Before we start…

Please take a moment to make sure your microphone is muted.

Let us know you are here by typing your name, organization and email address into the chat box.
Agenda

• Presentations from 3 providers on the implementation of their telehealth services
• Q&A
• Discussion around current state and future state
• Additional Resources

We are recording the session and will post it to the Colorado Access Provider Page. The presentation will be emailed to participants.
Initial Questions for our Presenters

➢ Did you offer telehealth prior to the COVID-19 pandemic?
➢ If so, have you needed to make any changes to what you offer?
➢ If you were not offering telehealth prior to the COVID-19 pandemic, what services do you offer now?
➢ What are some of your successes and challenges?
From the mountains to the desert, across rural communities, and in urban city centers, Planned Parenthood of the Rocky Mountains provides health care, education, and advocacy to the communities who need us most.

Our region is rich in culture, varied in income, and has diverse political opinions. This unique geography and the specific health needs of those we serve make our presence critical in providing access to education and health care in our four-state region.

**Areas of Focus**

- Advocacy
- Health Services
- Education
- Innovation

**Mission**

Planned Parenthood of the Rocky Mountains empowers people to make informed choices about their sexual and reproductive health by providing high-quality health services, comprehensive sex education, and strategic advocacy.

**Colorado | Southern Nevada | New Mexico | Wyoming**
Services Provided via Telehealth

Birth Control Consults
  • Initiate
  • Renew
  • Method Change

STI Screening & Presumptive Treatment

PrEP and nPEP for HIV Prevention

Vaccine Initiation

Medication Abortion

Coming Soon: Gender Affirming Care
Site-to-Site Telemedicine
- Patient in one location
- Provider in another location

Online Health Services with App

Direct-to-Patient Telemedicine
- Patient at home
- Provider in office
- Post visit, patient may present in center for medication, injection, specimen collection
Technology
  • Computers, Laptops, Tablets…Phones

Staffing
  • Centralized? Dispersed?

Consent & Visit Workflow
  • EHR Documentation

Billing Procedures
  • Allowable codes
  • Telehealth indicators

The Path to Implementation

Start with What You Have!

Legal & Compliance: Stamp of Approval
In This Together.
We try and we learn.
Overall Staff Telehealth Flow

1. **PS01 - Confirm IntakeQ Appt.**
   - Appointment Scheduled in IntakeQ
   - Create Elision appointment
   - Patient automatically receives Zoom links, intake forms
   - Intake forms processed and input to Elision
   - MA calls patient to "room" and prepare
   - Provider conducts telehealth visit
   - MA helps with follow-up tasks
   - PCC helps connect with resources, etc.

2. **PS02 - Create IntakeQ Appt.**
3. **GL01 - Scheduling Appointments**
4. **PS03 - Process IntakeQ Forms**
5. **PS04 - MA Telehealth Rooming**

Additional note: **Provider Telehealth Process**

**WORK IN PROGRESS**
Telehealth Visit Flow

1. **Call patient 15 minutes prior to visit to prepare for visit with provider**
   - **Does patient answer?**
     - **NO**
       - **Retry 3-5 times during appointment time**
       - **If no answer, leave message saying that the appointment was missed and they may reschedule if they wish.**
     - **YES**
       - **Mark patient "Checked In"**
   - **Ready for Zoom Call?**
     - **PREFERS PHONE**
       - **ZOOM**
         - **CONFIRM THEY UNDERSTAND**
           - Click meeting link in text for phone
           - Click on link in e-mail on computer
         - **Attempt troubleshooting**
         - **Join Zoom call from application on computer to admit patient into meeting, make sure their device is ready for provider.**
     - **PREPARED**
       - **COMPLETE TASKS**
   - **COMPLETE TASKS**

2. **Verify patient pharmacy**
   - **Take patient’s PMH, Allergies, & Meds**
   - **Confirm all demographic information**
   - **Communicate with provider if Zoom call will work for patient**
   - **Provider joins call, MA leaves**
   - **Configure Telemedicine**
     - **BEST PRACTICES**
     - **REQUESTS TO MA**
     - **TELEPHONE & EMAIL**
   - **Send requests via Elation and Teams to MA and/or PCC for next steps, patient communication, and scheduling**
   - **Conduct Telemedicine Visit**
   - **Complete Tasks**

3. **Mark patient “Checked Out”**

**Notes:**
- Telehealth Visit Flow diagram for telemedicine visits.
Online Scheduling

Schedule an Appointment

Pick a Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Duration</th>
<th>Price</th>
<th>Manage Appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth Visit for New Patients</td>
<td>40 min.</td>
<td>FREE</td>
<td>Book Now</td>
</tr>
<tr>
<td>Telehealth visit with medical provider for patients new to Clinica Colorado. Can be done over phone or video call.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telehealth Visit for Established Patients</td>
<td>40 min.</td>
<td>FREE</td>
<td>Book Now</td>
</tr>
<tr>
<td>Telehealth visit for patients who have been seen at Clinica Colorado within the past year. If it has been longer than a year since we have last seen you, please sign up for a &quot;Telehealth for New Patients&quot; visit.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Telehealth Information

**STEP 1**
Complete the online intake form that you will receive a link to offer scheduling your appointment.

**STEP 2**
Download Zoom on your smartphone or laptop/computer with a webcam so you can see your provider and they can see you! No account necessary, you will receive a link that directly opens the video call with your provider.
Group Discussion

Where are you now and where would you like to be?
How do you get there?
How do you make your telehealth practice sustainable?

What considerations need to be made – at the practice, state or national level – to help embed telehealth more fully into the service delivery framework for primary practices?
More Questions? Contact Us!

If you aren’t sure who to ask:

[Email]

OR

Contact your practice facilitator:

Dani Peters [Email]

Elise Cooper [Email]

Jane Reed [Email]

Jo English [Email]
Messaging Your Patients Regarding Necessary Care

We will discuss outreach strategies and the key message points practices can utilize to convey the importance of maintaining patient health and assurance of the implementation of safety precautions by the practice to protect both patients and staff. We will also learn about some innovative curbside services offered by primary care partners.

Registration will be open through Monday, May 11th.
Coding and Billing Resources
Quality and Safety Concerns (AAP)

- Are services conforming to the current standard of care for these diagnoses (e.g., UTI and otitis media)?
- Do providers have an established patient relationship?
- Are the plans of care resulting from virtual visits as safe, effective, efficient, and cost-effective as in-person visits (providers able to prescribe prescriptions, make referrals, recommendations)?
- Is patient compliance different than in-person visits?
- How does the telemedicine encounter improve care in terms of the Institute of Medicine's Quality Dimensions (Efficiency, effectiveness, equitable, timeliness, safe, and patient centeredness)?

AAP Webpage
Telephone and Live Chat Modalities

Providers may deliver the allowable telemedicine services by telephone or via live chat. All other general requirements for telemedicine services, such as documentation and meeting same standard of care, still need to be met (see below for more details).

Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Services

For the duration of the COVID-19 state of emergency, Health First Colorado is allowing telemedicine visits to qualify as billable encounters for Federally Qualified Health Centers (FQHCs), Rural Health Clinic (RHCs), and Indian Health Services (IHS). Services allowed under telemedicine may be provided via telephone, live chat, or interactive audiovisual modality for these provider types.
Physical Therapy, Occupational Therapy, Home Health, Hospice and Pediatric Behavioral Health Providers –

Health First Colorado has expanded the list of providers eligible to deliver telemedicine services to include physical therapists, occupational therapists, hospice, home health providers and pediatric behavioral health providers. Services allowed under telemedicine may be provided via telephone or interactive audiovisual modality for these provider types.
1. The reimbursement rate for a telemedicine service shall, as a minimum, be set at the same rate as the medical assistance program rate for a comparable in-person service. [C. R. S. 2017, 25.5-5-320(2)]

2. Providers may only bill procedure codes which they are already eligible to bill.

3. Any health benefits provided through telemedicine shall meet the same standard of care as in-person care.

4. Providers must document the member’s consent, either verbal or written, to receive telemedicine services.

5. The availability of services through telemedicine in no way alters the scope of practice of any health care provider; nor does it authorize the delivery of health care services in a setting or manner not otherwise authorized by law.
6. Services not otherwise covered by Health First Colorado are not covered when delivered via telemedicine

7. The use of telemedicine does not change prior authorization requirements that have been established for the services being provided

8. Record-keeping and patient privacy standards should comply with normal Medicaid requirements and HIPAA. Office for Civil Rights (OCR) Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency
CO Medicaid & Telehealth COVID-19 Changes

To receive reimbursement for telemedicine services, providers must follow the following billing practices:

• CMS 1500 Professional Claims - Place of Service code 02 must be indicated on all CMS 1500 professional claims for telemedicine.

• UB-04 Institutional Claims - Providers must indicate that the service(s) were provided through telemedicine by appending modifier GT to the UB-04 institutional claim form with the service's usual billing codes. This identifies the service as provided via telemedicine during the COVID-19 State of Emergency.

• Only specific CPT/HCPCS are allowed
Place of Service 02 should be used to report services delivered via telecommunication, where the member may be in their home and the provider may be at their office. The following list of CPT/HCPCS may be billed using Place of Service code 02:

<table>
<thead>
<tr>
<th>Place of Service Code</th>
<th>CPT/HCPCS Codes</th>
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<tbody>
<tr>
<td>76801</td>
<td>90833, 92508, 96130, 97140, 97167, 99203, H0004</td>
</tr>
<tr>
<td>76802</td>
<td>90834, 92521, 96131, 97150, 97168, 99204, H0006</td>
</tr>
<tr>
<td>76805</td>
<td>90836, 92522, 96132, 97151, 97530, 99205, H0025</td>
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<td>76817</td>
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<td>90791</td>
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<td>90792</td>
<td>90863, 96121, 97129, 97165, 99201, H0001, T1017</td>
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<td>90832</td>
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<td>92606</td>
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<tr>
<td>99406</td>
<td>99407, G8431, G8510, G9006, H1005</td>
</tr>
</tbody>
</table>

https://www.colorado.gov/hcpf/provider-telemedicine
Other Resources
Afterhours Swimlane Diagram (AAP)

- Patient
  - Request appointment
  - Arrives at the Telemedicine appointment
  - Encounter occurs, which can involve taking history, remote examination, review diagnostic studies, formulate plan of care, make new appointments, prescriptions
  - Follow plan or care, fill prescription as needed
  - Need in person visit?
    - yes
      - Travels or taken to facility or office
    - no
      - Documents encounter
      - Sends prescriptions

- Provider
  - Arrives at telemedicine appointment and lets patient into the virtual room
  - Documents encounter
  - Sends prescriptions

- Scheduler/screener
  - Screens for telemedicine appointment criteria
  - Schedules Telemedicine appointment; sends patient log on instructions

- Medical facility or office
  - Conducts in person patient encounter

AAP Webpage
Sample workflow for conducting remote visits

Completed by clinic staff before visit

- Patient scheduled for phone appointment
  - Clinic staff calls to confirm their appointment time
    - Offer video visits as an option for upcoming appointment
      - Patient interested in video visit
        - Help patient download Zoom, practice using app
          - Not at this time
        - Provider calls patient, gives provider meeting ID
          - Help patient download Zoom (1-2 min), give provider meeting ID
            - Conduct Zoom video visit
      - Patient interested in video?
        - Patient has a smartphone or computer?
          - Yes: Help patient download Zoom (1-2 min), give provider meeting ID
            - Conduct Zoom video visit
          - No: Conduct telephone visit
        - No: Conduct telephone visit
    - Patient registered for patient portal?
      - Yes: Secure message to offer video visit, provide Zoom instructions
      - No: Offer video visit as an option for upcoming appointment

Completed by provider at time of visit

- Provider calls patient at scheduled time, assess interest in video visits
  - Help patient download Zoom (1-2 min), give provider meeting ID
    - Conduct Zoom video visit
  - Patient interested in video?
    - Yes: Help patient download Zoom (1-2 min), give provider meeting ID
      - Conduct Zoom video visit
    - No: Conduct telephone visit
Center for Care Innovations

Remote Visit Workflow

Scheduled Visits

Does Patient meet the criteria for Video Visit?

Yes

No

Use 'PhoneVisit' visit type on provider schedule

CTMA calls patient on the phone

CTMA makes 2nd attempt

Patient picks up phone?

Yes

No

Patient logs in for the visit?

Yes

No

Provider sees patient via video. Drop in the 'VIDEO Visit template'

Visit status is marked as a 'No show'

Provider speaks with patient.

Mark visit status as 'Complete'

CTMA merges PHONE Visit Template, obtains consent, verifies Motivation, Smoking Status, CAGE and Reason for the visit and check patient out.

Follow the Co-Visit Protocol involving the CTRN as appropriate

Mark visit status as 'Incomplete'

Direct TE to provider via protocol. Change Assigned TE to the Provider.

Provider drops in the PHONE Visit template in the Virtual TE, calls patient and claims visit.

Follow the Remote Scheduled Visit workflow

Complete TE

Is there room on the schedule for a visit?

Yes

No

Criteria for Video Visits:
- Private Space
- Hebrew App (preferred)
- Web Enabled

Criteria for Bilateral Visits:
- All visits (TEs) that a provider can participate in, even for brief check-in

Center for Care Innovations

Colorado ACCESS
Scripts - Routine Appointment

Telemedicine

Script for Patients Who Want to Cancel Their Routine Appointment Due to COVID 19 (Not Routine Physicals)

Patient: Due to COVID19, I want to cancel my appointment.

PIM: Yes Ma’am/Sir. I understand your concerns. Let me change your appointment to telemedicine and walk you through getting access to this program so that you do not have to come in the office.

Patient: Great! Thank you!

Courtesy of: Pamela Ballou-Nelson, RN, MSPH, CMPE, PhD Healthcare Consulting Inc.
Scripts for Patient Who Want to Cancel Their AWV

Patient: Hello, I am in the high-risk category for COVID19. I think it is best I reschedule my Medicare AWV.

PIM: Yes Ma’am/Sir. I understand your concerns. In that case, we need to schedule you for a telemed appointment in order for your physician check in with you to continue to refill your medications. When would you be available? We will reschedule the complete physical for a different day.

Patient: I feel fine. I do not need to have the AWV portion right now.

PIM: Mr./Ms. Patient, I totally understand your concerns. However, this current environment is not a time to put your healthcare on hold. Your doctor wants to touch base with you at the very least and refill your medications until he/she is able to see you in the office. Let me get you scheduled to speak with him/her or our PA or NP so we can be proactive about your health.”

Patient: Okay, please walk me through what I need to do to proceed with an AWV telemedicine appointment.

Courtesy of: Pamela Ballou-Nelson, RN, MSPH, CMPE, PhD Healthcare Consulting Inc.