Strategies to Optimize Virtual Healthcare
strengthen, expand & sustain

to access the session recordings, click on the links below

March 5 - Telehealth Terminology, Calendar Year 2024 & Beyond
March 12 - Telehealth in Montana and Telehealth Essentials
March 19 - Telehealth, Value-Based Care and Revenue Opportunities

Montana Primary Care Association

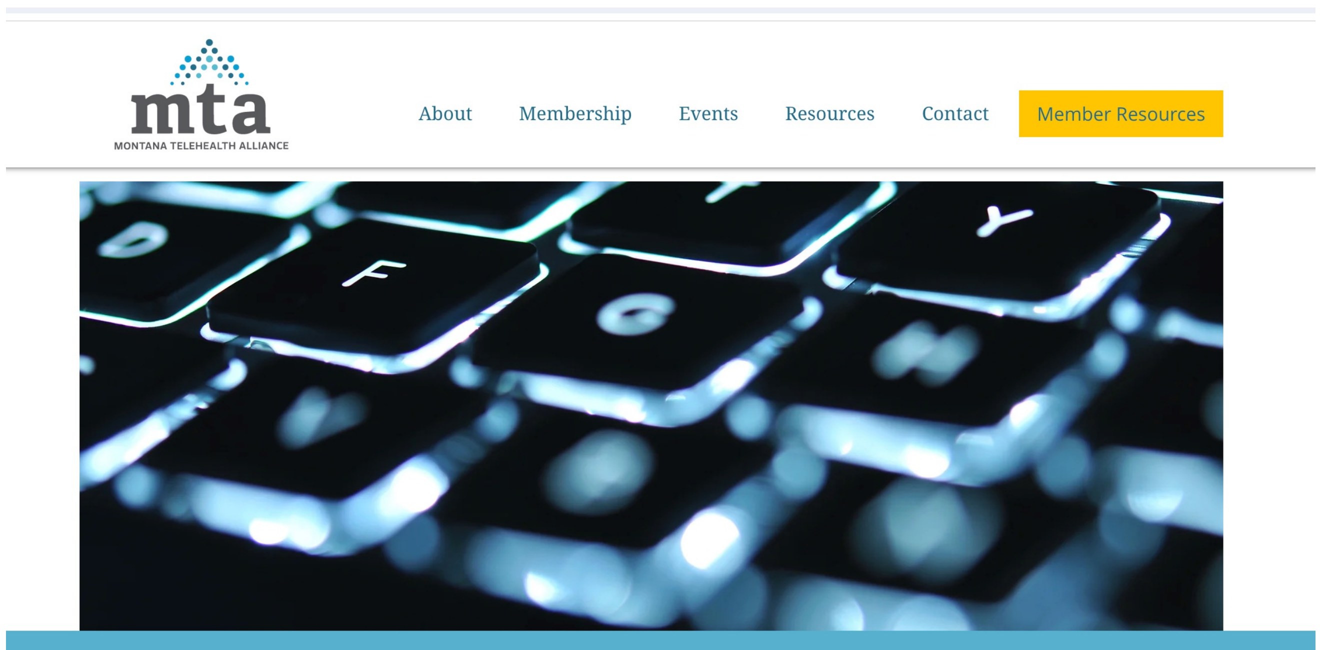
Telehealth Terminology, Calendar Year 2024 & Beyond

March 5, 2024

strengthen, expand & sustain

Montana Primary Care Association

Montana Telehealth Alliance



Montana Gorgeous!

- Bordered by four states – Idaho, Wyoming, South Dakota and North Dakota
- Bordered by one country – Canada
- 3rd-least densely populated state
- Lower than US average for obesity rates (30.5% compared to 33.6%)
- 2nd-highest suicide mortality rate

MPCA health Centers and Members

1. Ag Worker Health & Services
2. All Nations Health Center
3. Alluvion Health
4. Billings Urban Indian Health Center
5. Bullhook Community Health Center
6. Butte Native Wellness Center
7. Community Health Partners
8. Glacier Community Health Center
9. Greater Valley Health Center
10. Helena Indian Alliance
11. Indian Family Health Clinic
12. Marias Healthcare Services
13. Northwest Community Health Center
14. One Health
15. Partnership Health Center
16. PureView Health Center
17. RiverStone Health
18. Sapphire Community Health
19. Southwest Montana Community Health Center

THANK YOU!

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Frontotemporal Dementia (FTD) & Telehealth

- Second most prevalent type of early onset (age 45-65) dementia after Alzheimer disease
- Vulgar speech, screaming, inability to control emotions…
- "Telehealth is literally a lifesaver for me."

Level Setting Virtual Healthcare Telehealth Terminology

- Broadly – the use of telecommunication technologies to support clinical healthcare
- Medicare – use of two-way, interactive, audio-video technology with an exception for behavioral or mental telehealth, which may be delivered using audio-only technology in select circumstances
- Montana Medicaid – "…**use of interactive audio-video equipment to link practitioners and patients located at different sites.**"

MT Code Annotated Sec. 53-6-155, (Accessed Feb. 2024).

Level Setting Virtual Healthcare
Other Virtual Services

- Audio-only (for the diagnostic, evaluation of treatment of mental health disorders - Medicare)
- Remote physiologic or therapeutic monitoring
- Virtual Communication Services
  - Virtual check-ins
  - Remote evaluation of pre-recorded patient information
- E-visits – Online Digital Evaluation Services
- Chronic and Principal Care Management/Chronic Pain Management, Principal Illness Navigation, Community Health Integration
- Behavioral Health Integration and Psychiatric Collaborative Care Services
- Interprofessional consultation (not for CHCs)

WHAT IS YOUR ORGANIZATION'S TELEHEALTH PERSPECTIVE?

1. Rarely or never use telehealth; most, if not all, visits are in-person.
2. We will support telehealth permanently for clinicians, care teams and patients who are interested in it but have not or will not implemented it across the entire organization.
3. We are committed to permanently offering telehealth as a modality to deliver our healthcare services for all patients, clinicians, care teams, and locations and have or will implement it across the entire organization. We are all in!

Calendar Year 2024 & Beyond

Provisions through 2024 primarily impact Medicare beneficiaries not Montana Medicaid beneficiaries.

CY2024 PFS FR – Calendar Year 2024 Physician Fee Schedule Final Rule

THROUGH 2024 – MEDICARE PATIENTS ONLY
CY2024 PFS FR

- Lifts geographic and location restrictions for originating sites & includes individuals' homes as originating sites
- Extends temporary expansion of practitioner types who can be paid for Medicare telehealth services to include qualified occupational and physical therapists, qualified speech language pathologists, and qualified audiologists
- Extends audio-only flexibilities for certain telehealth services
- Permits distant site practitioners to use their currently enrolled practice location instead of their home address when providing telehealth services from their home

CY2024 PFS FR – Calendar Year 2024 Physician Fee Schedule Final Rule

Through 2024 Only
CY2024 PFS FR

- Defines direct supervision to permit the presence and immediate availability of the supervising practitioner through real-time audio and video interactive telecommunications (excluding audio-only).
- Allows teaching physicians to use audio/video real-time communications technology to be present when the resident physician furnishes Medicare telehealth services in all residency training locations (does not extend to in-person services furnished by residents and only in clinical instances).
- For FQHCs (and RHCs) supervising professional may continue to be immediately available through virtual presence using two-way, real time audio-visual technology, instead of requiring their physical presence.

CY2024 PFS FR – Calendar Year 2024 Physician Fee Schedule Final Rule

THROUGH 2024 ONLY
CY2024 PFS FR

- Delays the in-person visit requirements for mental health services furnished via telehealth, including for FQHCs (and RHCs)
- Continues payment for telehealth services furnished by FQHCs (and RHCs) using the methodology established for those telehealth services during the public health emergency (PHE)
  - G2025 - $95.29 (CY 2024 payment rate)

"For dates of service through December 31, 2024, you can provide any Medicare-approved telehealth services under the PFS." (?)

CY2024 PFS FR – Calendar Year 2024 Physician Fee Schedule Final Rule
New & Expanded Flexibilities for Rural Health Clinics & Federally Qualified Health Centers

Telehealth Code Categories
CY2024 PFS FR

- Restores the simple binary that existed prior to the public health emergency (PHE), with Category 1 and 2 (no Category 3).
- Classifications and additions to the Medicare Telehealth Services List will be either permanent or provisional as of January 1, 2024.
  - Permanent Codes - are on the permanent CMS list of telehealth services.
  - Provisional Codes - will remain on the list of telehealth services through Dec 31, 2024.

CY2024 PFS FR – Calendar Year 2024 Physician Fee Schedule Final Rule

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Opioid Treatment Programs (OTPs) Through 2024 Only - CY2024 PFS FR

- Periodic assessments may be furnished via audio-only telecommunications.
- OTPs may bill Medicare under the Part B OTP benefit for furnishing periodic assessments via audio-only telecommunications when video is not available to the beneficiary, to the extent that use of audio-only communications technology is permitted under the applicable SAMHSA and DEA requirements at the time the service is furnished, and all other applicable requirements are met.

CY2024 PFS FR – Calendar Year 2024 Physician Fee Schedule Final Rule

MFTs and MHCs – Permanent Addition
CY2024 PFS FR

- Marriage and family therapists (MFTs) and mental health counselors (MHCs) are included as distant site practitioners for purposes of furnishing telehealth services to Medicare beneficiaries – including at FQHCs.

CY2024 PFS FR – Calendar Year 2024 Physician Fee Schedule Final Rule

Join us for this Year's Innovative and Thought-Provoking Conference

Keynote Speakers
Learn and network with keynote speakers from the following organizations:

- Amazon
- National Digital Inclusion Alliance
- University of Washington

Pre-Conference Workshop
Sign-up for The Science of Healthcare Quality Improvement through a Telehealth Lens delivered by Trudy Bearden, PA-C, MPAS.

Venue
Husky Union Building
University of Washington in Seattle, WA.

Accommodations
Residence Inn, Seattle University District
NRTRC Group Rate: $187.00 per night + tax.

Sponsors and Exhibitors
Limited platinum and gold sponsorships are available. Showcase your products, technology and services in front of telehealth subject matter experts.

Register now for
$15 off
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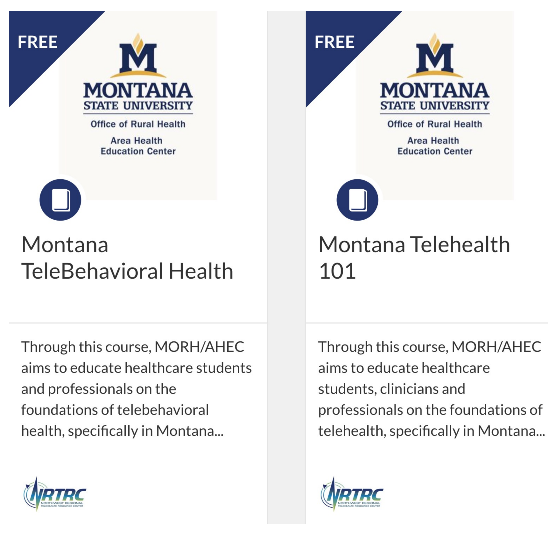
NRTRC24

To register or for more information visit:
www.nrtrc.org/conference

Telehealth in Montana

Center for Connected Health Policy provides one-stop browsing.

NRTRC recently updated the MT online telehealth trainings.



Telehealth in Montana

Providers Enrolled in the Medicaid Program

- May provide medically necessary services by means of telehealth if the service (all three must apply):
  - Is clinically appropriate for delivery by telehealth as specified by the department by rule or policy
  - Comports with the guidelines of the applicable Medicaid provider manual
  - Is not specifically required in the applicable provider manual to be provided in a face-to-face manner

Montana Code 2023 - Telehealth Services-Requirements-Limitations

Telehealth in Montana

- May be provided using secure portal messaging, secure instant messaging, telephone communication, or audiovisual communication;
- May not be provided in a setting or manner not otherwise authorized by law; and
- Must be reimbursed at the same rate of payment as services delivered in person.
  - Payment parity (MT Medicaid)

Montana Code 2023 - Telehealth Services-Requirements-Limitations

Originating Site – Where the Patient Is
Montana Medicaid

- Physical location of the member receiving services, including a member's home
- If the originating site is at an enrolled Montana Healthcare Provider's location, the enrolled provider is the originating site
- No limitations on which enrolled Montana Healthcare Programs provider can be an originating site
- *Originating site provider* – operating a HIPAA-compliant connection and assisting an enrollee with the technology necessary for a telehealth visit

Frequently Asked Questions on Telemedicine/Telehealth. MT DPHHS.
Montana Code 2023 - Definitions

Originating Site – Where the Patient Is

Montana Medicaid – Q3014-Telehealth Originating Site Facility Fee

- "Q3014 is the CPT code billed by the originating site for reimbursement related to the use of a room and telecommunication equipment."
  - $28.64 for MT Medicaid for 2024 (for Medicare beneficiaries for 2024 - $29.96)
- Only enrolled Montana Healthcare Program providers are eligible for reimbursement related to Q3014.
- Reimbursement for Q3014 is a set fee and is paid outside of both the cost to charge ratio and the all-inclusive rate.
- Claims for Q3014 must include the diagnosis provided by the distance provider.
- When the member's home is the originating site, no one can bill Q3014.
- If you provide other service(s) in addition to being an originating site, you can bill for those services.

Frequently Asked Questions on Telemedicine/Telehealth. MT DPHHS.

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Telehealth in Montana and Telehealth Essentials

March 12, 2024

strengthen, expand & sustain

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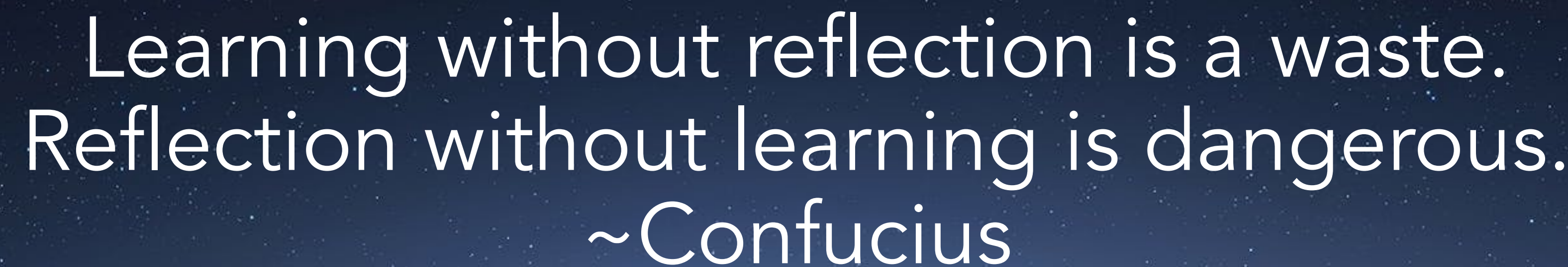

Reviewed changes for CY 2024 → take home message is that telehealth-related changes through 2024 are primarily for delivering telehealth to Medicare beneficiaries and for the rest of your patients, state Medicaid agency "rules" apply.

Reviewed Montana Medicaid specifics around telehealth:

- Definition
- Delivery options
- Parity
- Originating site
- $28.64 for MT Medicaid for 2024

Resources Shared during March 5 Session

- Northwest Regional Telehealth Resource Center (NRTRC) - home page.
- NRTRC's Telehealth Codes and Services document - includes all of the telehealth codes from CMS' List of Telehealth Services.
- NRTRC online trainings - includes specific trainings for MT and ID, which also include general telehealth training topics that are not state-specific. The training for digital navigators is here, too.
- NRTRC's Cheat Sheet for Medicare's Care Management Services (G0511-CCM, PCM, CPM, BHI, RPM, RTM, CHI, PIN) - We will discuss these at one of our upcoming sessions.
- Montana Telehealth Alliance - home page.
- Center for Connected Health Policy (CCHP) - home page. Go here to see the CCHP page for Montana.
- Nice examples of telehealth websites from CHAS Health - a community health center in Idaho: Telehealth and Telemedicine and mHealth | Remote Health Monitoring (this one is really cool!).
- General Information for Providers Manual. Montana.gov. Scroll down to Telemedicine.
- Telehealth Services Fact Sheet. CMS. Include billing information and many of the CY 2024 changes.

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Hoping to Learn: March 5 Session

- Assist my telehealth pts more and contribute or improve their healthcare experience.
- Anything that can be brought back to other staff and patients.
- Increase telehealth use with pts and providers
- How to improve assistance to providers who use telehealth.
- Strategies to expand telehealth in primary care.
- Strategies/techniques to improve our telehealth care.
- Gauging and responding to patients' & providers' preferences regarding in-person vs telehealth visits.
- Some other processes that we may be able to initiate at our clinic.
- Things that I can then take and share with our members to help them along their virtual health continuum.
- Strategies to expand and provide excellent care to patients via telehealth, while maintaining meaningful reimbursement
- Best practices for telehealth, billing for services; more about billing for visits
- Options for sustainability for offering telehealth services especially in regards to reimbursement
- Security practices for telehealth, especially after the big Change Healthcare hack.
- ✓ Upcoming changes or restrictions to telehealth post-pandemic.

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- ✓ Upcoming changes or restrictions to telehealth post-pandemic.

THINGS CAN CHANGE THIS FAST! PUBLISHED MARCH 4, 2024… NEWS FLASH!

National Plan and Provider Enumeration System (NPPES) Data Changes
The notice is applicable April 3, 2024.

- "…NPPES address data, including provider mailing address and provider location address, is publicly available on the internet. Internet posting of provider home address information as a provider location may cause confusion, potentially leading patients and others who may access NPPES data to think that the provider can be accessed for treatment or administrative purposes at the listed home address. We have heard from providers that posting the information also poses privacy and potential safety concerns for themselves and their families."
- NPPES "…will allow for submission of a post office box or personal mailbox offered by a private delivery service when a provider's NPI is Entity type code = 1 and the provider does not have a physical location other than their home address (for example, a provider that exclusively furnishes telehealth services from their home).
- "The change in the data element descriptions allows providers that are persons that do not currently have an NPI, and exclusively furnish telehealth services or other services out of their homes, to obtain an NPI without including their home address in NPPES."

National Plan and Provider Enumeration System (NPPES) Data Changes. CMS and HHS. 2024.03.04. Four pages…

TELEHEALTH ESSENTIALS

Let's not overwork the pie dough, but…

Top 10 (?) List
Begin, Strengthen, Expand & Sustain

1. Leadership
2. Telehealth Roles, Team and People
3. Needs & Sustainability Assessment
4. Telehealth platform
5. Technical support for care team and "customers"
6. Reimbursement
7. Policy & Procedure
8. Workflows
9. Scripting
10. Quality Assurance & Quality Improvement (QA/QI)

1. Leadership

- Chief Executive Officer/Executive Director (CEO/ED)
- Chief Medical Officer (CMO)
- Chief Information Officer (CIO)
- Chief Financial Officer (CFO)
- Chief Operating Officer (COO)
- Chief Nursing Officer (CNO)
- Clinical Manager
- And more…

"Leadership is super number!!"
Asaf Bitton, MD, MPH, ED Ariadne Labs
Primary Care Champion

2. Telehealth Roles, Team and People

- Stress, burnout and turnover are real and ever-present
- Telehealth is ONE MORE THING
- Training
- Just in time support
- Hit the easy button for staff and patients
  - Define value from the customers' perspective.
- Telehealth team
- Digital navigator, telehealth coordinator, super user, etc.

2. Telehealth Team / Telehealth Coordinator

- Act as telehealth champion, team lead and subject matter expert
- Take responsibility for all external-facing telehealth communication and promotion (i.e., website, social media)
- Be available in real-time to assist clinicians, the care team, patients, and others as tech support to ensure smooth and effective telehealth visits
- Collaborate with HIPAA Security Officer to ensure all telehealth-related risks are identified, addressed, and mitigated for the security risk analysis
- Work with the community to identify places where patients can engage in telehealth (e.g., library, senior center, employers)
- Communicate with telehealth platform vendor when needed
- Address patient barriers to and solutions for engaging in telehealth
- Create cheat sheets, create/modify EHR templates to support telehealth and telehealth documentation
- Ensure structured data capture for key telehealth parameters (e.g., billing codes, no show rates, clinical quality measures, types of visits – audio and video/audio-only, completed vs. incomplete visits)
- Work with senior and billing/coding staff to ensure the organization is current on regulations and requirements

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3. Needs & Sustainability Assessment

- Current state – no TH, some, standard option
- Broadband and connectivity – everywhere & everyone!
- Devices with camera and mic / headsets
- Staff to allocate to telehealth (what FTE?)
- Translation / interpretation
- Training
- Scripting
- Triage protocol
- Clinician / staff buy-in
- Data
- Policy and procedure
- Reimbursement options
- Community-based solutions
- HIPAA privacy & security
- Patient education / engagement
- Digital proficiency – staff and patients

ConnectMT Broadband Program

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4. Technology & Telehealth platform

- HIPAA-compliant and business associate agreement
- User-friendly – care team, patients, caregivers, etc.
- Embedded in EHR?
- Budget?
- Mobile vs. fixed
- Signing forms and making payments
- Device, mic, camera, peripherals, etc.
- Wi-Fi nodes…

5. Technical support for care team & "customers"

- "What is an app?"
- "Do you know my password?"
- How / where will patients access the link?
- Who is there – IMMEDIATELY – to help trouble shoot?
- Test visits - less stressful test to connect
- Back up plan if something doesn't "work"
- Issues with Bluetooth connections (audio or other)
- Peripherals
- Documentation – how to document when on one screen?

6. Revenue Capture / Reimbursement

- New service lines and opportunities
  - School-based telehealth
  - Telebehavioral health
  - Teledentistry
- Medicare beneficiaries
- Medicaid beneficiaries
- As an originating site
- As a distant site

What services are missing from our community?

Allergy & Immunology
Bariatrics
Cardiology
Endocrinology / diabetes care
Gastroenterology
Infectious disease specialist
Medical genetics
Naturopathy
Nephrology
Neurology
Oncology
Osteoporosis management
Pain management
Psychiatry
Psychology
Pulmonology
Registered dietician
Rheumatology
Urology

7. Policy & Procedure

- Written
- Available to frontline staff

Telehealth Policy and Procedure

Table of Contents

Policy ***1***

Terminology ***1***

Procedures ***1***

- Scheduling as Distant Site 1
- Scheduling as Originating Site 2
- Before Visit 3
- Day of Visit 3
- After Visit 4
- HIPAA Privacy 4
- HIPAA Security 4

7. Policy & Procedure

Triage Protocol

- Based on conditions and/or chief complaint/symptoms
- Reviewed and approved by medical staff
- Readily available when patients call to schedule.
- Example: Telehealth may be appropriate for a child with stable asthma to check in on symptom control, use of medications, medication side effects, etc. but not for a child with uncontrolled symptoms.

7. Policy & Procedure

Triage Protocol → Complaint- or Symptom-Based Example

Acceptable to consider for telehealth	Not acceptable to consider for telehealth
• Mild cold symptoms – runny/stuffy nose, cough, temp < 104F • Allergies – follow-up and mild symptoms • ADHD, anxiety, depression if stable • UTI symptoms • Mild GI symptoms (e.g., constipation, heartburn) • Pink eye/conjunctivitis without fever • Rashes and other dermatology complaints • Follow-up visits and med management for most patients if their conditions are stable • General wellness visits • Management of stable chronic conditions • Medicare Annual Wellness Visits (not for the Initial Preventive Physical Exam) • Transitional care visits provided there are no wound checks or other physical exam/vital signs that need to be obtained in-person	• Any scenario that includes a need for a physical exam, vital signs, tests, injections or a procedure • Cold symptoms with severe cough, temp > 104F, difficulty breathing, patient > 65-years old, chronic conditions (e.g., COPD, CKD, DM, asthma) • Fever • Abdominal pain • Vomiting • Eye complaints • Gynecological complaints • Dental pain or issues • Confusion, agitation, or other abnormal mental states • Chest pain, difficulty breathing • Pediatric falls • Suicidality • Urinary retention • OB patient with pain or bleeding • Any situation with uncontrolled bleeding (consider 911) • Broken bones

8. Workflows – Before, During & After

- Before the visit – scheduling, ensuring “telehealth ready”, identify and address gaps in care, connecting to the platform, etc.
- During the visit – check in, MA/nurse intake (and consent), documenting in the EHR, physical exam, back up plan, handoffs to other providers (e.g., MA to provider – provider to behavioral health)
- After the visit – payment, treatment plan for patient/caregiver, coordinating follow-ups, sending referrals, billing and coding

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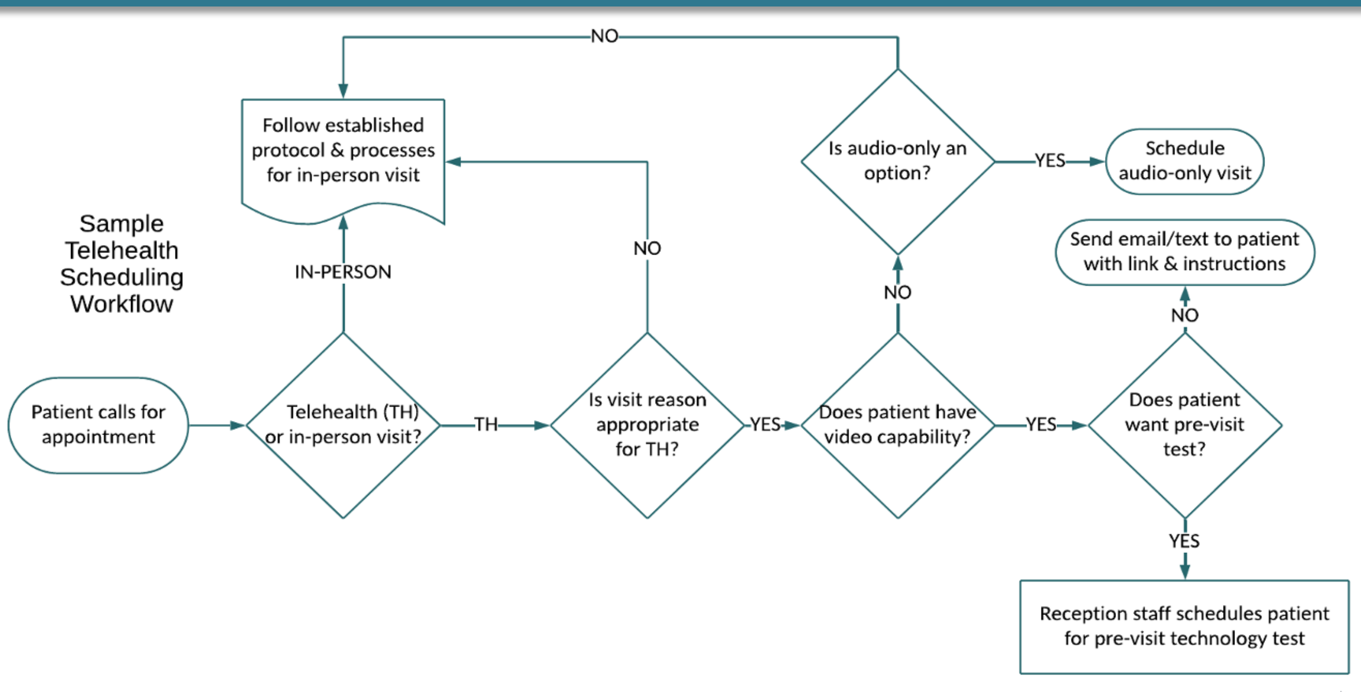
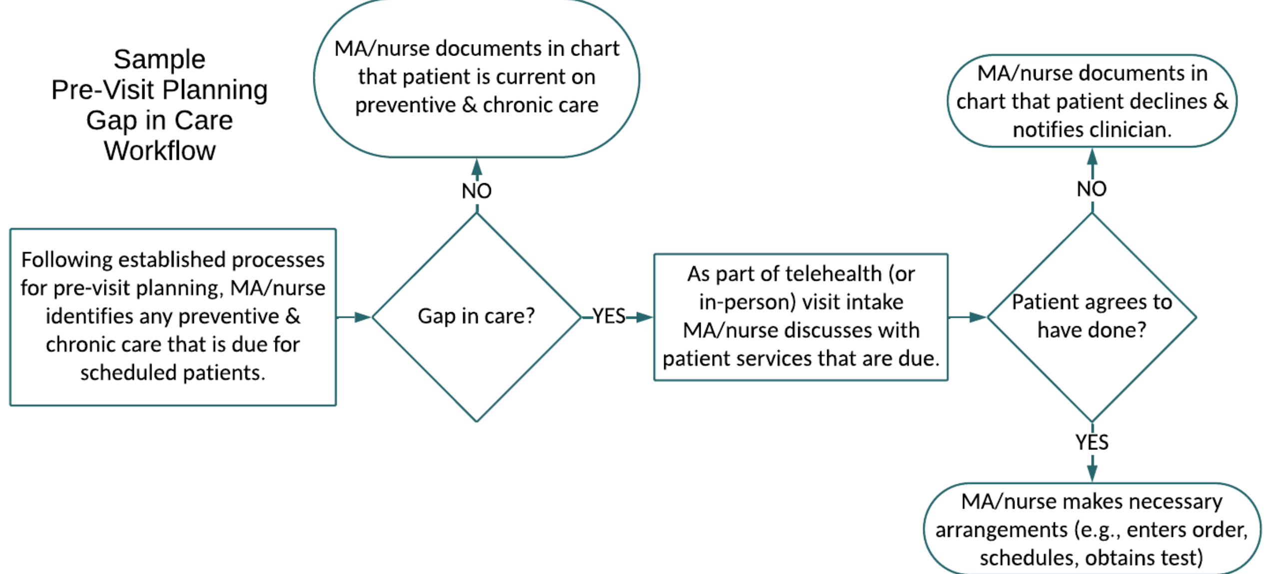
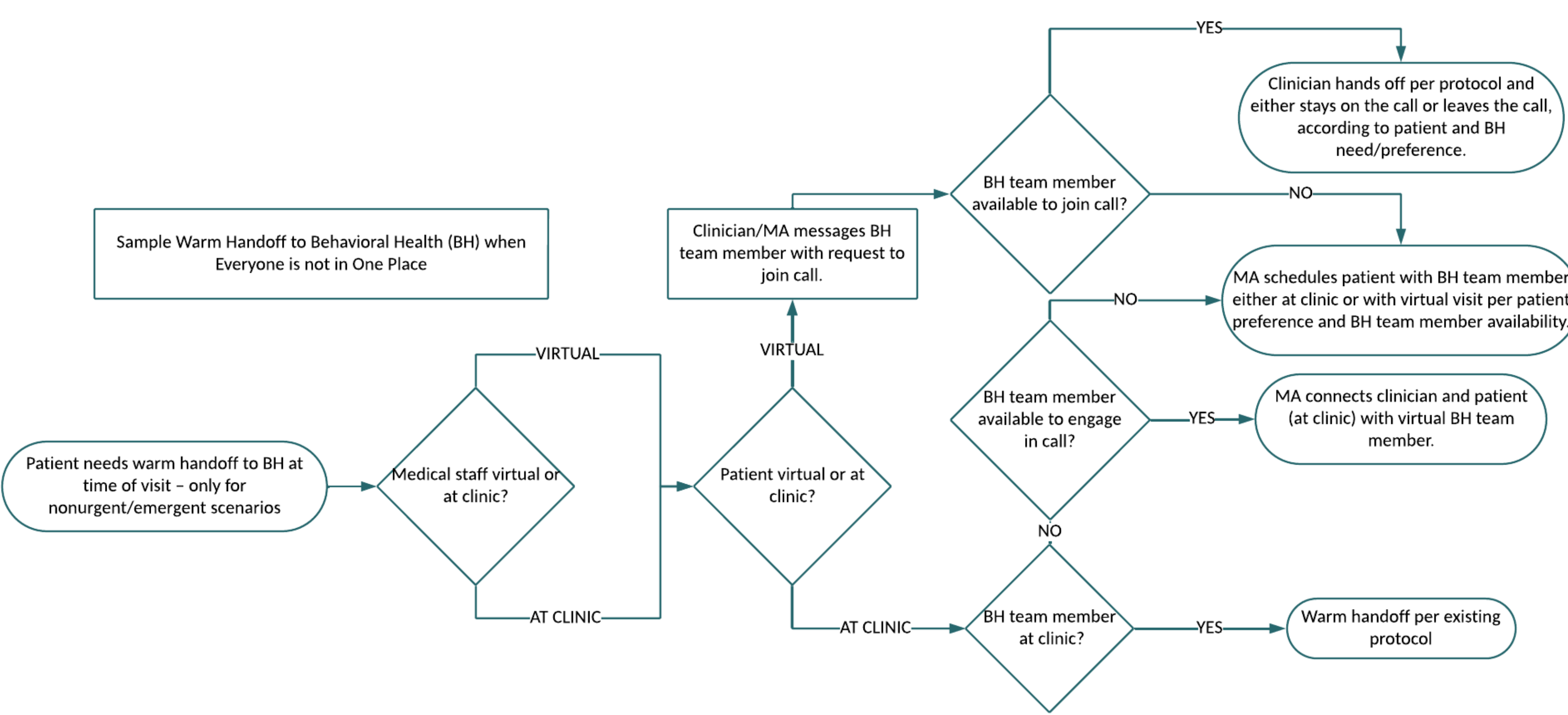
Telehealth Scheduling



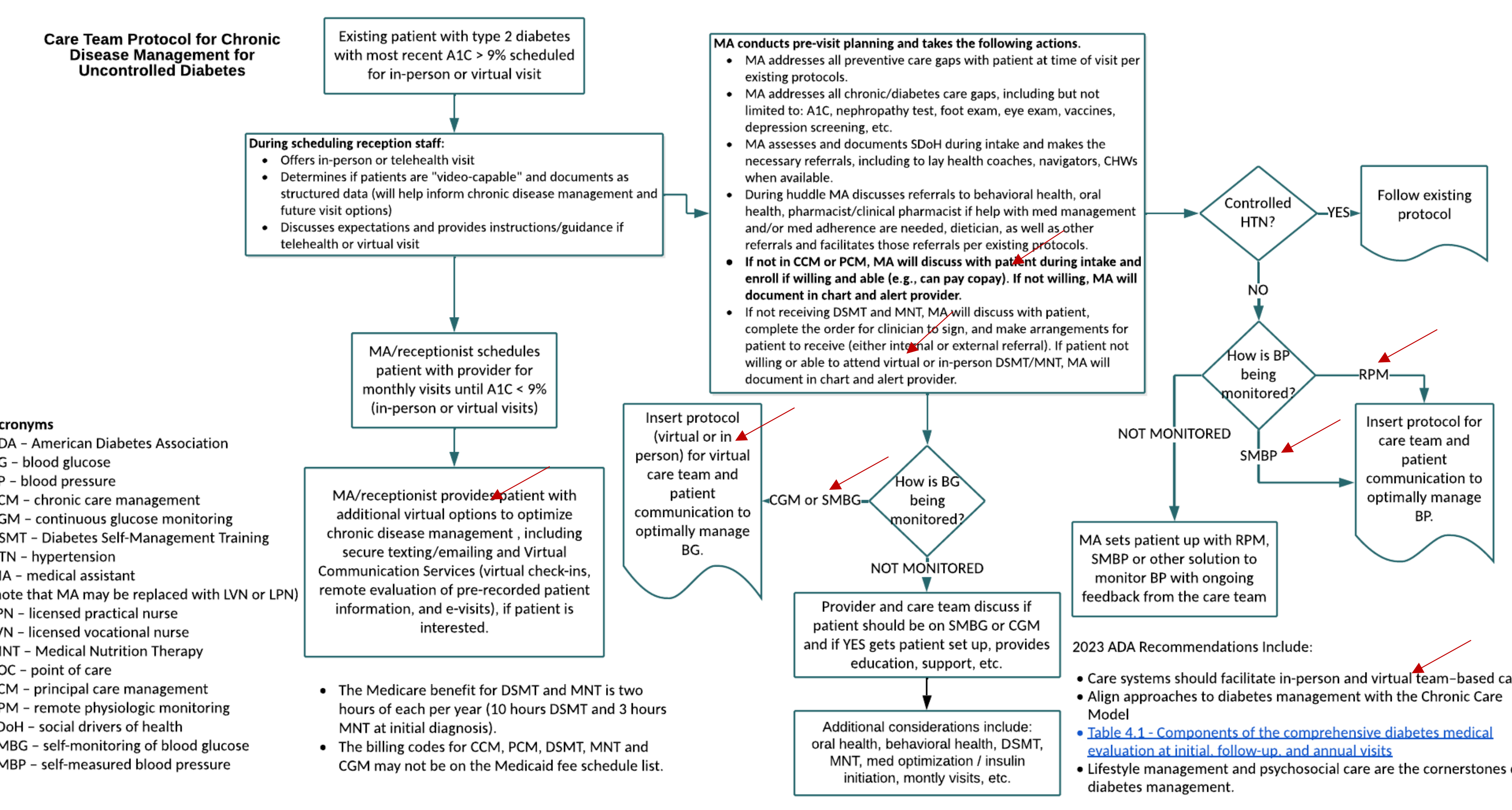
Telehealth – Pre-Visit Planning



Warm Handoffs



OPTIMIZING DIABETES CARE



9. Scripting / Messaging

- Reception staff
- Website
- Intake
- Patient resources
- Webside manner

Tippah County Hospital patient telehealth brochure

10. Quality Assurance & Quality Improvement

- Quality Assurance
  - On par with in-person visit
  - Everyone has the same high-quality experience
  - Training and peer-review

10. Quality Improvement & Quality Assurance
(1 of 2)

- Consider a set of process and outcome measures to highlight improvement opportunities
  - Percent of encounters that are telehealth visits vs. in-person visits
  - Percent of visits that start and end on time – include reasons why visits did not start or end on time (e.g., provider running late, patient not ready on time, appointment time too short to cover issues, questions, and concerns)
  - Percent telebehavioral health visits compared to other visit types
  - Percent patients that are telehealth-enabled (device, broadband, proficient, etc.)
  - No show rates for in-person vs. telehealth visits

10. Quality Improvement & Quality Assurance
(2 of 2)

- Cycle times – in-person vs. virtual
- Successful completion rate of telehealth visits and reasons for unsuccessful completion of the visit (do not include any no-shows)
- ED visits, admissions, and readmissions rates over time
- Clinical quality/other measures (e.g., vaccine and cancer screening rates, A1Cs, blood pressure control)
- Demographics of the population that engages in telehealth to identify marginalized populations that may need assistance/resources to take advantage of telehealth
- Travel miles saved (may be used to encourage organizational buy-in or to post on website as an engagement strategy)

Additional Telehealth Essential Considerations

Telehealth

The bare necessities…

Health Equity in Telehealth

"Health equity in telehealth is the opportunity for everyone to receive the health care they need and deserve, regardless of social or economic status. Providing health equity in telehealth means making changes in digital literacy, technology, and analytics. This will help telehealth providers reach the underserved communities that need it the most."

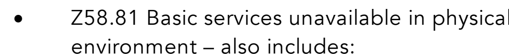
Health equity in telehealth. Telehealth.HHS.gov.

To Engage in Telehealth Patients Need

- Private, quiet, safe place to engage in a telehealth visit (e.g., home, library, place of worship, employer)
- Device with camera and mic (e.g., smart phone, computer, telehealth kiosk within the community, staff bring device to patient)
- Stable connectivity / internet with adequate bandwidth (e.g., free or reduced fee options for internet, community-based solution, mobile hot spot)
- Help with limited digital proficiency (e.g., digital navigator, family member, staff or community health workers go to where patient is)
- Back-up plan or protocol if telehealth visit is scheduled, and patient, provider or care team is unable to engage in telehealth visit

Challenges, Barriers & Health-Related Social Needs

- Connectivity – lack of broadband in patient's location
- Connectivity – lack of internet connection or data plan
- Lack of phone/data plan to talk on the phone
- Lack of reliable transportation – travel to CHC or originating site
- Lack of device with camera and microphone
- Low digital proficiency
- Cognitive impairment and those with intellectual/developmental disabilities
- Language/translation needs
- Hearing-impaired
- Private, quiet place that is safe
- Unhoused individuals



- Z58.81 Basic services unavailable in physical environment – also includes:
  - Unable to obtain internet service, due to unavailability in geographic area
  - Unable to obtain telephone service, due to unavailability in geographic area

Telehealth Documentation

- Start and end times – especially important for time-based billing
- Patient exact location/address
- Consent
- Participants on the telehealth visit

Telehealth & HIPAA Privacy

- Use a headset or earbuds → Patients and their families and caregivers, clinicians, and care team members. On both ends of the virtual communication, it is essential that
  - Everyone included in the visit can speak freely without risk of being overheard by someone who should not or does not need to hear the conversation, and
  - The computer mic is not used when there are others near who can hear either or both sides of the conversation
- Display signage when a telehealth visit is in progress to prevent accidental exposure of patient protected health information (PHI) either by seeing information on the screen or from overhearing the conversations.

Telehealth & HIPAA Privacy
Additional Considerations

- Use a privacy screen so others cannot read patients' information, especially if working from home
- Do not let family or friends use your work device
- Share the minimum necessary information for others involved in the care of the patient. This is especially true for community health centers (CHCs) that act as originating sites and send patient information to specialists and other shared care partners in advance of telehealth visits

Telehealth & HIPAA Security Checklist

Note that this is not legal advice, nor is this checklist comprehensive by any means.

- Our designated Security Officer (required by HIPAA) has updated all relevant HIPAA standards and implementation specifications in our security risk analysis to include the changes we have made with telehealth and other virtual services.
- The Security Officer has provided telehealth-specific training to all members delivering, supporting, or participating in telehealth and virtual services. Ongoing security awareness training is required as part of the HIPAA security rule. It is the responsibility of the designated Security Officer to ensure it happens.
- We have a security awareness and training program that includes security concerns specific to the care team members working virtually.

Telehealth & HIPAA Security Checklist

Note that this is not legal advice, nor is this checklist comprehensive by any means.

- All devices (e.g., laptops, tablets, etc.), including those used by care team members working virtually:
  - Are protected, using unique passwords for each user.
  - Have current and functioning antivirus software.
  - Terminate an electronic session after a predetermined time of inactivity.
  - Include the ability to encrypt/decrypt electronic PHI (ePHI) when deemed appropriate.
  - Are included in the inventory of all devices that create, receive, maintain, or transmit ePHI.
  - Can be remotely wiped and disabled (in the event of theft or loss of the device(s)).
  - Are protected by a firewall whenever possible.
  - Have updated security software.
  - Any telehealth platforms that we use are HIPAA-compliant, and we have signed business associate agreements (BAAs) for relevant persons or entities as described by the Office for Civil Rights.

MPCA

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Consent

- Clarify if originating site or distant site staff will collect and/or document consent.
- Medicare requires beneficiary consent - verbal or written - to receive telehealth and other virtual services. The patient must be advised in advance of any applicable cost-sharing, including potential deductible and coinsurance amounts. Consent must be documented in the patient's medical record.
- Montana Medicaid – "follow consent and patient information protocols consistent with the protocols followed for in-person visits"

Montana Code 2023 - Telehealth Services-Requirements-Limitations

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Telehealth, Value-Based Care and Revenue Opportunities

March 19, 2024

strengthen, expand & sustain

Montana Primary Care Association

Learning without reflection is a waste. Reflection without learning is dangerous. ~Confucius

March 5: Reviewed changes for CY 2024 → take home message is that telehealth-related changes through 2024 are primarily for delivering telehealth to Medicare beneficiaries and for the rest of your patients, state Medicaid agency "rules" apply.

March 5: Reviewed Montana Medicaid specifics around telehealth:

- Definition
- Delivery options
- Parity
- Originating site
- $28.64 for MT Medicaid for 2024

March 12 – Top 10 (?) List

1. Leadership
2. Telehealth Roles, Team and People
3. Needs & Sustainability Assessment
4. Telehealth platform
5. Technical support for care team and "customers"

March 12 – Top 10 (?) List

6. Reimbursement (more today)
7. Policy & Procedure
8. Workflows
9. Scripting (didn't delve into)
10. QA/QI (more today

From last week's SurveyMonkey

- "I'm curious about the vendor landscape and how health centers choose, change, and drop platforms. Functionality and user-friendliness balanced against cost and support and all that." → GREAT QUESTION!!
  - Choose
    - Functional and technical specifications
    - CAH Telehealth Guide p. 36
    - Clinician's Guide to Video Platforms. National Telehealth Technology Assessment Resource Center (TTAC). This is a comprehensive toolkit. TTAC provides the most current, unbiased information on telehealth technology.
  - Change / drop

The Sheer Magnitude of What You Do

- In 2022, more than 30.5 million people used HRSA-funded health centers for care. This included:
  - 1 in 9 children
  - More than 24.2 million uninsured, Medicaid, and Medicare patients
  - More than 9.6 million rural residents
  - Nearly 1.4 million people without homes
  - Nearly 1 million farm workers
  - More than 952,000 patients at schools
  - More than 395,000 Veterans
  - About 90% of these patients had income less than 200% of the federal poverty level.

2023 estimated US population
~ 335 million

~ 9% → roughly 1 in 10

If 5% of those 30.5 million need or want telehealth…
1,525,000 people

Impact of the Health Center Program. HRSA.
Estimated US Population from Wikipedia

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The Telehealth Imperative

"If you don't like change, you're going to like irrelevance even less."

General Eric Shinseki, former U.S. Army Chief of Staff

FQHCs and our important role in healthcare will NEVER be irrelevant! But continuity, coordination and therapeutic healing relationships are at stake with other providers "moving in" to provide telehealth and capture reimbursement, which will lead to fragmentation of care.

Revenue Capture / Reimbursement

Picking back up from March 12…

Redefined Behavioral or Mental Health Visits (Medicare Beneficiaries)

- May use interactive, real-time telecommunications technology
- Starting Jan 1, 2025 → requirement for an in-person visit with the physician or practitioner within 6 months before initiating mental health telehealth services, and, again, at subsequent intervals (limited exceptions)
- Audio-video visits: Use modifier 95 (synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system).
- Audio-only visits: Use new service-level modifier FQ (telehealth service was furnished using real-time audio-only communication technology) or 93 (synchronous telemedicine service via telephone or other real-time interactive audio-only telecommunications system).
    - Audio-only technology → Patient can't access or doesn't consent to use audio-video technology.

Telehealth Services Fact Sheet. CMS.
Medicare Claims Processing Manual – Section 190 - Medicare Payment for Telehealth Services

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Redefined Behavioral or Mental Health Visits (Medicare Beneficiaries)

FQHC Claims for Mental Health Visits via Telecommunications Example

Revenue Code	HCPCS Code	Modifiers
0900	G0470 (or other appropriate FQHC-specific mental health visit payment code)	95 (audio-video) or FQ or 93 (audio-only)
0900	90834 (or other FQHC Prospective Payment System (PPS) qualifying mental health visit payment code)	N/A

Mental Health Visits via Telecommunications for Rural Health Clinics & Federally Qualified Health Centers. CMS.

Telehealth for Medicare Beneficiaries

- Starting January 1, 2024, use:
  - **POS 02 - Telehealth Provided Other than in Patient's Home**: The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology. (professional telehealth service when the originating site is other than the patient's home)
  - **POS 10 - Telehealth Provided in Patient's Home**: The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

Telehealth Services Fact Sheet. CMS.
Medicare Claims Processing Manual – Section 190 - Medicare Payment for Telehealth Services

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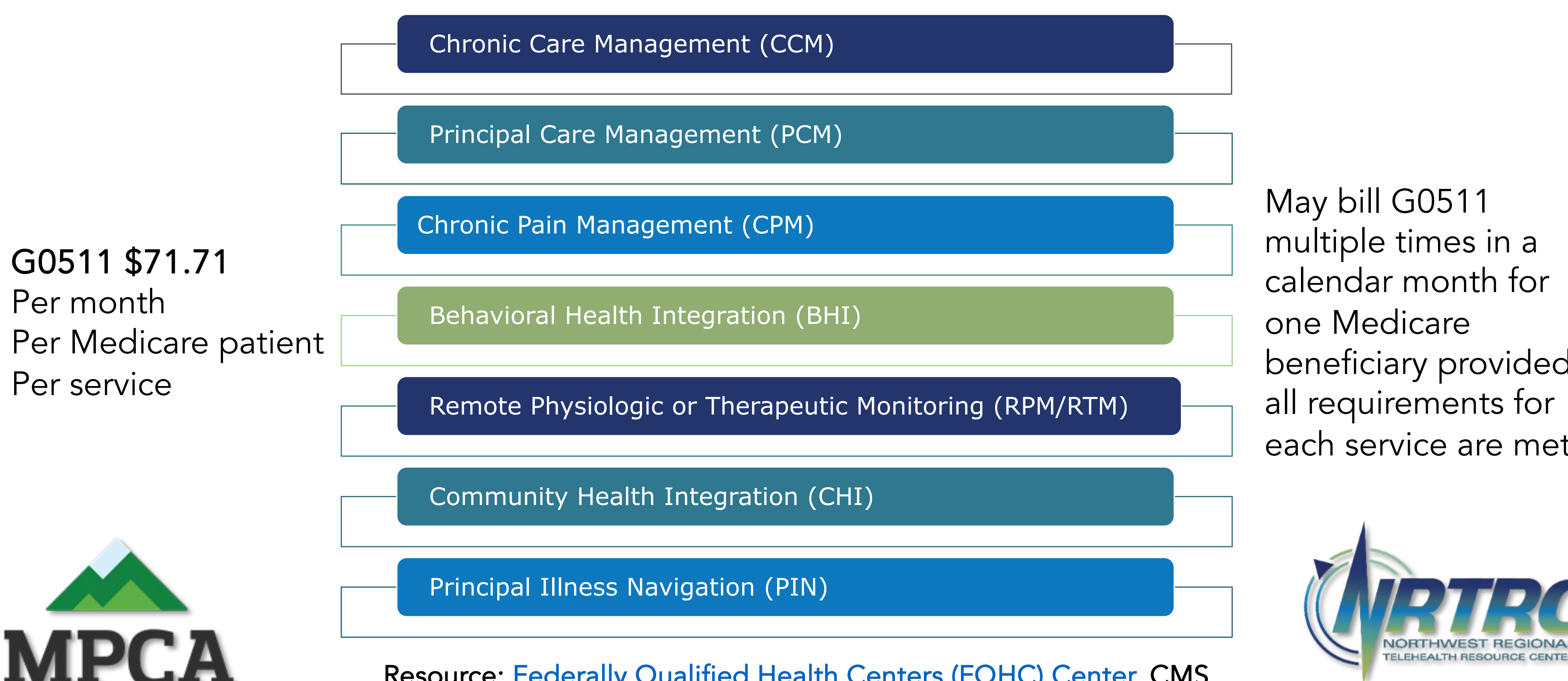
Revenue Capture / Reimbursement

Medicare Beneficiaries

- CCM, PCM, BHI, RPM/RTM, CHI, PIN – Oh my!
- Transitional Care Management Services
  - Partnering with your health information exchange to receive admission, discharge and transfer (ADT) notices
  - Collaborating with discharge planners
- Medicare Wellness Visits
- Advance Care Planning
- And more…

CMS' Care Management Services - Implementation Guidance

G0511 → CCM, PCM, BHI, RPM/RTM, CHI, PIN



Virtual Communication Services and E-Visits For all three…

1. VIRTUAL CHECK-INS – PHONE
2. STORE & FORWARD - REMOTE EVALUATION OF RECORDED VIDEO & IMAGES
3. E-VISITS

- Use G0071 → $13.10 (2024)
- Obtain consent, which must be documented in the medical record
- Adhere to "7/24" rules: cannot be billed if the services originate from a related Evaluation & Management (E/M) provided within the previous seven days or lead to an E/M service or procedure within the next 24 hours or soonest available appointment
- Must be patient-initiated

Resource: Federally Qualified Health Centers (FQHC) Center. CMS.

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Virtual Communication Services and E-Visits
Medicare Beneficiaries

1. VIRTUAL CHECK-INS – PHONE CALL Five to ten minutes of medical discussion described as a brief communication technology-based service (audio-only real-time telephone interactions) by a physician or other qualified health care professional who can report evaluation and management services. This is a great option to determine if a patient needs a virtual or in-person office visit.
2. STORE AND FORWARD - REMOTE EVALUATION OF RECORDED VIDEO AND IMAGES Includes interpretation with follow-up with the patient within 24 business hours. This option is great for wound management, post-operative follow-up of a surgical site, dermatologic complaints, and more.
3. E-VISITS are online digital E/M services provided over seven days and are non-face-to-face, digital communications using a secure patient portal. Patients who use this option tend to like it, but use may be limited due to going having to go through the patient portal.

Behavioral Health Integration Services
Medicare Beneficiaries

1. GENERAL BEHAVIORAL HEALTH INTEGRATION SERVICES
   G0511 - $71.71 FOR 2024
   - Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional time, per calendar month, with specific required elements.
2. PSYCHIATRIC COLLABORATIVE CARE MODEL
   G0512 – $144.07 FOR 2024
   - Psychiatric collaborative care management monthly behavioral health services, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with specific required elements.

- Federally Qualified Health Centers (FQHC) Center. CMS.
- Cheat Sheet on CMS Medicare Payments for Behavioral Health Integration Services - Federally Qualified Health Centers and Rural Health Clinics. University of Washington AIMS Center. 2019.
- Behavioral Health Integration Services – MLN Booklet. CMS. Updated May 2023.
- FAQs about Billing Medicare BHI Services. CMS. Dec 2023

Telehealth and Value-Based Care

Let's focus for a bit on UDS measures.

Population Health Management 2.0

1. In-reach – our golden opportunity when we see patients face-to-face (in-person or telehealth).
2. Outreach – working our lists of people due for visits or other healthcare services.
3. Our reach – getting out from behind our computers and beyond our brick walls → TELEHEALTH!
4. Risk stratification and enhanced services – think care management.
5. Health-related social needs and the network of care in our communities.

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Value-Based Care & Telehealth

2024 UDS eCQMs

- Cervical Cancer Screening (CMS124v12) – include in pre-visit planning/schedule for pap
- Breast Cancer Screening (CMS125v12) – include in pre-visit planning/schedule for mammogram
- Colorectal Cancer Screening (CMS130v12) – include in pre-visit planning/mail cards or schedule for colonoscopy
- HIV Screening (CMS349v6) – include in pre-visit planning/schedule for test
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (CMS155v12)
  - Numerator 1: Patients who had a height, weight and body mass index (BMI) percentile recorded during the measurement period. → does not have to be measured AT the visit
  - Numerator 2: Patients who had **counseling for nutrition** during the measurement period.
  - Numerator 3: Patients who had **counseling for physical activity** during the measurement period.
- Childhood Immunization Status (CMS117v12) – during a telehealth visit, discuss immunizations and schedule (customized schedule (https://www.babycheckupscount.com/tracker)

Value-Based Care & Telehealth
2024 UDS eCQMs

- Preventive Care and Screening: Body Mass Index Screening and Follow-Up Plan (CMS69v12) – can discuss and document follow-up plan as long as BMI was documented during the measurement period
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (CMS138v12) - can complete during a telehealth visit
- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS347v7) – if in target population, can discuss/prescribe statin during a telehealth visit (especially for part of the target population - aged 40-75 years with a diagnosis of diabetes)
- Preventive Care and Screening: Screening for Depression and Follow-Up Plan (CMS2v13) – during telehealth visit, administer screening (e.g., PHQ2-9); follow-up can be provided virtually, including prescribing a med

VALUE-BASED CARE & TELEHEALTH
2024 UDS eCQMs

- Depression Remission at Twelve Months (CMS159v12) – identify if in target population (dx of major depression or dysthymia and PHQ9 or PHQM score of > 9) and readminister screening during telehealth visit
- Controlling High Blood Pressure (CMS165v12)
  - Telehealth visit
  - Chronic or principal care management
  - Remote physiologic monitoring / self-measured blood pressure monitoring (SMBPM)
- Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) (CMS122v12)
  - Telehealth visits
  - Chronic or principal care management
  - Remote physiologic monitoring / glucose monitoring
  - Diabetes self-management training (DSMT) and medical nutrition therapy (MNT) telehealth

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