Adapting to COVID: Implementing Telehealth

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Moderators

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Learning Objectives

- Identify at least two telehealth modalities currently used to provide family planning services.

- Describe at least one way that family planning providers can support inclusive access to telehealth services.

- Describe at least one key policy consideration specific to New York that impacts family planning programs.

- Describe services offered by the Northeast Telehealth Resource Center and how to access them.

- Identify one telehealth implementation strategy described by a peer that could be used in your family planning program.

Poll

Prior to COVID-19, was your family planning program providing services via telehealth?

Hear from Your Peers

Sarah Blust
Director, Sexual and
Reproductive Health Centers
Public Health Solutions

Renee Finley
Center Director
Public Health Solutions

Daniel Joseph
Senior Data Analytics and
Operations Manager
Public Health Solutions

Speaker

Danielle Louder, Director
Northeast Telehealth Resource Center
Co-Director – MCD Public Health
Email: dlouder@mcdph.org

**New York State
Family Planning
Training Center**
nysfptraining.org

Disclaimers/Disclosures:
Any information provided today is not to be regarded as legal advice.
NETRC, nor do I personally, have any relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this session.

Acknowledgements:
Megan Prokorym, NYS Office of Primary Care & Health Systems Management
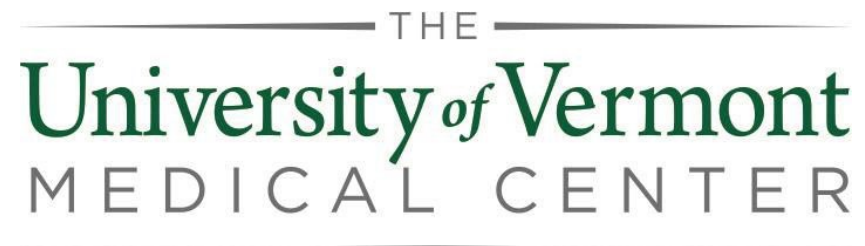Ron Bass, NYS Department of Health
Kendra Muckle, New York State Department
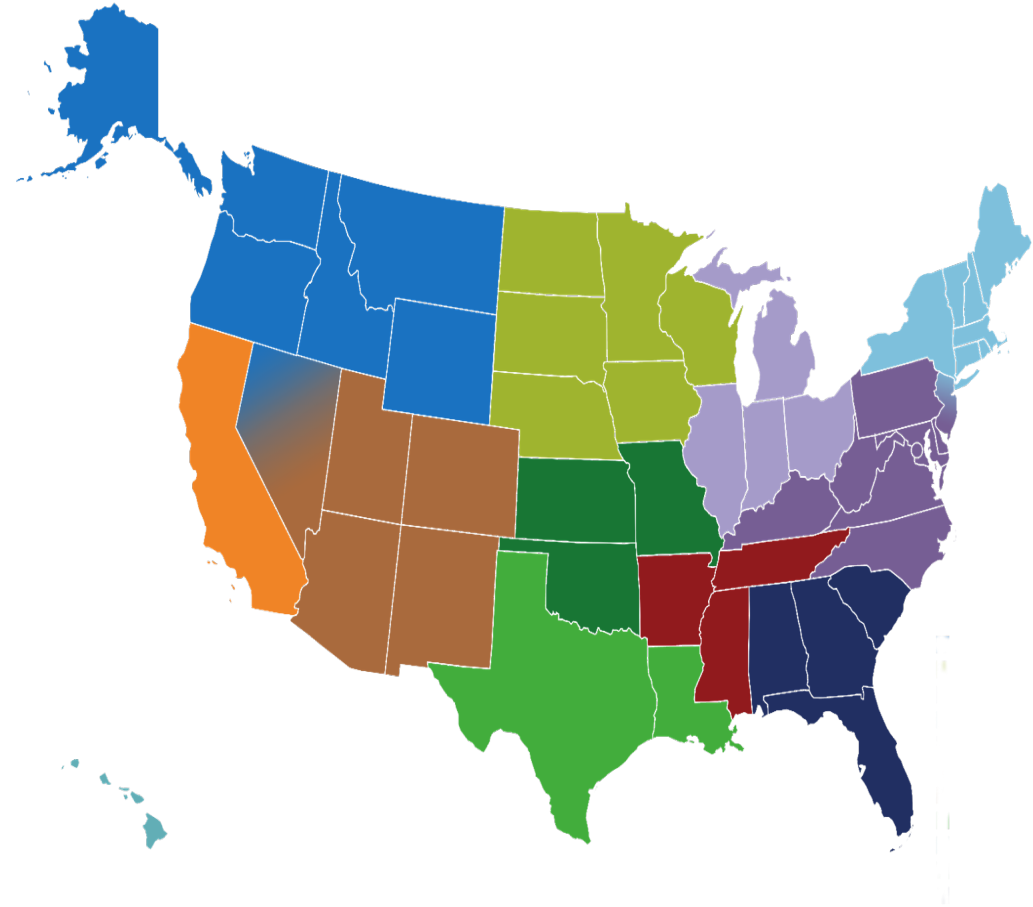
About Us

www.netrc.org

www.mcdph.org

www.uvmhealth.org

NATIONAL CONSORTIUM OF
TELEHEALTH
RESOURCE CENTERS

Funded by the U.S. Health Resources and Services Administration (HRSA), the National Consortium of Telehealth Resource Centers (NCTRC) consists of 14 Telehealth Resource Centers (TRCs). As a consortium, the TRCs have an unparalleled amount of resources available to help virtual programs across the nation, especially within rural communities. Each TRC is staffed with telehealth experts who are available to provide guidance and answer questions. As telehealth continues to gain more visibility and recognition in healthcare, the TRCs will remain positioned to provide assistance for all.

Regionals

CTRC	CALIFORNIA TELEHEALTH RESOURCE CENTER	gpTRAC	gpTRAC Great Plains Telehealth Resource & Assistance Center
HTRC	HTRC Heartland Telehealth Resource Center	MATRC	Mid-Atlantic Telehealth Resource Center
NETRC	NORTHEAST TELEHEALTH RESOURCE CENTER	NRTRC	NRTRC Northwest Regional Telehealth Resource Center
PBTRC	PACIFIC BASIN TELEHEALTH RESOURCE CENTER THE UNIVERSITY OF HAWAII AT MANOA	SCTRC	University of Arkansas for Medical Sciences SOUTH CENTRAL TELEHEALTH RESOURCE CENTER LearnTelehealth.org
SETRC	SOUTHEASTERN telehealth RESOURCE CENTER	SWTRC	SOUTHWEST TRC TELEHEALTH RESOURCE CENTER
TexL	TexLa Telehealth Resource Center	UMTRC	UPPER MIDWEST Telehealth RESOURCE CENTER UMTRC.org

Nationals

CCHP	Center for Connected Health Policy The National Telehealth Policy Resource Center	TTAC	TTAC TelehealthTechnology.org

Telehealth Protocols & Workflows

Policy, Legal and Regulatory Factors

Technology Assessment

Business and Strategic Planning

Our services

Technical Assistance

We provide expert technical assistance to help build and enhance telehealth programs across the nation. Key focus areas include but are not limited to: telehealth policy, technology, business planning, workflow, etc.

Development

We develop educational materials and resources for health systems, providers and patients. Includes: designing/ executing needs assessments, identifying funding sources, and assisting with telehealth technology selection is also among our specialties.

Business strategy

We connect telehealth leaders at local, state, and federal levels to raise awareness and collaboratively produce specialized tools and templates for telehealth programs and providers.

Types of Telehealth
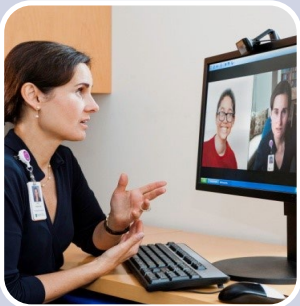
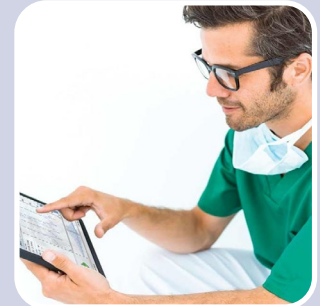Video-conferencing

(Synchronous)

Store And Forward

(Asynchronous)

Remote Patient Monitoring

(RPM)

Mobile Health

(mHealth)

Provider to Provider

(eConsults, Project ECHO, etc.)

Discussion

What types of telehealth are you providing? Are you providing telehealth via phone? HIPAA-compliant platform?

Family Planning Services via Telehealth

- Hormonal contraception, or birth control

- STI Care

- Medications

- Medication Abortion*

- Consultations

- Education and Counseling

BIRTH CONTROL METHODS

COPPER IUD	HORMONAL IUD	IMPLANT
PILLS	PATCH	RING
MALE CONDOM	FEMALE CONDOM	FERTILITY-AWARENESS-BASED

Resource: Telemedicine in Sexual and Reproductive Health, Kaiser Family Foundation; November, 2019

Special Considerations for Family Planning Visits

- Privacy

- Showing who is in the room (from provider)

- Ensuring privacy of client (e.g. able to speak/be on camera without others in home hearing)

  - CDC Guidance on Data and Security

  - Prioritization of In-Person and Virtual Visits During COVID-19: Decision Making Guide

  - SCTRC Telehealth Etiquette Video Series

Resource: Telehealth Etiquette for Family Planning Visits

Value of Telehealth

Clients

- Accessibility: care when and where its needed
- Affordability: reduces travel time, expense and time away from work/family
- Timeliness: reduces wait time to access providers and other professionals
- Integrated and coordinated care

Communities

- Keeps clients local whenever possible
- Promotes rapid diagnosis and treatment; linked to improved patient outcomes
- Improves outcomes and therefore improves health of population

Family planning programs

- Promote coordinated care
- Maintains primary relationship with patient
- Promotes greater patient satisfaction
- Generates revenue – visit reimbursement
- Access to education
- Working at top of scope

COVID and Telehealth Explosion

In the blink of an eye, telehealth and health care have become synonymous

The Cyber Security Hub™
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Who led the digital transformation of your company?

A) CEO
B) CTO
C) COVID-19
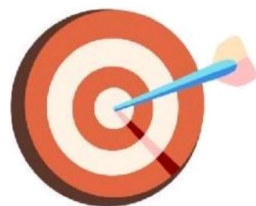
Telehealth in the Time of COVID-19: A 20-Year Overnight Success

Using Telehealth in a Pandemic: Focus on Flexibility, Scalability

Executives from three different health systems talk abo... they've used telehealth to meet the demands created I... Coronavirus pandemic - and how those services are la... groundwork for 'the new normal.'

Telehealth resource centers nationwide aid providers at no cost

The 14 federally funded regional TRCs have seen an enormous uptick in requests for assistance since the start of the COVID-19 pandemic.

By Kat Jercich | June 17, 2020 | 10:25 AM

Social Distancing Puts Telehealth on the Front Lines

Tuesday, March 31, 2020
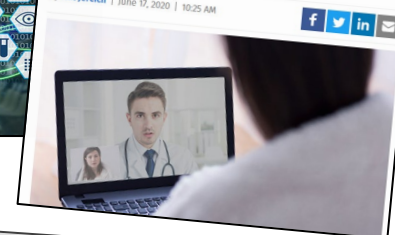
TELEMEDICINE PROJECTED TO ACCOUNT FOR 20% OF MEDICAL VISITS IN 2020, REPORT SAYS

BY CHRISTOPHER CHENEY | SEPTEMBER 21, 2020

The Cyber Security Hub (n.d.) Posts (https://www.linkedin.com/company/the-cyber-security-hub/).
Retrieved March 30, 2020 from https://www.linkedin.com/posts/the-cyber-security-hub_activity-6652608881753227264-R2Y7

COVID and the Future of Telehealth in New York

- We can't expect "business as usual" when the pandemic is over
- How will we prepare for a tsunami of patients/clients who have delayed care...and for those who may continue to delay care?

% of NY Medicaid claims/ encounters via TH in 2018-2019?

.036%

NYC H+H Telehealth Visits by Month

*

Legend: Feb-20, Mar-20, Apr-202

(x-axis: 10000, 20000, 30000, 40000, 50000, 60000, 70000, 80000, 90000)

*Reference: Jen Lau et al., Staying Connected in the COVID-19 Pandemic: Telehealth At The Largest Safety-Net System In The United States, 39 Health Affairs 8 June 2020.
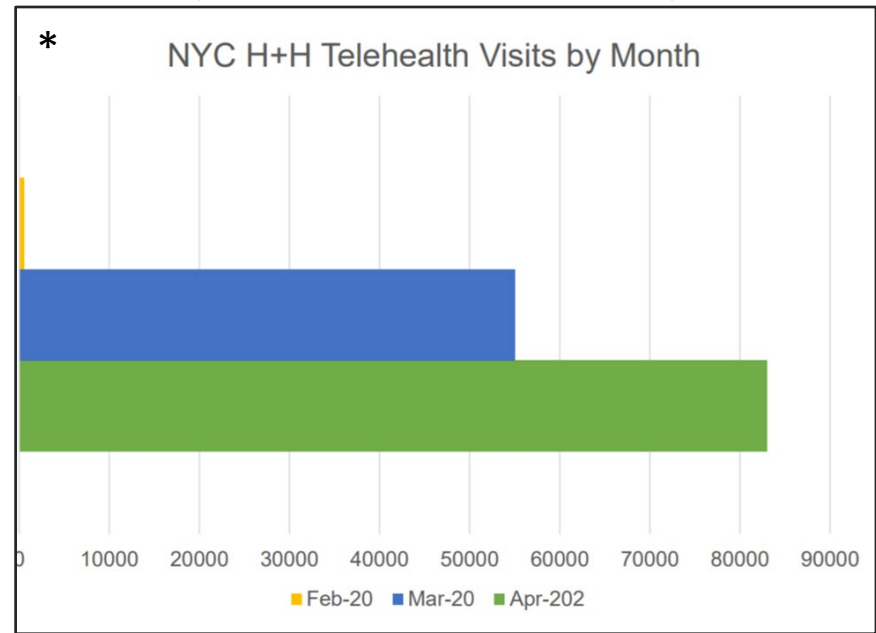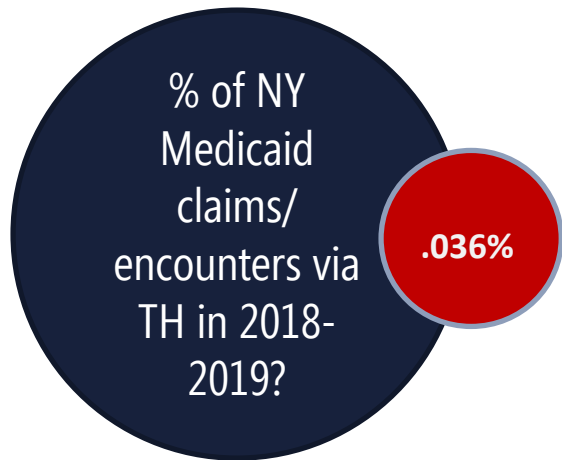
Strategies to Improve Quality of Care

- Make training a priority (technology and clinical workflows)
    - Incorporate into existing processes, orientation, etc.

- Involve end users (patients and providers)
    - Assess needs and satisfaction regularly, act on identified issues (quality improvement)

- Set and track quality metrics specific to telehealth
    - Identify key concerns and solutions and train all involved

NQF: Creating a Framework to Support Measure Development for Telehealth

Discussion

Where do you see opportunities to improve the quality of care via telehealth?

Telehealth Policy Changes

In response to COVID-19, Governor Cuomo has issued several Executive Orders to suspend or modify laws necessary to aid in coping with this emergency:
www.governor.ny.gov/executiveorders

- Current Emergency extended to **November 3, 2020**

Telehealth Policy Changes Continued

- Emergency Medicaid Telehealth Guidance issued by DOH effective for dates of service on or after March 1, 2020 include the following telehealth flexibilities:

  - Expanded telehealth to include telephonic coverage and associated reimbursement;

  - Further expanded eligible practitioners to all qualified providers currently serving Medicaid patients and out of state providers;

  - Further expanded eligible distant and originating sites to include patients' and practitioners' homes; and

  - Extended federal privacy waivers to New York encounters; allowed for use of additional technology (e.g., Skype, FaceTime)

Telehealth Policy Changes Continued

- Originating sites can be anywhere the member is located including the member's home - there are no limits on originating sites during the State of Emergency

Telehealth Policy Changes Continued

- Distant sites can be any site within the 50 United States or United States' territories, including Federally Qualified Health Centers and providers' homes, for all patients including patients dually eligible for Medicaid and Medicare

    – Cross-state licensure and registration flexibilities – see EO 202.5

- All Medicaid provider types are eligible to provide telehealth but services should be appropriate for telehealth and should be within the provider's scope of practice

Policy Implications

Flexibilities impact how telehealth may be provided and what services may be reimbursed.

NYS Policy Change Resources

- NYS DOH Medicaid Updates, including telehealth
- FAQs on Medicaid Telehealth Guidance
- NYS Medicaid Telehealth Guidance archived webinar, May 6, 2020

Key Resource:

NYS Telehealth Parity Law – AHI Annual Conference, October, 2020

Megan Prokorym, NYS Office of Primary Care and Health Systems Mgmt

Clinic-Specific Policy and/or Protocol Changes

With respect to NYS policy changes under PHE:

- Telephonic coverage:
  - Identify appropriate services and populations and develop protocols (workflow, documentation)
  - Identify eligible billing codes and integrate with software as appropriate

- Expansion of eligible providers:
  - Identify potential new services and train providers on workflows and technology
  - Licensing and credentialing of new providers as appropriate
  - Identify any Practice Board specific requirements with respect to cross-state practice during the PHE

Clinic-Specific Policy and/or Protocol Changes Continued

With respect to NYS policy changes under PHE:

- Expansion of eligible distant and originating sites:
  - Anticipate and proactively address challenges associated with patients and providers being located at home, or other locations – have a backup plan and develop protocols (telehealth is not always possible and/or appropriate)

- Extension of Federal Privacy Waivers:
  - Highly recommend using a HIPAA compliant solution and sign a BAA with the vendor
  - If unable to use a HIPAA compliant solution at present, take extra care with security/privacy policies and protocols and training – have a backup plan and develop protocols

Discussion

What policies and/or procedures do you need to revisit now that you, your team, and your clients are using telehealth?

Reimbursement for Telehealth

Today and Beyond COVID-19: March 16, 2020 Regulation effective for duration of PHE

- Telehealth Parity
  - Pre-COVID-19: Telehealth parity per PHL Article 29-G, Social Services Law § 367-u, and Insurance Law § 3217-h and 4306-g
- What is now and what may not be permanent?
  - Prohibits insurers from imposing cost-sharing on telehealth during PHE
  - Includes audio-only/telephonic and video modalities as appropriate
  - Patients and providers may be located at any site that meets privacy and confidentiality standards, including the insured's home or the home of the insured's provider
  - Office of Civil Rights HIPAA flexibilities during PHE – must take steps to reasonably ensure privacy during all encounters

Reimbursement for Telehealth

- NYS Medicaid: Billing Rules and Guidelines

Modifiers to be Used When Billing for Telemedicine, Store-and-Forward, and Remote Patient Monitoring		
Modifier	**Description**	**Note/Example**
"95"	Synchronous telemedicine service rendered via real-time interactive audio and video telecommunication system	Note: Modifier **"95"** may only be appended to the specific services covered by Medicaid and listed in Appendix P of the AMA's CPT Professional Edition 2018 Codebook. The CPT codes listed in Appendix P are for services that are typically performed face-to-face but may be rendered via a real-time (synchronous) interactive audio-visual telecommunication system.
"GT"	Via interactive audio and video telecommunication systems	Note: Modifier **"GT"** is only for use with those services provided via synchronous telemedicine for which modifier **"95"** cannot be used.
"GQ"	Via asynchronous telecommunications system	Note: Modifier **"GQ"** is for use with Store-and-Forward technology
"25"	Significant, separately identifiable evaluation & management (E&M) service by the same physician or other qualified health care professional on the same day as a procedure or other service	Example: The member has a psychiatric consultation via telemedicine on the same day as a primary care E&M service at the originating site. The E&M service should be appended with the **"25"** modifier.

Place of Service (POS) Code to be Used when Billing for Telemedicine, Store-and-Forward, and Remote Patient Monitoring Applicable When Billing Professional Claims	
POS Code	**Description**
"02"	The location where health services and health-related services are provided or received, through telehealth telecommunication technology. When billing *telemedicine, store-and-forawrd, and remote patient monitoring* services, providers must bill with place of service code **"02"** and continue to bill modifier **"95"**, **"GT"** or **"GQ"**.

Reimbursement for Telehealth

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- For dual eligibles, if Medicare covers telehealth encounter, Medicaid will reimburse Part B coinsurance and deductible to extent permitted by state law
- FFS Billing by Site and Location (not telephonic) – Office Setting or other Secure Location
  – Originating Site: Admin Fee Only (Q3014) or Distinct Service + Admin Fee (CPT w/25 modifier + Q3014)
  – Distance Site: Appropriate CPT code appended with the applicable modifier (95 or GT)
- Application Specific (Telephonic, Store-and-Forward, RPM)
- Medicaid Managed Care:
  – Required to cover all Medicaid FFS services and MMC benefits package may have specialized coding
  – Same rate as face-to-face encounter

Telephonic Services

- Telephonic services are reimbursable where face-to-face visits may not be recommended and it is appropriate for the member to receive the services by telephone.
  - Medicaid will reimburse telephonic assessment, monitoring, and evaluation management services under specialized rules through six payment pathways

Key Resource:

Overview of Telehealth and Telemedicine

Ron Bass, Administrator – NYS DOH

Kendra Muckle – New York State Department

Private Payers

Private Payer Telehealth Regulations: COVID-19

- Adirondack Health Institute Resource Page
  - Consistency among payers with waived cost-sharing
  - Diversity around eligible services, modality requirements, audio-only coverage, use of modifiers, etc.
  - Check individual payer websites for current status of policy expansions (See AHI Resource Page for links)

Discussion

What are your billing and reimbursement challenges?

What questions do you have?

Have you found promising practices with billing (and getting paid for) telehealth visits?

Still Plenty of Work to Do!

HIPAA-HITECH

Not if, but when…
- Mitigate Risks
- Prepare for long-term
- Get vendor(s) to sign a BAA
- Make a roadmap for full HIPAA compliance
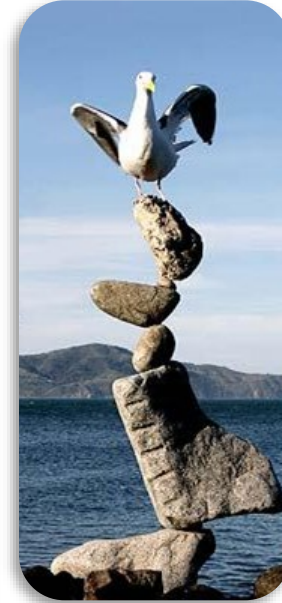
QUALITY   *SAFETY*   *BALANCE*   *INNOVATION*

Where are we heading?

New York State
Family Planning
Training Center
nysfptraining.org

Center for Connected Health Policy
The National Telehealth Policy Resource Center

Proposed CY 2021 PHYSICIAN FEE SCHEDULE

FACT SHEET | August 2020

CMS Proposes Significant Changes to Remote Patient Monitoring Coverage

The Centers for Medicare & Medicaid Services has clarified how providers can use telehealth and mHealth to establish and run remote patient monitoring programs, with changes that some feel could hinder care at home.

September 8, 2020

Federal Super Bill Combines 9 Telehealth Bills,

$1.5 B to Combat Opioid Abuse, & AHA Open Letter on Telehealth Expansions

SEPTEMBER NEWSLETTER

FCC Pushes Telehealth Connectivity With Connected Care Pilot Program

The Connected Care Pilot Program, a $100 million project unveiled in 2018 to improve access to telehealth for low-income Americans and veterans, will soon begin accepting applications, FCC officials have announced.

BRIEF
MedPAC commissioners hint at telehealth policies that may stick post-COVID-19

Patient Satisfaction with Telehealth High Following COVID-19

A new J.D. Power survey showed that patient satis[faction] for telehealth reached 860 on a 1,000-point scale

By Nadia de la Houssaye · October 1, 2020

US's digital divide 'is going to kill people' as Covid-19 exposes inequalities

Exclusive research shows drop in connectivity is impacting rural and urban areas with populations already underserved by the medical system or racked with poverty
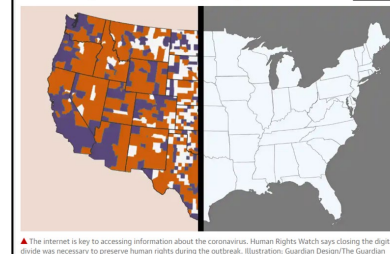
▲ The internet is key to accessing information about the coronavirus. Human Rights Watch says closing the digital divide was necessary to preserve human rights during the outbreak. Illustration: Guardian Design/The Guardian

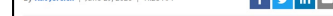**Telehealth: From crisis response to cornerstone of healthcare**

By Nadia de la Houssaye · October 1, 2020
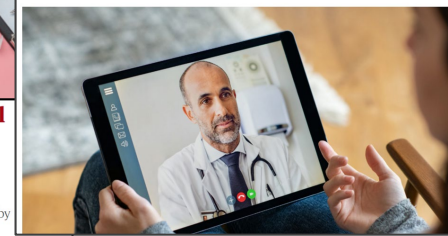
Here's how smaller practices can prepare for continuing telehealth demands

Providers without the resources of larger health systems can still make virtual care available to patients.

By Kat Jercich | June 29, 2020 | 11:28 AM

HealthAffairs TOP

Five Ways—Beyond Current Policy—To Truly Integrate Telehealth Into Primary Care Practices

Avni Gupta, Ann M. Nguyen, Ji Eun Chang, Alden Yuanhong Lai, Carolyn Berry, Donna R. Shelley

SEPTEMBER 9, 2020   10.1377/hblog20200903.5975

Tips and Strategies

- Secure leadership support for sustainability/growth
  - Know your data - show the ROI and how additional needs can be met with telehealth
- Focus time, effort and $$ on program development and a sustainable business model
- Choose technology that meets stakeholders needs AND fits the budget – simple is usually better
- Integration is key
  - Organizational strategic plan
  - Day-to-day operations and expectations
- Address issues quickly and communicate successes and challenges often
- Advocate for policy change that helps you grow

Inclusive and Equitable

- Digital Literacy and Connectivity
  - Training and networking opportunities
  - Device loaner programs
  - Federal and State supports (subsidies, etc.)
- Special Populations
  - Limited English Proficiency
  - Sensory Impairments
- Community Access Centers
  - Outreach Services via Telehealth

Discussion

How can we ensure services provided via telehealth are more accessible to clients?

Questions?

Telehealth Resource Center Resources

- NETRC Site & Telehealth Resource Library
  - Latest in national and regional telehealth news and resources
  - Over 6,000 publicly available journal articles and other resources
- National Telehealth Resource Center website
  - Fact Sheets, Guides and Templates
  - Evidence for Telehealth, Webinar series, etc.

Telehealth Resource Center Resources Continued

FREE ACCESS

Launching into Telehealth
2020 Northeast/Mid-Atlantic Virtual Telehealth Conference
KNOWLEDGE BASE 2020

https://telehealth2020.swoogo.com/launchtelehealth2020/
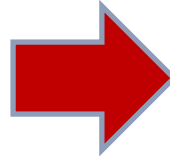
See session by Leah Coplon And Terri-Ann Thompson:
Client and Provider Support for Telehealth Provision of Reproductive Health Care: Findings from a Network of Clinics in Maine

Telehealth Coordinator
Online Training

This eTraining provides an introduction to key concepts and resources to assist Telehealth Coordinators in building the knowledge and skills needed to successfully fill their role. It can also be used as a refresher course for those looking to revisit core information and/or update their skills.

Learn more

Have additional questions? **Reach out to the TRCs!**

Registered Users
Email
Password
Sign in
Forgot password?
Not registered?
Create your account here

https://www.telehealthtrain.org/

Additional Policy & Reimbursement Resources

- CMS/Medicare
  - COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers
  - Medicare - Covered Telehealth Services CY2019 and CY 2020 (10/14/2020)
- Center for Connected Health Policy
  - Telehealth Coverage Policies in the Time of COVID-19
  - Billing For Telehealth Encounters – CCHP 2020 Guide on Fee-for-Service

Patient/Client Resources

- FCC [LifeLine Program](), which provides devices and subsidies on monthly voice and data fees for low income consumers. There are eligibility requirements (see webpage) and an application process for this.

- [Options to Support Members with Limited or Lack of Access to Devices and Services]()
- [HHS Telehealth Webpage for Patients]()
- [National Consortium of Telehealth Resource Centers Patient Engagement]()

Family Planning Telehealth Resources

- Family Planning National Training Center
  - [Toolkit: What Family Planning Providers Can do to Meet Client Needs During COVID-19](#)
  - [Telehealth Etiquette for Family Planning](#)

Training Center Opportunities

- Archived *Family Planning Billing for Telehealth during COVID-19* webinar

- Request Technical Assistance with Ann Finn

Upcoming Sessions

- November 18, 2020: Safely Providing In-Person Services
  - Register here
- TBD: December 2020: Collective Trauma and Moral Distress

Thank you!

Contact:

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