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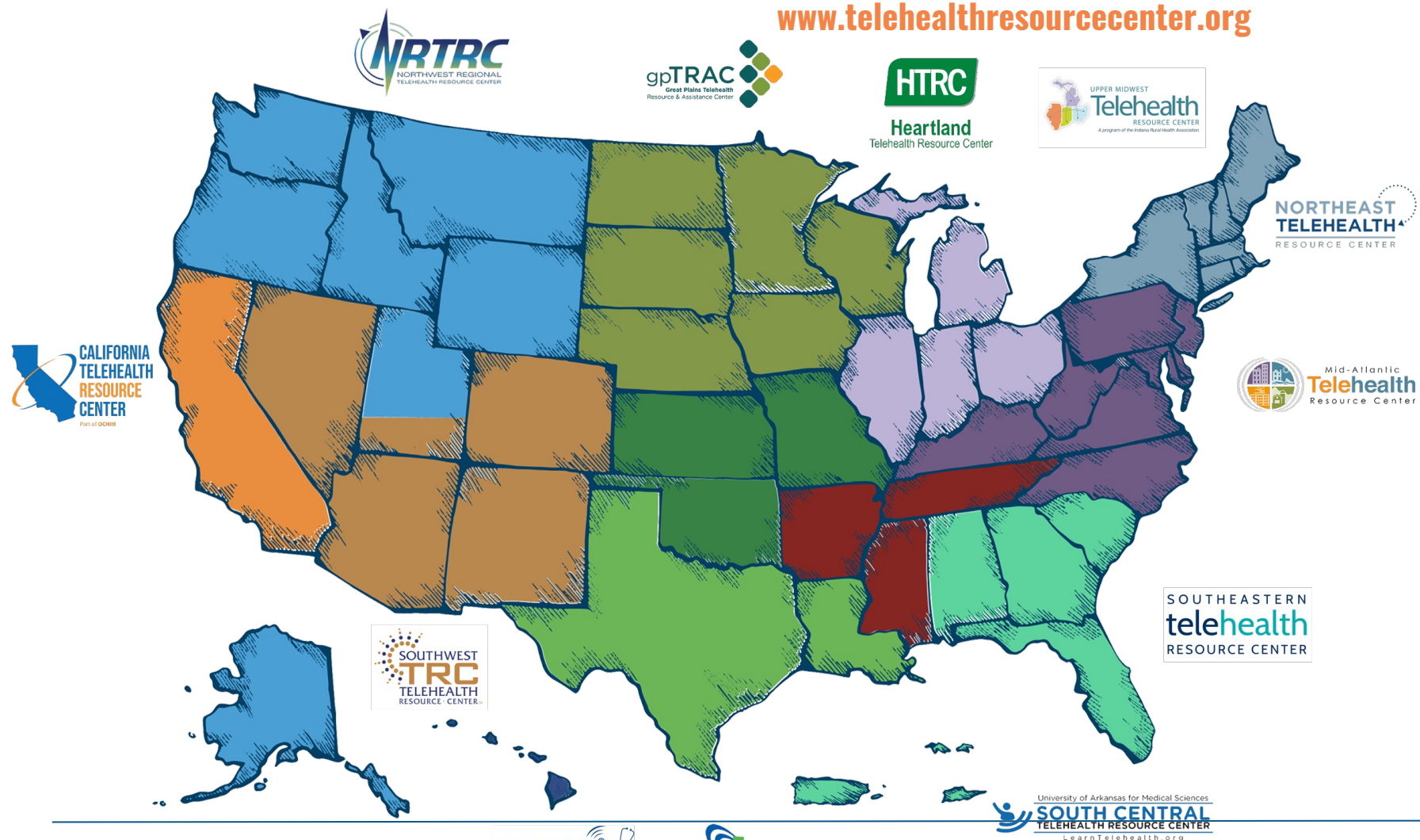
Reimagining Reimbursements: Planning for Sustainability for Telehealth Practice

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Heartland
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Reimagining Reimbursements: Planning for Sustainability for Telehealth Practice

Richelle Marting, JD, MHSA, RHIA, CPC, CEMC, CPMA, CPC-I




Richelle Marting

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Richelle Marting is an attorney, registered health information administrator, and certified coder who focuses on healthcare coding, billing, and reimbursement. She has practical, in-the-trenches experience with coding and billing issues. She has served as an outpatient multi-specialty surgery coder, hospital-based outpatient coder and a compliance coordinator for a large multi-specialty medical group. As an attorney she advises clients proactively on complex reimbursement questions and has guided multiple clients through extensive Medicare and OIG audits and investigations.

Federal Telehealth Legislation

- H.R. 4040 Advancing Telehealth Beyond COVID-19 Act of 2022 *Passed* July 28, 2022
- Same provisions as the Consolidated Appropriations Act of 2022
- Extends to December 31, 2024
-  **Important! This is not law yet. It must be passed by the Senate. Senate goes on recess after the end of this week.**
- Bipartisan negotiations to get to comprise to permanent change took place, but couldn't reach final agreement
- Hesitation seemed to be cost and uncertainty on program integrity
- No KS, MO representatives on Rules Committee, but OK member
- Waiting for report that will come out next year
- Still looking to make changes permanent

[Rules Committee Meeting on H.R. 4040 and H.R. 263 | House of Representatives Committee on Rules](#)

Overview

Telehealth in the pre-
COVID Era

Case Study: On Provider's
Story



Summary of Telehealth
Flexibilities

Moving Forward: A Path to
Telehealth Sustainability



Telehealth in the pre-COVID Era

- Restrictions on site of service
- Restrictions on supervision
- Restrictions on Performing Providers



Geographic Restrictions

- Rural health professional shortage area
- Counties outside Metropolitan Statistical Areas



Site of Service Restrictions

- Provider offices
- CAH
- RHC
- FQHC
- Hospital
- SNF
- CMHC



Performing Provider Restrictions

- Physicians
 - MD
 - DO
 - Dentist
 - Podiatrist
 - Optometrist
 - Chiropractor
- Practitioners
 - Physician assistant
 - Nurse practitioner
 - CRNA
 - Certified nurse midwife
 - Clinical social worker
 - Clinical psychologist
 - Registered dietician or nutrition professional



Communication Technology Restrictions

- Real time
- Two-way
- Audio-Visual





Achieving increased
access

Decrease unnecessary
exposures

Improve payment parity

Summary of Public Health Emergency Flexibilities to Telehealth



Removal of Obstacles to Access

- Added home as an eligible originating site
- Eliminated rural area requirements
- Considerably broadened scope of covered telehealth services
- Expanded distant site provider to any eligible Medicare billing professional and added RHCs, FQHCs, CAHs
- Added audio-only access for many services
- Reduced provider supervision requirements





How one provider group has developed models for sustainable telehealth services

Behavioral Health Case Study

Profile of the Provider

- Focuses on access to mental and behavioral health services to adults and seniors, particularly those in long term care settings from assisted living through skilled nursing and nursing home care
- Generally contracted by, not employed by, these facilities
- Bring a specialized mental/behavioral health component that may be lacking from general medical director care
- Offers specialized counseling support often lacking from general physician/APRN medical care

Their Pre-COVID Model

- Primarily face to face
- Required providers to travel onsite
- Telehealth limited to rural areas
- Facility staff would present the patient for the service

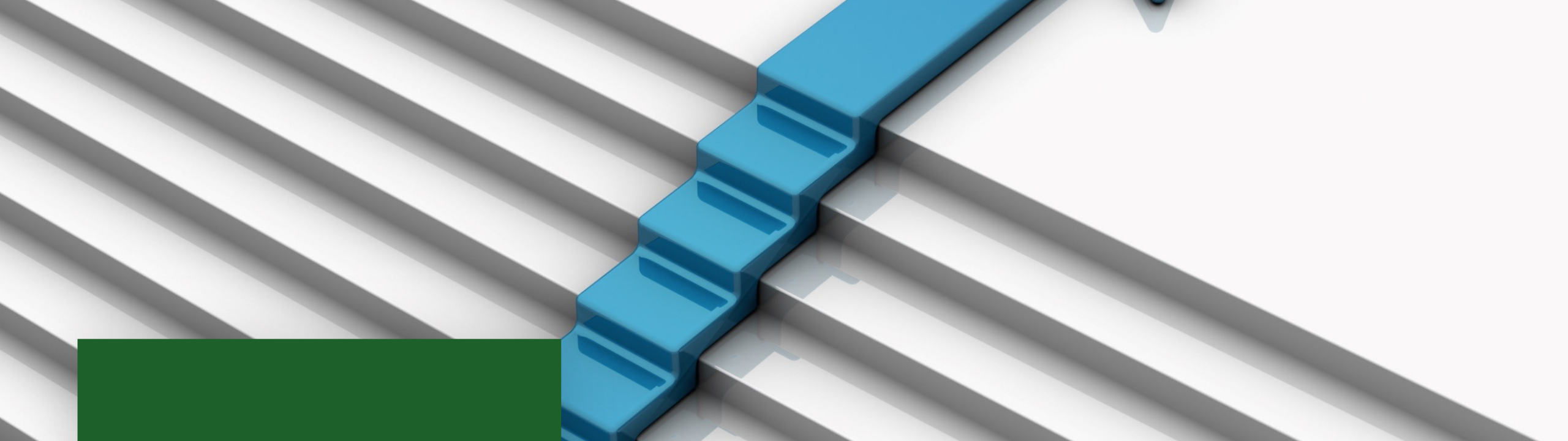
Early COVID Transitions

- Long-term care communities lock down, even to many outside providers
- At the mercy of facility policy to provide needed services
- Clinicians themselves reluctant to present face to face into the facilities for services
- Facility staffing levels strained, reducing availability to present patients for telehealth visits

Adapting to Virtual Care Expansion

- Enhanced Medicare reimbursement options in the behavioral health space, and in telehealth, created options for the group to adapt their care models to meet billing compliance needs, but more importantly mental health access needs for patients with increasingly limited access to care
- Behavioral health integration, psychiatric collaborative care, interdisciplinary team conferences, chronic care management, non face to face prolonged services
- Created facility social worker liaisons to help present patients for treatment, reduce facility burden while maintain access to care
- Onsite staff helps the distant site providers as trained eyes and ears during the visit and improved coordination with the onsite direct care team members

- Decreased visit wait times
- Better coordination of care
- Improved patient satisfaction
- Financial stability during a worldwide pandemic
- A sustainable care model that will withstand the end of the PHE



Focus on the
flexibilities that are
likely to remain after
the PHE

Moving Forward: A Path to Sustainable Telehealth



Moving Forward

- Evaluate current coding, billing options
- Understand what changes you've made during the PHE. What changes were based on flexibilities, versus which changes were made based on existing telehealth rules?
- What workflows would need to change if the flexibilities end?
- Keep an eye on legislation



Questions?



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Our Next Webinar

The NCTRC Webinar Series

Occurs 3rd Thursday of every month.

Telehealth Topic: TBA

Hosting TRC: Southeast Telehealth Resource Center

Date: October 20, 2022

Times: 11 AM – 12 PM (PT)

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