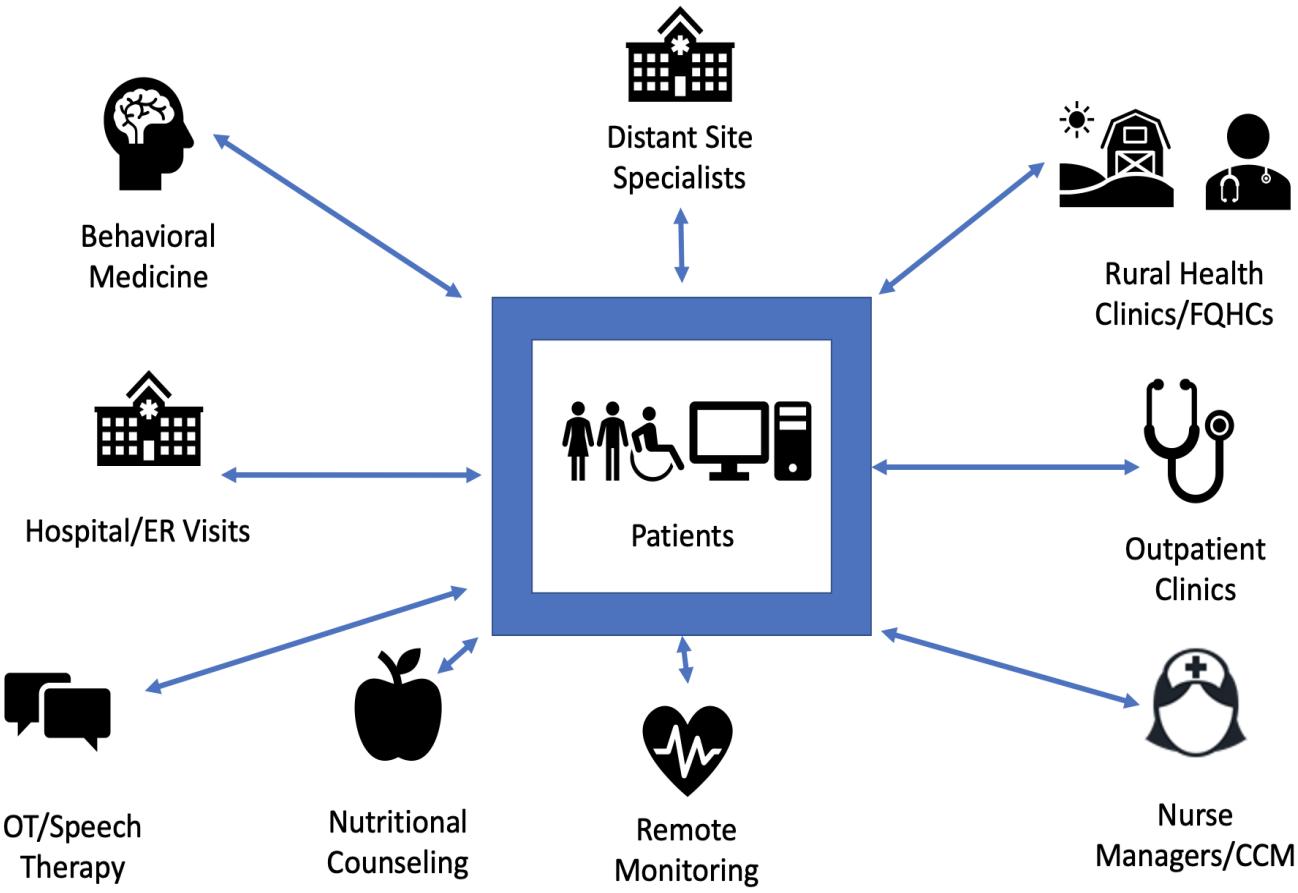
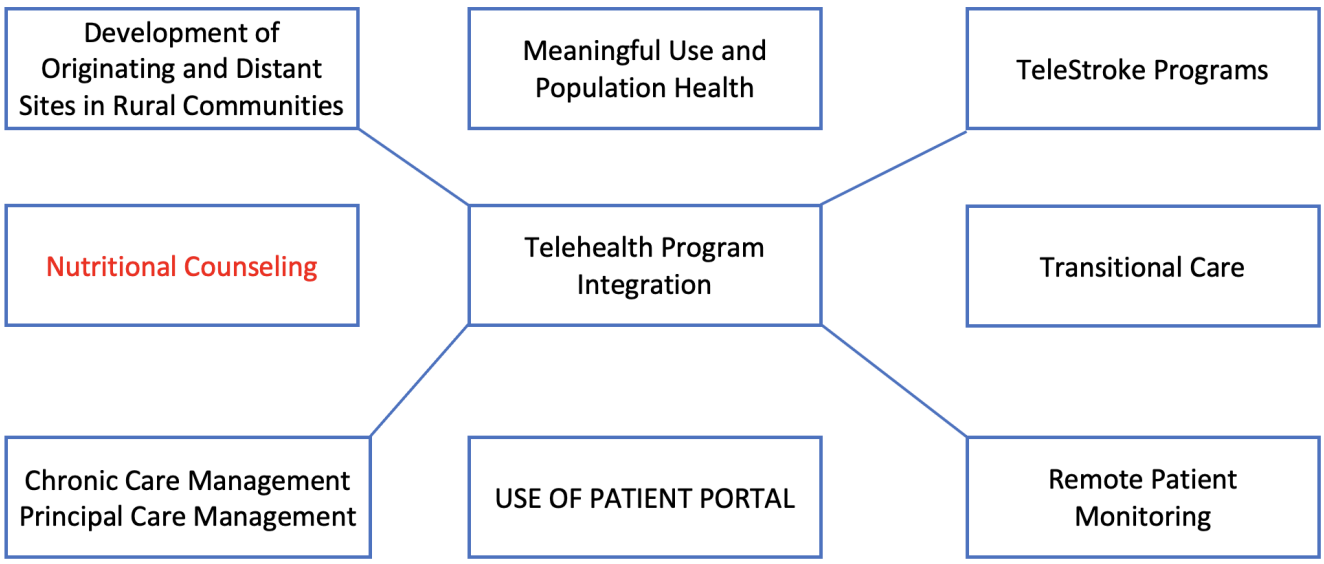
INTEGRATING TELEHEALTH WITH OTHER PROGRAMS



Integration with other Programs/Services



CHRONIC CARE MANAGEMENT (CCM) From CMS website.

- CCM programs are suited to integration with telehealth programs
- Patient selection: Two or more chronic diseases likely to last 12 months, with significant risk of death, exacerbation, decompensation, or functional decline
- Case managers and providers can use telehealth to develop their care plans more effectively
- Case managers can determine if next appointment is better suited as a telehealth format or face-to-face depending on goals and issues to be addressed.
- NEW code 99437 for additional 30min per month added for 2022 making CCM with increased reimbursement thus making CCM a more feasible program for many practices. Note that CMS intended this code to represent extra time spent by clinical staff under supervision of provider however the description in the code states this represents addition PROVIDER time spent per month. Hopefully a correction will come from CMS. When it does, billing CCM with utilization of digital technology may prove very efficacious.
- Telehealth codes can be used in conjunction with CCM and PCM coding as well as RPM and RTM codes.

Chronic Care Management (CCM)/Complex Care Management (CCCM)/Principal Care Management (PCM) Coding for CY 2022					
CPT CODE	**Service**	**Provider/Staff**	**Time (min)**	**Current Work RVU**	**CMS Proposed Work RVU**
99490	CCM	clinical staff	First 20	0.61	1.00
99439	CCM	clinical staff	Each additional 20	0.54	0.70
99491	CCM	MD/DO or NPP	First 30	1.45	1.50
99437	CCM	MD/DO or NPP	Each additional 30	NEW	1.00
99487	CCCM	clinical staff	First 60	1.00	1.81
99489	CCCM	clinical staff	Each additional 30	0.50	1.00
99424 (to replace G2064)	PCM	MD/DO or NPP	First 30	NEW	1.45
99425	PCM	MD/DO or NPP	Each additional 30	NEW	1.00
99246 (to replace G2065)	PCM	clinical staff	First 30	NEW	1.00
99427	PCM	clinical staff	Each additional 30	NEW	0.71

TRANSITIONAL CARE: FOLLOW-UP SERVICES after HOSPITAL ADMISSION

- Transitional care consists of a **Telephone call** usually by nursing staff within two business days after discharge, followed by a Hospital Follow-up visit face-to-face in clinic or **VIA TELEHEALTH** within 7 days for complex patients and 14 days for less complex patients.
- Quality measures follow medication reconciliation and transitional care after discharge from hospital.
- Many patients do not require face to face exam after discharge but benefit from contact through telehealth with their providers.
- Transitional care via telehealth or in person decrease readmission rates

WEST VIRGINIA HEALTH HOME PROGRAM:

https://dhhr.wv.gov/bms/WV%20Health%20Homes/Pages/default.aspx

Telehealth and digital technologies marry well with the **WV Health Home Program.**

History: The Affordable Care Act of 2010 gave state Medicaid agencies the option of creating Health Homes to provide a comprehensive system of care coordination for Medicaid individuals with chronic conditions. West Virginia chose to participate in the Health Homes program and will receive an enhanced federal match of 90% for eight quarters. **The Health Homes initiative provides a place for individuals to have their health care needs identified and to receive the medical, behavioral health and related social services and supports they need in a coordinated manner that recognizes all their needs as individuals and as patients.** Health Home services include comprehensive care management, care coordination, health promotion and community and social support services. A Health Home is not a place to live.

The goals of the Health Homes program include:

- Helping members experience longer periods of stability of their condition
- Decreasing the use of medications and increasing compliance
- Informing patients of their hepatitis risk and status and educating about its spread; and
- Helping identify substance abuse more effectively and reducing ER visits and hospitalizations

West Virginia currently has two Health Homes:

The first Health Home was started in July 2014 in a six-county area in southern West Virginia for eligible Medicaid members with **bipolar disorder and at risk of having or having Hepatitis B or C.** In April 2017 this Health Home expanded statewide. More information about this Health Home can be found be clicking on the following link: Behavioral Health Home:
https://dhhr.wv.gov/bms/WV%20Health%20Homes/BHHH/Pages/default.aspx

The **second Health Home** started in April 2017 as a pilot program designed for eligible Medicaid members with **pre-diabetes, diabetes or obesity and at risk of having anxiety or depression**. This pilot program is in a **14-county region: Boone, Cabell, Fayette, Kanawha, Lincoln, Logan, Mason, McDowell, Mercer, Mingo, Putnam, Raleigh, Wayne and Wyoming.** More information about this Health Home can be found by clicking on the following link: Diabetes Health Home:
https://dhhr.wv.gov/bms/WV%20Health%20Homes/DHH/Pages/default.aspx

Summary:

Patient Qualifications:

- two (2) or more chronic conditions; or
- one (1) chronic condition and be at risk for a second; or
- one (1) serious and persistent mental health condition.
- Chronic conditions listed in the statute include mental health, substance abuse, asthma, diabetes, heart disease, and an overweight body mass index (BMI) over 25. Additional chronic conditions, such as HIV/AIDS, may be considered by CMS for approval. This complex chronic health and/or behavioral health conditions require enhanced coordination of services in order for members to receive quality care. Chronic conditions covered by West Virginia Health Homes Initiative are outlined in subparts of Chapter 535.

Benefits to Medicaid Patient:

- No cost to the patient.
  https://dhhr.wv.gov/bms/BMSPUB/Documents/HealthHomesGeneralBrochure%20final%20approved%20version.pdf

  Medical Health Home will help them:
- Manage their medical conditions and medications
- Remember their appointments
- Find providers and specialists
- Understand medical tests and results
- Follow and understand provider instructions
- Work with providers and specialists to help them get healthy and stay healthy
- Learn how to prevent illnesses or complications
- Answer health questions and listen to their concerns
- Find transportation to and from medical appointments
- Access community and social support services

- 24/7 access to communication with health care team

For the Provider of Health Home Services: For more info: https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20535%20Health%20Homes/BMS_Health_Homes_Policy.pdf

- Must provide access to communication 24/7
- Specific qualifications for the required team member roles are as follows: (may be combination of below)
- Team Leader - A primary care physician or Advanced Practice Registered Nurse licensed in the state of West Virginia
- Behavioral Health Specialist – Individual with a minimum of a Masters level degree, licensed in the state of WV in counseling, psychology or social work
- Nurse – Registered Nurse licensed in the State of WV
- Care Manager - Designated as either a Registered Nurse (RN) or Licensed Behavioral Health Specialist. Certification as a case manager is desirable and required within 18 months of provider designation as a Health Home. The care manager is accountable for assuring the identification of member's needs and that an effective plan for intervention is developed and implemented.
- Care Coordinator - An individual who has a bachelor's degree in Social Sciences with relevant service, care or counseling experience and works under the direct supervision of the care manager. The care coordinator may also be a licensed registered nurse. Completion of a care coordination training program is required within 12 months of provider designation as a Health Home.
- All team leaders, behavioral health specialists, and care managers must have a current and valid West Virginia license in their qualifying specialty.
- Reimbursement: monthly
    - **Tier 1** Services (S0281): $51 per member per month
    - **Tier 2** Services (S0281 TF): $229.50 per member per year
      These rates only apply to the Behavioral Health Homes at this time.

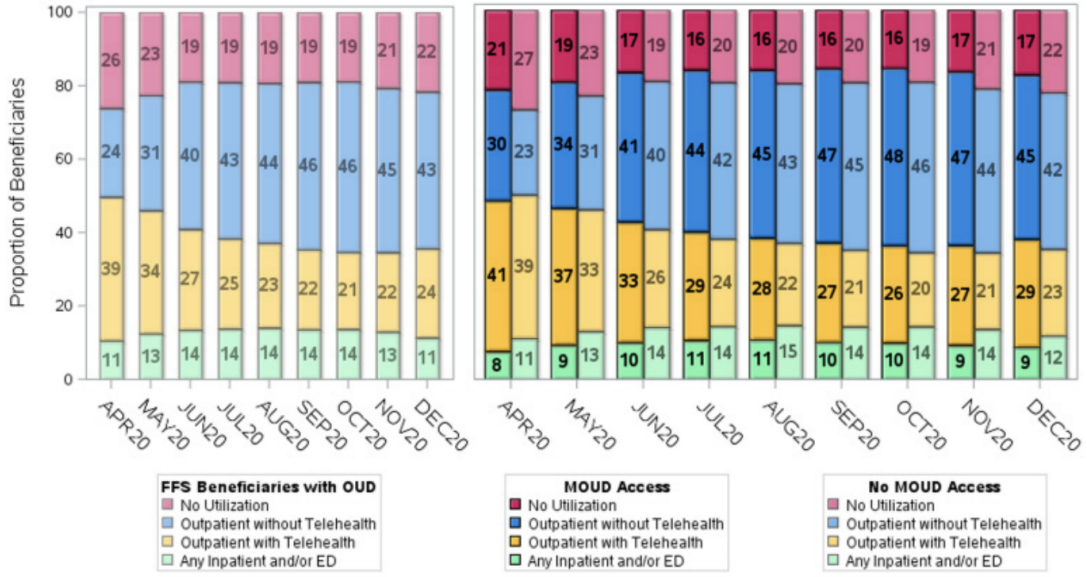
BEHAVIORAL MEDICINE/MENTAL HEALTH/SUBSTANCE USE DISORDERS(SUD)/OPIOID USE DISORDER (OUD):

SPECIAL CASE: Substance Use Disorder (SUD) and Telehealth:
https://www.cms.gov/files/document/data-highlight-jan-2022.pdf

- SUPPORT ACT (July 2019) relaxed geographic and originating site rules to allow Telehealth visit for SUD or co-occurring mental health disorder in the home in no rural settings for CMS patients
- CY 2020 Physician Fees Schedule allowed for counseling to be done via synchronous audio-visual telehealth
- CARE ACT (March 2020) increased accessibility to medical treatment for Opioid Use Disorder (OUD) by allowing take home supplies of methadone prescribed via audio only or audio-visual telehealth modalities
- Patients accessing medical treatment for OUD either by in-person visits or by telehealth showed a decreased in ER visits and inpatient admissions
- Management of mental health issues is well suited to Telehealth and other digital communications and widely accepted by both providers and patients.
- ***FOR DETAILS OF TELEHEALTH AND SUD/OUD*** See "Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders" By SAMHSA. Download from http://store.samhsa.gov

Figure 1. Changes in Outpatient Telehealth and Other Health Care Services among Medicare FFS Beneficiaries with OUD, April-December 2020*

Figure 2. Outpatient Telehealth and Other Health Care Services, by MOUD Access, among Medicare FFS Beneficiaries with OUD, April-December 2020*



*Note: ED=emergency department. Beneficiaries were categorized into "Any Inpatient and/or ED" if they had any such visit in the given month, regardless of whether they also had an outpatient visit with or without telehealth in the same month. "Outpatient with Telehealth" represents beneficiaries who did not have inpatient and/or ED visits but did have at least one outpatient telehealth visit, regardless of whether they also had an in-person outpatient visit. "Outpatient without Telehealth" represents beneficiaries who had at least one in-person outpatient visit and did not have inpatient, ED, or telehealth visits, while "No Utilization" represents beneficiaries who did not have any inpatient, ED, or outpatient visits.

SUMMARY OF CMS MEDICARE and WV MEDICAID MENTAL HEALTH SERVICE AUDIO and AUDIO-VISUAL COVERAGE DURING AND POST PHE						
Type of Facility	**Non FHQC/RHC and NOT ELIGIBLE Medicare Telehealth Originating Site (Example: Regular Doctors office in Metropolitan Service Area)**		**Non-FHQC/RHC AND ELIGIBLE Medicare Telehealth Originating Site OR HPSA Site**		**FQHC/RHC +/- ELIGIBLE Medicare Originating site status**	
	During PHE	**5 month POST PHE**	**During PHE**	**5 month POST PHE**	**During PHE**	**5 month POST PHE**
MEDICARE	Mental health Services Audio and Audio-Visual Covered from the patient's home **	Mental Health Services via Audio and Audio-Visual covered from the patient's home ** but with 6/12 month in-person visit requirement **starting post PHE***	Facility can be originating site with patient in clinic to connect to distant mental health provider. Facility can be distant site provider of Mental health service with the patient in their home. Audio or Audio-Visual covered**	Facility can be originating site with patient in clinic to connect to distant mental health provider via Audio Visual. Facility can be distant site provider of Mental health service with the patient in their home. Audio or Audio-Visual covered** 6/12 month in person requirement waived for Eligible originating sites.	Facility can be originating site (if qualified) with patient in clinic to connect to distant mental health provider. Facility can be distant site provider of Mental health service with the patient in their home. Audio or Audio-Visual covered**	Facility can be originating site (if qualified) with patient in clinic to connect to distant mental health provider via Audio Visual. Facility can be distant site provider (with patient in their home) FOR Mental health services ONLY. Audio or Audio-Visual covered** 6/12 month in person requirement waived for Eligible originating sites.
WV Medicaid	Mental Health services Audio and Audio-Visual Covered.	Mental health services Covered with patient at home Audio-Visual or Audio only. ***	Facility can be originating site (no geographic limitation) with patient in clinic to connect to distant	Facility can be originating site (no geographic limitation) with patient in clinic to connect to distant	Facility can be originating site (no geographic limitation) with patient in clinic to connect to distant	Facility can be originating site (no geographic limitation) with patient in clinic to connect to distant

			mental health provider. If originating site is not the patient's home, there must be ability for physical exam. Facility can be distant site provider of Mental health service with the patient in their home. Audio or Audio-Visual covered.	mental health provider. If originating site is not the patient's home, there must be ability for physical exam. Facility can be distant site provider of Mental health service with the patient in their home. Audio or Audio-visual covered ***	mental health provider. If originating site is not the patient's home, there must be ability for physical exam. Facility can be distant site provider of Mental health service with the patient in their home. Audio or Audio-Visual covered	mental health provider. If originating site is not the patient's home, there must be ability for physical exam. Facility can be distant site provider (must be psychologist or psychiatrist) of Mental health service with the patient in their home. Audio or Audio-visual covered ***
PEIA, Commercial	Check with plan but most cover mental health services Audio and Audio-Visual.	If Mental Health is a covered service in-person must be covered by telehealth with patient in their home. ***	Check with plan for coverage but most cover mental health both Audio and Audio-Visual	Facility can be originating site or distant site. If mental health is a covered service in-person, must be covered by telehealth with patient in their home. Audio or audio visual *** Audio or Audio-visual.	Check with plan for coverage but most cover mental health both Audio and Audio-Visual	Facility can be originating site or distant site. If mental health covered service in-person, must be covered by telehealth with patient in their home. Audio or Audio-visual.***

*Must have in-person visit with Medicare provider (same specialty, same practice) within 6 months of first telehealth visit and within 12 months of every visit thereafter. Exception: in-person visit requirement can be excluded if provider and patient feel requirement is detrimental to health of patient. **NOTE:** Substance Use Disorder/Opioid Use Disorder patients are excepted from this rule due to prior legislation 2017/2018.

** Audio only allowed only if the provider is capable of Audio-Visual visit and the patient is unable or choses to use the audio only modality.

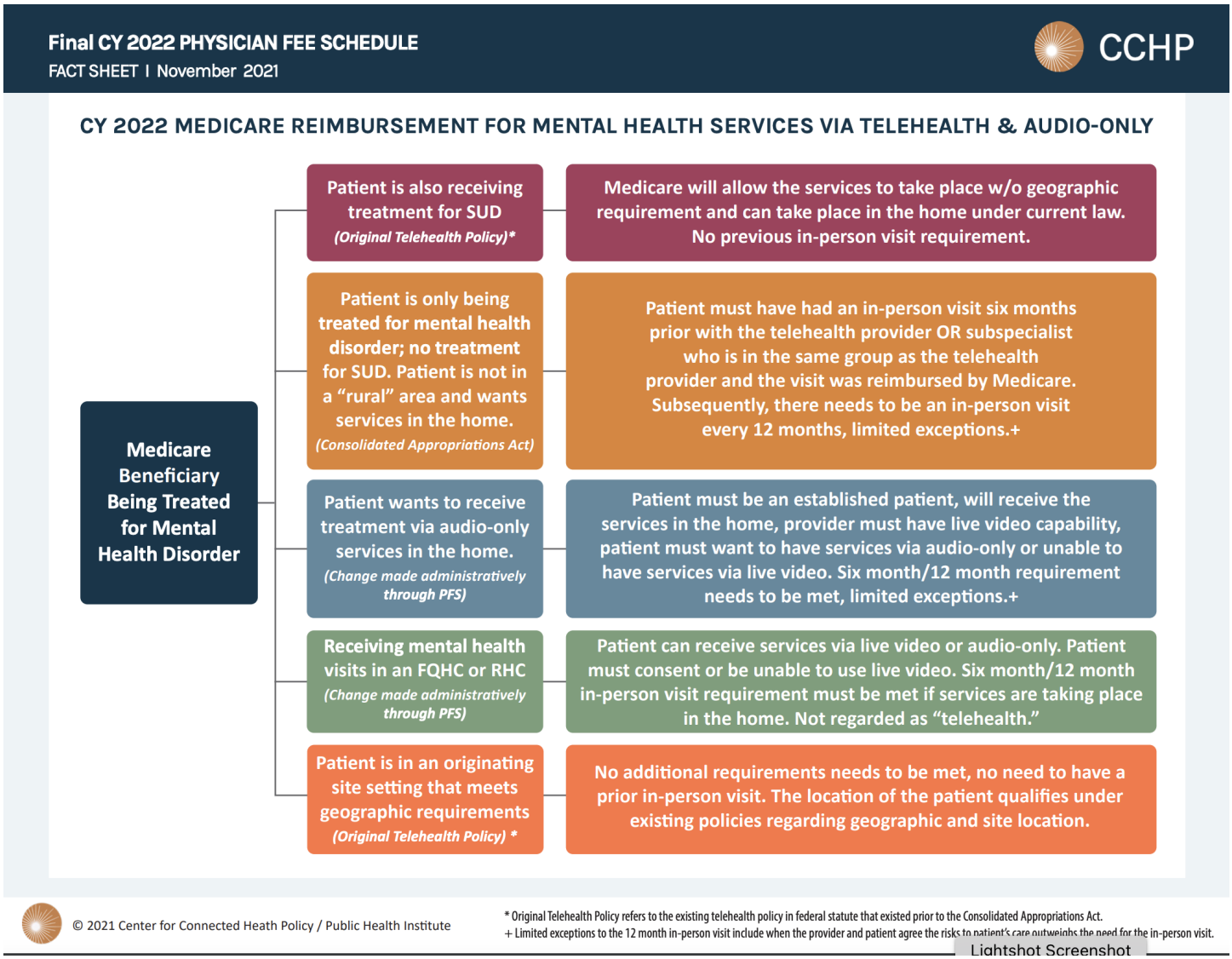
*** In-person visit with ANY provider within prior 12 months to be eligible for WV Medicaid/Commercial telehealth services after March 30, 2021(WV HB2404).May be suspended, in the discretion of the health care practitioner on a case-by-case basis and does not apply to acute inpatient care, post-operative follow up checks, behavioral medicine, addiction medicine or palliative care.

Reference: Information from multiple sources: CCHP, WV Medicaid Provider Manual, CMS, WV Legislature.

MEDICARE BEHAVIORAL HEALTH:

- Congress passed the Consolidated Appropriations Act of 2021 in Dec 2020. In this bill, geographic site limitations were removed for Medicare patients receiving mental health visits. Patients are required to have a face-to-face visit within 6 months prior to FIRST telehealth visit and within 12 months of each visit thereafter. In addition, FQHC/RHCs allowed to be distant site providers for Mental Health Services. CMS redefined "Mental Health Services" at FQHC/RHC to include Audio Only if patient unable to do Audio Visual or chooses to do Audio Only.
- SUD and OUD patients are not subject to the 6 month, or 12 month in-person visit requirements due to legislation passed in 2018 and 2019 which preceded the Public Health Emergency.
- For PY2022, CMS proposes to allow Audio Only for Medicare mental health telehealth visits provided that the following are met **(NOTE: This rule becomes active 5 months after the PHE ends)**
    - Visit is with an established patient
    - Originating site is the patient's home
    - Provider has the technical capability to use live video but,
    - Patient cannot or does not want to use live video and
    - There must be an in-person visit within six months of the first telehealth service and within 12 months for every telehealth visit thereafter.
- For PY2022 (**Rule active only AFTER PHE ENDS PLUS 5 MONTHS)** FQHC and RHCs, the rate paid to FQHCs and RHCs for their Audio Visual or Audio only distant site mental health services will be their prospective payment system rate (PPS) or all-inclusive rate (AIR). Since CMS is not viewing these visits as "telehealth" and just as a regular visit, the distant site issue will not be a problem for RHCs and FQHCs either.
- ***FOR DETAILS OF TELEHEALTH AND SUD/OUD*** See "Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders" By SAMHSA. Download from http://store.samhsa.gov

To Illustrate the Complexity of Medicare Mental Health Telehealth Billing and Coding: FROM CCHP NOV 2021 Newsletter



WV MEDICAID BEHAVIORAL HEALTH TELEHEALTH:

- **Originating site**: No geographic limitations pre or post PHE. West Virginia Medicaid does not limit Telehealth services to members in non-metropolitan statistical professional shortage areas as defined by the Centers for Medicare and Medicaid Services (CMS) Telehealth guidance.
- **During the PHE**, telehealth with originating site at the patient's home was covered with modality Audio Visual and Audio only covered.
- **POST PHE:**
    - **Authorized Originating sites:**
        - Physician and practitioner offices,
        - Hospitals and Critical Access Hospitals (CAHs),
        - Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs),
        - Skilled Nursing Facilities (SNFs),
        - Community Mental Health Centers (CMHCs),
        - Licensed Behavioral Health Centers (LBHCs),
        - Renal Dialysis Facilities including Hospital-Based or CAH-Based Renal Dialysis Centers and satellites,
        - School-Based Health Service sites, and

        - Homes of members who are receiving treatment of substance abuse and/or mental health disorders via telehealth as identified in Chapters 503, 504, 521, 522, and 538 of the WV BMS Policy Manual.
    - **Authorized distant site practitioners:**
        - Physician,
        - Physician Assistant (PA),
        - Advanced Practice Registered Nurse (APRN),
        - Certified Nurse Midwife (CNM),
        - Clinical Nurse Specialist (CNS),
        - Community Mental Health Center (CMHC),
        - Licensed Behavioral Health Center (LBHC),
        - Licensed Psychologist (LP) and Supervised Psychologist (SP),
        - Licensed Independent Clinical Social Worker (LICSW),
        - Licensed Professional Counselor (LPC), and
        - FQHC and RHC may only serve as a distant site for Telehealth services provided by a psychiatrist or psychologist and are reimbursed at the encounter rate. Audio and Audio-visual allowed.
- Use usual CPT/HCPCS E and M coding with POS 02 and no modifier needed if billing distant site services other than FQHC/RHC(see above). Q3014 if billing for originating site, POS 02.
- Post PHE, WV Medicaid patients can receive mental health and other services with their home as the originating site with Audio-Visual or Audio only. (Proposed change as of Jan 2022 on WV Medicaid Website)

MEDICAL NUTRITIONAL COUNSELING and TELEHEALTH:

(Information learned through Medical Nutritional Health Pilot project at Princeton Community Hospital with Helenia Sedoski, Registered Dietician, through grant from the CDC, WVBPH and WVAFP)

Medical Nutritional Counseling integrates effectively with telehealth to provide effective TEAM-based care to improve patient outcomes.

DURING THE PHE: An entity can hire or contract with a Registered Dietician to provide Medical Nutritional Therapy through telehealth for MEDICARE (certain diagnoses DM, renal failure or on dialysis), WV Medicaid and some commercial insured patients in their own home or from an originating site in an RHC/FQHC or other health care facility.

AFTER THE PHE, as it stands in Jan 2022, FQHCs/RHCs, and other qualifying facilities can act as originating sites and connect MEDICARE patients to Registered Dieticians as distant site providers for certain diagnoses. **Medical Nutritional Therapy via telehealth is currently allowed and will continue to be allowed after the PHE for Medicare, WV PEIA and WV commercial insurer patients (if the insurance policy allows for medical nutritional therapy in-person). WV Medicaid coverage: remains unclear and will at least go back to what it was prior to the PHE. Registered dieticians are not currently on the list of distant site providers for Medicaid.**

STEPS to Set Up a MEDICAL NUTRITIONAL TELEHEALTH PROGRAM:

1. Contract or hire dietician who is registered as a licensed provider in WV.
2. Credentialing: Usually takes 60-90 days

Credentialing: Details

FACILITY: must have Medicare Application and if not > FORM CMS-855B *Medicare Enrollment Application for Clinics/Group Practices and Certain Other Suppliers*

DIETICIAN: must be enrolled with Medicare and if not> FORM CMS-855I *Medicare Enrollment Application for Physicians and Non-physician Practitioners*

DIETICIAN: must have NATIONAL PROVIDER IDENTIFICATION NUMBER(NPI)

DIETICIAN: must reassign benefits to employer> FORM CMS-855R *Medicare Enrollment Application for Reassignment of Medicare Benefits*

3. **Coding and Billing:**

Coding and Billing for Nutritional Telehealth

FOR REGULAR PRIMARY CARE CLINIC

CPT	97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
CPT	97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
CPT	97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
HCPCS Level II	G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes
CPT	Q3014	Code billed by the originating site for reimbursement related to the use of room and equipment.

FOR RURAL HEALTH CLINICS or FQHCS

CPT	G2025	Distant Site Telehealth Services

OCCUPATIONAL THERAPY (OT)/SPEECH THERAPY (ST)/PHYSICAL THERAPY(PT)

Steps for integration of OT/ST/PT very similar to MNT. See "WV Telehealth Insurance Log Spreadsheet" for details of billing.

EXTENSION OF ACUTE CARE SERVICES: TELE ICU/TELE STROKE/TELE NEURO/TELE NEPHRO PROGRAMS

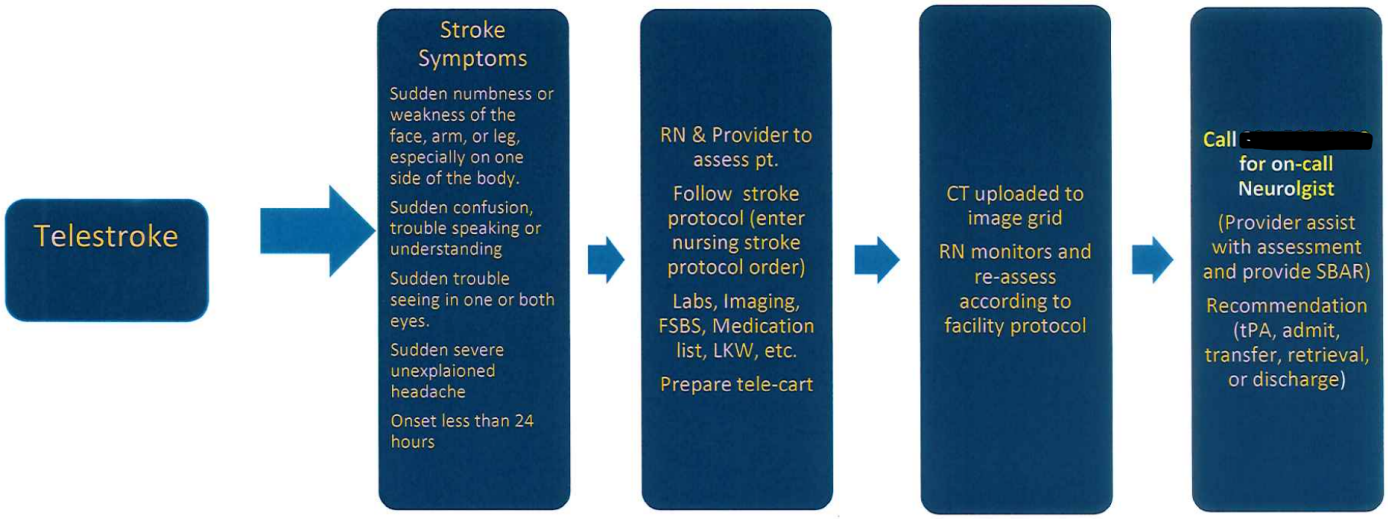
In rural hospitals, where specialty coverage is difficult, tele specialty programs can provide patients with care without having to transfer to a larger hospital. Tele ICU, Tele Nephro, Tele Stroke and Tele Neuro Program are Live at Princeton Community Hospital using a cart with an iPad connected to the hospital network and internet

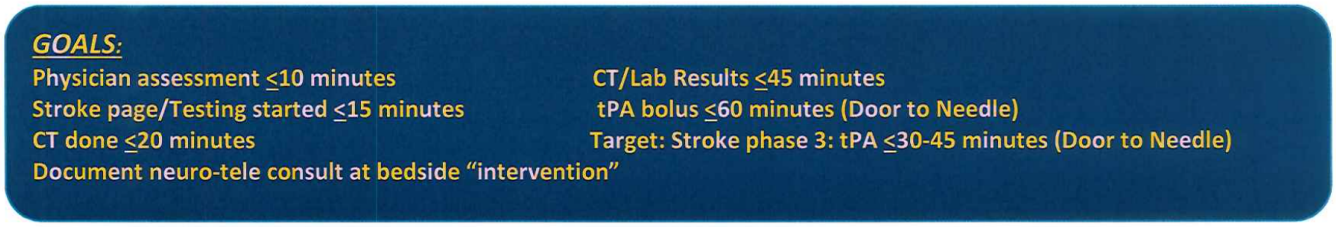
Example Workflow for Tele Stroke Protocol: From PCH Telehealth Center of Excellence

- Tele Neurologist is consulted
- Initial Call – the call is made directly to the on-call neurologist after the CT has been done.
- Video Evaluation – Tele Neurologist will connect with an iPad for a video evaluation of the patient. Images will be reviewed through EHR.
- Decision Making – treatments recommendations will usually be made at the end of the video evaluation with a call back to the ED physician if necessary.
- Documentation – ED physicians are encouraged to document in the record the discussion with the Tele Neurologist to include plan of care and orders. A written report from the Tele Neurologist will follow

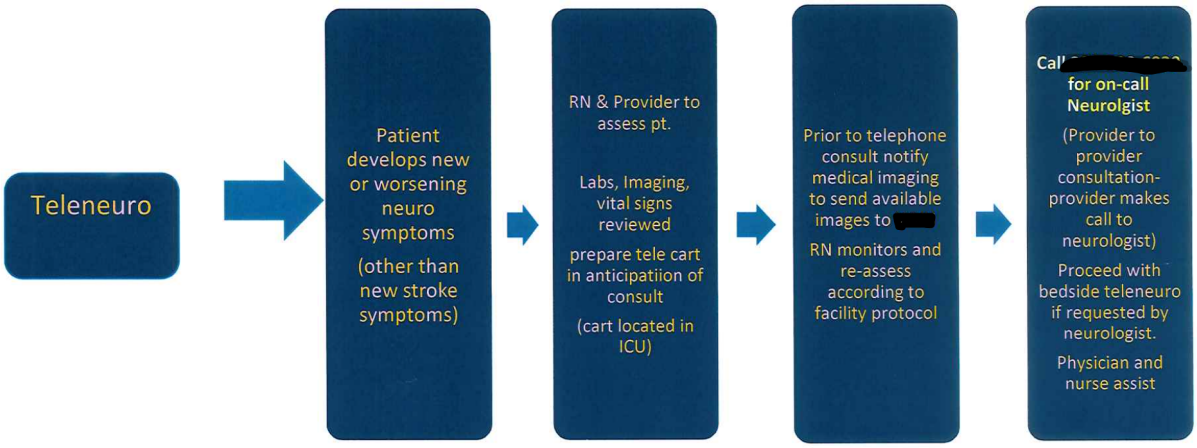
and will be scanned into EHR by the HIM Department. ER providers will have access to the Tele Neurologist's EHR to view report as well.

- Tele Neurologist will not continue to follow a patient during their hospital stay but may be consulted again if the need arises.





Example workflow for Tele Neuro Protocol: From PCH Telehealth Center of Excellence



GOALS:

Timely neurology consult
No delay in availability of tele cart to bedside, if needed
Provider enters recommended orders and documents neurologist recommendation in pdoc
Neurology consult faxed to PCH Medical Records and will then be scanned in PCH physician can view in if needed
Nurse adds "teleneuro visit, assist with" intervention and then document, there is space for comments if needed

RHCS/FQHCS and Medicare Telehealth Originating Sites LINKING TO DISTANT SITE SPECIALISTS

- In rural areas of West Virginia where patients often travel 3.5 hours to see their specialists, telehealth programs to connect patients and specialists especially for follow-up visits makes a lot of sense.
- RHC/FQHCs, Medicare Telehealth Originating Sites and if Congress relaxes geographic restrictions, hopefully all hospitals and clinics will be able to act as originating sites to connect patients to specialists with providers or nurses to assist with the visit. Currently this can only be done in geographically designated rural areas qualifying as Medicare Telehealth Originating Sites or HPSA areas.

TEACHING/RESIDENCY PROGRAMS:

- During PHE, CMS allows teaching physicians to interact with residents through virtual means.
- Residents at primary care centers may furnish an expanded set of services including level 4-5 and allow for delivery of services outside of their approved graduate medical education program, including transitional care management, online digital evaluation, interprofessional telephone/internet/EHR services, the virtual check-in and remote evaluation.
- PFS payment to the teaching physician for services furnished by residents via telehealth if services were on the eligible telehealth list.
- *** CMS is considering whether these policies should be extended beyond Dec 31, 2021 and if they should be made permanent.

MEANINGFUL USE AND QUALITY MEASURE ASSESSMENT/POPULATION HEALTH:

- Using dashboards to assess practices for patients who may need help achieving certain health goals can be integrated with a telehealth program. Once patients are identified, telehealth visits may be the best way to explain to patients why certain interventions are needed.