

Telehealth in Nursing Homes

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CENTERS FOR MEDICARE & MEDICAID SERVICES

Introduction and Welcome



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Objectives



- Understand federal and state guidelines regarding the use and reimbursement of telehealth in nursing homes specific to the COVID-19 public health emergency
- Develop an infrastructure for telehealth use within nursing homes
- Implement best practices and lessons learned to advance telehealth adoption

Federal and State Telehealth Guidelines



Types of Virtual Services



Medicare Telehealth Visits	Considered the same as in-person visits but uses real-time audio and video telecommunications systems between a provider and a resident.
Virtual Check-Ins	A brief check-in with a provider with a telephone or other telecommunication device to decide whether an office visit is warranted OR a remote evaluation of recorded video or images submitted by a resident.
E-Visits	Communication between a resident and their provider through an online portal (the patient must generate the initial inquiry and communications can occur over a 7-day period).

Practitioner Billing for Medicare Telehealth Services



TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	RESIDENT RELATIONSHIP WITH PROVIDER
Medicare Telehealth Visits	Considered the same as in-person visits but uses real-time audio and video telecommunications systems between a provider and resident.	Common telehealth services include: 99304-99310 GO425-GO427 GO406-GO408 For complete list: https://www.cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes	For new* or established patients
Virtual Check-ins	A brief check-in with a provider with a telephone or other telecommunication device to decide whether an office visit is warranted OR a remote evaluation of recorded video or images submitted by a resident.	HCPCS code G2012 HCPCS code G2010	For established patients
E-Visits	Communication between a resident and their provider through an online portal (the patient must generate the initial inquiry and communications can occur over a 7-day period).	99421 99422 99423 G2061 G2062 G2063	For established patients

*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure a prior relationship existed for claims submitted during this public health emergency

Nursing Home Billing for Medicare Telehealth Services



- Long term care facilities are eligible to bill for an originating site facility fee, which is reported under HCPCS code Q3014.
- Refer to the CMS Telehealth Services Factsheet for more information:
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf>



In response to the COVID-19 Public Health Emergency...

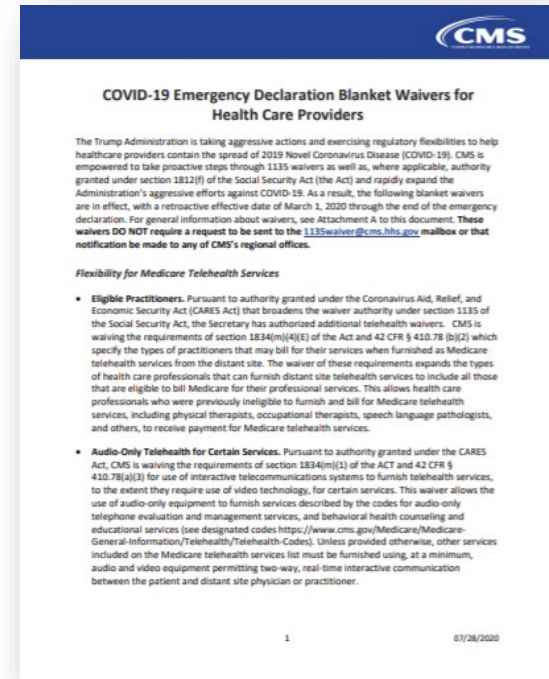


- Per the CMS 1135 waiver guidelines, CMS (Centers for Medicare & Medicaid Services) is waiving the requirement (42 CFR 483.30) for in-person visits for nursing home residents.
 - The CMS 1135 waiver is **TEMPORARY** in order to increase access to medical services during the time of a national emergency.
- CMS issued a proposed rule to expand telehealth benefits beyond the COVID-19 public health emergency. Comments are due 10/5/2020.
<https://www.cms.gov/newsroom/press-releases/trump-administration-proposes-expand-telehealth-benefits-permanently-medicare-beneficiaries-beyond>
- <https://www.cms.gov/newsroom/fact-sheets/proposed-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-4>

Review: Key Components of the Waiver



- Starting March 1, 2020, and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for:
 - Professional services furnished to beneficiaries in all areas of the country in all settings.
 - Telehealth services furnished to Medicare beneficiaries in any healthcare facility and in their home.



<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

Key Components (cont.)



Practitioners who can furnish and get payment for covered telehealth services (subject to state law) include:

- Physicians
- Nurse Practitioners
- Physician Assistants
- Clinical Psychologists
- Clinical Social Workers
- Registered Dietitians
- Nutrition Professionals
- Physical, Occupational, and Speech Therapists



<https://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid>

Key Components (cont.)



- The provider must use an interactive audio and video telecommunications system, including commonly used services like FaceTime and Skype, that permit real-time communication between the provider's office and the nursing home resident.
- This waiver allows the use of audio-only equipment to furnish services described by the codes for audio-only telephone evaluation and management services, and behavioral health counseling and educational services (see designated codes <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>).



Tip: Under the temporary waiver nursing homes can use consumer-based, “patient friendly” technologies such as FaceTime. Preferably, use commercial-based, traditional telehealth modalities that have healthcare specific features and security.

State Telehealth Laws



- **The Center for Connected Health Policy** has an interactive map with telehealth laws and reimbursement policies by state, available here: <https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies#>

Current State Laws & Reimbursement Policies

Search by Filter Search by Keyword

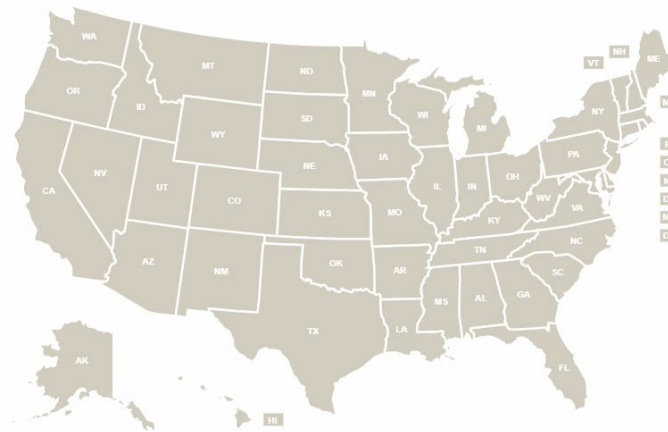
All 50 States & D.C. ▾

All Categories ▾

All Topics ▾

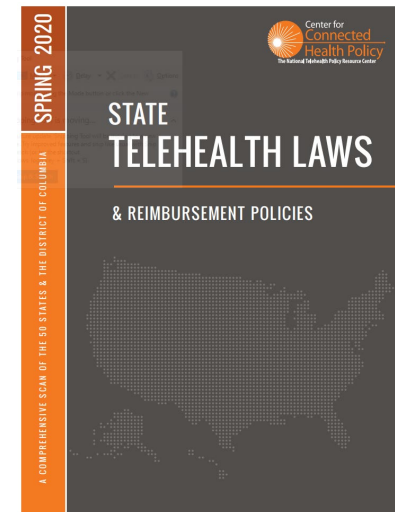
APPLY

Data Last Updated Feb 29, 2020



Policy Exists/Explicitly Allowed No Policy Exists or Not Explicitly Allowed

*Key applicable only to topics indicated with an asterisk in drop down menu.



HIPAA



- The HHS Office for Civil Rights 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.



Note: Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should **NOT** be used for telehealth

<https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>

Developing a Telehealth Infrastructure



Getting started



- Obtain senior leadership approval for telemedicine
- Prepare clinical team to support telemedicine
- Convene a small team as telehealth “super users” that:
 - Have the autonomy to make decisions
 - Work quickly to move from concept to implementation
 - Mitigate barriers
- Complete Plan, Do, Study, Act (PDSA) cycles to confirm effectiveness of process with the “super user” group – evaluate and adjust as necessary



Resource: National Consortium of Telehealth Resource Centers (NCTRC):
<https://www.telehealthresourcecenter.org/>

Telehealth Super User Team



Team Member	Telehealth Work-Group Role	Responsibilities may Include
Senior leader (Administrator)	Project Manager	<ul style="list-style-type: none"> • Convenes and organizes the workgroup (schedules meetings, takes notes, assigns tasks, etc.) • Leads development of policies and procedures with input from the workgroup including infection control procedures for telehealth equipment.
Clinical Champion	Provider or Nurse Practitioner conducting the visit remotely	<ul style="list-style-type: none"> • Collects pre-appointment needs and works with on-site nurse to exchange needed information. • Be comfortable using the technology required for the appointment. • Conduct visits remotely. • Accountable for required documentation following the visit.
Supervisor Nurse or floor nurse	On-site clinical staff member conducting the visits with the resident	<ul style="list-style-type: none"> • Collects all requested information for the clinical champion. • Provides care services on site for residents, as instructed and facilitated by provider • Institutes infection control procedures for telehealth equipment.
IT champion	Vendor researcher and implementer	<ul style="list-style-type: none"> • Researches vendors and shares pros/cons for each so the workgroup can determine the best option. • Implements necessary IT requirements for selected vendor.

https://www.telligenqinqio.com/wp-content/uploads/2020/06/Quick-Guide-to-Implementing-Telehealth-in-Nursing-Homes-During-the-COVID-19-Pandemic_4.pdf

Assess Telehealth Needs and Capacity



The telehealth super user workgroup will:

- Identify the need for telehealth
- Define success
- Evaluate/contract with vendors
- Design workflow/policy
- Prepare the team: training and communication
- Engage the resident and family



Resource: American Medical Association Telehealth Implementation Playbook:
<https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf>

Vendor Selection



- 1135 waiver is temporary
 - Bedside mobile devices loaded with Zoom, Skype or Face Time suffice during use of waiver
 - Review other vendor options to sustain the program
- Consider choosing the same equipment as your hospital partners
- A device or camera that can easily move around the resident is best
- Telehealth “super user” team selects vendor, software, and/or hardware

Informed Consent



- Know your state and payer requirements
- Have a formal complaint or grievance process to resolve any potential ethical concerns or issues that might come up as a result of telemedicine
- Create a consent form that informs residents of:
 - Their rights when receiving telemedicine, including the right to stop or refuse treatment
 - Their own responsibilities when receiving telemedicine treatment
 - The potential benefits, constraints, and risks of telemedicine
 - What will happen in the case of technology or equipment failures during telemedicine sessions, and state a contingency plan

Create an Efficient Workflow



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Workflow mapping



- Workflow mapping involves holding discussions with the team to identify answers to the following types of questions:
 - How will residents be informed of the availability of telehealth services?
 - What staff will be involved in scheduling telehealth appointments and coordinating with remote practitioners? How will staff manage referrals?
 - On the day of the telehealth encounter, who will explain the process to the resident? Who will obtain informed consent? Who will introduce the practitioner to the patient?
 - Who is responsible for coordinating follow-up?
 - For remote resident monitoring, how will staff receive data? How will data be integrated into existing systems? How can staff adjust other tasks to accommodate the time necessary to review patient data and follow up as needed?

<https://www.ruralhealthinfo.org/toolkits/telehealth/4/mapping-workflow>

Telehealth policies



- Develop telehealth policies that are incorporated into existing policies.
- Cite CMS waiver regulations and other resources when developing policies.
- Work with staff to delineate the step-by-step operational details that are consistent and non-disruptive to existing clinical and operational processes.
- Access the checklist from gpTRAC (Great Plains Telehealth Resource & Assistance Center) for ideas on what to include in the process
- <https://www.telehealthquickstart.org/>

Best Practices and Lessons Learned



Communication and Documentation



- Build resident consent into your workflow
- Create messaging for residents and family members about telehealth
- Discuss with the resident prior to initiating every telehealth appointment
- Consider documentation needs during the appointment



Resource: Virtual visit tip sheet for families and friends:

https://www.telligenqinqio.com/wp-content/uploads/2020/06/Virtual-Visit-Tip-Sheet-for-Families-and-Friends_2.pdf

Tips for success



- Pre-visit preparation
- Streamline/coordinate information flow between staff and practitioner
- Get organized with a clear schedule for telehealth visits
- Use online shareable scheduling tools to schedule the visits with clinicians
- Expand telehealth for specialist visits
- Develop a process to gather resident/family/caregiver feedback following the visit for continuous quality improvement

Wrapping it up



Telehealth adoption has the potential to:

- Support nursing homes to increase continuity of care
- Reduce travel burden
- Enhance resident wellness
- Improve efficiency
- Provide higher quality of care
- Increase resident satisfaction
- Reduce the spread of COVID-19 and other infectious diseases
- Conserve personal protective equipment (PPE)



Resources



COVID-19 and Telehealth Information:

- CDC COCA Call: [COVID-19 & Telehealth Implementation: Stories from the Field](#). Tuesday, August 4, 2020, 2:00-3:30 PM ET
- New Informed Consent Resources for Telehealth from AHRQ
 - AHRQ [sample telehealth consent form](#) that is easy to understand and guidance for clinicians on [how to obtain informed consent for telehealth](#).
 - Access [more information](#) about AHRQ's telehealth consent form and [other health literacy resources](#).
- From CDC (updated 6/16/20): [Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic](#)
- From CMS: [Long-Term Care Nursing Homes Telehealth and Telemedicine Tool Kit](#)
- From CMS (updated 3/17/20): [MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET](#)

Resources - Continued



- Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>
- Electronic Code of Federal Regulations: <https://www.ecfr.gov/cgi-bin/text-idx?SID=f64b6edcc2b2ee52bf5de8e19a340569&mc=true&node=sp42.5.483.b&rgn=div6>
 - 483.10 Resident rights
 - 483.70 Administration. (e) Facility assessment.
 - 483.75 Quality assurance and performance improvement.
 - 483.85 Compliance and ethics program

Wait for it!



Receive attendance credit and **access your Certificate of Participation** by clicking the blue **Access Certificate** button at the very end of this training.

It may take a moment for the screen to appear. **Thank you for your patience.**



THANK YOU