

TELEHEALTH IN HOME HEALTH -BEYOND THE PUBLIC HEALTH EMERGENCY

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LEARNING OBJECTIVES

- Review Senate Bill 20-212 concerning reimbursement for healthcare services provided through telehealth
- Identify rules, regulations and updated requirements for use of telemedicine and remote patient monitoring in home health
- Review home health telemedicine/remote patient monitoring Medicaid coverage/reimbursement
- Learn about AlayaCare, (end-to-end software solution for Private Duty, Private Pay, and Medicaid agencies that offer skilled, non-skilled, pediatrics, and infusion service to their clients)

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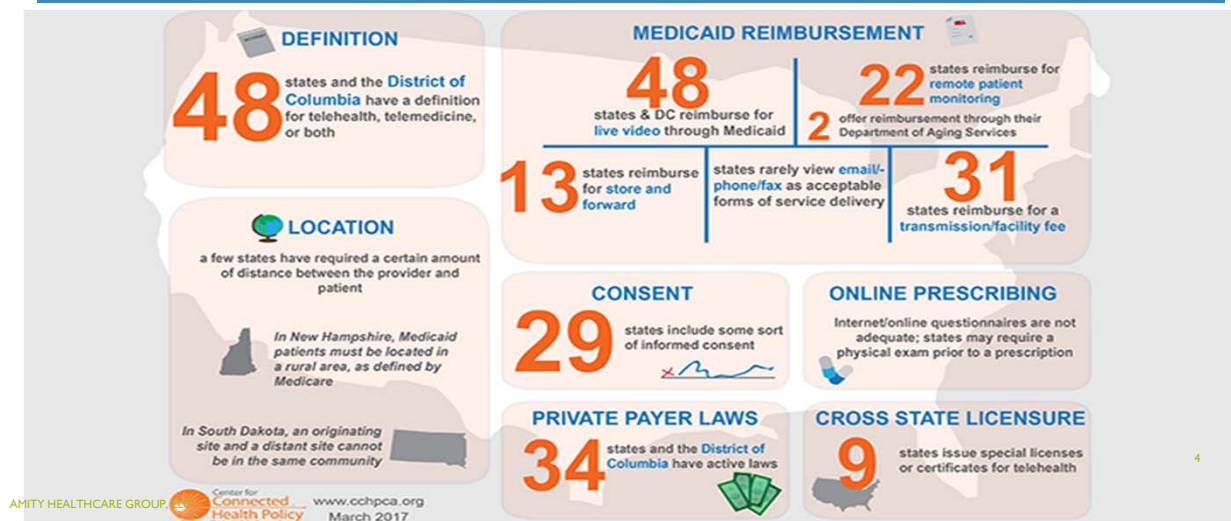
TELEHEALTH VS. TELEMEDICINE VS REMOTE PATIENT MONITORING

- **Telemedicine** is the delivery of medical services and any diagnosis, consultation, treatment, transfer of medical data or education related to health care services using interactive audio or video communication instead of in-person contact.
- **Telehealth** refers to a broader scope of remote healthcare services than telemedicine. While telemedicine refers specifically to remote clinical services, telehealth can refer to remote non-clinical services, such as provider training, education, and management services in addition to clinical services (i.e. Dentistry, Physical and Occupational therapy, Home Health, Counseling, Chronic disease monitoring and management)
- **Remote Patient Monitoring** refers to remote collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) that is digitally stored and/or transmitted by a healthcare professional.

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TELEHEALTH POLICY TRENDS



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TELEMEDICINE BEFORE THE PUBLIC HEALTH EMERGENCY

- Limited to just a few benefits (i.e. outpatient speech therapy, home health remote patient monitoring, etc.) under Medicaid benefits
- Audio-visual modality only
- Incentive payment for select procedure codes



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TELEMEDICINE DURING COVID-19 PUBLIC HEALTH EMERGENCY

Medicare: Flexibility Waiver:

- Home health agencies are able to furnish services using telecommunications technology during the PHE as long as such services do not substitute for in-person visits ordered on the plan of care. This can include telephone calls (audio only and TTY), two-way audio-video telecommunications that allow for real-time interaction between the patient and clinician (e.g., FaceTime, Skype), and remote patient monitoring. It would be up to the clinical judgment of the home health agency and patient's physician/practitioner as to whether such technology can meet the patient's need. The use of telecommunications technology in furnishing services under the home health benefit must be included on the plan of care and the plan of care must outline how such technology will assist in achieving the goals outlined on the plan of care.
- **Only in-person visits** are to be reported on the home health claim submitted to Medicare for payment. On an interim basis, HHAs can report the costs of telecommunications technology on the HHA cost report as allowable administrative and general (A&G) costs.

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TELEMEDICINE DURING COVID-19 PUBLIC HEALTH EMERGENCY

Colorado Medicaid: Flexibility Waiver

To facilitate the safe delivery of health care services during the COVID-19 state of emergency, on March 20, 2020, the Colorado Department of Health Care Policy and Financing authorized several temporary changes to the existing telemedicine policy.

I. Physical Therapy, Occupational Therapy, Home Health, Hospice and Pediatric Behavioral Health Providers

Health First Colorado has expanded the list of providers eligible to deliver telemedicine services to include physical therapists, occupational therapists, hospice, home health providers and pediatric behavioral health providers.

- a. Home Health Agency services and therapies, Hospice, and Pediatric Behavioral Treatment may be provided via telephone-only.
- b. Outpatient Physical, Occupational, and Speech Therapy services must have an interactive audio/visual connection with the member to be provided via telemedicine.

❖ **Additional PHE considerations: Nursing initial and comprehensive assessments, CNA observation, supervision, and evaluation requirements.**

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TELEMEDICINE BEYOND THE PUBLIC HEALTH EMERGENCY

Medicare: CY 2021 Home Health Final Rule

- CMS is proposing to permanently finalize the PHE rule related to use of telecommunications technology in home health and cost reporting of telehealth/telemedicine as allowable administrative cost.
- HHA cannot discriminate against any individual who is unable or unwilling to receive home health services that could be provided via telecommunications technology.
- Access to telecommunications technology must be inclusive, especially for those patients who may have disabilities where the use of technology may be more challenging.
- Telemedicine/telehealth will remain to be a service that is not covered by Medicare Home Health benefit.

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TELEMEDICINE BEYOND THE PUBLIC HEALTH EMERGENCY

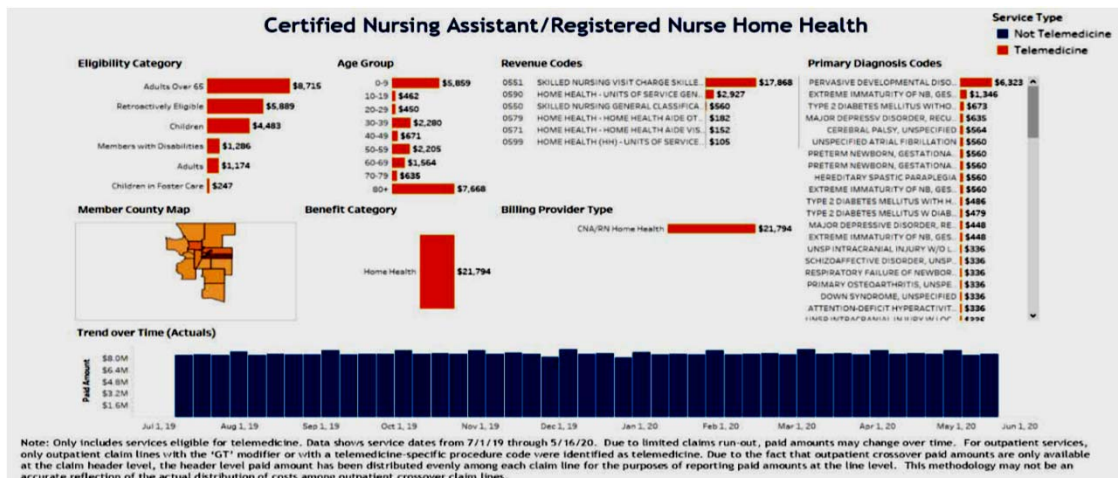
Colorado Medicaid:

- SB20-212- Legislation signed by Governor Jared Polis on July 6, 2020 to protect telehealth beyond public health emergency.
- Under SB20-212, the medical services board adopted telemedicine permanent rules that duplicate the emergency telemedicine rules.
- SB20-212 requires final approval from CMS that is currently in process.
- SB20-212 requires HCPF to post telemedicine utilization data
- Telehealth in HCBS is not under the purview of SB 20-212 (*Telehealth in HCBS will be allowed for services HCPF has determined to be appropriately provided through Telehealth while maintaining service integrity*)

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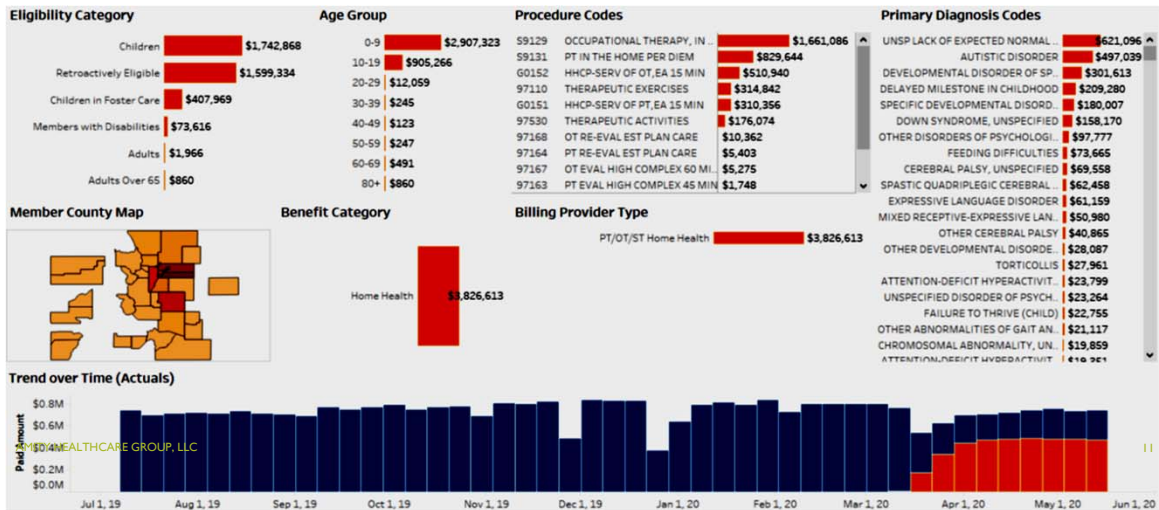


CNA/RN HOME HEALTH

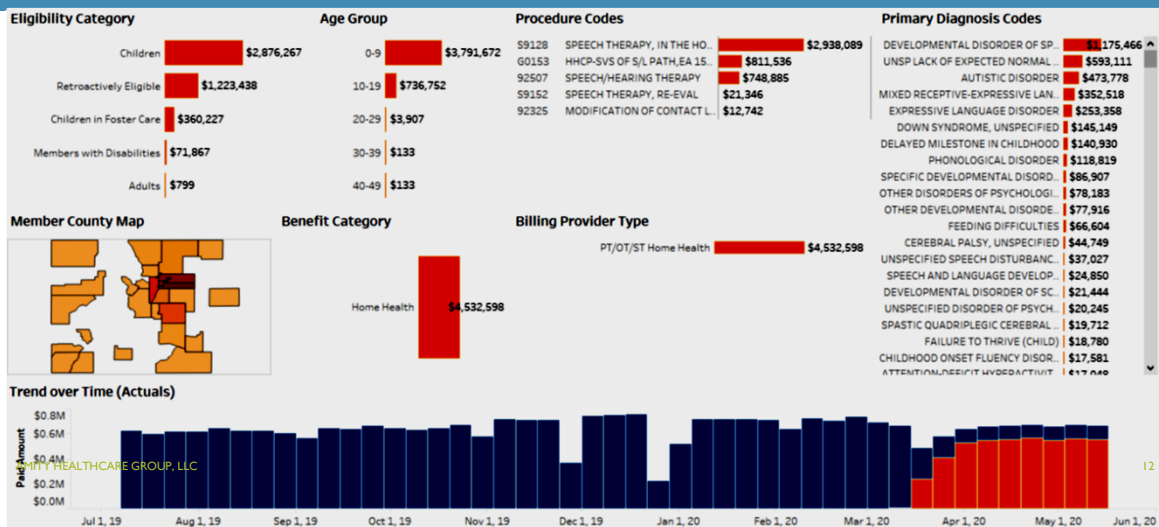


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PHYSICAL/OCCUPATIONAL THERAPY HOME HEALTH



SPEECH THERAPY HOME HEALTH



TELEMEDICINE- REQUIREMENTS

- Services may be rendered via telemedicine when the service is:
 - ❖ A covered Health First Colorado benefit,
 - ❖ Within the scope and training of an enrolled provider's license, and
 - ❖ Appropriate to be rendered via telemedicine.
- Providers may only bill procedure codes which they are already eligible to bill.
- Services not otherwise covered by Health First Colorado are not covered when delivered via telemedicine.
- The availability of services through telemedicine in no way alters the scope of practice of any health care provider; nor does it authorize the delivery of health care services in a setting or manner not otherwise authorized by law.
- The use of telemedicine does not change prior authorization requirements that have been established for the services being provided.

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TELEMEDICINE REQUIREMENTS (CONT'D)

- Contact with the provider must be initiated by the member (patient) for the service rendered (*to be further clarified by HCPF*).
- Providers must document the member's consent, either verbal or written, to receive telemedicine services.
- All services provided through telemedicine shall meet the same standard of care as in-person care.
- Documentation of services performed via telemedicine must be easily identified as such.
- Record-keeping and patient privacy standards should comply with normal Medicaid requirements and HIPAA.
 - ❖ Temporary changes on HIPAA compliance allow a wider-array of non-public facing electronic communication methods during the public health emergency.
 - ❖ Providers should make every effort to use HIPAA compliant technologies even during the public health emergency.
 - ❖ Be prepared not to have an option for a telephone only modality to deliver services via telemedicine after PHE status is lifted
 - ❖ SB 20-212 : "Telehealth" means a mode of delivery of health care services through HIPAA-COMPLIANT telecommunications systems, including information, electronic, and communication technologies, remote monitoring technologies and store-and-forward transfers to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a covered person's health care while the covered person is located at an originating site and the provider is located at a distant site.

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BILLING FOR TELEMEDICINE

- Home Health services provided via telemedicine are reimbursed at the same rate as in-person services
- Home Health services are reported on UB-04 Institutional Claim
- Services are reported using the usual Home Health revenue codes with the GT modifier (providers must indicate that the service(s) were provided through telemedicine by appending modifier GT to the UB-04 institutional claim)

*** **Note: GT= via interactive audio and video telecommunications system**

- EVV: All EVV-appropriate services delivered through Telemedicine or Telehealth require EVV to be collected by the caregiver. The location in the EVV record must indicate the location of the member receiving services through Telemedicine or Telehealth.

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TELEHEALTH HOME HEALTH MONITORING

- Telehealth Services include the installation and on-going remote monitoring of clinical data (BP, HR, O2 sat, BG, weight, etc.) through technologic equipment in order to detect minute changes in the member's clinical status that will allow Home Health agencies to intervene before a chronic illness exacerbates requiring emergency intervention or inpatient hospitalization.
- Home Health Telehealth services are covered for clients receiving Home Health Services, when all of the following requirements are met:
 - ❖ a. Client receives services from a home health provider for at least one of the following diagnoses:
 - i) Congestive Heart Failure;
 - ii) Chronic Obstructive Pulmonary Disease;
 - iii) Asthma;
 - iv) Diabetes;
 - v) Pneumonia; or
 - vi) Other diagnosis or medical condition deemed eligible by the Department or its Designee.
 - ❖ b. Client requires ongoing and frequent monitoring, minimum of five times weekly, to manage their qualifying diagnosis as defined and ordered by a physician

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TELEHEALTH HOME HEALTH MONITORING CONT'D

- ❖ c. Client has demonstrated a need for ongoing monitoring as evidenced by:
 - i) Having been hospitalized or admitted to an emergency room two or more times in the last twelve months for medical conditions related to the qualifying diagnosis;
 - ii) If the client has received Home Health Services for less than six months, the client was hospitalized at least once in the last three months;
 - iii) An acute exacerbation of a qualifying diagnosis that requires telehealth monitoring; or
 - iv) New onset of a qualifying disease that requires ongoing monitoring to manage the client in their residence.
- ❖ d. Client or caregiver misses no more than five transmissions of the provider and agency prescribed monitoring events in a thirty-day period; and
- ❖ e. Client's home environment has the necessary connections to transmit the telehealth data to the agency and has space to set up and use the equipment as prescribed.

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HOME HEALTH TELEHEALTH REQUIREMENTS

- The Home Health Agency shall create policies and procedures for the use and maintenance of the monitoring equipment and the process of telehealth monitoring. This service shall be used to monitor the client and manage the client's care, and shall include all of the following elements:
 - ❖ The client's designated registered nurse or licensed practical nurse, consistent with state law, shall review all data collected within 24 hours of receipt of the ordered transmission, or in cases where the data is received after business hours, on the first business day following receipt of the data;
 - ❖ The client's designated nurse shall oversee all planned interventions;
 - ❖ Client-specific parameters and protocols defined by the agency staff and the client's authorizing physician or podiatrist; and
 - ❖ Documentation of the clinical data in the client's chart and a summary of response activities, if needed. i) The nurse assessing the clinical data shall sign and date all documentation; and ii) Documentation shall include the health care data that was transmitted and the services or activities that are recommended based on the data.
 - ❖ The Home Health Agency shall make at least one home health nursing visit every 14 days to a client using Home Health Telehealth services.

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HOME HEALTH TELEHEALTH BILLING

- The unit of reimbursement for Home Health Telehealth is one calendar day.
- The Home Health Agency may bill one initial installation unit per client lifetime when the monitoring equipment is installed in the home.
- The Home Health Agency may bill the daily rate for each day the telehealth monitoring equipment is used to monitor and manage the client's care.
- There is no reimbursement for the monitoring equipment.
- **Acute Home Health:** Agencies are reimbursed for the initial installation and education of telehealth monitoring equipment by billing revenue code 583 with the procedure code 98970 and the modifier 'TG'. The agency may bill for every day they receive and review the member's clinical information by billing revenue code 583 along with procedure code 98970. **No PAR is required prior to billing for acute telehealth services.**
- **Long-Term Home Health:** Agencies are reimbursed for the initial installation and education of telehealth monitoring equipment by billing revenue code 780 with the procedure code 98970 and the modifier 'TG'. The agency may bill for every day they receive and review the member's clinical information by billing revenue code 780 along with procedure code 98970. ¹⁹

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HOME HEALTH TELEHEALTH BILLING

Acute Home Health Revenue Code	Long Term Home Health Revenue Code	Service Description	Rate (eff. 7/1/20)	Unit Value
583 (with procedure code 98970 & modifier TG)	780 (with procedure code 98970 & modifier TG)	Telehealth Installation/ Equipment	\$56.83	One- time fee
583 (with procedure code 98970)	780 (with procedure code 98970)	Telehealth	\$10.74	Per day

*** **TG modifier= Complex/high tech level care**

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HOW CAN WE HELP

- Assess your HHA's census/population to determine if you meet Home Health Telehealth (RPM) and/or telemedicine requirements.
- Connect with technology solutions (software, equipment, etc.) providers (i.e. AlayaCare, etc.)
- Assist with development of Policies and Procedures
- Support implementation process
- Provide staff teaching/education
- Provide billing support
- Provider on-going regulatory updates

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ONLY THE INNOVATORS WILL SURVIVE

In periods of uncertainty, those that create new models are successful

- Deliver quality care with fewer in-person visits
- A more Virtual Back office
- Have the right tools in place to cut costs, and maximize back-office staff
- Be proactive
- Stay aware of regulatory changes, be nimble and adjust your processes and strategy

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PROVE YOUR WORTH

- Referral sources will be selective about who they partner with when discharging home.
- The value of an EMR that can produce data proving you are following best practices cannot be understated
 - ✓ Virtual Care Capability
 - ✓ RPM, Family Portals, Telehealth
 - ✓ COVID screeners
 - ✓ Contact Tracing
 - ✓ Best Practice scheduling
 - ✓ COVID teams if your census supports
 - ✓ Tagging COVID patients, visiting them at the end of the day to prevent cross contamination



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VIRTUAL TOOLS

Virtual visit capability is no longer a nice to have, it's a must have in this COVID world.

- The value of a technology solution that integrates the virtual visit into the client's record is invaluable when it comes to streamlining billing and payroll
- Clinical staff also appreciate being able to chart and conduct a virtual visit from one platform.
 - Virtual Visits
 - Family Portal
 - Remote Patient Monitoring

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VIDEO CONFERENCING

Join Anywhere, on Any Device



AlayaCare's video conferencing feature is responsive and available from desktop and mobile devices.



Secure Virtual Visits

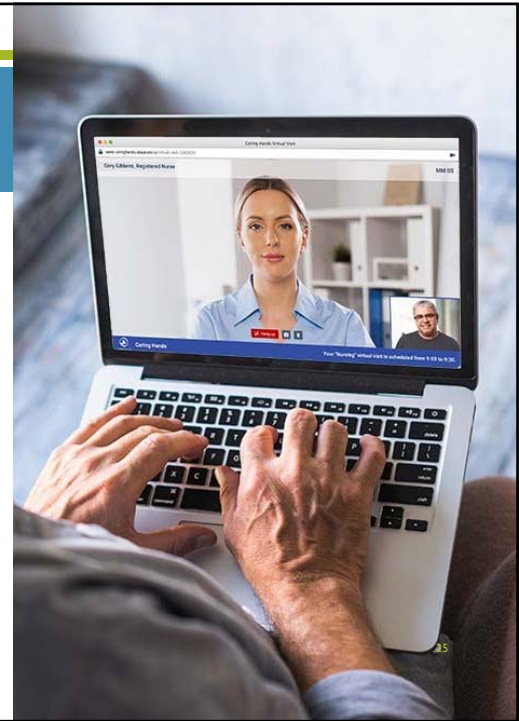
AlayaCare's video conferencing feature is HIPAA compliant for secure virtual visits.



A Single Solution

AlayaCare's video conferencing is built into the existing home and community care software for a seamless, end-to-end virtual visit workflow.

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FAMILY PORTAL

Available Anywhere, from Any Device



The Family Portal is responsive and available from desktop, tablet and mobile devices.



Access Real-Time Information

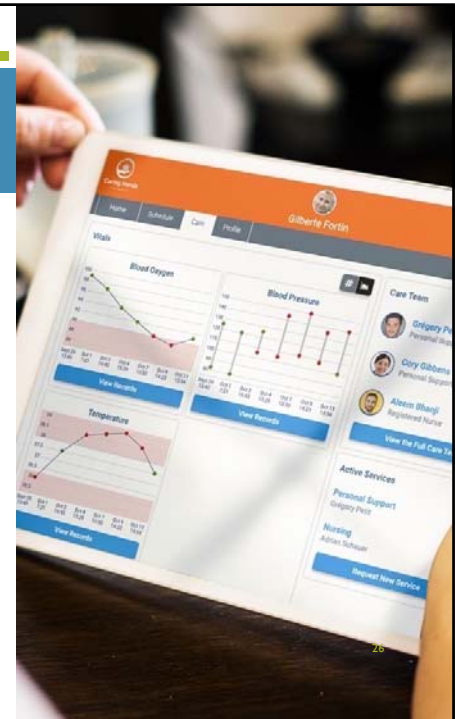
Experience real-time updates ensuring clients have up-to-the-second information on schedules, care plans, payments and more.



Secure, Integrated Portal

The Family Portal is a secure, HIPAA-compliant online portal for clients and their families to stay connected to their care.

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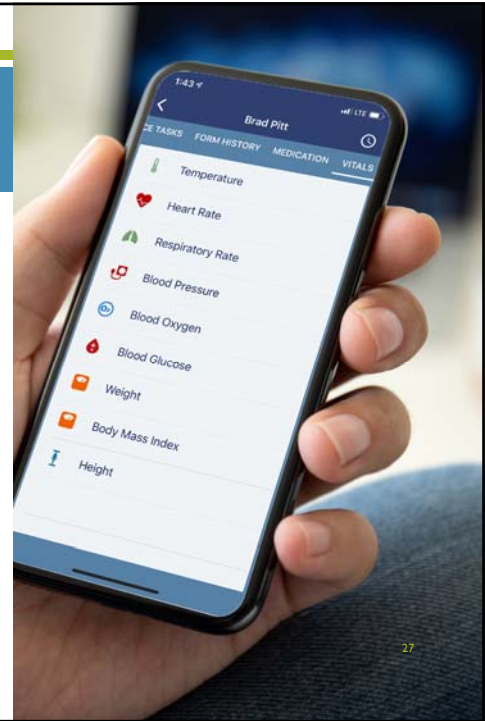


REMOTE PATIENT MONITORING



- Remote patient monitoring allows for the development of additional patient care data between visits.
- Patients can utilize connected:
 - Blood pressure cuffs
 - Glucometers
 - Pulse oximeters
 - Scales
- These can all be utilized to supplement nursing and other care provided to the patient.

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REMOTE PATIENT MONITORING

Enable video conferencing for up to 8 stakeholders

Preconfigured remote plans and workflows by chronic conditions

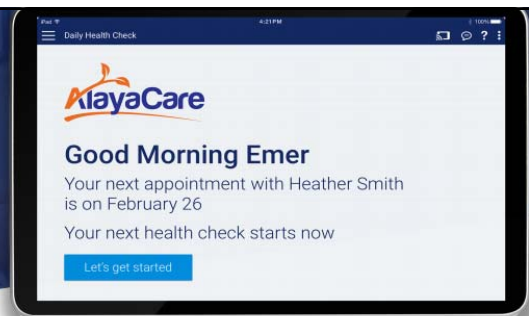
Visibility into past and upcoming patient engagements and documentation

Supports delegated acts

Synchs in real time with the care plan

Interdisciplinary collaboration

Benefit from remote patient monitoring (RPM), video conferencing, wearables and more. Reduce re-admissions and leverage patent pending artificial intelligence for predictive modelling and decision support.



FEATURES

Configurable Health Checks

Create monitoring plans that are tied into overall client care plans

Real-Time Dashboard

Monitor clients centrally, reducing unnecessary visits and proactively addressing client needs

On-Screen Support

Walk-through instructions to support clients capturing vitals

Notifications & Decision Support

Advance notification of negative trending vitals and prioritization

WHEN UTILIZING RPM OR TELEHEALTH/TELECOMMUNICATIONS:



How are remote interactions documented?



Use of telecommunications/RPM needs to integrate into EMR.



Need to ensure all information is appropriately recorded.



If not, may create larger problems – patient care problems, survey issues, etc.

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TECHNOLOGY IS MORE IMPORTANT THAN EVER AS WE FACE THE "NEW NORMAL"



Cloud Solutions
For Remote
Work And
Support



Access To
Information –
Mobile Solutions



Complex
Scheduling –
Staggard
Schedules



Contact Tracing –
Infectious
Disease Control



Data
Verification-
Screeners And
Remote
Monitoring



Referral Sourcing
– Proving You
Can Provide Safe
And Secure
Services



Reporting –
Tracking COVID
Expenses, Loss
Of Revenue,
Screening
Results

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REFERENCES

- ❑ CMS June 30, 2020. Medicare and Medicaid Programs: CY 2021 Home Health Proposed Final Rule.. <https://www.federalregister.gov/documents/2020/06/30/2020-13792/medicare-and-medicaid-programs-cy-2021-home-health-prospective-payment-system-rate-update-home>
- ❑ Department of Health Care Policy and Financing. Home Health Billing Manual.
- ❑ Department of Health Care Policy and Financing: Medical Services Board. Medical Assistance –Section 8.500, 10 CCR 2505-10 8.500.
- ❑ Department of Health Care Policy and Financing. Telemedicine Billing Manual.
- ❑ Reimbursement For Telehealth Services, Senate Bill 200-212 (2020). https://leg.colorado.gov/sites/default/files/2020a_212_signed.pdf

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