Pandemic Change-
How the PHE Opened the Door to MIH

Presented by:
Christopher Kelly,
Attorney

Page Wolfberg & Wirth
The National EMS Industry Law Firm®
www.pwwemslaw.com

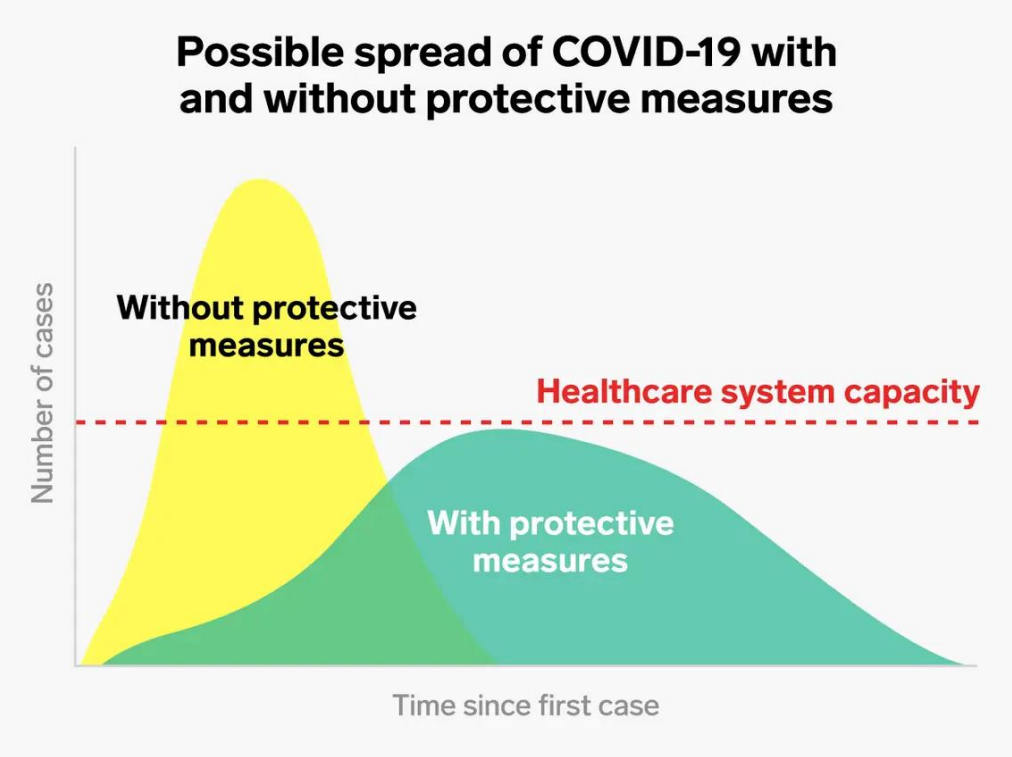
NATIONAL ASSOCIATION OF MOBILE INTEGRATED HEALTHCARE PROVIDERS

MIH Summit 2021

THE WORLD HAS CHANGED

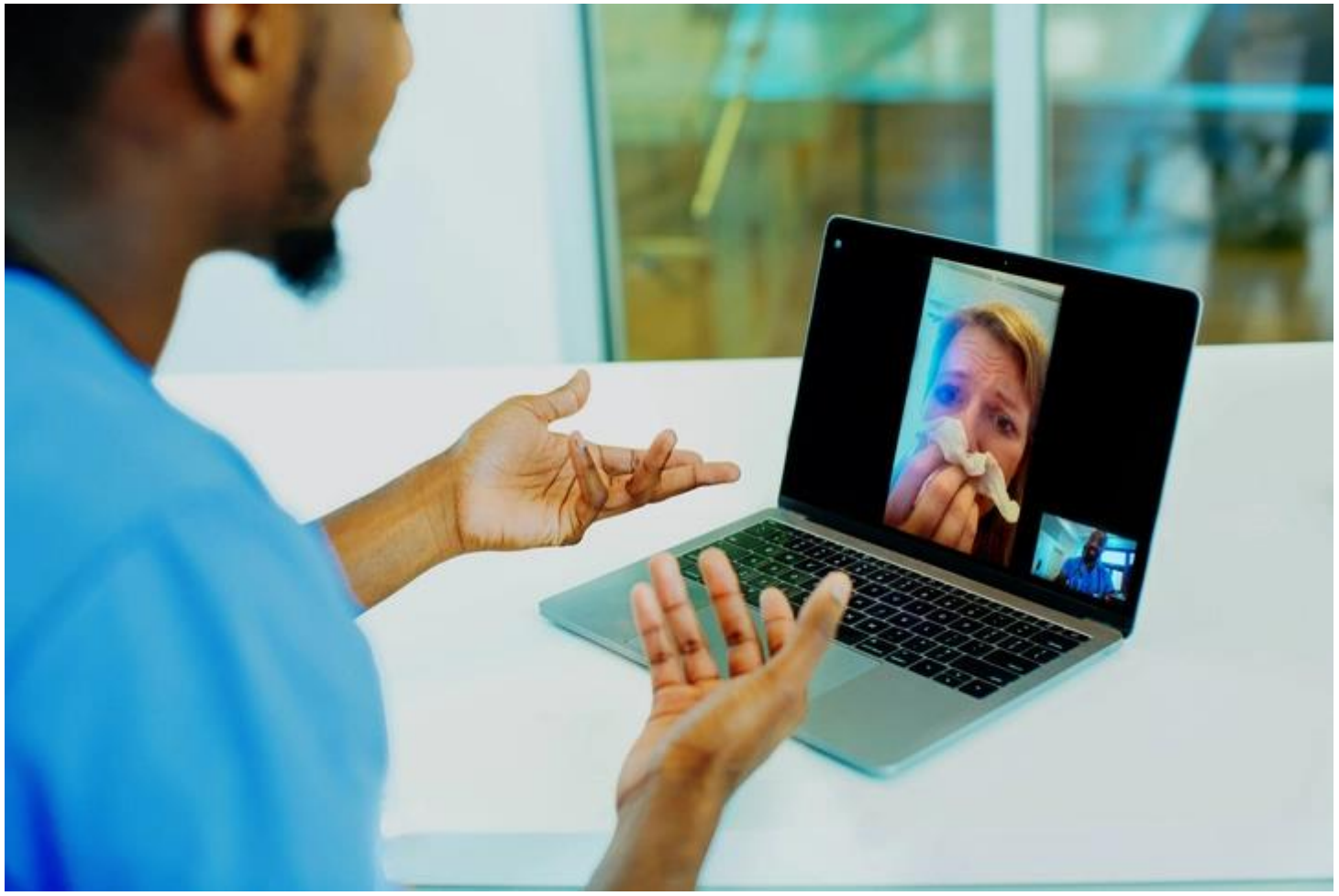
Access to Care Issues

Preventing an Overwhelmed Healthcare System



Protection of Healthcare Workers

Enter Telehealth



What is “Telehealth”

The remote delivery of healthcare services.

Telehealth Benefits

- Creates value for payers, consumers and providers
- Increases consumer access
- Enhances reach of healthcare services
- Reduces cost structure

AmericanTelemed.org/resource

Medicare Definition

- Multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner

Pre-COVID Origination Sites

- Physician or practitioner office
- Hospital or Critical Access Hospital (CAH)
- Rural Health Clinic
- Federally qualified health center (FQHC)
- Hospital-based or CAH-based renal dialysis center (including satellite locations)
- Skilled Nursing Facility
- Community Mental Health Centers

More Services Approved

- Emergency department visits
- Initial nursing facility and discharge visits
- Home visits
- Therapy services

Telehealth has Expanded

- Origination point can now include a residence
- No longer limited to rural areas (Health Provider Shortage Areas)
- Additional types of visits allowed
- These three changes have opened the door *temporarily*
- Permanent expansion is likely

Telehealth Numbers on the Rise

- Telehealth visits before COVID: 0.1%
- Telehealth visits after COVID: 43.5%

Telehealth Numbers on the Rise

- Before: 14,000 visits per week
- After: 600,000+ visits per week

The Path to Permanent Expansion

"While in-person patient-provider interactions will remain necessary and preferred, this pandemic has accelerated openness to telehealth in ways previously unseen- from policymakers to providers and patients alike." (HHS Press Release 7/28/20)

The Path to Permanent Expansion

"I think the genie's out of the bottle on this one. I think it is fair to say that the advent of telehealth has been just completely accelerated, that it's taken this crisis to push us to a new frontier, but there's absolutely no going back." (Seema Verma, Administrator CMS)

Impact on EMS

- Fewer emergent transports due to refusals
  - Increase in treatment without transport ("TNT")
- Fewer non-emergent transports to physician offices

This is no surprise…

It is what was intended!

Impact on Others

- Reduced E.D. overcrowding
- Reduced APOT (hopefully!)
- Increased access for patients
- Reduced costs

Now let's talk about the elephant

https://www.hmpgloballearningnetwork.com/site/emsworld/article/1224173/will-telehealth-redefine-whether-ambulance-services-are-reasonable

Two ways EMS claims get denied

- 1) Medical Necessity- SSA 1861(s)(7)
  - The patient needs to go somewhere, but doesn't need an ambulance to get there
- 2) Reasonableness- SSA 1862(a)(1)
  - The patient may need an ambulance for transports, but this patient does not need to go anywhere

The Future of "Reasonableness"

- In the past, telehealth calls had to originate at a facility
- During the PHE, telehealth can originate in home
- Is it reasonable to move patient to a facility if telehealth can be done at home?

Now what?

- If telehealth is here to stay
- If patients are electing to use it
- If insurance is pushing “treatment in place” (and possibly denying low acuity transports)
- Where do we fit in?

BUSINESS OPPORTUNITY

Six Steps to Telehealth Startup

Source:
American Telemedicine Association
americantelemed.org

SIX STEPS TO QUICKLY START TELEHEALTH SERVICES

THE JOURNEY TOWARDS LAUNCHING QUICK-START TELEHEALTH SERVICES STARTS WITH SIX KEY CONSIDERATIONS:

1. **Technology** – What technology does your organization have in place now that you can use for telehealth services?
2. **Clinical** – Which of your patients should be treated by telehealth? How will your practice or small hospital manage the workflow of telehealth visits?
3. **Financial** – How do you get paid? What about reimbursement?
4. **Presentation** – What guidelines should you establish for conducting clinical encounters via telehealth?
5. **Communication** – How should you communicate changes in services to your staff and your patients?
6. **Metrics** – How will you measure the effectiveness of your telehealth services?

EMS Telehealth Opportunities

- CMS said that telehealth practitioners can partner with ambulance services to deliver home-based telehealth

The physician can enter into a contractual arrangement… *including with entities that furnish ambulance services*, that can provide the staff and technology for telehealth.

The ambulance supplier would seek payment from the billing practitioner and would not submit claims to Medicare for such services.

-CMS Physicians and Other Clinicians: Flexibilities to Fight COVID-19

Be sure to dot the i's

Ensure that appropriate state authority is in place to allow EMS to treat on-scene via telehealth

Ensure that applicable EMS protocols are in place to encompass telehealth options

Telehealth and ET3

- ET3 pays for TNT only when under the supervision of a Qualified Healthcare Professional (QHP)
  - In person
  - Via telehealth

Who is a "QHP"?

- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Nurse-midwives
- Clinical nurse specialists (CNSs)
- Certified registered nurse anesthetists

Beyond Federal Programs

- In some states, EMS can be an origination site for telehealth
  - Q3014
- In others only the destination provider(QHP) bills
  - EMS can contract to split that fee

Working with QHPs

- Consider a contract (required by ET3)
- Set reasonable charge for origination site services
- Remember: where there is a referral there are AKS implications

Identifying Opportunities Outside of 9-1-1

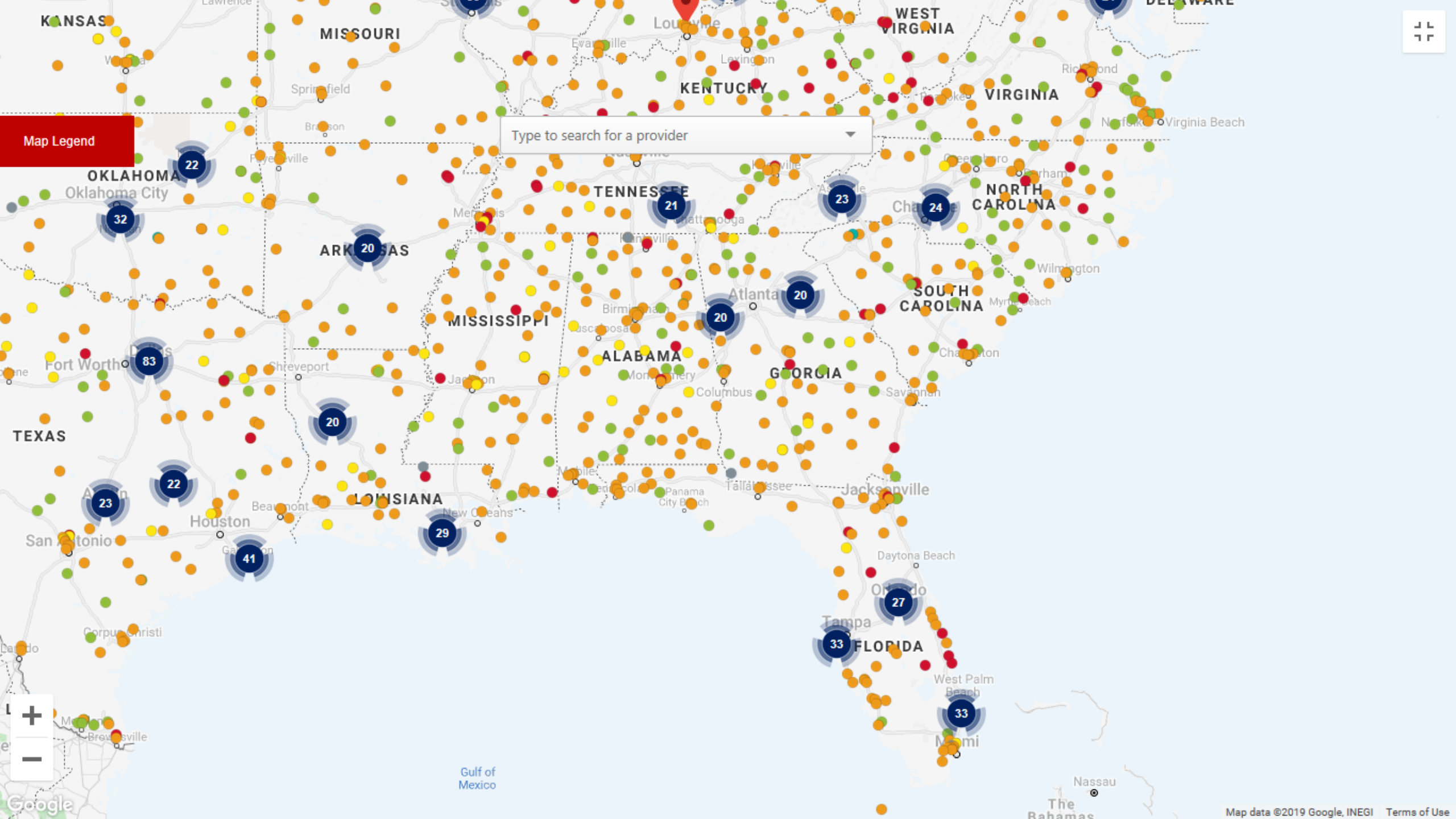
- Facility Readmission Penalties

Hospital Readmission Prevention

- CHF
- Heart Attack
- Pneumonia
- Chronic Lung Disease
- CABG surgery

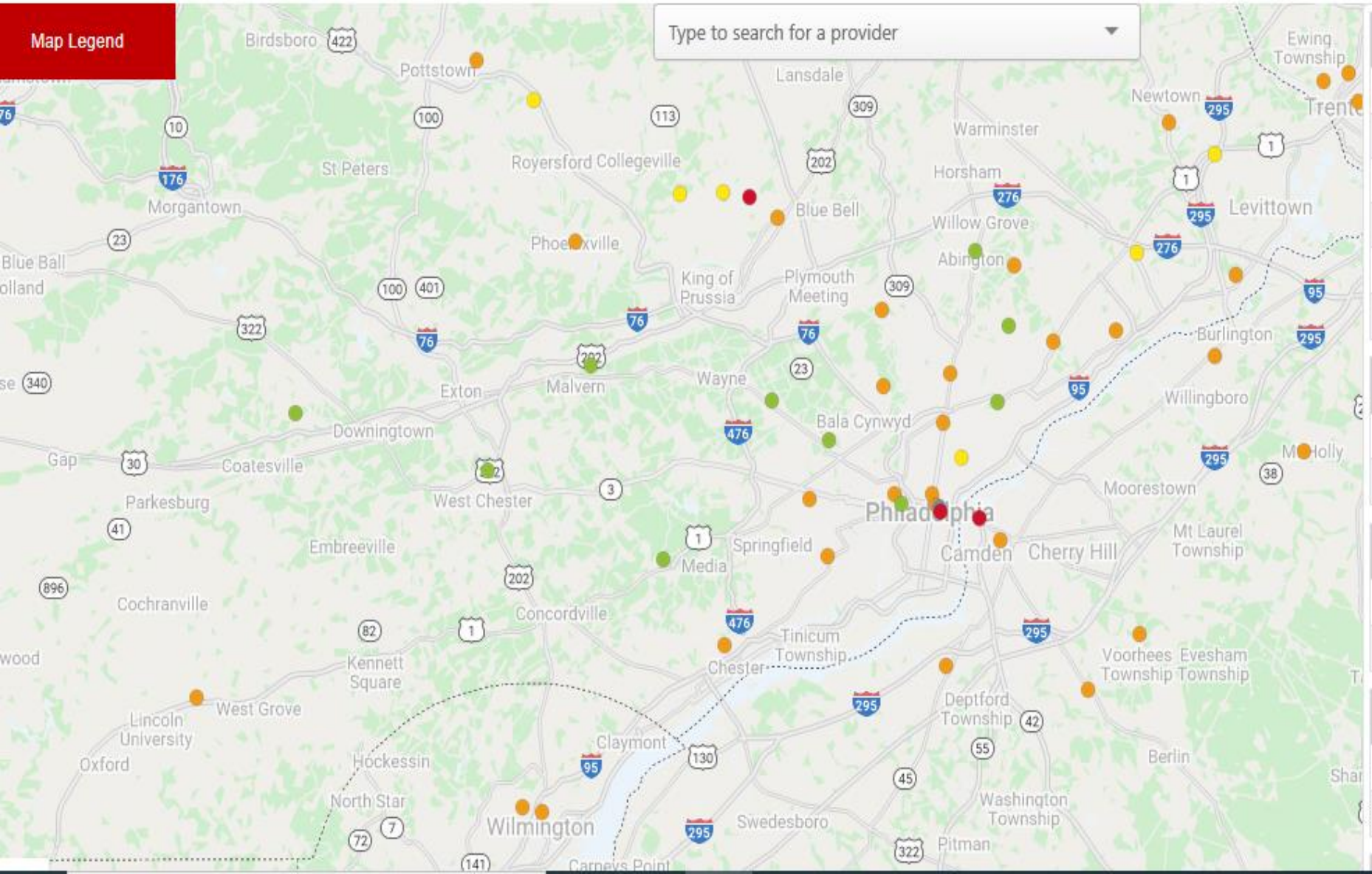
Identifying Potential Partners

- Hospital readmission penalties are public information
  - https://sca.advisory.com/Maps/Home/MapView?var=p4p


Map Legend
Type to search for a provider
KANSAS
MISSOURI
KENTUCKY
WEST VIRGINIA
VIRGINIA
OKLAHOMA
Oklahoma City
TENNESSEE
NORTH CAROLINA
SOUTH CAROLINA
ARKANSAS
MISSISSIPPI
ALABAMA
GEORGIA
TEXAS
LOUISIANA
FLORIDA
Atlanta
Houston
San Antonio
Fort Worth
Jacksonville
Tampa
Miami
Gulf of Mexico
Nassau
22
32
20
21
23
24
20
20
83
20
22
23
29
41
27
33
33
Map data ©2019 Google, INEGI
Terms of Use

The map below displays final Pay-for-Performance payment adjustments for your selected year. Use the search bar at the top of the map to search for your provider of interest. Click on a hospital's dot on the map for more detail, including trended performance. Use the drop menu on the right of the map to alternate between fiscal years. If you'd like to view your hospital(s) detailed performance scores, please visit our Customized Assessment Portal.

Selected Year : FY 2019 ▾ FAQ



Provider Information	
Provider ID	390226
Provider Name	Pennsylvania Hospital
State	PA
Zip Code	19107
Base Operating Amount	$ 43,882,138
Medicare IP Revenue	$ 70,652,882

Estimated P4P Net Impact	
Total Impact ($)	-$ 1,447,645
Total Impact (%)	-2.05%

Hospital Readmission Reduction Program (HRRP)	
Final Readmissions Adjustment Factor	0.9877
Readmission Impact ($)	-$ 539,750

Value Based Purchasing (VBP)	
Final VBP Adjustment Factor	0.9952
VBP Impact ($)	-$ 208,852

Telehealth Business Models

- Contracting with facilities
  - To avoid readmissions
  - To avoid uninsured admissions

Financial Considerations are Not Just for Facilities

Follow the Value

- E.D. = Most expensive care option
  - Expensive for the insurance company
  - Expensive for the patient
  - Expensive for the EMS agency
    - Deployment
    - Non-medically necessary services
    - Delayed off-load times

Telehealth Business Models

- Contracting with payers
  - Improve care pathways
  - Provide care in less cost-intensive settings

Telehealth Business Models

- Contract with QHPs
  - Allows them to expand their reach of existing telehealth services to their patients
  - May allow them more flexibility and lower cost
  - But CPT code limits may not create a windfall

Direct Patient Billing

- The QHP fee may not cover your costs
- Unless prohibited by state or local law, or by an applicable contract, EMS agencies can bill the patient directly for TNT services
- TNT is covered by some insurance plans and ET3

Direct Patient Billing

- Consider advance notification to patient of these charges
- Remind them that while there is a charge, it may be less than their co-pays for transport and admission

Structuring Your Rates

- These services may be more time consuming than other EMS interactions
- Set rates at “fair market value”
- Consider “cost plus” analysis
- Divide fee between QHP, insurance and patient

EMS Loss Avoidance

- Transporting every patient regardless of condition-
  - Can result in unreimbursed transports/FCA risk
  - Increases ambulance patient offload time (APOT)
  - Decreases EMS system efficiency (unit hour utilization)
  - Contributes to E.D. overcrowding

Telehealth Documentation: *Practicing CID*

What is CID?

- ***Collaborative Informed Decisionmaking*** is a process by which EMS practitioners discuss, with patients (or their responsible decisionmakers (RDs)), the risks, benefits and alternatives of clinical decisions regarding EMS treatment, transport and destination, make informed decisions on each, and document the process fully and accurately.

CID for Telehealth/TNT

- For TNT patients, EMS documentation should reflect:
  - Clinical assessment
  - Decisional capacity of pt (or information on RD)
  - Discussion of risks, benefits and alternatives
  - QHP involved and recommendation
  - Confirmation of decision reached

Treatment without transport should be based on valid protocols for low-acuity conditions

Summary

- Put the proper infrastructure in place to be able to capitalize on telehealth opportunities
  - State EMS agency
  - Agency medical director
  - Protocols
  - Document the Condition and Decision

Summary

- Actively explore partnerships
  - QHPs
  - Facilities
  - Payers

Summary

- Calculate and document your costs
- Watch AKS and compliance issues

Questions?

Page Wolfberg & Wirth
The National EMS Industry Law Firm®
www.pwwemslaw.com

ckelly@pwwemslaw.com

www.pwwemslaw.com