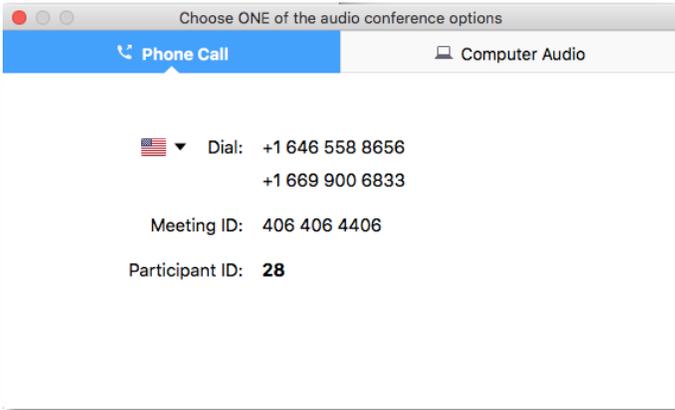*Telehealth Tuesday: Telehealth Visits for UDS and State Legislation*

OCTOBER 20, 2020
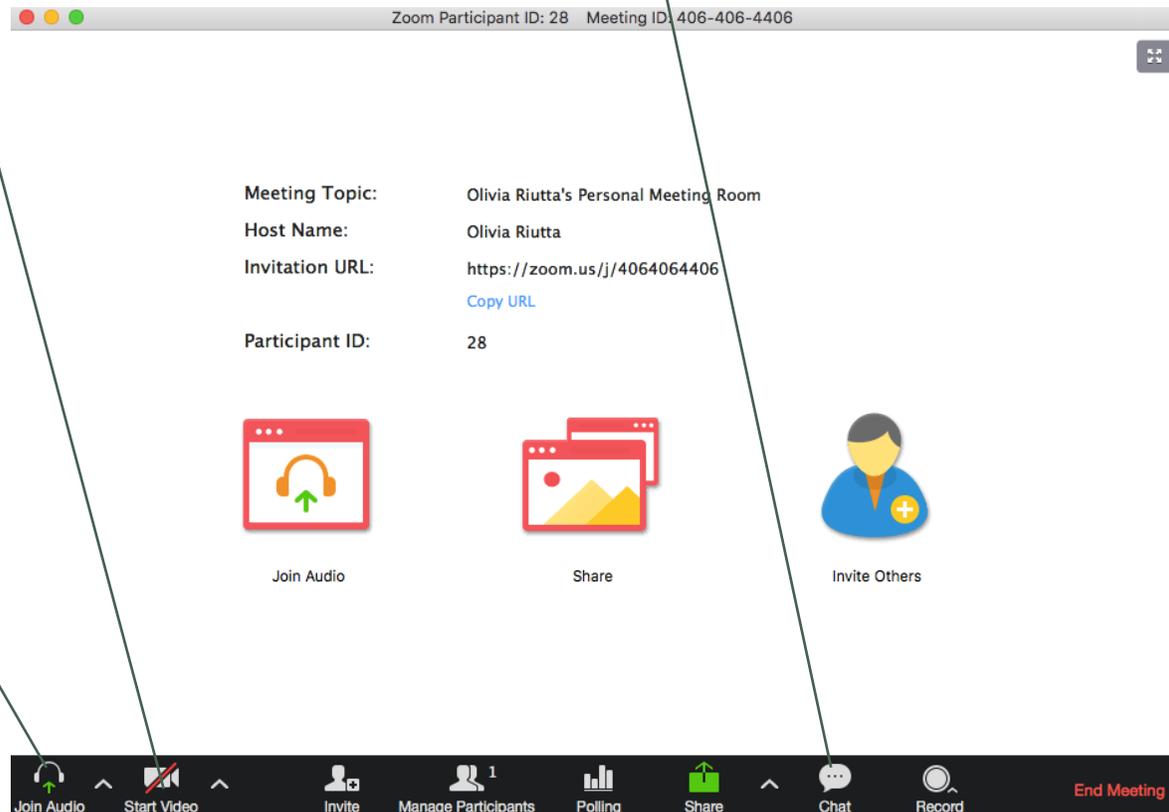
Zoom tips and tricks!

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

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

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

Choose ONE of the audio conference options

📞 Phone Call   💻 Computer Audio

Dial: +1 646 558 8656
         +1 669 900 6833

Meeting ID: 406 406 4406

Participant ID: **28**

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.

Zoom Participant ID: 28   Meeting ID: 406-406-4406

Meeting Topic:	Olivia Riutta's Personal Meeting Room
Host Name:	Olivia Riutta
Invitation URL:	https://zoom.us/j/4064064406
	Copy URL
Participant ID:	28

Join Audio   Share   Invite Others

Mute   Stop Video

Join Audio   Start Video   Invite   Manage Participants   Polling   Share   Chat   Record   End Meeting

Agenda

- Upcoming Events
- Telehealth Visits for UDS
- Telehealth Waivers and State Legislation
- Breakout Session
- Q&A

Upcoming HCCN Sessions

TELEHEALTH TUESDAY SESSIONS

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

November 17

December 15

January 19

February 16

March 16

April 20

OTHER HCCN EVENTS

HIPAA Series: "Securing Your Remote Workforce"
Thursday, December 17 at 11:00 a.m.

Azara DRVS Workshops

Introductory Workshop

Tuesday, November 10 at 1:00 p.m.

Advanced Workshop

Thursday, December 3 at 2:00 p.m.

MPCA Events

Reporting Visits

Visits are reportable if:
- If they require independent judgement from a health center provider AND
- The encounter is documented

- A screening test only is NOT a countable visit

Virtual Visits are reportable if:
- If they are provided using interactive, synchronous audio, AND/OR video telecommunications systems that permit real-time communication between the provider and a patient
- Meets the definition of a Visit
- NOT all virtual visits are countable visits

Virtual Visits

- Count the visit throughout UDS even if the visit is the first or only visit in the reporting period or even if the visit is not billed.

- Patients MUST be registered as a patient of the health center and all relevant demographic, clinical, and financial information must be documented

- Virtual visits are countable from all 7 service categories for UDS as long as it meets the definition of a visit. The 7 service categories are: medical, dental, mental health, SUD, vision, "other" professional, and enabling.

Table 5

VIRTUAL VISITS

NOTE: *Telemedicine is a growing model of care delivery. It will be important to remember that state and federal telehealth definitions and regulations regarding the acceptable modes of care delivery, types of providers, informed consent, and location of the patient and/or provider are **not applicable in determining virtual visits for UDS reporting***.

Interactive, synchronous audio **and/or** video telecommunication systems permitting real-time communication between the provider and a patient were used. Do not count other modes of telemedicine services (e.g., store and forward, remote patient monitoring, mobile health) or provider-to-provider consultations.

HRSA Reference eCQM Guidance:

The current eCQM logic and value sets do not differentiate between in-person encounters or telehealth encounters when these "telehealth-eligible" CPT and HCPCS codes are used. Unless otherwise stated in the guidance or definition statements in the header of an eCQM HTML document, encounters identified with CMS telehealth-eligible codes are eligible for inclusion within the eligible professional/eligible clinician eCQMs for the 2020 performance period, whether the encounter was provided in person or via telehealth.

CMS69v8[b]	128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Screening measure requires therapy, treatment, or assessment that cannot be conducted via telehealth

HRSA Guidance:

To meet the measurement standard, review the associated eCQM guidance. Some require the service to be performed by, paid for, or approved by the health center provider.

Telehealth Impact on 2020 Uniform Data System (UDS) Clinical Measure Reporting
others permit service completion by any provider as long as the service is in the specified timeframe, meets the measure requirements, and is documented in the patient record.
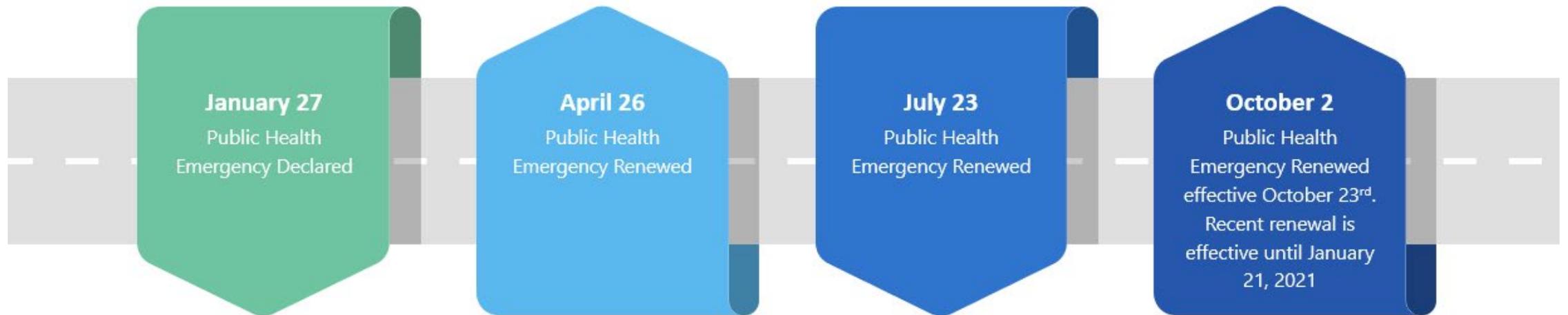
*Also of note, HRSA clarified that a patient may be excluded from the Adult BMI measure if the ONLY visit in the RY was a telehealth visit. This is the only clinical quality measure with that exclusion.

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan, CMS69v8, Table 6B, Line 13	•Physical with PCP •Acute pain or illness •Signs or symptoms of conditions	No. This screening measure requires therapy, treatment, or assessment that cannot be conducted via telehealth.	No. Height and weight are not acceptable in this way.	No. Height and weight are to be performed or paid for by health center staff.
			Yes. Follow-up plan is acceptable in this way.	No. Follow-up plan is to be performed or paid for by health center staff.

Public Health Emergency Roadmap

January 27
Public Health
Emergency Declared

April 26
Public Health
Emergency Renewed

July 23
Public Health
Emergency Renewed

October 2
Public Health
Emergency Renewed
effective October 23rd.
Recent renewal is
effective until January
21, 2021

Waiver Timeline Summary

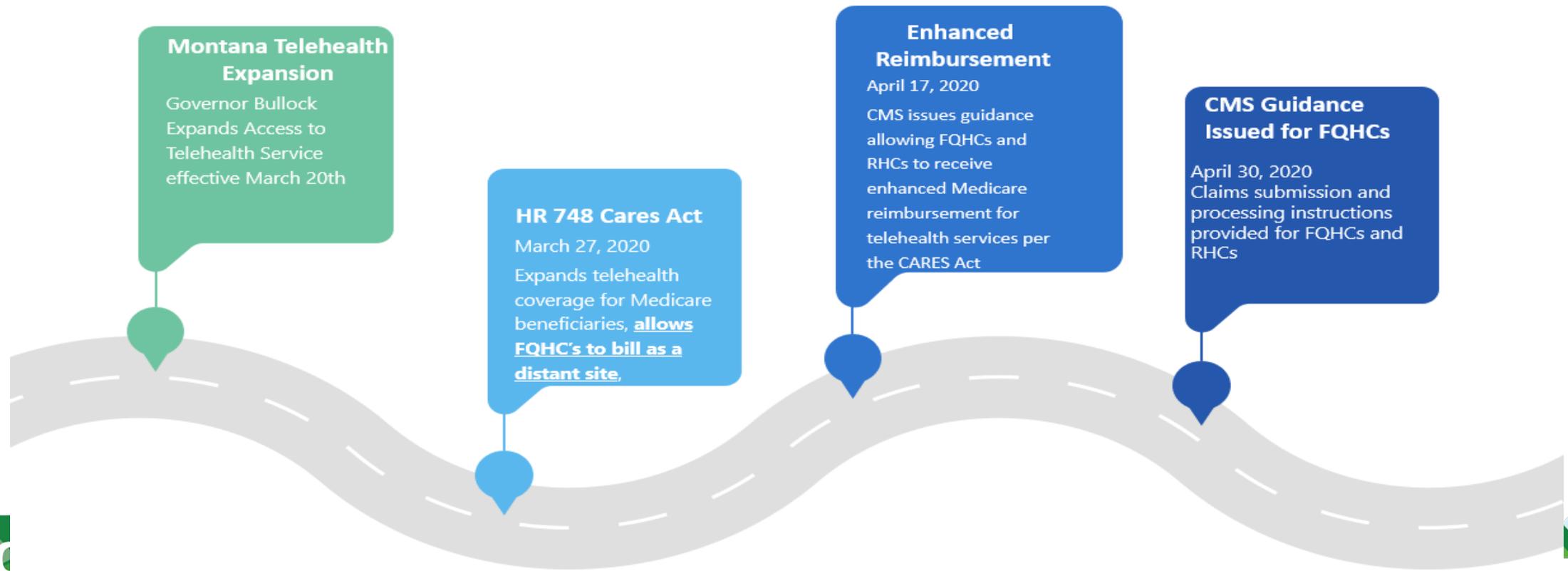|	
3/6/20 HR 6074	• Waives geographic and site locations, but not for FQHC's
3/13/20 Emergency Declaration under Stafford Act and National Emergencies Act/ CMS Expands Medicare's Telehealth Benefits	• COVID-19 Declared as a National Emergency which allows for expanded Medicare Coverage.
3/17/20 CMS Announces 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.
4/17/20 Enhanced Reimbursement	• CMS issues guidance allowing FQHCs and RHCs to receive enhanced Medicare reimbursement for telehealth services per the CARES Act
4/30/20 CMS Issues Guidance for FQHCs and Adds Telephone E/M Services	• Guidance for new and expanded flexibilities given to Federally Qualified Health Centers (FHQCs) and Rural Health Clinics (RHCs) during the COVID-19 Public Health Emergency (PHE) crisis including additional claims submission and processing instructions. Telephone E/M Services were also added by interim final rule.

Telehealth Roadmap for FQHCs and RHCs

Montana Telehealth Expansion

Governor Bullock Expands Access to Telehealth Service effective March 20th

HR 748 Cares Act

March 27, 2020

Expands telehealth coverage for Medicare beneficiaries, **allows FQHC's to bill as a distant site**,

Enhanced Reimbursement

April 17, 2020

CMS issues guidance allowing FQHCs and RHCs to receive enhanced Medicare reimbursement for telehealth services per the CARES Act

CMS Guidance Issued for FQHCs

April 30, 2020
Claims submission and processing instructions provided for FQHCs and RHCs

Temporary Medicare Changes

MEDICARE ISSUE	CHANGE
Geographic Limit	Waived
Site limitation	Waived
Provider List	Expanded
Services Eligible	Added additional 80 codes
Visit limits	Waived certain limits
Modality	Live Video, Phone, some srvs
Supervision requirements	Relaxed some
Licensing	Relaxed requirements
Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)	More codes eligible for phone & allowed PTs/OTs/SLPs & other use

Temporary Medicare Changes

	POLICY CHANGE	STATUTORY OR ADIMINISTRATIVE CHANGE NEEDED
1.1	Removal of the geographic limitation on where telehealth can take place.	To remove would require Congressional action.
1.2	Allowing any type of site/building a patient is located in to be an eligible location.	Would require Congressional action.
1.3	Allowing the use of audio-only to provide some services.	Would not technically require a statutory change, but CMS may not act without legislative permission. Current federal law only says the modality must be a "telecommunications system" but did not define it. CMS in regulations have defined it as an "interactive telecommunications system" that excludes audio-only.
1.4	Allowed all Medicare providers to be eligible providers.	Would require Congressional action.
1.5	Expansion of eligible services to be provided via telehealth from a list of 115 to 240.	CMS can make these change administratively without Congressional Action

Montana Waivers Overview

- Expanded modes of delivery to the use of any specific technologies to deliver telemedicine, telehealth, or telepractice services, and may provide such services using secure portal messaging, secure instant messaging, telephone conversations, or audio-visual conversations.

- A pre-existing provider/patient relationship is not required to provide telemedicine, telehealth, or telepractice services.

- Face-to-Face Interactions for Certain Health Care and Professional Services Not Required

- Required Parity between Telemedicine and In-Person Services

- Licensing Requirements and Ensuring Provider Availability

Montana Telehealth Bill

- Montana Hospital Association, Montana Telehealth Alliance, Montana Primary Care Association and other organizations are meeting to draft and propose a bill for Montana legislation to update the state telehealth rules and regulations

- Opportunity to add language for a Reimbursement Provision to our existing parity law

- Opportunity for Remote Patient Monitoring

- **The goal would be for telehealth to continue to operate just as it has during the current public health emergency**

- We'd like your input on what items are most important to your organization

Breakout Session

What telehealth waivers are most important to you to become permanent after the Public Health Emergency ends?
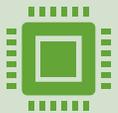
What has been your biggest challenge with using telehealth? (such as technology, reimbursement, training for staff, connectivity for patients, etc.)

What has been your biggest success with using telehealth?

Telehealth Toolkits and Resources

Telehealth Impact on 2020 Uniform Data System (UDS) Clinical Measure Reporting

NACHC Telehealth Implementation Quick Guide
- Reimbursement and Legal Considerations
- Operationalizing Telemedicine and Telephone Visits
- Clinical Workflow Toolkit

National Consortium of Telehealth Resource Centers Resources

NRTRC Telehealth Toolkits
- Remote Patient Monitoring Toolkit
- Telemental Health Toolkit
- Telehealth Marketing Toolkit

Questions?

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