



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

Health Choice Arizona Medical & Clinical Team
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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 its 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] (weekly vs. once a month....prior to the implementation of tele[health], Apache County was unable to recruit a psychiatrist to move yet only work part time and was considering once-monthly clinics from Phoenix providers).”

TELEHEALTH IN-HOME STANDARDS AND GUIDELINES

- It is very important to remember that 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
- Providers should know what emergency services are available:
 - Behavioral Health Crisis Line: 1-877-756-4090
 - Police
 - EMS
 - Hospital
 - 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)

WAIVER OF LICENSURE REQUIREMENTS

- ADHS is changing the in-state licensing requirement to provide healthcare officials with assistance in delivering services during times of heightened demand, check the link below to get the latest information
 - 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**
- **AHCCCS has created some new coding** around the pandemic; the latest information can be found at:
 - <https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#telehealth>

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

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
- Medicare has *not* changed any coding procedures

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.

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 used for the permanent telephonic codes
 - UD Modifier is used for AHCCCS temporary telephonic codes **THIS WILL CHANGE IN RESPONSE TO THE GOVERNER'S ORDER**
- Check this link for the latest coding information, as well as the codes:
 - <https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.htm#telehealth>

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
- Note in the record if the session was provided by telehealth (synchronous audio/video), telephone, or in person

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

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.
 - Document: “UDS, vitals were not done due to COVID transmission risks.”

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 provides via telehealth or telephonically as compared to contracted rates for in-person visits

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://deادiversion.usdoj.gov/coronavirus.html?inf_contact_key=040da6a84b44e8c1042311278fa02829

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
- Document: “UDS, vitals were not done due to COVID transmission risks”
- Telehealth is an *evidence based* practice therapy modality for SUD.
 - Both group and individual

REFERENCES

- DEA Ryan Haight Regulations
 - https://deadiversion.usdoj.gov/coronavirus.html?inf_contact_key=040da6a84b44e8c1042311278fa02829
- 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>

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!