

☑ Talking Points

April 1, 2020

This message is for the Bozeman Health employees from Louis Mendiola, system director, retail health, and Sarah Compton, telehealth program coordinator.

Telehealth Platform Status and Future Steps

Here's what's happening...

Bozeman Health has been working diligently to leverage telehealth in a manner that provides patients with access to our clinical care teams as a result of the evolving COVID-19 pandemic response.

A Telehealth Taskforce is working with clinic leaders, super users, and care providers to onboard and train providers and physicians as we transition many clinic appointments away from our physical locations. To date, more than 160 providers have moved to the Bozeman Health telehealth platform (InTouch).

Growth in the use of this platform is significant, with more than 150 telehealth visits scheduled each day, up from a *monthly* average of just 40 prior to the COVID-19 pandemic.

The Telehealth Taskforce is aware of connectivity issues and other challenges with the InTouch platform and are working closely with the vendor to identify and resolve issues. We are aware the platform is experiencing challenges with connectivity and performance due to the rapid increase nationally.

Bozeman Health remains committed to leverage technologies and platforms that ensure seamless audio and visual connections between providers/physicians and our patients and remain committed to providing open lines of communication and on-going support to our providers, physicians, and care teams.

Here's what you need to do ...

In light on ongoing challenges with the InTouch telehealth platform, we are moving forward with implementing Zoom as an alternative telehealth platform.

Information Technology is expanding Zoom licenses to providers in clinics. The required setup and implementation support will follow. Incident Command has established roll-out priority as:

- Belgrade Clinic Internal Medicine, Family Medicine, and Pediatrics
- Bozeman Health Deaconess Hospital Internal Medicine, Family Medicine, Pediatrics, Cancer Center, and Cardiology
- Big Sky Medical Center Family Medicine

If your clinic is not on the list for the near future, please be patient. In the meantime, please continue with the guidance that the Telehealth Task Force provided to Incident Command: *To attempt visits on InTouch, use an alternative video platform of the providers' choosing, and then do telephone visits as a last resort.* The Telehealth Taskforce is limited in the type of support that can be provided to providers and physicians opting to use other technologies.

Providers should continue to document appropriately so that we can capture revenue as appropriate. In the event that providers and physicians encounter repeated and/or persistent challenges with the Bozeman Health Telehealth Platform, please **report the specific challenges encountered to** <u>scompton@bozemanhealth.org</u>.

Providers must carry out any and all scheduling, registration, and other administrative workflows prior to providing a telehealth visit. Guidance for billing and coding of telehealth visits can be found below.

Standard Telehealth Visits

- Perform a telehealth visit (live interactive audio-visual connection) for any visit that you normally would perform face-to-face
- Medicare now allows us to bill for telehealth provided to patients at home, and all payers we have contacted will follow CMS guidance
- Use the standard workflow on the Telehealth MIND page for "clinic-to-home"
- Document and submit charges in the usual way, using time-based statements if appropriate; all modifiers are captured on the back end
- New and established patient visits are allowed
- Alternative platforms are allowed (Zoom, Face Time, etc); a different workflow for coordination with your front desk staff is required to ensure the patient is properly registered
- At this time our team cannot offer technical support on any alternate platforms

Telephone Visits (Subject to change)

- Montana Medicaid accepts telephone-only visits;
- CMS does not accept telephone-only connections for standard visits, private payers are plandependent
- Follow the standard telehealth workflow for "clinic-to-home"
- Document with time-based statements;, and include the patient's verbal consent to a telephone visit
- Use the "CODE?" or "Check Code" until further notice while we work out coding and billing details
- Established patients only

Virtual Check-ins

- CMS (and most private payers) allow us to bill for phone or portal-based communication used to determine *whether* a full visit (in person or telehealth) is needed
- Still requires scheduling; our team is developing the workflow to allow for billing patientinitiated check-ins with Medicare (and private payer) patients

Additional Notes

- If the majority of the visit is done with an video connection but you must finish with telephone connection, bill for what was completed during the video portion of the visit
- If you must convert to phone-only very early in the visit, bill as a telephone visit ("CODE?" or "Check Code")

- If you perform your visit from your own home, you do not need to indicate that in your documentation
- Providers do not need to add any modifiers to indicate telehealth or telephone visits at this time; please indicate in the documentation whether it was a telehealth visit or a phone-only visit
- At this time we do not have the ability to bill for "on-the-fly" encounters, only scheduled encounters. Please make every effort to schedule telehealth and phone visits.
- We are developing a list of states who have waived the requirement for an in-state medical license and will provide that shortly. **Do not perform telehealth visits with patients out-of-state at this time.**

What's Next...

We will continue to support our providers, physicians, and Care Teams in the delivery of telehealth services as this dynamic situation unfolds.

Questions or comments? Contact Sarah Compton at scompton@bozemanhealth.org