



ConnectedHealth

How Do I Get Paid? Business Models and Reimbursement for Telehealth

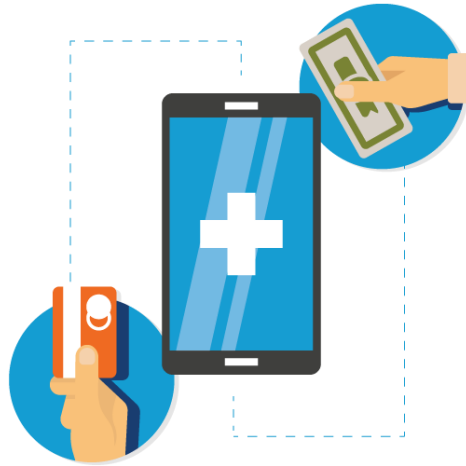
Connected Health Initiative

Brian Scarpelli

About CHI

- 501(c)(6) association effort to advance uptake of digital health tools widely
- Intersection of medical/health industry and technology innovators
- Advocate before Capitol Hill, US agencies, European Commission, etc.
- Active in key private-sector initiatives (AMA Digital Medicine Payment Advisory Group, Xcertia, etc).

About CHI



ConnectedHealth

Growing Needs (and Costs)

- 133 million+ Americans suffer from chronic conditions such as diabetes, chronic obstructive pulmonary disease, and mental illness (~171 million by 2030)
- U.S. healthcare spending to reach 20% of the entire U.S. economy 2025



Connected Health Tech in 21st Century Healthcare Systems

- Strong (and growing) body of evidence shows that connected health tech:
 - Improves patient care
 - Reduces hospitalizations
 - Helps avoid complications
 - Improves patient engagement
 - Reduces healthcare costs
- Driving Internet of Things marketplace (valued at over \$250b in the U.S. alone)
- Job creation

Challenges & Opportunities – Federal Regulatory

- HHS Centers for Medicare and Medicaid Services (CMS)
- HHS Office of Civil Rights (OCR)
- HHS Office of the National Coordinator for Health IT (ONC)
- Food and Drug Administration (FDA)
- Federal Communications Commission (FCC)
- Federal Trade Commission (FTC)
- Executive Orders
- Medicare Payment Advisory Commission (MedPAC)

CY2018 Physician Fee Schedule

- Telehealth (remains subject to 1834(m) restrictions) services list:
 - HCPCS code G0296 – Counseling visit to discuss need for lung cancer screening using low dose CT scan.
 - CPT codes 90839 and 90840 – Psychotherapy for crisis for the first 60 minutes and psychotherapy for crisis for each additional 30 minutes.
 - CMS will allow telehealth billing as an ad-on to HCPCS code G0506 and CPT codes 90785, 96160 and 96161.

CY2018 Physician Fee Schedule

- CMS is unbundling (separately paying for) CPT code 99091 (practitioner collection and interpretation of physiologic data).
 - Minimum of 30 minutes can be reported once every 30-day period, using the RVU of \$59.
 - Practitioners have to gain, and document, consent from the beneficiary before providing the service.
 - If not seen by the practitioner within the last year before billing 99091, face-to-face visit with billing practitioner must occur (e.g., Levels 2-5 E/M visits [CPT codes 99212 through 99215], part of transitional care management (TCM) services [CPT codes 99495 and 99496]).
 - 99091 may be billed during the same service period as chronic care management (CCM) (CPT codes 99487, 99489, and 99490), TCM (CPT codes 99495 and 99496), and behavioral health integration (BHI) (CPT codes 99492, 99493, 99494, and 99484) – but not for the same time as 99091.

CY2018 Physician Fee Schedule

- CMS acknowledges that its current CPT codes, including 99091, do not reflect the range of connected health innovations and how they can be used in caregiving, deferring to future work within the American Medical Association's (AMA) CPT code development process.
 - i.e., Digital Medicine Payment Advisory Group
- Remaining challenges:
 - Medicare Diabetes Prevention Program (DPP)
 - Medicare Diabetes Self-Management Training (DSME)

AMA Digital Medicine Payment Advisory Group update

- “Establishment of a clear pathway to clinical integration of digital medicine in order to ensure access to high quality and safe clinical care for patients and their physicians that promote improved health outcomes.”
- Developed code change proposals for the CPT Editorial Panel, which were accepted at its September 2017 meeting:
 - 990X0: Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
 - 990X1: device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
 - 994X9: Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month
 - 99090: deleted

AMA Digital Medicine Payment Advisory Group update

- Developed code change proposals for the CPT Editorial Panel, which were accepted at its September 2017 meeting:
 - 990X0: Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
 - 990X1: device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
 - 994X9: Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month
 - 99090: deleted
- Next steps: RUC, possible modifications, CY 2019 PFS

Quality Payment Program

- In its Merit-based Incentive Payment System (MIPS), CMS has made a major step towards incentivizing Medicare caregivers to bring patient-generated health data (PGHD) into their efforts through adopting a highly-weighted, Advancing Care Information Program-linked Improvement Activity in its Merit-based Incentive Payment System (MIPS), which will drive the new value-based Medicare system forward to into the way that they care for the millions of American Medicare beneficiaries.

Quality Payment Program

- **Activity ID, Title:** IA_BE_14, Engage Patients and Families to Guide Improvement in the System of Care
- **Subcategory:** Beneficiary Engagement
- **Weighting:** High
- **Eligibility for Advancing Care Information Bonus:** Yes
- **Full Activity Description:** Engage patients and families to guide improvement in the system of care by leveraging digital tools for ongoing guidance and assessments outside the encounter, including the collection and use of patient data for return-to-work and patient quality of life improvement. Platforms and devices that collect [PGHD] must do so with an active feedback loop, either providing PGHD in real or near-real time to the care team, or generating clinically endorsed real or near-real time automated feedback to the patient, including patient reported outcomes (PROs). Examples include patient engagement and outcomes tracking platforms, cellular or web-enabled bi-directional systems, and other devices that transmit clinically valid objective and subjective data back to care teams. Because many consumer-grade devices capture PGHD (for example, wellness devices), platforms or devices eligible for this improvement activity must be, at a minimum, endorsed and offered clinically by care teams to patients to automatically send ongoing guidance (one way). Platforms and devices that additionally collect PGHD must do so with an active feedback loop, either providing PGHD in real or near-real time to the care team, or generating clinically endorsed real or near-real time automated feedback to the patient (e.g. automated patient-facing instructions based on glucometer readings). Therefore, unlike passive platforms or devices that may collect but do not transmit PGHD in real or near-real time to clinical care teams, active devices and platforms can inform the patient or the clinical care team in a timely manner of important parameters regarding a patient's status, adherence, comprehension, and indicators of clinical concern.

Quality Payment Program

- Challenge: rule text on Alternative Payment Models (APMs) still omits discussion of telehealth/remote monitoring

2018 and beyond



Questions?

Contact

Brian Scarpelli
Senior Policy Counsel
517-507-1446 | bscarpelli@actonline.org
Connected Health Initiative