

TELEHEALTH OPTIONS FOR LHCSAS DURING THE COVID-19 CRISIS & BEYOND

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OUR GRATITUDE



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PROGRAM NOTES

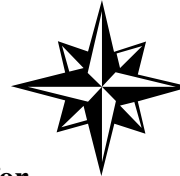
- **This information is intended for informational purposes only and is updated for information up to May 5, 2020.**
- **Note that CMS, the New York State Department of Health, New York State Medicaid and all regulatory bodies update official information on a regular basis during this Public Health Emergency.**
- **Please reference the resources listed on the last slides to continue to track and update on all relevant provider developments on this topic.**
- **This information is not intended to render medical, legal, financial, accounting or other professional advice. Seek expert relevant assistance as needed.**

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PROGRAM GOALS



- **Define telehealth & the reimbursable items for certain healthcare providers.**
- **Identify the specific regulations that apply to telehealth use in the home care setting.**
- **Discuss clinical practices for the use of telehealth in the LHCSA.**
- **List available tools & resources for telehealth in the home care setting.**
- **Quick Reference Take Aways**
 - **NYS Telephonic Reimbursement Guide**
 - **NYS DAL Executive Order Guidance Summary**

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VIRTUAL CARE

*Protects Patients,
Family, & Caregivers*

Protects the Workforce

Convenient

Efficient



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Affordable


Transforming Healthcare

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REGULATIONS & STANDARDS

- **Centers for Medicare & Medicaid (CMS)**
 - Center for Connected Health
- **New York State**
 - NYS Public Health Law
 - New York State Insurance
 - NYS Office of Mental Health
 - NYS Office for Children and Family Services
- **Commercial Insurers: Partner with Vendors**
 - Anthem
 - United Healthcare
 - Healthfirst
- **Expansion Under COVID-19 Pandemic**

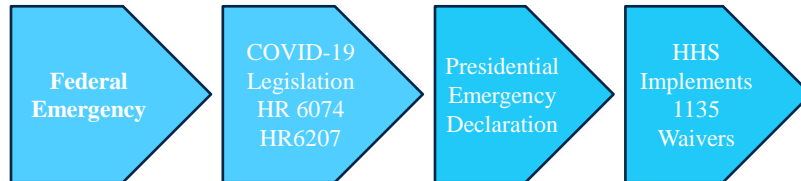


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FEDERAL OVERVIEW



Removes Barriers to Use of Telehealth
Grants HHS Expanded Authority with 1135 Waivers
Expands Connect for Health Act
Expands Telehealth Access on 4/30/20
CMS Removes Federal Barriers for State Medicaid Telehealth

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NEW YORK STATE EMERGENCY RESPONSE

- **Executive Orders 202.1**
- **Temporary Suspension & Modification of Laws Relating to Disaster Emergency**
 - **Details Use of Telehealth for Medicaid Beneficiaries**
 - **Regulations Regarding the Delivery of Care & Services**
 - **Temporary Service Approvals**
- **Department of Health**
 - **Released Multiple DALs and Updates to Address Telehealth Guidance & Use by Providers**
- **New York State Medicaid**
 - **Published a Medicaid Guide for Telehealth**
 - **FAQs Regarding Use of Telehealth During COVID-19**



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MORE ON NYS MEDICAID UPDATES

- **Intent: To Expand Medicaid Providers Ability to Deliver Remote Services in All Situations with a Variety of Communication Methods**
- **Clarify Reimbursement for Telehealth Services by Qualified Authorized Healthcare Practitioners**
 - Assessment
 - Monitoring
 - Evaluation and
 - Management
- **Separate Guidance on Telehealth for**
 - Office of Mental Health (OMH)
 - Office for People with Developmental Disabilities (OPWDD)
 - Office of Children and Family Services (OCFS)
 - Office of Addiction Services and Supports (OASAS)
- **Clarify Technology Use & Requirements**
- **Specify Consent, Services, Confidentiality & HIPAA Standards**



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BOTTOM LINE ON MEDICAID SERVICES

- **During the disaster emergency, New York State Medicaid has updated the Telehealth Guidance, including expanding Telehealth Services to include telephonic services.**
- **Per Insurance Law and Public Health Law, services that are covered under a comprehensive health insurance policy or contract cannot be excluded when the service is delivered via telehealth.**
- **Services Provided to a Patient with Medicaid Authorized Services are Eligible for Telehealth Services When:**
 - They have an authorized provider *and*
 - The services are medically necessary

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NYS MEDICAID FAQ

- **What Services are Eligible for Coverage Through Telehealth Delivery?**
- *Insurance Law §§3217-h and 4306-g provide that an insurer cannot exclude an in-network service that is otherwise covered under the policy or contract because the service was delivered via telehealth. **Insurers may not implement a policy of excluding an entire category of service from being eligible for coverage when performed via telehealth.** The law does permit an insurer to subject telehealth services to reasonable utilization management and quality assurance requirements that are consistent with those established for the same service when not delivery via telehealth. For example, insurers may review services to determine whether the services meet the requirements of the CPT code used or whether the service is medically necessary.*

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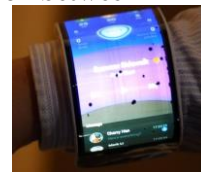
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WHAT IS TELEHEALTH?



- **Telehealth**
 - Use of Telecommunication for Healthcare
 - Technology Use: Communication; Access Data; Assessment; Supervision; Consultation; Education
- **Telemedicine**
 - Two-way, real-time interactive communication between patient & physician or authorized provider
- **Examples of Telehealth**
 - Videoconferencing
 - Remote Monitoring of Vital Signs
 - Telephone Support: Education & Supervision
- **Requirements: Technology; Accessibility Services**



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TELEHEALTH CONSIDERATIONS

- **Medicaid Details Requirements**
 - **Who Can Provide the Service via Telehealth**
 - **Services Must be Considered Medically Necessary**
- **Some Examples for Frequent Telehealth Use by Our Partners**
 - **CHHA's**
 - Patient Assessment of Remote Vital Signs
 - Education of Caregiver
 - Supervision of Home Health Aides
 - **Hospices**
 - Family Member Education
 - Social Worker or Chaplain Support
 - Medication Management
 - **Physicians**
 - Assess and order patient diagnostics
 - Further Instruction on Medication Changes
 - **Clinics**
 - Wound Care Assessment
 - Change in Patient Medication & Medication Instruction
- **What About NYS Licensed Home Care Agency Providers?**



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NYS LHCSA TELEHEALTH

- **What's Changed for LHCSAs**
 - **New Employees May Have Health Assessments Completed by Telehealth**
 - **Aides May be Oriented and/or Supervised via Telephone or Video Communication**
 - **All Home Care Cases (PCAs) May be Opened Using Remote Technology**
 - **Employees May be Screened for Signs/Symptoms of COVID-19 Daily via Remote Technology**
- **Private Duty Nursing**
 - **Prior Approval Renewals: Physician Orders & Documentation**
 - **Extended PDN Hours: Limitations Raised and may bill over 16 hours**
 - **Additional Request for Hours: Due to school closings**
- **Waivered Programs: Telehealth Options**

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NYS LHCSA TELEHEALTH

- **Other Changes Due to COVID-19 Emergency**
 - **Annual Health Assessments of Current Employees are Temporarily Suspended**
 - **Annual Performance Evaluations of Current Employees are Temporarily Suspended**
- **Home Care Training Program Emergency Updates**
 - **Time for Home Care Aide Training Program Completion Extended to 90 Days**
 - **Alternate Competency Demonstration Look-Back is Expanded to 3 Years, and the Prospective Employee Must have 3 Months Rather than 6 Months Experience**
 - **Period to Submit Class Schedule Extended to July 1, 2020**
- **Other LHCSA Contracts**

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MORE ON NYS COVID-19 EMERGENCY UPDATES



- **CHHAs**
 - **Initial Homebound Assessment & Eligibility Can be Done Remotely**
 - **Face-to-Face by MD or Allowed Practitioner can be Done Remotely**
 - **Virtual Home Health Aide Supervision Every 14 Days**
 - **Assessment Extended from 5 to 30 days**
- **Hospices**
 - **Face to Face Encounter can be done Remotely**
 - **Virtual Home Health Aide Supervision Every 14 days**
 - **Assessment Extended as well**
- **Both Home Health Care & Hospice**
 - **Virtual Visit Documentation Requirements**

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MORE TELEHEALTH CONSIDERATIONS

- **MLTCs/MCOs**
 - **Initial authorization for CDPAP or Personal Care Services still require physician orders**
 - **The ordering physician may use telehealth modalities, including the telephone, to assess the patient's medical condition and needs for PCAs or CDPAP Services**
- **Community Health Assessments (CHAs) by MLTCs**
 - **May be conducted by telephone or telehealth modalities**
 - **Assessors may consult with caregivers or designated representatives in the home**
- **MLTC Reassessments for Current Enrollees are Suspended**
- **CHAs by MLTCs for Prospective Enrollees May Be Done Remotely**

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MORE TELEHEALTH CONSIDERATIONS

- **Bottom Line Here**
 - **Members Transferring from One MLTC to Another or from/to FFS to MLTC May Use Current CHA for the Plan of Care**
 - **Members Requesting a Change in Service Hours (Increase or Decrease) may Require another CHA which may be completed remotely. If the CHA is not completed, the LDSS may provide a Temporary Plan of Care**
- **For Prospective MLTC Enrollees**
 - **The CHA Must be Completed**
 - **The Member's LDSS will Develop and Monitor the Plan of Care until CHA is Completed**
 - **MLTCs May Use the Full CHA Completed by the CFEEC to Determine Eligibility**

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LHCSA TELEHEALTH DOCUMENTATION

○ Virtual Visit Documentation Requirements

- Must have physician orders for virtual visits
- Specific documentation in each clinical record for each virtual visit as to the remote technology used
- Start and end times of each call
- Specific care delivery, instructions, supervision documentation
- Clinician signature & date on each virtual visit



○ Ensure Nursing Staff

- Update all physician orders to include virtual visits for aide supervision
- Update Aide Plans of Care and document each virtual visit
- Document specific Aide supervision & Aide understanding regarding Aide Plan of Care updates
- Do the Patient/Family/Caregiver understand the Plan of Care

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ADDITIONAL DOCUMENTATION NEEDS

○ Personnel Files

- Document remote completion of the initial personnel health assessment
- Indicate remote review of all personnel requirements with newly hired staff
- Document delivery and receipt of all required personnel elements
- Ensure daily screening of each employee for COVID-19 required elements

○ Inservice Updates

- Ensure documentation includes time for Q & As on all orientation and inservice updates

○ Documentation Oversight

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REIMBURSEMENT



- **Medicaid Telehealth**
 - Expanded Communication Methods
 - For All Medicaid Providers
 - Currently Enrolled to Bill Medicaid FFS or MCO/MLTC
- **Authorized Provider of Services**
 - Physician; Nurse Practitioner; Physician Assistant
 - RN; PT; OT; ST; RD
 - Other Medicaid Authorized Providers
- **Hotline to Enroll in NYS Medicaid**
- **What About NYS LHCSAs?**
 - MLTC/MCO Would Authorize
 - MLTC/MCO Provide Billing Codes



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NYS MEDICAID DEFINITIONS

- **Clear for Authorized Providers**
 - **Telephonic:** Two-way electronic audio-only communication
 - **Remote Patient Monitoring:** Digital Technologies to transmit health information
 - **Telemedicine:** Two-way real-time electronic audio-visual
 - **Store-and Forward:** Electronic transmission of recorded data, images or videos
- **Authorized Providers**
 - Are enrolled in the Medicaid System
 - Authorized to bill for Medicaid Services
- **Payment Schedule**
 - Medicaid 6 Lane Payment System for Billing



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NYS MEDICAID FAQ

- **33.Q Are providers required to use certain platforms/technology to administer services via telehealth?**
- *Under the current State of Emergency, Medicaid reimbursable services are temporarily expanded to include telephonic and/or video technology commonly available, such as smart phones, tablets and other devices. During the COVID-19 nationwide public health emergency, a HIPAA-covered provider may use any non-public facing remote communication product that is available to communicate with patients to provide telehealth.*

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NYS MEDICAID FAQ CONT'D

- **33.Q Types of Technology**
- *Providers may use popular applications that allow for video chats, including Apple Face Time, Facebook Messenger video chat, Google Hangouts video, Zoom or SKYPE, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision. Providers should enable encryption and privacy modes when using such applications and notify patients of potential privacy risks.*
- *However, Facebook Live, Twitch, TikTok, and similar video communication apps are public facing, and should **not** be used in the provision of telehealth by covered health care providers.*

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MEDICAID BILLING LANES

Billing Lane	Telephonic Service	Applicable Providers	Fee or Rate	Historical Setting	Rate Code or Procedure	POS Code	Modifier	Notes
Lane 1	Evaluation and Management Services	Physicians, NPs, PAs, Midwives, Dentists, RIs	Fee	Practitioner's Office	Physicians, NPs, PAs, Midwives: "99441", "99442", and "99443" RNs on staff with a practitioner's office: "99211" Dentists: "D9991"	POS should reflect the location where the service would have been provided face-to-face	Append GQ modifier for "99211" only. Modifier GQ is for tracking purposes.	New or established patients. Only use "99211" for telephonic services delivered by an RN on staff with a practitioner and the practitioner bills Medicaid. Append the GQ modifier
Lane 2	Assessment and Patient Management	All other practitioners billing fee schedule (e.g., Psychologist)	Fee	Practitioner's Office	Any existing Procedure Codes for services appropriate to be delivered by telephone.	POS should reflect the location where the service would have been provided face-to-face	Append modifier GQ for tracking purposes.	Billable by Medicaid enrolled providers. New or established patients.
Lane 3	Offsite E&M Services (non-FQHC)	Physicians, NPs, PAs, Midwives	Rate	Clinic or Other (e.g., amb surg, day program)	Rate Code "7961" for non-SBHC Rate Code "7962" for SBHC Report appropriate procedure code for service provided, e.g., "99201" – "99215".	POS N/A Service location zip code + 4 should reflect the location that describes where the service would have historically been provided face-to-face	Not required	New or established patients. All-inclusive payments. No professional claim is billed.

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MORE MEDICAID BILLING LANES

Billing Lane	Telephonic Service	Applicable Providers	Fee or Rate	Historical Setting	Rate Code or Procedure	POS Code	Modifier	Notes
Lane 4	FQHC Offsite Licensed Practitioner Services	Physicians, NPs, PAs, Midwives, and Other Licensed Practitioners who have historically billed under these rate codes such as Social Workers and Psychologists.	Rate	Clinic	Rate Code "4012" for non-SBHC Rate Code "4015" for SBHC Report procedure code for service provided, e.g., "99201" – "99215".	POS N/A Service location zip code + 4 should reflect the location that describes where the service would have historically been provided face-to-face	Not required.	New or established patients. Wrap payments are available for these rate codes.
Lane 5	Assessment and Patient Management	Other practitioners (e.g., Social Workers, Dietitians, Dentists, home care aides, RIs, therapists, and other home care workers)	Rate	Clinic or other Includes FQHCs Non-Licensed Practitioners, Day Programs, ADHC programs, and Home Care Providers ADHC should bill if not meeting definition for Lane 5 comprehensive payment	Non-SBHC: Rate Code "7963" (for telephone 5 – 10 minutes) Rate Code "7964" (for telephonic 11 – 20 minutes) Rate Code "7965" (for telephonic 21 – 30 minutes) SBHC: Rate code "7966" (for telephone 5 – 10 minutes) Rate code "7967" (for telephonic 11 – 20 minutes) Rate code "7968" (for telephonic 21 – 30 minutes)	POS N/A. Service location zip code + 4 should reflect the location that describes where the service would have historically been provided face-to-face	Procedure code and modifier not required. However, correct procedure codes should be utilized in the claim, where applicable.	Billable by a wide range of providers including Day Programs and Home Care (e.g., aide supervision, aid orientation, medication adherence, patient check-ins). However, see LHCSA/CHHA assessments and RNI visits which get billed under existing rates in Lane 6). New or established patients. Report NPI of supervising physician as Attending.
Lane 6	Other Services (not eligible to bill one of the above categories)	All provider types (e.g., Home Care, ADHC programs, health home, HCBS, Peers, School Supportive, Hospice)	Rate	All other as appropriate	All appropriate rate codes as long as appropriate to delivery by telephone	POS N/A. Service location zip code + 4 should reflect the location that describes where the service would have historically been provided face-to-face	Procedure Code and Modifier not required. However, correct procedure codes and the "GQ" modifier should be utilized in the claim, where applicable.	Covers all Medicaid services not covered above. Includes LHCSA and CHHA assessments, evaluations and RNI visits. ADHC bills in Lane 6 if they meet minimum guidance standards.

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SOME EXAMPLES

- **LHCSA/CHHA assessment by an RN conducting a telephonic visit for assessment**
 - Bill the existing rate codes current for a face-to face visit
 - Document patient consent, mode of assessment, other care delivery; Time of service(s); patient's response to service
 - Ensure physician orders for telephonic services
- **RN provides case management services under the Nurse Partnership Model to an enrolled member over the phone**
 - Bill Medicaid Rate Code 5260 as if RN conducted a face-to-face visit
 - Document remote visit with consent, mode of telehealth, specifics of care management services, follow-up care
- **Other Examples**

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MORE HOME CARE FAQs

- **Does the broad expansion of use of telemedicine/telephonic outlined in the March 2020 Special Edition Medicaid Update apply to medical management, patient assessment and monitoring, medication review and management and assessment of physical/mental presentation?**
- *Yes*
- **Will managed care organizations and managed long-term care plans be required to reimburse contracted home care agencies for telemedicine/telephonic services provided to Medicaid members during the State of Emergency?**
- *Yes. Home Care providers including RNs and MSWs, etc. are eligible for payment for all services appropriate to be delivered under updated telemedicine/telephonic guidance.*

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REMINDERS



- **Billing Medicaid**
 - Need Consent from Patient for Telehealth Visits
 - Follow the Medicaid Code Guidelines in Lane 5 or 6
 - Rate Code & Procedure Remains the Same
 - More Guidance to be Issued by NYS DOH on Lane 6
 - NYS Medicaid May Provide Another Webinar for LTHCPs
- **Billing MLTCs**
 - Follow MLTC Contract Requirements
 - Contact MLTC if Needed for Code Instructions
 - May be Re-Negotiating Terms & Reimbursement
- **Billing Considerations**
 - Follow the Contract Requirements
 - Commercials Cannot Dictate Technology
 - Privacy & Security Needs & Considerations

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PROVIDER BILLING RESOURCES



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NEW YORK STATE SUPPORT MEDICAID BENEFICIARIES



- **Options for Members with Limited or Lack of Access to Devices & Services**
- **Free Wi-Fi Internet Services**
 - **Spectrum & Comcast: Free Installation if Eligible**
 - **Spectrum: 844-488-8395**
 - **Comcast: 855-846-8376**
- **Unlimited Data Plans: No Charge**
 - **Spectrum; Comcast; AT&T & Verizon**
- **SafeLink Wireless**
 - **1-800-SafeLink (723-3546)**



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MORE ON PRIVACY AND CONSENTS



- **The Department of Health & Human Services (HHS) Office for Civil Rights (OCR) has issued a notice of enforcement discretion regarding telehealth**
 - **Covered health care providers may communicate with patients, and provide telehealth services, through expanded remote communication technologies that may not fully comply with HIPAA requirements**
 - **Must be in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency**
- **Some Examples**
 - **Private settings for phone calls**
 - **Non-public technology, when possible**
- **Providers Regulated by OPWDD, OMH and OASAS should refer to Specific Privacy and Consent Guidance from These State Agencies**

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CMS & NYS REMINDS PROVIDERS

○ Services

- Must be Provided by an Authorized Provider
- Be Medically Necessary
- Documented per Clinical Standards



○ Concerns

- Telehealth Services May Not be Justifiable
- CMS Provides Multiple Examples
- HHS Cautions Providers on Fraudulent Claims



○ Review the Guidelines & Updates

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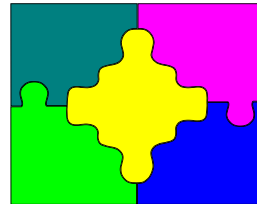
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CONSIDER NOW

○ Policy & Procedure Updates

- Integrate Virtual Visit Standards
- Identify Documentation Requirements for Virtual Visits
- Ensure Virtual Visits are Tracked & Trended



○ Compliance Oversight

- Timely Virtual Visits for Assessments, Orders
- Timely Virtual Visits for Aide Orientation & Supervisions
- Documentation Meets Legal and Standard Protocols

○ Staff Support

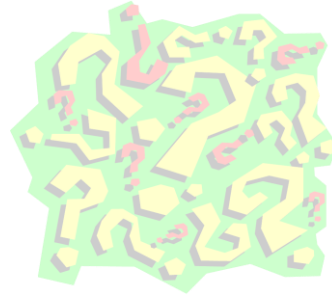
- Feedback on Current Updates & Practice Changes
- Clear Communication Requirements
- Safety & Quality Focus



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WHAT HAPPENS WHEN THE WAIVERS EXPIRE?

- **Operational Imperatives**
 - Phased in Operations
- **Clinical Practice Considerations**
 - Patient Visits & Aide Supervisions
 - Privacy & Confidentiality
- **Survey & Oversight Initiatives**
 - Compliance Audits for Documentation to Support Quality Care & Safety
- **Human Resources**
 - Compliance Regulations
- **Know Your Regulations & Standards**
 - **What Can You Do Differently?**



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TRANSFORMING HEALTHCARE

- **Telehealth Challenges**
 - Reimbursement
 - Technology Costs & Barriers
 - Staff Considerations
 - Consumer Considerations
- **Telehealth Opportunities**
 - Safety
 - Leverages Workforce
 - Enhances Quality
 - Improves Engagement and Outcomes
- **Roadmap: On the Horizon**
 - Strategic Planning
 - Increased Telehealth Offerings in Benefit Packages
- **Contact Vendors to Explore Your Options & Updates**



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NEW YORK STATE CONTACTS



- **Office of Health Insurance Programs (OHIP)**
 - Medicaid FFS Telehealth/Telephonic Coverage & Policy Questions
 - Telehealth.Policy@health.ny.gov or
 - 518-473-2160
- **MMC Reimbursement or Documentation Requirements**
 - Contact the MMC Plan (MLTC/MCO)
- **Medicaid FFS Claim Questions**
 - eMedNY Call Center: 800-343-9000
- **OMH/OASAS/OPWDD**
 - Direct to Specific State Agency

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RESOURCES



www.cms.gov/Medicare/Medicare-GeneralInformation/Telehealth/Telehealth/Telehealth-Codes
Centers for Medicare & Medicaid Services
Emergency Telehealth Updates, Fact Sheets & Toolkit

https://www.health.ny.gov/health_care/medicaid/covid19/index.htm
NYS COVID-19 Medicaid Telehealth Updates

www.dfs.ny.gov/industry_guidance/coronavirus/telehealth_ins_prov_info
NYS Department of Financial Services Emergency Regulation on Health Insurance Coverage for Telehealth Services

www.health.ny.gov/
NYS Medicaid Update: Special Edition (March 23, 2020; 5/1/20)
Comprehensive Guidance on the Use of Telehealth During COVID-19

www.telehealthresourcecenter.org
Telehealth Resource Center

www.cchp.org
Center for Connected Health

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