Telehealth: An Environmental Scan

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Objectives:

▶ NRTRC Resources

▶ Public Health Emergency (PHE)

▶ Federal Legislation surrounding telehealth (TH)

▶ State trends in TH

▶ TH in Montana

▶ All payer claims TH data (APCD) from Utah

The National Consortium of Telehealth Resource Centers


The NRTRC is a part of the National Consortium of Telehealth resource centers (NCTRC).

The NRTRC is a collaboration of 12 regional and 2 national Telehealth Resource Centers, committed to implementing telehealth programs for rural and underserved communities. Funded by the Office for Advancement of Telehealth, The Office of Rural Health Policy and Health Resources and Services Administration, the objective is to provide timely and accurate information on telehealth across the nation. See link for details.
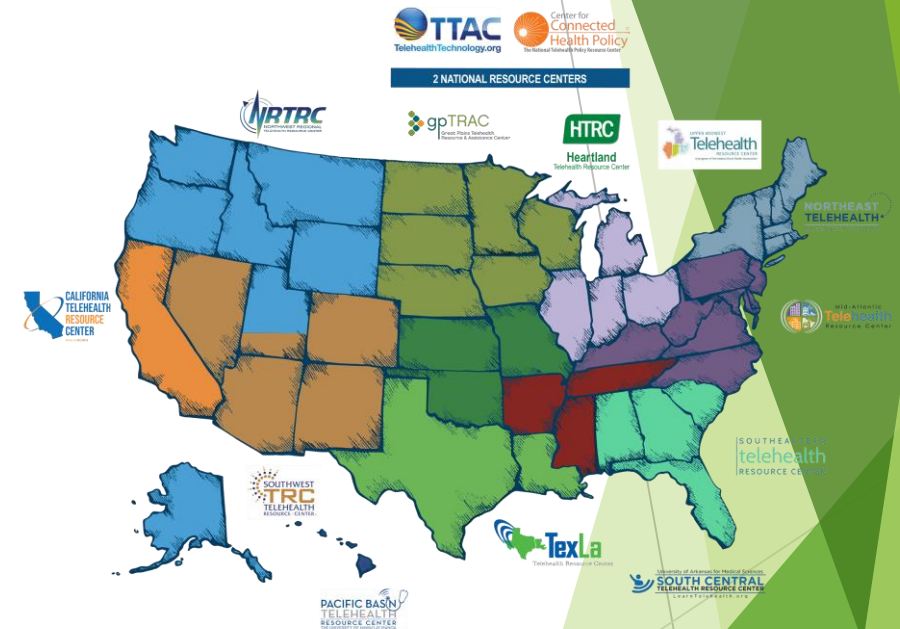
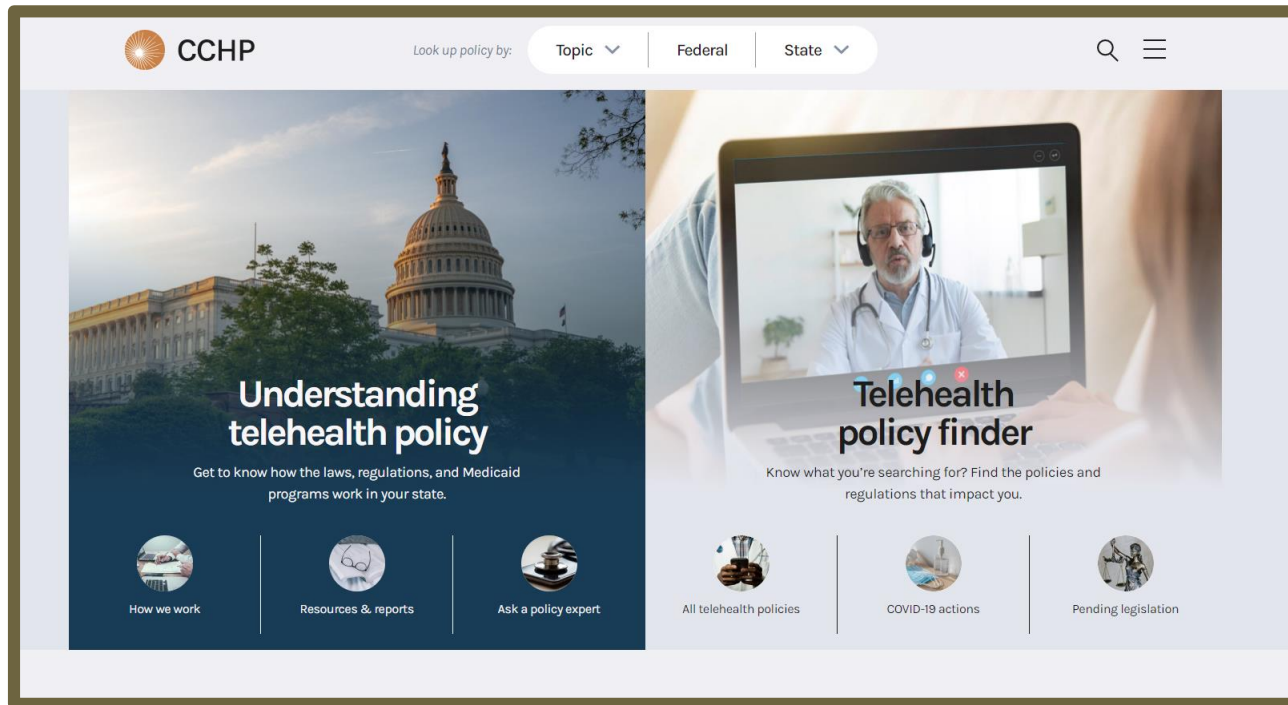# The NRTRC Covers A Seven State Region

Alaska

Idaho

Montana

Oregon

Utah

Washington

Wyoming

NORTHWEST REGIONAL
TELEHEALTH RESOURCE CENTER
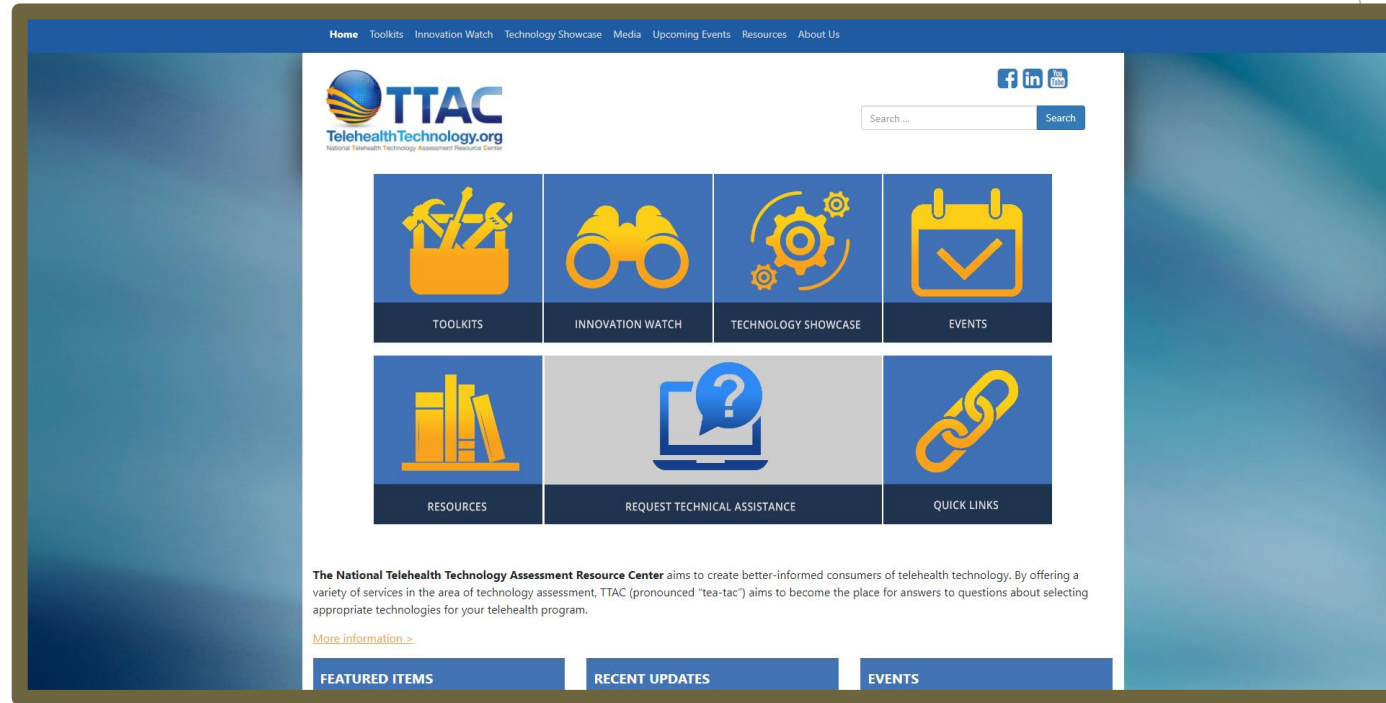
TELEHEALTH
RESOURCE CENTERS

Center for Connected Health Policy

For information on federal and specific state policy, the Center for Connected Health Policy (CCHP) is a nonprofit, nonpartisan organization working to maximize telehealth's ability to improve health outcomes, care delivery, and cost effectiveness. Their expertise in telehealth policy was recognized in 2012, when they became the federally designated National Telehealth Policy Resource Center.

National Telehealth Technology Assessment Center

The National Telehealth Technology Assessment Resource Center (TTAC) aims to create better-informed consumers of telehealth technology. By offering a variety of services in the area of agnostic technology assessment, TTAC aims to become the place for answers to questions about selecting appropriate technologies for your telehealth program.

Events Calendar

The NRTRC events calendar lists webinars, conferences and events related to telehealth that are offered virtually and in person throughout the region. See the link for the most up to date telehealth events.

This Photo by Unknown Author is licensed under CC BY-NC

Telehealth Funding Opportunities

Visit this link for a list of current grant opportunities from HRSA, the FCC, the USDA and more.

Education-Telehealth Training Courses

FREE

Washington State **Telehealth**Collaborative

Washington State Healthcare Professional Telemedicine Training

This training meets the requirement outlined in Washington State law. Trainees are expected to maintain a Certificate of Completion for record keeping. Fulfillment of this telemedicine training requirement...

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FREE

NRTRC NORTHWEST REGIONAL TELEHEALTH RESOURCE CENTER

NRTRC Telehealth 101 Online Training

Gain practical knowledge with this comprehensive overview. For those new to telehealth or looking for a refresher, this course will provide information on how to create and/or grow telehealth programs...

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FREE

U HEALTH UNIVERSITY OF UTAH

Connecting Care Through Telehealth: Long-Term Services and Supports

Connecting Care Through Telehealth is an online course designed to inform and improve best practices when using telehealth and virtual services in long-term services and supports (LTSS) settings. Informed by the...

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U HEALTH UNIVERSITY OF UTAH

Connecting Through Telehealth: a Guide to Virtual Primary Care for Providers...

Comprehensive telehealth course designed to enhance the ability of administrators, providers, care-teams, and students to care for patients via telehealth technologies. This course will assist with telehealth...

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FREE

M MONTANA STATE UNIVERSITY Office of Rural Health Area Health Education Center

Montana TeleBehavioral Health

Through this course, MORH/AHEC aims to educate healthcare students and professionals on the foundations of telebehavioral health, specifically in Montana. Telebehavioral health is a useful and...

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M MONTANA STATE UNIVERSITY Office of Rural Health Area Health Education Center

Montana Telehealth 101

Through this course, MORH/AHEC aims to educate healthcare students, clinicians and professionals on the foundations of telehealth, specifically in Montana. Telehealth is a useful and powerful tool that expands...

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FREE

UW Medicine HARBORVIEW MEDICAL CENTER BEHAVIORAL HEALTH INSTITUTE

TeleBehavioral Health 101 Series

This six-part series provides basic information and knowledge for delivering behavioral health and mental health services via telemedicine. Session #1 meets the Washington State Telemedicine Training...

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FREE

UW Medicine HARBORVIEW MEDICAL CENTER BEHAVIORAL HEALTH INSTITUTE

Telebehavioral Health 201 Series

This CME and NASW accredited 12-part series will provide you with a broad knowledge base and additional skills to deliver professional telebehavioral health services to individuals who live with mental...

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FREE

DEPARTMENT OF VETERANS AFFAIRS UNITED STATES OF AMERICA

VA TeleBehavioral Health 101 Series

This six-part series will provide you with basic information and knowledge for delivering behavioral health and mental health services via telemedicine. Session #1 meets the Washington State Telemedicine Training...

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TRC TELEHEALTH RESOURCE CENTERS

Telehealth Services and Codes Table

Telehealth Services and Codes

The table below includes current (as of Dec 2022) telehealth codes – effective Jan 1, 2023 – that are found on the full CMS List of Telehealth Services, noting that many of the services and codes are relevant for delivering telebehavioral health services. All telehealth services and codes are grouped and include brief descriptions.

Service and Code Category Descriptions

- **Category 1 and 2 codes** (black normal font in table below) are on the permanent CMS list of telehealth services.
- **Category 3 codes** (blue font in table below) were added in the Calendar Year 2021 Physician Fee Schedule Final Rule and will remain on the list of telehealth services through Dec 31, 2023.
- *Interim Service (in italics in the table below) codes* are added only on an interim basis and will remain on the list for 151 days following the end of the public health emergency (PHE).

Codes and services specific to telebehavioral health are shaded teal

See your CPT® Professional codebook for full descriptions and additional requirements. None of the content herein can be construed as billing advice. If you have feedback, suggestions or corrections, please let us know at info@NRTRC.org

Service		CPT/HCPCs Code(s)
Evaluation & Management (E/M) Visits - Outpatient		
Office or other outpatient visits for new patients (99202-99205) and established patients (99211-99215).	99202($74) 99203($114) 99204($170) 99205($224)	99211($23) 99212($57) 99213($92) 99214($131) 99215($184)
*Telephone E/M service by a physician or other qualified health care professional who may report E/M services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 99441 - **5-10 minutes (min)** of medical discussion, 99442 - **11-20 mins** of medical discussion, 99443 - **21-30 mins** of medical discussion*		99441 99442 99443
*Home visit for the E/M of a new patient, counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. 99341 - usually, the presenting problem(s) are of **low severity**. Typically, **20 min are spent face-to-face** with the patient and/or family, 99342 - usually, the presenting problem(s) are of **moderate severity**. Typically, **30 min are spent face-to-face** with the patient and/or family, 99343 - usually, the presenting problem(s) are of moderate to high severity. Typically, **45 min are spent face-to-***		99341 99342 99343 99344 99345

Patient Resources: Telehealth Finder

CAH Guide

Critical Access Hospital
Telehealth Guide

Telehealth Program Assessment

Promote Health Equity by Utilizing Telehealth

▶ Virtual care can improve access to quality healthcare services for all individuals, including members of rural and underserved communities.

▶ Telehealth can only be a solution if those individuals are able to access telehealth

  ▶ Broadband connectivity

  ▶ Access to a device

  ▶ A private spot to have the visit

  ▶ Translation and interpretative services

Utilizing Telehealth as a Tool to Decrease Health Disparities

- Between March of 2020 and February of 2021, Medicare beneficiaries used 114.4 million telehealth services

  - 88 times more telehealth services compared to the year prior to the pandemic.

  - Beneficiaries in urban areas were more likely than those in rural areas to use telehealth.

  - Dually eligible, Hispanic, younger, and female beneficiaries were also more likely than others to use telehealth.

  - Almost one-fifth of beneficiaries used certain audio-only telehealth services; the vast majority of these beneficiaries used them exclusively.

  - Older beneficiaries were more likely to use certain audio-only services, as were dually eligible and Hispanic beneficiaries.

https://oig.hhs.gov/oei/reports/OEI-02-20-00720.pdf

Addressing Digital Equity
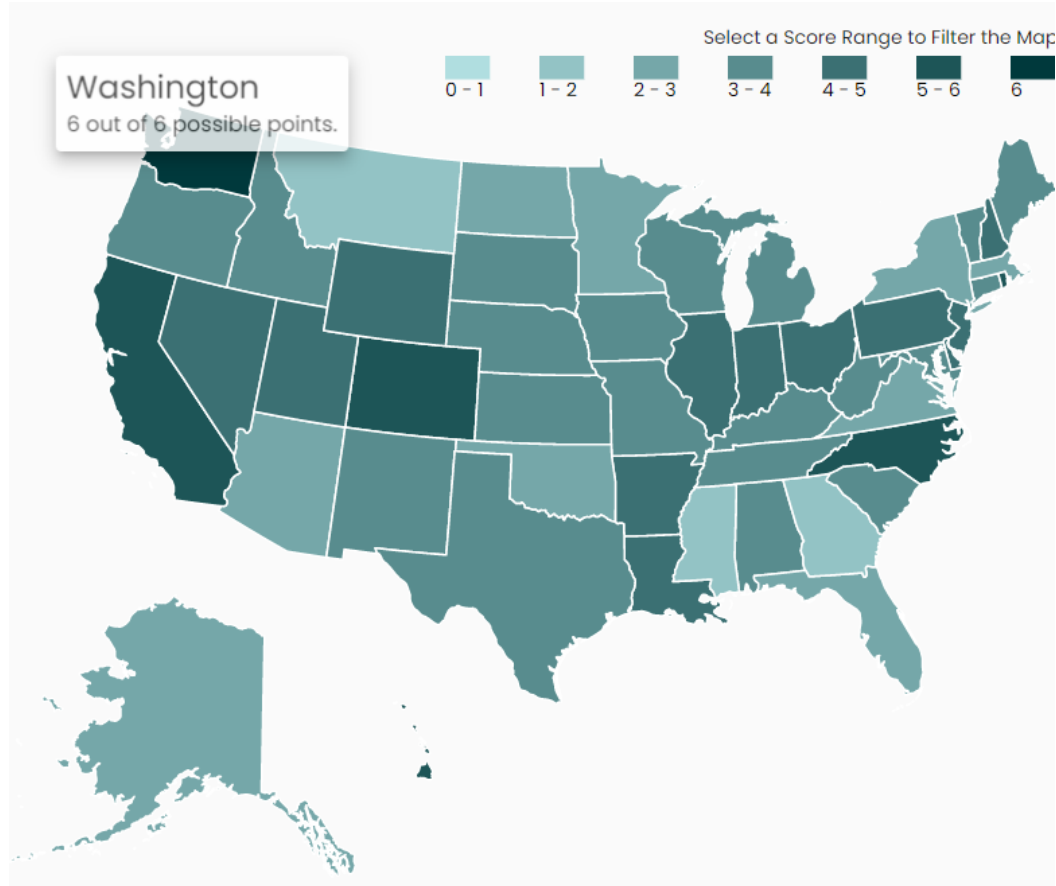
- Alaska: 2.3 out of 6 possible points
- Idaho: 3.3 out of 6 possible points
- Montana: 1.5 out of 6 possible points
- Oregon: 3.3 out of 6 possible points
- Washington:6 out of 6 possible points
- Wyoming: 4 out of 6 possible points
- Utah: 4.7 out of 6 possible points

Digital Equity Scorecard (digitalinclusion.org)

What Does the Future of Telehealth Look Like?

https://uptondaily.com

Public Health Emergency (PHE)

▶ First declared on January 31, 2020

▶ Renewed 12 times

▶ Last renewed on January 11, 2023

▶ End date of April 11, 2023

▶ Some Medicare flexibilities will have a151 day extension post PHE

POST PHE

- **Legislation**
  - Consolidated Appropriations Act 2021
  - Budget Act 2022
  - The Omnibus Government Spending Package of 2022
- **Administration/Regulatory**
  - Centers for Medicare and Medicaid (CMS)
  - Physician Fee Schedule (PFS)
- **Guidance's and Reports**
  - Office of Civil Rights (OCR)
  - Office of the Inspector General (OIG)

Legislation

- **Consolidated Appropriations Act of 2021**

  - Expanded permanent telehealth policy to allow for mental and behavioral health services to be provided in the home without geographic requirement applying **IF** certain conditions met (in-person visit w/telehealth provider 6 months prior to telehealth services taking place)

- **Budget Act of 2022**

  - Delayed implementation of certain policies and expiration dates on some temporary waivers until 151 days after the PHE is declared over

    - FQHC, RHC, PT, OT, SLP remain eligible providers Geographic limitation waive; home still eligible site for services

    - Audio-only can continue to be used

    - Expanded permanent telehealth policy to allow for mental and behavioral health services to be provided in the home without geographic requirement applying **IF** certain conditions met (in-person visit w/telehealth provider 6 months prior to telehealth services taking place)

Legislation

- **The Omnibus Government Spending Package of 2022**

  - **HR2617** extends the telehealth flexibilities that were passed in the budget bill for FY22 that included the 151-day extension at the end of the public health emergency. These flexibilities include:

    - Temporary suspension of the geographic site requirement.

    - Medicare reimbursement for telehealth services provided to patients at home, aside from certain exceptions.

    - Medicare reimbursement for an expanded list of eligible providers, such as occupational therapists, physical therapists, speech language pathologists and audiologists.

    - Medicare coverage of audio-only telehealth for non-mental health visits.

    - Reimbursement of FQHCs and RHCs as distant site telehealth providers for non-mental health services.

Federal Telehealth Policy

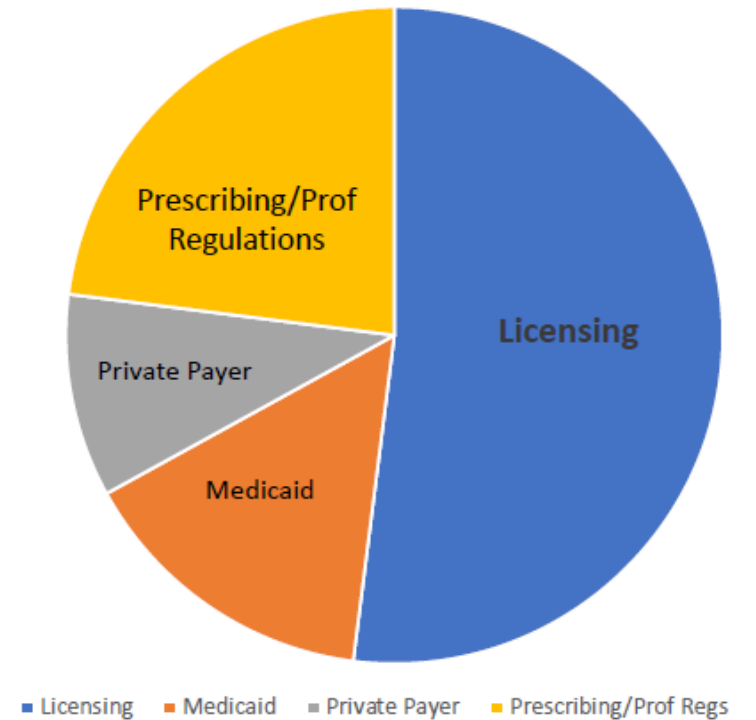| PRE-COVID-19	DURING COVID-19	POST-COVID-19 PHE
Telehealth-specific policy primarily found in Medicare. • Limited the use of telehealth to take place in specific geographic locations and sites (mostly medical facility) • Primarily only live video allowed • Limited list of providers eligible to provide services Prescribing of Controlled Substances (Ryan Haight Act) • Narrow exceptions to the use of telehealth one of which is when a PHE is declared	Medicare Limitations Eased • Geographic and site limits removed • All Medicare eligible providers can use telehealth (including FQHC/RHC) • Audio-only was allowed to provide some services • Expanded list of services eligible to be provided via telehealth Prescribing of Controlled Substances • PHE exception activated. Telehealth can be used to prescribe w/o a prior in-person exam by telehealth provider or one of the other narrow exceptions.	After the PHE is declared over, 151-day grace period for **some** of the temporary COVID-19 waivers. Waiving the geographic requirement will continue during this period; prescribing of controlled substance exception ends. Permanent Changes Made • Medicare - mental/behavioral health services may be provided in the home and w/o geographic requirement if certain conditions met. • Audio-only may be used to provide mental/behavioral health services if certain conditions met. • Rural emergency hospitals added as an eligible originating site

Post-PHE

- ▶ Telehealth Flexibilities that go away
    - ▶ Flexibility around HIPAA compliancy for telehealth providers
    - ▶ Prescribing controlled substances without an in-person exam

State Telehealth Policy

MEDICAID FEE FOR SERVICE

2020	2022
50 States & DC Live Video Coverage	50 States & DC Live Video Coverage
11 States Store & Forward Coverage	25 States Store & Forward Coverage
20 States RPM Coverage	34 States RPM Coverage
N/A	34 States Audio—Only Coverage
39 States & DC Private Payer Laws/5 States w/Payment Parity	43 States & DC Private Payer Laws/24 States w/Payment Parity

Percentage of Enacted States Bills Issues in 2022

Prescribing/Prof Regulations
Private Payer
Licensing
Medicaid

■ Licensing   ■ Medicaid   ■ Private Payer   ■ Prescribing/Prof Regs   ■

Montana Telehealth

- Act as originating sites, or recipients of telehealth services
  - Specialty services include tele-behavioral health in the emergency room- oncology, cardiology, orthopedics, endocrinology, rheumatology
- Most healthcare visits are occurring in clinics rather than over TH
- Encouragement for TH visits are coming from providers
- Reimbursement isn't great- work is needed with payers to get closer to payment parity
- Majority not utilizing Chronic Care Mgmt (CCM), some utilization of Remote Patient Monitoring (RPM)
- TH Champions tend to be Clinic Nurse Managers or TH Coordinators
- Three largest needs r/t TH
  - Access to specialists
  - Education around billing
  - Marketing TH availability

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Telehealth All Payer Claims Data for the State of Utah

▶ [The History, Promise and Challenges of State All Payer Claims Databases (hhs.gov)](#)

▶ Numerous states have collected hospital discharge data for several years.

  ▶ Utah's APCD contains data from health insurance carriers, Medicaid, and third party administrators in Utah.

  ▶ Utah is the only state we are aware of that has complied and tracked this data.

Utah Total Telehealth Claims

Total Telehealth Claims Over Time
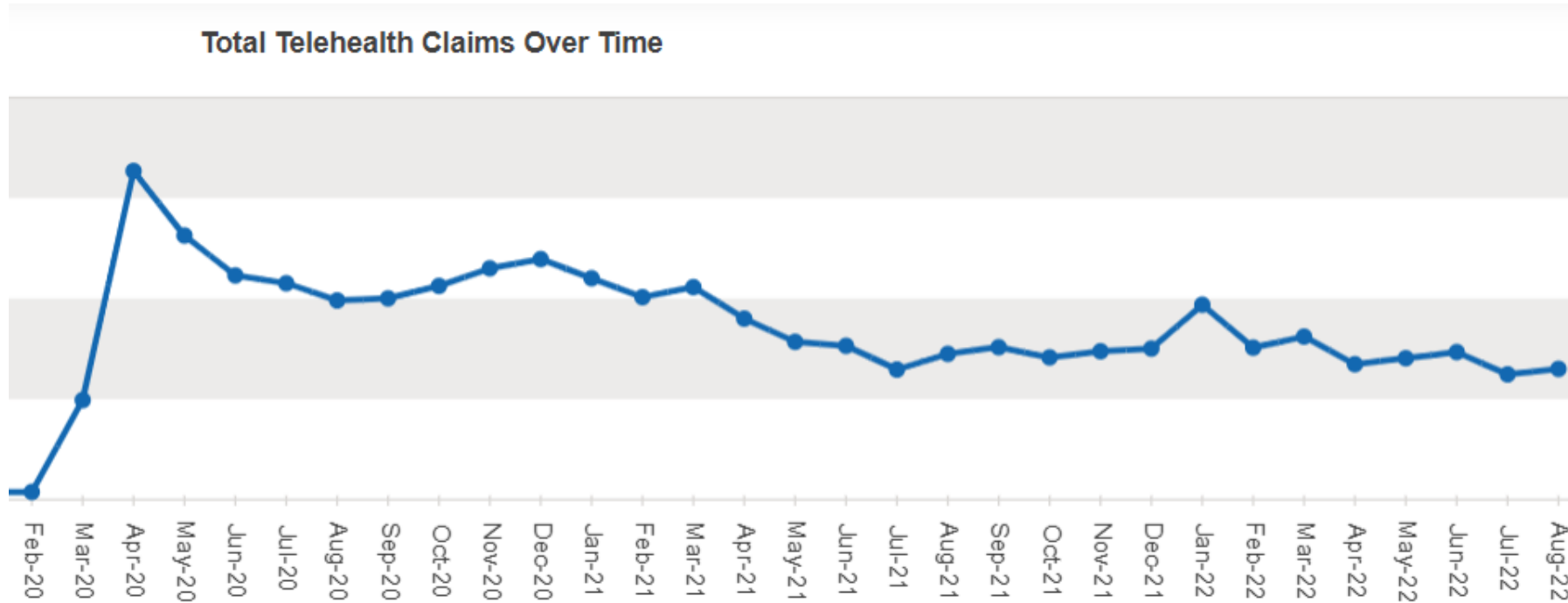
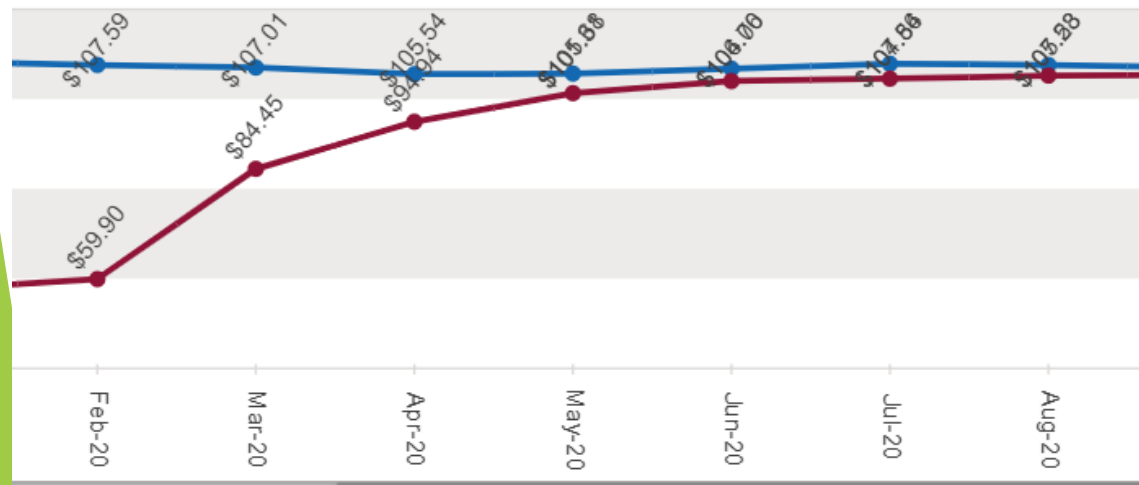Average of 2,000 telehealth visits per month in 2019
Peak at 163,000 in April 2020
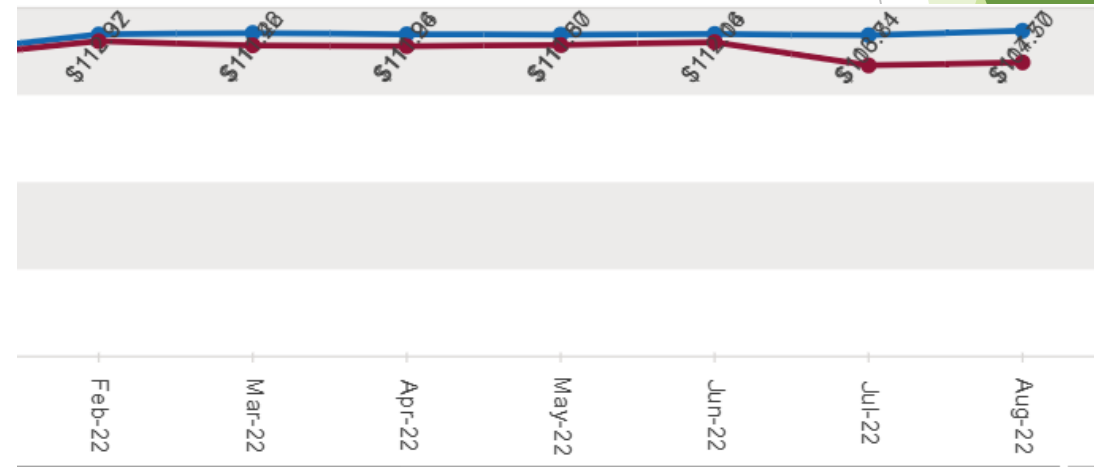Stabilized at 70,000 in 2021-2022
3,400% increase from 2019 - 2022

Average Allowed Payment Amount for Telehealth vs. In-Office
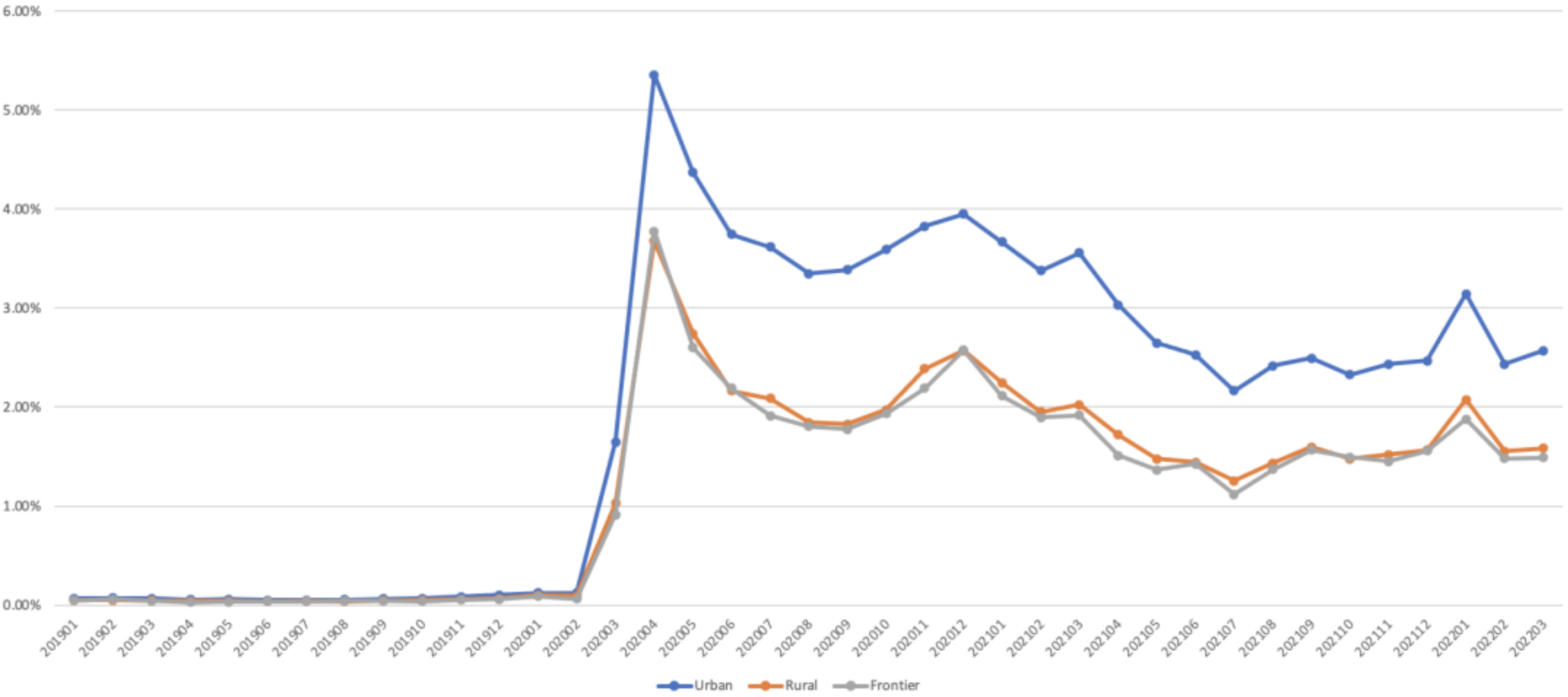
February 2020-August 2020

February 2022-August 2022

- August of 2022 **In-office** allowable payment was $114.77
- August of 2022 **Telehealth** allowable payment was $107.50

Percent of Claims by Population in Urban Rural and Frontier

Thank You

Questions?

www.nrtrc.com

info@nrtrc.org