Telehealth Conundrums

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NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

This TRC activity is supported by grants from the Office for the Advancement of Telehealth, Federal Office of Rural Health Policy, Health Resources and Services Administration, DHHS

Overview

Introductions

General Framework for Telehealth Regulation

Presentations on Specific Issue Areas

- Documentation & Billing
- Medicare/Medicaid/Payers
- Chronic Care/Collaborative Care/New Models
- FQHC/RHC issues

Break

Extended Q&A

Introduction

Catrena Smith, CCS, CPCO, CHTS-PW

Catrena Smith is Audit & Education Manager with KIWI-TEK, LLC. She brings over 19 years' experience in the health information management industry. She has served in various roles from Health Information Management Technician to Subject Matter Expert (SME). She speaks at a numerous conferences, seminars, and workshops annually. She is a former AAPC Local Chapter President, currently serves as an AHIMA and AAPC student mentor, and is an active FHIMA Volunteer. Catrena currently serves as a SME for the Florida Health Information Management Association and prides herself in helping to advance the health information management profession.

Introduction

Don Graf

Don Graf is a nationally recognized subject matter expert on telehealth. He has passionately supported telehealth expansion and reimbursement reform initiatives in Arizona and on the national stage for over twenty years. Don served on the AMA Telehealth Coding Task Force, the NQF, Telehealth Quality Framework Committee and was recently inducted into the ATA College of Fellows. He is a member of the Arizona Telemedicine Council, the New Mexico Telehealth Alliance and served as the National Telehealth Director for United Healthcare. Don currently provides telehealth consulting for provider, health system and payer community clients across the country.

Introduction

Manuel A. Castro, MD

Dr. Manny Castro is Medical Director for Behavioral Health Integration and Chief of the Department of Psychiatry at Atrium Health. Dr. Castro is a board certified psychiatrists who works in Charlotte, North Carolina. He is affiliated with Carolinas HealthCare System, Behavioral Health Charlotte, Carolinas HealthCare System University, and Carolinas Medical Center Pineville. He has 20 years of experience in creating innovative ways to provide real-time access to psychiatric care.

Introduction

Nathaniel Lacktman, Esq.

Nathaniel (Nate) Lacktman is a partner and health care lawyer with Foley & Lardner LLP, and Chair of the firm's national Telemedicine & Digital Health Industry Team. He advises health care providers and technology companies on business arrangements, compliance, and corporate matters, with particular attention to telehealth, digital health, and health innovation. Working with hospitals, health systems, providers, and start-ups to build telemedicine arrangements across the United States and internationally, his practice emphasizes strategic counseling, creative business modeling, and fresh approaches to realize clients' ambitious and innovative goals.

A Framework for Understanding Telehealth Regulation

Telemedicine is Many Things

- Primary care and specialty services/encounters
  - E.g., telestroke, telepsychiatry, tele-whatever…
  - Usually live video
- Provider-to-provider consultation
- Asynchronous communication and medical monitoring
  - Issues of identifying/establishing patients, defining services
- Direct-to-consumer services (primary/urgent)
  - Contracting directly with payers, a whole different “model”
- mHealth, consumer-facing apps

Overlapping Layers of Telemedicine Policy

- Professionals and corporations are regulated at the state level
  - Physicians, Physicians Assistants, Nurse Practitioners, Nurses, Counselors, etc.
  - Tele-services companies, medical groups, insurance companies, etc.
- Medicare
  - Federal “definitions” of telemedicine, and some significant restrictions
  - No regulations *per se*; only conditions of payment (and concepts, definitions)
- States & Medicaid
  - Medicaid varies by state; managed plans (MCOs) are regulated at state level
  - States can dabble in other areas of regulation: licensing boards, insurance, coverages
- Private Payers
  - Coverages can vary by company and plan
  - Compliant with state law (we hope), but limited transparency otherwise

Getting Paid <> Getting it Right

- Sometimes you don’t know which rules apply.
- Often you can get paid even if your bill is wrong.
- Often you can get denied even if your bill is correct.
- Sometimes you get conflicting interpretations from “experts.”
- Some situations are simply “undefined” in statute. What then?

Specific Issue Areas

Coding and Documentation

Importance of Documentation

- Continuity of care
- Payment considerations
- Provider's memory

Documentation Considerations

- Consent for telehealth services
- Clear identification as telehealth
- Distant and originating sites
- Patient demographics
- Supporting documentation
- Telehealth statement
- Authentication

Sample Telehealth Statement

This visit was conducted with the use of an interactive audio and video telecommunications system that permits real-time communication between the patient and this provider.

Medicare & Interjurisdictional Issues

Medicare Coverage and Enrollment

- Medicare Changes to Telehealth Services
- New Virtual Care (non-F2F) Services
- Interjurisdictional Enrollment, Reassignment, and Claims Submission

New Medicare Telehealth Services

- ESRD Services
- Telestroke
- Mobile Stroke Units
  - See also Emergency Triage, Treat, and Transport (ET3) Model
- Substance Use Disorder
- Medicare Advantage expansion

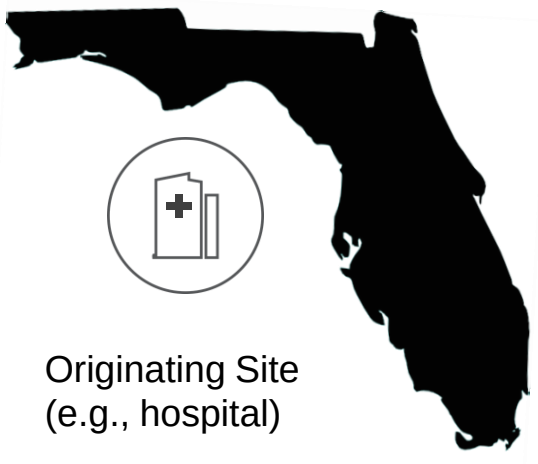
New Medicare Virtual Codes for 2019

- Virtual Check-In (HCPCS G2012)
- Remote Evaluation of Pre-Recorded Data (HCPCS G2010)
- Interprofessional Consultations (99446, 99447, 99448, 99449) 2 new (99451, 99452)

Medicare Interjurisdictional Enrollment, Reassignment, and Claims Submission

Distant Site Practitioner (FL licensed)

1. Enrollment
2. Reassignment
3. Claims Submission (prof. fee and orig site fee)



Originating Site (e.g., hospital)

Medicaid Policies and Environment

Reimbursement Conundrums

- Is patients home as originating site allowed
- Can remote patient monitoring be reimbursed
- Where is asynchronous or store and forward allowed
- Can FQHC bill for professional and or facility fees
- What specialties are allowed and where
- Is an established relationship required for billing

Source of Truth

- American Telemedicine Association GAP Reports
- Center for Connected Health Policy
- State Statue
- State Medicaid Policy
- Local/Regional Licensing Boards

Medicaid Policy Landscape

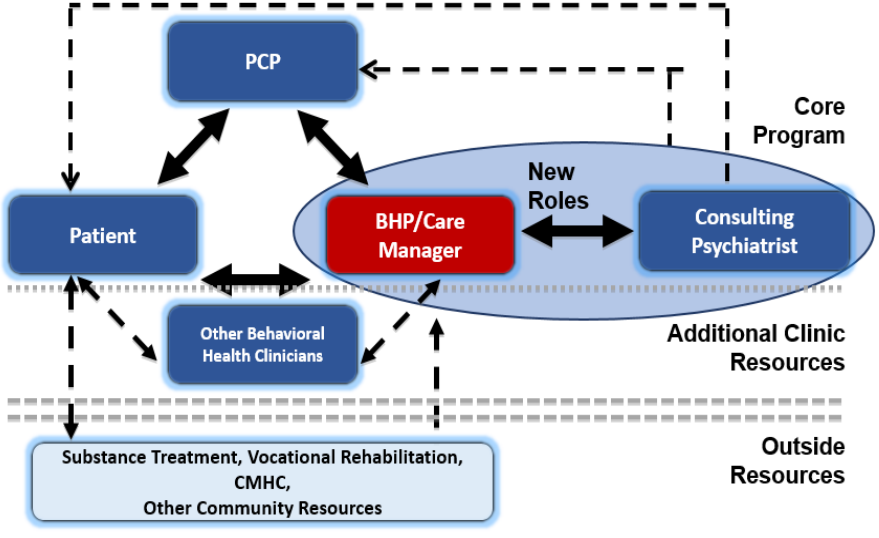
Telehealth Policy Favorability Landscape

Color coded favorable, unfavorable and no reference by essential telehealth elements

- **FAVORABLE**: Most/all top four essential elements allowed
- **UNFAVORABLE:** Most/all essential elements not allowed
- **NO REFERENCE:** Most/all four essential elements not referred to in policy

Collaborative Care and Reimbursement

Impact/ Collaborative Care Model



2 year Randomized Control Trial:
1801 Adults with Depression

12 months:
50% reduction of depressive symptoms
45% IMPACT model
19% usual care participants

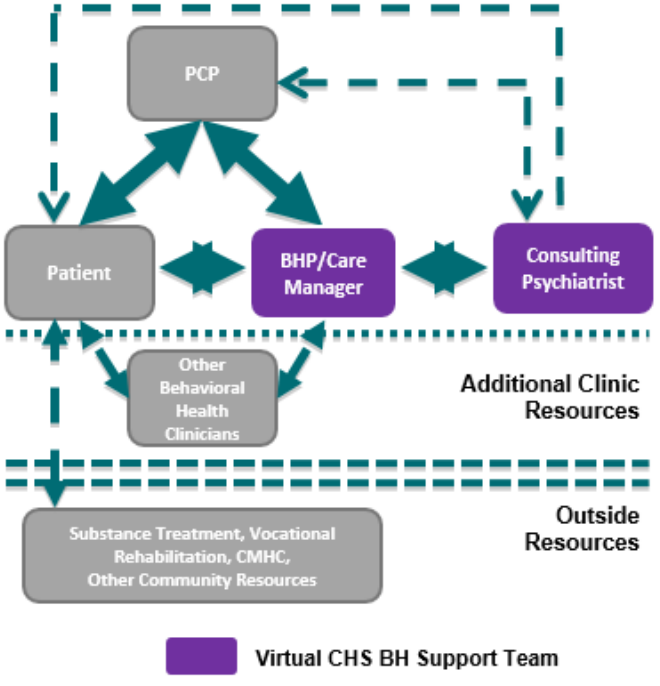
4 years
$3,300 in savings in health care spend per patient

Repeated in 80 Randomized Trials

Atrium Health Model

Virtual Behavioral Health Integration (vBHI)

The Collaborative Care Model



The Team

Behavioral Health Professional

- LCSW/ LPC/ Psych RN

Health Coach

- Bachelor level with two years' experience
- Obtain Health Coach Certification within 1 year of hire date

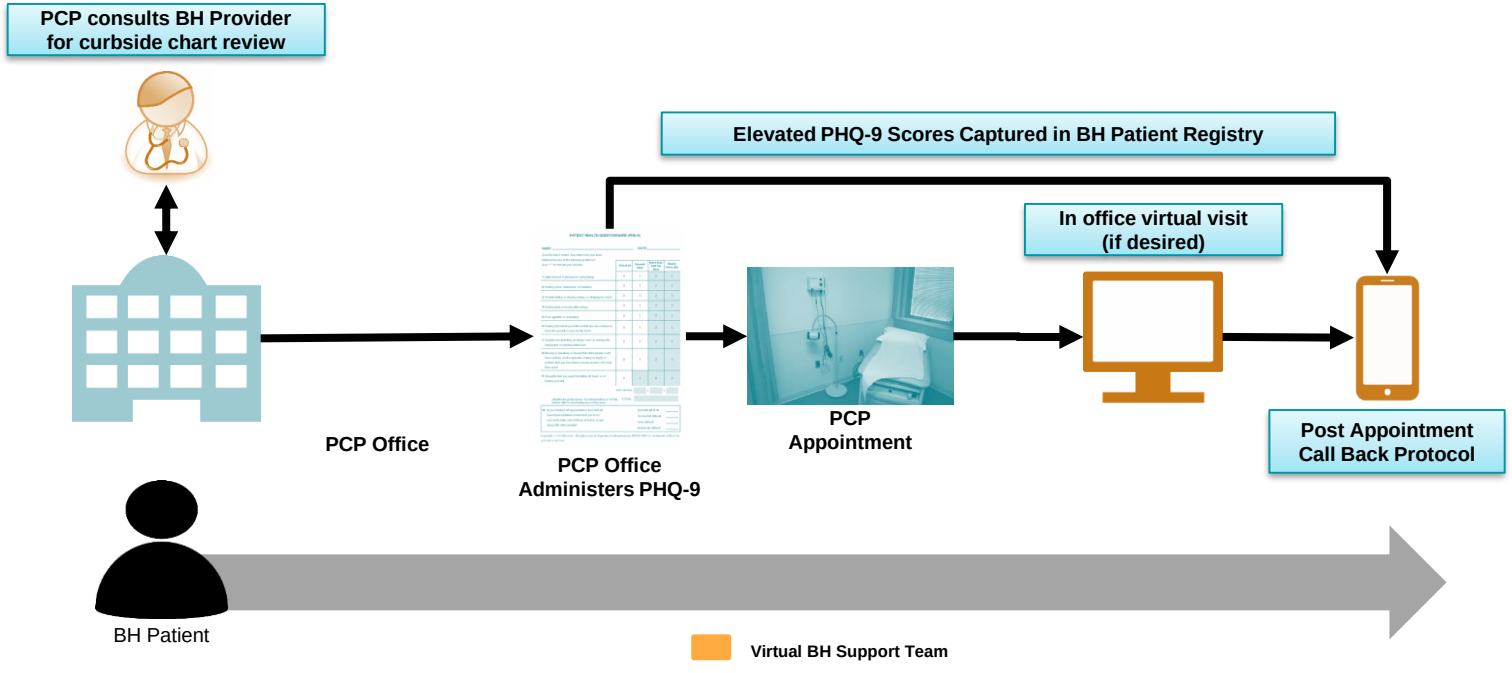
Provider

- Adult Psychiatrist
- Child and Adolescent Psychiatrist
- Nurse Practitioner

Pharmacy

- Board Certified Psychiatric Pharmacist (BCPP)

The vBHI Process



vBHI Clinical Outcomes

Depression

- 60.2% of patients receiving BHI services demonstrated 50% reduction in PHQ-9 score

Anxiety

- 65.9% of patients receiving BHI services demonstrated 50% reduction in GAD-7 score

Remission

- 44.1% of patients receiving BHI services achieved remission

Suicidal Ideations

- 88.0% of patients receiving BHI services endorsed absence of suicidal ideations upon completion of Health Coaching

Collaborative Care Codes

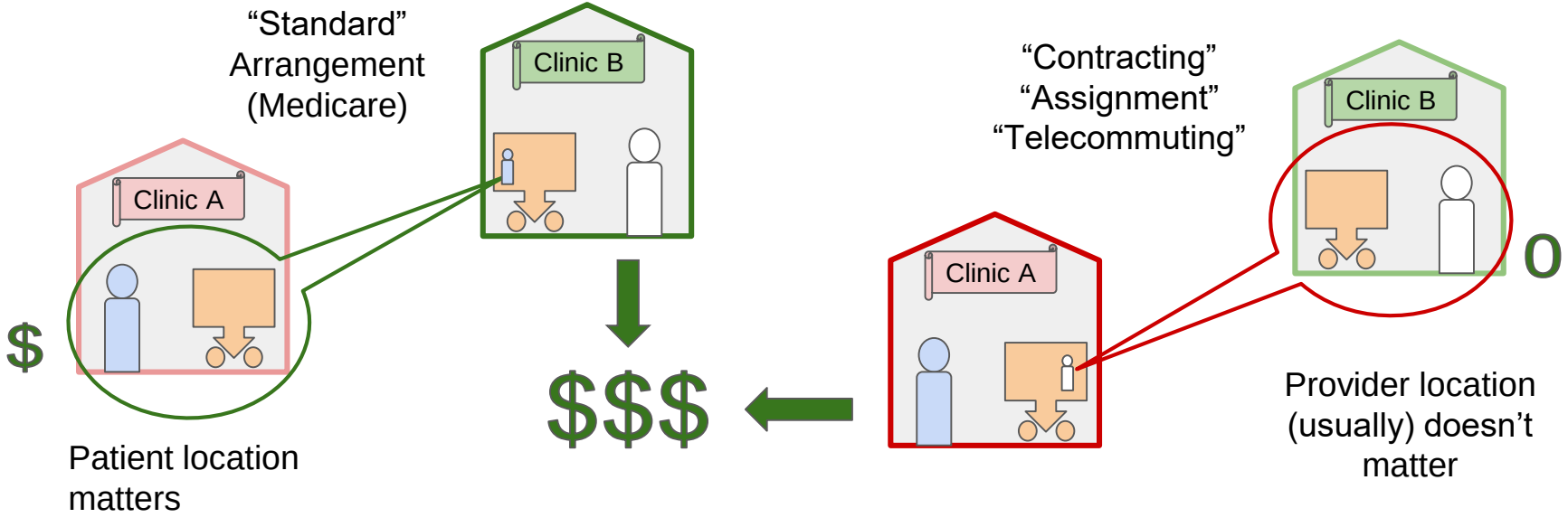
- Medicare pays for behavioral health integration (BHI) services.
  - Any behavioral health condition being addressed by the treating provider, including substance use disorders.
  - Covers virtual Behavioral Health Integration care
  - Billed by the treating provider, the Primary Care Physician
  - Incorporate the services of all three members of the collaborative care team:
    - Treating Provider
    - BH Team
    - Psychiatric Consultant

Collaborative Care Codes

CoCM	Description/Requirements	Teammates Required
99492	• First **70** minutes in the calendar month. • Outreach and Engagement of patients. • Initial assessment, validated scales and a treatment plan. • Psychiatric consultant review and recommendations if needed. • Entering patients in a registry with weekly caseload review. • Provide brief interventions (SMART goals, problem solving, coping skills).	BH Team (BHP/HC) Psychiatric Consultant Treating Provider
99493	• First **60** minutes in a subsequent month. • Weekly caseload review with psychiatric consultant with recommendations if needed. • Collaboration and coordination with treating provider. • Provide brief interventions. • Monitor patient outcomes. • Relapse prevention and preparation for discharge from active treatment.	BH Team (BHP/HC) Psychiatric Consultant Treating Provider
99494	• Each additional **30** minutes in a calendar month. • Same activities listed above.	BH Team (BHP/HC) Psychiatric Consultant Treating Provider
99484	• At least **20** minutes per calendar month. • Initial assessment or follow-up monitoring + use of applicable validated rating scales. • Behavioral health care planning, including revision for patients who are not progressing or whose status changes. • Coordination of Care (psychotherapy, pharmacotherapy, counseling, psychiatric consultation) • Continuity of care with a designated member of the care team	BH Team (BHP/HC)

Other Topics (Optional)

Who “owns” the patient (Whose patient is it?)



Collaborative Care Management

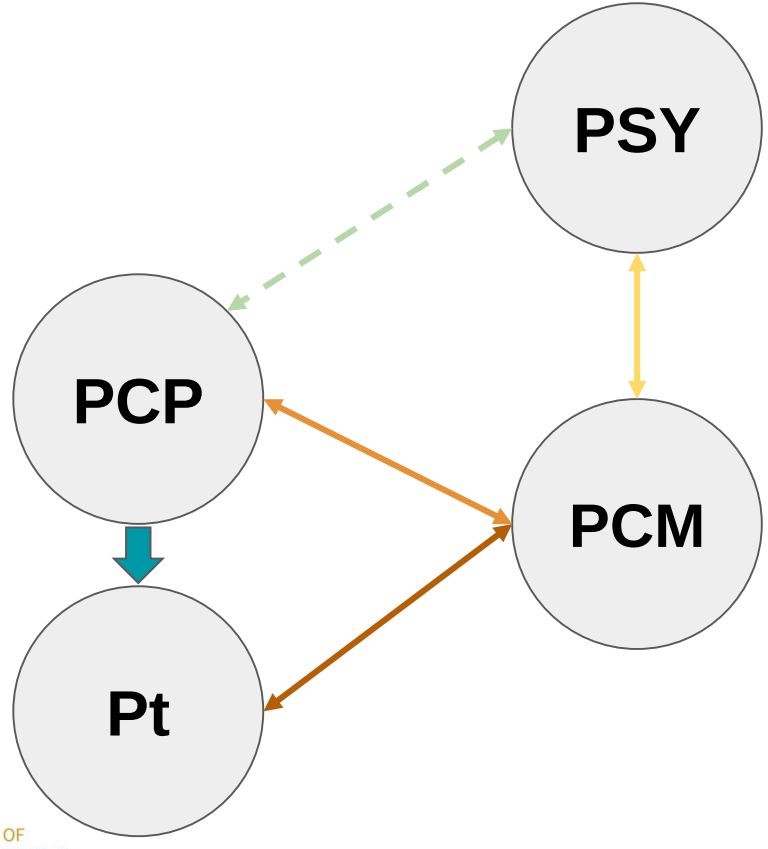


Chart review
Discussion with PCM
Recommendations to PCP

Behavioral Activation
Motivational Interviewing
Feedback to PCP
Reporting and Monitoring to PSY
Additional Therapy Services

BREAK

Please enter your questions using the conference app...

Questions & Discussion

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