Telehealth: Moving from stop-gap measures to an integrated care delivery model

As the COVID-19 public health crisis escalated this spring, hospitals, health systems and physician practices rapidly embraced telehealth to meet patient needs and maintain revenue amid shelter-in-place directives. CMS urged organizations to launch telehealth programs, relaxing some of the privacy and security restrictions around technology platforms and offering payment parity for telehealth appointments.

"When patients and providers began using the technology regularly, even the most skeptical came to see its value not just for treating acute conditions but for supporting chronic disease management as well," says Gina Anderson, manager at DHG Healthcare. "Providers saw they could effectively assess certain patients and respond to their needs, and the technology was especially beneficial in treating those who did not have access to transportation, were at high risk for infection or faced other deterrents to an on-site visit. In some cases, providers even saw increased engagement and a reduction in missed appointments. These positive experiences have pushed healthcare organizations to view telehealth from a different perspective, thinking of it less as a stop-gap measure and more as a strategic priority that could enable long-term growth."

To weave telehealth into the fabric of care delivery, organizations must look beyond initial approaches. "There are several factors that should persuade organizations to revisit their telehealth strategies now," says Jill Griffith, senior manager at DHG Healthcare. "Given that the Office of Inspector General is increasingly focused on telemedicine fraud; there is a sharp rise in telemedicine denials from public and commercial payers; there is growing need for new technology that further fosters two-way communication and offers greater visibility into a patient's health; and there are certain rules and restrictions lifted at the beginning of the pandemic that will be enforced after it ends, it is paramount for organizations aiming to be more strategic with telehealth to review and revise their initial programs to ensure they are designed to remain compliant and agile over time."

What does an in-depth review entail? The following are a few areas to address.

Understand what's currently covered and what may change

As the pandemic persists, CMS continues to evolve its guidance on telemedicine documentation and coding. "For instance, remote patient monitoring codes that address physiological monitoring, which used to be only allowed for chronic patients, are now being expanded to acute patients as well," says Griffith. "Likewise, non-physician codes are changing, allowing providers to offer technical support for telemedicine visits and receive payment for that support. Similar codes are used when non-physician providers deliver services like occupational or physical therapy (OT/PT). Note that obtaining and documenting patient consent for these encounters is critical to ensure you can demonstrate that the patient agreed to have a service brokered by a non-physician."

Organizations should also understand what services may not be covered after the public health emergency ends. "Several services that have been delivered via telemedicine, such as OT and PT, are most likely going to be sunsetted," says Griffith. "So, if you have patients who are homebound, and they're receiving OT/PT services today via telehealth, there's a high likelihood they will no longer be virtually receiving these services in the future, or at least you won't receive reimbursement for the service.

"This could change, however, if patients and providers push back. Growing patient and provider demand may drive payers, including CMS, to revisit what's allowed to continue after COVID-19 wanes."

Develop a strategy for denials

A spike in telemedicine denials was undoubtedly expected, but the increase since the start of the pandemic in recent months has been significant and pervasive. If organizations are going to incorporate telemedicine into their care offerings going forward, they should have a proper denials prevention and response strategy.

"The best way to avert telemedicine denials is to make a grid that lays out the exact rules, codes, modifiers and documentation requirements by payer," says Griffith. "Having a scorecard that tells you what code was applicable at each moment and whether it was retroactive to a certain time period is key to avoiding recoupment and denials now and in the future.

"For example, a code could be retroactive back to March, before March, applicable until the pandemic ends or effective one-year post-pandemic. Without the ability to know exactly the requirements at any given time, you're not going to be able to substantiate your payments with auditors. You're also not going to know whether you've been correctly paid for services rendered to date."

In addition to developing a scorecard, organizations may want to create a separate adjustment code for telehealth denials and assign someone to analyze them, making sure that the appropriate codes, modifiers and documentation are present. "We've heard a few healthcare organizations say they're losing money on telehealth and are looking for other ways to make that up," says Griffith. "That perspective is a little short-sighted. The money is in telehealth, you just have to apply documentation and coding guidelines correctly. Also, the consumer demand for this service isn't going away when the pandemic ends. So, those organizations that figure out a reliable denials prevention strategy will be ahead of the game in activating telehealth as a full-fledged care model."

Incentivize physicians

To motivate physicians to participate in telehealth programs, organizations must first educate them about the competitive marketplace. "Those providers that remain hesitant must understand that the field is moving in this direction with or without them," says Michelle Wieczorek, senior manager at DHG Healthcare.

"For example, during the pandemic, several healthcare technology companies, insurance companies and other non-provider entities started creating their own freestanding fee-for-service telehealth offerings to capture market share and appeal to specific segments of the marketplace, such as women's health. The hours of these facilities are often more convenient than those of physician offices, and the price points for care make them accessible for patients with and without insurance. These offerings are now positioned to capture market share away from traditional providers. Physicians need to be aware of these risks, what their implications are and how a strong telehealth program can lessen them."

Next, organizations should consider financial incentives for physicians. "Shared savings or shared revenue models that extend beyond fee-for-service are going to be key to encourage physicians to clear time in their schedule, adopt new technology and otherwise embrace the new care model," says Anderson. "Telehealth is also going to have a place in accountable care organizations and alternative payment models. As CMS expands these programs and makes them mandatory, physicians will need to figure out how to manage those high-risk patients more effectively. Telehealth is well-positioned to help them meet those benchmarks."

Don't limit the possibilities

Now is the time to consider an aspirational telehealth strategy. "Too often, healthcare organizations view telehealth through a small lens, approaching it as a stand-alone program," says Wieczorek. "The pandemic has highlighted and amplified the value of expanding this view so that every department looks at how to incorporate telehealth as part of its service offering. This will involve thinking through impacts like relative value units, productivity, the type of staff you have on site, your hours of operation, how you handle after-hours calls, how you set copays and so much more. To be successful with telehealth going forward, organizations need to be willing to open themselves to new possibilities. You must go beyond shuffling the deck chairs and think about rebuilding the boat." ▮

Gina Anderson, Jill Griffith, and Michelle Wieczorek are senior leaders at DHG Healthcare. Their insights on this topic were discussed at the most recent meeting of HFMA's Value-Based Healthcare Innovation Council (VBHIC), of which DHG is a sponsor.