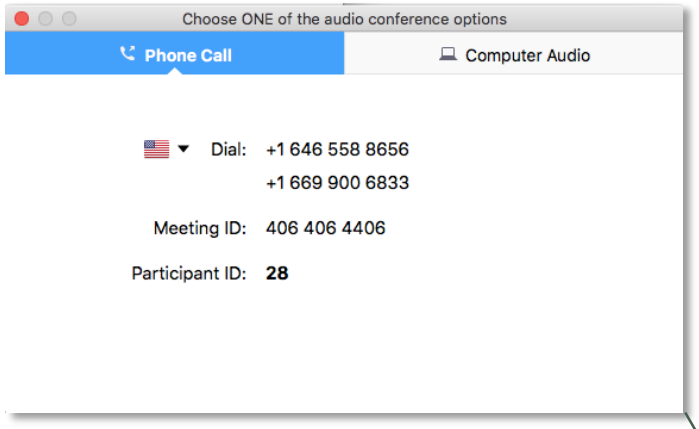
Telehealth: Starting Now and for the Future

LESLIE SOUTHWORTH AND TONI WOOD

APRIL 2, 2020

Zoom tips and tricks!

CHAT: Please jump in if you have something to share, but we also have this nifty chat function.

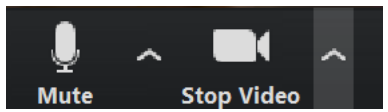


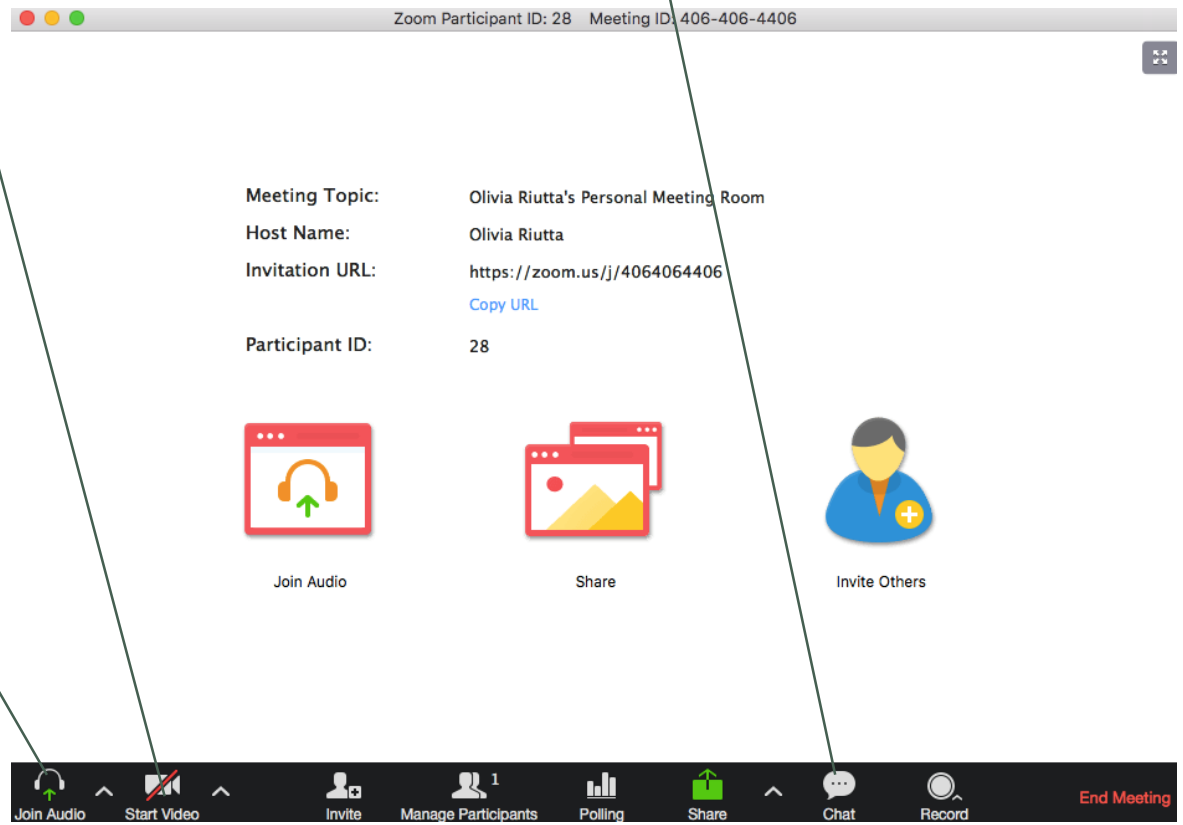
VIDEO: We want to see you!
If your camera isn't on, start your video by clicking here.

ATTENDANCE: If there are multiple attendees together on the call, please list the names and your location in the chat box

AUDIO: You can use your computer speakers or your phone for audio. The phone is generally better quality. If you click "Join Audio," this "Choose one…" box will pop up. If you dial in, just make sure you include your audio code.

MUTE/UNMUTE: *6 or click the mic on the bottom left of your screen.





Upcoming HCCN Sessions

TELEHEALTH TUESDAY SESSIONS

Montana Medicaid Telehealth Webinar for FQHC's

April 21 at 11:00 a.m.

Emerging Trends in Telehealth

May 19 at 11:00 a.m.

HIPPA SERIES WEBINARS

HIPAA Series: "HHS' Information Blocking Rules-Balancing Data Access with Privacy and Security "

Thursday, April 16th at 11:00 a.m.

OTHER HCCN EVENTS

Health Center Framework for Electronic Patient Engagement

Tuesday, April 7th 12 p.m.

EHR Data Hygiene Tools: Methods for Finding and Fixing Issues that Could be Hindering Quality

Wednesday, April 22nd 10 a.m.

Agenda

- Purpose of today's webinar
- Latest Information on Telehealth
- Setting Up Telehealth Now
- Opportunity for Patient Engagement

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Purpose

- Provide you with the information we know now to help you in setting up telehealth now
- Provide you with strategies to ensure the continuation of telehealth even after the pandemic

Summary of the Latest Information

3/6/20 HR 6074	•Waives geographic and site locations, but not for FQHC's
3/13/20 Emergency Declaration under Stafford Act and National Emergencies Act/ CMS Expands Medicare's Telehealth Benefits	•COVID-19 Declared as a National Emergency which allows for expanded Medicare Coverage.
3/17/20 CMS Announces Expanded Telehealth Benefits for Medicare Beneficiaries	•Enables beneficiaries to receive a wider range of healthcare services from their doctors without having to travel to a healthcare facility.
3/18/20 Governor Bullock Expanded Access to Telehealth Services effective 3/20/20	•Expands telehealth services to Medicaid Patients via telephone or secure online communications, allows patient and provider to be in same community, and waives requirement for patient to establish a face-to-face relationship. Senator Bullock encourages private payors to enact the same policies
3/27/20 HR 748 CARES Act	•Expands telehealth coverage for Medicare beneficiaries, **allows FQHC's to bill as a distant site**, opens the door for phone-based services, relaxes requirement for patient to be seen in person within the last three years
3/30/20 CMS Announces Sweeping Regulatory Changes	•Allows for more than 80 additional services to be covered via telehealth, individuals can use interactive apps with audio and video capabilities to visit with their clinician for an even broader range of services. Providers also can evaluate beneficiaries who have audio phones only.

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HR 6074 and HR 748: Coronavirus and Telehealth

March 6th, 2020-HR 6074 – What Does It Say?
Currently in Medicare, telehealth-delivered services need to take place in specifically designated geographical areas, a specific type of site, be provided by a certain type of provider, using essentially only live video, and only certain services are reimbursed. HB 6074 allows the Secretary to only waive the geographic and site restrictions. While definitely a major change, especially the site limitation which would make the home an eligible site which is very important as many people are in self-quarantine, there still remain limits on who the provider can be and what service can be provided via telehealth. Certain providers who could be utilizing telehealth to treat patients exposed to or having coronavirus would still not qualify, such as Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs). FQHCs and RHCs under Medicare can only act as originating sites, they cannot act as a distant site provider and HB 6074 does not change that.

March 27th, 2020-HR 748 (CARES Act): **Waives the restriction for FQHC's to act as a distant site**

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System Setup

Setup system to differentiate between telephone and telehealth For example:

- Appt/Visit Types
- Place of service
- CPT codes-new codes for telephone (99421, 99442,99423, 98966, 98967, 98968)
- ICD-10 code updates effective 04/01/2020: **U07.1-COVID-19 (tested confirmed)**

Progress Notes Templates

- Document consent
- Document how the visit occurred
- Document time

Does anyone have any examples of setup or workflow they would like to share?

Technology

WHAT DO YOU NEED TO PROVIDE TELEHEALTH?

Computer, laptop, tablet, or phone with a microphone and/or camera depending on the software

Software-EHR, Zoom, etc.

- If contract with a vendor get a BAA (not enforced during the emergency)

WHAT DOES THE PATIENT NEED FOR TELEHEALTH?

Laptop, Tablet or a Phone-depending on technology you are using

Things to consider: patient data plans, internet access, challenges using technology

Telehealth and Consent

- Obtain advanced consent for a telehealth interaction and document in patient record
- Health center will obtain the patient's informed consent, in accordance with state law
- Request the patient's consent to telehealth services via written consent on a consent form, written consent not on a standardized form, or verbal consent, as applicable with State Law
- Provider should document the consent in the patient's medical record. Such documentation may include what the patient consented to and how it was obtained.
- Virtual communication (ie. phone/secure message/portal) consent must be obtained in advance of the service and may be verbal or written, must be documented in patient record
- "Providers must follow consent and patient information protocol consistent with those followed during in person visits." https://www.cchpca.org/sites/default/files/2020-03/MONTANA%20-%20All%20Provider%20Memo%20-%20Telemedicine%20%203.19.20.pdf

Navigating Telehealth Legal Risk, Feldesman Tucker Leifer Fidell LLP, 3/26/20

Telehealth and HIPAA

HIPAA COMPLIANT PLATFORMS/BAA

- Skype for Business/Microsoft Teams
- Zoom for Healthcare
- Tytocare
- GoTo Meeting
- Cisco Webex Meetings/WebEx Teams
- Doxy.me

HIPAA COMPLIANT/JUST OK TO USE

- Apple Facetime
- Facebook Messenger Video Chat
- Google Hang Outs Video
- Skype

DO NOT USE THESE

- Facebook Live
- Twitch
- TikTok
- Or other similar public facing applications

No HIPAA penalties for telehealth services provided over Skype or Facetime—recommend only as a temporary solution

Telehealth and 42 CFR Part 2

42 CFR Part 2-Using telehealth for SUD services: “providers may not be able to obtain written patient consent for disclosure of SUD records. The prohibition on the use and disclosure of patient identifying would not apply to these situations to the extent that as determined by a **provider** that a medical emergency exists” limits to only information necessary for treatment; document in patient record

https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf

Telehealth and HIPAA

- Example Behavioral Health Telemed Note with No Written Consent

"I met with _____today via telehealth (telephone). As this was our first tele session, I verbally reviewed with her the limits and practices of using telehealth: the same privacy, confidentiality and duty to warn/report rules apply just as they do when we've met in my office. I also let her know that if I am concerned with imminent safety, I would notify the emergency resources in her community for a safety check. I asked that she help protect her confidentiality by pass coding her device, ensuring that we do our session from a private place, and that if there is breach of confidentiality on her end, that is not my responsibility. I also let her know that if we experienced any technical issues that prevented this session from occurring or interrupted our session, I'd call or email her to reschedule and ensure she is doing well; I confirmed her contact information . I plan to have her sign the paper consent for telehealth at our next face-to-face meeting."

Telehealth and HIPAA

HIPAA Privacy Rule allows provider to disclose PHI without a patient's permission(i.e. you do not need a patient's signature)**:**

- When disclosure is necessary to provide treatment
- When notification required by law
- To notify public authority to prevent spread of infectious disease
- When first responders are at risk of infection
- When disclosure to first responders will prevent or lessen threat to health and safety of the person or public
- When responding to request for PHI from correctional facility or law enforcement official having lawful custody of individual

http://www.mtpca.org/wp-content/uploads/Ransomware-and-Cybersecurity-2020-002.pdf

Telehealth and HIPAA

You may ALSO do the following without getting the paperwork/signatures signed:

You may speak with family members/friends involved in patient's care

You do not need to honor patient's request to opt out of facility directory

You do not need to hand out notice of privacy practices

You do not have to honor a patient's right to request privacy

You do not have to honor a patient's request for confidential communications

You may provide telehealth services in good faith during emergency period without HIPAA compliance

Above waiver only applies if:

in the emergency area identified in public health emergency declaration; (2) to hospitals that have instituted disaster protocol; and (3) for up to 72 hours from time hospital implements disaster protocol.

https://www.hhs.gov/sites/default/files/covid-19-hipaa-and-first-responders-508.pdf

https://www.hhs.gov/sites/default/files/hipaa-and-covid-19-limited-hipaa-waiver-bulletin-508.pdf

Telehealth and Cybersecurity

Ensure you are giving access to the right patient

If possible, automate patient portal signup

Keep all anti-virus and malware software up to date

Data backups

Protect mobile devices via encryption or other methods

Restrict and review user access (physical and electronic) to data

Follow HIPAA Privacy and Security and organizational policies and procedures even when working from home

Telehealth and FTCA

- Telehealth is not a service or service delivery method requiring specific HRSA approval
- "When in-scope services are provided through telehealth on behalf of a deemed health center to individuals who are *not patients* of the health center, and all other FTCA program requirements are met…"
- Provider is located at a health center service site or other location on behalf of the health center (i.e. provider's home)
- Establish a patient/provider relationship-register the patient
- Create and maintain a medical record for the patient

https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html#ftca

Telehealth and UDS Reporting

- **UDS**: “Live video **AND/OR** audio (synchronous, real time): Use of two-way interactive audio (i.e. telephone) and/or video technology, such as video connections between a provider and a patient (i.e. “facetime”)”
  - Individuals who receive ONLY COVID-19 screening are not considered “patients” for UDS purposes
  - Even if the virtual visit is a first or only visit the health center must register the patient and collect and report all relevant demographic, service, clinical, and financial data on the UDS Tables

2019UDS_VirtualVisitReportingGuide.pdf (contact Leslie for a copy)
https://bphc.hrsa.gov/datareporting/reporting/index.html

Telehealth Reimbursement

- All **Montana Medicaid** covered services delivered via telemedicine/telehealth are reimbursable so long as a) such services are medically necessary and clinically appropriate for delivery via telemedicine/telehealth, b) comport with the guidelines set forth in the applicable Montana Medicaid provider manual, and c) are not a service specifically required to be face-to-face as defined in the applicable Montana Medicaid provider manual.
- Can be provided using: secure portal messaging, secure instant messaging, telephone conversations, and audio-visual conversations.
- Medicaid providers can bill distant site from their homes.
- FQHC can be both distant and originating site if different clinics.
- Rates of payment for services delivered via telemedicine/telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations.
- Originating site providers are reimbursed $26.65 per site use.

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Billing for Covered Services Delivered via Telehealth

- Submit claims using the appropriate CPT or HCPCS code for the professional service along with the GT modifier (UB-04).
- Originating site providers should submit claims using procedure code Q3014 (telemedicine originating site fee) for the use of a room and telecommunication equipment. Originating site provider claims must include a specific diagnosis code provided by the distance provider.
  - Use the 780 revenue code for the originating site fee.
  - When the member's home is the originating site, no one can bill Q3014.
- Montana Medicaid has added additional CPT codes to reimburse for medically necessary telephone evaluations for the duration of the state of emergency. Billing must follow CPT guidelines and be within the scope of practice for the enrolled providers license. The available codes are: • 99441 • 99442 • 99443 • 98966 • 98967 • 98968
- Tele-dentistry services will be reimbursed under billing codes D9995 (live) and D9996(store and forward) for the duration of the state of emergency.

Medicare Telehealth Updates

- Under HR 748, Federally Qualified Heath Centers (FQHCs) and Rural Health Clinics (RHCs) will be allowed to act as distant site providers for reimbursable telehealth services under Medicare. This will not be a permanent change and is only in effect during an emergency declaration. Several other things to note:
- The Secretary shall develop a special payment methodology to decide the amount of reimbursement the FQHC/RHC will receive when acting as the distant site provider in Medicare. This methodology will be based upon "payment rates that are similar to the national average payment rates for comparable telehealth services under the physician fee schedule."
- Costs associated with telehealth delivered service will not be used to determine the payment amount for PPS/AIR.
- At this time, CMS has not issued specific guidance on how it will implement these FQHC/RHC changes.

https://www.cchpca.org/

Billing & Coding: FQHC Care Management

	A	B	C	D
Care Management Services	**FQHC Provider Codes** *(billing maps to CPT codes)*	**What FQHC bills to CMS**	**What CMS pays** *(Physician Fee Schedule)*	**Commercial/ Medicaid Payers & Plans***
Chronic Care Management (CCM)	99490 (20 mins, non-complex; ancillary staff + provider)	G0511	$66.77	99490 = $42.22
	99487 (60 mins, complex; ancillary staff + provider)			99487 = $92.39
	99491 (30 mins; provider only)			99491 = $84.09
	+99489 (each add'l 30 mins; only added to complex/99487)			99489 = $44.75
Transitional Care Management (TCM)	CPT: 99495 (moderate complexity) CPT: 99496 (high complexity)	CPT 99495/ CPT 99496	$187.67 $247.94	99495 = $187.67 99496 = $247.94
General Behavioral Health Integration (BHI)	99484 (20 minutes)	G0511	$48	99484 = $48
Psychiatric Collaborative Care Model (CoCM)	99492 (70 mins, initial) 99493 (60 mins, subsequent) +99494 (Each add'l 30 mins)	G0512	$141.83	99492 = $156.99 99493 = $126.31 99494 = $63.88
Virtual Communication Services (VCS)	G2010 (remote evaluation services) G2012 (5 mins; communication technology-based services)	G0071	$13.71	G2010= $12.27 G2012 = $17.32

Types of Service *with revenue potential**

Type of Virtual Care	Patient Target Audience or Service Type	What CMS Pays+
Chronic Care Management (CCM)	2+ chronic conditions	$66.77
Transitional Care Management (TCM)	Transitioning from inpatient to community setting	$187.67/$247.94
General Behavioral Health Integration (BHI)	Requiring integration of physical and behavioral health	$48
Psychiatric Collaborative Care Model (CoCM)	Requiring more intensive BHI for more complex mental, behavioral, or psychiatric conditions	$141.83
Alcohol/Substance Use Screen	Alcohol and/or substance (other than tobacco) abuse structure assessment (e.g., AUDIT, DAST), and brief intervention, 5-14 mins.	$17.32
Virtual Communication Services (VCS)	**In lieu of a visit**. Provider conducts communication using technology or provides remote evaluation services. Patient-initiated service. Min 5 mins.	$13.71

*Reimbursed under CMS/Medicare. Many state Medicaid programs and local payers follow CMS' lead; check your state/local circumstances
+Medicare 2020 Physician Fee Schedule, no Geographical Adjustment Factor (GAF) or Geographical Cost Index (GPCI)

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Care Plans:

CMS/Medicare Care Management

- ✓ Must **document** discussion and **patient's agreement** to the care plan**.**
- ✓ A **copy must be shared** with the patient and patient's provider.
- ✓ Must be documented in a certified **electronic health record (EHR).**
- ✓ Must include: **patient demographics, medical problems, medications, and medication** allergies.
- ✓ A comprehensive care plan includes, but is not limited to, the following elements:
  - Problem list
  - Expected outcome and prognosis
  - Measurable treatment goals
  - Symptom management
  - Planned interventions, including responsible individuals
  - Medication management
  - Community/social services ordered
  - A description of how outside services/agencies are directed/coordinated
  - Schedule for periodic review and, where appropriate, revision of the care plan

Sample Workplan – "My Shared Care Plan"

Michigan Institute for Care Management & Transformation

Opportunity for Patient Engagement

- Regardless of technology (apps) used for telehealth must get patient emails
- Review your patient portal set up. What is available? medical history, shared care plans, labs, messages, med refills, patient education, appt requests, etc.
- Provide instructions for how patients can pay through the portal if available
- Set up messaging or campaigns to send out via text/secure message/email
  - Re-define expectations about care for patient: virtual vs. in person
  - Instruct patients to CALL before coming in
  - Provide details on how to request virtual care

Opportunity Continued…

- Re-purpose staff
  - Teach them how to get patients set up on email and connected to the patient portal
  - Run and manage registry lists (i.e. patients with 2 or more chronic conditions)
  - Develop messaging to patients on how to access services in-person vs. virtually
  - Start an outreach project to work on clinical quality measures

Resources

- https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html
- https://nrtrc.org/
- Center for Connected Health Policy
- Montana Medicaid Guidance as of 3/27
- Governor Bullock Press Release Access to Telemed Services
- Montana Commissioner of Insurance Press Release

RHC and FQHC CMS Flexibilities

Questions?

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