Adirondack Health Institute

Lead • Empower • Innovate

Practice Transformation Workgroup

PRESENTED BY:

Louann Villani, RN AHI

Brenda Stiles, RN ACO

May 21, 2020

Agenda

- Opening/Welcome – L.Villani
- Telehealth – K.Cook
  - *What do you need help with? If you have any specific questions, please send ahead*
- NCQA, PCMH Updates and Green Center/Primary Care Collaborative Survey – L.Villani and J.Swartzman
  - *Do you have any questions about Annual Recognition? NCQA updates?*
- High Risk Patients and Risk Stratification – L.Villani and B.Stiles
  - *What are you doing to ID patients? Do you need any assistance?*
- Payer Update and Challenges – B.Stiles
- Open Forum

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Telehealth and COVID-19 Updates

PRESENTED BY:

Katy Cook, MS, CTC

Telehealth Project Manager

05/28/2020

CMS Updates as of 05.01.2020

On April 30th, the Centers for Medicare & Medicaid Services (CMS) announced through a press release an updated COVID-19 Waivers Summary Document and provider-specific fact sheets which included expansions in telehealth policy to address needs related to the public health emergency.

Changes related to telehealth are addressed on the following slides.

CMS Updates as of 05.01.2020

List of eligible telehealth codes can be found here.

MEDICARE FEE FOR SERVICE TELEHEALTH COVERAGE

MEDICARE - GENERAL TELEHEALTH POLICIES DURING COVID-19		
SUBJECT AREA	**POLICY DURING COVID-19**	**POLICY FOR FQHC/RHC**
Geographic/Site Location for Patient	No geographic restrictions, patient allowed to be in home during telehealth interaction	No geographic restrictions, patient allowed to be in home during telehealth interaction
Location of Provider	Provider able to provide services when at home, need not put home address on claim	Provider able to provide services when at home
Modality	Live Video. Phone will be allowed for codes audio-only telephone E/M services and behavioral health counseling and educational services. Other modalities allowed for **Communications Based Services**	Live Video. Phone will be allowed for codes that are audio-only telephone E/M services and behavioral health counseling and educational services. Other modalities allowed for **Communications Based Services**
Type of Provider	All health care professionals to bill Medicare for their professional services.	Temporarily added to list of eligible providers by CARES Act
Services	Approximately 180 different codes available for reimbursement if provided via telehealth. List available HERE.	Can only provide the services on THIS list via telehealth and be reimbursed by Medicare.

CMS Updates for FQHC/RHCs as of 05.01.2020

Medicare Coverage of FQHC/RHCs providing telehealth: Previously, FQHC/RHCs were not able to be paid by Medicare for telehealth services as a distant site. However, as required by the CARES Act, Medicare will now cover and reimburse telehealth services provided by RHCs and FQHCs from January 27th through the duration of the PHE. Detailed guidance can be found here, and the Center for Connected Health Policy created a great document summarizing these changes, linked here.

The key flexibilities afforded to FQHC/RHCs include:

- Any telehealth service listed in the Medicare telehealth code list may be provided by the RHC/FQHC practitioners and the RHC/FQHC must use HCPCS code G2025 to identify the services being provided via telehealth;
- Effective March 6th, patients may be at any site, including their home;
- The services can be furnished by any health care practitioner working for the RHC or FQHC within their scope of practice; and
- The practitioners can furnish the telehealth services from any distant site location, including their homes, during the time they are working for the RHC or FQHC.

CMS Updates as of 05.01.2020

CMS has added hospitals to the list of locations that qualify for an originating site facility fee when a hospital-based provider issues a clinical encounter to a Medicare patient currently under outpatient care, including patients at home. Guidance found here.

CMS is also permitting hospitals to furnish clinical services provided by a hospital-based provider practicing remotely to Medicare patients registered as hospital outpatients, including those at home. *Examples of such services include counseling education and therapy.* CMS released a hospital fact sheet, linked here.

CMS Updates as of 05.01.2020

CMS also released a FAQ document addressing issues for hospitals and CAHs regarding the Emergency Medical Treatment and Active Labor Act (EMTALA). The document has a section devoted to telehealth where hospitals and CAHs can get answers to questions such as:

- Can emergency physicians and other health care practitioners conduct medical screening exams (MSEs) under EMTALA via telehealth?
- Hospitals may consider providing telehealth appointments for patients at home as emergency medicine providers; what obligation does this create?
- Can out-of-state emergency physicians provide telehealth to beneficiaries in a different state?
- Is the rule to allow for direct supervision using interactive audio and video technology limited to the duration of the public health emergency?

Opioid Treatment Programs (OTPs) may furnish periodic assessments via telephone: During the PHE, CMS is allowing OTP periodic assessments to be furnished via two-way interactive audio-video communication technology and, in cases where beneficiaries do not have access to two-way audio-video communications technology, the periodic assessments may be furnished using audio-only telephone calls, provided all other applicable requirements are met.

More on this can be found here.

Time-Based Level Selection for E & M Telehealth: CMS allowed for the E & M level selection for office/outpatient services furnished via telehealth can be based on medical decision-making or time for the duration of the PHE. In doing so, CMS referenced typical times associated with E & M services in the Medicare public use file.

However, the times in the public use file do not always align with the typical times included in the office/outpatient E & M code descriptors, causing confusion in the physician community. CMS resolved this confusion in April by revising its policy to clarify that the times listed in the CPT code descriptor should be used.

CMS Updates as of 05.01.2020

Loosened RPM Billing Requirements: Historically, RPM services described by CPT code 99454 could not be reported for monitoring of fewer than 16 days during a 30-day period.

However, acknowledging that many patients with COVID-19 who need RPM do not need to be monitored for a full 16 days, CMS, for the duration of the PHE, is allowing RPM services to be reported for periods of time that are fewer than 16 of 30 days, but no less than 2 days.

CMS emphasized that payment for when monitoring lasts for fewer than 16 of 30 days, but no less than 2 days, is *limited to patients who have a suspected or confirmed diagnosis of COVID-19.*

Other Medicare Telehealth Policies

MEDICARE - OTHER POLICIES RELATED TO TELEHEALTH DURING COVID-19	
SUBJECT AREA	**POLICY DURING COVID-19**
End State Renal Disease & Home Dialysis Patients	CMS exercising enforcement discretion on requirement that home dialysis patients receiving services via telehealth must have a monthly face-to-face, non-telehealth encounter in the first initial three months of home dialysis and after the first initial three months, at least once every three consecutive months. ESRD clinicians no longer must have one "hands on" visit/month for current required examination of vascular access site. Clinicians will not have to meet the National Coverage Determination or Local Coverage Determination of face-to-face visit for evaluations and assessments during this public health emergency.
Nursing Homes	CMS waiving requirement that physicians and non-physician practitioners perform in-person visit for nursing home residents and if appropriate, allow them to be done via telehealth.
Hospice	During an emergency period, the Secretary may allow telehealth to meet the requirement that a hospice physician or nurse practitioner must conduct a face-to-face encounter to determine continued eligibility for hospice care.
Frequency Limitations	The pre-COVID-19 frequency limitations on subsequent in-patient visit (once every three days), subsequent SNF visit (once every 30 days), and critical care consult (once a day) were removed.
Supervision	Physician supervision may be provided using live video. For other supervision changes, see CMS Provider and Practitioner Guidance.
Stark Laws	CMS allowing certain waivers: hospitals and other health care providers can pay above or below fair market value to rent equipment or receive services from physicians; health care providers can support each other financially to ensure continuity of health care operations; and others. See CMS Physician and Practitioner Guidance.

II. Telephonic Reimbursement Overview

Payment for telephonic encounters for health care and health care support services will be supported in six different payment pathways utilizing the usual provider billing structure. See the table below for the billing pathways available for telephonic encounters during the COVID-19 State of Emergency by both FFS and Managed Care*: **Changes made in May 2020 in Bold**

Billing Lane	Telephonic Service	Applicable Providers	Fee or Rate	Historical Setting	Rate Code or Procedure	POS Code	Modifier	Notes
Lane 1	Evaluation and Management Services	Physicians, NPs, PAs, Midwives, Dentists, RNs	Fee	**Practitioner's** Office	**Physicians, NPs, PAs, Midwives:** "99441", "99442", and "99443" **RNs on staff with a practitioner's office: "99211"** Dentists: "D9991"	**POS should reflect the location where the service would have been provided face-to-face**	**Append GQ modifier for "99211" only. Modifier GQ is for tracking purposes.**	New or established patients. **Only use "99211" for telephonic services delivered by an RN on staff with a practitioner and the practitioner bills Medicaid. Append the GQ modifier**
Lane 2	Assessment and Patient Management	All other practitioners billing fee schedule (e.g., Psychologist)	Fee	**Practitioner's** Office	Any existing Procedure Codes for services appropriate to be delivered by telephone.	**POS should reflect the location where the service would have been provided face-to-face**	**Append modifier GQ for tracking purposes.**	Billable by Medicaid enrolled providers. New or established patients.
Lane 3	Offsite E&M Services (non-FQHC)	Physicians, NPs, PAs, Midwives	Rate	Clinic or Other (e.g., amb surg, day program)	Rate Code "7961" for non-SBHC Rate Code "7962" for SBHC **Report appropriate procedure code for service provided, e.g., "99201" – "99215".**	**POS N/A** **Service location zip code + 4 should reflect the location that describes where the service would have historically been provided face-to-face**	**Not required**	New or established patients. **All-inclusive payments. No professional claim is billed.**
Lane 4	**FQHC** Offsite **Licensed Practitioner** Services	Physicians, NPs, PAs, Midwives, **and Other Licensed Practitioners who have historically billed under these rate codes such as Social Workers and Psychologists.**	Rate	Clinic	Rate Code "4012" for non-SBHC Rate Code "4015" for SBHC **Report procedure code for service provided, e.g., "99201" – "99215".**	**POS N/A** **Service location zip code + 4 should reflect the location that describes where the service would have historically been provided face-to-face**	**Not required.**	New or established patients. **Wrap payments are available for these rate codes.**

Billing Lane	Telephonic Service	Applicable Providers	Fee or Rate	Historical Setting	Rate Code or Procedure	POS Code	Modifier	Notes
Lane 5	Assessment and Patient Management	Other practitioners (e.g., Social Workers, Dieticians, **Dentists**, home care aides, RNs, therapists, and other home care workers)	Rate	Clinic or other Includes FQHCs **Non-Licensed Practitioners**, Day Programs, **ADHC programs**, and Home Care Providers **ADHC should bill if not meeting definition for Lane 6 comprehensive payment**	Non-SBHC: • Rate Code "7963" (for telephone 5 – 10 minutes) • Rate Code "7964" (for telephonic 11 – 20 minutes) • Rate Code "7965" (for telephonic 21 – 30 minutes) SBHC: • Rate code "7966" (for telephone 5 – 10 minutes) • Rate code "7967" (for telephonic 11 – 20 minutes) • Rate code "7968" (for telephonic 21 – 30 minutes)	**POS N/A.** **Service location zip code + 4 should reflect the location that describes where the service would have historically been provided face-to-face**	**Procedure code and modifier not required.** **However, correct procedure codes should be utilized in the claim, where applicable.**	**Billable by a wide range of providers including** Day Programs and Home Care (e.g., aide supervision, aid orientation, medication adherence, patient check-ins). However, see LHCSA/CHHA assessments and RN visits which get billed under existing rates in Lane 6). New or established patients. Report NPI of supervising physician as Attending.
Lane 6	Other Services (not eligible to bill one of the above categories)	All provider types (e.g., Home Care, ADHC programs, health home, HCBS, Peers, **School Supportive**, Hospice)	Rate	All other as appropriate	All appropriate rate codes as long as appropriate to delivery by telephone	**POS N/A.** **Service location zip code + 4 should reflect the location that describes where the service would have historically been provided face-to-face**	**Procedure Code and Modifier not required. However, correct procedure codes and the "GQ" modifier should be utilized in the claim, where applicable.**	Covers all Medicaid services not covered above. Includes LHCSA and CHHA assessments, evaluations and RN visits. **ADHC bills in Lane 6 if they meet minimum guidance standards.**

Managed care plans may have separate detailed billing guidance but will cover all services appropriate to deliver through telehealth, **including telephonic, means to properly care for the member during the State of Emergency. Further detail on FFS code coverage is provided below including links to specialized guidance for mental health, substance abuse and OPWDD services.*

Notes from 05.05.2020 DOH OHIP Webinar

- NYS Medicaid will reimburse telephonic services - If it is appropriate for the member to receive the service by telephone.
- Applies to practitioners and service provider currently enrolled to serve Medicaid.
- Telephonic services should only be used when audio-visual services are NOT possible.
- Established new payment pathways for all Medicaid providers to bill for telephonic encounters.
- HHS and OCR issued notice of enforcement regarding new HIPAA requirements for telehealth.
- Providers regulated by OPWDD, OMH, and OASAS should refer to specific privacy and consent guidance from those state agencies.
- During the State of Emergency (SOE), the originating site may be anywhere the member is located - including the home. There are no limits on originating sites during the SOE.
- Distant site is where the provider is located and during the SOE that can be anywhere within the fifty United States or United States territories. This includes FQHCs and providers homes, for all patients, including patients dually eligible for Medicaid and Medicare.

Notes from 05.05.2020 DOH OHIP Webinar

Medicaid Managed Care Plans (MMCP):

MMCPs must follow FFS telehealth billing policy including the March 2020 Medicaid Update Special Edition regarding telehealth/telephonic services during the State of Emergency and subsequent updates but may follow separate reimbursement as highlighted below.

- MMCPs may have separate detailed billing guidance from Medicaid FFS.
- MMCPs must establish payment pathways for telephonic encounters, which may mirror the 6 payment pathways outlines by the Medicaid Update, but it is not required (may provide own pathways).
- Absent negotiated rates for telehealth/telephonic services, the MMCP must reimburse network providers at the same rate that would be reimbursed for face-to-face encounters.
- Questions regarding MMC reimbursement/documentation should be directed to the member's MMC plan.

Notes from 05.05.2020 DOH OHIP Webinar

Looking Ahead:

- It is unknown what the future will look like when lifting restrictions. DOH will continue to monitor and update policy guidance accordingly.
- Greg Allen stated that DOH expects that some face-to face visits may migrate to telehealth as appropriate.
- He suggests referring to specific State Agency Partner Guidance - Slide 41 provides links. Slide deck can be accessed here.
- OMH, OASAS, OCFS, and OPWDD have their own guidance.

Questions can be sent to:

- Telehealth.policy@health.ny.gov

FCC Funding Update

- In early April, the FCC announced the COVID-19 Telehealth Program, which will provide $200 million in funding, appropriated by Congress as part of the CARES Act, to help health care providers deliver connected care services to patients at their homes or mobile locations in response to the COVID-19 pandemic.

- The Program aims to provide immediate support to eligible health care providers responding to the COVID-19 pandemic by fully funding their telecommunication services, information services, and devices necessary to provide critical connected care services until the program's funds have been expended or the COVID-19 pandemic has ended. This funding is limited to nonprofit and public eligible health care providers; for more information click here.

FCC Funding Update

The 6th round of awardees was announced last week. May 6th brought the most recent award announcement, which brings the total to 82 health systems from across the United States receiving approximately $33.26 million of funding just several weeks after applications began being accepted.

- A few NYS entities that have received funding include:
  - Behavioral Health Services North
  - Institute for Family Health
  - Mount Sinai Health System
  - NYU Langone Health
  - Parker Jewish Institute for Health Care & Rehabilitation
  - White Plains Hospital Medical Center

Telehealth

https://ahihealth.org/what-we-do/telemedicine/

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Questions?

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NCQA COVID-19 Response

- Covid - 19 response page is being continually updated
  - https://www.ncqa.org/covid/?utm_medium=email&utm_source=sf&utm_campaign=covid-rp&utm_term=20200320

- At this point there are no blanket extensions for PCMH submissions, however NCQA will accept requests for extensions for practices with submission dates March-September on a case by case basis.
  - Many are through 12/31/2020 with submission due starting 12/1/2020
  - Include ways in which the organization has been impacted in the request

NCQA COVID-19 Response

- NCQA has indicated that they will show increased flexibility during virtual reviews
- Practices can show evidence of processes anytime in the past year
- It is understood that some processes may be on hold right now
- Reminder: Telehealth may be used as an alternate appointment type (AC06-1 credit)
- What are some criteria that have been impacted in your practice?
  - Proactive reminders
  - Risk stratification
  - Comprehensive Health Assessment
  - Care Transitions Outreach and follow up
  - Screening tools
  - Access

Green Center Covid-19 Primary Care Survey

Quick COVID-19 Primary Care Survey

The Green Center, in partnership with the Primary Care Collaborative, is conducting a quick clinician survey to better understand response and capacity of US primary care practices to COVID-19. The survey takes only 3 minutes to complete.

Check back Friday, May 22nd at 9AM EST for this week's survey!

Participation is voluntary, confidential, and weekly shared with federal and state policy makers. For questions, please contact Rebecca Etz PhD, Rebecca.etz@vcuhealth.org.

https://www.green-center.org/

Check Out the Latest Results

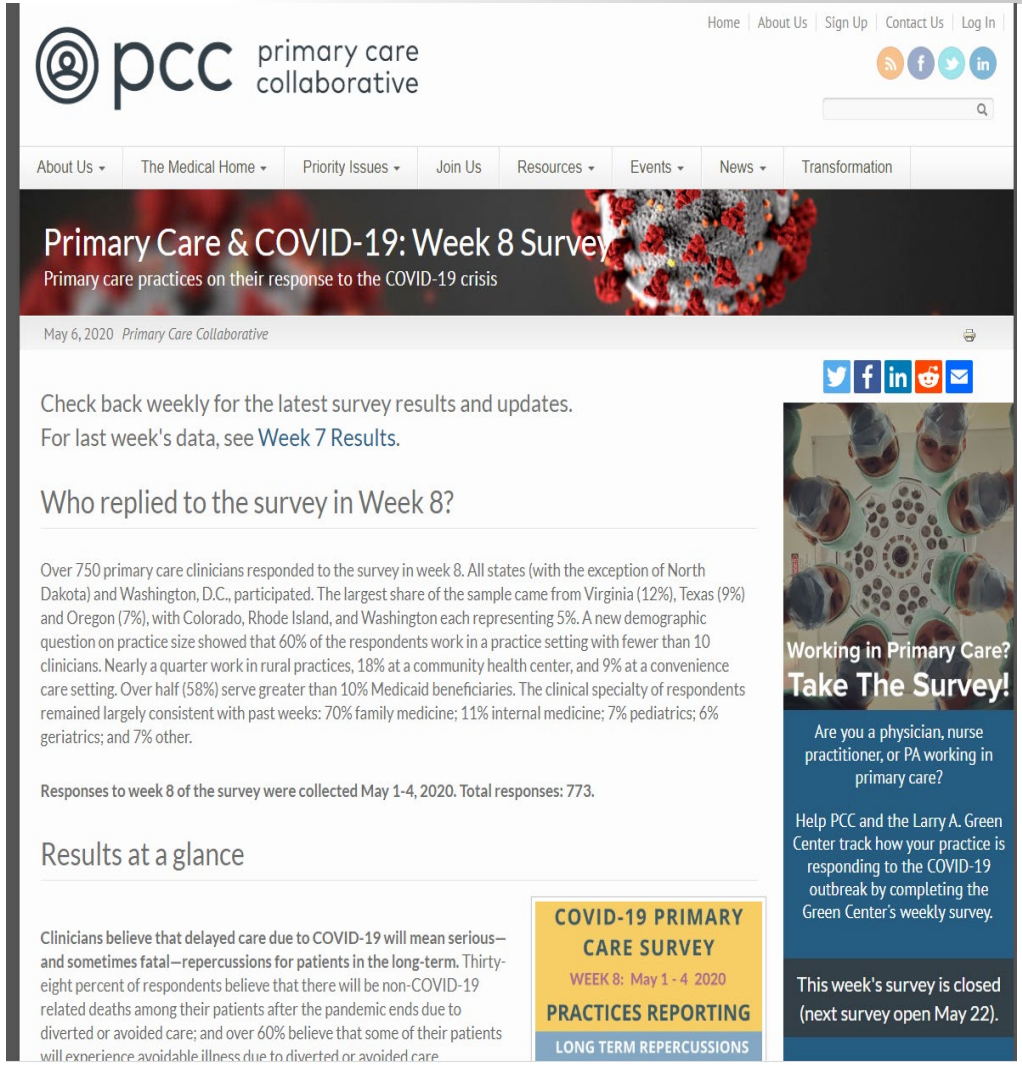
There were 2,774 clinician participants (from all 50 states) in Series 9 of our survey, fielded May 8-11, 2020. **Nine weeks into the COVID-19 pandemic, a heroic but potentially tragic story is emerging** - some key findings were:

- Over 50% of clinicians report no payments received in the last 4 weeks of virtual care, 18% report billing denied, over 60% report that their telehealth visits are not at parity with face-to-face encounters
- 42% have sought and received some relief from government or private plans
- 21% were ineligible for existing programs and had no options available
- 84% are experiencing severe or close to severe stress and have continuously for over two months

Click here for current and previous versions of the Executive Summary.

For a more detailed description and summary of all key findings, visit the Results Page hosted by our partner, the Primary Care Collaborative.

Green Center Survey Partnership with Primary Care Collaborative



- To view infographics and “results at a glance” visit the primary care collaborative website

https://www.pcpcc.org/2020/05/06/primary-care-covid-19-week-8-survey

High Risk Patients and Risk Stratification

- *What are you doing to ID patients?*
- *Do you need any assistance?*
- *ACO Reports*
- *Health Home Efforts*

Payer Update and Challenges

Brenda Stiles,RN ACO

Additional Resources

- AHI Website: https://ahihealth.org/
- AHI COVID Newsletter – M-W-F
- ACO Newsletter

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