Telehealth 101

March 27, 2020

Virtual Office Hours: Fridays 10 – 11AM

Disclaimer: Due to the rapidly changing situation, this information may be outdated and no longer valid. Please go to the PBTRC website and resource page (http://www.pbtrc.org/covid-19-and-telehealth/) for the most recent and up-to-date information.
Virtual Office Hours:

Team
- DOH - Sylvia Mann, Genomics Section Supervisor & Laura Arcibal, Telehealth Coordinator
- PBTRC - Christina Higa, Deb Peters, Co-Directors; Ginger Porter, Sean Okamoto
- Dr. Jennifer Mbuthia & Other Specialists

Format
- Fridays 10-11 – same time and place
- (Future short topic need – Reimbursement? BH? Technology? Other?)
- Review FAQs
- Q&A – Please submit your questions in chat (www.pbtrc.org/contact-us) – Contact Form
Plan for today...

• Introduce Recent Use Cases
• Review FAQs: Consent, Reimbursement, HIPAA
• Share Telehealth and COVID-19 Resources
• Q&A

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Past week...
Use Cases for Telehealth

• COVID-19 Screening/ Triaging
• Quarantined Health Providers Seeing Patients from Home
• Group Therapy (social/physical distancing)
• Empty Waiting Rooms (wait in car/ text)
• High Risk Patients
  • PCP - Virtual Check-ins by telephone
  • Senior Living Homes – teleconsultations
  • Prenatal and High-Risk Pregnancies
  • Homeless Outreach
• Discharge Coordination/ Home Monitoring (remote patient monitor)
Patient Consent

- Hawaii does not have a law mandating consent for telehealth.
- Hawaii **does** have a requirement for consent before provision of medical services (HRS 671.3) but is silent on verbal or written.
- However, consent may be a requirement for payment.
- The content of the consent form should be reviewed by the provider's risk management team as necessary.
- Regardless as to how consent is given (verbal, written, electronic, etc.) it must be documented.

**SAMPLE TELEHEALTH CONSENT LANGUAGE**
(can be added to existing patient consent or used as a rider)

**NOTE:** You don’t have to use all the items. Pick what fits your telehealth situation.

1. I understand that my health care provider wishes me to engage in a telemedicine consultation.
2. My health care provider has explained to me how the video conferencing technology will be used to affect such a consultation will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.
3. I understand there are potential risks to this technology, including interruptions and technical difficulties.
4. I understand that my health care provider or I can discontinue the telemedicine consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I have had the alternatives to a telemedicine consultation explained to me, and in choosing to participate in a telemedicine consultation, I understand that some parts of the exam involving physical tests may be conducted by individuals at my location at the direction of the consulting health care provider.
6. In an emergent consultation, I understand that the responsibility of the telemedicine consulting specialist is to advise my local practitioner and that the specialist’s responsibility will conclude upon the termination of the video conference connection.
Reimbursement (Medicaid & Private)

Hawaii Law - HRS Act 226(16):
• Parity for Service & Payment
• Malpractice coverage
• No location restrictions on originating site including patient home, place not traditional clinical/health related
• How delivered? Broad definition store and forward, remote monitoring, live consultation & mHealth;
• Patient-Provider Relationships (Expecting Emergency Proclamation)
• Prescribe controlled substances after

SAMPLE BILLING CODES

Medicaid: CPT Code and Modifier
- Place of Service POS 02 - Telehealth
- Modifier GT/ 95 (Synchronous)
  GQ (Asynchronous)

HMSA:
- POS 02 - Telehealth
- Modifier GT, 95

Others...
Reimbursement (Medicare)

Emergency Waivers

✓ NO geographic limitations for telehealth services (e.g. service not limited to rural or non-Metropolitan Svc Area (MSA) location)
✓ Patient Home (origination site)
✓ All Modalities (including S&F)
✓ Prior Existing Relationship (no audits)

No Change (same Pre-COVID-19)

✓ Eligible Provider
✓ Eligible Services
✓ Co-Pay / Out-of-Pocket (flexible)
✓ Virtual Check-Ins
✓ e-Consults
✓ E-Visits

SAMPLE BILLING CODES

Medicare: CPT Code and Modifier

Place of Service POS 02
Modifier GT/ 95 (Synchronous)
GQ (Asynchronous)

Virtual Check-In

Short/ Telephone
G2010, G2012

Interprofessional

eConsults
Telephone/Internet/ EHR
99446, 99447, 99448, 99449, 99451, 99452
Frequent Medicare Questions?

• Will Medicare pay for telephone consults?
  • Yes – but only for Virtual Check-ins and Interprofessional (brief, so fees are low)

• Is Text Message eligible for Virtual Checks?
  • No
HIPAA Waiver

**Emergency Waivers:**

- OCR will not impose penalties for noncompliance with HIPAA rules and regulations.
- Providers are encouraged to notify patients of the risk of these third-party applications and should enable all available encryption and privacy modes when using these applications.

- **DO NOT USE** public facing applications (e.g., Twitch, TikTok, Facebook Live, etc.)
- **CAN USE** non-Public facing applications (e.g., FaceTime, Skype for Business, etc.)
- **BETTER TO PLAN** for beyond the crises...many user-friendly HIPAA friendly platforms: Zoom, Webex, etc.
Review of Resources
WWW.PBTRC.ORG

• DOH Videos
  • Best Practices – Providers
  • What to expect – Patients

• Tool Kits
  • Quick Start Guides

• Emergency Waivers and Reimbursement Info.

• More...

WWW.PBTRC.ORG