



Healthcare Advisory
Network

Telehealth, Telemedicine, Telepresence and Telehealthtoday

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Agenda

- The boring stuff
- The current stuff
- The cool stuff
- The financial stuff
- The stuff you'll ask questions about and I will ask Mike to answer...




The Boring Stuff

But pay attention...it just may be important!



Definition of Telemedicine CMS/Medicaid

Telemedicine seeks to improve a patient's health by permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site.



CMS allowable telehealth (E&M) visits

An **originating site** is the location where a Medicare beneficiary gets physician or practitioner medical services through a telecommunications system. The beneficiary must go to the originating site for the services located in either:

- A county outside a Metropolitan Statistical Area (MSA)
- A rural Health Professional Shortage Area (HPSA) in a rural census tract must be in a qualified originating site

Each December 31 of the prior calendar year (CY), an originating site's geographic eligibility is based on the area's status. This eligibility continues for a full CY. Authorized originating sites include:

- Physician and practitioner offices
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs)
- Community Mental Health Centers (CMHCs)
- Renal Dialysis Facilities
- Homes of beneficiaries with End-Stage Renal Disease (ESRD) getting home dialysis
- Mobile Stroke Units

CMS rule 2019...added changes for additional opportunities

- Brief communication technology-based service, e.g. virtual check-in (HCPCS code G2012) and
- Remote evaluation of recorded video and/or images submitted by an established patient (HCPCS code G2010)
- <https://www.telehealthresourcecenter.org/big-changes-in-2019-for-medicare-telehealth-policy/>
 - **Brief Communication Technology-based Service, e.g. Virtual Check-in (HCPCS code G2012):** Check-in services used to evaluate whether or not an office visit or other service is necessary. The modalities will include audio-only real-time telephone interaction in addition to synchronous, two-way audio interaction that are enhanced with video or other kinds of data transmission. CMS will pay approximately \$14 for this service (unless it is the result of a previous appointment or leads to a face-to-face appointment). CMS believes the check-ins will mitigate the need for potentially unnecessary office visits.
 - **Remote Evaluation of Pre-Recorded Patient Information (HCPCS code G2010):** CMS finalized the creation of a specific new code to describe remote professional evaluation of patient-transmitted information conducted via pre-recorded “store-and-forward” video or image technology. These services would not be subject to the Medicare telehealth restrictions because they could not substitute for an in-person service currently separately payable under the PFS.
 - **Interprofessional Internet Consultation (CPT codes 99452, 99451, 99446, 99447, 99448, and 99449):** These codes would cover interprofessional consultations performed via communications technology such as telephone or Internet. This would support a team-based approach to care that are often facilitated by electronic medical record technology.
 - Not Rn or PT only practitioners
 - In addition to adding the above services, CMS also addressed making the necessary changes to add additional originating sites and geographic exemptions for the treatment of end stage renal disease and acute stroke (as required by the Bipartisan Budget Act of 2018). As they do every year, CMS also considered new codes for inclusion in their list of services eligible to be delivered through telehealth, and have added G0513 and G0514, both codes related to prolonged preventive services. CMS also added new codes (99453, 99454, and 99457) for remote physiologic monitoring as well as added a new code (99491) for chronic care management

Telehealth enablement for SNF/CCRC



The virtual check-ins would include phone conversations, e-mails, or texts sent through a patient portal with nursing home medical directors, primary care physicians, and other doctors or nurse practitioners



Building could earn back its automatic 2% reduction in Medicare under the SNF Value-Based Purchasing Program that goes into effect this fall



In addition, telemedicine enables rural facilities to keep residents at their facilities. Now, rural providers often must pay for expensive municipal ambulance rides to take residents to faraway hospitals. Residents may never return; instead, they may be discharged to an SNF nearer the hospital or surgical center.

Ohio Medicaid- Proposed

Proposed Rule just released for comment:
“Telehealth vs. Telemedicine”

Increases providers eligible:

- Under the proposed rule, all the following practitioners are eligible to render telehealth services:
- Physicians;
- Psychologists;
- Physician assistants;
- Advanced practice registered nurses (clinical nurse specialist, certified nurse mid-wife, or certified nurse practitioner);
- Licensed independent social worker;
- Licensed independent chemical counselor;
- Licensed independent marriage and family therapist; and
- Licensed professional clinical counselors.

Ohio Medicaid- Proposed

- For the “practitioner site,” such location must be the practitioner’s service location as reported to ODM. However, the practitioner’s service location is not limited to the location reported to ODM when any of the following apply:
 - The patient is an active patient;
 - The practice is enrolled as a patient centered medical home as defined in Ohio Administrative Code 5160-1-71; or
 - The service provided is an inpatient consultation for a new or established patient of a different health system under the following circumstances:
 - The patient is hospitalized in a neonatal intensive care unit or other intensive care unit;
 - The patient is suffering from a stroke; or
 - The patient is experiencing a psychiatric emergency.
- "Active patient" means that within the previous twelve months at least one in-person physical exam or assessment of the patient has been conducted by the telehealth practice or practitioner acting within the scope of their professional license or by the patient's usual source of medical care that is not an emergency department.
- "Health system" means a network of facilities and providers of health care that is owned, operated or affiliated with the same organization.

Ohio Medicaid- Proposed

- Services
 - Services reimbursed through telehealth are found in the Appendix to the proposed rule, and include:
 - Psychiatric diagnostic evaluation (with or without medical examination);
 - Psychotherapy (with the patient or with the patient when performed with an evaluation and management service – 30, 45, and 60 minutes);
 - Office or other outpatient visit for the evaluation and management of a new or established patient (straightforward, low, or moderate complexity of medical decision making – various time limits);
 - Office consultation for a new or established patient (self-limited or minor problems, straightforward or low complexity medical decision making);
 - Inpatient consultation for a new or established patient (straightforward, low, moderate, or high complexity of medical decision making – various time limits).



The Current Stuff

A “Typical”
telehealth
experience



Telehealth market

2016 global telehealth was estimated at \$6.5 Billion

By 2025 telehealth will surpass \$25 Billion

Evolution from “telemedicine” to “telepresence” and remote monitoring



The Cool Stuff

Wired Living



Telepresence v. Traditional Telemedicine



Remote Monitoring



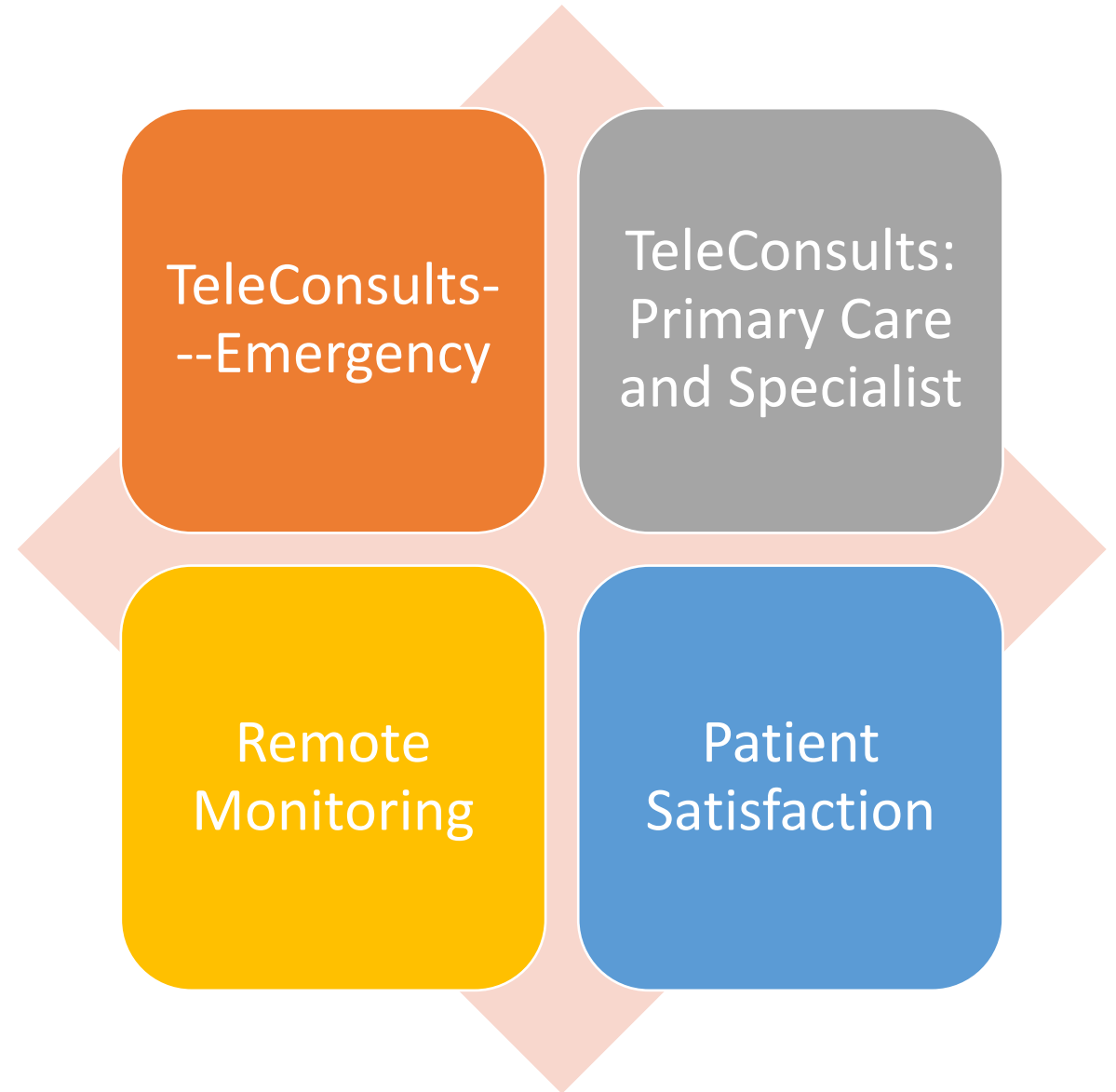
Real Time
Locating Systems



The background features a dark grey field with three overlapping circles in shades of blue. A white horizontal band is centered across the middle of the image, containing the text.

The Financial \$tuff

Areas of Opportunity in SNF



The
benefit(\$)
are
SNF-Value
Based
Payment
protections



Utilization of Telemedicine provides a ROI by reduction of unnecessarily admissions to avoid VBP CMS penalty (and/or get the upside)

Rapid communication with providers

Ongoing monitoring of acute and chronic conditions

Assist in contract negotiations with non-gov't payors

30% reduction in readmissions/38% hospital admission decrease/65% fewer days in Hospital 6 month follow-up
(American Journal of Managed Care)



Referrals from hospitals engaged in BPCI-A



Physicians can gain additional income through remote monitoring, virtual visits and chronic care management

Physician Engagement



Patient Engagement

- Fewer transports needed to appointments
- Faster diagnosis for changes in chronic conditions
- Ability to utilize their own physicians in a “concierge” model



So how do you start or expand?

Strategy and Launch Plan

Current State—Gap Analysis—Plan

Patient perception—know your audience

Provider input—Get providers on board and engaged

Training

Timing

Marketing / Communication

Analytics

Connectivity

Capitol Costs/ROI

2 Year Refresh



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Questions

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Sources

- Sources
 - CMS <https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year>
 - Ohio Department of Health
 - <https://www.leadingage.org/cast/cms-proposed-rule-could-benefit-nursing-homes>
 - <https://ij-healthgeographics.biomedcentral.com/articles/10.1186/1476-072X-11-25>
 - Vendor Informational sites and conversations
 - cMD Now
 - Buffalo Pacific
 - Innovator Health
 - Global Telehealth Services

ACTION: Original

ENACTED
Appendix
5160-1-18

DATE: 04/19/2019 11:42 AM

Appendix to rule 5160-1-18

Services reimbursed through Telehealth

Procedure Code	Code Description
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service
90834	Psychotherapy, 45 minutes with patient
90835	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service
90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service
99201	Office or other outpatient visit for the evaluation and management of a new patient; Straightforward medical decision making. Typically, 10 minutes
99202	Office or other outpatient visit for the evaluation and management of a new patient; Straightforward medical decision making. Typically, 20 minutes
99203	Office or other outpatient visit for the evaluation and management of a new patient; Medical decision making of low complexity. Typically, 30 minutes
99204	Office or other outpatient visit for the evaluation and management of a new patient; Medical decision making of moderate complexity. Typically, 45 minutes
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes
99212	Office or other outpatient visit for the evaluation and management of an established patient; Straightforward medical decision making. Typically, 10 minutes
99213	Office or other outpatient visit for the evaluation and management of an established patient; Medical decision making of low complexity. Typically, 15 minutes
99214	Office or other outpatient visit for the evaluation and management of an established patient; Medical decision making of moderate complexity. Typically, 25 minutes
99241	Office consultation for a new or established patient. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes
99242	Office consultation for a new or established patient; Straightforward medical decision making; Typically, 30 minutes

99243	Office consultation for a new or established patient; Medical decision making of low complexity. Typically, 40 minutes
99251	Inpatient consultation for a new or established patient; straightforward medical decision making. Typically, 20 minutes
99252	Inpatient consultation for a new or established patient; Straightforward medical decision making. Typically, 40 minutes.
99253	Inpatient consultation for a new or established patient; medical decision making of low complexity. Typically, 55 minutes
99254	Inpatient consultation for a new or established patient; medical decision making of moderate complexity. Typically, 80 minutes
99255	Inpatient consultation for a new or established patient; medical decision making of high complexity. Typically, 110 minutes