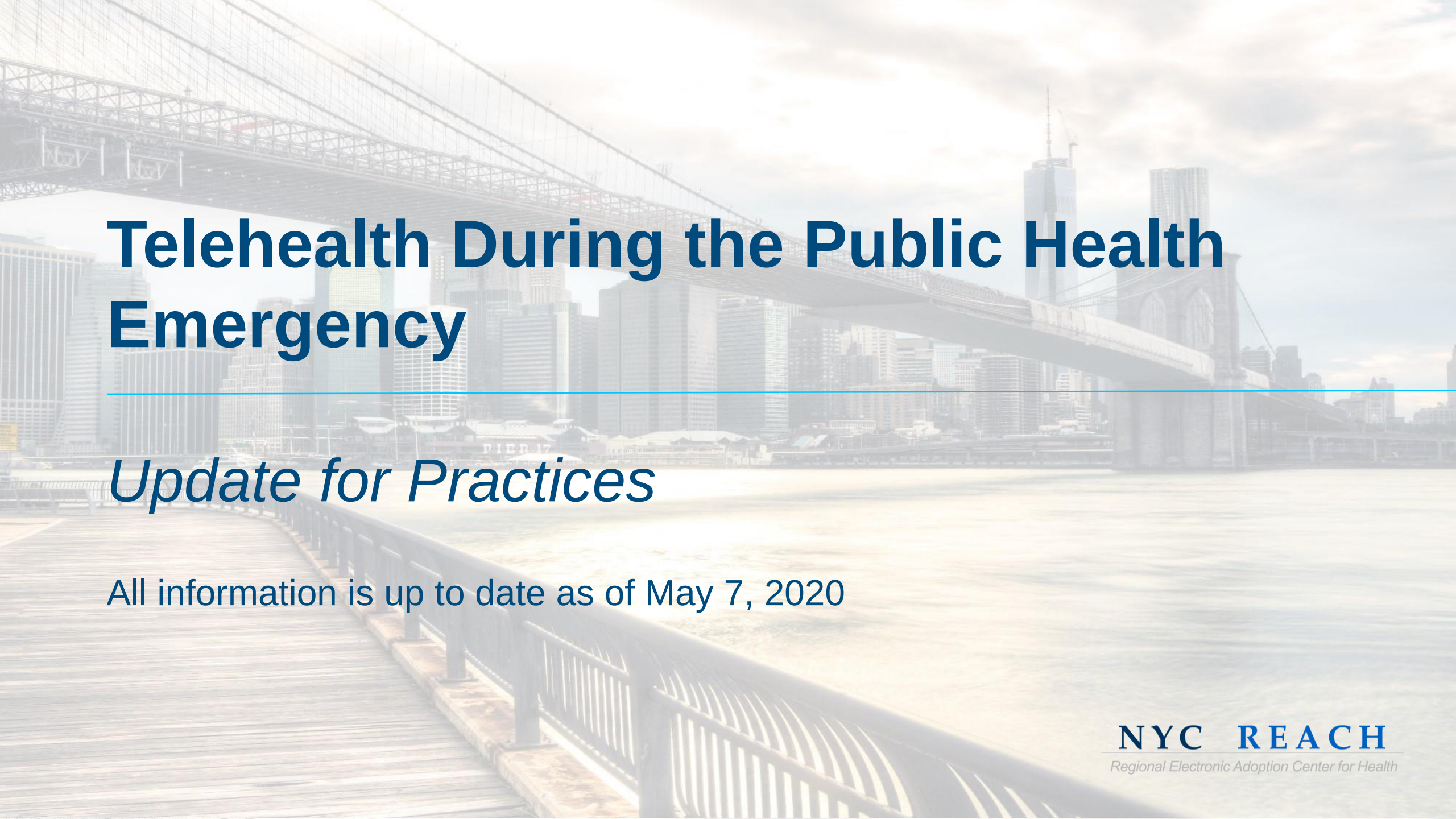


# Telehealth During the Public Health Emergency

## *Update for Practices*

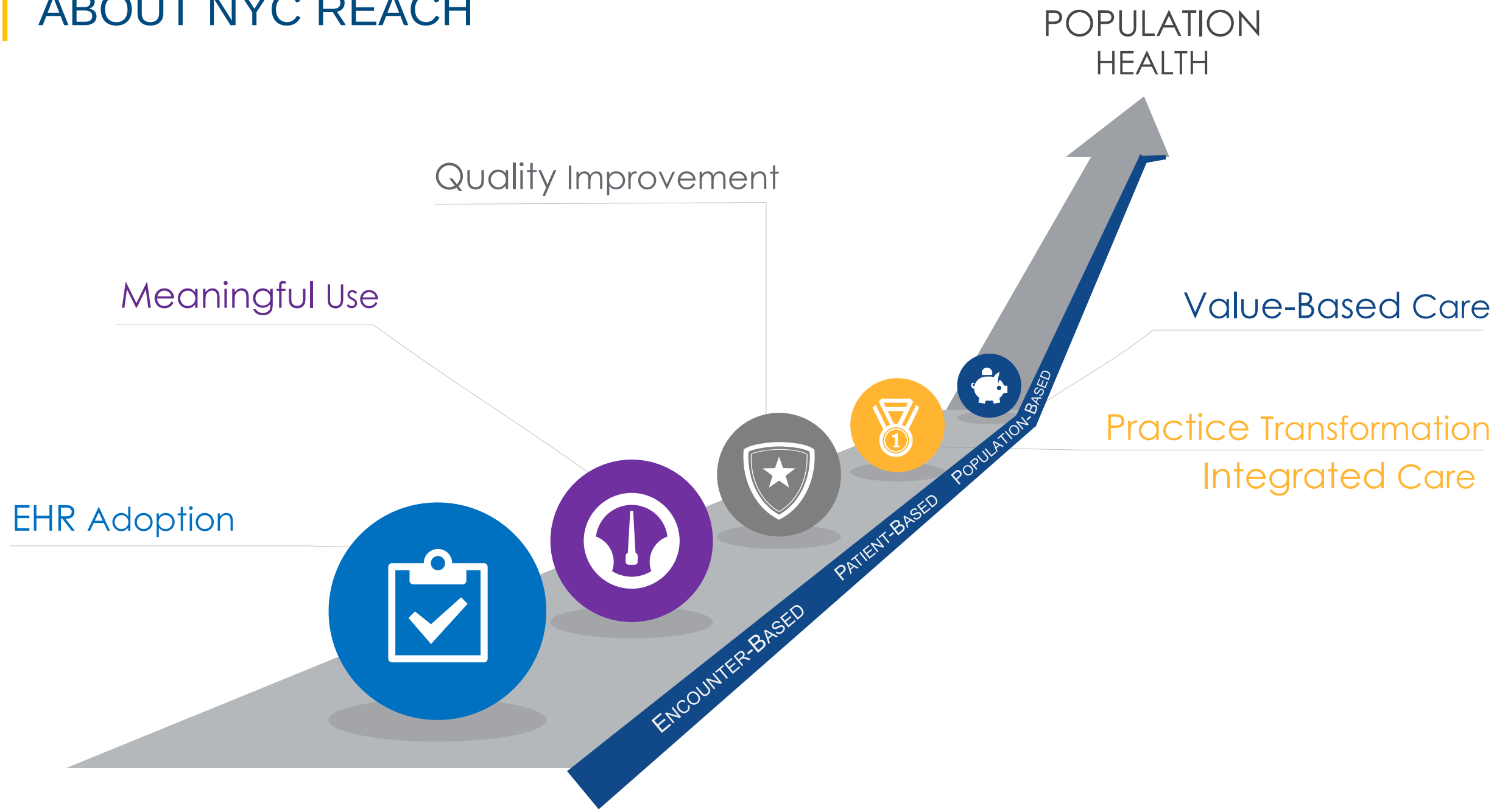
All information is up to date as of May 7, 2020

NYC REACH
Regional Electronic Adoption Center for Health

# 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



# MEMBER SERVICES

Email Announcements

Resource Library

Quarterly Newsletters

Technical Expertise

Events & Trainings

Webinars

Personalized Support

# 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. Remote Patient Monitoring
4. Telehealth Implementation
5. Small Business Financial Assistance Programs & Labor Resources
6. Questions
7. Next Steps & Resources

# Telehealth Background

# 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.

- **Remote Patient Monitoring:** using electronic monitoring tools (e.g. BP monitors) to collect and review patient physiologic data

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

# REIMBURSEMENT OF TELEHEALTH – updated 5/5

| Payer | Audio-Video | Telephone | Patient Portal | Remote Patient Monitoring |
|---|---|---|---|---|
| *Medicare* | **Reimbursement**: at parity with face-to-face visit | **Reimbursement**:<br>*Virtual check-in:* $17<br><br>*Telephone E&M:* estimated $46 - $110, based on time | **Reimbursement:** $17 - $58, depending on time spent over 7-day period | **Reimbursement:** |
| *Medicaid & Medicaid HMO* | **Reimbursement**: at parity with face-to-face visit* | **Reimbursement:** $15 - $37, based on time*<br><br>Some plans pay at parity with in-person | Likely not covered | **Reimbursement:** |
| *Commercial* | Varies by plan; most will cover | Varies by plan; some will cover | Varies by plan; some will cover | Varies by plan; some will cover |

*Capitated Managed Care arrangements not currently required to carve out telehealth encounters

# FQHCs – *updated 5/1*

| Payer | Audio-Video | Telephone | Patient Portal | Remote Patient Monitoring |
|---|---|---|---|---|
| *Medicare* | **Reimbursement**: $92 **note: claims processed before 7/1 will be paid FQHC PPS rate but will be reprocessed after 7/1* | **Reimbursement:** $24.76 | **Reimbursement:** $24.76 | Not covered at this time |
| *NYS Medicaid* | **Reimbursement**: at off-site rate (4012) | **Reimbursement:** off-site rate (4012) for MD, NP, PA, CNM, fee-for-service for others | Likely not covered | TBD |
| *Medicaid Managed Care* | Based on contract, **now eligible for wrap rate** | Based on contract, **now eligible for wrap** | Based on contract | Based on contract |

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

# CPT/HCPCS CODING

| Payer | Audio-Video | Telephone | Patient Portal | Remote Patient Monitoring |
|---|---|---|---|---|
| *Medicare* | **New E&M:** 99201 – 99205<br>**Est E&M:** 99211 - 99215<br>**TCM:** 99495-99496<br>**Wellness**: G0438 – 9<br><br>**FQHCs:** G2025 after 7/1<br><br>(Full list here) | **Virtual Check-in:**<br>G2012<br><br>**Telephone E&M:**<br>99441: 5-10 mins<br>99442: 11-20 mins<br>99443: 21+ mins<br><br>**FQHCs:** G0071 | **E-Visit*:**<br>99421: 5-10 mins<br>99422: 11-20 mins<br>99423: 21+ mins<br><br>**FQHCs:** G0071 | *see Remote Patient Monitoring slide* |
| *Medicaid & Medicaid HMO* | **New Pt E&M:** 99201 – 99205<br>**Est Pt E&M:** 99211 – 99215 ** | **Telephone E&M:**<br>99441: 5-10 mins<br>99442: 11-20 mins<br>99443: 21+ mins | Likely not covered | *see Remote Patient Monitoring slide* |
| *Commercial* | Varies by plan | Varies by plan | Varies by plan | *see Remote Patient Monitoring slide* |

*time can be accumulated over 7-day period
**most in-person services also payable through telehealth, excluding some preventive/procedures

# MODIFIERS & PLACE-OF-SERVICE

| Payer | Modifiers | Place of Service |
|---|---|---|
| *Medicare* | **Audio-Video:** 95<br><br>**COVID Testing:** CS | For all services, use the POS that you would have used in-person (e.g. 11 for Office) |
| *NYS Medicaid* | **Audio-Video:** 95 | **Audio-Video:** 02<br><br>**Telephonic**: use your normal POS (e.g. 11 for office) |
| *Medicaid HMO* | Varies by plan. Check website or other information. Usually is something like:<br><br>**Audio-Video:** 95 or GT<br>**Telephonic**: 95, GT, or none | Varies by plan. Check website or other information. |
| *Commercial* | Varies by plan. Check website or other information. Usually is something like:<br><br>**Audio-Video:** 95 or GT<br>**Telephonic**: 95, GT, or none | Varies by plan. Check website or other information. |

# TRACKING PLAN-SPECIFIC INFORMATION

| Plan | Plan Type | Audio-Video Modifier | POS | Audio-Video Pd at Parity? | Telephonic Paid? |
|---|---|---|---|---|---|
| Plan 1 | Medicaid | 95 | 02 | Yes | Yes |
| Plan 2 | Medicaid | GT | 02<br>11 Telephonic | Yes | Yes |
| Plan 3 | Commercial | GT | 02 | Yes | No |
| Plan 4 | Commercial | 95 | 11 | Yes | Yes |
| Plan 5 | Medicare Advantage | 95 | 11 | Yes | Yes |

# 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/Employer-Sponsored Insurance:**
  - 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

# Implementing Remote Patient Monitoring

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# REMOTE PATIENT MONITORING - INTRODUCTION

Remote Patient Monitoring (RPM) supports collecting at-home/remote measurements of physiologic health indicators. The measurements must be collected, recorded, and stored by the measurement device, and transmitted to the practice.

Potential uses for many patient populations:

- *COPD*: O2Sat, Vitals
- *Hypertension*: Blood Pressure
- *Diabetes*: Blood Glucose, Weight
- *General Respiratory*: Pulse Ox
- *OB*: BP, weight, vitals

Devices may include any of the following and more – as long as they are FDA-approved, can electronically measure, store, and transmit:

- Home Blood Pressure Monitor
- Home Pulse Oximeter
- Digital scale
- Blood Glucose Monitor

# GETTING STARTED WITH RPM

1. Identify target populations to pilot
2. Research monitoring tools. Go for “easy”. Think also about populations you may expand to later; easiest to have all integrations with = same platform (e.g. platform that connects to both BP **and** O2 data)**.** Consider asking potential vendors:
    - Will this integrate directly with my EHR? Will I have an app I can use to see patient data?
    - Will this work with multiple devices?
    - Will all my patients’ data appear in the single platform? In real-time?
    - Can I “nudge” patients through your tool?
    - Is the data pushed to me, or do I have to pull it??
3. Plan to acquire monitoring tools
4. Identify patients for pilot (small group, not “all or nothing”)
5. Educate pilot patients – *look at NYC Health Action Kits*
6. Set up a workflow in your office to ensure patients receive reminders, to check and review incoming data, and to recall patients to discuss results

# CODING AND REIMBURSEMENT

| CPT Code | Description | Payment |
|---|---|---|
| 99453 | Education & Setup of Remote Monitoring Tool | Medicare: $22.60 |
| 99454 | Supplying Patient w/ Remote Monitoring Tool | Medicare: $74.65 |
| 99457 | First 20 minutes, Calendar month | Medicare: $59.62 |
| 99458 | Add'l 20 minutes, Calendar month | Medicare: $48.43 |
| 99091 | 30 mins by QHP, 30-day period | NYS Medicaid: $48<br>Medicare: $66.89 |
| | | |
| 99473 | Home BP Monitor Education & Setup | Medicare: $13.56 |
| 99474 | Home BP Reporting by Patient | Medicare: $17.40 |

# Implementing Telehealth

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# DOCUMENTATION – AUDIO-VIDEO

**Continue to Follow In-Person Documentation Practices:**

- Audio-Video visits coded same as in-person
- Document all elements of an E&M note, for example, the same as you would for an in-office E&M (follow E&M Guidelines for HPI, ROS, PMFH, etc.)

**Also Document the Following:**

- visit conducted via telecommunications,
- location of both provider and patient,
- Patient verbal consent to receive care via telehealth
- Duration of virtual encounter; (note: to code Level 4/ 5, also document that 50%+ of visit spent coordinating care/counseling)

# DOCUMENTATION – TELEPHONIC / ELECTRONIC

**Telephone:**

- 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

**Electronic (e.g. Patient Portal):**

- Must be clear that this was patient-initiated
- Must provide clinical advice
- Time spent on electronic communication 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:<br>• EHR-integrated apps<br>• HIPAA-compliant telehealth solution (Doxy.Me, TigerConnect, Mend, VivifyHealth)<br>• *Temporarily* approved platforms (FaceTime, Zoom, Skype) | Provider should block number if using personal device<br><br>Telehealth solutions can be deployed within hours or days<br><br>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: | • Any Rx with an end date in the next 30 days<br>• Active corticosteroid Rx |
| Problem List: | • Asthma (J45.x)<br>• COPD (J44.x)<br>• HIV (B20.x)<br>• Coronary Artery Disease (I25.x)<br>• Congestive Heart Failure (I50.x)<br>• Cancer (C00 - C49)<br>• Diabetes (E10.x, E11.x)<br>• Chronic Kidney Disease (N18.x)<br>• Liver Disease (K76.x)<br>• 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: DEPARTMENT OF LABOR

| Oversight | Program | Description | Duration of Relief |
|---|---|---|---|
| NYS Department of Labor | Shared Work Program | Alternative to laying off workers during business downturns by allowing them to work reduced work (by 20%-60%) and collect partial unemployment benefits. | 26 weeks of Shared Work benefits per year |
| NYS Department of Labor | General Unemployment | If you worked in New York State within the last 18 months, and have loss your job through no fault of your own, you can file a claim for UI. | Benefits can be covered up to 39 weeks |
| NYS Department of Labor | Pandemic Unemployment Assistance (PUA) | Financial assistance for Americans unable to work due to coronavirus pandemic but do not qualify for traditional unemployment insurance (e.g. freelance worker). | Benefits can be covered for up to 39 weeks |

# FINANCIAL RESOURCES: DEPARTMENT OF LABOR

| Oversight | Program | Description | Duration of Relief |
|---|---|---|---|
| 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.<br><br>(Q&A on Leave Provisions) | **Paid leave:** Up to 80 hours paid sick leave to $511/day<br>**Caregiver leave:** 80 hours to $200/day.<br>**Family leave:** 10 weeks $200/day max, to care for child whose school or care provider is unavailable. |

# 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 | **Open as of 4/27 10:30am** |
| 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, now processing backlog** |
| 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. | Initial payments to Medicare providers made. Second payment in process – if you received first payment, **you must check Attestation Portal to see if you must enter data** |
| 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 | **No longer accepting provider requests** |

# 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 18th |

# 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 |

# 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!

NYC REACH
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