

Simione Healthcare Consultants is working to help home health and hospice providers maximize cash flow and clinical efficiency, while minimizing risk due to COVID-19. For help in understanding requirements and implementing strategies, visit Simione.com or call 800.949.0388.

FAQs for Telehealth, Telecommunications & Virtual Visits

What are the provisions outlined for telehealth by the CARES Act and blanket waivers through the end of the emergency declaration?

The CARES Act encourages use of Telecommunications Systems for Home Health Services. While telecommunication and telehealth are encouraged, they are NOT reimbursable (Medicare); however, state Medicaid and some payers may reimburse for this service.

HOSPICE

- **Face to Face:** Face-to-face encounters for purposes of patient recertification for the Medicare hospice benefit can now be conducted via telehealth.
- **Virtual Visits:** Hospice providers can provide services to a Medicare patient receiving routine home care through telehealth if it is feasible and appropriate to do so.
- **Reimbursement:** There is no payment beyond the per diem amount for the use of technology in providing services under the hospice benefit. For the purposes of the hospice claim submission, only in-person visits (with the exception of social work telephone calls) should be reported on the claim. CMS allows providers to record the cost of all telehealth services on the cost report.

HOME HEALTH

- **Face to Face:** Physicians and other allowed practitioners can perform the home health face-to-face via a virtual visit (two-way communication). This can be billed separately under Medicare Part B by the physician.
- **Homebound Status:** If a physician determines that a Medicare beneficiary should not leave home because of a medical contraindication or due to suspected or confirmed COVID-19, and the beneficiary needs skilled services, he or she will be considered homebound and qualify for the Medicare Home Health Benefit. As a result, the beneficiary can receive services at home.
- **Virtual Visits:** Agencies can provide more services to beneficiaries using telemonitoring or virtual visits so long as it is part of the patient's care plan and does not replace needed in-person visits as ordered on the Plan of Care. The inclusion of technology on the Plan of Care must continue to meet the requirements at § 484.60, and must be tied to the patient-specific needs identified in the comprehensive assessment and the measurable outcomes that the agency anticipates will occur as a result of implementing the Plan of Care.
- **Reimbursement:** Telehealth must be physician-ordered rather than the provider choosing to substitute telehealth when in-person visits are ordered. CMS allows providers to record the cost of all telehealth services on the cost report.

How can I be using telehealth or virtual visits during this time?

- Maintain contact with patients and keep them on service when refusing visits or when requesting discharge
- Early detection of a disease exacerbation. Agencies can 'see' their patients, monitor vital signs and conduct a virtual visit. This is a preventative measure to minimize the risk of hospitalization during this time of crisis
- Monitor wounds and report any changes to the appropriate care providers, reducing the need for the patient to travel to a physician's office or clinic
- Observe the movement of therapy patients via video, such as extension and flexion or observing gait as a patient ambulates
- Quickly identify COVID-19 symptoms in patients who may ignore or not recognize the significance of a fever or cough
- Prevent social isolation and help to alleviate fears if possible
- **IMPORTANT:** Be sure to add telehealth services to the patient's Plan of Care and be specific about how they are being used

I do not currently utilize telehealth. Can I use solutions like Skype or Zoom to interact with patients during this time? What are my options?

Currently, for the time specified as pandemic/national emergency, the HIPAA regulations have been relaxed to allow the use of Skype and Zoom along with other available applications. Telephonic visits are not acceptable unless the call includes video. An audio-visual call is required for a virtual visit.

While HIPAA regulations have been relaxed temporarily, it is recommended that an agency anticipate using a HIPAA-compliant audio-visual platform when the pandemic emergency declaration is lifted.

Are there benefits to using telehealth in ALFs & SNFs?

ALFs and SNFs face the difficult challenge of keeping their residents as safe as possible, which involves keeping all contagious diseases out of the facility, particularly one as contagious as COVID-19. Currently, facilities are reducing the number of non-residents that enter the facility. It has also been a challenge for Home Health and Hospice agencies entering the facilities. Patients in these settings are experiencing increased isolation and are less likely to be able to verbalize concerns to staff. If at all feasible, reaching out to these patients will promote early detection of any disease exacerbation. Telehealth and virtual visits enable agencies to see their clients to monitor their health and care.

Will telehealth result in serving a rise in new patients that are high-risk for COVID-19?

An agency that has developed a telehealth program – which includes virtual visits to specifically address the needs of high-risk patients and COVID-19 patients – should be considered a great asset in caring for the patient in the quarantined environment of their residence. Telehealth can minimize the need to use the resources of a hospital and minimize the risk of exposure to staff and other patients.

How is telehealth being utilized to increase safety for patients and employees?

These visits will protect the field staff from possible virus exposure. Patients who are hesitant to have people in their residence can still benefit from being seen by a clinician without them being in their home. Virtual visits also reduce the need and use of PPE.

Are there resources available to guide us in how to implement the use of new programs and virtual visits quickly?

Resources include your telehealth vendor for programming that may be specific to COVID-19. Our team at Simione Healthcare Consultants includes experts to help agencies quickly implement a telehealth program by providing resources such as, but not limited to, program design, patient criteria, templates, workflows and clinical pathways to support effective implementation of telehealth and virtual visits.

What assistance or guidance is available to support documentation of a virtual visit in my EMR?

If an agency is utilizing a telehealth software platform, many have established interfaces enabling the flow of bi-directional information. The guidance to be provided regarding documentation in the EMR would be individualized based on the systems being used and the telehealth program design. Simione Healthcare Consultants recommends provision of a checklist or creating a template in your EMR for clinicians to use. Simione can assist in how to manage this within your EMR whether using telehealth or substituting other platforms to provide virtual visits during this time.

What should I be aware of specific to Hospice?

The interim provision does allow for a hospice physician or hospice nurse practitioner to conduct the Face-to-Face visit utilizing telehealth. Although not reimbursable by Medicare, a Hospice agency may also provide 'telecommunication-based visits to ensure patients continue to receive services and that the services are reasonable and necessary to the palliation and management of the patient's terminal illness without jeopardizing the patient's health or that of the hospice care provider'.

CMS has relaxed the definition of homebound during the time of the COVID-19 emergency. How does that impact Home Health Agencies?

CMS wants to reduce potential exposure of Medicare patients that still has a skilled need and would normally be able to go to the physician's office or clinic. The preference is that patients stay in their homes if there is a chance that they are highly likely to contract COVID -19 if exposed. For example, if a patient has a co-morbidity such as CHF, COPD or Asthma, the patient is at a higher risk. This information must be documented in the homebound certification.

At this time CMS has not provided payment for home health or hospice virtual visits, but the cost of the programs may be included in the cost report. It has also been noted that billing will be allowed for physician visits by attending physicians, but this capacity is still being researched for specificity.