Kansas Foundation for Medical Care, Inc.

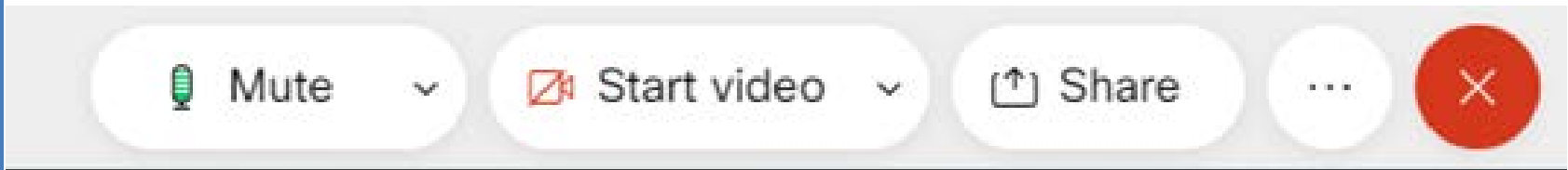*Thank you for joining. Our presentation will start soon.*

Please introduce yourself in the chat

Check our website for future webinars.
https://www.kfmc.org/practice-transformation/webinars

Leveraging Telehealth to Improve Quality and Outcomes
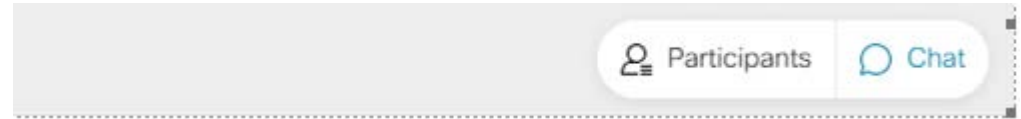
Muting and Unmuting Audio

To mute your audio, click the microphone icon at the bottom of your screen (icon will turn red).

To unmute, click the microphone icon again.

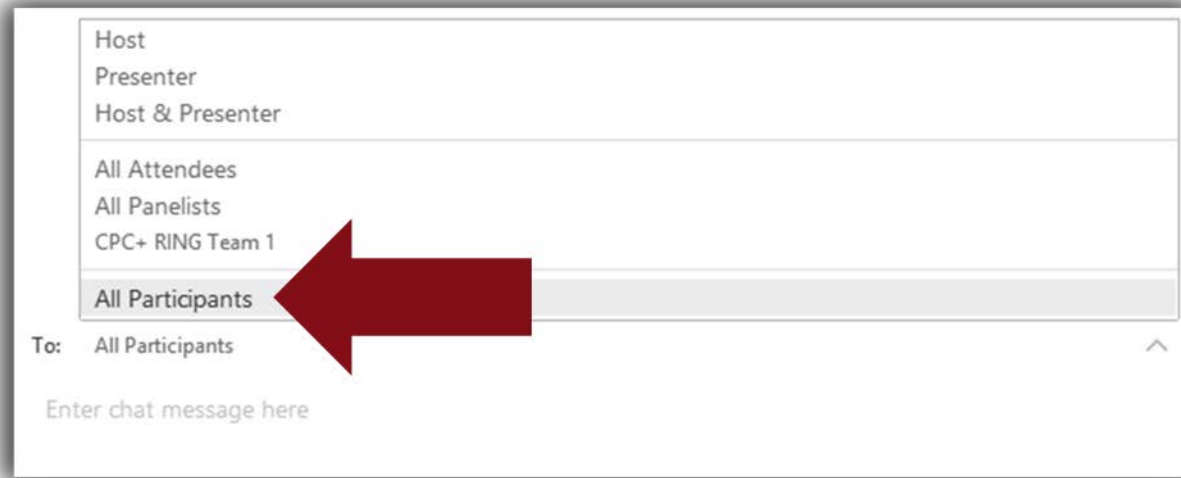If your icon is green, you are unmuted.

Chat Panel

Click on the "chat" icon at the bottom right of your screen to open the chat panel

To send a question or comment:

1. Select "All Participants" from the **To:** dropdown list

2. Click in the chat box and type a question or comment

3. Click **Enter**

Discussion Topics

Review telehealth changes that impact practices in Kansas

Consider how telehealth can contribute to the quality and viability of your practice

Explore ways to use telehealth to meet patient needs

Definitions

❖*Telehealth*: The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.*

❖*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.**

Why Now?

❖Many payers, including Medicare and Medicaid, have modified telehealth delivery and billing requirements to make it easier and more financially viable to deliver care via telehealth during the Public Health Emergency (PHE).

❖Healthcare and other professional organizations are calling for CMS to make many changes permanent.

❖You already have the technology in place. Now is the time to expand your use of it beyond just office visits.

This is an opportunity for your practice to implement and refine telehealth practices without the previous restrictions.

SUMMARY OF CHANGES

Important Changes-Delivery

❖ Telehealth services can be provided outside of rural areas.

❖ Telehealth services can be provided in any setting, including the patient's home.

❖ RHCs and FQHCs can provide and bill for telehealth services.

❖ Providers can deliver telehealth services to new as well as established patients.

❖ Medicare only: Relaxation of HIPAA enforcement, allowing providers to deliver care via popular apps (Zoom, Skype, Apple FaceTime, Facebook Messenger Chat, Google Hangouts, etc.)

Important Changes-Billing & Payment

❖ Payment for services is the same for a video telehealth visit as an in-person visit

❖ Audio only is allowed for some services

❖ Numerous additional codes added to allowable telehealth encounters

❖ Additional provider types can bill for telehealth services

COVID-19 KMAP Providers Information Page
Medicare Telehealth Codes
Federal Policy Changes

Important Changes-Quality Measures

❖The National Committee for Quality Assurance (NCQA) updated 40 HEDIS measures to support the increased use of telehealth

WHAT THIS MEANS FOR YOUR PRACTICE

Allowable Codes

Office Visits

Code	Description	Medicaid	Medicare	Audio-only Allowed	Associated Quality Measures
99201-99204	Office/outpatient visit new	x	x		x
99211-99214	Office/outpatient visit established	x	x		x
99495-99496	Transitions of Care visit		x		
99497-99498	Advanced Care Planning		x	x	
G0438—G0439	Welcome to Medicare/Annual Wellness Visit		x	x	x

Check with other payers regarding their coverage and payment

Allowable Codes

Screening and Counseling

Code	Description	Medicaid	Medicare	Audio-Only Allowed	Temp. Add.	Assoc. Quality Measure
96110	Developmental screen w/score	x	x		x	
96112-96113	Developmental test admin by physician or QHP	x	x		x	
96127	Brief emotional/behavioral assessment		x	x	x	x
96156	Health behavior assmt/reassmt		x	x		x
96160-96161	Pt-focused or caregiver health risk assmt		x	x		x
97802-97803	Medical nutrition therapy	x	x	x		x
99406-99407	Smoking cessation counseling	x	x	x		x
G0442	Alcohol Screening		x	x		x
G0444	Depression screen annual		x	x		x
G0447	Behavioral counseling obesity		x	x		x

Check with other payers regarding their coverage and payment

Virtual Check-In

- G2012* or G0071 (RHC and FQHC): Brief Communication Technology-based Service
    - Established in 2019
    - Not considered telehealth by CMS
    - Must be provided by a billing practitioner
    - Can use phone only
    - 5-10 minutes long
    - Restrictions regarding previous or subsequent office visit timing
    - Small payment

*At this time code, the G2012 "virtual check in" is not being allowed by Kansas Medicaid for coverage since some designated E&M codes are being allowed to be provided over the telephone

Advantages

Patient

- Convenience
- Save travel time
- Improved access/safety
- Ability to receive behavioral health counseling

Practice

- Decreased no-show rate
- Improved efficiency
- See patient's living environment
- Medication checks
- Enhanced screening options
- Could foster more openness by the patient
- Providers can conduct visits from their homes

Common Concerns

❖ Ability to perform assessments

❖ Collection of vital signs

New revenue opportunities

❖ Annual Wellness Visit (AWV)/Welcome to Medicare Visit (WMV)
  – Bulk of visit is screening and goal setting
  – Can be directed by a provider but majority performed by other staff
  – Advanced Care Planning can be included and billed in addition to AWV/WMV

❖ Office/outpatient visit new
  – This allows your practice to market to new patients
  – Introduce them to your practice via telehealth for their convenience

Impact on quality measures

❖ Proactive outreach to close gaps in care

❖ Perform screenings and provide necessary follow-up

❖ Consider doing screenings electronically prior to visit

Beyond the Office Visit

❖Care management

❖Medication reconciliation

❖Social work interventions

❖Behavioral health counseling

MAKING TELEHEALTH WORK IN YOUR PRACTICE

Considerations

❖ Not every visit is appropriate to do virtually.

❖ Not every patient will be able to do a virtual visit.

❖ What kind of visit is best for the patient and condition?

❖ Technology limitations.

❖ How will telehealth integrate with face-to-face visits?

Choosing a Platform

❖ Don't feel locked into the vendor you started with.

❖ Look at your workflow and needs *first* and then find a platform that works for your practice and patients.

Ensuring Success

❖ Engage the entire team

❖ Define workflows, polices, etc.

❖ Ensure adequate staff training

❖ Create "cheat sheets"

❖ Practice, practice, practice!!!

❖ Tech-prep call prior to each visit

❖ Validate that quality measures are mapped to telehealth encounters

Patient Satisfaction

❖ Treat telehealth as a new service

❖ Market it
- Website
- Portal messages
- Email
- Office signage
- Offer as follow-up to face-to-face visits

❖ Use staff and providers to "hype" the benefits

Questions?

Upcoming Webinars

All webinars are 12:15-1 p.m.

- Beginning October 6 (every other week for 5 sessions): Practice Transformation Webinar Series Register

- October 29: Security Risk Assessments: Why It's Important Now More Than Ever Register

Seeking Practices!

- We are looking for practices to work with us on our Practice Transformation Project.

- Tailored support from KFMC consultants

- Workflow and process analysis services

- Data analysis

- HIT consultation

- *Free for eligible practices*

Learn More

- Email practices@kfmc.org

- Visit our webpage https://www.kfmc.org/practice-transformation

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Resources

- [COVID-19 KMAP Providers Information Page](#)

- [Medicare Telehealth Codes](#)

- [Federal Policy Changes](#)

- [CMS Telehealth Guidance Video](#)

- [eCQM Telehealth Guidance](#)

- [Public Health Emergency Home Page](#)

Post-Event Survey

Please take a few minutes to provide **feedback and ideas.**

We **value your input**, and use this data to plan future events.

The survey will **be sent by email following the event.**