

APG Webinar

An In-Depth Update on Changes in Telehealth Payment and Policy

April 16, 2020

Agenda

Welcome and Updates – Valinda Rutledge
Introduction of featured Speaker - Ray Quintero

Ray Quintero is a partner at Healthsperien
and has nearly two decades in
healthcare public policy, legislative,
regulatory, grassroots advocacy,
communications and political experience



Joining Ray will be Priya Lamba and Michael Burdos from Healthsperien

Public Health and Social Services Emergency Fund (PHSSEF)

\$100 billion in Grants
for hospitals and
providers

\$30 Billion distributed
last Friday based on
MFFS Revenue-Terms
must be accepted by
April 30th

\$20 Billion distribution
is being considered this
week based on
Medicaid and MA

The remaining \$50
Billion may be allocated
to hot-spot COVID-19
areas, uninsured, and
rural providers

Advance and Accelerated Payment

Details

- Can request up to 100 percent of Medicare FFS payment over a 3-month period
- Payments should be received within 7 days of request and will continue for 6 months
- Practices have 210 days (hosp have 365 days) to repay balance but repayment begins in 120.
- 10.25% interest starts after 210 days for outstanding balance.

Advocacy Positions

- Have identical terms as hospitals to repay balance
- Reduce Interest to 3%
- Delay start of repayment to a year
- Develop a loan forgiveness program



IN-DEPTH UPDATE ON CHANGES IN TELEHEALTH PAYMENT AND POLICY

APRIL 16, 2020

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MANAGING PARTNER
HEALTHSPERIEN

PRIYA LAMBA
VICE PRESIDENT
HEALTHSPERIEN

MICHAEL BUDROS
POLICY DIRECTOR
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WHAT WE'LL BE COVERING TODAY

- Overview
- Flexibilities by Service Type
 - Medicare Telehealth Visits
 - Telephone Only, Virtual Check-Ins, and E-Visits
 - Remote Physiological Monitoring
- HHS Office of Civil Rights Enforcement Discretion
- Changes for Medicaid, Medicare Advantage, and Commercial Plans
- Telehealth Funding Opportunities
- Additional Resources

WHAT'S BEEN RELEASED TO DATE

CMS GUIDANCE

- [CMS Medicare Telemedicine Provider Fact Sheet](#)
- [Medicare Telehealth FAQs](#)
- [CMS Blanket Waivers Summary](#)
- [CMS Physicians and Other Clinicians Flexibilities Summary](#)
- [CMS COVID-19 Interim Final Rule](#)

CONGRESSIONAL ACTION

- **Phase 1** – The Coronavirus Preparedness and Response Supplemental Appropriations Act
- **Phase 2** – Families First Coronavirus Response Act
- **Phase 3** – Coronavirus Aid, Relief, and Economic Security
- **Phase 4** – expected in coming weeks



MEDICARE TELEHEALTH SERVICES

MEDICARE TELEHEALTH SERVICES

Overall Telehealth Flexibilities

- Flexibilities for originating and distant site requirements
- Services can be furnished in/from any facility and in the home
- Providers can waive cost-sharing for telehealth services
- Telehealth reimbursement for new or established patients

Technology

- Real-time audio and visual technology
- **Permitted platforms:** Apple Facetime, Facebook Messenger video chat, Google Hangouts video, Skype, Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet
- CANNOT use public-facing applications, e.g., Facebook Live

Billing

- Use point of service (POS) normally used for an in-person service → same in-person reimbursement rate
- Include modifier -95 to indicate that the service was furnished via telehealth (with rare exceptions)
- Can continue to use POS 2 but services will be reimbursed under the unadjusted flat facility payment rate

Direct Supervision

- CMS is permitting direct supervision to be met virtually, using real-time audio and visual technology
- CMS has clarified that initial nursing assessments can be conducted via telehealth

SAMPLE OF MEDICARE TELEHEALTH SERVICES

There are over 190 telehealth services, complete list is [available on the CMS website](#)

E/M Services

- Including Office/Outpatient, Home, and Domiciliary services

General Medicare Services

- Including, Advance Care Planning, Annual Wellness Visits, Transitional Care Management

Psychiatric Services

- Including Diagnostic Evaluation, E/M

ESRD Services

- Including home dialysis

Hospital Services

- Including ED visits, observation, discharge

Hospices

- Hospices may use telehealth to the extent that the use of telehealth is capable of providing a full assessment of a patient and caregiver needs

Therapy Services

- Including Speech/Hearing Therapy, PT/OT Evaluations

Additional Sites of Service

- Including Rural Health Centers, FQHCs, HHAs, Long-term Care Facilities, Inpatient Rehabilitation Facilities



TELEPHONE ONLY, VIRTUAL CHECK-INS, AND E-VISITS



TELEPHONE ONLY, VIRTUAL CHECK-INS, AND E-VISITS

Overall Flexibilities

- In all types of locations (not limited to rural or other locations)
- Can be provided to new and established patients
- Consent can be obtained at time service is furnished by auxiliary staff under general supervision as well as by the billing clinician
- Providers can waive cost-sharing for these services

Technology

- Communication-based technology
- Telephone – audio only – services now reimbursed
 - E/M and Assessment and Management services

Billing

- Bill as you normally would for these services

VIRTUAL CHECK-INS AND E-VISITS

Type of Service	HCPCS/CPT Code	Patient Relationship	Billing	Other Information
Telephone Services and Virtual Check-Ins	Brief (5-10 mins) communication technology-based service G2012	For new* and established patients	<p>Medicare coinsurance, deductible, and cost-sharing generally apply</p> <p>Except for 99441-99443, services can be billed by licensed clinical social workers (LCSWs), clinical psychologists (CPs), physical therapists (PTs), occupational therapists (OTs), and speech-language pathologists (SLPs)</p> <p><u>Cost-Sharing:</u> Providers can waive cost-sharing for visits paid by federal healthcare programs</p>	<p>Consent, if necessary for service, can be obtained at time service is furnished by auxiliary staff under general supervision as well as by the billing clinician.</p> <p>In all types of locations (not limited to rural or other locations).</p>
	<p>Remote evaluation of recorded video and/or images submitted by an established patient G2010</p> <p>Telephone E/M 99441-99443</p> <p>Telephone assessment and management for established patients/parent/guardian 98966-98968</p>			
E-Visits	<p>Online digital E/M, up to 7 days, cumulative time (5 mins – 21+ mins) 99421 – 99423</p> <p>Qualified non-physician healthcare professional online assessment and management, for an established patient, for 7 days, cumulative time (5 – 21+ mins) G2061 – G2063</p>			

*Temporarily waived or CMS will exercise enforcement discretion



REMOTE PATIENT MONITORING

REMOTE PHYSIOLOGICAL MONITORING (RPM)

- To improve patient service access while reducing provider and patient exposure risks, CMS is looking to improve access to RPM.

Type of Service	HCPCS/CPT Code	Patient Relationship	Billing	Other Information
Remote Physiological Monitoring	Collection & Interpretation of Physiological Data, 30 mins 99091 RPM Initial Set Up and 30-Day Supply 99453-99454 RPM Treatment Management 99457-99458 Self-Measured Blood Pressure 99473-99474	For new* and established patients	Can be used for physiologic monitoring of patients with acute and/or chronic conditions	Annual consent be obtained at time service is furnished. CMS suggests clinician review consent and obtain and document verbal consent



HHS OFFICE OF CIVIL RIGHTS (OCR) ENFORCEMENT DISCRETION



OCR EASES TELEHEALTH ENFORCEMENT GUIDANCE

Notification of Enforcement Discretion

- OCR will not impose penalties for noncompliance with regulatory requirements under HIPAA Rules against covered providers in connection with the good faith provision of telehealth

Guidance on sharing patient information

- Specifying when patient authorization is not necessary

Notification of Enforcement Discretion

- To allow uses and disclosures of protected health information (PHI) by business associates for public health and health oversight activities in response to COVID-19



CHANGES FOR MEDICAID, MEDICARE ADVANTAGE, AND COMMERCIAL PLANS



MEDICAID

- Medicaid telehealth flexibilities and coverage vary state to state.

CMS has issued two guidance documents on Medicaid telehealth coverage:

[Medicaid State Plan FFS Payments for Services Delivered via Telehealth](#)

[CMS Medicaid FAQs](#)

- For additional information on what's happening in your state, please see the following resources: [Medicaid Telehealth](#) page; [Collection of State Medicaid Telehealth Changes](#); and the [National Governors Association's \(NGA's\)](#) page.

MEDICARE ADVANTAGE AND PART D

- CMS is permitting MA and Part D plans to waive cost-sharing for telehealth services and to expand their telehealth services.
- Even prior to the COVID epidemic, MA and Part D plans were permitted broadly to expand their telehealth offerings in their basic and supplementary benefit packages.
- The new flexibilities in Medicare (Parts A & B) will continue to drive that trend.

Telehealth Services for Risk Adjustment

- APG vigorously advocated for this waiver
- MA organizations and other organizations that submit diagnoses for risk adjustment can qualify
- Must meet criteria which means allowable inpatient, outpatient, or professional service and from a Face-to-Face encounter
- Applies to both Risk Adjustment Processing System (RAPS) and Encounter Data System (EDS)
- Needs both audio and video capability (Smartphone but not landline)
- Use POS code (02) or use CPT modifier 95 with any POS
- Questions can be sent to Riskadjustment@cms.hhs.gov

COMMERCIAL TELEHEALTH CHANGES

- CMS' March 24 guidance states that while individual and group plans are generally not permitted to change a product mid-year, the agency will not take enforcement action against any issuer that chooses to provide greater coverage or to reduce or eliminate cost sharing for all services, even those not related to COVID. trying to access telehealth technology.
- Legislation allows high-deductible health plans (HDHPs) to provide coverage of telehealth services before the deductible for beneficiaries in 2020 and 2021 without said coverage potentially applying against the plan's status as a "high-deductible" plan.
- Legislation allows self-insured plans to cover telehealth for all services – not just COVID-related – through December 2021.



TELEHEALTH FUNDING OPPORTUNITIES



FUNDING OPPORTUNITIES: FEDERAL COMMUNICATION COMMISSION (FCC)

- FCC Chairman Ajit Pai has established a COVID-19 telehealth grant funding program using the \$200 million from the CARES Act
- Applications for receiving funding under the program are now available, and additional guidance is available on FCC's COVID-19 Telehealth Program page.

Eligible providers:

- Post-secondary education providers, including teaching hospitals and medical schools
- Community health centers, mental health centers, and health centers furnishing care to migrant populations
- Local health departments/agencies
- Not-for-profit hospitals
- Rural health clinics (RHCs)
- Skilled nursing facilities (SNFs)

Eligible Expenses:

- Voice & internet connectivity services for providers or patients
- Remote patient monitoring platforms and services
- Patient reported outcome platforms
- Store and forward services
- Synchronous video consultation platforms
- Internet connected devices/equipment, including tablets, smart phones, devices to receive connected care services at home (e.g., broadband enabled blood pressure monitors), telemedicine kiosks/carts

FUNDING OPPORTUNITIES: FCC APPLICATION STEPS

Step 1: Obtain eligibility determination from Universal Service Administrative Company (USAC)

Step 2: Obtain an FCC Registration Number (FRN)

Step 3: Register with System for Award Management

Step 4: Complete [application](mailto:TelehealthApplicationSupport@fcc.gov) and email to TelehealthApplicationSupport@fcc.gov

- Those without USAC Eligibility Determination: complete [FCC Form 460](#) using [My Portal](#) – you do not need to be an RHC to submit this form

- You will need your Tax Identification Number – TIN,
- Obtain from the [Commission Registration System \(CORES\)](#),
- Will also need a CORES username and password

Additional Resources

- [FCC Application Process Webinar Slides](#)
- [Telehealth Program FAQs](#)
- [Application Process Guidance and Instructions](#)

FUNDING OPPORTUNITIES: OTHER

- The CARES Act provides **\$29 million in grant funding through 2025 to support evidence-based telehealth networks and telehealth technologies**. Visit [HRSA website](#) for more information.
- On April 10, the Department of Health and Human Services (HHS) began distributing \$30 billion of the **\$100 billion the CARES Act allotted for the Public Health and Social Services Emergency Fund (Relief Fund)**. The Relief Fund was established to reimburse physicians and other health care providers for COVID-19 related expenses and lost revenues. Funds could potentially be used to offset telehealth expenses incurred as a result of COVID-19.



ADDITIONAL RESOURCES



MORE TELEHEALTH RESOURCES

- **CMS Toolkits**
 - CMS released telehealth toolkits for general practitioners, end-stage renal disease providers, and long-term care nursing homes.
 - Each toolkit contains a list of information from CMS and other entities on telehealth and telemedicine, including general information on telehealth, telemedicine vendors, how to initiate a telemedicine program, monitor patients remotely, and develop documentation tools.
 - Additionally, the information contained within each toolkit outlines how to use temporary virtual services (e.g. Skype and FaceTime) to treat patients during the duration of the COVID-19 Public Health Emergency.
- **Healthspieren Summary of Telehealth Flexibilities for providers**
 - An overview of the COVID-19 Telehealth Flexibilities, which apply retroactively beginning March 1, 2020.



THANK YOU & QUESTIONS

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Ongoing Advocacy Priorities

- Civil Immunity for COVID treatment and testing
- Risk Mitigation Strategies for Models in 2019 and 2020
 - COVID actions Impact on Model- 20% bump on IPPS
 - Early Advanced APM Bonus
 - No or limited downside risk with upside potential
 - COVID costs excluded
- Direct Contracting
- Support for return to Pre COVID operations



Upcoming Webinars

APG is producing a 90-minute webinar showcasing best practices among our organizational members who are handling Coronavirus (COVID-19) with resilience and solidarity. Our first **COVID-19 Case Studies in Excellence** webinar will be held on **Friday, April 17 at 3:00 pm ET**. You can register [here](#).

In addition, APG will host a **Deep Dive webinar on Medicare Advantage, Waivers and the Stark waivers** on **Tuesday, April 21 at 2:00 pm ET**. You can register [here](#).

Questions?

- Valinda Rutledge: vrutledge@apg.org
- Ray Quintero: rquintero@healthsperien.com



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