



# Improving Access to Quality Medical Care Webinar Series

*Presented by*

The Southwest Telehealth Resource Center,  
Arizona Telemedicine Program, and Comagine  
Health

# Welcome

- SWTRC region - AZ, UT, CO, NM & NV
- Fellow HRSA Grantees
- All other participants



**Comagine Health, the Arizona Telemedicine Program, and the Southwest Telehealth Resource Center** welcome you to this free webinar series.

The practice & deliver 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

- When you joined the webinar your phone &/or computer microphone was muted
- 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>





# Telehealth Essentials for FQHCs and RHCs

Trudy Bearden, PA-C

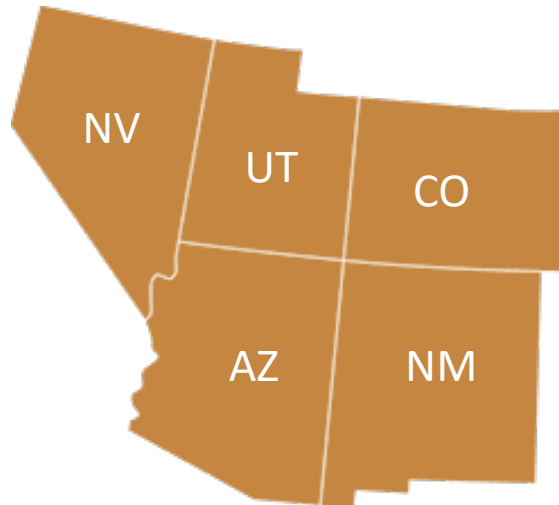
Senior Consultant/Telehealth Lead

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# Learning Objectives

- List three new ideas to leverage remote health care service delivery
- Know the key changes that need to happen to ensure telehealth sustainability
- Harvest what others are doing to hardwire telehealth



# Harvesting?

- Name
- Organization
- What are you doing or what needs to be done to hardwire telehealth (besides making the “pandemic changes” permanent)?

# “Breaking” News

- Norris Cochran, current Acting Secretary of Health and Human Services, indicated in a Jan 22, 2021 letter to state Governors that the Department intends to **extend the declaration of a Public Health Emergency (PHE) through at least the end of 2021.**
- “Among other things, the PHE determination provides for the ability to streamline and increase the accessibility of healthcare, such as the practice of telemedicine.”



# Remote Service Delivery Options

- Telehealth
- Telephone Evaluation and Management (E/M) (only during PHE)
- Virtual Communication Services: virtual check in and remote evaluation of pre-recorded patient information
- E-visits – Online Digital Evaluation Services
- Chronic and Principal Care Management
- Behavioral health integration and the Psychiatric Collaborative Care Model (CoCM)
- Interprofessional Consultation – **no Medicare reimbursement for FQHC/RHC**
- Remote Physiologic Monitoring – **no Medicare reimbursement for FQHCs/RHCs, but we have options**

# Medicare Telehealth Services

## SERVICE DETAILS – G2025 - \$99.45 as of Jan 1, 2021 (up from \$92.03 in 2020)\*

A visit with a clinician that uses telecommunication systems between a provider and a patient (primarily for established patients, but CMS will not conduct audits to ensure patient was an established patient during the public health emergency)

- FQHCs/RHCs can provide and be paid for telehealth services furnished to Medicare patients located at any site, including the patient's home, for the duration of the COVID-19 PHE.
- Telehealth services can be furnished by any health care practitioner working for the FQHC/RHC within their scope of practice.
- Practitioners can furnish telehealth services from any distant site location, including their home, during the time that they are working for the FQHC/RHC, and **can furnish any telehealth service that is included on the list of Medicare telehealth services under the Physician Fee Schedule (PFS)**, including those that are added on an interim basis during the PHE.

[Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\): CMS Flexibilities to Fight COVID-19](#)

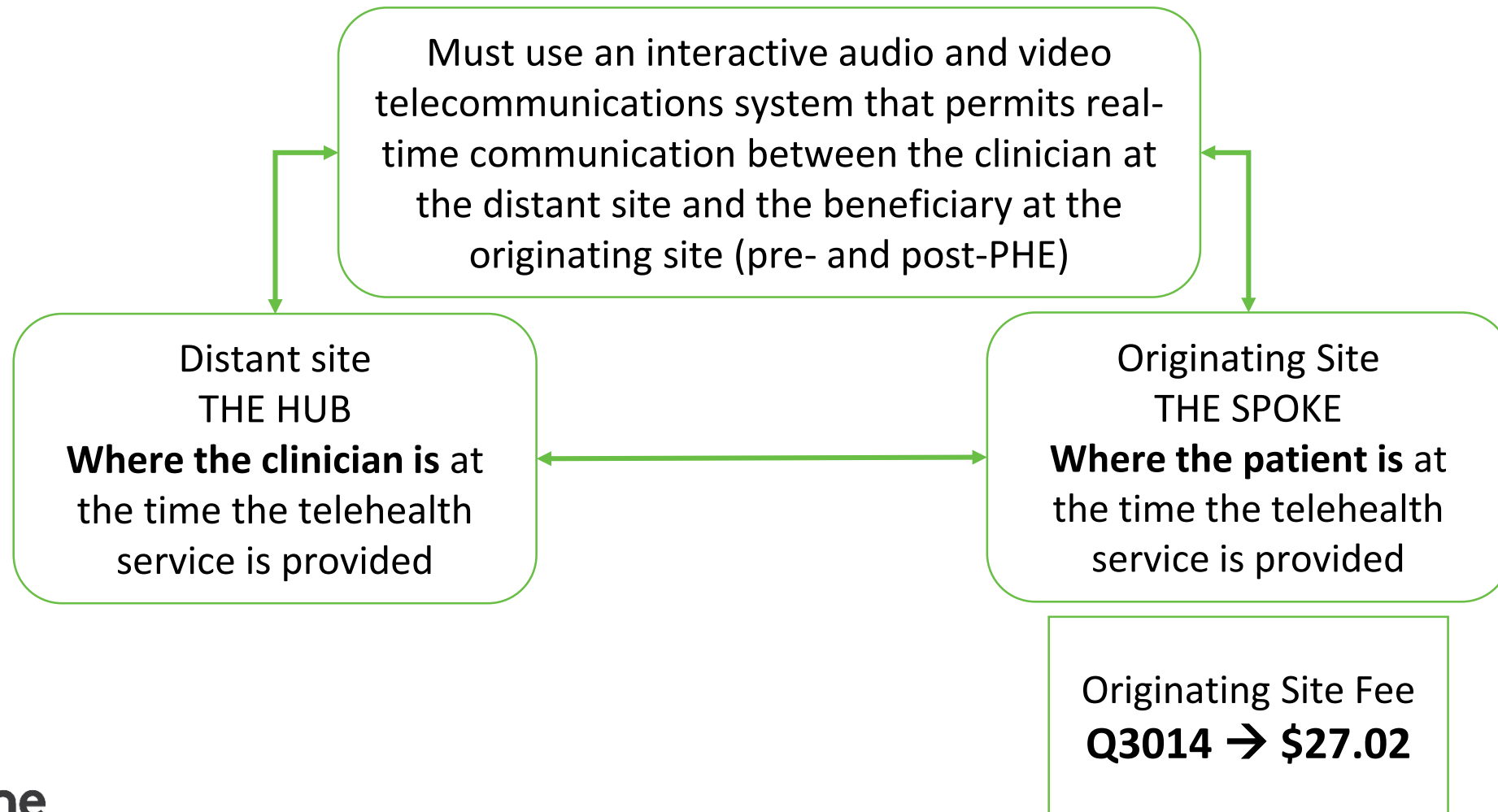
# Telehealth

- [Medicare List of Telehealth Services](#) – last updated Jan 14, 2021
  - List of ~ 250 codes includes if audio-only meets the requirement and indicates which codes are temporary
- Distant and originating sites
- Geographic restrictions (lifted during public health emergency (PHE))
- Audio and video required (lifted for some codes for PHE)
- Reimbursement → same as for in-person visit for Medicare & most (if not all) state Medicaid agencies = payment parity
- FQHC/RHC - \$99.45 (PHE)

# Medicare Telehealth Services

| Prior to the PHE  | During the PHE – THRU APRIL 20, 2021   |
|---|--|
| ~ 100 codes – updated annually  | ~ 250 codes <a href="#">List of Telehealth Services</a> – updated every few months as needed   |
| Audio and visual required<br><a href="#">CMS Telehealth Services Booklet</a>  | Audio-only OK for ~90 codes (of the current ~ 250 codes)   |
| Originating site (where the patient is) must be: <ul style="list-style-type: none"> <li>• Rural</li> <li>• Health Professional Shortage Area</li> </ul> | Anywhere, including the patient's home   |
| Distant site: <ul style="list-style-type: none"> <li>• Could not be FQHC/RHC</li> <li>• Could not be clinicians' home</li> </ul>                        | Distant site: <ul style="list-style-type: none"> <li>• FQHCs and RHCs</li> <li>• Clinicians can be in their homes</li> </ul>   |
| No reimbursement for FQHC/RHC   | Any telehealth code → \$99.45 (average of reimbursement for all telehealth codes)  |
| Established patients only   | New or established patients  |
| HIPAA-compliant device  | Applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype” (public-facing should still be avoided) |

# Telehealth Services



# Medicare Telehealth Visits

## Eligible Providers

- Physicians
- Nurse practitioners
- Physician assistants
- Nurse-midwives
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Clinical psychologists
- Clinical social workers
- Registered dietitians or nutrition professional
- During PHE: expanded to physical/occupational and speech language pathologists

However... Just like with in-person visits, nurses and the care team have an **IMPORTANT** role!



## Telehealth Service Details G2025 - \$99.45

**New and established E/M visits** (As per the [CY 2021 Physician Fee Schedule Final Rule](#) 99201 is deleted.)

**Advance care planning (ACP)** 30 min AND additional 30 min: RNs can provide portions of ACP (CMS' Advance Care Planning [Fact Sheet](#) and [FAQs](#) (check question #4 "Who can perform ACP services?"))

**Transitional care management (TCM)** – 7 days and 14 days ([CMS TCM FAQs](#), CMS has not yet updated the [TCM Fact Sheet](#))

**Initial and subsequent annual wellness visits (AWV):** RNs can conduct several elements of these visits and can execute ongoing processes to ensure Medicare beneficiaries continue to receive their AWVs. ([CMS' Medicare Wellness Visits Quick Start Guide](#))

- **Medical nutrition therapy (MNT)** – individual and group
- **Diabetes self-management training (DSMT)** – individual and group
- **Chronic kidney disease patient education** – individual and group

**Counseling visit to discuss need for lung cancer screening using low dose CT scan** ([CMS' Medicare Coverage of Screening for Lung Cancer with Low Dose Computed Tomography](#))

**Treatment for opioid use disorder – several codes and services**

## Telehealth Service Details G2025 - \$99.45 MAYBE...

Smoking and tobacco use cessation counseling visit – 3 – 10 min AND > 10 min

Alcohol and substance use assessment/intervention 15 – 30 min AND > 30 min

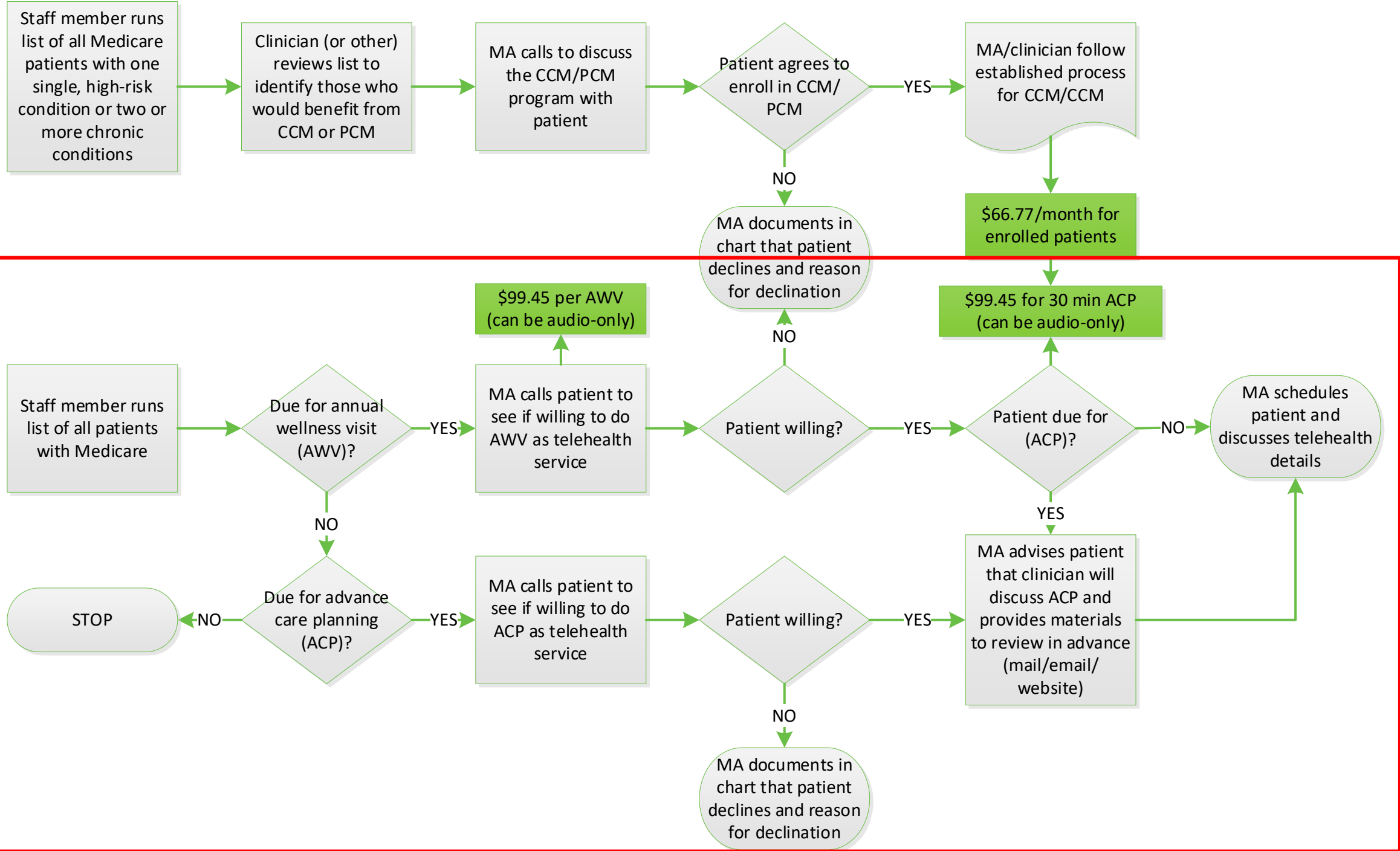
Annual alcohol misuse screen AND behavioral counseling for alcohol misuse

Annual depression screening

Intensive behavioral counseling for cardiovascular disease

Behavioral counseling for obesity

High intensity behavioral counseling to prevent sexually transmitted infection



# FQHC and RHC Telehealth Billing Resources

- [New and Expanded Flexibilities for Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\) During the COVID-19 Public Health Emergency](#)
- [Rural Crosswalk: CMS Flexibilities to Fight COVID-19](#)
- [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#) – note section M “Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)”

# Telemedicine Options

## ✓ Telehealth

- Telephone Evaluation and Management (E/M) (only during PHE)
- Virtual Communication Services: virtual check in and remote evaluation of pre-recorded patient information
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- ~~• Interprofessional consultation~~
- ~~• Remote physiologic monitoring~~

# Telephone E/M Service G2025 \$99.45 ONLY DURING THE PHE!

- Physician or Medicare provider who may report E/M services
- At least 5 minutes of telephone E/M service
- Cannot bill for these services if they originate from a related E/M service provided within the previous 7 days or lead to an E/M service or procedure within the next 24 hours or soonest available appointment



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# Virtual Communication Services and E-Visits

## G0071 - \$24.74 (only for PHE then ~ \$13)

Virtual Communication Services – same 7/24 rule as telephone E/M

1. Virtual check in - 5-10 minutes of medical discussion
  - New codes for 2021 “by a qualified health care professional who cannot report evaluation and management services” (same reimbursement)
  - 11-20 min (interim basis for CY 2021) (enhanced but FQHC/RHC?)
2. Remote evaluation of pre-recorded patient information
  - New code for 2021 for “not originating from a related service”
3. E-Visits – NEXT SLIDE

# E-Visits G0071 – \$24.76

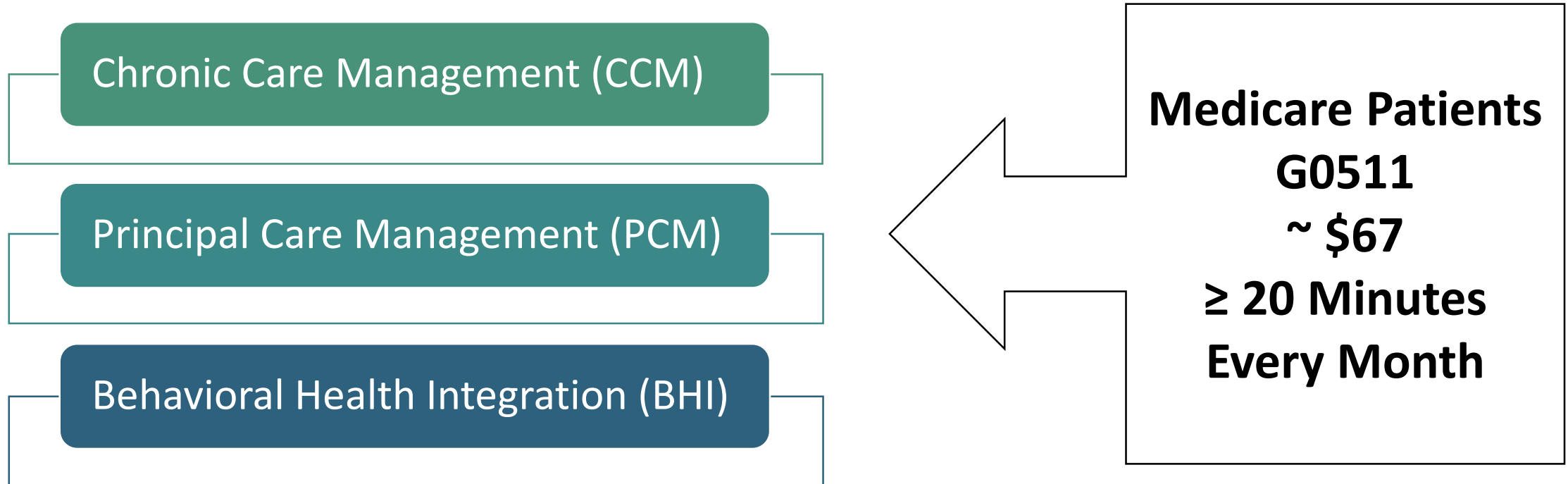
Online digital **evaluation and management service**, for an established patient, for up to 7 days, cumulative time during the 7 days

- Patient-initiated digital communications
- Must document consent (quick text, smart phrase?)
- Require an interpretation/clinical decision that otherwise typically would have been provided in the office
- If E/M service in past 7 days, cannot use e-visit for that problem
- Short-term (“up to seven days”) evaluations and assessments
- Conducted online or via some other digital platform – HIPAA-compliant
- If it goes beyond the 7-day max, may constitute remote patient monitoring

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# CCM, PCM & BHI

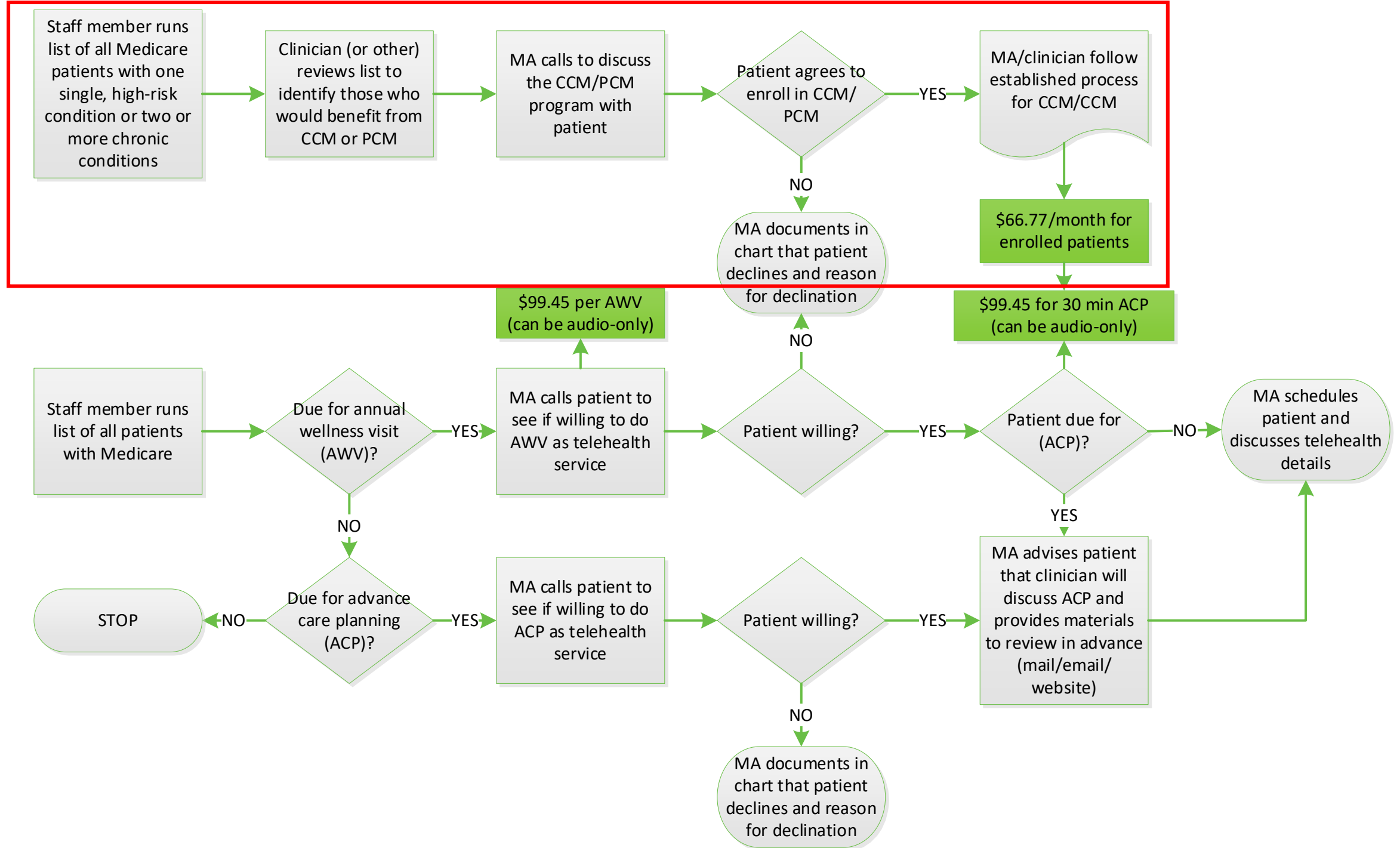


# Chronic & Principal Care Management

## Target Population (Medicare)

- CCM → Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient
  - Medicare estimates that this is two-thirds of Medicare beneficiaries
- PCM → Similar to CCM but is to provide monthly services to an individual with a single high-risk disease





# Chronic Care Management Must-Have Resources

- Connected Care: The Chronic Care Management Resource
  - <https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/chronic-care-management.html>
    - Connected Care Toolkit <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CCM-Toolkit-Updated-Combined-508.pdf>
- CMS Care Management (also includes Advance Care Planning, Behavioral Health Integration and Transitional Care Management)
  - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Care-Management.html>
- CCM Services – CMS Jul 2019
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf>
- Care Coordination Services and Payment for RHCs and FQHCs – revised Nov 2017
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10175.pdf>
- Care Management Services in RHCs and FQHCs – FAQs Dec 2019
  - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-RHC-FAQs.pdf>
- Specific Payment Codes for the FQHC PPS
  - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-PPS-Specific-Payment-Codes.pdf>

# Behavioral Health Integration (BHI) and Psychiatric Collaborative Care Services (CoCM)

Cheat Sheet on CMS Medicare Payments for Behavioral Health Integration Services - Rural Health Clinics

&

CMS MLN Booklet Behavioral Health Integration Services

| Behavioral Health Integration                                     | Psychiatric Collaborative Care Model  |
|---|---|
| G0511 (~\$67)   | G0512 (~\$145)  |
| ≥ 20 minutes every month  | ≥ 70 minutes in the first calendar month and ≥ 60 minutes in subsequent calendar months                   |
| Can be furnished by auxiliary personnel under general supervision | Team must include: the treating provider, a behavioral health care manager, and a psychiatric consultant. |

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# Remote Physiologic (or Patient Monitoring) State Medicaid Agencies

AZ

- “AHCCCS will reimburse for remote patient monitoring in their fee-for-service program.”

CO

- Hard to tell – can only find mention of RPM for home health (not reimbursed)

NV

- “No reference found.”

NM

- “No reference found.”

UT

- “Home telemetry for outpatient long-term cardiac monitoring is allowed with prior authorization.”

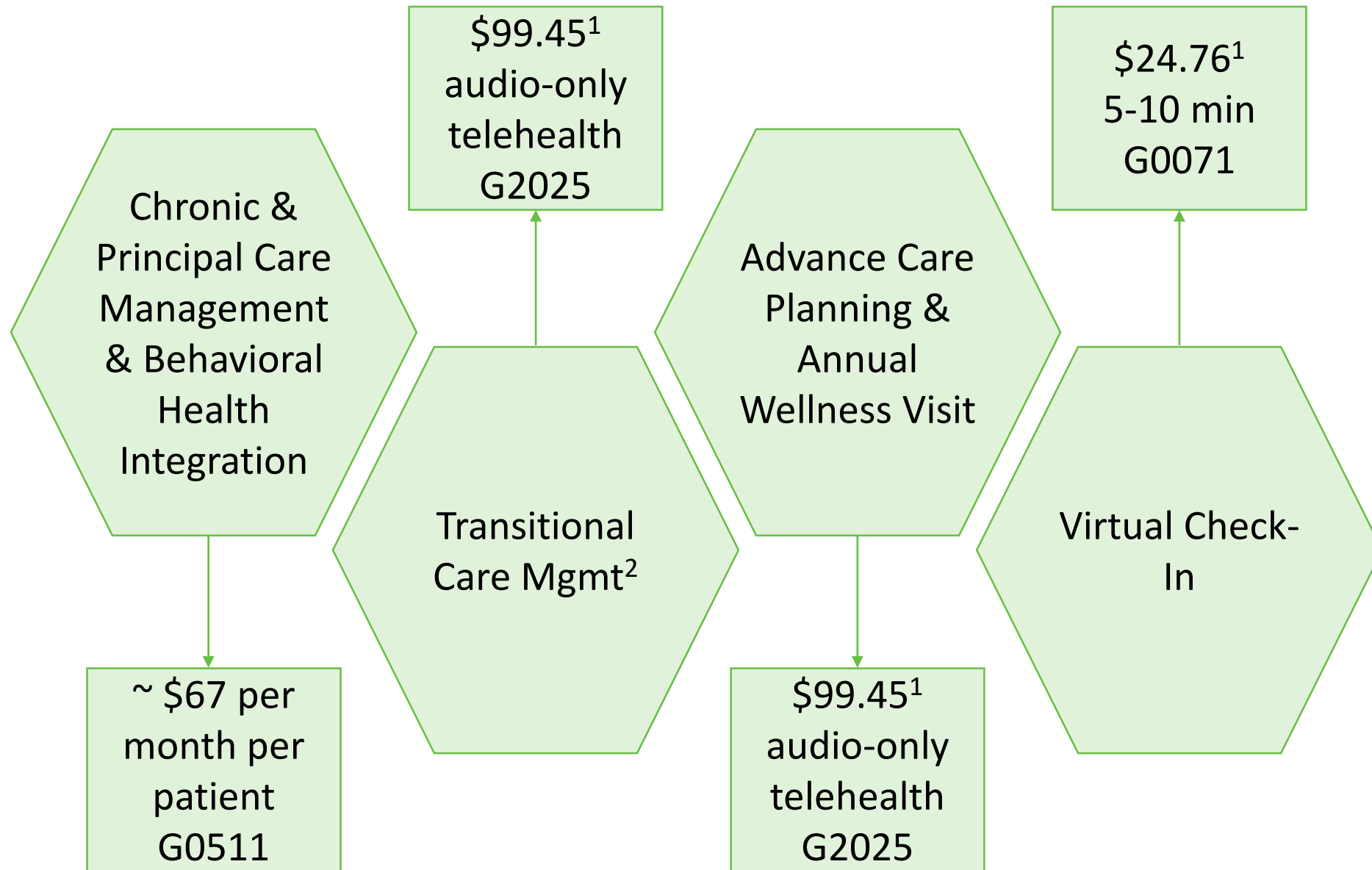
# Telemedicine Options

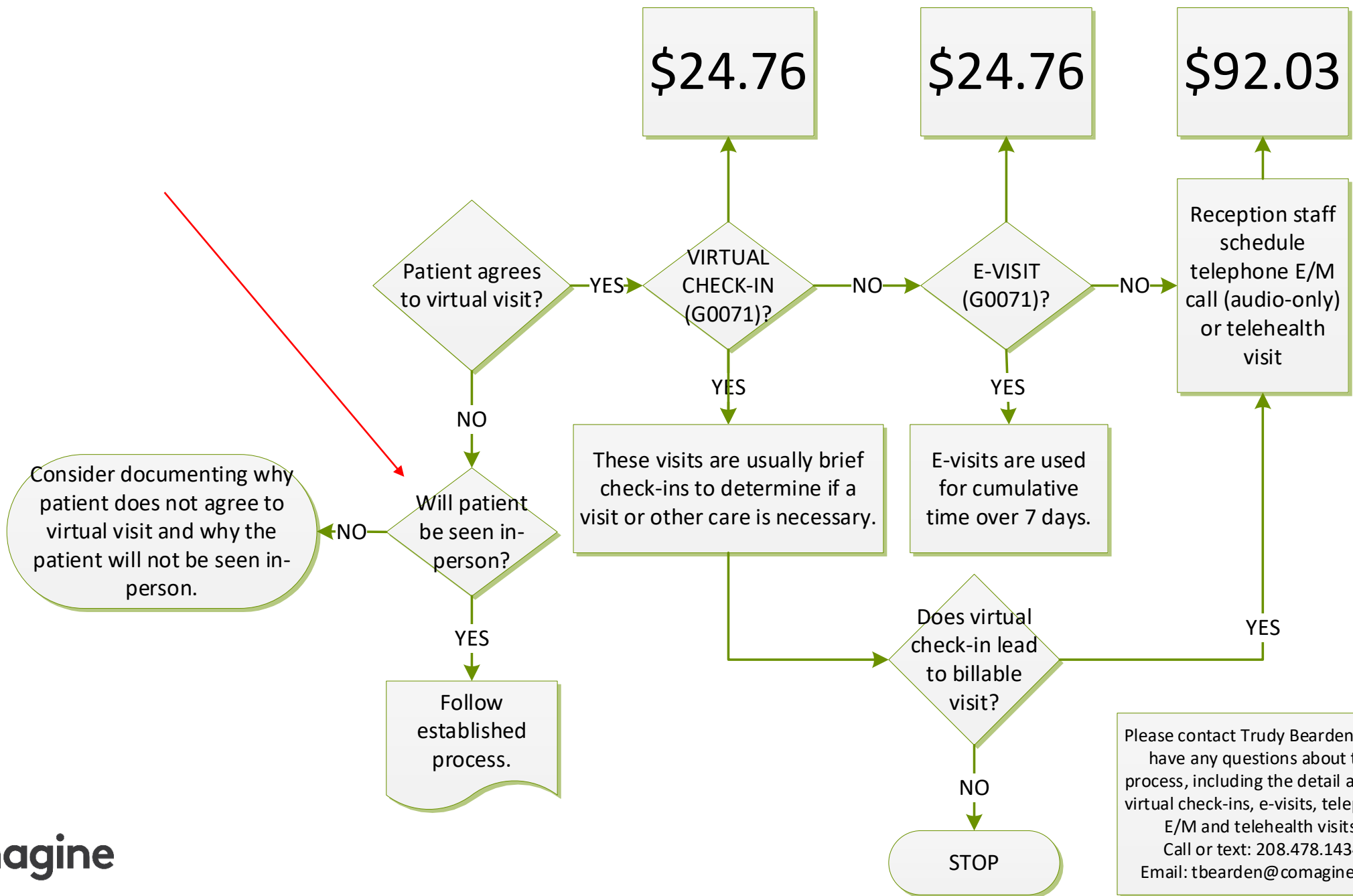
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# Remote Patient Monitoring

- All-inclusive rate
- Chronic and principal care management
- Self-measured blood pressure and continuous glucose monitoring?
- [FQHC \(and RHC\) Remote Patient Monitoring Tool Kit](#)
- [American Medical Association Digital Health Implementation Playbook](#)  
(aka the Remote Patient Monitoring Playbook)





# Key Changes for Sustainability

- Leadership – telehealth perspective and strategic plan
- Clinician and staff buy-in
- Training
- Demand
- Reimbursement – at the organization-level and higher
- Rules and regs – distant site, rural/urban, HPSA
- Team-based care
- Person-centeredness
- Workflows
- Quality assurance and quality improvement (Measure. Improve. Measure.)
- What else?

# Questions and Harvesting





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**Thank you!**

# Improving Access to Quality Medical Care Webinar Series

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<http://www.telemedicine.arizona>





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<https://www.surveymonkey.com/r/Webinar-SWTRC-ATP>

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