



MOSSADAMS



Telehealth Compliance

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Introductions



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Today's Topics

- Current State with Telehealth
- Current Government Trends
- What are the Risks?
- Ideas on how to Audit or Monitor
- Proactive Compliance

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Defining Telehealth

Telehealth

- Part B services that a practitioner provides to an eligible beneficiary through a telecommunications system.
- Covers telehealth services provided through live, interactive videoconferencing between a beneficiary located at a certified rural originating site and a practitioner located at a distant site.
- An eligible originating site must be an authorized medical facility, not a beneficiary's home or office.

- <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/>

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Telehealth (cont.)

- Generally pays for telehealth services only when an interactive audio and video telecommunications system is used, permitting real-time communication between the beneficiary at the originating site and the practitioner at the distant site.
- Under certain circumstances, Medicare will pay for telehealth services when furnished through an asynchronous “store and forward” system.

- <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/>

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Four Requirements



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Telehealth – New(ish)

- **Telestroke Coverage**
 - Effective January 1, 2019
 - Purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke
 - Removed requirements for geographic location and the type of originating sites where acute stroke telehealth can be furnished
 - Proposed “mobile stroke units”

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Telehealth – New(ish)

- **Prescribing**

- Patient-provider relationship established in-person or
- Provider exam meets “practice of telemedicine” exception

- **Remote Patient Monitoring (RPM)**

- Effective January 1, 2018
- Certain qualifying RPM services (qualifying ECG, blood pressure, glucose monitoring)
- Under same conditions as in-person physician's services

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OIG Report – April 2018

- Spending increase from \$61,302 to \$17.6 million in 2015
- More than half of the claims did not have matching originating-site facility fee claims
- Focused on claims billed through a distant site that did not have corresponding originating site fee
- CMS did not ensure that
 - There was oversight to disallow payments for errors where telehealth claim edits could not be implemented,
 - All contractor claim edits were in place, and
 - Practitioners were aware of Medicare telehealth requirements

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HealthIt.gov

- HRSA defines telehealth as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include:
 - Videoconferencing,
 - The Internet,
 - Store-and-forward imaging,
 - Streaming media, and
 - Terrestrial and wireless communications.
- Telehealth is different from telemedicine because it refers to a broader scope of remote health care services than telemedicine.

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Others

World Health Organization (WHO)

- The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.

American Telemedicine Association (ATA)

- ATA largely views telemedicine and telehealth to be interchangeable terms, encompassing a wide definition of remote healthcare, although telehealth may not always involve clinical care.

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Government Efforts

- Telehealth Services factsheet on Medicare Learning Network
(<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcfactsheet.pdf>)
- HRSA – Medicare Telehealth Payment Eligibility Analyzer
(<https://data.hrsa.gov/tools/medicare/telehealth>)

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What are the Risks?

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Common Telemedicine Terminology

Term	Definition
Live Video Conferencing	Two-way, interactive audio-video conferencing between a patient at an originating site and a provider at a distant site.
Store and Forward	The electronic transmission of medical images, records or prerecorded videos through secure email transmission.
Remote Patient Monitoring	The ongoing collection and transmission of health data, from a patient in one location to a provider in a different location.
Hub Site/ Remote Provider Site	Where the provider who is delivering care via a telemedicine modality is located.
Spoke Site / Originating Site	Where the patient or provider requesting telemedicine services from a remote provider is located. ¹
Telepresenter	Medical assistant or provider



Potential Risk Areas

Some states:

- Require an established patient relationship as a condition of reimbursement
- Require a telepresenter physically present with patient receiving care from a distant-site provider
- Limit the frequency Medicaid patients can receive telemedicine care
- Impose geographic restrictions on telemedicine encounters
- Restrict coverage and reimbursement for store and forward, remote patient monitoring, or e-mail/fax/phone technologies

https://www.lexology.com/library/detail.aspx?g=06ef8b54-06fc-4b4e-9811-41bd225a3b06&utm_source=lexology+daily+newsfeed&utm_medium=email+body+general+section&utm_campaign=ahla+subscriber+daily+feed&utm_content=lexology+daily+newsfeed+2018-12-24&utm_term

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Allowable Means of Communication

- Requires interactive telecommunications system (42 CFR § 410.78(b))
- Does not include telephone, fax, or email (42 CFR § 410.78(a)(3))
- Special circumstances - asynchronous store and forward telecommunications system



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Location of Where Beneficiaries Receive Service

Eligible originating sites must be:

- In a county outside of a metropolitan statistical area (MSA);
- In a health professional shortage area (HPSA) that is either outside of an MSA or within a rural census tract; or
- An entity participating in a Federal telemedicine demonstration project that has been approved by (or receives funding from) the Secretary of Health and Human Services as of December 31, 2000.

- <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/>

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Telehealth – Institutional

- The facility is a CAH that elected the Method II payment option, and the practitioner reassigned his or her benefits to the CAH; or
- The facility provided medical nutrition therapy (MNT) services.

- <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/>

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Other

- Covered Services -provision of unallowable services for telehealth
(<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/telehealth-codes.html>)

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Fraud and Abuse Considerations- Billing Models

- Hub and spoke
- Alternative – engage ad-hoc basis
- Originating site bills and collects
- Telehealth provider bills directly

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Fraud and Abuse Considerations- Reassignment

- Inter-jurisdictional reassignment rules
- Program integrity safeguards
- Different rules across different Medicare Administrative Contractors (MAC)



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Audit or Monitoring Competence, Identifying Issues, and Flagging for Further Review

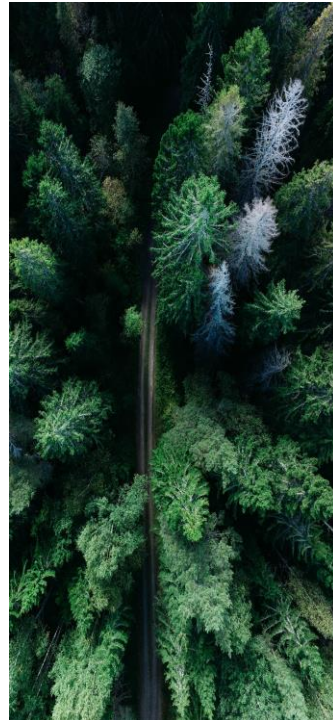


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How can we Audit for this?

- Data mine
- Select sample
- Assess location and originating site
- Contact originating site providers to determine if beneficiary was present

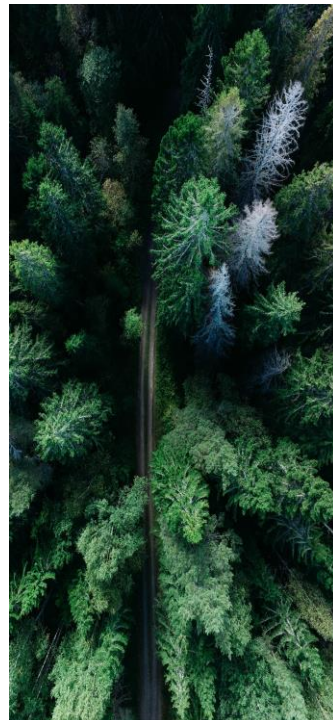
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How can we Audit for this? (cont.)

- Determine if originating site addresses in HRSA database
- Match zip codes – for MSA
- If RPM, ensure requirements are met
- Review documentation

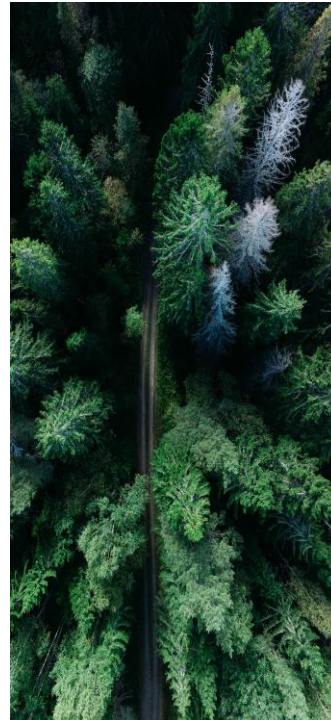
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Data Mine

- Obtain data for HCPCS code Q3014
- All modifiers appended
- Determine which claims had distant-site GT or GQ modifiers

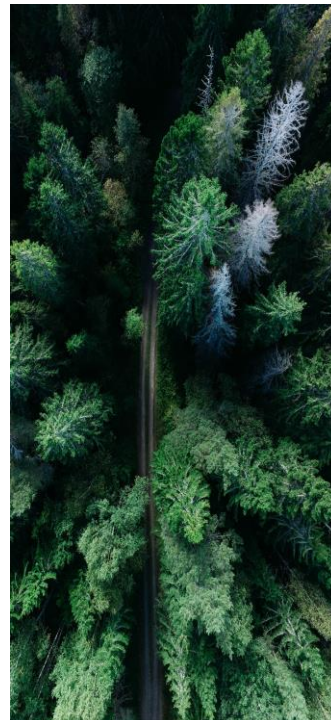
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Assess Use of Telehealth

- Obtain policies and procedures
- Brief description of service provided and the communication means used to provide the service
- Location of the practice from which the service was provided
- Location of the beneficiary when service was provided
- Distant site specialty and documentation supporting license

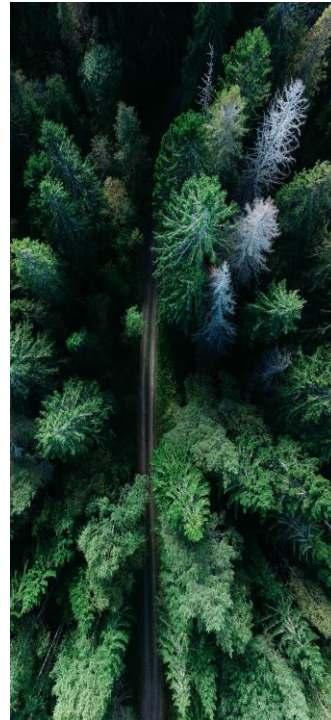
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Documentation Review

- The service was initiated from an eligible originating site
- Originating site met requirements
- Institutional facility's distant site requirements (CAH and MNT)
- Individual providing the service was an authorized practitioner
- Place of service is "02"
- Service was provided through an allowable means, such as an interactive telecommunications system

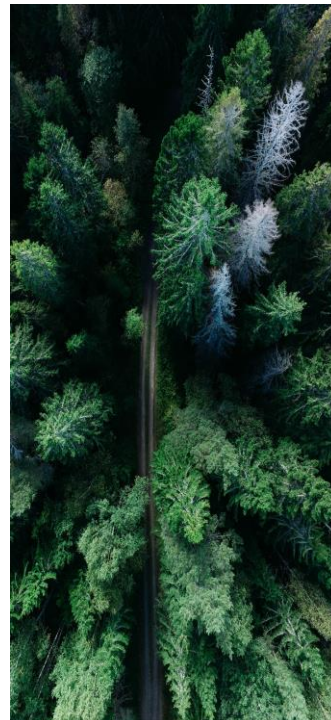
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Documentation Review (cont.)









- Service billed with a telehealth modifier and is a covered service per CMS listing
- Service was not provided outside the USA
- For RPM the following is present:
 - Patient informed in writing and consent filed
 - Face to face service within the previous year where RPM initiated
 - Only billed once in 30 day period
- Documentation supports that telehealth service was performed

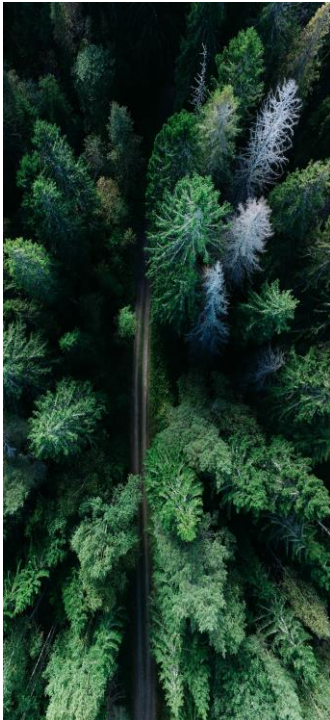
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Compliance Review

-  Policies and procedures
-  Secure communications-Privacy and Security- HIPAA and State
-  Credentialing of Providers
-  Informed consent – telehealth specific and potentially state
-  Corporate practice of medicine review
-  Potential technology related issues
-  Data ownership / retention / destruction
-  Documentation requirements



Questions? Now or later...

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