# Telehealth for Today's Challenges in Ohio

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#### Funding Disclosure



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## Objectives



- 1.Understand impacts of the pandemic on adoption and reimbursement of telehealth
- 2.Identify options for tele-behavioral health
- 3.Understand how to seek additional information regarding Medicare/Medicaid and other Payors' telemedicine coverage with reimbursement



## Telehealth Billing

https://www.umtrc.org/clientuploads/ Resources/umtrc-billing-July\_V.\_2.pdf



#### **Telehealth Billing Breakdown**

#### Billing for telehealth can be confusing.

It differs across each private payer, from state to state, across location types, and there are at the least annual policy changes affecting telehealth billing and reimbursement. The Upper Midwest Telehealth Resource Center (UMTRC), serving IN, IL, MI, and OH, is here to help navigate this complicated space.

Below is a quick break down of the basics to get acquainted with telehealth billing. For more in depth information, check out <u>umtrc.org</u> or <u>cchpca.org</u>

#### **Common Telehealth Billing Language**

This publication was



# Update about Ohio Medicaid



#### Ohio Medicaid Policies

https://medicaid.ohio.gov/st atic/Providers/COVID19/Tele health/Telehealth-Billing-Guidelines-on-or-after-11-15-2020.pdf



• Ohio Medicaid reimburses for live video telemedicine.

#### Store and Forward

 Conversations or electronic communication between practitioners regarding a patient without the patient present is not considered telehealth unless the service would allow billing for practitioner to practitioner communication in a non-telehealth setting.

#### Remote Patient Monitoring

- Remote physiologic monitoring codes 99453, 99454, 99457, and 99458 are listed as a covered telehealth service.
- Remote patient monitoring will be paid through FFS as a covered non-FQHC/RHC service under the clinic provider type 50 (using ODM's payment schedules).



## **Tele-behavioral Health**



#### The importance of health care coverage



"Students who were consistently absent throughout elementary school tended to have lower outcomes across developmental domains in the long-term" A. Ansari, M. Gottfried (2021) (1)

"Children with LTCs had poorer mental health and more school absence than those with no LTCs. Clinicians should routinely enquire about mental health and school attendance in CYP with LTCs and should collaborate with families and schools to ensure these children are provided with sufficient mental health and educational support" K. Finning, I. Neochoriti Varvarrigou, T. Ford, L. Panagi, O. C Ukoumunne (2022) (2)



- . Ansari, A., & Gottfried, M. A. (2021). The grade-level and cumulative outcomes of absenteeism. *Child Development*, *92*(4), e548-e564.
- Finning, K., Neochoriti Varvarrigou, I., Ford, T., Panagi, L., & Ukoumunne, O. C. (2022). Mental health and school absenteeism in children with long-term physical conditions: A secondary analysis of the British Child and Adolescent Mental Health Surveys 2004 and 2007. *Child: Care, Health and Development*, *48*(1), 110-119.

#### Barriers to tele-behavioral health



## Cost

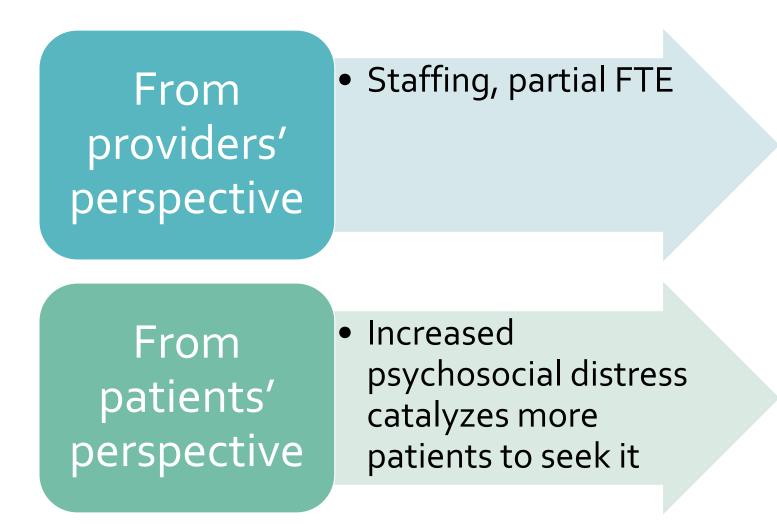
## • Technology

## Undefined roles

- Primary care reluctant to refer
- Primary care refers patients not well-suited for telehealth, such as experiencing suicide ideation

#### Why is telebehavioral health utilized?









# How is telehealth improving quality of care in hospital and outpatient settings?

- March-August 2021, 39% of telehealth outpatient visits were primarily for a mental health or substance use diagnosis compared to 24% a year earlier and 11% two years earlier
- March-August 2021 For mental health needs, over 1 in 3 outpatient visits were delivered by telehealth (35% and 38% of outpatient visits were over telehealth for depression or anxiety, respectively).

Source: https://www.kff.org/coronavirus-covid-19/issue-brief/telehealth-has-played-an-outsized-role-meeting-mental-health-needs-during-the-covid-19-pandemic/?utm\_campaign=KFF-2021-Coronavirus&utm\_source=hs\_email&utm\_medium=email&utm\_content=206761907&\_hsenc=p2ANqtz-\_xPUF4YhLtj2agnis5aaTBL68sZ4rgouWP6j\_vR8mNfglCqrYBIJxwVEqeYtb207KdpAMkGLU4XKDKgqtzp-AvCW002A How to Implement Telebehavioral Health



Build a business case

- 1. Identify stakeholders
- 2. Identify needs
- 3. Develop a work plan
- 4. Acquire technology
- 5. Train staff and patients with equipment and expectations



Improve Revenue



Potential to increase revenue through more preventative outreach

Reach new patients (expand coverage area)

Improved retention Harris poll says 46% of Americans prefer hybrid (2019)

Scaling plan (should be done at the beginning)

#### How will you define ROI?



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Your goals will guide what is deemed as ROI for your program. Or is it patient satisfaction, miles saved, fewer cancellations, and/or fewer noshows?

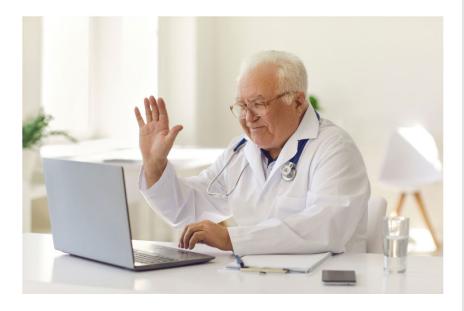
Is it hard numbers? Such as income and clinical outcomes?

> Combination of both?

#### Evaluation Measures



- Key indicators to measure
  - Reduction in no shows, # of visits, # of screening tools administered
- Set targets
  - Ex. Reduce no-shows by 25% in year 1
- Measure outcomes for process improvement
  - Did you meet your targets? Why or why not?
- Disseminate results
  - Use for marketing, executive leadership, journals, social media, etc.



#### Examples of Evaluation Measures



- Patients understood instructions
- Compliance with care plan
- Providers were satisfied with the experience



## Sustainability Considerations



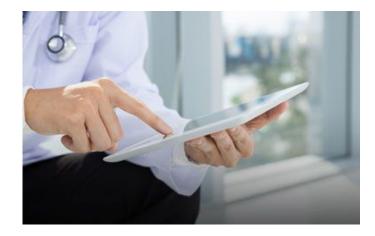
- Consider ways to present the data
- Consider frequency at which data analytics reports will be generated
- Evaluation facilitates identifying performance to make changes as appropriate
- Revenue generating strategies
- Show success stories



#### Takeaways for Your Work



- 1. The pandemic accelerated telehealth adoption and changed reimbursement
- 2. Tele-behavioral health is increasingly needed
- 3. Evaluation can help you focus and optimize your work



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