

Telehealth During the Public Health Emergency

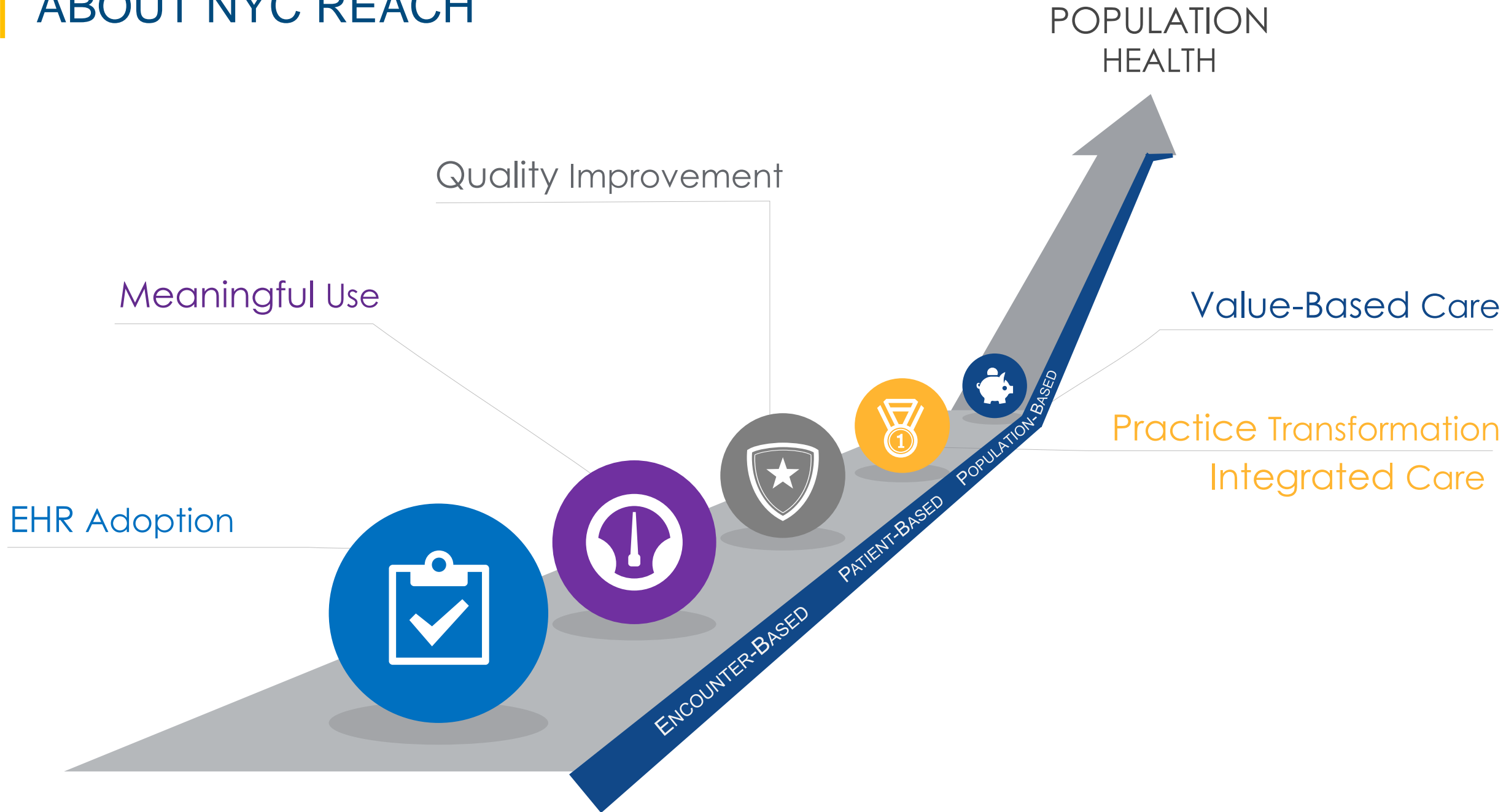
Update for Practices

April 23, 2020

HOUSEKEEPING

- Due to the size of the audience, all participants will be muted
- Time has been allotted to answer questions at the end of the presentation; feel free to submit questions via *Chat* during the presentation
- Telehealth webinars will be hosted weekly; colleagues are encouraged to sign up for upcoming April and May sessions

ABOUT NYC REACH



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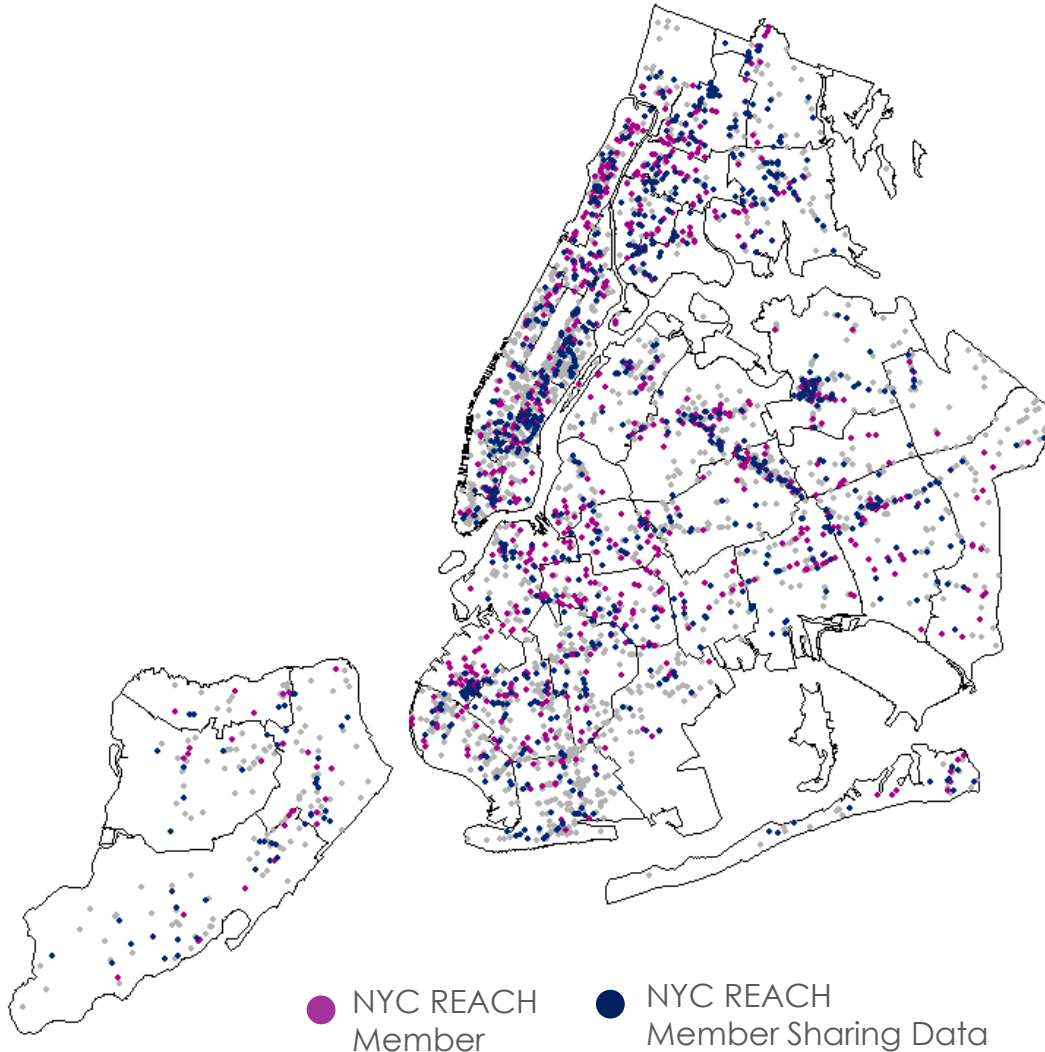


Webinars



Personalized Support

MEMBER SERVICES



● NYC REACH Member

● NYC REACH Member Sharing Data

● Non-NYC REACH Member



26,000

Providers



1,800

Practices



2m

Patients Served



10+

State & Local Organizations



\$300m

Incentive Payments Received by NYC Providers



1,500

Pharmacists & Pharmacy Technicians

CURRENT SITUATION

- WHO declared COVID-19 a pandemic on March 11, 2020
- NYC shelter-in-place effective March 22, 2020
- Outpatient healthcare system faced with need to:
 - Minimize disease transmission to patients, healthcare personnel, and others
 - Identify persons with presumptive COVID-19 disease and implement a triage procedure to assign appropriate levels of care,
 - Maximize the efficiency of PPE utilization across the community health system while protecting healthcare personnel
 - Maintain continuity of care, especially for highest-risk
- **Critical that outpatient care to stay viable throughout NYC, amidst care team illness, financial losses, furloughs – while minimizing risks to providers and care teams**

AGENDA

1. Introduction
2. Telehealth Background
3. Telehealth Implementation
4. Small Business Financial Assistance Programs
5. Questions
6. Next Steps & Resources

TELEHEALTH BACKGROUND

What is telehealth?

The use of telecommunications technologies to support clinical health care when patient and provider are not physically together.

Technologies include videoconferencing, internet, telephone, and more. This may include “*office visits, psychotherapy, consultations, and medical or health services*” as well as “*assessment, diagnosis, consultation, treatment, education, care management and/or self-management*”

Why now?

- Previously, there were restrictions around where the patient had to be, limited reimbursement
- Due to Public Health Emergency, expanded ability to use telehealth

<https://www.healthit.gov/topic/health-it-initiatives/telemedicine-and-telehealth>

https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm#definition

<https://www.medicare.gov/coverage/telehealth>

KINDS OF TELEHEALTH

- **Audio-visual Telehealth:** Real-time electronic communication between providers and patients *outside of the healthcare facility*.
- **Telephonic Medicine:** Audio-only telehealth. Widens the opportunity to communicate with a healthcare provider through methods such as telephone calls. Virtual Check-in.
- **Electronic:** secure text messaging, EHR patient portals, email, and more.

Note: Each method of communication has different requirements, billing codes, and reimbursement rates.

REIMBURSEMENT OF TELEHEALTH – GENERAL THEMES

- Most payers have loosened telehealth regulations during public health emergency
 - Site restrictions removed – patients can be at home; providers can be at home
- Medicare, Medicaid, and NYS-regulated plans mandated to cover audio-video services that would have been covered in person
- Telephonic services covered by some payers

REIMBURSEMENT OF TELEHEALTH – updated 4/21

Payer	Audio-Video	Telephone	Patient Portal
<i>Medicare</i>	<p>Reimbursement: at parity with face-to-face visit</p> <p>Coding: same as face-to-face, modifier 95 (modifier CS if purpose is COVID ruleout)</p>	<p>Coding: Use Virtual Check-in (G2012) or Telephone E&M (99441 – 99443)</p>	<p>Reimbursement: \$17 - \$58, depending on time spent over 7-day period</p> <p>Coding: Use e-visit (99421-99423)</p>
<i>Medicaid & Medicaid HMO</i>	<p>Reimbursed: at parity with face-to-face visit</p> <p>Code: same as face-to-face, use modifier 95 or GT</p>	<p>Reimbursed: \$15 - \$37</p> <p>Code: 99441-99443, depending on time</p>	Likely not covered
<i>Commercial</i>	Varies by plan; <u>most</u> will cover	Varies by plan; some will cover	Varies by plan; some will cover

**Note: this table is simplified for ease of viewing, and does not capture all nuances, including for FQHCs, Article 28-licensed centers/facilities, etc.*

FQHCs – updated 4/21

Payer	Audio-Video	Telephone	Patient Portal
Medicare	<p>Reimbursement: \$92 <i>*note: claims processed before 7/1 will be paid FQHC PPS rate but will be reprocessed after 7/1</i></p> <p>Coding: <i>Before 7/1: same as face-to-face, modifier 95</i></p> <p><i>7/1 and after: G2025</i></p>	<p>Reimbursement: \$24.76</p> <p>Coding: G0071</p>	<p>Reimbursement: \$24.76</p> <p>Coding: G0071</p>
NYS Medicaid	<p>Reimbursed: at off-site rate (4012)</p> <p>Code: same as face-to-face,</p>	<p>Reimbursed: at off-site rate (4012) for MD, NP, PA, CNM, fee-for-service for others</p> <p>Code: 99441-99443, depending on time</p>	Likely not covered
Medicaid Managed Care	Based on contract, not currently eligible for wrap	Based on contract, not currently eligible for wrap	Based on contract, not currently eligible for wrap

*Article 28 D&TCs and FQHCs should see NYS Medicaid Update for additional information on APG billing and rate codes

TELEHEALTH: COST SHARING, CO-PAYS, CO-INSURANCE

Cost sharing obligations will vary by insurance type as well as specific insurance product

- **Medicare:**
 - Original Medicare – Cost sharing may apply; collection not enforced
 - Medicare Advantage – Cost sharing may apply
- **Medicaid:**
 - FFS – Cost sharing unclear
 - Managed care – No cost sharing
- **Private plans/ESI:**
 - Group plans purchased through insurer: No cost sharing on in-network services
 - Self-insured plans: Cost sharing may apply

NDPP / DSME

- National Diabetes Prevention Program (NDPP)
 - *Medicare*: CDC-Recognized NDPP organizations can conduct sessions virtually, online, or through distance learning. Suppliers **cannot start new** cohorts with beneficiaries during this time.
 - *Medicaid* will temporarily allow virtual, online, or distance learning sessions
 - Conference calls may be used to meet both Medicare and Medicaid requirements for distance learning & patients may self-report weight
 - CDC will hold harmless any organization that needs to pause NDPP delivery at this time
- Diabetes Self-Management Education (DSME)
 - DSME may be provided via telehealth. Audio-video required to bill Medicare or Medicaid
 - For Medicare, MD/DO, NP, PA, CNMW, CNS, RD, or nutritionists can provide and reimburse for telehealth DSMT. RNs and pharmacists cannot bill for telehealth DSMT but can deliver DSMES services without billing
 - Referring providers can request that services be delivered individually and document COVID-19 risk as the special need on the referral

DOCUMENTATION – AUDIO-VIDEO

- **In general, if you *code* as you would in-person, *document* as you would in-person:**
 - Differential diagnosis, active diagnosis, prognosis, risks, benefits of treatment, instruction, compliance, risk reduction, and coordination of care with other providers
 - Follow E&M Guidelines for HPI, ROS, PMFH, etc.
- **Key Documentation Differences for Telehealth**
 - That visit was done via telecommunications, location of both provider and patient, and names and roles of all care team members participating in encounter
 - Documented verbal consent to receive care via telehealth
 - Document duration of virtual encounter; to code Level 4 or Level 5, must note that 50%+ of visit spent coordinating care/counseling, must meet time requirements
 - Place of service (POS) code:
 - 02 (Home/Telehealth) for NYS Medicaid
 - 11 (Office) for CMS/Medicare
 - **Check with plans for their requirements; may vary**

DOCUMENTATION – TELEPHONIC / ELECTRONIC

Telephonic

- Documentation
 - Must provide clinical advice – cannot just be a reminder call, test result, etc. Clinical advice, assessment, and medical decision making must be documented.
 - Time spent on phone with patient
 - Verbal Consent that patient agrees to receiving telephonic care
- CPT 99441 – 99443 (Medicaid & some commercial)
- HCPCS G2012 (Medicare)

Electronic

- Documentation
 - Must be clear that this was patient-initiated
 - Must provide clinical advice
 - Time spent on phone with patient over the 7-day period
- CPT 99421 – 99423 (Medicare)

HIT & PREPARING FOR TELEHEALTH

	Workflow Step	Things to Consider
1	Identify interactive audio-visual solution for telehealth visits: <ul style="list-style-type: none"> • EHR-integrated apps • HIPAA-compliant telehealth solution (Doxy.Me, TigerConnect, Mend, VivifyHealth) • <i>Temporarily</i> approved platforms (FaceTime, Zoom, Skype) 	Provider should block number if using personal device Telehealth solutions can be deployed within hours or days TexMed Resource
2	Use existing EHR and PMS to identify opportunities for, and schedule, telephonic and telehealth visits. Consider outreach through EHR campaign or patient portal.	Proactively transition in-person visits to telehealth visits or virtual check-ins
3	Assign staff member to proactively outreach, informing patients of available telemedicine services and educate on telehealth platform(s)	Prioritize high-risk patients to ask how they're doing, if they need any support/rx refills, and assist with set-up if needed
4	Create documentation templates in your EHR to ensure requirements are met	
5	Give each involved team member an opportunity to be trained, to test, and practice	You may be treated more like tech support than you're used to...

HIGH-RISK PATIENTS

- CDC considers certain patients at higher-risk for severe illness if exposed
- Recommended to use EHR Registry or Patient List to proactively outreach to these high-risk patients
- Also recommended to reach out to patients who have pre-scheduled in-person visits to educate them on telehealth and switch their visits to telehealth

Factor	Criteria
Age:	> 65
Prescription:	<ul style="list-style-type: none">• Any Rx with an end date in the next 30 days• Active corticosteroid Rx
Problem List:	<ul style="list-style-type: none">• Asthma (J45.x)• COPD (J44.x)• HIV (B20.x)• Coronary Artery Disease (I25.x)• Congestive Heart Failure (I50.x)• Cancer (C00 - C49)• Diabetes (E10.x, E11.x)• Chronic Kidney Disease (N18.x)• Liver Disease (K76.x)• BMI 40+

TO COVER WITH PATIENTS

Many providers worry about the effects of telehealth on quality of care, as compared to face-to-face visits. During the public health emergency, remember that while telehealth may change the feel of the patient-provider relationship, it also gives the opportunity to educate and check in on:

- Social distancing, masks, etc.
- Mental health & effects of feeling isolated
- Patients who may benefit from Rx delivery and/or 90-day Rx
- Urgent needs related to obtaining food, unemployment, etc. NYC has set up a resource page that NYC residents may refer to: <https://www1.nyc.gov/site/coronavirus/resources/resources-for-new-yorkers.page>

FINANCIAL RESOURCES: LOANS

Donor	Opportunity	Description	Amount	Application Deadline
The NY Community Trust (NYCT)	NYC COVID-19 Response & Impact Fund	Loans for revenue delays and grants to cover costs that will not be reimbursed by the government.	Up to \$75M in available funds	Rolling Basis
Small Business Administration (SBA)	Payroll Protection Program (PPP)	Loan for small businesses to keep workers on the payroll, forgiven if all staff kept on payroll, funding used for payroll, rent, etc.	Up to \$10M	Not accepting applications; however, additional funding expected to be approved today
Small Business Administration (SBA)	Economic Injury Disaster Loan Program	Loan + 10K advance (does not have to be repaid)	Up to \$2M	Not accepting applications; however, additional funding expected to be approved today
Open Road Alliance	Direct COVID-19 Response	Loans available to organizations that have direct role in COVID-19 response	Up to \$100k	

FINANCIAL RESOURCES: PAYER-BASED

Oversight	Program	Description	Duration of Relief
HHS	CARES Act Provider Relief Fund	Funding to support healthcare-related expenses or lost revenue attributable to COVID-19 and to ensure uninsured Americans can get testing and treatment for COVID-19. These are payments, not loans, to eligible healthcare providers, and will not need to be repaid.	TBD, portal opens week of April 13 and will be linked from the CARES Act Provider Relief Fund website
CMS	Accelerated and Advance Payment Program	Most providers can request up to 100% of their Medicare payment amount for 6-month period ahead. Payments are intended to provide necessary funds when there is a disruption in claims submissions and/or claims processing	Based on practice Medicare revenue Duration of PHE Contact your Medicare Administrative Contractor (MAC) to see if you qualify

FINANCIAL RESOURCES: GRANTS

Grantor	Opportunity	Description	Funding Amount	Application Deadline
Facebook	Small Business Grants Program	To aid 30,000 eligible small businesses, Facebook offering cash grants and ad credits.	Up to \$100M in available funds	Rolling Basis. Applications become available for NY April 18 th

FINANCIAL RESOURCES: OTHER

Donor	Opportunity	Description	Amount	Application Deadline
Federal Communications Commission (FCC)	COVID-19 Telehealth Program	Immediate support to eligible health care providers responding to COVID-19 pandemic by funding telecommunication & information services, and devices necessary to provide critical connected care services. Must be non-profit or public.	\$200 Million available	Rolling
U.S. Department of Labor	Emergency Paid and Family Leave	Employers receive a refundable tax credit for 100% of the eligible leave costs. Credit applied as refund against employer's total portion of Social Security taxes for the period. (Q&A on Leave Provisions)	Paid leave: Up to 80 hours paid sick leave to \$511/day Caregiver leave: 80 hours to \$200/day. Family leave: 10 weeks \$200/day max, to care for child whose school or care provider is unavailable.	December 31, 2020

QUESTIONS?

- Please submit questions through the chat box
- Questions that are not answered due to time constraints will be answered during the follow-up email

NEXT STEPS

- You will receive an email tomorrow afternoon with additional resources, **as well as a follow-up survey. Please complete the survey to help guide future webinars in this series**
- Sign up for additional webinars in this series at <http://telehealthtrainingseries.eventbrite.com>
- Check NYC DOHMH COVID-19 updates at <https://www1.nyc.gov/site/doh/covid/covid-19-providers.page> and NYC REACH events and resources at <http://www.nycreach.org>
- Contact nycreach@health.nyc.gov or your NYC REACH facilitator with additional questions

Thank You!



WORKFLOW: FAQs AND RESOURCES

Question	Answer	Resource
What are some common planning elements I should consider before before implementing a telehealth visits?	Practice needs, resources, and goals; establish checklist of activities before launching, keep up-to-date on liability rules and regulations, select tech platform for telehealth efforts	AAP Planning Resources
Where can I find sample forms (e.g. authorization and consent, workflows, etc.) when implementing a telehealth program?	The California Telehealth Resource Center offers these and more. They also feature a webinar on how to craft a telehealth clinical workflow featuring real life examples.	California Telehealth Resource Center Crafting Workflow YouTube
How do I choose which technology is right for my practice? How can I get staff bought into telehealth?	AAP enumerates the advantages of telehealth and discusses the external systems needed to successful implementation	AAP Resource

COMMERCIAL: FAQs AND RESOURCES

Summary: *Many commercial (employer-sponsored, self-insured, etc.) plans are following Medicare and Medicaid in covering telehealth services. Check with your plans.*

Question	Answer	Resource
How can I figure out what my highest-volume plans will cover?	Call them. Or look at their public websites and/or provider portals.	United Aetna Anthem/BCBS