Telehealth for Home Care Providers

Introduction

This guide is designed to help agencies plan for using telehealth technologies to provide home care services and consider the benefits those "tele-services" will have. We will focus on more basic services that require relatively little technology. Although more complex systems are certainly available, this guide aims to provide an overview for those beginning to explore the use of telehealth in their agencies.

It is not possible to cover all potential telehealth services, but it is hoped that, with this guidance, agencies will be equipped to begin evaluating what types of telehealth services they can legally, effectively, and meaningfully provide to create better efficiencies in their services and provide higher quality care to their clients. This guide will also provide an overview of major payors' (Medicare and Minnesota Medicaid) policies around the use of telehealth in the home health setting.

DEFINITION

Telehealth can mean many different things in different situations. For our purposes, telehealth will be defined as the use of any kind of telecommunications technology to support and enhance health care. Within this guide, we will talk specifically about the use of these technologies to help provide care in the home (for both home health and other home care services).

Even with this limited definition of telehealth, there is a broad range of technologies and services that can be utilized. Many technologies, from telephone calls to text messages, live video, or remote monitoring devices, can be used to provide home care services. In fact, the most important aspect of a telehealth program is not the technology that is used, but the *way* that the technology is used to leverage care.

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It is critical to note that telehealth is not a service in and of itself, but rather a method by which services are provided. The service may be an assessment, counseling, teaching, or supervision. These services form the basis of the care plan and still need to be provided effectively and according to regulation. Telehealth is one method by which some of these services can be delivered.

TYPES OF TELEHEALTH

It is probably obvious that not all services can be provided using telehealth. A wound dressing, for example, cannot be changed using telehealth. However, many other types of home health services–including teaching, observation, and supervision–can be provided effectively using telehealth.

Telehealth services may make use of a wide range of technologies, from easy to use cell phones to complex integrated systems that record physiological data and send it directly to an EHR. A telehealth program does *not* need to involve expensive equipment; however, it is more important to have equipment that matches your goals for your organization, your program, and your clients.

In some situations, for instance, a simple weekly telephone check-in call with a client may improve outcomes and generate value. In other situations, having a patient report vital sign readings from their consumer-grade device (like a smartphone) will be sufficient. Providing a set of tablet computers for home health nurses might enable them to provide supervision from home, or to facilitate a telehealth check-in with a doctor during a home visit. In order to bill certain remote monitoring codes, some investment in specific equipment may be necessary. Additional resources on remote monitoring are available at the end of this document.

The key in all these situations is to know what the payor allows and what your plan for utilizing telehealth will be. At that point, you can then choose to invest in equipment and capabilities that will be optimal for your organizational goals.

Some examples of home care telehealth include:

- A home care agency uses text messages to check in with patients regarding their daily needs
- A home health nurse conducts a live video call with a patient or caregiver to recheck a wound or teach a skill
- On a home visit, an LPN opens a laptop and guides the patient through a doctor visit, providing supplemental information on medications and/or planned care
- An RN provides live supervision, by video, to an LPN
- A nurse visits a patient at the start of each week, then checks in by phone with the patient toward the end of each week

Benefits of telehealth: Is it right for you and your patients?

At this time, reimbursement options for telehealth in the domain of home care are limited, but that does not mean that using telehealth would not provide valuable indirect benefits for your agency and patients. This outline does not include all the benefits telehealth can provide; rather, it is meant to give

you an idea of how it can be used to improve your agency's productivity and outcomes and your patients' satisfaction with the services you provide.

REDUCTION IN HOSPITALIZATION/ED VISIT RATES

Using telehealth can increase communication between your agency and your clients. Additional trust can be built by encouraging and enabling the client to call the home health agency first when a medical issue arises rather than going to the ED or calling their primary care doctor. Patients who rely more on home health aide care than nursing care may be especially well-suited to communicating with the home health agency via telehealth, as their concerns require less hands-on attention. Utilizing telehealth allows your nurse to keep in touch with the patient to ensure things are going smoothly. If more than a telehealth visit is needed, the nurse can visit the patient to try to avoid hospitalization. Many ED visits occur because a patient has an immediate concern that they want to ask a professional about. If you can be (virtually) present to ease that worry, those trips can be avoided.

Recover Care, a home care agency in Minnesota, recently conducted an internal study on the effectiveness of telehealth in reducing hospitalization and ED visit rates with their clients. They found that, among patients who utilized telehealth (via remote patient monitoring and televisits), there was a 16% ED visit reduction and 47% hospitalization rate reduction.

INCREASE AGENCY PRODUCTIVITY AND CUT COSTS

On average, how much time are you paying your staff to drive to and from each visit? One hour per day? Two hours per day? How much are you paying in mileage reimbursement? Although extensive driving time is not an effective use of an agency's time or resources, it is something that is hard to escape in the home care industry.

Look at your current patient census and think about whether every nurse visit is necessary. Could some of these in-person visits be converted into phone calls or video check-ins? We are currently in a workforce shortage and agencies are having to turn patients away due to the lack of caregivers. Cutting back on even a few in-person visits could save your agency time and money (for example, because of fewer mileage expenses), while still providing the same level of care to your clients. This would allow your staff to see more patients in a day so the agency could take on a higher patient census.

INCREASE IN PATIENT SATISFACTION

By increasing channels of communication between the agency and your clients, patients will feel more connected to your agency. During a traditional episode of care, a patient may only talk with the care team during a routine home visit. If your agency makes it a priority to make simple phone calls to check in between these visits, this will help patients feel that you are available to support them in their recovery, even if a provider is not physically present.

Payors

MEDICARE

Per the CY 2021 HH PPS final rule, which went into effect January 1, 2021, although telehealth visits cannot be directly reimbursed, **telehealth may be used to deliver home health services**. Any use of telecommunication technology, audio-only technology, or remote patient monitoring services must be documented on the Plan of Care (POC) and signed off on by physician or allowed practitioner. These services cannot substitute for a home visit ordered as part of the plan of care and **cannot be considered a home visit for the purposes of patient eligibility, payment, or your visit count to meet a LUPA threshold**. The POC must clarify how the use of telecommunications technology will be tied to the patient-specific needs as identified in the comprehensive assessment, but the POC *does not* need to describe how such technology will help to achieve the goals outlined on the POC. In rare instances outside the HHAs control, CMS allows 1 virtual supervisory visit per 60-day care episode for aide supervision. You must detail the situation in the patient's medical record if you choose to utilize this flexibility.

Example of telehealth services on Plan of Care (POC)

INTERVENTION: Skilled nurse to set up telemonitoring services for daily vital signs.

GOAL: Changes in status and exacerbation of disease will be identified promptly and interventions initiated to minimize associated risk. Patient/caregiver will verbalize or otherwise demonstrate ability to safely use the telemonitoring equipment. Goals to be met by [date].

***Telecommunications technology* may be listed as an allowable administrative cost.**
Telecommunications technology, as indicated on the plan of care, can include:

- Remote patient monitoring, defined as the collection of physiologic data (such as ECG, blood pressure, glucose monitoring, etc) digitally stored and/or transmitted by the patient and/or caregiver to the home health agency;
- Teletypewriter (TTY); and
- 2-way audio-video telecommunications technology that allows for real-time interaction between the patient and clinician.

The costs of any equipment, set-up, and service related to the technology are allowable only as administrative costs. Visits to a beneficiary's home for the sole purpose of supplying, connecting, or training the patient on the technology, without the provision of a skilled service, are not separately billable.

In a continuation of COVID-19 policies, ***audio-only technology* may continue to be utilized to furnish skilled home health services** after the expiration of the PHE (though audio-only telephone calls are not

considered a visit for purposes of eligibility or payment and cannot replace in-person visits as ordered on the plan of care). Unlike audio/visual technology, use of audio-only technology (that is, telephones) is reported as a ''general'' expense rather than an administrative expense.

* These administrative costs and general expenses are listed for *informational purposes only*, so that CMS can track the cost of providing care for patients. As a reminder, HHAs will *not* be reimbursed for their telecommunications technology costs.

While telehealth services "cannot be considered home health visits for purposes of eligibility or payment," CMS states:

> *"...we disagree that this means these services will offer little benefit to HHAs and beneficiaries… As stated previously, we believe utilizing telecommunications technology to furnish home health services has the potential to improve efficiencies, expand the reach of healthcare providers, allow more specialized care in the home, and allow HHAs to see more patients or to communicate with patients more often."*

CMS notes that "technology can be further utilized to improve patient care, better leverage advanced practice clinicians, and improve outcomes while potentially making the provision of home health care more efficient."

COVID-19 FLEXIBILITIES

During the Public Health Emergency (PHE), CMS has allowed certain flexibilities to be utilized for eligible providers. These include:

Face-to-face Physician Assessment: CMS allows the initial face-to-face visit to be performed via telehealth. The medical record must state that the visit was conducted using audio and video technology.

Initial Assessment: CMS is waiving the requirements in 42 CFR 484.55(a) (which states that the initial assessment must be made at the patient's home) to allow Home Health Agencies to use telehealth (or a review of records) to perform Medicare-covered initial assessments and determine patients' homebound status.

Home Health Aide Supervision: CMS has waived the requirement of on-site Home Health Aide supervision. Although agencies do not need to meet this 14-day requirement during the PHE, it is highly recommended that they utilize telehealth to maintain the supervision during this time.

As a reminder, once the federal PHE is over, these flexibilities will be rescinded.

Strategies for telehealth under Medicare

Under the Patient-Driven Groupings Model (PDGM) payment method, if you can cut out unnecessary in-person visits and provide virtual visits or check-ins, your reimbursement will remain the same (as long as you hit your LUPA visit amount). In many circumstances, your nurse could conduct multiple virtual visits/check-ins in the time it would take to complete just one in-person visit. This increase in productivity could allow your agency to take on more patients, which would lead to greater income.

As stated above, measurable decreases in both ED visit rates and hospitalization rates are important for Medicare's expanded Home Health Value Based Purchasing (HHVBP) model rolling out in 2023. These two measures alone will account for 35% of your VBP score and will then be translated into a payment adjustment. So, although there is no direct payment for the telehealth services, this is another way it can be used to increase–or not see a reduction in–your Medicare payments.

Finally, increasing patient satisfaction through telehealth could translate into higher Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) scores which, along with hospitalization and ED visit rates, will factor into the 2023 HHVBP. The HHCAHPS surveys account for 30% of your score.

MINNESOTA MEDICAID

The initial face-to-face visit required to begin home health services may be conducted via live two-way interactive audiovisual technology.

Skilled nurse visits (SNV) may be conducted in person or via live two-way interactive audiovisual technology (called "telehomecare skilled nurse visits") when the recipient's health status can be accurately measured and assessed via telehealth technology. All telehomecare SNVs require prior authorization. Telehomecare visits are limited to two per person, per day.

* DEFINITIONS: In the Medical Assistance chapter of Minnesota statutes [Minn. Stat. § 256B.0653], telehomecare is defined as "the use of telecommunications technology via live, two-way interactive audiovisual technology which may be augmented by store-and-forward technology." Telehomecare skilled nurse visits are defined as "visits by a professional nurse to deliver a skilled nurse visit to a recipient located at a site other than the site where the nurse is located and is used in combination with face-to-face skilled nurse visits to adequately meet the recipient's needs."

Strategies for telehealth under Minnesota Medicaid

A primary strategy for live interactive visits under Medicaid is to split skilled visits (and supervision visits) between in-person and virtual technology, allowing skilled nurse supervisors to supervise more visits with less travel.

COMMERCIAL PAYORS IN MINNESOTA

Many commercial payors are realizing that telehealth use offers benefits not only to the patients they serve, but also the insurance company's bottom line. For example, reduced hospitalizations rates for patients means less money paid for inpatient care. Commercial insurers have thus begun moving to increase coverage for some telehealth services. To determine what each payor is covering, we recommend that agencies contact your *contract managers* for the plans you accept to find out what telehealth services the plans will reimburse.

Resources

General home health resources:

The Promise and Potential for Telehealth in Home Health (article)

COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers (cms.gov)

Telehealth Summit - Minnesota Home Care Association (mnhomecare.org)

Remote monitoring resources:

National Consortium of Telehealth Resource Centers RPM Resources

2022 Remote Patient Monitoring Resource Round Up – TTAC

Organizations:

Minnesota Home Care Association

Great Plains Telehealth Resource and Assistance Center