



NATIONAL CONSORTIUM OF
TELEHEALTH
RESOURCE CENTERS

Telehealth and COVID-19

March 19th, 2020





NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

The National Consortium of Telehealth Resource Centers (NCTRC) consists of 14 Telehealth Resource Centers (TRCs). As a consortium, the TRCs have an unparalleled amount of resources available to help virtual programs across the nation, especially within rural communities. Each TRC is staffed with telehealth experts to who are available to provide guidance and answer questions. As telehealth continues to gain more visibility and recognition in healthcare, the TRCs will remain positioned to provide assistance for all.

Regionals

CTRC



gpTRAC



HTRC



MATRC



NETRC



NRTRC



PBTRC



SCTRC



SETRC



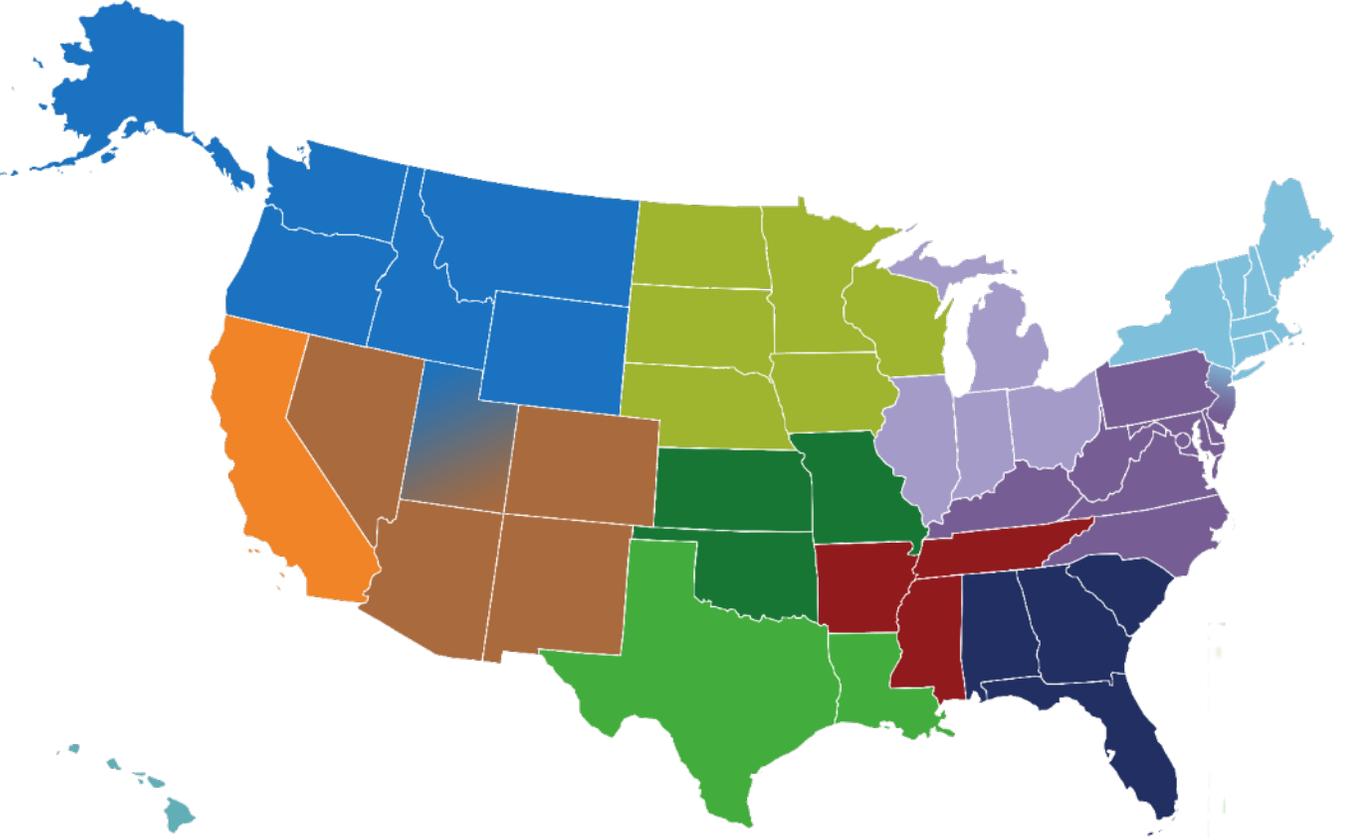
SWTRC



TexLa



UMTRC



Nationals

CCHP



TTAC



Webinar Tips and Notes

- Your phone &/or computer microphone has been muted.
- Due to the large number of attendees, please do not flood the Q&A function.
- If we do not reach your question, please contact your regional TRC. There may be delays in response time:
<https://www.telehealthresourcecenter.org/contact/>
- Please fill out the post-webinar survey.
- The webinar is being **recorded**.
- Recordings will be posted to our YouTube Channel:
<https://www.youtube.com/c/nctrc>



COVID-19 Telehealth Toolkit

The National Consortium of Telehealth Resource Centers have released a COVID-19 Telehealth Toolkit. Its purpose is to assist organizations with the implementation of telehealth. View the full toolkit here:

<https://www.telehealthresourcecenter.org/wp-content/uploads/2020/03/Telehealth-and-COVID-19-FINAL.pdf>



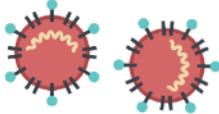
National Consortium of Telehealth Resource Centers

COVID-19 Telehealth Toolkit

March 18, 2020

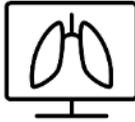
What is COVID-19?

Coronavirus disease 2019 (COVID-19) is a novel coronavirus that has not been previously identified. Symptoms include cough, difficulty breathing, fever, and mild to severe respiratory illness. According to the [Centers for Disease Control and Prevention \(CDC\)](#), the virus currently seems to be easily spreading throughout communities in the United States ([community spread](#)), meaning "some people have been infected and it is not known how or where they became exposed".



What is Telehealth?

The [Health Resources and Services Administration \(HRSA\)](#) of the U.S. Department of Health and Human Services defines telehealth as the use of electronic information and telecommunications technologies to support and promote long distance clinical health care, patient and professional health-related education, public health and health administration.



Telehealth can address COVID-19 and other epidemic situations by limiting exposure to infection for vulnerable populations and health care workers. Telehealth can also expand the reach of resources to communities that have limited access to needed services. This allows patients to receive health services away from settings where potential for contracting COVID-19 are high, such as hospitals, health clinic waiting rooms, private practices, etc.

The [National Consortium of Telehealth Resource Centers \(NCTRC\)](#) is composed of 12 regional and 2 national federally funded telehealth resource centers (TRCs) who offer assistance and resources for the planning and implementation of telehealth operations. [Reach out to your regional TRC](#) for more information on telehealth and COVID-19. For a comprehensive collection of resources related to telehealth and COVID-19 response refer to the [Northeast Telehealth Resource Center \(NETRC\) COVID-19 Epidemic Telehealth Weblogography Toolkit](#).

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Agenda

1. Introduction
2. COVID-19 Panelist Discussion
3. Q&A with Panelists
4. Technology Overview from TTAC
5. Q&A with Technology Specialist, Jordan Berg
6. Policy Overview from CCHP
7. Q&A with Executive Director, Mei Kwong
8. Conclusion

Thank you for attending our webinar. This will be recorded and made available after the session. To avoid flooding the Q&A, please direct your questions to your regional TRC at <https://www.telehealthresourcecenter.org/contact/>.



Speaker Biographies



Kerry Palakanis, DNP, FNP-C
Executive Director Connect Care Operations
Intermountain Healthcare

Dr. Kerry Palakanis is the Executive Director of Connect Care at Intermountain Healthcare in Utah where she heads up the direct to consumer telehealth product lines. She is a Family nurse practitioner who has worked for over 28 years in family practice specializing in rural health and telemedicine. Dr. Palakanis has served as a featured speaker at State and National programs on issues related to rural health care delivery and telemedicine, has provided testimony to state and federal legislature on telemedicine bills, has received state and federal grants for telemedicine programs, piloted remote patient monitoring grant program; consulted in the development of a national chronic disease management and collaborates with various companies to develop/initiate innovative programs to provide connectivity and telehealth solutions.

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Speaker Biographies



Art Saavedra, MD/PhD, MBA
Endowed Chair of Dermatology
Chief of Ambulatory Strategy and Operations
University of Virginia Health System

Dr. Saavedra specializes in the diagnosis and care of complex medical dermatology and his clinical interests include HIV dermatology, severe drug reactions that manifest with dermatologic complications, and care of oncologic and post-transplant patients. He has a particular focus on advanced therapeutics and the development of algorithms for the novel treatment of poorly understood skin disorders. He is considered one of the national experts in the care, management and immunopathology of Graft-versus-host disease. Dr. Saavedra is an editor of Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology, the most widely read dermatology atlas for diagnosis and treatment of skin conditions. He has performed funded research and has been elected to the HealthCare Advisory group for the American Academy of Dermatology. He is also the immediate past president for the Virginia Dermatology Society and is on the Board of the American Medical Dermatology Society.

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Intermountain Connect



Intermountain Healthcare – At a Glance

Helping people live the healthiest lives possible

23
Hospitals, 2,800
Licensed Beds

185
Clinics

39,500
Caregivers

2,200
Employed Physicians &
APCs, 3,500 Affiliates

45%
Utah's population
cared for annually

Telehealth Services

- **Launch in 2013** – 420 visits
- **1300** Access Points
- **500+** Providers using telehealth
- **1.2 million** Projected telehealth encounters in 2020



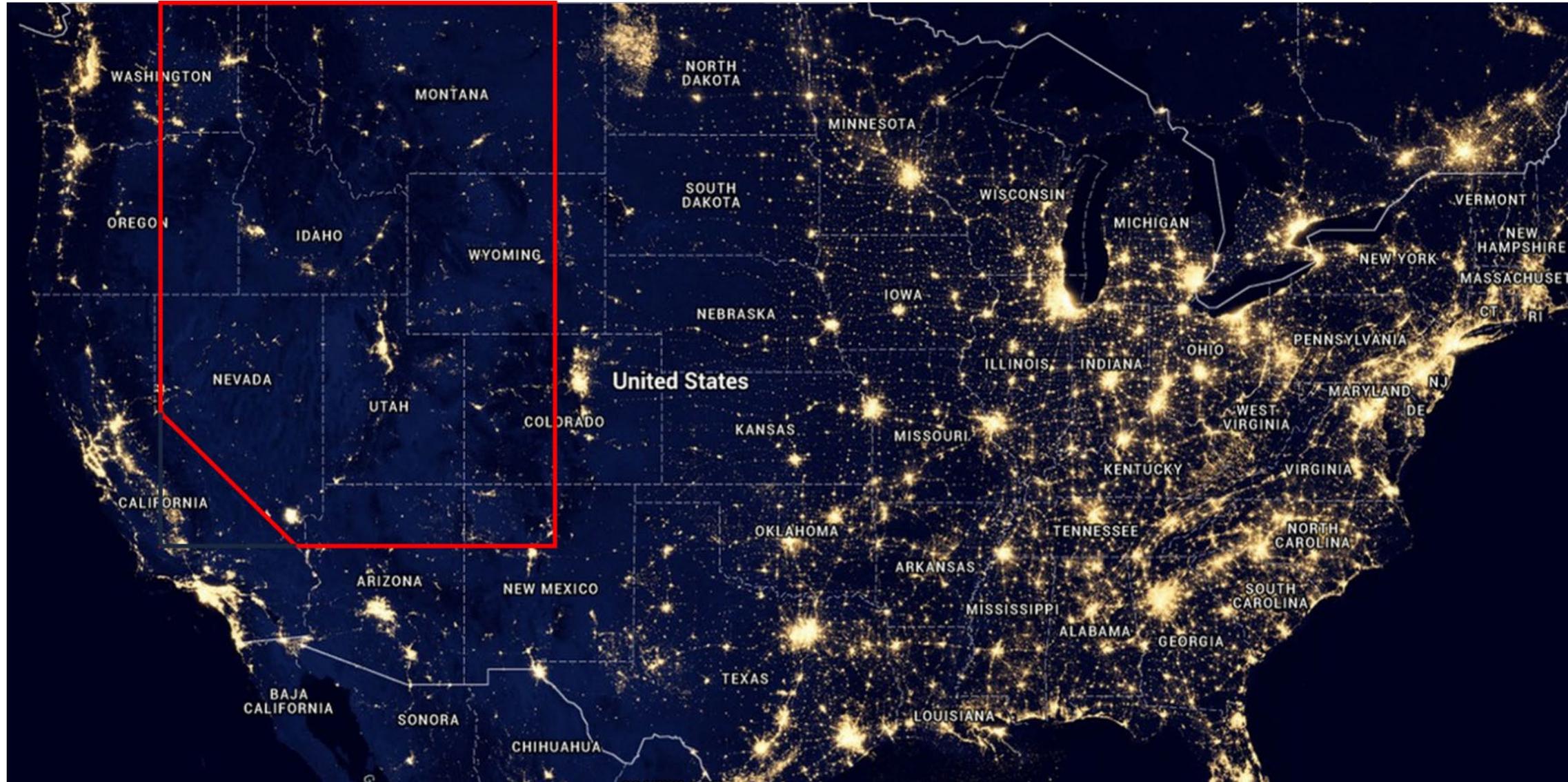
SelectHealth



1 million+

Members across Utah,
Nevada and Southern
Idaho

Patient Care Management



Intermountain's Virtual Services and Programs

Programs

Critical Care
Crisis Care
Infectious Disease
Oncology
Hospitalists
Neonatal Resuscitation
Stroke
Neuro Critical Care
Emergency Department
Connect Care Urgent Care

Neonatal Resuscitation
Stroke
Neuro Critical Care
Connect Care Urgent Care
Sleep Medicine
Speech Therapy
Wound Care
Pediatric Services:
Cranio-facial clinic
Hospitalist
ICU
Neurology
Nutrition
Spina Bifida
Trauma
Urology
Wound Care

Services

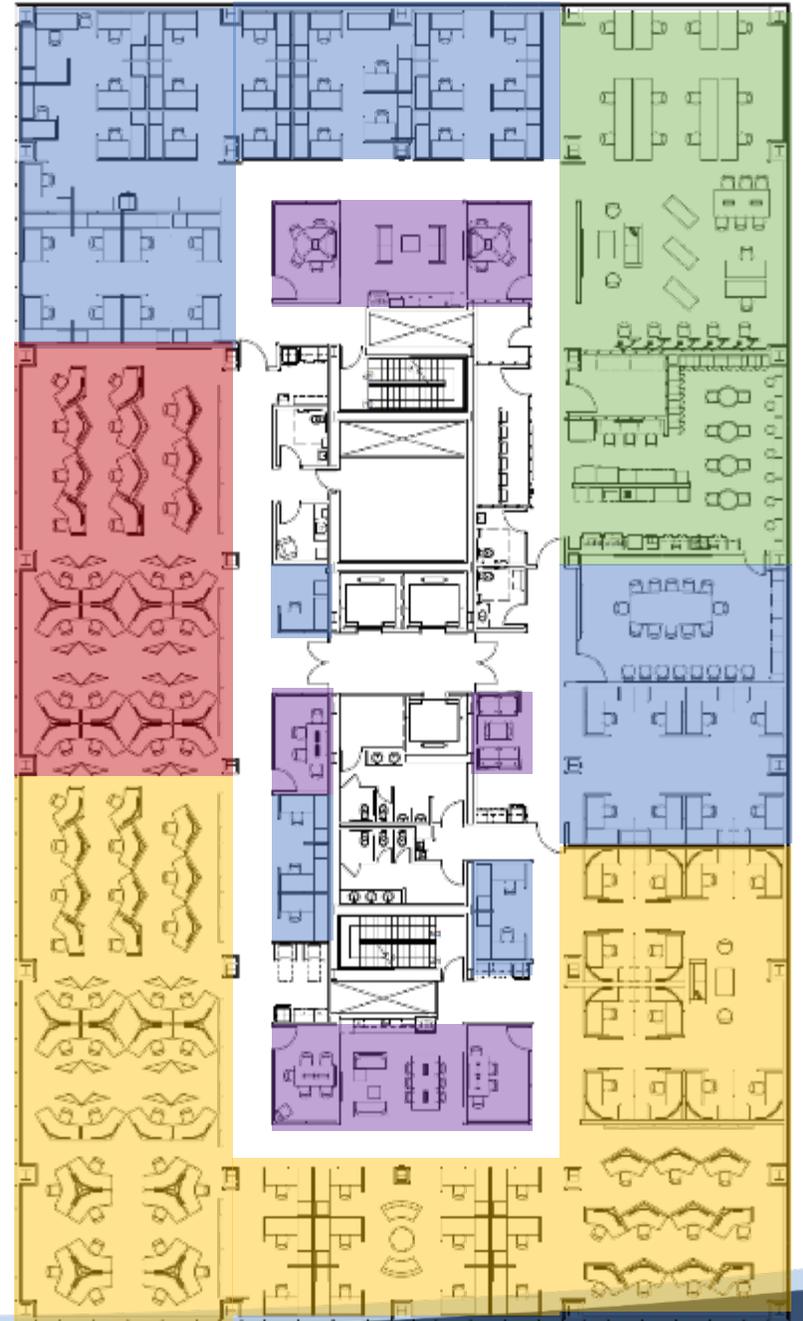
Critical Care
Crisis Care
Infectious Disease
Oncology
Hospitalists



Command Center Floorplan is designed for cross-collaboration



- **Operations/Admin**
- **Technical Support**
- **Collaboration Areas**
- **Patient Access**
- **Clinical**



Leveraging Telehealth during the COVID-19 Crisis

- Converted over 50% of Command Center to Covid-19 Call Center
 - Nurses answering 3000 calls/day
 - Connect Care volumes increased from average of 150 visits/day to over 350 visit/day
 - Tele-Infectious Disease, Tele-hospitalists and Command Center personnel coordinating screening and care of COVID-19 cases.
- Redeployed/trained staff from closed operations to telehealth
- Rapid deployment of Scheduled Video Visit technology to service lines
- Centralized result management with scripting
- Only flight services transporting COVID cases
- COVID-19 monitoring program via RPM



Panelist Discussion

- First of all, some background. What are the basic goals of the public health response to an outbreak like COVID-19? What does it mean to "flatten the curve"?
- What has your organization done with telehealth to respond to COVID-19? What are the specific clinical and epidemiological goals of this response, and how did your organization implement the program?
- What are some of the ways that various other healthcare organizations (hospitals and clinics) are using telehealth technologies to respond to the current situation, and what are the goals of those applications?

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Panelist Discussion (cont.)

- What are some specific ways that rural hospitals and safety net clinics can respond to the outbreak? If they have or can quickly acquire telehealth capabilities, what are some ways they might consider using it most effectively?
- Reducing inpatient load is a key goal of the response. In a virus like COVID-19, what are some key considerations that determine who can be managed at home vs who needs to be managed in the hospital? How can managers, directors, and support staff help develop pathways that their organizations can use to evaluate and respond?

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Telehealth Technology Overview with TTAC

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Telehealth Technology Overview

Patient Side

- Mobile Devices
- At Home

Provider Side

- Web-Based/Link Connect
- Laptop/USB

Platform

- Web-Based
 - Encrypted
 - BAA
- Scalability
- Reliability
- Ease of Use

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Telehealth Technology Overview

Infrastructure/Bandwidth

- Increased Demand
 - Healthcare
 - Education
 - Work From Home
 - Social Distancing

ISP/Carrier

- “Keep Americans Connected” pledge
 - No Terminations
 - Waive late fees
 - Wi-Fi Hotspots
- Boost Speeds
- Remove Data Caps

Data Prioritization

Thank you for attending our webinar. This will be recorded and made available after the session. To avoid flooding the Q&A, please direct your questions to your regional TRC at <https://www.telehealthresourcecenter.org/contact/>.





Telehealth Policy Overview with CCHP

Thank you for attending our webinar. This will be recorded and made available after the session. To avoid flooding the Q&A, please direct your questions to your regional TRC at <https://www.telehealthresourcecenter.org/contact/>.



Telehealth & COVID-19: Policy

National Consortium of Telehealth Resource
Centers
March 19, 2020



Mei Wa Kwong, JD,
Executive Director, CCHP



CENTER FOR CONNECTED HEALTH POLICY (CCHP)

is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

DISCLAIMERS

- Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.
- Always consult with legal counsel.
- CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.

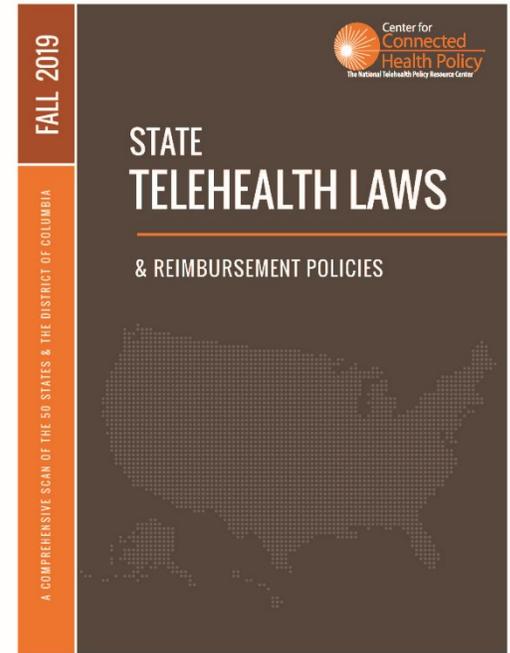
ABOUT CCHP

- Established in 2009
- Program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012
- Work with a variety of funders and partners



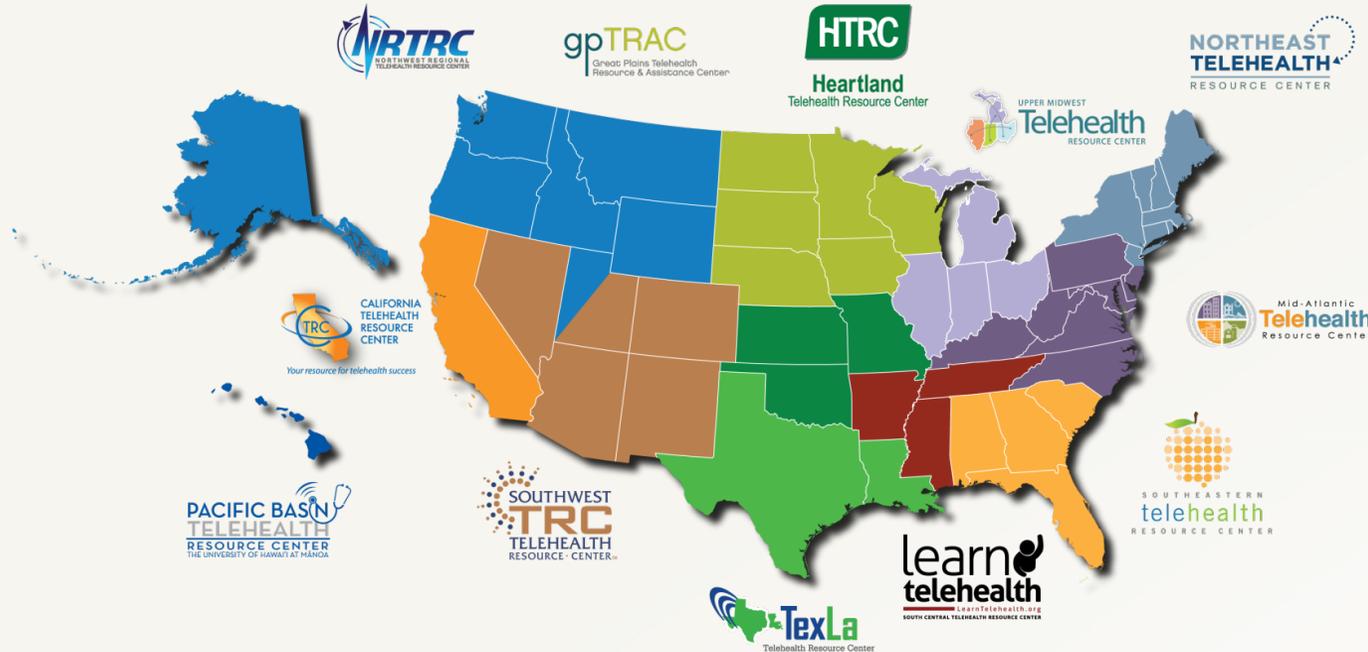
CCHP PROJECTS

- 50 State Telehealth Policy Report
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition



NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org



2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS

The screenshot displays the website's navigation bar with 'CURRENT STATE LAWS & POLICIES' and 'LEGISLATION & REGULATION TRACKING' tabs. The main header includes the Center for Connected Health Policy logo and navigation links for 'ABOUT', 'TELEHEALTH POLICY', 'RESOURCES', and 'CONTACT'. A search bar is also present. Below the header, a text block explains the site's purpose: 'CCHP helps you stay informed about telehealth-related laws, regulations and Medicaid programs. The map and search options allow you to view current telehealth laws and regulations for all fifty states and the District of Columbia. To view the full report, visit the 50 State Report PDF.' The main content area features a map of the United States with an orange callout bubble labeled 'Interactive Policy Map'. To the left of the map is a search filter section titled 'Current State Laws & Reimbursement Policies' with dropdown menus for 'Search by Filter' (All 50 States & D.C.), 'Search by Keyword' (All Categories), and 'All Topics'. An 'APPLY' button is located below these filters. A legend at the bottom of the map indicates that orange squares represent 'Policy Exists/Explicitly Allowed' and grey squares represent 'No Policy Exists or Not Explicitly Allowed'. A 'CITE CCHP' button is also visible next to the map.

Search by Category & Topic

Medicaid Reimbursement

- Live Video
- Store & Forward
- Remote Patient Monitoring Reimbursement

Private Payer Reimbursement

- Private Payer Laws
- Parity Requirements

Professional Regulation/Health & Safety

- Cross-State Licensing
- Consent
- Prescribing
- Misc (Listing of Practice Standards)

CMS TELEHEALTH POLICY - NOW

PRE-COVID-19	WITH WAIVER INSTITUTED
Geographic Limitation (must take place rural area/non-MSA)	Temporarily waived. All geographic locations now qualify
Specific type of health site (specific list of eligible facilities and narrow exceptions for the home)	Temporarily waived. Other locations can now act as the originating site such as the home.
Eligible Providers (specific list of providers)	No change. FQHCs and RHCs, allied health professionals still cannot act as distant site providers.
Modality – Live Video with Hawaii & Alaska allowed to use Store & Forward	No change. However, some services can be provided via “technology-based communications” that are not considered “telehealth” by Medicare
Services	No change. However, CMS has said that the removal of the location restrictions will apply to delivery of all eligible services that are reimbursed if provided via telehealth, not just those related to treatment of COVID-19
Facility Fee	Any sites that come in under the waiver (ex: hospital in an urban area) are NOT eligible to receive a facility fee.

CMS TELEHEALTH POLICY - NOW

OTHER QUESTIONS	CMS FAQ
HR 6074 said to utilize telehealth to provide services under the waiver, I need a prior existing relationship.	That requirement is still there but CMS has said that HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.
Do co-pays and out-of-pockets still apply?	Still applies, but the OIG is providing health care providers flexibility to reduce or waive fees.
Can smartphones be used?	Under HR 6074, yes.
How much flexibility do I have under HIPAA now? Is Facetime OK?	OCR “will exercise enforcement discretion and waive penalties for HIPAA violations.” Keep in mind you may still have state requirements to meet. OCR guidance: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html
Licensure	It appears the licensure requirement to be licensed in the state the patient is located in was waived for Medicare reimbursement. Does not impact state law.

CMS FAQ - <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

OTHER FEDERAL TELEHEALTH POLICY

➤ DEA

The declaration of the national emergency enacted one of the exceptions to the Ryan Haight Act for telehealth (telemedicine as it is referred to in the Act).

For as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- *The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice*
- *The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.*
- *The practitioner is acting in accordance with applicable Federal and State law.*

<https://www.deadiversion.usdoj.gov/coronavirus.html>

FQHC/RHC

- What does the waiver mean for FQHCs/RHCs under Medicare?
- FQHC/RHCs still CANNOT act as distant site providers
- However, facilities excluded from acting as originating sites due to geographic limitations are now eligible
- Additionally, there are other services not considered “telehealth” that utilize telehealth technologies that FQHCs and RHCs can provide

TECHNOLOGY ENABLED/COMMUNICATIONS-BASED SERVICES

SERVICE	MODALITY	AVAILABLE TO FQHC/RHC
Virtual Check-In Codes G2010, G2012	Live Video, Store-and-Forward or Phone	Yes
Interprofessional Telephone/Internet/EHR Consultations (eConsult) 99446, 99447, 99448, 99449, 99451, 99452	Can be over phone, live video or store-and-forward	No
<u>Remote monitoring services:</u> Chronic Care Management (CCM) ; Complex Chronic Care Management (Complex CCM); Transitional Care Management (TCM); Remote Physiologic Monitoring (Remote PM); Principle Care Management (PCM)	RPM	CCM, TCM
Online Digital Evaluation (E-*Visit) – G2061-2063 Online medical Evaluations – 99421-99423	Online portal	No

MEDICAID REIMBURSEMENT BY SERVICE MODALITY (Fee-for-Service)



Live Video

50 states and DC



Store and Forward

Only in 14 states



Remote Patient Monitoring

22 states

As of October 2019

REIMBURSEMENT REQUIREMENTS FOR PRIVATE PAYERS



40 states and DC

have telehealth private payer laws

Some go into effect at a later date.

**Parity is difficult
to determine:**

Parity in services covered vs.
parity in payment

Many states make their telehealth
private payer laws
*"subject to the terms and conditions
of the contract"*

As of October 2019

COVID-19 WORLD STATES

- States updating Medicaid policies to utilize telehealth
- Licensure waivers – many centering around certain rules in Medicaid but also around meeting certain deadlines and renewals
- Expanded policies to include provision of services via phone
- Waiving of co-pays, deductibles, etc.

1135 WAIVERS

- Florida – Approved
 - Payable claims by out of state providers not enrolled in FL Medicaid (certain conditions need to be met)
- California – Submitted
 - Waiver of face-to-face requirement for FQHCs, RHCs and Tribal Health
 - General request to allow for greater flexibility to use phone and telehealth

- CCHP Website – cchpca.org
- Subscribe to the CCHP newsletter at cchpca.org/contact/subscribe



TELEHEALTH COVERAGE POLICIES IN THE TIME OF COVID-19 TO DATE

Timestamp: March 17, 2020 – 3 pm PT (UPDATES: Medicare, Other Federal Policies & State Actions)

As things rapidly develop regarding what we know about COVID-19, policies around telehealth have also been developing alongside of it. Below is a summary of what is covered by various public and private payers with the information that has been released. Keep in mind that events are evolving and to consider this a living document that could change frequently as new information and new policies become available/are enacted. CCHP will continue to make updates when they become available.

It was announced on March 17 that the telehealth waiver in Medicare under [HR 6074](#) has been implemented. Below is how the Medicare fee-for-service telehealth policies now stand.

MEDICARE FEE FOR SERVICE TELEHEALTH COVERAGE	
SUBJECT AREA	CURRENT POLICY UNDER COVID-19
Location of the Patient	Rural and site limitations are removed. Telehealth services can now be provided regardless of where the enrollee is located geographically and type of site, which allows the home to be an eligible originating site. However, locations that are newly eligible will not receive a facility fee.
Eligible Services	All services that are currently eligible under the Medicare telehealth reimbursement policies are included in this waiver. The list of eligible codes is available HERE .
Eligible Providers	The waiver did not expand the list of eligible providers to provide services and be reimbursed. The eligible providers are: <ul style="list-style-type: none">• Physicians• Nurse practitioners• Physician assistants• Nurse-midwives• Clinical nurse specialists• Certified registered nurse anesthetists• Clinical psychologists (CP)• Clinical social workers (CSWs) (NOTE: CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services.



Thank You!

www.cchpca.org

info@cchpca.org

877-707-7172

TRC Virtual Events

Northeast TRC:

TeleDentistry to Expand Dental Access in the Northeast – March 25, 2020

https://zoom.us/webinar/register/WN_vzgYGb3CTKmuRkEEqZ5thw

Telehealth to Expand HIV and Opioids Treatment in the Northeast – May 20, 2020

https://zoom.us/webinar/register/WN_Y1BKNyKHTH6QMt4rFhTCFw

Northwest Regional TRC:

NRTRC TAO Virtual Conference 2020 – April 15 – 17, 2020

<https://nrtrc.org/annual-conference>

Southwest TRC:

Developing Telemedicine Services – March 23, 2020

<https://telemedicine.arizona.edu/training/developing-telemedicine-services/webinar/2020-03-23>

Check www.telehealthresourcecenter.org for updates and future events.

Our Next Webinar

The NCTRC Webinar Series

Occurs 3rd Thursday of every month.

Telehealth Topic: COVID-19 and Telebehavioral Responses Across the Lifespan

Date: April 16th, 2020

Times: : 11 AM – 12 PM (PT)



Please Complete Our Survey

Your opinion of this webinar is valuable to us.

***Please participate in this brief perception survey
(will also open after webinar):***

<https://www.surveymonkey.com/r/XK7R72F>

