HEALTH MANAGEMENT ASSOCIATES

Telehealth and the COVID-19 Response:
Policy Changes and Implementation Strategies

TODAY'S PRESENTERS

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THIS PRESENTATION WILL COVER:

+ **Telehealth crash course**

+ **Medicare and Federal Updates**

+ **DEA Updates and Telehealth**

+ **Medicaid 1135 Waivers**

+ **HIPAA and Technology Selection**

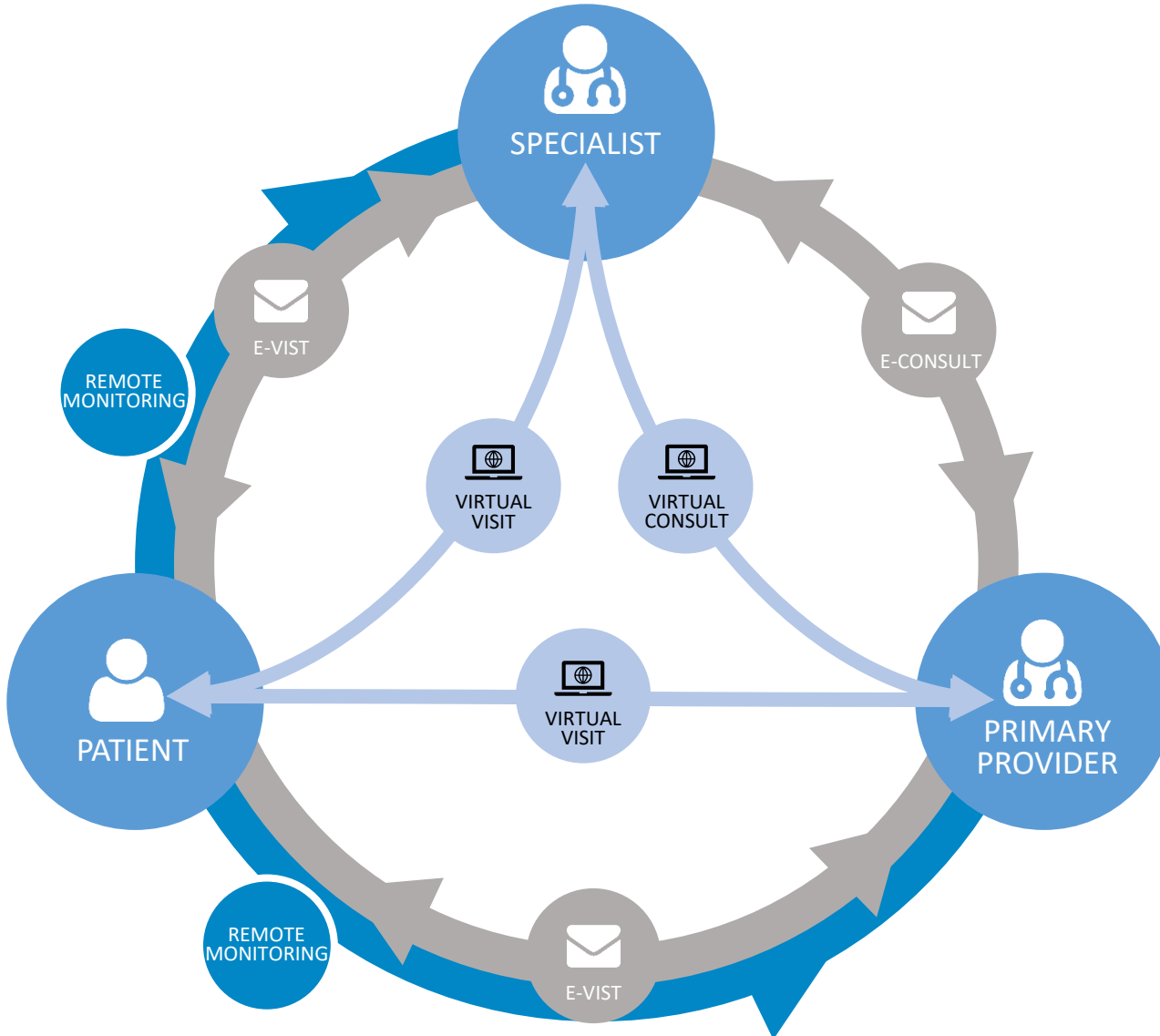+ **Telehealth program implementation**

+ **Q/A**

Telehealth- the new normal?

TELEHEALTH FRAMEWORK

KEY TERMS:
+ Originating Site: Patient
+ Distant Site: Provider
+ Store and Forward
+ Qualified Provider

UNDERSTANDING SERVICE TYPES:
+ Virtual Health Visit (Provider⇔Patient)
+ Virtual Check-in (Provider⇔Patient)
+ E-visit (Provider⇔Patient)
+ E-Consult (Provider⇔Provider)
+ Remote physiological monitoring
+ Remote evaluation of prerecorded patient information...

OTHER CONSIDERATIONS:
+ Consent and documentation

+ Medicare telehealth coverage expansion for the COVID-19 national emergency
 + Regulatory changes made March 17th
  + Legislative changes made March 27th (Stimulus package)
  + CMS Interim Final Rule published March 30th

+ CMS is also encouraging the use of other forms of telehealth services and coverage, which they expanded in recent years

+ Telehealth use under Medicare has been low historically

+ Use is likely to increase significantly in the months and years ahead

TYPES OF MEDICARE VIRTUAL VISITS
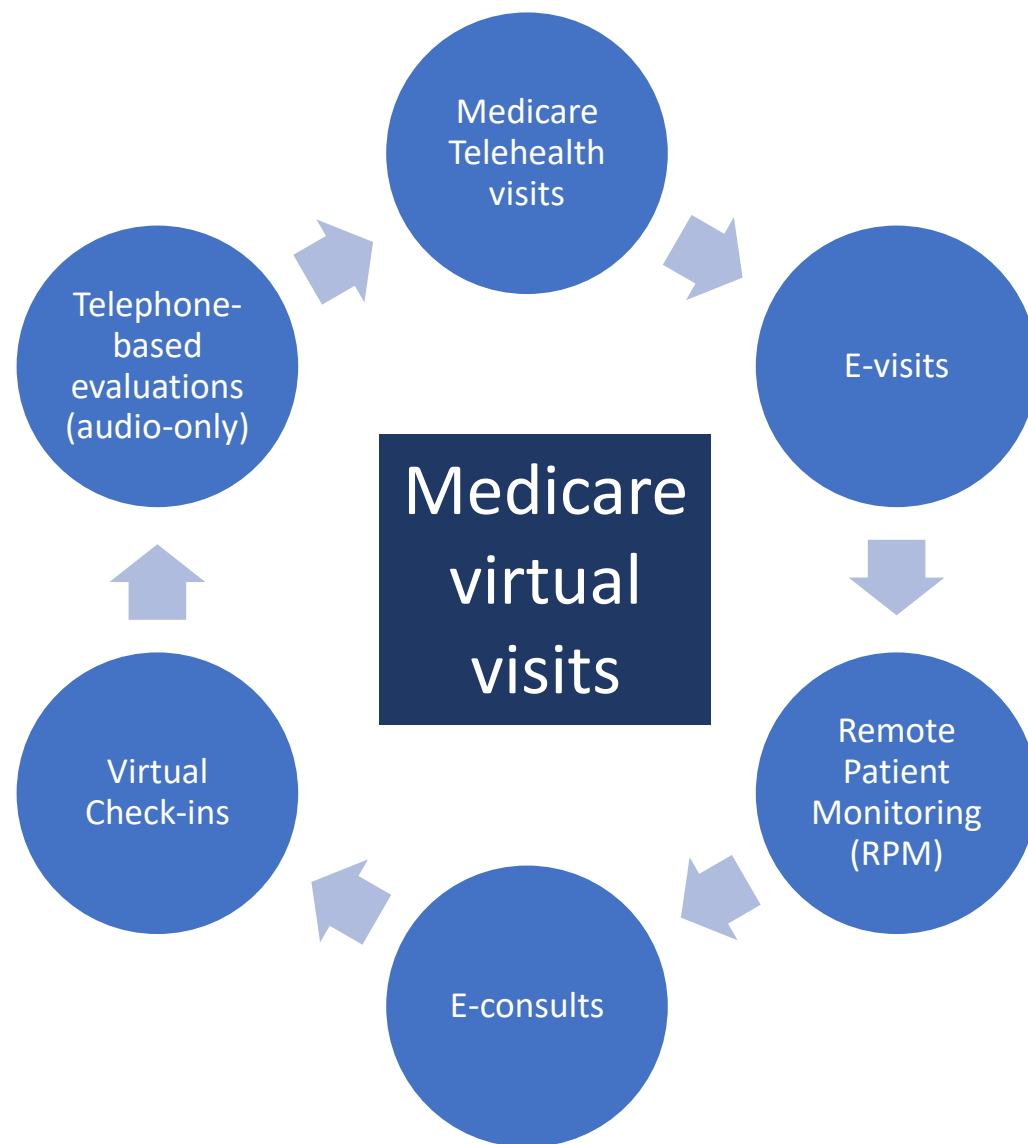
MEDICARE TELEHEALTH SERVICES AND COVERAGE EXPANDED

CMS and Congress temporarily expanded the scope of coverage of Medicare telehealth visits:

- + <u>Urban</u> areas permitted as originating sites
- + <u>Patients' residences</u> permitted as originating sites
- + FQHCs and rural clinics permitted as distant sites
- + Hospice agencies recertification visits
- + HIPAA penalties waived
- + "New" patients (as opposed to just "Established" patients) permitted to receive telehealth
- + Providers permitted to waive patient cost-sharing

Additional changes made to Medicare telehealth visits on March 30th :

- + 80 new services added to list of permissible services (e.g., ED visits, physical/occupational/ speech therapy, inpatient and observation care, ESRD, neuro assessments, home visits)
- + Telephone-based evaluation codes created to enable <u>audio-only telephone</u> calls for evaluation and management service
- + Home Health: Telehealth visits if conform to the patient's plan of care, COVID-19 patients can qualify as home bound to initiate the home health benefit
- + Hospice: Routine home care visits
- + Inpatient rehab facilities can serve patients at home
- + Therapy visits (PT, OT, SP, LCSW, psychologists)
- + Removal of frequency limits on inpatient and nursing follow-up care and critical care consults
- + CMS web site with all changes to date: https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers

MEDICARE VIRTUAL SERVICES AND COVERAGE ENCOURAGED

CMS encourages the use the other types of telehealth services that have no geographic limitations:

+ <u>Virtual check-ins</u>: Short telephone (or audio/video) calls

+ <u>E-visits</u>: Communications through an online portal

+ <u>E-consults</u>: Interprofessional consultations via telephone or email

+ <u>Remote Physiological Monitoring</u> (RPM): Clinicians monitoring patient conditions through electronic devices

CMS promotes recent telehealth coverage expansions that eliminated geographic limitations for specific disease populations and Medicare programs:

+ End-Stage Renal Disease (2019)

+ Stroke care or "telestroke" (2019)

+ Opioid Use Disorder (2020)

+ <u>Medicare Advantage Plans</u> may cover any telehealth service from anywhere (2020)

MEDICARE TELEHEALTH VISITS EXPANDED, CURRENT COVERAGE DETAILS

Services reimbursable under Medicare	Description (technology)	Types of services	Technology	Originating sites (location of patient)	Distant site practitioners and providers	Payment and cost-sharing	Effective
Medicare telehealth visits	Physician Fee Schedule (PFS) office visits conducted via telehealth technology for established patients. Visits are considered the same as in-person office visits.	171 services codes : Permanent: E&M, psychotherapy, ESRD, diabetes mgmt, substance abuse, critical care, stroke care, and many others Temporary: ED, home visits, therapy (PT, OT, SP) and others Full CMS list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	Two-way audio & video technology permitting real-time communication (e.g, smart-phones, online video-chat).	Urban or rural, including the patient's residence	Physicians, nurse practitioners, physician assistants, nurse midwives, clinical nurse specialists certified registered nurse anesthetists, clinical psychologists, social workers, registered dietitians and nutrition professionals FQHCs, rural clinics, home health, hospice, IRFs	Standard PFS payment amounts for each covered code Patient out-of-pocket costs = 20% Home Health cost-sharing unclear	March 1, 2020 through end of the emergency

Exceptions provided by the Secretary of Health and Human Services (HHS) for the COVID-19 National Emergency
- HHS will not audit for "existing relationship" between patient and clinician
- Providers may reduce or waive patient cost-sharing
- HHS will waive penalties for HIPAA violations by health care providers

TELEPHONE-BASED EVALUATION CODES NEWLY IMPLEMENTED

Services reimbursable under Medicare	Description (technology)	Types of services	Technology	Originating sites (location of patient)	Distant site practitioners	Payment and cost-sharing	Effective
Telephone-based evaluations	Telephone assessment and management service provided by a qualified clinician to an established or new patient, parent, or guardian not originating from a related assessment and management service	Evaluation and management services for established and new patients	Telephone (audio-only)	Urban, rural, or from the patient's residence	Physician and other qualified practitioner who can report evaluation and management services, as well as other clinicians, such as physical therapists, occupational therapists, and speech pathologists, social workers, and clinical psychologists.	Provider payment: $10 to $27 (code = 98966-98968, 99441-99443) Patient out-of-pocket costs = 20%	March 1, 2020 to end of the Public Health Emergency

USE OF VIRTUAL CHECK-INS ENCOURAGED, EXPANDED TO NEW PATIENTS, CURRENT COVERAGE DETAILS

Services reimbursable under Medicare	Description (technology)	Types of services	Technology	Originating sites (location of patient)	Distant site practitioners	Payment and cost-sharing	Effective
Virtual check-ins	Brief (5-10 minute) visits between a practitioner and their existing and <u>new</u> patients. The service must be agreed to by the patient.	A unique service intended to assess a patient's condition, symptoms, or needs, and avoid unnecessary trips to the doctor's office.	Telephone, two-way real-time audio-video, text, email or patient portal.	Anywhere the patient is located, such as urban or rural locations, the patients' residence, nursing homes, or assisted living facilities	Physician and other qualified practitioner who can report evaluation and management services as well as <u>other clinicians, such as physical therapists, occupational therapists, and speech pathologists, social workers, and clinical psychologists.</u>	Provider payment: $17 (code = G2012) Patient out-of-pocket costs = 20%	2019

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- HHS will waive penalties for HIPAA violations by health care providers

E-VISITS ENCOURAGED, FOR EXISTING PATIENTS ONLY, CURRENT COVERAGE DETAILS

Services reimbursable under Medicare	Description (technology)	Types of services	Technology	Originating sites (location of patient)	Distant site practitioners	Payment and cost-sharing	Effective
E-Visits	Non face-to-face patient-initiated communications between a clinician and their existing patient. The service must be generated by the patient and communication can occur over a 7-day period.	A unique evaluation and management service intended to assess a patient's condition, symptoms, or needs, and avoid unnecessary trips to the doctor's office.	Online patient portal	Anywhere the patient is located, such as urban or rural locations, the patients' residence, nursing homes, or assisted living facilities	Physician and other qualified practitioner who ca report evaluation and management services, as well as other clinicians, such as physical therapists, occupational therapists, and speech pathologists, social workers, and clinical psychologists.	Provider payment: $15 - $50 (code = 99421-99423, G2061-G2063) Patient out-of-pocket costs = 20%	2020

Exceptions provided by the Secretary of Health and Human Services (HHS) for the COVID-19 National Emergency
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CMS ENCOURAGING TELEHEALTH WITHIN THE MEDICARE ADVANTAGE PROGRAM

Program component	Description (technology)	Types of services	Technology	Originating sites (location of patient)	Distant site practitioners	Payment and cost-sharing	Effective	Remaining concerns
Medicare Advantage	Plans may include the costs of the telehealth services they cover in the pricing of their basic plan benefits and in their annual bid amounts. MA plan offerings for telehealth may now exceed the scope of Fee-For-Service telehealth coverage	Any	Any	Any	Any	Payments: Negotiated rates Cost-sharing: variable by plan	2020	1) CMS policy creates a disincentive for plans to use telehealth by excluding telehealth encounters from the risk adjustment process that establishes plans' patient case mix used to set payment rates 2) Will CMS require plans to cover all telehealth services expanded under FFS during the emergency?

CMS's 2021 Medicare Advantage Proposed Rule proposes to enhance MA coverage of telehealth services by:
- Allowing plans operating in rural areas to use telehealth services to fulfill some network adequacy standards
- Permitting plans to cover telehealth services through a non-contracted provider as a basic benefit

TELEHEALTH USE IS ABOUT TO INCREASE SIGNIFICANTLY

OVERALL:
Recent changes to Medicare telehealth policy will generate significant increases in telehealth use

Rapid growth:
+ Primary care practices will use Medicare telehealth visits, e-visits, and check-ins
+ Medicare Advantage plans will cover more telehealth services
+ Behavioral health services
+ Nursing homes and assisted living use
+ Treatment of Opioid Use Disorder
+ Home Health and hospice visits
+ Therapy visits (PT, OT, SP, clinical psych, social worker)

Slower growth:
+ Remote patient monitoring (RPM) of patients in their homes
+ ESRD patients
+ Tele-stroke care in emergency departments
+ E-consults as physicians gain comfort with the service
+ Rural areas will continue their use
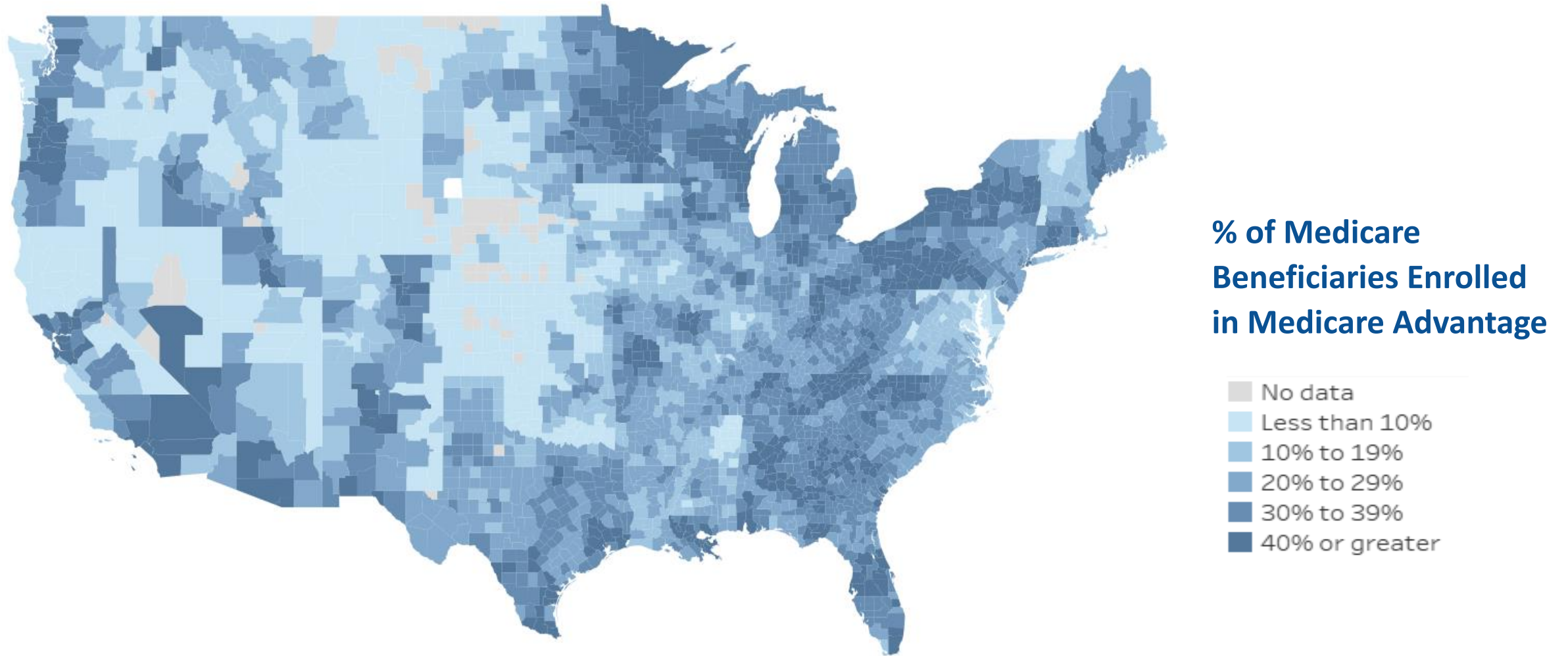
Providers most likely to increase their use:
+ Primary care physicians
+ Behavioral health clinicians
+ Therapists (PT, OT, SP, LCSW, psychologists)
+ Health care systems

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2016: MEDICARE TELEHEALTH USE WAS CONCENTRATED INTO CERTAIN DEMOGRAPHIC GROUPS

Characteristics of users	Percent of users/state
Dually eligible for Medicare and Medicaid	60 percent of users
Disabled and younger than 65 years	60 percent of users
Any chronic condition	92 percent of users
Diabetes diagnosis	37 percent of users
Depression diagnosis	24 percent of users
States with highest telehealth use per capita	Iowa, South Dakota, Missouri, Minnesota, Texas
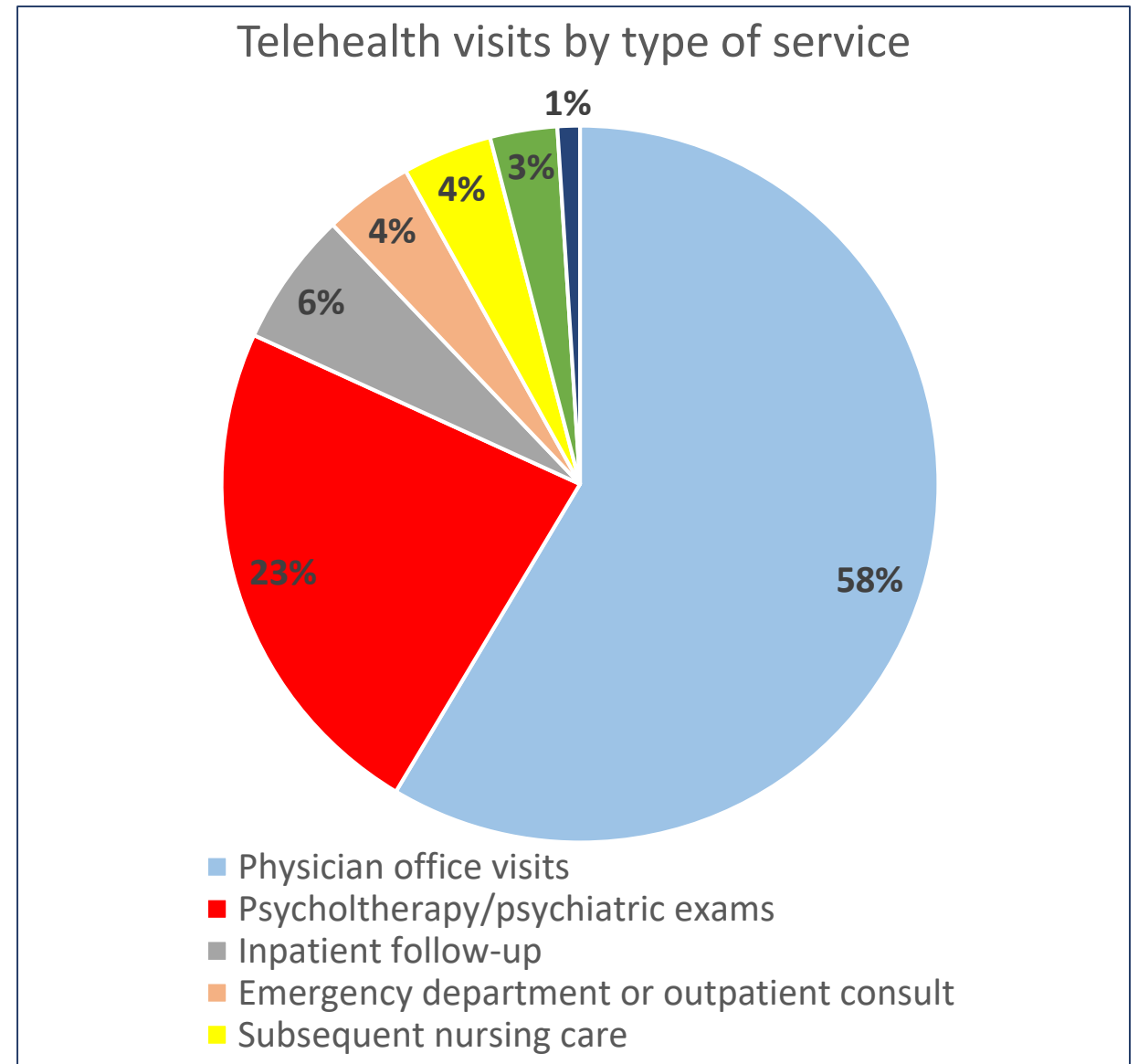
Telehealth visits by type of service

- 1%
- 3%
- 4%
- 4%
- 6%
- 23%
- 58%

- Physician office visits
- Psycholtherapy/psychiatric exams
- Inpatient follow-up
- Emergency department or outpatient consult
- Subsequent nursing care

% of Medicare Beneficiaries Enrolled in Medicare Advantage

- No data
- Less than 10%
- 10% to 19%
- 20% to 29%
- 30% to 39%
- 40% or greater

OVERALL:

Which of the temporarily expanded telehealth services will Medicare continue to cover after the Public Health emergency?

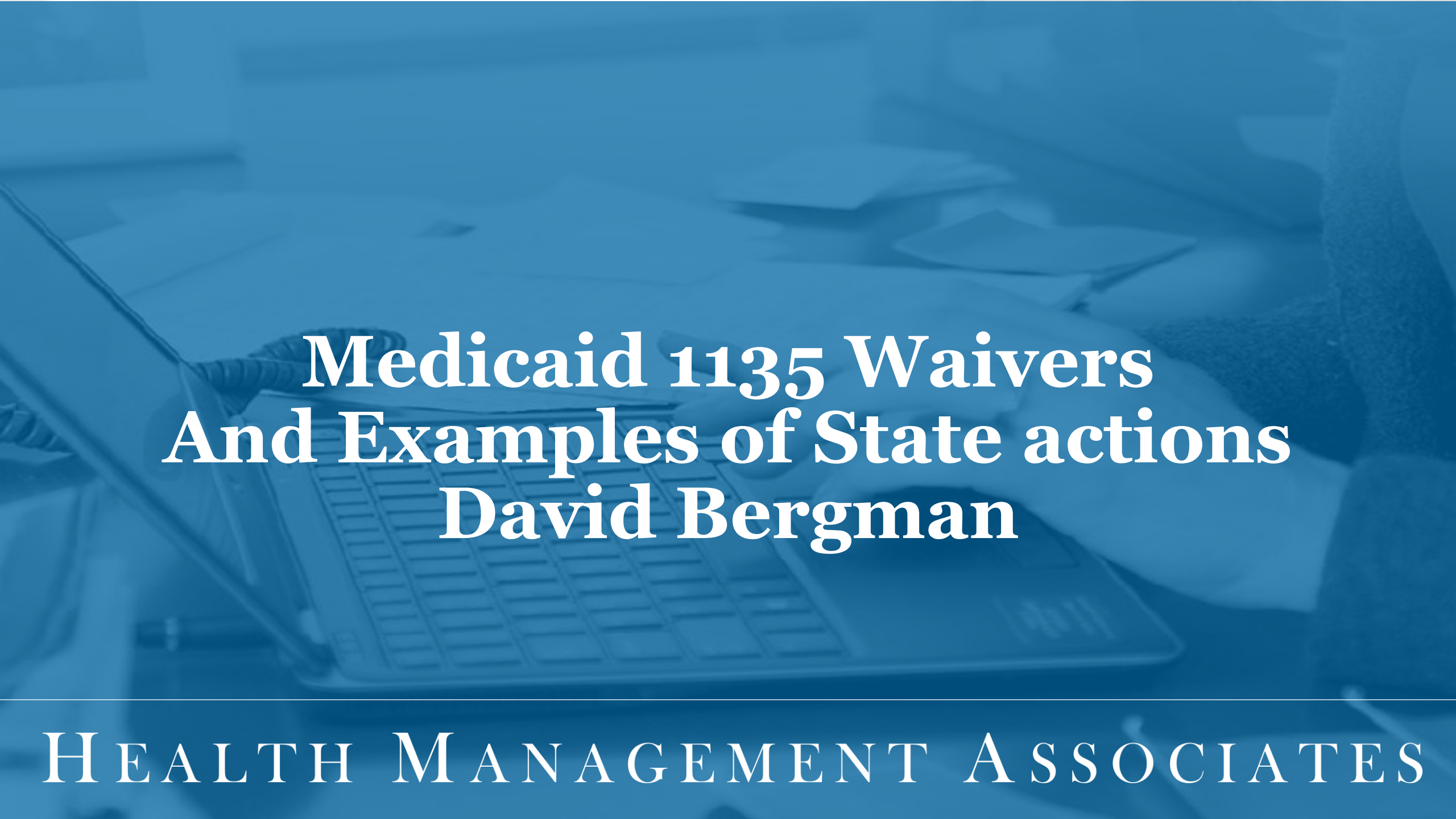Urban and at-home Medicare telehealth visits?

'New' patients gaining access to various services?

Home Health and Hospice visits?

Therapy visits?

ED visits?

Telephone-based evaluation visits?

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Medicaid 1135 Waivers
And Examples of State actions
David Bergman

Health Management Associates

Health Insurance Portability and Accountability Act (HIPAA): Effective immediately, the HHS Office for Civil Right (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in **good faith** through everyday communications technologies, such as **FaceTime or Skype**, during the COVID-19 nationwide public health emergency.

THIS DOES NOT IMPACT ENFORCEMENT OF STATE PRIVACY LAWS/REGULATIONS WHICH MAY REMAIN IN PLACE

1135 MEDICAID WAIVERS

+ **1135 Waivers allow reimbursement during an emergency or disaster even if providers can't comply with certain Federal requirements that would under normal circumstances bar Medicare, Medicaid or CHIP payment.**

+ **In addition, 1135 Waivers can be implemented retroactively. All currently approved waivers were activated as of March 1, 2020 and will extend through the conclusion of the designated emergency.**

+ **36 states have received approval for their 1135 waivers:**

    + **March 16:** Florida;

    + **March 19:** Washington;

    + **March 23:** Alabama, Arizona, California, Illinois, Louisiana, Mississippi, New Hampshire, New Jersey, New Mexico, North Carolina, and Virginia

    + **March 24:** North Dakota, Oklahoma, South Dakota

    + **March 25:** Indiana, Iowa, Kansas, Kentucky, Missouri, Oregon, Rhode Island

    + **March 26:** Colorado, Hawaii, Idaho, Maryland, Massachusetts, New York

    + **March 27:** Wyoming, Minnesota, Delaware, Pennsylvania, Connecticut

    + **March 30:** Texas, Montana, Vermont, West Virginia
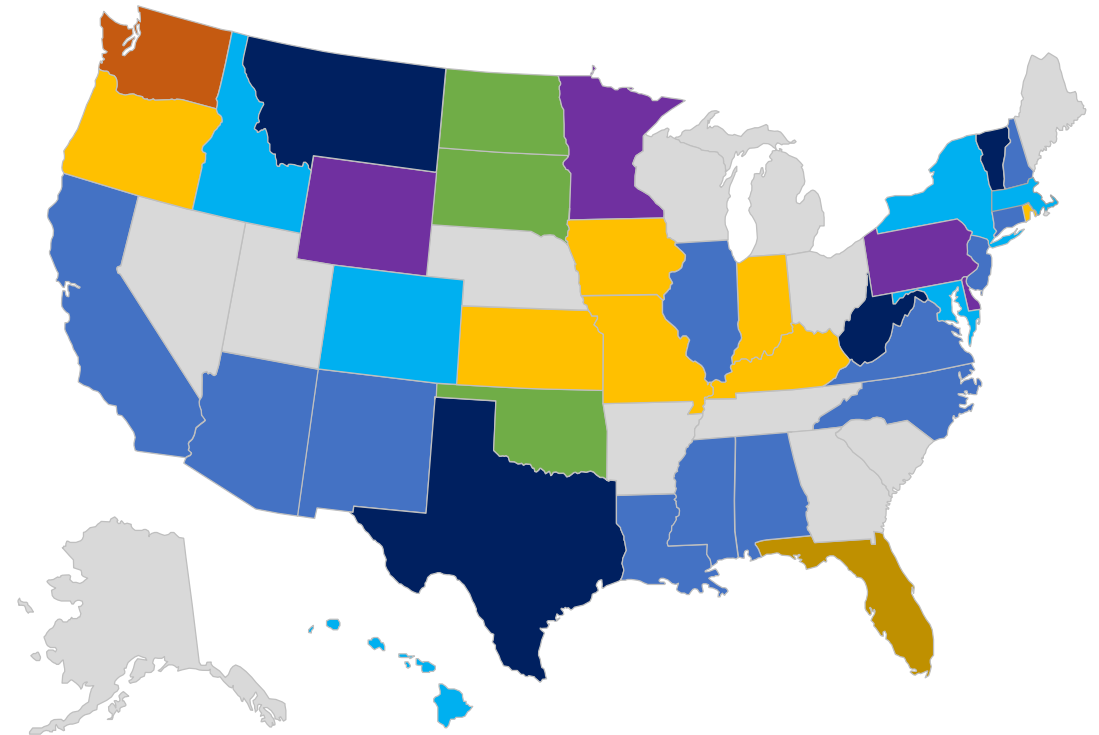
1135 MEDICAID WAIVERS

Examples of Approved Flexibility via 1135 Waivers:

+ Reimburse for otherwise payable claims from out of state providers not otherwise enrolled in Medicaid. Certain conditions apply.

+ Expedited and temporary provider enrollment in Medicaid.

+ Waiver of service prior authorization.

+ Automatic extension of pre-existing prior-authorizations through the end of the public health emergency.

+ Reimbursement for services in non-licensed facilities housing individuals evacuated from licensed facilities.

+ Suspend PASSR Level I and Level II Assessments for 30 days.

+ Suspend State Fair Hearing Requests and Appeal Timelines: >90 days and up to 120 additional days for eligibility determination. Does NOT include adverse benefit determinations.

+ Retractive to March 1, 2020.

OTHER STATE CHANGES IMPACTING TELEHEALTH

+ Audio-only (i.e. telephone) allowable as telehealth

+ Establish patient-provider relationship via telehealth

+ Expand number of CPT codes reimbursable via telehealth

+ Expansion of providers eligible to bill for telehealth

+ Eliminating cost share requirements for telehealth visits

+ Allowing verbal consent to be treated via telehealth

+ Payment parity for telehealth and in-person visits

Accelerating a Telehealth Implementation
Jean Glossa, MD

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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

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https://www.healthmanagement.com/telehealth-readiness-questionnaire/

CONDUCT A THOROUGH VENDOR SELECTION PROCESS

| Define business plan | → | Identify functions performed by equipment or service vendor | → | Perform a first market scan to learn and identify choices |

| Define requirements | → | Create vendor information sheet and fill out for select vendors | → | Modify/refine requirements |

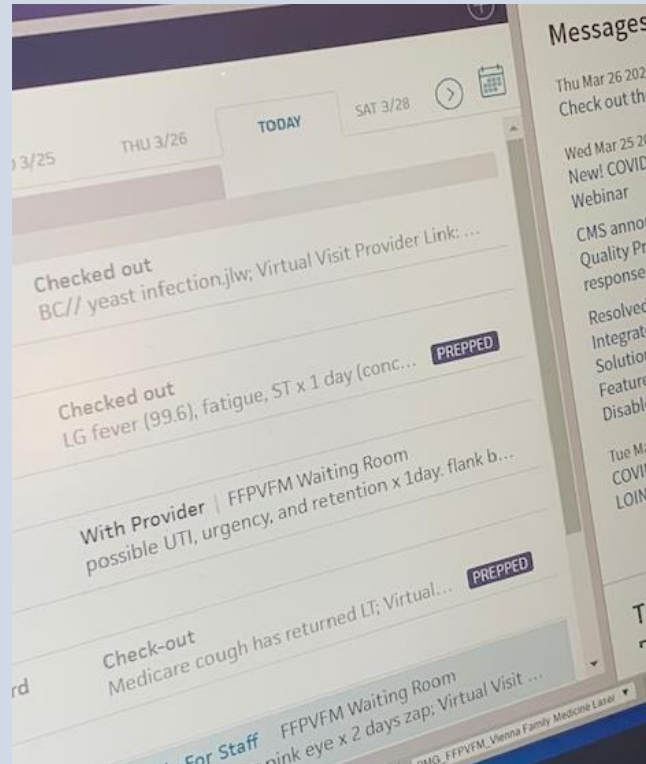| Finalize criteria and scoring / weighting | → | Bid if required, or negotiate | → | Select (or trial/pilot) |
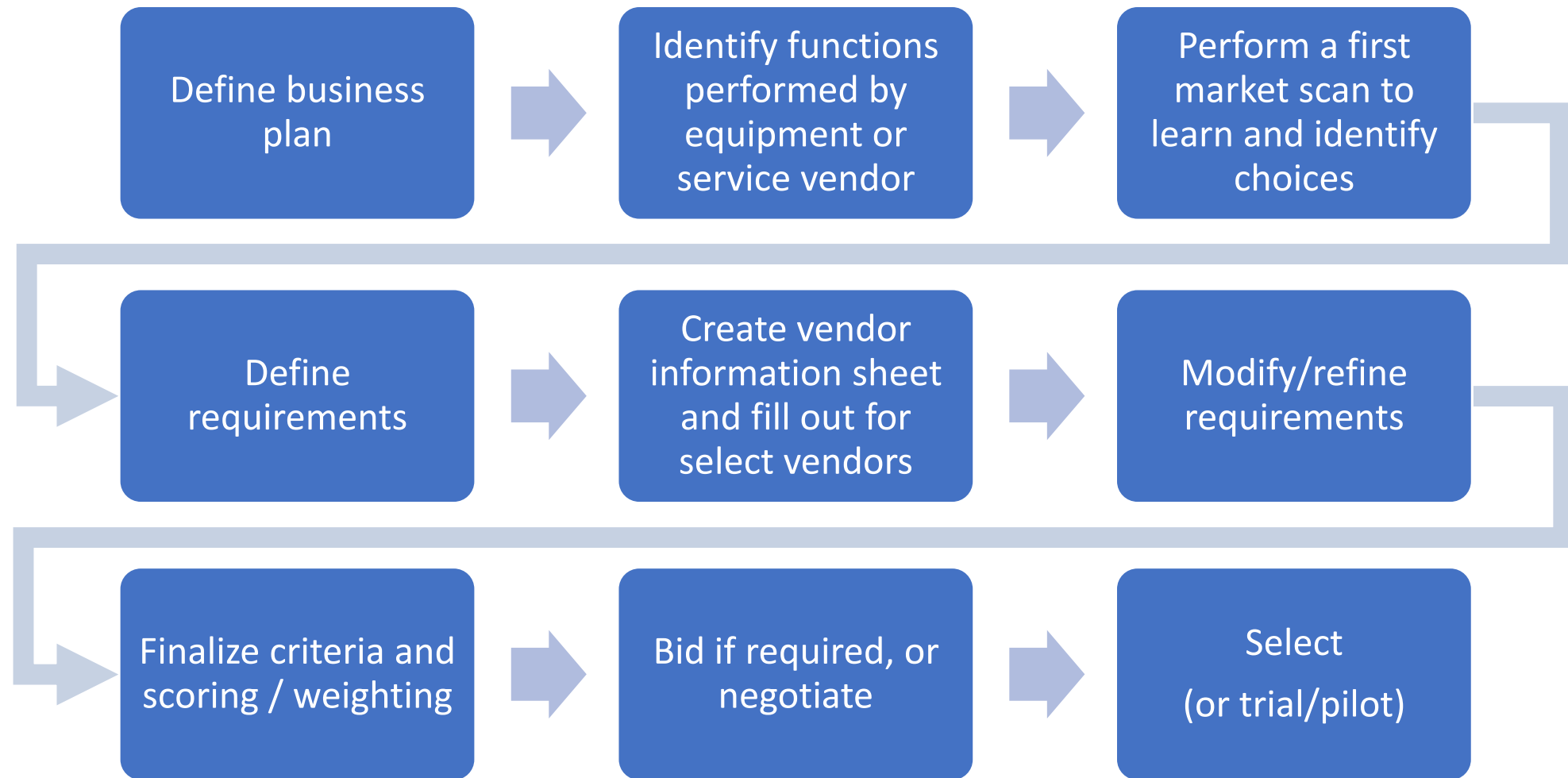
ASSESS ORGANIZATIONAL WORKFLOWS RELATED TO TELEHEALTH

+ 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

Questions?

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