

WEBINAR 2:

Telehealth Program Implementation: Tools & Templates

May 13, 2020

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■ TODAY'S PRESENTATION



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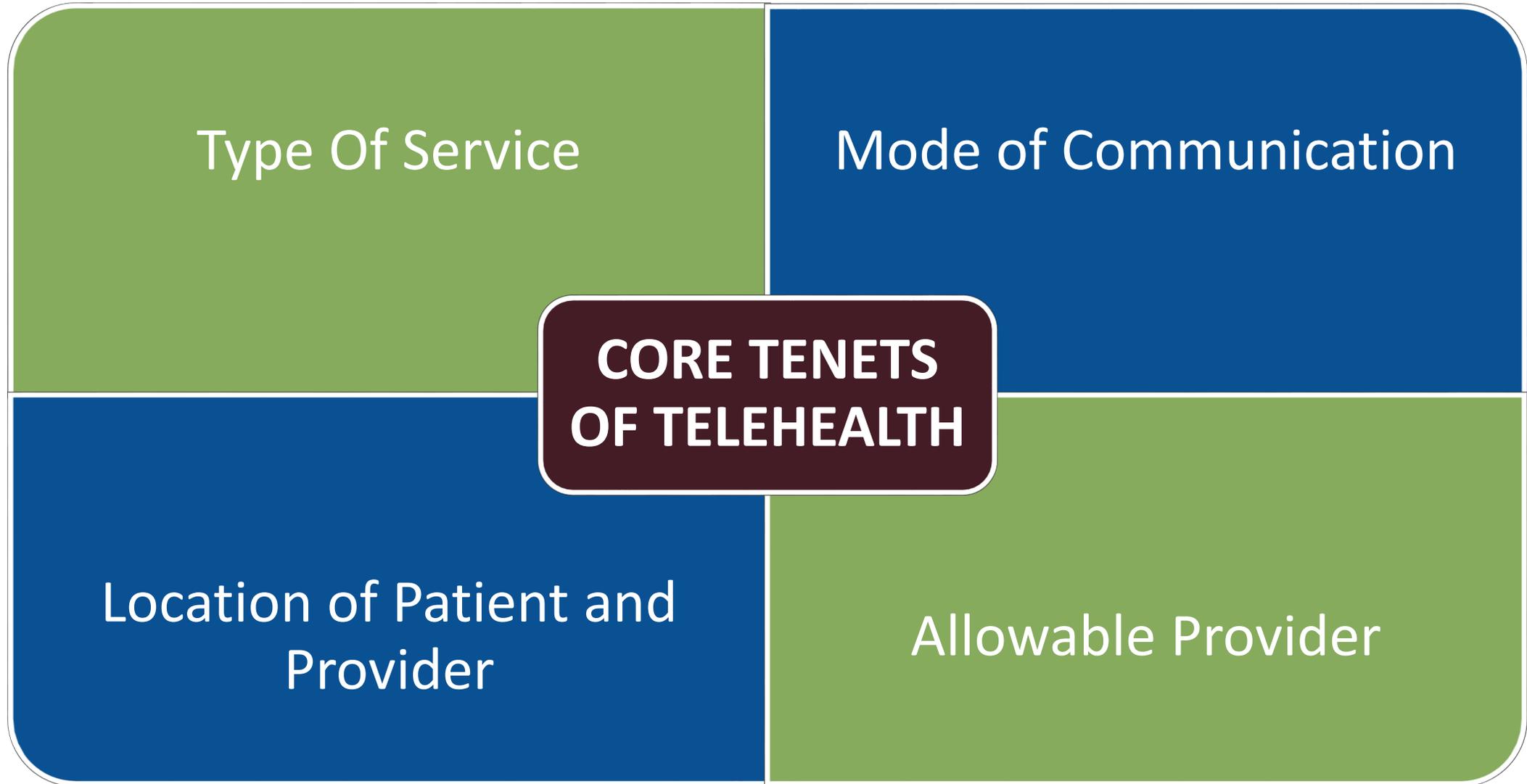
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THIS PRESENTATION WILL COVER:

- + Additional Telehealth Payment Specifics for RHCs
- + Telehealth Fundamentals
 - + Planning for Change
 - + Policies and Workflows
 - + Informed Consent
 - + Documentation Suggestions
 - + Vendor and Equipment Selection
 - + Telehealth Platforms
- + Question & Answer Session

TELEHEALTH TENETS





Medicare Telehealth Expansion for Rural Health Clinics

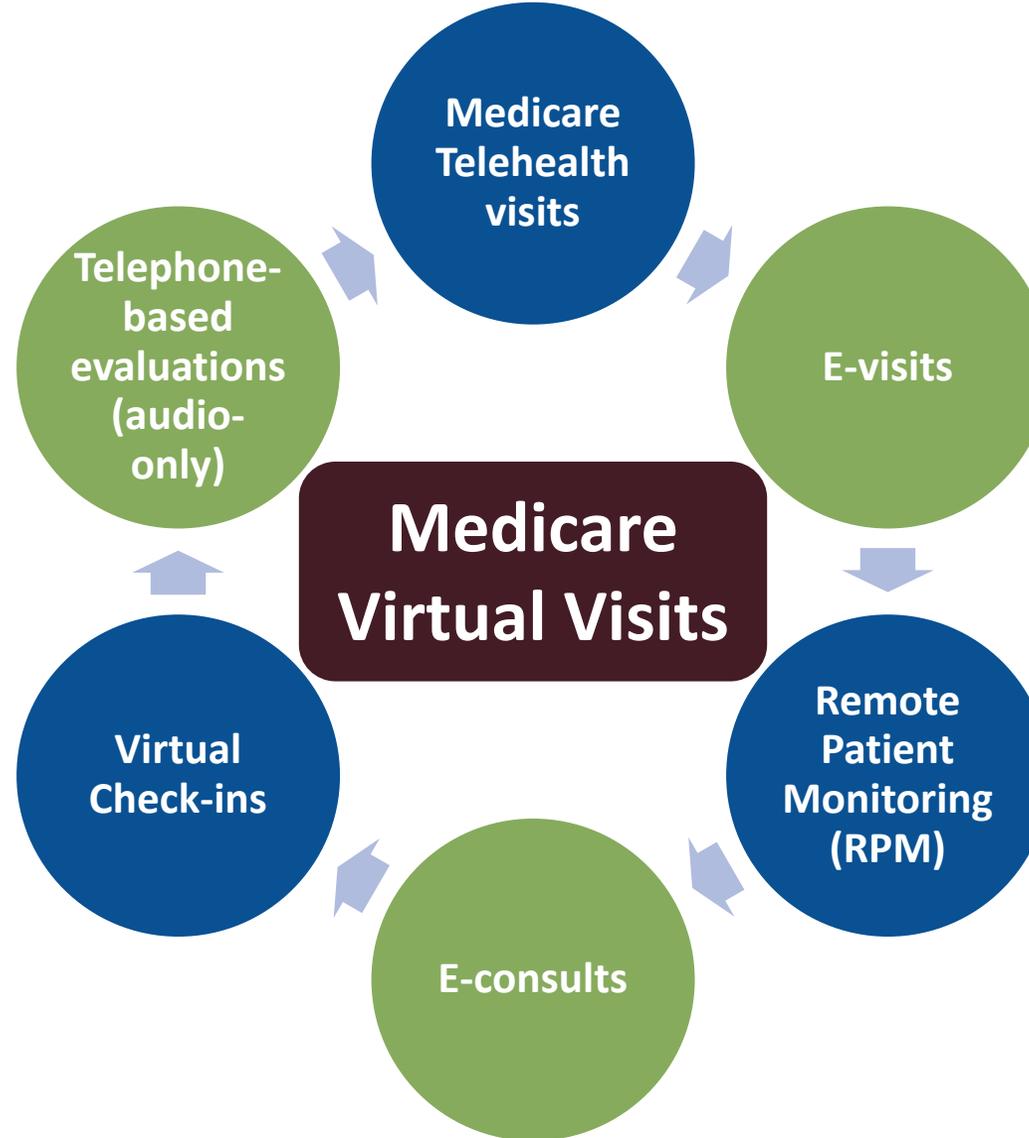
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■ MEDICARE TELEHEALTH COVERAGE EXPANSION WILL ASSIST PROVIDERS AND PAYERS

- + Telehealth viewed by policymakers as an ideal treatment method during the COVID-19 emergency
- + Recent regulatory and legislative vehicles in the last month
 1. CMS Regulatory changes made March 17th
 2. Stimulus package: March 27th
 3. CMS Interim Final Rule published March 31st
 4. Stimulus package Part 2: April 27th
 5. CMS “Second Round” changes: April 30th
- + Broad telehealth coverage expansion
- + Temporary (sunsets with Emergency declaration) and retrospectively (implemented March 1, 2020)
- + CMS encourages the use of and highlights other recently implemented telehealth policies
- + Expansions assist providers new to telehealth and currently using telehealth

SIX TYPES OF VIRTUAL VISITS REIMBURSABLE UNDER MEDICARE



■ RURAL HEALTH CLINIC: KEY CHANGES TO MEDICARE COVERAGE AND PAYMENT

General Provisions:

- + Provisions are temporary through the Public Health Emergency
- + May serve as a distant sites for telehealth visits, new and established patients
- + Patients and clinicians can be located anywhere (patients at home or clinicians at home)
- + Informed consent can be obtained during the telehealth visit
- + Coinsurance must be waived for all COVID-19 cases, CMS will pay the coinsurance if the provider records “CS” modifier
- + Opioid Use Disorder treatment, audio-only telephone permitted
- + Costs of telehealth not included in calc of rates, but must be reported (RHC = CMS-224-14, line 66)
- + Provider-based entities will not be subject to the national per-visit payment limit if their parent hospitals increases their inpatient bed count
- + HHS will waive penalties for HIPAA violations by health care providers

See CMS guidance for more details (<https://www.cms.gov/files/document/se20016.pdf>)

■ RURAL HEALTH CLINIC: KEY CHANGES TO MEDICARE COVERAGE AND PAYMENT

Six Forms of Telehealth Services Under Medicare:

1. Telehealth visits: RHCs can bill for any of the 171 codes Physician Fee Schedule codes
 - + January 27 to June 30: Must bill G2025 with modifier 'CG' (\$92.03)
 - + July 1 or later: Must bill G2025 with modifier '95' (\$92.03)
 - + Two-way audio/video required
2. Audio-only Telephone-based evaluations (PFS codes 99441,99442,99443): Can be billed as G2025, \$92.03 per visit, only established patients
3. Virtual check-ins: Bill HCPCS code 'G0071', \$24.76 per visit, new and established patients, various forms of tech
4. E-visits permitted: Bill HCPCS code 'G0071', \$24.76 per visit, new and established patients, online portal
5. Remote Physiological Monitoring (RPM): Six codes exist under the PFS (G2010). Should be billed as HCPCS code 'G0071', \$24.76 per visit, new and established patients
6. E-Consults: UNCLEAR if RHCs can conduct these services

See CMS guidance for more details (<https://www.cms.gov/files/document/se20016.pdf>)

■ MEDICARE VIRTUAL VISIT RULES: WIDE VARIATION ACROSS SERVICE TYPES

Type of Medicare Virtual Visit	Type of services	Originating and distant site	Participants	Technology	Eligible providers
Telehealth visits	171 services	Anywhere, including patient or clinician's home	Established and new* patients to clinician	Two-way audio/video (smart-phones or other)	Most clinicians, FQHCs, RHC , hospice, home health, hospitals
Telephone-base evaluations	Patient evaluations			Audio-only telephones	Most clinicians, FQHCs, and RHC
Virtual check-ins	Patient triage			Audio-only telephone, two-way audio-video, email, text, online portal	Most clinicians, FQHCs, and RHC
E-visits	Patient triage			Online portal	Most clinicians, FQHCs, and RHC
E-consults	Any clinical consult		Clinician to clinician	Audio-only telephone, email, or two-way audio-video	Clinicians eligible to bill for E&M services
Remote Patient Monitoring	Monitoring patient vitals		Established patients to clinician	Electronic monitoring	Most clinicians, FQHCs, and RHC

*CMS has relaxed enforcement of the 'established patient' requirement for this service

A person's hands are shown typing on a laptop keyboard. The image is overlaid with a semi-transparent blue filter. The text is centered over the image.

Idaho Medicaid

Zach Gaumer, MPP

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IDAHO MEDICAID TELEHEALTH COVERAGE

Action	Telehealth relevance	Source
March 13 – Governor declares emergency (updated March 25, April 2)	+ Temporary suspension of requirement for established patient-provider relationship (Section 5705 of the Idaho Telehealth Access Act)	https://coronavirus.idaho.gov/wp-content/uploads/sites/127/2020/04/proclamation_additional-rule-waivers_040220.pdf
March 17 – IDHW issues telehealth guidance (updated April 7)	<ul style="list-style-type: none"> + RHCs may bill for telehealth services under Medicaid, but are not limited to Medicare’s originating/distant site rules + Changes apply to Medicaid FFS, ID Behavioral Health Plan, Idaho Smiles (MCNA), but not Duals Plans + Services added: telephone-based evaluations (99441-99443) and RPM (99457 and 99458) + Originating and distant sites can be anywhere (patient’s home and provider’s home) + Telehealth and face-to-face visit payment parity + Place of service: Use patient’s location, not ‘02’ (telehealth) + Modifiers: Use ‘GT’ as the claim modifier for Medicaid claims + Caveat: if billing encounter code T1015, record GT on the supporting codes not on the encounter code 	https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MA2007.pdf
March 25 – IDHW issues guidance for therapy providers (updated April 9)	<ul style="list-style-type: none"> + Evaluations may be provided via telehealth + Providers and participants can conduct and receive telehealth from anywhere + Plans of care do not need to specify service was provided via telehealth + Assistant OTs and PTs may provide services via telehealth + Billing: Follow all standard coding requirements, place-of-service equals patient’s location 	https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MA2014.pdf
March 25 – IDHW issues telehealth HIPAA guidance	<ul style="list-style-type: none"> + Idaho will not sanction providers for using telehealth technology that would otherwise not be compliant with HIPAA rules + Idaho Medicaid providers can communicate with participants (Covid-19 positive and COVID-19 negative) using technology as long as the technology is non-public facing. 	https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/MA2013.PDF

* IDHW’s complete set of COVID-19 emergency information releases: (<https://healthandwelfare.idaho.gov/Providers/Providers-Medicaid/InformationReleases/tabid/264/Default.aspx>)

CROSSWALK OF IDAHO MEDICARE AND MEDICAID TELEHEALTH COVERAGE

Telehealth criteria	Idaho Medicaid (current coverage as of 5/4/20)	Medicare Fee-for-Service (current coverage as of 5/4/20)
Standard office visits	Live Video Visits	Telehealth visits
Technology	Two-way video (not audio-only)	Two-way video (not audio-only)
Services	Primary care, specialty, behavioral health, therapy services, various psychiatric services, pharm mgmt, tobacco cessation, and other services billable through the following codes: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 96150, 96151, 96152, 96153, 96154, 99354, 99355, 99406, 99407, 99495, 99496, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, H2011, H2019, T1015	171 codes which include primary care, specialty care, behavioral health, therapy services, home visits, hospice visits, PT/OT/SP, diabetes services, ESRD services, annual wellness visits, ED services, and other services. RHCs bill as G2025 (make sure the service maps to one of the 171 codes)
Billing modifiers	Place of service = location of the patient, do not use '02' Modifier = 'GT'	Place of service = '02' Modifier = 'CG' (1/27 to 6/30) '95' (after 7/1)
Store-and-forward	No	Yes, E-visits can be conducted through an online portal, where the patient asks a question and the clinician responds later. RHCs bill as G0071.
Remote patient Monitoring	Two codes (99457 and 99458)	RHCs bill G0071.
Audio-only telephone	Three telephone-based evaluation codes. For physicians and other clinicians who can independently bill for E&M services 99441, 99442, 99443.	A) Telephone-based evaluation codes: For physicians and other clinicians who can independently bill for E&M services 99441, 99442, 99443. RHCs bill G2025. B) Virtual check-ins: Can be conducted with audio-only telephone calls. RHCs bill as G0071
E-consults	No	UNCLEAR.... Interprofessional telephone/internet/EHR consultations between two clinicians is permitted and billable through the following codes: 99446, 99447, 99448, 99449, 99451, 99452.
Patients	Established and New patients	Established and New patients
Providers	Physicians and non-physicians, psych-NPs, PT/OT/SP, assistant PTs and OTs	Physicians, nurse practitioners, physician assistants, nurse midwives, clinical nurse specialists certified registered nurse anesthetists, clinical psychologists, social workers, registered dietitians, nutrition professionals, PT/OT/SP therapists, LCSWs, clinical psychologists, hospice nurses, home health nurses
Geographic limits	None (urban and rural)	None (urban and rural)
Originating/distant sites	Anywhere, including the patient's home or clinician's home	Anywhere, including the patient's home or the clinician's home
Consent	Can be obtained during a virtual/telehealth visit	Can be obtained during a virtual visit
Licensure	Out-of-state providers must be licensed by the IBM, and Idaho's participation interstate licensure compacts is strong	No federal licensure



**Questions?
Comments?**

HEALTH MANAGEMENT ASSOCIATES

Telehealth Program Development Tools & Templates

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■ CONDUCT AN ORGANIZATIONAL READINESS ASSESSMENT

- + **Purpose:** To determine organizational readiness to implement a telehealth program and define the path to readiness.
- + **Process:** Identify and work with team to review and complete assessment.
- + **Components Should include:**
 - + Organizational – Planning, Engagement, Change Management
 - + Experience with Telehealth
 - + Technology Capacity
 - + Equipment Selection
 - + Regulatory or Policy Understanding
 - + Financing and Reimbursement
 - + Clinical Considerations
 - + Relationship with Specialty Care Providers
 - + Workforce Development
 - + Patient Engagement and Marketing
 - + Evaluation and Outcome Measurement



■ READINESS ASSESSMENT: Identify and Engage the Team

RA Team Members	Background and Skill Set
Telehealth program manager	Individual who completes the RA – has ultimate responsibility for implementation
Executive champion	Executive who sets vision/strategy for the organization
Clinician champion	Physician or clinical provider familiar with telehealth and/or telehealth-like solutions to address access issues.
Technical support	Familiar with organization’s information technology capability.
Referral coordinator	Knowledge of practice referral trends and access issues.
Billing and coding representative	Understanding of the practice payer mix and state reimbursement regulations.

■ READINESS ASSESSMENT: Using the Results

- + Within each component, make note of gaps where your organization has no capability or only partial capability.
- + Work with the team and others to prioritize and address gaps.
 - + Some of the follow-up steps will be very straightforward to implement
 - + Others issues may be more complex – for those steps where you need additional assistance, there are resources available to help you.
 - + Idaho Telehealth Council
 - + Northwest Regional Telehealth Resource Center
- + Use the learnings from the Readiness Assessment process to inform telehealth program design and to develop a telehealth business plan.

ASSESS ORGANIZATIONAL WORKFLOWS RELATED TO TELEHEALTH



Understand individual and role accountabilities, handoffs, training requirements etc.

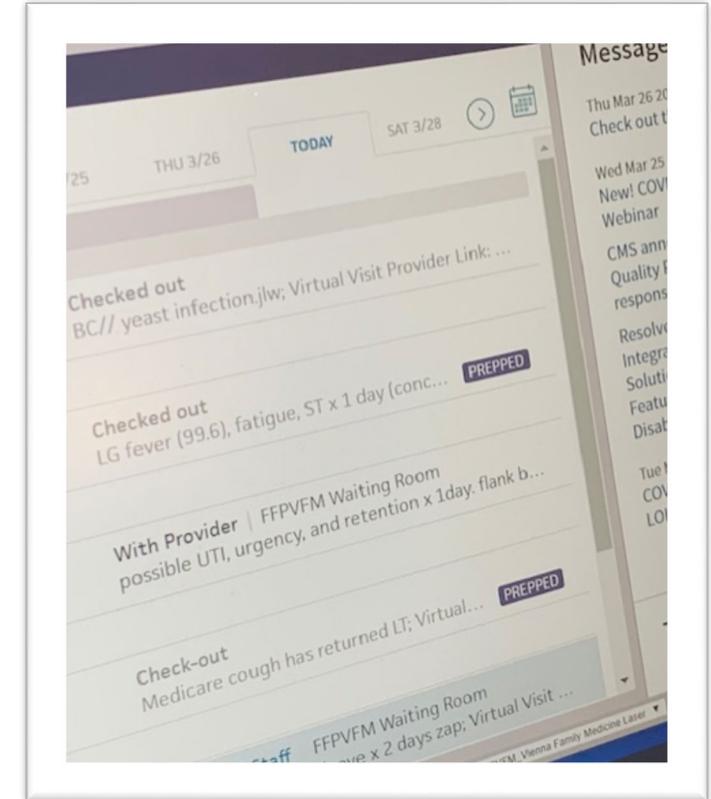
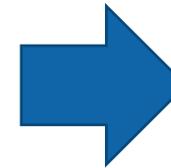
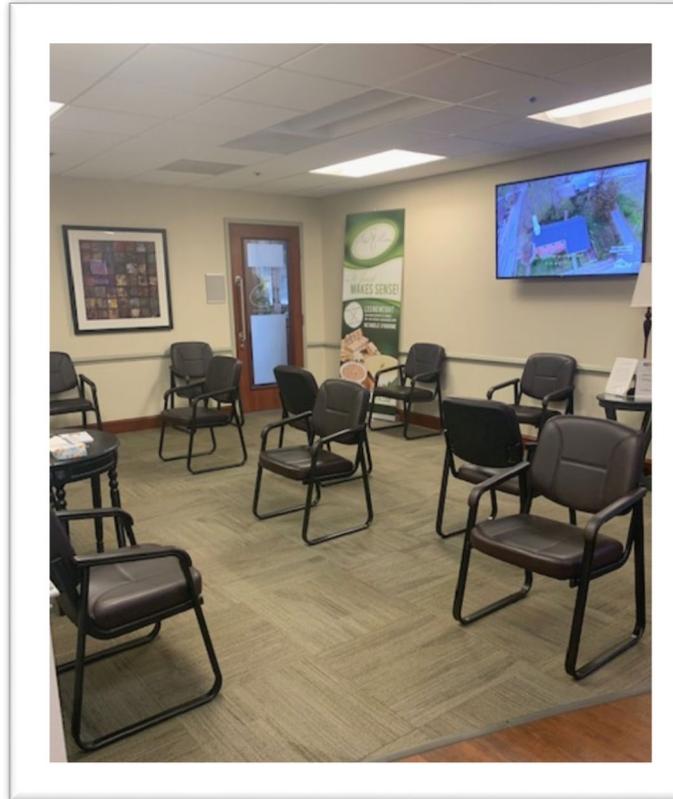


Model and develop workflows to drive successful program implementation

THE WAITING ROOM

Updates to the visit workflow:

- + Check in/out
- + Consent
- + Documentation
- + Privacy and security
- + Interruptions
- + Follow up



TELEHEALTH WORKFLOW

- + Make a list of each step in a visit for a both a new and established patient.
- + Highlight how each step is done- who, how, when, where?
- + Use any existing policies and procedures
- + Use the template to create the new P and P
- + Use the exercise to identify redundant activities or ways to be more efficient.

PROCEDURE	FACE-TO-FACE	VIRTUAL
Registration for a new patient		
HIPAA notification		
Insurance verification		
Completing the patient's medical history at the time of registration		
Completing a regular medical consent/consent for treatment		
Completing a consent for telehealth		
Identifying/triaging patients or conditions appropriate for telehealth		
Collecting a visit co-pay		
Completing a ROI- release of information for medical records.		
Obtaining hospital discharge records or ED notes.		
Scheduling the first visit		
New patient- adding medications		
Scheduling a follow up visit		
Collecting a preferred pharmacy, check the PDMP		
Verifying patient identification for telehealth visit		
Etc, Etc...		

Telehealth Documentation

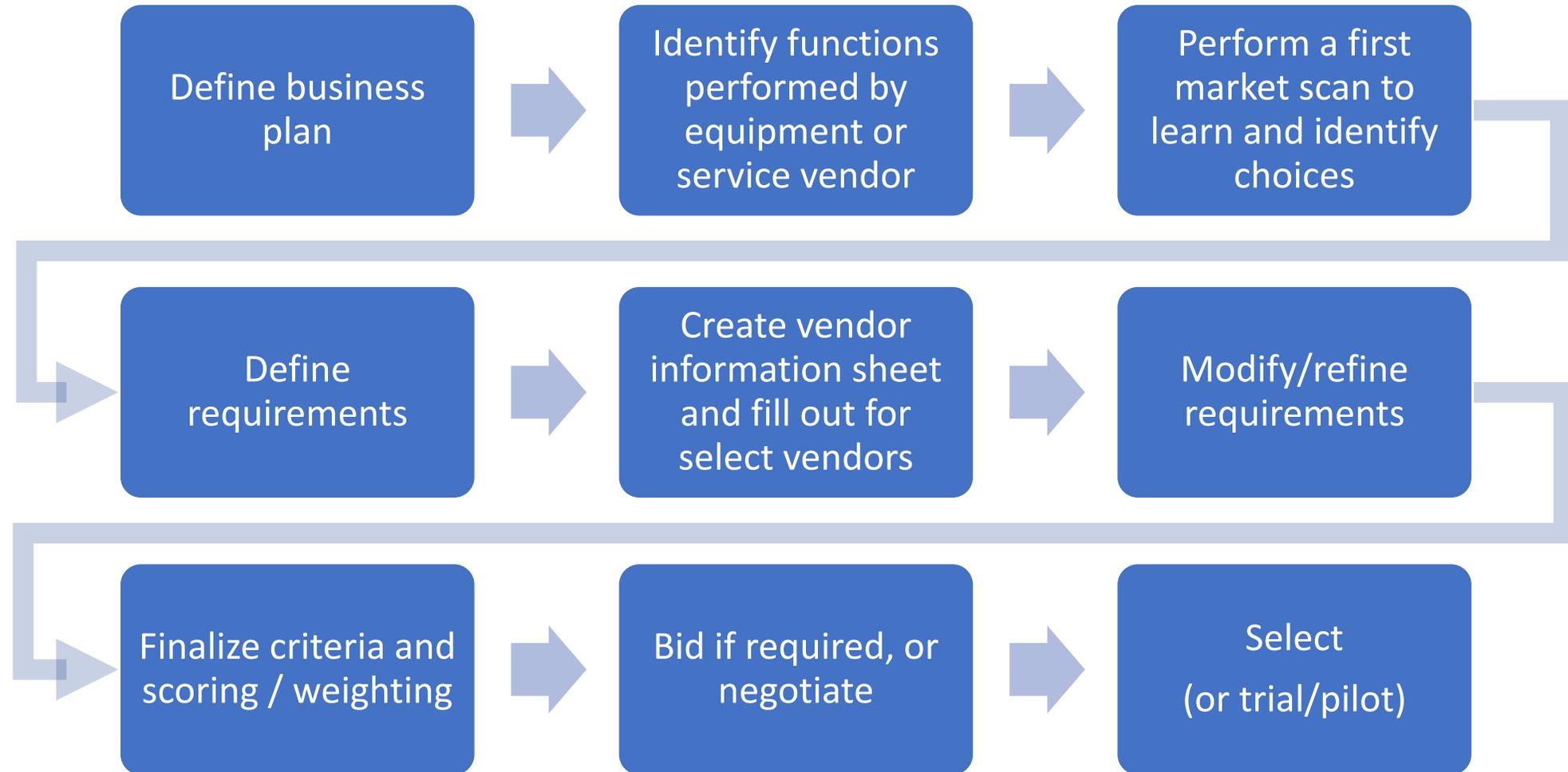
- + Relevant findings, tests ordered and treatment recommendations
- + Medical record must be complete to support billing for services.
- + Verify ID
- + Consent
- + Location of patient and provider

■ EXAMPLE CONSENT LANGUAGE

“Thank you for your flexibility with conducting our scheduled appointment via telephone/televideo in these circumstances. We are trying to do our part in keeping everyone safe.

I need your consent for our teletherapy session today and want to make sure you understand that the billing will route through your insurance in the usual fashion, and you may receive a bill for copay.”

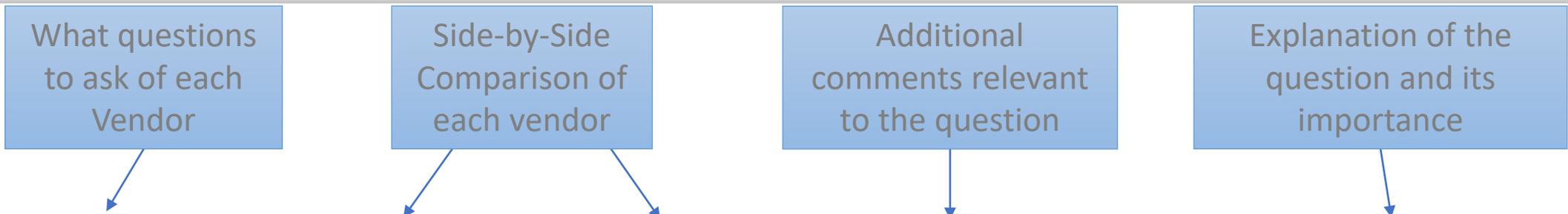
CONDUCT A THOROUGH VENDOR SELECTION PROCESS



■ EQUIPMENT SELECTION

- + Space Assessment
 - + Dedicated space or mobile cart
 - + Lighting, Privacy, Backdrop, Noise level
- + Technical Assessment - Wireless network assessment, backup options, firewall requirements
- + Selecting Technology - Software, Hardware
 - + Should match the clinical needs – documentation, peripheral devices, etc
 - + Create a checklist of requirement, don't go overboard
 - + Solution should be scalable
- + Support – Training, ongoing updates, changes, and issues

TELEHEALTH VENDOR EVALUATION:



Telehealth Vendor Technology Evaluation				
Question	Answer		Comments	Explanation
	<Vendor>	<Vendor>		
Software				
Delivery Model(s) (SaaS vs Hosted)				<p>Software as a Service (SaaS) is when the software vendor hosts the solution and makes it available over the internet. SaaS solutions are almost always subscription based.</p> <p>Hosted solutions are when the customer installs the software on their own infrastructure. Hosted solutions are usually a one-time licensing fee with optional on-going maintenance costs to receive upgrades.</p> <p>SaaS solutions themselves are more costly than hosted solutions, but they do not require any internal infrastructure to make the software available.</p>
Connectivity Model (Internet vs Private Network)				<p>Internet connectivity allows users to access the software over a public network. This gives end-users the flexibility to connect from many different devices without network configuration changes or installing networking software.</p>
Licensing Structure(s) i.e. per user, per physician, per practice, per month, enterprise,				<p>Subscription and non-subscription based licensing structures vary greatly. Software vendors can charge per registered user, per physician-users only, per site, or an enterprise license.</p> <p>An enterprise license allows for an unlimited amount of users and sites</p>

HIPAA COMPLIANT TELEMEDICINE PRODUCTS

Below is a list of stand-alone HIPAA compliant telemedicine products that have relatively low startup costs or are free for a trial period. **HMA and Idaho DHW does not endorse these product or services and is not held liable for the content or use of these products or services.** For complete information, please reach out to each individual vendor.

PRODUCT	COST	FEATURES	IMPLEMENTATION
Doxy.me	Free option \$35/provider (professional package) \$50/clinic package	<ul style="list-style-type: none"> + Provider Package: <ul style="list-style-type: none"> + Patient queue + Live chat + HIPAA compliance with BAA + Patient check-in + Clinician dashboard + Clinic Package (includes above): <ul style="list-style-type: none"> + Custom branding + Dedicated landing page + Analytics for landing page: usage, monitor, trends, etc. 	<ul style="list-style-type: none"> + Provider signs up and creates a 'room name' (this will turn into a URL shared with patients) and signs a BAA. + The solution is web-based; no download is needed. + Provider can invite patients via a personal link to join waiting room.
Microsoft Teams	6-month free trial for COVID-19 telemedicine use	<ul style="list-style-type: none"> + Microsoft provides a HIPAA BAA + Videoconferencing + Chat 	<ul style="list-style-type: none"> + Sign up with a Microsoft account and sign a BAA. + Provider can invite patients via a generated link + Patient can easily click a link and join via downloadable client or edge.
Updox	\$49 per provider/month	<ul style="list-style-type: none"> + HIPAA compliance with BAA + Video chat + Texting feature + Web-based solution 	<ul style="list-style-type: none"> + Sign up and purchase an account and sign a BAA. + The solution is web-based; now download is needed. + Provider can invite patients or contacts from the Updox address book or share an invitation link by entering a recipient's email address or cell phone number.
Zoom	\$200/month (minimum 10 account hosts = # of licenses) \$1,999.00/year before taxes (\$166.58/month)	<ul style="list-style-type: none"> + HIPAA compliance with BAA + Patient waiting room feature + Integrates with Epic + Only transmits encrypted information + Recorded session review + Medical device integration 	<ul style="list-style-type: none"> + Sign up and purchase a monthly or annual plan and sign BAA contract (via Zoom sales). + Download software on phone or computer + Provider can invite patients via a generated link. Patients can easily click the link and join via downloadable client, or edge.

ENGAGING PATIENTS IN TELEHEALTH

“I’m Not Feeling Like I’m Part of the Conversation” Patients’ Perspectives on Communicating in Clinical Video Telehealth Visits



Howard S. Gordon, MD^{1,2,3} , Pooja Solanki, MPH¹, Barbara G. Bokhour, PhD^{4,5}, and Ravi K. Gopal, MD^{6,7}

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The Good News

- + Patients liked increased access
- + Patients liked not having to travel long distances
- + Liked less time in waiting rooms

The Not so Good News

- + Concerns about errors in care due to lack of physical exam
- + Perception that providers paid less attention to them
 - + Felt less involved
- + Felt difficult to speak up and asking questions
 - + Felt rushed
 - + Hard to find opportunities to speak
- + Difficult to establish doctor-patient relationship

Gordon, et al: Journal of General Internal Medicine, DOI: 10.1007/s11606-020-05673-w, 2020

SOLUTIONS

1. Concerns about errors in the exam

- + Provider encourages patient to speak up
- + Orient patients to when telehealth appropriate and when they may need physical exam
- + Develop guidelines for providers on same
- + If staff present with patient have policies and procedures for them

2. Perception that paid less attention to

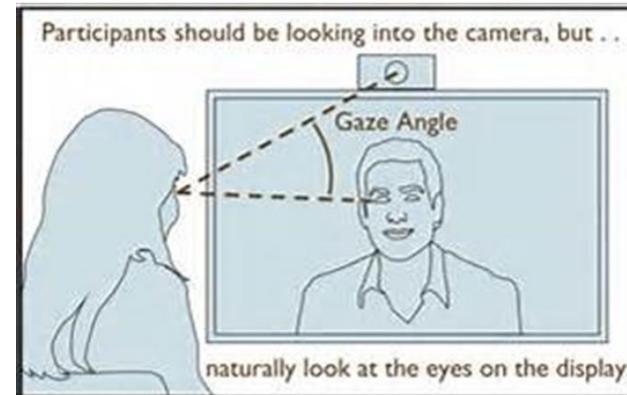
- + Develop patient education materials to prepare for the exam
- + Provider education
 - + Gaze angle, Check self view
 - + Verbal cues around when you need to look away
 - + Be mindful of distractions in the office

3. Barriers to speaking up

- + Develop patient education materials
 - + Help patient prepare for the visit
 - + Encourage patients to tell their story
- + Provider education
 - + Agenda for the visit
 - + Avoid jargon

4. Difficulties in establishing doctor-patient relationship

- + Provider education – “webside manner”, replace handshake with eye contact, empathic communication, convey knowledge by reviewing record beforehand
- + Policies and procedures that allow in person visit, customize telehealth clinic design



Gordon, et al: Journal of General Internal Medicine, DOI: 10.1007/s11606-020-05673-w, 2020

■ ADDRESSING EQUITY IN TELEMEDICINE

- + Disparities in using telehealth is not a new concept
- + Address equity issues in your business plan and workflows
- + Recognize the unintended potential to increase known disparities in patient engagement and in the ability use digital solutions for health care
- + Consider issues of connectivity, language barriers, health literacy, and any health system- created barriers
- + Be a champion of change within and outside your health system

Source: NEJM Catalyst: Innovations in Care Delivery. Addressing Equity in Telemedicine for Chronic Disease Management During the Covid-19 Pandemic

Sarah Nouri, MD, MPH, Elaine C. Khoong, MD, MS, Courtney R. Lyles, PhD, Leah Karliner, MD, MAS

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■ QUESTIONS?



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