NATIONAL ASSOCIATION OF Community Health Centers®

Telehealth Office Hour:
Best Practices for Building, Operating and Sustaining a Telebehavioral Health Practice

May 12, 2022

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

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Community Health Centers®

NEW Webinar Series: Considerations for Sustaining a Culture of Cybersecurity

May 18th & 25th from 2:00 – 3:30PM ET

This webinar series features a health center and Health Center-Controlled Network (HCCN) perspective on how cybersecurity threats impact the bottom line. Speakers will highlight the importance of understanding the basic elements of cybersecurity and effectively budgeting to accurately reflect the costs of protecting their patients PHI. This series is for IT leadership and other clinical and non-clinical managers to help foster an awareness of IT security at both the executive and staff levels.

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Supported Vendors:

athenaOne

athenaFlow/athenaPractice (formerly Centricity)

eClinicalWorks

Greenway Intergy

NextGen Healthcare

(Coming Soon) EPIC

NACHC supports several user groups for Health Centers that utilize various Electronic Health Record (EHR) platforms. These user groups provide a vehicle for health centers to meet and discuss common issues, share experiences and gain valuable insight on accomplishments and best practices.

NACHCs EHR User Groups

Benefits of joining an EHR User Group:

- Connect with other Health Centers who use the same EHR platform as you do.

- Discuss issues and enhancements that are most important to Health Centers.

- Groups are led by Health Centers, HCCN's and PCA staff on a voluntary basis.

- Online forums to exchange ideas, lessons learned and best practices.

- Groups meet both virtually and in-person.

- NACHC provides support via WebEx, conference calls and meeting space at our major conferences.

Questions? E-mail: PStringfield@nachc.org

Today's Session: Best Practices for Building, Operating and Sustaining a Telebehavioral Health Practice

We will review the best practices for building, operating, and sustaining a telebehavioral health practice in an FQHC setting. We will cover strategies for improving etiquette, assessing and mitigating patient risk, and updates on telehealth billing and policies related to the COVID-19 pandemic and public health emergency.

Presenter:

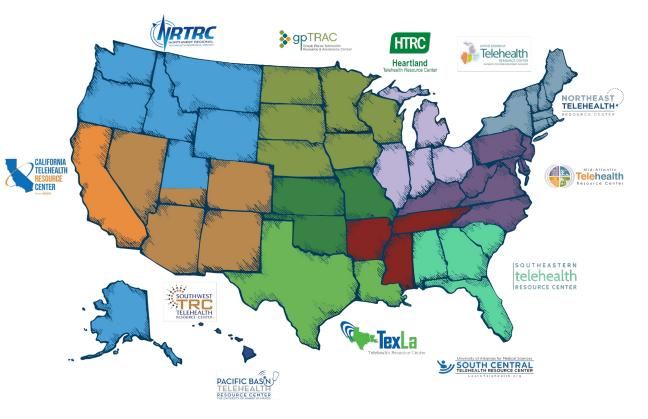- **Jonathan Neufeld, PhD,** Great Plains Telehealth Resource and Assistance Center

Telebehavioral Health Update for FQHCs and Rural Providers

Jonathan Neufeld, PhD

May 12, 2022

HRSA Funded Telehealth Resource Centers

www.telehealthresourcecenter.org

Telehealth Launched Explosively in 2020

Making a Few Simple Orbital Adjustments

- Getting providers competent/comfortable
- Getting patients connected (tech support)
- Triage (deciding when to use telehealth)
- Deciding between video and audio
- Adjusting payment models accordingly

What have we learned so far?
Health Centers and other providers

In Primary Care, Telehealth is Supplemental

Medicare FFS Primary Care Visits in 2020

In Behavioral Health, Telehealth is Standard

Medicare FFS Behavioral Health Visits in 2020

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Telehealth Is NOT Rural or Urban

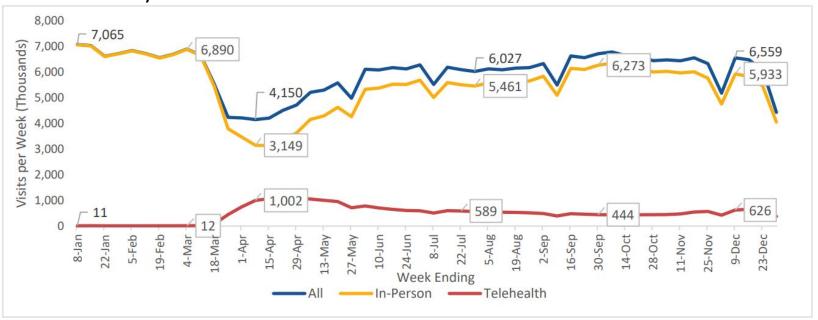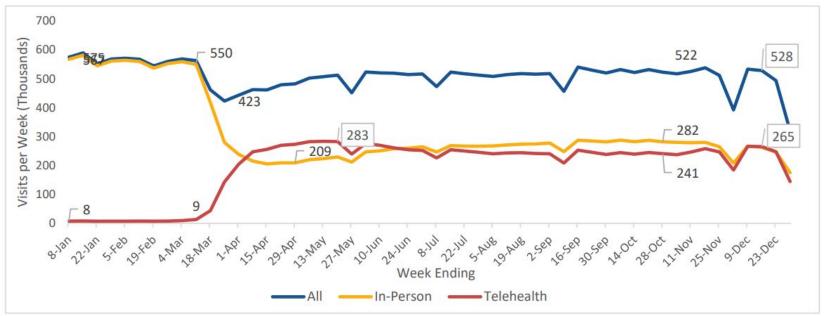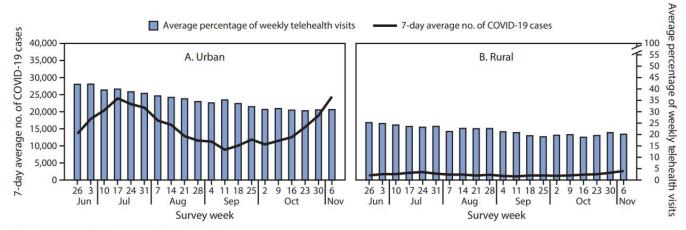FIGURE 2. Average percentage of weekly telehealth visits* among consecutively responding[†] Health Resources and Services Administration (HRSA)–funded health centers[§] (N = 245) and 7-day average number of incident COVID-19 cases,[¶] by urbanicity** — United States, June 26–November 6, 2020

Abbreviation: COVID-19 = coronavirus disease 2019.

* Percentage of weekly visits conducted virtually.
[†] Health centers that responded to the voluntary weekly HRSA Health Center COVID-19 Survey each week for 20 weeks.
[§] Health centers include HRSA-funded Federally Qualified Health Centers, which fall under the Consolidated Health Center Program (Section 1905(l)(2)(B) of the Social Security Act). Only data from HRSA-funded Federally Qualified Health Centers are included in this analysis.
[¶] Seven-day average number of COVID-19 cases was calculated for each week of the study period for the 210 counties where 245 consecutively responding health centers are located.
** Data presented do not include health centers in U.S. dependent areas because daily COVID-19 county-level case data were not available from USAFacts (https://usafacts.org/).

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Telehealth Is Often NOT Related to Need

FIGURE 1. Average percentage of weekly telehealth visits* among consecutively responding[†] Health Resources and Services Administration (HRSA)–funded health centers[§] (N = 245) and 7-day average number of incident COVID-19 cases,[¶] by U.S. Census region** — United States, June 26–November 6, 2020
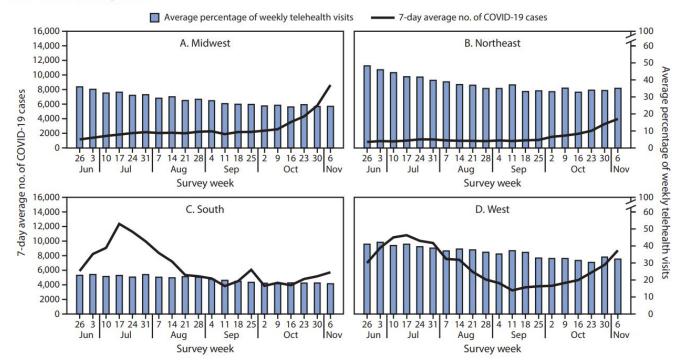

Legend: Average percentage of weekly telehealth visits — 7-day average no. of COVID-19 cases

A. Midwest
B. Northeast
C. South
D. West

Y-axis (left): 7-day average no. of COVID-19 cases
Y-axis (right): Average percentage of weekly telehealth visits
X-axis: Survey week (26 Jun – 6 Nov)

Telehealth impacts equity both pro & con

Telehealth relies on existing infrastructures of both <u>healthcare</u> and <u>technology</u> that are

fundamentally

inequitably

distributed.

Access barriers exist regardless of the technology.

Audio Use Associated with Race/Ethnicity

- White and Multi-racial patients more likely to use video

- POC more likely to use audio-only services

Karimi, M., et al. National Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services. (Research Report No. HP-2022-04). Office of the Assistant Secretary for Planning and Evaluation, U. S. Department of Health and Human Services. February 2022. https://www.aspe.hhs.gov/reports/hps-analysis-telehealth-use-2021

Race & Ethnicity

■ People with a TH visit   ■ Video   ■ Audio

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Audio Use Associated with Education

- **Greater education** associated with greater likelihood of **video** telehealth use
- **Lower education** associated with **audio** telehealth use

Audio Use Associated with Lower Income

- **Greater income** is associated with **lower likelihood** of **audio** telehealth use

Karimi, M., et al. National Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services. (Research Report No. HP-2022-04). Off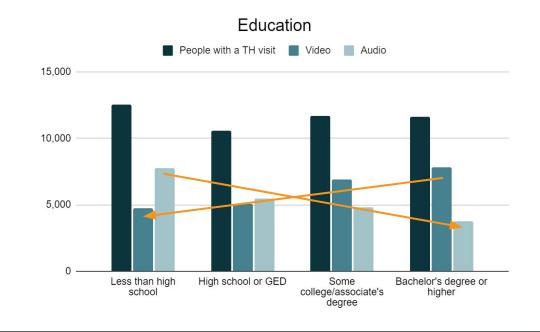ice of the Assistant Secretary for Planning and Evaluation, U. S. Department of Health and Human Services. February 2022.
https://www.aspe.hhs.gov/reports/hps-analysis-telehealth-use-2021

Household Income

■ People with a TH visit ■ Video ■ Audio

Audio and Video are Different Lifelines

Each has a its own specific uses.

Each has its own applications.

Each has situations and populations for which it is ideally suited.

Varieties of Telehealth Solutions

- Telehealth is a set of tools that can be used to solve problems.

- The final form of the solution(s) depends on the problem(s) you're trying to solve.

- Not everyone is trying to solve the same problem(s) or leverage the same resource(s).

- Solutions are **unique but similar**.

Checklist

Provider Skills

Patient Support/Training

Procedures

Billing

Provider Skills

Ideal Framing for "Eye Contact"

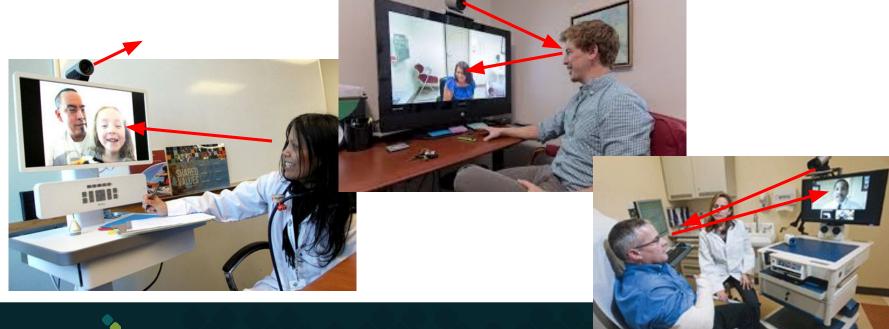- Camera directly over face
- Video image directly under the camera
- Minimize the distance between camera and eyes (on screen)

Good and Bad Examples of "Eye Contact"

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Patient Support/Training

Patient Support is Critical

Virtual "check-in" procedure

Designated staff

Tech check between 1-24 hours before

Alternate workflow for technical issues

Backup plans

Policies & Procedures

Front Desk

- BH Visit is Needed
- Contact Patient to schedule telehealth appointment in Clinic
- Appointment is scheduled Y/N
  - No → No appointment → End
  - Yes → Inform IT Liaison of date, time, length of appt., pt. name, DOB, email address.
- Patient completes PRACTICE Forms through Portal, if available, or in-person. (Pt. Consent, PRACTICE access form, PROMIS, PHQ-9, GAD-7, Etc.)
- Schedule next visit

IT Site Liaison

- At the beginning of each clinic day: ensure that the telehealth cart is set up (computer is on, connected to the internet, logged in to Zoom)
- Schedule appt in Zoom under your email address
- Send Zoom invite to both provider (email)
- On day of visit, activate the telehealth room and logged in to Zoom
- Initiate the Zoom call and admit patient from the waiting room.
- Address connectivity/technology issue

Roomer/MA

- Escort Patient to the clinic telehealth room
- Confirm technology is working properly (test audio & video)
  - No
  - Yes → Inform Provider that patient is connected and in the waiting room.

Provider

- Open Patent Record in EMR
- Confirm grant forms are completed. Assist with completion if not.
- Move Patient from "waiting room" to the active telehealth room
- Conduct patient visit
- Document and complete patient visit
- Schedule Follow-up Visit
  - Yes
  - No
- End Call, do not close Zoom

Emergency Procedures

As part of the consent/initial session:

- Discuss emergency procedures and any <u>foreseeable risks</u>
- Collect numbers for local fire, police, and other emergency contacts

In an emergency situation:

- Maintain contact and work to <u>transfer care</u> to appropriate onsite responders and/or caregivers
- Document the event and the <u>transfer of care</u>
- Make any mandated reports

Use of Scripts (Standardization)

1. Hello [--pt--]. Can you see and hear me clearly? [Adjust for lighting, sound.]

2. As you know, I'm [--provider--]. Can you confirm your name and date of birth for me, please?

3. Can you confirm your location, please?

4. Are you in safe and private place? Is anyone else in the room?

5. Do you have any questions about the privacy of this call or anything else before we begin?

6. If we get disconnected, please reconnect using the same link. If that fails, I will call you at --number--. Is that the correct number?

Other Considerations

- **Broadband**
  - Reliability is key
  - Promote WiFi access sites for patients

- **Technology Platform**
  - Flexibility; usefulness
  - Use it as much as possible

- **Professionalism**
  - Appearance, alignment

- **Operations**
  - Telehealth in consent form; workflows; policies; scripts

- **Self-care**
  - Stand up; move around; shorten sessions; take breaks

- **Policies Will Change**
  - HIPAA flexibilities
  - Audio-only
  - Controlled substances

Billing Telehealth at FQHCs
As of May 1, 2022

Policy Update

Medicare - steady until at least the end of 2022

Several current bills in play that retain some/all key new provisions:
- Payments to FQHCs/RHCs (for medical services)
- Elimination of rural requirements
- Patient's home as an originating site
- Expansions of providers and remote monitoring services

Audio-only telehealth - may be covered via 9944x codes for FFS

Medicaid - State-by-state variation will continue

Billing for Telehealth During the PHE

Any service that Medicare has approved to be furnished via telehealth can be provided by an FQHC or RHC during the COVID-19 public health emergency.

During the COVID-19 public health emergency:

- FQHCs and RHCs can bill Medicare for telehealth services as distant site providers, retroactive to January 27, 2020 (current rate for **G2025 = $97.24**)
- The patient's home is an eligible originating site during the COVID-19 public health emergency (as of March 6, 2020).
- Coverage for virtual communication services now includes online digital evaluation and management. For the purposes of billing Medicare, **these services are not considered telehealth** and reimbursed at a different rate. See virtual communication billing codes for RHCs and FQHCs for more details.

https://telehealth.hhs.gov/providers/billing-and-reimbursement/billing-medicare-as-a-safety-net-provider/

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PHE Telehealth Visits (Medical)

The CARES Act authorizes RHCs and FQHCs to provide distant site telehealth services to Medicare patients during the COVID-19 PHE.

Any health care practitioner working for you within your scope of practice can provide distant site telehealth services **from any location**, including their home.

Revenue Code **052X;** HCPCS Code **G2025;** Modifier **95** (optional)

https://www.cms.gov/files/document/se20016-new-expanded-flexibilities-rhcs-fqhcs-during-covid-19-phe.pdf

Mental Health Visits – New Rules

Effective January 1, 2022, you may provide mental health visits using interactive, real-time telecommunications technology (CY 2022 PFS).

You may use **video** or **audio-only** technology according to the client's preference and/or ability.

You can report and get paid in the same way as in-person visits.

https://www.cms.gov/files/document/se22001-mental-health-visits-telecommunications-rural-health-clinics-federally-qualified-health.pdf

Mental Health Visits

Video visits: Use appropriate mental health CPT plus modifier 95 (Synchronous Telemedicine Service Rendered via Real Time Interactive Audio and Video Telecommunications System)

Audio-only visits: Use MH CPT plus [new] modifier FQ

Reimbursement is the same as in-person (PPS/APM rate)

These visits are **billed differently than other (medical) telehealth services** provided during the Public Health Emergency (PHE) using HCPCS code G2025.

See MLN Matters Article SE20016 (link below) for information on billing G2025 for professional telehealth distant site services *other than mental health visits* during the PHE.

https://www.cms.gov/files/document/se20016-new-expanded-flexibilities-rhcs-fqhcs-during-covid-19-phe.pdf

Virtual Visits (e-Visits)

The online digital evaluation and management codes that are billable during the COVID-19 PHE are:

- 99421 (5-10 minutes over a 7-day period)
- 99422 (11-20 minutes over a 7-day period)
- 99423 (21 minutes or more over a 7-day period)
- **G2010 - image upload and review**
- **G2012 - brief check-in (phone call) with a qualified provider**

"Virtual E&M"

Patient initiated

Bill these with code G0071 (Virtual Communication Services). Payment to FQHCs for 2022 is **$23.88**

https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center

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Virtual Visits (e-Visits)

- Verbal consent is required for communication-based technology services (CBTS)

- This verbal consent is required annually, and encompasses all CBTS, NOT a consent per service or consent for each provision of the service

- These are NOT considered telehealth services; Do NOT use POS 02 and modifier 95

Cost Reporting

Costs for providing distant site telehealth services will NOT count toward the FQHC PPS rate, but these costs must be reported on the proper cost report form.

FQHCs must report both originating and distant site telehealth costs on Form CMS-224-14, the Federally Qualified Health Center Cost Report, on line 66 of the Worksheet A, in the section titled "Other FQHC Services."

https://www.cms.gov/files/document/se20016-new-expanded-flexibilities-rhcs-fqhcs-during-covid-19-phe.pdf

Prescribing Controlled Substances

During the COVID-19 public health emergency, authorized providers can prescribe controlled substances via telehealth, without the need for an in-person medical evaluation.

The Drug Enforcement Administration (DEA) has made 2 changes related to prescribing controlled substances **while the COVID-19 public health emergency remains in effect**.

- A practitioner can prescribe a controlled substance to a patient using telemedicine, **even if the patient isn't at a hospital or clinic registered with the DEA**

- Qualifying practitioners can **prescribe buprenorphine** to new and existing patients with opioid use disorder based on a **telephone evaluation**

How to Prescribe Controlled Substance to Patient During the COVID-19 Public Health Emergency (PDF) – from the Drug Enforcement Administration
Letter to physicians about buprenorphine (PDF) — from the Drug Enforcement Administration

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http://gptrac.org

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