Background

- I am a licensed mental health counselor in private practice with an office in Hilo, on Hawai‘i Island.
- About 70% of my patients are Medicaid recipients.
- Most of my other clients have low/mid income; many live in remote locations in East Hawai‘i.
- The population I serve is representative of patients who have mental health issues in East Hawai‘i.
- I see patients with major depression, anxiety disorders, post-traumatic stress disorder, bipolar disorder and schizophrenia.
Access and Quality

• Rural location and low income have a major impact on access to services AND quality of care. Barriers include:
  o Transportation – no car, no gas money, medical transport services are very unreliable – and costly for the State!
  o Childcare is unavailable and/or too expensive.
  o Patients cannot make it during normal business hours.
  o Mental health symptoms prevent patients from attending sessions when needed most (e.g. panic disorder, extreme anxiety, trauma symptoms, feeling suicidal).
  o Providers are not reimbursed for no-shows and stop taking Medicaid patients who have trouble attending sessions (especially since most Medicaid plans offer reimbursement rates 25% - 40% lower than other plans).
TeleHealth Option

• Patients have expressed enthusiastic interest in a home-based TeleHealth option. Most have access to a smart phone; some have a tablet or computer.

• Solves many problems connected to access and quality:
  o Transportation issues are eliminated for patients and the State saves money on medical transport costs!
  o Clients can be at home with children during session.
  o Easier for providers to offer appointments during non-business hours for patients with irregular work hours.
  o Patients can keep appointments when needed most.
  o Most providers I know would be happy to offer TeleHealth sessions, but they need to be reimbursed.
TeleHealth Status & Challenges

• Some commercial plans require providers to use their system (HMSA); others allow providers to use any system that meets requirements (HMAA and UHA). Some (HMA administered plans) do not reimburse for TeleHealth.

• Medicaid plans only allow patients to be at an “authorized originating site,” (clinic, doctor’s office etc.) NOT at their home.

• There are NO approved sites in East Hawai’i.

• Even with an approved site, it would not solve the problem. If patients can drive to a site, they can drive to my office in Hilo.

• I am obligated to offer TeleHealth services free of charge in order to help patients who cannot make it to their appointment.
Effectiveness & Compliance

• Outcome studies of TeleMental Health treatment have already proven it to be equally effective to in-person therapy. One source for references to these studies:
  - https://www.breakthrough.com/why/effectiveness

• I use a service called https://www.breakthrough.com to offer HIPAA compliant counseling via secure video-conferencing. Other similar services and software are readily available.

• I am in training with TeleMental Health Institute, which offers a Distance Counseling credential - http://telehealth.org/courses/. Other training programs are readily available.

• Training covers protocols to ensure privacy, address emergencies, and assess patient progress.
Legislation is needed!

- Bill 2469 on TeleHealth does not address originating site rules.
- Legislation should require ALL insurance plans to reimburse current providers for **home-based** TeleHealth appointments via approved technologies, in any context where a “**home visit**” would be appropriate. This should include psychotherapy sessions.
- Hawai’i Medicaid policy should be changed to allow home-based psychotherapy sessions (and other types of healthcare appointments where appropriate).
- Let’s talk! Feel free to contact me: Shari Tresky, LMHC 808-896-4121, shari@wellmindcounseling.com