

Telemedicine Home Health Webinar

Colorado Department of Health Care Policy & Financing

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Stakeholder Engagement

Goals:

- 1 Information sharing
- 2 Compliance
- 3 Equitable input
- 4 Community

Purpose

Consider the effects of changes in telemedicine rules and legislation on:

- Member & provider experience
- Access
- Health equity
- Quality
- Costs

Agenda

- Housekeeping
- Status of Rules and SB-212 legislation
- Billing and policy information for outpatient service providers
- Gather and respond to your questions, comments, and concerns

Housekeeping

Live Webinar:

- Mics will be muted during the presentation
- Use the Chat feature to ask questions

Post -Webinar:

- Visit www.colorado.gov/pacific/hcpf/stakeholder-telemedicine
- Use feedback form
- Billing Manual

What is Telemedicine?

Telemedicine is the delivery of medical services and any diagnosis, consultation, treatment, transfer of medical data or education related to health care services using interactive audio or video communication instead of in-person contact.



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Telemedicine Before Emergency

- Limited to just a few benefits, such as outpatient speech therapy
- Audio-visual modality only
- Fee schedule payment same as in-person visit
- Billed using member place of service (POS code)
- Incentive payment for select procedure codes



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COVID-19 Emergency Rules

On March 20, 2020, in response to the COVID-19 public health emergency, Colorado expanded its telemedicine coverage to include:



Telephone only modality for certain services (and live chat)



Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, and Community Mental Health Centers



Physical Therapy, Occupational Therapy, Home Health, Hospice and Pediatric Behavioral Health Providers



Requires reimbursement for telemedicine services at the same rate as in-person services (payment parity)

SB20-212 Rules

The Medical Services Board adopted permanent rules that duplicate the emergency telemedicine rules to include:



Telephone only modality for certain services (and live chat)



Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, and Community Mental Health Centers



Physical Therapy, Occupational Therapy, Home Health, Hospice and Pediatric Behavioral Health Providers



Requires reimbursement for telemedicine services at the same rate as in-person services (payment parity)

Telemedicine Expansion

Recent legislation (SB20-212) passed which **will make the emergency rules permanent.**

- SB20-212 requires final approval from the Centers for Medicare and Medicaid Services (CMS) to become permanent. The Department is in the process of requesting such approval from CMS.



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Telemedicine Legislation SB20-212



Clarifies the method of communication allowed:

Audio-visual, telephone*, live chat, other electronic communication (HIPAA compliant)



Requires payment parity



Affirmed new providers added

Telemedicine Expansion

- Temporary changes on HIPAA compliance allow a wider-array of non-public facing electronic communication methods during the public health emergency.
- Providers should make every effort to use HIPAA compliant technologies even during the public health emergency.



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Telemedicine Legislation SB20-212

- Requires the Department to post telemedicine utilization data
- Requires the Department to report at SMART legislative hearing in January 2021



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As Policy Evolves

- Important changes in policies and processes are sent to you monthly in the Provider Bulletin via email.
- Changes are also published in billing manuals.

Covered Services

Services may be rendered via telemedicine when the service is:

- A covered Health First Colorado benefit,
- Within the scope and training of an enrolled provider's license, and
- Appropriate to be rendered via telemedicine.

All services provided through telemedicine shall meet the same standard of care as in-person care.



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Billing for Telemedicine Services

UB-04 Institutional Claims

Providers must indicate that the service(s) were provided through telemedicine by appending modifier GT to the UB-04 institutional claim form with the service's usual billing codes.

CMS 1500 Professional Claims

Place of Service code 02 must be indicated on all CMS 1500 professional claims for telemedicine. Only specific CPT/HCPCS are allowed.



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TELEMEDICINE: Medicaid Billing Scenarios

Member at Home

Originating Site



Member
Billing: Nothing



Distant Site



Rendering Provider
Billing: Procedure Codes, GT Modifier & Place of Service

Member at Medical Facility Without a Provider Present



Member
Billing: Originating Site Fee Q3014



Rendering Provider
Billing: Procedure Codes, GT Modifier & Place of Service

Member with Primary Care Provider



Member
Billing: Originating Site Fee Q3014



Rendering Provider/Specialist
Billing: Procedure Codes, GT Modifier & Place of Service

Billing Requirements



Providers may only bill procedure codes which they are already eligible to bill.



Providers must document the member's consent, either verbal or written, to receive telemedicine services.



Contact with the provider must be initiated by the member for the service rendered.

Billing Requirements Continued

- The availability of services through telemedicine in no way alters the scope of practice of any health care provider; nor does it authorize the delivery of health care services in a setting or manner not otherwise authorized by law.
- Services not otherwise covered by Health First Colorado are not covered when delivered via telemedicine.
- The use of telemedicine does not change prior authorization requirements that have been established for the services being provided.



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Billing for Home Health Telemedicine Services

- The Home Health Services benefit reimburses billing providers who are enrolled Home Health providers (type 10) and provide skilled care to eligible members in their home or in the community.



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Billing for Home Health Telemedicine Services

- Services are reported using the usual Home Health revenue codes with the GT modifier
 - Providers must indicate that the service(s) were provided through telemedicine by appending modifier GT to the UB-04 institutional claim
- <https://www.colorado.gov/pacific/hcpf/provider-telemedicine>



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Home Health Telemedicine vs. Home Health Remote Monitoring

- Telemedicine is the term used when a medical provider “sees” a member through the use of internet/phone connections and bills for the service using home health revenue codes (e.g. an RN supervisory visit of a CNA)
- Home Health remote patient monitoring is the monitoring of member’s vital signs by their Home Health nurse through electronic submission of the vital sign information from the member’s residence to the member’s Home Health Agency.



Home Health Telemedicine Services

- Home Health Agencies (HHAs) can provide more services to beneficiaries using telecommunications technology so long as it's part of the patient's plan of care and does not replace needed in-person visits as ordered on the plan of care.
- Any health benefits provided through telemedicine shall meet the same standard of care as in-person care.



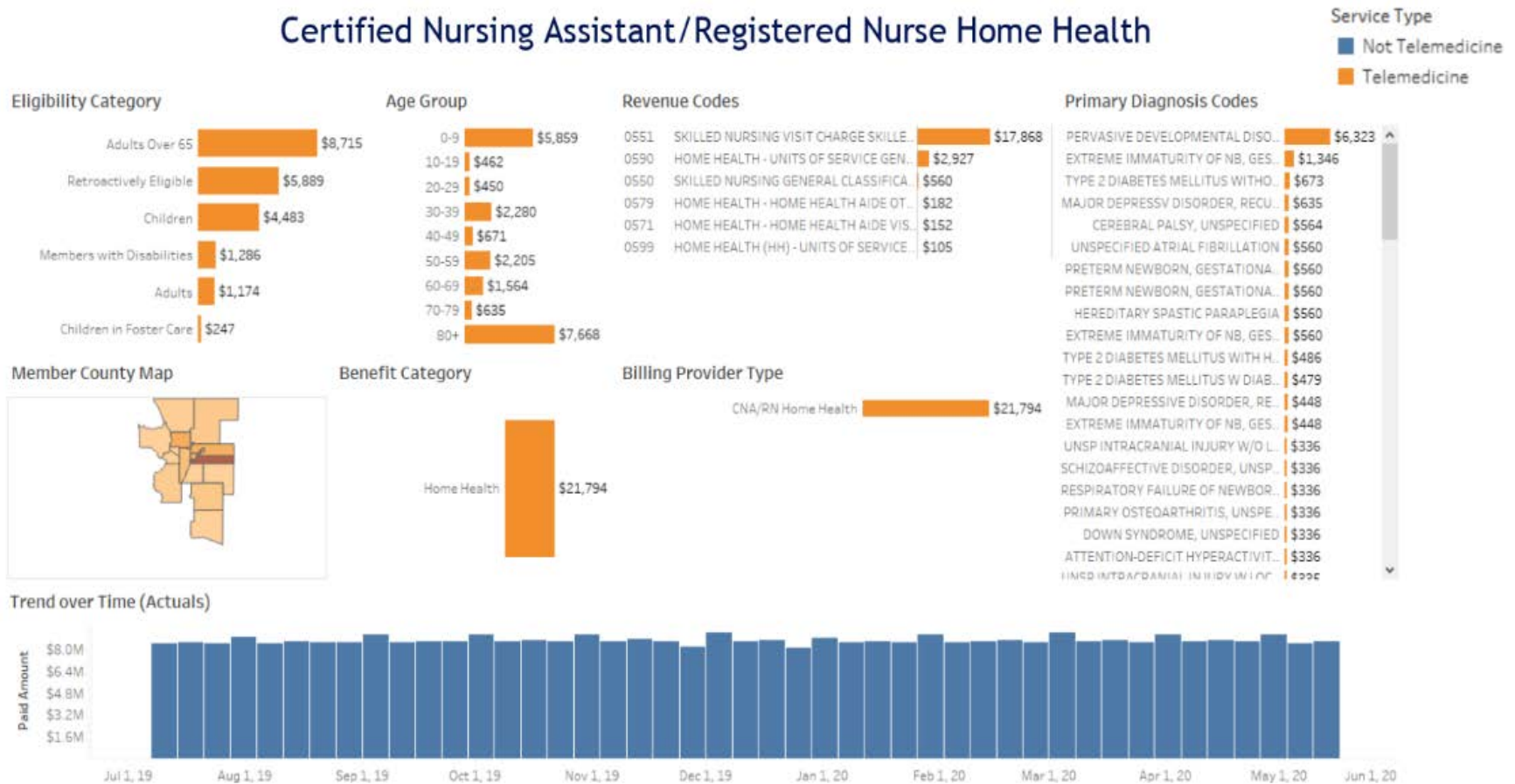
Home Health Telemedicine Services

- Examples include: Supervisory visits of CNAs by RNs, Physical, Occupational and Speech Language Pathology
- Any health benefits provided through telemedicine shall meet the same standard of care as in-person care.
- The availability of services through telemedicine in no way alters the scope of practice of any health care provider; nor does it authorize the delivery of health care services in a setting or manner not otherwise authorized by law.



Utilization of RN Telemedicine Services

Certified Nursing Assistant/Registered Nurse Home Health

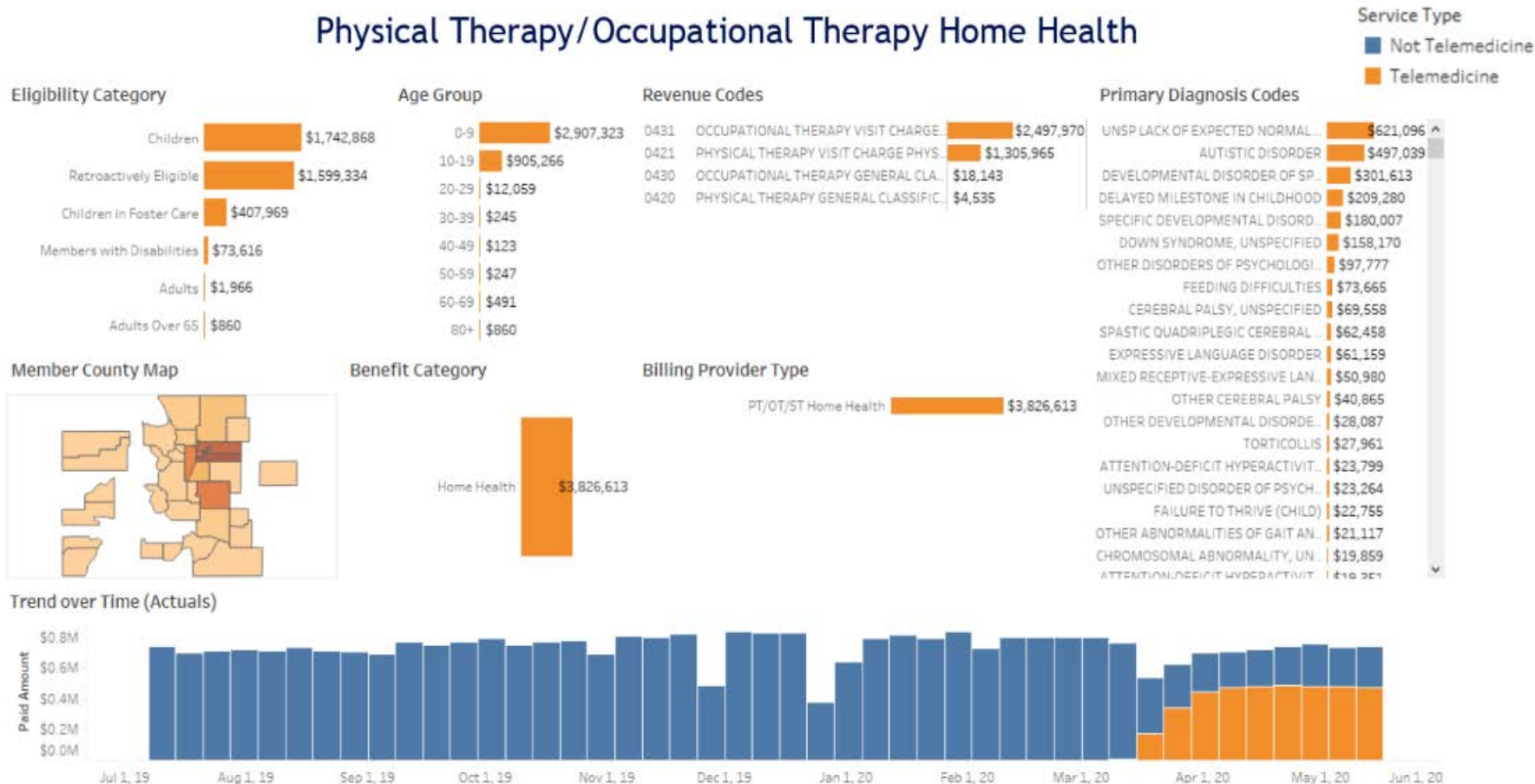


Note: Only includes services eligible for telemedicine. Data shows service dates from 7/1/19 through 5/16/20. Due to limited claims run-out, paid amounts may change over time. For outpatient services, only outpatient claim lines with the 'GT' modifier or with a telemedicine-specific procedure code were identified as telemedicine. Due to the fact that outpatient crossover paid amounts are only available at the claim header level, the header level paid amount has been distributed evenly among each claim line for the purposes of reporting paid amounts at the line level. This methodology may not be an accurate reflection of the actual distribution of costs among outpatient crossover claim lines.



Utilization of Home Health PT/OT Telemedicine Services

Physical Therapy/Occupational Therapy Home Health



Note: Only includes services eligible for telemedicine. Data shows service dates from 7/1/19 through 5/16/20. Due to limited claims run-out, paid amounts may change over time. For outpatient services, only outpatient claim lines with the 'GT' modifier or with a telemedicine-specific procedure code were identified as telemedicine. Due to the fact that outpatient crossover paid amounts are only available at the claim header level, the header level paid amount has been distributed evenly among each claim line for the purposes of reporting paid amounts at the line level. This methodology may not be an accurate reflection of the actual distribution of costs among outpatient crossover claim lines.



Utilization of Home Health SLP Telemedicine Services

Speech Therapy Home Health

Service Type
■ Not Telemedicine
■ Telemedicine

Eligibility Category



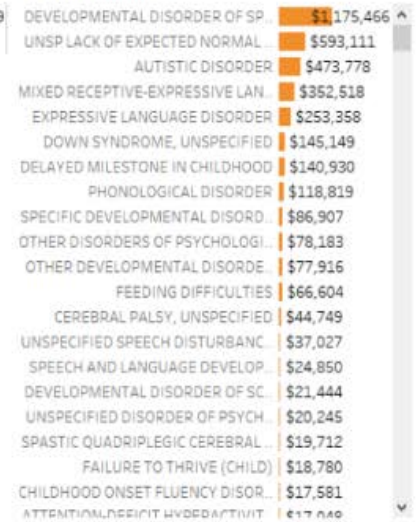
Age Group



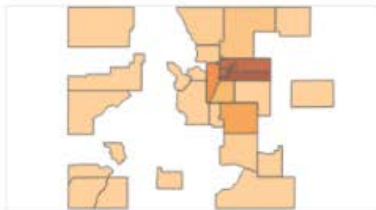
Revenue Codes



Primary Diagnosis Codes



Member County Map



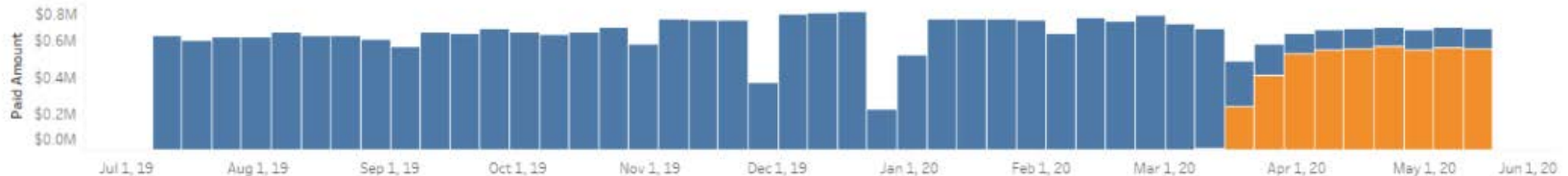
Benefit Category



Billing Provider Type



Trend over Time (Actuals)



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PT/OT Analysis

- About 50% of all visits after March 2020 are telemedicine, however most PT/OT visits are for children because the benefit only covers adults for up to 60 days for acute conditions
- Reimbursement for Occupational Therapy delivered via telemedicine surpassed Physical Therapy by almost double.
- Overall expenditures for Home Health PT/OT services benefit dropped during the public health emergency, but have returned to almost pre-emergency levels.



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Speech Therapy Analysis

- After March 2020 most speech therapy visits were done via telemedicine.
- Many regions of the state remain unserved by telemedicine speech therapy. These are the white space in the map.
- Compared to before the public health emergency, overall utilization of the speech therapy benefit is only slightly lower. This means the use of telemedicine has mostly backfilled for visits which did not occur in-person.



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Questions?



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Summary & Resources

- Utilization Data posted bi-monthly:
www.colorado.gov/pacific/hcpf/provider-telemedicine
- Provider Billing Manual:
www.colorado.gov/hcpf/billing-manuals

Summary & Resources

- Stakeholder engagement webpage:
www.colorado.gov/pacific/hcpf/stakeholder-telemedicine
- Stakeholder feedback on stakeholder page or
<https://forms.gle/EJGBT4SaTsRPVSvD8>

Additional Trainings

Date	Time	Provider Category
August 14	12 - 1	Outpatient Therapies
August 18	12 - 1	Home Health
August 25	12 - 1	FQHC, RHC, IHS
September 1	12 - 1	Other providers using professional claims billing forms
TBD	12 - 1	Pediatric Behavioral Therapy

Invitations will be sent by to specific provider groups for the applicable trainings and links appear on the stakeholder engagement page.

Thank you!



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