Starting a Telemedicine Program

Agenda & Objectives

Agenda

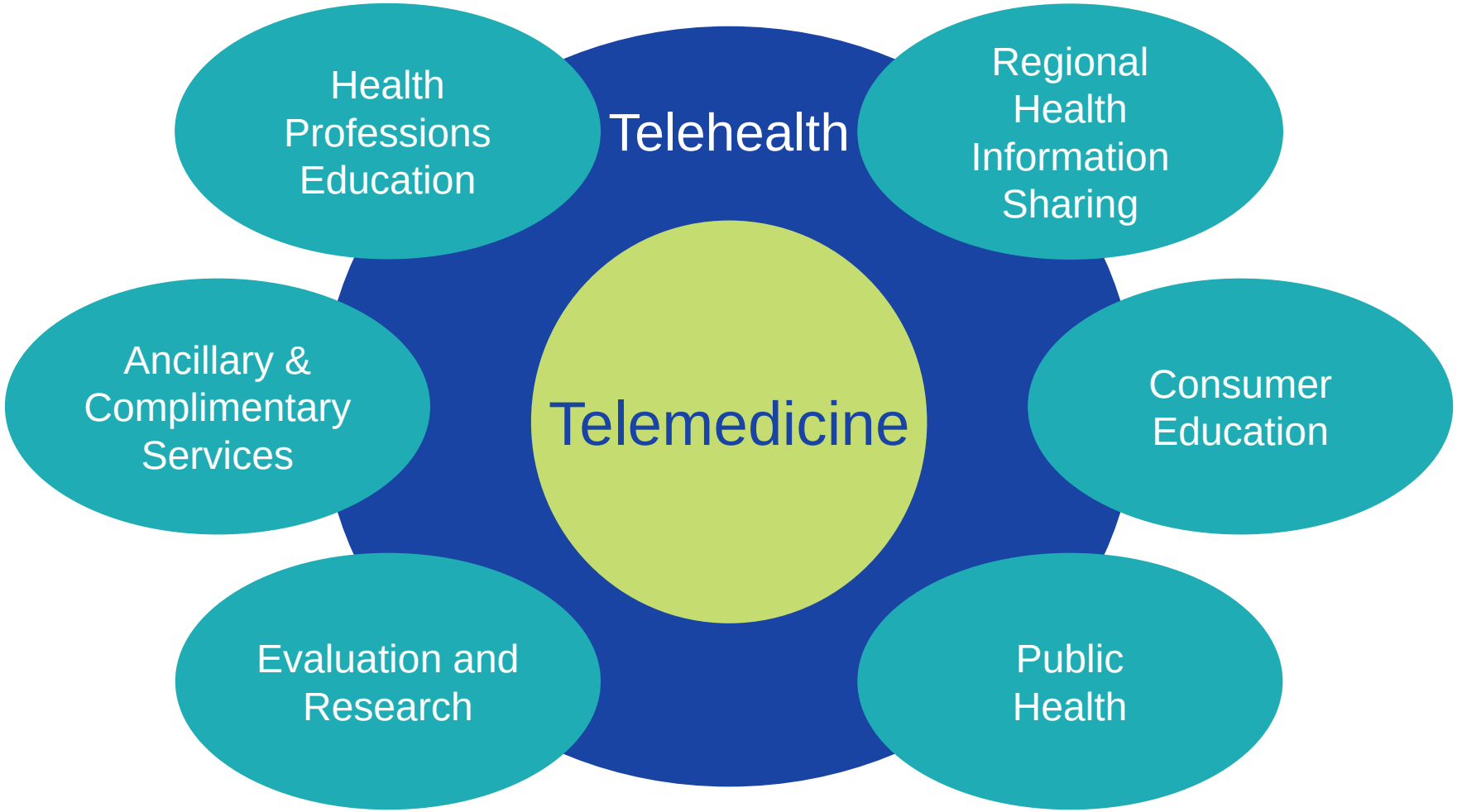
- Overview
- Starting a Telemedicine Program
- Impact of COVID-19
- Resources
- Question & Answer

Objectives

1. Understand the steps and considerations to be made in starting a telemedicine program.
2. Understand the legal and regulatory requirements of telemedicine.
3. Understand general telemedicine reimbursement rules.

Overview

Telehealth vs Telemedicine



Terminology

- Telehealth: the use of digital technologies to deliver medical care, health education, and public health services by connecting multiple users in separate locations; a broad definition of technology-enabled health care services.
- Telemedicine: the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status; clinical care from a distance
  - Distant Site: Site at which the physician or other licensed practitioner delivering the service is located at the time the service is provided via telecommunications system.
  - Originating Site: Location of the patient at the time the service being furnished via a telecommunications system occurs

Telemedicine Philosophy

- Telemedicine is a tool
- It does not/should not alter the practice of medicine

Types of Telehealth

Live Audio-Visual*	• Live two-way connection between a patient and provider via video conference software
Audio-Only	• Live two-way connection between a patient and provider via phone
Store and Forward	• Provider sends recorded health information (such as scans or photos) to a specialist
Remote Patient Monitoring	• Monitoring vital signs and transmitting information to a provider
Virtual Check-Ins (Medicare)	• Synchronous discussion over a telephone or exchange of information through video or image initiated by established patient to determine if a visit is needed
E-Visits (Medicare)	• Non-face-to-face patient-initiated communication with their doctor via the online patient portal where provider evaluates, plans, or provides treatment
Chronic Care Management (Medicare)	• Non-face-to-face services provided to Medicare beneficiaries who have multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient.

Starting a Telemedicine Program

Quick Start Checklist

- Form a Team and Plan
- Legal and Regulatory Considerations
- Get Connected
- Inform Patients
- Conduct Visits
- Billing and Reimbursement

Form a Team and Plan

Form a Team and Gather Information

- Include ALL stakeholders in the planning team
  - Providers, Nursing, and other Clinical Staff
  - Compliance/Regulatory
  - Billing/Coding and Registration
  - Administrative/Finance
  - IT Staff
- Determine what patient and community needs
  - Consider patient barriers
- Determine software and equipment needs
  - Consider what need you are trying to meet and what barriers you have to overcome (both patient and organizational)

Plan for Reimbursement

- Familiarize yourself with payment and policy
  - Including legal/regulatory and billing requirements (for all payers)
  - Reach out to your largest/highest payer
- Talk with other telehealth providers about challenges and successes
- Learn about your payers telehealth payment policy
- Ensure telemedicine/telehealth is part of your managed care contracts
- Ensure billers and coders have the information they need to bill correctly—provide ongoing education when rules change

Implement Program Planning and Education

- Develop policies, procedures, and contingency plans
- Provide education to and get buy-in from providers and staff
  - Software and hardware
  - Pre-visit, during visit, and after-visit processes (registration, consent, etc.)
  - Virtual etiquette and how to conduct a virtual exam (recorded mock sessions may be helpful)
  - Telemedicine rules and regulations
- Evaluate your program
  - You will make mistakes—collect data so you can learn from them and continue to improve

Legal & Regulatory Considerations

How Should We Think About Telemedicine?

- Telemedicine is simply a different modality of delivering care to patients. It is not intended to replace in-person care but should be used to optimize the use of provider resources and specialties in order to increase patient access to care, as well as improve overall care.
- Physicians and other healthcare providers practicing telemedicine are held to the same standard of care as they are when providing face-to-face, in-person care.

Important Note

- Federal laws and regulations do not always supersede state laws and regulations.
- Usually, the stricter rule is the one that must be followed.

Licensing

- Louisiana law allows all currently licensed healthcare professionals to provide telemedicine services
  - Verify what is allowed by your licensing board
- Special telehealth licenses for out of state providers are required in 9 states, including Louisiana

Standard of Care

- LA RS 37:1271: Physician must use the same standard of care as if the healthcare services were provided in person
- To the extent possible, the technology component of telemedicine should be incorporated in the normal workflow of all clinical processes so the care given via telemedicine is integrated with the providers' other oversight procedures
- Communication with patients should be altered to suit the delivery mode. If technical limitations negatively impact the quality of the encounter so that minimum standards cannot be met, then the use of telemedicine should be terminated
- Providers using telemedicine should monitor and improve the quality of their services to achieve best outcomes
- Review and adopt treatment protocols

Informed Consent Requirements

- Specific telehealth consent is required in Louisiana
  - Patients must be aware of and consent to the risks of telemedicine, including delays, equipment failures, and security breaches
  - Patients should be provided sufficient information to adequately address and explain the limitations of computer technology.
- Should be written with signature, electronic affirmation, or oral acknowledgement and noted in patient record specific to telemedicine/ telehealth
- Some payers may have specific consent requirements for certain services

HIPAA Privacy and Security

- HIPAA applies to telehealth encounters and all requisite safeguards must be in place
- Compliance can be complicated because documentation is in variety of forms (video, audio, image), not just as part of a paper or electronic medical record
- Risk assessments should be performed to assess additional security risks
- Physicians that communicate with patients by electronic means other than telephone or facsimile must provide patients with written notification of the physicians' privacy practices prior to evaluation or treatment. In addition, a good faith effort must be made to obtain the patient's written acknowledgment, including by e-mail, of the notice

Online Prescribing Limitations

- LAC 46:XLV.7513
- Physicians shall not use telemedicine to authorize or order the prescription, dispensation or administration of any controlled substance unless;
  - the physician has had at least one in-person visit with the patient within the past year; OR
  - the physician holds an unrestricted license to practice medicine in this state AND the patient is being treated at a healthcare facility that is required to be licensed pursuant to the laws of this state and which holds a current registration with the U.S. Drug Enforcement Administration

Credentialing and Privileging

- If the patient is located in a hospital, the provider must be credentialed and privileged at that facility.
- The Joint Commission (TJC) issued standards that allow hospitals to “privilege by proxy”, permitting hospitals receiving services to accept the distant site hospital’s credentialing and privileging decisions.
- Certain requirements must be met. The Joint Commission and the National TRC website are resources.

Malpractice Insurance

- Tort Claims Examples
  - Exam should have been performed in-person rather than by video conferencing
  - Image distortion causing misdiagnosis
  - Incomplete telemedicine examination
  - Negligent prescribing based on video examination; and
  - Negligent failure to provide telemedical support
- **Tip!** Check your Liability Insurance Coverage! Malpractice insurance may cover only “face-to-face” encounters.

Fraud and Abuse

- A telemedicine program will be subject to the federal Stark and Anti-Kickback laws and any self-referral and anti-kickback laws of the states into which the telemedicine program may reach
- Most of the telemedicine fraud and abuse issues arise from the infrastructure, equipment, and support
- The Anti-Kickback law is often implicated when a party offers free technology or related services to promote the use of telemedicine or referrals resulting from telemedicine arrangements

Get Connected

Connectivity

- Broadband enables critical services to remote and home-bound patients
- Suitable internet bandwidth to support at least a 512kbs video call with overhead
  - Will require 1000kbs (1MBPS) of bandwidth uplink and downlink for HD video
  - Via DSL, cable, or direct fiber connection
  - 4G data network, hot spots

Software and Equipment

- Videoconferencing Software
- Desktop or laptop, tablet, camera, speakers
- Peripheral Devices
- Telemedicine Carts
- Remote Patient Monitoring Equipment

Selecting a Vendor

- When selecting vendors, consider:
  - Software and hardware compatibility
  - Integration into your electronic health record
  - Cost (one time and monthly/annual)
  - End-user/patient experience and ease of use
  - Provider experience/ease of use
  - Regulatory requirements (HIPAA, documentation, etc.)
- Always test equipment and software before purchase

Inform Patients

Inform Patients

- Inform your patients of availability and how to participate
  - Educate and offer service to who would most benefit
  - Use social media and advertising channels to promote as appropriate
  - Traditional print promotion (mail, posters, flyers) and patient education may be helpful
- Note: Virtual Check-Ins and E-Visits must be initiated by the patient

Conduct Visits

Prior to Visit: Clinical Staff

- Ask staff to call the patient ahead of visit with provider to:
  - Collect registration information and consent for treatment (recommend adding telehealth language to written consent)
  - Provide HIPAA advisory (email, mail, patient portal, etc.)
  - Collect history, medications, etc.
  - Explain process of telehealth visit – ensure patient knows how to connect
- Schedule extra time with the provider for the first visit to ensure time to manage technical issues

Prior to Visit: Provider

- Review patient's information in advance
- Establish private, secure, and quiet location to conduct visit
- Ensure equipment is connected and working properly
- Double check your background and position in relation to the camera
- Wear what you would wear during an in-person visit (i.e. lab coat, professional attire, badge if appropriate)

Starting the Visit

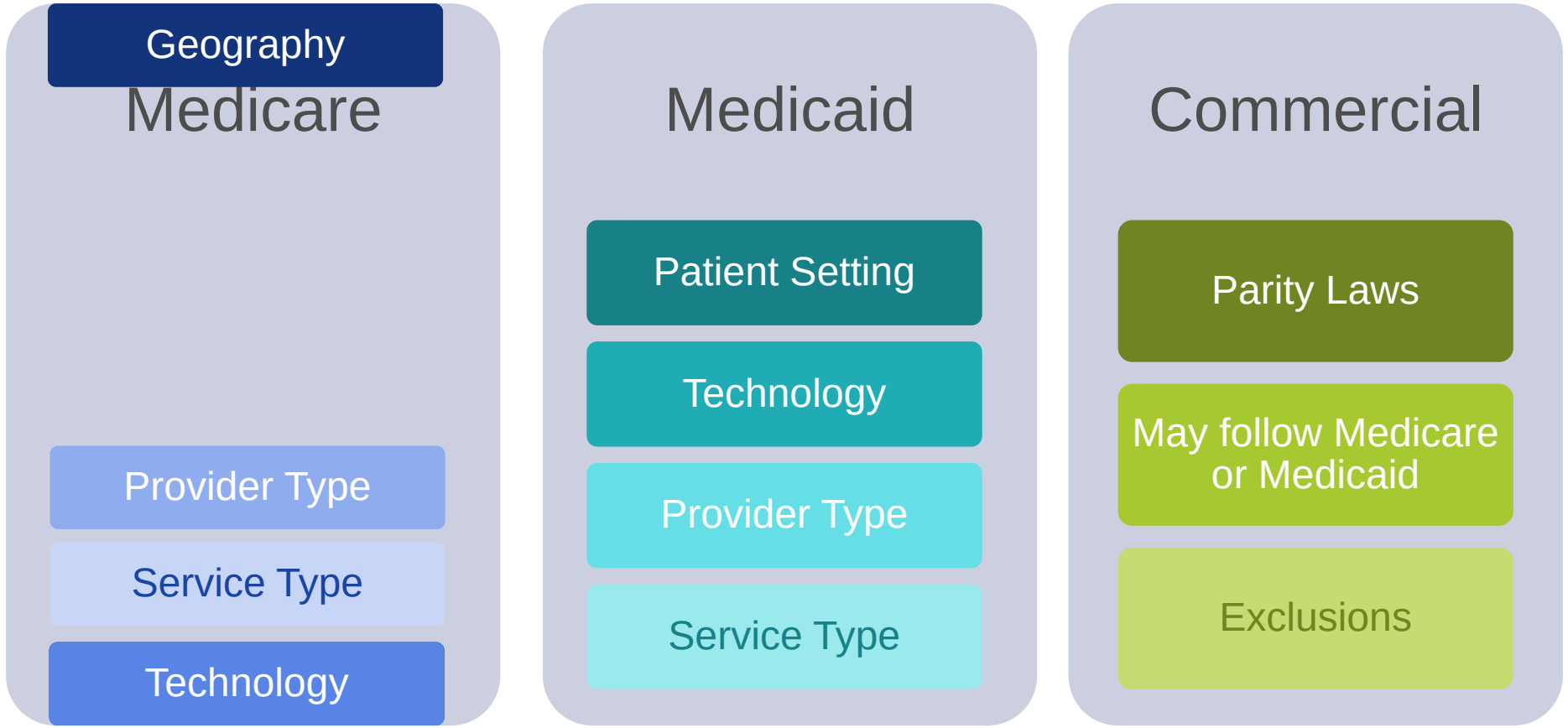
- Introduce yourself (and other team members in the room) and verify the patient's identity
- Document method of connect (audio-video, audio-only, etc.) in medical record
- Document any others involved in the visit on both the patient and provider side
- Encourage patient to take the visit in a secure/private location
- Get verbal consent from the patient, including all required telehealth disclosures, and document in medical record

Conducting a Visit

- Limit (eliminate if possible) distractions and background noise
- Allow the patient to play an active role in the experience
- Express empathy and verbalize understanding by actively listening to the patient
- Do not record the session
- Protect the patient's privacy as you would in an in-person visit (ask others to leave the room, etc.)
- Direct the patient to in-person care for further evaluation or testing if medically necessary
- Document at the same level as an in-person visit

Billing & Reimbursement Considerations

How Payment Decisions Are Made



Medicare

Medicare: Geography and Setting

- The patient must be in an eligible area:
  - Health Professional Shortage Area (HPSA)
  - County that is not included in metropolitan statistical area (MSA)
- And in an eligible facility:
  - Provider offices
  - Hospitals
  - Critical access hospitals
  - Rural health clinics
  - Federally qualified health centers
  - Skilled nursing facilities
  - Community mental health centers
  - Hospital-based or critical access hospital-based renal dialysis centers

Medicare: Provider & Service Types

- Practitioners eligible to bill:
  - Physician
  - Nurse practitioner (NP)
  - Physician assistant (PA)
  - Nurse midwife
  - Clinical nurse specialist (CNS)
  - Certified registered nurse anesthetists
  - Clinical psychologist (CP) and clinical social workers (CSW)
  - Registered dietitians or nutrition professionals
- Service Types:
  - There are specific codes approved for telemedicine.
    - https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
  - Use the appropriate CPT or HCPCS code service with ’02’ Place of Service.
  - Originating site facility fee (Approximately $26.00) (HCPCS Code Q3014)

Remember to verify what is allowed by your licensing board

Medicare: Additional Information

- Must be real-time interactive audio and video telecommunications
- RHCs and FQHCs do not qualify to serve as the distant site for Medicare
- Reimbursement for covered telehealth services is equivalent to provider facility rate

Medicare: Other Virtual Services

- Medicare Virtual Check-Ins
  - 5 Minute (minimum) check-in where established patient contacts provider, presents problem, and provider decides if visit is needed.
- Medicare E-Visits
  - 5 Minute (minimum) visit where established patient contacts provider through patient portal and provider evaluates, plans or provides treatment.
- Virtual Check-Ins and E-Visits
  - Cannot be related to/for the same problem as an in-person visit within the last or next seven (7) days
  - Have specific codes and lower reimbursement rates than a “full” visit
  - Are not considered “telehealth” by CMS and are, therefore, not subject to the same regulations, restrictions, and billing guidelines as telehealth encounters

Medicare: Other Virtual Services

- Store & Forward
  - Not covered by Medicare (with exception of demonstration projects in Alaska and Hawaii)
- Remote Patient Monitoring (Remote Physiologic Monitoring)
  - Must be established patient
  - Specific codes for set-up and education, 30 days of transmission, and clinical staff/provider communication (20 min or more) with patient
  - No limitations based on patient conditions
  - Not limited to specific providers (can be “incident to”)
- Chronic Care Management
  - Must be established patient
  - Specific codes dependent on clinical time
  - Patient must have two or more chronic conditions
  - Physicians, Certified Nurse Midwives, Clinical Nurse Specialists, Nurse Practitioners, and Physician Assistants only

Louisiana Medicaid

Louisiana Medicaid: Patient Setting

- There is no geographic restriction for telemedicine services
- The patient and distant site provider can be in any location
- Does not pay originating site fees

Louisiana Medicaid: Provider & Service Types

- Practitioners who may bill:
  - Any licensed to practice in the state
- RHCs and FQHCs can provide services as the distant site
- Service Types:
  - Refer to CPT Manual Appendix P (may change)
  - 95 Modifier and POS 02
- Reimbursed at same rate as in-person visits
- Telemedicine must be real-time interactive audio and video telecommunication

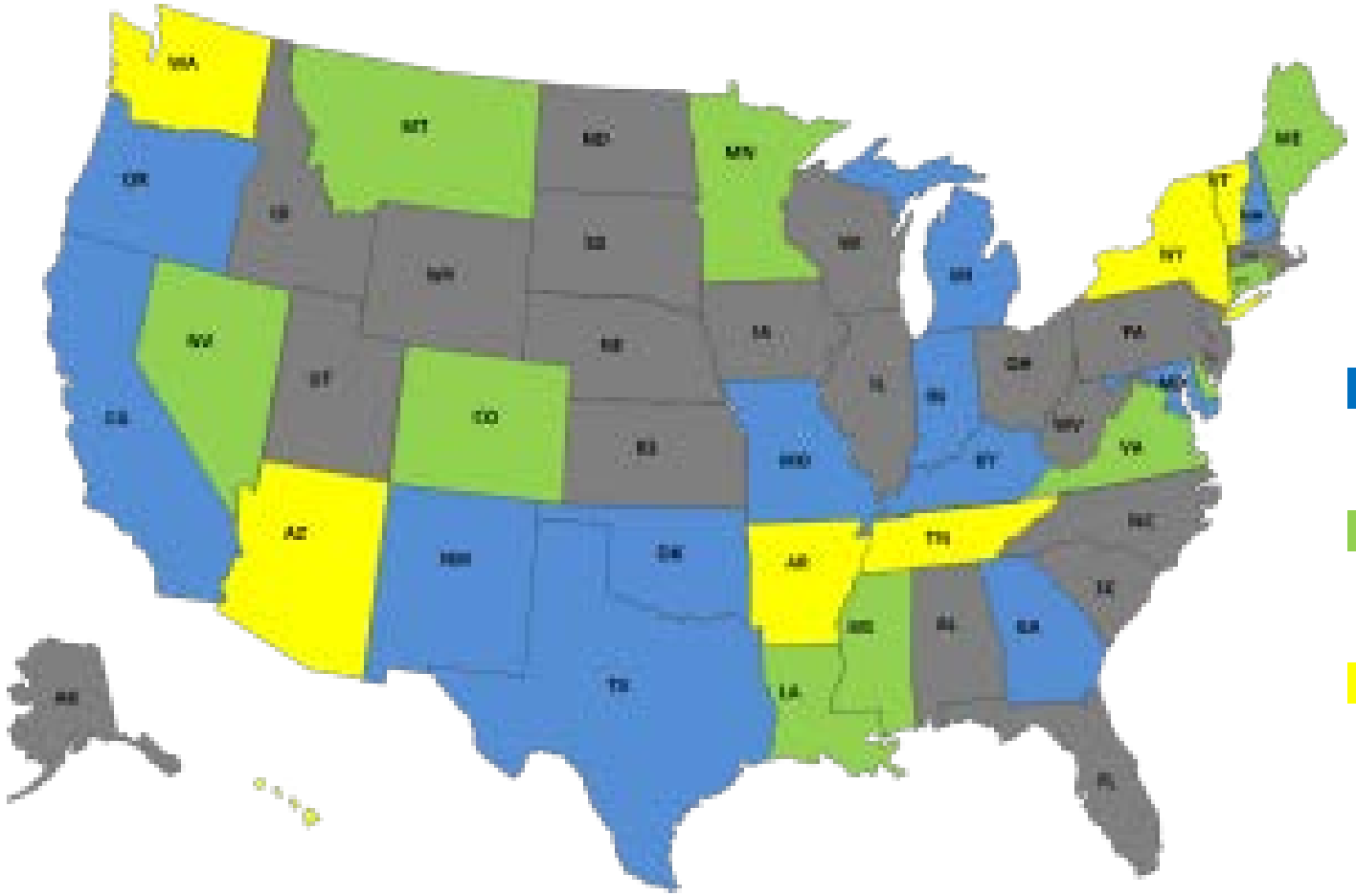
Remember to verify what is allowed by your licensing board

Louisiana Medicaid: Other Virtual Services

- Store & Forward
  - Not covered
- Remote Patient Monitoring
  - Louisiana Medicaid will reimburse an installation fee and a monthly maintenance fee for TeleCare Activity and Sensor Monitoring; Health Status Monitoring; and Medication Dispensing and Monitoring

Commercial

Commercial: Parity Laws



- Commercial Reimbursement Mandate
- Parity Mandate
- Commercial Reimbursement (Limited)

Source: http://www.healthcareitnews.com/news/telemedicine-reimbursement-guide-getting-paid

Commercial: Parity Laws Exception

- The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that sets minimum standards for most voluntarily established pension and health plans in private industry to provide protection for individuals in these plans.
- These self-funded plans do not come under state jurisdiction

Impact of COVID-19

Impact of COVID-19

- The COVID-19 Public Health Emergency has caused significant temporary changes to telehealth regulations
- Providers and payers have seen a significant increase in telehealth utilization
- Ongoing regulatory changes and legislative proposals to make permanent changes future telehealth policy

Impact of COVID-19: Licensing

- Federal government allowing telehealth across state lines BUT, still bound by state regulations.
- Some states require an emergency license and some states have waived the license completely during the PHE.

Impact of COVID-19: HIPAA

- Effective March 17, 2020, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against healthcare providers that serve patients in good faith through everyday communications technologies without a Business Associate Agreement, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.
- Providers should attempt to utilize HIPAA compliant technology to deliver telemedicine services if possible. If a HIPAA compliant technology is not available, providers may utilize another technology but should take good faith measures to ensure the security and privacy of patient information. Public facing communications apps such as Facebook Live, Twitch, and TikTok should NOT be used.

Impact of COVID-19: Medicare

- During PHE, all providers who may bill Medicare for their professional services can furnish telehealth services
- RHCs and FQHCs can now provide telehealth distant site services (specific code – reimbursement = $92.03)
- Medicare restrictions on the originating site are temporarily lifted (patient and provider can be in any location)
- Approximately 80 services temporarily added to the telehealth list
- Certain services (identified on telehealth list) can be delivered via audio-only connection and new telephone codes added
- CMS is not enforcing or conducting audit to ensure a prior relationship existed for any telemedicine services for Medicare claims submitted during this public health emergency.

Impact of COVID-19: Louisiana Medicaid

- Direction to use telehealth in place of in-person visits, as appropriate
- Services can be provided via audio-only connection when audio-video connection is not immediately available
- Specific confirmation that telemedicine visits paid at in-person rate (including RHC AIR/FQHC PPS rate)
- Added teledentistry and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) preventive services (well-child care) for members older than 24 months of age

Contact

- TexLa Telehealth Resource Center
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    806-743-7960 or toll-free 877-391-0487
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Questions?

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Thank You!