

December 5, 2019

Commissioner Beane  
Bureau for Medical Services  
Department of Health and Human Resources  
350 Capital Street  
Charleston, WV 25301

@BMScomments@wv.gov

Re: Manual proposal 519.17 Telehealth Services

Dear Commissioner Beane:

On behalf of our sixty-three (63) member hospitals and health systems, the West Virginia Hospital Association (WVHA) appreciates the opportunity to comment on the proposed 519.17 Telehealth Services manual. Our member hospitals informed these comments based on the evolution of telehealth technology, advances in Medicare policy and medical professional/beneficiary engagement.

WVHA applauds the Bureau's proposal to enhance telehealth beneficiary access by clarifying equipment standards and technology minimal requirements, additional originating sites and expanding permissible practitioners.

### **Permissible Practitioners**

WVHA supports the proposed permissible practitioners, and we recommend the Bureau includes registered dietitians or nutrition professionals. Permitting registered dietitians and nutrition professionals will expand access of these services to beneficiaries, especially with the diabetic and obesity rates in WV.

### **Technology Requirements**

The Bureau proposed equipment standards and technology minimal requirements outlines criteria necessary for telehealth. WVHA supports providing a minimum criterion; however, the transmission speed of 256kbps would not offer enough bandwidth to permit real-time communication between the originating site and the distant site. For the Bureau consideration, the following language is offered:

*"Minimum equipment standards are transmission speeds high enough to provide the treating practitioner at the distant site the capability to perform a medical examination of the member that substitutes for an in-person encounter over Integrated Services Digital Network (ISDN) or proprietary network connections including Virtual Private Networks (VPNs), fractional T1, or T1 comparable cable bandwidths. Software that has been developed for the specific use of Telehealth may be used if the software is Health Insurance Portability and Accounting Act (HIPAA) compliant (Data Encryption at rest and in motion) and abides by a federal code pertaining to Telehealth."*



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### **Originating Sites**

WVHA supports the proposed addition of originating sites. The addition of Renal Dialysis Facilities, including hospital-based, School-based health services and homes of beneficiaries receiving substance abuse and/or mental health disorders will expand beneficiary access and permit numerous previously excluded provider settings.

WVHA perceives the manual update as an incremental step to a more robust telehealth future system. It is recommended the Bureau consider adding originating sites including the member home, pharmacy, Intermediate Care Facilities for Individuals with Intellectual Disabilities and Medical Adult Day Care Centers. WVHA believes future originating sites will permit greater beneficiary access and integration of population health management within the health care system.

WVHA recommends a clarification edit to the sentence “The provider may not bill originating site code when the originating site is the home of the member” to be revised as it is confusing to services provided in a member home as permissible for Substance abuse and/or mental health. The sentence could state “Provider billing must comply with allowable originating site and permissible diagnostic constraints”.

Thank you again for the opportunity to comment. If you have any questions, please feel free to contact me or Joe Letnaunchyn, President/CEO, at (304) 344-9744, or [joelet@wvha.org](mailto:joelet@wvha.org).

Sincerely,

*Carol M. Haugen*

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Vice President of Financial Policy

Cc: CEO  
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