Sustaining Telehealth: Reimbursement Case Studies for Tele-Neurology

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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

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Authorized By: Prime Coverage Duration: Clinical Notes: Discrepairs:	Derid J Koffman MD Reason: Migraine MIGRAINE HEADACHE	Authorization # End Date	Bethany Sproul	Units	0
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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:

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

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





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 inperson 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

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Location	Practice	Plac Svc	e Of	Refer. Dr.	Batch#		Vouche Status	er
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19647820	Elect	ronic	crobins	0	GT MOD OMITTED FR	ROM (CLM ADD	DED
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05/26/2017	99	9244OPN:	SP	GT	Outpatient Consultation	on,	R25.9	Uı

Payment Date	Reference	Coverage Type	Insurance	Transaction	Pmt Amt
07/11/2017	Rebili Transaction	Medical	PRMECARE	REBILL CLAIMS	
11/20/2017	Rebill Transaction	Medical	PRMECARE	REBILL CLAIMS	
12/05/2017	201711296068426	Medical	PRMECARE	MEDICAID PAYMENT	\$93.60



Commercial Payer Example

Location	Pract	ice	Place Of Svc		Refer. Dr.	Batch	#	Voi Sta	ıcher tus
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21781410		Electro	onic	cro	binso				217
Voucher N	Votes								
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12/22/2017		9924	4-4NSP	G	_	ffice Co pecialist	nsultation, New,	R20.2	Р

Payment Date	Reference	Coverage Type	Insurance	Transaction	Pmt Amt
12/22/2017	TX FROM 22041000		Self-Pay	PATIENT CREDIT CARD PAYMENT OFFICE	\$25.00
01/11/2018	3370169014	Medical	ANTHEM	ANTHEM PAYMENT	\$204.77



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: Fime of visit:	12/22)			
1. The telehealth	<i>provider was</i> 2. Agree	professional. 3. Somewhat agree	4. Somewhat disagree	5. Disagree	6. Strongly disagree
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L Strongly agree	2. Agree	3. Somewhat agree	and easy for me to unders 4. Somewhat disagree	5. Disagree	6. Strongly disagree
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5, I would like to	continue usin	g telemedicine appoin	tments in the future.		· ·
trongly agree	2. Agree	3. Somewhat agree	4. Somewhat disagree	5. Disagree	6. Strongly disagree
5. <i>Overall, I had d</i> Strongly agree		pful experience. 3. Somewhat agree	4. Somewhat disagree	5. Disagree	6. Strongly disagree
•	onal Comme	nts or Suggestions:	DIDN'T HAV	& to	DRIVETO
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Patient Label



Reimbursement Resources

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

 Mainecare Benefits Manualhttp://www.maine.gov/sos/cec/rules/10/144/ch101/c1s004.docx

 CMS Telehealth Eligibility Analyzerhttps://data.hrsa.gov/tools/medicare/telehealth



Questions, Comments?

Thank you for joining today's webinar!

Contact information: mlovering@covh.org

