



COVID-19 Telehealth Practices: A Response to Telehealth Services During COVID-19

Health Choice Arizona Medical & Clinical Team

May 1st, 2020

TRAUMA-INFORMED CARE, CULTURAL COMPETENCY & ADULT LEARNING

- “Health Choice Arizona believes that we safeguard the provision of high quality services by providing person-centered, trauma-informed services, which foster collaboration, respect differences, preferences, language and other cultural needs within the communities we serve.
- We believe that culturally and linguistically-responsive programs that promote building on people's strengths and values while reducing the effects of traumatic and other adverse experiences achieve positive health outcomes and create welcoming environments.
- We believe that cultural competency is developed and learned throughout your career. And that cultural humility is central to professional development and service delivery. We support member voice, choice and advocacy.
- Health Choice Arizona utilizes Transformative Learning Theory for the primary adult learning theory. Transformative learning is a three dimensional process that sees change in the psychological, convictional and behavioral occur in individuals engaged in a safe, inclusive and challenging learning environment.”

Health Choice Arizona
Workforce Development Department

SARA GIBSON MD, HCA TELEHEALTH MEDICAL DIRECTOR

Dr. Gibson has been providing services over telehealth for more than 25 years and vets it's effectiveness:

“I am confident in the accuracy of my diagnoses and evaluations, and am able to establish excellent rapport with my patients.”

“I consider the overriding issue to be access to care, which has been vastly improved with tele[health]. Apache County, despite it's very small size and remote location, has had increased continuity of psychiatry (20 years) as well as increased availability since the introduction of tele[health]”

TELEHEALTH WORKS!

REACH OUT! Therapy matters, not the electronic interface...even telephonic

- Dennis CL, Grigoriadis S, Zupancic J, et al. Telephone-based nurse-delivered interpersonal psychotherapy for postpartum (IPT) depression: Br J Psychiatry. 2020 Apr;216(4):189-196. doi: 10.1192/bjp.2019.275
- At 12 weeks, 10.6% of women in the IPT group and 35% in the control group remained depressed with the IPT group 4.5 times less likely to be clinically depressed
- Nurse-delivered telephone IPT is an effective treatment for diverse urban and rural women with postpartum depression and anxiety that can improve treatment access disparities.

TELEHEALTH & SUBSTANCE USE DISORDER

- It is very important to maintain the person in treatment and *minimize* relapse during this time of national and community confinement and crisis
- Telehealth is an *evidence based* practice therapy modality for SUD.
 - Both group and individual
 - Video is ideal but audio only should not be a barrier to care.
REACH OUT!
 - Eg: document “Due to COVID-19 transmission concerns, session was done in patient’s home; so vitals, PHQ, GAD, urine drug screen, and SOWS not done.” and/or “Suboxone Rx for 2 weeks to minimize pharmacy COVID-19 transmission”

TELEHEALTH IN-HOME STANDARDS AND GUIDELINES

- **The standard of care via telehealth is the same as it is in person**
- You **can** establish a provider-patient relationship via telehealth
- You must have proof of identity (POI)
 - Previous contact counts as POI
 - Members can show their driver's license, or other picture ID
 - Providers can show their name badge
 - If the session is by phone, have the member verify their date of birth
- Member attests to privacy
 - Ask the member if they are in a private, safe environment to conduct the session
- **Provider MUST know the location of the patient during the session ICE (In Case of Emergency)**
Having the patient's medical record available is a telehealth standard of care, and will include the patient address ICE

TELEHEALTH IN-HOME STANDARDS AND GUIDELINES

- Providers **MUST** know what emergency services are available for the patient (911 doesn't work out of area):
 - Behavioral Health Crisis Line: 1-877-756-4090
 - Police (where the patient is located) phone number
 - This link provides advice how to contact emergency services in a different location: <https://www.verywellhealth.com/calling-911-for-someone-in-another-state-1298353>
 - EMS (that covers the area the patient is located)
 - Hospital (closest to the patient)
 - Support person (someone the member has identified as a support)
 - Know if there is a firearm in the home
 - Have a safety plan in place (who to call, what to do)

AZ STATE COVID-19 CHANGES

- In addition to utilizing current AHCCCS registered providers, Arizona was authorized by CMS on March 23rd to provisionally and temporarily **enroll providers who are enrolled with another State** Medicaid Agency or Medicare for the duration of the public health emergency.
- Requires insurance companies and health plans to **cover out of network providers**, including out of plan laboratories and telehealth providers
- Waives all copays, coinsurance, and deductibles for consumers **related to COVID-19 diagnostic testing and decreases co-pays for telehealth visits**

EXECUTIVE ORDER FOR EXPANSION OF TELEHEALTH

The Arizona Health Care Cost Containment System (AHCCCS) shall require all Medicaid plans in the State of Arizona to **cover all healthcare services** that are covered benefits to be accessible by telemedicine to AHCCCS members.

AHCCCS shall prohibit Medicaid plans from discounting rates for services provided via telemedicine as compared to contracted rates for in person services.

KEY AHCCCS INFORMATION

- All forms of telehealth are allowed including:
 - Asynchronous,
 - Remote Patient Monitoring,
 - Teledentistry,
 - Synchronous (interactive audio and video), and,
 - Telephonic services are covered
- Telehealth services may be provided by any Arizona licensed healthcare provider type, including but not limited to, physicians, physicians assistants, advanced practice nurses, optometrists, psychologists, dentists, occupational therapists, physical therapists, pharmacists, behavioral health providers, behavioral health technicians, chiropractors, athletic trainers, hearing aid dispensers, audiologists, and speech-language pathologists.

KEY AHCCCS INFORMATION (CONT.)

- AHCCCS strongly encourages behavioral health providers to *continue* to provide behavioral health services to children and their families in their home and community while schools are closed.
- Eg: document “Due to COVID-19 transmission concerns, session was done in patient’s home; so vitals, PHQ, GAD, urine drug screen, and AIMS not done. ”

AHCCCS CONSENT INFORMATION

- During the COVID-19 emergency, providers delivering services through telehealth and telephonic means *can* obtain **verbal consent and verbal treatment plan** agreements
- Providers may also document the member's/guardian's verbal consent and verbal agreement in the Electronic Medical Record (EMR)
 - It will not be necessary to gather *retroactive* signatures once the COVID-19 emergency period ends, provided the documentation is in the EMR
 - Eg: document “Informed consent was provided for new medication, the client consented verbally, no signature obtained due to COVID-19 transmission concerns.”
- Note in the record if the session was provided by telehealth (synchronous audio/video), telephone, or in person

KEY AHCCCS INFORMATION (CONT.)

- There is no rate difference in the AHCCCS Fee Schedule between services provided in-person or via telehealth or telephonically
- Effective 3/18/2020 until the end of the COVID-19 emergency, AHCCCS health plans shall not discount rates for services provided via telehealth or telephonically as compared to contracted rates for in-person visits

KEY AHCCCS INFORMATION

- All AHCCCS health plans & FFS programs honor the use of the telehealth/telephonic services and service codes
- Health Plans and FFS programs *will* reimburse for these services
- AHCCCS has updated its telephonic and telehealth code to enable all providers to be able to conduct visits remotely, **including for non-controlled and controlled substance medication refills.**

AHCCCS CODING INFORMATION

- Distant site is where the provider is
 - AHCCCS has no limits on provider location
- POS is the site of the member (originating site)
- POS Code 12 is for when the member is located at home
- The GT modifier is for Synchronous (real time audio/video) sessions
- Check this link for the latest coding information, as well as the codes:
 - <https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#telehealth>

AHCCCS TELEPHONIC CODING INFO

- AHCCCS has a temporary telephonic code set
 - The link at the end of this PowerPoint will take you to the resource for telephonic and telehealth code updates
 - POS 2 is only used used for the permanent telephonic codes
 - UD Modifier is used for AHCCCS temporary telephonic codes
 - POS 12 is allowable for all temporary telephonic codes
 - Habilitation Codes have been added to the temporary telephonic codes
- Check this link for the latest coding information, as well as the codes:
 - <https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#telehealth>

KEY CMS (MEDICARE) INFORMATION

- Originating site and geographic telehealth restrictions are *removed* for the time being
 - Members outside of rural areas, and members in their home, will be eligible for telehealth services starting 3/6/2020
- CMS is *not* enforcing an established relationship requirement
- Telehealth services are *not* limited to COVID-19
- When billing professional claims for all telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with:
 - Place of Service (POS) equal to what it would have been had the service been furnished in-person for synchronous telehealth
 - Modifier 95, indicating that the service rendered was actually performed via synchronous telehealth
 - Medicare Telephonic services use POS 11

KEY CMS (MEDICARE) INFORMATION

Clinicians can now provide more services to beneficiaries via telehealth so that clinicians can take care of their patients while mitigating the risk of the spread of the virus. Under the public health emergency, all beneficiaries across the country can receive Medicare telehealth and other communications technology based services wherever they are located. Clinicians can provide these services to new or established patients. In addition, providers can waive Medicare copayments for these telehealth services for beneficiaries in Original Medicare.

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

- A broad range of clinicians, including physicians, can now provide certain services by telephone to their patients (CPT codes 99441-99443)

Allowable Medicare Telehealth Codes can be found at:

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

HHS AND HIPAA COMPLIANCE

- HHS has temporarily relaxed HIPAA compliant regulations for video platforms
 - During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA rules may seek to communicate with members, and provide telehealth services, through remote communications technologies
 - Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules
 - OCR will exercise its enforcement discretion and will not impose penalties for non-compliance 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:
 - <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

RYAN HAIGHT

CHANGES UNDER EMERGENCY DECLARATION

- The **Drug Enforcement Administration (DEA)** has released guidance allowing DEA-registered practitioners to issue prescriptions for controlled substances *without* an in-person medical evaluation for the duration of the public health emergency
- However, the following conditions *must* be met:
 - The prescription must be issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice
 - The telehealth communication must be conducted using an audio-visual, real-time, two-way interactive communication system
 - The practitioner must be acting in accordance with applicable Federal and State law
 - https://deaddiversion.usdoj.gov/coronavirus.html?inf_contact_key=040da6a84b44e8c1042311278fa02829
 - [https://www.deaddiversion.usdoj.gov/GDP/\(DEA-DC-023\)\(DEA075\)Decision_Tree_\(Final\)_33120_2007.pdf](https://www.deaddiversion.usdoj.gov/GDP/(DEA-DC-023)(DEA075)Decision_Tree_(Final)_33120_2007.pdf)

DEA PRESCRIBING GUIDANCE FOR BUPRENORPHINE

Practitioners may prescribe controlled substances to patients using telemedicine without first conducting an in-person evaluation during this public health emergency under 21 U.S.C. 802(54)(D). ***Practitioners have further flexibility during the nationwide public health emergency to prescribe buprenorphine to new and existing patients with OUD via telephone by otherwise authorized practitioners without requiring such practitioners to first conduct an examination of the patient in person or via telemedicine***

This may only be done, however, if the evaluating practitioner determines that an adequate evaluation of the patient can be accomplished via the use of a telephone. The prescription also must otherwise be consistent with the practitioner's aforementioned obligation under the CSA and DEA regulations to only prescribe controlled substances for a legitimate medical purpose while acting in the usual course of professional practice.

RESOURCES

- For the latest information on the COVID-19 emergency please use this link:
<https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#telehealth>
- DEA Ryan Haight Regulations
 - https://deadiversion.usdoj.gov/coronavirus.html?inf_contact_key=040da6a84b44e8c1042311278fa02829
 - [https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-023\)\(DEA075\)Decision Tree \(Final\) 33120 2007.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-023)(DEA075)Decision_Tree_(Final)_33120_2007.pdf)
- Other DEA References:
- <https://www.deadiversion.usdoj.gov/coronavirus.html>

RESOURCES

- Telephonic permanent and temporary code sets and telehealth code sets can be found at
 - <https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#telehealth>
- HHS HIPAA Declaration:
 - <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- CMS Telehealth Tool Kit
 - <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>
- CMS guidance for Telehealth to address COVID-19
 - <https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>
- CMS Telehealth Codes during Public Health Emergency (PHE)
 - <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

RESOURCES

- Center for Connected Health Policy
 - <https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>
 - <https://www.cchpca.org/resources/covid-19-related-state-actions>
- American Medical Association COVID-19 Pandemic Fact Sheet
 - <https://www.ama-assn.org/delivering-care/public-health/cares-act-ama-covid-19-pandemic-telehealth-fact-sheet>
- American Telemedicine Association Practice Guidelines for Video-Based Online Mental Health Services
- <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/blog/apa-and-ata-release-new-telemental-health-guide>

CONTACT INFORMATION

If you have questions or concerns regarding the content listed in this presentation, please connect with the following HCA staff:

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Health CHOICE ARIZONA

Thank you for your time, and good luck in your future practice!