COVID-19 Webinar for Medicaid Providers

April 9th, 2020

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Chief Medical Officer, NC Medicaid

Tom Wroth, MD, MPH
President, Community Care of North Carolina

Hugh Tilson, JD, MPH
Director, North Carolina AHEC
Agenda

- Welcome & Logistics
- Medicaid Clinical Policy Update
- Telehealth: Experience from the Field
- Resources and Support
- Questions
Webinar Logistics
Medicaid Policy Changes
Last Round Telehealth Provision Reminder

- Services delivered through local education agencies (LEAs)
- Services delivered through children’s developmental service agencies (CDSAs)
- Diabetes self-management education
- Dietary evaluation and counseling
- Medical lactation
- Research-based behavioral health treatment for autism spectrum disorder
NEW! TELEHEALTH PROVISIONS 4/10/20

- Optometry clinical services
- Patient BP Monitoring (and devices)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description (See 2020 CPT Code Book for Complete Details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>99473</td>
<td>Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration</td>
</tr>
<tr>
<td>99474</td>
<td>Separate self measurements of two readings once minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient.</td>
</tr>
</tbody>
</table>

- Post Partum Visit
  - May be completed with Telehealth for appropriate patients

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description (See 2020 CPT Code Book for Complete Details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>59430</td>
<td>Postpartum care only - separate procedure</td>
</tr>
</tbody>
</table>

- Pregnancy Medical Home risk assessments S0280-81
  - May be done through Telephonic OR Telehealth
Automatic BP Monitors for RPM

- HCPCS code A4970 added for Medicaid and NCHC coverage effective March 30, 2020 (Special Bulletin #29)
- Medical necessity for patient to monitor BP from home
- Prescriptions can be filled by Durable Medical Equipment (DMEPOS) suppliers and home health agencies
- No prior authorization required
- Downloadable list of enrolled DMEPOS providers with location and contact info available here:

https://medicaid.ncdhhs.gov/providers/programs-services/medical/durable-medical-equipment
OTHER POLICY DEVELOPMENTS

- **In place now:**
  - 90 day supply of stimulants and buprenorphine for appropriately identified patients
  - Eligibility will not be terminated during State of Emergency
  - Co-Pay elimination for COVID related care

- **In Place Very Soon:**
  - Family Planning annual exam requirement waived (Effective 4/13/20)
  - Medication Delivery by Mail/Service (Effective Date Pending)

- **In Development: Fiscal Analysis and/or Authority Issue:**
  - Rate change for reimbursement for telephonic care “COVID Differential” (TBD; retro to 3/10/20)
  - Evaluation of PMPM increase for Medical Homes during state of emergency (TBD)
  - Communication to beneficiaries on how and why to engage in telehealth (TBD)
  - BCCCP Eligibility inclusion from outside provider diagnoses (TBD)
**Virtual and Telehealth NC Medicaid**

**WAVE 0**
- Virtual Health Capabilities
- Developed codes for ALL Medical and Licensed Behavioral providers to pay for telephonic visits
- NO NC CASES
- March 7-13 Release

**WAVE 1**
- Virtual Health Capabilities
- Developed Codes for ALL Medical providers to pay for patient portal (electronic) communication
- Developed Codes for ALL Medical providers to pay for MD to MD Consults
- Telehealth Capabilities
- Developed Parity payments for ALL Medical, Clinical Pharmacy and Licensed Behavioral providers for all telehealth visits
- FIRST NC CASES
- March 14-20 Release

**WAVE 2**
- Telehealth Capabilities
- Developed Parity payments for Physical Therapy, Occupational Therapy, Speech Therapy, Audiology, Dental and Expanded Behavioral Health providers
- NC Community Spread
- March 21-27 Release

**WAVE 3**
- Telehealth Capabilities
- Developed Parity payments for Diabetes Educators, Local Education Agencies (LEA), Child Development Service Agencies (CDSA), Registered Dieticians, Lactation Specialists and Expanded Behavioral to include Autism Spectrum Disorder specialized therapies and Expanded Dental
- NC Widespread
- Mar 28-Apr 3 Release

**WAVE 4**
- Telehealth
- Early April: Optometry Services, Remote Patient Monitoring
- Mid April: Prenatal Services (combination home nursing/telehealth)
- Late April: Well Child Care (combination home nursing/telehealth)
- NC Acceleration
- Planned April
### TABLE 1. PRESCRIBERS (MEDICAL AND BEHAVIORAL HEALTH)

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>APPLICABLE PROVIDERS</th>
<th>RATE CODE OR PROCEDURE</th>
<th>MODIFIERS &amp; POS</th>
<th>SOURCE BULLETIN</th>
</tr>
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<tbody>
<tr>
<td><strong>TELEMEDICINE</strong></td>
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<tr>
<td>Office or Other Outpatient Service and Office and Inpatient Consultation</td>
<td>• Advanced practice midwives &lt;br&gt; • Clinical pharmacist practitioners &lt;br&gt; • FQHCs, FQHC Look-Alikes &amp; RHCs* &lt;br&gt; • Nurse practitioners &lt;br&gt; • Physicians &lt;br&gt; • Physician assistants &lt;br&gt; • Psychiatric nurse practitioners</td>
<td>99201, 99202, 99203, 99204, 99205, 99211, 99212 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255</td>
<td>• Reported with usual place of service (POS) &lt;br&gt; • Modifiers GT &amp; CR &lt;br&gt; • Services that are not COVID-19 related should continue to be billed in accordance with NC Medicaid clinical coverage policy 1H, telemedicine/telepsychiatry</td>
<td>Special Bulletin COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes</td>
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<td></td>
<td></td>
<td>*FQHCs, FQHC Look-Alikes and RHCs only: T1015 • POS 50 (FQHC) or 72 (RHC) • Modifiers GT &amp; CR</td>
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<tr>
<td><strong>VIRTUAL PATIENT COMMUNICATIONS</strong></td>
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<tr>
<td>Telephone Evaluation and Management</td>
<td>• Advance practice midwives &lt;br&gt; • FQHCs, FQHC Look-Alikes &amp; RHCs* &lt;br&gt; • Nurse practitioners &lt;br&gt; • Physicians &lt;br&gt; • Physician assistants</td>
<td>99441, 99442, 99443, G2012</td>
<td>• Reported with usual place of service (POS) &lt;br&gt; • Modifier CR</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>*FQHCs, FQHC Look-Alikes and RHCs only: G0071 • POS 50 (FQHC), 72 (RHC) • Modifier CR</td>
</tr>
<tr>
<td>Online digital Evaluation and Management</td>
<td>• Advance practice midwives &lt;br&gt; • FQHCs, FQHC Look-Alikes &amp; RHCs &lt;br&gt; • Nurse practitioners &lt;br&gt; • Physicians &lt;br&gt; • Physician assistants</td>
<td>99421, 99422, 99423</td>
<td>• Reported with usual place of service (POS) &lt;br&gt; • Modifier CR</td>
<td></td>
</tr>
<tr>
<td>Interprofessional Assessment and Management</td>
<td>Consulting physicians bill for services requested by a physician, physician assistant, nurse practitioner or certified nurse midwife</td>
<td>99446, 99447, 99448, 99449</td>
<td>• Reported with usual place of service (POS) &lt;br&gt; • Modifier CR</td>
<td></td>
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<tr>
<td>Health Plans</td>
<td>Telephonic Medical</td>
<td>Telephonic Behavioral</td>
<td>E-Visit (portal)</td>
<td>MD:MD Consult</td>
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<td>Aetna</td>
<td>See Policy</td>
<td>See Policy</td>
<td>Yes</td>
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<td>Ambetter of NC</td>
<td>Yes</td>
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<td>BCBSNC</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>BCBSNC FEP</td>
<td>Yes</td>
<td>Yes</td>
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<td>Cigna</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>First CarolinaCare</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<td>Humana</td>
<td>Yes</td>
<td>Yes</td>
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<td>Medicare</td>
<td>Yes</td>
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<td>NC Medicaid</td>
<td>Yes</td>
<td>Yes</td>
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<td>Yes</td>
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<td>NC State Health Plan</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>United Healthcare</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>WellCare</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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Telehealth: Experience from the Field
Telehealth Experiences

- Implementation
- Workflow pearls and tips
- Enabling patients to connect
- Addressing barriers
Common Barriers to Implementing Telehealth

Patient Barriers

- Aversion to technology
- Lack of internet access
- Limited data/minutes on smartphone
- Fear of the unknown
- No privacy in home
- Unsure how to set up
- Concerns about cost

Provider Barriers

- Compliance with Medicare rules
- Legal concerns
- Implementation process – setting it up and documenting visits
- Low confidence in performing a physical exam remotely
- Workflow uncertainty – how to get vitals or labs
- HIPAA concerns
- Lack of admin support
- How to choose a vendor and evaluate the investment
Dr. Steve North
Eleanor Health
Zoom for Telehealth

- Freestanding platform
- Your patients may already be using it for the rest of their life
- Both free and HIPAA compliant versions
- No easy schedule integration
Preventing Zoom Bombing

Waiting room
Attendees cannot join a meeting until a host admits them individually from the waiting room. If Waiting room is enabled, the option for attendees to join the meeting before the host arrives is automatically disabled.

Choose which participants to place in the waiting room:
- All participants
- Guest participants only

Screen sharing
Allow host and participants to share their screen or content during meetings

Who can share?
- Host Only
- All Participants

Who can start sharing when someone else is sharing?
- Host Only
- All Participants

Require a password when scheduling new meetings
A password will be generated when scheduling a meeting and participants require the password to join the meeting. The Personal Meeting ID (PMI) meetings are not included.

- Require a password for meetings which have already been scheduled
  Password for already scheduled meetings: 749576

Require a password for instant meetings
A random password will be generated when starting an instant meeting

The administrator has locked this setting and you cannot change it. All of your meetings will use this setting.

Require a password for Personal Meeting ID (PMI)

- Only meetings with Join Before Host enabled
- All meetings using PMI
  Password: 162553

Embed password in meeting link for one-click join
Meeting password will be encrypted and included in the join meeting link to allow participants to join with just one click without having to enter the password.
Dr. Christoph Diasio
Sandhills Pediatrics
Welcome, our providers!

To invite someone to your waiting room, share this link:

https://SandhillsPeds.doxy.me/virtualclinic
https://SandhillsPeds.doxy.me/drcliao
https://SandhillsPeds.doxy.me/drstewart
https://SandhillsPeds.doxy.me/drmason
https://SandhillsPeds.doxy.me/drmabry
https://SandhillsPeds.doxy.me/drjmarby
Dr. Karen Melendez
Support, Inc.
Staff Support Is Crucial

- Everyone must be positioned to work at the top of their license
- Reminder Calls
- Preparing patients for the tele visit
- Starting notes
- Keeping the day’s schedule going/backfilling appointments
Options for internet access

Telehealth Platform – direct connectivity vs. downloading an app

Setting the stage
Dr. Viviana Martinez-Bianchi
Duke Department of Family Medicine and Community Health
Duke Family Medicine Residency Program Director
World Organization of Family Doctors’ Executive
Disclosure

- Comments shared are my own personal opinion
- Passionate about improving health and decreasing health disparities
Common Barriers to Implementing Telehealth

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- How to choose a vendor and evaluate the investment
Common Barriers

Patient Barriers
- Lack of internet access
- Limited data/minutes on smartphone
- Concerns about cost

Social Determinants Of Poor Health
Possible Options:
- NCMEDICAID to provide phone cards with increased data.
- Office to align a person to help set up.
- Information for patients on how to set up
- County/state wide free internet?
Common Barriers

Patient Barriers
- Aversion to technology
- Fear of the unknown
- Unsure how to set up
- Concerns about cost

Set up Telehealth Navigators
- Train a care manager team to help patients navigate the technology, downloading apps, setting up system (iPhone vs Android glitches for example)
- Should be cost free to those who can’t afford this, it will cost the state more on the long term if access is limited
Breaking Common Barriers

Provider Barriers

- Compliance with Medicare rules
- Legal concerns
- Implementation process – setting it up and documenting visits

Advocacy for clear and appropriate Medicare rules and policies that guarantee work done will be paid

Legal advice and regulations that understand the limitations of care without in-person exams

Sharing of templates and dot phrases via the office of Medicaid
Breaking Common Barriers

- Guidance videos can be performed by those already implementing telehealth sharing tips on remote physical exam
- Multiple examples in the literature that can be used
- Some patients do have BP machines, thermometers, pulse ox, glucometer and can show results during telehealth exam.
- Have patient walk around if short of breath, show rash, etc

Provider Barriers

- Low confidence in performing a physical exam remotely
- Workflow uncertainty – how to get vitals or labs
Breaking Common Barriers

Provider Barriers
- HIPAA concerns

- Verbiage during the exam, at the beginning of it, needs to include asking the patient whether they are in a place where it is safe to speak, and where information will be kept confidential.
Breaking Common Barriers

- Administrative support is needed to get this off the ground. Both to help with patient barriers and to help with scheduling patients.
- Could office of NCMEDICAID assign support for practices in need?
- Volunteer force? Potential for medical, PA and nursing students who are currently without much to do.

**Provider Barriers**
- Lack of admin support
Breaking Common Barriers

• Many vendors out there, and some already set up. We need to learn from experience, reports of early users who share problems and glitches. Have two options with video possibilities. A primary and a backup combination. (i.e: Jabber and browser combo).

Provider Barriers

- How to choose a vendor
Breaking Common Barriers

- NCMEDICAID/ CCNC could help with allowing Telehealth visits to continue at fair pay beyond COVID19 to make investment in telehealth worthwhile long term.
- Problems of access do not end with end of COVID pandemic.
- Much on mental health from the PHC perspective, multiple questions and issues could be taken care of long term, not just in this times of crisis. (i.e. patient with difficulty with transportation)

Provider Barriers
- evaluate the investment
Telehealth Strategies

1. Telehealth integration as part of comprehensive healthcare

2. Use of internal home resources as a way to navigate a new system of care delivery

3. Use of Smartphone, tablet, other devices as communication tools found in the home setting

4. Televideo examination strategies
The good physician treats the disease; the great physician treats the patient who has the disease.

William Osler
Where To Get Information and Help
New: FCC Announces Funding for Telehealth

- **COVID-19 Telehealth Program** with up to $200 million to help health care providers provide connected care services to patients at their homes or mobile locations in response to the COVID-19 pandemic.

- Additional 3-year **Connected Care Pilot Program** with up to $100 million of support to help defray providers’ cost of providing telehealth.

- Eligible providers consist of teaching hospitals and medical schools, community health centers or health centers caring for migrants, health departments, community mental health centers, not-for-profit hospitals, rural health clinics, skilled nursing facilities or consortia of one or more of the eligible providers types.

Available Telehealth Vendor Support

- Several organizations are partnering with vendors to provide telehealth services at no cost to providers for a limited time:
  - CCNC partnering with DocsInk
  - NC Medical Society partnering with Presence
  - NC Community Health Center Association partnering with Doxy.Me
CCNC and AHEC Partnering to Support Practices

Telehealth Support

- How to Get Started
- Evaluating Technology
- Staff Education
- Patient Education
- Workflow Re-design
- Billing & Coding
- Clinical Case Study Examples
- Access to Resources
- Tips for conducting AWV
Practice Support Services for COVID-19

- Providing latest updates from NCDHHS (Medicaid & DPH), CMS and CDC
- Financial assistance updates
- COVID-19 and Skills Education
- Operational Efficiency
- Technical Assistance on billing & coding, EHR, HIEA, etc.
- Coordination of Care Issues
- Transitions of Care Management
- Quality Improvement
- Community Resources & Support for SDOH
How to Contact Practice Support

CCNC Practice Support

Email: CCNCSupport@communitycarenc.org  OR  CCPNSupport@communitycarenc.org

Phone: 919-926-3895

Website: https://www.communitycarenc.org/statewide-operations

NC AHEC Practice Support

Email: practicesupport@ncahec.net

Phone: 919-445-3508

Website: https://www.ncahec.net/practice-support/what-we-do/
Healthcare Preparedness Survey for Providers

- It is critical that DHHS understands the medical staffing resources available and needs identified across the state to prepare for the peak of the COVID-19 outbreak.

- Hospitals regularly report their needs to the Healthcare Preparedness Coalitions but there has not been a way to gather this information from practices, until now.

- Please complete the following brief survey in order to enable DHHS to provide current information and source supplies more effectively.

Survey link: https://nc-covid19.sirs.unc.edu/healthcare-preparedness
COVID-19 Triage Plus – Resource for Practices and their Patients

Statewide, Inbound Call Center Providing:

- Information on COVID-19
- Clinical Triage by RNs, using latest CDC/NCDHHS guidance
- Care Coordination services
- Open to all NC residents, regardless of payer/insurance

COVID-19 Triage Plus Line: (877) 490-6642

Hours of Operation: 7am – 11pm
7 days a week, including holidays

Please add this number to your practices outbound phone message and your website.
Medicaid COVID-19 website: [medicaid.ncdhhs.gov/coronavirus](medicaid.ncdhhs.gov/coronavirus)


Rates: [medicaid.ncdhhs.gov/providers/fee-schedules](medicaid.ncdhhs.gov/providers/fee-schedules)

NCDHHS COVID-19 website: [www.ncdhhs.gov/coronavirus](www.ncdhhs.gov/coronavirus)


Email for Medicaid-specific questions or concerns: [medicaid.covid19@dhhs.nc.gov](mailto:medicaid.covid19@dhhs.nc.gov)
CCNC/AHEC Website


Links for NCDHHS info on:

- General information on COVID-19
- Medicaid coding changes and suggestions for implementing
- Guidance on workflow changes
- Financial assistance
- Webinar recordings
COVID-19 Informational Webinar Reminders

*Information for providers available financial resources*
  Tuesdays from 6-7pm
  [https://zoom.us/j/131899801](https://zoom.us/j/131899801)

**DPH/AHEC Webinars**
*DPH provides COVID-19 updates and Q&A with providers*
  Fridays from 12:30-1pm
  [https://zoom.us/j/705979628](https://zoom.us/j/705979628)

**NC Medicaid/CCNC/AHEC Webinar**
*Medicaid policy changes and implementation recommendations*
  Thursdays from 5:30-6:30pm
  [https://zoom.us/webinar/register/WN_B1t8DJXRoOZ0rOR5leW](https://zoom.us/webinar/register/WN_B1t8DJXRoOZ0rOR5leW)
Questions?