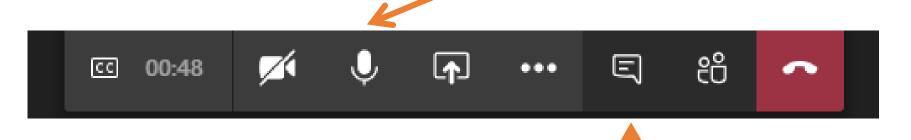
Before we start...

Please take a moment to make sure your microphone is muted.



Let us know you are here by typing your name, organization and email address into the chat box.





04/29/20

Maximizing Telehealth Services in Your Practice









- Presentations from 3 providers on the implementation of their telehealth services
- Q&A
- Discussion around current state and future state
- Additional Resources

We are recording the session and will post it to the Colorado Access Provider Page. The presentation will be emailed to participants.



Initial Questions for our Presenters

- Did you offer telehealth prior to the COVID-19 pandemic?
- If so, have you needed to make any changes to what you offer?
- If you were not offering telehealth prior to the COVID-19 pandemic, what services do you offer now?
- What are some of your successes and challenges?







Telehealth at PPRM

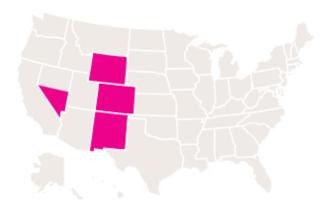
April 29,2020

Jaylyn Bunning, Medical Services Projects Director Allyson Bergman, Director of Virtual Care Kate Hayes, Director of Payer Relations

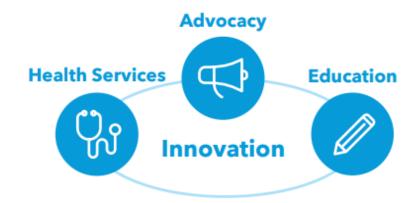


From the mountains to the desert, across rural communities, and in urban city centers, Planned Parenthood of the Rocky Mountains provides health care, education, and advocacy to the communities who need us most.

Our region is rich in culture, varied in income, and has diverse political opinions. This unique geography and the specific health needs of those we serve make our presence critical in providing access to education and health care in our four-state region.



Areas of Focus



Mission

Planned Parenthood of the Rocky Mountains empowers people to make informed choices about their sexual and reproductive health by providing high-quality health services, comprehensive sex education, and strategic advocacy.

Colorado | Southern Nevada | New Mexico | Wyoming

Services Provided via Telehealth

Birth Control Consults

- Initiate
- Renew
- Method Change

STI Screening & Presumptive Treatment

PrEP and nPEP for HIV Prevention

Vaccine Initiation

Medication Abortion

Coming Soon: Gender Affirming Care



Telehealth Delivery Methods

Site-to-Site Telemedicine

- Patient in one location
- Provider in another location

Online Health Services with App



Direct-to-Patient Telemedicine

- Patient at home
- Provider in office
- Post visit, patient may present in center for medication, injection, specimen collection



Technology

Computers, Laptops, Tablets...Phones

Staffing

Centralized? Dispersed?

Consent & Visit Workflow

EHR Documentation

Billing Procedures

- Allowable codes
- Telehealth indicators

The Path to Implementation

Start with What You Have!

Legal & Compliance: Stamp of Approval



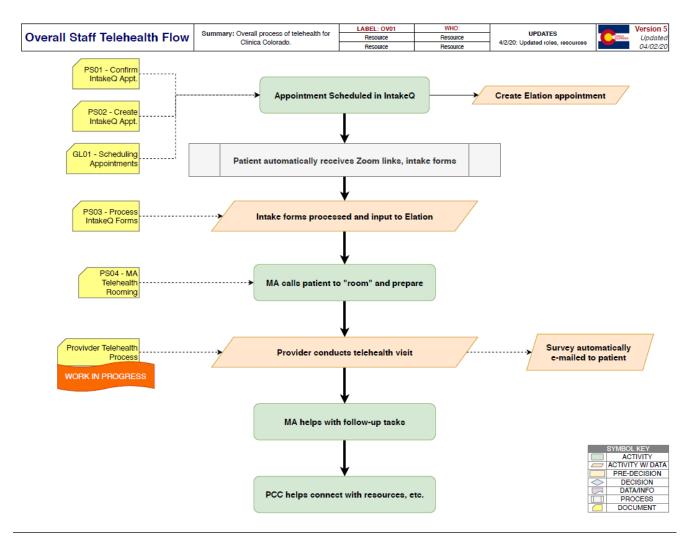


In This Together. We try and we learn.



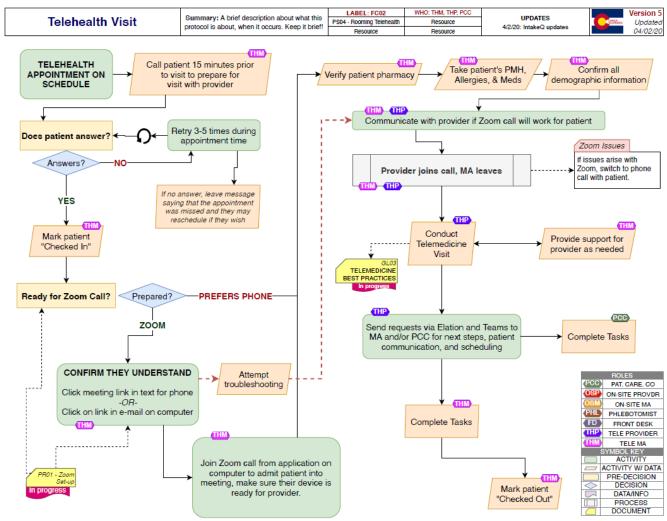


Overall Staff Telehealth Flow



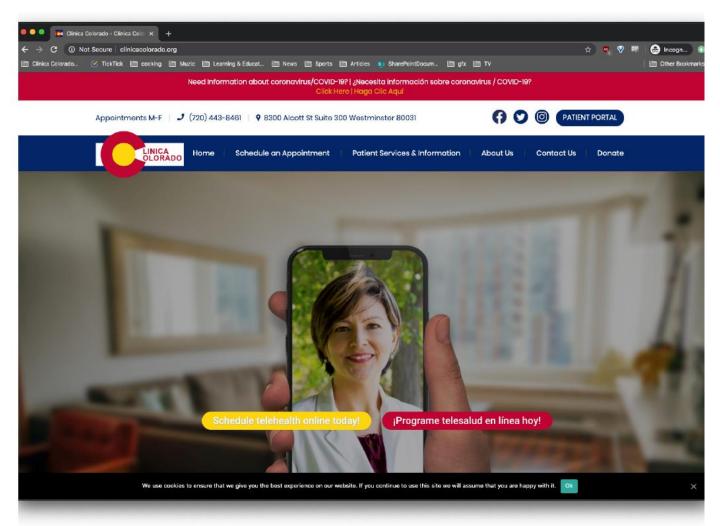


Telehealth Visit Flow



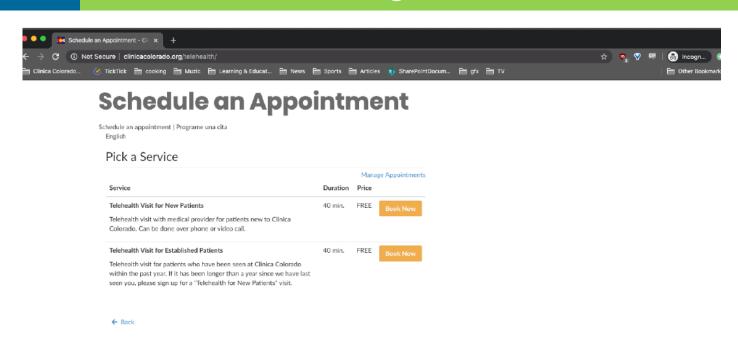


Website





Online Scheduling



Telehealth Information

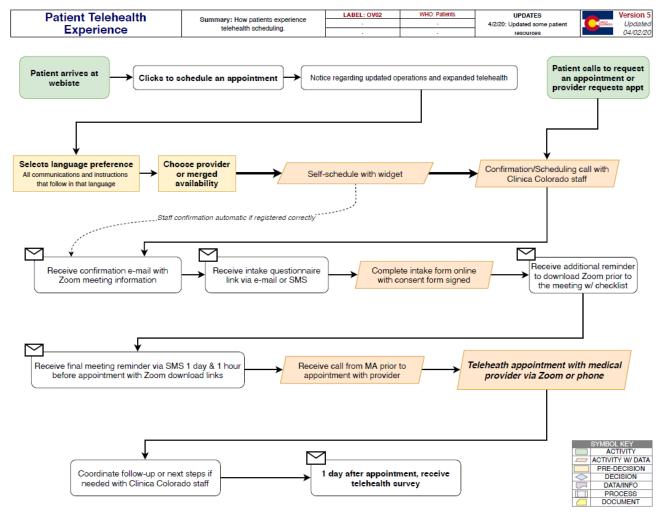
STEP 1



STEP 2



Patient Telehealth Experience Flow









Group Discussion

Where are you now and where would you like to be?

How do you get there?

How do you make your telehealth practice sustainable?

What considerations need to be made – at the practice, state or national level – to help embed telehealth more fully into the service delivery framework for primary practices?



More Questions? Contact Us!



If you aren't sure who to ask:

ProviderRelations@coaccess.com

OR

Contact your practice facilitator:

Dani Peters <u>Danielle.Peters@coaccess.com</u>

Elise Cooper <u>Elise.Cooper@coaccess.com</u>

Jane Reed Jane. Reed@coaccess.com

Jo English Jo.English@coaccess.com







Messaging Your Patients Regarding Necessary Care

We will discuss outreach strategies and the key message points practices can utilize to convey the importance of maintaining patient health and assurance of the implementation of safety precautions by the practice to protect both patients and staff. We will also learn about some innovative curbside services offered by primary care partners.

Registration will be open through Monday, May 11th.





Quality and Safety Concerns (AAP)

- Are services conforming to the current standard of care for these diagnoses (e.g., UTI and otitis media)?
- Do providers have an established patient relationship?
- Are the plans of care resulting from virtual visits as safe, effective, efficient, and cost-effective as in-person visits (providers able to prescribe prescriptions, make referrals, recommendations)?
- Is patient compliance different than in-person visits?
- How does the telemedicine encounter <u>improve</u> care in terms of the Institute of Medicine's Quality Dimensions (Efficiency, effectiveness, equitable, timeliness, safe, and patient centeredness)?

AAP Webpage



Telephone and Live Chat Modalities

Providers may deliver the allowable telemedicine services by telephone or via live chat. All other general requirements for telemedicine services, such as documentation and meeting same standard of care, still need to be met (see below for more details).

Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Services

For the duration of the COVID-19 state of emergency, Health First Colorado is allowing telemedicine visits to qualify as billable encounters for Federally Qualified Health Centers (FQHCs), Rural Health Clinic (RHCs), and Indian Health Services (IHS). Services allowed under telemedicine may be provided via telephone, live chat, or interactive audiovisual modality for these provider types.

Physical Therapy, Occupational Therapy, Home Health, Hospice and Pediatric Behavioral Health Providers –

Health First Colorado has expanded the list of providers eligible to deliver telemedicine services to include physical therapists, occupational therapists, hospice, home health providers and pediatric behavioral health providers. Services allowed under telemedicine may be provided via telephone or interactive audiovisual modality for these provider types.



- 1. The reimbursement rate for a telemedicine service shall, as a minimum, be set at the same rate as the medical assistance program rate for a comparable inperson service. [C. R. S. 2017, 25.5-5-320(2)]
- Providers may only bill procedure codes which they are already eligible to bill
- Any health benefits provided through telemedicine shall meet the same standard of care as in-person care.
- 4. Providers must document the member's consent, either verbal or written, to receive telemedicine services.
- 5. The availability of services through telemedicine in no way alters the scope of practice of any health care provider; nor does it authorize the delivery of health care services in a setting or manner not otherwise authorized by law

- Services not otherwise covered by Health First Colorado are not covered when delivered via telemedicine
- 7. The use of telemedicine does not change prior authorization requirements that have been established for the services being provided
- 8. Record-keeping and patient privacy standards should comply with normal Medicaid requirements and HIPAA. Office for Civil Rights (OCR) Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency



To receive reimbursement for telemedicine services, providers must follow the following billing practices:

- CMS 1500 Professional Claims Place of Service code 02 must be indicated on all CMS 1500 professional claims for telemedicine.
- UB-04 Institutional Claims Providers must indicate that the service(s) were provided through telemedicine by appending modifier GT to the UB-04 institutional claim form with the service's usual billing codes. This identifies the service as provided via telemedicine during the COVID-19 State of Emergency.
- Only specific CPT/HCPCS are allowed



Place of Service 02 should be used to report services delivered via telecommunication, where the member may be in their home and the provider may be at their office. The following list of CPT/HCPCS may be billed using Place of Service code 02:

						_	
76801	90833	92508	96130	97140	97167	99203	H0004
76802	90834	92521	96131	97150	97168	99204	H0006
76805	90836	92522	96132	97151	97530	99205	H0025
76811	90837	92523	96133	97153	97533	99211	H0031
76812	90838	92524	96136	97154	97535	99212	H0032
76813	90839	92526	96137	97155	97537	99213	H2000
76814	90840	92609	96138	97158	97542	99214	H2011
76815	90846	96110	96139	97161	97755	99215	H2015

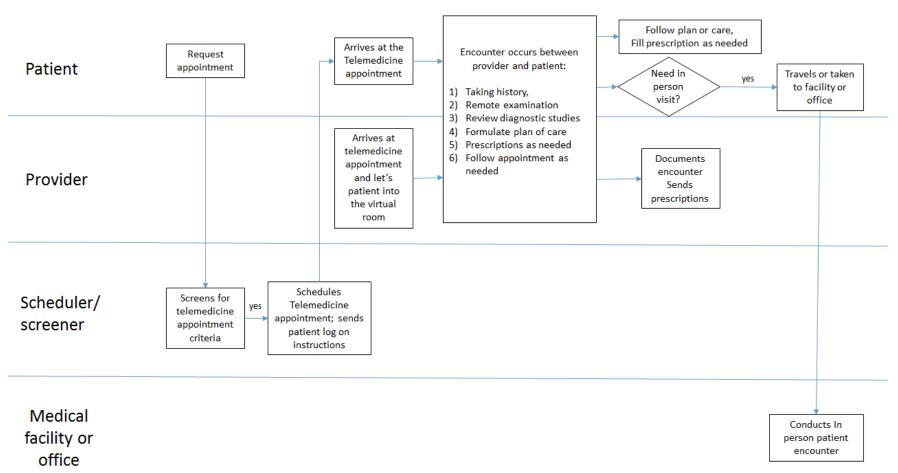
76816	90847	96112	96146	97162	97760	99451	H2016
76817	90849	96113	97110	97163	97761	G0108	S9445
90791	90853	96116	97112	97164	97763	G0109	S9485
90792	90863	96121	97129	97165	99201	H0001	T1017
90832	92507	96125	97130	97166	99202	H0002	V5011
92606	99408	99409	H0049	99402	99402	99403	99404
99406	99407	G8431	G8510	G9006	H1005		

https://www.colorado.gov/hcpf/provider-telemedicine





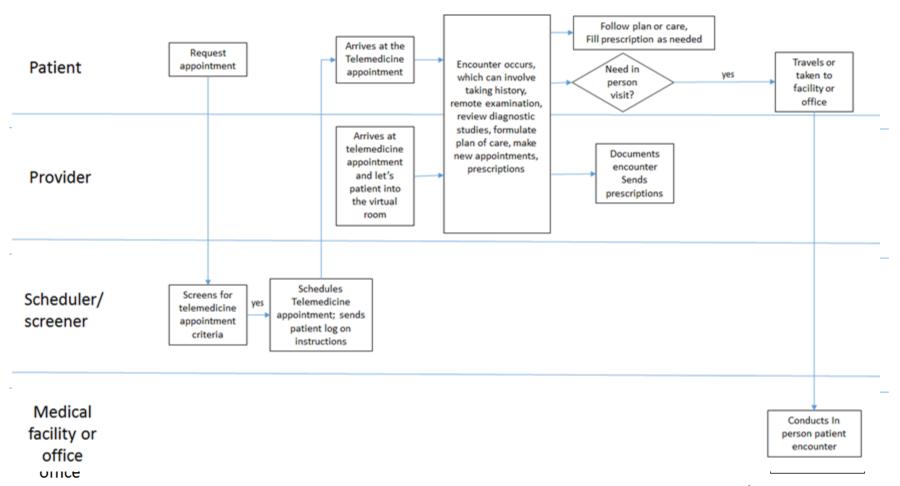
Telehealth Swimlane Diagram (AAP)



Courtesy of the AAP Webpage



Afterhours Swimlane Diagram (AAP)

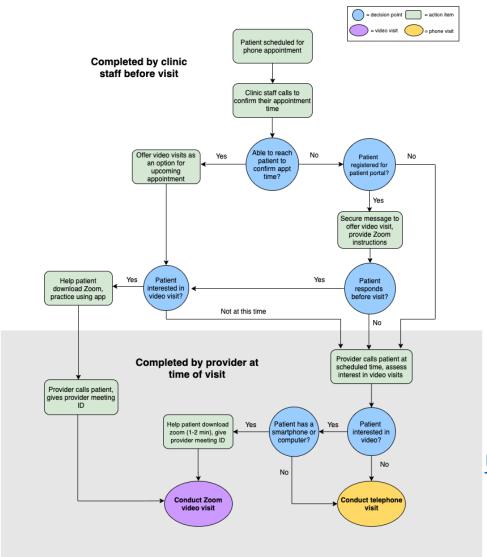


AAP Webpage



Center for Vulnerable Populations - UCSF

Sample workflow for conducting remote visits

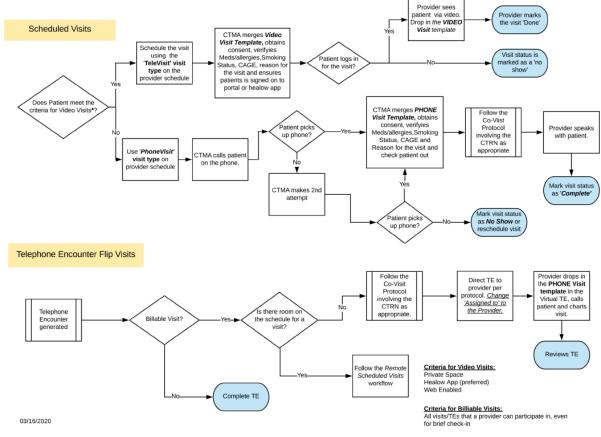


UCSF CVP



Center for Care Innovations

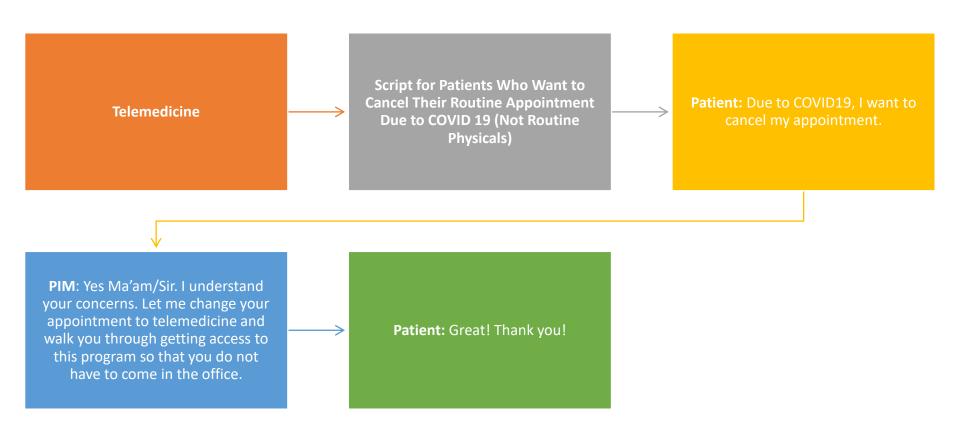
Remote Visit Workflow



Center for Care Innovations



Scripts - Routine Appointment



Courtesy of:
Pamela Ballou-Nelson, RN, MSPH, CMPE, PhD
Healthcare Consulting Inc.

Scripts - AWV

Scripts for Patient Who Want to Cancel Their AWV

Patient: Hello, I am in the high-risk category for COVID19. I think it is best I reschedule my Medicare AWV.

PIM: Yes Ma'am/Sir. I understand your concerns. In that case, we need to schedule you for a telemed appointment in order for your physician check in with you to continue to refill your medications. When would you be available? We will reschedule the complete physical for a different day.

Patient: I feel fine. I do not need to have the AWV portion right now.

PIM: Mr./Ms. Patient, I totally understand your concerns. However, this current environment is not a time to put your healthcare on hold. Your doctor wants to touch base with you at the very least and refill your medications until he/she is able to see you in the office. Let me get you scheduled to speak with him/her or our PA or NP so we can be proactive about your health."

Patient: Okay, please walk me through what I need to do to proceed with an AWV telemedicine appointment.

Courtesy of:
Pamela Ballou-Nelson, RN, MSPH, CMPE, PhD
Healthcare Consulting Inc.