

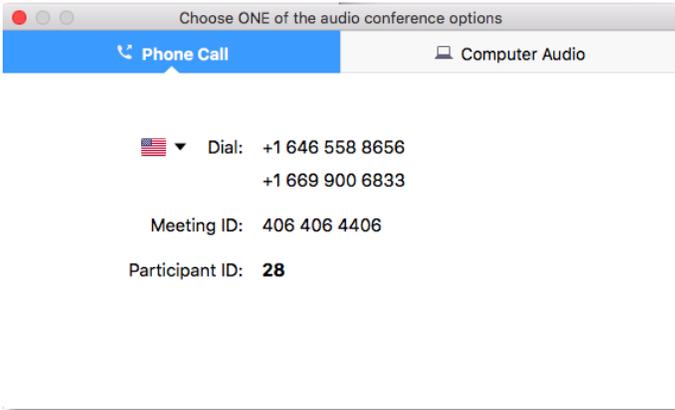


*Telehealth Tuesday: Remote Patient
Monitoring*

FEBRUARY 16, 2021

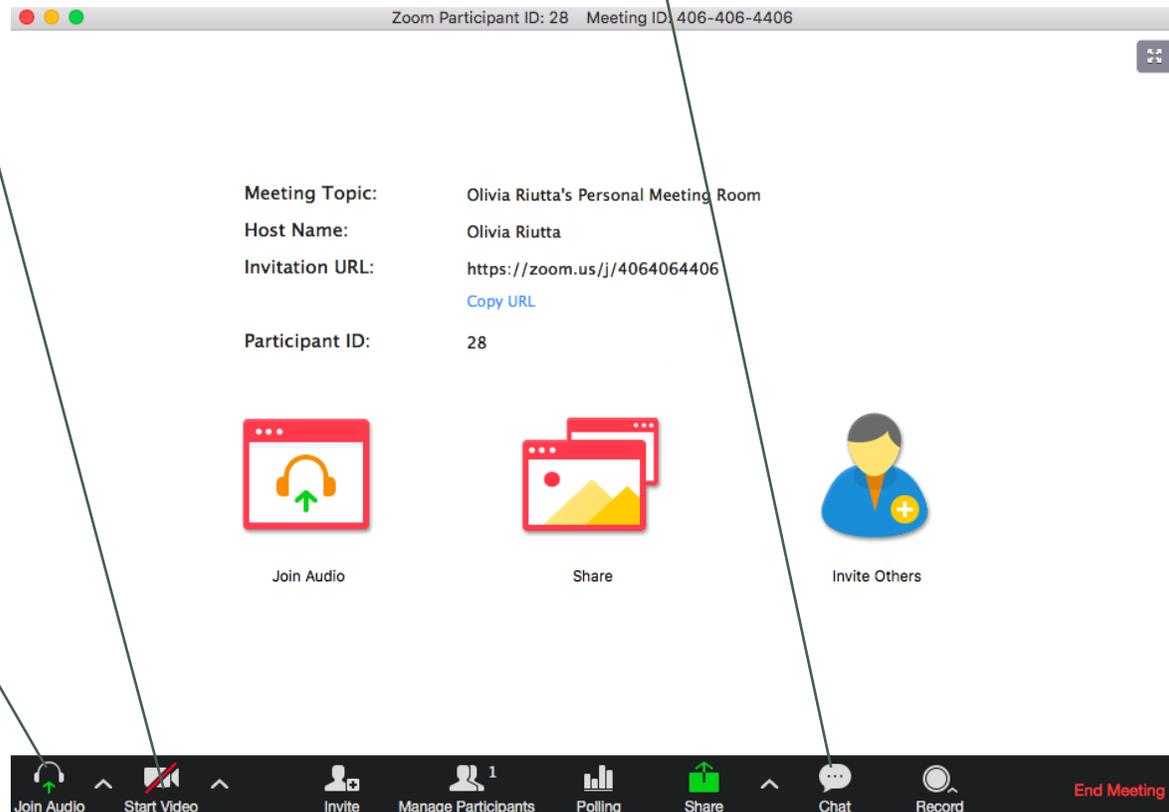
Zoom tips and tricks!

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.



Agenda



Upcoming Events

Presentations from Kristine Gardner and Dr. Kerry Palakanis

Q&A and Peer Discussion

Upcoming HCCN Sessions

TELEHEALTH TUESDAY SESSIONS

3rd Tuesday of each month at 11:00 a.m.

March 16: Telehealth Workflows and Staffing Optimization

April 20: Remote Patient Monitoring for Patient Care

May 18: Privacy and Security Considerations with Telehealth

OTHER HCCN EVENTS

HIPAA Webinar Series with Susan Clarke

CURES Act Compliance: Prevent Information Blocking

February 18th at 10:00 a.m.

CURES Act Compliance: Managing Risk

March 10th at 11:00 am

Thursday, March 25 at 11:00 a.m.

Thursday, June 17 at 11:00 a.m.

Thursday, September 16 at 11:00 a.m.

Thursday, December 16 at 11:00 a.m.

MPCA Events



Remote Patient Monitoring:

Where We Are and Where We're Going

Kristine Gardner

February 16, 2021

telehealth

Powered by  Providence
St. Joseph Health

Agenda

- Remote patient monitoring definition
- Primary care/ambulatory uses of RPM
- Successes and challenges – how we use it, which patients and why
- Keys to success
- Barriers to success
- Starting a program
- Providence MT Ambulatory RPM Pilot
- COVID@Home



Remote Patient Monitoring

- Better patient outcomes and reduced costs, usually for chronic diseases, but also for pre/post procedure and post-discharge
- Remotely collects and transmits symptoms and vital signs (at home, no medical oversight) to distant healthcare provider; must include device-reported data, may include self-reported data
- Data is risk-stratified and patients are managed by exception
- Includes connected medical devices and patient education
- Select integration into EMR highly desired
- For us, not in scope:
 - Remote data sharing/wellness info (not currently reimbursable by CMS)
 - Inpatient virtual monitoring

How We Use RPM

- Programs live in 4 states including Montana
 - Chronic disease management (CHF, HT, DM, COPD, mental health, obesity, onc)
 - Pre/post procedure and post-discharge monitoring, transitional care management
 - High acuity 24/7 monitoring at home
- In development in Alaska
- Heavy cardiology focus



Successes & Challenges

- Many programs running ~5 years
- Both leased and purchased equipment
- Both internally supported delivery/pickup/cleaning and vendor-sup
- Finding certain devices has been challenge last year
- Ensuring staff have enough time in schedule to manage patients
- Gaining initial traction with patients
- Sustaining provider interest
- ROI



Keys to Success

- Understand what you can and can't bill
 - Regular meeting with revenue cycle/billing, coding & compliance, risk/privacy/legal partners to provide expedited answers to TH quest
- Establish workgroup/council of interested parties
- Openly publish/share data
- Think about how you'll market this to patients
- Engage providers & office staff
- Ensure vendor provides engagement statistics
 - Patient education
 - Minutes interacting with daily questions



Common Barriers

- Providers not aware/recommending
- Disruptive workflows
- Device procurement
- Patient inexperience with tablets/smartphone apps
- Mobile phone reception
- Billing issues
- Tech support
- Managing patient expectations
- Socializing program internally and externally



Suggestions

- Feature/functionality voting
 - Physicians
 - Care managers
 - Billing/coding staff
- Billing/legal/compliance review
- Clear definition of goals
 - Satisfaction, improved outcomes, cost avoidance, reduce readmissions
- FFS or VBC
- Established vs. nimble vendor
 - Explore different financial arrangements
- Focus on 1-2 conditions
 - Establish baseline and analyze data at 90, 180 day intervals



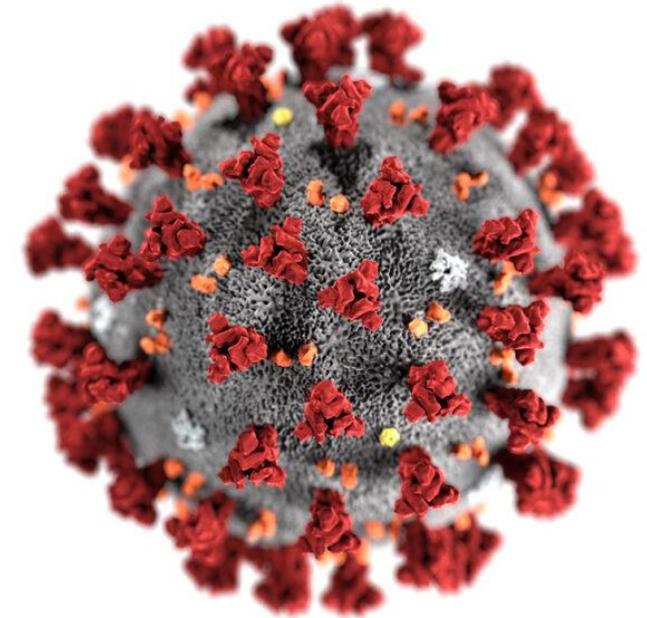
COVID@Home Monitoring

Home monitoring process to assist in remotely managing patients under suspicion of testing positive for COVID-19 who do not currently require hospitalization

Includes Patient Screening Monitoring Escalation Enrollment Handoff and Intake

Live footprint:

- Alaska
- California
- Montana
- Oregon
- Texas
- Montana
- **16,315 admits / 7,851 +CoVID-19**



Providence Montana RPM

RPM Ambulatory Pilot

Internal Medicine and International Heart Institute

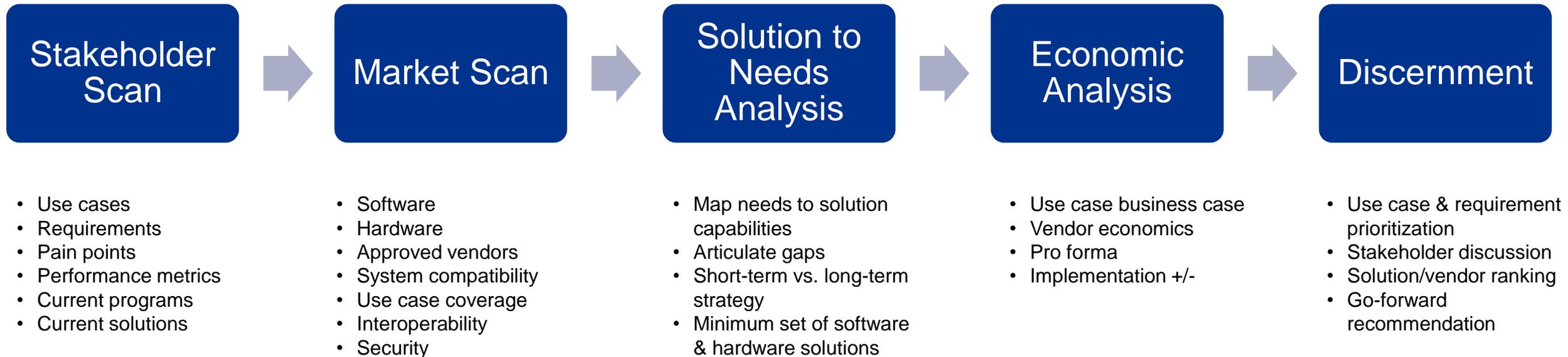
- Congestive Heart Failure and Hypertension patient subset
- 3 providers and nurse care management team
- Operational workflows are still in development and refinement

Opportunities:

- Currently assessing the best way to optimize the existing RPM platform for our patients
- Refine workflow to include a provider "warm handoff" vs. care manager "cold call"
- Increase patient education and marketing



How We Evaluate the RPM Landscape



Thank you!

telehealth

Powered by



Billing and Coding: Common RPM Codes

1. 99453 — Initial set-up and patient education on use of equipment
2. 99454 — Device: Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
3. 99457 — 20 minutes of monitoring per month: requires interactive communication with the patient/caregiver during the month
4. 99458 — Additional 20 minutes per month: Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month



Remote Patient Monitoring

Presentation for the Montana Primary Care Association – February 16, 2021

Kerry Palakanis, DNP, APRN
Executive Director Connect Care

Remote Patient Monitoring

CMS Definition

RPM involves the collection and analysis of patient physiologic data that are used to develop and manage a treatment plan related to a chronic and/or acute health illness or condition. RPM services can be used remotely to collect and analyze physiologic data from patients with acute conditions, as well as patients with chronic conditions.

Important CMS Coverage Rules -

- RPM devices must meet the FDA definition of a medical device as described in section 201(h) of the Federal, Food, Drug and Cosmetic Act
- The RPM device must digitally (i.e, automatically) upload patient physiologic data (i.e., data cannot be self-recorded or self-reported by the patient).
- Use of an RPM device to digitally collect and transmit a patient's physiologic data must be *reasonable and necessary* for the diagnosis or treatment of the patient's illness or injury or to improve the functioning of a malformed body member
- The RPM device must be used to collect and transmit reliable and valid physiologic data that allow understanding of the patient's health status to develop and manage a plan of treatment.

COVID PHE Waivers (valid through 12/31/2021)-

- Patients receiving RPM services are not required to be established patients
- Consent may be obtained at the time the service is furnished and may be obtained by auxillary staff under general supervision
- OIG will temporarily not subject physicians/practitioners to administrative sanctions for reducing or waiving any cost-sharing obligations (i.e., co-pays) due to beneficiaries under federal healthcare program requirements.
- Monitoring for fewer days than 16 of 30 days, but no less than 2 days, can be reported as long as the other requirements for billing the code are met. However, in order to bill and receive reimbursement for RPM services with fewer than 16 days of monitoring, *the receiving patient must have a confirmed or suspected case of COVID-19.*

Remote Patient Monitoring Coding & Billing

The Five Primary Medicare RPM codes are:

- **99091** (\$56.83) - This code only includes professional work and is valued to include a **total of 40 minutes of physician or non-physician practitioner (NPP) work** which includes 5 minutes of preservice work (chart review); 30 minutes of intra-service work (e.g., data analysis and interpretation, report based on the physiologic data and a possible phone call to the patient) and 5 minutes of post-service work (chart documentation.)

The following codes *may be furnished by clinical staff under the general supervision of a physician or other QHP:*

- **99453** (\$19.18) – reflects clinical staff time that includes instructing a patient and/or caregiver about using one or more medical devices, *can be billed only once per episode of care where an episode of care is defined as “beginning when the remote physiologic monitoring service is initiated and ends with attainment of targeted treatment goals.”*
- **99454** (\$63.15) - valued to include the medical device or devices supplied to the patient and the programming of the medical device for repeated monitoring, *once per patient per 30-day period and only when at least 16 days of data have been collected.*
- **99457** (\$50.91) - covers *the first 20-minutes each calendar month of remote physiologic monitoring treatment management services*, of clinical staff/physician/other qualified healthcare professional time requiring interactive communication with the patient/caregiver during the month. the treatment and management services associated with RPM and include work of both professionals and clinical staff. Requires an element of *“interactive communication” (a conversation that occurs in real-time and includes synchronous, two-way interactions that can be enhanced with video or other kinds of data as described by HCPCS code G2012).* *The 20-minutes of time required to bill for the services can include time for furnishing care management services as well as for the required interactive communication*
- **99458** (\$41.14) - covers each *additional 20-minutes per calendar month of remote physiologic monitoring treatment management services*, of clinical staff/physician/other qualified healthcare professional time

Important Billing Notes

- Even when multiple medical devices are provided to a patient, the services associated with all the medical devices can be billed by only one practitioner, only once per patient, per 30-day period
- RPM is not considered to be a preventive service and therefore is subject to CMS 20% patient copayment responsibility
- **MT Medicaid Coverage** - There is no reimbursement for remote patient monitoring based on the definition for telemedicine restricting the service to interactive audio-video.

RPM Populations

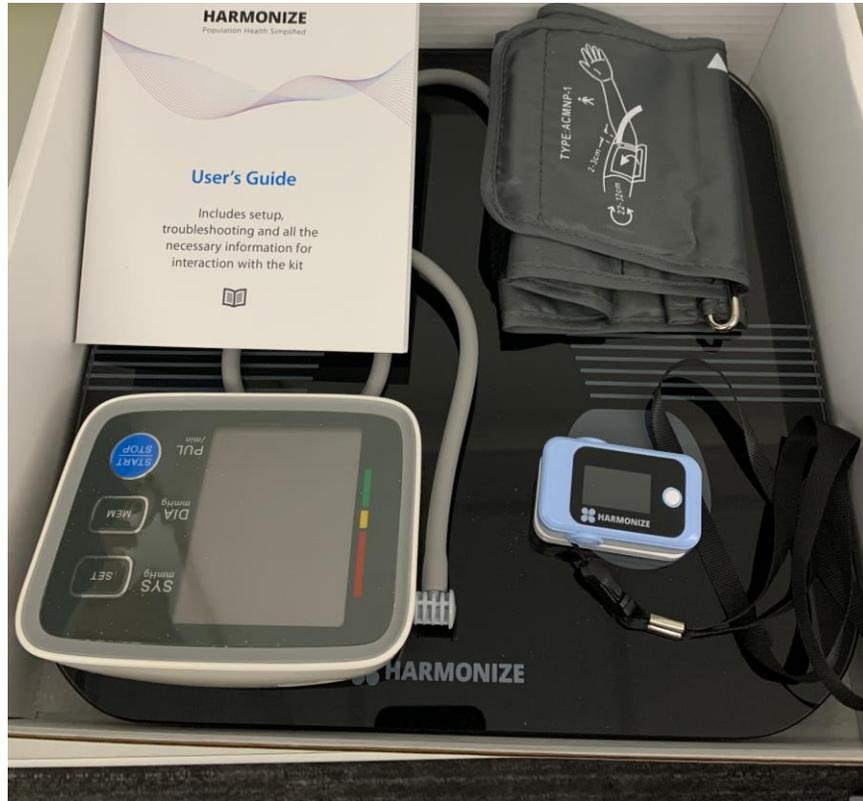
Programs at Intermountain that have requested RPM

Family/Internal Medicine
Heart Transplant
CV/CHF
Stroke
Diabetes
Abdominal Transplant
Oncology at Home
Kidney Services

TOSH Post Surgical
Pulmonology
Pediatrics
High-risk OB
Behavioral Health
Hospital Discharge High Risk
Infectious Disease
Care Management

Remote Monitoring Devices

RPM



Continuous Monitoring – SPO2



Other



Intermountain Remote Monitoring Systems

	RPM	RPM-T	RPM-H	COVID Mini-kit
Devices	BP Cuff, Pulse Ox, Scale	BP Cuff, Pulse Ox, Scale	BP Cuff, Pulse Ox, Scale, continuous O2/HR sensor	Pulse Oximeter
Phone/Tablet	Patient owned smartphone/tablet	Tablet provided in Kit	Tablet provided in Kit	Patient owned smartphone/tablet
Biometric Monitoring	BP HR SpO2 - Intermittent Weight PROM Chat & Video Visit	BP HR SpO2 - Intermittent Weight PROM Chat & Video Visit	BP HR - Continuous/Int SpO2-Continuous/Int Weight PROM Chat & Video Visit	SpO2 HR PROM Chat & Video Visit
Populations	HTN, COPD, Asthma, CHF, DM, Afib, Stroke, etc.	HTN, COPD, Asthma, CHF, DM, Afib, Stroke, etc. or Hospital @ Home	Hospital at Home (others that require continuous monitoring)	COVID-19, Pneumonia, PE

Harmonize Platform

HARMONIZE Andrew Davis [Logout](#)

- Open Patients
- Assigned To Me
- Escalated Board
- All Patients

Normal

IMHC17 IHHL-NC

🏠 🏡 🌡️ 🩺 📄 🔔

Diseases: None

- Dashboard
- Patient Status
- Alert State History
- Annotations
- Patient Information
- More

[Add Important Notes](#)

SpO2

Today 1 Week 2 Weeks 1 Month 3 Months 6 Months

Date	SpO2 (%)
May 4	95.5
May 5	94.5
May 6	96.5
May 7	98.5
May 8	96.5
May 9	97.5
May 10	94.5
May 11	95.5

Pulse

Today 1 Week 2 Weeks 1 Month 3 Months 6 Months

RPM Program Planning Elements to Consider

Elements of Workflow Development

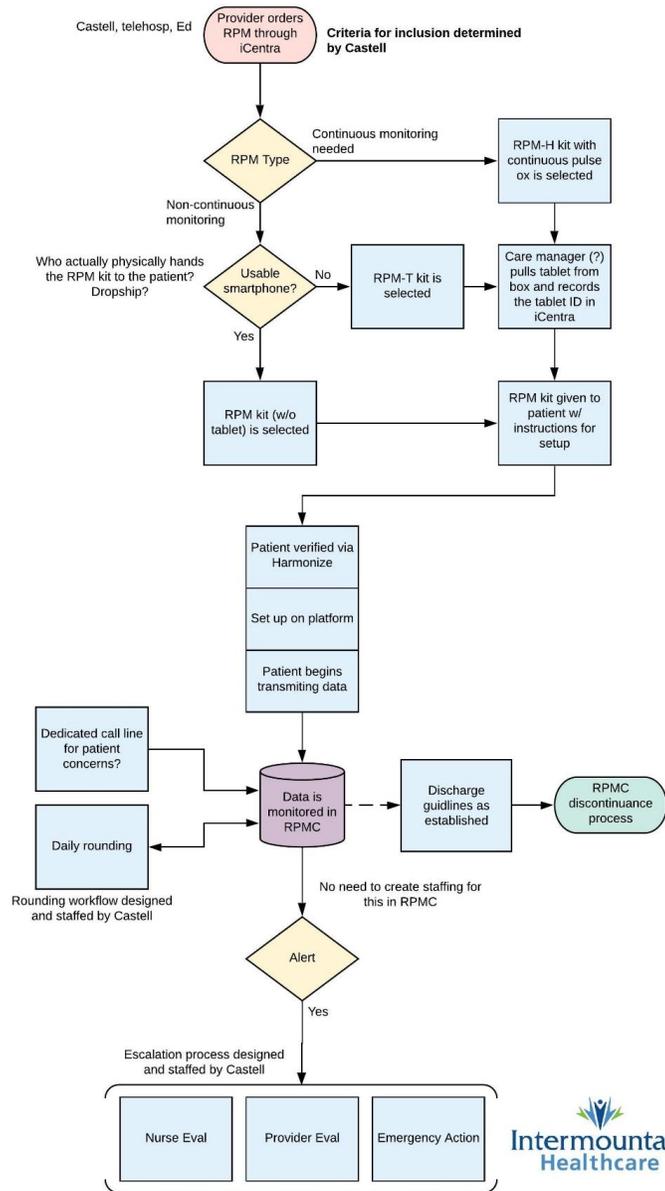
- Population – all inclusive or disease specific
- IT – imbed in EHR or run separate dashboard, ordering within EHR, data management
- Parameters for alerts – general or disease specific
- Logistics – distribution, repair/replacement parts, reclamation
- Training/Education – patient & provider
- Monitoring – 24/7 center with escalation
- Discontinuation Criteria

RPM High-Level Workflows

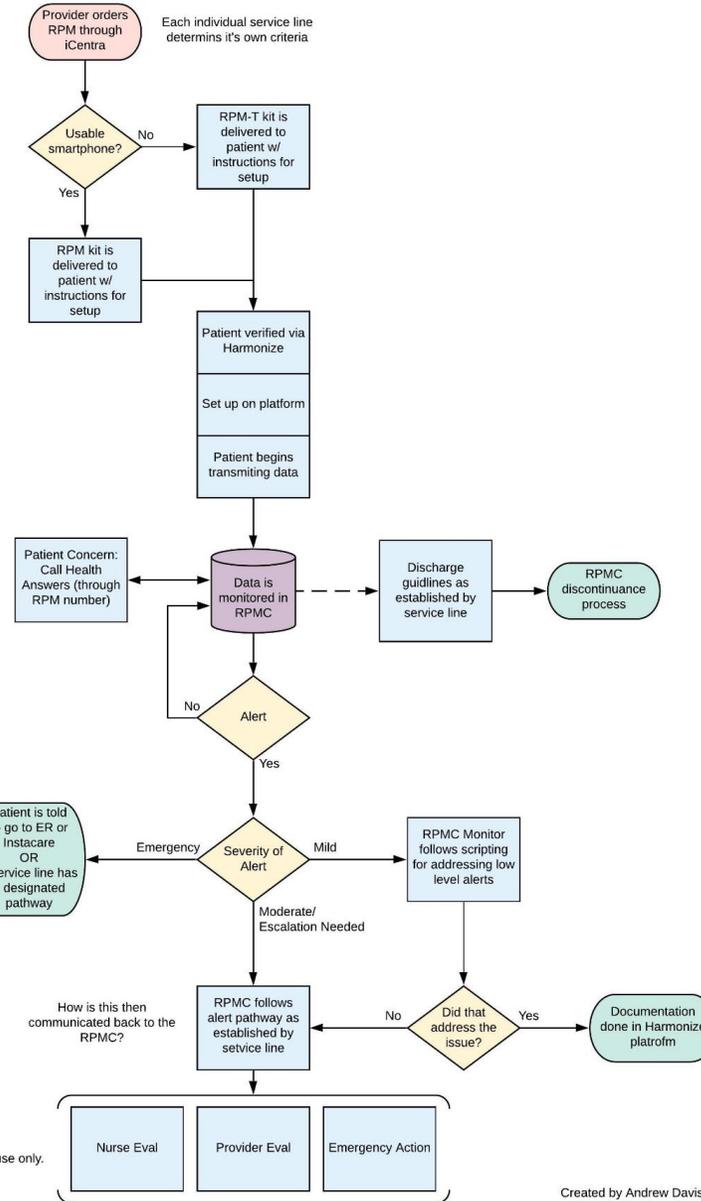
Updated 4/7/2020

These workflows change almost daily, be sure you have the most updated version before distributing or taking any action based on these workflows.

Hospital at Home



RPM (Generic)



For internal use only.

Created by Andrew Davis
andrew.davis2@gmail.org

Examples of RPM & CCM Program Reimbursement

Covid-19 Patient Monitoring:

14 day monitoring (at least 2 days) = \$133.24

Cost of COVID mini-kit + monitoring = \$100

Potential Revenue = \$33.24 per monitored patient

Remote Patient Monitoring

Month 1: 99453 + 99454 + 99457 = \$133.24

Month 2 – 6 = \$114.06 x 5 = \$570.30

Cost of RPM kit + logistics + monitoring = \$700

*Potential System Revenue = \$3.54 + ability to capture
AWV virtually, HCC, HEIDIS measures, other quality
measures*

Chronic Care Management (CPT 99490)

20+ minutes of care management outside of office
visits performed by clinical staff

*Potential Revenue = \$41.14 per patient per month/\$550
per patient per year*

Grants that may assist with RPM programs

Covid-19 Telehealth Program Funding (Round 2 – additional \$250 million)

<https://www.fcc.gov/covid-19-telehealth-program>

- First round covered the purchase of telecommunications, information services and connected devices
- Non-profit and public entities only eligible during round 1
- Get ready to apply by doing the following:
 - Request an eligibility determination from USAC by filing an FCC Form 460
 - Obtain an FCC Registration Number (FRN) (see FAQ #4)
 - Start the process for registering for a System for Awards Management account

USDA Distance Learning and Telemedicine Grant

<https://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants>

- Intent is to benefit rural areas with populations of 20,000 or less
- For profit entities are eligible
- Requires 15% match
- Funds may be used for equipment, broadband facilities, computer hardware, network components software and technical assistance/instruction for using eligible equipment

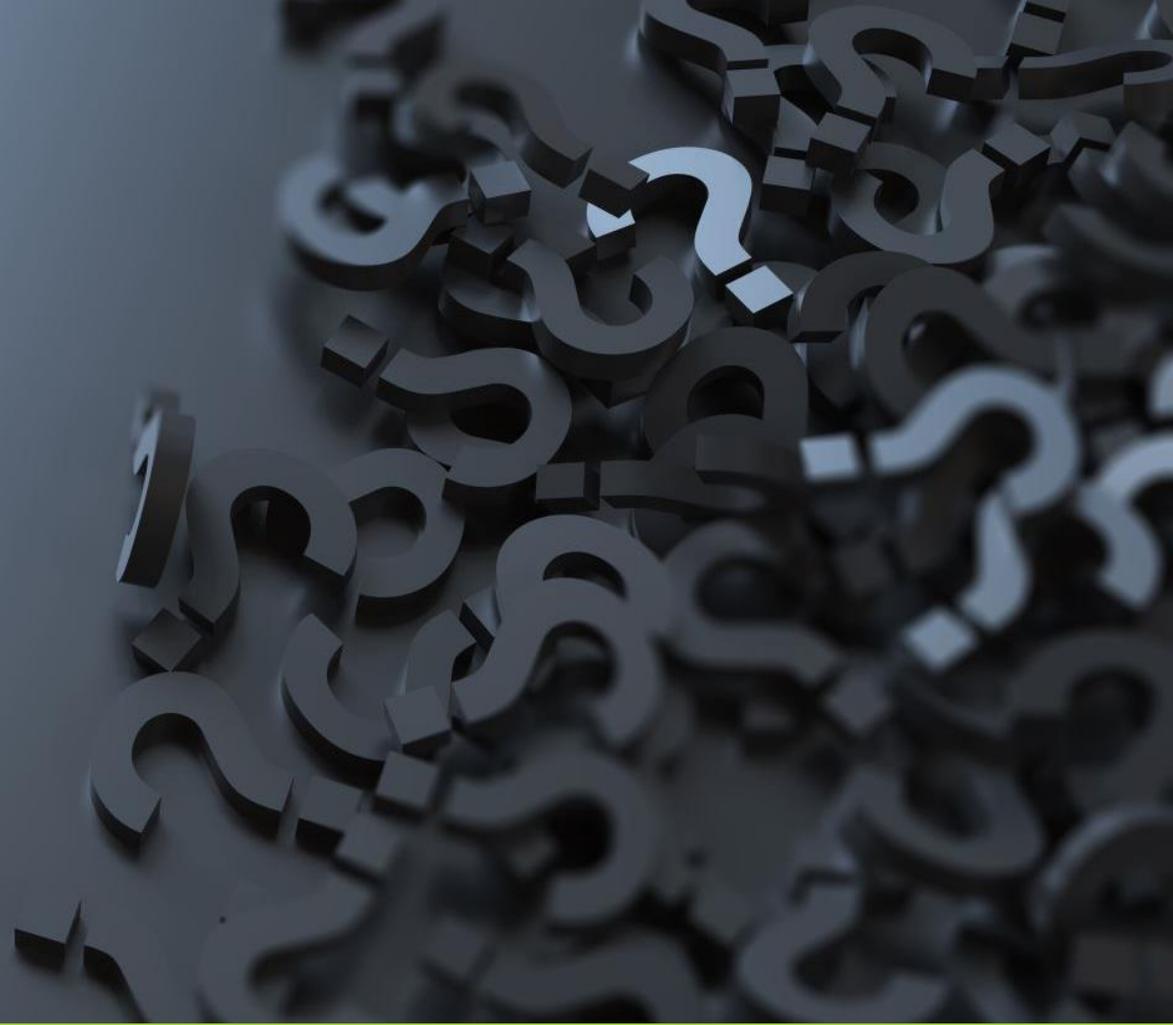
HRSA Federal Office of Rural Health Policy

<https://www.hrsa.gov/grants/find-funding?status=All&bureau=642>

Questions?



Kerry Palakanis, DNP, APRN
Executive Director Connect Care
Intermountain Healthcare
kerry.Palakanis@imail.org
Cell: 385-707-7175



Peer Discussion/Q&A

Questions?



Leslie Southworth

HCCN Director

lsouthworth@mtpca.org

(406) 594-3863

Toni Wood, CPHIMS

Clinical Informatics Manager

twood@mtpca.org

(406) 438-1575