

# Preparing Your Practice for the Future of Healthcare

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# Speakers

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# Housekeeping

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- Questions? Use the Q and A box on your screen and we will get to as many as we can at the end of the webinar.
- The webinar is being recorded, we will send you the slides and recording once the webinar concludes.

# Webinar Agenda

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- Telehealth Documentation
- Consider Long-Term Plans for Telehealth
- Embrace Telehealth Technology and New Features

# The Evolution of Telehealth

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## Prior to COVID-19 Pandemic

- Originating Site
  - Rural Health Professional Shortage Area (HPSA)
  - A county outside a Metropolitan Statistical Area (MSA)
- Distant Site Practitioners
  - Providers and practitioners eligible to provider telehealth
- Telehealth Services Billing and Payment
  - Coverage and reimbursement policies
  - Limited Billable Services

## COVID-19 Pandemic

- CMS Broadened Access to Medicare Telehealth Services
  - Coronavirus Preparedness & Response Supplemental Appropriations Act and Section 1135 waiver authority
- Telehealth services accessible in any health care facility including a physician's office, hospital, nursing home, rural health clinic, or from the patient's home
- Additional Billable Services
  - Televisit, E-Visit, Telephone Encounter, Virtual Visit

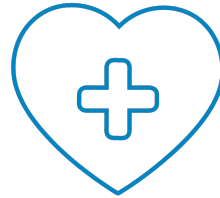
# Telehealth Benefits

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## Cost

Telemedicine can reduce health care costs by up to 27% for those who pay for medical care.



## Care

Telehealth makes getting care easier for patients and collaboration easier for care teams.



## Convenience

Telehealth is convenient for patients and offering it provides you with a competitive advantage.

# How Can I Avoid an Audit?

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1. Realize some remote visits are not telehealth
2. Follow payer rules
3. Conduct your own internal audits

# Telehealth, Virtual Check-Ins, E-visits

Type of Service	What is the service?	HCPC/CPT Code	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	<p>Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs).</p> <p>For a complete list:  <a href="https://www.cms.gov/Medicare/Medicare-generalinformationtelehealth/telehealth-codes">https://www.cms.gov/Medicare/Medicare-generalinformationtelehealth/telehealth-codes</a></p>	For new* or established patients. *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 public health emergency.
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by a new or established patient.	<ul style="list-style-type: none"> <li>• HCPCS code G2012</li> <li>• HCPCS code G2010</li> <li>• HCPCS code G0071</li> <li>• CPT code 99441-99443 (as of 3/30/30) for physicians, NP's, PA's (not POS 02)</li> <li>• CPT code 98966-98968 (as of 3/30/20) for other qualified HCP's (not POS 02)</li> </ul>	For new and established patients
E-VISITS	A communication between a patient and their provider through an online patient portal	<ul style="list-style-type: none"> <li>• 99421</li> <li>• 99422</li> <li>• 99423</li> <li>• G2061/98970</li> <li>• G2062/98971</li> <li>• G2063/98972</li> </ul>	For established patients



# Televisit Documentation

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**Documentation Requirements:** The televisits (Telehealth, Virtual Check-ins, and e-Visits) should be documented in the medical record.

Minimum required documentation elements include:

1. Notation of the patient's initiation and verbal or written consent to the televisit
  - a. Providers may contact patients to inform of the new televisits' rules, upon the patient's consent, the provider can provide health care during the same call.
2. Names of all people present during a televisit and their role
3. Chief complaint or reason for the televisit
4. Relevant history, background, and/or results
5. Assessment
6. Plan of care or next steps
7. Total time spent of the televisit service

# Payer Guidelines and Claims Creation

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Place of Service (POS) - 02 (telehealth - pays at facility rate) vs 11 (office - pays non-facility rate) and Modifier 95

- Place of Service (POS) equal to what it would have been had the service been furnished in-person -
  - **MEDICARE: POS 11 for the following CPT Codes:**
    - Telehealth visit - 99201-99215
    - Telephone Encounter - 99441-99443
    - Virtual Check IN - G2012
    - E-Visit - 99421-99423
- **Modifier 95, indicating that the service rendered was actually performed via telehealth**
  - Telehealth visit - 99201-99215
  - Telephone Encounter - 99441-99443

# How to Align Your RCM for Evolving Telehealth

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## 1. Evaluate How Telehealth Impacts the Patient Experience

- Online appointment scheduling
- Paperless process
- Leverage patient portal and messenger

## 2. Ensure Appropriate & Accurate Documentation

- Dedicate someone to oversee telehealth changes
- Conduct internal audits
- Continue providing education and training

## 3. Upgrade Your RCM for Maximum Results

- Analyze claim follow up processes to reduce denials
- Maintain strong communication with payers
- Fully optimize PM systems for automation to reduce errors

# Analyze Your Telehealth Operations

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1. What technology is being used?
2. Are you using a telehealth consent form?
3. What type of service is being provided Telehealth, Virtual Check-In, or E-Visit?
4. How are time-based encounters captured?
5. How are you coding for place of service?
6. Rules are changing daily. Who is monitoring the telehealth changes?
7. How are providers being educated on these changes?

# Conduct an Internal Audit

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## Step 1:

Review payer guidelines, reference effective dates and determine what changes to be made based on the payer specifics.

## Step 2:

- ☐ Determine TeleHealth platform based on documentation and CPT code assigned.
- ☐ Does documentation support medical necessity?
- ☐ Is Place of Service Correct (POS)? 02 vs 11
  - ☐ Medicare, CIGNA, Humana, and UHC allows ***Place of Service (POS) equal to what it would have been had the service been furnished in-person - i.e., Nursing Home, Office, Hospital (inpt)***

Is Modifier Correct? 95, CS (cost sharing)

## Step 3:

If there is not a mismatch, review **Payment Report** and determine if the claim was paid at the non-facility rate. Determine if payer will automatically reprocess or corrected claim submission required.

# The Future of Healthcare is Telehealth

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## Some Telehealth Policies May Become Permanent

- Permanent expansion of originating sites to include all geographic locations (including a patient's home)
- Allowing any healthcare provider to provide telehealth if they can bill Medicare for face-to-face services
- The need to provide better internet access to rural, underserved, and low-income communities and to continue coverage of telephone only (no video) services to help serve these patients
- Removing in-person requirements of certain services for check-in or renewal of care (e.g. hospice or home dialysis)
- Permanent removal of frequency limitations for services where temporary restrictions have been lifted

# The Future of Telemedicine

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## Check-In

- A brief check in via telephone or other telecommunications device to decide whether an office visit or other service is needed.



## E-Visit

- Patient and Provider communication through an online patient portal



## Telehealth

- Patient and provider two way conferencing for real time consultation



## RPM

- Patient's health and medical data is sent in real-time for monitoring

## Check-in with eCW Telehealth Solutions:

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- The image shows a laptop screen with the eClinicalWorks 11e software interface. The interface is divided into two main sections. The left section displays a patient's medical record for 'Martinez, Moses, EDCM'. It includes a header with the patient's name, a photo, and contact information. Below this, there are tabs for 'Medical Summary', 'Orders', 'Lab', 'Procedures', 'Growth Chart', 'Immun', '1. Nc', 'Encounters', and 'Referral Order'. The 'Medical Summary' tab is active, showing a 'Chief Complaint' of 'cough' and 'fever', and a 'History' section with a note about a respiratory illness. The right section of the screen is dominated by a large video feed of a man smiling. In the bottom right corner of the video feed, there is a smaller inset video of a woman. The software interface includes various icons on the left sidebar and a top navigation bar with buttons for 'Home', 'Add', 'Fax', 'Record', 'Lock', 'Details', 'Templates', 'Open', and 'Link'.

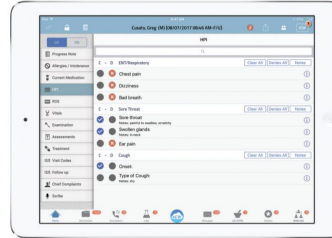


# Healow TeleVisits

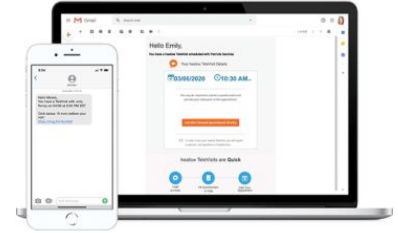
## What's New in healow TeleVisits?

- No Login or Download Required
- No Cost Reminders
- Text Logs

### Use with eClinicalTouch



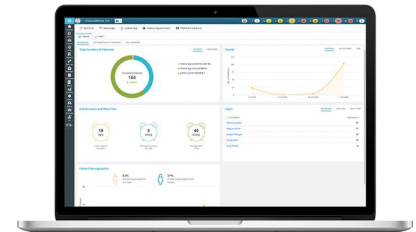
### Initiate Visit with Text or Email



### Screen Sharing



### TeleVisit Dashboard



# hello2healow

*Patient required to enroll for h2h on patient portal.*

- No Appointment Necessary
- h2h Call Logs
- Calling Cards
- Healow Analytics

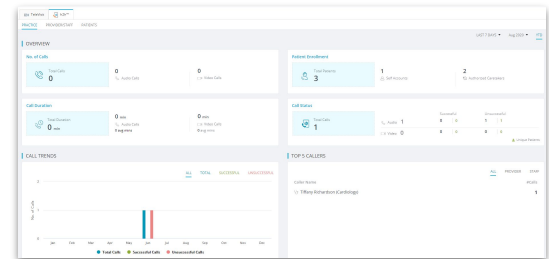
## Call Patients with 1 Click



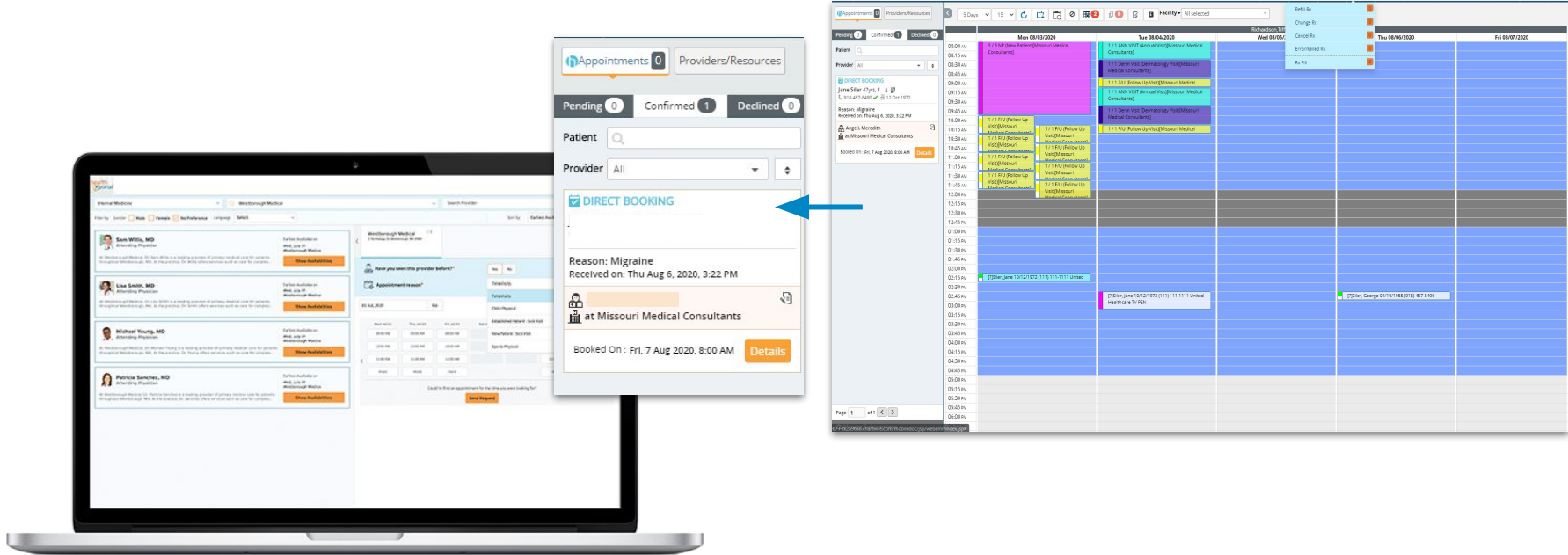
## Use on Mobile



## Healow Analytics












# Online Appointment Booking



# TeleVists vs. H2H

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FEATURE	Hello2Healow	TeleVisits
Requires appointment		
eMobile		
Analytics		
No login or download required		
Reminders		
Online Appointment Booking		
Screen Sharing		
eClinicalTouch		

# Upcoming Events

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## **eClinicalWorks Analytics Series**

September 10th, 17th, 24th at 1:00 PM CST

In each of these webinar events we will be covering a different analytics feature in eClinicalWorks including the Safety and Compliance Dashboard, Provider Hub, MIPS Dashboard, PM Analytics, and more.

# Q & A

How can we help *your practice*?