



Improving Access to Quality Medical Care Webinar Series

Presented by

Southwest Telehealth Resource Center
and the Arizona Telemedicine Program

Welcome

SWTRC region - AZ, UT, CO, NM & NV

Fellow HRSA Telehealth Resource Centers

All other participants from the US & abroad



The Arizona Telemedicine Program, the Southwest Telehealth Resource Center & InTouch Health welcomes you to this free webinar. The practice & delivery of healthcare is changing, with an emphasis on **improving quality, safety, efficiency, & access to care.**

Telemedicine can help you achieve these goals!

Webinar Tips & Notes

- Mute your phone &/or computer microphone
- Time is reserved at the end for Q&A, please use the Chat function to ask questions
- Please fill out the post-webinar survey
- Webinar is being recorded
- Recordings will be posted on the ATP website
 - <http://telemedicine.arizona.edu/webinars/previous>





“A New Telehealth Reimbursement Paradigm in 2019”

Jordana Bernard, MBA, FATA
Director, Policy and Public Affairs
InTouch Health

Agenda

- Discuss changing telehealth legislative and regulatory landscape
- Review federal telehealth reimbursement changes for 2019 impacting the market
- Discuss implications and trends





Highest Rated for Overall Performance in KLAS 2018 Telehealth Report

For the second year running, InTouch Health was named the Highest Rated Vendor for Overall Performance in the “Telehealth Virtual Care Platforms 2018” report from KLAS Research.



Connecting over **2,500** Care Locations Globally

Trusted by the World's Best

Highlights from the report

- ✓ Rated as a top performer for customers getting their money's worth and achieving desired outcomes
- ✓ Highest rated vendor for proactive service and day-to-day support
- ✓ Highest rated vendor for clinician and patient experience



VIEWPOINT
SOFTWARE



VIEWPOINT
TABLET



INTOUCH
TV



VICI
CART



XPRESS



XPRESS
CART*



LITE



VANTAGE



VITA

Every Use Case, Every Workflow, One Platform

Rules for telehealth reimbursement

Payment, varies by payer and state

- **Medicare**
 - Section 1834(m) in the Social Security Act (1997) limits telehealth payment to:
 - Rural areas
 - Approved originating sites
 - Eligible distant site providers
 - Real-time, interactive video
 - Certain approved services (98 codes 2019)
 - Pays professional fee & facility fee
- **Medicaid**
 - States determine respective policies
 - 50+ sets of rules
- **Commercial Insurance / Managed Care**
 - Varies by plan & state laws
 - Telehealth “parity” laws



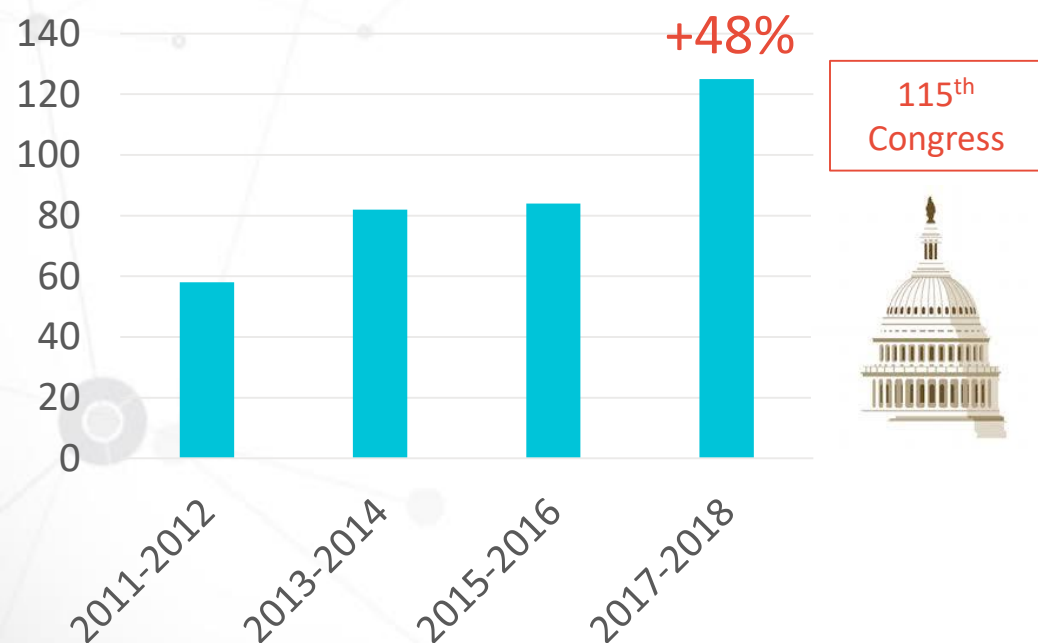
Medicare Limited to
Designated Rural Sites

<1% of inpatient stays
1.4% of outpatient stays

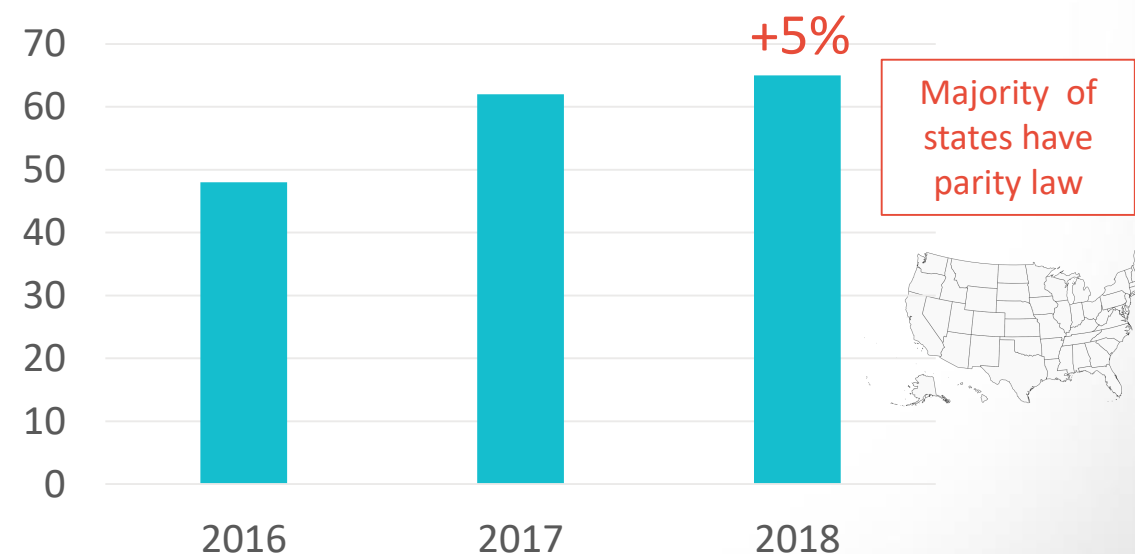
2018 a pivotal year for telehealth reimbursement

Telehealth Legislative Activity

Federal



Statewide



Telehealth legislation that passed in 2018



www.congress.gov

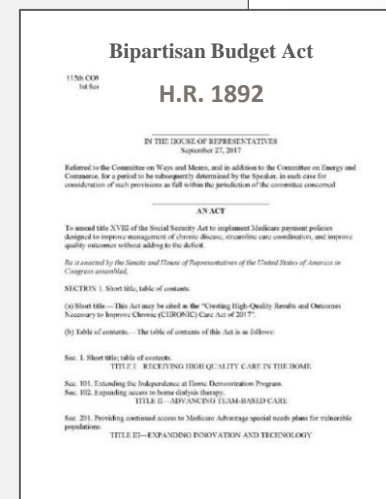
Bipartisan Budget Act of 2018

Effective January 1, 2019

- **TeleStroke**
 - Nationwide reimbursement hospitals, CAHs, mobile stroke units
 - Facility fee rural hospitals, CAHs
- **End-Stage-Renal Disease / Home Dialysis**
 - Nationwide reimbursement monthly clinical assessments in hospitals, dialysis facilities, home
 - Providers can give technology to patients
 - Facility fee all eligible originating sites except home

Effective January 1, 2020

- **Medicare Advantage Plans**
 - Flexibility to add telehealth services to “core benefits” versus supplemental
- **Accountable Care Organizations**
 - Flexibility to use telehealth in non-rural areas and patient’s home



Other telehealth legislation that passed in 2018



VETS Act

Effective June 12, 2018

- Cross-state telehealth with single license
- Veteran services provided by VA licensed clinicians
- Telehealth visits “from anywhere to anywhere”

SUPPORT for Patients and Communities Act

Effective July 1, 2019

- Nationwide payment for virtual substance use disorder treatments and co-occurring mental health disorders
- Adds patient’s home
- Facility fee for all eligible originating sites except home

Agriculture Improvement Act of 2018

- Reauthorizes Farm bill through 2023
- Funding for telehealth grants
- Funding for broadband expansion

Effective October, 2019

- Establishes DEA special registration for remote prescribing controlled substances w/o initial in-person visit

Early stage telehealth bills introduced last Congress

H.R. 6502 RUSH Act of 2018

Acute care skilled nursing facilities

S. 3494 MOMMIES Act

Maternal fetal medicine

S. 3568 Rural Mom's Act

Maternal fetal medicine

H.R. 7083 Access to Genetic Counselor Services Act of 2018

Genetic counseling

S.3797 / H.R. 6781 Mental Health Telemedicine Expansion Act

Mental health



Other possible Medicare telehealth legislation

- CONNECT for Health Act to be re-introduced
- New policy areas being considered
 - CMMI innovation models
 - Specialty telehealth consults for acute/medical emergencies
 - Call to Action
 - Join work group to create evidence/data set



2019 CMS physician payment rules create major expansion of reimbursement for telehealth

Proactive leadership recognizes “communication technology-based services”

- | | |
|--|-------------------------------------|
| 1. “Medicare Telehealth” | } Payment restricted by 1834(m) |
| 2. New Virtual Care Services | } Payment NOT restricted by 1834(m) |
| 3. Remote “Physiologic” Monitoring (RPM) | |

CMS creates payment for new Virtual Care Services

Broad, flexible policies allow services to be billed from any setting, use case

Brief Communication Technology-based Services

- Real-time virtual check-in
- HCPCS G2012
- Brief, 5-10 minutes
- Patient-initiated visit
- Established patients
- Not related to E/M visit 7 days prior or 24 hours after
- Telephone, video or other kinds of data transmission
- Patient consent
- Pays ~\$15/visit

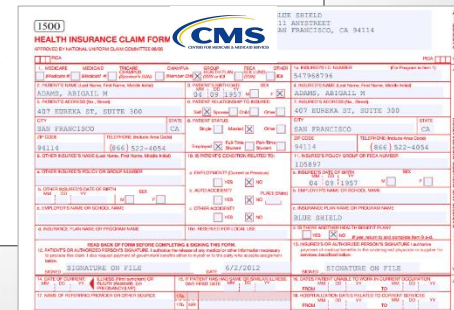
Remote Evaluation of Recorded Video and/or Images

- Store and forward visit
- HCPCS G2010
- Patient-initiated visit
- Established patients
- Not related to E/M visit 7 days prior or 24 hours after
- Follow-up within 24 hours
- Patient consent
- Pays ~\$13/visit

Interprofessional Consultations

- Provider-to-provider consult
- CPT codes 99446 – 99449, 99451-99452
- Telephone/Internet/EHR consults
- Patient not present
- Patient consent
- Pays ~\$18-\$73

Not subject to 1834(m) telehealth restrictions



CMS expands payment for RPM

- Allows payment for professional and technical components of RPM
 - Example first month: \$58 (or \$52) + \$19 + \$64 = \$141
 - Monthly thereafter: \$58 + \$64 = \$122
- Allows billing RPM and CCM (e.g. CPT 99457 & CPT 99490) professional components for same patient, same month



Payment Code	Description	Payment \$	Effective Date
99091	Collection, interpretation of physiologic data, <u>30</u> minutes or more per 30-day period by physician or other qualified healthcare professional (QHP) (professional component)	\$58	2018
99457 (fixes 99091)	Collection, interpretation of physiologic data, <u>20</u> minutes or more per month requiring interactive communication with patient by physician, QHPs, and <u>other clinical staff</u> (professional component)	\$52	2019
99453	Initial set-up of technology and patient education (technical component)	\$19	2019
99454	Device supply with daily recordings, programmed alerts transmission, monthly (technical component)	\$64	2019

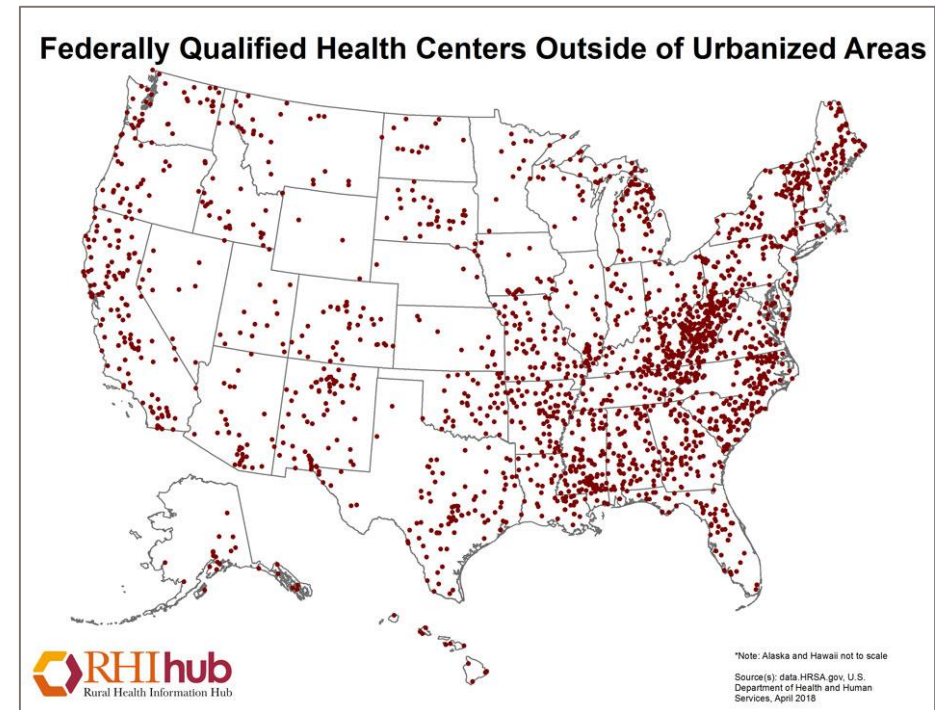
Medicare home health benefits also support expansion of RPM

An important step toward incentivizing home health agencies to innovate

- Final rules under Home Health Prospective Payment System (HHPPS)
- Allows home health agencies (HHA) to include costs of RPM as administrative cost (effective 2020)
 - Impact: Prospective HHA payment rate would increase
- Allows transitional payment for RPM services as part of home infusion benefit in patient's home (Per BBA of 2018, CY 2019 & 2020)

New Medicare payment for FQHCs and RHCs

- Allows billing for new **virtual check-ins** and remote evaluation / **store and forward visits**
- Use code G0071 for both services
- Rate set at average of PFS payment rates for G2012 and G2010
- No billing for interprofessional consults

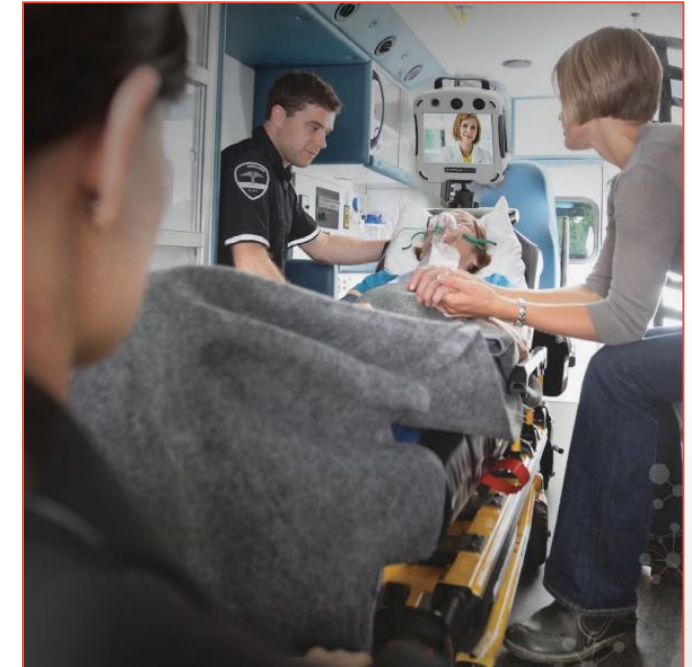


Other 2019 policy and reimbursement changes in Medicare

- New Prolonged Preventive Services payment codes
 - HCPCS G0513 (\$66) & HCPCS G0514 (\$66)
 - Subject to 1834m
- Telestroke
 - Defines “mobile stroke unit”
 - New modifier “G0” (G-zero)
 - MLN fact sheet
- TeleBehavioral Health
 - Interim final rule, effective July 1, 2019
 - Comments solicited on bundled payment for treatment of substance use disorders

2019 TeleStroke Payment Rates

G0425	\$101
G0426	\$138
G0427	\$204
G0508	\$213
G0509	\$201



General considerations for Medicare telehealth billing

- Distant site provider bills professional fee
 - Use appropriate CPT or HCPCS code
 - Use Place of Service (POS) 02: Telehealth
- Originating site bills facility fee
 - HCPCS code Q3014
 - Pays ~\$26 per visit
- For telestroke consults append new “G0” (zero) modifier to code
- Only bill when conditions for telehealth payment are met



November 2018 CMS report to Congress on telehealth

“Information on Medicare Telehealth”

- Rate of adoption increased but only .25% of enrollees used telehealth in 2016
- ‘Emerging evidence’ telehealth improves access, reduces cost, enhances patient satisfaction
- Analysis of 2015 claims
 - Identified 19 additional high volume services
 - Highly likely telehealth can support expansion of value-based care
- Biggest barriers to adoption is law restricts
 - Originating sites to rural areas
 - Services into the home

www.cms.gov

“...In conclusion, telehealth offers the promise of a technology and approach to care for a broad range of populations, including those enrolled in Medicare.

Emerging evidence indicates that telehealth can be a tool for empowering health care providers and patients to offer the best approaches to care, including consideration of the patient’s age, race/ethnicity, geographic location, and diagnoses, and provide high quality care without increasing costs.”

December 2018 Agency report to President recognizes telehealth

“Reforming America’s Healthcare System Through Choice and Competition”

- Telehealth part of solution
- Great potential to improve access, health outcomes & reduce costs
- Recommendation to address top regulatory barriers
 - Licensure
 - Reimbursement
 - Practice standards

www.HHS.gov



Transition to value-based care well underway

Models offer providers increased flexibility to use telehealth

- All payers transitioning to value-based care, capitated payment models
 - MA Plans
 - ACOs
 - Bundled payments
- Telehealth will play a larger role in value-based models
 - Drives better, more efficient, cost effective care
 - Providers bottom line directly impacted using telehealth

“The financial performance of hospitals will depend in part on the extent to which they participate in new payment models and on the success of those models in promoting high-quality, cost-effective care. Two such payment models that have gained considerable attention are accountable care organizations and bundled payment arrangements.” 2016 Congressional Budget Office (CBO)

CMS continues to drive Medicare Advantage innovations

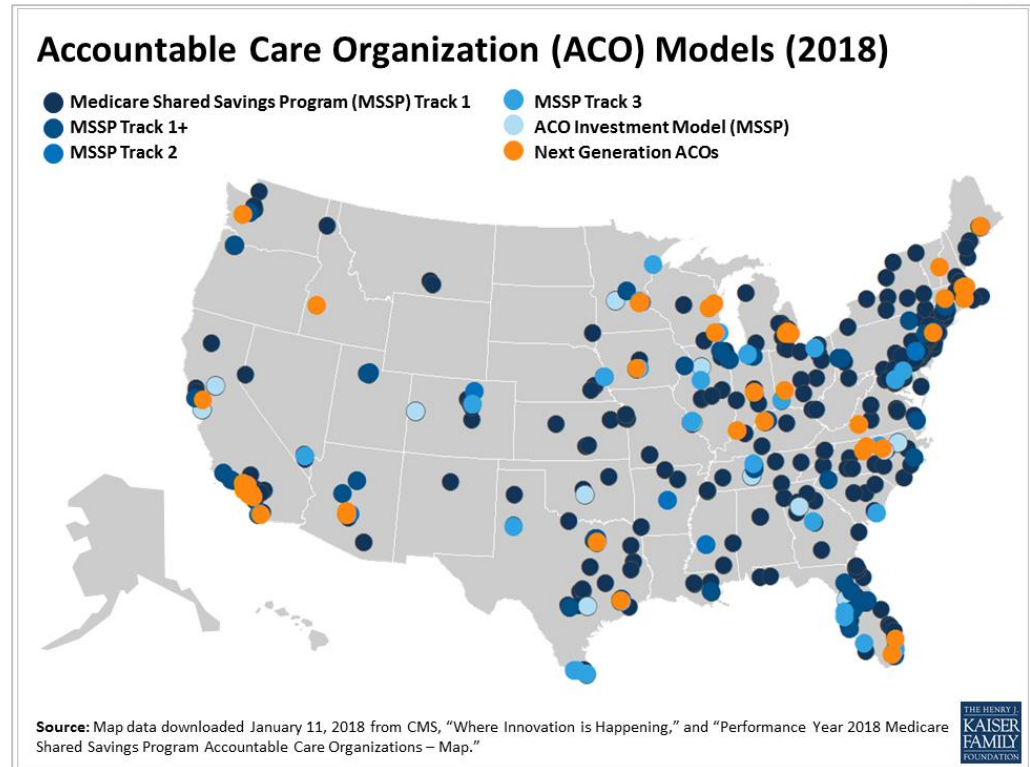
- Flexibility to use telehealth in MA Plans
- Value-based Insurance Design (VBID) model (CY2020) will allow telehealth to meet network adequacy standards
- HHS to announce more value-based pilots



Medicare releases final rules for redesigned ACOs program

“Pathways to Success” streamlines participation and accelerates ACOs to higher risk

- Prioritizes increased provider accountability and savings
- Replaces existing tracks 1, 2, 3, 1+ with Basic and Enhanced levels
- **Expands use of telehealth**
 - January 1, 2020
 - Two-sided models (includes track 3, 1+), prospectively assigned beneficiaries
 - Waiver will allow billing services in **non-rural areas and patient’s home**



Medicare bundled payment programs evolving

Comprehensive Joint Replacement (CJR) bundles

- Mandatory model for select groups (2016-2020)
- Telehealth waiver
- CMS just released initial two-year performance data, savings realized without impacting quality

Bundled Payments Care Improvement (BPCI) Advanced

- Voluntary model, launched (2018-2023)
- Inpatient and outpatient bundles
- Telehealth waiver

Implications for future of telehealth

Industry is approaching inflection point – time to be proactive

- Policymakers attitudes towards telehealth have radically changed
- New reimbursement paradigm for 2019
 - Creates incentives to adopt telehealth
 - Drives new use cases
 - Improves economic and business models
- Expect positive trends to continues
 - Expansion in FFS payments
 - Accelerated pace to value
- *Could have greater impact as catalyst for change among other payers*

Near Term CMS Payment Opportunities	
Fee-for-Service <ul style="list-style-type: none"> • Pro fee • Facility fee • Technical fee 	<ul style="list-style-type: none"> • Stroke, home dialysis, telebehavioral health-substance use disorder • Brief virtual, store and forward, provider-to-provider visits • Remote patient monitoring • Possible new legislation: SNFs, maternal fetal medicine, ED, mental health, respiratory therapy, genetic counseling • Targeted 'Medicaid populations'
Value-based Care	<ul style="list-style-type: none"> • Medicare Advantage plans • ACOs • Bundled payments

THANK YOU

Jordana Bernard, MBA, FATA
Director, Policy and Public Affairs
jbernard@intouchhealth.com
www.intouchhealth.com

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<https://www.surveymonkey.com/r/SWTRCWebinar>

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