Starting a Telemedicine Program During the COVID-19 Pandemic

March 27, 2020

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number G22RH30351 under the Telehealth Resource Center Grant Program for $325,000. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Becky Sanders
Senior Director,
Indiana Rural Health Association

Program Director,
Upper Midwest Telehealth Resource Center
Agenda

• Introductions
• National Consortium of Telehealth Resource Centers (NCTRC)
• Upper Midwest Telehealth Resource Center (UMTRC)
• Telehealth and Technology 101
• Federal Medicare Rules and Reimbursement (including COVID-19 Changes)
• Resources for state telemedicine rules and reimbursement (including COVID-19 Changes)
• Q&A
National Consortium of Telehealth Resource Centers
NCTRC Website

https://www.telehealthresourcecenter.org/
UMTRC Services

- Virtual Librarians
  - Individual Consultation
  - Technical Assistance
  - Connections with other programs
- Presentations & Trainings
  - Project assessments
  - Updates on reimbursement policy and legislative developments
Telehealth versus Telemedicine

- Sometimes used interchangeably
- Two types of distinctions
  - Telehealth
    - Broader field of distance health activities (CME, etc.)
    - Clinical remote monitoring (usually at home)
    - Education
  - Telemedicine
    - Billable interactive clinical services
• **Asynchronous**
  • Describes store and forward transmission of medical images or information because the transmission typically occurs in one direction in time
  • *Store-and-forward telemedicine*
    • Pictures, data

• **Synchronous**
  • Describes interactive video connections because the transmission of information in both directions is occurring at exactly the same period
  • *Live and Interactive Telemedicine*
    • HIPAA Compliant, Secure real-time audio AND video
Telehealth is not a service; but a delivery mechanism for health care services

- Live and interactive telehealth services duplicate clinical in-person care
- Some services are made better or possible with telehealth when distance is a barrier
- Reimbursement should be equal to “in-person” care
Medicare and state Medicaid programs have relaxed HIPAA rules

- See UMTRC COVID-19 Resource Page
- [https://www.umtrc.org/resources/covid-19/](https://www.umtrc.org/resources/covid-19/)

- IL – through electronic or telephonic methods, such as telephone (landline or cellular), video technology commonly available on smart phones and other devices such as FaceTime, Facebook Messenger Video Chat, Google Hangouts video, or Skype, and videoconferencing
  - should not use ‘public facing’ applications like Facebook Live, Twitch, TikTok, or similar applications

- IN – any real-time, interactive consultation (including telephonic), but not text or email

- MI – should be audio and visual service delivery; telephonic allowed for up to 30 days after the discontinuation of the emergency, or the 1st of the following month

- OH – any audio or video non-public facing remote communication product that is available to communicate with patients
  - should not use ‘public facing’ applications like Facebook Live, Twitch, TikTok, or similar applications

UMTRC still recommends HIPAA compliant technology
TTAC Toolkits

http://telehealthtechnology.org/toolkits/
TTAC Toolkits

- Clinician's Guide to Video Platforms
- Digital Cameras – DSLR
- Digital Cameras – Point and Shoot
- Electronic Stethoscopes
- Home Telehealth
- mHealth
- mHealth App Selection
- Mobile Blood Pressure
- Patient Exam Cameras
- Technology Assessment 101
- Tympanometers
- Video Otoscopes

http://telehealthtechnology.org/toolkits/
Existing Organizational EMR System and Technology

- Epic
- Cerner
- Meditech

- Cisco
- Microsoft
Developing a Telemedicine Program

The Culture of Telehealth

- Assess & Define
- Develop & Plan
- Implement & Monitor

Figure 1: The Plan-Do-Check-Act Cycle

ACT
Implement the Best Solution

PLAN
Identify Your Problems

CHECK
Study Results

DO
Test Potential Solutions

www.MindTools.com
Who Moved My Cheese?

By Spencer Johnson
Personalities on your team

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The characters of *Who Moved My Cheese* mapped to the four PSIU forces of Organizational Physics.
COVID-19
Getting Started Guides

**TELEHEALTH START-UP AND RESOURCE GUIDE**

This start-up and resource guide was created in partnership between Teligen and goTRAC, the Great Plains Telehealth Resource and Assistance Center.

[more](#)

**TELEHEALTH TRAINING MODULE**

Telehealth Training Module Developed by: The California Telemedicine and eHealth Center.

[more](#)

**15 STEPS FOR CREATING A BUSINESS PROPOSAL TO IMPLEMENT TELEMEDICINE**

Here, you’ll find a concise overview of 15 steps to implement a successful telemedicine program at your facility.

[more](#)

**TELEHEALTH MARKETING AND MARKET ANALYSIS MODULE**
Telemedicine Room Design

• Location / Size
• Placement of equipment & furniture
• Electrical & telecommunications connections
• Lighting, Acoustics, Wall color
Existing Patient Room

- Large enough to move around comfortably
  - Exam table
  - Chairs
  - Telemedicine equipment
  - Patient
  - Telepresenters
  - Work surface
  - Phone/computer, etc.
Seeing patients from home in their home

- Privacy
- Webside Manner
- Video Etiquette
- Consent
- Vital Signs
### Sample Work Plan

<table>
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<tr>
<th>Goal</th>
<th>Strategies &amp; Objectives</th>
<th>Activities</th>
<th>Responsibility</th>
<th>Time Period</th>
<th>Outcomes &amp; Process Measures</th>
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</thead>
<tbody>
<tr>
<td>What do you want?</td>
<td>How are you going to get there?</td>
<td>What are the steps?</td>
<td>Who is going to do it?</td>
<td>How long will it take?</td>
<td>How do you know if you achieved your goal?</td>
</tr>
<tr>
<td>Reduce ED wait times for psych consults</td>
<td>Provide telepsych services in the ED</td>
<td>Find a space</td>
<td>Team Lead</td>
<td>By 1st Quarter 2020</td>
<td>1) By the end of 2nd Quarter 2020, we will see 20 patients via telepsych</td>
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<tr>
<td></td>
<td></td>
<td>Invest in video technology</td>
<td>Team member A</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Hire a psychiatrist</td>
<td>Team member B</td>
<td></td>
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</tbody>
</table>

S - Specific  
M - measurable  
A - achievable  
R - relevant  
T - timely
Don’t do this!
Clean and Uncluttered

An uncluttered background optimizes camera function and improves the view at the remote site. Wires, telephones, fax machines, monitors, computers, peripheral equipment and furniture can contribute to a cluttered and inefficient workspace. Make an effort to arrange and store them in an organized, efficient way.
Optimal Lighting

• Diffused soft light source
  • No shadows
  • Depicts colors naturally
• Place a light in front of a patient to reduce shadows
• Avoid backlight from windows or overhead lights
Acoustics

• High ceilings and hard surface floors
  • Can create echoes

• External noises
  • from facility HVAC
  • From traffic outside

• Sound dampening
  • Carpet, drapes, acoustic tiles on the ceiling
  • Sound dampening paint
White or light walls can darken faces. A dark wall can lighten faces.

A robin’s egg blue or light gray background works well on all skin tones.
Professionals are regulated at the state level (doctors, nurses, counselors, etc.)

- **Medicare**
  - Pays for certain outpatient professional services (CPT codes) for patients accessing care in rural counties and HPSAs in rural census tracts
    - *No regs; only conditions of payment*

- **Medicaid**
  - Telemedicine is “a cost-effective alternative to the more traditional face-to-face way of providing medical care... that states can choose to cover”
    - As of Spring 2019, all 50 States and DC cover live and interactive telemedicine
Medicare Telehealth Reimbursement Requirements

Services within CPT Code Range

Patient Outside of a MSA

Patient in Designated Originating Site

Waived during the national pandemic

Services Delivered by Eligible Practitioners?
Updated Annually

- Otherwise eligible sites in Health Professional Shortage Areas (HPSAs) located in rural census tracts of Metropolitan Statistical Area (MSA) counties will be eligible originating sites.
  - (RUCA codes 4-10, also counties over 400 sq. mi., <35/sq. mi. density)
- Eligibility Lookup Tool

Waived during the national pandemic
Telehealth Services

Eligible Originating and Distant Sites
Eligible Providers
Telehealth Services by HCPCS/CPT Code
Most basic services usually allowed
Many screening and prevention services allowed

CMS Alert!

Medicare Beneficiaries Expanded Telehealth Benefits During COVID-19 Outbreak

Under the Coronavirus Preparedness and Response Supplemental Appropriations Act and Section 1135 waiver authority, the Centers for Medicare & Medicaid Services (CMS) broadened access to Medicare telehealth services, so beneficiaries can get a wider range of services from their doctors and other clinicians without traveling to a health care facility. On March 6, 2020, Medicare began temporarily paying clinicians to furnish beneficiary telehealth services residing across the entire country.

Before this announcement, Medicare could only pay clinicians for telehealth services, such as routine visits in certain circumstances. For example, the beneficiary getting the services must live in a rural area and travel to a local medical facility to get telehealth services from a doctor in a remote location. In addition, the beneficiary generally could not get telehealth services in their home.

Under this Section 1135 waiver expansion, a range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, can offer a specific set of telehealth services. The specific set of services beneficiaries can get include evaluation and management visits (common office visits), mental health counseling, and preventive health screenings. Beneficiaries can get telehealth services in any health care facility including a physician’s office, hospital, nursing home or rural health clinic, as well as from their homes. This change broadens telehealth flexibility without regard to the beneficiary’s diagnosis, because at this critical point it is important to ensure beneficiaries follow CDC guidance including practicing social distancing to reduce the risk of COVID-19 transmission. This change will help prevent vulnerable beneficiaries from unnecessarily entering a health care facility when clinicians can meet their needs remotely.

To read the Fact Sheet on this announcement visit: https://www.cms.gov/newsroom fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

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<thead>
<tr>
<th>Service</th>
<th>HCPCS/CPT Code</th>
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<tbody>
<tr>
<td>Telehealth consultations, emergency department or initial inpatient</td>
<td>G0425–G0427</td>
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<tr>
<td>Follow-up inpatient telehealth consultations furnished to beneficiaries</td>
<td>G0406–G0408</td>
</tr>
<tr>
<td>Office or other outpatient visits</td>
<td>99201–99215</td>
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<tr>
<td>Subsequent hospital care services, with the limitation of 1 telehealth</td>
<td>99231–99233</td>
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<tr>
<td>Subsequent nursing facility care services, with the limitation of 1</td>
<td>99307–99310</td>
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<tr>
<td>Individual and group kidney disease education services</td>
<td>G0420–G0421</td>
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<tr>
<td>Individual and group diabetes self-management training services,</td>
<td>G0108–G0109</td>
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<td>with a minimum of 1 hour of in-person instruction furnished in the</td>
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<tr>
<td>initial year training period to ensure effective injection training</td>
<td></td>
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<tr>
<td>Individual and group health and behavior assessment and</td>
<td>96150–96154</td>
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<tr>
<td>intervention</td>
<td></td>
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<tr>
<td>Individual psychotherapy</td>
<td>90832–90838</td>
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<tr>
<td>Telehealth Pharmacologic Management</td>
<td>G0459</td>
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<tr>
<td>Psychiatric diagnostic interview examination</td>
<td>90791–90792</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services included in the</td>
<td>90951, 90952,</td>
</tr>
<tr>
<td>monthly capitation payment</td>
<td>90954, 90955,</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for home dialysis</td>
<td>90957, 90958,</td>
</tr>
<tr>
<td>per full month, for patients younger than 2 years of age to include</td>
<td>90960, 90961</td>
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<tr>
<td>monitoring for the adequacy of nutrition, assessment of growth and</td>
<td></td>
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<td>development, and counseling of parents</td>
<td>90963</td>
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Telemedicine Billing

CMS

Rural Originating / Spoke / Patient Site

Part B Facility Fee Q3014

Urban Distant / Hub / Provider Site

Part B Professional Fee Normal CPT Code with Modifiers
Center for Connected Health Policy Info Graphic
https://www.cchpca.org/sites/default/files/2018-11/Finalized%20PFS%202019%20Infographic%20Final%20V.%204.pdf

Center for Connected Health Policy Fact Sheet

2019 Physician Fee Schedule Policy Guides
Medicare only allows FQHCs/RHCs to be originating site
  • CARES Bill passed by the Senate on 03/26 would allow them to be distant sites
  • Waiting for House to pass the bill

IL, IN, MI, and OH Medicaid
  • allow RHCs and FQHCs to be both originating and distant site

Check out UMTRC or CCHP website for more information
State of the State
Illinois Medicaid
  - Reimburses for live video telemedicine and telepsychiatry services for specific providers
    - Physician, physician assistant, podiatrist, or advanced practiced nurse
    - Licensed by the state of Illinois or by the state where the patient is located
  - Bill appropriate CPT codes with GT modifier for telemedicine and telepsychiatry services
  - Does not have details about reimbursement for store and forward telemedicine
  - Covers home uterine monitoring with prior approval and specific criteria

Commercial/Private Insurance
  - Parity Rule
    - Payers are not required to cover telehealth services, they are only required to meet certain requirement if they choose to do so

https://www.umtrc.org/resources/reimbursement/umtrc-illinois-telehealth-reimbursement-summary/?back=resources
Indiana Medicaid
- Reimburses for live and interactive telemedicine
- DOES NOT reimburse for store and forward telemedicine
- Originating site must obtain patient consent; must be maintained at distant and originating sites
- Provider/patient relationship can be created during the 1st telemedicine visit
  - subject to clinical standards
- Provider/patient relationship must be established before issuing prescriptions
- Controlled substance prescriptions can be issued via telemedicine
  - Subject to DEA waivers

Commercial/Private Insurance
- Parity Rule
  - A policy must provide coverage for telemedicine services in accordance with the same clinical criteria as the policy providers coverage for the same health care services delivered in person
  - Coverage may not be less favorable than in person
  - Lifetime dollar limits must be the same

Indiana Health Coverage Programs (IHCP)

Effective 1/1/2020
- Banner 201950
- Fee-for-Service Medicaid now covers

Indiana Reimbursement (Pre-COVID-19)

• Michigan Medicaid
  • Reimburses for live video telemedicine and certain healthcare professionals, for patients located at certain originating sites for specific services
  • Does not reimburse for store-and-forward or remote patient monitoring
  • Consent must be directly or indirectly be obtained by a health care professional utilizing telehealth
  • A health professional providing telehealth service to a patient may prescribe the patient a drug if both of the following are met
    • The health professional is a prescriber who is acting within the scope of his or her practice and
    • If the health professional is prescribing a controlled substance, the health professional must meet the requirements of this act
    • The health professional must also provide or delegate follow-up care for the patient
    • Subject to DEA waivers

• Commercial/Private Insurance
  • Parity Rule
    • Insurers and group or nongroup health care corporations shall not require face-to-face contact between a health care professional and a patient for services appropriately provided through telemedicine, as determined by the insurer or health care corporation

https://www.umtrc.org/resources/reimbursement/umtrc-michigan-telehealth-reimbursement-summary/?back=resources
Ohio Medicaid
- Reimburses for live video telemedicine
- Does not reimburse for store and forward or remote patient monitoring

https://www.umtrc.org/resources/reimbursement/umtrc-ohio-telehealth-reimbursement-summary/?back=resources
Medicaid
• Reimburses for live video (5 mile distance rule)
• Reimburses for originating site facility fee
• Patient Site
  • **can be a patient's home**
  • Practitioner’s office, primary care clinic
  • School
  • FQHC, RHC
  • Public Health Dept
  • Family planning clinic
  • Inpatient / outpatient hospital
  • Nursing facility
  • Intermediate care facility for individuals with intellectual disability (ICF/IIF)

Ohio
Reimbursement
(Pre-COVID-19)
Ohio Reimbursement (Pre-COVID-19)

• Medicaid
  • Rendering Providers (MITS Provider Type)
    • Physician and Psychiatrist (20)
    • Podiatrist (36)
    • Psychologist (42)
    • Physician Assistant (24)
    • Clinical Nurse Specialist (65)
    • Certified Nurse Midwife (71)
    • Certified Nurse Practitioner (72)
    • Licensed Independent Social Worker (37)
    • Licensed Independent Chemical Dependency Counselor (54)
    • Licensed Independent Marriage and Family Therapist (52)
    • Licensed Professional Clinical Counselor

Big changes effective 7/4/2019
Ohio Reimbursement (Pre-COVID-19)

• Medicaid
  • Provider Types Able to Bill
    • Professional Medical Group (21)
    • FQHC (12)
    • RHC (05)
    • Public Health Department (50/501)
    • Primary Pace Clinic (50/500)
    • Family Planning Clinic (50/503)

• Excluded Place of Service
  • Penal facility or institution (jail or prison, etc.)
  • Other Place of Service
  • No other POS restrictions for practitioner if:
    • Patient is ‘active’
    • Practice is patient centered medical home
    • Service provided is an inpatient or office consultation

Big changes effective 7/4/2019
Ohio Reimbursement (Pre-COVID-19)

- **Parity**
  - Ohio HB 166 – Creates FY 2020-2021 operating budget
    - Enacted 7/18/2019
    - Requires a health benefit plan to provide coverage for telemedicine services on the same basis and to the same extent that the plan provides coverage for the provision of in-person health care services
    - Bill is 2,062 pages
    - https://s3.amazonaws.com/fn-document-service/file-by-sha384/e499550a53d891d71808ab0879266c014846459f273359e88d3cd69e212400cd39369531e69e9673d14f8994d15fc420

- **Patient / Provider Relationship**
  - Can prescribe via telemedicine
    - Restrictions in place around controlled substances
    - Must have a physician-patient relationship
Do we need any special credentials to provide telemedicine?
- You must be licensed in the state where the patient is physically located during the telemedicine visit.

What equipment do I need? Must you use video capabilities? Do you need a headset?
- Depends upon the platform you are using.
- Some videoconferencing platforms have apps for tablets and smart phones, other’s are browser-based.
- Synchronous two-way audio-video is best.
- Headsets are optional, but especially good to block out surrounding noises, and if using digital stethoscopes.

Is telemedicine appropriate for all ages and/or specialties?
- Use your best judgement during this pandemic.
General Questions 2 of 4

- Can telemedicine visits be for new patients or only established patients?
  - During the current epidemic, either
  - Some restrictions exist around prescriptions for controlled substances

- Can I order outpatient tests or labs for a patient during a telemedicine visit?
  - Yes

- Can meds be prescribed?
  - Yes

- What about controlled substances?
  - UMTRC has posted the DEA COVID-19 guidelines on the COVID-19 Resources page of our website; the facility must be a DEA facility and/or the provider must be a DEA provider, but can prescribe on initial video visit, even if the provider hasn’t seen the patient before in-person
  - Pre COVID-19, the patient must have been an existing patient who had been seen before in-person in order to receive a prescription for a controlled substance via telemedicine
• How do I perform a physical exam? How do I get vitals?
  • If the patient is at home, and there isn’t anyone else with them, rely on your patient
  • Do the best you/they can
    • Does the patient have a thermometer, blood pressure cuff, fitness device to check pulse

• What if patients need to be seen in-person?
  • Follow your organization’s emergency preparedness clinical protocols

• If an in-person visit is determined necessary can I still bill for a telemedicine visit?
  • Yes

• What is the reimbursement?
  • The same as in-person for the insurance being billed
● How long should visits be scheduled for?
  ● How long are your normal visits scheduled for?

● Does my collaborating doc have to do anything with these visits?
  ● Same collaboration rules apply as in-person visits

● Once the COVID-19 pandemic is over, do I lose my ability to provide telemedicine services?
  ● No; especially if you had the ability to see patients via telemedicine before the pandemic
CCHP
Current and Pending Legislation
UMTRC Resources

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**COVID-19 TELEHEALTH TOOLKIT**

This toolkit has been created to assist providers with resources for integrating telehealth into their COVID-19 response plan.

more>

**ILLINOIS COVID-19 RESOURCES**

more>

**INDIANA COVID-19 RESOURCES**

more>

**MICHIGAN COVID-19 RESOURCES**

more>
Thank YOU!

Becky Sanders

bsanders@indianarha.org