Telehealth Guidance for NYC Healthcare Providers During the COVID-19 Crisis

Current as of: May 6, 2020

Contents

Telehealth is an Essential Form of Care Delivery During COVID-19 Pandemic

Telehealth has increasingly become a critical element of our health systems' responses to COVID-19 as we balance social distancing with the need to continue delivering care.

Goal for this document: **Highlight new telehealth flexibilities relevant to hospitals and other providers, and actionable steps to operationalize telehealth care delivery.**

Growth in Telehealth Utilization

NYU: 5,500 virtual visits per day up from 50 pre-COVID.

Mass General: 10 – 20x increase over pre-COVID.

Medicare: 11K member visits per week to 650K per week.

Teladoc: 50% increase in daily volume from pre-COVID.

Zipnosis: 3,600% increase in utilization through March.

MDLIVE: 50% increase in behavioral health visits from Feb to Mar. Another 75% increase from Mar to Apr.

Examples Telehealth Programs

TeleICU – remote observation of ICU patients to reduce COVID exposure risk and extend provider capacity

Hospital at Home – deliver low acuity inpatient services to patients at home to preserve hospital bed capacity and reduce COVID exposure risk

Virtual Visits – deliver routine non-urgent medical or behavioral health services to patients remotely

Remote patient monitoring – remotely monitor physiologic information to proactively monitor health status

DISCLAIMER: The flexibilities included in this presentation are currently established as *temporary* measures effective during the COVID-19 state of emergency; it remains to be determined which flexibilities may be adopted as permanent policy changes. This presentation includes information available as of May 6, 2020.

Sources: *Wall Street Journal (4/14/2020); Healthcare IT News (4/3/2020); Becker Hospital Review: NYU Language Adds 1,3000 Provider to Telemedicine Platform (3/27/2020)*

Temporary Telehealth Coverage and Reimbursement Flexibilities by Payer

Medicare

- Extends coverage of telehealth services to members regardless of where they are located, including their home
- Allows FQHCs/RHCs to serve as both the originating and distant site for telehealth delivered services
- Adds over 80 additional services that can be delivered via telehealth (see next slide and Appendix)
- Adds flexibilities related to telephonic visits/virtual check-ins, e-Visits, and remote patient monitoring
- Reduces/removes frequency limits for Subsequent Inpatient Visits, Subsequent Nursing Facility Visits, and Critical Care Consultation Services
- Adds new eligible providers (e.g. physical therapists, occupational therapists, speech language pathologists)
- Medicare Advantage: Expands ability of plans to cover telehealth services and waive cost sharing

NYS Medicaid

- Enables all Medicaid providers in all situations to use a variety of communication methods (audio-visual technology, telephone, remote patient monitoring, store and forward) to deliver services remotely during the State of Emergency
- Allows all services within a provider's scope to be provided through telemedicine/telephonically, as appropriate
- Allows originating site to be anywhere the member is located at the time services are delivered
- Allows distant site to be any location within the United States
- Adds broad coverage for telephonic services
- Ensures payment parity for telehealth services delivered via two-way audio-visual communication and in-person services
- Requires Medicaid MCOs to cover at a minimum what is covered in Medicaid fee-for-service

Commercial

- New York State Department of Financial Services requires all New York State insurance companies* (including Medicaid MCOs) to:
  - Waive cost-sharing, including, deductibles, copayments (copays), or coinsurance for in-network telehealth visits
  - Cover telehealth services (via a long-standing payor parity law)

*Note: ERISA plans are not subject to these requirements.

See Appendix for details on Medicaid telephonic reimbursement.

Sources: *CMS Medicare Telemedicine Health Care Provider Fact Sheet (3/17/2020); CMS List of Services Payable Under the Medicare Physician Fee Schedule (3/30/2020); Medicare Telehealth FAQs (3/17/2020); New York State Medicaid Update (3/25/2020); New York State COVID-19 Telehealth FAQ (3/31/2020); New York State Medicaid Telehealth Update (02/2019); New York State Dept of Financial Services – Insurance Circular Letter No. 6 (3/15/2020)*

Temporary Telehealth Coverage and Reimbursement Flexibilities in Medicaid – for Medicaid Plans

Guidance Specific to NYS Medicaid Managed Care Plans (MMCPs).

- Plans must cover telehealth/telephonic delivery of all Benefit Package services that are appropriate to delivery through telehealth/telephonic means to properly care for the member.
- Plans may not limit members access to telehealth/telephonic services to solely MMCP's telehealth vendors.
- Plans may have separate detailed billing guidance for Medicaid FFS.
- Plans must establish payment pathways for telephonic encounters, which may mirror the six payment pathways as outlined in the Medicaid Update.
- Plans may use, but are not required to use, the telephonic encounter codes or payment pathways used by Medicaid FFS.
- Absent negotiated rates for telehealth/telephonic services, the MMCP must reimburse network providers at the same rate that would be reimbursed for face-to-face encounters.

Sources: *New York State DOH COVID-19 Guidance for Medicaid Providers (Link).*

Coverage and Reimbursement: New Telehealth Services in Medicare

CMS has added over 80 new services that can be delivered via telehealth, in addition to services previously allowable via telehealth.

Summary of New Telehealth Services

Inpatient and ED

- Initial Hospital Care and Hospital Discharge Day Management
- Initial and Subsequent Observation and Observation Discharge Day Management
- Inpatient Neonatal and Pediatric Critical Care, Initial and Subsequent
- ED visits, Levels 1-5
- Critical Care Services
- Initial and Continuing Intensive Care Services

Long-Term Care

- Initial Nursing Facility Visits, All levels (Low, Moderate, and High Complexity) and Nursing Facility Discharge Day Management
- Home Visits

Behavioral Health

- Psychological and Neurological testing
- Group Psychotherapy
- Licensed Clinical Social Work
- Clinical Psychology

Other

- Radiation Treatment Management Services
- ESRD Kidney Failure Services
- Therapy Services – Physical and Occupational Therapy, Speech Language Pathology
- Domiciliary, rest home or custodial care services
- Care planning for patients with cognitive impairment

A comprehensive CMS List of Telehealth Services within Medicare is available here.

***Sources**: CMS Medicare Telemedicine Health Care Provider Fact Sheet (3/17/2020); CMS List of Services Payable Under the Medicare Physician Fee Schedule (3/30/2020); Medicare Telehealth FAQs (3/17/2020); CMS Telehealth Service Flexibilities Announcement (3/31/2020)*

Other Flexibilities: Mental Health and SUD

CMS, the DEA and New York State have granted additional flexibilities to deliver mental health services and prescribed controlled substances via telehealth.

Mental Health Flexibilities

Medicaid: In line with the NYS Medicaid program policy during COVID, **all services within a provider's scope of practice, including mental health services, can be delivered through telehealth when clinically appropriate.**

OMH: The NYS Office of Mental Health (OMH) issued additional guidance for OMH-licensed, funded or designated providers and programs regarding the delivery of telemental care, including (but not limited to):

- **Providers may now use telehealth (two-way synchronous video) or telephonic capabilities to deliver mental health services**, including:
  - Individual, group, and collateral services
  - Clinic Integrated Outpatient services
  - Clinic-Based Intensive Outpatient Program services
- **Any professional, paraprofessional, or unlicensed behavioral health staff can now deliver a qualified service via telemental health**. Any limitations and restrictions pertaining to the location of the telemental health practitioner while providing services via telemental health are waived.

Note: OMH-licensed providers must still follow relevant payer reimbursement rules.

Prescribed Controlled Substances

CMS and the DEA have temporarily waived provisions of the Ryan Haight Act to **allow practitioners to prescribe Schedule II – V controlled substances via telemedicine without an initial in-person medical evaluation** provided:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice;
- The telemedicine communication is conducted using audio-visual, real-time, two-way interactive communication system; and,
- The practitioner is acting in accordance with applicable Federal and State laws.

Sources: *Office of Mental Health: COVID-19 Consolidated Telemental Health Guidance (3/30/2020); NYS Office of Mental Health COVID-19 Disaster Emergency FAQ (3/23/2020); Drug Enforcement Administration (3/16/2020) ; DEA COVID Information Page*

Other Flexibilities: Licensing and Privacy

HHS and New York State have granted additional flexibilities to streamline telehealth access and delivery.

Out of State Licensure

- Governor Cuomo issued an Executive Order that **enables physicians licensed and in current good standing in any state in the United States to practice medicine (including via telehealth) in New York State** without civil or criminal penalty related to lack of licensure. There are similar waivers in place for physician assistants, nurse pratitioners, registered nurses, respiratory therapists (and technicians), midwives, and social workers.

Note: Out-of-state providers must be enrolled in the NYS Medicaid program in order to bill for telehealth services delivered to a Medicaid member; NYS is offering Provisional Temporary Enrollment to expedite licensure for out-of-state providers.

Relaxed Privacy Requirements

- **Penalties will not be imposed when providers use certain non-HIPAA compliant communications platforms to conduct telehealth visits**
  - Providers may use certain non-public remote communication applications, such as FaceTime, Facebook Messenger video chat, Google Hangouts, or Skype
  - Applications explicitly not allowed under OCR guidance include: Facebook Live, Twitch, TikTok and similar video communications applications that are public facing
- **Per existing SAMHSA policy, providers may disclose Part 2-protected substance use disorder (SUD) information without consent in medical emergencies, effective beyond the emergency declaration**

Note: HIPAA flexibilities are temporary until the emergency declaration is lifted; Part 2 exception is long-standing. State-level policies may need to be reviewed/amended to take advantage of new flexibility.

Sources: *Gov Cuomo Executive Order 202.5, HHS Notification of Enforcement Discretion for Telehealth Remote Communications (3/30/2020); SAMHSA COVID-19 Guidance (3/19/2020) ; e-MedNY COVID-19 Response*

Funding Opportunities

FCC's Telehealth Program in the CARES Act is a significant opportunity for providers interested in telehealth capabilities.

Federal Communications Commission (FCC) - COVID-19 Telehealth Program			
Purpose/ Eligible Use	**Eligible Recipients**	**Funding**	**Application Details**
Purchase telecommunications, broadband connectivity, and devices necessary for providing telehealth services	Nonprofit and public : – Hospitals – Medical schools – Community health centers – Community mental health centers – Skilled nursing facilities	$200M Anticipated $1M funding limit per provider	Online application portal opened on April 13, 2020 Rolling basis until funding is exhausted; no deadline but funding is going quickly

Other Notable Funding Opportunities

- *Provider Relief Fund* - $175B in direct funding to offset provider expenses and lost revenue related to COVID
- *Health Center Supplemental Awards* - $1.4B supplemental award for health centers

NOTE: As of May 6, FCC has approved 56 applications totaling $25M, including the following in NYC:

- Hudson River HealthCare - $753K
- Mount Sinai - $312K + $863K
- NYU Langone - $984K
- NYU Grossman SoM - $773K
- White Plains Hospital - $166K
- New York Psychotherapy and Counseling Center - $127K
- Parker Jewish Institute - $98K
- Service Program for Older People – 26K

Sources: *FCC COVID-19 Telehealth Program*

Actionable Steps Hospitals & Other Providers Can Take to Stand Up Telehealth Programs

Short-Term

- Submit application for FCC funding to cover telehealth eligible expenses, if eligible
- Invest in infrastructure to support telehealth delivery in the long-term (e.g., scale enterprise wide software platform, procure and broadly distribute necessary hardware)
- Consider what types of inpatient and outpatient care can be delivered via telehealth
  - Hospitals: eICU, select inpatient and ED visits – "Hospital at Home" model
  - Behavioral Health Providers: ongoing counseling and therapy visits
  - Primary Care Providers: routine non-urgent care, preventive care
  - FQHCs: routine non-urgent care, preventive care, family planning services, risk screenings
  - Long-Term Care Facilities: physical, occupational, speech therapy, ED triage with local hospitals
- Clearly communicate with patients about their new telehealth care delivery options

Medium-Term

- Assess patient connectivity and proactively connect with patients who don't have technology to support telehealth
- Adjust clinical workflows to accommodate new care delivery model
- Provide robust and at-the-elbow provider training opportunities to increase comfort with new tools

Long-Term

- Provide user support to patients and providers using the technology
- Determine which telehealth services are temporary vs. permanent, and begin long-term planning for a post-COVID telehealth service strategy

The following resources may be helpful in rapidly launching telehealth programs: AMA Telehealth Playbook, CMS Telehealth Toolkit, AHA Telehealth Page, ATA Quick Start Guide to Telehealth.

With the generous support of the NYS Health Foundation, PCDC is available to provide technical assistance to support initiating and sustaining telehealth services for free to New York-based practices. More information is available here.

Appendix

Appendix: Glossary with Key Terms

Key Terms	Definitions
Telehealth/ Telemedicine	▪ Use of an interactive audio and video telecommunications system to deliver care remotely that generally occurs in-person.
Virtual Check-Ins	▪ Brief communication (5-10 minutes) service with practitioners via a number of communication technology modalities including synchronous discussion over a telephone or exchange of information through video or image
eVisits / Online Patient Portal Communications	▪ Non-face-to-face patient-initiated communications with their doctors without going to the doctor's office by using online patient portals (e.g., patient sends a message through a patient portal regarding a treatment question; patient fills out a symptom questionnaire to determine if they have COVID-19)
Distant Site	▪ The telemedicine site where the medical provider or specialist is seeing the patient at a distance or consulting with a patient's provider. Essentially the Distant Site is where the doctor is located at the time of the telemedicine appointment.
Originating Site	▪ The location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs

Appendix: Medicaid Telephonic Services

Billing Lane	Telephonic Service	Applicable Providers	Fee or Rate	Historical Setting	Rate Code or Procedure	Place of Service (POS) Code	Modifier	Notes
Lane 1	Evaluation and Management Services	Physicians, NPs, PAs, Midwives, Dentists, RNs	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 Evaluation and Management 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.*
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, Dieticians, *Dentists,* home care aides, RNs, 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 6 comprehensive payment.*	Rate Code: **"7963"** (for telephone 5 - 10 minutes) for non-SBHC Rate Code: **"7964"** (for telephonic 11 - 20 minutes) for non-SBHC Rate Code: **"7965"** (for telephonic 21 - 30 minutes) for non-SBHC Rate Code: **"7966"** (for telephonic 11 - 20 minutes) for SBHC Rate Code: **"7967"** (for telephonic 11 - 20 minutes) for SBHC Rate Code: **"7968"** (for telephonic 21 - 30 minutes) for SBHC	*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 provider* including FQHCs, Day Programs and Home Care (e.g., aide supervision, aide orientation, medication adherence, patient check-ins). However, see LHCSA/CHHA assessments and RN 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 deliver 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 RN visits. ADHC bills in Lane 6 if they meet minimum guidance standards.*

Source: *New York State Medicaid Update (link).*