NC Department of Health and Human Services

Telehealth Implementation Best Practices

Sharing practical ideas during the COVID-19 pandemic

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Lakeisha Moore
Office of Rural Health

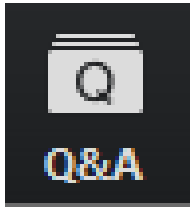
Dr. John E. Jenkins
Greensboro AHEC

Kathy Wibberly, PhD
MATRC Director

April 20, 2020

Logistics for Telehealth Best Practices

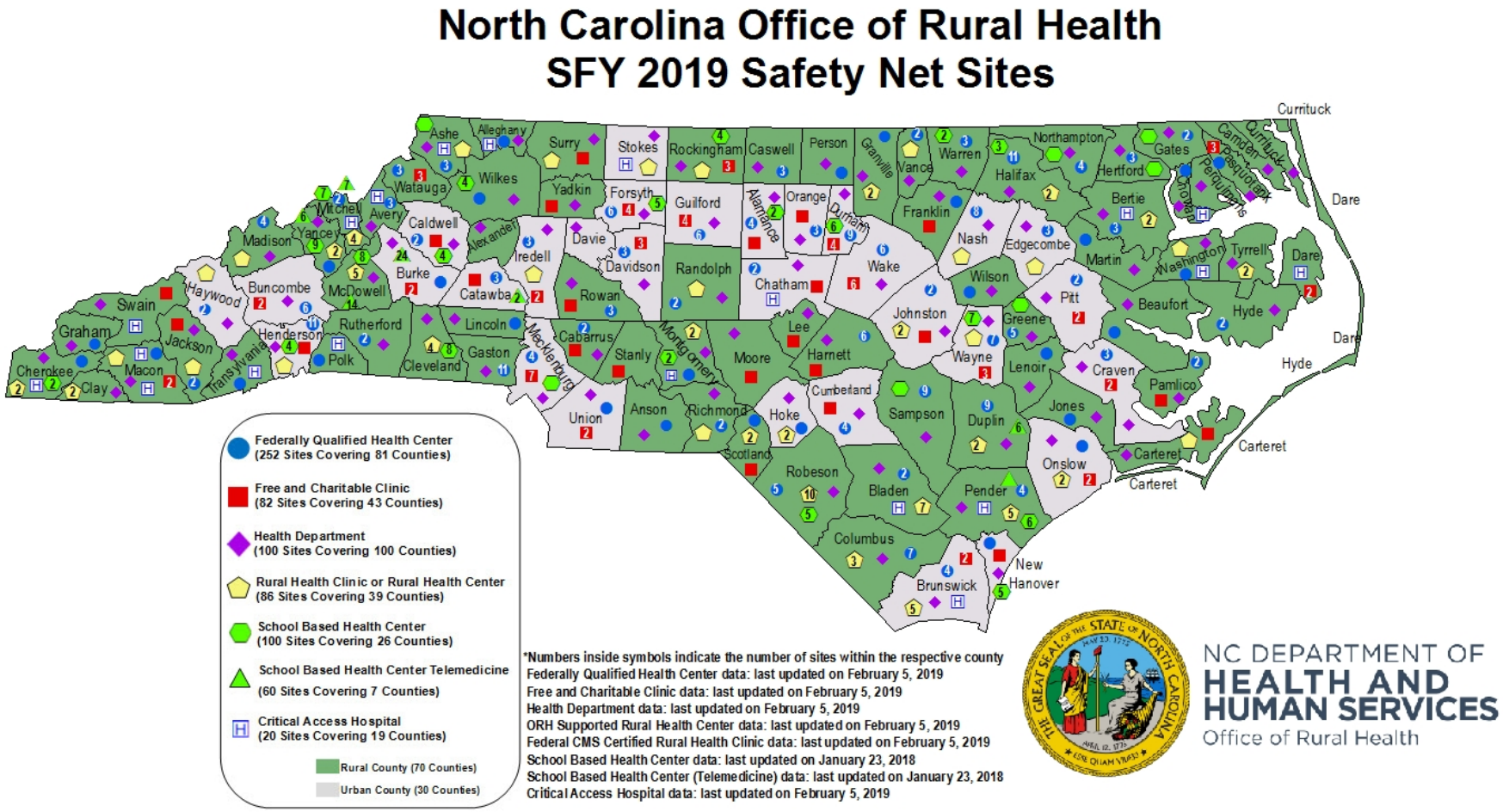
Questions during the live webinar



Technical assistance

technicalassistanceCOVID19@gmail.com

Welcome safety net sites



Agenda and Housekeeping

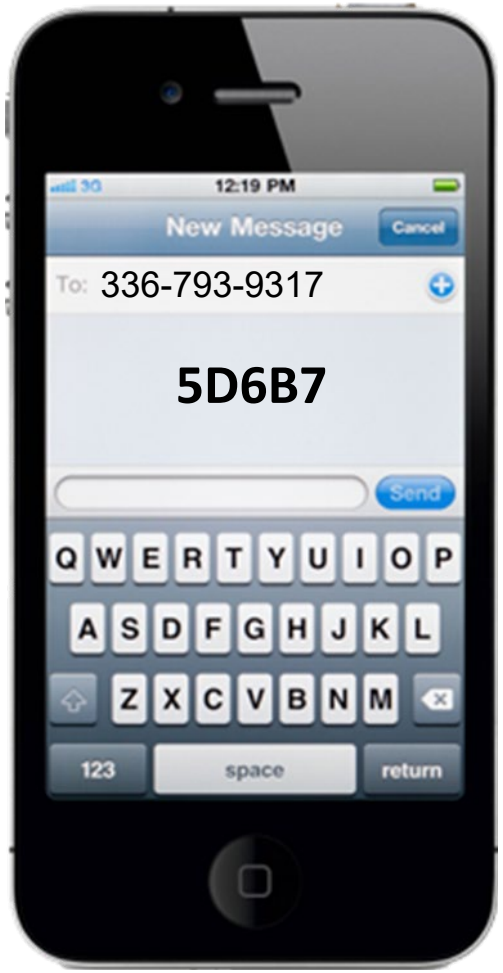
Agenda

- CME is available (**Lisa Renfrow**)
- Presentation of Telehealth Business Practices in responding to COVID-19 (**Dr. Jenkins with special guest Josh Halverson followed by Paula Locklear, and Felicia Coats**)
- Telehealth Best Practices across the region (**Kathy Wibberly, MATRC Director**)
- Question and Answer (**Robyn McArdle**)
  - Please submit your questions through Q&A

Housekeeping

- This Webinar is being recorded and will be available on the ORH and AHEC websites with slides
- If we are unable to ask the presenters your question during the session, we will consider the question for future webinar topics. You can also e-mail questions after the session to **questionsCOVID19telehealth@gmail.com**
- The goal of today's webinar is to highlight telehealth best practices for billing and other telehealth resources specific to COVID-19.
- There are additional webinars and resources on COVID-19 clinical care, NC Medicaid updates, and more listed on the NC AHEC COVID-19 Resource **webpage** and the CCNC **webpage**.

CME Credit is Available



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Bridging Education to Quality in Health Care

Part of the NC AHEC Program

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Continuing education credit is available for participants who attend the live April 20, 2020 session only. Continuing education credit is not available for those who view the archived webinar.

Telehealth Implementation Best Practices Episode 4

"To me, a leader is someone who holds her- or himself accountable for finding potential in people and processes. And so what I think is really important is sustainability."
Brene Brown

Part One:
A business conversation with **Josh Halverson,** Principal at ECG Management Consultants

THE WHY: ACCESS *and* PRACTICE SUSTAINABILITY.

What we are hearing

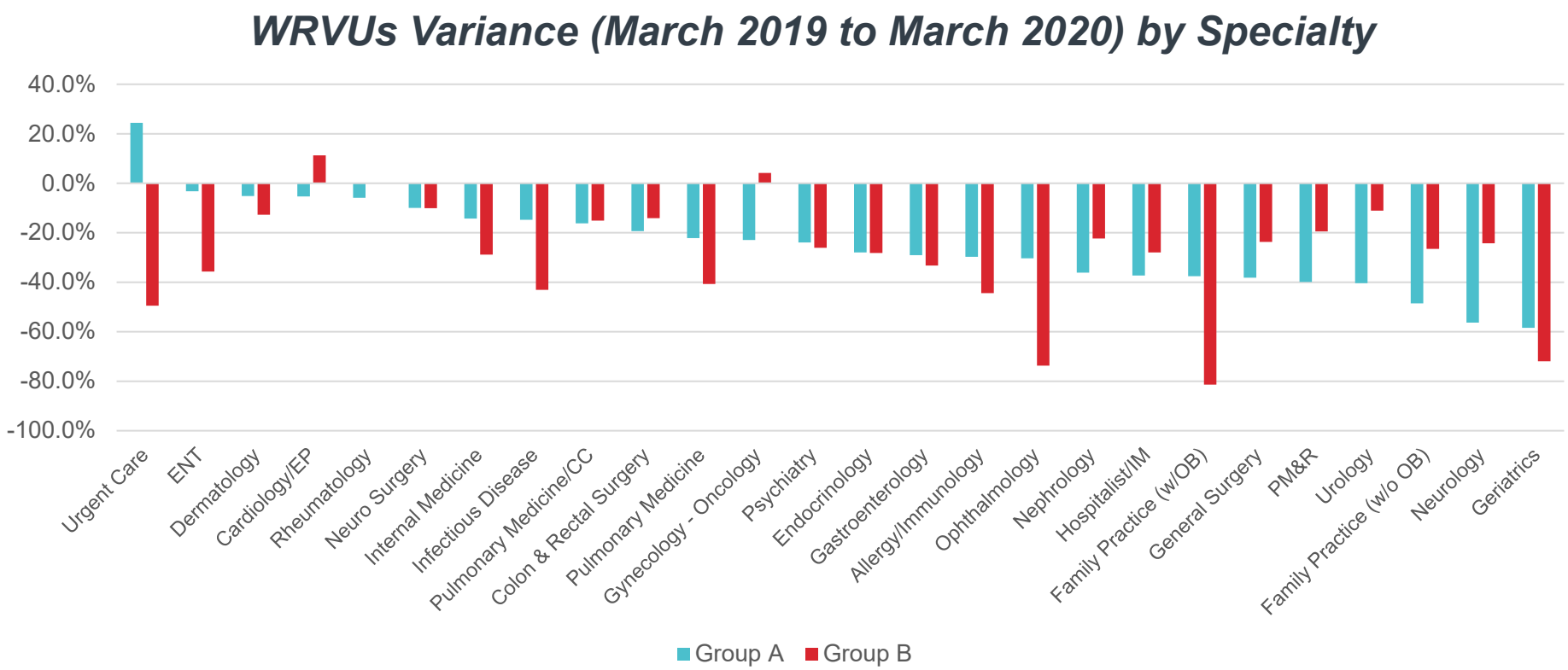
The decline in office visits and the rapid deployment of virtual visits to meet the Covid-19 crisis has resulted in practice tensions:

- Guidelines vary by payer and are frustrating staff and providers!
- What are the documentation requirements under the exemptions?
- How do we determine Telephonic vs Telehealth requirements?
- What types of visits ***by specialty*** are covered by new exemptions?
- The additional documentation and coding requirements for FQHC's and RHC's are burdensome. Direct financial support is needed.
- Delays in "reporting" only create backlogs that will eventually effect practices workflows.
- Financial worries are mounting daily.
- **AND, how will ambulatory care delivery be forever changed after Covid-19?**

https://www.physicianspractice.com/coronavirus/coronavirus-threatens-medical-practice-solvency

The Covid-19 Pandemic Has Impacted Every Part of Healthcare

When we compare work RVU's to one year ago the changes are dramatic.

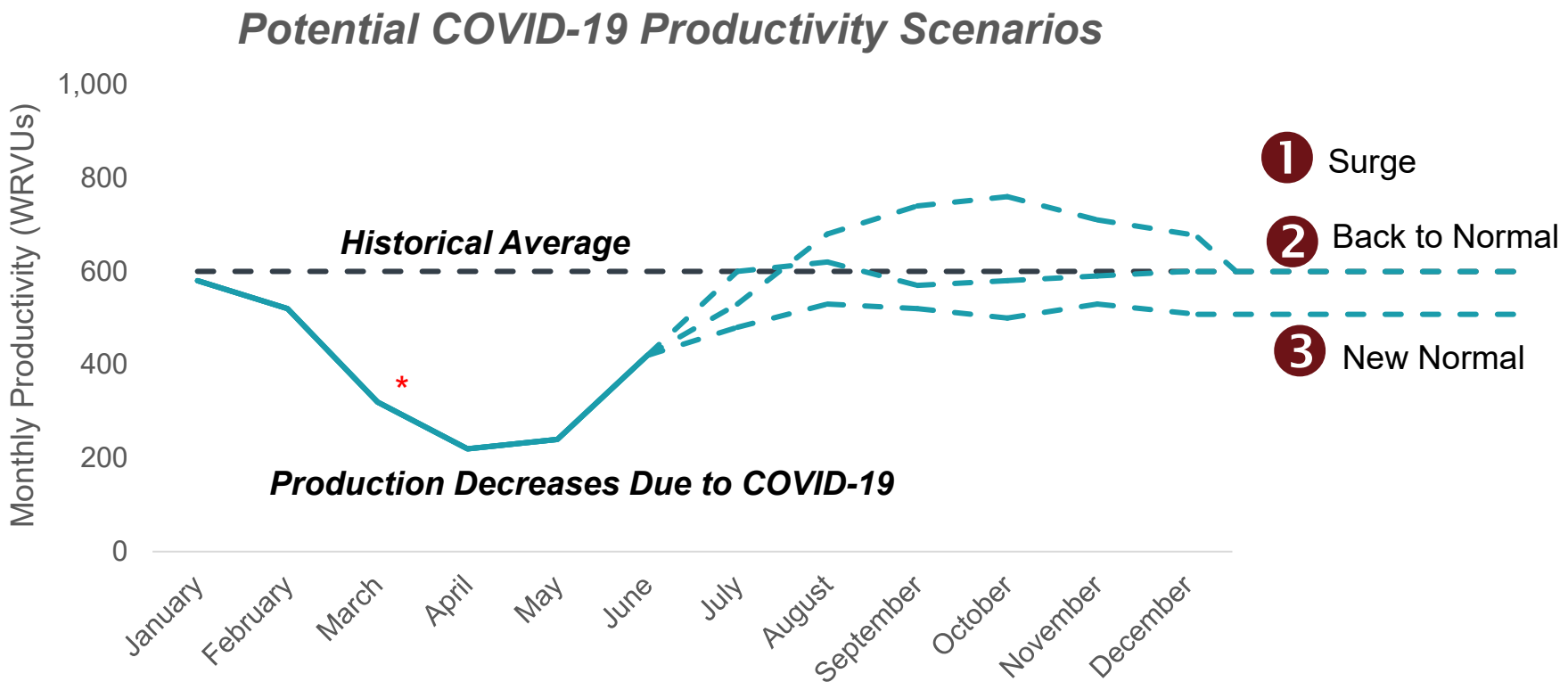


Primary Care and Preventive Services were hard hit at the beginning of the Covid-19 Pandemic

COVID-19 Productivity Impact

Many practices saw significant declines despite efforts to quickly deploy virtual care

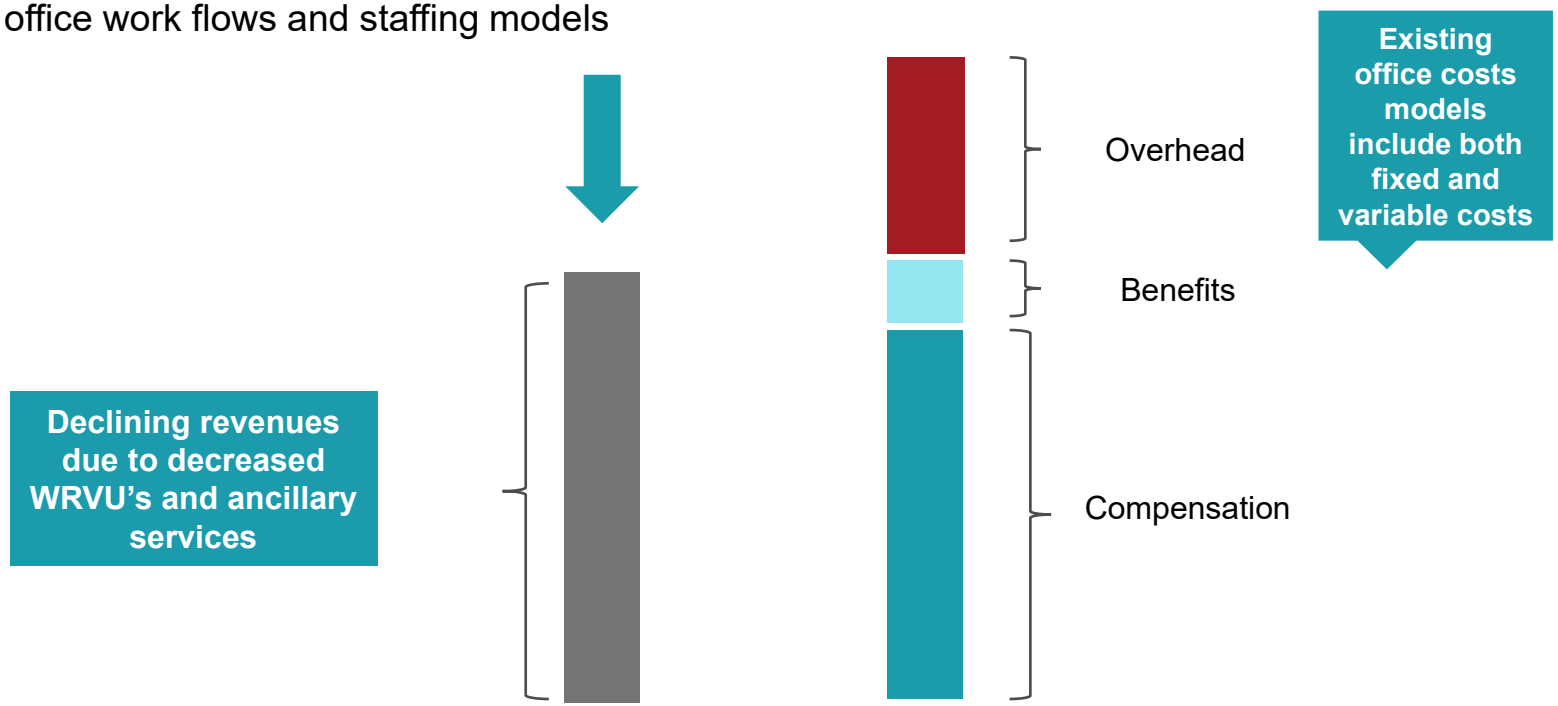
This graph illustrates a potential future production scenario for practices during and after COVID-19.



* Drop in office based visits at the onset of the pandemic

The Drivers of the Downslope in RVU's Are Leading to Economic Instability

- Sharp decline in in-person visits due to fear over the virus
- Loss of labor force
- Time to transition to virtual care models and operationalize technology
- Patient and provider delays in adopting virtual care models
- Visits documented at lower level CPT coding than traditional in-person visits
- Delays in posting charges due to regulatory "confusion"
- Low reimbursement for virtual check-in visits (telephonic)
- Static office work flows and staffing models



Potential Interventions

Practical Interventions

Income and Collections

Practice collections are based on: patient volume, payor-mix, billing performance, and payor rates. Factors that influence collections are

- **Production**: Prioritize and maximize virtual services, wellness visits, etc.
- **Billing Performance**: Evaluate realized collections relative to industry standards. Prioritize payers that have shortened payment cycles
- **Payor Rates:** Ensure reimbursement and coding procedures are adhered to, particularly relating to virtual visits.
- **Payor Mix:** Not a viable option for safety net practices

Practice Expenses

The largest practice expenses staff, space, supplies and general overhead.

- **Staff**: To the extent possible, match staffing patterns with patient demand.
  - Many practices across the country do not have sufficient patient volume to support historical staffing levels.
  - Personnel decisions are difficult.
  - If a furlough of staff is required, federal and state programs are currently providing enhanced unemployment benefits.
  - PPP and other programs have been used by non-profits.
- **Supplies and Other Variable Expenses:** Evaluate purchasing and supply chains to ensure alignment of supply inventory with patient need. Maintain financial liquidity by avoiding unnecessary inventory purchasing.

Provider Compensation

As with other sectors of the economic, the economic shock from COVID will impact physician compensation especially when compensation is WRVU based.

Part Two: Telehealth and Telephonic Billing Case Studies

Telehealth Case study: 30 year old established patient with hypertension needs follow-up visit. Patient is seen by provider through Skype.

Carrier	Medicare	Medicaid	BCBSNC	Commercial
CPT/HCPCS code	99211-99215	99211-99215 T1015 (FQHC/RHC)	99211-99215	Payer specific. Check with plan.
Place of Service	11	11 50 (FQHC) 72 (RHC)	02	
Modifier	-95	-GT , -CR No, if FQHC/RHC	-CR (Audio Only)	

-95 is a CPT code modifier
-GT is a HCPCS codes modifiers
-CR is appended as a second modifier if required by payer.

11 Office	02 Telehealth
72 Rural Health Clinic	50 FQHC

https://www.ncahec.net/covid-19/telehealth-resources/

Telephonic Case Study: Pt has an appointment, no internet access, due for follow-up for her controlled Type 2 Diabetes and medication refills.

Carrier	Medicare	Medicaid	BCBSNC	Commercial
CPT/HCPCS code	99441-99443 G0071	99441-99443 G0071	99441-99443 (Not covered)	Payor specific. Contact plan.
Place of Service	11 50 (FQHC) 72 (RHC)	11 50 (FQHC) 72 (RHC)		
Modifier	None required	-CR No, if FQHC/RHC		

-95 is a CPT code modifier
-GT and -GQ are HCPCS codes modifiers
-CR is appended as a second modifier if required by payer.
-Timed based codes

11 Office 02 Telehealth
72 Rural Health Clinic 50 FQHC

https://www.ncahec.net/covid-19/telehealth-resources/

Telehealth Case study: 28 year old new patient, contact with a positive COVID-19 patient in the last 4 days and reports symptoms. Patient connects to provider via Doxy.me.

Carrier	Medicare	Medicaid	BCBSNC	Commercial
CPT/HCPCS code	99201-99205	99201-99205 T1015 (FQHC/RHC)	99201-99205	Payer specific. Contact plan.
Place of Service	11	11 50 (FQHC) 72 (RHC)	02	
Modifier	-95	-GT, -CR No if FQHC/RHC	-CR (Audio only)	

-95 is a CPT code modifier
-GT is a HCPCS codes modifiers
-CR is appended as a second modifier if required by payer.

11 Office 02 Telehealth
72 Rural Health Clinic 50 FQHC

https://www.ncahec.net/covid-19/telehealth-resources/

Telephonic Case Example for FQHC

Parent calling for ADHD refill

Carrier	Medicare	Medicaid	BCBSNC	Commercial
CPT/HCPCS code	G0071	G0071	99441-99443 (Not covered)	Payer specific. Check with plan.
Place of Service	50 (FQHC) 72 (RHC)	50 (FQHC) 72(RHC)		
Modifier		-GT, -CR No, if FQHC/RHC		

-95 is a CPT code modifier
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11 Office	02 Telehealth
72 Rural Health Clinic	50 FQHC

https://www.ncahec.net/covid-19/telehealth-resources/

2019 MIPS Changes due to COVID-19

- Quality Payment Program - COVID-19 Response Fact Sheet
- Data submission deadline is extended to April 30, 2020 at 8pm ET, if you want to submit.
- If QPP receives **no submission**, the providers will receive **automatic** extreme and uncontrollable circumstances policy applied and receive a neutral payment adjustment for the 2021 payment year.
- If you **already submitted** and want to take exception, **you still can** (except for groups and virtual groups who have fully submitted data). You must apply by April 30, 2020.
- Extreme and Uncontrollable Circumstances Application

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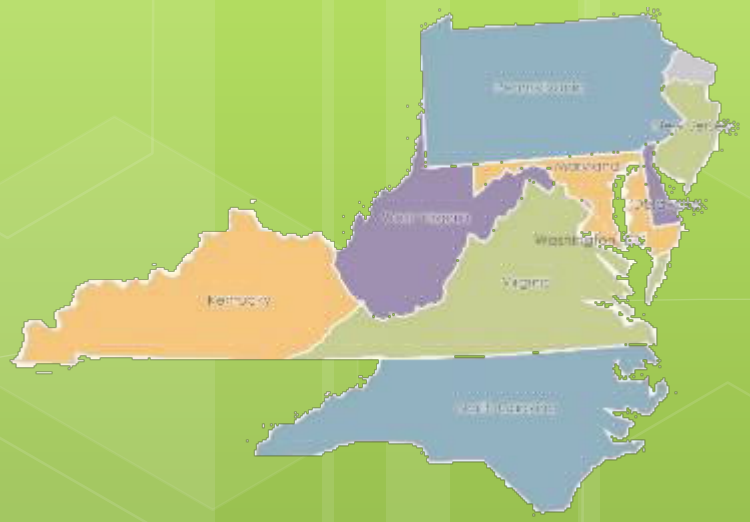
Mid-Atlantic Telehealth Resource Center



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NC Office of Rural Health and NC AHEC

April 20, 2020

Telehealth Best Practices

Telehealth

In the blink of any eye, telehealth and health care have become synonymous.

Starting Points

- **Needs Assessment**
  - *What is the problem I'm trying to solve/fix?*

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Starting Points

- **Organizational Readiness**
  - *Is my organization ready to make changes?*

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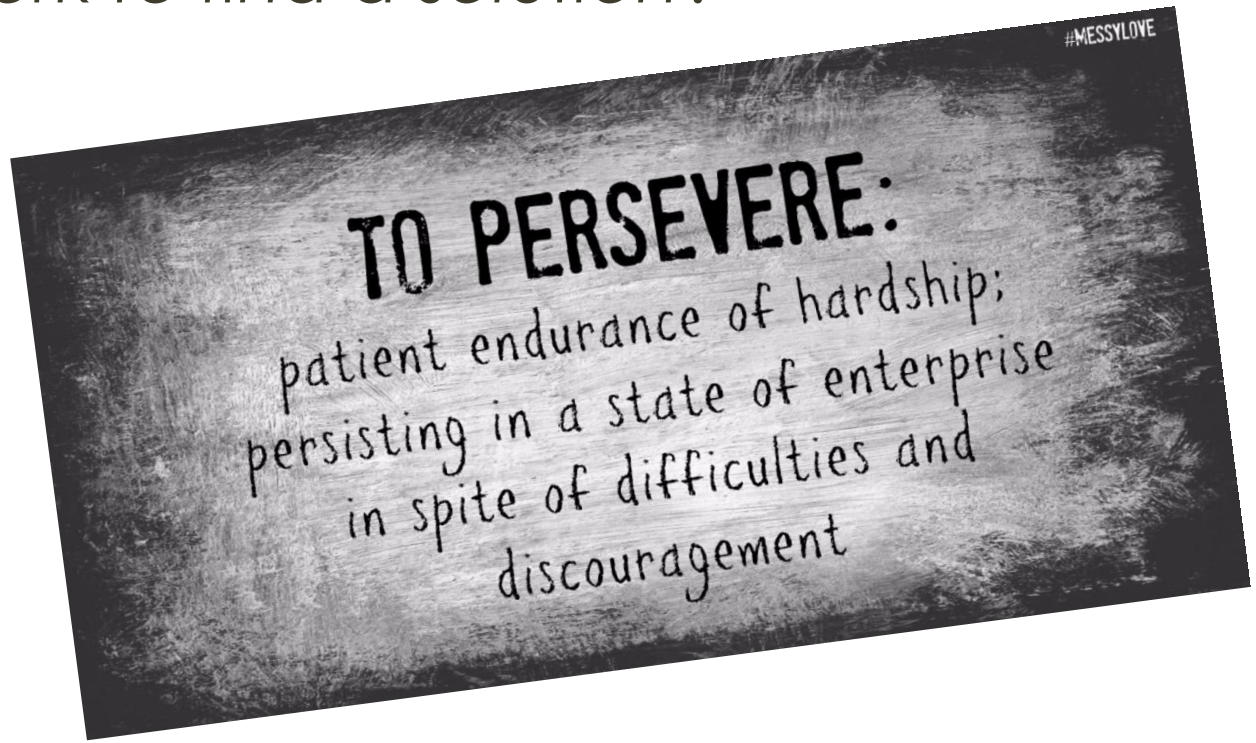
Starting Points

- **Clinical Champion**
  - *Who in my organization sees the problem and is motivated and willing to do the hard work to find a solution?*



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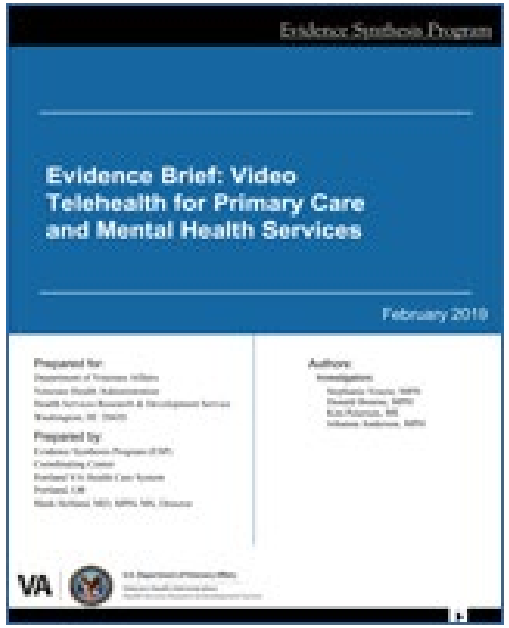
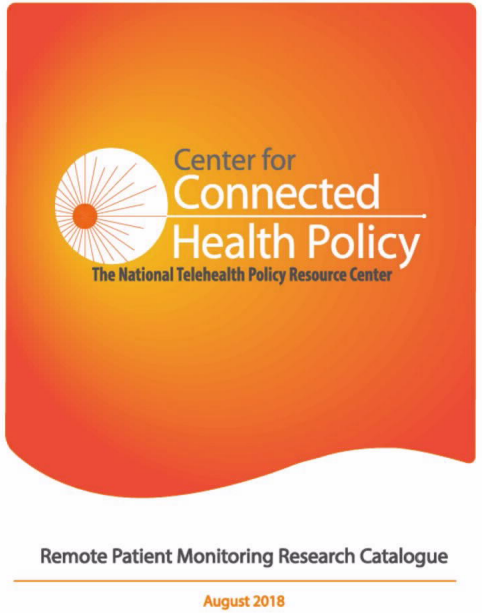
Starting Points

- **Program Model**
  - *What has been done successfully to address this problem in similar settings with similar patient demographics?*





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Starting Points

- **Technology Selection**
  - *Requirements should be defined by the program model and not the other way around!*

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Starting Points

- **Inclusive Planning**
  - *Don't work in silos! Include EVERYONE this may impact in the planning – from your front desk to billing team to clinicians and IT folks!*

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Starting Points

- **Clear Protocols**
  - *Everyone should know their roles and responsibilities!*

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Starting Points

- **Quality Improvement and Program Evaluation**
  - *Figure out what you want to measure BEFORE you start your program. It's much harder to catch a bus after it's left the station!*

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Starting Points

- **Start Small**
  - *Pilot test and get feedback at every step of the way from everyone involved. Refine, improve and update your protocols as you pilot.*

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Starting Points

- **Scale Up**
  - *Train, train, train and retrain. Make it hard to fail.*

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Starting Points

- **Just Do It!**
  - *Don't let the perfect be the enemy of the good.*

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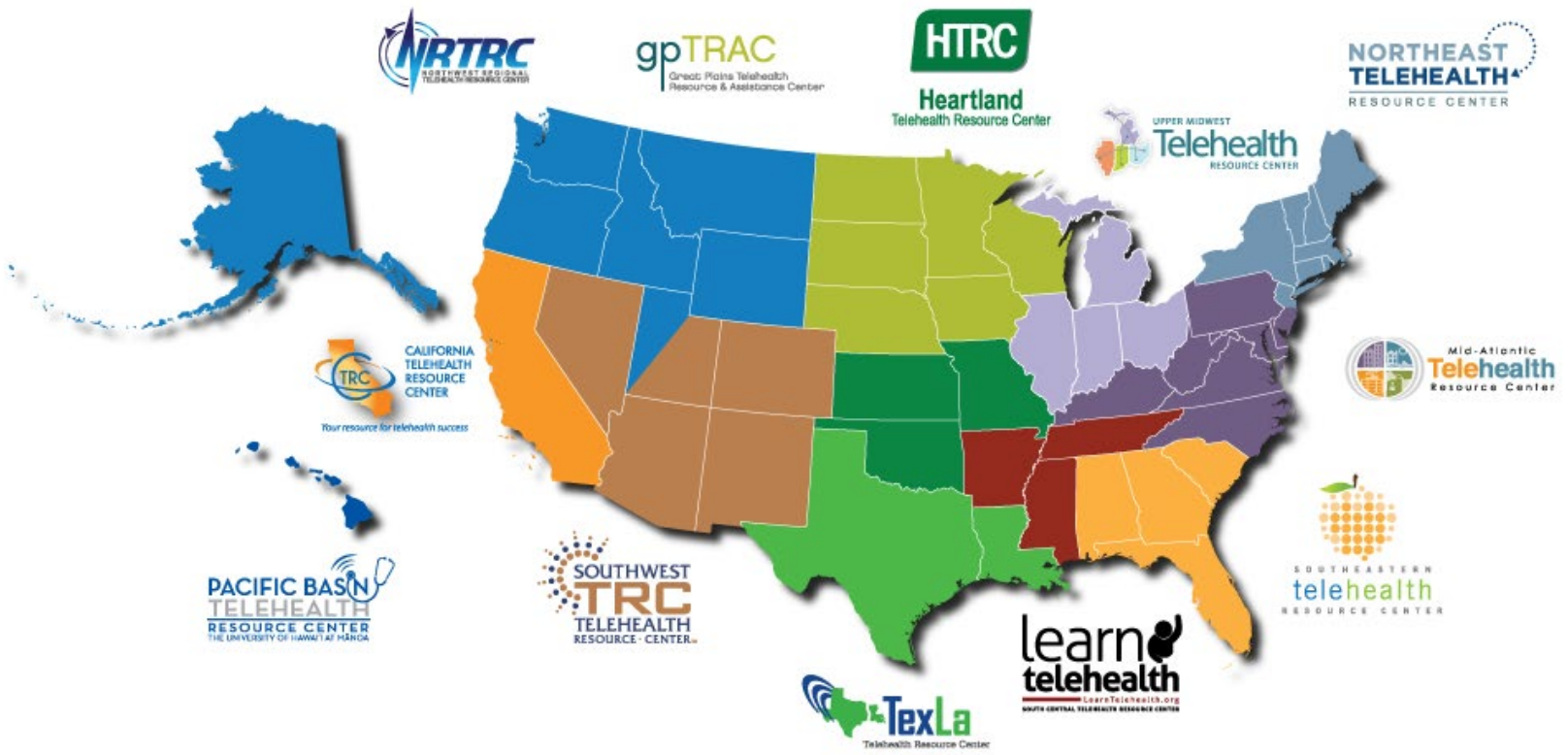
Here to Help!

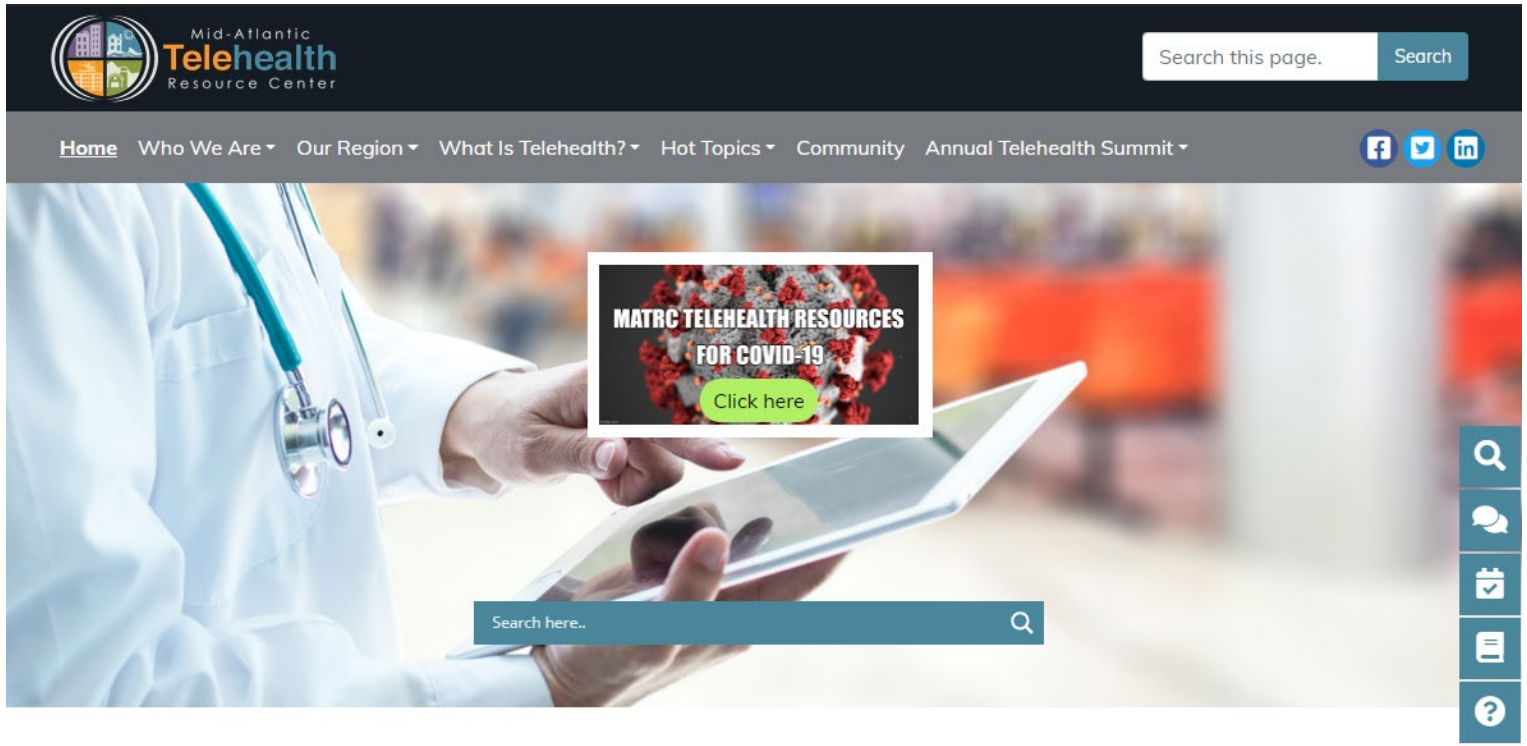
TelehealthResourceCenters.org



TTAC
TelehealthTechnology.org

Center for Connected Health Policy

MATRC



http://matrc.org/

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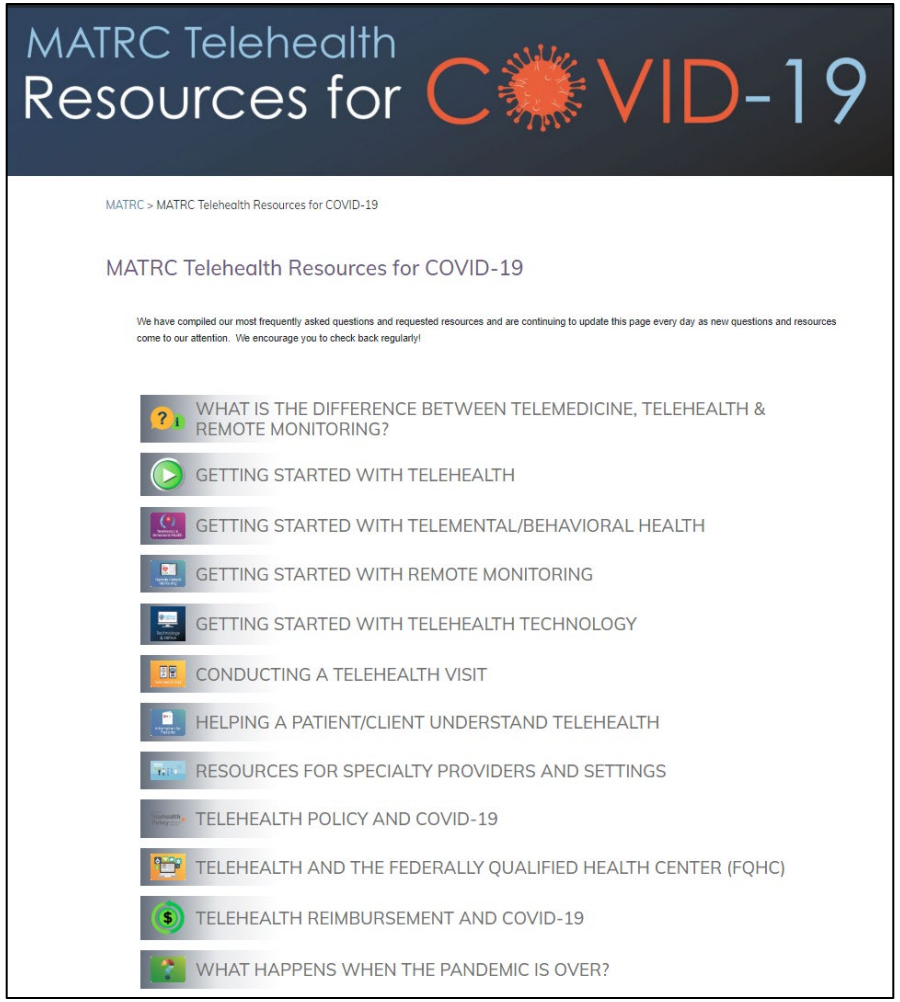

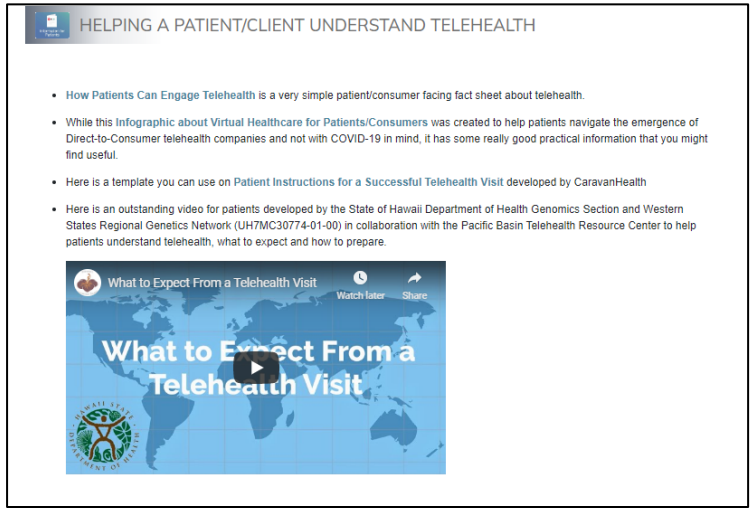

https://www.matrc.org/matrc-telehealth-resources-for-covid-19/

Contact

For More Information:

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UVA Center for Telehealth
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Phone: 434.906.4960

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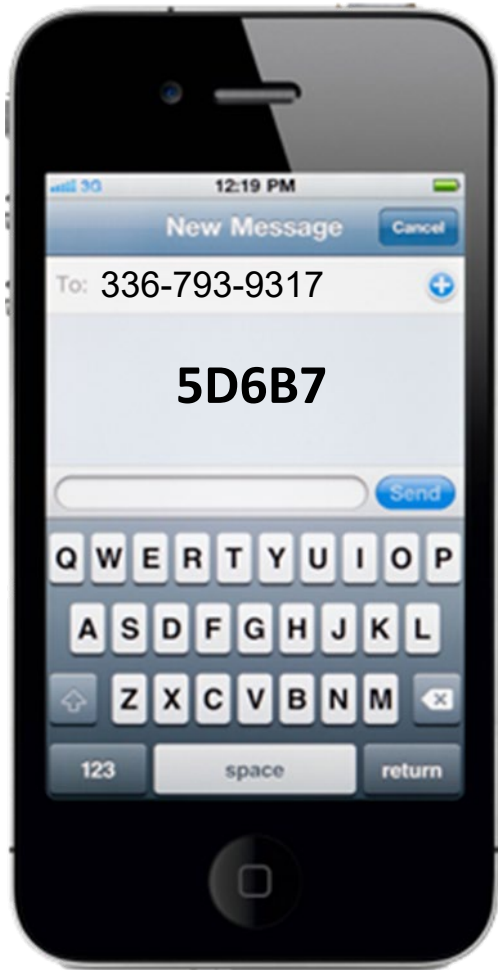

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Rural Health

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Safety Net Health Care Providers

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Email – ORH_Telehealth@dhhs.nc.gov

Health Care Providers

NC AHEC - https://www.ncahec.net/practice-support/what-we-do/

Email - practicesupport@ncahec.net

CCNC Website - https://www.communitycarenc.org/newsroom/coronavirus-covid-19-information

E-mail - ccncsupport@communitycarenc.org

State COVID-19 website: www.ncdhhs.gov/COVID19