Sustaining Telehealth: Reimbursement Case Studies for Tele-Neurology

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Lisa Chartier, Manager, Billing & Follow Up, Community Clinical Services
A little bit about us...

• Covenant Health is an innovative, Catholic regional health delivery network and a leader in values-based, not-for-profit health and elder care. Covenant consists of hospitals, skilled nursing and rehabilitation centers, assisted living residences, and community-based health and elder care organizations throughout New England. We are committed to the health of the individuals and communities we serve, and strive to offer a continuum of high quality care.

• Acute Care Hospitals
  St. Joseph Hospital, Nashua, NH
  St. Joseph Healthcare, Bangor, ME
  St. Mary's Health System, Lewiston, ME
Telemedicine at Covenant Health

- System Director position created in December 2017
- Telepsychiatry offered since 2011 (covering 5 hospital emergency rooms)
- Tele-ICU at St. Mary’s in Lewiston
- Remote patient monitoring offered for chronic disease patients upon discharge (partnership with Androscoggin Home Care and Hospice)
- Triple Care at 3 skilled nursing facilities (24/7 bedside coverage)
- “Open Notes,” shared documentation for patients to access within EMR (This is a movement nationally and internationally that aims to improve communication between patients and their caregivers.)
- Teleneurology: Offered by St. Mary’s Neurology to patients of St. Joe’s Healthcare in Bangor and Penobscot Community Health Centers.
Teleneurology Services

• Started due to a lack of neurology services available in the Bangor area. St. Joe’s does not have neurologists on staff, and EMMC has long wait times.

• Patients have longer drive times to see neurologists outside of Bangor. ~4 hour drive time to Lewiston and back for appointments at St. Mary’s.

• St. Mary’s has 3 neurologists on staff, and a willing provider to offer telemed visits.

• Service offered to patients from St. Joe’s and Penobscot Community Health Centers, 2 Wednesdays/month, visits booked between 8am-12pm.

• Due to geographic restrictions, we cannot bill Medicare for tele visits from St. Joe’s. Medicare patients can self pay, or choose to be seen in person at Lewiston.

• Martin’s Point Medicare Advantage plan will reimburse for telehealth!
For Primary Care Providers:
Shorter wait times for NEUROLOGY consults through TELEMEDICINE
In partnership with St. Mary’s Neurology Associates

Carl Robinson MD
St. Mary’s Regional Medical Center

Step 1: Submit the order

Step 2: Dr. Robinson will review the order to determine if patient qualifies for telemedicine. Some patients may require an initial in-person office visit. Here are some general criteria:

<table>
<thead>
<tr>
<th>Patients who are usually telemedicine candidates w/o initial office visit</th>
<th>Patients who may need an initial office visit to qualify for telemedicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache/migraine</td>
<td>ALS</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>Parkinson’s disease</td>
</tr>
<tr>
<td>Post-stroke</td>
<td>New multiple sclerosis</td>
</tr>
<tr>
<td>Neuropathy</td>
<td>Gait disturbance</td>
</tr>
<tr>
<td>MS follow-up/existing dx</td>
<td>Progressive unexplained weakness</td>
</tr>
</tbody>
</table>

Insurance considerations
- Medicare will not cover telemedicine. Self-pay is an option, or travel to Lewiston may be offered for Medicare patients.
- If an office visit is recommended, the follow up appointment may be accomplished via telemedicine.

For information or further instructions call 207-777-4455
A service of St. Joseph Healthcare St. Joseph Hospital stjoeshelathing.org
Members of Covenant Health
Patient Workflow- Teleneurology

• Patient is referred for a consult. Patient records are sent to St. Mary’s Neurology for review.

• If patient is appropriate for a telemed consult, St. Mary’s staff will schedule the appointment on a designated “telemedicine day.” They will call the patient and review the processes for the appointment.

• The schedule is shared with staff at St. Joe’s, and prior to the appointment, staff at St. Joe’s confirms the patient insurance coverage and co-pay amounts. Patients are reminded that co-pays are due at the time of service.

• Patient arrives at St. Joseph’s Internal Medicine office for appointment and registers with reception staff. Co-pay is collected and routed to St. Mary’s Neurology.
Patient Workflow

- Patient visit occurs and St. Mary’s neurologist enters the charges in Epic EMR. Office location is specific for telemedicine visit- “SML-Neurology at SJIM.”
- Provider enters charges for the visit.
- Appropriate coding is applied, identifying the claim as tele-visit (GT modifier added, provider site is recognized as telemed vs. in office).
- Claim is billed out to appropriate payer.
Reimbursement in Maine

• Coverage of telemedicine services. A carrier offering a health plan in this State may not deny coverage on the basis that the coverage is provided through telemedicine if the health care service would be covered were it provided through in-person consultation between the covered person and a health care provider. Coverage for health care services provided through telemedicine must be determined in a manner consistent with coverage for health care services provided through in-person consultation. A carrier may offer a health plan containing a provision for a deductible, copayment or coinsurance requirement for a health care service provided through telemedicine as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to an in-person consultation.
Mainecare Reimbursement for Telehealth

• When billing for Interactive Telehealth Services, Health Care Providers at the Receiving (Provider) Site should bill for the underlying Covered Service using the same claims they would if it were delivered face to face, and should add the GT modifier.

• If the Health Care Provider at the Originating (Member) Site is making a room and telecommunications equipment available but is not providing clinical services, the Health Care Provider at the Originating (Member) Site may bill MaineCare for an Originating Facility Fee using code Q3014 for the service of coordinating the Telehealth Service. An Originating Facility Fee may not be billed for a Telephonic Service.
MaineCare Example

<table>
<thead>
<tr>
<th>Location</th>
<th>Practice</th>
<th>Place Of Svc</th>
<th>Refer. Dr.</th>
<th>Batch#</th>
<th>Voucher Status</th>
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<tbody>
<tr>
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<tr>
<td>Claim#</td>
<td>Bill Media</td>
<td>Billing Prov</td>
<td>Local Use Text</td>
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</table>

19647820  Electronic  crobinso  GT MOD OMITTED FROM CLM ADDED

Voucher Notes
Practice omitted the GT modifier on the service added and held from electronic billing 071117 aj
Removed claim from hold and rebilled 11/20/2017df

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<th>Dates of Service</th>
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<th>Diag2</th>
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<tr>
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<td>99244OPNSP</td>
<td>GT</td>
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<table>
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<tr>
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Commercial Payer Example

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<th>Billing Prov</th>
<th>Local Use Text</th>
<th>Orig</th>
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<tr>
<td>21781410</td>
<td>Electronic</td>
<td>crobinso</td>
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<td>21781410</td>
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Voucher Notes

corrected pcp to e duke per anthem, saved and passed edits, 18Jan2018

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<tr>
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<th>Reference</th>
<th>Coverage Type</th>
<th>Insurance</th>
<th>Transaction</th>
<th>Pmt Amt</th>
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<tbody>
<tr>
<td>12/22/2017</td>
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<td>PATIENT CREDIT CARD PAYMENT OFFICE</td>
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Things to Consider and Lessons Learned...

• Understand where your opportunities for reimbursement lie, and reach out to payers to learn more about their policies for telehealth.
• We are still figuring out the originating site fee billing for MaineCare. Commercial payers usually do not pay an originating site fee.
• Remember that there are commercial plan differences for self insured employers (ie: State of Maine employee benefits example).
• Running patient benefits prior to an appointment is key- anticipate co-pay collection and high deductible plan costs.
• Consider that “return on investment” for telehealth isn’t always about payment for services– cost savings, time efficiencies, provider and patient satisfaction are also important performance metrics.
Measures of Success

• Increased access to specialty care.

• Reduced travel time for patients and providers.

• Increase in provider/staff engagement and satisfaction.

• Patient satisfaction and willingness to use the service.
Provider Feedback

“Since it's inception, I've been very pleased with the results! Patients seem to be adapting extremely well to what at first seems like an unusual experience and in the end, they say that they are happy to be receiving good care without having to wait many months for the appointment and without having to take a 4-hour-round-trip drive to Lewiston.

For me, I think it is good experience to learn how to master this technology now. Based on what I see in the successes of our program, I envision that more health care is likely to be delivered in this way.”

Dr. Carl Robinson, St. Mary’s Neurology Associates
TELEMEDICINE-PATIENT/GUARDIAN SURVEY

Date of visit: 12/22/17
Time of visit: 11:15

1. The telehealth provider was professional.

2. Staff was knowledgeable about the equipment.

3. The process for the appointment was convenient and easy for me to understand.

4. Using telemedicine technology was comfortable for me.

5. I would like to continue using telemedicine appointments in the future.

6. Overall, I had a positive, helpful experience.

Optional Additional Comments or Suggestions:

GREAT SERVICE - DIDN'T HAVE TO DRIVE TO LEWIS STATION

Patient Label

COVENANT HEALTH
Reimbursement Resources

• Center for Connected Health Policy- http://www.cchpca.org/


• CMS Telehealth Eligibility Analyzer- https://data.hrsa.gov/tools/medicare/telehealth
Questions, Comments?

Thank you for joining today’s webinar!

Contact information: mlovering@covh.org