Virtual Visits:
Collecting Fees & Operational Logistics

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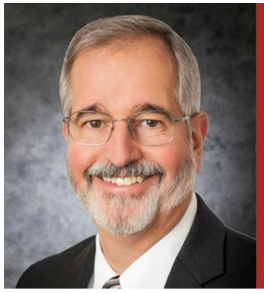

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Compliance
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Coding, billing, and related documentation – including telehealth

Objectives

1. Understand the processes that must be managed to successfully implement virtual visits.
2. Focus on revenue cycle requirements to ensure collections are received for care rendered.
3. Be aware of conditions expected to sustain virtual visits after the pandemic.

Virtual Visits – Background

- A form of remote telehealth delivery in which patient-provider interactions occur through telecommunications technology
  - Synchronous – Interaction occurs in real time
    - Video teleconferencing
    - Telephone
  - Asynchronous – Interactions have time lags between responses
    - Patient portal messaging
    - Secure email messaging
    - Secure text messaging
- Concept imbedded in office practices 'forever'
  - Telephone consults during and after normal business hours

Virtual Visits – Background

- Benefits
  - Patients
    - Greater convenience
      - Timing, Travel
    - Greater access – primary and specialty care
    - Lower costs
  - Providers
    - Greater convenience
    - More flexible scheduling/time management
    - Improved access to patients
      - Removes transportation barrier
    - Greater access to consultants
  - Administration
    - Decreased cost of care
    - Increased operational efficiency

Virtual Visits – Background

- Historic barriers to expanding concept
  - Reimbursement in fee-for-service environment
    - Promoted in capitated or full risk environment
    - Advocated in 1990s managed care movement
  - Patient acceptance
  - Provider acceptance
  - Secure mechanism that protects patient privacy
    - Even pre-HIPAA
  - Availability of technology
  - Facile use of technological capabilities

Virtual Visits – Background

- Concept promoted in transition toward value-base care
- Slowly advancing recent progress in healthcare industry
- Accelerated by national companies offering online services
  - American Well; Teledoc; others
    - Upfront payment of flat fee for service
    - Started to be offered in employee benefits
- Accelerated by younger generations of patients
  - Favored by Millennials

Virtual Visits – Background

- Suddenly exploded with COVID-19 pandemic
  - Social distancing
  - Canceling elective face-to-face encounters
  - Conserving resources (PPE)
  - Relaxation of regulatory restrictions
  - Payment in fee-for-service manner

Virtual Visits – Strategic Imperatives

- Immediate Term
  - The COVID-19 pandemic necessitated changes in our care delivery processes
  - COVID-19 response compels virtual triage for the illness and appropriate subsequent interventions
  - Most practices have experienced a decrease in office encounters of more than 50% since elective visits eliminated (at least since March 18th)
  - Virtual visits permit
    - Acute, sub-acute, and chronic care interactions with patients so that patient needs can be anticipated and met
    - Engagement and ongoing utilization of providers and staff
    - Sources of patient care revenue to offset losses related to canceled visits
  - Develop operational processes required to benefit from virtual care provision
    - May require expansion of patient portal permissions or utilization

Virtual Visits – Strategic Imperatives

- Longer Term
  - Look beyond the COVID-19 pandemic to
    - Identify operational processes to sustain virtual care initiatives and use to augment patient access to practice
    - Determine whether secure platforms are needed (unlikely that platform latitude will extend beyond COVID-19 pandemic)
      - EMR-based or separate system; BAA in place
    - Create approach to chronically market these services to patients
    - Ascertain whether other investments, such as altered staffing models, are/will be needed to perpetuate virtual care
    - Explore options for ongoing reimbursement with commercial insurers
    - Determine business models required to maximize success with increasing levels of risk contracting – bending the cost curve
    - Anticipate impact on provider compensation model

Virtual Visits – Medicare Telehealth Visits

- March 17th – CMS announced expanded reimbursement for telehealth interactions for Medicare beneficiaries during the COVID-19 pandemic
  - Preceded March 18th announcement eliminating non-urgent encounters
  - Designed to permit access to care and offset projected revenue losses
  - Previously only reimbursed for virtual encounters if
    - In designated rural environments -- **and** –
    - Patient physically present in a healthcare facility during the interaction
  - Expansion
    - Included many hospital, SNF, and office encounters
      - List of covered service codes available at https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
    - **Reimbursement rates and wRVU credit at standard face-to-face values**
    - Outlined new provision parameters

Virtual Visits – Medicare Telehealth Visits

- Requirements
  - Only applies during the COVID-19 National Emergency
  - Must use an interactive audio and video telecommunications system that permits real-time communication between the provider and the patient at home
  - Can use any "non-public facing" telecommunications technology
    - OK
      - Zoom, Skype, Apple Face Time, Facebook Messenger video chat, Google Hangouts video
    - NOT OK
      - Facebook Live, Twitch, TikTok
  - Medicare co-pays and deductibles apply to each virtual encounters
    - Providers allowed discretion to reduce or waive these fees if desired
  - Intended to be for established patients, but OK to use used for new patients
    - HHS not auditing the process

Virtual Visits – Medicare Telehealth Visits

- Requirements
  - Eligible provider types include
    - Physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals
  - Medicare claim submission
    - Code encounter per usual process
      - e.g., 99213
    - Add modifier 02 to indicate Telehealth
  - CMS Fact Sheet located at https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
- CMS and state governments urging commercial insurers to provide similar coverages
  - Check with state Medicaid and individual local payers for covered services and associated modifiers

Virtual Visits – Medicare Telehealth Visits

- Medicare re-emphasized telehealth coverages promulgated in the 2019 and 2020 Medicare Physician Fee Schedule Final Rules
  - Intended to move care delivery toward full risk mentality but provide interval fee-for-service-like reimbursement and workload credit
  - These will continue to be valid after the COVID-19 National Emergency
    - Virtual Check-ins
    - E-Visits
    - "Store and Forward" Communication
    - Interprofessional Internet Consultation
    - Chronic Care Remote Physiologic Monitoring
    - Self-measured BP Treatment Plan Support
  - Interactions with clients indicate a lack of pervasive knowledge about and implementation of these interactions in daily office operations

Virtual Visits – Medicare Telehealth Visits

- **Virtual Check-ins**
  - Established in the 2019 Medicare Physician Fee Schedule Final Rule
  - Applies only to established patients
  - Must be patient initiated contact – usually via telephone
    - Practices permitted to educate eligible beneficiaries about availability and requirements – even during the telephone consultation process
  - Must be completed by a credentialed provider
  - Patient's verbal consent must be documented in the medical record
  - Medicare co-pays and deductibles apply.
  - Providers can respond via any modality such as telephone, secure test messaging, secure email, or patient portal.
  - Cannot originate from an E&M service in previous 7 days
  - Cannot lead to an E&M service or procedure within the next 24 hours or the soonest available appointment from the interaction

Virtual Visits – Medicare Telehealth Visits

- **Virtual Check-ins** (continued)
  - Coded as G2012
  - Assumes 5-10 minutes of medical discussion by a credentialed provider
  - Average reimbursement rate of $14.80
  - wRVU credit of 0.25

Virtual Visits – Medicare Telehealth Visits

- **E-Visits**
  - Established in the 2020 Medicare Physician Fee Schedule Final Rule
  - Essentially a "Virtual Check-in" through an **online patient portal**
  - Initiated by patient through online patient portal
  - Provider responds via the online patient portal
  - All other "Virtual Check-in" requirements apply
    - Established patients; verbal consent; co-pays and deductibles apply; cannot originate from an E&M service in previous 7 days; cannot lead to an E&M service or procedure within the next 24 hours or the soonest available appointment from the interaction
  - Permits tiered payment based on cumulative time expended over 7 day period
  - Coding based on provider type

Virtual Visits – Medicare Telehealth Visits

- **E-Visits** (continued)
  - Coding for practitioners who may independently bill Medicare for evaluation and management visits (e.g., physicians, APRNs, PAs) bill the following codes:
    - 99421: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
    - 99422: Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes
    - 99423: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

Virtual Visits – Medicare Telehealth Visits

- **E-Visits** (continued)
  - Coding for clinicians who may not independently bill for evaluation and management visits (e.g., physical therapists, occupational therapists, speech language pathologists, clinical psychologists) bill the following codes:
    - G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
    - G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes
    - G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes

Virtual Visits – Medicare Telehealth Visits

- **E-Visits** (continued)
  - Reimbursement rates and wRVU Credit

Code(s)	Rate	wRVU
99421	$15.52	0.25
99422	$31.04	0.50
99423	$50.16	0.80
G2061	$12.27	0.25
G2062	$21.65	0.44
G2063	$33.92	0.69

Virtual Visits – Medicare Telehealth Visits

- "**Store and Forward" Communication**
  - Established in the 2019 Medicare Physician Fee Schedule Final Rule
  - Applies to remote evaluation of recorded video and/or images submitted by an established patient through asynchronous transmission of health care information
  - Permits provider payment when a patient submits a photo or video information to evaluate the patient's condition or to assess whether a visit is needed
  - All requirements and parameters of a "Virtual Check-In" apply
  - Coded as G2010
  - Average reimbursement rate of $12.27
  - wRVU credit of 0.18

Virtual Visits – Medicare Telehealth Visits

- **Interprofessional Internet Consultation**
  - Established in the 2019 Medicare Physician Fee Schedule Final Rule
  - Establishes payment for telephone, internet, or EHR-based interprofessional consultations when the treating provider requests the opinion and/or treatment advice of a consulting provider with specialty expertise to assist with the diagnosis or management of a patient's problem without the need for face-to-face patient contact with the consulting provider.
  - The following codes apply to this situation:
    - 99446 – 5-10 minutes of discussion or review
    - 99447 – 11-20 minutes of discussion or review
    - 99448 – 21-30 minutes of discussion or review
    - 99449 – > 31 minutes of discussion or review
    - 99451 – Consultant provides a written report to the requesting provider and involved 5 or more minutes of consultative time
  - Patient's verbal consent must be documented in the medical record
  - Medicare co-pays and deductibles apply

Virtual Visits – Medicare Telehealth Visits

- **Interprofessional Internet Consultation** (continued)
  - Establishes reciprocal payment for treating provider the when the consultant requests similar information from the treating provider.
  - The following code applies to this situation:
    - 99452 – Provided by a treating/requesting provider; 30 minutes
  - Patient's verbal consent must be documented in the medical record
  - Medicare co-pays and deductibles apply

Virtual Visits – Medicare Telehealth Visits

- **Interprofessional Internet Consultation** (continued)
  - Reimbursement rates and wRVU Credit

Code(s)	Rate	wRVU
99446	$18.41	0.35
99447	$37.17	0.70
99448	$55.58	1.05
99449	$73.98	1.40
99451	$37.53	0.70
99452	$37.53	0.70

Virtual Visits – Medicare Telehealth Visits

- **Chronic Care Remote Physiologic Monitoring**
  - Established in the 2019 Medicare Physician Fee Schedule Final Rule
  - Allows payment for set-up, technical supply, and treatment management services when furnishing remote patient monitoring (RPM) services
    - 99453 – For the set-up and patient education on the use of RPM device(s).
      - Reported once for each episode of care beginning when the remote monitoring service is initiated and ending with attainment of targeted treatment goals.
    - 99454 – For the monthly supply of device(s) for daily recording(s) or programmed alert(s).
    - 99457 – For clinical staff/physician/other qualified health care provider remote physiological monitoring treatment management services of a patient under a specific treatment plan.

Virtual Visits – Medicare Telehealth Visits

- **Chronic Care Remote Physiologic Monitoring**
  - Reimbursement rates and wRVU Credit

Code(s)	Rate	wRVU
99453	$18.77	0.00
99454	$62.44	0.00
99457	$51.61	0.61

Virtual Visits – Medicare Telehealth Visits

- **Self-measured BP Treatment Plan Support**
  - Established in the 2020 Medicare Physician Fee Schedule Final Rule
  - 99473 – Self-measured BP using a device validated for clinical accuracy. Includes patient education/training and device calibration.
  - 99474 – Separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by patient or caregiver to the provider, with report of average systolic and diastolic pressures and subsequent communication of treatment plan to the patient.
  - Caveats
    - Cannot be in same calendar month as ambulatory BP monitoring
    - Cannot be reported in conjunction with remote monitoring codes

Virtual Visits – Medicare Telehealth Visits

- **Self-measured BP Treatment Plan Support**
  - Reimbursement rates and wRVU Credit

Code(s)	Rate	wRVU
99473	$11.19	0.00
99474	$15.16	0.18

Virtual Visits

- **Conclusions**
  - Virtual visits offer immediate care delivery advantages to
    - Provide needed patient care interactions in a safe, acceptable manner
    - Engage currently underutilized provider and support staff in worthwhile care initiatives in a safe environment
    - Generate revenues for services rendered
  - Virtual visits offer longer term care delivery alternatives to
    - Provide needed patient care through a mutually convenient, secure mechanism
      - Explore future options now and enter BAA if necessary
    - Expand access to practice services
    - Expand access to patients
    - Engage patients in a manner that is most acceptable to them
    - Safely deliver care in the most cost effective manner
    - Prepare for full risk contracting

Questions

Company Overview

HSG Builds High-Performing Physician Networks so Health Systems Can Address Complex Changes with Confidence.

Headquarters: Louisville, KY
Formed: 1999
Client Base: Non-Profit Hospitals & Health Systems
Focus: Health System and Physician Network Strategy and Execution

Physician Strategy

- Healthcare System Strategic Plans
- Employed Physician Network Strategy
- Growth Strategy
- Shared Vision and Culture Development
- Physician Manpower Plans
- Service Line Strategy
- Co-Management

Performance Improvement

- Network Performance Improvement
- Performance Improvement Implementation
- Network Revenue Cycle
- Practice Care Model Transformation
- Practice Acquisition

Physician Leadership

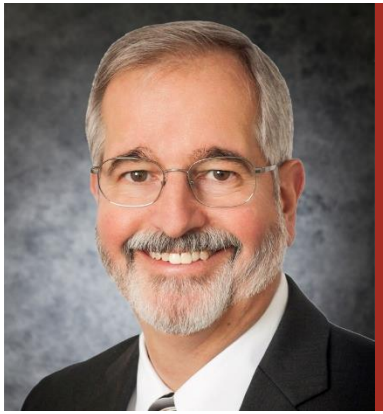
- Shared Vision and Culture Development
- Physician Burnout
- Physician Governance and Leadership

Network Integrity

- Patient Share of Care
- Patient Flow
- Provider Location and Service Analysis
- Market Insight

Physician Compensation

- Compensation Plan Design
- Fair Market Value and Commercial Reasonableness Opinions



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6 Years at HSG
36 Years in the Industry

Strengths

- Shared vision and strategic planning
- Physician alignment and engagement
- Physician leadership structure
- Development of clinical operations, assessments, and transformation

Client Accomplishments

- Worked with client executives and physicians to create shared visions that led to significant advances in network function and outcomes

PROFESSIONAL EXPERIENCE

After retiring from Naval service, Dr. McWilliams spent a decade as the Vice President of Medical Affairs and Chief Medical Officer at Newport Hospital, a non-teaching community hospital within a larger academic health system. As CMO, he supervised the Medical Staff Services Office and was additionally responsible for quality of care/patient safety/risk management, clinical information systems, physician recruitment and clinical service line development. At the system level, he was intimately involved in creating system-wide Medical Staff Bylaws, spearheading various clinical IT projects, and contributing to broad-based performance improvement efforts.

EDUCATION

Terry received his MD from the University of Pittsburgh School of Medicine and completed family medicine residency in the Navy. He completed a Master of Science in Jurisprudence (MSJ) in Hospital and Health Law from Seton Hall University School of Law.

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12 Years at HSG
23 Years in the Industry

Strengths

- Employed physician network management
- Physician network assessment and optimization
- Physician alignment and engagement
- Network executive recruitment and contracting

Client Accomplishments

- Improved quarterly collections for client's employed physician network by $1.7 million

PROFESSIONAL EXPERIENCE

Mr. Creech's practice focuses on appropriately assessing the needs of employed physician networks, identifying opportunities to enhance the performance and culture of these networks and developing a strategic vision for the future for these networks to become an asset for the organization. His firmly-held belief is that HSG develops partnerships that benefit clients by having consistent advice from advisors who understand the market and knows the key players. He uses the phrase "The HSG Experience" to describe success provided to partner clients.

EDUCATION

Davis was an executive at Jewish Hospital for 7 years with leadership roles in Physician Management, Network Referral and Development. He holds Masters' degrees in Business and Hospital Administration from Xavier University and a Bachelors Degree in Economics and Management from Centre College.