

COVID-19 and Telehealth

Alaska and Oregon

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Alaska

COVID-19: Telehealth Payors and Services

- Medicaid
- Commercial Payors
- Alaska Federal Health Care Access Network
- Telepharmacy
- General Telehealth Guidance and Tips During COVID-19 Crisis

Medicaid: Telehealth During COVID-19 Crisis

- Telehealth visits include:
 - Initial visits, follow-up visits, diagnostic, therapeutic or interpretive service, psychiatric or substance abuse assessment, psychotherapy, or pharmacological management service
- Telehealth visits covered for:
 - Inpatient and outpatient services
 - Established patients; new patients not prohibited
- Patients and providers may be at home or in a healthcare setting
- Telehealth visits can now be provided by phone when appropriate
- Telehealth consultations are covered for emergency and inpatient services
- Telehealth services provided via store and forward methods or remote patient monitoring applications are still covered

Medicaid: Telehealth Visits

- **Description:** communication for evaluation and management
- **Codes and Payment:** 99441-99423, 98966-98972
- **Requirements:**
 - Synchronous (Telephone, online digital, or live interactive mode)
 - Patient initiated
 - Established patients; likely new patients too
 - At least 5 minutes of discussion
 - Not originating from office visit in last 7 days
 - Does not result in office visit in next 24 hours
- **Performed by:** Physicians, APRNs, PAs, Podiatrists, Community Health Aide, Optometrists, Audiologist, and Direct-Entry Midwives

COVID Issues:

- Use to screen symptoms
- Use to determine appropriate care/triage
- Not billable if screen results in office visit
- Patient cost-sharing may be waived

Medicaid: Reimbursement for New Telehealth Services

New Codes and payment for telephone and online digital telehealth services (*Zoom, FaceTime, etc.*)

Fee Schedule for New Evaluation and Management Procedure Codes

Code	Definition	Physician Rate*	Mid-Level Rate*
99441	Telephone Service 5-10 min	\$21.26	\$18.07
99442	Telephone Service 11-20 min	\$41.46	\$35.24
99443	Telephone Service 21-30 min	\$61.11	\$51.94
99421	Online Dig Service 5-10 min	\$22.59	\$19.20
99422	Online Dig Service 11-20 min	\$45.02	\$38.27
99423	Online Dig Service 21 min or more	\$72.65	\$61.75

Medicaid: Additional Telehealth Providers and Services

Medicaid has expanded coverage for new telehealth providers and services:

- Direct Entry Midwife Services (*direct-entry midwives*)
 - Face to face services via telehealth permitted – add appropriate modifiers GQ, GT, 95
- Case Management Services (*care coordinators and targeted case managers*)
 - Telephone, online digital, or live interactive mode permitted
- Therapy Services (*physical therapists, PT assistants, occupational therapists, OT assistants, speech therapists, and speech therapists assistants*)
 - Live interactive mode permitted – add GT modifier
- Behavioral Health Aide Services
 - Telephone, online digital, or live interactive mode permitted – new codes 98966-98972

Commercial Payors

- Existing plans only required to cover mental health services via telehealth (although many cover a range of telehealth services)
- House Bill 29: *effective immediately*
 - Requires all commercial health insurers that offer group and individual health plans in Alaska to cover telehealth services
 - Telehealth coverage requirement applicable only to health plans offered, issued for delivery, delivered, or renewed on or after **March 17, 2020**.
- Commercial payors already expanding telehealth coverage for COVID-19
- No parity law in Alaska requiring reimbursement for telehealth visits at same rate as in-person services

Commercial Payors

Premera BCBS of Alaska

Individual + Commercial Plans Only

*** Shared admin, FEP, BlueCard, Providence, HCA, Medicare Supplement, and self-funded plans must've opted in*

- Expanding telehealth coverage through at least **June 30, 2020**
 - In-network telehealth services within scope of practitioner's license
 - Telemental health: Talkspace and temporarily covering ABA services via telehealth
 - Requires specific telehealth modifiers be appended to the service rendered
- Telehealth and COVID-19:
 - *Cannot* use to diagnose COVID-19 or order any COVID-19 testing (in-person test required)
 - Can use to diagnose and treat non-COVID-19 symptoms, fulfill prescriptions, order lab tests at local facilities
- Cost shares waived for telehealth services through **June 30, 2020**:
 - **PPO Plans**: all cost shares waived for telehealth services
 - **QHDHP Plans**: Cost shares waived ONLY for telehealth visit ONLY for COVID-19 related services; for all other services beneficiaries must meet their deductible before cost sharing will be waived

Commercial Payors

Moda Health - Alaska

- Expanding telehealth coverage through at least **June 6, 2020**
- Telehealth *can* be used for ordering COVID-19 testing
- Commercial Plans (*telehealth services available for all diagnoses*)
 - Telehealth services expanded to include communication by telephone calls, email, provider portal communication, and instant messaging
 - Cost shares waived ONLY for telehealth visit when COVID-19 testing is performed or ordered
- Medicare Advantage Plans (*see Medicare list of covered telehealth services*)
 - E-visits: for established patients only
 - Virtual check-ins: patient can be located anywhere
 - Cost shares waived ONLY for telehealth visit when COVID-19 testing is performed or ordered

Alaska Federal Health Care Access Network

- Telehealth network developed specifically to serve federal beneficiaries in Alaska; primarily funded through Alaska Native Tribal Health Consortium (ANTHC)
- The Network traditionally uses the following options:
 - Provider to provider (synchronous phone or video, store & forward)
 - Remote patient monitoring
 - Provider to patient by phone
- To Address COVID-19: ANTHC is rolling out new virtual patient rooms and other telehealth services to connect providers to patients in remote clinics or directly in their home via Vidyo and Cerner

Telepharmacy: Prescription Drugs During COVID-19

- Controlled Substance Prescriptions:
 - DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have *not* conducted an in-person medical evaluation
- Certain conditions must be met:
 - Prescription is 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 (Zoom, FaceTime, Skype, etc.)
 - The practitioner is acting in accordance with applicable federal and state law

Must Providers Be Licensed in Alaska?

- Medicare
 - Temporarily waived requirements that out-of-state providers must be licensed in the state where they are providing services when they are licensed in another state
- Medicaid & Commercial Payors
 - Anyone providing telehealth to patients in Alaska must hold an Alaska license to perform those services
 - Any business offering telehealth must be listed in the Alaska Telemedicine Business Registry

**** DHSS's waiver applications includes a waiver of the AK license requirement*

Options for Expediting State Licensure

- Expedited, courtesy licenses are offered for various healthcare professionals
- Such courtesy licenses will be valid for a period of 30 days – 6 months depending on the professional, most with some restrictions on their practice

Physicians	Nurses	Dentists	Pharmacists
Physical Therapists	Psychologists	Nursing Home Administrators	Podiatrists
Speech-Language Pathologists	Audiologists	Acupuncturists	Behavior Analysts & Assistant Behavioral Analysis

*** Not all professionals above eligible for telehealth reimbursement, see*

<https://www.commerce.alaska.gov/web/Portals/5/pub/TelehealthLicensingGuidelinesCOVID193.18.20.pdf>

Use of Skype, Zoom, FaceTime, etc. in Alaska?

- “Notice of Enforcement Discretion for Telehealth Remote Communications during the COVID-19 Nationwide Public Health Emergency” (March 17, 2020)
 - “OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.”
- Medicaid: applications such as Zoom, Skype, and FaceTime are allowable

Tips for Community Clinics

- Use phone for telehealth visits when video is not needed (preserves bandwidth and recent payment models are making this more feasible)
 - Medicaid now covers a 5-30 minute evaluation and management service with an established patient via telephone
- When interactive video is used, free applications such as Zoom, Skype, and FaceTime are allowed platforms to conduct a telehealth visit
- **Community health aides, behavioral health aides, care coordinators and targeted case managers, and direct-entry midwives** can now bill Medicaid for their services via telehealth
- FQHCs and Rural Health Clinics may be reimbursed by Medicaid at their encounter rate for telehealth services provided by an included provider

State Resources

■ Alaska

- DHSS COVID-19 Homepage: <http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/default.aspx>
- DHSS Updated Procedures for COVID-19 Testing in Alaska: http://dhss.alaska.gov/dph/Epi/Documents/phan/AKPHAN_20200321_COVID.pdf
- DHSS Recommendations for Keeping Communities Safe: <https://content.govdelivery.com/accounts/AKDHSS/bulletins/2811e0c>
- Premera Blue Cross Blue Shield Response to COVID-19: <https://www.premera.com/wa/provider/coronavirus-faq/>
- Moda Health Telehealth and Telemedicine Expanded Services for COVID-19: <https://www.modahealth.com/pdfs/reimburse/RPM073.pdf>

Federal Resources

- CDC Coronavirus Homepage: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC Coronavirus Resources for state, local, territorial, and tribal health departments: <https://www.cdc.gov/coronavirus/2019-ncov/php/index.html>

A light blue outline of the state of Oregon is centered on a dark blue rectangular background. The word "Oregon" is written in white, bold, sans-serif font across the middle of the outline.

Oregon

COVID-19: Oregon Telehealth Guidance

DCBS and OHA

“For the duration of the COVID-19 outbreak, or until otherwise directed by the directors of the Department of Consumer and Business Services and the Oregon Health Authority, the state expects health plans of all types to provide increased access to health care services through telehealth delivery platforms and to encourage patients to use telehealth delivery options to limit the amount of in-person health care they seek.”

Dated March 24, 2020

<https://www.oregon.gov/oha/HSD/OHP/Announcements/DCBS-OHA%20Telehealth%20Guidance%20-%20Issued%20March%2024%202020.pdf>

COVID-19: Oregon Telehealth Guidance

Takeaways:

cover

reimbursement rates

cost-sharing

clearly communicate

provider networks

behavioral health services

eliminate barriers

Commercial Health Plans - DCBS

Medicaid Health Plans - OHA

COVID-19: Coverage

- New HERC Guideline Note A5: Clarifying expanded coverage
 - **FFS**
 - HERC Guideline Note A5
 - Applicable regulations
 - **CCOs**
 - Shall cover telemedicine services identified in the HERC Guideline Note A5
 - OHA encourages CCOs to make that coverage retroactive to **January 1, 2020**
 - CCOs may (and are encouraged to) go beyond the HERC Guideline
 - **Commercial Plans**
 - Encouraged to use HERC Guideline Note A5 as a resource in developing coverage
 - Plans must cover synchronous two-way interactive video conferencing, but many plans also cover phone or app-based services

COVID-19: Does Oregon Health Plan Cover Telemedicine Services?

Yes—Coverage:

1. OAR 410-120-1200 (Excluded Services and Limitations)
2. OAR 410-130-0610 (Telemedicine) *amended March 15, 2020*
3. OAR 410-172-0850 (Telemedicine for Behavioral Health)
4. HERC Guideline Note A5 (Teleconsultations and non-face-to-face telehealth services) *updated March 13, 2020, including errata and annotations as of March 26, 2020*

OAR 410-130-0610 (Telemedicine)

- Amended to **align with updated practice guidelines** and respond to COVID-19
 - Effective **March 16, 2020** through **September 11, 2020**
- Coverage for physical health telemedicine services include:
 - **Telehealth** (synchronous audio/video visits)
 - **Patient-to-Clinician services** (electronic/telephonic)
 - **Clinician-to-Clinician Consultations** (electronic/telephonic)
- During an **outbreak or epidemic**, the Authority shall provide coverage and reimbursement of Patient-to-Clinician telephonic and electronic services for established patients using the Division's maximum allowable rate setting methodology
- **HIPAA** *but see* other guidance
- **Provider qualifications**

<https://www.oregon.gov/oha/HSD/OHP/Policies/130-0610-031620.pdf>

OAR 410-172-0850

(Telemedicine – Behavioral Health)

- The fee-for-service behavioral health fee schedule lists the codes that include telemedicine reimbursement when billed with modifier GT
- Telephone services are now eligible for payment retroactive to **January 1, 2020** during the COVID-19 pandemic when the service is:
 - Provided by a qualified non-physician healthcare professional, physician, or professional qualified to perform E&M
 - Meets timing requirements
- OHA submitted an 1135 waiver and will submit a State Plan Amendment to CMS for approval to support expansion

<https://www.oregon.gov/oha/HSD/OHP/Announcements/Expanded%20telehealth%20coverage%20for%20behavioral%20health%20services.pdf>

COVID-19: State Plan Amendment

- OHA is submitting a **State Plan Amendment** to CMS
- Requesting a retroactive date of **January 1, 2020** as it relates to reimbursement

Code	Current Rate	Increased Rate
99441	\$9.86	\$16.04
99442	\$19.16	\$31.44
99443	\$28.12	\$51.97

COVID-19: HERC Guideline (Guideline A5)

- New HERC Guideline (Guideline A5): Clarifying expanded coverage of
 - **Telehealth Synchronous audio/video visits***
 - Patients may be **at home** or in a healthcare setting
 - Visits are covered for inpatient and outpatient services for **new** or established patients.
 - Telehealth consultations are covered for emergency and inpatient services.
 - Billing for telehealth visits requires the same level of documentation, medical necessity, and coverage determinations as in-person visits.
 - **During COVID-19** crisis, these services may be provide by **telephone-only** when appropriate.
 - “These services can be provided by telephone when appropriate during the COVID-19 crisis. See CMS [FAQ](#) #2 and Oregon Health Plan [COVID-19 page](#) for up-to-date details and billing guidance for fee-for-service.”
 - *See HERC Guideline Note A5. FN1 (errata and annotations as of 3-26-20).*
 - **HIPAA during COVID-19**
 - “Certain requirements for encryption will not be enforced by federal authorities during this crisis. This means services like FaceTime, Skype and Google Hangouts can be used for patient contact. Compliant platforms are of course preferred when available.”
 - *See HERC Guideline Note A5. FN2 (errata and annotations as of 3-26-20).*

COVID-19: Are telephone services covered?

- OHP covers telephone services (*See Statement of Intent 6*)
 - Telephone services can be billed for the following services
 - 99441-99443 for providers who can provide evaluation and management services
 - 98966-98968 for other types of providers, including nonphysician behavioral health providers
- CCOs
 - Covers a service if it falls under those described in HERC Guideline Note A5
 - CCOs *may* cover additional telephone/telemedicine services
- Commercial plans
 - DCBS “most insurers cover phone and app-based appointments.”

COVID-19: HERC Guideline (Guideline A5)

- **Patient-to-Clinician Services (via telephone or electronic)*** Telephonic and electronic services including services related to diagnostic workup between a patient and clinician must meet certain criteria including but not limited to:
 - a **pre-existing** relationship *except*
 - See FN3
 - **Documentation**
 - **Informed consent** *except*
 - See FN4
 - **HIPAA** *except*
 - see FN2
 - There are other requirements

*including errata and revisions as of March 26, 2020

Reimbursable

- Extended counseling
- Treatment of relapses
- Counseling and education for patients with complex chronic conditions

Non-Reimbursable

- Prescription renewals
- Scheduling a test
- Requesting a referral

COVID-19: HERC Guideline (Guideline A5) (cont.)

- **Clinician-to-Clinician consultations** (telephonic and electronic)
 - **Consulting provider** requirements (99451, 99446-9)
 - Consult may be requested by another provider
 - Can be for a new or exacerbated condition
 - Request and reason for consultation request must be documented in the medical record
 - Rules about when to report and not report (e.g. timing)
 - See the guideline for more requirements
 - **Requesting provider** requirements (99452)
 - eConsult must be reported by requesting provider (not for the transfer of a patient or request for face-to-face consult)
 - Reported only when the patient is not on-site and with the provider at the time of consultation
 - Rules about when to report and not report (e.g. timing)
 - See the guideline for more requirements

www.Oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx

CCO Payment Parity (OAR 410-141-3566)

Telemedicine =

- Telehealth (synchronous audio/video visits)
- Patient-to-Clinician services
- Clinician-to-Clinician services

■ Parity

- **Contracted Providers** (physical and behavioral health) = same rate as in-person
- **Non-contracted Providers** rates agreed to or OHP FFS rate, whichever is greater

■ HIPAA

- OHA will apply the same flexibilities on HIPAA compliance as HHS OCR (March 17, 2020)
- OHA will not subject MCEs or covered healthcare providers to sanctions (good faith)

■ Effective **March 26, 2020**

HHS OCR HIPAA – COVID-19

■ HHS OCR

- May use any **non-public facing** remote communication product that is available to communicate with patients
 - OCR will not impose penalties for noncompliance
 - Applies to telehealth provided for any reason (not just COVID-19 related)
- May use Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype
 - May NOT use Facebook Live, Twitch (or other public facing applications)

[Help Is on the Way for Telehealth: Loosened HIPAA Enforcement](#)



Who May Provide Telemedicine Services?

- **OAR 410-130-0610(7)**
- Performing / Rendering Providers of covered physical health telemedicine services shall:
 - Hold a current and valid license without restriction from a state licensing board where the provider is located;
 - Have authority to provide physical health telemedicine services for eligible Oregon Medicaid beneficiaries;
 - Comply with correct coding standards CPT or HCPCS

<https://www.oregon.gov/oha/HSD/OHP/Policies/130-0610-031620.pdf>

Who May Provide Telemedicine Services?

■ Physicians & PAs

- Physicians and PAs with an **active status license to practice medicine in Oregon** may provide care via telemedicine to their Oregon patients
- Out-of-state physicians with a **telemedicine license** may provide remote care to their Oregon patients

■ Dentists

- OHA expanded teledentistry services effective **January 1, 2020**.
- The teledentistry rule (OAR 410-123-1265) also permits CCOs and DCOs to cover telehealth for services that are already covered for in-person visits, subject to Guideline Note A5. OHA “encourages” CCOs to make the coverage retroactive to January 1, 2020.

<https://www.oregon.gov/oha/HSD/OHP/Announcements/Expanded%20Oregon%20Health%20Plan%20teledentistry%20coverage%20effective%20Jan.%201%2C%202020.pdf>

Other Temporary Amended Telemedicine Rules

OAR 410-129-0075	Speech-language pathology, audiology, and hearing aid service providers
OAR 410-131-0040	Physical Therapy and Occupational Therapy
OAR 410-140-0020	Visual Service Providers
OAR 410-150-0040	Administrative Examination Service Providers
OAR 410-170-0080	Behavior Rehabilitation Services* (see also OAR 410-172-0850)

These Providers:

- Comply with HERC re: telephone & email
- Use telemedicine for service that are **not** required to be provided face-to-face, in-person
- Request prior written agency approval to utilize telemedicine for services that require face-to-face setting when documented barrier



Questions?

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