

# Providing Telehealth Services in Nursing Homes: Implementation and Billing Considerations



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# Donna Cohen, RN, BSN, CCM

## DEPUTY DIRECTOR FOR POPULATION HEALTH

Donna Cohen serves as the Deputy Director for Population Health at Alliant Quality, where she leads the Clinician Office work focusing on utilization of population health tools to impact the value of services delivered to patients.

Donna is a Registered Nurse and a Certified Case Manager. Her experience ranges from the inpatient hospital setting, to physician practice management, as well as Managed Care where she was the director of Case Management and Utilization Review. Before joining Alliant Quality, she was a Practice Director with a large physician practice group and with the implementation of EPIC, led the clinical informatics team.

**Donna's hobbies include gardening, sewing, crafting, cooking.**

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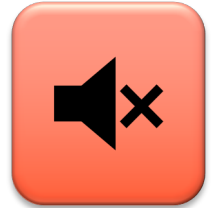
# Objectives

By the end of this session, you will be able to:

- Understand the 1135 waiver impact on billing for telehealth services for Medicare eligible patients
- Understand multiple methods of providing telehealth services in to Nursing Home residents
- How to implement various types of telehealth services for residents in Nursing Homes

# Ground Rules

- All lines are muted, so please ask your questions in chat
- Be present and actively participate
- For technical issues, chat to the 'Technical Support' Panelist





# Making Health Care Better *Together*



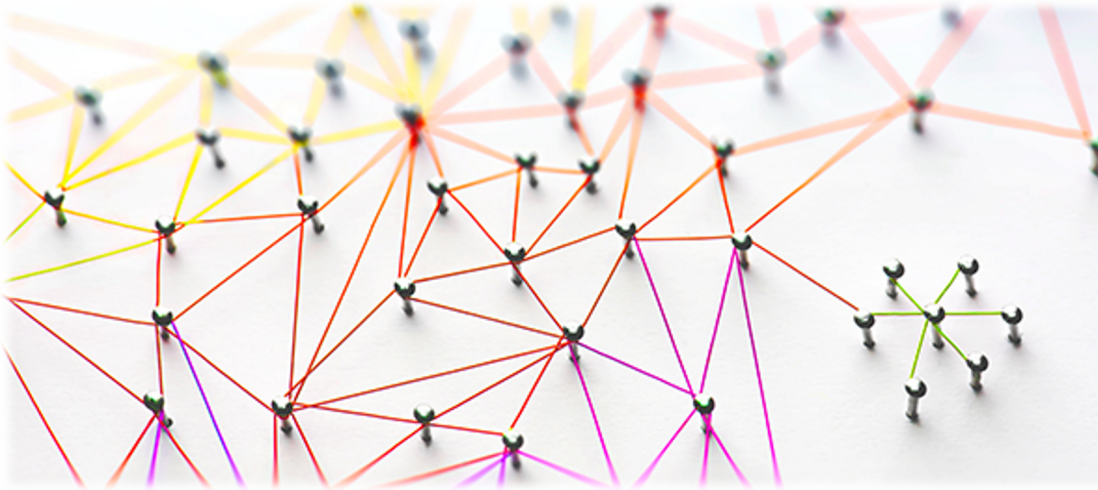
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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# Personal Connections



- What state are you from?
- What is your position/title?
- Are you currently using Telehealth services during this COVID-19 crisis?

## CMS Aims

### Behavioral Health Outcomes and Opioid Misuse



- Promote opioid best practices
- Decrease high dose opioid prescribing and opioid adverse events in all settings
- Increase access to behavioral health services

### Patient Safety



- Reduce risky medication combinations
- Reduce adverse drug events
- Reduce C. difficile in all settings

### Chronic Disease Self-Management



- Increase performance on ABCS clinical quality measures (i.e. aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- Smoking cessation
- Identify patients at high-risk for developing kidney disease and improve outcomes
- Identify patients at high risk for diabetes –related complications and improve outcomes

### Quality of Care Transitions



- Convene community coalitions
- Identify and promote optimal care for superutilizers
- Reduce community-based adverse drug events

### Nursing Home Quality



- Improve the mean total quality score
- Develop national baselines for healthcare related infections in nursing homes
- Reduce emergency department visits and readmissions of short stay residents

# Using Telehealth for Care Delivery

- Telehealth, telemedicine and related terms generally refers to the exchange of medical information from one site to another through electronic communication to improve a patient's health.
- Allows for remote monitoring of patients self-quarantined at home
- Greatly reduce capacity in healthcare setting and reduce unnecessary exposure
- Limits exposure to COVID-19 for patients who are vulnerable to COVID-19
- Allows for quarantined providers to continue to treat patients

# Expansion of Telehealth with 1135 Waiver

- Effective March 6, 2020
- Prior to waiver payment was limited to patient receiving services in a designated rural area and must be in a clinic, hospital or certain other types of medical facilities
- Applies to Medicare Part B billing only however many commercial carriers are covering these services

# What is covered-Medicare Part B

- 1135 Waiver waves restriction on the use of telehealth
  - Rural and site limitations will no longer apply
  - Services can originate from home and be provided to patient who is at home
  - All services included not just those for treatment of COVID-19

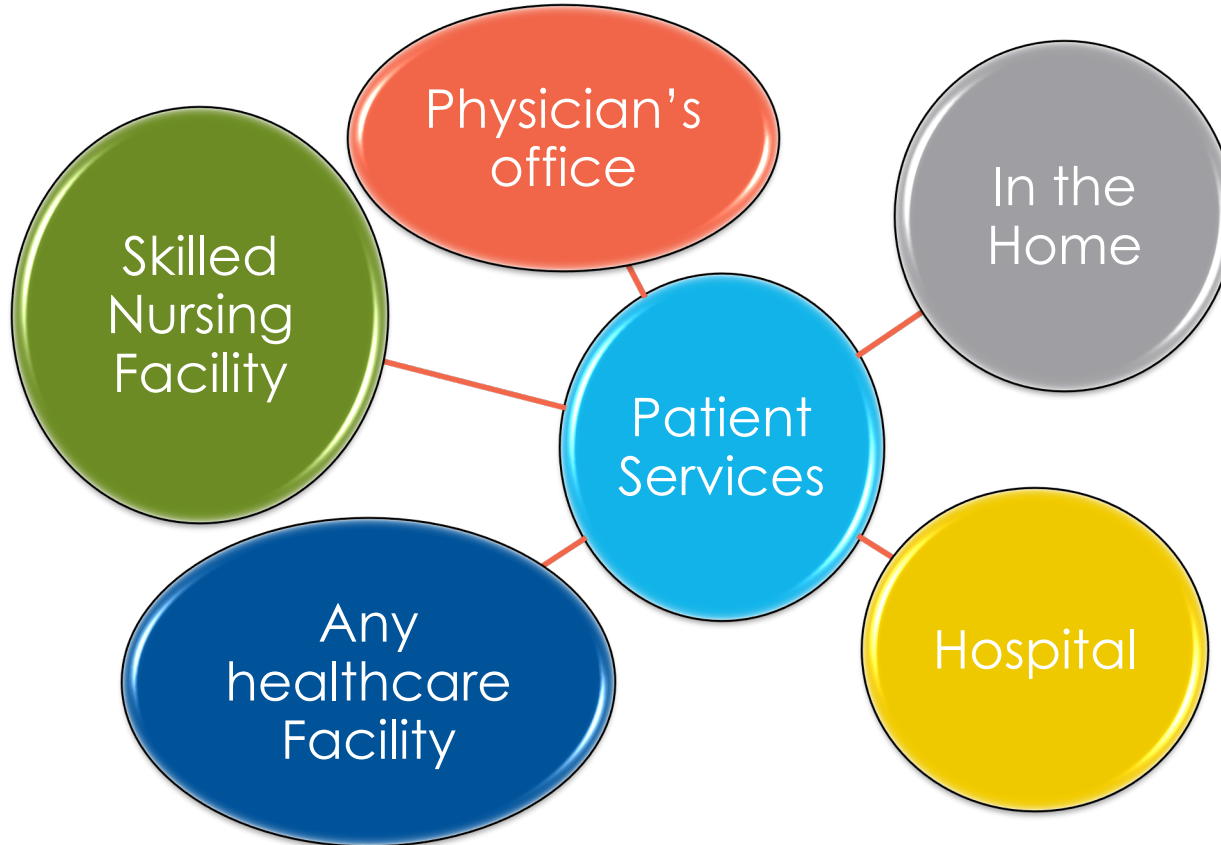


# Covered Services

(See Resource slide for full list)

- Established office Visit codes
- Hospital Visit codes
- ESRD Service Codes
- Smoking cessation codes
- Transitional Care Management
- Diabetic management
- Depression Screening
- Alcohol intervention
- Opioid Treatment Codes

## Originating Site - Where the Patient is:



## Distant Site Providers

- **Physicians**
- **Nurse Practitioners**
- **Physician Assistants**
- Nurse Midwives
- Certified Nurse Anesthetists
- Clinical Psychologists
- Clinical Social Workers
- Registered Dietitians
- Nutrition Professionals

# Technology Platforms



Facetime



Patient Portal



Skype



Zoom



Facebook Messenger



Uber Conference or Free Conference Call



Google Meet



Your EHR (i.e. EPIC virtual video visits)

# Billing Considerations

- Place of Service- As normally Billed
- Modifier 95 added for telehealth
- Payment same as in office visits
- No changes in out of pocket cost of the beneficiary
- Waiver in effect until revoked
- Hospitals, Nursing Homes, Home Health Agencies and other healthcare facilities where patients are receiving telehealth services can bill the originating site facility fee, HCPCS code Q3014 Should be billed when the beneficiary is not in the same location as the health care professional providing the service

# Office of Civil Rights (OCR)

- Enforcement discretion of HIPAA Rules
- Penalties will not be imposed for noncompliance with regulatory requirements under the HIPPA rules in connection with the good faith provision of telehealth during the COVID-19 national wide public health emergency.

# Sylvia Rowe, RN-BC, MSN, CPHIMS

## VICE PRESIDENT OF CLINICAL SUPPORT WITH CHSGA

Sylvia serves as a clinical advocate to promote utilization of technology to promote patient centered care, patient safety, clinical decision support, and reduction of clinician (documentation) burden through technology.

Sylvia is a Board-Certified Registered Nurse in Informatics and holds certifications for CPHIMS (Certified Professional Health Information Management Systems) and CHPC (Certified in Healthcare Privacy and Compliance). She has worked over thirty years in Long Term Care where she has served in various roles at center, regional support, and clinical support level.

**Sylvia's hobbies include reading, gardening, and spending time with family and friends.**

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# Considerations for Implementation

- Include IT early
  - Do you have hardware to support telemedicine visits?
  - What technology platform/s will be needed to support telehealth needs?
  - Do you have bandwidth to support can this be increased?
  - Do you have help desk support associates available to support?

# Considerations for Implementation (continued)

- When is telemedicine appropriate?
  - When the provider has symptoms
  - When provider has treated a COVID+ patient
  - When there is a center outbreak
  - When provider is high risk
- What type visits are appropriate by Telehealth?
  - Routine, admission/readmission, acute after hours, etc..
- Who can see residents using telehealth?
  - Attending, psychiatric, consultants, collaborating physicians
- Will you allow families to participate in visits remotely?

# Considerations for Implementation (continued 2)

- Do you have associates to support telehealth at the center?
  - Who will coordinate visits?
  - Who will verify documentation in place?
  - Who will present the patient?
  - Who will input orders?
  - Who will document and follow-up from the visit?
- What will the provider be responsible for?
- What will the nursing home be responsible for?

# Resources

## Telehealth Resources:

- <https://www.telehealthresourcecenter.org/resource-documents/>
- <https://www.setrc.us/>

## Coding Resources:

- <https://www.ama-assn.org/system/files/2020-03/telehealth-services-covered-by-Medicare-and-included-in-CPT-code-set.pdf>
- <https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

## Tool Kit:

- <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctshsht.pdf>

**FAQ information sheet will be in chat**

A network diagram with a central heart shape. The heart is formed by a series of small black dots connected by a thick red line. The heart is filled with a light pink color. The background is white, and the entire image is framed by a thick blue border at the top. Numerous thin red lines radiate from the heart, connecting to various points across the white background, creating a complex web of connections.

**Bringing it Home**

# Contact Information:



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Sylvia Rowe

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# Upcoming Events

Nursing Homes

Tuesdays, 2pm ET/1pm CT

Community Coalitions

Thursdays, 12:30 pm ET/11:30am CT

May 19 <sup>th</sup> , 2020 Improved Resident Outcomes: Essential Planning for Pre-Admission and Post Discharge Transitions of Care	May 28 <sup>th</sup> , 2020 Community Based Approach for Super Utilizers of Care
June 16 <sup>th</sup> , 2020 Assessing and Reducing Opioid Prescribing in Long Term Care	June 25 <sup>th</sup> , 2020 Partnering Across the Healthcare Continuum for the Complex Chronic Care Population
July 21 <sup>st</sup> , 2020 Managing Behavioral Challenges In Long Term Care to Prevent Hospitalization	July 30 <sup>th</sup> , 2020 Population Health Assessments: Identifying Hidden Risks
August 18 <sup>th</sup> , 2020 Initiating an Effective Medication Reconciliation Program	August 27 <sup>th</sup> , 2020 Using SBIRT for Effective Screening and Referral to Treatment
September 15 <sup>th</sup> , 2020 High risk medication use and quality practices to prevent ADE	September 19 <sup>th</sup> , 2020 Opioid Use in the Aging Population

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