



Telehealth Outpatient COVID-19 Implementation Guide

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Overview

According to the Centers for Medicare & Medicaid Services (CMS), “Telehealth, telemedicine and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient’s health.” Several Medicare restrictions on the use of telehealth have been waived during the coronavirus disease 2019 (COVID-19) Public Health Emergency (PHE). These waivers apply to telehealth visits provided to Medicare patients from March 6, 2020 until the COVID-19 PHE ends. Resources for state and commercial payers can be found in the reference section at the end of this document.

Benefits

Offering telehealth enables Medicare beneficiaries who are high-risk for COVID-19 or have other conditions to continue receiving essential care without unnecessary exposure to other patients or staff. It also helps providers maintain fee-for-service revenues while mitigating the risks of office visits. Serving patients via telehealth enables more providers and staff to stay at home and practice social distancing, helping to “flatten the curve” of COVID-19 spread. Fewer office visits mean medical facilities can conserve supplies such as personal protection equipment (PPE) that may be in short supply.

Eligibility

- Services
 - A wide range of Medicare services can now be provided via telehealth to all Medicare beneficiaries and reimbursed at the same rate as in-person visits. This includes evaluation and management visits (99201-99215), annual wellness visits (G0438-G0439) and behavioral health services. The full list of services is available at <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>.
 - Any reasonable and necessary Medicare services may be provided via telehealth (not just services related to COVID-19).
- Clinicians
 - Telehealth services can be provided to Medicare beneficiaries by physicians, nurse practitioners, physician assistants, clinical psychologists, licensed clinical social workers (LCSWs), registered dietitians and nutrition professionals, as appropriate, to the individual service billed.
 - Practitioners can provide only those services within their scope of practice and consistent with Medicare benefit rules.
 - Providers can now furnish telehealth services from their home.
 - Providers licensed in any state can now provide telehealth services to patients in any other state.
- Patients
 - Patients can now receive telehealth services in their home or other setting of care.
 - Telehealth services are now available to both new and established Medicare patients.

Key Things to Know

- All services billed as telehealth must follow coding requirements specific to the code being billed. Only eligible professionals who meet specific benefit rules may render services. The COVID-19 waivers do not change which eligible professionals may render a given service.
- Telehealth services can be provided via technologies that support real-time audio and video, including Apple FaceTime, Skype, Zoom, WebEx, GoToMeeting, Google Hangouts, Amazon Chime and Doxy.me. Any decisions on technology should be approved by your IT/compliance department.

- Health Insurance Portability and Accountability Act (HIPAA) guidelines should always be considered when providing telehealth services. That said, during the COVID-19 PHE, the Health and Human Services (HHS) Office for Civil Rights (OCR) will “waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies.”
- To the extent possible, telehealth should be conducted in private settings. If this is not possible, clinicians should implement “reasonable HIPAA safeguards to limit incidental uses or disclosures of protected health information (PHI),” including “using lowered voices, not using speakerphone or recommending the patient move to a reasonable distance from others when discussing PHI.”

Prepare (Identify what is needed for your facility; incorporate tasks needed into your PLAN)

<i>Budget</i>	Some technologies that can be used for telehealth require no fees (e.g., FaceTime, Google Hangouts). Other technologies offer both free plans and paid plans with more features (e.g., Zoom starting at ~\$15/month, WebEx starting at \$13.50/month and Doxy.me starting at \$35/month). Some technologies only offer paid plans (e.g., Goto Meeting starting at \$12/month). Amazon Chime offers a free basic plan and premium pay-as-you-go plans. Prices listed are estimates only.
<i>Staffing</i>	<p>Establishing a broad-based support team in the beginning stages of telehealth will set your practice up for success. Support team roles can include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • <u>Administrative champion</u>: Responsible for managing and recruiting telehealth partners (vendors, payer partners, service vendors, etc.), establishing a training protocol for staff and providers delivering telehealth and assisting in overcoming barriers to telehealth • <u>Financial champion</u>: Responsible for understanding the cost and billing requirements for delivering telehealth services; assists with ensuring clinical documentation, Current Procedural Terminology (CPT)[®] and proper coding guidelines are followed • <u>Clinical champion</u>: Responsible for identifying clinical needs, including training clinical staff in telehealth workflows and establishing a protocol for which patients will receive telehealth services • <u>Technical champion</u>: Responsible for assessing technology capabilities within the clinic, assisting care team members with technology and helping patients understand and connect to telehealth visits
<i>Equipment/ applications</i>	<ul style="list-style-type: none"> • For clinic <ul style="list-style-type: none"> ○ Telehealth technology; smart phones, tablets or computers; internet access • For patient <ul style="list-style-type: none"> ○ Smart phone, tablet or computer; internet access
<i>Training</i>	<ul style="list-style-type: none"> • Each of the technologies indicated above offer self-service help and training materials. • Your practice will need to train staff in the use of telehealth technology(s) and in supporting workflows. • Practices should identify appropriate staff to fill the roles identified in the staffing section above to ensure proper training is provided to schedulers, clinical staff, billing staff and patients prior to a full telehealth rollout. • Prior to telehealth rollout to patients, consider hosting a dry run with your care team to ensure a smooth visit. • Create a one-page tip sheet to help patients connect. Remember, keep it simple!
<i>Scheduling</i>	<ul style="list-style-type: none"> • Telehealth visits can be scheduled just like office visits and should comply with established protocols at your office, including visit times and length of visits. Have defined locations to perform telehealth visits and consider scheduling extra time to help patients connect. • Your electronic health record (EHR) may have specific options and workflows for telehealth visits. Consult with your vendor for more information.

<i>Billing</i>	<ul style="list-style-type: none"> • Under the COVID-19 PHE waivers, services provided to Medicare beneficiaries via telehealth will be reimbursed at the same rate as in-person visits and must follow all coding requirements for the specified code. This includes the appropriate rendering provider for the service. • The full list of services is available at https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes. • Bill with Place of Service (POS) equal to what it would have been had the service been furnished in-person. • Include Modifier 95, indicating the service rendered was performed via telehealth. • Providers have flexibility to reduce or waive patient cost-sharing for telehealth visits.
<i>EHR changes</i>	<ul style="list-style-type: none"> • Your EHR may offer integrated telehealth services. If you have not used the telehealth feature through your EHR, contact your vendor to discuss integrated options. • If your EHR does not offer integrated telehealth services, your practice may choose to develop processes and workflows to schedule, document and bill for telehealth visits outside of your EHR using the technology referenced above. • Billing initiated through the EHR or another platform will need to comply with the billing requirements defined by the CPT codes being billed and follow established protocols for submitting claims to insurance. This includes proper modifiers, complete documentation to support the CPT code and appropriate rendering provider based on coding specifications.
<i>Communication</i>	Consider developing a communication campaign to inform your patients of the type of visits available to them through telehealth. Create communication materials (fact sheet or quick start guide) for patients using the telehealth platform.
<i>Agreements</i>	Medicare does not require informed consent from patients prior to telehealth services.

Data Metrics to Consider (To monitor performance of this program/process)

- Telehealth utilization (e.g., number of virtual visits)
- Patient and clinician experience/satisfaction
- Acquisition of new patients and retention of current patients
- Avoidable ED and readmission rates
- Adherence to treatment plans

Steps to Implement (PDSA)

Plan

<i>Step 1</i>	Evaluate technology options with input/approval from IT and/or compliance departments
<i>Step 2</i>	Identify evaluation metrics (number of visits, patient/clinician experience, etc.)
<i>Step 3</i>	Identify patient panel/focus for telehealth
<i>Step 4</i>	Develop supporting workflows for scheduling, visit prep, virtual rooming, post-visit surveys, documentation, billing, etc.
<i>Step 5</i>	Develop patient communication and education plan

Do

<i>Step 1</i>	Subscribe to and/or implement telehealth technology
<i>Step 2</i>	Create tools/documents needed to track metrics and establish metric baselines
<i>Step 3</i>	Train staff and implement supporting workflows
<i>Step 4</i>	Execute patient communication and education plan
<i>Step 5</i>	Generate patient lists and recruit/schedule patients
<i>Step 6</i>	Execute telehealth services

Study	
Step 1	Compile and review data/metrics
Step 2	Monitor process and identify and implement adjustments as needed
Step 3	Continually analyze data and compare to predications, document findings
Act	
Step 1	If expectations are met, refine process and continue to monitor and adjust as needed
Step 2	If expectations are NOT met, create and implement a new PDSA cycle
References – Medicare (please check payer websites for more current information)	
<p>Medicare Telemedicine Health Care Provider Fact Sheet Summarizes three main types of virtual services physicians and other professionals can provide to Medicare beneficiaries: Medicare telehealth visits, virtual visits and e-visits.</p> <p>Medicare Telehealth Frequently Asked Questions (FAQs) Provides specific FAQs related to the recent expansion of Medicare telehealth coverage during COVID-19 national emergency.</p> <p>General Provider Telehealth Tool Kit Provides information for establishing a permanent telemedicine program, including choosing telemedicine vendors, initiating a telemedicine program, monitoring patients remotely, developing documentation tools</p> <p>Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency Outlines how the Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) “will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.”</p>	
References – Alaska (please check payer websites for more current information)	
<ul style="list-style-type: none"> • Alaska Medicaid – COVID-19 and Telehealth policy updates • Premera Blue Cross Blue Shield Response to COVID-19 and Telehealth FAQ 	
References – Hawaii (please check payer websites for more current information)	
<ul style="list-style-type: none"> • Hawaii Medicaid (Med-Quest) – COVID-19 Telehealth Guidance for Providers • Hawaii Medical Service Association (HMSA) Provider Resource Center > Coronavirus Disease 2019 	
References – Montana (please check payer websites for more current information)	
<ul style="list-style-type: none"> • Montana Medicaid - In Response to COVID-19 • Blue Cross Blue Shield of Montana COVID-19 & Telemedicine Questions and Answers • PacificSource -Provider Information in Response to COVID-19 • Allegiance Benefit Plan Management - Interim Billing Guidance for Providers 	
References – Wyoming (please check payer websites for more current information)	
<ul style="list-style-type: none"> • Wyoming Medicaid - Telehealth Changes for COVID-19 • Blue Cross Blue Shield of Wyoming - Provider Updates on Telehealth for COVID 19 	