NC Department of Health and Human Services

Telehealth Implementation Best Practices

Sharing practical ideas during the COVID-19 pandemic

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MATRC Director

April 20, 2020
Logistics for Telehealth
Best Practices

Questions during the live webinar

Technical assistance
technicalassistanceCOVID19@gmail.com
Welcome safety net sites

North Carolina Office of Rural Health
SFY 2019 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

Attention All Participants
To Receive CME Credit
Text Code: 5D6B7
To: 336-793-9317
*MyAHEC account is required for credit
For more instructions visit: www.nwahec.org/textreg
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This activity has been planned and implemented in accordance with the accreditation requirements and policies of the North Carolina Medical Society (NCMS) through the joint providership of Area L AHEC, Office of Rural Health, NC AHEC Program Office, Northwest AHEC, and Greensboro AHEC. Area L AHEC is accredited by the NCMS to provide continuing medical education for physicians.

CREDIT
The Health Education Foundation/Area L AHEC designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credits(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. All non-physicians will receive 0.1 hour of Continuing Education Units (CEUs), which is the equivalent of 1.0 contact hours.

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A commercial interest is any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. Within the context of this definition and limitation, the ACCME considers the following types of organizations to be eligible for accreditation and free to control the content of CME:
Government organizations, Non-health care related companies, Liability insurance providers, Health insurance providers, Group medical practices, For-profit hospitals, For-profit rehabilitation centers, For-profit nursing homes, Blood banks, and 501-C Non-profit organizations (Note, ACCME screens 501c organizations for eligibility. Those that advocate for commercial interests as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint sponsor, but they can be a commercial supporter.)

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.
“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
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?

The Covid-19 Pandemic Has Impacted Every Part of Healthcare

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

WRVUs Variance (March 2019 to March 2020) by Specialty

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.

Potential COVID-19 Productivity Scenarios

Production Decreases Due to 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

Declining revenues due to decreased WRVU's and ancillary services

Existing office costs models include both fixed and variable costs

Overhead

Benefits

Compensation
## 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 are 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.

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

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

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.

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<tbody>
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<tr>
<td>Modifier</td>
<td>None required</td>
<td>-CR No, if FQHC/RHC</td>
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</table>

- -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

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.

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[https://www.ncahec.net/covid-19/telehealth-resources/](https://www.ncahec.net/covid-19/telehealth-resources/)
# Telephonic Case Example for FQHC

## Parent calling for ADHD refill

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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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Telehealth Best Practices

Serving Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, Washington DC and West Virginia

NC Office of Rural Health and NC AHEC
April 20, 2020
In the blink of any eye, telehealth and health care have become synonymous.
• **Needs Assessment**
  • *What is the problem I’m trying to solve/fix?*

```
Solution Looking for a Problem

“My team has created a very innovative solution, but we’re still looking for a problem to go with it.”
```
• **Organizational Readiness**
  • *Is my organization ready to make changes?*
• **Clinical Champion**
  • Who in my organization sees the problem and is motivated and willing to do the hard work to find a solution?

**TO PERSEVERE:**
patient endurance of hardship; persisting in a state of enterprise in spite of difficulties and discouragement
Starting Points

- **Program Model**
  - What has been done successfully to address this problem in similar settings with similar patient demographics?
• **Technology Selection**
  • *Requirements should be defined by the program model and not the other way around!*
• **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!
• **Clear Protocols**
  • *Everyone should know their roles and responsibilities!*

![Roles and Responsibilities Sign](image)
• 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!
• **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.

  **PILOT TESTING**

  Getting It Right *(Before)* the First Time
• Scale Up
  • Train, train, train and retrain. Make it hard to fail.
• Just Do It!
  • Don’t let the perfect be the enemy of the good.
http://matrc.org/
For More Information:

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Phone: 434.906.4960

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Telehealth Technical Assistance is Available

Contact Us

**Safety Net Health Care Providers**

NC ORH Website - [https://www.ncdhhs.gov/divisions/orh](https://www.ncdhhs.gov/divisions/orh)

Email – ORH_Telehealth@dhhs.nc.gov

**Health Care Providers**

NC AHEC - [https://www.ncahec.net/practice-support/what-we-do/](https://www.ncahec.net/practice-support/what-we-do/)

Email - practicesupport@ncahec.net


E-mail - ccncsupport@communitycarenc.org

**State COVID-19 website**: [www.ncdhhs.gov/COVID19](http://www.ncdhhs.gov/COVID19)