Medicare Telemedicine

Presenters:
Cindy Dunn, RN, FACMPE, Dir Client Services InfoDive
Cass Schaedig, Vice President, Provider Analytics

AmerisourceBergen®

Disclaimer

- Information presented is done solely for informational and educational purposes

- Information should not be relied upon for purposes of regulatory compliance or as a guarantee for increased revenues or practice successes or failures

- Information provided herein does not constitute and should not substitute for legal advice; Practice should consult with Practice's own legal and regulatory counsel regarding all applicable legal and regulatory requirements

- All sample reports have blinded data, patient and provider identifiers have been given fictitious IDs and names

Agenda

- 2019 MIPS Submission Deadline Extended

- Virtual Visits
  - Medicare Telehealth
  - Virtual Check-Ins
  - E-Visits

- Telephone Calls

- Modeling Shift to Telemedicine

MIPS 2019 Reporting

Released March 22, 2020

- MIPS data submission deadline is extended to April 30, 2020

- MIPS eligible clinicians who do not submit their MIPS data by April 30, 2020 deadline will have automatic extreme and uncontrollable circumstances policy applied and receive neutral payment adjustment for 2021 payment year

https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting

Medicaid and Telemedicine

Varies State to State

- States have option/flexibility to determine whether (or not) to cover telemedicine
  - What types of telemedicine to cover
  - Where in state it can be covered
  - How it is provided/covered
  - What types of telemedicine practitioners/providers may be covered/reimbursed, as long as such practitioners/providers are "recognized" and qualified according to Medicaid statute/regulation
  - How much to reimburse for telemedicine services, as long as such payments do not exceed Federal Upper Limits
- If state decides to cover telemedicine, but does not cover certain practitioners/providers of telemedicine or its telemedicine coverage is limited to certain parts of state, then state is responsible for assuring access and covering face-to-face visits/examinations by these "recognized" practitioners/providers in those parts of state where telemedicine is not available

https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/covid19/index.html

Virtual Visits

Three Types:

1. Medicare Telehealth
2. Virtual Check-In
3. E-Visits

AmerisourceBergen®

Medicare Telemedicine

Fact Sheet

Visit Type	Service	HCPCs/CPT Codes	Patient Relationship with Provider
Medicare Telehealth Visits	Visit with provider that uses telecommunications systems between Provider and Patient	Common services: • 99201-99215 • G0425-G0427 • G0406-G0408 • Complete list link below	New or established patients
Virtual Check-In	Brief (5-10 minutes) check0in with provider via telephone or other telecommunication device to decide whether office visit or other service is needed. Remote evaluation of recorded video and/or images submitted by established patient.	G2010, G2012	Established patients
E-Visits	Communication between patient and provider through an online patient portal	99421, 99422, 99423 G2061, G2062, G2063	Established patients

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Medicare Advantage

- Medicare Advantage (MA) plans have flexibility to have more expansive telehealth policies related to types of services covered, where those services can take place (no geographic or site limitations), modality used
  - Still limits types of providers reimbursed
- CMS told MA Organizations they could expand coverage of telehealth services beyond what has already been approved by CMS
  - CMS will exercise its enforcement discretion until it is determined that it is no longer necessary in conjunction with COVID-19 outbreak
- Coverage is MA plan dependent
- MA plans do NOT have to provide more expansive telehealth services, they are only required to provide what is covered by Traditional Medicare

https://www.cms.gov/files/document/hpms-memo-covid-information-plans.pdf

Medicare Telemedicine

Things to Consider

- Communicate with patients
  - Place on website, social media, emails, patient portal, Facebook
  - Update phone message system, automated reminders, scheduling reminders
  - Post notice in all office locations
  - Call patients before in-office visit

Medicare Telemedicine

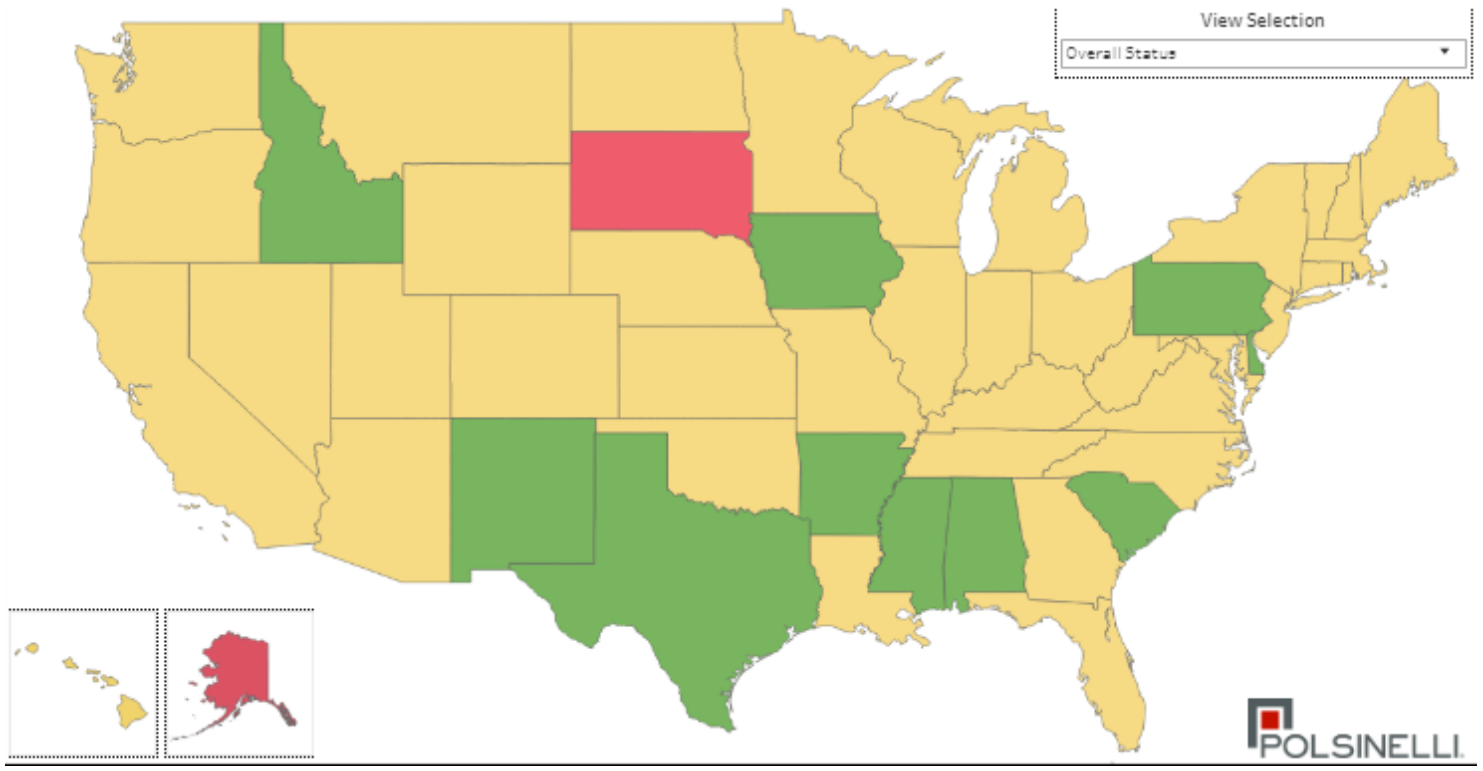
Things to Consider

- Malpractice Review
  - Be sure physician's malpractice carrier allows for remote visits (to be safe, contact your malpractice carrier and ask)
    - According to what I have read, to date, there have been very few malpractice cases in telehealth (most in teleradiology)
      - However, no clear guidance regarding care provision during pandemic

- Practice located on State line
  - Practice licensed in multiple states?
    - During telehealth encounter, service is considered to take place at physical location of patient (as opposed to provider)
      - This requires providers to comply with laws and regulations associated with appropriate professional licensing board in patient's state
        - » In pandemic, practice legal resource may offer alternative guidance

Corvid-19 Telemedicine Analysis by State

Analysis as of 3.21.2020



Yellow: Unclear. Emergency Orders and/or existing state law may facilitate out-of-state physician delivery of telemedicine services, but gaps and/or uncertainties in public record exist that do not permit a definitive conclusion. Consult counsel.

Red: No. Existing state law prohibits practice by physicians not licensed in state. Emergency orders or other guidance to facilitate telemedicine services are absent.

Green: Yes. Emergency orders and/or existing state law permits. Note: Out-of-state practitioners may still be required to comply with notice or other requirements in connection with the delivery of telemedicine services in the state. Consult state authority or counsel for guidance.

https://www.covid19.polsinelli.com/telehealth

Medicare Telemedicine

Things to Consider

- Documentation requirements for Medicare Telehealth Visits and E-Visits are same as for face-to-face encounters
  - Information of visit, history, review of systems, consultative notes or any information used to make medical decision about patient should be documented
    - Documentation should include statement that service was provided through telehealth

- For Medicare Telehealth Visits, modifier may be needed (vary based on service provider)
  - GQ and GT Modifiers: No longer required except in Alaska and Hawaii – see below, use POS 02
    - In cases when telehealth service is furnished via asynchronous (store and forward) technology as part of federal telemedicine demonstration project in Alaska and Hawaii, the GQ modifier is required
  - Modifier 95: Used when billing to some private payers – check with your commercial payers – Medicare/Medicaid do NOT recognize modifier 95
  - Place of Service 02: Defined as "the location where health services and health-related services are provided or received, through a telecommunication system"

Medicare Telemedicine

Things to Consider

- Talk with EHR Vendor
  - Does EHR have telemedicine platform?
  - Use existing scheduling system to book virtual visits
  - Create EHR template for telehealth visits

- Health Insurance Portability and Accountability Act (HIPAA)
  - Effective immediately, OCR will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency
  - Can use smart phone, tablet, laptop
    - FaceTime, Skype, Messenger video chat, Google hang out video, Doxy.me, Zoom for Healthcare, Updox
    - Can NOT use Facebook Live, Twitch, TikTok or other public facing communication services
  - Notify patient that third party platforms may have privacy risk

Medicare Telemedicine Visits

Waiver 1135

- Medicare will pay for office, hospital, and other visits furnished via telehealth across country and including in patient's places of residence starting March 6, 2020
  - Providers, physicians, nurse practitioners, clinical psychologists, and licensed clinical social workers can offer telehealth to patients
  - Medicare beneficiaries able to receive specific set of services through telehealth including regular office visits, mental health counseling and preventive health screenings
  - OIG providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs

- **Prior to waiver** Medicare would only pay for telehealth on limited basis:
  - When person receiving service was in designated rural area and when they leave their home and go to clinic, hospital, or certain other types of medical facilities for the service

Medicare Telemedicine Visits

Waiver 1135

- Waiver did not expand list of eligible providers to provide services and be reimbursed
  - Eligible providers are:
    - Physicians
    - Nurse practitioners
    - Physician assistants
    - Nurse-midwives
    - Clinical nurse specialists
    - Certified registered nurse anesthetists
    - Clinical psychologists (CP)
    - Clinical social workers (CSWs) (NOTE: CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services, they cannot bill or get paid for CPT codes 90792, 90833, 90836, and 90838)
    - Registered dietitians or nutrition professional

Telehealth Visits

Medicare Telehealth Visits

For Duration of Public Health Emergency (PHE)

- Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances
- Visits are considered same as in-person visits and are paid at same rate as regular, in-person visits
  - Medicare will make payment for professional services furnished to beneficiaries in all areas of country in all settings, including patient's home
- Medicare coinsurance and deductible would generally apply to these services
  - **However**, OIG is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs
- HHS will not conduct audits to ensure that prior relationship existed for claims submitted during this PHE

Medicare Telehealth Visits

List of CPT Codes 2020

- 101 CPT Codes
- Obtain patient consent
  - Verbal consent is acceptable
  - Document consent in note
- If applicable, provider must be able to e-prescribe
- Document visit as you would in-office visit
- Note: Medicare will reimburse using *Facility Fee Schedule (lower)* than the Non-Facility (office) fee schedule

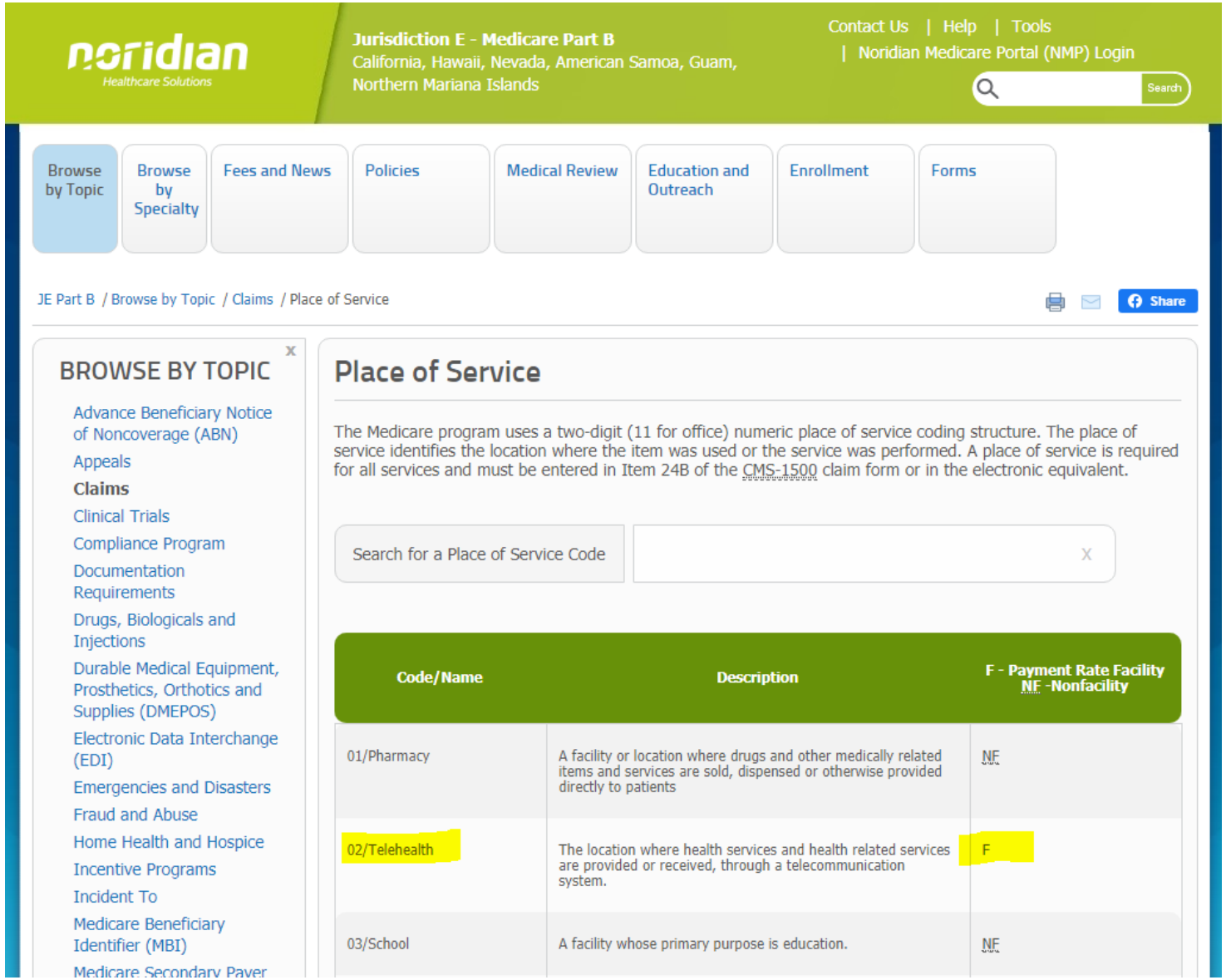
See attachments titled: Medicare Telehealth Code List CY 2020 and 2019
Sample Telemedicine Patient Consent Form

2020 Medicare Physician Fee Schedule

(National Average Rates)

CPT with Description	Non Facility Fee	Facility Fee	Difference (Facility vs Non Facility)	% Difference
97802 MEDICAL NUTRITION INDIV IN	$38.26	$34.65	-$3.61	-9.4%
97803 MED NUTRITION INDIV SUBSEQ	$33.20	$29.23	-$3.97	-12.0%
97804 MEDICAL NUTRITION GROUP	$17.32	$16.24	-$1.08	-6.3%
99201 OFFICE/OUTPATIENT VISIT NEW	$46.56	$27.07	-$19.49	-41.9%
99202 OFFICE/OUTPATIENT VISIT NEW	$77.23	$51.61	-$25.62	-33.2%
99203 OFFICE/OUTPATIENT VISIT NEW	$109.35	$77.23	-$32.12	-29.4%
99204 OFFICE/OUTPATIENT VISIT NEW	$167.10	$132.09	-$35.01	-21.0%
99205 OFFICE/OUTPATIENT VISIT NEW	$211.13	$172.51	-$38.62	-18.3%
99211 OFFICE/OUTPATIENT VISIT EST	$23.46	$9.38	-$14.08	-60.0%
99212 OFFICE/OUTPATIENT VISIT EST	$46.20	$26.35	-$19.85	-43.0%
99213 OFFICE/OUTPATIENT VISIT EST	$76.15	$52.33	-$23.82	-31.3%
99214 OFFICE/OUTPATIENT VISIT EST	$110.44	$80.48	-$29.95	-27.1%
99215 OFFICE/OUTPATIENT VISIT EST	$148.33	$113.68	-$34.65	-23.4%

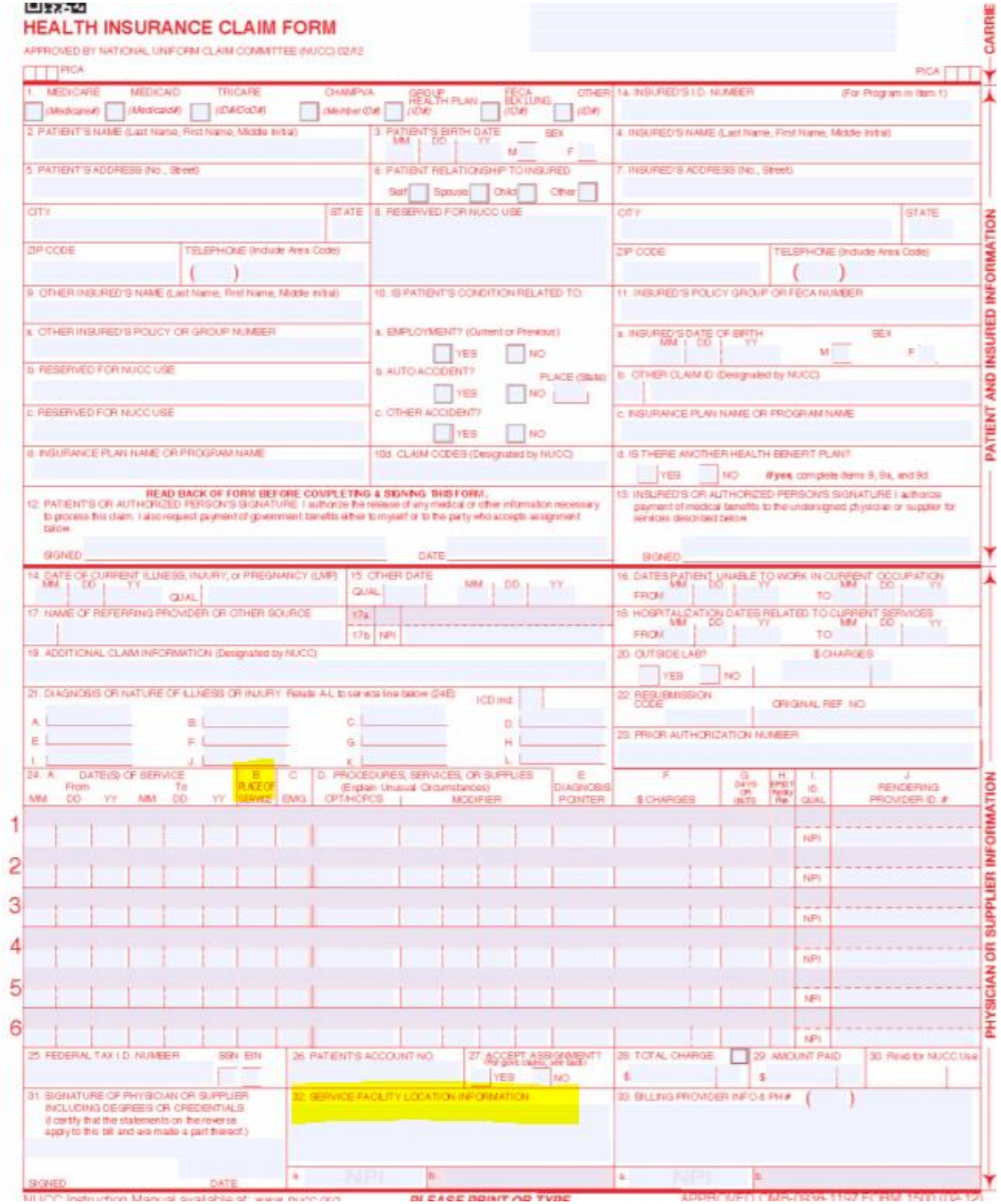
CPT with Description	Non Facility Fee	Facility Fee	Difference (Facility vs Non Facility)	% Difference
99231 SUBSEQUENT HOSPITAL CARE	$40.06	$40.06	$0.00	0.0%
99232 SUBSEQUENT HOSPITAL CARE	$73.62	$73.62	$0.00	0.0%
99233 SUBSEQUENT HOSPITAL CARE	$106.10	$106.10	$0.00	0.0%
G0406 INPT/TELE FOLLOW UP 15	$39.70	$39.70	$0.00	0.0%
G0407 INPT/TELE FOLLOW UP 25	$73.26	$73.26	$0.00	0.0%
G0408 INPT/TELE FOLLOW UP 35	$105.38	$105.38	$0.00	0.0%
G0425 INPT/ED TELECONSULT 30	$101.77	$101.77	$0.00	0.0%
G0426 INPT/ED TELECONSULT 50	$138.22	$138.22	$0.00	0.0%
G0427 INPT/ED TELECONSULT 70	$204.99	$204.99	$0.00	0.0%



See attached document CMS Telehealth MLN March 2020

CMS 1500:

- Box 24B
  - POS is 02 for Telehealth
  - POS is 11 for Virtual Check-In and E-Visits
- Box 32
  - Service Facility Location Information
  - Provider should enter address where they typically practice
  - If provider furnishes some or all of these services from their home or another location that is not their typical practice location, they should use the address of office location where they usually practice


HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL

15. OTHER DATE QUAL MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A B C D E F G H I J K L

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

See attached letter titled: CMS Telehealth Compilation Final Dec 2019 CMS 1500 Box 32

Virtual Check-In

Virtual Check-Ins

For Duration of Public Health Emergency (PHE)

- Not considered Telehealth
- Only billed when practice has established relationship with patient
  - Not limited to rural settings or certain locations
- Individual services need to be agreed to by patient; however, providers may educate beneficiaries on availability of service prior to patient agreement
- Two CPT Codes
  - G2012 – MPFS – National $14.80
  - G2010 – MPFS – National $12.27
- Can be conducted with broader range of communication methods (including telephone), unlike Medicare telehealth visits, which require audio and visual capabilities for real-time communication

Virtual Check-Ins

For Duration of Public Health Emergency (PHE)

- G2012 (Brief communication technology-based virtual check-in)
  - Use when check-in does not result from service within past 7 days, or result in service in next 24 hours, or next available appointment
  - Brief, non-face-to-face service provided by a physician or non-physician practitioner, not a staff member
  - Only for established patients
  - Social workers and other types of therapists may not use it
  - Use to determine if appointment is needed

- Requires patient verbal consent to bill and is subject to co-insurance and deductible

Virtual Check-Ins

For Duration of Public Health Emergency (PHE)

- G2010 (Store and forward)
  - Provider can use this code to review picture or video
  - Use when check-in does not result from service within past 7 days, or result in service in next 24 hours, or next available appointment
  - Only for established patients
  - Provider looks at image or video, and there is subsequent communication by the provider or staff member to patient
    - Follow up is required
    - If image is insufficient to make determination, it can't be billed
  - Requires patient verbal consent to bill and is subject to co-insurance and deductible

E-Visits

E-Visits

For Duration of Public Health Emergency (PHE)

- Services can only be reported when practice has established relationship with patient
- Not limited to rural settings
  - No geographic or location restrictions
- Verbal patient consent required annually
  - Patients communicate with their physicians without going to office by using online patient portals
- Individual services need to be initiated by patient; however, practitioners may educate beneficiaries on the availability of service prior to patient initiation
- Services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G206, as applicable
- Medicare coinsurance and deductible would generally apply to services

E-Visits

For Duration of Public Health Emergency (PHE)

- 2020 - Three new CPT codes for physicians, physician assistants and advanced practice nurse practitioners performing brief, online EM services via secure platform
  - 99421 Online digital EM service, for established patient, for up to 7 days cumulative time during 7 days; 5-10 minutes – MPFS – National $15.52
  - 99422 11—20 minutes – MPFS – National $31.04
  - 99423 21 or more minutes – MPFS – National $50.17

- Use when EM services are performed, of type that would be done face-to-face, through HIPAA compliant secure platform

- Patient-initiated communications, and billed by clinicians who independently bill EM service
  - They may not be used for work done by clinical staff or for clinicians who do not have EM services in scope of practice

E-Visits

For Duration of Public Health Emergency (PHE)

- 2020 - Three new CPT codes for online services provided by clinicians who may not bill EM services
  - Example: speech-language pathologists, physical therapists, occupational therapists, social workers, dietitians
  - Instead of "evaluation and management" CPT definitions use word "assessment"
    - G2061 (Online assessment, for established patient, for up to 7 days, cumulative time during 7 days) 5-10 minutes – MPFS – National $12.27
    - G2062 11-20 minutes – MPFS – National $21.65
    - G2063 21 or more minutes – MPFS – National $33.92

E-Visits

For Duration of Public Health Emergency (PHE)

- Report these services once during 7 day period, for cumulative time

- To count time for these codes, start 7 day clock when physician or qualified health care professional (QHP) first performs personal review of patient's question
  - Add in time for review of relevant patient records and data, interaction with clinical staff regarding patient's problem, developing management plans (including prescriptions and test orders), and further communication with patient by digital means that doesn't fall under another EM code
  - Includes decision-making, assessment and management by those in same group practice, too, but can't count clinical staff time

- When NOT to bill for these online services
  - **Online followed by other EM**: If patient initiates online EM service and then presents for a separately reported EM within seven days, include online EM work in separately reported EM
  - **EM followed by online service**: If patient presents for EM and then initiates online inquiry for same problem or related one within 7 days, don't report online service
  - **Online EM during post-op period**: Don't separately report online inquiries related to surgery during postop period

Telephone Services

Not Telemedicine

Telephone Services

Not Covered by Medicare or Medicaid – Some Commercial Payers may Cover

- Non face-to-face services using telephone
  - CPT offers codes to report telephone services provided by physician or other qualified health care professional who may report EM Services
  - These codes can only be reported for established patients and are not billable if call results in patient coming in for face-to-face service within next 24 hours (or next available urgent visit appointment)
  - These calls are also not billable if they refer to EM service performed within last seven days

- Telephone Services
  - 99441: 5- 10 minutes of medical discussion
  - 99442: 11-20 minutes of medical discussion
  - 99443: 21-30 minutes of medical discussion

Telephone Services

Not Covered by Medicare or Medicaid – Some Commercial Payers may Cover

- Patient or patient's parent/guardian must initiate contact as these codes may not be used for calls initiated by provider
- Codes are used only for services personally performed by physician or other qualified health care professional
- CMS designated all telephone evaluation management codes with status indicator "N" which indicates service not covered by CMS
- RVUs are listed in MPFS
  - Some commercial payers may cover these services and use RVUs assigned by Medicare to set payment rates

HCPCS	MOD	DESCRIPTION	STATUS CODE	NOT USED FOR MEDICARE PAYMENT	WORK RVU	NON-FAC PE RVU	MP RVU	NON-FACILITY TOTAL
99441		Phone e/m phys/qhp 5-10 min	N	+	0.25	0.13	0.02	0.40
99442		Phone e/m phys/qhp 11-20 min	N	+	0.50	0.23	0.05	0.78
99443		Phone e/m phys/qhp 21-30 min	N	+	0.75	0.33	0.06	1.14

Medicare Telemedicine

Attachments

- Medicare Telemedicine Healthcare Provider Fact Sheet
- Telemedicine Patient Consent Form
- Medicare FAQ on Telehealth Waivers
- Enforcement Discretion for Telehealth Remote Communications during COVID-19
- Medicare Telemedicine CPT Code List (2019 and 2020)
- General Telehealth Toolkit
- CMS Telehealth MLN March 2020
- CMS Telehealth Compilation Final Dec 2019 CMS 1500 Box 32

Resources

- AHIP (America's Health Insurance Plans) published list regarding COVID-19 (testing, telehealth, etc.), on an insurance by insurance basis
  - https://www.ahip.org/health-insurance-providers-respond-to-coronavirus-covid-19/

Modeling the Shift to Telemedicine using InfoDive®

Assessing the impact on reimbursement

Hematology and Oncology Associates
E & M Attrition and Telehealth

Place of Service: Doctor's Office (11)
Service Month: 2020-02
EM Category: New and Established
Attrition %: 20
Telehealth %: 10

Location Name	Visits - EM	New Patients	Est Patient Visits	Visits EM				Medicare Allowable					
				Attrition	Shift to Telehealth	Office Remaining	Telehealth and Office	Current	Attrition	Shift to Telehealth*	Impact*	Projected*	% Impact*
Total	**3,317**	**307**	**3,010**	**-663**	**332**	**2,322**	**2,654**	**$344,976**	**$-68,995**	**$-9,216**	**$-78,211**	**$266,764**	**-22.7%**
High Plains Clinic	887	72	815	-177	89	621	710	$91,612	$-18,322	$-2,467	$-20,789	$70,822	-22.7%
Oncology Specialists	720	61	659	-144	72	504	576	$73,656	$-14,731	$-1,980	$-16,711	$56,944	-22.7%
Valley View Clinic	395	34	361	-79	40	277	316	$40,956	$-8,191	$-1,099	$-9,291	$31,666	-22.7%
Radiation Center	72	30	42	-14	7	50	58	$8,659	$-1,732	$-203	$-1,935	$6,724	-22.3%
Bay Front Office	303	28	275	-61	30	212	242	$30,591	$-6,118	$-831	$-6,949	$23,642	-22.7%
Madison Office	357	23	334	-71	36	250	286	$36,902	$-7,380	$-992	$-8,373	$28,529	-22.7%
Lakeside Office	208	19	189	-42	21	146	166	$21,201	$-4,240	$-569	$-4,809	$16,392	-22.7%
Methodist Office	95	15	80	-19	10	67	76	$10,387	$-2,077	$-269	$-2,347	$8,040	-22.6%
Lakeforest Office	128	11	117	-26	13	90	102	$12,834	$-2,567	$-350	$-2,917	$9,917	-22.7%
Palliative Care Office	107	9	98	-21	11	75	86	$14,189	$-2,838	$-341	$-3,179	$11,010	-22.4%
Mercer Clinic	45	5	40	-9	5	32	36	$3,990	$-798	$-115	$-913	$3,077	-22.9%

***Assumes Telehealth will be paid at facility based rates**

Contact Information

Existing InfoDive clients
InfoDiveSupport@intrinsiq.com

Learn more about InfoDive or request demonstration
Sales@intrinsiq.com

Telehealth Questions
AskIntrinsiQ@IntrinsiQ.com

Update on Telehealth

Joel White

HORIZON
GOVERNMENT AFFAIRS

Overview: Congressional Coronavirus Response

- Congress has enacted two laws and is working on a third to address the Coronavirus threat

Respond to the Threat | **Help Those in Need** | **Treat the Sick, Restart the Economy**

Coronavirus Supplemental (HR 6074)

- **$8.3 Billion**
- Signed into law 3/6
- Focus on response: vaccines, treatment, surveillance, testing and protective gear

Families First Coronavirus Response Act (HR 6201)

- **$3.4 Billion**
- Signed into law 3/18
- Free testing, paid leave and unemployment

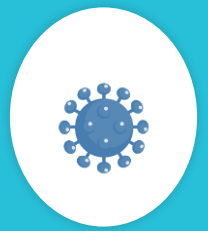
CARES/Supplemental (HR 748)

$2 trillion COVID Package III:

- $340 billion appropriation
- $1.7 billion in stimulus and other policies
- Cash to individuals
- Corporate liquidity
- Payments to HC providers, PPE and vaccines
- Medicare extenders through 11/30/20

HORIZON
GOVERNMENT AFFAIRS

Overview: Telehealth Provisions in Coronavirus Packages



Coronavirus Supplemental (HR 6074)

HHS can waive restrictions during emergency:

- Originating site and geographic restrictions
- Urban and rural restrictions

Other restrictions:

- Bill requires smart phone
- Previous (within 3 years) relationship

For provider, a previous payer relationship with the patient doesn't count.

Families First Coronavirus Response Act (HR 6201)

Requires insurers to provide coverage – without any cost sharing or prior authorization or other medical management requirements for:

(1) COVID IVD products and

(2) items and services furnished to an individual during health care provider office visits (which includes in-person visits and telehealth visits), urgent care visits, and ER visits that result in an order for or administration of an in vitro diagnostic product

CARES/Supplemental (HR 748)

- Deletes modality restrictions in first coronavirus bill
- Reauthorizes the network and resource centers grant program
- First dollar coverage for telehealth in HSAs
- Allows payments to FQHC and RHCs
- Allows telehealth for dialysis, hospice authorization
- Expands authority to provide telehealth for home health services
- Provides funding for VA, IHS, FCC for telehealth services and infrastructure

HORIZON
GOVERNMENT AFFAIRS

CMS Expansion of Telemedicine Health Care Services: Medicare coverage and payment of virtual services

The Centers for Medicare and Medicaid Services (CMS) expanded access to Medicare telehealth services—broadened services and lessened geographic restrictions—through regulatory flexibilities under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.

TELEHEALTH

Effective March 6, 2020 and for the duration of the COVID-19 Public Health Emergency (PHE), telehealth services --

- Expanded to include all areas in all settings
- Applicable to new or established patients[a]
- BILLING – Payments furnished for services in all settings, at same rate for in-person visits
- COST SHARING – Medicare coinsurance and deductible applies for all services and settings*

* HHS OIG provides flexibility for providers to reduce or waive cost-sharing for telehealth visits paid by federal health care programs

VIRTUAL CHECK-INS

- No geographic or location restrictions
- Applicable only to established patients
- Individual services need to be agreed to by the patients, but practitioners may educate beneficiaries on availability of the service prior to patient agreement
- BILLING – Services may be billed using HCPCS codes G2012 or G2010, as applicable
- COST SHARING – Medicare coinsurance and deductible applies for these services

E-VISITS

- No geographic or location restrictions
- Applicable only to established patients
- Individual services need to be initiated by the patient, but practitioner may educate beneficiaries on availability of the service prior to patient initiation
- BILLING – Services may be billed using CPT codes 99421-99423 and HCPCS codes G2061 – G2063, as applicable
- COST SHARING – Medicare coinsurance and deductible applies for these services

* Patients communicate with their provider via online patient portals

HORIZON
GOVERNMENT AFFAIRS

[a] To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this PHE.

Health Innovation Alliance: Working to Expand Telehealth to Meet the Crisis

Tech

Employer/ Research

Payer/ Provider

Patient

Horizon Government Affairs
440 First Street, NW, Suite 430
Washington, D.C. 20001
(202) 559-0192
Jwhite@horizondc.com
www.horizondc.com
@jwhite_health

HORIZON
GOVERNMENT AFFAIRS

THANK YOU

HORIZON
GOVERNMENT AFFAIRS

Contact Horizon's Digital Health Team

Joel White jwhite@horizondc.com
Allie Wils awils@horizondc.com
Greg Johnson
gjohnson@horizondc.com

Thank You.

Q & A

Where knowledge,
reach and partnership
shape healthcare delivery.