Telehealth Strategies for Home Health Providers

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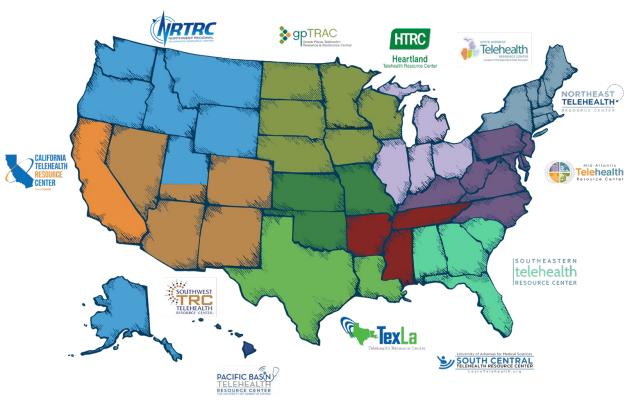# Starting & Sustaining a Telehealth or Remote Patient Monitoring (RPM) Program

Great Plains Telehealth Resource & Assistance Center

A Member of the National Consortium of Telehealth Resource Centers

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HRSA Funded Telehealth Resource Centers

Tele–Home Health Blocked in Medicare

In MEDICARE, Telehealth has "always" meant:

- Live video between **two clinic sites** (not the patient's home), with the patient site in a rural area

- The "distant" site is/has a qualified provider who performs a qualified service

- The distant provider gets paid per CPT

These conditions block out many home health agencies & services

Standard Telehealth "Playbook"

TELEHEALTH PROGRAMS LOOK FOR:

★ "Sweet spots" where a service is payable using telehealth

★ Ways to save time and costs

★ Ways to reconfigure (using telehealth) services to increase capacity

★ Services that aren't technically "telehealth"

COVID–19 Changes for Home Health

For the public health emergency (PHE) - Temporary

- Payment changes and relaxed reporting
- Initial assessments may be remote or by record review
- Onsite supervision requirements waived (virtual encouraged)

CARES Act - PERMANENT

- NP, PA, CNS can order benefits (in addition to physicians)

Strategies for Implementing Telehealth

- Use temporary grant funding to build capacity

- Pursue peripheral service strategies
  - Administrative meetings
  - Supervision
  - Physician visits (Medicaid)

- "Adjacent" service models may get paid
  - Remote monitoring services (device-based)
  - Therapeutic monitoring services (patient self-report)
  - Chronic Care Management services (under a physician)

Grant Funding

Home and Community Based Services (ARPA) State grant programs

Acceptable Uses of ARPA Funds

- Revenue replacement for government services lost due to the COVID-19 PHE,

- COVID-19 related assistance to small businesses, households, and hard-hit industries, and economic recovery,

- Premium pay for essential workers,

- Investments in water, sewer, and broadband infrastructure.

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Home and Community–Based Services (HCBS)

- 1915(c) Home and Community-Based Waiver Programs
- **Home Health Care**, including Durable Medical Equipment
- **Personal Care Services**
- **Self-Directed Personal Care Services**
- Case Management
- School Based Services
- **Rehabilitative Services**, including Behavioral Health Services
- **Private Duty Nursing**
- Alternative Benefit Plans
- **Program for All Inclusive Care for the Elderly (PACE)**

ARPA funding for HCBS

MASSIVE
- $195B to states; $25.5B equally ($500M/state) + part of $170B
- $65B to Cities
- $65B to Counties

VARIED
- State's develop plans and **implement through Medicaid**

TEMPORARY
- Funds must be spent by Dec 31, 2024

State Medicaid Home Health Policies

Medicaid Home Health Policies Vary

- Some will explicitly support telehealth
- Others will allow it (or you may have to explore)

Peripheral Services

Administration, Supervision, and Physician Visits

Administrative Meetings

STRATEGY: Reduce travel, save time, generate new uses with virtual meetings

OUR CONSISTENT FINDINGS:

The more video is a "normal" part of the workday for everyone, the more good ideas about how to use it emerge.

Supervision & Capacity

STRATEGY: Fewer skilled visits, interspersed with virtual (skilled or unskilled) visits or check-ins, leaving more skilled time capacity

- Change 2x/wk plan to 1x/wk + 2 virtual check-ins
  - Include in care plan
  - Monitor effectiveness

- Some supervision visits (Medicare) can be virtual

- **Virtual services can originate from anywhere**

Physician Visits via Telehealth

- Initial Assessments (Medicaid and Medicare)
    - Medicare: During PHE, assessments can be done remotely or via review
    - Medicaid: Since 2016, "face-to-face" physician assessments may be virtual

- Chronic Care Management
    - Requires physician to bill
    - Team-based care (unlicensed staff can provide reimbursed time)
    - Allows any type of telecommunications

- Other Physician Visits (outside home health benefit)

New/Adjacent Services

Remote and/or Therapeutic Monitoring; Chronic Care Management

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Physician Services are More Flexible

Physician Services

Chronic Care Management

Remote Physiologic Monitoring

Remote Therapeutic Monitoring

Tradeoff:

Technology flexibility

Billable only by physicians

Home Health Services

Assessment

Skilled nursing services

Skilled therapy services

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Remote Physiologic Monitoring

99453 - Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), plus initial set-up and patient education on use of equipment. (do not report 99453 for monitoring of less than 16 days.)

99454 - Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.

99457 - Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified healthcare professional time in a calendar month, requiring interactive communication with the patient/caregiver during the month; first 20 minutes.

99458 - Each additional 20 minutes (List separately in addition to code for primary procedure.)

99091 - Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring), digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified healthcare professional, qualified by education, training, licensure/ regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days.

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Remote Therapeutic Monitoring

98975 — Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); <u>initial set-up and patient education</u> on use of equipment

98976 — Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) <u>transmission to monitor respiratory system</u>, <u>each 30 days</u>

98977 — Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) <u>transmission to monitor musculoskeletal system</u>, <u>each 30 days</u>

98980 — Remote therapeutic monitoring treatment management services, <u>physician or other qualified healthcare professional time</u> in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; <u>first 20 minutes</u>

98981 — Remote therapeutic monitoring treatment management services; <u>each additional 20 minutes</u>

RPM Equipment Costs

Purchased Products							
Qty	Product Code	Product	Line Item Description	List Price	Disc	Sales Price	Total Price
5	K-6055300A1-A.12M	Genesis Touch Kit 8" Tab E-12M	Requires 12-month non-cancellable Tablet Monitor Subscription	$1,000.00	40%	$ 600.00	$ 3,000.00
5	6055310B1	BP Monitor Welch Allyn Bluetooth	Includes standard BP cuff size	$165.00	25%	$ 125.00	$ 625.00
5	6055150B1	Oximeter Bluetooth-Contec		$250.00	34%	$ 165.00	$ 825.00
5	K-5002200A1-B	Scale HomMed Wireless Kit (Juno) w/ PS only		$500.00	50%	$ 250.00	$ 1,250.00
5	3003002B1	Power Strip		$10.00		$ 10.00	$ 50.00
5	6055225B1	Stand Genesis Touch Tablet	for Genesis Touch Tablet Monitors	$30.00	67%	$ 10.00	$ 50.00
2	6055311B1	BP Cuff Welch Allyn Small	compatible with Genesis Touch Tab 4 & E	$25.00		$ 25.00	$ 50.00
2	6055312B1	BP Cuff Welch Allyn Standard	compatible with Genesis Touch Tab 4 & E	$28.00		$ 28.00	$ 56.00
2	6055313B1	BP Cuff Welch Allyn XL	compatible with Genesis Touch Tab 4 & E	$38.00		$ 38.00	$ 76.00
Taxes not included				Total			$5,982.00

Annual Recurring Fees							
Qty	Product Code	Product	Line Item Description	List Price	Disc	Sales Price	Total Price
5	VY.TM	Subscription Fee Yearly Tablet Monitors	$40/mo per Tablet Monitor for 12 months	$480.00	25%	$ 360.00	$ 1,800.00
Taxes not included				Total			$1,800.00

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Chronic Care Management

Team-based Care
- Teams may include licensed and unlicensed staff

Technological Flexibility
- Any kind of telehealth can be used (including telephone or text)

Wide Range of Qualified Activities
- All qualified activities done on behalf of the patient, including chart review, data review, case conferences, etc.

Chronic Care Management – Details

REGULAR

99490 - Chronic care management clinical staff time, directed by a physician or other qualified provider, at least 20 minutes in a month

99439 - Chronic care management services, additional 20 minutes

COMPLEX

99487 - Chronic care management clinical staff time, directed by a physician or other qualified provider, at least 60 minutes in a month

99489 - Chronic care management services, additional 30 minutes

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http://gptrac.org

http://telehealthresourcecenters.org